



# **SUA AHARA, AID-367-A-11-00004**

**Annual Report, August 1, 2013 – July 31, 2014**

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# LIST OF ABBREVIATIONS/ ACRONYMS

ANM	Auxiliary Nurse Midwives
CB-IMCI	Community Based-Integrated Management of Childhood Illness
CHD	Child Health Division
CHSF	Community Hygiene and Sanitation Facilitators
DDC	District Development Committee
DHO	District Health Office
D-WASH CC	District Water Sanitation and Hygiene Coordination Committee
DQA	Data Quality Assurance
EHA	Essential Hygiene Action
ENA	Essential Nutrition Action
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
HFPB	Homestead Food Production Beneficiary Groups
HTSP	Healthy Timing and Spacing of Pregnancy
INP	Integrated Nutrition Package
IUCD	Intra-Uterine Contraceptives Device
IYCF	Infant and Young Child Feeding
MEAL	Monitoring, Evaluation, Accountability and Learning
MIYCF	Maternal Infant and Young Child Feeding
MOAD	Ministry Of Agriculture Development
MOFALD	Ministry Of Federal Affairs and Local Development
MTOT	Master Training of Trainers
NHTC	National Health Training Center
NGO	Non-governmental Organization
ODF	Open Defecation Free

OPMIS	Online Program Management Information System
ORC	Outreach Clinic
PDQ	Partnership Defined Quality
PHC	Primary Health Center
POU	Point-of-Use
SBCC	Social Behavior Change Communication
TOT	Training of Trainers
VDC	Village Development Committee
VMF	Village Model Farmer
V-WASH CC	VDC Water Sanitation and Hygiene Coordination Committee
WASH	Water Sanitation and Hygiene

# EXECUTIVE SUMMARY

During the period August 1, 2013 to July 31, 2014, Suaahara concentrated on implementing quality project activities in all 20 districts with an intensified focus on reaching disadvantage groups (DAGs) through radio programs; water, sanitation and hygiene (WASH) interventions; agriculture activities; and local governance-related activities. Suaahara expanded the project's geographic area to include five additional districts (Doti, Dadeldhura, Accham, Baitadi and Nuwakot). All activities were implemented in close coordination with Government of Nepal bodies at the national, regional and district levels.

## Major highlights this reporting period

- **112,965** women and family members reached through ward level interactions.
- **9,927** FCHVs provided refresher INP training and **7,822** traditional healers oriented on INP.
- **54** VDCs out of 68 declared ODF. During this reporting period, 34 VDCs were declared ODF.
- **9,874** PA viles tested, and **148,100 people** participated on awareness about water safety plan, household water treatment and point of use water treatment.
- **331,983** 1,000 days mothers and family members practiced hand washing in demonstration corners.
- **1,842** people trained in Partnership Defined Quality (PDQ) trainings in 72 low performing health facilities.
- **168** PHC/ORC management committees revitalized and strengthened.
- **2,688** health service providers were trained in healthy timing and spacing.
- Essential equipment and materials provided to 47 health facilities in 9 districts.
- **89,095** community people of trained in **2,063** basic HFP trainings and **1,024** refresher trainings (9,458 male, 79,629 female and 8 third gender), **106,508** seed packets (winter: **39,449**; dry: **31,357**; and rainy: **35,702**) distributed to **66,122** households and **217,802** chicks support to **43,560** HHs (1,000 days mothers and FCHVs).
- **1,654** Village Model Farmers of 9 districts trained.
- **78,290** men engaged through the activities of WLI, food demo and hand washing sessions, tradition healer training and MIYCN sessions; and **6,284** family members including men participated in HFP activities.
- **10,462** DAG households reached through home support visits and counseling to women and family members; and 2,657 (25%) reached with follow-up visits and counseling.
- More than **239** community awareness centers (about 7,975 DAG members) exposed through *Bhanchhin Aama* interactive sessions.
- **467** Peer Facilitators (14% Dalit, 41% Janjati and 7% Madhesi and Muslim) mobilized to reach DAG households
- **13** districts allocated and committed a total of \$136,924 budget for integrated nutrition promotion related activities from VDC block grants.

Suaahara used multiple entry points to reinforce health and nutrition behaviors particularly through home visits and food demonstration programs to reach 1,000 days mothers. The program conducted 48,233 home visits to 1,000 days households and organized 17,363 food demonstrations sessions with women and family member. Food demonstration sessions focused on consumption of protein-rich, high quality foods for child growth. Increment in consumption of nutritious foods is reported from the recent district-level studies,

which showed consumption of meat increased from 24% to 30% and eggs from 21% to 28% from 2013 to 2014.

Suaahara has used innovative and effective triggering tools with due focus on 1,000 days mothers and their families. So far, Suaahara has helped to declare 54 village development committees (VDCs) open defecation free (ODF). In addition, understanding that safe water is a fundamental human need and a key requirement for improving health and nutrition, Suaahara tested 9,874 water samples and found 5,828 (59%) samples to have Coliform: a highly vulnerable situation for the people who use infected water for drinking purpose – particularly for the children under two years of age. Suaahara is working closely with the Government of Nepal to develop post-ODF strategies in order to sustain achievements to date.

Health service promotion activities during this reporting period focused on revising existing training package on Community Based integrated Management of Childhood illness (CBIMCI) and strengthening the quality of health service delivery. In this process, 168 PHC/ORC management committees were revitalized and 98 health facilities were strengthened in 9 districts were provided essential equipment and materials. In addition, 1,842 people were trained in Partnership Defined Quality (PDQ) trainings in 72 low performing health facilities.

This year, Suaahara prioritized village model farms as resource and service centers to reach new as well as DAG 1,000 days mothers. Altogether, 1,654 village model farmers (VMFs) from 9 districts were helped to build capacity and 6,720 DAG households were provided support in building chicken coops. A total of 17,440 directly benefited in 11 low intensive districts through homestead food production activities. This year, the poultry distribution mechanism was strengthened and a total of 217,802 chicks were provided to 43,560 households. Recently the Suaahara district level study revealed that 85% percent of targeted beneficiaries (out of 65 thousand) had homestead gardens with 18.5% having improved gardens and 99.5% reporting reported that they consumed homestead grown vegetables.

The program activities engaged men and other family gatekeepers in health, nutrition and HFP outreach messages and approaches to promote supporting environment for thousand-day women. This has helped to raise discourse on transforming gender roles, reducing work burden and increasing access to and control over resources and decision-making power of women around health and nutrition. A total of 78,290 men were engaged through ward level activities and 10,462 DAG households reached through home visits.

Suaahara significantly escalated social mobilization and governance activities during this period to strengthen and sustain integrated nutrition related initiatives. Thirteen districts allocated and committed a total of \$136,924 budget from VDC block grants and \$105,794 has already been spent for integrated nutrition related activities by five districts.

District level studies were completed with the use of smart phones, the results of which are attached in Annex 1 in the Performance Measurement Plan Table. Suaahara has adopted the use of Save the Children mandated Online Program Management Information System (OPMIS) in order to further streamline and improve efficiency in data management, analysis and reporting.

Suaahara's integrated *Bhanchhin Aama* (Mother Knows Best) communication platform ties together Suaahara's vast scope of objectives and messaging involving multiple sectors and target groups. More than 242 Citizen Awareness Center groups discussed the issues raised in the *Bhanchhin Aama* program facilitated by trained Social Mobilizers using accompanying comic books. According to the 2014 district level study results, half of the people who own a radio are tuning in to *Bhanchhin Aama*. Four out of every five people (81.7%) who listened to the program reported taking an appropriate action related to IYCF and more than half (53.3%) discussed the issues with their friends and families.

# INTRODUCTION

While Nepal has made significant progress towards the achievement of Millennium Development Goals 4 “Reduce Child Mortality” and 5 “Improve Maternal Health”, it remains one of the most undernourished countries in the world. USAID has made significant contributions to health and nutrition improvements in partnership with the Government of Nepal and other external development partners.

USAID’s Suaahara integrated nutrition project seeks to improve the health of pregnant and lactating women and children less than two years of age in 20 districts of Nepal. Suaahara is a comprehensive community-focused program that integrates various sectors – nutrition, hygiene and sanitation, agriculture and health services promotion – in order to address the key factors affecting nutritional status.

The Suaahara project has four primary results areas:

**INTERMEDIATE RESULT 1:** Household health and nutrition behaviors improved

**INTERMEDIATE RESULT 2:** Increased use of quality nutrition and health services by women and children.

**INTERMEDIATE RESULT 3:** Increased consumption of diverse and nutritious food by women and their families.

**INTERMEDIATE RESULT 4:** Strengthened coordination on nutrition between government and other stakeholders.

In addition to the above the results areas, Suaahara has four cross-cutting themes: gender and social inclusion (GESI), social and behavior change communication (SBCC), social mobilization and governance, and monitoring and evaluation.

This report comprises a description of results and activities for the period August 1, 2013 to July 31, 2014.

# PROJECT ACHIEVEMENTS

Suaahara has achieved the majority of its annual project targets. The following sections provide highlights of key achievements during the reporting period (detailed progress against planned activities can be found in Annex 1). The results presented are provisional and are undergoing a validation process. Any updates will be shared in a subsequent document to this report.

## INTERMEDIATE RESULT 1: IMPROVED HOUSEHOLD HEALTH AND NUTRITIONAL BEHAVIORS

### ESSENTIAL NUTRITION ACTIONS

- **112,965** women and family members reached through ward level interactions.
- **16,372** food demonstrations sessions conducted with women and family members.
- **48,233** home visits conducted to 1,000 days households.
- **9,927** FCHVs provided refresher integrated nutrition program (INP) training.
- **7,822** traditional healers oriented on INP.
- **467** peer facilitators trained.
- **50** MIYCN master trainers developed.

### Reaching 1,000 days women and household members

#### *Ward level interactions and home visits*

Suaahara reached 112,965 people (58% thousand-day women and 42% family members) through ward level interactions focused on providing with health, water, sanitation and hygiene and nutrition messages in 3,351 wards. Female Community Health Volunteers (FCHVs) facilitated interactions with participants in coordination with field supervisors using discussion cards and pictorial book. Similarly, to focus on exclusive breast feeding and the timely introduction of complementary feeding, identified as weak areas through routine program monitoring, new pregnant women, and women with infants 3-5 months and 6-9 months were prioritized for home visits. During these visits, Field Supervisors also monitored the status of homestead food production gardens, management of poultry, use of toilet, soap at hand washing station and encouraged listening to *Bhanchhin Aama* radio program. Field Supervisors visited 48,233 thousand days households, with each visiting an average of 10 households per month and among the visits undertaken 17,756 were follow up visit and 10,462 were DAG household visits.

#### *Nutritious food demonstrations*

Suaahara conducted food demonstration sessions to support regular meetings of health mother's groups and to change complementary feeding behaviors at the household level. On average, two sessions were conducted with each health mothers' group. FCHVs and Field Supervisors



*Food demonstration session in ward no. 8, Dhakdhai VDC, Rupandehi*

facilitated 16,372 sessions on the preparation of nutritious foods (e.g., *jaulo*, Sarbottam Pitho *lito*) and puddings (e.g., pumpkin, orange sweet potato and carrot), reaching 331,983 participants (Male, 29,754 and Female, 302,199). The sessions included discussions on benefits of nutritious food for babies after reaching six months of age. The majority of the participants were 1,000 days women, with some family members – husbands and mothers-in-law – joining the programs. Ingredients used for cooking included vegetables and eggs from the beneficiaries' homestead gardens. A hand-washing corner was also set up as a demonstration site to encourage washing hands with soap and water before cooking, eating or feeding.

*"I followed the steps taught during food demonstration sessions and my child has been eating very keenly ... I learnt to prepare nutritious food and the importance of green, yellow and brown vegetables particularly during pregnancy." Radha Baniya, 7-months pregnant, Harmi-7, Makundanda VDC, Rupandehi.*

### Promoting nutritious food through delicious recipes

When Ishwori Shrestha from Sindhupalchok attended the food demonstration session at her health mother's group meeting, she was amazed to see *kheer* (pudding) being prepared from pumpkin. "I never imagined we could prepare *kheer* from fruits and vegetables! This is very tasty," she says. Every few months, Suaahara supports FCHVs to demonstrate a new food recipe with the use of locally available nutritious ingredients to encourage mothers to add variety to their diet as well as that of their children. Many times mothers don't enjoy the taste of orange and green vegetables; such demonstrations are a great way to encourage consumption of nutritious foods at home. The recipes are easy to follow, promote use of locally available food and add a new spin to the taste. Participants of these demonstration sessions do not only watch the cooking process but also help out with washing vegetables, shelling eggs and stirring the pot, thereby gaining hands-on practice. Additionally, all participants try the food to understand the taste and the required consistency. Many mothers like Ishwori Shrestha then go home and prepare it for themselves and their children who are older than 6 months.

### Nutrition-related day celebrations

To raise awareness and to disseminate information through flex print, jingles and rallies, Suaahara celebrated nutrition-related days such as World Breastfeeding Week, FCHV day, World Egg day, World Child day, Iodine month and School Health and Nutrition week in close coordination with district public health offices (DPHOs) and multi-sector stakeholders at the district and community level.

