



USAID
FROM THE AMERICAN PEOPLE

SUAAHARA
Building Strong & Smart Families

SUAAHARA, AID-367-A-11-00004

Semi-Annual Report, August 1, 2014 – January 31, 2015

Submitted to USAID/Nepal by Save the Children

February 28, 2015

This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents of this report do not necessarily reflect the views of USAID or the United States Government.

Table of Contents

List of abbreviations/acronyms	3
Executive summary.....	5
Introduction	8
Project achievements.....	8
Cross cutting themes	22
Gender equity and social inclusion	22
Social mobilization and governance	23
Monitoring, evaluation, accountability and learning.....	25
Social and behavior change communication.....	26
Human resources and finance	27
Challenges and lesson learned	28
Priorities for the next six months	29
Annexes.....	31
Annex 1: Suaahara performance against annual targets for 16 additional districts (August 1, 2014 – January 31, 2015).....	33
Annex 2: Suaahara performance against annual targets for 20 original districts (October 1, 2014 – January 31, 2015).....	40
Annex 3: Suaahara performance against annual targets for five districts (August 1, 2014 – January 31, 2015)	66
Annex 4: Updated international travel list.....	84

LIST OF ABBREVIATIONS/ACRONYMS

CAC	Citizen Action Center
CHD	Child Health Division
CHSF	Community Hygiene and Sanitation Facilitator
CLTS	Community-Led Total Sanitation
CPR	Contraceptive Prevalence Rate
CTEVT	Council for Technical Education and Vocational Training
DDC	District Development Committee
D/PHO	District/Public 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
HTSP	Healthy Timing and Spacing of Pregnancy
INP	Integrated Nutrition Package
LARC	Long Acting Reversible Contraceptives
LQAS	Lot Quality Assurance Sampling
MIYCF	Maternal Infant and Young Child Feeding
MIYCN	Maternal Infant Young Child Nutrition
MNCH-N	Maternal Newborn Child Health Nutrition
MOAD	Ministry Of Agriculture Development
MOFALD	Ministry Of Federal Affairs and Local Development
M&E	Monitoring & Evaluation
NGO	Non-governmental Organization
NHTC	National Health Training Center

ODF	Open Defecation Free
ORC	Outreach Clinic
PDQ	Partnership Defined Quality
POU	Point-of-Use
PA vial	Presence or absence (coli form) in water
PHC	Primary Health Care Center
PHO	Public Health Office
SBCC	Social Behavior Change Communication
TOT	Training of Trainers
VDC	Village Development Committee
VLT	Village Level Training
VMF	Village Model Farmer
V-WASH CC	VDC Water Sanitation and Hygiene Coordination Committee
WASH	Water Sanitation and Hygiene

EXECUTIVE SUMMARY

During the period August 1, 2014 to January 31, 2015, Suaahara concentrated on implementing quality project activities in 25 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 its geographic area to include 16 additional Feed the Future districts. All activities were implemented in close coordination with Government of Nepal bodies at the national, regional and district levels.

Major highlights this reporting period

- **30,279** home visits conducted to 1000-day households
- **2,442** female community health volunteers (FCHVs) and other social volunteers trained in a five-day maternal and infant young child nutrition (MIYCN) course
- **16,842** food demonstrations sessions conducted with 338,277 women and family members
- **Three** districts and **11** village development committees (VDC) were declared open defecation free (ODF)
- **468** education sector officials and **186** child club members oriented on school WASH management and promotion
- **1,176** Village Water, Sanitation and Hygiene Coordination Committee (V-WASH CC) members trained on WASH management and the clean house concept
- **28,077** participants participated in FCHV monthly meeting in 16 districts
- **3,308** participants involved in orientation provided in low performing Primary Health Care (PHC) – Outreach Clinics (ORC) and to Health Facility Operation Management Committee (HFOMC) members
- **1,023** service providers provided healthy timing and spacing for pregnancy (HTSP) orientation along with family planning compliance orientation in 6 districts
- **53,580** households provided with vegetable seeds to produce diverse nutrient dense vegetables at homestead garden for winter season
- **1,444** mothers of 11 districts given village model farm (VMF) training to establish Village Model and demonstration farms at community level
- **2,574** DAG HHs received chicken coop building material support and **345** received materials for toilet construction
- **1,427** key life events (out of 1,665) were celebrated in disadvantaged group (DAG) communities
- In this fiscal year (2071/2072), **496** VDCs and five municipalities of 22 districts allocated and committed a total of **NPR 38,442,286** budget on integrated nutrition promotion-related activities from VDC block grants.
- **Four out of every five people** (81.7%) who listened to the radio program reported

In the 20 original Suaahara districts, efforts focused on refining the multi-sectoral approach through the reinforcement of existing district and VDC platforms and extending reach of the program to disadvantaged groups. In the five districts added in 2014, priority was given to

scaling up activities and establishing multi-sectoral nutrition platforms in the program areas. In October 2014, Suaahara initiated expansion activities to the additional 16 districts, including the contracting of partner non-governmental organizations, orientation with regional and district-level government officials, and establishment of program offices and hiring of staff.

Suaahara conducted capacity building efforts such as MIYCN training, FCHV refresher training and orientation to traditional. Suaahara reached 1,000 days households through ward level interactions, food demonstration sessions, home visits, male interactions, key life events, ideal family celebrations and peer facilitator mobilization. Coordination and linkages with government and other stakeholders for national and district level activities were maintained. Significant progress was made on the research front: Suaahara process evaluation studies were designed and executed and a Suaahara cross-sectional dataset was used to show that frequency of listening to the *Bhanchhin Aama* radio program by the mothers is associated with child dietary practices.

Suaahara proposed the clean house concept to the Ministry of Urban Development to expand the clean and healthy village concept in phase IV of the Sanitation and Hygiene Master Plan. The clean household concept provides an expanded set of criteria and an operational mechanism for households to meet as the envisaged end product of the sanitation and hygiene technologies and practices at the household. The concept was incorporated in the Declaration of Second Joint WASH Sector Review and the National Post ODF Strategy and is being piloted jointly with district and VDC level coordination committees in selected VDCs. Suaahara contributed to organizing large WASH events, including a national workshop on post-ODF campaign. Three districts and 11 VDCs were declared ODF during this reporting period. USAID and Suaahara program have been honored by WASH committees at the district and VDC levels for their valuable contribution in ODF declaration. Suaahara addressed WASH concerns in National Health Sector Plan – III and has worked to build the capacity of partners, stakeholders and frontline workers.

Overall, Suaahara reached 95,000 households with homestead food production (HFP), helping to place homestead gardening and backyard poultry inputs, knowledge and skills in the hands of mothers and their families. Particular emphasis was given to establish VMFs at the community level for the sustainability of HFP activities. Village model farmers can be role models in their communities to demonstrate benefits of improved HFP garden and backyard poultry to others. During this reporting period, a dry season monitoring survey conducted in three clusters covering 823 sampled households reported that 37 percent households had improved homestead gardens with four to five types of vegetable diversity growing in organized plots. Ninety-two percent of households planted the vegetable seeds received from Suaahara. Fifty-three percent of households reported that the vegetables produced from their homestead gardens were enough for two meals a day in the last four months. From the chickens received from Suaahara, at least a minimum of two chickens survives, and these chickens are kept for regeneration in 64 percent of HHs.

Suaahara, Health Service Promotion worked with the Department of Health Service to provide technical and financial support to celebrate various events at national, regional and district levels. Under the guidance of National Health Training Center (NHTC), Suaahara has implemented HFOMC capacity building program in 6 districts as well as strengthening HFOMC capacity through the Community Engagement Approach (CEA) under the Gender Policy Measurement (GPM) program. Training on Long Acting Reversible Contraceptives (LARC) to service providers was initiated and completed in 8 districts. Similarly, in coordination with Family Health Division (FHD), Suaahara has provided support to organize district level PHC/ORC orientations in 8 districts and district level orientations on HTSP in 6 districts. Suaahara initiated collaboration with CHD to reinforce the importance of the newly developed Community-Based Integrated Management of Newborn and Childhood Illness (CB-IMNCI) package to train health workers.

Suaahara is continuing to give priority to integrate GESI in the design and implementation of all of activities. It ensured that all trainings, materials and interventions incorporate a GESI perspective. GESI indicators were also integrated into the internal monitoring system that allows analysis to compare and measure the degree to which Suaahara has been able to reach DAG households and address the disparities among different social groups. Suaahara program meaningfully accelerated social mobilization and governance activities in 25 districts. Suaahara helped to facilitate the allocation and commitment of local resources in 496 VDCs and five Municipalities of 22 districts, resulting in NPR 38,442,286 budget for integrated nutrition promotion related activities from VDC block grants. The *Bhanchhin Aama* (“*Mother says*”) communication platform comprehensively integrated SBCC messages and activities about nutrition with WASH, agriculture and health services promotion at all levels through social mobilization, mass media, and print materials for interpersonal communication. Key life events celebration and acknowledging the ideal family has become key for engaging new 1,000 days mothers in the program and a turning point for the family in practicing key nutrition and health behaviors with pride.

The first round of outcome monitoring of key Suaahara indicators was initiated in new 16 district using LQAS methodology. A data quality audit (DQA) was conducted in 18 districts and assessed the overall monitoring system and accuracy, integrity and validity of data using the DQA tool. The Most Significant Change (MSC) technique is decided to be one of the techniques to monitor and document changes and is being scaled up.

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 25 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: Improved household health and nutritional behaviors

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

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

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

In addition to the above the results areas, Suaahara has four crosscutting 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, 2014 to January 31, 2015.

PROJECT ACHIEVEMENTS

The following sections provide highlights of key achievements during the reporting period. Progress against the Suaahara workplan has been included in the Annexes. Three different sections are included to represent progress in the original 20 districts, in the five additional districts added in year three and in the recently added 16 districts. The rationale for this division was due to the varying timeframes used for the year four workplan.

IR1. IMPROVED HOUSEHOLD HEALTH AND NUTRITIONAL BEHAVIORS

ESSENTIAL NUTRITION ACTIONS

- **2,764** (women and family members: 90% female) reached through ward level interactions
- **30,279** home visits conducted to 1000-day households
- **2,148** health and non-health workers(45% female) trained in 6 days maternal infant young child nutrition (MIYCN)
- **2,442** FCHVs other social volunteers (96% female) trained in 5 days MIYCN
- **348** FCHVs received refresher training on MIYCN
- 4,938 people trained in nutrition (through all MIYCN trainings)
- **16,842** food demonstrations sessions conducted with 338,277 women and family members
- **460** traditional healers oriented on integrated nutrition program
- **367** peer facilitators (1,000-day women and family members of DAG VDCs) mobilized

CAPACITY BUILDING EFFORTS

Expanding MIYCN coverage in new Suaahara districts

To enable health and non-health workers to gain knowledge on the importance of breastfeeding, complementary feeding, maternal nutrition, care of sick child, emergency nutrition, growth monitoring as well as counseling skills for improved nutrition during the first 1,000 days, Suaahara held a six-day an MIYCN training for 2,148 health and non-health workers of Accham, Doti, Dadeldhura and Nuwakot; in addition, Suaahara trained 114 Suaahara staffs on MIYCN. Subsequently, these participants conducted a five-day MIYCN training for 2,442 FCHVs and social mobilizers . The MIYCN training was also provided to 551 newly recruited/ transferred health and non-health district level staff in 12 of the initial 20 districts.

