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SUAAHARA

Building Strong & Smart Families



Save the Children



Jhpiego
an affiliate of Johns Hopkins University



Nepali Technical Assistance Group (NTAG)



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List of Abbreviations/Acronyms

ASC	Agriculture Service Center
CB-IMCI	Community Based-Integrated Management of Childhood Illnesses
CBO	Community Based Organization
CHD	Child Health Division
CLTS	Community-Led Total Sanitation
DADO	District Agriculture Development Office
DAG	Disadvantaged Group
DAT	Directorate of Agriculture Training
DDC	District Development Committee
DEO	District Education Office
DHO	District Health Office
DLSO	District Livestock Service Office
D/PHO	District Health/ Public Health Office
D-WASH CC	District Water Sanitation and Hygiene Coordination Committee
DWDO	District Women Development Office
DWSSO	District Water Supply and Sanitation Office
DQA	Data Quality Assurance
EHA	Essential Hygiene Actions
ENA	Essential Nutrition Actions
FCHV	Female Community Health Volunteer
FHD	Family Health Division
FP	Family Planning
GESI	Gender Equity and Social Inclusion
GPM	Gender Policy Measurement
HFOMC	Health Facility Operation and Management Committee
HFP	Homestead Food Production
HTSP	Healthy Timing and Spacing of Pregnancy
IFPRI	International Food Policy Research Institute

I/NGO	International/Non Governmental Organization
IPC	Interpersonal Communication
IR	Intermediate Result
IYCF	Infant and Young Child Feeding
LGCDP	Local Government Community Development Program
LNGO	Local Non-Government Organization
LQAS	Lot Quality Assurance Sampling
LSC	Livestock Service Center
MIYCF	Maternal Infant and Young Child Feeding
MNCH-N	Maternal Newborn Child Health Nutrition
MOAD	Ministry Of Agriculture Development
MOFALD	Ministry Of Federal Affairs and Local Development
MOU	Memorandum of Understanding
M&E	Monitoring & Evaluation
NHTC	National Health Training Center
ODF	Open Defecation Free
PDQ	Partnership Defined Quality
RAD	Regional Agriculture Directorate
RHD	Regional Health Directorate
RIDA	Research Inputs and Development Actions
RLSD	Regional Livestock Directorate
SBCC	Social Behavior Change Communication
TA	Technical assistance
VARG	Valley Research Group
VDC	Village Development Committee
VLT	Village Level Training
VMF	Village Model Farmer
V-WASH CC	VDC Water Sanitation and Hygiene Coordination Committee
WASH	Water Sanitation and Hygiene

Executive Summary

During this reporting period Suaahara made significant progress in all four intermediate results (IRs). The program built the capacity of district and village development committee (VDC) stakeholders in nutrition, hygiene and sanitation and homestead food production (HFP); developed master trainers for healthy timing and spacing (HTSP), and partnership defined quality (PDQ); and reached Suaahara's direct beneficiaries: 1,000 days households in select districts. Additionally, Suaahara continued to participate in national, regional and district fora to support and advocate for nutrition issues in different sectors.

This reporting period has been crucial in laying the foundation for activities that directly reach 1,000 days households in the program districts. Since the program aims to sensitize and mobilize national, district, VDC and ward level stakeholders as a process to reaching 1,000 days households in a sustainable manner time has been spent on building and supporting this system. Suaahara is confident that these necessary, preliminary activities will facilitate in effectively reaching 1,000 days households as has already been demonstrated in certain districts.

Key achievements in this reporting period

- ▶ 7,166 people trained in integrated nutrition action including WASH
- ▶ 1,678 people from V-WASH CC, CBOs, child club members and community people trained in hygiene and sanitation promotion.
- ▶ 514 '1,000' days women and decision makers reached with essential nutrition and hygiene action practices.
- ▶ 12 HTSP master trainers produced.
- ▶ 25 PQD master trainers produced.
- ▶ 30 HFP master trainers and 566 HFP district trainers produced.
- ▶ 16,999 HHs for HFP benefits are selected in participatory manner and 147 1,000 days women and household members trained in HFP.

Delay in programme implementation was a major challenge and hence various strategies have been made to overcome it. Being an integrated project, there is a need for Suaahara to have a common voice that explains the focus of the programme, where nutrition is integrated with different sectors like Family Planning / Maternal and Child Health, WASH, Agriculture. Suaahara is collaborating with DDC, to ensure convergence of Suaahara health and non health section interventions

Major plans for the next six months of year two are: increase in reaching beneficiaries; and strengthen program integration with various sectors and to promote government ownership through effective coordination and partnership.

Suaahara has set a strong foundation in this reporting period for reaching 1,000 days women and their family members in the second half of year 2. With a large group of government staff trained in nutrition, WASH and agriculture, Suaahara is poised to implement program activities in a sustainable manner in all 20 districts. Despite having to face numerous challenges at the national and district level, Suaahara has managed to overcome those challenges by successfully coordinating with government and other stakeholders.

CHAPTER 1: ACHIEVEMENTS AND PROGRESS REPORTING

In this chapter significant achievements and progress made during August 2012 – January 2013 have been reported as per the year 2 work plan.

IR 1: Household health and nutrition behaviors improved

Integrated Nutrition (6 days) training: 15 districts completed; 5 ongoing; 4,644 multi-sectoral district government staff trained in 532 trainings (57% male, 43% female)

Integrated Nutrition (5 days) training: 1 district completed; 7 ongoing; 2,522 FCHVs and social mobilizers trained in 250 trainings (10% male, 90% female)

Integrated Nutrition ward level interactions: 55 wards; 514 '1,000' days women and decision makers

Additional Integrated Nutrition master trainers: 20 (15 male, 5 female)

CLTS trainers: 29 master trainers (21 male, 8 female);

Hygiene and sanitation promotion: 1,678 people from V-WASH CC, CBOs, child club members and community people trained

ODF VDC: 2

Integrated Nutrition Action

Suaahara built the capacity of 4,644 district line agency staff on essential nutrition and hygiene actions. This training was completed in 15 districts. Facilitators from among the trained participants were identified by their respective line agencies to build the capacity of 2,522 FCHVs and other social mobilizers. This training has been completed in Myagdi and is ongoing in 7 districts.



Figure 1. Field practice during ENA/ EHA and SBCC Village Level Training in Sankhuwasabha.

Trained FCHVs conducted ward level interactions on the 5 behaviors promoted by Suaahara in 54 wards of Mustang and 1 ward of Sindhupalchok reaching a total of 514 1,000 days mothers, decision makers and influential community members. The 5 behaviors are (i) families to give an extra meal to pregnant women and two extra meals to those who breastfeed (ii) Encourage families to add three things to the baby's diet: (1) animal source food such as eggs and meat (2) greens, and (3) orange-fleshed foods (iii) Work with caregivers so that they wash their hands before feeding the baby (iv) When baby is sick, continue to breastfeed and give extra food. After baby is better, give an extra meal each day for 2 weeks (v) Use mats to prevent babies from direct contact to chicken feces.

However, it is important to note that in addition to these five behaviors, other Suaahara priority behaviors on FP/MCH, WASH and Agriculture will also be introduced during the monthly MIYCF group meetings.

The ward level interactions are Suaahara's first contact point with 1,000 days households thereby making this activity the center piece of the program. In addition to Mustang and Sindhupalchok, 8 districts are currently preparing to conduct these interactions in wards where FCHVs have already been trained in essential nutrition and hygiene actions.



Figure 2. ENA/ EHA and SBCC ward level interaction in Sindhupalchok.

Suaahara has developed discussion cards as job aids for FCHVs to use during the ward level interactions. Since flip charts do not always encourage discussion among participants, Suaahara has provided cards to make group sessions interactive. Discussion using these cards will enable mothers and family members to gain awareness on the importance of the behaviors, identify barriers to adopting the behaviors and seek solutions to overcoming the barriers.

The interaction is also an opportunity to form the maternal, infant and young child feeding (MIYCF) support group under the leadership of the ward FCHV. The MIYCF group, which comprises 1,000 days women and their family members, will meet every month to further discuss nutrition and hygiene behavior that are essential during '1000 days' for both mother and child.

In order to speed up capacity building activities in all 20 districts Suaahara further developed 20 essential nutrition and hygiene actions master trainers. This training was held in Lalitpur from 17-23 December 2012.

Before and After: A competent field supervisor

During a routine visit to ward number 4 of Mirge VDC in Dolakha, Suaahara's Field Supervisor, Bimala Thapa saw a mother of about 26 years, Sita Dahal, feeding lito to her barely 2 month-old baby. Bimala, having received Integrated ENA training, internalized the importance of exclusive breast feeding for the first 6 months of life. Bimala approached Sita and inquired why she was feeding lito to 2 months old baby. Sita shared that she thinks that her alone is not enough and she feels the need of feeding more food to her baby. Bimala used the skills she had learned during the training to share the importance of exclusive breast feeding, the fact that breast milk alone is enough for the first 6 months of life and that breast milk production increase with frequency of breast feeds. After listening to Bimala's persuasive words, Sita realized that she had made a mistake and agreed to increase the frequency of breast feeds. On a second visit to the ward, Bimala was happy to learn that Sita no longer feeds solids to her baby and has increased the number of breast feeds throughout the day, which have led to more milk production hence a happy baby and mother!

Interaction with VDC stakeholders

Similar to the district consultative meetings, interaction with VDC stakeholders on Suaahara program activities was conducted in 17 districts (916 events) and will be completed by March 2013 in remaining 3 districts. A total of 32,650 (59% male, 41% female) stakeholders participated in these interactions. In 7 districts (Bajura, Baglung, Lamjung, Manang, Parbat, Rasuwa, and Sankhuwasabha) Suaahara organized a meeting with VDC secretaries to further gain their support in organizing the interaction with VDC stakeholders. This meeting also provided an opportunity for Suaahara to lobby for allocation of VDC block grants towards nutrition, hygiene and sanitation, and agriculture. A total of 229 (216 male, 13 female) stakeholders participated in these interactions.



