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Suaahara Nutrition Framework and Plan



Submitted to:

Hari Koirala
Agreement Officer's
Representative
USAID Nepal

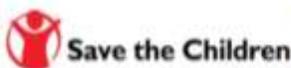
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SUAAHARA

Building Strong & Smart Families





Suaahara Nutrition Framework and Plan

Over the past decade, some people in Nepal have become healthier. But many mothers and children still have poor nutrition. 4 out of every 10 children below the age of 5 are stunted (malnourished over a long time period), and 3 out of every 10 are underweight (their weight is low for their age). According to the 2011 Demographic and Health Survey (DHS), 1 in 5 women don't have enough energy, and 1 out of 3 women and 5 out of 10 children are anemic. Because Nepali women and children are not healthy, the economy is not as strong as it could be.

There are a number of reasons why women and children in Nepal are not healthy. According to UNICEF, poor care and inadequate access to quality health services are underlying causes of malnutrition. The 2011 DHS shows that feeding practices of women and children in Nepal are not optimal. Among children 6-23 months old, less than a third received food from four or more food groups, only half consumed vitamin A rich foods and only a quarter consumed iron-rich foods. The same survey also showed that less than 10% of breastfeeding children 6-23 months old ate eggs, only 12% ate meat, fish or poultry and just 6% consumed any dairy products. Just 6% of children less than five years of age received more food during diarrhea. The 2011 DHS does not give information about some maternal feeding practices but 2006 DHS data show that among pregnant women less than a third ate meat, fish, shellfish, poultry and eggs. 23% ate cheese or yoghurt and two thirds ate vitamin A rich fruits and vegetables. Only 4 in 10 women who had given birth took vitamin A and less than 6 in 10 took iron tablets or de-worming medication. Less than half of all households had soap and water for handwashing.

The government is committed to improving nutrition. As a result, the global Scaling Up Nutrition (SUN) movement has identified Nepal as an "early riser" country (MSNP 2012). The SUN movement supports interventions identified by the medical journal the Lancet in 2008 as having the greatest impact on reducing mortality, disease and irreversible harm in the first 1,000 days (SUN 2010). The GON has shown support for SUN by establishing the High Level Nutrition and Food Security Steering Committee (HLNFSSC) and the Nepal Nutrition Group, which is made up of other development partners working in nutrition. The HLNFFSC oversees the management of the Multi-Sectoral Nutrition Plan (MSNP), which will be implemented through the GON's various ministries. Because the MSNP focuses on nutrition, health, sanitation, agriculture, and governance, there is a lot of important overlap with Suaahara's programs.

The GON's current Three-year Plan (2010-2013) includes nutrition as one of its development goals with strategies such as the National Nutrition Policy and Strategy 2004, updated in 2008, School Health and Nutrition Strategy 2006 and the Multi-sectoral Nutrition Plan 2012 supporting this vision. At present, the GON and external development partners (EDPs) are implementing micronutrient supplementation for children under five years of age as well as pregnant and breastfeeding women; micronutrient fortification including iodized salt and iron fortified flour; behavior change communication for infant and young child feeding (IYCF); management of severe acute malnutrition; non-conditional cash transfers; child cash grants; and subsidies for food and school feeding programs (GON NPC 2012). Even though the government is doing a lot to improve nutrition in Nepal, not every program has been successful. So far, some of the government's nutrition programs focus on micronutrient supplementation but don't usually

tackle big social issues that need to be addressed before nutrition improves (Nutrition Assessment Team 2009). Programs that use a multi-sectoral approach to nutrition appear to be more successful (Nutrition Assessment Team 2009, World Bank 2011).

What Suaahara can learn from other nutrition programs:

- Implement programs that are truly integrated. Suaahara will have the best chance to help women and children become healthy when several different, carefully chosen approaches are tried, including agriculture, hygiene and sanitation, clinical service delivery and nutrition).
- Ensure program activities focus first on disadvantaged groups (DAG). From 1996 to 2006, the nutritional status of the poorest children has gotten worse while the nutritional status of the wealthiest children has increased (NAGA 2009). Paying special attention to the households of poor and disadvantaged groups is critical to improving the health of all Nepalis.
- Make sure programs are sustainable.
- Focus on behavior change to help mothers and children eat better food and to reduce malnutrition.
- Help family members including mothers-in-law and husbands contribute to the nutrition and health of children.
- Use household outreach to change nutrition behaviors. Avoid simply sending messages to families.

