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SUAAHARA

Building Strong & Smart Families



Annual Performance Report:
September 1, 2011 through July 31, 2012

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ACRONYMS

AAMA	Action Against Malnutrition through Agriculture
BCC	Behavior Change Communication
CB-GMP	Community-based Growth Monitoring and Promotion
CB-IMCI	Community-based Integrated Management of Childhood Illnesses
CERF	Central Emergency Response Fund
CHD	Child Health Division
CLTS	Community-led Total Sanitation
CMAM	Community-based Management of Acute Malnutrition
DADO	District Agriculture Development Office
DAT	Directorate of Agriculture Training
DDC	District Development Committee
DEO	District Education Office
DFID	Department for International Development
DHO	District Health Office
DLSO	District Livestock Service Office
DOA	Department of Agriculture
DOHS	Department of Health Services
DPHO	District Public Health Office
DRR	Disaster Risk Reduction
DWDO	District Women's Development Office
EDP	External Development Partner
EHA	Essential Hygiene Actions
ENA	Essential Nutrition Actions
ENA+	Essential Nutrition Actions + Agriculture, Hygiene, FP, MNCH, smoking
EOI	Expression of Interest
FATVAH	Frequency, Amount, Texture, Variety, Active Feeding and Hygiene
FCHV	Female Community Health Volunteer
FHD	Family Health Division
FP	Family Planning
GALIDRAA	Greet, Ask, Listen, Identify, Discuss, Recommend, Agreement and Appointment
GESI	Gender Equality and Social Inclusion
GIS	Geographic Information Systems
GMP	Growth Monitoring and Promotion
GON	Government of Nepal
HA	Health Assistant
HF	Health Facility
HFP	Homestead Food Production
HKI	Helen Keller International
HTSP	Healthy Timing and Spacing of Pregnancy
IFPRI	International Food Policy and Research Institute
IMCI	Integrated Management of Childhood Illnesses
IYCF	Infant and Young Child Feeding
IYCN	Infant and Young Child Nutrition

JHU/CCP	Johns Hopkins Bloomberg School of Public Health Center for Communication Programs
LAM	Lactational Amenorrhea
LGCDP	Local Government Community Development Program
LQAS	Lot Quality Assurance Sampling
MI	Micronutrient Initiative
MNCH	Maternal, Newborn and Child Health
MNP	Micronutrient Powder
MoAC	Ministry of Agriculture and Cooperatives
MoES	Ministry of Education and Sports
MoF	Ministry of Finance
MHP	Ministry of Health and Population
MoLD	Ministry of Local Development
MPPW	Ministry of Physical Planning and Works
MOU	Memorandum of Understanding
MTOT	Master Training of Trainers
MUAC	Mid-Upper Arm Circumference
MWCSW	Ministry of Women, Children and Social Welfare
N-CRSP	Nutrition-Collaborative Research Support Project
NEWAH	Nepal Water for Health
NFHP II	Nepal Family Health Program II
NHEICC	National Health Education Information Division and Communication Center
NHSP	National Health Sector Program
NNAP	National Nutrition Action Plan
NNCC	National Nutrition Coordination Committee
NNP	Nepal Nutrition Group
NPC	National Planning Commission
NPCS	Nutrition Promotion and Consultancy Service
NRC	Nutrition Rehabilitation Center
NTAG	Nepali Technical Assistance Group
NUTEC	Nutrition Technical Committee
ORC	Outreach Clinic
PAL	Pre-Award Letter of Authorization
PDQ	Partnership Defined Quality
PNC	Postnatal Care
PPP	Public Private Partnership
RFA	Request for Applications
RFP	Request for Proposals
RHTC	Regional Health Training Center
RIDA	Research Inputs and Development Actions
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SBCC	Social and Behavior Change Communication
SCI	Save the Children International
TAG	Technical Advisory Group
VA	Vitamin A
VDC	Village Development Committee
VMF	Village Model Farm
WASH	Water, Sanitation and Hygiene
WFP	World Food Program

1. INTRODUCTION

Suaahara has been given the extremely ambitious mandate of improving the health of women and children under two in those populations most affected by malnutrition in 20 districts where chronic undernutrition has existed for generations -districts which have even seen an increase in the proportion of the population affected. The persistence of this burden on these populations reflects the complexity of multiple factors which, addressed individually, impact little or marginally on improving nutritional status. These factors include food insecurity, general poverty, poor hygiene and sanitation, lack of access to education and health services and cultural practices which can act as a barrier to improved nutritional status.

The Government of Nepal's effort to address the high rates of malnutrition are shown by the effort put into the *Nutrition Analysis and Gap Assessment* (known as NAGA) which was published in 2009. This report builds upon the strong situational analysis provided by the *Nepal National Plan for Action on Nutrition, 2007*. The NAGA pointed to the need for an integrated multi-sectoral strategy to address chronic malnutrition. Since that time the National Planning Commission has been working to have the *Multi-sectoral Nutrition Plan for Accelerating the Reduction of Maternal and Child Under-nutrition in Nepal* developed and approved by Parliament.

USAID Nepal has been a key partner throughout this process, putting vision and resources into an integrated nutrition program-which has become *Suaahara*. What *Suaahara* is trying to achieve in Nepal is unprecedented and will, hopefully, be an inspiration globally.

Suaahara's strategy to improve the nutritional status of women and children under two years of age includes work towards four intermediate results:

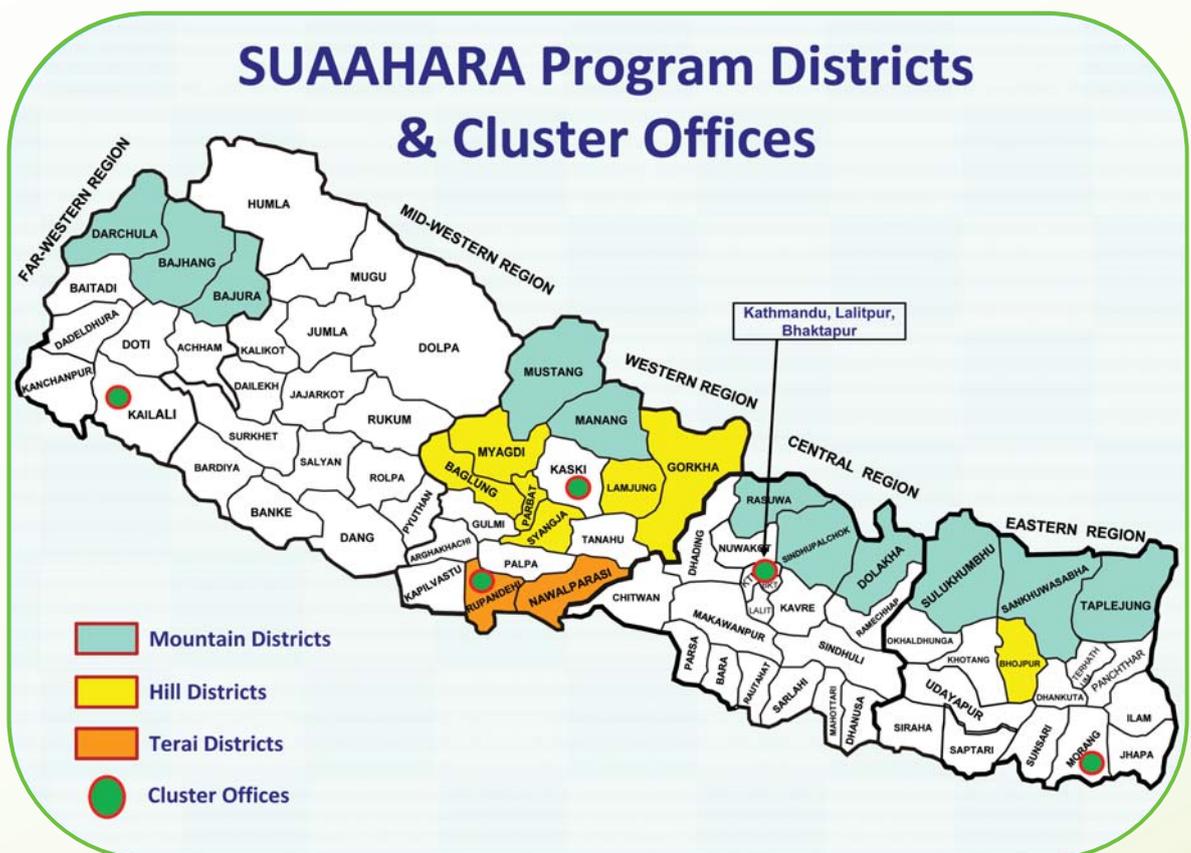
- ▶ IR 1. Household health and nutrition behaviors improved
- ▶ IR 2. Women and children increase their use of quality nutrition and health services
- ▶ IR 3. Women and their families increase their consumption of diverse and nutritious food
- ▶ IR 4. Coordination on nutrition between government and other actors is strengthened

A household-based focus for social and behavior change activities, *Gender Equity and Social Inclusion* (GESI) principles integrated into all activities and learning through continuous monitoring and evaluation are program characteristics which will support all four intermediate results. During this first year formative research and a baseline have been conducted to ground our ambition in reality. We know that knowledge alone doesn't change behavior. The formative research has had as a goal a better understanding of aspirational factors which could be used to influence families to enable positive choices around nutrition. Preliminary take away messages from this research will be presented under the Monitoring & Evaluation and Research section of this report.

During this reporting period, four cluster offices have been established (Biratnagar, Dhangadhi, Pokhara and Kathmandu), district offices have been established in all 20 districts, local NGO partners have been engaged to work in each of the districts, 133 staffs (of a planned 143) have been hired and program activities as described further in this report have been initiated.

Suaahara partners include Save the Children (prime), Helen Keller International, Jhpiego, Johns Hopkins Bloomberg School of Public Health Center for Communication Programs, Nepali Technical Assistance Group, Nutrition Promotion and Consultancy Service and Nepal Water for Health. Each of the partners brings unique skills and experience to support the full integration of nutrition, agriculture, hygiene and sanitation and health activities.

This first annual performance report will be an analytical presentation of the approach/ strategy for each intermediate result, *Suaahara's* achievements, and the lessons learned which will inform our future directions.



2. CROSS-CUTTING THEMES

2.1 Gender Equity and Social Inclusion

Given the disparities in nutritional status, access to health services and the health outcomes of women, children and marginalized groups gender equity and social inclusion (GESI) is critical to *Suaahara's* success. *Suaahara* adopts a transformational approach to create an enabling environment where

- ▶ women and men work together to improve health and nutrition and household behaviors,
- ▶ women and children increase their use of quality health services,
- ▶ women and children increase their consumption of diverse and nutritious food,
- ▶ decision makers are able to focus on improving the situation of the most disempowered women and disadvantaged groups, and
- ▶ poor and socially discriminated groups are targeted for household food production strategies.

Accomplishments

Training in GESI concepts and their application

This year, we focused on creating the foundation for understanding GESI among *Suaahara* staff and partners. We did so to allow for a more gender equitable, socially inclusive approach in program development and implementation.

Training on GESI issues occurred during *Suaahara's* November strategic planning workshop as well as during a one-day overview of GESI for *Suaahara* program, finance and operations staff. As noted below, the workshop was well received.

"My understanding of GESI in M & E is maintaining disaggregated data but I realize that there are many qualitative aspects that need to be considered for example, gendered role and its impact on nutrition." – Sr. M&E Manager

"The sessions have really been helpful to develop equity lenses and learn methods that promote gender equity and social inclusion. It is most important to be sensitive within ourselves." – Executive Director, NPCS

Additional opportunities to incorporate GESI in *Suaahara* activities included the Master Training of Trainers that occurred in three batches.

Applying a GESI lens to materials development

All training and IEC materials for nutrition/IYCF, hygiene and sanitation and agriculture have been reviewed and improved upon using a GESI lens. We have also developed GESI reference materials and have incorporated these in the ENA/EHA manual.

Incorporating GESI into Suaahara's M&E systems

In addition to training, *Suaahara* staffs have worked to strengthen evaluation and research by including a number of questions and modules on gender in the *Suaahara* formative research as well as baseline. Findings from these studies will be used to inform *Suaahara's* programming. In addition, *Suaahara* staff members are developing a series of checklists to help design, monitor/evaluate and improve upon programs so that they are gender sensitive and socially inclusive.

With respect to research and programs, USAID/Nepal, USAID/AME, the Health Policy Project (HPP), MEASURE Evaluation (ME) and *Suaahara* have agreed to work together on scaling up selected best practices in Nepal through GPM. A partnership agreement outlines areas of collaboration among partners.

Helping partners achieve greater gender equity in governance

As part of its selection of local NGO partners, *Suaahara* staff examined the composition of the governing board (to ensure gender equity), local NGO reach to marginalized communities and social mobilization among such communities. These criteria were used for selecting local NGO partners.

Incorporating GESI into Suaahara's agricultural approach to reducing chronic malnutrition

A major GESI objective is to modify the agricultural component of *Suaahara* to make sure that *Suaahara's* programs reach women and marginalized groups and that such issue as workload is addressed. As an outcome of such efforts, the selection criteria for village model farmers and homestead food production participants have been re-vamped. In one project site where HKI is currently implementing the AAMA model of agricultural production (*Suaahara's* work will be based on this model.), one woman had a comment about the impact of this work:

"Since I am a member of this group I am much more satisfied with my life. When my husband was with me I was confined and controlled within a house. After he left for work in a neighboring country, I joined the Homestead Food Production (HFPB) group. This participation made me feel greatly relieved and more confident. I am enjoying my life even though nobody at my house supports me. I feel I am more secure being a member of the group. I can express my feelings freely with my friends and feel more empowered."
- A participant of HFPB group, Bajura

2.2 Social and Behavior Change Communication

We know that change in daily eating, hygiene and health seeking practices is not accomplished by knowledge alone. Through formative research, *Suaahara* is working to better understand the **barriers** – practical (e.g., food or water insecurity), cultural (norms and values) and gender-based – as well the **opportunities** (e.g., aspirations and working with those who influence behavior and are the enablers of adopting new practices). In addition to building awareness of improved nutrition, health, hygiene & sanitation and agricultural practices, *Suaahara* is helping individuals and communities develop the confidence, the individual and collective efficacy to make the positive choices which will ensure their children reaching their full potential.

Accomplishments

Establishment of the Social and Behavior Change Communications (SBCC) Working Group

The *Suaahara* Social and Behavior Change Communications Working Group (SBCC-WG) was formed to better coordinate the review of communication concepts and materials potentially of use by *Suaahara*. The SBCC-WG is chaired by National Health Education Information Communication Center (NHEICC) with the participation of the Child Health Division (CHD) and *Suaahara* team members. The SBCC-WG is led by the SBCC team within *Suaahara*. The SBCC team takes the initiative to review material and concepts received from the various teams (WASH, agriculture, nutrition, health services delivery) as well as to provide technical support to refine the concepts and materials. The group provides overall oversight of SBCC activities to ensure appropriateness and maintain quality while also ensuring the incorporation into all activities of the learnings from formative research.

Among other things, the working group aims to facilitate knowledge sharing among partners using the K4H (*Knowledge for Health*) website and ensure ongoing reflection and questioning of assumptions of SBCC interventions to assess whether activities as designed achieve desired outcomes.

Strengthening Capacity in Communications and Leadership

The *Strategic Communication and Leadership Workshop*, led by Dr. Ben Lozare from Johns Hopkins Bloomberg School of Public Health Center for Communication Programs, was an inspirational foundation, building skills for the development of appropriate and effective SBCC interventions but, most critically, helping all participants to develop confidence in thinking “outside the box” and seeing themselves, in whatever their position, as leaders of social and behavior change. The workshop included 26 individuals: *Suaahara* Kathmandu managers and cluster coordinators, key staff of government partners (CHD, NHEICC, NHTC, FHD, DoAg) *Suaahara* collaborating partners and USAID. The workshop explored the essential elements of effective communication in the context of nutrition. An intensely participatory approach was used in the workshop which enabled the participants to critically think through principles of strategic behavior change communication and steps for designing, implementing, monitoring and evaluating quality behavior change communication programs.

Innovating for behavior change through community theater “From Awareness to Action”

The community theatre pilot project is being conducted to test the effectiveness of community theatre to promote better nutrition in Nepal. Interactive community theatre is a powerful tool that explores and discusses common beliefs and looks at multiple viewpoints around any given issue. It offers the opportunity to promote and provoke emotional and intellectual responses. In sparking discussion, it is a catalyst for critical thinking around an issue which lays a foundation for the development of individual confidence in reflection about choice as well as those who are the enablers of that choice.

Suaahara’s community theatre pilot project uses the medium of a semi-structured live, participatory drama and also data collection in 12 communities within three districts: Nawalparasi (Western Terai), Bajhang (Far West Hill) and Sindhupalchok (Central Mountain). Preliminary fieldwork is to be conducted in September/ October 2012 while data collection will be conducted in January 2013.

A national NGO will lead the training content and script development while local district drama troupes, trained by the national NGO, will facilitate the interactive community theatre. Script development will be based on findings from the formative research and will incorporate *Essential Nutrition Actions/Essential Hygiene Actions* (ENA/EHA) along with the promotion of healthy timing and spacing of pregnancy, animal source food consumption and sick child issues.