Figure 3. Interaction with VDC Secretaries in Lamjung.

As a result of these interactions, 7 VDCs in Bhojpur have allocated funds for ODF and V-WASH CC activities while a VDC in Rasuwa has allocated funds for nutrition and agriculture activities.

VDCs in Bhojpur allocated VDC grants for ODF and V-WASH-CC campaigns:

Annapurna	:	Rs. 500,000/-
Chyangre	:	Rs. 150,000/-
Bhulke	:	Rs. 200,000/-
Mulpani	:	Rs. 118,000/-
Keurenipani	:	Rs. 77,000/-
Tungechha	:	Rs. 220,000/-
Pyauli	:	Rs. 20,000/-

VDCs in Rasuwa allocated VDC grants for nutrition and agriculture activities:

Dhunche	:	Rs.95,000/-
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Figure 4. VDC grants allocated to support WASH and nutrition issues in Bhojpur and Rasuwa.

Success Story: Committed VDC Secretary

When the Suaahara district team conducted an orientation for VDC secretaries in Rasuwa, the Secretary of Dhunche VDC was impressed by the scale and nature of Suaahara. The Suaahara district staff members explained that Suaahara focuses on capacity building and mobilizing existing resources and structures to foster ownership of nutrition issues in the district. Moved by the words of the Suaahara district staff members, the VDC Secretary of Dhunche pledged Rs. 30,000 for nutrition activities other than that in Suaahara's work plan and an additional Rs. 65,000 for agriculture activities. The district team is very pleased with the support showed by the VDC Secretary of Dhunche and hope that other VDC Secretaries will follow his lead to show that nutrition and agriculture are in fact the responsibility of the VDC.

Community-Led Total Sanitation

Suaahara received membership in the District Water Sanitation and Hygiene Coordination Committee (D-WASH CC) in all 20 districts and developed the district WASH strategy in 13 districts. By August 2016, Suaahara plans to declare 68 VDCs Open Defecation Free (ODF), all of which have been identified. For this purpose, Suaahara has already trained 1,678 people from V-WASH CC, CBOs, child club members and community people trained on hygiene and sanitation promotion. Upon the request of the D-WASH CC of Rupandehi, Suaahara provided Hygiene and Sanitation Promotion training/Community-led Total Sanitation (CLTS) MTOT to 29 D-WASH CC members.

Staff trained in hygiene and sanitation promotion then conducted the following activities:

- ▶ Trained 750 (68% male, 32% female) VDC Water Sanitation and Hygiene Coordination Committee (V-WASH CC) members on management of hygiene and sanitation activities in 25 VDCs (Bhojpur, Dolakha, Gorkha, Lamjung, Nawalparasi, Parbat, Rupandehi, Sankhuwasabha, Sindhupalchok, and Syangja).
- ▶ Trained 135 (76% male, 59% female) existing community groups trained in Baglung, Gorkha, Manang, Nawalparasi, Parbat, Rupandehi, and Syangja.
- ▶ Trained 612 (64% male, 36% female) members of 8 child clubs in hygiene and sanitation promotion.
- ▶ Trained 44 sanitation masons in 4 trainings.
- ▶ Sensitized 2,755 community members through 67 triggering events in Baglung, Lamjung, Gorkha, Nawalparasi, Syangja, Rupandehi, and Parbat.

As a result of these activities Suaahara successfully declared Lekhani VDC of Baglung ODF zone on 11 October, 2012 and Bachha of Parbat ODF zone on 24 January, 2013. Two other VDCs in Syangja and one in Baglung are close to being declared ODF zones.

Case Study: For open defecation free Bachha

Basanti B.K. is 52 years old and lives in ward number 6 of Bachha VDC in Parbat. She is a differently abled woman; both of her legs have not developed fully so she cannot walk easily and must resort to crawling. Her husband is also deaf and cannot speak. Basanti's son and daughter-in-law have already separated from the couple and have not made any effort to help them. Basanti and her husband work for others to eke out a living.

Although Basanti knew of the importance of building a toilet in ones house, she did not have the financial means to do so. However, when Bachha VDC and Suaahara united to work towards making the VDC an ODF zone, the VDC began providing pans to households thus enabling many poor families to build a toilet. Although Basanti has built a temporary toilet, she is a model in her ward and the VDC at large for advocating for construction and use of toilets.

Basanti crawled for 3 hours to reach the ODF declaration celebration on 24 January, 2013. The celebration was possible because people like Basanti were motivated towards building 324 permanent toilets and 135 temporary toilets in the VDC. At the celebrations residents of Bachha took an oath to maintain their VDC an ODF zone in days to come.



Figure 5. ODF declaration celebration in Bachha.

Table 1. Number of VDCs Suaahara intends to declare ODF zones by district

District	No. of VDCs	Total ODF VDCs
Bajura	2 VDCs	2
Gorkha, Lamjung, Parbat, Shyanja, Baglung, Myagdi*, Manang, Mustang, Solukhumbu, Taplejung and Sindhupalchok	3 VDCs per district	30
Bajhang, Darchula, Rasuwa, Dolakha, Sankhuwasabha and Bhojpur	4 VDCs per district	24
Rupandehi and Nawalparasi	6 VDCs per district	12
Total CDCs		68

*Myagdi was declared ODF district on 9th October 2012, however, Suaahara will support post-ODF and hygiene promotion activities in the district.

IR 2: Increased use of quality health and nutrition services by women and children

HTSP/FP compliance master trainers: 12

PDQ master trainers: 25

FP compliance orientation: 224 Suaahara and LINGO staff

Tiaht posters distributed: 500

Health services promotion start-up meetings: 4

Suaahara will organize start-up meetings to orient D/PHOs on health services promotion activities since these activities were finalized after the district consultative meeting. The start-up meetings have been completed in 4 districts (Bajura, Lamjung, Sindhupalchok and Rasuwa), which 106 government stakeholders attended.

Master trainers

Suaahara developed master trainers for Healthy Timing and Spacing of Pregnancy/ Family Planning (HTSP/ FP) compliance and Partnership Defined Quality (PDQ) on 22-24 November, 2012 in Kathmandu and 26-30 December, 2012 in Bhairahawa respectively. The trainings resulted in 12 HTSP/ FP compliance master trainers and 25 PDQ master trainers. The master trainers will provide the HTSP training to all health facility staff in Suaahara districts and provide PDQ training to health facility staff of the health facilities where PDQ will be implemented.

Training materials

Suaahara has contributed to development of training materials for community based and health facility based staff in close collaboration with Family Health Division (FHD), CHD and National Health Training Center (NHTC). Suaahara supported the workshop for revision of Community Based-Integrated Management of Childhood Illnesses (CB-IMCI) protocols held from 6-8 August, 2012 in Dhulikhel.

Suaahara has also supported CHD to write-up the health facility and community level IMCI training protocols. Additionally, Suaahara has drafted the HTSP orientation package and PDQ guidelines and developed the Maternal, Newborn Child Health and Nutrition (MNCH-N) quality improvement tools.

FP compliance

In order to sensitize Suaahara staff and health facility staff on family planning options and USAID's family planning rules and regulations, Suaahara has oriented 224 central, cluster and district based staff on FP compliance. This activity will be combined with the HTSP orientation when provided to health facility staff. Suaahara has also distributed 500 copies of the Tiahr posters to be displayed at all health facilities to enable community members to become aware of the various methods of family planning and to make an informed choice about the method they would like to use.

IR 3: Increased consumption of diverse and nutritious food by women and children

HFP master trainers: 30 (28 male, 2 female)

HFP district trainers: 566 (41% male, 59% female)

HFP beneficiaries identified: 42%

HFP training to 1,000 days women and household members: 375

During this reporting period Suaahara made great strides in Homestead Food Production (HFP) activities including developing HFP trainers, conducting formative research on 'Transhumance Effect on Homestead Food Production System in Manang to Increase Access to Animal Source Food and other Micro Nutrient Dense Food throughout the Year' and reaching 1,000 days households.

HFP trainers

A total of 30 (28 male, 2 female) HFP master trainers have been produced. The MTOT was held from 19-28 August, 2012 in collaboration with Directorate of Agriculture Training (DAT). Participants included staff from DADO, DLSO and District Agriculture Officers from 9 Suaahara HFP districts and 3 Suaahara Cluster Agriculture Coordinators.

These master trainers conducted the district level training in 8 food insecure districts for Field Supervisors and government staff including those of Agriculture Service Centre (ASC) and Livestock Service Centre (LSC). A total of 566 (230 Male and 336 Female) HFP district level trainers have been produced. This includes 375 HFP district level trainers in eastern cluster and 145 and 46 in far-western cluster and western cluster respectively

HFP household selection

Selecting 1000 days households for HFP is a very sensitive issue as selected household receives benefits like seed and chicks in addition to the training. Of Suaahara's HFP household target of 40,000, 42% (16,999 households) have already been selected in Bajura, Sankhuwasabha, Taplejung and Manang in a participatory manner while this activity is on-going in 5 districts.

Suaahara's stakeholders at the district level appreciated the process used for HFP household selection. In some districts such as the two HFP districts in the eastern cluster, ward level interaction with representatives of ward citizen forum, women's groups and 1,000 days household members were carried out to select households in a participatory way. In other districts, HFP household selection was discussed during interaction with VDC stakeholders for Suaahara program activities and FCHVs were further consulted. In both processes, priority was given to DAG 1,000 days households. DAG criteria varied from district to district; however, the major criteria were food accessibility, land holding size, ethnicity, and economic status.