Ensuring quality through refresher trainings for FCHVs

Two-day refresher training for 348 FCHVs on integrated nutrition actions (health/family planning, WASH and nutrition) was conducted in collaboration with District/Public Health Offices (D/PHOs) of two districts. Anecdotal evidence suggests that the refresher training has resulted in more engaging discussions during health mothers' group meetings.

Increasing contact points with households through traditional healers

Suaahara conducted a one-day orientation on integrated nutrition actions (health/family planning, WASH, and nutrition), with an emphasis on care for sick children, to 460 traditional healers and religious leaders in four districts (Gorkha, Rasuwa, Solukhumbu and Lamjung). As a result of this orientation, referrals of sick children to health facilities and providing nutrition counseling to 1,000 days household members have been observed among traditional healers.

REACHING 1,000 DAYS HOUSEHOLDS

Ward level interactions

With support from Suaahara Field Supervisors, trained FCHVs conducted ward level interactions on MIYCN using pictorial books with 2,764 1,000 days mothers and family members in seven of 20 VDCs of Dadeldhura. The purpose of this activity was



An FCHV shows a pictorial booklet to mothers

to spread MIYCN messages, enable mothers to overcome barriers to practicing optimal health and nutrition behaviors and encourage family members to support 1,000 days mothers. Similarly, male interaction programs were organized in Lamjung to sensitize 2,206 men on the importance of integrated nutrition actions and the support required by 1,000 days mothers to practice optimal health and nutrition behaviors.

Nutritious food demonstrations

Suaahara uses nutritious food demonstration sessions in order to provide hands-on experiences for women to create nutritious food for themselves and their children. These demonstrations also help to regularize health mothers' group meetings and Citizen Awareness Center (CAC) sessions. In addition to the food demonstrations, Suaahara staffs include behavior change sessions regarding hygiene behaviors so that family members and mothers can easily implement these new actions at the household level. In this reporting period, 16,842 sessions (approximately 2 sessions per ward every three months) were conducted on preparation of nutritious jaulo, *lito* and pumpkin pudding with introduction of new dishes. A total of 338,277 participants (an average of 20 per session) attended the demonstration sessions where the focus was on increasing dietary diversity using new recipes. The participants were 1,000 days women (47%) and family members with 10% male participation.



Nutritious food demonstration being done by FCHV

"The health mothers' group meetings are held regularly now and food demonstration sessions during these meetings have particularly appealed to 1,000 days mothers to participate. This has enhanced fruitful discussions on integrated messages including maternal and child health related issues, hygiene and sanitation, and homestead food production. Since these meetings have also been utilized for discussions on services provided by health facilities, service utilization through health facilities, primary health care center and outreach clinic (PHC-ORC) and EPI clinics has increased."

-Chandra Bhusan Thakur, Health Post In-Charge, Goljung, Rasuwa

Bringing nutrition services to the household level

Field Supervisors visited 30,279 1,000 days households (32% DAG households) to assist in adoption of health, WASH and nutrition behaviors promoted by Suaahara using an integrated checklist that is placed on smart phones used by the Field Supervisors. These data are sent to a central database for all the input/activity level data. In addition, Field Supervisors monitor the status of homestead food production gardens, management of poultry, and encouraged families to listen to *Bhanchhin Aama* radio program. There are currently 605 smart phones being used by Field Supervisors.

Recognizing the importance of reaching DAG communities, Suaahara has developed a peer facilitator strategy to reach the most-at-risk communities. Suaahara has mobilized 367 peer facilitators from mothers group in disadvantaged VDCs of four demonstration districts: Bajhang, Rupandehi, Sindhupalchok and Bhojpur. The peer facilitators facilitate change in social and household norms, address barriers to new nutrition behavior adoption and reinforce key messages at household level in support of the work by FCHVs. While this is a pilot activity, Suaahara is rigorously evaluating the success of this program to have an impact on nutrition-related behaviors. Results from the evaluation will be available in June 2015.

Key life events and ideal family recognition

During key life event celebrations, CAC and health mothers' group members visit 1,000 days households to share and reinforce event-related messages along with gifts (locally available nutritious foods) for pregnant women and postnatal mothers. The purpose of this activity is to reinforce local customs of visiting a household during significant life events such as fourth month of pregnancy, around the time of delivery and around the time of the 6-month rice feeding ceremony. The other purpose of key life celebrations is to identify new 1,000 day HH with timed and targeted counselling and link them with CAC and the WCF and health mothers groups. During these visits, Suaahara staff also engage household members and request their support 1,000 days women to be able to practice optimal health and nutrition behaviours. Suaahara gives priority to DAG households that are most vulnerable to poor nutrition outcomes. Within this period, 1,665 key life events (89% DAG households) were celebrated.

Ideal families are identified as 1,000-day families that have adopted four or more of Suaahara's seven key behaviours. The campaign uses a strategy of publicly recognizing these ideal families that support healthy practices and to encourage the rest of the community to adopt and practice these recommended behaviours. During this reporting period, more than 81 ideal families were acknowledged during community-level events.

Integrated nutrition corner

Suaahara established integrated nutrition corners in 118 health facilities and outreach clinics. The purpose of these corners was to support counseling by health workers by displaying locally available nutritious foods, hand washing materials, family planning and information, education and communication materials with key messages on nutrition, WASH and health/family planning. Anecdotal evidence suggests that these corners serve as a counseling area for program beneficiaries who seek services at the health facilities.



Integrated nutrition corner in Kalika sub-health post, Sindhupalchowk

Nutrition related celebrations

In coordination with D/PHO and multi-sector stakeholders nutrition-related days such as World Breastfeeding Week, FCHV Day, and World Egg Day were celebrated. The purpose of these celebrations was to raise awareness and disseminate key nutrition messages through flex print, jingles and rallies. These celebration events were not only limited to the district level but held at the community level as well.

NUTRITION IN EMERGENCY

During one-day district level workshop a total of 47 vulnerable VDCs were identified. Following this workshop two-day workshop with District Disaster Relief Committee and VDC Nutrition and Food Security Steering Committee were held in 43 VDCs to prepare the VDC level disaster response and preparedness plan.

A peer facilitator helps facilitate nutrition initiatives in her community

Radha Giri of ward no. 5, Manpakadi VDC, Rupandehi has been working as a peer facilitator for the past six months. Radha was nominated to this volunteer position by the FCHV in her ward, Daris Chaudhary.

Realizing that it is difficult for a single FCHV to reach all 1,000 days population particularly in hard to reach places, Suaahara is now piloting peer facilitators in a few districts to assess acceptance and effectiveness of the approach. As the peer facilitator, Giri, received training on nutrition, health, WASH and family planning. She is now actively counseling 1000-day mothers on the importance of eating a nutritious diet, hand washing and using a toilet as well as encouraging pregnant women to visit health facilities for antenatal check-ups and often accompanying them to make sure they go.

The Auxiliary Nurse Midwife of Manpakadi health post is thrilled that after Giri assumed the role of peer facilitator patient flow to the health facility has increased and FCHV Chaudhary is happy to have support especially during health campaigns (e.g. recent immunization campaign). Giri is pleased to be of service to her community, glad that women in her neighborhood come to her for health advice and feels she has gained confidence as a result of her new role.

- **Three** districts and **11** VDCs declared ODF
- **172** health workers oriented on the integration of WASH concepts in client interactions at health facilities and supporting ODF and post-ODF clean house concepts
- **468** education sector officials and **186** child club members oriented on school WASH management and promotion
- **1,176** V-WASH CC members trained on WASH management and the clean house concept
- **393** partner staffs and **240** FCHVs and **59** social mobilizers oriented on the clean house concept
- **274** community WASH triggering events held; **6,208** people participated
- **16,842** hand washing station established building awareness among 338,277 people

ESSENTIAL HYGIENE ACTIONS

STRENGTHENING LOCAL INSTITUTIONS IN WASH

To strengthen existing platforms at the district-, municipality- and VDC-levels, Suaahara supported all 25 D-WASH CCs, 2 M-WASH CCs and 106 V-WASH CCs to regularize meetings and continue sharing, planning and promoting interventions. To date, Suaahara has helped to facilitate 59 meetings at D-WASH CC, 2 meetings at M-WASH CC and 117 meeting at V-WASH CC levels. Suaahara helped to create an environment where women and DAG members could put forward their concerns to WASH CC members in the meetings. Suaahara also shared the clean house concept for acceptance and wider promotion and facilitated the review of WASH CC plans and strategies. It prioritized to develop a system of managing and updating WASH-related database in all secretariats of D-WASH CC, M-WASH CCs and V-WASH CCs.

BUILDING WASH CAPACITY

Building capacity of the Suaahara program team, stakeholders and frontline workers on the clean house concept was a major focus during this program period to ensure better planning, operation and management of the concept.

The program has taken an innovative approach to trigger health and education sector officials to explore opportunities to inspire Suaahara's target audience with innovative tools and methods to address WASH issues. In addition, the program trained frontline workers on the clean house concept and ODF campaigning.

Suaahara trained 31 program staffs with a four-day comprehensive WASH training and 393 partner staffs; community, hygiene and sanitation facilitators were trained in a five-day WASH training of trainers. Suaahara conducted district, VDC and community level capacity building training on the clean house concept, ODF campaigning and sustainable management of post ODF activities where 1,176 V-WASH CC members are trained. Similarly, Suaahara provided an orientation on the clean house concept and school WASH activities to 240 FCHVs and 186-child club. Suaahara provided 172 government health workers with a WASH orientation, where triggering exercises were performed to integrate WASH concept in client interactions at the health facilities and support for ODF, post-ODF and the clean house concept. Similarly, 468 education officials were trained on promoting school WASH and the clean house concept through the child-to-parent approach. Four district WASH conferences were held in Dolakha, Doti, Baitadi and Sankhuwasabha districts inspiring participants to create greater impact on creating wider hygiene and sanitation awareness.

HOUSEHOLD LEVEL HYGIENE BEHAVIOR PROMOTION

To promote better hygiene behavior at the household level, Suaahara conducted demonstrations and interaction sessions in health mothers' groups, WCFs, CACs to raise awareness and knowledge levels; in addition, Suaahara staff conducted household visits and community triggering events, PA vial tests, discussions on the local water safety plan, point of use (POU) water treatment at the household level, and hand washing corners. To supplement these household and community level activities, Suaahara placed hoarding boards with WASH messages at strategic locations and integrated WASH messages into its Bhanchhin Aama radio program.

To date, 84,585 mothers and their family members have received hygiene awareness messages through health mothers' group meetings, 36,574 people through day celebrations, 6,208 mothers and their family members through community triggering sessions, 2,303 mothers, family members and V-WASH CC members through PA vial testing. Approximately 21,000 people participated in district ODF declaration ceremonies and received comprehensive hygiene and sanitation messages and 2,887 people contributed to the design of district WASH promotional strategies through district WASH conferences held in Doti, Dolakha, Baitadi and Sankhuwasabha.