The following is a sampling of ideas which might potentially be developed for social and behavior change based on the initial findings from the formative research:

Positive deviance of peers

Mother-in-law awards

Mother-in-laws wield a lot of power in the household and are very involved in the care of their grandchildren. They also have a strong network with the other grandmothers and a strong influence over younger women within their community. But mother-in-laws also feel left behind amidst the new thinking held by their daughter-in-laws. ***To move mother-in-laws from barriers to enablers, we propose using the concept of the model/ideal mother-in-law and set up awards to recognize and promote those grandmothers that reflect the ideal we would like to see.*** These ideal grandmothers will also be used as positive deviants among their peers. These awards would be one part of the channel of reaching the mother-in-laws while we work through a larger media campaign to re-modify the current negative image of mother-in-laws.

Be a Modern Man

Nepalese aspire to modernity, to change. Beside the mother-in-law, the men (especially the husband) have a lot of say within the household. There is a need to get men more involved in

childcare (and care for their wives) to improve the nutritional status of under two years old children. The modern man campaign is envisioned to build an aspirational set of characters a modern man would have: caring for his pregnant wife, taking her to ANC, PNC visits, picking up some household work (manly work), taking an interest in the health of his child/ren, etc. The modern man aspirational model will be built up largely through the media and through community interactions so that the norms for being a modern man will be those which enable women's and children's better nutrition.

Investment in the Child

Aligned with the aspirations of Nepalese for readiness for change, is the readiness to invest in children to enable them to have a better future. But this **concept of investment** in children starts only when the child is of school going age. There is a **need to pull this concept back to cover the start of pregnancy**. This sense of investment starting right from gestation will help build support for better nutrition and care of the mother as well. The child campaign will focus on the child as a conduit to provide better care for the pregnant mother which will ultimately impact the nutritional status of the child.

Regional congress/National congress (role model mothers)

Mothers who can be a role model will be selected and brought together during regional meetings. This will act to build a norm of the model mother, a leader within her community, while also helping build up social support, set social norms. The ideal mothers would follow a certain norm. The regional meeting would help build rapport, provide local and regional exposure to the issue of motherhood and its role in care for the child. The national meeting would do the same but at a national level and could also be used to draw national media attention, norm the issue, and act as an advocacy tool.

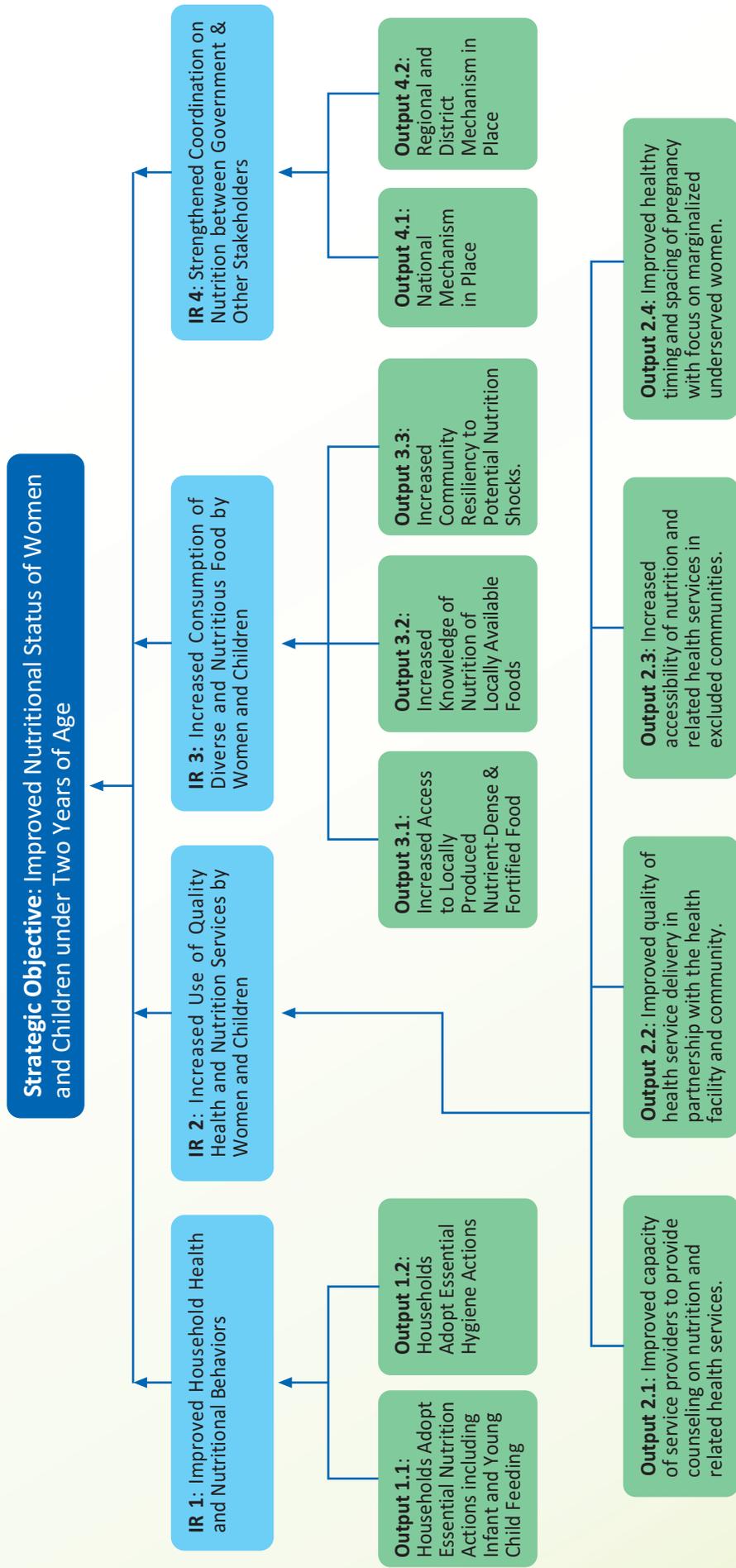
Food/recipe, cooking competition

Taste as well as tradition drives what people eat. But taste is very important. Promoting nutritious, local food is not enough. The incentive has to be the ability to cook tasty food from the available ingredients. Cooking competitions, recipe competitions can be the activities which will bring out the creative ways local, nutritious food is cooked. The competitions can also promote the importance of nutrition, nutritious food for children and provide the venue to start discussions on nutrition, make it normative and help build efficacy of the individual on nutrition i.e., use local food to cook tasty food that household members, especially the child, want to eat.

Other social and behavior change ideas:

- ▶ Incentives for ANC, PNC visits – e.g., thermos to store breast milk.
- ▶ Radio listener groups – to further discussions
- ▶ Community interactions (mother-in-law and daughter-in-law interactions, or general community interaction)
- ▶ Model village
- ▶ Foreign remittance (message related to the child – from husband to wife)

3. RESULTS FRAMEWORK



Gender and Social Inclusion, Behavior Change Communication, Monitoring and Evaluation, Capacity Building

3.1 IR 1: Household Health and Nutrition Behaviors are Improved

Though multiple factors combine to result in chronic malnutrition, feeding and eating behaviors, hygiene practices, and practices around caring for sick children play critical roles. The goal for this intermediate result is to raise awareness through knowledge-based interventions targeting health service providers and key influencers of opinion such as mothers-in-law, husbands, FCHVs, social mobilizers, religious leaders, traditional healers, pharmacists, etc. Trainings, based on the *Essential Nutrition Actions* and *Essential Hygiene Actions* manual, will be rolled out in each district down to the VDC level. FCHVs and other community mobilizers will take this information, focusing on four key practices for this and the coming year, to support mothers and caregivers to adopt optimal infant and young child feeding and related practices. Since all Suaahara activities have as a goal impact at the household level, local NGO partners have been selected in each district to facilitate this process, chosen based on their community mobilization experience and understanding of the local context.

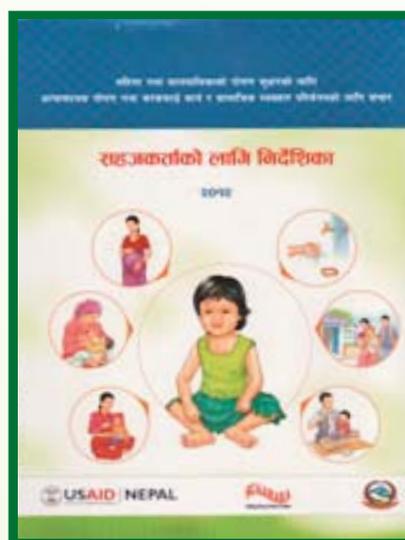
Four Key Practices

1. Counsel families to give an extra meal to pregnant women and two extra meals to those who breastfeed
2. Encourage families to add three things to the baby's diet:
 - ◆ Animal source food such as eggs and meat
 - ◆ Greens
 - ◆ Orange-fleshed foods
3. Work with caregivers so that they wash their hands before feeding the baby
4. When the baby is sick, continue to breastfeed and give extra food. After baby is better, give an extra meal each day for two weeks.

Accomplishments

Developing State of the Art Training Materials

Suaahara developed a seven-day ENA/EHA Master Training of Trainers (MTOT) program and a six-day village level training. Staff also developed training manuals by adapting global ENA/EHA manuals to the Nepali context which were reviewed and improved on by government stakeholders and technical experts. *Suaahara* staff are now preparing ENA/EHA manuals and training materials for wards (five days of training) and communities (two days of training).



Suaahara is guided by the principles of reflection and adaptation based on need. An example of this is the development of the ENA/EHA and SBCC manuals. Originally, we viewed these as separate trainings. On reflection, however, the program team felt that rolling out separate trainings would work against the integrated nature of the program and that trainings should be integrated as much as possible. Therefore, each of the *Suaahara* sectoral managers provided technical expertise in the development of an integrated training package that includes ENA, EHA, HTSP (Healthy Timing and Spacing of Pregnancy), GESI and SBCC. After much discussion and revision, *Suaahara* prepared a seven-day MTOT manual that the program team feels reflects the basic components of the program. Similarly, the team decided to increase the number of training days at village and community level trainings. This will help ensure better transitioning of trainings between various levels.

Using cascade training to reach scale

In conjunction with the Child Health Division (CHD), the Family Health Division (FHD), the Nutrition Section of the CHD, IMCI Section of the CHD, and the Environmental Sanitation Disaster Management Section, Department of Water Supply and Sewage, *Suaahara* trained three batches of master trainers in *Essential Nutrition/Hygiene Actions*. Seventy-two master trainers (67% male and 33% female) were trained. The purpose of the training was to enable trainers to help FCHVs and non-health mobilizers support mothers and caregivers to adopt optimal infant and young child feeding and related practices. Results from the pre-test and post-test show



First MTOT at Hotel Greenwich Village, Kathmandu

increased knowledge and high levels of facilitation skills for participants of all batches.

Suaahara provided six days of ENA/EHA village-level training to local NGO partners in Rupandehi and Nawalparasi. This took place in coordination with district health offices (DHO). The training was provided by trainers trained during the MTOTs. Twenty one participants were trained (38% male and 62% female). Similarly, ENA/ EHA village-level training to health and non-health personnel has begun in four districts (Nawalparasi, Parbat, Rupandehi and Syangja). The remaining districts will start training beginning in August.

Involving government as full partners in the planning of district activities



District Consultative Meeting,
Baglung

Two-day district consultative meetings/ planning workshops were conducted in nine districts (Bajhang, Bajura, Baglung, Parbat, Nawalparasi, Rupandehi, Syangja, Sindhupalchok and Manang). In each district, the Local Development Office (LDO) oversaw the first day of meetings. The meeting's objective was to 1) orient government stakeholders on *Suaahara*, 2) seek their commitment to support *Suaahara*, and 3) jointly develop the annual workplan. An average of 25-30 individuals participated in each district.

"Suaahara has come to the district and I believe that this will provide a good platform to bring multi-sectoral stakeholders together." **Mr. Sagar Dahal Sr. Public Health Administrator, Baglung**

"Suaahara is a good program and I wish that programs like this could have come to our district much earlier." **Ms Manju Chhetri, political party, Baglung**

On day two, the district health office (D/PHO) oversaw the workshop. On average, 20 - 25 individuals from different organizations (D /PHO, WASH, WCDO, DEO, DDC DAO/DLSO) participated. The following schedule for all district training was developed:

Table 1

Village level training plan in nine early implementation districts

District	ENA/EHA Village Level Training (start)	ENA/EHA Village Level Training (end)	Number of Participants
Bajhang	September 2	September 21	172
Bajura	September 2	September 21	105
Baglung	August 22	September 18	201
Manang	September 5	September 10	85
Nawalparasi	July 31	September 15	510
Parbat	July 29	August 25	308
Rupandehi	July 28	August 25	475
Sindhupalchok	August 5	September 15	275
Syangja	July 31	August 19	319

"Parbat is known for every pilot program being successful. Therefore, I give my word that the Parbat District Health Office will support all activities of Suaahara."
Mr. Sagar Raj Bhandari, District Health Office, Parbat

Supporting the Distribution of Vitamin A

During this reporting period *Suaahara* worked on the development of the supplemental workplan for the National Vitamin A Program for 2012-2013 which is implemented jointly by the Department of Health Services (DHS), the Child Health Division of the DHS, UNICEF and USAID. *Suaahara* will coordinate USAID's contribution to this program.

Partnering with LNGOs in program implementation

Local NGO (LNGO) partners implement *Suaahara*'s programs on the ground. All of *Suaahara*'s partner LNGOs have extensive experience in community mobilization and in depth understanding of the local context. This year, working with district level government, *Suaahara* selected 17 LNGO partners. (All 20 districts were operational and with LNGO partners by August 15th.)

Following LNGO selection, *Suaahara* engaged in joint planning with LNGOs including carrying out pre-award assessments to determine LNGO capacity followed by sub-award agreement. This year, LNGO planning and staff recruitment was completed in 4 districts. After recruitment, staffs were oriented on *Suaahara* programs and the LNGO's organizational policies and procedures. LNGO planning and staff recruitment will be completed by the end of August.

Training for government capacity and program implementation in EHA

One of the most important events related to hygiene was the 6-day EHA/ENA training we provided to LNGO staff and EHA Supervisors (five men and five women) and an additional training of six days for DHO staff (18 men and five women). The latter training was designed to develop DHO capacity as facilitators.

As has been noted already, *Suaahara* has developed an ENA/EHA training manual. *Suaahara* has also done so for community-led total sanitation (CLTS)-one of several social and behavior change strategies *Suaahara* will use to improve hygiene and sanitation.

Open Defecation Free Zones

Suaahara is supporting district efforts to achieve open defecation free zones (ODF) status through work with six VDCs each in Nawalparasi and Rupandehi and three to four VDCs in each of 18 other districts for more than 60 VDCs where *Suaahara* will focus on ODF.

Training EHA supervisors and EHA Cluster officers to deliver integrated services

In addition to the above training, *Suaahara* conducted a program induction and training of trainers (ToT) on hygiene, sanitation promotion and nutrition for EHA supervisors in all 20 districts. This training occurred in Rupandehi. Also included were four cluster officers, two district coordinators, one finance officer, a social development manager and EHA national coordinators.

3.2 IR2: Increased Use of Quality Health and Nutrition Services by Women and Children

The Suaahara proposal approached this intermediate result through a **health systems strengthening strategy**, with a focus on facility-managed services which were of particular importance to Suaahara: antenatal and postnatal care (including nutrition and breastfeeding counseling), contraceptive use in support of healthy timing and spacing of pregnancy, IMCI, growth monitoring and promotion (GMP), and support for improved treatment of severe acute malnutrition. Most of this reporting period followed the workplan which reflected that strategy and is detailed below.

In July, we re-thought this strategy, realizing that to achieve this intermediate result we needed to focus as well on the creation of demand for services extending from the facility to the community. We also realized that we needed to be inclusive of non-facility-managed delivery of health services such as traditional healers and pharmacists, often the first people sought for health services. *Partnership Defined Quality (PDQ)*, which was pioneered in Nepal by Save the Children, will be the foundation of the new strategy for achieving *increased use of quality health and nutrition services by women and children*. *Partnership Defined Quality* focuses on building strong links between the Health Facility Management and Operations Committee (HFMO) and the community, promoting dialogue around expectations with “quality” defined by the partnership and accountability for achieving that quality held by the partnership. PDQ has proven especially successful in bringing excluded communities into the discussion.

The outputs upon which the workplan **will be based from year two onwards are:**

- Output 1:** Improved capacity of service providers to provide counseling on nutrition and related health services.
- Output 2:** Improved quality of health service delivery in partnership with the health facility and community.
- Output 3:** Increased accessibility of nutrition and related health services in excluded communities.
- Output 4:** Improved healthy timing and spacing of pregnancy with focus on marginalized underserved women.

Accomplishments:

Developing a standard tool to monitor MNCH services

Based on an advocacy meeting conducted with the Family Health Division (FHD) and Child Health Division (CHD) to incorporate nutrition into their MNCH program, the Maternal, Newborn, Child Health and Nutrition (MNCH-N) tool has been developed. Under the

leadership of CHD and NHEICC, we organized a workshop to develop a tool. This workshop was chaired by Dr. Shyam Raj Uprety, the director of CHD, and included participants from the government, international and local NGOs. Workshop participants developed a standard QI Tool for the uniform monitoring of MNCH services provided by health personnel through health facilities and outreach clinics. The draft MNCH-N QI tools were then reviewed by the Nutrition and IMCI sections of MOHP and workshop participants agreed to perform a pre-test/field test in a *Suaahara* district.

Developing training materials and job aids

Suaahara collected various materials related to antenatal care (ANC), delivery and post natal care (PNC) and revised them to more fully integrate ENA+ and maternal nutrition topics.

Coordinating and consulting at the district level

Suaahara staff held a coordination meeting to more fully incorporate nutrition into the GON's MNCH program.