### Building capacity and leveraging different contact points

In coordination with the Nutrition Section, Child Health Division (CHD), Suaahara revised the Integrated Nutrition Actions training manual for use in five new districts where Infant and Young Child Nutrition training was previously conducted. The revised manual, which is now called Maternal, Infant and Young Child Nutrition manual, focuses both on maternal and infant young child feeding (MIYCF) and integrated nutrition actions. Based on the manual, two master training of trainers (MTOT) were conducted to produce 50 master trainers to train multi-sector district stakeholders in new Suaahara districts. Similarly, two-day refresher trainings for FCHVs on integrated nutrition actions to re-enforce key health, family planning, WASH and nutrition messages including new topics such as correct disposal of child feces, role of family in improving nutrition status and active feeding were conducted in collaboration with DPHOs in 18 districts. Health Facility In-charges and Field Supervisors trained 9,927 participants (Male, 214 and Female, 9,713).

Suaahara has expanded efforts to reach 1,000 days households through engaging traditional healers, who are often the first point of contact during illness, and religious leaders

whom many in the community look up to in times of need. Suaahara provided a one-day orientation on integrated nutrition actions, with an emphasis on care for sick children, to 7,822 traditional healers and religious leaders (Male, 6,970 and Female, 852) in 19 districts. Changes such as referring sick children to health facilities and providing nutrition counseling have been reported among traditional healers and religious leaders. Similarly, to mobilize students to spread nutrition and health messages, a two-day INP training was provided to 1,505 (Male, 793 and Female, 712) schoolteachers and child club members in 7 districts. Six day integrated nutrition training was provided to build the capacity of Suaahara field staff to effectively conduct community level activities in 20 districts and to district level staff in Nuwakot, a newly added Suaahara district.

### ***Reaching DAG households through peer facilitators (PFs)***

To increase reach to 1,000 days households of disadvantaged (DAG) areas, Suaahara initiated an operations research project on the mobilization of peers (called peer facilitators) from DAG areas in four demonstration districts – Bajhang, Bhojpur, Rupandehi and Sindhupalchok – in close coordination with Family Health Division (FHD) and CHD. Upon receiving ethical approval from Nepal Health Research Council, Suaahara contracted Valley Research Group, through a competitive bidding process, to conduct the baseline survey from April to May 2014. A total of 467 peer facilitators (Male, 11 and Female, 456) (13% family members such as mothers-in-law, sisters-in-law and husbands) were selected in the demonstration districts. Peer facilitators were trained in a modular approach with the first module completed in all districts and module 2 completed in Bajhang and Rupandehi by the end of this reporting period. After the training, peer facilitators are disseminating messages to 1,000-day women and family members in their community. Suaahara anticipates the first phase of this project to be completed by early 2015, with results being shared to USAID as well as other nutrition stakeholders at the national and district levels.

#### **Caste/ ethnicity of peer facilitators**

<b>Caste/ ethnicity</b>	<b>Number</b>
Dalit	61 (13%)
Janjati	166 (36%)
Bahun Chhetri	163 (35%)
Other Madhesi/ Terai Jaati	67 (14%)
Muslim	10 (2%)
<b>TOTAL</b>	<b>467</b>

## **ESSENTIAL HYGIENE ACTIONS**

- 54 VDCs out of 68 declared ODF. This reporting period 34 VDCs were declared ODF status.
- All 20 districts and 68 VDCs have formulated district and VDC WASH strategy plans.
- **9,874** PA vile tested and **148,100** participated on awareness about water safety plan, HH treatment and PoU.
- **331,938** thousand-days mothers and family members practiced hand washing in demonstration corners.
- Built capacity of **156** V-WASH CCs for better functioning and good leadership.

### ***Institutional strengthening and capacity building***

This year, Suaahara has escalated efforts to strengthen the role of D-WASH CCs and V-WASH CCs to lead efforts to build awareness and accelerate ODF campaigning and

sanitation in their districts and VDCs. Suaahara supported 38 D-WASH CCs and 154 V-WASH CCs meetings and conducted 44 joint monitoring visits with D-WASH CCs and 42 with V-WASH CCs. Suaahara has helped 68 V-WASH CCs to accelerate sanitation and hygiene promotion as a social campaign with particular emphasis on 1,000 days mothers. To formulate strategic sanitation and hygiene plans and make require amendments to existing plans, 20 D-WASH CCs and 68 V-WASH CCs were also supported. Suaahara conducted trainings targeting VDC and community level institutions and individuals: ten child club mobilization events helped to train 1,515 children (Male, 696; Female, 819 and among the total 101 and 1,071 are from Dalit and Janjati ethnic/caste group) on hygiene and sanitation, 78 Community Hygiene and Sanitation Facilitators were mobilized to promote essential hygiene behavior at household level and two local mason trainings were carried out for 19 masons to improve skills to build standard latrines. Comprehensive training on "clean house" concept, post ODF interventions and operational procedure for fourth year was provided to Suaahara's WASH program staff.

### **Promotional intervention**

Suaahara has implemented various promotional interventions at the household level focusing on 1,000 days family with an emphasis on key hygiene behaviors: i) safe disposal of human excreta, ii) hand washing with soap at critical times, iii) water safety and point of use, and food hygiene. It promoted a model sanitation package in 75 households, installed 76 hoarding boards and wall paintings with key messages and conducted 9,917 ward level interactions with 120,169 mothers. It emphasized the issue of safe space and mats to keep children away from germs and dirt.



#### **Protecting from germs and dirt**

Saraswati Acharya from Baglung is a mother of an 18-month-old daughter, Sampada. Not realizing that leaving her daughter on dirty floor would harm her, Saraswati used to go off to work leaving Sampada on the floor. "My daughter used to play with dirt and sometimes even ate filth from the floor. She used to fall sick often and had lost her appetite," recalls Saraswati.

As a 1,000 days mother, when Saraswati participated in training provided by Suaahara, she had a newer understanding about taking care of her child. "I was touched to learn that it is important to keep children safe

from dirt. Thanks to Suaahara, today I am careful about keeping Sampada on a mat. I have even built a fenced area to protect my child from wandering out in the dirt. My daughter is clean, eats properly and does not fall sick often," says Saraswati.

Saraswati is also careful about washing her hands with soap before cooking and feeding Sampada. "I can happily do my household chores knowing that Sampada is protected in a clean fenced area that I have built for her," adds Saraswati.

### **ODF campaigning**

During this reporting period, Suaahara's ODF campaigns concentrated on 48 VDCs, where massive community triggering interventions and mobilization of various stakeholders took place to create awareness at the community and household level. Materials to construct latrines were provided to 4,761 DAG households. Suaahara helped to declare 34 VDCs as being ODF. Considering the short timeframe, this is a great achievement, where 54 (79%) out of 68 VDCs are declared ODF

*"Initially we made latrines but did not use it. Now I feel ashamed! Awareness and internalization is indeed very important. Today after generating awareness everywhere, I believe change is inevitable,"*  
Laxman Rai, V WASH CC member, Bhojpur.

and the percentage of households with toilet facility has increased from 78.4% to 84.4% (District level monitoring report). Three additional VDCs are waiting for approval from D WASH CCs for ODF declaration. In year four, Suaahara will add 53 VDCs in 14 districts for intensive ODF campaigning, following consultations with D-WASH CCs and V-WASH CCs; therefore, intensive ODF programming will extend from 68 to 121 VDCs.

Hand washing with soap

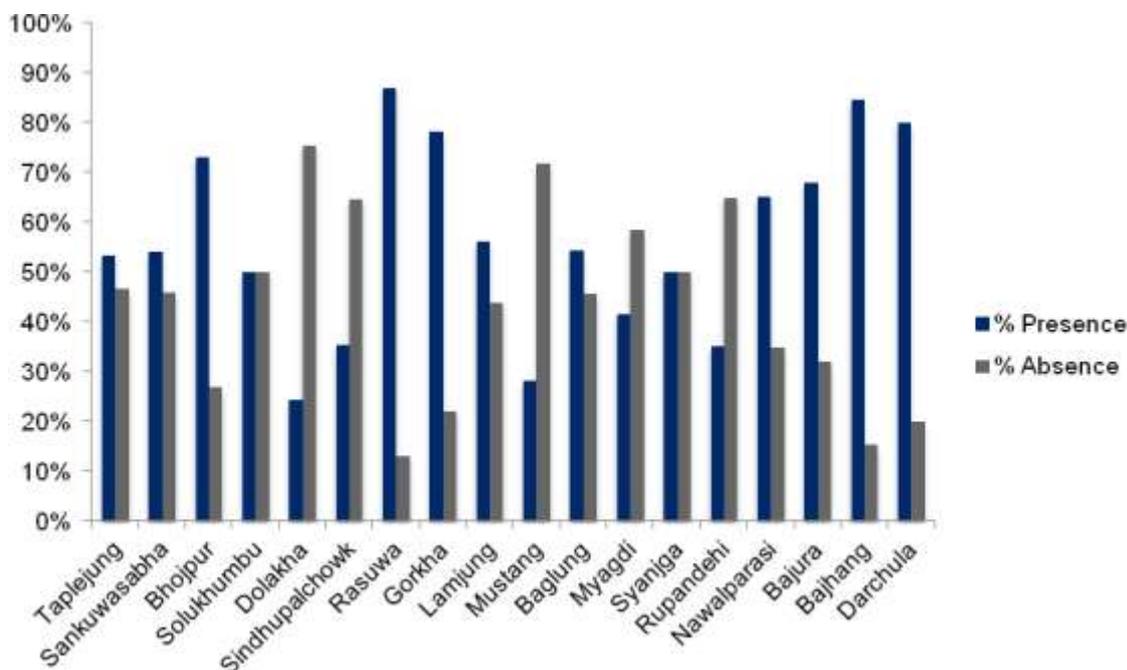
Suaahara is integrating messages about hand washing with soap during critical times in interventions such as trainings, interactions, household visits, food demonstrations, food fares, local festivals, meetings, *Bhanchhin Aama* radio program, hoarding boards, wall painting etc. and many times through establishment of hand washing corners. 331,938 mothers and their family members participated in hand washing corners.

Water safety and point of use water treatment

Safe water is fundamental human need and a key requirement for improving health and nutrition. Suaahara used Presence/Absence (PA) vial tests to demonstrate and create awareness towards the status of the quality of water being used for drinking. Suaahara tested 9,874 water samples and found 5,828 (59%) samples to have coliform – a highly vulnerable situation for the people who use such water for drinking purpose, particularly for the children under two years of age. The figure below shows the results of the P/A tests by district.



Showcasing the result of PA vial test to stakeholders



This has resulted in creating awareness of the importance of point-of-use water treatment at the household level as a short-term measure and in mobilizing community members to advocate for V-WASH CCs to prioritize water safety in the long term. Moving forward, Suaahara will be exploring how to more effectively address water management in its districts, in coordination with local WASH stakeholders.

**National initiatives**

Suaahara played a critical role in the organization of the Fifth South Asian Conference on Sanitation and the second Joint Sector Review event on WASH, with staff providing much needed technical and management support to the organizers. The Government of Nepal, Ministry of Urban Development acknowledged Suaahara's contribution with an appreciation letter. Similarly, Suaahara was actively involved in other initiatives such as Hygiene and Sanitation Master Plan 2011 revision, Master Plan Operational Guideline finalization, Terai WASH promotion strategy formulation, ongoing ODF status monitoring, post ODF strategy development and WASH Act formulation. Suaahara worked with other sector partners at the central level, feeding field learning into the ongoing initiatives to improve the national policy and strategy.



**Understanding the importance of simple behaviors for lasting impact**

Tara dropped out of 11<sup>th</sup> grade to marry Deepak and moved with him to Sankhuwasabha District in Eastern Nepal. Almost immediately thereafter, she became pregnant – her daughter Ayushma is now 15 months old. In her new home, family did not have toilet and defecated in their field. “Before, I did not know that diseases spread when you defecate in the fields,” Tara says. At that time, her daughter, Ayushma, as well as her family suffered from frequent illness. “We oftentimes had fever and diarrhea,” Tara adds.

Things began to change when Tara started attending Suaahara trainings in which she learned about health and nutrition. After participating in the trainings, Tara understood the importance of washing hands with soap and convinced her family to do the same particularly after using the latrine, before eating and preparing food. “I always make sure to wash my hands with soap before feeding Ayushma. We are sick less often,” Tara reports. Following the trainings, Tara and Deepak also constructed their own latrine.

Inadequate knowledge about health and nutrition practices, poor hygiene behaviors and social exclusion affected the health and nutrition status of Tara’s family as much as access to nutritious food does. Tara and Ayushma are two of thousands of women and children to benefit from Suaahara integrated approach to addressing the multiple causes of poor nutrition.

## INTERMEDIATE RESULT 2: INCREASED USE OF QUALITY NUTRITION AND HEALTH SERVICES BY WOMEN AND CHILDREN

- **1,842 participants (Male, 584, Female, 1,257 and Third gender, 1)** people trained in Partnership Defined Quality (PDQ) trainings in 72 low performing health facilities
- **168** PHC/ORC management committees revitalized and strengthened
- **2,688** health service providers were trained in HTSP
- Essential equipment and materials provided to **47** health facilities in 9 districts

## BUILDING CAPACITY OF HEALTH SERVICE PROVIDERS

In order to strengthen the quality of health services, Suaahara in coordination with different divisions of the Government of Nepal, organized a workshop in 19 District Health Offices. Nutritional status of women and children under two years of age and district specific issues were identified, discussed in the workshop and based on priorities action plan for each health facility was developed. Altogether 1,567 participants partook in the workshop. Suaahara also supported CHD in its efforts to reinforce the community-based integrated management of childhood illness (CB-IMCI) package through basic and refresher trainings to health workers. A total of 84 health service providers were trained on basic IMCI. Likewise, 176 providers were given refresher training on revised CB-IMCI manual in 2 districts.