Suaahara has provided construction materials to 354 DAG families, supported the establishment of 17,239 (3,611 new and 12,385 continued) hand washing stations and conducted WCF interactions and 30,279 household visits with WASH and integrated nutrition messages.

SUPPORTING THE ODF MOVEMENT

Suaahara continues to support the burgeoning ODF movement in Suaahara districts, which to date continues to build momentum towards a cleaner and healthier Nepal. At the moment, 11 VDCs and three districts Bajura, Gorkha and Lamjung are declared ODF as a result of Suaahara support.



Celebrating ODF declaration day in
Majhgaun VDC, Bajhang

Washing away Childhood Disease: Moving towards a cleaner Nepal

Change is washing over the Lamatola VDC of Bajhang District in Far Western Nepal. In May of 2014, the VDC was declared a WASH (water, sanitation and hygiene) VDC, because every household has and uses a toilet, practices hand washing with soap and water, treats water before drinking it and engages in other essential hygiene actions. Mallechwari Boagati witnessed dramatic change over the course of the decade that she has been working as an FCHV in Lamatola. She says, "Parents are being more careful about hand washing and about feeding their children nutritious food. The children are sick less often and when they get sick, they are strong enough to recover." As sanitation and hygiene practices in Lamatola improved so did the health of those that live there adds Boagati.

FCHVs, like Mallechwari, and other communication messengers have played a critical role in bringing about this transformation in Lamatola. The USAID-funded Suaahara program provided FCHVs with trainings on sanitation and hygiene messages, which they skillfully disseminated to parents through health mothers' group meetings and home visits. Suaahara buttresses this interpersonal communication approach with an FM radio broadcast, *Bhanchhin Aama* (Mother knows best). Many of Lamatola's residents regularly listen to this radio drama, and it has become popular among mothers, with discussions regularly held during health mothers groups.

In Lamatole, Suaahara has supported a member from the community to serve as the CHSF, Samita Nepali. As the CHSF, Samita has organized events to help raise awareness about WASH. She worked with the community's child clubs to encourage good hygiene and sanitation practices amongst child club members and to promote the use of latrines in their homes. When Samita found that not all family members were using their latrines, she distributed whistles to child club members who would blow their whistles whenever they saw anyone defecating in the open. Mallechwari Boagati has reported that the residents of Lamatola have done more than adopt good sanitation and hygiene practices, they have adopted a culture of good health and of seeking out information about health. The people of Lamatola are washing away disease and ushering in good health.



FCHV Mallechwari Boagati
demonstrates hand-washing

Suaahara is promoting good hygiene and sanitation practices at the household level. When accomplished by a household, it can be certified as a "clean house". The idea is to empower communities to keep a clean house, a clean village and a clean city, leading towards a healthier Nepal.

IR 2: INCREASED USE OF QUALITY NUTRITION AND HEALTH SERVICES BY WOMEN AND CHILDREN

- **77** health facilities provided equipment, utensils and materials such as stethoscope, fetoscope, salter scale, digital thermometer, bathroom scale, blood pressure set, mattress, blanket, delivery bed, autoclave etc. to improve health worker efficiency and the service quality
- **28,077** participants participated in FCHVs monthly meeting in 16 districts
- **3,308** participants participated in the three-day HFOMC capacity building program and **10,961** participants participated in regular HFOMC meetings in 12 districts
- **1,092** HFOMC members actively participated in the review meeting from 77 health facilities
- **3,308** participants were provided orientations in low performing PHC-ORC and to HFOMC committee members
- **20** service providers trained in IUCD and implant use from 8 districts under the leadership of National Health Training Center (NHTC)
- **1,023** service providers provided HTSP orientation along with family planning compliance orientation in 6 districts
- Provided technical and logistic support during National Family Planning Day Celebration and FCHV Day Celebration at the central, regional and district level

CAPACITY BUILDING

Improving providers' ability to implement quality service delivery

Suaahara organized workshops to strengthen the quality of health services and nutrition program in four districts (Nuwakot, Parbat, Baitadi and Dadeldhura) with an objective to identify district specific needs related to service delivery. The workshops helped to develop action plans to address the issues identified by the health workers. Altogether 297 health workers participated in the workshop.

Enhancing health service delivery

Under the leadership of NHTC, a three-day HFOMC capacity building curriculum (trainer's guide, participant's handbook, and review workshop guidelines) was finalized. The curriculum was revised focusing on GESI component with new updates and changes. The NHTC has endorsed the final revised HFOMC curriculum.

To strengthen the capacity of HFOMCs to reach marginalized communities and make health services more inclusive, the Suaahara program, in coordination with NHTC, implemented HFOMCs capacity building training of trainers to health facilities in-charges and district supervisors in six districts (Sankhuwasabha, Manang, Darchula, Bajhang, Dolakha and Sindhupalchowk). Altogether 127 participated in the ToT program. After this, in coordination with district



Revised HFOMC training curriculum being endorsed by NHTC Director

authorities a three-day HFOMC training was initiated at health facility level where 3,308 participants participated.

Suaahara also provided technical support to encourage HFOMCs to conduct monthly meetings regularly, using the Partnership Defined Quality (PDQ) approach. Altogether, 720 meetings were held in six districts (Dolakha, Sindhupalchowk, Rasuwa, Solukhumbu, Bhojpur, Sankhuwasabha) with 10,961 participants involved in the meetings.

To evaluate the enhanced capacity and progress of HFOMCs within six months of the training provided, a one-day review meeting was organized at health facilities in Bajhang, Darchula, Dolakha, Sindhupalchowk, Rasuwa and Sankhuwasabha. Altogether, 1,092 HFOMC actively participated in the meetings from 77 health facilities. The HFOMCs, together with the community and health facility staffs, jointly identified key health service related issues, priorities and developed an action plan where the HFOMC members committed to deliver quality health services to the mothers and children.

Strengthening HFOMC capacity through Community Engagement Approach (CEA)

Under the Gender Policy Measurement (GPM) program, strengthening HFOMC capacity through Community Engagement Approach (CEA) was implemented in Baglung district and only GESI integrated HFOMC approach was implemented in Syangja district to strengthen the engagement and communication between HFOMCs and communities. The GPM program focused on reforming all existing HFOMC as per the existing guideline and enhancing their capacity through CEA training. For this a seven-day district ToT on strengthening HFOMC capacity through CEA was organized in Pokhara where 30 participants participated.



Soniya Thapa with her daughter

Community concerns reaching the right place

Twenty two year old Soniya Thapa from Singana VDC, Lamichaur-9 is a mother of two children. At sixteen, still a child, she gave birth to her first child at home not knowing anything about raising a child. When she was pregnant for the second time, she learned about health and nutrition and the importance of giving birth in a health facility through USAID-funded Suaahara program. As a result, she delivered her second child in Dhualagiri Hospital.

One of the many things that Soniya points out is that while she came to know about the importance of antenatal checkups, she was hesitant to go to the health post because they did not have a separate place for check-up. When the HFOMC members came to her community for interaction and asked about the problems they face, she was very happy to place her concerns. Many of the community women pointed out their major concern particularly in regard to a separate room for check-up and building a birthing center.

Today, the health post has a separate room for women's health check-up and the HFOMC members are working towards building a birthing center. "... I am not sure if our concerns would have been heard, had the HFOMC members not come down to talk to us. It is good to know that our issues are reaching the right place and that our problems will eventually be solved," smiles Soniya.

An HFOMC reformulation process was initiated with support from district authorities in 2 VDCs of Baglung this reporting period. After the reformulation, the newly formed HFOMC members were trained in a three-day HFOMC curriculum. Twenty-four HFOMC members participated in this training. A three-day CEA training package was developed to complement the existing HFOMC training to reach out to the DAG communities with the

intention to bridge the gap between service providers and the community, engage community in service demand and to create a momentum to voice their health concerns. The CEA training package and one-day orientation curriculum for community mobilizers was approved by the NHTC. Based on the approved package, the CEA training to HFOMC members and one-day orientation to community mobilizers was conducted in Bihunkot VDC, Baglung. An HFOMC review workshop was completed in Tangram VDC, one of the pilot VDCs of CEA approach in Baglung district. The CEA pilot dissemination meeting was organized in Baglung where major findings of the 6 months pilot program in the 6 VDCs of Baglung were shared. On the basis of the findings, the tools and techniques were revised and finalized to scale up the program in the remaining VDCs.

INCREASING ACCESSIBILITY OF NUTRITION AND MATERNAL AND CHILD HEALTH SERVICES

The DOHS has started PHC-ORC services to make basic health services available in rural areas and to disadvantaged groups. The Suaahara program is working towards increasing PHC-ORC functionality of these centers to improve maternal, newborn and child health (MNCH) and family planning (FP) services. Suaahara conducted district level orientation to strengthen PHC-ORC services in eight districts (Gorkha, Solukhumbu, Sankhuwasabha, Taplejung, Bhojpur, Baitadi, Accham and Dadeldhura) where 199 participated (Male – 161 and Female – 38). Another orientation in low performing PHC-ORC and to HFOMC committee members was also conducted in six districts (Bhojpur, Taplejung, Sankhuwasabha, Baitadi, Bajura and Syangja) where 3,308 participated (Male – 1,522 and Female 1,785) through 161 events. The orientation has motivated the ORC committee and HFOMC members to observe the services provided by PHC-ORCs. To strengthen outreach clinic service utilization, one-day community level interactions were conducted in seven districts with community leaders, teachers, traditional healers and influential people of the community. In coordination with local authorities, Suaahara also supported essential equipment and materials worth NPR12, 000 per health facility in 77 health facilities.

Suaahara supported to regularization of FCHVs monthly meetings, resulting in a total of 2,222 meetings being conducted in 16 districts where 28,077 people participated.

HEALTHY TIMING AND SPACING FOR PREGNANCY

In order to improve counseling services of health service providers on HTSP and nutrition, Suaahara completed district level orientations on HTSP in Baitadi and Dadeldhura where 43 participants (Male – 35 and Female – 8) participated. The HTSP orientations were rolled out in 6 districts (Baitadi, Sankhuwasabha, Bhojpur, Myagdi, Syangja and Rupandehi) where 1,023 participated. During these orientations, family planning compliance orientation, as required by USAID, was also provided.

Suaahara, together with NHTC, provided IUCD training to eight providers and implant training to 12 providers from eight districts and provided two sets of IUCDs and Implants for each provider to start services at their respective health facility.

Support for D/PHO review meetings were provided in various Suaahara districts. These meetings mainly focused on progress status, preparation of action plan for the coming quarter, sharing possible areas for collaboration with external development partners, and issues, problem and challenges faced in the field during the program implementation. Similarly, Suaahara provided support for reproductive health coordination committee meetings that mainly focused on issues and challenges concerning family planning, maternal and child health, nutrition and collaborative work in the district. To ensure that the key commodities as well as quality of health services related to maternal and child, family planning and nutrition are provided, 272 health facilities were monitored.