The Essential Nutrition Actions (ENA) and Essential Hygiene Actions (EHA) are the foundation of all of Suaahara's activities. ENA and EHA include practices that we know from research reduce malnutrition. There are seven essential nutrition actions: optimal breastfeeding, appropriate complementary feeding, feeding the sick child, women's nutrition, control of vitamin A deficiency, control of anemia and control of iron deficiency disorders. Essential Hygiene Actions include safe drinking water, hand washing at critical times, safe disposal of feces, safe storage and handling of food and use of latrines. We believe that creating barriers between children and dirty environments is important to keep them from getting sick.

Goals:

1. Improve household behaviors to reduce malnutrition, especially in pregnant and breastfeeding mothers as well as children under the age of two
2. Target hard-to-reach members of the community to improve their nutrition. This includes the poor as well as members of other disadvantaged or marginalized groups

Strategies:

Suaahara will work at a variety of levels at the same time, including (1) households (2) wards (3) VDCs (4) districts, and (5) Nepal as a whole. See graphic below and page 5 which describes how we will work at each of these levels.

Overall strategy:

Objectives	Issues	Strategies
<p>In year 2, help families 1) give infants animal source foods, green leafy vegetables and orange fleshed foods starting at about 6 months of age, and 2) feed the child as much/more than normal when the child is sick and for 2 weeks after that. In year 3, these include 1) breastfeeding exclusively for the first 6 months of life, and 2) feeding the child foods that are the right consistency.</p>	<ul style="list-style-type: none"> • Children older than 6 months of age are not given a diverse diet • Certain foods, especially animal source foods such as meat, poultry, fish, eggs and dairy products are rarely given to children who are less than two years of age • When children are sick and for two weeks after that, they are not given enough food • Children are given liquids and foods other than breastmilk before they are 6 months old • Porridge and other foods are watery 	<p>YEAR 2</p> <ol style="list-style-type: none"> 1. Identify '1000 day households' 2. Train outreach workers and healthcare providers 3. Train mothers' groups 4. Use informal contacts and support groups 5. Use GALIDRAA 6. Use action/barrier cards 7. Use media advocacy <p>YEAR 3</p> <ol style="list-style-type: none"> 8. Test ways to change behaviors through Trials of Improved Practices (TIPS) 9. Use positive deviance 10. Identify nutritious, inexpensive foods (ProPan) 11. Use community theater
<p>Help families feed their children in a way that encourages children to eat</p>	<ul style="list-style-type: none"> • The child is not always fed patiently • Caregivers don't encourage their children to eat • Parents lack strategies to get children to eat good foods • Children don't get their own plate; it is hard to know how much food they actually eat 	<p>YEAR 3</p> <ol style="list-style-type: none"> 1. Add messages on responsive feeding to ENA/EHA training 2. Make brochures for peer educators and job aids for outreach workers/clinicians 3. Partner with organizations working in Early Childhood Development
<p>Help pregnant and breastfeeding women eat better</p>	<ul style="list-style-type: none"> • Pregnant and breastfeeding women do not get 1) the extra foods their bodies need 2) healthy foods 3) served first, and 4) reduced workloads 	<p>YEAR 2</p> <ol style="list-style-type: none"> 1. Identify '1000 day households' 2. Use IPC methods above for women's nutrition/workload 3. Use support groups and outreach to husbands and grandmothers 4. Use media
<p>Help local government agencies promote good nutrition</p>	<ul style="list-style-type: none"> • Local government may not understand the importance of healthy foods • Local government agencies may not know how to use funds allocated for nutrition, hygiene, sanitation and so on 	<ol style="list-style-type: none"> 1. Support Nutrition and Food Security Steering Committees 2. Advocate for using local funds for healthy nutrition 3. Develop criteria to select peer educators (dalits, janajatis and the poor) 4. Work with ward committees and LNGOs to identify supervisory areas targets for peer educators

We will work in households, wards, VDCs, districts and nationally.