## IMPROVING QUALITY OF HEALTH SERVICE DELIVERY

With an aim to strengthen the quality of health services, Suaahara conducted four-day PDQ workshops in 72 low performance health facilities of 10 districts where a total of 1,842 people (Male, 584; Female, 1,257; Third Gender, 1) participated. During the workshop, participants developed action plans to solve identified priority issues. To review action plans, follow up workshops after six months in coordination with District Health Office were also conducted for HFOMC members where a total of 1,074 participants from 79 health facilities of 10 districts participated. Meetings were also organized to link HFOMCs with VDC councils for resource generation. Suaahara supported essential equipment and materials (e.g., hand washing equipment, medical equipment) to 98 health facilities of nine districts.

HFOMCs capacity-building trainings were conducted at the central, district and health facility levels, which sought to strengthen the capacity of HFOMCs to reach marginalized communities and make health services more inclusive. Routine monitoring and supervision were carried out to ensure that the HFOMC members are carrying out their roles and responsibilities effectively with all members given equal opportunity in planning and decision making processes.



CDO and DPHO Baglung inaugurating the GPM program

Suaahara in close collaboration with Gender, Policy and Measurement (GPM) Program, selected six pilot VDCs in Baglung, under the leadership of the District Public Health Office, to carry out pilot program that incorporates a GESI focus into the existing HFOMC process. The GESI-integrated HFOMC training was delivered in all six pilot VDCs and Community Engagement Approach (CEA) training in three identified VDCs. One-day orientations on CEA were delivered to Community Mobilizers such as FCHVs, Social mobilizers, teachers and other community volunteers, who will further carry out outreach activity at the community level. Two-day HFOMC review workshops were held to facilitate the proper assessment of HFOMC's work and to promote self-evaluation.

### Delivering Better Health



Thirty-five year-old Malla Devi Joshi delivered her baby in Deulekh Primary Health Center in Bajhang with the help of Auxiliary Nurse Midwife (ANM) Shyamkala Panthee. Women come from far and wide to the Deulekh Primary Health Center, some even from the neighboring districts. The Deulekh Primary Health Center has not always been sought out for quality service delivery. Before Suaahara began organizing Mothers' Group meetings for pregnant women and new mothers throughout Bajhang District, many women did not understand the importance of delivering in a health facility, and instead delivered at home. Suaahara has contributed to improving the quality of services provided

in the health center by training the ANMs, including Shyamkala, on skilled birth attendance, as well as on nutrition and family planning counseling. Suaahara also conducted a PDQ workshop to improve the quality of health service delivery in Deulekh. Health service providers, community members, and HFOMC members participated in the workshop to identify health service problems and seek solutions. Today they have a clean and equipped birthing center thanks to the workshop. Deulekh Primary Health Center has made great strides in improving maternal and newborn health, despite prevailing cultural practices that impede the health center's work. Slow, careful counseling and outreach activities are giving rise to a new culture of maternal health and infant vitality.

## INCREASING ACCESSIBILITY OF NUTRITION AND HEALTH SERVICES

In order to revitalize PHC/ORC services, Suaahara, under the leadership of FHD, implemented two-day district level orientations in seven districts where 249 participants partook. After successful completion of this orientation, respective Health Facility In-charges conducted one-day interaction programs with community leaders, teachers, traditional healers, influential person, 1,000 days mothers and FCHVs at the ward level to reactivate and strengthen ORC services. During the interaction program, PHC/ORC management committees were also reformed. This interaction was conducted in 168 PHC/ORC clinics of the seven districts. Following this activity, to build the capacity of HFOMC/ORC members, a two-day orientation was also conducted in 64 VDCs.

## IMPROVING HEALTHY TIMING AND SPACING OF PREGNANCY

In order to improve counseling services of health service providers on nutrition and HTSP, Suaahara completed a second batch of master training of trainers in Kathmandu. The trainers then provided district level HTSP orientation to 220 service providers in 13 districts, who went on to provide three days roll out HTSP orientation to a total of 2,688 service providers in 18 districts. During these orientations, family planning compliance orientation, as required by USAID, was also provided. An eight-day training on Intra-Uterine Contraceptives Device was conducted in close coordination with the National Health Training Center (NHTC), FHD and CFWC, to four health service providers of Mustang and Dolakha districts. To create awareness at service delivery points and household level, various IEC materials related to FP and HTSP (FP counseling kit, HTSP brochures and HTSP posters) were developed under the leadership of NHEICC and FHD and distributed in all Suaahara districts.

### A small strategic workshop leads to a big collective outcome

With no building, land or health facility in-charge of its own Earkot sub-health post in Darchula was functioning poorly from the VDC office building. With absence of its own toilet and waste disposal place, Earkot was having major problems with waste management. This was few months ago, today Earkot has its own land and is planning to build a building and establish birthing center.

As part of improving low performing health facilities, Suaahara program conducted a PDQ workshop where local community members, health service providers and government agencies were brought together to identify health service problems and seek collective solutions. As a result of the workshop, the District Health Office in the Earkot sub-health post assigned a health facility in-charge. Health staffs were mobilized to weed out the waste disposal pit and make it functional. Suaahara supported the health post with health equipment such as blood pressure measuring instrument, digital thermometer, baby weighing machine, ENT (ear, nose and throat) checking instruments, and buckets with tap and basin for washing hands.

Bisan Singh Thagunna and Raghubir Thagunna, locals from Earkot VDC who also participated in the workshop were moved to action and committed to provide land for the sub-health post. "As a local resident of this VDC, I was not aware of the problems our health facility. A heartfelt thanks to Suaahara for making us aware about the fact that community is equally responsible in delivering and maintaining quality health services," shared Raghubir Thagunna. Today Earkot sub-health post has 1526.5 sq meter of land and is striding ahead to deliver quality health services with the support of locals such as Thagunnas.

## INTERMEDIATE RESULT 3: INCREASED CONSUMPTION OF DIVERSE AND NUTRITIOUS FOOD BY WOMEN AND CHILDREN

- **221 DAG** VDCs selected in 10 districts for implementation of HFP activities.
- **17,440** direct HFP beneficiaries reached in 11 low intensive districts.
- **89,095** community people trained in 2,063 basic HFP training events and additional 1,024 were reached through refresher trainings (9,458 male, 79,629 female and 8 third gender)
- **106,508** seed packets (winter: **39,449**, dry: **31,357** and rainy: **35,702**) distributed to **66,122** households and **217,802** chicks support to **43,560** HHs (mothers of 1000 days and FCHVs).
- **1,654** Village Model Farmers of 9 districts provided 5 days VMF capacity building training.
- **11,156** DAG HHs were identified out of which **6,720** HHs received support in building chicken coops
- **99,683** saplings of orange-fleshed sweet potato support to households through garden to plate approach.

## REINFORCED GOOD MANAGEMENT PRACTICES IN BACKYARD POULTRY

Since 2012, Suaahara has supported households to rear productive chicken breeds such as New Hampshire, Black Australorp and Giriraj with high egg production capacity. However, these breeds can perform well only if the poultry owner adapts and follows improved management practices. To reinforce good management practices for quality production and to minimize poultry mortality and diseases, two-day HFP refresher trainings were conducted

in nine HFP intensive districts. A total of 61,798 community people (41,304 1,000 days mothers, 3,986 FCHVs and 1,6044 family support members including male members) were informed on bio-security measures in back yard poultry and permanent gardening.

## INITIATIVES FOR DEVELOPMENT OF VILLAGE MODEL FARMERS AND FARMS

Suaahara is supporting the development of village model farms, which are demonstration plots of a 1,000 days mother with improved homestead food production. They serve as centers of innovation and information on nutrition and agriculture. The owner, who develops the village model farm, is known as Village Model Farmer (VMF). With the objective of providing extension advice and nutritional education at the community level through the VMF, Suaahara conducted five-day capacity building trainings in nine HFP intensive districts this year. A total of 1,654 VMFs enhanced their capacity in communication, leadership and social mobilization skills that are essential for VMFs to lead homestead food production beneficiary (HFPB) groups and to be agricultural resource centers at the community level.

## SUPPORT IN MUSHROOM PRODUCTION

Suaahara supported the production of mushrooms as an alternative to poultry farming and as a potential income-generation activity among households that do not accept culturally the practice of raising poultry. One-day orientations on mushroom production were provided to Field Supervisor during staff meetings at the district level. Field Supervisors rolled out the trainings with intensive demonstrations in coordination with technical staff from the DADO/ASC. A total of 970 HHs in Bajhang Bajura, Darchula, Sankhuwasabha and Taplejung received mushroom production training and four bags of mushroom spawn and five plastics to produce mushrooms at home.



Male member of HH harvesting mushroom,

## SCALE-UP PRODUCTION OF ORANGE FLESHED SWEET POTATO

Orange fleshed sweet potato is a crop with multiple benefits: it is easy to cultivate, both leaves and roots are edible and it is rich in vitamin A. Saplings of orange fleshed sweet potatoes were brought from village model farms of Kailali district (one of the USAID-funded Action Against Malnutrition through Agriculture Project farms) and provided to selective households of Rasuwa, Dolakha, Sankhuwasabha and Taplejung to produce saplings to distribute in other households. Out of 99,683 cuttings distributed this year, 80% are produced in districts, with only 20% are transported from Kailali. VMFs are supplying cuttings of the sweet potato for other 1,000 days households.

### Becoming a better farmer and a mother



Chameli B.K., 21, from Dhunhe VDC in Rasuwa is a mother of two sons. Chameli had little idea about nutritious vegetables and farming. She owns a small portion of land that used to be barren most of the time and she had to buy vegetables from the market. After receiving training on homestead food production, Chameli's garden is filled with varieties of green and yellow vegetables. She has even borrowed a piece of adjacent land for farming. Before Suaahara, Chameli didn't know about exclusive breastfeeding; she introduced other foods to her first son when he was just three months old. Chameli knows better now! She

exclusively breastfed her second son, and unlike before, when she thought that feeding children with green vegetables increased the chances of diarrhoea, stomach ache, and vomiting, she feeds her one-year-old son nutritious porridge – prepared with green and yellow vegetables grown in her home garden.

## JOINT SUPPORT THROUGH COORDINATION

In order to reduce the potential of chickens contracting Newcastle disease, Suaahara carried out poultry vaccination campaigns in Jiri VDC of Dolakha; and Dandajheri, Ruchang and Bhirkot VDCs of Nawalparasi in coordination with District Livestock Services Office (DLSO). About 8,000 and 10,000 poultry birds were vaccinated against Newcastle diseases in Dolakha and Nawalparasi respectively. In addition, Suaahara, in coordination with the DLSO, distributed medicine for the treatment of internal parasites for 500 chicks in Rasuwa and Solukhumbu. Similarly, Suaahara supported Silpaulin plastic to construct 16 plastic houses while DADO provided support for 42 plastic houses in Mustang. In Manang, nine VMFs were supported with silpaulin plastics to construct plastic houses.

## SUPPORT TO UTILIZE VDC BLOCK GRANTS ON CHICKS' DISTRIBUTION

A two-day orientation program on improved management practices and distribution of chicks was provided in Suspa VDC of Dolakha under the leadership of VMFs. Fifty new 1,000 days mothers participated in the orientation program with representatives from VDC, Red Cross and the health post. Two hundred birds of Giriraja breed (approximately NPR 70,000) were distributed to 50 new 1,000 days mothers of Suspa VDC from the allocated VDC block grant.

### A couple's bravery for change transforms community's nutritional behavior



Deepak and Dhana with son Parshurams showing eggs from their poultry

In the remote Kaluketi village of the far-west corner of Bajhang district in Nepal, the Joshi family, *Bahun* (Hindu priest) by caste – traditionally forbidden to eat eggs or meat – is going against their custom for the health of their family. Suaahara works to improve nutrition and health status through an integrated approach that includes communication activities to change behavior such as *Bahun* individuals' abstinence from consuming animal source foods rich in nutrients.

"Before we became involved in the Suaahara Program," Deepak Raj Joshi says, "we never even heard the sound of chickens." Today, Deepak Raj and his wife, Dhan Laxmi, own seven large chickens. They feed their 17-month-old son, Parshuram, eggs and meat frequently. Dhan Laxmi Devi, who breastfeeds Parshuram in addition to giving him nutritious solid foods, also regularly eats eggs and meat.

Deepak and Dhan defied traditions that had been undisputed for centuries to become the first parents in their community to accept the chickens from Suaahara. With the family support, the Joshi couple remained resolute and decided to resist their neighbors' criticism and raise chickens.

Almost immediately, the Joshis saw the benefits of their unpopular decision. Deepak says, "Our second baby looks bigger and healthier than our first did." Dhan Laxmi adds, "He is also smarter and has never suffered from a serious illness."