Improving Facility-Based Integrated Management of Community Illnesses (IMCI) Activities

Working in close coordination with CHD, *Suaahara* staff collected and reviewed existing IMCI training protocols and job aids for health facilities and communities. We then developed a quality improvement tool to strengthen IMCI facility-based services.

Improving Growth Monitoring Programming (GMP) at the Facility and Community Levels

We provided technical support to the Nutrition Section to develop GMP community-based training guidelines. Since growth monitoring is not a critical component of *Suaahara*, this is an area where we are unlikely to contribute, working instead on other, more pressing challenges. However, we will continue to coordinate with the government in strengthening IYCF counseling/promotion.

Developing Training Materials and Job Aids Related to Healthy Timing and Spacing of Pregnancy (HTSP) and Family Planning (FP)

Suaahara staff reviewed various materials related to HTSP/FP, including those from the ACCESS /MCHIP project. We then developed a quality improvement tool on HTSP and FP to strengthen the quality of services in health facilities.

Complying with the USG's Family Planning Legislative and Policy Requirements

In compliance with the USG requirements for the use of FP/RH funding, *Suaahara* submitted a FP Compliance Action Plan as required on May 31, 2012. During this reporting period, program staff participated in two courses: 1) the FP compliance TOT organized by Saath Saath and Jhpiego and 2) the Global Health Learning e-course on *FP Legislation and Policy Requirements*. Forty persons took the e-course during this reporting period. They included 16 male participants and 24 female participants.

3.3 IR3: Women & their families increase their consumption of diverse and nutritious foods

Children's nutritional status depends on their health and diet. But the pathway between food production and women's and children's consumption of nutritious foods is complex. It includes making sure that the right types of foods are grown, that these are not sold for cash, that women and children can access such foods and that they consume them. Unfortunately, a majority of agriculturally-based programs focus on increasing food availability (particularly grains) without regard to who benefits (and who does not) from such production. For example, helping families raise large livestock is problematic because (1) raising large livestock is riskier than raising small livestock (2) usually, animal products such as meat from large livestock are not available on a daily basis, and (3) such products are often consumed by men but not women and children.

Suaahara's agricultural work increases the supply, access and consumption of foods that are adequate in quantity, quality and variety. It builds on the experience of Helen Keller International using the Village Model Farmer/Homestead Food Production (VMF/HFP) approach to increasing the production and consumption of nutritious foods. Currently, according to the 2011 DHS, less than 1 in 5 Nepali children younger than 5 years of age has consumed meat in the previous 24 hours and less than 1 in 10 have consumed eggs and other dairy products. It is now widely recognized that appropriate complementary feeding is the most effective way to reduce stunting. HKI and other organizations have demonstrated in previous projects that it is possible to bring about significant increases in the production and consumption of animal source foods and green leafy vegetables in areas with HKI-supported home gardens. Using lessons learned from a series of homestead food production projects in Nepal including HKI's AAMA (Action Against Malnutrition through Agriculture) program, *Suaahara* will adapt the model to conditions in the most food insecure districts. This includes renewed commitment to GESI issues so that selection of VMFs more adequately represents the marginalized groups with which *Suaahara* works. It also includes a more bottom-up approach that encourages local problem solving rather than solutions from outside experts.

Accomplishments:

Partnering to reduce duplication and achieve synergy

Suaahara has actively partnered with the government as well as NGOs and other stakeholders at the village, district and cluster level. We have held numerous meetings to (1) minimize duplication of activities and (2) to promote synergy to achieve visible impact. One specific example of partnering is the work *Suaahara* is conducting with the Rural Village Water Resources Management Project (RVWRMP) and HKI. *Suaahara* and RVWRMP work jointly in Bajhang, Bajura and Darchula. The purpose is to improve water management for homestead food production.

Receiving Endorsement for the *Homestead Food Production (HFP)* training package

The Directorate of Agriculture Training (DAT) and the Department of Agriculture (DOA) endorsed *Suaahara's* HFP training package. We regard this as a major milestone to jointly improve food security and nutrition. This program expands upon the DOA's current focus of vegetable crops without addressing the need for small, animal source foods. At the national level, the DAT will facilitate a Master Training of Trainers (MToT) on homestead food production. Master trainers will organize district and community-level training.

Developing *Suaahara's* strategy for improving household food security

Suaahara developed a food security strategy to increase access to and consumption of nutritious and diverse foods, meant especially for mothers and children. The strategy uses a year-round approach to ensure production and supply of nutritious foods. This will include diversification of nutrient-dense vegetables, integration of quick crop fruit (papayas, bananas) in planting, improved poultry production, and preservation and processing of surplus produce for the lean season. Most food security strategies and interventions relate to calorie and energy-based foods (cereal), not foods that are diverse. *Suaahara* regards animal source protein as a linchpin to the success of the project.

Improving models to ensure a grassroots approach to improving production

Based on learning from the AAMA (Action Against Malnutrition through Agriculture) project and working in consultation with *Suaahara's* GESI advisor, we have developed selection criteria to ensure that those who are marginalized have equal opportunity to work as a Village Model Farmer. (See Appendix IV)

Applying state-of-the art expertise in the field

Suaahara is fully staffed with agriculture officers in all nine food insecure districts. Cluster agriculture coordinators have been placed in 3 of *Suaahara's* 4 clusters (Pokhara, Biratnagar and Dhangadhi). *Suaahara* will also introduce smaller scale HFP-type interventions in 10-15 VDCs, as well as improved poultry production in all 20 districts. Disadvantaged group (DAG) mapping will be used to select and prioritize VDCs for HFP implementation.

Initiatives for coordination with HIMALI

HIMALI-the High Mountain Agribusiness and Livelihood Project-works in five of *Suaahara's* nine food insecure districts (Mustang, Manang, Sankhuwasabha, Rasuwa and Dolakha). *Suaahara* has already signed an MoU with HIMALI to strengthen district coordination. Potentially HIMALI can support *Suaahara's* demonstration farms through technical assistance and hardware including hatching/brooding centers, vaccination and seed production based on agribusiness plans. *Suaahara* will likely support facilitation, mobilization and training.



Homestead food production beneficiaries during practical training session.

3.4 IR4: Coordination on nutrition between government and other actors is strengthened

It was the foresight and ambition of the government of Nepal (GON) which resulted in *Suaahara*. It was the GON's recognition that previous efforts to address chronic malnutrition were not having as much of an impact as needed which led to the nutrition analysis and gap assessment (NAGA), carried out in 2009. Recommendations from the NAGA led to the development of the *Multi-sectoral Nutrition Plan of Action*. The energy and commitment of the National Planning Commission (NPC) in addressing chronic undernutrition and, in particular, of recognizing the need for new approaches was shared by the external development partners and, taking the key recommendations of the NAGA and the *Multi-sectoral Nutrition Plan of Action*, USAID developed the concept of an integrated nutrition program—now *Suaahara*.

Suaahara partners with the government of Nepal and other external development partners to tackle stunting where it has been particularly persistent— in some of the most remote areas of Nepal with the ultra poor and marginalized groups. *Suaahara* has been tasked to develop new strategies which will synergistically bring the strengths of multiple sectors to positively impact undernutrition.

A fundamental assumption for this IR is that **only through combined efforts** — will people develop both the confidence and necessary competency to make positive choices which enable women and children to have the opportunity to reach their potential.

Accomplishments:

Government of Nepal endorsement

With the importance of *Suaahara's* relationship with the government of Nepal, two key achievements of this past year were official endorsement from the Ministry of Health and Population through the Child Health Division in early March and the endorsement from the National Planning Commission in early August following a meeting of the NPC High Level Steering Committee for Nutrition and Food Security at Gokarna Forest Lodge on July 25th.

These endorsements have enabled a smooth roll out of activities at a district level with all stakeholders. The commitment of the Child Health Division and NPC has been consistently demonstrated through their participation in all of the district-level orientations.

Participation in key nutrition policy working groups

Suaahara is actively involved in NUTEC (Nutrition Technical Committee) in the formulation of government policy related to IMCI, IYCF, maternal nutrition, food security, hygiene and behavior change. In addition to this, we have collaborated with many external development partners/donors that are working to improve nutrition in Nepal, including the World Bank (1,000 Golden Days-*Sunaula Hazar Din*), the World Food Program and UNICEF. The Nepal Nutrition Group (NNG)—which *Suaahara* co-chairs—serves as a forum to share information about programs and research and to coordinate nutrition efforts.

Potential learning from Suaahara on the implementation of multisectoral nutrition actions

- ◆ What are the barriers and incentives for multisectoral collaboration for nutrition at the district level?
- ◆ What are the structural mechanisms for nutrition architecture at district and VDC level that can facilitate implementation of direct and indirect nutrition interventions?

Working with the District Development Committee (DDC) to improve multisectoral coordination

With its role of coordination of district development work through local planning and policy making committees, the DDC is in a unique position to implement multi-sectoral activities. *Suaahara* is working closely with DDCs in all 20 districts to strengthen the links across health, agriculture, education and WASH sectors by establishing multi-sectoral nutrition architecture at the district and VDC (village development committee) level. Furthermore, *Suaahara* is collaborating with DDC's LGCDP (local government community development program) to ensure greater outreach of behavior change and social mobilization activities particularly to disadvantaged groups (DAGs).

Several meetings with District Health Office, District Agriculture Development Office, District Development Committee (DDC), District Women's Development Office, District Livestock Office, District Water, Sanitation and Supply Division and D-WASH Coordination Committee have been organized to orient government officials about *Suaahara* programs.

In each district *Suaahara* EHA officers participated in D-WASH Coordination Committee meetings to select three to six VDCs where there will be an emphasis on achieving open defecation free (ODF) zone status.

Other examples of active collaboration with the local government include district level consultative meetings and the joint selection of local NGOs (LNGOs-see a full list of those partners in Appendix VI.) as implementing partners. Consultative meetings have been held in 14 districts, are two days long and involve district government officials from all relevant ministries and committees. Consultative meetings include orientation to *Suaahara's* work as well as action planning.

Support to the Government of Nepal

In addition to the activities noted above, USAID has provided specific financial support to the government of Nepal through *Suaahara* in the following ways:

- ▶ Sponsoring a participant from the Child Health Division to attend a WHO meeting in Geneva on nutrition
- ▶ Sponsoring the 'gap' employment of four staff in the Child Health Division
- ▶ Sponsoring the attendance at the UN General Assembly SUN (Scaling Up Nutrition) meetings of two persons from the National Planning Commission

Collaboration with other stakeholders

▶ **Peace Corps**

The first cohort of Peace Corps volunteers returning to Nepal will be placed in support of *Suaahara* nutrition & agricultural activities in Parbat, Baglung and Syangja. *Suaahara* staff in those districts have worked closely with Peace Corps staff in the selection of volunteer sites. At a Kathmandu level, *Suaahara* staff have worked closely with Peace Corps in support of the pre-service training program.

▶ **UNICEF**

Suaahara works collaboratively with the nutrition section of UNICEF Nepal in the review of materials, training, and referral. A Memorandum of Understanding has been developed detailing this collaboration.

▶ **N-CRSP (Nutrition-Collaborative Research Support Project)**

Suaahara has linked closely with Nutrition-CRSP since the start of the project and is coordinating closely with them and with IFPRI to maximize the programmatic usefulness of the *Suaahara* baseline. This collaboration has resulted in a Memorandum of Understanding between N-CRSP and *Suaahara*.

▶ **Hariyo Ban**

Suaahara has been in discussion with Hariyo Ban (environment and climate change) around a variety of collaborative efforts in six districts where we both are working: Lamjung, Gorka, Rasuwa, Mustang, Langtang and Manang.

4. RESEARCH, MONITORING & EVALUATION

Activities/Accomplishments for the Period

Human Capacity for M&E

All necessary M&E staff have been hired, including a Senior M&E Manager and a Senior M&E Coordinator in Kathmandu and five M&E Cluster Coordinators. Capacity building and coordination occur through routine skype conference calls. Cluster M&E teams are visiting districts to assess the situation and to support program planning.

Generating Practical Information for Solving Problems through Formative Research

The knowledge generated by extensive formative research will serve as one of the foundations for Suaahara program components. While the statistics—the “what”—regarding maternal and child nutritional status are well known, the key determining factors—the “why”—are harder to identify. In order to tease out the “why” factors, JHU-CCP’s Dr. Rajiv Rimal formed a dynamic partnership with the Kathmandu-based organization Research Inputs and Development Action (RIDA). With Dr. Rimal’s guidance, the RIDA research team utilized innovative qualitative methods in order to understand the cultural context and current situation in selected districts (Taplejung, Rasuwa, Manang, Rupandehi, Syangja and Bajhang) of the diverse regions where Suaahara works. In addition to exploring local child care and feeding practices, the research focused particularly on identifying the values and aspirations people hold, as well as key barriers to change.

The results of this formative research will provide critical input for the Suaahara social and behavior change communication (SBCC) team. Designing interventions and communication strategies requires understanding the perspective, priorities, and current practices of the target population. It also requires identifying *who* specifically within that population should be targeted, and which behaviors are most critical to promote in different regions. By providing insights about these factors, the formative research will help the team to design behavior change interventions that are innovative, relevant and effective. Two examples are highlighted below.

Training Materials

▶ *Action cards:*

The *Suaahara* training team identified the need for effective training materials to support community mobilizers (FCHVs [female community health volunteers] and other non-health mobilizers) in facilitating discussions on essential nutrition and hygiene actions with community members. With guidance from the SBCC working group, *Suaahara* has developed color-coded action/discussion cards. Each card will illustrate an issue related to the ENA/EHA centered on the barriers of the intended behavior. These action cards will be used to promote discussion on barriers within groups, followed by possible solutions to help each other carry out small doable actions.

Key behaviors and their barriers were identified from the “*Formative Research to Understand Behavioral and Cultural Practices for Improving Infant and Child Health and Nutrition Outcomes in Nepal*”. Based on those behaviors and related barriers, action/discussion cards have been developed to be used by community mobilizers (FCHVs and others). These action cards were pretested in Sindhupalchok and Nawalparasi.

► *Motivational posters:*

Motivational posters targeted for health facilities were developed to motivate health service providers and to make them feel accountable for disseminating messages on nutrition for the health of women and children. The idea of developing wall posters for health service centers originated from field visits and meetings with service centers and service providers. It was found that counseling on nutrition was not a current priority of health service providers. These motivational posters were developed as a wall hanging with illustrations and will be displayed in a public space at health service centers.

K4Health

K4Health is a knowledge sharing website (<http://www.k4health.org/toolkits/suaahara-nutrition-project>) to help Suaahara partners work synergistically by providing a virtual space to share and comment on research, resources, activities, successes, and other information related to the project. This site also has an online forum capability to allow partners to discuss project issues; a comment capability that allows partners to comment on added documents/content; and a calendar that allows everyone to see what activities are planned by each partner.

Baseline Survey

The baseline includes eight Suaahara districts and eight comparison districts where Suaahara will not implement programs. The sample size for each set of districts is 2040 households. The International Food Policy and Research Institute (IFPRI) designed the baseline, questionnaires and tools and has collaborated with the Nepali survey firm New Era to train enumerators. Prior to collecting data, New Era pre-tested the questionnaires and received ethical approval for the study. More than half of the sample has been interviewed and data collection should be complete by the end of September. New Era has already begun coding and data entry. By the end of October, plans are to submit the clean data set to IFPRI and Suaahara, and by the end of December, IFPRI will submit the final report. Suaahara’s M&E team has provided extensive input throughout the process.

Establishment of Performance Monitoring and Evaluation Plan

Suaahara provided USAID its *Performance Monitoring and Evaluation Plan* (PMP) which was subsequently been revised based on USAID feedback then approved. The PMP includes the Suaahara Results Framework, monitoring and evaluation plan, data quality assurance and structures and systems needed to carry out all monitoring and evaluation. The PMP also includes a matrix which details indicators for different levels of results with corresponding

data source, methodology, frequency of data collection and data quality assurance plans. Various levels of indicators are identified (output, outcome and impact) along with the USAID Operational Program indicators.

As noted above, Suaahara changed the scope of work related to IR2 to more effectively link to the intended result of *increased use of health services*, particularly those related to nutrition, IMCI and family planning/reproductive health. The foundation for this work will be *Partnership Defined Quality* (PDQ) and work with the Health Facility Operations and Management Committees. The M&E team will work with other *Suaahara* staff to identify appropriate indicators and measurement methods/tools.

Developing Effective M&E Tools

Various tools are being developed for effective program monitoring. At present, we have developed a *Process Indicator Planning Tool* and *Process Indicator Tracking Tool*. The key objectives of the *process indicator planning tool* are to develop process indicators and to set quarterly targets. With the support of district staff, cluster M&E teams will complete the process indicator planning tool while the Kathmandu-based M&E team will ensure overall process indicator planning. The key objective of the *process indicator tracking tool* is to track achievements against targets on a quarterly basis which will in turn help teams plan effective programs.

Another tool—the *Intermediate Result Indicator Tracking tool*—helps staff set targets for each IR level indicator. Relevant indicators will be tracked every six months. For most indicators, methods of data collection are LQAS (lot quality assurance sampling) and secondary data collection from the HMIS.

The M&E team has also developed a *progress reporting template*. This template helps LNGOs report to district *Suaahara* teams, cluster M&E Coordinators, Cluster Coordinators and the Kathmandu-based M&E team keep track of achievements, lessons learned and challenges in program implementation.