HFP training to 1,000 days households

HFP training to 1,000 days mothers and their family members was initiated in 2 districts (Taplejung, Sankhuwasabha) and a total of 375 '1,000' days women and their family members were trained on HFP. This training focused on how to set up homestead gardens and create coops for poultry. Families from DAG communities may not be able to construct perfect coops for poultry as it is costly, therefore, satisfactory coops that can be constructed reasonable price will be included in the training.



Figure 6. Nursery bed preparation during HFP household level training in Sankhuwasabha.

Formative research in Manang and Mustang

Since the feeding practices and lifestyle of residents of Manang and Mustang vary from that of other Suaahara mountain districts, formative research was conducted to assist in designing agriculture interventions in these districts. The formative research was conducted to identify 1) existing agriculture and livestock farming practices in seasonal mobile communities, 2) primary determinants of practices related to nutritious food production and consumption, 3) ways to increase nutritious plant and animal source food in the diet of pregnant and lactating women, and children below 2 years of age, 4) simple do-able ways in which nutritious food can be made available throughout the year, especially during lean seasons. Informal survey methods like key informant survey, focused group discussion, household survey, transect walk and consultation meeting with stakeholders were used for information collection.

Some key findings of the formative research were:

- ▶ Since people already consume sun dried fruits and vegetables during winter, solar dryers can be promoted along with storage of the dried fruits and vegetables in air tight containers for maximum nutrient content preservation of the food.
- ▶ Promote organic farming practices to ensure pregnant and lactating women, and children under 2 years of age have access to pesticide-free food.
- ▶ Promote production of nutrient-rich crops like green leafy vegetables, yellow and orange vegetables, legumes, roots and tubers in home gardens.
- ▶ Encourage use of plastics to protect vegetables from snow, frost and wind during off season.
- ▶ Promote production of mushrooms and apiculture (bee farming) in higher belts.
- ▶ Promote poultry farming six to eight months of the year to make eggs available for consumption.
- ▶ Promote goat and sheep milk consumption among poor and Dalit households.
- ▶ Discourage consumption of junk food among pregnant and lactating women, and children under 2 years of age.

Suaahara has designed the HFP interventions in Manang and Mustang based on the above findings of the formative research. The same formative research process was also applied to the upper belt in Sankhuwasabha.

Bottom-up planning

Suaahara encourages district based staff to identify activities that would further improve the nutrition status of women and children. One such activity was the construction of improved cooking stoves for households in Bajura. Improved cooking stoves reduce smoke emission and use less firewood. This means that these stoves reduce respiratory illnesses among women and children, who spend a lot of time near or in the kitchen, and reduce the time women spend on collecting firewood, which they can then spend on child care. Suaahara plans to install improved cooking stoves in 550 households of 3 VDCs in Bajura. During this reporting period 31 households had already benefited from these stoves.

IR 4: Strengthened co-ordination on nutrition between government and other stakeholders

National level

Suaahara continued to support coordination at national and district level between multi-sectoral stakeholders for nutrition issues. At the national level, Suaahara signed Memorandum of Understandings (MOUs) with the Ministry of Agriculture and Development (MOAD) and Ministry of Federal Affairs and Local Development (MOFALD) for smoother implementation of program activities in the districts. On the technical side, Suaahara participated in National Technical Committee and Technical Working Group meetings of the National Planning Commission, Ministry of Health and Population, MOAD and Ministry of Urban Development and Planning as Core Group members. Additionally, Suaahara led the development of the infant and young child feeding (IYCF) and maternal under-nutrition strategies and translated the National Health Communication Policy from Nepali into English.

From September 2012, Suaahara began directly supporting the National Vitamin A Program by signing the supplemental work plan on 5 September, 2012.

Regional and district level

In keeping with Suaahara's district entry strategy in the previous 9 districts, consultative meetings with the 7 district stakeholders: the District Health/ Public Health Office (D/PHO), District Development Committee (DDC), District Agriculture Development Office (DADO), District Livestock Office (DLSO), District Women Development Office (DWDO), District Education Office (DEO), District Water Supply and Sanitation Office (DWSSO) was completed in the remaining 11 districts where 857 (87% male, 13% female) stakeholders participated. These meetings were held to provide an opportunity for Suaahara to orient district line agencies on program activities and to seek technical input from line agencies on program design.

Regional consultative meetings were also held in all 4 clusters where 144 (124 male, 20 female) stakeholders participated. The participants at the regional consultative meetings were Regional Health Directorate (RHD), Regional Agriculture Directorate (RAD), Regional Livestock Directorate (RLSD) and other international/ national non-governmental organizations (I/NGOs)

Suaahara participated in regional health review meetings as well as numerous district meetings on health, nutrition and WASH issues. As a follow-up to the letter sent from MOFALD to DDCs for the establishment of district level multi-sectoral nutrition and food security coordination committee as per the Multi-Sectoral Nutrition Plan, Suaahara will facilitate creation of these committees at the district and VDC level. Suaahara has also directly supported Regional Annual Health Review Meetings in all 4 clusters as well as supported regional activities such as Regional Health Coordination Team Meeting in the Far West.

Success Story: Darchula formed District Nutrition and Food Security Steering Committee

Through active facilitation, Suaahara district team in Darchula has successfully formed District Nutrition and Food Security Steering Committee on 28th February 2013. District Stakeholder contributed immensely in the formation of the DNFSSC and committed on continuous and active participation. Suaahara team at district undertook active facilitation in the formation of committee and lead in articulating concept on the role and responsibility of that committee. How Suaahara's strategy, plan and district update of the program in linked with DNFSSC was made clear to all participants.

11 members Integrated Nutrition and Food Security Steering Committee have been formed on the chairmanship of LDO

Steering Committee:

- ▶ Local Development Officer, District Development Committee - President
- ▶ District Agricultural Development Officer, DADO - Member
- ▶ District Education Officer, DEO - Member
- ▶ District Livestock Officer, DLSO - Member
- ▶ District Water & Water Sanitation Officer, DWSSO - Member
- ▶ District Women Development Officer, DWCO - Member
- ▶ Social Development Officer, DDC - Member
- ▶ President, Darchula Chamber of Commerce and Industries - Member
- ▶ President, Democratic Chamber of Commerce and Industries - Member
- ▶ District Health Officer, DHO - Member Secretary

The steering committee has nominated Suaahara, CRDS-Nepal, Byash Shauka Society, Rajakot Youth Club as the member of the Integrated Nutrition and Food Security Steering Committee. As per the need base, the newly formed steering committee can select the other organization working in the nutrition field as the Invited Member of the committee. The steering committee has recommended to DDC for the formation of VDC level Integrated Nutrition and Food Security Steering Committee".

Monitoring and supervision visits

Suaahara has organized monitoring and supervision visits from Government at National, regional and district level. These visits have been fruitful to share Suaahara's progress with government counterparts and to seek their technical inputs.

Government of Nepal:

- ▶ Mr. Tirtha Raj Bhata, Nutrition Focal Person, Regional Health Directorate monitored the Integrated Nutrition village level training in Darchula from 7-12 October, 2012.
- ▶ Mr. Atma Ram Pandey, Regional Administrator, Regional Administrative Office visited Darchula from 4-5 November, 2012 to monitor the status of program activities.
- ▶ Mr. Khom Bahadur Subedi, Regional Director, Regional Monitoring and Supervision Office (RMSO) has visited Gorkha district to monitor hygiene and sanitation promotion training dated on 9 December, 2012.
- ▶ Mr. Narayan Khadka, Family Planning Officer, RHD and Mr. Bachchu Kailash Koirala, Agriculture Officer, RAD visited Sankhuwasabha from 15-19 December, 2012 to monitor the HFP household level training.
- ▶ Mr. Bishnu Prasad Joshi, Representative from Regional Agriculture Directorate monitored the HFP district level training in Bajura from 22-23 December, 2012.
- ▶ Dr. Banshi Sharma, Regional Director, RLSD and Mr. Dharma Dutta, Regional Director, RAD and Mr. Lila Bikram Thapa, Sr. Public Health Officer, CHD visited Mustang to monitor district level HFP foundation training from 28-30 December, 2012.
- ▶ Dr. Bhim Acharya, Regional Director, RHD visited Syangja and Parbat district to monitor Suaahara activities and also monitored PDQ MToT in Rupandehi dated on 30-31 December 2012.
- ▶ Dr. Tara Pokhrel, CHD, visited Taplejung on 31 December, 2012 to attend the meeting on Integrated Nutrition training.
- ▶ Mr. Narayan Khadka, Family Planning Officer, RHD, Mr. Pashupati Dhungana, Regional Director, RLD, and Bishnumani Pokhrel, Junior Technical, RAD visited Taplejung from 6-12 January, 2013 to monitor HFP household level training and visit line agencies.
- ▶ Mr. Bodh Raj Niroula, Joint Secretary, MOFALD and P.K. Pokharel Under-secretary, MoFALD visited Lamjung district to interact with district stakeholders on 26 January, 2013.



Figure 7. MOFALD team visit to Lamjung in January 2013(left).

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- ▶ Mr. Hari Koirala monitored the ENA/EHA and SBCC village level training in Parbat and the interaction with VDC stakeholders in Baglung on 20-22 August, 2013.
- ▶ Mr. Hari Koirala attended the regional reflection meeting in Biratnagar on 23 September, 2012.
- ▶ Ms. Bronwyn Llewellyn, Ms. Nirupama Rana, Mr. Lows Chang, Mr. Hari Koirala, Ms. Tahalia Basnet and Ms. Shanda Steimer visited Mustang on 5-16 October, 2012. The USAID team interacted with FCHVs and VDC level government and non-government line agencies and conducted supervision and monitoring of program activities.
- ▶ Ms. Mary Tyler Holmes, Mr. Evan Meyer, Mr. Han Kang, Mr. Debendra Adhikari, and Ms. Pramila Dangol visited Sindhuapalchok on 20 November, 2012 to monitor the program implementation status in the district.
- ▶ Mr. Hari Koirala and Mr. Debendra Adhikari visited Sankhuwasabha on 26 December 2012 and Bhojpur on 28 December, 2012 to monitor program implementation status.
- ▶ Ms. Linda Kentro visited Sindhupalchowk from 26-27 December, 2012 to interact with district level WASH stakeholders.