Household

- Increase consumption of 1) animal source food 2) greens and 3) orange-fleshed foods using peer contacts, monthly meetings and participatory learning and action (PLA).
- Develop/use criteria for selecting peer educators with a special focus on dalits, janajatis and the poor.
- Use TIPS to identify feasible behavior change.
- Use action cards to commit families to practicing new IYCF behaviors.

Ward

- Work with ward committees and LNGOs to establish supervisory areas and set targets.
- Conduct 2-day ENA+ training for mothers' groups.
- Discuss nutrition at group meetings.
- Use positive deviance to try new behaviors.
- Use ProPan to identify inexpensive foods.
- Use community theater to mobilize communities.
- Use support groups and outreach for husbands and grandmothers.

VDC

- Lobby to allocate VDC block grants for nutrition.
- Use brochures for peer educators and job aids for outreach workers and clinicians.
- Work with clinicians, pharmacists and traditional healers to ensure mothers understand what foods they should give to their infants.

District

- Work with government to roll out ENA+ and Social Behavior Change (SBCC) trainings.
- Support Nutrition and Food Security Steering Committees.
- Advocate for using local funds to support nutrition.
- Use media to improve knowledge and change norms.

Nation

- Advocate for nutrition to be included in each government sector's plans and budgets.
- Add messages on responsive feeding to existing ENA+ training.
- Partner with organizations working in Early Childhood Development.

Specifics:

In year 2, Suaahara will focus on 4 practices that have been shown to reduce malnutrition:

1. Train healthcare providers, pharmacists, families and other individuals to help mothers give an extra meal to pregnant women and two extra meals to those who breastfeed
2. Encourage families to add three things to the baby's diet: 1) animal source food such as eggs and meat 2) greens, and 3) orange-fleshed foods
3. Work with caregivers so that they wash their hands before feeding the baby, and
4. When baby is sick, continue to breastfeed and give extra food. After baby is better, give an extra meal each day for 2 weeks.

A fifth practice that will be emphasized in year 2 is:

5. Help families use floor mats and chicken coops to create physical barriers between children and animals, particularly animal feces.

The importance of separating children from dirt and feces has emerged recently as critical to reducing environmental enteropathy and chronic sickness and may in fact be as important as diet in reducing stunting.

The major social and behavior change strategies Suaahara will use in year 2 are:

1. Capacity building of FCHVs, social mobilizers and other outreach workers in ENA/EHA
2. Peer education
3. GALIDRAA and action cards to strengthen interpersonal communication and counseling
4. Trials of Improved Practices (TIPS)
5. Media advocacy, especially radio
6. Strengthening of the government to implement nutrition social and behavior change strategies

These are described in detail below.

In year 3, Suaahara will focus on exclusive breastfeeding, especially in months 4-6 when caregivers give foods and liquids other than breastmilk to their child. In year 3 Suaahara will also focus on responsive feeding to help children eat better. In many parts of Nepal, parents and grandparents do not interact with their children in a way that helps children eat. Suaahara staff will add messages on responsive feeding to existing ENA/EHA training and develop brochures for peer educators (since some of them will be illiterate, a simplified version with pictures will be needed). Suaahara staff will also develop job aids for outreach workers and clinicians that focus on responsive feeding behaviors. Suaahara will collaborate with partner organizations in Nepal doing work in Early Childhood Development to ensure messages on responsive feeding are included in their work. Suaahara will also focus on improving the consistency of foods (for example, by encouraging caregivers to thicken daal and give children the thick part of soup).

The major social and behavior change strategies in year 3 include all of the SBCC strategies Suaahara will use in year 2 plus Positive Deviance/Hearth related to the sick child (not underweight as used elsewhere). Capacity building for community and clinic outreach will focus on responsive feeding.