Learning

Suaahara, Save the Children and Helen Keller International facilitated a workshop on ‘*Analyzing, Understanding and Using Data to Improve Programs.*’ 18 participants from a variety of backgrounds (HIV, WASH, agriculture, nutrition, health and program implementation) participated in the workshop. Its purpose was to help staff understand the importance of assuring data quality, conducting sound analysis, reaching appropriate conclusions, supporting program planners and implementers in their use of data to make informed decisions, and sharing results with a wide variety of audiences from front line workers at the community level to policy makers at the national level.

Suaahara also held a two-day workshop on ‘*Process Monitoring.*’ 24 staff from *Suaahara*’s program team (central, cluster and district levels) finalized process indicators to track targets and achievements.

Monitoring *Suaahara* through Lot Quality Assurance Sampling (LQAS)

Suaahara has a variety of indicators to track process, output, outcomes and impact. *Suaahara* uses its routine monitoring system to monitor process and output indicators; outcome and impact indicators are measured only at baseline and end line. LQAS will be used to track outcome indicators throughout the project. A concept paper for LQAS has already been drafted. LQAS will start in early November 2012 when program implementation is expected to be in high gear.

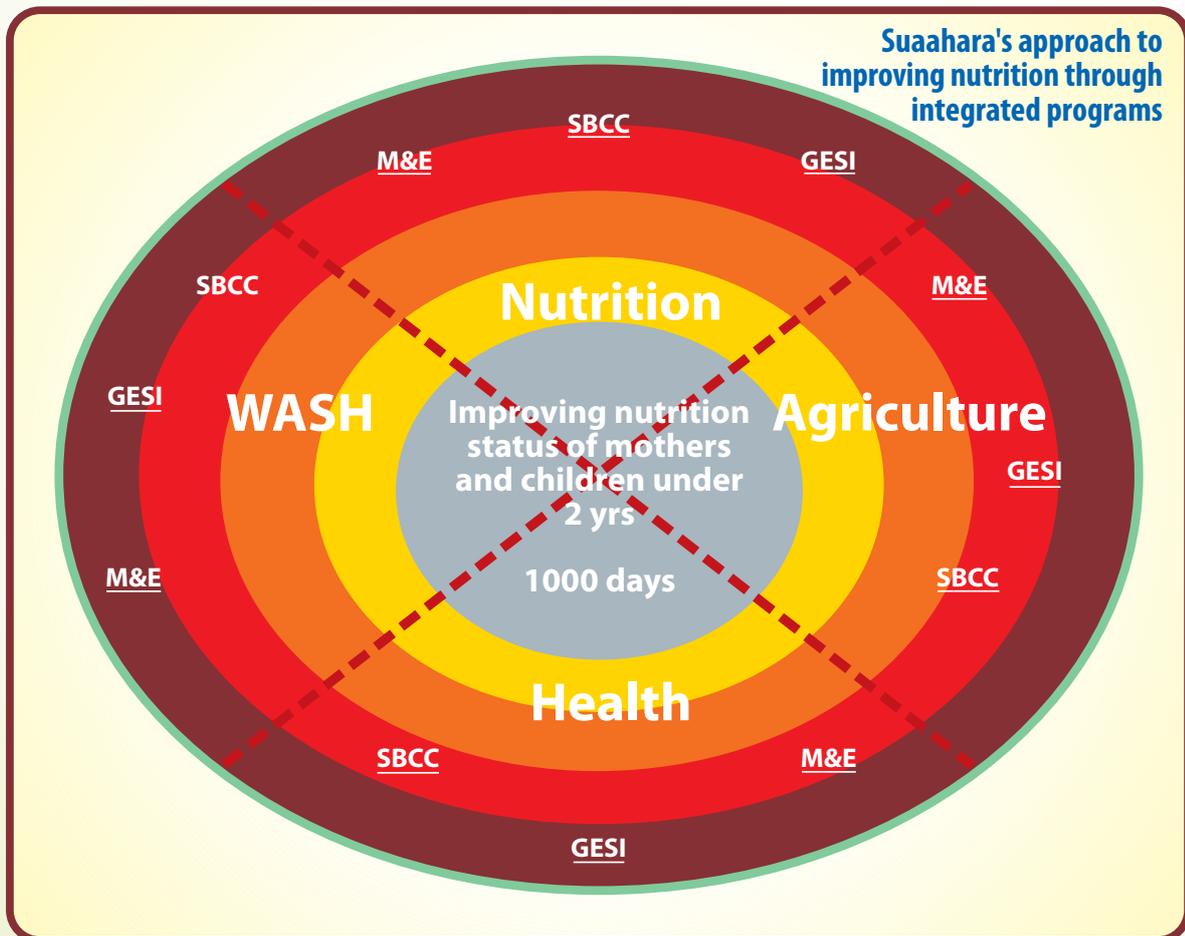
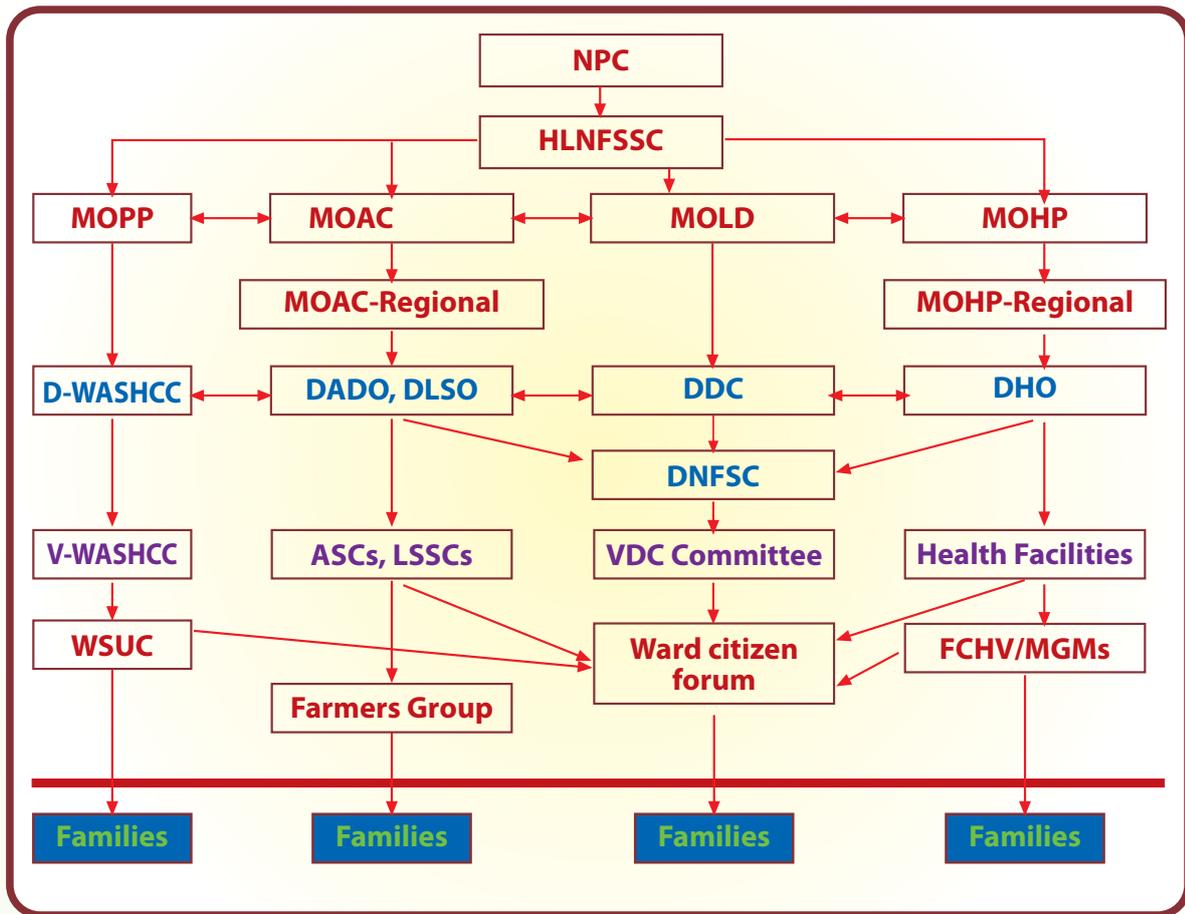
Geographic Information System (GIS)

With respect to GIS, the Senior M&E Coordinator completed basic (21 hour) training. In the near future, we will hold meetings with a resource person to finalize geo-enabled indicators as well as types of analysis that *Suaahara* can carry out.

With respect to tracking training, *Suaahara's* M&E Manager and IT Coordinator received orientation on TraiNet. The IT coordinator is regularly entering training data into the TraiNet system.

Research on integrating GESI interventions in health management committees

Suaahara has signed a partnership agreement with USAID's *Gender Policy Measurement, MEASURE* Evaluation and the Health Policy Project to carry out research on integrating gender training into health facility operations and management committees (HFOMC). The primary purpose of the study is to determine whether integrating gender (and other aspects of GESI) into the work of HFOMCs improves the quality of services provided at health facilities and encourages the use of health services by disadvantaged groups. The research will begin in September 2012.



5. LESSONS LEARNED

The greatest lesson learned is that we need to expect to learn every day new things which can affect/change the way we approach our work. These learnings have been striking in the first year of the implementation of Suaahara and can be characterized in the following general categories:

- ▶ Creating and nurturing an enabling environment for change within the partnership of organizations and government offices working together
- ▶ Maintain wide collaborative partnerships to ensure access to learning related to Suaahara objectives
- ▶ Maintain links with other similar projects to absorb their learnings and experience
- ▶ Establish and maintain an organizational culture of critical thinking –with constant reflection about actions and whether they lead to the desired outcome and the assumptions on which they are based. **Verify assumptions of key strategies.**
- ▶ Don't assume common understandings of basic things.
- ▶ With multiple organizations and multiple government offices, it is essential to harmonize operational policies as much as possible, particularly at a district level.

Programs

1. The importance of establishing mutual trust and respect with all partners—particularly in government offices is critical and cannot be assumed. Suaahara experienced a delay of more than three months in receiving official Ministry of Health and Population endorsement for work in districts because we hadn't verified that the Division of Health Services felt that necessary steps had been followed.
2. Similarly, we learned that we needed to better articulate the ownership of the government of Nepal of Suaahara—particularly at the regional and district level.
3. Suaahara had proposed to take to scale its interventions through the development of a cadre of FCHV 'helpers' – **poshan aamas** – chosen from mothers' groups. It was quickly apparent (from multiple perspectives) that this was not an acceptable model. Re-thinking 'reach', *Suaahara is* using the best individual VDC community mobilizers *in a VDC* exploiting the synergies of a multi-sectoral approach.
4. Similarly, strategic modifications have been made to the homestead food production and village model farm agricultural activities as a result of the learnings from AAMA particularly regarding reaching disadvantaged groups.
5. In addition to being plugged into appropriate Nepal-based technical working groups, *Suaahara* has been fortunate to participate in the *World Bank Regional Knowledge*

Forum as well as be linked to *Alive & Thrive* globally as well as specifically through *Alive & Thrive* Bangladesh, benefiting from the experience as well as materials developed.

6. Key guidance received was that initially it was very important to limit the scope of Suaahara to focus on a few “excellent actions” (ones with proven impact on stunting) and a limited number of behavior change strategies. Additional practices can be added in future years once it is clear that there is uptake of priority behaviors.
7. In the same vein, **we were advised not to focus on activity where there was either not a ‘problem’ or where it was proven that there would be no impact.** Specific examples are breastfeeding (both because there is already a high rate (70%) of exclusive breastfeeding and because stunting starts to manifest itself after six months [according to the DHS 2011]) and growth monitoring and promotion (GMP) which has no impact on nutritional status. These are not eliminated from our workplan but will not receive special emphasis.
8. Historically, FCHVs have focused on message-giving. Suaahara is working with FCHVs to improve their counseling skills and provide them concrete behavior change strategies they can use in groups and one-on-one. Additionally, as noted above, Suaahara is exploiting the potential synergies of a multi-sectoral approach by using local community mobilizers and CSOs.
9. Designing and implementing a comprehensive integrated program at scale is difficult! People’s natural tendencies are to work in parallel activities rather than integrated activities. Staff need ongoing mentoring in making this work. For planning purposes program staff are working in integrated teams (for example, agricultural strategies have been developed in conjunction with the GESI team) to make sure that we maximize our impact on women’s and children’s nutritional status.
10. Suaahara selected its social and behaviour change strategies based on a review of the evidence (DHS 2011 and existing program literature—inside and outside Nepal) to maximize impact in a given district.
11. Critically thinking about the skills needed in staff and local organizations given the goal of the jobs they are to do. This was a significant learning with our first MTOT and also relates to the overall learning of not to assume common understandings. The first batch of trainers selected for the MTOT were ‘top down’ message givers chosen based on academic credentials rather than ‘facilitators’ chosen for their ability to enable discussion of pertinent issues.

Similarly, local NGOs were not chosen based on their ability to write a good proposal but on their proven capacity for social mobilization with local populations—in particular disadvantaged groups.

12. Suaahara had assumed that the survey firm chosen to conduct our baseline did not need training. In fact, it turned out that our baseline had components (agriculture, empowerment and different standards for the measurement of anemia and anthropometry) which required training and more time in review with the enumerators than expected.
13. LNGO office visits should be conducted before the presentation session as this will provide a reference for judging the LNGO's capacity.
14. We need to expect and be prepared to deal with efforts for 'undue influence' on various decisions.
15. Including district stakeholders in the LNGO selection process is crucial as it will promote ownership of *Suaahara* among the district stakeholders (DDC, DHO, DADO) as well as a credibility around the LNGO selection process.

Finance and Operations

16. Given the integrated nature of all Suaahara activities, there needs to be harmonization as much as possible on human resource policies such as per diem, holidays, leave, insurance, job descriptions, etc.
17. Maintain range of salary on different level as far as possible.

6. FINANCIAL STATUS SUMMARY

The preliminary expenditure report for this reporting period (as of July 31, 2012 covering 11 months) is as follows:

<i>Budget Elements</i>	
Personnel/Fringe Benefits and Allowances	421,686
Travel and Per Diem/Supplies and Equipment	150,367
Contractual/Other Direct Costs	82,346
Sub agreements/Program Costs	1,016,574
Indirect Charges	202,897
Total USAID Contribution	1,874,869
Cost Share	253,549
Total Program Expenditures	2,127,418

The current USAID obligated amount is \$9,812,031 and with the above expenditure of \$1,873,869, we are indeed under spent. This is due to a combination of factors which caused an implementation delay particularly at a district level of about five months. There was first of all an unexpected delay in receiving authorization from the Ministry of Health and Population to work in the districts. This was only received on March 9th. Additionally recruitment policies and lengthy recruitment periods of some of the *Suaahara* partners led to further months of delay in starting at a district level. Nearly full district staffing was only achieved by the end of June.

Since July, however, with the accelerated field activities in all 20 districts, regional and district level orientations, village level trainings, and soon to be completed baseline survey and formative research, activity expenditures are on track.

Accruals through the end of this fiscal year (September 30th) are approximately \$617,414 for the month of August and \$1,072,146 for the month of September, bringing the total program expenditures to **\$3,816,979**. This does not include the funds advanced to the implementing partners not yet reported/booked as expenditures of \$450,000.

The following is a breakdown of projected underspend as of September 2012 by budget elements:

Personnel/Fringe Benefits and Allowances	506,427
Travel and Per Diem/Supplies and Equipment	152,684
Contractual/Other Direct Costs	397,782
Sub agreements/Program Costs	4,483,154
Indirect Charges	708,554
Total USAID Contribution	6,248,601

As noted above, delayed staff hiring has caused the under spending of the personnel line item and, similarly, the late entry of program activities in the districts resulted in savings in operational & travel and per diem line items.

We bought all the supplies and equipment needed for the first year. There has also been savings on consultants both international and local.

The program costs include the ongoing baseline survey of IFPRI and New ERA for which the final payments are not yet made, total \$272,000. The payments will be made by the end of December 2012. The program costs also include operational costs of implementing partners and local NGOs approximately 24 % (\$1,060,670) of the total budget and the rest represents program costs.

Thus of the \$6,248,601, \$1,719,781 represents unspent operational costs due to delayed hiring of personnel and start up at a district level and \$722,000 is 'obligated' but not booked expenditure.

7. SAAHARA YEAR TWO - PROSPECTS / STRATEGIES

Sector-specific strategies Suaahara and its government and local NGO partners will pursue will be targeting household, ward, VDC, district and national levels. Below is an example of the draft agricultural strategy for year two.

Household	Ward	VDC	District	Nation
Increase production and consumption of animal source foods and micronutrient-rich plants through demonstration farms and community brooding centers. This includes production of foods representing 4 colors: green (green leafy vegetables), orange (orange-fleshed foods such as sweet potatoes and squash), brown (meat) and white (staples including rice, eggs and dairy products such as cheese)	Establish demonstration farms and community brooding centers	<p>Help the government's ag and livestock sub-centers introduce nutrition into VDC planning</p> <p>Help the government introduce GESI into VDC</p> <p>block grants</p>	Collaborate with the District Livestock Service Office to roll out HFP training	Ensure nutrition and ag are fully incorporated into the National Food and Nutrition Security Plan

Three cross-cutting approaches inform Suaahara's programming:

1. social mobilization and behavior change;
2. gender equity and social inclusion (GESI) and
3. monitoring and evaluation.

To promote *gender equity and social inclusion* Suaahara will identify and prioritize Disadvantaged Groups (DAGs) and will build capacity to understand and apply key concepts of GESI in all of Suaahara's activities. This includes empowering disadvantaged groups to demand and access a variety of quality community and clinic-based services.