Chapter 2: Cross-Cutting strategies

During this reporting period, Suaahara integrated the cross-cutting strategies Gender Equity and Social Inclusion (GESI), Social and Behavioral Change Communication (SBCC) and Monitoring and Evaluation (M&E) into program activities.

Gender Equity and Social Inclusion

Suaahara staff trained in GESI: 25

Data collection for DAG mapping completed: 4 districts

Provision made for husbands and mothers-in-law to participate in ENA/EHA and SBCC trainings: 30%

Provision made for husbands and mothers-in-law to participate in HFP trainings: 50%

Suaahara tags GESI as a high priority component in all program activities. For this reason all staff are sensitive to GESI issues in the design and implementation of program activities and selected staff have already received GESI training. Suaahara has also drafted a GESI strategy to ensure all program interventions are GESI sensitive.

GESI training to Suaahara staff

A total of 25 Kathmandu, cluster and district based staff representing all Suaahara components were trained in GESI. The training was conducted from 7-14 December, 2012 in Pokhara to provide staff an opportunity to think about Suaahara through a GESI lens. Participants gained in-depth understanding of how gender discrimination and social exclusion affect agriculture, hygiene and sanitation, and nutrition outcomes.



Figure 8. GESI training participants using a tool to assess workload, access to resources and institutions, and control and management of assets with women's group members in Syangja.

Intervention framework developed for Gender Policy Measurement (GPM) research

Suaahara in collaboration with USAID/GPM has initiated GESI intervention research for health service promotion through Health Facility Operation and Management Committee (HFOMC) using Partnership Defined Quality (PDQ). The intervention framework was developed in coordination with Nepal Health Sector Support Program.

GESI sensitive activities and SBCC materials

Suaahara has made programmatic alterations to ensure that program activities are truly inclusive and household decision makers are targeted in interventions. Suaahara will build the capacity of fathers and mothers-in-law and other household decision makers in essential nutrition and hygiene actions. At least 30% of the participants of the Integrated Nutrition ward level interactions will be family members of 1,000 days women. Additionally, Suaahara created provision for a family member to accompany each 1,000 days woman during the HFP household level training. By adopting the reverse HFP strategy (training households prior to creating Village Model Farmers (VMFs), Suaahara will provide DAGs the opportunity to become Village Model Farmers thereby providing DAGs an opportunity to hold a very prestigious role in the community.

As part of the materials development process, Suaahara reviewed all SBCC and training materials from a GESI perspective prior to implementation. The same process was applied to the 3 different Suaahara brochures, which have been localized to mountain, hill and Terai districts.

Monitoring, Evaluation and Research

During this reporting period, Suaahara set up the monitoring and evaluation (M&E) system in the clusters and districts, revised the Performance Monitoring Plan, set targets for outcome, output and impact level indicators based on preliminary baseline data, and designed the Data Quality Assurance mechanism.

M&E tools and templates developed

M&E tools and templates rolled out: 14 districts

Staff trained in M&E tools and templates: 51 (37 male, 14 female)

Data Quality Assurance mechanisms and tools developed

M&E tool and trainings

A total of 51 Suaahara staff have been trained in Suaahara's M&E tools and templates. The training was conducted in the western cluster from 17-19 January, 2013 and in the central cluster from 28-30 January, 2013. The participants included cluster and district based Suaahara staff who

will in turn trained staff in 14 districts. Apart from providing an overview of key M&E concepts and Suaahara's M&E system, the training focused on use of tools and templates designed for routine progress monitoring. These tools will support staff at different levels to routinely monitor activities and progress against the work plan for that period. A total of 14 district M&E action plans and calendars have also been developed.



Figure 9: Ms. Naramaya Limbu from USAID addressing district coordinators and LNGO field coordinators during M&E tools roll out training in Pokhara

Table 2. M&E tools and templates for LNGO, district, cluster and Kathmandu teams

LNGO Team	District Team	Cluster Team	Kathmandu Team
Field Supervisor <ul style="list-style-type: none"> ▶ Field Book ▶ Monthly Report Field Coordinator <ul style="list-style-type: none"> ▶ Compilation Sheet ▶ Progress Reports ▶ Training data base 	District Coordinator and (or) allocated person <ul style="list-style-type: none"> ▶ Compilation Sheet ▶ Progress Report ▶ Training database ▶ District Process Indicator Planning and tracking tool 	Cluster M&E <ul style="list-style-type: none"> ▶ Compilation Sheet ▶ Progress Report ▶ Training database ▶ Process Indicator Planning and Tracking tool 	<ul style="list-style-type: none"> ▶ Process Indicator Planning and Tracking tool ▶ Training database
<ul style="list-style-type: none"> ▶ Integrated Supervision checklist for Government and Program staff is being developed 			

Data Quality Assurance

Suaahara places a high priority on Data Quality Assurance (DQA), which includes on-site data verification and Data Quality Audit (DQA) which were introduced to staff during the M&E training. Suaahara district team will conduct monthly on-site data verification and the cluster will conduct on-site data verification before submitting the internal quarterly report to ensure accuracy, completeness and timeliness of reported data. The DQA tool has been adapted from USAID's MEASURE Evaluation to include Suaahara specific indicators. DQA will be conducted semi-annually prior to submitting the progress report to USAID. Each cluster will take the lead to undertake DQA in the districts with technical support from M&E Kathmandu team.

Suaahara Baseline

During the reporting period, Suaahara reviewed preliminary results of the baseline for impact indicators, IYCF practices, maternal dietary diversity and WASH from International Food Policy Research Institute (IFPRI). These were shared at the USAID partners meeting and used to set targets for Suaahara indicators. Suaahara expects to receive the final report on March 15, which will be used to further refine/revise targets and to see how these findings can be applied to Suaahara programming.

Suaahara Process Evaluation

Mr. John Stoekel, Asia Area Health Advisor from Save the Children US, based in Bangkok made a technical assistance (TA) visit in the first week of October to help Suaahara develop a system of process evaluation and fidelity assessment. He has drafted a framework for Suaahara's process evaluation. He has made the following recommendations in regards to process evaluation: 1) need implementation plans for some of the program sectors, 2) consider an effective approach to mobilize and empower community members to be actively engaged in interventions. He will continue to provide TA to establish a system for process evaluation.

Monitoring through Lot Quality Assurance Sampling (LQAS)

Suaahara will monitor its outcome level indicators through annual LQAS. This will be done in all 20 districts. Cluster and district-based staff have been given a brief overview of LQAS. Identification of supervision areas in each district and development of LQAS questionnaires are underway.

Program Quality Assessment

Recognizing that monitoring quality of program activities is a sensitive yet profound learning experience, Suaahara will promote a 'culture of quality' from the districts to the center. For this purpose program quality standards and tools are currently being designed.

Activities are being prioritized in consultation with staff from all levels for which minimum quality standards will be set using the quality monitoring matrix. After finalization, these standards will be rolled out to all Suaahara districts. A program quality assessment checklist will be used to monitor the quality and the findings will be shared at regular review meetings of district, cluster and Kathmandu.

Similarly Field Supervisors will capture significant cases from their supervision area to be shared at monthly review and planning meetings. The field book also has a section where field supervisors can document these stories, which will provide qualitative data on program quality and impact.

Social Behavior Change Communication (SBCC)

In this reporting period Suaahara used findings of the formative research to design program interventions and initiated mass media activities.

Formative Research

Research Inputs and Development Actions (RIDA) completed data collection for the formative research in all 6 districts (Bajura, Manang, Nawalparasi, Rasuwa, Syangja, and Taplejung). The formative research was conducted to gain an in-depth understanding of the primary determinants for the key behaviors of interest to Suaahara. These behaviors included breastfeeding, complementary feeding, feeding practices, sanitation & hand washing, family planning, and other behaviors related to infant and childcare. An analysis of the data was written into a full report as well as a summary report, which were shared with USAID and the feedback received was incorporated into the final versions.

SBCC Strategy

Suaahara developed the SBCC strategy, which is focused on providing information, motivation, demonstration and the support needed to encourage families to practice improved household behaviors related to infant and young child feeding (IYCF), family planning (FP) and hygiene. Suaahara's SBCC strategy has been designed for the Suaahara program, but is closely aligned with national government priorities and the National Safe Motherhood Child and Newborn Health Communication Strategy 2011-2016. This Suaahara-wide strategy provides the overall SBCC guidance that is based on formative research, trends in the Nepal Demographic Health Survey, and global lessons learned. Once finalized, this strategy will be translated into Nepali, localized to the individual regional contexts.

Community Theatre

Suaahara piloted participatory community theatre in 3 districts (Bajhang, Sindhupalchok, and Nawalparasi) as a SBCC strategy. There were two pieces to this activity: drama and research. The drama portion focused on training local drama troupes to conduct community theatre while the research portion focused on collection of pre, post and delayed post data on audience message retention on integrated nutrition actions. The research component was conducted to assess the effectiveness of participatory community theater as a SBCC for Suaahara.

Suaahara developed community theater master trainers in collaboration with Nepal Cultural Conservation Center (NCCC). The master trainers were local drama troupe members from Bajhang, Nawalparasi and Sindhupalchok. From each district one director, one script writer and two potential actors actively participated in the training. The training focused on techniques for involving the community (audience) during performances and how to effectively use humor to retain audience attention while conveying the 5 key behaviors promoted by Suaahara. In each district 2 VDCs were randomly selected with priority to Dalit settlements. In all venues local NGOs, community based organizations (CBOs), political party representatives, representatives from the VDC, health service centers, agriculture and livestock centers were present.