IR 3: INCREASED CONSUMPTION OF DIVERSE AND NUTRITIOUS FOOD BY WOMEN AND CHILDREN

- **28** homestead food production (HFP) master trainers and **349** HFP district trainers developed for five new districts
- **53,580** households provided with vegetable seeds to produce diverse nutrient dense vegetables at homestead garden for winter season
- **8,877** households received eight-week brooded chicks of improved breeds (Newhampshire, Giriraj and Black Australorp)
- **1,444** mothers of 11 districts given VMF training to establish village model and demonstration farms at community level
- **2,574** DAG HHs received chicken coop building material support
- **62,676** saplings of orange-fleshed sweet potato distributed to households
- **177** VMFs given seed production training to develop as seed producers

ENHANCING CAPACITY AND SKILL OF VILLAGE MODEL FARMERS

A five-day training helped 1,444 VMFs to increase their social mobilization, group facilitation, communication, coordination and leadership skills that are essential to serve as a resource person. Since this training is not enough to develop a small enterprise to increase community's access to improved agriculture inputs like seeds, chicks, and vaccine, another need based specialization training on seed production and collective marketing was provided to a few VMFs.

Seed Production Training

Suaahara has been distributing seeds of nutrient dense vegetables to support families to grow diverse nutrient dense vegetables; a few of these vegetable seeds can be complex to produce at the household level. For this, Suaahara conducted a three-day training to 167 VMFs to create household-level seed producers in remote districts of Darchula, Bajhang, Bajura and Sankhuwasabha where improved seeds of diverse vegetables are not easily available. This training is aimed to produce nutrient-dense vegetables seeds at the community level so that seeds are available even after the Suaahara program ends.

Collective Marketing Training

Suaahara provided collective marketing training to selected VMFs of Rasuwa, Dolakha, Taplejung and Sankhuwasabha districts to help market agriculture produce. The training aimed to support marketing of small-scale surplus produce of 1,000 days mothers to help improve economies of scale. Basic support materials for marketing, such as weighing scales, crates and packaging plastic, were provided to the village model farmers.



Improved HFP garden of Mina Singh, Darchula

INITIATIVES TOWARDS DEVELOPING A MARKET FOR ORANGE FLESHED SWEET POTATOES

The orange-fleshed sweet potato (OFSP), also called Helen Sweet Potato, is gaining popularity among producers and consumers for its high nutrient value at a low cost. Mothers from Rasuwa and Dolakha districts were able to produce surplus OFSP with improved gardening practices. Suaahara assisted households from these districts to connect with

potential consumers in the Kathmandu valley, including a small farmer's market at Phora Durbar. Monitoring of the success of this initiative will continue in the coming months.

SUPPORT FOR COOP CONSTRUCTION IN DAG COMMUNITIES

Disadvantaged households were provided NPR 1,500 worth of support per household for the construction of semi-intensive poultry coop using locally available materials. The mothers groups in each ward identified the households. Regular monitoring by the district and local NGO team as well as District Livestock Office (DLSO) ensured that only DAG households received the support and that the resources were properly utilized. During this reporting period, 2,574 DAG households were supported for the construction of semi-intensive coops in different Suaahara districts.



Monitoring of a coop in a DAG household in

Reaping agriculture and nutrition benefits through group registration

Pragati Mahila Krishak Samuha, a homestead food production (HFP) group focused on increasing nutritious and diversified food access in their community, has appreciatively justified the statement, 'where there is a will, there is a way', leading by example. The group comprising of 27 women from socio-economically disadvantaged groups was formed during the two days community level homestead food production training organized by Suaahara program. Altogether 167 HFP groups were formed in Rupandehi district during Suaahara's training, however, this group of Paryagadh, Gajedi VDC was the one that became the first to cross the border and get directly connected with District Agriculture Development Office (DADO) through the legal registration process. The group members now have increased access to the services offered by DADO and service centers.



Ram Bahadur Khatri, Plant Protection Officer from DADO, explains that the capacity building training, seed support, exposure visit and other youth targeted programs are some of the common and routine services provided to the registered group by DADO through its service centers.



The *Pragati* group members collect NPR 50 each month to promote homestead food production practice. They saved up to NPR 14,000 last November (2014) and also provide loans to group members at 2% interest per month. Bimala Yadav, chairperson of the group says that in addition to this they also collected NPR100 from each member to cover the travel cost incurred during registration of the group in the district headquarter. The remaining amount was added to the group's saving.

Sangita Singh, vice secretary of the group, says "After the formation of the group, we have already received four kilograms of lentils and one kilogram of mustard for free from Agriculture Service Center under DADO. It was distributed to five members of the group. If we receive the seed support again, we will distribute it to other members as well."

Sangita, the chairperson of the group members, is also trained as the village model farmer by Suaahara program. The group members are excited to have a resource person who will be able help them further develop their skills for improved gardening practices.

WORKING IN COORDINATION WITH GOVERNMENT TO SUSTAIN HFP

Involving government stakeholders at different levels from community to national levels has been a top priority during all stages of the implementation of homestead food production program. The Suaahara-Agriculture Advisory group meeting, consultative meeting with agriculture and livestock services offices and the supportive monitoring visits held during this reporting period provided an overall supervision for maintaining the quality of HFP program and helped to build ownership of the government of Nepal in supporting and sustaining HFP results at the household level.

Through a strong coordination with Regional Agriculture Training Centers and respective District Agriculture Development Offices, 15 VMFs from Mustang, Manang, Baglung, Myagdi and Gorkha were participated in a 51-day Village Agriculture Workers (VAW) training organized by DOA/MOAD at Regional Agriculture Training Center, Pokhara. After VAW training, VMF will be eligible for junior technical assistant (JTA) conducted by Council for Technical Education and Vocational Training, tapping resources allocated under DADO/DLSO's various programs including the Youth Employment Program.

HFPB groups (2 each in Rupandehi and Sindhupalchowk) are registered with DADO and many more are in the process of being registered. DLSO Rasuwa has allocated NPR 85,000 to establish a brooding center of improved chicks at the community level; whereas the DLSO Nuwakot distributed 3,000 dual purpose chicken breeds of poultry to 1,000 days mothers. DLSO Baglung and Sankhuwasabha organized Newcastle disease vaccination campaigns to vaccinate 65,000 and 150,000 poultry birds respectively against Newcastle disease.

INCREASING KNOWLEDGE ON NUTRITION OF LOCALLY AVAILABLE FOODS

Food Fairs, Song Competitions and Seasonal Exhibitions

To sensitize communities on the importance of diversity in complementary food, Suaahara organized complementary food demonstration using locally available foods in 16 local fairs and festivals across the Suaahara working districts.

Folk songs are very popular and inspire audiences to be more receptive to new messages, in addition to aiding in the long-term retention of information. In many districts, song competitions were celebrated through the Teej festival with a broad array of activities for the promotion of locally available nutritious food items and easy-to-follow recipes.

Diversified locally grown healthy and nutritious food like pumpkin, broad leaf mustard, kangkong (water spinach), and Helen sweet potatoes were exhibited in the seasonal exhibition of nutritious diverse food'. Exhibitions were conducted in Bhajang and some districts of the Pokhara cluster with the objective of promoting HFP gardening, which will ultimately help in regularization of HFPB group meetings.

IR 4: STRENGTHENED COORDINATION ON NUTRITION BETWEEN GOVERNMENT AND OTHER STAKEHOLDERS

Under the leadership of Child Health Division, Suaahara conducted orientations in Nepalgunj for regional and district stakeholders of the 21 expansion districts. Regional level participants included Regional Health Directors and Regional Focal Person of Central, Western, Mid-western and Far Western development regions. District level participants were District/ Public Health Officers and Public Health Officers of 21 districts.

Quarterly updates for activities reflected in the Red Book of fiscal year 2070-71 have been submitted to the Nutrition Section, Child Health Division. Suaahara staff provided support during the national Vitamin A supplementation campaign in *Kartik*. The program has continued its coordination with various implementing partners via the Emergency Nutrition Cluster, MIYCF Core Group and Nepal Nutrition Group.

At the policy level, Suaahara participated in the NPC-led high-level nutrition and food security coordination committee and advocated for the need of VDC level implementation guidelines to roll out MNSP activities. Suaahara also contributed to the development of nutrition thematic paper for Nepal Health Sector Programme 2015-2020 (NHSP III).

CROSS CUTTING THEMES

GENDER EQUITY AND SOCIAL INCLUSION

- **10% Dalit caste** VMF trained/refreshed and developed HFP leadership
- **13,769** women participated in planning process to voice their agenda, using WCFs as a vehicle
- **22,029** CACs exposed through an interactive sessions of *Bhanchhin Aama* radio and social mobilization.
- **2,206** men engaged through the activities of WLI, food demonstration and hand washing sessions, tradition healer training and MIYCN sessions
- **15,465** men mobilized through WCF quarterly meetings
- **6,943** DAG households reached through home visits and counseling to women and family members; and **3,030** reached through follow-up visits and counseling
- **2,574** DAG households supported for coop construction and **345** for toilet construction

INTEGRATION OF GESI IN HEALTH GOVERNANCE

The GESI-integrated HFOMC and CEA curriculum was finalized and endorsed by the NHTC and has been rolled out in districts to increase its members' responsiveness to the needs of women and other marginalized groups. The participation of women and DAG is ensured while reformulating of HFOMC in Baglung and Syangja. During the reformulation process, the importance of their participation in local governance and community decision-making was emphasized as well as support from the community and family members to increase women's nomination as HFOMC members was highlighted. The pilot report of GESI intervention in health governance has been prepared and shared to concerned stakeholders.

ENGAGING MEN AND KEY INFLUENTIAL INDIVIDUALS

Suaahara continues to engage men and other family key members to create an enabling environment and to build a supportive environment for 1,000 days mothers and children. Major topics discussed with these individuals include their role in sharing workload and reducing work burden of women, their role in rearing and caring children and transforming gender roles and ensuring women's access to and control over food and nutritional resources. These messages are reinforced through radio programs as well.

REACHING OUT TO DAG HOUSEHOLDS AND COMMUNITIES

DAG mapping has been instrumental to take a number of affirmative action to reach DAG households and increase their participation in program activities. Materials support for coop and toilet construction was provided to the most marginalized households. The peer facilitator intervention is ongoing to increase the reach and coverage in DAG communities. The number of CAC and WCF has increased for social mobilization activities and the participation of DAG 1,000 days mothers in radio listeners' group discussions through these community platforms has also increased. In addition, the voice and reflections of DAG women and men are collected through the process of HFOMC capacity building and translated into action plans to improve the quality and access of health services.