Witnessing the benefits that poultry brought to the Joshi family, today, all nine *Bahun* households in the community that are home to 1,000 days mothers have their own chickens. Many other *Bahun* families in the community have started raising chickens and consuming chicken products as well. Deepak and Dhan Laxmi's bravery and vision to defy tradition to raise chickens and consume their products has inspired better nutrition practices in the whole community.

## INTERMEDIATE RESULT 4: STRENGTHENED COORDINATION ON NUTRITION BETWEEN GOVERNMENT AND OTHER STAKEHOLDERS

### COORDINATION AND LINKAGE AT THE NATIONAL LEVEL

Suaahara continued coordination, collaboration and support at the national and district levels between multi-sector stakeholders on nutrition issues. On the technical side, Suaahara participated in national technical committees, technical working groups and relevant working groups of the National Planning Commission. Suaahara supported the Regional Nutrition Advocacy and Review Meeting in the Central and Western regions under the leadership of Nutrition Section, CHD. Suaahara has reflected its annual work plan with the budget in the Red Book for the fiscal year 2070-71 and has provided quarterly updates for activities planned in the fiscal year 2060-70. The program has coordinated with various implementing partners through the Emergency Nutrition Cluster, IYCF Core Group and Nepal Nutrition Group.

Suaahara was also involved in post ODF strategy working group, joint sector review, and sanitation and hygiene master plan 2011 revision process, and WASH team under the Ministry of Urban Development. Likewise, Suaahara also facilitated consultative meetings with Livestock Division and Quality Control Division, National Agriculture Research Council (NARC) under the Ministry of Agriculture and Cooperative.

Similarly, in order to strengthen multi-sector program implementation, Suaahara facilitated its Project Advisory Committee meeting where the Secretary of Ministry of Health and Population, Dr. Praveen Mishra, along with other representatives from the government participated and expressed their support to enhance coordination and collaboration for effective implementation of Suaahara's integrated nutrition program. In the meeting, USAID Mission Director Beth Dunford and Shanda Steimer, Director Office of health and family planning were also present. Suaahara also collaborated with many external development partners/ donors that are working to improve nutrition in Nepal, including the World Bank (1000 Golden days), the World Food Program, UNICEF, KISAN, CIMMYT, Nepal Agriculture and Food Security Project and Nepal Nutrition Innovation Lab. Suaahara has been collaborating closely with the Nepal Nutrition Innovation Lab in order to ensure research and methodological approaches of each project are consistent. An example of this collaboration is the Frontline Worker Study that Suaahara has been developing jointly with the Nepal Nutrition Innovation Lab, whereby we are collaborating on methodologies, questionnaire development and analytical techniques.

## REGIONAL AND DISTRICT LEVEL COORDINATION

Suaahara has directly supported Regional Annual Health Review Meetings in all four clusters as well as numerous regional and district level activities on health, nutrition and WASH issues. Suaahara also presented its achievements and plan at district level Multi sector Nutrition and Food Security Steering Committee meetings. District Development Committees have circulated the letter for the establishment of VDC-level Multi-sector Nutrition and Food Security Coordination Committee as per the Multi-Sector Nutrition Plan. Suaahara is facilitating these committees at the district and VDC level for regularization and institutionalization of the meetings. Suaahara has faced a number of challenges when engaging these committees at the district and VDC levels. In remote VDCs, Government staff are often not present causing day to day management of activities difficult. In addition, agriculture service providers have to cover a broad geographic area, making it difficult for them to routinely attend meetings. Besides the VDC block grant mobilization, VDC leadership has shown strong encouragement for INP among VDC-level groups, including Ward Citizen Forums.

# CROSS CUTTING THEMES

## GENDER EQUITY AND SOCIAL INCLUSION

- **78,290** men engaged through the activities of WLI, food demonstration and hand washing sessions, tradition healer training and MIYCN sessions; and **6,284** family members including men participated in HFP activities.
- **10,462** DAG households reached through home support visits and counseling to women and family members; and **2,657** (25%) reached through follow-up visits and counseling.
- **1,654** (21% DAG) VMF trained and developed leadership for HFPB
- **6,720** DAG HH for coop construction and **4,723** for toilet construction received material support
- More than **239** Community Awareness Centers (about **7,975** DAG members) exposed through an interactive sessions of *Bhanchhin Aama* radio and social mobilization.
- **467** Peer Facilitators (14% Dalit, 41% Janjati, and 7% Madhesi and Muslim) mobilized to reach DAG households

Suaahara actively engages men and other family influencers to build a supportive environment for 1,000 days mothers and children. Key topics discussed with these individuals include the transformation of gender roles, reduction of workload for women and increasing access and control over resources. In particular, the Blanchhin Aama radio program has proved to be a useful medium for changing existing social norms, as it portrays women from DAG communities as knowledgeable, empowered and confident. Suaahara has incorporated GESI indicators into its district level surveys, and in-depth analysis is being done to measure the degree that we have been able to influence these indicators and reach DAG households. Suaahara ensures that all trainings, materials developed and other interventions incorporate a GESI perspective. For example, Suaahara has succeeded in getting a GESI component incorporated into the HFOMC curriculum to increase its members' responsiveness to the needs of women and other marginalized groups. To ensure integration of GESI perspective into all program activities, Suaahara field staff are provided orientation on an updated GESI program tool. Suaahara is also coordinating GESI activities with other USAID-funded projects, development partners and GESI units of concerned ministries.

## REACHING OUT TO DAG HOUSEHOLDS AND COMMUNITIES

DAG mapping information was used to take a number of affirmative actions to reach them and increase their participation in program activities. The Peer Facilitator intervention (described above) seeks to increase the reach and coverage by Suaahara in DAG communities. To support the most marginalized households, material support for coop and toilet construction was provided. Social mobilization and radio listeners' group discussions have prioritized working through Community Awareness Centers and Ward Citizen's Forums, as individuals from DAG communities are more likely to participate in activities through these community groups. In addition, the voice and reflections of DAG women and men are collected through PDQ process and reflected in action plan to improve the quality of health services.



### An ideal father and a husband

Bina Thami, 25, from Dolakha (east of Kathmandu) is happily married to Khadga Bahadur Thami. While it was an arranged marriage, Bina says she could not have chosen a better husband herself. They have three kids – the youngest, Ayushma, is 18 months old. As a thousand days mother, Bina participated in trainings provided by USAID-funded Suaahara program. Suaahara encourages an enabling environment to support positive nutritional outcomes and as such involves decision makers of the family, either in-laws or husbands, in the trainings. Bina's mother-in-law participated in the trainings provided by Suaahara, "My mother-in-law encourages me to practice what we learnt in the training, she is very supportive and helpful and I also make sure to share what I learnt to my husband," reveals Bina.

"I feel fortunate to have learnt new things thanks to my wife and Suaahara, and I want to play my part to help my wife and my children. Sometimes, when Bina forgets to wash her hands before feeding Ayushma, I remind her and she does the same when I forget," says Khadga. Khadga is a caring father and a supportive husband. It is inspiring to see Khadga maintaining gender equity at home by helping in household chores, making nutritious food available and giving decision-making autonomy to his wife. Khadga prepares food, carries water, and helps in taking care of children among many things. He helped to build strong coop at home after being advised by his wife and has taken decision on family planning as well. "I tell my friends about helping their wives at home and share my new knowledge to them from exclusive breastfeeding to making nutritious porridge and maintaining hygiene and sanitation," shares Khadga proudly.

Khadga is indeed an exemplary father and husband – precisely the sort of role model that Suaahara is trying to promote in thousand days households to ensure all-round support in improving the health of mothers and babies.

## SOCIAL MOBILIZATION AND GOVERNANCE

- 13 districts allocated and committed a total of \$136,924 budget for integrated nutrition promotion related activities from VDC block grants.
- \$105,794 was spent for integrated nutrition related activities by five districts during the fiscal year 2070/71 and \$31,130 is planned to be used by eight districts in the fiscal year 2071/72.

### MEETINGS AND ORIENTATION

Multi sector and Food Security Steering Committee meetings were continued in 19 districts as planned and orientation on INP for multi-sector district level stakeholders completed in 18 districts. Similarly, 875 VDCs (92% of total working VDCs) have formed VDC-level Nutrition and Food Security Steering Committees and 208 (99% of total DAG VDCs) VDCs were provided orientation on social mobilization and governance. Three-day orientation programs, in coordination with District Development Committees, were completed in 19 districts where 989 Field Supervisors and Social Mobilizers participated. Thousand days mothers and members of 1,628 Ward Citizen Forums were also provided orientation on social mobilization and governance. Seven districts accomplished quarterly reflection and capacity building orientations for selected 3,195 Community Facilitators. A two-day orientation on child friendly local governance was conducted in Nawalparasi where 139 people participated. Discussion sessions on Suaahara, using the REFLECT method along with Bhanchhin Aama radio program, were organized in Citizen Awareness Centers of 239 DAG VDCs.

### ALLOCATION OF VDC BLOCK GRANT FOR INTEGRATED NUTRITION PROGRAM

Advocacy activities at the district, VDC and community levels have resulted in 13 districts allocating and committing budget for INP-related activities from VDC block grants. The total allocated and committed amount is \$136,924 (July 2013/June 2014 and July 2014/June 2015). \$105,794 is already used for INP related activities in fiscal year 2070/71 and \$31,130 is planned to be spent in the fiscal year 2071/72. The funds will be used for promotional activities to support 1,000 days mothers, Primary Health Care Center/ Outreach Clinic, vaccination for poultry, HFP training, improved cooking stove installation and seed distribution to 1,000 days mother who are not covered by the Suaahara program, one home garden (vegetable) initiative, integrated nutrition related activities, birthing centers, ODF activities, and organic farming.



Poultry vaccination At Syafru from VDC block grant Coordination with DLSO

### STRENGTHENING THE CAPACITY OF WARD CITIZEN FORUM AND CITIZEN AWARENESS CENTER

INP related messages are being discussed in 1,628 Ward Citizen Forums and 239 Community Awareness Centers on a fortnightly, monthly and quarterly basis. Such initiation helps community members (especially those from DAG communities) to understand the importance of nutrition for 1,000 days mothers. Members of Ward Citizen Forums and Community Awareness Centers are identifying, recommending and advocating for 1,000

days mothers' and children's' needs and priorities as well as sharing their knowledge to their friends, relatives, affiliated groups, cooperatives and other community based organizations. This has helped to raise awareness to actively participate in VDC planning process for the purpose to increase 1,000 days mothers' access and control over VDC block grants. This practice ultimately will contribute to the sustainability of the project initiatives.

#### **Towards nutritional sustainability**



Suspa VDC, Dolakha has taken a step forward towards nutritional sustainability. With the support of Mahila Samaj (Women's Society) and Suaahara, the VDC block grant of NPR 50,000 (\$520) allocated for women was utilized to provide training on homestead food production and poultry management, along with seeds and brooded chicks distribution. Around 50 households with new mothers received this support. Women took matters into their hands to ensure that they have access to diversified diet during the critical 1,000 days period.

Suspa VDC is a great example of how communities are empowered to take ownership and seek local resources for sustainability. Instances such as this are being seen elsewhere too. Suaahara is advocating helping women and disadvantaged communities increase their access to the block grant for integrated nutritional program.

## MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING (MEAL)

### RESULTS MONITORING THROUGH DISTRICT LEVEL STUDIES

Suaahara conducted the second round of district-level monitoring studies to assess the progress made on results level indicators. Field staff used smart phones to collect all study data, reducing the time from initiation of data collection to topline findings from six months to two months. In order to cater the program needs, modules on women's work load and decision making, *Bhanchhin Aama*, women's affiliation to different groups, and iodized salt (upon request by CHD) were added to the questionnaire. While the MEAL team facilitated the process, cluster and district teams were actively involved in taking lead to train Field Supervisors, monitor data collection and maintain the quality of the data. District stakeholders (from the Government and other non-governmental organizations) of respective districts also participated in the training and provided supervision support during data collection.

Key project-related findings from rounds one and two could be found in the Performance Measurement Plan Table (Annex 1). The findings from the second round proved instrumental in program planning for year four, both at the district and national levels. Further in-depth analysis of the year two study will be conducted.

### SCALING UP OPMIS

Suaahara has adopted the use of Save the Children mandated Online Program Management Information System (OPMIS) in order to further streamline and improve efficiency in data management, analysis and reporting. Based on a pilot test conducted in February and March 2014, the system was scaled up in all districts in April 2014. To enable partner NGOs, district and cluster teams to use OPMIS, a four-day initial training was organized. Following this, a one-day OPMIS refresher training was conducted to orient and support the users to ensure timely data entry and use of the results. By using an online system, data reporting from the district level has become more efficient and timely. Built-in

auto check mechanisms have helped improve the quality of data. In addition to this, all Suaahara staff and partner agencies can view reports so as to increase the access and transparency of achievements made by Suaahara.

## PILOTING PERCEIVED IMPACT THROUGH THE MOST-SIGNIFICANT CHANGE TECHNIQUE (MSC)

The MSC technique is a form of participatory monitoring and evaluation. It is participatory because many project stakeholders are involved both in deciding the sorts of change to be recorded and in analyzing the data. It serves as an effective form of monitoring as it provides rich qualitative information on the impact or changes made by Suaahara based on beneficiaries' perception and understanding. Suaahara has planned to focus MSC in year four to support in program monitoring, complement the district-level study findings, process evaluation and outreach communication. Workshops, field visits, stories vetting and printing are planned for year four.