Table 3. Distribution of audience at the participatory community theater events in 3 pilot districts

District	VDC	Date	Total people observed (approximately)
Bajhang	Sunikot	Oct 11	560 (260 male and 300 female)
	Majhigaon	Oct 12	340 (225 male and 115 female)
Nawalparashi	Jadaha	Oct 11	450 (100 male and 350 female)
	Harpur	Oct 12	400 (150 male and 250 female)
Sindhupalchowk	Bhotenamlang	Oct 5	500 (200 male and 300 female)
	Talmarang		1,000 (400 male and 600 female)

Valley Research Group (VARG) was selected to assess the effectiveness of participatory community theater. The research questionnaire was pre-tested in Sindhupalchok in September 2012. Pre and post performance data were collected in the 3 pilot districts in October 2012. Delayed post performance data were collected in January 2013. The research report is due in March 2013.

Radio Design Document

Suaahara will use radio to reinforce messages promoted through ward level activities. The radio design document workshop was conducted from 8-11 January, 2013 in Godavari to develop content for a 26-episode radio program. A total of 38 participants including mothers-in-law, mothers of children under 2 years of age, fathers, FCHVs, LGCDP social mobilizers and staff from various Suaahara districts, Kathmandu based program staff and government representatives from WASH, media production houses as well as potential script writers attended the design document workshop.

The radio program will be developed in three languages to match the local context across all Suaahara districts:

- 1) **Nepali** – This will be broadcast as widely as possible through FMs and other stations based on audience’s listening habits.
- 2) **Awadi** – A separate program will be developed in Awadi for broadcast in Rupandehi and Nawalparasi.
- 3) **Doteli** – A separate program will be developed in Doteli for broadcast in Darchula, Bajhang and Bajura.

A draft design document was prepared and reviewed during a day-long review meeting on 17 January, 2013 at which participants from government agencies (WASH, Agriculture, and Livestock), production houses, UNICEF, World Bank and Suaahara program team members were present. Suaahara is currently selecting writers for the radio scripts.

Creative Agency

Suaahara will hire a creative agency to develop a unifying theme for all Suaahara activities. For this purpose an RFP call was released through national dailies. Among the 16 proposals received, the top four potential agencies were selected for interview. After the interviews, the top 2 finalists were selected. Suaahara is currently in the process to select the final creative agency from the top 2 finalists.

Day Celebrations

Suaahara reached 45,786 (60% male, 40% female) people through different day celebrations such as World Egg Day, World Breastfeeding Day, World Toilet Day, Global Hand Washing Day, *Teej*, *Dabali* mela, World Pneumonia Day, and FCHV Day. Suaahara collaborated with respective line agencies to celebrate these significant days.

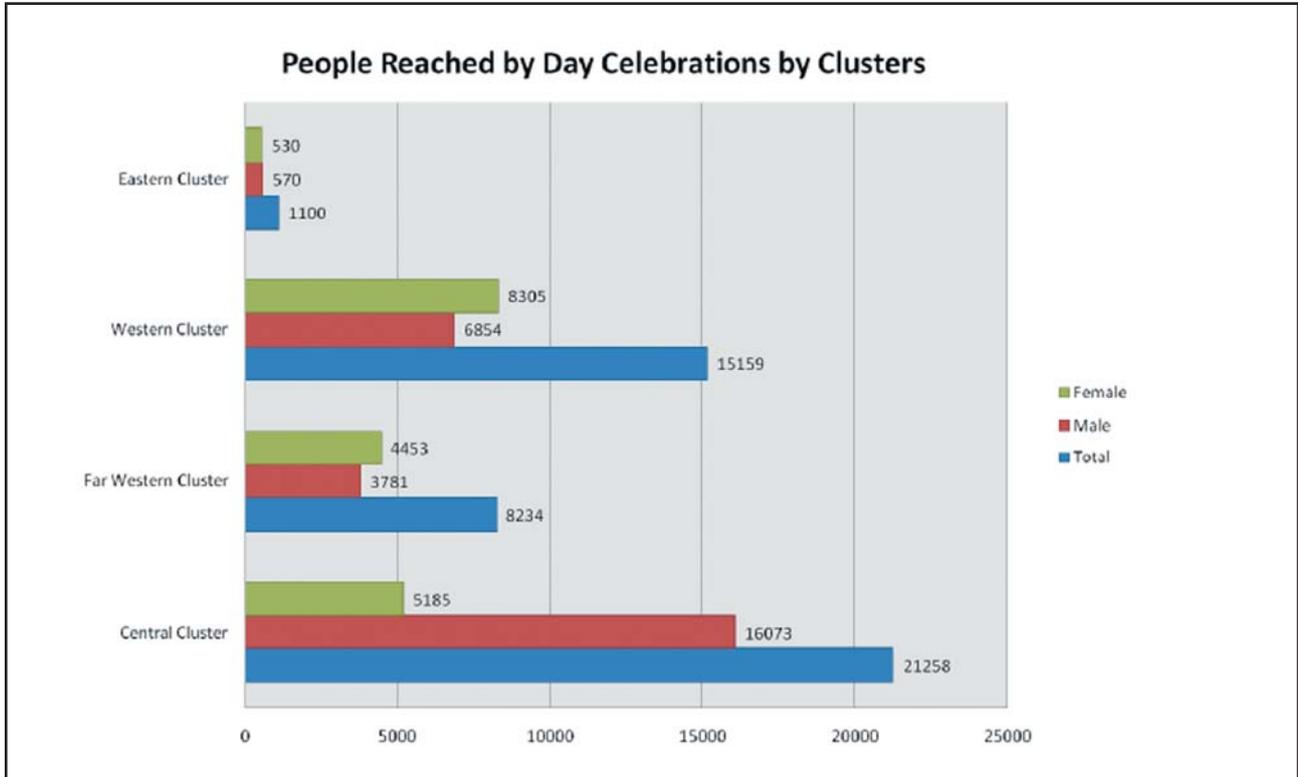


Chart 1: People Reached through 'Day Celebrations'



Figure 10. Global Hand Washing Day celebration in Gorkha

Chapter 3: Human Resources, Administration and Finance

New staff hired: 11
Harmonized per diem rates for all Suaahara staff
Developed common formats for all Suaahara staff
**Submitted Inventory Report for September 2011-
November 2012 to USAID**

In this reporting period Suaahara recruited new staff, changed position titles of existing staff to better reflect program design and harmonized certain policies for Suaahara partners to ensure smoother implementation.

During this time Suaahara experienced the tragic death of Ms. Indra Kumari Chhetri, EHA

Supervisor of Baglung, in a vehicle accident at 7:45pm on 26 December, 2012. As a result of this incident, the management has taken steps to discourage staff from traveling at night and to prioritize safety at all times. Furthermore, all district offices have been equipped with satellite phones to ensure district teams are accessible to the center under all circumstances.

HR and Administration details are as follows:

- ▶ The title of the Health System team members was revised to Health Services Promotion to reflect changes in IR 2 program design.
- ▶ Five new SBCC Cluster Coordinators were hired. They will be based in district offices in Bajhang, Lamjung, Baglung, Sindhupalchok, and Sankhuwasabha.
- ▶ The Senior Program Implementation Manager, Senior Program Manager (Governance) and Regional Governance Coordinator were recruited.
- ▶ ENA Officers of Mustang, Parbat, and Sindhupalchok resigned. New staffs have already been hired for these positions. The Agriculture Officer of Dolakha also resigned and recruitment is in process for this position.
- ▶ EHA Supervisors of Sindhupalchok, and Dolakha were internally cross transferred.
- ▶ Recruitment for Ms. Indra Kumari Chhetri's position is in process. The position will be filled by February 2013.
- ▶ Suaahara harmonized the per diem rates among all partners. This rate has been in effect from 1 October, 2012.
- ▶ Few Suaahara common formats such as Leave Request, Travel Plan, Travel Expenses Settlement and Performance Review Form were developed to be used by all Suaahara Kathmandu, cluster and district staff.
- ▶ Inventory Report for the period of September 2011 – November 2012 was submitted to USAID. The Inventory Report includes assets/ commodities procured by Kathmandu, cluster and district offices.
- ▶ Internal mobilization of technical staff was conducted to support activities in certain districts e.g. Health Services Promotion Coordinator based in Butwal was deputed to the eastern cluster effective January 2013.
- ▶ Completed selecting and signing Sub-award Agreements with LNGOs in all Suaahara districts.