EMPOWERING WOMEN THROUGH TRAINING, SBCC AND INTERACTIVE SESSIONS

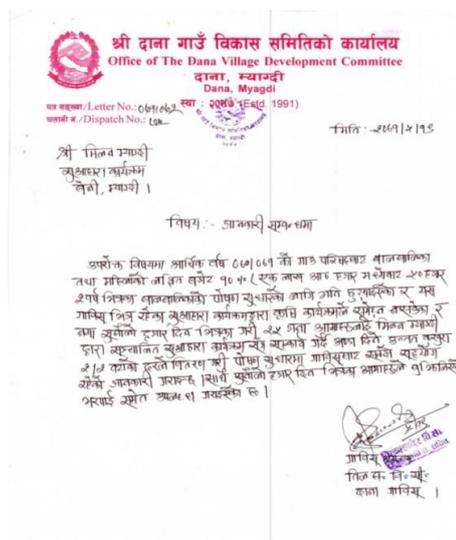
Suaahara facilitated processes where women’s potential can grow and eventually lead them to become community leaders and resource persons, with the peer facilitator pilot program and VMFs being two examples. Peer facilitators are continuing to mobilize and reach DAG households, DAG women are participating in planning process to voice their agenda through different community platforms and thousands of women are exposed through interactive sessions of *Bhanchhin Aama* radio and social mobilization. All of these have proved to be useful mediums for changing existing gender and social norms and promoting nutritional behavior. It portrays women from DAG communities as knowledgeable, empowered and confident and encourages them to be good resource persons for their community.

SOCIAL MOBILIZATION AND GOVERNANCE

- In this fiscal year (2071/2072), **496** VDCs and five Municipalities of **22** districts allocated and committed a total of **NPR 38,442,286** budget on integrated nutrition promotion related activities from VDC block grants.
- In the last fiscal year (2070/2071), **150** VDCs, one DDC and one Municipality of **13** districts allocated and committed **NPR 13,213,603**. From this amount, NPR **9,673,303** is already spent on integrated nutrition promotion related activities.

MEETINGS AND ORIENTATION

Twenty-four districts conducted district Nutrition and Food Security Steering Committee meetings in line with the Ministry Of Federal Affairs and Local Development and National Planning Commission guidelines. Seventy-two VDCs have formed VDC-level Nutrition and Food Security Steering Committees. To date, there are 927 VDC-level Nutrition and Food Security Steering Committees in 21 districts. All of these committees are continuing their half yearly meetings. A one-day District/VDC/Municipality level consultative meeting was conducted in five new expansion districts conducted. These new expansion districts accomplished five events of three-day orientations on Social Mobilization and Governance for Social Mobilizers and Field Supervisors (25% DAG VDCs). Nine hundred two orientations were conducted to WCF members including 1,000 days mothers in 908 DAG WCFs. Likewise, 884 DAG WCFs discussed integrated nutrition related issues in the meetings during this reporting period. Seven districts accomplished quarterly reflection and capacity building orientations for 3,003 community facilitators. Suaahara has facilitated discussion programs on the *Bhanchhin Aama* radio program in 239 DAG VDCs through the CACs in each VDC. Seventeen districts conducted Review and Reflection meetings for VDC secretaries, Social Mobilizers and Field Supervisors.



Information letter from Dana VDC, Myagdi district describing poultry distribution to new 1,000 days mother

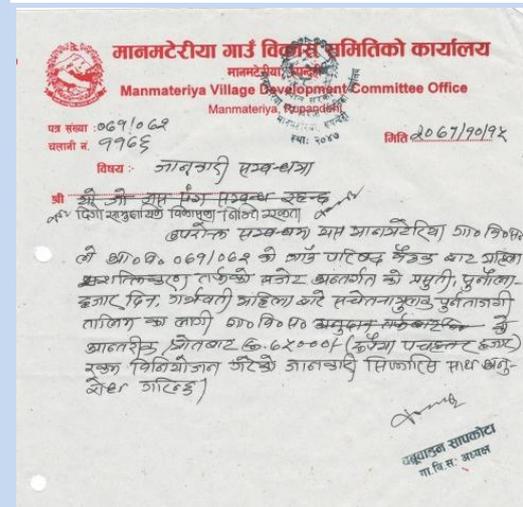
Using VDC block grants to promote integrated nutrition actions – an example of Manmateria VDC, Rupandehi

The traditional perception that only the health facilities and health workers are responsible for improving the health and nutrition status seems to be changing in recent days and is being taken as a collective and common issue for all local actors of the community. It is observed that other active individuals including non-health government workers, local level political representatives etc. are realizing the necessity of their collective effort to address health and nutrition related issues in their community. As a result of this increased involvement and awareness, VDCs have started allocating and using the budget for nutrition related activities.



Participants visit Health Facility after the training

The Manmateria VDC, situated at the northwest of Rupandehi district, has already used the allocated amount of NPR 60,000 for training pregnant mothers and women with children under 5 years of age. A total of 214 women have gained understanding of mother and child nutrition, hygiene and sanitation, disease prevention, immunization and ANC/PNC checkups. Likewise, growth monitoring of children was conducted in the training. Chairperson of health mothers' group and also a participant in the training, Shyamkali Yadav shares, "It is not convenient to expect drastic improvement in the *Madhesi* community. But building awareness of people and involving them in promotional health, nutrition and hygiene related activities can help to support mothers to bring change in their household behaviors."



Letter allocating VDC block grant for nutrition purpose in Manmateria VDC

Following community demand to allocate additional budget on nutrition, the VDC council have decided to allocate NPR 75,000 for the coming fiscal year.

The VDC-level stakeholders, members of the Nutrition and Food Security Steering Committee from the VDC and other representatives have been played an important role to make it possible to conduct nutrition related activities for 1,000 days mothers and also generate awareness about the procedure to access the VDC block grants and ensure proper use of the allocated amount. This is helping to ensure a sustainable and self-reliant community, which is the continuation of block grant allocation for nutrition promotion.

This sustainable movement in Rupandehi district has led to VDC grant allocation in nine VDCs amounting to NPR 767,200 for integrated nutrition related activities for new 1,000 days mothers this year.

MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING (MEAL)

DISTRICT-LEVEL MONITORING IN THE NEW 16 DISTRICTS

The first round of outcome monitoring of key Suaahara indicators was initiated in new 16 districts using LQAS methodology. These district-level studies will provide Suaahara a baseline for each new district before implementation. Each district was divided into five to six supervision areas based on the size of the district and accounting for geographic considerations. The Integrated Development Foundation was selected to undertake the survey, through a competitive bidding process, and the master training of trainers was conducted in the last week of January. In each supervision area, 19 mothers of children below six months of age and 19 mothers of children between six and 23 months of age were interviewed. Results will be available in late March for dissemination to concerned stakeholders.

DATA QUALITY AUDIT

Data quality assurance was one of the major priorities of the period. Suaahara conducted a data quality audit (DQA) in 18 districts, which assessed the overall monitoring system and accuracy, integrity and validity of data using the DQA tool. The DQA provided a platform to self-assess the system and develop plan of action for improvement. Some changes in the tool and in the process were made to make the assessment more robust and to reflect the emerging systems, for example, OPMIS. The results were shared with the respective district offices and partners and action plans developed. Additionally, Suaahara staff made data verification visits to the cluster and some districts and gave necessary feedback.

MOST SIGNIFICANT CHANGE TECHNIQUE

As a follow up to the pilot conducted on Most Significant Change (MSC) Technique in year three, it was decided to be one of the techniques to monitor and document changes within the Suaahara program. MSC is a form of qualitative, participatory approach that is based on 'stories' of significant change. The MSC is being rolled out in 20 districts. The cluster level MSC workshops are being conducted and the district team will roll out in their respective districts. The MSC technique is expected to provide stories that can help Suaahara better understand what led to unexpected or unintended outcomes as a result of engagement with the Suaahara program. It also creates a space for beneficiaries and other stakeholders to reflect and discuss about significant changes that have occurred in their lives and communities.

EXPANSION OF THE ONLINE PROGRAM MANAGEMENT INFORMATION SYSTEM IN THE FIVE NEW DISTRICTS

During the reporting period, the OPMIS was rolled out in the five new districts, namely, Doti, Dadeldhura, Baitadi, Accham and Nuwakot. This included training of district and partner staff, entering process/output indicators for these new districts among other data management processes. In the meantime, a thorough review and correction of the system was done to make sure that the outputs generated are of the highest quality.

RESEARCH

A presentation entitled, "Maternal access to information: "Can *Bhanchhin Aama* influence child diets" was presented at the 3rd Annual Nutrition Innovation Lab Symposium. Analysis for this presentation was conducted using the peer facilitator baseline survey dataset to reveal that frequency of listening to *Bhanchhin Aama* was positively associated with child complementary feeding practices. These findings are being written into a journal article for publishing in the next six months.

Suaahara process evaluation studies were conducted during this reporting period. The objectives of the studies were to understand how the program is being implemented by exploring program delivery and program exposure through three studies: 1) Front Line Worker Study; 2) Program Exposure and Adoption of Practices Study; 3) Policy Environment and Government Structures Study. Of these studies, data collection by competitively procured external research firms has been completed for the first two studies, and data collection will begin for the third study in February 2015.

SOCIAL AND BEHAVIOR CHANGE COMMUNICATION

- Each *Bhanchhin Aama* radio episode has generated an average of **2,300** responses per week
- **Four out of every five people** (81.7%) who listened to the radio program reported taking an appropriate action related to IYCF and more than half (53.3%) discussed the issues with their friends and families. (LQAS 2014)
- Out of **1,665** events, **1,427** key life events were celebrated in DAG communities
- **81** ideal families were acknowledged during community-level events

BHANCHHIN AAMA AND HELLO! BHANCHHIN AAMA PHONE IN RADIO PROGRAMS PHASE-III

The popular weekly *Bhanchhin Aama* (radio drama) and *Hello! Bhanchhin Aama* (call in) programs are aired through 60 local FM stations in 25 Suaahara districts as well as nationally over Radio Nepal.

According to the 2014 district-level study results, half of the people who own a radio are tuning in to *Bhanchhin Aama*. In addition, an independent cross-sectional survey of 2,500 mothers in four districts found that child dietary diversity, consumption of food from 4 or more food groups, consumption of fruits and vegetables and consumption of animal source foods were positively and significantly associated with frequency of listening to *Bhanchhin Aama*.

"I loved the characters, 'Apsara' and 'Harke Sahu'. I have seen a transformation in my own parents-in-law. They are vegetarian, and used to ask me to stop eating meat. Now, after listening to this program, they have realized that meat is essential and now my father-in-law brings meat to me. My parents-in-law now treat and love me like their own daughter. I am very happy."

- *Bhagwati Bhandari, Nuwakot*

BHANCHHIN AAMA COMMUNITY LEVEL INTERVENTIONS

Trained social mobilizers continue to discuss the radio program in 655 CACs with groups mainly comprised of disadvantaged attendees. The discussions have been instrumental in reinforcing key messages from the radio program. Social mobilizers also promote the campaign messages through key-life events, ideal families' recognition, food demonstrations fairs and song competitions.



Lalkumari Rai 64 year, CAC member, Chiinamalkhu VDC, Bhojpur

CAMPAIGN MATERIALS USE REVIEW AND VIDEO DEVELOPMENT

Based on a desk review of Suaahara campaign, the team strengthened the *Bhanchhin Aama* implementation through clearer branding, and by disseminating ‘how to implement the campaign’ videos for front line workers to use on their mobile phone or other devices.