## PROCESS EVALUATION STUDIES

The Suaahara program has a strong quasi-experimental impact evaluation in order to produce rigorous evidence regarding the impact of the intervention. However, this impact evaluation needs to be complemented by an evaluation of the Suaahara implementation process to fill key gaps in knowledge on why and how the Suaahara interventions achieve their intended results and help fill global knowledge gaps regarding how and why integrated agriculture, health and nutrition programs do or do not achieve their intended outcomes.

An initial process evaluation plan was prepared in March 2014. The focus of the plan is on understanding the relationship between program inputs and outcomes as well as utilization of the program by Government counterparts and other stakeholders. Process evaluation studies (e.g., Frontline Work Study, Media Reach Study) will be conducted to cover various aspects of both of these topics. With support from external technical, Suaahara is refining its program impact pathways to ensure that all implementation activities and their anticipated change pathways are captured.

## SOCIAL BEHAVIOR CHANGE COMMUNICATION

### BHANCHHIN AAMA CAMPAIGN

Suaahara launched the *Bhanchhin Aama* (Mother knows best) communication platform, which ties together Suaahara's vast scope of objectives and messaging involving multiple sectors and target groups. The *Bhanchhin Aama* community level and mass media campaign utilizes a trusted, knowledgeable friendly mother-in-law character to model and promote positive behavior change. The logo branded with her image is on all Suaahara's materials, including posters, pamphlets, hoarding boards, games, and toolkits so the program has 'one look'. A *Bhanchhin Aama* campaign field activities guide was piloted and is now integrated into field-level activities to be carried out in the coming year. The field activities include key life events for the enrolment of new 1,000 days women and families, and the implementation of activities to promote the consumption of diverse foods, among other activities.



## BHANCHHIN AAMA RADIO PROGRAMS

Suaahara broadcasted more than 30 episodes of the twice-weekly *Bhanchhin Aama* radio drama and *Hello! Bhanchhin Aama* phone-in radio program in three different languages. Based on a multi-sector government-endorsed design document, these programs aim to generate discussion at the household and community levels to facilitate and sustain behavior changes, and cover a broad range of topics relating to maternal and child health and nutrition, including infant and young child feeding, hygiene and sanitation, and family planning. The program is popular. Each radio episode has generated an average of 1,600 responses. According to the 2014 district-level study results, half of the people who own a radio are tuning in to *Bhanchhin Aama*. Of the whole population, 28% have listened to the program. For those who listen, the program is having an impact: Four out of every five people (81.7%) who listened to the program reported taking an appropriate action related to IYCF and more than half (53.3%) discussed the issues with their friends and families.

"I like this show very much and I never miss it. Earlier I didn't know many things about how to bring up children, but after listening to this program, I have started being conscious about it. This show has really become fruitful to me in bringing up my little daughter." *Uma B.K, Ghanapokhara, Lamjung*



Radio discussion group in Rupandehi

## RADIO DISCUSSION GROUPS AMONG MARGINALIZED

In coordination with the Ministry of Federal Affairs and Local Development, more than 551 Citizen Awareness Center groups discussed the issues raised in the *Bhanchhin Aama* program facilitated by trained Social Mobilizers using accompanying comic books. To increase discussion on issues raised in the radio program among marginalized groups, *Suaahara* directly supports 239 bi-weekly Citizen Awareness Center groups.

## MEDIA ADVOCACY

Meetings and update program with media personnel were held in almost all Suaahara districts to generate coverage on integrated nutrition related issues and activities.

### Learning from the radio



Sarala and Anil (husband and wife) from Sankhuwasabha district regularly listen to *Suaahara's Bhanchhin Aama* (Mother Knows Best) radio program, which has helped to increase their knowledge of appropriate maternal and child nutrition practices. In particular, the program has inspired Anil to be a more supportive husband and father. From the program, Anil learned about the importance of adequate rest during pregnancy and ensuring that his wife has time to breastfeed their daughter as needed. Anil has also tested his knowledge by participating in the *Hello! Bhanchhin Aama* radio program's weekly quiz.

Anil has become a strong advocate of *Suaahara*, and actively encourages his wife and friends to participate in *Suaahara* activities.

# MANAGEMENT

## HUMAN RESOURCES

Following an extensive search, Suaahara has hired Ms. Laura Brye as Senior Technical Advisor, which will be effective from September 1, 2014. Ms. Brye brings many years for work experience with USAID and has worked in the field of international nutrition, public health, WASH, management of acute and chronic malnutrition and monitoring and evaluation.

Recognizing the need for regular financial monitoring of partner NGO operations and to assist in their capacity building, Suaahara opened positions for Finance Monitoring Officer in each cluster office. A WASH Officer was hired in Rupandehi and Nawalparasi District Offices considering the intensive WASH activities there. Likewise, in Bhojpur, an Agriculture Officer was hired at the district office. Save the Children is now managing Parbat district and a new local NGO was selected, through a competitive process, to work with Suaahara. A new District Coordinator and Junior Finance and Administration Officer will be hired soon for the Parbat district office. In the five new Suaahara districts (Baitadi, Dadeldhura, Doti, Accham, and Nuwakot), offices have been established and all the required staffs have been hired.

Suaahara's internship program is ongoing. The first batch of nine interns (Male, 5 and Female, 4) completed their internship assignment with Suaahara in May 2014 after a one-year program. The core areas that they worked in were monitoring and evaluation, SBCC, Administration and Finance/Finance, WASH, and agriculture. Most of the interns have managed to land jobs in non-profits organizations as well as with the Government. The second batch of eleven interns (Male, 5 and Female, 6) have started their internship effective from March 2014 and are placed in different Suaahara districts and cluster offices. A selection process is under way to hire third batch of interns to start from September 2014.

## STAFF LISTING

Detailed staff listing is provided in Annex 2.

Total No. of Staff and Interns	Total no. of current staff	Total no. of Interns	Total no. of staff to be hired
<b>204</b>	190	11	3

Current No. of staff as per Working Location	Total	Current No. of staff - Partner						
		SAVE	HKI	NEWAH	NPCS	NTAG	JHUCCP	Jhpiego
Total no. of staff - District Office	117	22	35	31	2	27	0	0
Total no. of staff - Cluster Office	41	26	7	4	0	0	0	4
Total no. of staff - KTM Office	32	18	7	1	1	0	4	1
<b>Total</b>	<b>190</b>	<b>66</b>	<b>49</b>	<b>36</b>	<b>3</b>	<b>27</b>	<b>4</b>	<b>5</b>

## FINANCE

The preliminary expenditure report for this period (ending July 31, 2014 covering 35 months) is:

BUDGET ELEMENTS	EXPENDITURES (\$)
Personnel, fringe benefits and allowances	2,925,711
Travel, per diem, supplies and equipment	624,766
Contractual and other direct costs	727,641
Sub agreements and program costs	17,902,409
Indirect charges	2,068,550
Total USAID contribution	24,249,077
Cost share	2,490,815
<b>Total Program Expenditures</b>	<b>26,739,892</b>

The current USAID obligated amount is \$31,554,748; Suaahara has spent \$24,249,077 with 77% against the obligated amount. However, total program expenditures including cost share is US\$26,739,892. Over the past four quarters, expenditures have been increasing except for the first quarter (October to December 2014), which was due to the elections in November and the outbreak of bird flu in Nepal that caused delays in poultry distribution. Compared to the first quarter, second quarter expenditures increased by 37% (quarter 1, \$2,071,072 and quarter 2, \$2,830,706). In quarter 3, the expenditures were \$4,405,222. In July the expenses were projected to be \$1,104,289. This increasing trend is because the program is running in full swing with the addition of five districts. Suaahara anticipates this trend to continue over the course of year four.

## UPDATE ON INTERNATIONAL TRAVEL

The updated international travel is attached in Annex 3.

## UPDATED ENVIRONMENTAL EXAMINATION FOR USAID-FUNDED SUAAHARA PROJECT

The updated environmental examination for Suaahara is included in Annex 4.

# CHALLENGES AND OPPORTUNITIES

- **Health mothers' group meetings:** Irregularity in health mothers' group meetings is affecting the turnout of 1,000 days mothers. Food demonstration sessions are seen to be very effective in regularizing the meetings and encouraging 1,000 days mothers' participation. However, focusing only on 1,000 days women in health mothers' group is not resulting in the adoption of health, WASH and nutrition related behaviors. It is equally important to engage fathers and other family members through other interventions in order to ensure a positive environment for 1,000 days mothers to adopt the desired behaviors.
- **Post ODF strategy:** There is inadequate clarity on the national post-ODF strategy and guidelines at national and sub-national levels related to sustaining ODF status. Suaahara is supporting national level post ODF strategy formulation and rolling out to district and VDC level, which will be a priority for year four.
- **Hand washing with soap:** While there is an improved knowledge of washing hands with soap, particularly during critical times, inadequacy in adapting the knowledge into practice is seen. Hand washing corners have been effective in reaching 1,000 days mothers to adapt learned knowledge into their behavior.
- **Healthy timing and spacing of pregnancy:** Suaahara conducts orientations to improve HTSP counseling services, which has led to the generation of demand for family planning commodities. Generating demand to increase family planning services might not necessarily lead to utilization of family planning services by the clients when there is inadequacy in delivery of the commodities. Demand generation therefore needs to go hand-in-hand with service delivery and commodity availability.
- **Poultry management:** Ensuring supply of vaccine, medicine and vet services required for improved back yard poultry production is challenging. Inadequate standards of backyard poultry intervention in Nepal with least priority to vaccination of rural poultry have resulted in poultry mortality and diseases outbreak. Further, good poultry management practice at household level is also a challenge. Suaahara is focused to impart messages of good poultry management practices for better poultry production, not just for poultry distributed by Suaahara but also for local poultry reared by the households. Intensive monitoring and supervision at household level is needed to reinforce management practices contributing to quality production of vegetables as well as poultry.
- **Reaching and supporting new mothers:** It has been a challenge to reach new pregnant mothers with Suaahara's interventions. Activities such as key life events and ideal family recognitions are seen to be effective in reaching new pregnant women. Establishing village model farms only after formalization of 1,000 days beneficiary group is delaying the process of reaching new mothers and sustaining HFP activities. In the new five districts, VMFs will therefore be established before reaching 1,000 days mothers. Setting group norms of sharing chicks, seeds and fertile eggs in communities through beneficiary group members is also seen to be very strategic and effective in supporting new mothers.

- **GESI integration:** The capacity of frontline workers for analyzing and putting conscious effort to address GESI issues is the key to successful GESI integration in the program. While there has been positive outcome in regard to participation of men and other gatekeepers of the family, greater effort needs to be put to involve them as expected target groups and streamline interventions for women empowerment to address underlying causes of health and nutrition. A systematic mechanism to strengthen the mentoring of VMFs to build their networks is important for program sustainability.
- **Functional status of community level structures:** While local governance structures are endorsing, discussing and disseminating integrated nutrition program messages in their activities, mobilization at the community level is often a challenge in absence of elected body at the community level governance structure. Suaahara will place more effort on identifying and working with community-level structures to ensure reach and coverage at the community level.
- **Increasing the impact of SBCC and other materials:** A systematic materials (print, audio or video) inventory and dissemination system from demand, production to storage and supply needs to be channelized. Materials need to be methodically tracked through different levels within the project to ensure that it is reaching the targeted audience and is serving its purpose. Suaahara will develop a logistics management system in year four in order to ensure the streamlined distribution of materials.

## PRIORITIES FOR YEAR FOUR

### INTEGRATED NUTRITION

- Continue food demonstrations to regularize health mother's group meetings for discussion on health, WASH and nutrition issues. ]
- Strengthen nutrition counseling at service delivery points (e.g., health facility, PHC/ ORC) by establishing integrated nutrition corners and conducting counseling by Field Supervisors and health workers.
- Reach new pregnant women through existing programs such as key life events and ideal family recognitions.
- Implement MIYCN training and interaction programs in new districts by following existing cascade style training approach.

### HYGIENE AND SANITATION PROMOTION

- Promote composite essential hygiene behavior at the household level by introducing the clean house concept to link essential hygiene behaviors as a dignified life status of a family.
- Establish a partnership with the Ministry of Education to enhance district education office and schools' sanitation and nutrition section for promoting essential hygiene behaviors.
- Promote health personnel counseling to encourage good hygiene behavior at the household level through triggering methods at the health facility.
- Create greater awareness on water safety and point of use water treatment at the household level.

## HEALTH SERVICE PROMOTION

- Strengthen and revitalize PHC/ORC services.
- Establish Quality Improvement fund to provide support to health facilities to establish nutritional as well as family planning counseling corners and address gaps to improve quality of health service delivery.

## HOMESTEAD FOOD PRODUCTION

- Focus on developing VMFs and local resource persons to reach new 1,000 days mothers and homestead food production sustainability at the household level.
- Support the establishment of brooding centers to promote improved backyard poultry.
- Scale up HFP through seed production, chicks regeneration, and institutionalization of HFPB groups in coordination with concerned stakeholders.
- Strengthen community vaccination services for backyard poultry system in collaboration with MOAD.