Expenditure Summary

The preliminary expenditure report for this reporting period (as of January 31, 2013) is as follows

Budget Elements	
Personnel/Fringe Benefits and Allowances	899,950
Travel and Per Diem/Supplies and Equipment	228,782
Contractual/Other Direct Costs	211,623
Sub agreements/Program Costs	4,024,466
Indirect Charges	470,703
Total USAID Contribution	5,835,524
Cost Share	375,781
Total Program Expenditures	US\$ 6,211,305

Chapter 4: Challenges and Lessons Learnt

Suaahara faced some significant challenges during this period. However, the constructive guidance from Government of Nepal and USAID/ Nepal has helped Suaahara to continue its work towards meeting the programs overall goal and objectives. Some major challenges and our response plan are listed below:

Challenges	Program Response
Reaching community level beneficiaries	<ul style="list-style-type: none"> ▶ Suaahara has developed an accelerated roll out plan to reach program beneficiaries with the integrated ENA package (nutrition, FP/MCH, hygiene, WASH, Agriculture) by September 30. Refer to annex XX. ▶ By May 2013, integrated community level ENA training will be completed all 20 districts. Altogether 10,053 health and non health service providers will receive the training and will be instrumental for dissemination of health and nutrition message to program beneficiaries. ▶ Given that interpersonal communication (IPC) is the foundation for Suaahara, we increased the number of field supervisors to enable increased frequency of contacts for program beneficiaries.
Delay in IR 2-Health Service Promotion (HSP) activities	<ul style="list-style-type: none"> ▶ In early July 2012, we realized that the initially proposed health systems strengthening activities did not link directly to the IR 2 desired results. The operational modalities for IR 2 were consequently re-thought and re-framed to be directly tied to health service promotion (HSP). Our revised strategy is to work with the existing MOHP community structures and increase community participation to demand improved nutrition and health services. Partnership Defined Quality (PDQ) with involvement of Health Facility Management Operational Committee (HFMOCC) is the key approach being used. In collaboration with National Training Health Center, Suaahara has recently finalized the training manual which is being pilot tested in Sinduplachowk and Dolakha districts. By the end of Oct 2013, total number of VDC covered will be 104. ▶ In addition to this, Suaahara in partnership with FHD/DoHS is rolling out HTSP training to health facility staffs from nine program districts by the end of October 2013.
GoN ownership	<ul style="list-style-type: none"> ▶ With guidance from CHD/DoHS, Suaahara has proposed a Project Advisory Committee (PAC) to enhance coordination and collaboration by the Director General of Department of Health Service. The other members of the committee will be the Director of Child Health Division, Representative of National Planning Commission, Representative of Ministry of Agriculture and Cooperatives Representative of Ministry of Physical Planning and Works, Representative of Ministry of Urban Development, Representative of Ministry of Federal Affairs and Local Development, and Representative of Ministry of Education. ▶ All of our health and nutrition-related activities have been listed in the red book through CHD and FHD. Similarly, for the coming fiscal year, Suaahara's health and nutrition activities will be reflected in MoHP Redbook through CHD, FHD, NHTC and NHIECC). ▶ Suaahara is also committed to ensuring that the appropriate staff attends key meetings and that the representation/participation is of high quality. Suaahara will also be hosting NNG meetings and quarterly meeting with GON entities.

Challenges	Program Response
	<ul style="list-style-type: none"> ▶ At district level, quarterly program updates and consultation meeting is being organized with key multi-sectoral stakeholders (DDC, DHO, DWASH CC, DADO/DLSO). ▶ Similarly, separate meetings with VDC Secretaries to orient them in program activities as well as to encourage them to allocate VDC funds for nutrition, WASH and agriculture activities proved useful.
Program integration	<ul style="list-style-type: none"> ▶ Being an integrated nutrition project, Suaahara staff will have a common voice that explains the focus of the programs, where Nutrition is integrated with different sectors like FP/MCH, WASH and Agriculture. ▶ Repackaging of Suaahara interventions will be done based on one delivery mechanism. For Suaahara, because we had multi-sectoral interventions we needed a structure at the district level to converge our health and non- health sector interventions. Given the district (and below) level governance, the natural direction is to collaborate with the Ministry of Federal Affairs and Local Development (MoFALD) to ensure convergence of Suaahara health and non health section interventions which is in line with the Multisectoral Nutrition Plan of Action (MSNP). ▶ Suaahara has included front line workers from non-health sectors (agriculture, WASH and local development) in integrated training to advocate for nutrition issues in their existing community work. ▶ In addition, Suaahara activities will be converged at community level through FCHVs and Maternal, Infant and Young Child Feeding (MIYCF) support groups where FCHVs and DDC's social mobilisers will discuss not only nutrition issues but also issues around FP/MCH, WASH and Agriculture.

Chapter 5: Plans for the Next Six Months

Suaahara's major priority for the coming six months is to implement accelerated work plan that is focused on reach, scale and coverage. Some key milestones for the next six months are as follows:

- ▶ Complete 5 days integrated nutrition package for FCHVs and other social mobilizers in all 20 Suaahara districts.
- ▶ Complete integrated nutrition package through ward level interactions with 1,000 days mothers and their family members in 19 Suaahara districts. This activity will be completed by September in Rupandehi.
- ▶ Continue to train V-WASH CC members and existing community groups on hygiene and sanitation promotion.
- ▶ Finalize and print HTSP and PDQ training/ orientation materials.
- ▶ Implement PDQ in 61 VDCs of 6 districts.
- ▶ Train 566 health facility staff on HTSP/ FP in 6 districts.
- ▶ Implement MNCH-N tool in 14 health facilities in Dolakha.
- ▶ Dispatch Tiahrt posters to all health facilities in 20 Suaahara districts.
- ▶ Complete household level HFP training in all 9 districts.
- ▶ Distribute dry season seeds to 25,000 households and chicks to 8,000 households.
- ▶ Facilitate establishment of district level multi-sectoral nutrition and food security coordination committee in 20 Suaahara districts.
- ▶ Strengthen IPC component and monthly MIYCF support group meetings at ward level

Conclusion

The priority for Suaahara for the remainder of Year two is to continue to establish a strong foundation at community level through program acceleration to reach beneficiaries with the integrated ENA package (nutrition, health, hygiene, family planning, WASH, Agriculture). With large number of government staff (health and non health sectors) trained on integrated nutrition package and through implementation of behavior change activities, Suaahara is poised to deliver positive change in the nutrition status of women and their children.

Appendix

Consultant List

Consultant	Title	Purpose of Visit	Dates
Basil Safi	Asia Regional Director, Johns Hopkins University, Center for Communication Programs, US	Participate in Integrated Nutrition Framework Workshop	16-24 August, 2012
Tina Sanghvi	Chief of Party, Alive & Thrive, Bangladesh	Exchange of program activities	18-20 August, 2012
Rajiv Rimal	Johns Hopkins University, US	Participate in Integrated Nutrition Framework Workshop and Orientation and Training for Participatory Community Theater research team	27-28 August, 2012
John Stoekel	Asia Area Regional Health Advisor, Save the Children US, Bangkok	Design Suaahara process evaluation framework	1-6 October, 2013
Kanchan Raj Pandey	Consultant	Facilitate the study on transhumance effects on HFP in Manang and Mustang	21 September to 25 October, 2012
Purnima Menon	Senior Research Fellow, International Food Policy and Research Institute (IFPRI)	Interviewing baseline survey interviewers	3-5 October, 2012
Kenda Cunningham	Independent Consultant for IFPRI	Interviewing baseline survey interviewers	3-5 October, 2012
Chandra Dhakal	Consultant	Conduct participatory assessment for innovations in poultry raising in Taplejung	18-28 December, 2012
Caroline Jacoby	Johns Hopkins University, Center for Communication Programs US	Facilitate Radio Design Document workshop and attend review meeting	3-21 January, 2013
Kathryn Bertram	Johns Hopkins University, Center for Communication Programs US	Selection of a creative agency for flagship umbrella campaign	20-31 January, 2013
Udev Man Maharjan	Consultant	Revise PDQ manual	24 December 2012 – 28 February, 2013

Status of Integrated Nutrition trainings in Suaahara phase 1 and phase 2 districts

S.No.	District	Village Level Training (VLT)	Community Level Training (CLT)	Ward Level Interaction (WLI)
Phase - 1 District				
1	Bajhang	Completed	16 Jan - 15 Mar, 2013	15 Feb - 20 Apr, 2013
2	Bajura	Completed	19 Jan - 18 Feb, 2013	1 st week of Feb - end of Mar
3	Parbat	Completed	2 Dec, 2012 - Feb, 2013	Feb - May, 2013
4	Syangja	Completed	2 Dec, 2012 - 3 Feb, 2013	8 Feb - 31 May, 2013
5	Baglung	Completed	12 Feb - 13 Apr, 2013	20 Feb - 21 Apr, 2013
6	Nawalparasi	Completed	7 Jan - 15 Mar, 2013	21 Feb - 30 Jun, 2013
7	Sindhupalchok	Completed	7 Feb - 12 Apr, 2013	13 Feb - Jul, 2013
8	Rupandehi	Partially completed (50%) will be completed in remaining VDCs by Feb, 2013	March - April 2013	2 nd week of Mar - end of Sept, 2013
Phase - 2 District				
9	Darchula	Completed	11 Jan - 14 Feb, 2013	14 Feb - 10 Apr, 2013
10	Myagdi	Completed	Completed	7 Feb - 30 Apr, 2013
11	Mustang	Completed	Due to seasonal migration CLT completed in 10 VDCs out of 16 VDCs, in remaining 6 VDCs it will be completed by Mar, 2013.	Will be completed by 2 Feb, 2013 in 6 VDCs. Fully completed by May, 2013.
12	Manang	Completed	18 Feb - 19 Apr, 2013	27 Feb - 30 Apr, 2013
13	Gorkha	Completed	6 Feb - 25 Mar, 2013	20 Feb - 31 May, 2013
14	Lamjung	Completed	26 Dec, 2012 - 8 Mar, 2013	8 Feb - 15 May, 2013
15	Dolakha	Completed	3 Feb - May 30, 2013	18 Feb - 30 Jun, 2013
16	Rasuwa	1 batch completed remaining 5 batches will be completed from Jan 26 - Mar 4, 2013	1 Mar - Apr 15, 2013	15 Mar - Jul, 2013
17	Sankhuwasabha	Partially completed	25 Mar - 25 Apr, 2012	20 Apr - 15 Jun, 2013
18	Taplejung	15 Jan - 3 Feb, 2013 (3 batches only)	1 st week of April - 3 rd Week of May, 2013	2 nd week of May - 30 Jun, 2013
19	Bhojpur	17 Jan - 13 Feb, 2013	20 Mar - 12 May, 2013	15 May - 30 Jun, 2013
20	Solukhumbu	22 Jan - 10 Feb, 2013	25 Feb - 7 Apr, 2013	2 nd week of Mar - Last week of May, 2013