HUMAN RESOURCES AND FINANCE

With the expansion of the Suaahara program in an additional 16 districts, Suaahara management worked on budget modification, setting up district offices, selecting district based NGOs, and staff recruitment. Suaahara developed an action plan with implementing agencies, held coordination meetings in Nepalgunj with the district-level government colleagues and colleagues from USAID-funded projects operating in those districts and initiated a competitive NGO selection process for implementation, which is in the final stage of approval. It is expected that activities will commence in all sixteen districts in March 2015. Training Officers are already hired and all the district level staff will be recruited by March. Cluster offices are set up (co-locating with Save the Children) in Nepalgunj and Butwal. District offices will also be co-located either with Save the Children’s other project or with KISAN wherever possible.

INTERNSHIP PROGRAM

Suaahara has continued with its internship program and have the third batch of 11 interns working in the project. The first and second batches of interns have already graduated from Suaahara. The fourth batch of 12 interns will join central, cluster and district level offices from March 2015 onwards.

STAFFING PLAN FOR ADDITIONAL SIXTEEN NEW DISTRICTS

Suaahara has broken down the district responsibility by implementing agency according to the following:

- **SCI:** Banke, Dang, Rukum, Rolpa, Jajarkot, Dailekh, Pyuthan, Surkhet, Salyan
- **NEWAH:** Palpa, Gulmi, Arghakhanchi, Kapilvastu
- **HKI:** Kanchanpur, Bardiya, Kailali

The staff recruitment process was carried out for district offices and will be done for the new cluster offices based in Nepalgunj and Butwal as well. The Nepalgunj cluster is responsible for ten districts. The Butwal cluster office oversees four districts and Dhangadi cluster office will oversee and additional 2 districts.

FINANCIAL STATUS SUMMARY

The preliminary expenditure report for this reporting period (as of January 31, 2015) is as follows

S.N.	Budget Elements	Amount in USD
1	Direct costs	29,522,930
2	Indirect costs	2,605,208
	Total USAID Expenditures	32,128,138
3	Cost share	4,703,189
	Total Program Expenditures	36,831,327

CHALLENGES AND LESSON LEARNED

During this project period, the project faced the following programmatic challenges and learned the following lessons:

- **Context specific SBCC materials:** As cultural practices often discourage adoption of optimal health and nutrition behaviors (e.g. in the far western development region milk consumption is restricted during menstruation), context-specific SBCC materials are required in order to ensure effective and localized behavior change programs. Suaahara is working to refine its core set of materials to be more response to various cultural practices.
- **Migration in search of employment:** Anecdotal evidence suggests that the absence of men in the household has increased the workload on 1,000 days mothers. In addition, it is suspected that more 1,000 days mothers may be also migrating, which will reduce the parental care of children, leaving the children with either grandparents or other family members. Suaahara seeks to measure this during the final evaluation to better understand household care-giving dynamics in order to develop strategies that can address these potential situations.
- **WASH:** Water demand continues in communities, but there are insufficient plans to respond to this demand. Sustaining ODF is also a challenge because the post-ODF strategy has yet to be fully realized in those ODF districts and VDCs. Prevailing local norms and social taboos has been a huge barrier in ensuring hygiene particularly menstrual hygiene in the far western development region. Suaahara needs to identify ways in which to extend WASH activities at the household level, including options such as the wider promotion of the clean house concept and working through the education sector.
- **SBCC materials logistics management:** A challenge is to ensure material resupply and proper use in the field, especially in the context of rapid expansion of Suaahara. The SBCC team is working with Suaahara administration to develop a material inventory control system for eventual OPMIS integration that will ensure continues and efficient supply of materials throughout the program districts.
- **Poultry management:** Ensuring supply of vaccine, medicine and vet services required for improved back yard poultry production is challenging. Inadequate government 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:** A key challenge facing Suaahara overall is the identification of new 1,000 days mothers and incorporating them into routine program activities. Activities such as key life events and ideal family recognitions are seen to be effective in reaching these new beneficiaries, and in the five new districts, Suaahara is exploring the potential of VMF establishment early during the

implementation period. Setting group norms of sharing chicks, seeds and fertile eggs in communities through beneficiary group members may be strategic and effective in supporting new mothers, if implemented early in the program.

- **Increase the percentage of households adopting improved or developed homestead garden:** There is a need to identify key factors/barriers to establish and maintain improved homestead garden, and focus on activities that will promote and increase the percentage of households adopting it.
- **GESI related mentoring for lasting impact:** Mechanisms for mentoring and building the capacity of women selected as community volunteers, such as peer facilitators, women WCF, V-WASH, HFOMC members are needed to further empower and sustain their role as community resource person needs to be expanded. Systematic mentoring and follow up will help to strengthen their role and network for lasting program impact.
- **Use of smart phones:** Adoption of smart phones by Suaahara created more efficient monitoring and research opportunities for the program through the ability to collect real-time data. Data entry time has been reduced and travel savings time to transport the forms from the enumerators to the central team is omitted. Suaahara is now able to provide prompt feedback and support to district-level staff and allows for more efficient national level decision-making and the creation of analytical maps.

PRIORITIES FOR THE NEXT SIX MONTHS

INTEGRATED NUTRITION

- Scale up use of instructional videos on MIYCN issues during home visits and FCHV mothers group meetings
- Roll our MIYCN training in 16 expansion districts

HYGIENE AND SANITATION PROMOTION

- Prioritize the promotion of the clean household concept in all Suaahara districts, with a particular focus on DAG households
- Facilitate Nutrition Advocacy and Review Meetings in four development regions

HEALTH SERVICE PROMOTION

- Continue IUCD and implant trainings in selected districts
- Conduct district-level training of trainers in new 16 districts
- Continue building capacity of HFOMC in selected districts to improve access to quality of health services

HOMESTEAD FOOD PRODUCTION

- Continue food demonstrations to regularize health mother's group meetings in 25 districts
- Enhance capacity of VMFs as the local resource person on HFP, and on seed production of nutrient dense vegetables. Developing VMFs as the foundation in new

5 districts (Accham, Nuwakot, Dadeldhura, Doti and Baitadi) to reach 1,000 days mothers

- Register HFP beneficiaries group at the community level and facilitate their ability to tap local financial resources to sustain HFP activities
- Supporting establishment of community brooders to increase households' access to chicks of productive breeds
- Supporting collective marketing approach to manage surplus produces of beneficiary households for income generation

SOCIAL MOBILIZATION AND GOVERNANCE

- Monitor effective utilization of block grants by VDC officials
- Continue to improve coordination and collaboration efforts with other USAID funded programs such as KISAN, PAHAL and Health for Life

M&E

- Analyze, disseminate and make corrective programmatic actions based on process evaluation study results
- Conduct peer facilitator approach end line survey
- Initiate Suaahara final evaluation survey

SBCC

- Roll out third phase of the *Bhanchhin Aama* radio program
- Expand use of instructional videos on SBCC activities for field supervisors through smartphones
- Liaise with key stakeholders to expand use of Suaahara SBCC approaches for national level programs
- Complete video documentaries showcasing the experiences of Suaahara beneficiaries and the changes in their lives as a result of the program

ANNEXES

ANNEX 1: SAAHARA PERFORMANCE AGAINST ANNUAL TARGETS FOR 20 DISTRICTS (AUGUST 1, 2014 – JANUARY 31, 2015)

The below table provides a summary of progress against planned activities for the 20 districts in year four.

PLANNED ACTIVITIES	ACHIEVEMENT THROUGH AUGUST 01, 2014 SEPTEMBER 31, 2014	REMARKS
INTERMEDIATE RESULT 1: Household (HH) Health and Nutrition Behaviors are improved		
Output 1.1 HH Adopt Essential Nutrition Actions/ Essential Hygiene Actions		
Support for: a) Selection of peer educators using provided guidelines and b) Organize training (2+1+1 days) to peer educators using peer education modules, to reach DAG communities	12 events of 2 modules and 198 participants 15 events of 3 modules and 279 participants	
Organize 1-day INP orientation to traditional healers/religious leaders.	26 events (460 Participants, M-426 and F-34)	
Organize 2-day refresher training on INP for FCHVs, by Field Supervisors and HF in-charge	38 events (348 participants, F-348)	
Disseminate program updates on the quarterly basis through local FMs	6 times	
Organize nutritious food recipes demonstration sessions during MIYCF including HFPB group meetings along with men's participation through FCHVs/ Field Supervisors.	163,859 participants (8,789 events, and 7,545 wards)	
Conduct home visits with 1,000 days households by Field Supervisors, with a focus on DAG households	10,041 HHs (4,578 follow up visits; 2,408DAG HHs visit)	
Celebrate nutrition-related days at district and VDC level (Breast feeding week, FCHV day, Nutrition week, Egg day)	601 events (Direct reached - 31,195)	
Support in distribution of GESI sensitive BCC materials (Poster, brochures, job aids, radio jingles/sports etc.) and ensure display at district and community level	2,362 displays	
Facilitate discussion among Community Awareness Center (CAC) group members based on the messages disseminated by <i>Bhanchhin Aama</i> radio program as well as celebration of key life events and identification of ideal families through LGCDP social mobilizers in 25% of VDCs	202 VDCs	
Organize a follow-up program with media persons to sensitize and update them on Suaahara activities with a focus on health and nutrition issues	12 events	

Conduct ward level interaction with male groups	14 VDCs (89 WLI and 2206 Participants)	
Support in display of the hoarding boards for INP messages at strategic places	62 Places	
Organize orientation program and sensitize the people about mothers of 1,000 days by hanging flags at HH level.	4 events	
Output 1.2 Households Adopt Essential Hygiene Actions (EHA)		
Hygiene & Sanitation Improvement		
Organize meetings with members of D-WASH CC regarding WASH related issues on quarterly basis	7 events (184 participants)	
Support D-WASH CC members in conducting supportive supervision/monitoring of ODF and post ODF activities	7 VDCs (7 monitoring visits)	
Organize review meetings with members of V-WASH CC and CHSF to improve WASH activities	32 VDCs	
Organize 2-day hygiene and sanitation management training for V-WASH-CC	5 VDCs	
Conduct triggering activities to internalize the community and preparation of action plan for 2 VDCs (each ward/cluster)	4 VDCs (3 events and 303 reached)	
Support V-WASH CC for management and declaration of ODF VDCs	5 VDCs (1,869 household toilets built)	
Organize interaction program/field visit with local media person to publish stories on water, sanitation and hygiene	14 VDCs (9 stories published)	
Develop and place hoarding boards in coordination with D-WASHCC to disseminate hygiene and sanitation message	11 VDCs (58 places)	
Provide material support to DAG households, in coordination with V-WASH CC	11 VDCs (935 DAG households)	
Organize motivational activities for members of child club through support of locally appropriate items as: stationary and sports items	1 events (452 participants)	
Support sanitation kits to DAG families in selected wards of 12 VDCs (as: baby pot, bucket with tap) to promote Hygiene and Sanitation behavior through CHSF and FS	67 DAG households	
Organize street drama, quiz contest, folk song competition and other relevant activities to sensitize the issues of WASH	3 events	
Scale-up of Hygiene and Sanitation promotion		
Interaction with MIYCF groups along with men's participation on hand washing, food hygiene, use of latrine, PoU (link with agriculture, nutrition)	471 VDCs (3,143 MIYCF groups)	