To promote an *environment of critical consciousness and constant program learning*, Suaahara will use a variety of monitoring and evaluation tools including process monitoring, program fidelity assessments to ensure that programs are implemented as designed, lot quality assurance sampling, the testing of various social mobilization/behavior change strategies and baseline and endline surveys.

In year two, strategies we will use to bring about behavior change include the following (the exact mix will depend on district context):

1. individual and group-level behavior change using GALIDRAA (greet, ask, listen, identify, discuss, recommend, agreement and appointment), caregivers' groups and participatory learning and action (PLA) (focus on nutrition and 4 key practices)
2. mobilization for hygiene through Community-Led Total Sanitation and other approaches
3. homestead food production/demonstration farms
4. improvement of clinic-based service delivery at multiple contact points using Partnership Defined Quality (PDQ), and
5. media advocacy. Here's how these strategies mobilize individuals, families and communities for behavior change:
 - ▶ Media advocacy improves *compliance*.
 - ▶ Individual and group level behavior change strengthens *cooperation* and *co-learning*.
 - ▶ Homestead food production/demonstration farms and PDQ encourage *co-learning*, and
 - ▶ Mobilization for hygiene and PLA rely on about *collective action and the development of collective efficacy*.

Parents' aspirations for their children play a major role in motivating parents to take action. Barriers keep families from practicing the behaviors noted above. Suaahara conducted formative research to identify aspirations and barriers and will use this learning to design strategies that "speak" to parents' aspirations for their children and address real-life barriers families face. A major aspiration in all districts where Suaahara conducted formative research is "*giving children an opportunity to get ahead in life*".

Suaahara will work through existing groups and fora such as ward citizens' fora, forest users' groups, water users' groups and savings and credit groups as well as groups Suaahara creates. Suaahara will seek to identify why individuals do not practice nutrition-specific and nutrition-sensitive behaviors including lack of: knowledge, confidence, peer support, motivation, capacity, etc. Based on this understanding, Suaahara will use a mix of strategies that best address these barriers.

ALL TRAINING - DISAGGREGATED BY GENDER

S.No.	Name of the Training	Training Date	Number of Participants		
			Male	Female	Total
1.	TraiNet (USAID Office)	January 20, 2012	1	1	2
2.	Understanding Gender and Social Inclusion	January 27, 2012	6	11	17
3.	1st Master Training of Trainers (MTOT) on ENA/EHA	March 1-9, 2012 (1 day holiday)	14	9	23
4.	Formative Research Training on Quality Research Techniques (for RIDA researchers)	March 12-16, 2012	10	14	24
5.	2nd Master Training of Trainers (MTOT) on ENA/EHA	April 10- 18, 2012 (7days training — 13 & 14 holidays)	17	6	23
6.	Formative Research on Quality Research Techniques	March 12-16, 2012	10	14	24
7.	Strategic Communication and Leadership Workshop on Nutrition (for Suaahara Managers) and GON partners)	April 22-26, 2012	16	10	26
8.	Workshop on 'Analyzing, Understanding and Using Data to Improve Programs'	July 17-19, 2012	9	10	19
9.	Financial and management accounting system Training (FAMAS)	July 9-12, 2012	8	2	10
10.	Workshop on 'Process Monitoring'	July 30-31, 2012	9	12	21
11.	Community Theater Research Training (for VaRG researchers)	Aug 16-18, 2012	5	14	19
12.	Nutrition Communication Framework Workshop (for Suaahara internal including cluster, districts, FCHVs & media)	Aug 21-22, 2012	27	22	49
13.	MTOT on Homestead Food Production	August 19-28, 2012	28	2	30

14.	Master Training of Trainers on ENA/EHA – 3, Kathmandu	July 18-25, 2012	17	9	26
15.	Village Level Training on ENA/EHA, Parbat	29 Jul-25 Aug, 2012	158	107	265
16.	Village Level Training on ENA/EHA, Syangja	31 Jul-19 Aug, 2012	171	113	284
17.	Village Level Training on ENA/EHA, Rupendehi	28 Jul-11 Aug, 2012	150	84	234
18.	Village Level Training on ENA/EHA, Nawalparasi	31 Jul-25 Aug, 2012	137	66	203
19.	Village Level Training on ENA/EHA, Sindupalchowk	Aug 5-17, 2012	62	32	94
20.	Village Level Training on ENA/EHA, Baglung	22 Aug-2 Sept, 2012	51	69	120
21.	Orientation on Family Planning Compliance, Central level	23rd August	9	13	22
22.	Orientation on Family Planning Compliance, Dhangadi cluster	15th and 16th August	22	6	28
23.	Orientation on Family Planning Compliance, Biratnagar cluster	1st Sept	12	1	13
Total			949	627	1576
26.	Online Course on Family Planning Compliance	n/a	78	45	33

Planned ENA/EHA training for this time period was achieved at 100% except in two districts - Rupandehi and Nawalparasi - where it was only completed at 49% as a result of being disrupted by a MR vaccination campaign in Nawalparasi and being suspended temporarily due to operational issues in Rupendehi. Overall, it was expected that ENA/EHA training reach 2,252 by August 31, 2012. Because of the disruptions in the above-mentioned districts 1,335 individuals were trained representing 60% of the target. It is expected that by the end of September 4,050 individuals will have been trained - completing training coverage for 14 districts. The remaining six districts will be covered in the first quarter of year two.

Appendix II

CONSULTANTS YEAR ONE

Consultant	Title	Purpose of Visit	Dates
Bill Glass	Director of Programs, Johns Hopkins Bloomberg School of Public Health Center for Communication Programs	Participate in Partners' Work Planning Workshop	September 26-27, 2011
John Deidrick	Deputy Regional Director, Helen Keller International	Participate in Partners' Work Planning Workshop	September 25-30, 2011
David Oot	Associate Vice President, Health and Nutrition, Save the Children	Participate in Suaahara's strategic planning and provide tailored TA to Suaahara	November 7-11, 2011
Victoria Quinn	Senior Vice President, Helen Keller International	Participate in Suaahara's strategic planning and provide tailored TA to Suaahara	October 30- November 11, 2011
Basil Safi	Asia Team Leader, Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs	1. Participate in Suaahara's strategic planning and provide tailored TA to Suaahara 2. Lead a workshop to help Suaahara design its communications strategy	November 7-12, 2012 August 16-24, 2012
Purnima Menon	Senior Research Fellow, International Food Policy Research Institute (IFPRI)	Provide guidance on the design of Suaahara's baseline assessment	December 1-3, 2011
Marie Ruel	Director, Poverty, Health, and Nutrition International Food Policy Research Institute (IFPRI)	1. Provide guidance on the design of Suaahara's baseline assessment 2. Discuss collaboration with NCRSP	November 30 – December 2, 2011 March 21-24, 2012
Suneetha Kadiyala	Research Fellow International Food Policy Research Institute (IFPRI)	Attend the NCRSP Symposium; support for Suaahara baseline. To discuss the Suaahara baseline pre- test results	March 21-24, 2012 April 11-16, 2012
Maryanne Stone- Jimenez	Independent consultant	Design and lead Suaahara's Master Training of Trainers on ENA/EHA and produce a training manual to be used in subsequent trainings	February 24-March 10, 2012

Caroline Jacoby	Program Officer, Center for Communication Programs	Assist the SBCC team in developing a draft framework for Suaahara	April 9-21, 2012
Rajiv Rimal	Associate Professor, Johns Hopkins Bloomberg School of Public Health	Help design and implement formative research, including selection of a research firm, training and data collection; Processing of formative research, training for research on community theatre	Feb 17 – March 7, 2012 August 13-27, 2012
Uttara Bharath	Senior Program Officer, Communication Advisor (India), Center for Communication Programs	Provide regional technical support for JHU.CCP activities in the Suaahara project- specifically community theatre	May 6-13, 2012
Ben Lozare	Associate Director, Center for Communication Programs and Chief, Training and Performance Improvement Division	Lead 5-day Strategic Communication Leadership workshop on nutrition	April 21-27,2012
Kenda Cunningham	Independent Consultant for IFPRI	Oversee technical aspects of baseline training and participate in pilots of data collection instruments; observe data collection in the field and troubleshoot	March 17-24, 2012 April 9-July 9, 2012 Sept 1-15, 2012
Wahidur R Quabili	Senior Research Assistant - International Food Policy Research Institute (IFPRI)	Assist New Era with the design of data entry screens; participate in baseline training	April 9-25, 2011
Rajinder K. Mehra	JHU-CCP India	Training and orientation on electronic finance software (QuickBooks) to new CCP Fin./Admin. Associate in Nepal office	May 6-13, 2012
Karin Lapping	Senior Nutrition Director, Save the Children	Learn about Suaahara's programs, assess progress Provide TA based on her experiences with Alive & Thrive	July 23-August 3, 2012
Benjamin Crookston ¹	Assistant Professor, Brigham Young University and independent consultant	Co-facilitate a workshop on Analyzing, Understanding and Using Data to Improve Programs	July 14-27, 2012
Tina Sanghvi	Senior Country Director, Alive & Thrive, Bangladesh	Provide TA based on her experiences with Alive & Thrive, Bangladesh	August 18-21, 2012

¹Dr. Crookston was in Nepal on vacation and his time with Suaahara was as a volunteer.

Appendix III

LNGO SELECTION PROCESS

Guidelines for selecting LNGO partners for *Suaahara*

1. Selection process

- a. LNGO selection team will be formed for each district. The team will comprise of one central level program staff, one staff from Finance and Grants, one representative of partner NGO, cluster coordinator and district coordinator.
- b. Local district authorities will be informed and consulted about the shortlisted candidates by the cluster coordinator.
- c. The selection team will visit the respective district and three (maximum) shortlisted LNGOs will be asked to do a presentation based on a template provided.
- d. Selection team will decide based on the scores of presentation and reference verifications.

2. Selection guidelines: Programmatic

NGO project experience

- ▶ List of past project
- ▶ Currently implementing projects with the details of programmatic and Financial volume and number of years
- ▶ General program implementation approach and key implementation activities, monitoring & supervision mechanism
- ▶ Experience in working with different subgroups within communities, what is their strategy? Where are the challenges around this 'issue' in this district?
- ▶ Description of challenges with social mobilization/how they dealt with them?
- ▶ Description of what they consider to be a 'successful' activity - and why.
- ▶ Experience on Nutrition/health/Agriculture/WASH activities (depending on districts)

Community-assessment and mobilization skills

- ▶ LNGOs experience in conducting participatory assessments with the community to determine the key local vulnerabilities, priorities and determinants of health and nutrition
- ▶ Proposed social mobilization strategies/activities to engage health and non-health sectors at community level
- ▶ Community acceptance towards LNGO performance

Capacity building qualifications and expertise

- ▶ Proposed strategies to improve capacity of frontline facilitators/workers from both health and non-health sectors (FCHVs, women's groups, etc...)
- ▶ Proposed strategies to enhance the capacity of community volunteers to reach the marginalized and excluded communities/groups.
- ▶ Proposed strategies and entry points to engage and empower vulnerable and socially excluded groups

Strengths and Needs

- ▶ LNGO strengths
- ▶ Needs
- ▶ Other related programmatic skills/experience
- ▶ Coordination with district level stakeholders

3. Selection guidelines: HR and Finance

- ▶ Personnel/ HR Policy - existence and in use
- ▶ Governing board and staff list (GESI perspective)
- ▶ Finance Policy - existence and in use
- ▶ Accounting System - computerized or manual and its internal control system
- ▶ Annual Audit - done for the last two years
- ▶ Annual Budget - of the LNGO for this year and the last two years
- ▶ Existing human resources and their capacity (at least for key positions like Head of Program and Finance and Administration)

Coverage

All VDCs and four to five (of nine) wards in each VDC. Wards to be selected based on disadvantaged group (DAG) mapping. In **nine food insecure** districts: Darchula, Bajhang, Bajura, Mustang, Manang, Rasuwa, Dolakha, Sankhuwasabha, and Taplejung.

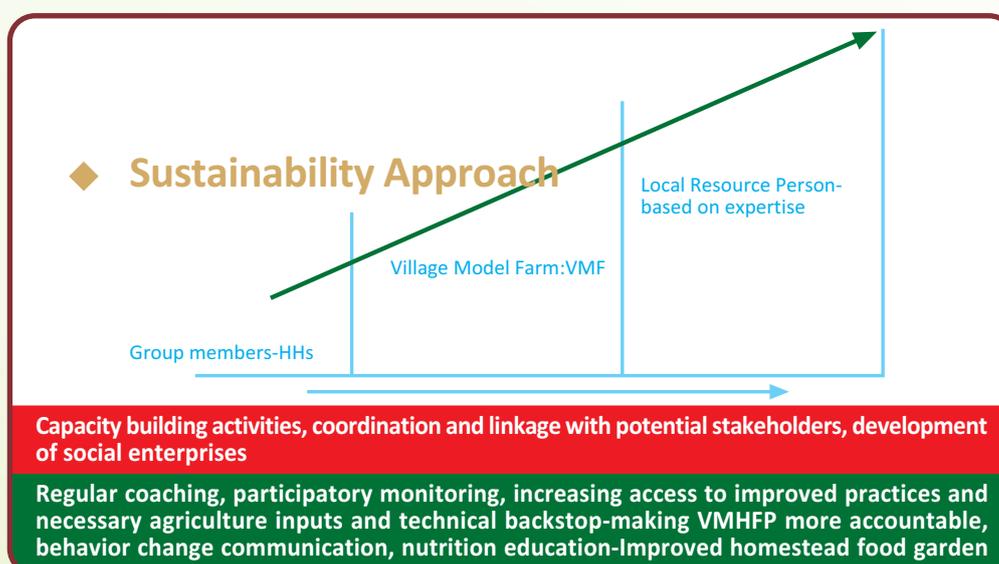
In **11 food secure districts**, there will be interventions in selected wards/VDCs based on DAG mapping and consultation with district agriculture and livestock departments.

Selection criteria

- ▶ Female; acknowledged by community members as active, committed, a good communicator, able to lead and mobilize community groups, preferably from a disadvantaged group.

Roles and Responsibilities of VMF/G

- ▶ Motivate, inspire, and build the capacity of homestead food production (HFPP) members
- ▶ Provide technical assistance to community members (nutrition, agriculture, hygiene, sanitation and health)
- ▶ Provide inputs/materials (e.g., sell first seedlings, poultry chicks, eggs and vegetables to community members)
- ▶ Provide counseling, including sharing of responsibilities among family members
- ▶ Lead the community in the development of a resource center; coordinate and develop linkages with DPHO, DADO, Live stock, WDO/VDC to improve sustainability
- ▶ Monitor and support household supervision
- ▶ Land size for demonstration farms varies from 200-500 square meters. Priority goes to household of disadvantaged group. The land size can vary in Terai districts.
- ▶ Household should have at least one person who is literate.



Appendix V

ENVIRONMENTAL IMPACT

Suaahara has received its initial environmental examination where the evaluation of environmental impact potential was:

The activities in the (sic) Suaahara will not have an effect on the natural or physical environment.

Aspects evaluated were:

- ▶ Medical wastes from health facilities
- ▶ Suaahara ODF efforts
- ▶ Homestead Food Production

A performance monitoring and evaluation plan focusing on environmental impact will be prepared by December 2012.

Appendix VI

Comparison of actual accomplishments against goals established in the workplan and PMP – with rationale for variance. Justification for incomplete activities as per work plan:

Incomplete work plan activities	Justification
Start Up <i>Suaahara</i> launch (Dec. 21-25)	Tied to Rajiv Shah’s visit which was cancelled.
Convene Technical Advisory Group	Given participation/leadership in all technical working groups, it was decided that we would convene meetings with individual ‘experts’ appropriate to the issue being discussed.
Semi-annual and annual <i>Suaahara</i> project staff meeting/retreat to review progress and reflect on strategy (3 days)	Given district activity beginning in earnest in late June, neither of these events has yet happened.
Develop and implement <i>Suaahara</i> documentation & dissemination plan to develop technical briefs, case studies, success stories, photographs	This is in process but not finalized.
Gender Equity & Social Inclusion Engage vulnerable social groups through FCHVs and poshan aamas, supported by the local NGOs and existing local community structures.	Poshan aamas are no longer a part of the <i>Suaahara</i> strategy. Rather, community mobilizers from other sectors will be used. This will be an ongoing focus beginning in the first quarter of year two.
Development of GESI strategy for <i>Suaahara</i>	Finalization of this strategy has been waiting for the formative research.
Social and Behavior Change Communication Pilot test a gender communication initiative based on “role models” at community level	This (or similar work) will happen in year two
Develop plans for participatory activities in communities and schools	<i>Suaahara</i> will be focusing its activities on 4 key practices in years one and two and will not be working in schools. Community theatre will be used in communities.
Conduct design workshop for localized radio programming; develop support materials for radio program and localize; conduct writer/producer training for radio programming; develop and pretest first episodes of radio programming	Due to delay in district start up, scheduled for year two
IR Output 1.1 Create an enabling environment (household, community, health system) for sustained positive health and nutrition behavior change	Due to delayed entry into districts, this will be a focus of the first quarter of year two.