Plan of HFP training to 1,000 days households in 9 districts

S.No.	District	Training to 1,000 days household
1	Bajhang	Last week of Feb-first week of May
2	Bajura	Third week of Feb-first week of Apr
3	Darchula	First week of Mar-first week of May
4	Taplejung	Jan 30-Mar 15
5	Sankhuwasabha	Dec 17-Mar 15
6	Manang	Third week of Feb-second week of Mar
7	Mustang	Third week of Feb-Second week of Mar
8	Dolakha	Feb 24-first week of Apr
9	Rasuwa	District level HFP training planned for 17 Feb-22 Feb; Second week of Mar to last week of Apr at household level

Annex-1

Accelerated Roll Out Plan for Community Level Activities to Reach Program Beneficiaries Suaahara - AID-367-A-11-00004

Activity Title	Responsible	Implementation Status		Date of Completion	Remarks
		Completed	Ongoing		
Ward/Mother group level					
IR 1: Household Health and Nutrition behaviors improved (Program Beneficiaries Level)					
Identification and mapping of program beneficiaries (pregnant & children under 2)			Mustang, Syanja Parbat, Sindupalchowk	Mustang (by Jan) Syanja (by June), Parbat (by July), Sindupalchowk (by July). 1800 wards (200 VDCs)	By July 2013, this activity will be completed in four districts.
Ward level interaction with program beneficiaries and family members on ENA/EHA using discussion cards	Field Supervisors, FCHVs, social mobilisers		Mustang, Syanja Parbat, Sindupalchowk	Mustang (by Jan) Syangya (by June), Parbat (by July), Sindupalchowk (by July) (n=2400 program beneficiaries)	By October 2013, approx. 86,000 program beneficiaries will be reached in 20 districts.
Regular MIYCF support group meeting with program beneficiaries and their family members	Field Supervisors, FCHVs				Following ward level interaction, Maternal and Infant & Child Feeding groups (MIYCF) support group meetings will be held with program beneficiaries on monthly basis.
Home visit to program beneficiaries for health and nutrition counseling	Field Supervisors, FCHVs				This activity will begin from February
Participate in regular FCHV mothers' group meeting to discuss health and nutrition issues	Field Supervisors, FCHVs				This activity will begin from February
Health and nutrition awareness activities (Folk songs, nutrition weeks/days, competitions)			All 20 districts		This activity has been initiated since April 2012.
Radio Listening Groups					This activity will begin from August 2013

Activity Title	Responsible	Implementation Status		Date of Completion	Remarks
		Completed	Ongoing		
Ward/Mother group level					
IR-2 Increased Use of Quality Health and Nutrition Services by Women and Children (Program Beneficiaries Level)					
Community interaction through PDQ with HFOMC.	Health Service Promotion (HSP) coordinator, District coordinator			Bajhang (By Feb), Nawalparasi (By March), Sindhupalchowk (By April), Gorkha (By May), Dolakha (By June), Lamjung (By July), Darchula and Bhojpur (By August), Rupandehi and Myagdi (By Sept), Mustang (By Oct)	This activity will begin from February and by the end of October 2013, 11 districts will be covered. Total number of VDCs covered by the end of Oct 2013 is 104.
Counseling on family planning and spacing by health workers to program beneficiaries	HSP coordinator, District coordinator			Bajura (By Feb), Sindhupalchowk (By March), Baglung (By April) Taplejung (By May), Bajhang (By June), Nawalparasi (By July), Parbat (By August), Rasuwa (By Sept), Manang (By Oct)	This activity will begin from February and by the end of October 2013, 9 districts will be covered. Total number of health facilities covered by the end of Oct 2013 is 427. Total of 861 health care providers from 427 health facilities will be covered.
IR-3 Women and their Families increase their consumption of diverse and nutritious foods (Program Beneficiaries Level)					
Roll out Homestead Food Production (HFP) training to program beneficiaries			Taplejung, Sankuwasaba	Bajura (by March), Bajhang (by April), Darchula (by May), Dolakha (by April) Rasuwa (May), Manang (April), Mustang (April)	By May, HFP training will be rolled out in all nine food insecure districts. Approx. 70,000 (40,000 program beneficiaries and 30,000 family members) will participate in the training.
Provide agriculture inputs				Sankhuwasbha & Taplejung (seed by Feb, Poultry by April), Bajura, Bajhang, Dolakha (seed by March, poultry by May), Rasuwa, Manang, Mustang, Darchula (Seed by April, Poultry: by June)	By June, 2013, dry season seeds will be distributed to 25,000 HHs households of total targeting households nine food insecure districts and chicken will be distributed 8000 HHs.

Activity Title	Responsible	Implementation Status		Date of Completion	Remarks
		Completed	Ongoing		
VDC/Community Level					
IR 1: Household Health and Nutrition behaviors improved (Program Beneficiaries Level)					
Community level ENA/EHA and SBCC training for health workers of PHC, HP, SHP, LNKO team and non health sector participants			Mustang, Syanja, Parbat, Sindupalchowk, Bajhang, Bajura, Darchula, Myagdi, Lamjung, Gorkha, Myangdi, Nawalparasi	Mustang & Myagdi (by Jan), Syangya (by Feb), Darchula (by Feb), Bajura (by Feb), Parbat (by Mar), Bajhang (by Mar), Lamjung (by Mar), Gorkha (by Mar), Nawalparasi (by Mar), Sindupalchowk and Dolakha (by April)	By May, community level ENA/EHA training will be rolled out in remaining 8 districts covering all 20 districts. Altogether 10,053 health and non health service providers will receive the training and will be instrumental for dissemination of message on ENA/EHA & SBCC.
Interactions with VDC stakeholders on Suaahara program activities		Bajura, Bajhang, Darchula, Syanja, Taplejung, Bhojpur, Sankhuwasabha, Dolakha, Baglung, Myagdi, Nawalparasi	Rasuwa, Solukhumbu, Manang, Parbat, Lumjung, Rupendehi, Gorkha, Sindhupalchowk	Rasuwa (by Jan), Solukhumbu (by Jan), Manang (by Mar), Parbat (30 by Jan), Lumjung (by Jan), Rupendehi (by Jan), Gorkha (by Feb), Sindhupalchowk (by Jan), Mustang (by Mar in remaining 6 VDCs)	
Hygiene and sanitation promotion training to field supervisors		Myagdi, Syangja, Manang, Rupendehi, Gorkha, Nawalparasi, Mustang, Baglung, Lamjung, Parbat, Bajhang, Bajura, Darchula, Rasuwa, Solukhumbu, Dolakha, Sindhupalchowk, Bhojpur, Sankhuwasabha, Taplejung			
WASH Triggering activities in the community			Nawalparasi, Sankhuwasabha	All districts (By July)	
Train V-WASH CC members on management of hygiene and sanitation		Syangja, Parbat, Nawalparasi, Bhojpur, Sankhuwasabha	Lamjung	Bajhang (By March), Bajura (By March), Darchula (By March), Baglung (By March), Gorkha (By March), Manang (By April), Mustang (By April), Rupendehi (By Feb), Lamjung (By Jan), Dolakha (By Feb), Sindhupalchowk (By Feb), Solukhumbu (By Feb), Rasuwa (By April), Taplejung (By March)	

Activity Title	Responsible	Implementation Status		Date of Completion	Remarks
		Completed	Ongoing		
VDC/Community Level					
IR 1: Household Health and Nutrition behaviors improved (Program Beneficiaries Level)					
Train CBOs, forest users group, religious groups on CLTS		Syangja (1 VDC)		Bajhang (By Feb), Bajura (By Feb), Baglung (By April), Gorkha (By April), Nawalparasi (By Feb), Lamjung (By April), Rupendehi (By March), Parbat (By April), Syangja (By April), Myagdi (By March), Manang (By April), Mustang (By April), Dolakha (By March), Sindhupalchok (By May), Solukhumbu (By Feb), Rasuwa (By June), Taplejung (By April), Bhojpur (By April), Sankhuwasabha (By June)	
Train child club members on CLTS			Nawalparasi	Bajhang (By March), Bajura (By March), Darchula (By March), Baglung (By March), Gorkha (By March), Lamjung (By March), Rupendehi (By March), Parbat (By March), Syangja (By Feb), Myagdi (By March), Manang (By Feb), Mustang (By Feb), Nawalparasi (By Jan), Dolakha (By May), Sindhupalchok (By March), Rasuwa (By July), Taplejung (By April), Bhojpur (By April), Sankhuwasabha (By Feb)	
Train community hygiene and sanitation facilitators (CHSF) on hygiene and sanitation		Nawalparasi (4 VDCs)	Sankhuwasabha	Bajhang (By March), Bajura (By Feb), Darchula (By Feb), Baglung (By March), Gorkha (By March), Lamjung (By Feb), Nawalparasi (By Jan), Rupendehi (By March), Parbat (By March), Syangja (By March), Manang (By Apr), Mustang (By April), Dolakha (By Jan), Sindhupalchok (By March), Solukhumbu (By Feb), Rasuwa (By April), Taplejung (By March), Bhojpur (By April)	

Activity Title	Responsible	Implementation Status		Date of Completion	Remarks
		Completed	Ongoing		
VDC/Community Level					
IR-2 Increased Use of Quality Health and Nutrition Services by Women and Children (Program Beneficiaries Level)					
Roll out HTSP training to health facility staffs	Health Service Promotion(HSP) coordinator, District coordinator			Bajura (By Feb), Sindhupalchowk (By March), Baglung (By April) Taplejung (By May), Bajhang (By June), Nawalparasi (By July), Parbat (By August), Rasuwa (By Sept), Manang (By Oct)	This activity will begin from February and by the end of October 2013, 9 districts will be covered. Total number of health facilities covered by the end of Oct 2013 is 427. Furthermore, a total of 861 health care providers from 427 health facilities will be covered.
Training on PDQ with Health Facilities Operation and Management Committee (HFOMC)	Health Service Promotion(HSP) coordinator, District coordinator			Bajhang (By Feb), Nawalparasi (By March), Sindhupalchowk(By April), Gorkha(By May), Dolakha(By June), Lamjung(By July), Darchula and Bhojpur(By August), Rupandehi and Myagdi (By Sept), Mustang (By Oct)	This activity will begin from February and by the end of October 2013, 11 districts will be covered. Total number of VDC covered by the end of Oct 2013 is 104.
IR-3 Women and their Families increase their consumption of diverse and nutritious foods (Program Beneficiaries Level)					
TOT on district level foundation training HFP in nine food insecure districts		Sankhuwa sabha, Taplejung, Dolakha, Manang, Mustang, Bajura, Bajhang	Darchula	Rasuwa (by first week of Feb)	By Feb, 350 participants (LNGO staffs and Ministry of Agriculture and Cooperative's (MoAD) Agriculture and Livestock extension workers will be trained.
Consulation meetings with agriculture and livestock extension service centers			Ongoing-based on program issues and needs		National level advisory committee-DLS and DOA by Feb