Sensitize and promote use of mats and other environmental hygiene	412 VDCs (2,320 events)	
Organize national day celebration such as: World Water Day, Global Hand Washing Day, National Sanitation Week in coordination with D-WASH and V-WASH CC	12 VDCs (412 direct reached)	
Organize orientation program for members V-WASH CC about use of PA vial for testing of water quality	80 VDCs (80 events and 2,303 participants)	
Regular follow-up to DAG households to promote hygiene and sanitation behaviors	3,504 DAG HHs	
Establish hand washing corner during food demonstration at MIYCF meetings through	3,751 events (62,085 directly reached)	
INTERMEDIATE RESULT 2: Women and children increase use of quality nutrition and health services		
Output 2.1: Improved capacity of service providers to provide counseling on nutrition and maternal & child health services		
Output 2.2: Improved quality of health service delivery in partnership with the health facility and community.		
Support DHO/DPHO review meetings with health facility In-charges to discuss the progress of action plan to improve service delivery of nutrition program.	3 Meetings (191 participants)	
Support organizing of 1-day follow up workshops on PDQ process with members HFOMC and HF staff	73 events (1,006 participants)	
Support organizing of 1-day meetings with members of WCF/VDCs to link HFOMCs for resource mobilization	10 meeting (183 participants)	
Support strengthening of HFs/PHC outreach clinics through provision of essential equipment/materials to improve quality nutrition services	23 HFs	
Support HFOMC monthly meetings to discuss the issues related to nutrition and identify the corrective actions	310 HFs (4,860 participants)	
Organize 2-day orientation program for members of HFOMC to ensure quality services for 1,000 days mothers and children	30 events (308 participants)	
Support monthly meetings of FCHVs at the health facility level to review and identify the corrective actions to improve the treatment of sick children, feeding during & after illness including the use of ORS, zinc and iron/folic acid	272 HFs	
Distribute BCC materials (Posters, brochures, job aids, Radio jingles/Spots etc.) for display and use to create enabling environment at household, community, and SDP level for adoption of (ENA/EHA) behavioral actions	41 sites	

Monitor key commodities related with MNCH services (e.g., zinc, ORS, pills condom, Depo-Provera, IUCD, implant, iron, vitamin A and pediatric cotrim)	28 HFs	
Conduct 4 days training on PDQ with involvement of HFMOCC in low performing health facilities	18 trainings (794 participants)	
Organize a meeting with VDC or ward citizen forum to link HFOMCs with VDC Council for resource generation.	13 Meetings (302 participants)	
Output 2.3: Increased accessibility of nutrition and related health services including excluded communities.		
Support orientation programs for HFOMC members to strengthen the low performing PHC/ORCs	31 HFs and 35 events (660 participants)	
Support interaction programs with community leaders/teachers/traditional healers/opinion leaders to improved utilization of nutrition services from PHC/ORCs	158 events (7,579 participants)	
Output 2.4: Improved healthy timing and spacing of pregnancy (HTSP) with focus on marginalized unreached women		
Conduct 3-day orientation on HTSP/ FP to all service providers	14 events (316 service providers)	
Support the counseling services of nutrition, especially FP/HTSP, by health workers through regular monitoring visits (using check list)	68 monitoring visits by FS/LNGO/ District team	
Conduct orientation on FP compliance for service providers at all levels during regular district level review meetings/workshops	1,570 service providers	
Support RHCC meetings to discuss how to improve the nutritional status of 1,000 days mothers and children and identify action points for corrective actions at DHO/DPHO.	6 times	
INTERMEDIATE RESULT 3: Women and their family members increase their consumption of diverse and nutritious food		
Output 3.1: Increased access to locally -produced nutrient-dense and fortified foods		
Distribute seeds to households of 1,000 days mothers and FCHVs in coordination with ASCs/DADO a) Seeds of dry season to 25% HHs b) Seeds of rainy season to 100% HHs	6,775 seed packets	
Organize consultative meetings with DADO a) Identify locally appropriate vegetable crops and b) Avoid duplication in distribution of seeds at household level	5 times	

Procure and distribute of eight week brooded chicks to households (of 1,000 days mothers and FCHVs) a) Local arrangement for brooding of received chicks at district level for final delivery to households b) Transportation of chicks to households c) Provision of feed to chicks during transportation	42,917 chicks	
Support coop construction in DAG communities by local resource mobilization through district team	2,001 DAG households identified and 2,427 DAG households received coop support	
Organize 1-day orientation program for owners of back yard poultry (from poultry distributed VDCs) about ND vaccination and bird flu	335 groups (388 events and 7,142 participants)	
Support regularization of HFP group meeting (1,000 days mothers) and discuss about VMF including HFP through FCHVs/Group leader	211 groups (3,983 participants)	
Support select potential 1,000 days mothers for establishment of VMF	112 VMFs	
Strengthen HFP program through supportive supervision and monitoring from DADO and DLSO	21 VDCs	
Strengthen HFP program through supportive supervision and monitoring from ASC and LSC	32 VDCs	
Support distribution of planting materials of orange fleshed sweet potato to households (1,000 days mothers and FCHVs) in coordination with ASCs/DADO	60,126 cuttings	
Support in development of VMF a) Select potential mothers of 1,000 days b) Organize 5-day training on VMF	2 events (36 participants)	
Organize 1-day orientation on home economics (food budgeting, improvement plan for household incomes and expenses) for 1,000 days mothers and FCHVs from upper belt of district	6 events (100 participants)	
Support mushroom production (instead of poultry program) for 1,000 days mothers a) Organize 1-day training on mushroom production b) Support mushroom inputs	8 events (166 participants)	
Organize 1-day reflection meeting on HFP (semiannually)	1 times	
Organize 3-day orientation on food processing and preservation (including improved drying techniques) for 1,000 days mothers and FCHVs from upper belt of district in coordination with DADO, DFTQC and NARC	1 groups (27 participants)	
Provide support for increased quality and production of vegetables through plant clinic in coordination with DADO	1 times	
Output 3.2: Increased knowledge of nutrition and locally available foods		

Display hoarding boards with INP messages in public places and health facilities at district and VDC level.	18 places	
Organize folk song competition event at district level on INP messages bringing talents from the VDCs.	18 events (4,520 directly reached)	
Organize display or demonstration of BCC materials/ recipe/food during local fairs/festivals	18 times (3,929 directly reached)	
Organize food fair to demonstrate recipes and cooking methods of complementary food for children less than 2	11 events (6,991 directly reached)	
Output 3.3: Increased community resiliency to potential nutrition shocks		
A) Organize 1-day workshop to review DDRP from a nutrition perspective by district team and district DDRP. B) Identify/ map vulnerable VDCs jointly with DDRP and District Nutrition and Food Security Steering Committee.	18 events (478 participants)	
INTERMEDIATE RESULT 4: Coordination on nutrition between government and other actors is improved		
Output 4.2: District mechanism in place		
Organize District Nutrition and Food Security Steering Committee meetings	11 times (231 participants)	
Organize VDC-level Nutrition and Food Security Steering Committee meetings	540 times (10,848 participants)	
Organize 1-day annual review and planning meeting with district stakeholders and district team	12 times (290 participants)	
Organize supportive supervision and monitoring visits by district multi-sector stakeholders to VDC and household levels	9 times	
Participate in various district level meetings to advocate for integrated nutrition issues	Regular	
Joint-Monitoring Visit with multi-sectoral regional team on quarterly basis	1 visit	
Social Mobilization and Good Governance		
Conduct 1-day orientation program on social mobilization and governance for INP to multi-sectoral VDC level stakeholders in line with MOFALD guideline in selected DAG VDCs	2 times (30 participants)	

<u>Support in organizing the RELECT sessions in selected VDCs: a)</u> <u>Dissemination of INP messages and discussion on locally broadcasted INP issues b) Identify issues related to INP (2 times/month)</u>	193 sessions	
Support of Community Action Cycle: Organize meeting with WCF and 1,000 days mothers in 15 VDCs to align priorities	575 WCF meetings (11,662 participants)	

ANNEX 2: SAAHARA PERFORMANCE AGAINST ANNUAL TARGETS FOR 20 ORIGINAL DISTRICTS (OCTOBER 1, 2014 – JANUARY 31, 2015)

The below table provides a summary of progress against planned activities for the 20 original Suaahara districts in year four. Please note that many activities are ongoing and therefore progress has not been reported. Suaahara is committed to deliver on the planned activities by the end of the project year.

INDICATORS	ACTIVITIES	TARGET (October 1, 2014 -July 31, 2015)	ACHIEVEMENT (October 1, 2014 - January 31, 2015)	REMARKS
INTERMEDIATE RESULT 1: Household (HH) Health and Nutrition Behaviors are improved				
Output 1.1 HH Adopt Essential Nutrition Actions/ Essential Hygiene Actions				
% of infants 0-5 months who were put to the breast within 1 hour of birth	Participate in technical working group organized by NuTech	As needed	1 time	
% of infants 0-5 months who received only breast milk during the previous day.	Organize a workshop to share findings of peer facilitator approach based on process evaluation	1 time	NA	
% of children 6-23 months of age receiving foods from ≥ 4 food groups during the previous day	Develop, print and make available MIYCN manual to five new expansion districts.	3,000 copies	Completed	
Minimum meal frequency among children 6-23 months	Develop, print and make available MIYCN action plan and implementation guide to five new expansion districts.	3,000 copies	Completed	
Prevalence of children 6-23 months receiving minimum acceptable diet	Support to Child Health Division for national vitamin A supplementation campaign through NTAG.	25 Districts	1 time in 25 districts	
	Support in supportive monitoring during national vitamin A supplementation campaign through mobilization of district team and field supervisors.	20 Districts	1 time in 20 districts	
% of children 6-23 months of age who consumed vitamin A rich animal-source foods during previous 24 hours.	Support food demonstration sessions during meeting of health mother's groups (HMGs), homestead food production (HFP) group and Citizen Awareness Centers (CACs) with emphasis of male involvement in the sessions.	20 Districts	8,045 events in 7,570 VDC and 174,190 people (21,534 male and 152,656 female)	
	Support in strengthening of nutrition counseling	All SDPs/	19 districts	