Develop guidelines for selecting poshan aamas with FCHVs and village health workers.	Poshan aamas are no longer a part of the <i>Suaahara</i> strategy. Rather, community mobilizers from other sectors will be used.
Conduct basic ENA+ training for FCHVs and poshan aamas in phase one districts.	Given delay in start up, districts are now almost at same level but the furthest the training has gone is to a VDC level. This will begin in year two (minus poshan aamas)
Conduct basic ENA+ training for mothers' groups in phase one districts	Given delay in start up, districts are now almost at same level but the furthest the training has gone is to a VDC level. This will be a year two activity.
Conduct social mobilization with communities/mothers' groups/select poshan aamas in three phase one districts	Given delay in start up, districts are now almost at same level but the furthest the training has gone is to a VDC level. This will be a year two activity (minus poshan aamas)
Support health workers, FCHVs and poshan aamas giving ENA+ sessions/counseling to mothers and households	Given delay in start up, districts are now almost at same level but the furthest the training has gone is to a VDC level. This will be a year two activity (minus poshan aamas)
IR Output. 1.2 Work with government departments, WASH clusters, D-WASH CC, V-WASH CC, community groups & local NGOs to advocate for improved water &/or sanitation and hygiene services	Due to delayed entry into districts, this will be a focus beginning in year two.
Conduct community mobilization to build consensus for improved water & sanitation facilities & equitable access for all in communities	Due to delayed entry into districts, this will be a focus beginning in year two.
Work with communities to cost-share, with the project providing seed funds/reward for water supply system/sanitation improvement through the small grants program	Due to delayed entry into districts, this will be a focus beginning in year two.
Orientation on <i>Community Led Total Sanitation</i> & hygiene promotion for CBOs, schools, forest users' groups, religious groups, etc. CLTS Training	Due to misunderstandings about <i>Suaahara's</i> ability to provide hardware, this has been changed to "promotion of hygiene and sanitation"—it will be an ongoing focus of <i>Suaahara</i> work.
Implement sanitation program through CLTS approach to declare "open defecation free" (ODF) VDCs	This work will not be universal in each district but will be limited to 3-6 VDCs in each district. VDCs are in the process of being selected.
Community health & sanitation volunteer & child clubs training on hygiene & sanitation (coordinated with other trainings)	Due to delayed entry into districts, this will be a focus beginning in year two.
Community level training workshop for maintenance & repair of water and sanitation systems	Due to delayed entry into districts, this will be a focus beginning in year two.

<p>Orient district teams to support communities with conservation, testing water quality, planning and responding to emergency situations to declare “healthy and clean VDCs”.</p>	<p>Due to delayed entry into districts, this will be a focus beginning in year two.</p>
<p>IR 2 Coordinate with logistics & supporting organizations, e.g., CRS, FHI360 to improve supplies of relevant commodities</p>	<p>Due to delayed entry into districts, this will be a focus beginning in year two.</p>
<p>IR Output 2.1 Pilot approaches to strengthen IYCF in ANC and post-delivery services; scale up successful models</p>	<p>This was not initiated in year one due to start up delay</p>
<p>Strengthen district and HF QA system to measure, report and analyze data on quality of service and counseling being provided.</p>	<p>This was not implemented in year one due to start up delay; subsequently strategy has been changed to use Partnership Defined Quality.</p>
<p>IR Output 2.2</p> <ul style="list-style-type: none"> ▶ Strengthen IMCI facility services using a quality improvement process and standards ▶ Strengthen nutrition component of IMCI in competency-based refresher training package & job aids 	<p>On behalf of the Child Health Division, <i>Suaahara</i> will be engaging a consultant to revise the IMCI materials.</p>
<p>Adapt IMCI package for private practitioners Train and support private practitioners for IMCI</p>	<p>This was not initiated in year one due to start up delay.</p>
<p>Train new FCHVs/poshan aamas and newly recruited district public health team members in IMCI in <i>Suaahara</i> districts</p>	
<p>IR Output 2.3 Map current GMP coverage in target districts and prepare draft plan for optimal points of linkage for CB-GMP to other health service (EPI, ANC, VA, IMCI, CMAM) – scale up with phasing plan</p>	<p>Nutrition team focused on preparations for ENA+ training in the first six months; at the end of this reporting period with focus on four practices, GMP will be used as an entry point but not a key activity (see body of report for rationale)</p>
<p>Review current GMP content protocols, training and counselling materials (Nepal and global) for HA, MCHW, VHW, FCHVs/ poshan aamas and identify gaps</p>	<p>Nutrition team focused on preparations for ENA+ training in the first six months; at the end of this reporting period with focus on four practices, GMP will be used as an entry point but not a key activity (see body of report for rationale)</p>
<p>Work with MoHP to secure regular basic supplies for CB-GMP to facilities and outreach clinics (ORCs) quarterly planning and review</p>	<p>Nutrition team focused on preparations for ENA+ training in the first six months; at the end of this reporting period with focus on four practices, GMP will be used as an entry point but not a key activity (see body of report for rationale)</p>

MTOT on CB-GMP	Nutrition team focused on preparations for ENA+ training in the first six months; at the end of this reporting period with focus on four practices, GMP will be used as an entry point but not a key activity (see body of report for rationale)
IR Output 2.4 Review nutrition rehabilitation materials and procedures in coordination with UNICEF and MoHP to ensure better integration of IMCI, ENA+, IYCF and SAM	Discussions mapping a plan for this activity began during this reporting period. A Memorandum of Understanding between Suaahara and UNICEF is ready for signing.
IR Output 2.5 Incorporate messages targeting health workers and clients that link nutrition, HTSP and MNCH into existing SBCC materials and mass media communications	This activity will be informed by the qualitative research which is currently being finalized.
IR Output 3.3 Support BCC/IEC for expanded use of low-cost household level food preservation and storage techniques.	This activity has been postponed to year three.
IR3 See Appendix 4 for design of program. All districts will have individualized programs; additionally there will be agricultural interventions in the 11 food secure districts	This program was initiated with entry into districts in July-August 2012. Individualized district workplans for IR 3 were developed in August.
IR4 Annual planning and review meetings at district level Quarterly regional planning and review meetings Quarterly district level planning and review meetings	Given the late start up in the districts, quarterly planning and review meetings at a district level have not been held.
Design, Monitoring & Evaluation Collaboration with WFP's VAM unit to collect food security and nutrition indicators	Initial discussion made. Delayed because of different target groups of Suaahara and VAM. Plans to further coordinate with VAM.
Capacity Building of Local Partners	Contracts with local NGO partners finalized in August 2012.

LIST OF PARTNERS/ LNGOS/DISTRICT OFFICES/STAFF

S.No.	Region	District	Name of LNGO	Address	Contact Person	Position	Mobile No.	Tel. No.	Fax No.	E-mail
1	Western	Parbat	Chautari Development Resource Forum (CDRF-Nepal)	Khurkot VDC, Ward No -8	Mr. Ganesh Bahadur Chhetri	Executive Director	9857630492	067-420879	067-420879	cdrfparbat@gmail.com
2	Western	Syangja	Aapasi Shyog Kendra (ASK-Nepal)	Bangsing VDC-9, Syangja	Mr. Rukumdatta Sharma Mr. Hari Prasad Dhakal	Chairperson Program Coordinator	9856050172 9746007602	063-420692	063-420692	ask_syangja@yahoo.com
3	Western	Nawalparasi	Backwardness Eradication Society (BES) Nepal	Palpa	Mr. Shaikram Pandey	Director	9857060172	075-522738	075-522738	mail.besnepal@gmail.com shaikrpandey.bes@gmail.com
4	Western	Rupandehi	Unity for Sustainable Community Development (USCD)	Devinagar -13, Butwal	Ms. Minu Pun	Chairperson	9847040696			kripa_pun@yahoo.com uscj_2055@yahoo.com
5	Western	Baglung	Gaja Youth Club (GYC) Baglung	Baglung Municipality, Ward # 3, Naubise Tole	Mr. Parmananda Kandel	Executive Director	9857620562	068-520398	068-522068	gajayc@gmail.com gajayc@ntc.net.np
6	Western	Lamjung	Rural Community Development Center (RCDC)	Besishashar-2 Campus Road, Lamjung	Mr. Rajendra Bohara	Program Manager	9846074168	066-520061, 520456		lamjung.rcdc@gmail.com
7	Western	Manang	Sindu Improvement Society (partnership with Chame Youth Group)	Bhaktapur, Lokhanthali	Mr. Ram Bahadur Lamechhane	Chairperson	9841650753	16913249		sisorg2001@gmail.com
8	Western	Gorkha	System Development Service Centre (SDSC)	Gorkha Municipality Ward #6, Haramitri Rangashala	Ms. Kamala Lamichhane	Chairperson	9846042726	064-420894	064-420894	kalagorkha@gmail.com sdscgorkha@gmail.com
9	Western	Myagdi	Multidisciplinary Institute for livelihood Enhancement & Natural Resource Mgmt. (MILAN)	Arhunge-1, Beni, Myagdi	Ms. Diwa Kumari Pun	Executive Director	9857640469	069-520050 (PCO)	069-520399	pun_diva2007@yahoo.com
10	Western	Mustang	Nawa Chelana Community Development Center (NCCDC), Nepal	Shivala VDC-5, Kushma Bazar, Parbat	Mr. Keshab Das Bairagi	Chairperson	9847625933	067-420805	067-420010	dramlamichhane@gmail.com
11	Central	Sindhupalchok	Tuki Association Sunkoshi, Sindhupalchowk (Tuki)	Thumpakhar VDC, Ward # 3, Sindhupalchowk	Mr. Hemanta Prasad Dangal	Program Chief	9751007172	01-6222642		tuki.sindhu@gmail.com
12	Central	Rasuwa	Rural Access Development and Research (RADAR)	Dang, Ghorahi	Mr. Devendra K.C	Chairperson	9857830317	082-562124		info@radanepal.org
13	Central	Solukhumbu	Young Star Club	Solukhumbu	Mr. Buddhi Naryaan Shrestha	Chairperson	9741058810	038-520212		ysc.org@gmail.com
14	Central	Dolakha	Rural Development Tuki Association (RDTA)	Bhimeshor Municipality-1, Charikot	Mr. Purshartha Shrestha	Executive Officer	9741054933	049-421112	049-421112	info@rdtolakha.org pursartha@rdtolakha.org
15	Far-Western	Darchula	Community Rural Development Society (GRDS) Nepal	Darchula	Mr. Hari Prasad Awasthi	Chairperson	9841251029	093-420061		crdsnepal@yahoo.com
16	Far-Western	Beahang	Group for Social and Technical Development Service (GSTDS)	Beahang	Mr. Kalak Khatri	Chairperson	9749002850	091-421311		gstdsbeahang@gmail.com
17	Far-Western	Bajura	Women Development Forum (WDF)	Bajura	Ms. Juna Dani	Chairperson		097-680052		wdfbajura@yahoo.com
18	Eastern	Bhojpur	HEEHURLE Nepal	Bhojpur-5, Bhojpur	Mr. Sharan Kumar Rai	Chairperson	9852052233	029-420032	029-420032	sharanrai33@yahoo.com
19	Eastern	Taplejung	Environment Conservation and Development Forum (ECDF)	Taplejung VDC-4, Taplejung	Mr. Chandra Prakash Bhattarai	Chairperson	9742629683	024-460464	024-460464	ecdfjp@ntc.net.np cpbhattarai@gmail.com
20	Eastern	Sanjhuwasabha	Shlichong Club Social Development Centre (SCSDC)	Tamku VDC, Ward # 1, Sanjhuwasabha \ contact Office: Khandbari Ward # 1	Mr. Tej Bahadur Tamang	Executive Secretary	9742013454	029-680095		slichong@yahoo.com tejsyabun@yahoo.com

CLUSTER & DISTRICT OFFICES

Cluster/Sub Cluster/District	Location	Address	Tel. No.	Fax No.
Cluster	Biratnagar	at SC Regional Office East, House no - 10, Mitra Bhawan, Bargachhi-5	021-461712	021-461399
Cluster	Dhangadi	at SC Regional Office Far-West, Hashanpur-5, Dhangadi, Kailali	091-527325/6	091-527327
Cluster	Kathmandu	at SC Nepal Country Office, Shree Krishna Bhawan, Sinamangal, Kathmandu	01-4468128	
Cluster	Pokhara	House # 117, Janapriya Marg Ward # 7, Pokhara	061-466617	061-462488
Sub-Cluster	Butwal	at SC Regional Office West, Butwal Municipality-6, Laxminagar	071-541193	071-543954
District	Baglung	Baglung Municipality - 2, Mahendrapath	068-522830	
District	Bajhang	Ward # 1, Chainpur VDC	092-421349	
District	Bajura	Ward # 7, Martadi VDC, Thapa Wada	097-541209	
District	Bhojpur	Bhojpur – 3, Bank Road, Koshi	029-420640	
District	Darchula	Ward # 2, Khalanga VDC, Galfai	093-420406	
District	Dolakha	Ward # 1, Satdobato, Charikot	049-421968	
District	Gorkha	Gorkha Municipality-3, Simalgire	064-420196	
District	Lamjung	Ward # 2, Beshisahar, Nearby Prashasan Chowk	066-521209	
District	Manang	c/o District Health Office, Manang, Chame, Ward # 5		
District	Mustang	Jomsom VDC, Ward # 7, Covered Hall	069-440323	
District	Myagdi	Arthunge VDC 1, Beni bazaar Ganesh Tole	069-521032	
District	Nawalparasi	Ramgram Municipality, Ward # 3, Parasi	078-520260	
District	Parbat	Durlung Chowk, Shivalaya - 03, Kusma	067-420322	
District	Rasuwa	Dunce VDC, Ward # 8		
District	Rupendehi	Butwal-11, Shikharpath	9757001597	
District	Sankhuwasabha	Ward # 1, Pasalgaun, Khadbari Municipality	029-561107	
District	Sindhupalchowk	Naya Basti, Campus Road, Chautara	011-620431	
District	Solukhumbu	Saleri, Ward # 7		
District	Syangja	Putali Bazar, Ward # 01 (Behind Police Station)	063-420676	
District	Taplejung	Ward # 5, Birendra Chowk Phungling Bajar	024-460704	

SUAAHARA STAFF

S.No	Position	Name	Ethnicity	Gender	Duty Station
1	Chief of Party	Lynn Lederer	Expat	F	Kathmandu - SC
2	Deputy Chief of Party –Program	Dr. Kirk Dearden	Expat	M	Kathmandu - SC
3	Deputy Chief of Party – Finance & Operations	Mohan Nepal	Brahmin	M	Kathmandu - SC
4	Nutrition Program Manager	Bhim Kumari Pun	Ethnic	F	Kathmandu - SC
5	Advisor for Gender Equity & Social Inclusion	Bindu Pokhrel Gautam	Brahmin	F	Kathmandu - SC
6	Sr. Monitoring and Evaluation Manager	Ravindra Kumar Thapa	Ethnic	M	Kathmandu - SC
7	Sr. Finance and Grants Manager	Babu Kaji Karki	Chhetri	M	Kathmandu - SC
8	HR & Admin Manager	Jeenu Manandhar	Newar	F	Kathmandu - SC
9	Sr. M & E and Data Management Coordinator	Rajani Kayastha	Newar	F	Kathmandu - SC
10	Senior Health Systems Coordinator	Sri Krishna Basnet	Chhetri	M	Kathmandu - SC
11	Grants Coordinator	Jayanti Maghia	Newar	F	Kathmandu - SC
12	Internal Auditor	Birbhadra Lamichhane	Brahmin	M	Kathmandu - SC
13	Admin, Procurement & Logistic Officer	Prachanda Malla	Newar	M	Kathmandu - SC
14	Finance Officer	Rupa Maharjan	Newar	F	Kathmandu - SC
15	Secretary to CoP and DCOPs	Reena Bal	Ethnic	F	Kathmandu - SC
16	Secretary/Receptionist	TBH			Kathmandu - SC
17	Director Program Implementation	Pooja Pandey	Chhetri	F	Kathmandu - SC
18	Training and Capacity Building Manager	Dr. Kamlesh K Mishra	Ethnic	M	Kathmandu - SC
19	Sr. Nutrition Coordinator	Akriti Singh	Ethnic	F	Kathmandu - SC
20	HFP/ Water Access Coordinator	TBH			Kathmandu - SC
21	HFP, Agriculture & Food Security Manager	Rojee Suwal	Newar	F	Kathmandu - SC
22	BCC Manager	Pranab Rajbhandary	Newar	M	Kathmandu - SC
23	BCC Capacity Development Specialist	Shreejana KC	Chhetri	F	Kathmandu - SC
24	BCC Program Officer	Dharma Raj Bajracharya	Newar	M	Kathmandu - SC
25	Finance & Admin Associate	Kiran Bahadur Shrestha	Newar	F	Kathmandu - SC
26	EHA Coordinator - National	Saraswoti Shrestha	Newar	F	Kathmandu - SC
27	FP/RH Program Manager	Dr. Sameena Rajbhandari	Newar	F	Kathmandu - SC
28	Training Coordinator	Nanda Staphit	Newar	F	Kathmandu - SC
29	Program Coordinator	Rina Tiwari	Brahmin	F	Kathmandu - SC
30	Sr. Program Coordinator (Health System)	Santosh Mahato	Ethnic	M	Biratnagar, ERO-SC
31	Essential Hygiene Action Officer	Chandra Bahadur Bista	Brahmin	M	Biratnagar, ERO-SC
32	Agriculture Coordinator	Karan Singh Thapa	Chhetri	M	Biratnagar, ERO-SC
33	M & E Coordinator	Raju Kandel	Chhetri	M	Biratnagar, ERO-SC
34	Sr. Program Coordinator (Health System)	Manu Panthi	Brahmin	F	Kathmandu, CRO-SC
35	Essential Hygiene Action Officer	Rabina Dhakal	Brahmin	F	Kathmandu, CRO-SC
36	M & E Coordinator	Luna Devi Ghimire (Baidya)	Brahmin	F	Kathmandu, CRO-SC
37	Sr. Program Coordinator	Indra Bilas Baral	Brahmin	M	Pokhara Cluster Office
38	Essential Hygiene Action Officer	Mangal Dash Duwal	Newar	M	Pokhara Cluster Office