## GESI

- Continue engaging men and family members in health, nutrition and HFP messages and approaches, in ways that promote dialogue and shared workload and decision-making.
- Help build the capacity of frontline workers to mainstream GESI and to develop leadership role of DAG women.
- Work with MOHP to include GESI-sensitization components in training programs and behavior change communication materials.
- Organize a national level event to acknowledge women leaders, role models, as well as young boys and girls who are active in changing gender and social norms to promote integrated nutrition.

## SOCIAL MOBILIZATION AND GOVERNANCE

- Scale up social mobilization and governance activities and build capacity of local governance structures at the district, VDC, ward and community level.
- Strengthen the decentralized multi-sector nutrition process jointly with local governance structure (integration of top-down and bottom-up planning).
- Develop integrated annual plan at district and selected VDC based on the national MSNP plan.

## MEAL

- Complete Suaahara operational research studies: effectiveness of Peer Facilitators program and process evaluation studies (e.g., government mechanisms, Front Line Workers study, Media Reach).
- Conduct district-level studies in all Suaahara districts and further disaggregated data analysis.
- Develop program technical and research briefs for domestic as well as international distribution to showcase Suaahara's achievements

## SBCC

- Continue *Bhanchhin Aama* radio program and key life events for the enrolment of new 1,000 days women and families, and implement activities to promote the

consumption of diverse foods. Mass media campaigns will support these community-level activities.

# ANNEXES



## ANNEX 1: PERFORMANCE MEASUREMENT TABLE

Performance Indicator	Baseline <sup>1</sup> 2012	2013 Achievement	2014 <sup>2</sup> Target	2014 Achievement	2015 Target
<b>INTERMEDIATE RESULT 1: Household health and nutrition behaviors improved</b>					
<b>Output 1.1: Households adopt Essential Nutrition Actions (ENA) including Infant and Young Child Feeding (IYCF)</b>					
% of children 6-23 months of age receiving foods from ≥4 food groups during the previous day	47.10%	55.5%	63%	62.5%	69%
Minimum meal frequency among children 6-23 months	69.70%	81.7	85%	81.8%	83%
Prevalence of children 6-23 months receiving minimum acceptable diet	36%	47%	54%	54.3%	60%
% of under 6 months old children exclusively breast fed	46%	67.4%	72%	63.9%	69%
# of children 6-59 months who received Vitamin A from USG supported program (Mandatory).	N/A	411,198	431,757	397,177(19 districts only)	453344
% of children 6-23 months of age who consumed iron-rich animal-source foods during previous 24 hours.	14.70%	27.7%	34%	38.6%	50%
% of sick children 6-23 months of age fed more after their illness	14.6%	15.7%	21%	17.8%	21%

<sup>1</sup> Baseline values are presented for reference only. These may not necessarily be consistent with the follow up assessments done through LQAS in 2013 and 2014, because of the differences in methodology, geographic coverage etc.

<sup>2</sup> Targets for LQAS indicators are based on the aggregate LQAS results of all 20 districts. So these may not be consistent with the ones set earlier.

Performance Indicator	Baseline <sup>1</sup> 2012	2013 Achievement	2014 <sup>2</sup> Target	2014 Achievement	2015 Target
Mean dietary diversity of women of reproductive age.	3.9 food groups	4	≥4	4.1	4.1
# of children under five years reached by USG supported nutrition programs	N/A	408,516	469,257	418,736 <sup>3</sup> (19 districts only)	490844
<b>Output 1.2: Households adopt Essential Hygiene Actions (EHA)</b>					
% of children under five years who had diarrhea in the prior two weeks.	12.5	21%	≤20%	28%	18%
% of mothers who dispose of their youngest child's fecal matter safely	30.60%	45.6%	55%	60.8%	65%
% of HHs using an improved sanitation facility	67.80%	78.4%	84%	84.4%	87%
% of population in target areas practicing open defecation	32.2	21.3%	17%	15.2%	12%
# of communities (VDCs) certified as 'open defecation free' as a result of USG assistance.	--	20	35	34	35
% of child caregivers and food preparers with appropriate hand washing behavior	18%	34.6%	50%	60.4%	70%
% of HHs with soap and water at hand washing station commonly used by family members	49%	56.3%	61%	65.1%	80%

<sup>3</sup> Two different age groups were considered to eliminate double counting: children below 6 months and between 6-59 months. One intervention with highest coverage in each group was considered. A total of 383,954 children between the age 6-59 months were reached by Vit A mass distribution. And estimated 75% of children below 6 months were reached by other interventions like ward level interactions, food demonstrations etc. totaling 32,463 children. Thus the estimated total under five years old children reached is 418,736 (383,954+34,782).

Performance Indicator	Baseline <sup>1</sup> 2012	2013 Achievement	2014 <sup>2</sup> Target	2014 Achievement	2015 Target
% of HHs using an improved drinking water source	89%	83%	87%	88.9	90%
<b>INTERMEDIATE RESULT 2: Women and children increase their use of quality nutrition and health services</b>					
<b>Output 2.1 Improved capacity of service providers to provide counseling and services on nutrition and related maternal and child health services</b>					
# of people trained in maternal/newborn health through USG supported programs (Mandatory)	N/A	82	1986	438	198
# of people trained in child health and nutrition (Mandatory)	N/A	284,765	33,795	134,928 Male: 10,181 Female: 124,747	16,263
% of health workers with improved knowledge in counseling and related MCH services as a result of the trainings	N/A	86%	-	Pretest score: 65.5 % Post test score: 91.3% Increased by 25.8 % points.	Pre-Post Test difference: $\geq 25\%$ points
% of service providers providing adequate nutrition counseling.	--	33.8 % of the mother who were counseled received complete message on AFATVAH. (LQAS 2013)	41%	56.1%	65%
<b>Output 2.2: Improved quality of health service delivery in partnership with the health facilities and community</b>					

Performance Indicator	Baseline <sup>1</sup> 2012	2013 Achievement	2014 <sup>2</sup> Target	2014 Achievement	2015 Target
% of USG assisted service delivery points that experience a stock out of key MCH commodities at any time during the defined reporting period of specific tracer drugs that the SDP is expected to provide.	N/A	Overall: 19.8% Zinc: 3.8% of SDPs ORS: 3.4% of SDPs Cotrim: 19.8% of SDPs	--	Suaahara overall <sup>4</sup> : 17 %	≤15 %
% of clients satisfied with care received from service providers	N/A	N/A	--	96 <sup>5</sup>	
# of HFOMCs who have been engaged in a QI process	N/A	39	-	72	302 (174 from year 4 districts and 68 from Syangja and 60 from Baglung GPM)
# of HFOMCs who have addressed at least two issues related to quality each year.	N/A	N/A	-	63	250
<b>Output 2.3: Improved access to nutrition and related maternal and child health services, particularly, among excluded communities</b>					
% of pregnant women who receive at least 4 ANC visits	63%	64.8%	70%	68.4%	72%
% of post-partum women and newborns who receive at least 3 postpartum/postnatal visits.	16.70%	15.5%	19%	19.6%	24%
% of children with diarrhea in the last 2 weeks treated with ORS and Zinc	9%	11%	18%	18.1%	30%

<sup>4</sup> Source: Unpublished LMIS data, 3<sup>rd</sup> quarter 2070/71. The figures presented are for Zinc, ORS and Cotrim.

<sup>5</sup> This was done through client exit interviews. We feel that for various reasons most of the clients express their positive remarks in terms of satisfaction. For example, if they get any medicines, proximity to the health facility etc. may lead the client to respond positively. To assess service quality, satisfaction, and to explore quality issues, we need to have a detailed enquiry like we do in PDQ.

Performance Indicator	Baseline <sup>1</sup> 2012	2013 Achievement	2014 <sup>2</sup> Target	2014 Achievement	2015 Target
% of newborns receiving post natal health check within 2 days of birth	49.10%	52%	57%	55.2%	58%
% of children under five years old with diarrhea treated with oral rehydration therapy (ORT)	34.90%	30.6%	38%	38.7%	50%
% of children with pneumonia taken to appropriate care.	N/A	70.8%	77%	66.4%	76%
Percent of births attended by SBA	42.50%	55.4%	60%	58.7%	65%
<b>Output 2.4: Improved healthy timing and spacing for pregnancy with focus on marginalized and unreached women</b>					
# of additional USG assisted community health workers providing FP information and / or services during the year.	N/A	9,778	2,615	2,150 <sup>6</sup>	1,274
% of USG assisted service delivery sites providing FP counseling and/or services.	N/A	N/A	60%	81 % <sup>7</sup>	90 %
# of people trained in FP/RH through USG supported programs (mandatory)	N/A	112	1,615	2,688 Male: 1,193 Female: 1,494 Third gender: 1	1,274 <sup>8</sup>
% of women who receive healthy timing and spacing for pregnancy (HTSP) counseling.	40.1 %	51%	57%	65.8%	72%

<sup>6</sup> Estimated 80% of 2,688 who received HTSP training

<sup>7</sup> Estimated based on the number of HFs who received HTSP training in 18 districts

<sup>8</sup> This is for IUCD/Implant/HTSP and PPIUCD

Performance Indicator	Baseline <sup>1</sup> 2012	2013 Achievement	2014 <sup>2</sup> Target	2014 Achievement	2015 Target
% of USG assisted service delivery points (SDPs) that experienced a stock out at any time during the defined reporting period of any contraceptive methods that the SDP is expected to provide.	N/A	4.3% (LMIS, 3rd quarter, 2069/2070)	3.5	7 % <sup>9</sup>	3.5
Couple Years of Protection (CYP) in USG supported programs.	N/A	221,320 (DOHS annual report, 2068/2069)	225,746	<b>174,128</b> (19 districts only)	230,261
<b>INTERMEDIATE RESULT 3: Women and their families increase their consumption of diverse and nutritious food</b>					
<b>Output 3.1: Increased access to locally produced nutrient dense and fortified foods</b>					
# and % of VMFs and community brooding centers established	N/A	N/A	1,725	1,654	2,681
# of beneficiaries with access to home or community garden	N/A	195,525	337,535	309,116 <sup>10</sup>	429,000
# of home or community gardens established	N/A	39,105	61,370	56,203 <sup>11</sup>	78,000

<sup>9</sup> Source: Unpublished LMIS data, 3<sup>rd</sup> quarter 2070/71. The figure presented is for Pills, Condom and Depo, as these are mandatory for all types of health facilities.

<sup>10</sup> Assuming a family size of 5.5 total figures comes to be 309,116 (5.5\*56,203 HHs who have received agriculture inputs).

<sup>11</sup> The recent LQAS shows that 76 % of the HHs in agriculture intensive districts/VDCs have kitchen garden. This includes both types HHs: those who have received agriculture inputs from Suaahara and those who have not. Our assumption is that more than 76 % of HHs who have received agriculture inputs have kitchen garden. Therefore, assuming that 85 % of those who have received agriculture inputs have kitchen gardens, the figure comes to be 56,203 HHs (0.85 \* 66,122) have kitchen garden. This excludes Parbat.

Performance Indicator	Baseline <sup>1</sup> 2012	2013 Achievement	2014 <sup>2</sup> Target	2014 Achievement	2015 Target
# of people trained in HFP/Ag	N/A	61,644	31,049	89,095 Male:9,458 Female: 79,629 Third gender: 8 (This include HFP/Ag refresher training)	30,000
Mean # of MN rich vegetable cultivated by HH each year.	Per the AAMA baseline: 2.0	2.36	≥3	2.5	3
Mean # of improved chickens owned per household	Per the AAMA baseline: 0	N/A	N/A	3.2	3.5
# of chicken distributed	N/A	47,695	286,000	217,802	171,000
Total # of eggs produced per household (mean # of eggs produced in the week prior to the survey)	Per the AAMA baseline:<1.0	N/A	N/A	4.2	4.2
<b>Output 3.2: Increased knowledge of nutrition and locally available foods</b>					
% of mothers and other caregivers able to recite correctly ENA messages on appropriate diversity	N/A	64.1%	70%	71.8%	80%
<b>Output 3.3: Increased community resiliency to potential nutrition shocks</b>					
% of VDCs trained in DRR with content of nutrient resiliency	N/A	N/A	44	2 (remaining VDCs are planned from August )	27
# of VDCs developing disaster risk reduction preparedness plans (that include at least 5 of the core competencies for nutrient resiliency.	N/A	N/A	44	Under process	27

Performance Indicator	Baseline <sup>1</sup> 2012	2013 Achievement	2014 <sup>2</sup> Target	2014 Achievement	2015 Target
# of small grants innovations made	Will be linked with DRR initiatives in year 4 and reported in year 5.				
<b>INTERMEDIATE RESULT 4: Coordination on nutrition between government and other actors is strengthened</b>					
<b>Output 4.1: National mechanisms in place</b>					
# of formal meetings held by HLNFSSTC technical advisory group (addressing nutrition/IYCF)	N/A	N/A	2	2	
Geographic expansion of Suaahara interventions beyond Suaahara districts	N/A	N/A		Notes below <sup>12</sup>	
<b>Output 4.2: Regional and district mechanism in place</b>					
District nutrition and food security committee (DNFFC) established	N/A	18 districts	1	1	
% of District level Nutrition and Food security Steering Committee meeting (DLNFSSC) held in every quarter	N/A	N/A	19	19	
# of VDC level Nutrition and Food security Steering Committee (VDCNFSSC) established	N/A	N/A	955	875	

<sup>12</sup> Geographic expansion of Suaahara interventions beyond Suaahara districts has not taken place. However, the materials Suaahara has developed, for example; manuals, guidelines, teaching materials etc. are being used by many other development partners/ donors that are working to improve nutrition in Nepal such as World Bank (1000 Golden days) , KISAN , and Nepal Agriculture and food security project etc. .