Year 2 Work Plan Update (August 1, 2012 – January 31, 2013)

Planned Activities	Target for Year 2	Target Update (Jan 31st)	Justification	Remarks	2013											
					Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July
Outcome IR 1. Household (HH) Health and Nutrition Behaviors are Improved																
Output 1.1 HH Adopt Essential Nutrition Actions/ Essential Hygiene Actions																
Organize 6 days integrated ENA package training for health workers of PHC, HP, SHP, LINGO team and non health sector participants	3,898 Persons	4,644 Persons	More non-health participants than planned													
Organize VDC level orientation programme on <i>Suaahara</i> programme with community stakeholders (in all VDCs using DDC structure)	28,650 Persons	32,650 Persons	On average 35 participants per VDC attended	30-35 participants/VDC												
Organize community level training planning meeting with multi-sectoral stakeholders	NA	14 districts	This activity was planned during Year 2 so no target set at the start of Year 2. This activity will be conducted in each of the 20 districts.													
Organize 5 days integrated ENA package training for FCHVs and key non-health sector staff	14,642 Persons	2,522 Persons														
Organize 2 days integrated ENA package training for mothers' group members and decision makers	232,466 Persons	514 Persons														

Planned Activities	Target for Year 2	Target Update (Jan 31st)	Justification	Remarks	2013											
					Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July
Output 1.2 Households Adopt Essential Hygiene Actions (EHA)																
Organize district level workshop with members of District level Water, Sanitation and Hygiene Coordination Committee (D-WASH CC) for identification of VDCs for ODF programme	500 Participants	325 Participants		Completed in 13 districts												
Organize a strategic planning meeting with V-WASH CC for developing WASH programme in selected 40 VDCs	40 VDCs	under process														
5 days hygiene and sanitation promotion ToT to LINGOs staff Field Supervisors and Field Coordinator	409 staff of LINGOs (389 FS and 20 FC)	451 Participants		Completed except in Rasuwa district												
Organize 2 days training programme on management of hygiene and sanitation programme for members of V-WASH CC for 40 VDCs	1200 Participants	750 Participants		25 - 30 Participants/ VDC												
Organize 2 days training programme on National Hygiene and Sanitation Programme, V- WASH CC members' for members of CBOs, forest users' groups, religious groups in 40 VDCs	3960 child club members	135 Participants		30 participant/ VDCs												
Organize 4 days training on hygiene and sanitation for Community Hygiene and Sanitation Facilitator (CHSF) in 40 VDCs	360 participants	145 Participants		9 members/ VDC												
Conduct 3 days sanitation mason training by using standard tools	360 wards of 40 VDCs	under process														
Conduct TOT on CLTS to D-WASH CC members in Rupendehi	25 persons	29 persons														
Organize 2 days training programme on hygiene and sanitation for members of Child Clubs from (1 child club / ward (11 girls & boys/ child club)	3,960 Participants	612 Participants		(1 child club per ward - 11 girls & boys/child club)												

Planned Activities	Target for Year 2	Target Update (Jan 31st)	Justification	Remarks	2013											
					Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July
Output 2.3: Increased accessibility of nutrition and related health services including excluded communities																
Conduct 2 days HFOMC strengthening district TOT in-built with PDQ	11 event	0 Events		This activity will be incorporated with PDQ DTOT												
Implement 2 days HFOMC strengthening orientation to HFOMC and QI team members at VDC level	104	0 Events		This activity will be incorporated with PDQ												
Conduct 1 day HFOMC follow up and review workshops within 6 months of the first orientation	Every 6 months in 104 VDC	NA	Planned in second half of Year 2	This activity will be incorporated with PDQ												
Support to regularize monthly HFOMC activities through monitoring visits	Every months	NA	Planned in second half of Year 2													
DHO/DDC conduct periodic joint supervision to monitor the status of HFOMC	Every 6 months	NA	Planned in second half of Year 2													
Reactivate PHC/ORC or HFOMC committee for strengthening nutritional counseling during growth monitoring through 2 day interaction/ orientation	77 VDCs	NA	Planned in second half of Year 2													
Support HFOMCs to improve nutrition and related services through health facilities and PHC/ORC to provide essential equipment and materials	104 HF	NA	Planned in second half of Year 2													
Output 2.4: Improved healthy timing and spacing of pregnancy (HTSP) with focus on marginalized unreached women																
Conduct District ToT on FP/ HTSP to district supervisors	1 time	NA		Planned in second half of Year 2												
Conduct 3 days training on HTSP/ FP to all services providers	566 service providers	NA		6 districts in Year 2: 342 health facilities out of 976 total facilities												

Planned Activities	Target for Year 2	Target Update (Jan 31st)	Justification	Remarks	2012								2013					
					Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July		
Organize technical update meetings with stakeholders	Regular																	
Organize regional level coordination meetings	Regular	4																
Form multi-sectoral committees at district and VDC level as per NPC guidelines (refer to MNSP document)	1 time	0 Events	MOFALD letter to DDC delayed															
Organize district level multi-sectoral nutrition coordination committee meeting (chaired by DDC and co-chaired by DHO)	Every 3 months	0 Events	MOFALD letter to DDC delayed															
Organize VDC level multi-sectoral nutrition coordination committee meeting	Every 6 months	NA		Planned in second half of Year 2														
Organize annual review and planning meeting for Suaahara	1 time	1 Event																
Participate in various district level meetings to advocate for nutrition issues	Regular	Regular																
Facilitate monitoring and supervision of project activities by DDC, DHO, DADO, DLSO, D-WASH	Every 6 months	0 Events	Will be planned once trainings have been completed															
Community Mobilization																		
Day celebrations	107 Events	194 Events	Achieved events also include those conducted at the VDC level															
Conduct DAG mapping	955 VDCs	165 Events	Delay due to time spent on verifying quality of existing data	Completed data collection in 4 districts														
Build community mobilization teams (local GoN, FCHVs, Social Mobilizers, water users' groups, V-WASH CC committee members, etc.) with full representation from DAG groups	Regular	Ongoing																

Planned Activities	Target for Year 2	Target Update (Jan 31st)	Justification	Remarks	2012						2013							
					Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July		
Identify additional community-level mobilizers, catalysts, organizers, outreach workers, advocates and service providers who can lead community mobilization efforts	1 time (Update Regularly)	NA		Planned in second half of Year 2														
Interpersonal Communication																		
Finalize formative research findings and share through a dissemination workshop, national, cluster and district level	One time	Ongoing																
Design strategy for Trials of Improved Practices (TIPs) to be used for health, agriculture, nutrition, WASH and GESI	One time	NA		Planned in second half of Year 2														
Develop and test tools for TIPs	One time	NA		Planned in second half of Year 2														
Train field supervisors, interns and others in the use of TIPs	Regular	NA		Planned in second half of Year 2														
Evaluate and modify the use of TIPs	Regular	NA		Year 3 activity														
Identify existing GoN and NGO groups as platforms for IPC	Regular	NA		Planned in second half of Year 2														
Identify peer educators including from existing MIYCF support groups	One time	NA		Year 3 activity														
Regular MIYCF Support group meeting with program beneficiaries and their family member	Regular	NA		Planned in second half of Year 2														
Use action cards during home visits and in groups to resolve barriers and commit to action	Regular	55 wards																

Suaahara's Journey

Year 2

1 August 2012 - 31 January 2013

District Consultation Meeting



857 district government line agencies' staff participated in **11** consultation meeting

Sr. PHA of DHO, Mr. Bishwaram Shrestha facilitating a session in Gorkha

VDC Orientation and Consultation



32,652 key stakeholders reached through **916** VDC orientations

VDC orientation in Syangja

6 days VLT-ENA/EHA & SBCC Training



Pre-test being conducted during VLT- Gorkha



Group work during VLT- Gorkha

In **532** VLT, **4,644** multi sector government staff successfully trained in ENA/EHA and SBCC

CLT on ENA/EHA & SBCC

2522 FCHVs and Social Mobilizers trained in **250** CLTs



FCHV using discussion cards during CLT training - Lamjung

CLT on ENA/EHA & SBCC



Ward level interaction on ENA/EHA & SBCC



Ward level interaction with 1000 days HH initiated; **51** women already oriented

Facilitator using discussion card during ward level interaction - Mustang

Breast Feeding Week



V-WASH-CC Management Training



Hygiene & Sanitation Promotion TOT



29 master trainers and **371** trainers produced on hygiene and sanitation

Global Hand Washing day celebration

11,822 community members reached with **105** events



World Egg Day Marked



Events of Rasuwa marking World Egg Day

3068 community members reached with 15 events on World Egg Day



Homestead Food Production Training

30 HFP master trainers produced, **331** people trained at district and **304** mothers are trained on HFP, **16999** '1000days' HH identified for HFP



Fig. Group review



HFP training - Bajhang



Seasonal calendar

Hatching practices

Joint Monitoring



Sharing meeting with MoFALD team, Lamjung

**'The journey has started and
we are committed to
achieving our goal'**

Thank you