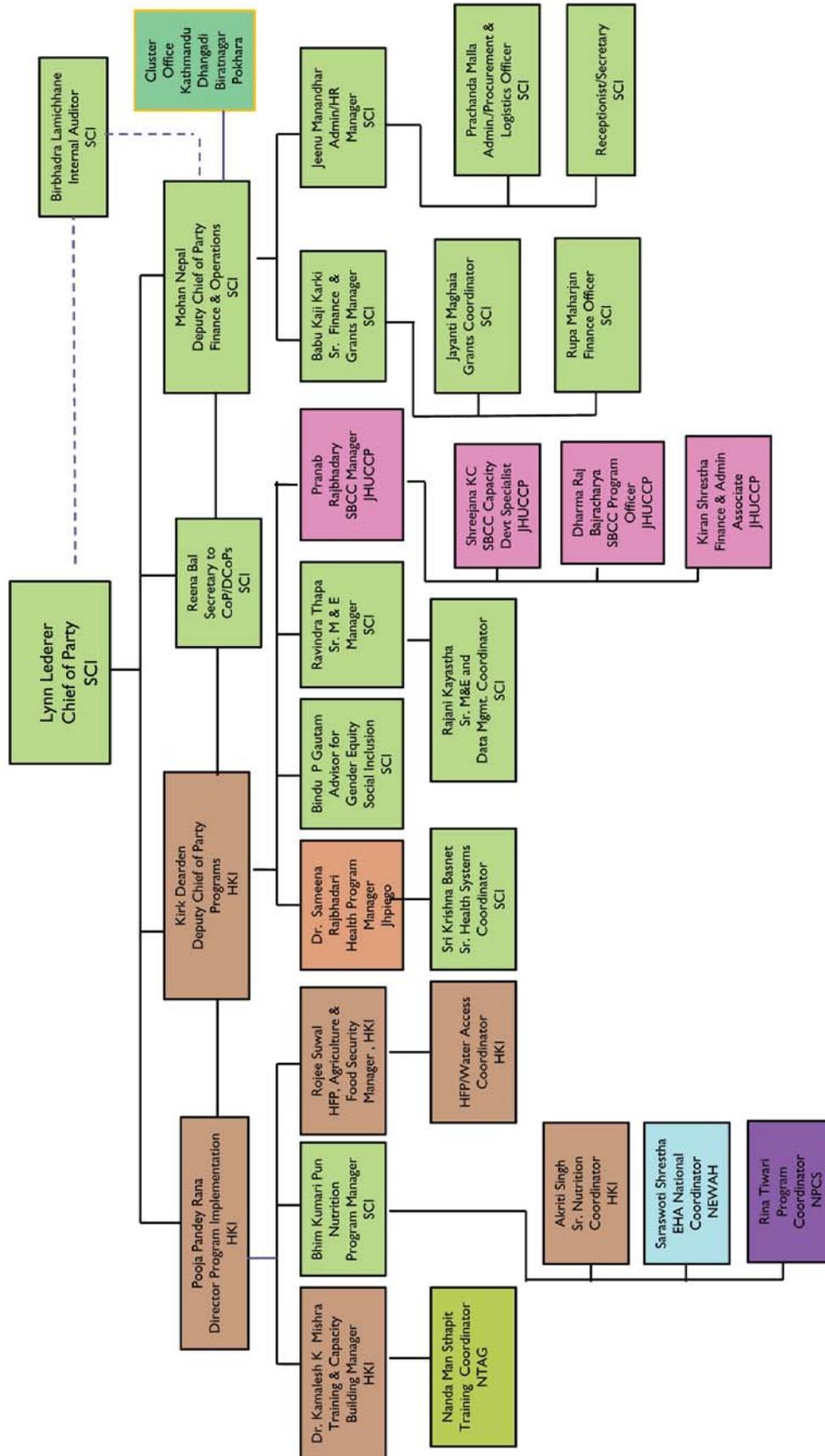
S.No	Position	Name	Ethnicity	Gender	Duty Station
39	Agriculture Coordinator	Sarita Thapa	Chhetri	F	Pokhara Cluster Office
40	M & E Coordinator	Nabin Shakya	Newar	M	Pokhara Cluster Office
41	M & E Coordinator	Krishna Bandhu Adhikary	Brahmin	M	Pokhara Cluster Office
42	Health System Coordinator	Jeevan Ghimire	Brahmin	M	Pokhara Cluster Office
43	Health System Coordinator	Bhawana Adhikari	Brahmin	F	Pokhara Cluster Office
44	Finance and Admin coordinator	Sunita Pradhanang	Newar	F	Pokhara Cluster Office
45	Accountant	Ram Chandra Tharu	Ethnic	M	Pokhara Cluster Office
46	Support staff	Dol Bahadur Gurung	Ethnic	M	Pokhara Cluster Office
47	Driver	Ram Kumar Gurung	Ethnic	M	Pokhara Cluster Office
48	Receptionist	TBH			Pokhara Cluster Office
49	Health System Coordinator	Anita Thapa Das	Ethnic	F	Butwal, WRO - SC
50	Sr. Program Coordinator (Health System)	Badri Nath Paudel	Brahmin	M	Dhangadi, FWRO-SC
51	Essential Hygiene Action Officer	Ishwor Sharma	Brahmin	M	Dhangadi, FWRO-SC
52	Agriculture Coordinator	Bhim Neure	Brahmin	M	Dhangadi, FWRO-SC
53	Health System Coordinator	Sharada Basnet	Chhetri	F	Dhangadi, FWRO-SC
54	M & E Coordinator	Rajeev Banjara	Ethnic	M	Dhangadi, FWRO-SC
55	District Coordinator	Roshan K Shrestha	Newar	M	District Office - Parbat
56	District Finance & Admin Assistant	Samita Maharjan	Newar	F	District Office - Parbat
57	EHA Supervisor	Shrejana Panthi	Brahmin	F	District Office - Parbat
58	ENA Officer	Bhim Bahadur Thapa	Chhetri	M	District Office - Parbat
59	District Coordinator	Sanjeev Lama Ghising	Ethnic	M	District Office - Syangja
60	District Finance & Admin Assistant	Uddav P Pyakurel	Brahmin	M	District Office - Syangja
61	EHA Supervisor	Laxmi Shrestha	Newar	F	District Office - Syangja
62	ENA Officer	Surya Upreti	Brahmin	M	District Office - Syangja
63	District Coordinator	Labahari Budhathoki	Brahmin	M	District Office - Rupandehi
64	District Finance & Admin Assistant	Krishna Sapkota	Brahmin	M	District Office - Rupandehi
65	EHA Supervisor	Ramu Parajuli	Brahmin	M	District Office - Rupandehi
66	ENA Officer	Prasanta Raj Sharma	Brahmin	M	District Office - Rupandehi
67	District Coordinator	Ram Prasad Adhikari	Brahmin	M	District Office - Nawalparasi
68	District Finance & Admin Assistant	Bishnu Dahal	Chhetri	M	District Office - Nawalparasi
69	EHA Supervisor	Bina Kumari Chaudhari	Ethnic	F	District Office - Nawalparasi
70	ENA Officer	Thalindra Prasad Pangen	Brahmin	M	District Office - Nawalparasi
71	District Coordinator	Purna Puri	Ethnic	M	District Office - Baglung
72	District Finance & Admin Assistant	Lila Bahadur Gurung	Ethnic	M	District Office - Baglung
73	EHA Supervisor	Indra Kumari Chhetri	Chhetri	F	District Office - Baglung
74	ENA Officer	Preetam Shrestha	Newar	M	District Office - Baglung
75	District Coordinator	Indra Bahadur Auji	Ethnic	M	District Office - Gorkha
76	District Finance & Admin Assistant	Mina Kumari Chaudhary	Ethnic	F	District Office - Gorkha

S.No	Position	Name	Ethnicity	Gender	Duty Station
77	EHA Supervisor	Bharat Prasad Bhatta	Brahmin	M	District Office - Gorkha
78	ENA Officer	Rachana Karki	Chhetri	F	District Office - Gorkha
79	District Coordinator	Manoj Kumar Sunuwar	Ethnic	M	District Office - Mustang
80	District Finance & Admin Assistant	Ammar Bahadur Rana Magar	Ethnic	M	District Office - Mustang
81	EHA Supervisor	Ramesh Dahal	Brahmin	M	District Office - Mustang
82	ENA Officer	TBH			District Office - Mustang
83	Agriculture Officer	Chandra Bahadur Magar	Ethnic	M	District Office - Mustang
84	District Coordinator	Bimala Subedi	Brahmin	F	District Office - Lamjung
85	District Finance & Admin Assistant	Chandika Prasad Timilsina	Brahmin	M	District Office - Lamjung
86	EHA Supervisor	Bharat Jung Shah	Chhetri	M	District Office - Lamjung
87	ENA Officer	Jib Bahadur Acharya	Brahmin	M	District Office - Lamjung
88	District Coordinator	Tilak Prasad Sharma	Brahmin	M	District Office - Myagdi
89	District Finance & Admin Assistant	Chhabilal Chalise	Brahmin	M	District Office - Myagdi
90	EHA Supervisor	Goma Oli	Brahmin	F	District Office - Myagdi
91	ENA Officer	TBH			District Office - Myagdi
92	District Coordinator	Sabin Shrestha	Newar	M	District Office-Sindhupalchowk
93	District Finance & Admin Assistant	Umesh Jang Thapa	Chhetri	M	District Office - Sindhupalchowk
94	EHA Supervisor	Menuka Khadka	Chhetri	F	District Office - Sindhupalchowk
95	ENA Officer	Naresh Shahi	Chhetri	M	District Office - Sindhupalchowk
96	District Coordinator	Umashankar Prasad Yadav	Ethnic	M	District Office - Dolakha
97	District Finance & Admin Assistant	Dinesh Ghimire	Brahmin	M	District Office - Dolakha
98	EHA Supervisor	Shanta Dahal	Brahmin	F	District Office - Dolakha
99	ENA Officer	Bindu Panthi	Brahmin	F	District Office - Dolakha
100	Agriculture Officer	Rama Paudel	Brahmin	F	District Office - Dolakha
101	District Coordinator	Bikash Rokaya	Ethnic	M	District Office - Bajhang
102	District Finance & Admin Assistant	Dhanbir Shahi	Chhetri	M	District Office - Bajhang
103	EHA Supervisor	Dhansara BK	Ethnic	F	District Office - Bajhang
104	ENA Officer	Regan Ranjit	Newar	M	District Office - Bajhang
105	Agriculture Officer	Dinesh Bahadur Basnet	Chhetri	M	District Office - Bajhang
106	District Coordinator	Lokendra Bahadur Thapa	Chhetri	M	District Office - Bajura
107	District Finance & Admin Assistant	Ramesh Bahadur B.K.	Ethnic	M	District Office - Bajura
108	EHA Supervisor	Purna Bahadur Hamal	Brahmin	M	District Office - Bajura
109	ENA Officer	Chitra Kanta Subedi	Brahmin	M	District Office - Bajura
110	Agriculture Officer	Amrit Pandey	Chhetri	M	District Office - Bajura
111	District Coordinator	Laxmi Raj Joshi	Newar	M	District Office - Darchula
112	District Finance & Admin Assistant	Suman Karmacharya	Newar	M	District Office - Darchula
113	EHA Supervisor	Ganesh Bahadur Bhul	Ethnic	M	District Office - Darchula
114	ENA Officer	Saraswoti Puri	Ethnic	F	District Office - Darchula

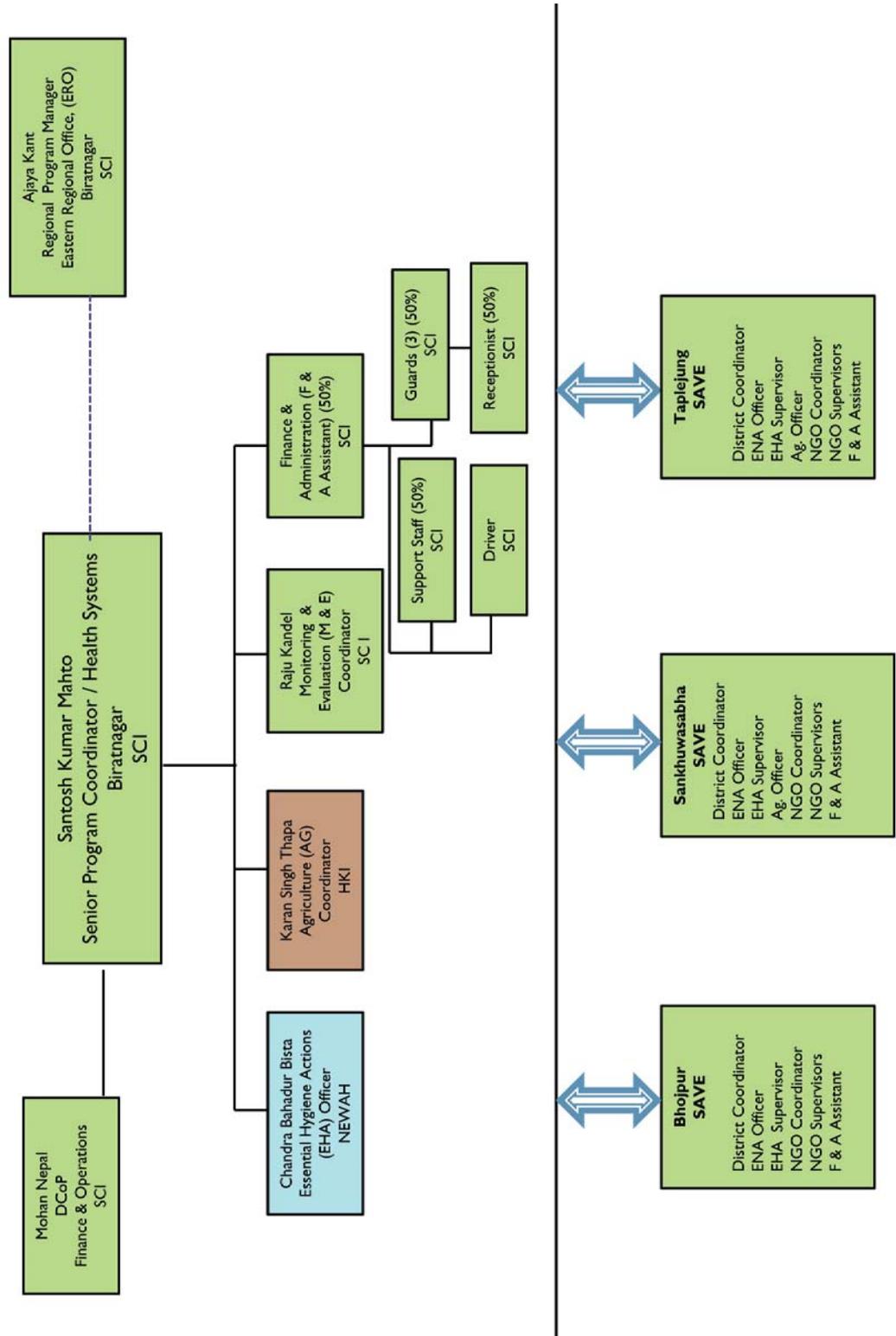
S.No	Position	Name	Ethnicity	Gender	Duty Station
115	Agriculture Officer	Kumar Lama	Ethnic	M	District Office - Darchula
116	District Coordinator	Subhash Gautam	Brahmin	M	District Office - Bhojpur
117	District Finance & Admin Assistant	Saya Deo Shah	Ethnic	M	District Office - Bhojpur
118	EHA Supervisor	Rajendra Baral	Brahmin	M	District Office - Bhojpur
119	ENA Officer	TBH			District Office - Bhojpur
120	District Coordinator	Suraj Kumar Sharma	Brahmin	M	District Office - Sankhuwasabha
121	District Finance & Admin Assistant	Binod Lamichhane	Brahmin	M	District Office - Sankhuwasabha
122	EHA Supervisor	Bhawani Prasad Shrestha	Newar	M	District Office - Sankhuwasabha
123	ENA Officer	TBH			District Office - Sankhuwasabha
124	Agriculture Officer	Kishore Ghimire	Brahmin	M	District Office - Sankhuwasabha
125	District Coordinator	Suresh Khatiwada	Brahmin	M	District Office - Taplejung
126	District Finance & Admin Assistant	Ambhir Prasad B.K.	Ethnic	M	District Office - Taplejung
127	EHA Supervisor	Laxmi P Palungwa	Brahmin	M	District Office - Taplejung
128	ENA Officer	TBH			District Office - Taplejung
129	Agriculture Officer	Binod Gupta	Ethnic	M	District Office - Taplejung
130	District Coordinator	Sailendra Bista	Brahmin	M	District Office - Manang
131	District Finance & Admin Assistant	Suman Basnet	Chhetri	M	District Office - Manang
132	EHA Supervisor	Prem Kumari Kauchha	Ethnic	F	District Office - Manang
133	ENA Officer	Parbat Roka	Ethnic	M	District Office - Manang
134	Agriculture Officer	Madhav Prasad Wagle	Brahmin	M	District Office - Manang
135	District Coordinator	Kamana Pradhan	Newar	F	District Office - Solukhumbu
136	District Finance & Admin Assistant	Fatte Bahadur Thapa	Chhetri	M	District Office - Solukhumbu
137	EHA Supervisor	Roshan Kumar Karki	Chhetri	M	District Office - Solukhumbu
138	ENA Officer	TBH			District Office - Solukhumbu
139	District Coordinator	Manoj Mishra	Ethnic	M	District Office - Rasuwa
140	District Finance & Admin Assistant	Pralad Adhikari	Brahmin	M	District Office - Rasuwa
141	EHA Supervisor	Indira Dahal	Brahmin	F	District Office - Rasuwa
142	ENA Officer	TBH			District Office - Rasuwa
143	Agriculture Officer	Arjun Shrestha	Newar	M	District Office - Rasuwa