Specific strategies:

1. Expand community outreach through support groups and peer education

In order to help caregivers feed their children healthy and nutritious foods, Suaahara will work with all female community health volunteers (FCHVs) along with motivated social mobilizers in all 20 Suaahara districts to promote key behaviors for “1,000 day” households including pregnant women, mothers of children under two years of age and their families. Suaahara will also work through mothers’ groups and IYCF support groups. IYCF support groups are informal groups of 1,000 day women and their family members that meet on a monthly basis. Using hands-on demonstration and other participatory techniques, Suaahara will conduct 2-day ENA/EHA training of mothers’ groups. Because there are many ways to reach families, Suaahara will also promote optimal nutrition and hygiene behaviors through forest users’ groups, savings and credit groups and water users’ groups. In support group meetings and

through individual outreach, Suaahara staff will identify roles husbands and grandmothers can play—for example, promoting meat—in improving maternal and child nutrition.

Some families see support groups as burdensome. Suaahara will see if people are more likely to participate in groups if groups are “prestigious.” For example, while all women will be actively encouraged to participate in groups, “entrance requirements” such as commitment to practicing the behaviors Suaahara promotes may make it more desirable to join groups. Group members could also be encouraged to ensure that all women eligible to participate in groups are included in the club.

In addition, Suaahara will use peer educators who will be trained in remote areas where FCHVs have had a difficult time reaching households. Peer educators will encourage behavior change through informal chats and discussions with mothers.

2. Strengthen interpersonal counseling through GALIDRAA and Action/Barrier cards

Suaahara will use GALIDRAA (Greet, Ask, Listen, Identify, Discuss, Recommend, Act, Appointment) to counsel mothers and other family members during group meetings and household visits. They will also use action cards to promote optimal IYCF behaviors. Unlike counseling cards used in other parts of the world, a set of “barrier cards” will be used together with action cards. Barrier cards show the most common challenges families face as they try new IYCF behaviors (for example, not having the time to prepare nutritious meals or cost of meals).

The government uses a method of interpersonal counseling between health facility staff and clients known as GATHER. It is similar to GALIDRAA. Suaahara will work with clinicians to promote optimal IYCF and maternal nutrition practices through GATHER/GALIDRAA. Since traditional healers and pharmacists are the first point of contact when people become ill, they will also be oriented on optimal IYCF and maternal nutrition practices.

As part of its behavior change strategy, Suaahara will use Trials of Improved Practices (TIPS) to identify practices that households are willing to try. TIPS are an important part of identifying practices households consider feasible, culturally appropriate and easy to adopt. Suaahara staff will use informal market surveys to identify nutritious, locally available foods that are inexpensive and that families can buy for their children.

3. Mobilize communities through Positive Deviance

Positive deviance helps communities identify individuals from their own communities who already practice good behaviors. In Suaahara, we will use positive deviance in two ways. First, during individual and group meetings, families are asked who they know in the community who already practices each of the 4 key behaviors and what helps them practice those behaviors. This information is then used to help families overcome barriers and practice new behaviors. Second, in year 3, Suaahara will implement Positive Deviance/Hearth which is used to identify positive deviant families and the behaviors they already practice to keep their children healthy plus home-based rehabilitation sessions to help malnourished children in the community. Positive deviance may take a variety of forms and will likely not be limited to nutrition behaviors. For example, Suaahara may use positive deviance and “hearth sessions” to promote better farming and improved care for women and children.

Suaahara will work with communities to create serving plates for children that show how much food children should eat at each meal and/or what colors of food children should consume (a green part of the plate for green leafy vegetables, an orange section for orange-fleshed foods, etc.).

4. Spread the word through media

Media is a powerful way of accessing populations—especially in hard-to-reach areas. Suaahara will use media—and in particular, radio—to increase knowledge and change norms about IYCF, women’s workload and nutritional needs, food taboos and the distribution of food in the household.

5. Strengthen the government to implement programs

Suaahara will work at the ward, VDC, district and national level to promote nutrition activities. Suaahara will support the MSNP-mandated district and VDC Nutrition and Food Security Steering Committees (NFSSC), which will coordinate and oversee various nutrition programs in their respective areas. Additionally, Suaahara will assist VDCs to mobilize funds allocated for nutrition and sanitation to ensure sustainability of program activities.

Suaahara and the government of Nepal will jointly develop criteria for selecting peer educators with a special focus on dalits, janajatis, the poor and other marginalized groups. Suaahara will then help ward committees choose peer educators based on these criteria. In addition, Suaahara will work with ward committees and LNGOs to establish supervisory areas and to set targets for peer outreach.