<b>Performance Indicator</b>	<b>Baseline<sup>1</sup> 2012</b>	<b>2013 Achievement</b>	<b>2014<sup>2</sup> Target</b>	<b>2014 Achievement</b>	<b>2015 Target</b>
% of VDC level Nutrition and Food security Steering Committee meeting (VDCNFSSC) held in every half year	N/A	N/A	955	875	
% of allocated VDC block grant that utilized for integrated nutrition related activities	N/A	N/A	N/A	N/A	TBD

## ANNEX 2: DETAILED STAFF LIST

No. of current staff members excluding Interns	Total	SAVE	HKI	NEWAH	NPCS	NTAG	Jhucp	Jhpiego	Lead by:	Intern
KTM Office	32	18	7	1	1		4	1	SCI	
Kathmandu Cluster Office	7	4	1	1				1	SCI	1
Biratnagar Cluster Office	7	4	1	1				1	SCI	
Dhangadi Cluster Office	8	4	2	1				1	SCI	
Pokhara Cluster Office	19	14	3	1				1	SCI	
Sindhupalchowk District Office	5	2	1	1		1			SCI	1
Dolakha District Office	5	2	1	1		1			SCI	1
Rasuwa District Office	5		3	1		1			HKI	
Solukhumbu District Office	4		2	1		1			HKI	1
Nuwakot District Office	5		3	1		1			HKI	
Bhojpur District Office	4	2		1		1			SCI	
Sankhuwasabha District Office	5	2	1	1		1			SCI	
Taplejung District Office	5	2	1	1		1			SCI	
Baglung District Office	4	2		1		1			SCI	1
Lamjung District Office	5	2	1	1		1			SCI	
Gorkha District Office	4	2		1		1			SCI	
Myagdi District Office	5	2	1	1		1			SCI	
Mustang District Office	4	2		1		1			SCI	1
Parbat District Office	2			1		1			SCI	
Syangja District Office	4			1	2	1			NPCS	1
Rupandehi District Office	6			4		2			NEWAH	1
Nawalparasi District Office	6			4		2			NEWAH	
Manang District Office	4		2	1		1			HKI	
Darchula District Office	5		3	1		1			HKI	1
Bhajang District Office	5		3	1		1			HKI	1
Bajura District Office	5		3	1		1			HKI	1
Dadeldhura District Office	5		3	1		1			HKI	
Baitadi District Office	5		3	1		1			HKI	
Doti District Office	5		3	1		1			HKI	
Accham District Office	5	2	1	1		1			SCI	

## ANNEX 3: UPDATED INTERNATIONAL TAVEL LIST

Approved			Actual used					
S.N.	Number of trips	Destination/Sector	Name of the Traveler	Number of trips	Used Date/period	Purpose	Remark	Remaining Quota
<b>1</b>	<b>19</b>	<b>US-Nepal-US</b>						
			Ms. Karin Lapping	1	21 July - Aug 3, 2012	To provide general technical assistance including meetings with Suaahara team.	100%	<b>18</b>
			Ms. Karin Lapping	1	31 Jan - 15 Feb 2013	To attend USAID meeting and to provide technical assistance	100%	<b>17</b>
			Ms. Angela Brasington	1	12-19 March 2013	Technical assistance on community mobilization	100%	<b>16</b>
			Ms. Karin Lapping	1	9 - 19 July 2013	To assist with management transition of Suaahara and review technical components of the program	100%	<b>15</b>
			Ms. Silvia Alayon	1	11 - 18 January 2014	To facilitate a three-day workshop to document the program impact pathway for the Suaahara project and to assist the Suaahara team to develop a process evaluation plan.	100%	<b>14</b>

			Ms. Karin Lapping	1	1 - 19 March 2014	To provide technical assistance to SUAAHARA project such as work with nutrition innovation lab to identify potential areas of collaboration, participate in 1 day workshop to discuss PIP and examine M&E system.	100%	<b>13</b>
			Ms. Silvia Alayon	1	5 - 14 March 2014	To assist Suaahara team to develop a process evaluation plan and support M&E team to finalize the methodology for frontline worker study and media reach survey, and participate in one day workshop with Nutrition innovation lab to discuss PIP and discuss OR topics for Suaahara and resources.	100%	<b>12</b>
			Ms. Carol Underwood *	1	26 March - 8 April 2014	To orient the Suaahara Monitoring and Evaluation program teams on the most significant change technique and to help pilot the implementation of the most significant change technique in Suaahara in order to further scale up the use of this qualitative monitoring technique.	100% ( <i>She is from Jhuccp, but her trip has been charged to Save the Children</i> )	<b>11</b>
<b>2</b>	<b>5</b>	<b>Nepal -Thailand - Nepal</b>						

			Mr. Jeeban Ghimire	1	12 July - 15 July 2014	To participate Public Health Conference	100%	4
<b>3</b>	4	<b>Thailand - Nepal - Thailand</b>						
			Mr. John Stoekel	1	2 - 6 Oct 2012	Assist with the development of a system for process evaluation, including fidelity assessment	100%	3
	<b>28</b>			<b>10</b>				<b>18</b>

<b>Helen Keller International</b>								
<b>Approved</b>			<b>Actual used</b>					
<b>S.N.</b>	<b>Number of trips</b>	<b>Destination/Sector</b>	<b>Name of the Traveler</b>	<b>Number of trips</b>	<b>Used Date/period</b>	<b>Purpose</b>		<b>Remaining Quota</b>
<b>1</b>	<b>4</b>	<b>US-Nepal-US</b>						
			Ms. Maryanne Stone-Jimenez	1	1-9 March, 2012	ENA/ EHA and SBCC MTOT	100%	3
			Ms. Victoria Quinn	1	28 October-11 November, 2011	Kick off meeting for SUA AHARA	100%	2
<b>2</b>	<b>3</b>	<b>Cambodia-Nepal-Cambodia</b>						

			Ms. Emily Hillenbrand	0	7 – 14 December, 2012	GESI training-workshop	Travel expenses of this trip was covered by HKI regional office in Cambodia & only per diem was charged to Suaahara	3
			Mr. Akoto Osei	1	12-18 August, 2013	TA to Suaahara	100%	2
3	3	<b>Nepal - Thailand - Nepal</b>						3
4	4	<b>Nepal - Ethiopia - Nepal</b>	Ms. Pooja Pandey Rana,	1	31 May - 14 June 2014	To participate in the Micronutrient Forum Global Conference	100%	3
			Ms. Bhim Kumari Pun	1	31 May - 14 June 2014	To participate in the Micronutrient Forum Global Conference	100%	2
			Mr. Indra Bilas Baral	1	31 May - 14 June 2014	To participate in the Micronutrient Forum Global Conference	100%	1
			Mr. Bhim Neure	1	31 May - 14 June 2014	To participate in the Micronutrient Forum Global Conference	100%	0
	14			7				7

JHPIEGO								
Approved			Actual used					
S.N.	Number of trips	Destination/Sector	Name of the Traveler	Number of trips	Used Date/period	Purpose	Remarks	Remaining Quota
1	1	US-Nepal-US		0				1
	1			0				1

JHUCCP								
Approved			Actual used					
S.N.	Number of trips	Destination/Sector	Name of the Traveler	Number of trips	Used Date/period	Purpose	Remarks	Remaining Quota
1	12	US-Nepal-US						
			Mr. Bill Glass	0.13	25 - 28 September 2011	Attend Suaahara initial planning meeting	12.63 % was charged to Suaahara	11.87
			Mr. Basil Awni Safi	0.25	7-11 November, 2011	Attend Suaahara strategic planning workshop	25% to Suaahara, 51% to India IFPSII, and 24% to Bangladesh KM project	11.62
			Mr. Rajiv Rimal	1	11-29 March 2012	Facilitate training for formative research	100%	10.62
			Ms. Caroline Jacoby	1	31 March- 22 April, 2012	Support Suaahara SBCC team and partners	100%	9.62
			Dr. Benjamin V. Lozare	0.5	21- 26 April, 2012	Facilitate strategic communication and leadership workshop on nutrition	50% Suaahara 50% Indonesia Safe project	9.12

			Ms. Uttara Kumar Bharath	1	6-13 May, 2012	Develop creative brief for impact study of community theater	100%	8.12
			Mr. Rajindar Mehara	1	6-13 May, 2012	Training and orientation on finance software to JHUCCP finance and administration staff	100%	7.12
			Ms. Elena Broaddus	0	14 June -27 August, 2012	Intern	Her trip was covered by a grant from the JHU School of Public Health	7.12
			Mr. Rajiv Rimal	1	7-27 August, 2012	To provide technical support and conduct research training for impact study on community theater	100%	6.12
			Mr. Basil Awni Safi	1	16-24 August, 2012	Facilitate nutrition communication framework workshop and support SBCC Team	100%	5.12

			Ms. Caroline Jacoby	1	1-21 January, 2013	Briefings and preparatory meetings, facilitate radio entertainment education design document workshop, convene design document approval meeting with stakeholders, Hold writers meeting	100%	4.12
			Ms. Kathryn Bertram	0.5	21-31 January, 2013	Briefings and preparatory meetings on selecting creative agency and developing an umbrella campaign, Interview and select creative agency candidates to implement, Present final KM platform strategy to Suaahara team. Convene meeting with Suaahara SBCC team to finalize KM platform Present final KM platform strategy to Suaahara team umbrella campaign and activities,	50% Suaahara, 50% Voices III	3.62

			Ma. Valerie Caldas	0	11 June - 9 October, 2013	Document Integrated Nutrition activities focus on social behavior change communication, including community mobilization and service delivery activities and the roll out of the national integrated nutrition campaign, support Baltimore and Nepal staff when appropriate (monitoring & evaluation, etc.)	Her trip was covered by a grant from the JHU School of Public Health	3.62
			Mr. Basil Awni Safi	0.5	6-14 September, 2013	Work on IR 2 various activities, support in various SBCC activities, discuss on financial audit	50% cost only charged to Suaahara	3.12
			Ms. Caroline Jacoby	1	1-19 January 2014	facilitate a four-day radio design document workshop to design Bhanchhin Aama Phase II radio program and also facilitate two days meeting with writers.	100%	2.12

			Mr. Basil Awni Safi *	0.5	24 March - 4 April 2014	Development of early seed ideas for Suaahara's Year 4 SBCC Activity Work plan, assist in the drafting of Suaahara's private sector strategy to develop SME contribution, provide support to further plan the second wave of the Bhanchhin Aama campaign. HC3 SOW: Meeting with JHUCCP partners, subcontractors, and staff to support planning of FP campaigns and strategic approaches for Year 1. Work with the Nepal HC3 management to recruit and support the training of new technical staff.	50% cost only charged to Suaahara	1.62
4	1	<b>Nepal - Delhi - Nepal</b>				To attend a Leadership in Strategic Health Communication Workshop		
			Mr. Dharma Bajracharya	1	13 - 26 July 2014		100%	<b>0</b>
	13			11.38				<b>1.62</b>

## ANNEX 4: UPDATED ENVIRONMENTAL EXAMINATION FOR USAID FUNDED SAAHARA PROJECT

No.	Objective/Activity	Sub-Activities and Mitigation (measures to be taken)	Effect on Natural/Physical environment	Environmental Monitoring Plan	Update July 2014
1	<p><b>Objective</b></p> <p>Establishment of Homestead food production (HFP) gardens (vegetables and poultry) for better nutrition</p> <p>Major activity:</p> <p>Technical support to establish home gardens and backyard poultry</p>	<ul style="list-style-type: none"> <li>• Training of extension agents and women farmers on HFP</li> <li>• TA to support seed multiplication and farmer access to improved seeds</li> <li>• Trainings, seminars and study tours, to help establish a network of agricultural input</li> <li>• TA on post harvest technologies to beneficiaries.</li> <li>• Training farmers on accessing market information.</li> <li>• TA to link farmers to quality inputs</li> <li>• Assist farmers with product specific market information</li> <li>• Multiplication and dissemination of improved seeds and breeds</li> <li>• Introduction of new high-yield, high nutrient content varieties of sweet potato, vegetables, fruits and livestock</li> </ul>	<ul style="list-style-type: none"> <li>• No effect</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of procurement which will verify use of non-GMO cultures and species</li> <li>• Documentation: Government Policy, Suaahara training manuals</li> <li>• Training evaluation and observation tools</li> </ul>	<ul style="list-style-type: none"> <li>• 6 days and 2 days HFP training manual was developed in coordination with Directorate of agriculture training and endorsed by Ministry of Agriculture Development (MOAD). The manual focuses on importance of homestead grown vegetables and poultry emphasizing organic production approach for food safety and healthy life.</li> <li>• All agriculture and livestock extension workers were trained on HFP as district trainers to cascade the training</li> <li>• The government stakeholders at different levels from national to community level observed and evaluated the training contents and quality of delivery as per training standards and developed checklists.</li> <li>• The system of periodic monitoring and supportive supervision by government counter parts (District Agriculture Development Office,</li> </ul>