Appendix VIII SUAAHARA ORGANIGRAM

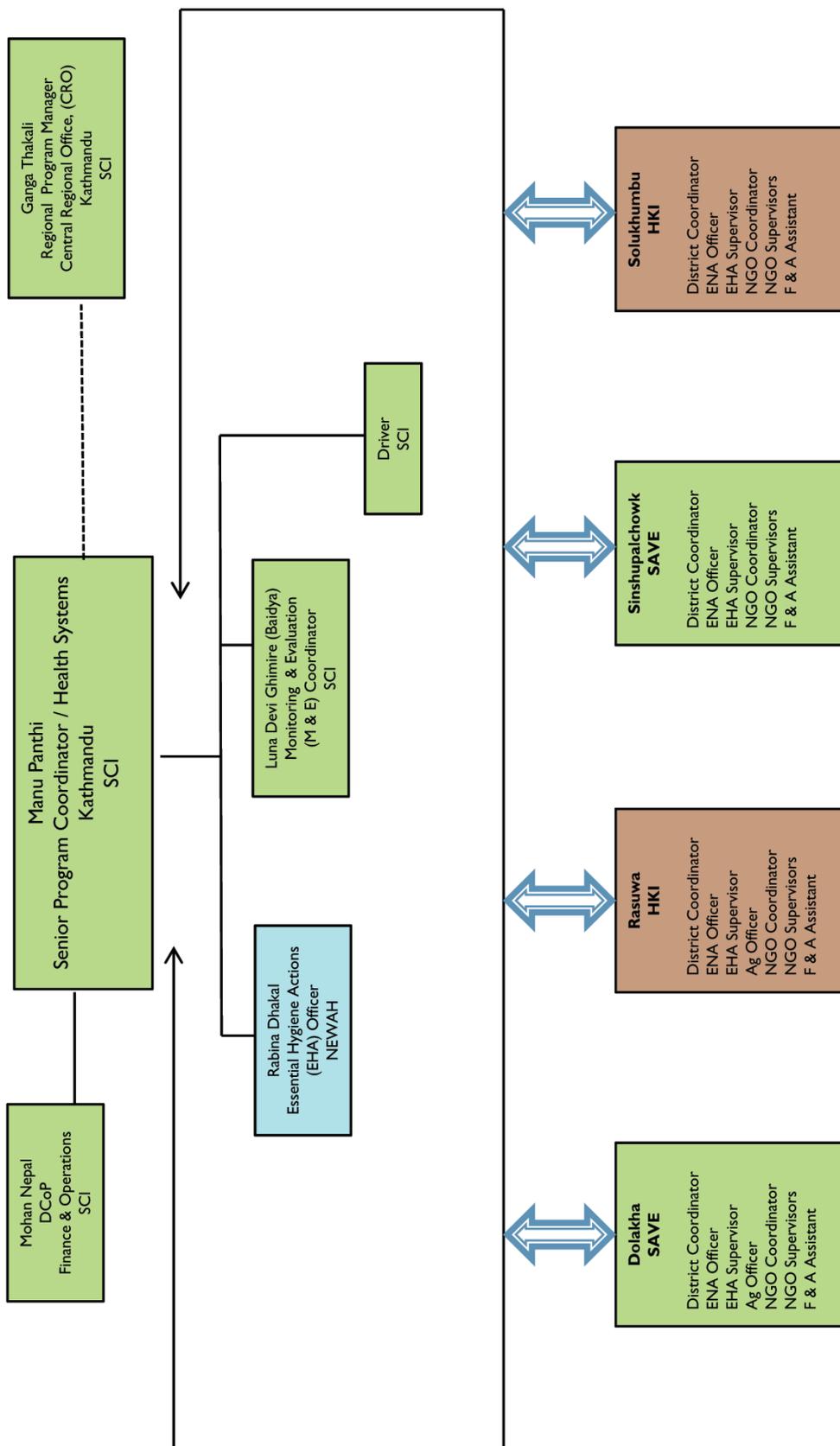
KATHMANDU ORGANIZATIONAL CHART



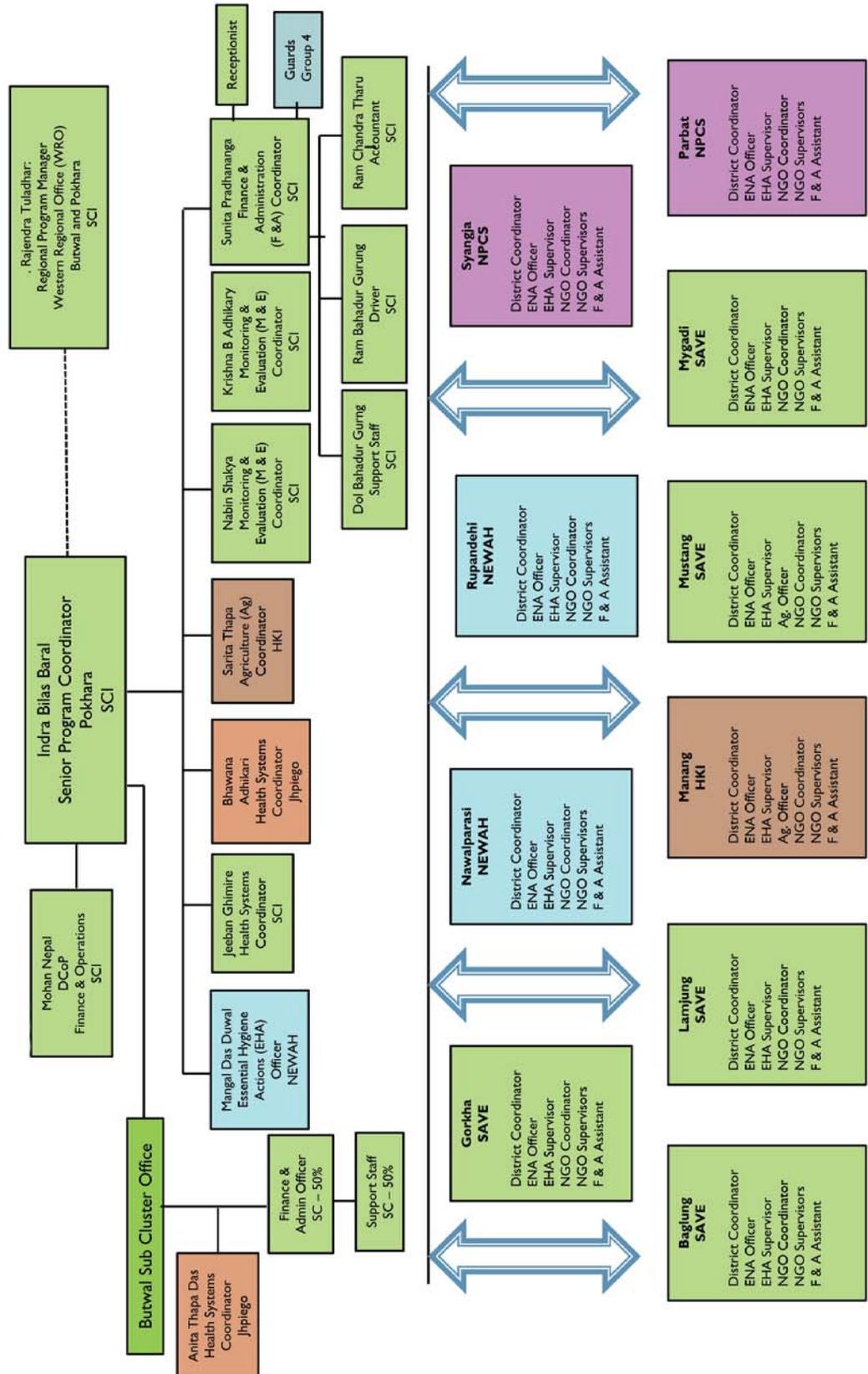
EASTERN CLUSTER ORGANIZATIONAL CHART



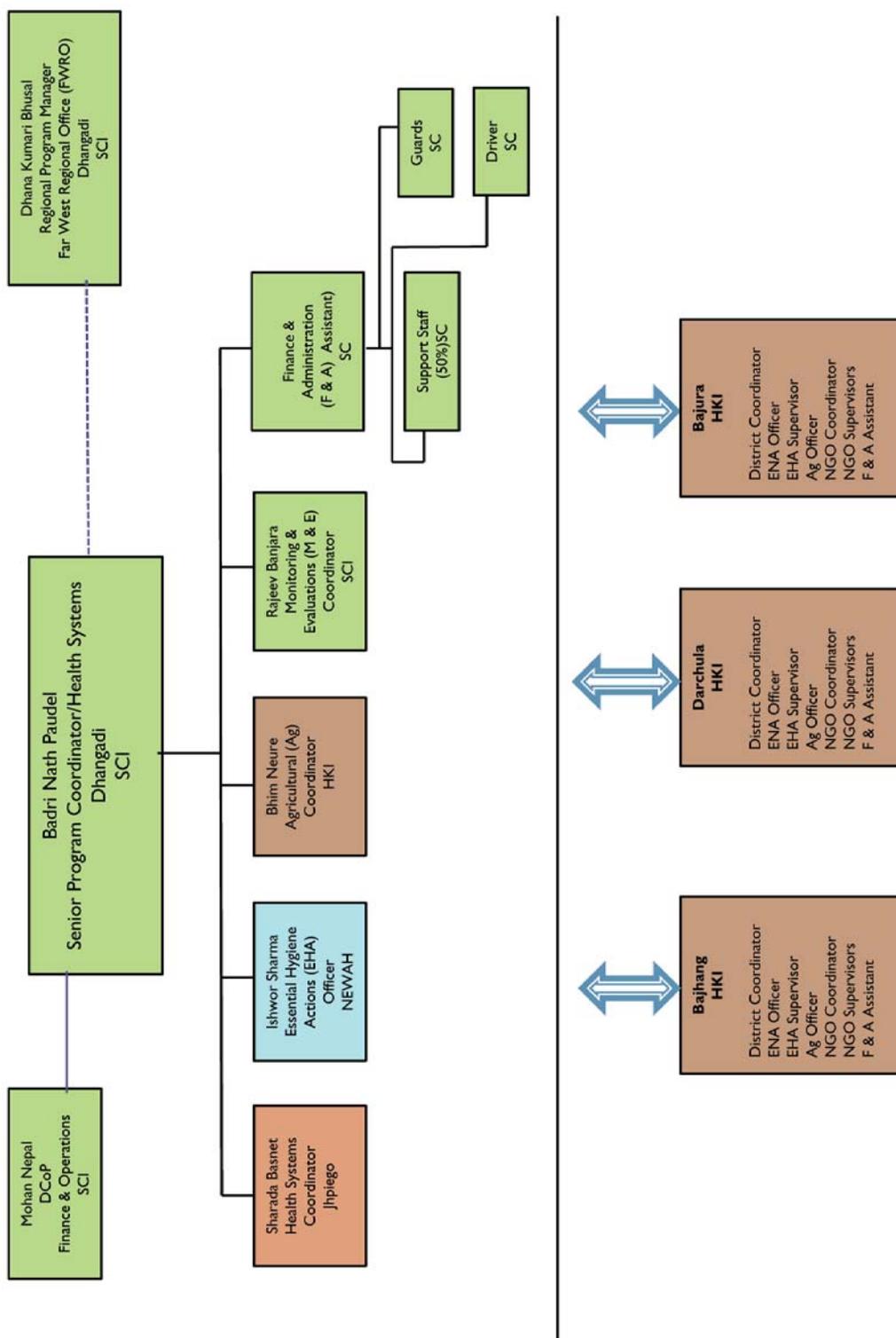
CENTRAL CLUSTER ORGANIZATIONAL CHART



POKHARA CLUSTER OFFICE ORGANIZATIONAL CHART



FAR WESTERN CLUSTER ORGANIZATIONAL CHART



DISTRICT OFFICE - EASTERN REGION ORGANIZATIONAL CHART

Santosh Kumar Mahto Senior Program Coordinator/Health System Biratnagar Cluster Office SCI			
Position / District	Bhojpur (SCI)	Sankhuwasabha (SCI)	Taplejung (SCI)
District Coordinator	Subhash Gautam	Suraj Kumar Sharma	Suresh Khatiwada
District Finance Admin Assistant	Satya Deo Shah	Binod Lamichhane	Ambhir Prasad B.K.
Agriculture Officer (HKI)	-----	Kishore Ghimire	Binod Gupta
ENA Officer (NTAG)			
EHA Supervisor (NEWAH)	Rajendra Baral	Bhawani Prasad Shrestha	Laxmi Prasad Palungwa
Field Coordinator			
Field Supervisor			

DISTRICT OFFICE - CENTRAL REGION ORGANIZATIONAL CHART

Manu Panthi Senior Program Coordinator/Health System Kathmandu Cluster Office SCI				
Position / District	Dolakha (SCI)	Rasuwa (HKI)	Sindhupalchowk (SCI)	Solukhumbu (HKI)
District Coordinator	Umashankar Prasad Yadav	Manoj Mishra	Sabin Shrestha	Kamana Pradhan
District Finance Admin Assistant	Dinesh Ghimire	Pralad Adhikari	Umesh Jung Thapa	Fatte Bahadur Thapa
Agriculture Officer (HKI)	Rama Paudel	Arjun Shrestha		-----
ENA Officer (NTAG)	Bindu Panthi		Naresh Shahi	
EHA Supervisor (NEWAH)	Shanta Dahal	Indira Dahal	Bhawani Prasad Shrestha	Roshan Kumar Karki
Field Coordinator				
Field Supervisor				

DISTRICT OFFICE - WESTERN REGION ORGANIZATIONAL CHART

		Indra Bilas Baral Senior Program Coordinator Pokhara Cluster Office SCI			
Position / District	Baglung (SCI)	Gorkha (SCI)	Lamjung (SCI)	Manang (HKI)	
District Coordinator	Purna Puri	Indra Bahadur Auji	Bimala Subedi	Sailendra Bista	
District Finance Admin Assistant	Lila Bahadur Gurung	Mina Kumari Chaudhary	Chandika Prasad Timilsina	Suman Basnet	
Agriculture Officer (HKI)	-----	-----	-----	Madhav Prasad Wagle	
ENA Officer (NTAG)	Preetam Shrestha	Rachana Karki	Jib Bahadur Acharya	Parbat Roka	
EHA Supervisor (NEWAH)	Indra Kumar Chhetri	Bharat Prasad Bhatta	Bharat Jung Shah	Prem Kumari Kauchha	
Field Coordinator					
Field Supervisor					

DISTRICT OFFICE - WESTERN REGION ORGANIZATIONAL CHART

		Indra Bilas Baral Senior Program Coordinator Pokhara Cluster Office SCI		
Position / District	Mustang (SCI)	Myagdi (SCI)	Nawalparasi (SCI)	
District Coordinator	Manoj Kumar Sunuwar	Tilak Prasad Sharma	Ram Prasad Adhikari	
District Finance Admin Assistant	Ammar Bahadur Rana Magar	Chhabilal Chalise	Bishnu Dahal	
Agriculture Officer (HKI)	Chandra Bahadur Magar	-----	-----	
ENA Officer (NTAG)			Thalindra Prasad Pangeni	
EHA Supervisor (NEWAH)	Ramesh Dahal	Goma Oli	Bina Kumari Chaudhary	
Field Coordinator				
Field Supervisor				

DISTRICT OFFICE - WESTERN REGION ORGANIZATIONAL CHART

Indra Bilas Baral Senior Program Coordinator Pokhara Cluster Office SCI			
Position / District	Parbat (NPCS)	Rupandehi (NEWAH)	Syangja (NPCS)
District Coordinator	Roshan Prasad Shrestha	Labahari Budhathoki	Sanjeev Lama Ghising
District Finance Admin Assistant	Samita Maharjan	Krishna Sapkota	Uddav Prasad Pyakurel
Agriculture Officer (HKI)	-----	-----	-----
ENA Officer (NTAG)	Bhim Bahadur Thapa	Prashanta Raj Sharma	Surya Upreti
EHA Supervisor (NEWAH)	Shrijana Panthi	Ramu Parajuli	Laxmi Shrestha
Field Coordinator			
Field Supervisor			

DISTRICT OFFICE - FAR WESTERN REGION ORGANIZATIONAL CHART

Badri Nath Paudel Senior Program Coordinator/Health System Dhangadi Cluster Office SCI			
Position / District	Bajhang (HKI)	Bajura (HKI)	Darchula (HKI)
District Coordinator	Bikash Rokaya	Likendra Bahadur Thapa	Laxmi Raj Joshi
District Finance Admin Assistant	Dhanbir Shahi	Ramesh Bahadur BK	Suman Karmacharya
Agriculture Officer (HKI)	Dinesh Bahadur Bista	Amrit Pandey	Kumar Lama
ENA Officer (NTAG)	Regan Ranjit	Chitra Kanta Subedi	Saraswoti Puri
EHA Supervisor (NEWAH)	Dhansara BK	Purna Bahadur hamal	Ganesh Bahadur Bhul
Field Coordinator			
Field Supervisor			