					District Livestock Services Office) is contributing to establish home gardens and backyard poultry at household level.
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2	<p><b>Objective</b></p> <p>Ensuring the purchase of appropriate agriculture and livestock inputs.</p> <p>Major activity: Procurement, Quarantining (as appropriate) and Vaccination of Animals</p>	<ul style="list-style-type: none"> <li>• Vaccines will not use GMO live cultures</li> <li>• GMO species will not be introduces</li> </ul> <p>Specific animals provided by the project and measures to be taken are estimated to be:</p> <ul style="list-style-type: none"> <li>• 219000 (improved and/or local breed) poultry to Village Model Farms (1250 VMF X15 chicks) and improved poultry to mothers' group households (40000 HHs X 5 chicks)= total 200,000 (according budget allocation)</li> </ul> <ul style="list-style-type: none"> <li>- Provide 7 weeks old chickens and vaccinate against Infectious Bronchitis, Infectious Bursal Disease (sometimes referred to as Gumboro disease; a highly infectious and dangerous disease that reduces poultry immunity) and Raniket (often referred to as Newcastle Disease Virus or NDV; a contagious and fatal viral disease affecting most species of birds)</li> <li>- Training for VMF and mothers' group leaders in vaccination procedures will enable them to assume responsibility for procuring and distributing vaccines</li> <li>- Advice on local production of optimal feeds that will increase egg production (this rather than production for meat will be the emphasis)</li> <li>- 150000 composite improved and indigenous nutrient reach vegetables seed purchase for distribution</li> </ul>	<ul style="list-style-type: none"> <li>• No effect</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of procurement which will verify use of non-GMO cultures and species</li> <li>• Documentation of Procurement which include vaccination records</li> <li>• Documentation: Government Policy, Suaahara training manuals</li> <li>• Training evaluation and observation tools</li> <li>• Monitor coverage for following vaccine <ul style="list-style-type: none"> <li>• Ranikhet F1 (two times)</li> <li>• Gumboro Intermediate (two times)</li> <li>• Fowl pox</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• The project is not using any hybrid seed for vegetable production. All seed were purchased from SEAN Seed Services Centre Limited and ANMOL Biu Private Limited. Call for Quotation was published dated <b>October 09, 2013 on national daily</b> with specification of local and improved varieties only. The composite seed packets of vegetables were distributed to target HHs as per crop calendar endorsed by district level agency (DADO) and agriculture waiver approved by USAID.</li> <li>• Regarding Orange Fleshed Sweet Potato, in year 2 saplings/cuttings were brought from Village Model Farms produced by VMFs of Kailali (AAMA: Action Against Malnutrition through Agriculture funded by USAID-project districts) to Suaahara districts. From this year saplings were locally produced in districts and multiplied to other HHs.</li> <li>• To promote improved backyard poultry production, productive chicken breeds (New Hampshire, Black Australorp and Giriraj) were distributed to households. Government of Nepal for recommends these breeds hilly</li> </ul>
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					<p>and mountain districts that can be promoted for backyard flock. Call for quotation to supply 8 week brooded chicks was published dated <b>31 March 2013 on national daily with specification of healthy, certified and fully vaccinated chicks.</b></p> <ul style="list-style-type: none"> <li>• Vendors were selected after inspecting their farm, brooding center through concerned technical person from MOAD.</li> <li>• Technical person and experts visited brooding center and hatchery farm while brooding chicks to make ensure biosecurity measures along with vaccination as per standards.</li> <li>• District team distributed chicks only after consultation with district livestock services office and technical experts (Vet doctors). Health certificates and recommendation of DLSO is must before supply to households.</li> <li>• There is a standard of poultry support intervention regarding weight of brooded chicks, health status and evidence of vaccination along with deworming. Mandatory vaccine for backyard poultry is ND (new</li> </ul>
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					<p>castle), fowl pox and deworming. Brooding center/vendor maintains records of vaccination and necessary biosecurity measures.</p> <ul style="list-style-type: none"> <li>• Before distribution, people oriented on good management practices in backyard poultry related to clean water, nutritive feed, hygienic coop etc.</li> <li>• To reinforce management practices, IEC materials (Posters on bio security measures, Flip chart, importance of coop) have been developed and also aired through Bhanchhin AAMA Radio program</li> <li>• All extension workers, community people trained on bird flu and importance of ND vaccine against Ranikhet diseases.</li> <li>• Backyard Poultry flock hygiene was also highlighted and emphasized to minimize environmental enteropathy through different HFP group discussion, meeting, training and orientations.</li> </ul>
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3	<p><b>Objective</b></p> <p>Construction of environmentally friendly housing system with relevant approaches Major activity Housing for animals – Overall plan and Approach</p>	<ul style="list-style-type: none"> <li>• Suaahara will provide TA on construction and design to beneficiary households and VMF</li> <li>• Barn, cages, coops will be set away from homes, drinking water sources, low lying or wet areas, and surface water</li> <li>• Structures such as coops, fences areas, and barns and fields will not be built in ecologically sensitive areas such as ponds, wetlands, or heavily forested areas. The team will check to determine the extent of any threatened or endangered species in the area.</li> <li>• Appropriate distance from HH living area</li> <li>• Appropriate size based on planning for future reproduction and HH/VMF compound layout</li> <li>• VMF and mothers' group members will cover cost of materials</li> <li>• Poultry cages are closed and animal waste is removed on average every 15 days</li> </ul>	<ul style="list-style-type: none"> <li>• No effect</li> </ul>	<ul style="list-style-type: none"> <li>• Protocol will verify the environmentally friendly construction.</li> <li>• Initial construction will be supervised and monitored by Suaahara and program partners</li> <li>• Program TA and supervision provided by Suaahara and program partners. Review of animal housing will be included in regular program monitoring tools.</li> <li>• Suaahara will review this practice and consider more frequent cleaning</li> </ul>	<ul style="list-style-type: none"> <li>• The environmental aspects of homestead food production are being monitored in on going HFP seasonal monitoring. Monitoring checklist comprises of observation section that helps to know the location of homestead garden and its type whether the management practices are environmentally friendly or not like how far compost pit is, whether there is any malpractice of preparing compost, bio pesticides, which may have health hazards.</li> <li>• Whether the backyard poultry is semi intensive with fencing or not to minimize direct contamination of poultry feces and children.</li> <li>• Whether poultry manure is disposed properly or not</li> <li>• What is condition of chicken coop whether it is clean or not?</li> <li>• What is distance between poultry chicken coop/shed and living area of human being</li> <li>• How frequently chicken coop is cleaned and brushed off?</li> <li>• Minimum standards of program intervention like poultry support, homestead gardening</li> </ul>
4	<p><b>Objective</b></p> <p>Minimization of</p>	<ul style="list-style-type: none"> <li>• Training and IEC materials will include knowledge and practice for improved farm</li> </ul>	<ul style="list-style-type: none"> <li>• No effect</li> </ul>	<ul style="list-style-type: none"> <li>• Protocol for development of Farm Yard Manure</li> </ul>	<ul style="list-style-type: none"> <li>• Poster, Manual of HFP also highlights proper use of FYM,</li> </ul>

	<p>environmental pollution through safety measures.</p> <p>Major activity: Animal waste (Dung, urine, feathers) management</p>	<p>yard manure (FYM) development and management</p> <ul style="list-style-type: none"> <li>• Additionally, project trainings will cover the need and importance for sanitation and hygiene before, during and after the waste removal process</li> <li>• On the job coaching will be provided to VMF owners and HFPBs under the project to ensure that animal waste being used for fuel and/or fertilizer is stored away from above and below ground water sources and managed appropriately</li> <li>• HFPBs and VMF owners will collect animal waste. Protective gear will not be worn but tools (shovels, hoes and rakes) will be used for waste removal</li> <li>• Animal waste will composted, decomposed in approximately 12-15 weeks and used as fertilizer</li> <li>• Animal waste will be stored in marked FYM pits approximately 3ft in depth. Length and width will be determined based on the size of the VMF or home garden. Compost pits will be marked with appropriate signage to minimize exposure. VMFs will have covered composting pits but home gardens will not.</li> <li>• FYM pits will be located a minimum of 30 ft. from water sources and 50 feet from households.</li> <li>• No raw excrement will be used as fertilizer</li> </ul>		<p>(FYM - HH level composting) will be developed to include the stated requirements.</p> <ul style="list-style-type: none"> <li>• Construction of FYM pits will be monitored by Suaahara and program partners to ensure beneficiaries are following all protocol</li> <li>• Program TA and supervision provided by Suaahara and program partners. Review of FYM management will be included in regular program monitoring tools.</li> </ul>	<p>compost</p> <ul style="list-style-type: none"> <li>• Sensitizing community people about proper practice of using FYM, bio pesticides through different training, workshop, group discussion</li> <li>• During HH visit by extension worker, it is being monitored and supervised for safe use and construction of FYM, animal dung, poultry manure</li> </ul>
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		directly on plants; only composted waste will be used.			
5	<p><b>Objective</b> IPM will introduce and promote a sustainable approach to pest management through a combination of biological, cultural and mechanical tools. It will also ensure that this is done in a way that minimizes economic, health and environmental risks.</p> <p>Major activity: Integrated Pest Management (IPM)</p>	<ul style="list-style-type: none"> <li>• Training and IEC materials will include knowledge and practice for integrated pest management according to its principal</li> <li>• Suaahara will promote only organic farming practices. No chemical pesticides will be purchased or promoted by the Suaahara project.</li> <li>• Suaahara will train VMFs and HHs on different methods of producing non-chemical pest control using local available organic materials that repel insects such as: <ul style="list-style-type: none"> <li>- Neem- locally grown bitter herb with medicinal value</li> <li>- Papaya and banana leaves</li> <li>- Marigold flowers</li> <li>- Asuro - locally grown herb</li> <li>- Cattle urine</li> <li>- Bakaina – local fruit producing tree (non-edible)</li> <li>- Giti mal (Mixture of different local material neem, garlic, chilli, asuro, timur, cow dung and some water to decompose it and use to repel the insect)</li> <li>- Milk spray for aphid</li> </ul> </li> <li>• Suaahara also promotes mechanical control (trap, sweeping nets) and crop rotation and soil management for pest control <ul style="list-style-type: none"> <li>- Keep crops healthy</li> <li>- Use repellent plants</li> <li>- Use animals</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• No effect</li> </ul>	<ul style="list-style-type: none"> <li>• Suaahara and program partners will provide program TA and supervision. Review of integrated pest management will be included in regular program monitoring tools.</li> </ul>	<ul style="list-style-type: none"> <li>• HFP beneficiary households trained on preparation of <b>botanical pesticides</b> to suppress insect pests attack and effects of diseases through 2 days HFP basic training</li> <li>• The practice is being reinforced through HFP group meeting, refresher training, household visit etc.</li> <li>• The ongoing HFP seasonal monitoring is doing assessment on whether there is any evidence of use of chemical pesticides for homestead grown vegetables</li> </ul>

		<ul style="list-style-type: none"> <li>- Make traps</li> <li>- Hand-pick pests</li> </ul>			
6	<p><b>Objective</b> Establishment of environmentally friendly HFP at targeted areas.</p> <p>Major activity: Location of Village Model Farms and Gardens</p>	<ul style="list-style-type: none"> <li>• HH gardens and VMFs will include the requirement for locations and farms and will be included in training manuals and trainings</li> <li>• Existing gardens/farms will have a buffer zone between the field and any wetland, stream, pond or other sensitive area.</li> <li>• The team will not remove trees or create new agricultural land</li> </ul>	<ul style="list-style-type: none"> <li>• No effect</li> </ul>	<ul style="list-style-type: none"> <li>• Program TA and supervision provided by Suaahara and program partners. Review of and compliance with protocol will be included in regular program monitoring tools.</li> </ul>	<ul style="list-style-type: none"> <li>• Program standards and guideline for establishment of Village Model Farm was reviewed by MOAD</li> <li>• Guideline and Standards of VMF support to establish model farm</li> <li>• HFP seasonal monitoring is assessing features of model farm (location, size, management practices and functions)</li> </ul>
7	<p><b>Objectives</b></p> <p>-Strengthen the capacity of Agriculture extension services in Nepal</p> <p>-Facilitate the incorporation of nutrient rich crops and livestock into programs for target group.</p> <p>-To enhance the diversification of crops and livestock</p> <p>Major activity: Agricultural and livestock Extension</p>	<ul style="list-style-type: none"> <li>• Conduct ToT training to government staff at different level and other related stakeholders</li> <li>• Develop HFP training materials in coordination with government partner</li> <li>• Promote greater diversity of crops and livestock</li> <li>• Extension agents to meet with farmers and observe in the field their production practices</li> <li>• Improvement in the agricultural knowledge base of extension agents and beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>• No effect</li> </ul>	<ul style="list-style-type: none"> <li>• Published training manual</li> <li>• Trained government staff and other stakeholder</li> <li>• Program TA and supervision by Suaahara, government and program partners</li> </ul>	<ul style="list-style-type: none"> <li>• 6 days and 2 days HFP training manual was developed in coordination with Directorate of agriculture training and endorsed by Ministry of Agriculture Development (MOAD). The manual focuses on the importance of homestead grown vegetables and poultry emphasizing organic production approach.</li> <li>• All agriculture and livestock extension workers trained on HFP</li> <li>• The government stakeholders at different levels from national to community level observed and evaluated the training contents and quality of delivery as per training standards and developed checklists.</li> </ul>