<p>% of sick children 6-23 months of age fed more after their illness</p>	<p>services at all level SDPs for target population.</p>	<p>20 Districts</p>		
	<p>Support in establishment of integrated nutrition corner at health facilities with highlights of four food groups, methods of contraceptives, oral rehydration therapy and iron-made cooking pots using related BCC and display materials (small packets of food, iron <i>karai</i>, family planning kit).</p>	<p>All HF/20 Districts</p>	<p>42 HF</p>	
	<p>Support to peer facilitators for dissemination the message related to MIYCN and family planning behaviors among mothers of 1,000 days and family members of DAG VDCs.</p>	<p>DAG VDCs/20 Districts</p>	<p>NA</p>	
	<p>1.1.5 Support in orientation of VDC Nutrition and Food Security Steering Committee (VNFSSC) members as well as FCHVs on the concept, selection criteria and selection process of peer facilitators (may be organised during regular semi-annual meeting of VNFSSC).</p>	<p>20 Districts</p>	<p>NA</p>	
	<p>1.1.6 Organize a workshop for health workers and field supervisors regards to micro-teaching and practice using peer facilitator guideline (2+1=3 days).</p>	<p>369 participants/19 Districts</p>	<p>6 events and 88 participants</p>	
	<p>Organize the training programme selected peer facilitators (mothers of 1,000 days and family members) peer facilitators (2+1+1=4 days).</p>	<p>3,830 PFs 19 Districts</p>	<p>NA</p>	
	<p>Conduct home visits to counsel 1,000 days women and family members on MIYCN, family planning, WASH and HFP behaviors with priority to DAG households.</p>	<p>All VDCs of 20 districts</p>	<p>27,134 households (9,993 DAG households and 17,141 Non DAG households)</p>	
	<p>Celebrate the key life events by acknowledging a member of the HMG/ CAC/ HFP group by other members of her group during the 4th month of pregnancy, within 3 days of delivery or time of the rice feeding ceremony of her baby to promote key pregnancy behaviors, exclusive breast feeding and introduction of complementary food only after completing 6 months with emphasis of DAG households.</p>	<p>17,590 events</p>	<p>1,446 events</p>	

Identify the ideal families (who has adopted 4 or more than 7 key behaviors), acknowledge them during community level events and select a few to be recognized at the district level during Women's Day. Priority will be given to DAG families and those whose family members play a supportive role.	1,159 families	216 families	
Organize one day INP interaction programme with local pharmacists (but not those who are also health workers) with focus on feeding more during and after illness.	All VDCs/9 districts	NA	
Improve health and nutrition indicators (iron compliance, zinc compliance, sick child feeding, MIYCN behaviors) by mirco-planning at ward level with health workers and FCHVs (link with one day workshop of IR 2.1)	All HF's/ 20 districts	NA	
Organize 2 days micro-planning workshop with district supervisors and ilaka health facility in-chargers to build their capacity to faciliate health facility level micro-planning workshop for health workers and FCHVs.	14 districts	NA	
Organize 2 days micro-planning workshop with FCHVs and health workers to improve low ranking health and nutrition indicators.	All HF's/ 9 districts	NA	
Promote micro-nutrients (iron, vitamin A and iodine) during ongoing HMG meetings, food demonstration sessions, HFP group meetings, CAC sessions, WCF meetings and male group interactions.	20 districts	Regular	
Commemorate to mark the national days as Breastfeeding Week, Iodine month, School Health and Nutrition Week, Egg Day, FCHV Day at district and VDC level with focus on day-specific behavior for mothers of 1,000 days and family members.	4 events in all VDCs of 20 districts	812 events in 973 VDCs (29,953 people directly reached)	
Encourage male participation during home visits, food demonstration sessions, key life event visits, HFP group meetings and household WASH activities.	Regular	Regular	

	Promote regular listening of <i>Bhanchhin Aama</i> radio program and utilization of the call in component, <i>Hello Bhanchhin Aama</i> , during all community level activities (HMG meeting, HFP meeting, food demonstration sessions, CAC sessions, WCF meetings and male interaction groups).	Regular	Regular	
	Organize 3 days training to LGCDP social mobilizers on <i>Bhanchhin Aama</i> radio program to be able to facilitate regular CAC sessions on behaviors highlighted by different episodes of the radio program.	40 Events/ 20 districts	9 events and 207 people (124 male and 83 female)	
	Organize a follow-up meeting with media persons to sensitize and update on Suaahara activities with focus on health and nutrition issues.	20 districts	2 events and 37 media persons	
Output 1.2 Households Adopt Essential Hygiene Actions (EHA)				
1.2.1 Institutional Strengthening				
# of V- WASH CC with comprehensive WASH plan that is in line with the Government endorsed WASH Strategy.	Annual program review/technical update with WASH team and concerned GON stakeholders.	1 event	NA	
% of V- WASH CC with WASH plans functioning	Joint monitoring visit (Education, WASH department)	6 events	NA	
	Joint sector review meeting (Education, WASH department) cost sharing	1 event	NA	
	Sharing the learning of best practices related to WASH by concerned stakeholders at national level.	2 events	NA	
	Conduct V-WASH CC management training by resource persons	10 districts	37 events and 1,105 people (821 male and 284 female)	
	Printing and Publication of WASH related BCC materials	25,000		
	Support to regularize D-WASH CC review meeting/workshop to update strategy plan /reformulation/ensuring promotion and monitoring	75 events/20 districts	14 events and 450 people	
	Support to regularize V-WASH CC review meeting/workshop to update strategy plan/ reformulation/ strengthening promotion and monitoring	110 ODF VDCs/20 districts	60 events and 1,524 people (1,088 male and 436 female)	
	Support to district level innovations identified by D-WASH CC to improve WASH behaviors in consultation with USAID.	10 districts	6 districts	

	Support D-WASH CCs and V-WASH CCs to document and processing and printing WASH strategic plan	60 VDCs/20 districts	NA	
	Two days district education sector awareness and School WASH plan/guideline development workshop coordination and consultation with education and homestead school gardens	8 districts	1 event and 44 people (44 male and 1 female)	
	Support to conduct one day planning workshop with district health team to design innovative hygiene and sanitation promotion actions from health facility in 2 districts (Baglung & Rupandehi)	1 event/ 2 districts	1 event in Dolakha	
	WASH information management system at VDC level includes database at DDC/VDC level to provide information on indicators for certification of clean house by D-WASH CC/V-WASH CC. Rs. 2,000 is one time cost for establishment of database. Once developed, database will be institutionalized at V-WASH CC for regular use and reporting to D-WASH CC.	110 ODF VDCs	NA	
1.2.2.Capacity Building				
# of frontline worker and volunteer trained on 5 key EHA behaviors	Organize 2 days V-WASH CC management training on WASH strategic plan formulation, updating, operationalization and sector mobilization promotion management in selected ODF VDCs	1,050 participants from 12 districts	37 events and 1,105 people (821 male and 284 female)	
	Organize 3-day mason training on toilet construction in ODF VDCs	42 New ODF VDCs (9 persons per VDC)	3 events and 42 people (42 male)	
	Organize 2-day orientation to child clubs on clean school and clean house promotion	42 New ODF VDCs/13 districts	4 events and 64 people (31 male and 33 female)	
	Organize 1-day orientation to FCHVs to facilitate clean house concept	20 Districts	19 events and 240 people	
	Organize 1-day orientation session on clean house concept to PNGOs staff and Social mobilizer of DAG VDCs and CHSF	20 districts	13 districts and 393 people	
	Organize 2-day VDC level School teachers and school mgmt committee (SMC) orientation on School WASH and clean house promotion in 4 ODF VDCs	90 events/8 districts (2 persons from each school)	15 events and 468 people (379 male and 89 female)	

	One day clean house concept orientation aligning with Review and reflection meeting for VDC Secretaries, social mobilizers and Field Supervisors	1 event/20 districts	2 events and 59 people (36 male and 23 female)	
1.2.3. Water, Sanitation and Hygiene behavioral promotion				
% of children under 2 years who had diarrhea in the prior two weeks	Interaction with HMG on hand washing at critical times, food hygiene, use of latrine/safe disposal of child feces and safe water, clean house concept during HMG meeting and food demonstration.	All VDCs of 20 districts in monthly meeting	Regular	
% of mothers who dispose of their youngest child's fecal matter safely	Establish and certify clean houses based on GON by V-WASHCC in ODF VDCs	600 households of 20 districts	NA	
% of HHs using an improved sanitation facility	Support to install hoarding/display board in coordination with D-/V-WASH CCs with hygiene and sanitation message in VDCs	110 ODF VDCs of 20 districts	18 VDCs	
% of population in target areas practicing open defecation	CHSF orientation and mobilization in ODF VDCs/clean house concept	45 CHSFs/42 new ODF VDCs/13 districts	7 events and 80 people (80 male and 37 female)	
# of VDCs certified as open defecation free as result of USG assistance	Support to D-WASH CC & V-WASH CCs on organizing and management of ODF declaration ceremony	55 ODF VDCs/13 districts	3 VDCs	
% of child caregivers and food preparers with appropriate hand washing behavior	Support to conduct community triggering and locally initiated program events in selected cluster ODF VDCs	42 new ODF VDCs/13 districts	119 events in 18 VDCs and 5,790 people (2,583 male and 2,530 female)	
% of HHs with soap and water at hand washing station commonly used by family members	Facilitate to conduct 4 sessions on clean house promotion during WCF meeting (indicators, hand washing station, safe water, use of latrine/safe disposal of child feces, food hygiene etc.)	1,296 events/20 districts	41 events	
% of HHs using an improved drinking water source	Wash input support to DAG households	2,003 households/13 districts	245 households	
	Support to conduct day celebration (Global Hand Washing day, World Water Day and Sanitation week) in coordination with D-WASH and V- WASH at district and VDC level	8,595 HMGs/20 districts	536 events in 574 VDCs and 29,275 directly reached	
	Establishment of Hand Washing Station/corner	20 districts	8,045 events in	

	(remaining area of Year 3 program)		7,570	
	Organize orientation and awareness sessions on water safety plan and PoU through PA Vial demonstration	20 districts	NA	
	Integration of EHA message in the OPD card of health facility for counseling the clients in 2 districts (Baglung & Rupandehi)	2 districts	1 district (Dolkha)	
	Sensitize and promote to use mats for children to keep away from dirt	All VDCs/ 20 districts	Regular	
	Interaction with CAC on clean house concept, WASH, agriculture and nutrition program with IR 4.2	Regular	Regular	
	Regular follow-up to DAG households promoting hygiene and sanitation behaviors during (home visit) - no budget	20 HHs/month in 20 districts	Regular	
INTERMEDIATE RESULT 2: Women and children increase use of quality nutrition and health services				
Output 2.1: Improved capacity of service providers to provide counseling on nutrition and maternal & child health services				
Number of people trained in child health and nutrition (Mandatory)	MToT/ToT on Integrated Management of Newborn Care and Childhood Illness (IMNCI) illness program in coordination with CHD at regional/center level	40 persons	NA	
% of health workers with improved knowledge in counseling and related MCH services as a result of the trainings	Roll out revised IMNCI training package at health facilities and community	1,273 HWs/8 districts	NA	
% of service providers providing adequate nutrition counseling.	Organize 4 days training to FCHVs on revised IMNCI package.	3,703 FCHVs/8 districts	NA	
Output 2.2: Improved quality of health service delivery in partnership with the health facility and community.				
Percent of newborns receiving post natal health check within 2 days of birth	HFOMC Capacity Building MToT (3 days) at center /Regional level	20 persons	NA	
Percent of children under five years old with diarrhea treated with oral rehydration therapy (ORT)	Support joint technical supervision /monitoring visits with from center (FHD/CHD/NHTC/MD) to strengthen the service delivery of MNCH-N services at health facilities	3 times	NA	

Number of HFOMCs who have been engaged in a QI process	Print and distribution of books, manuals, guidelines and BCC materials related to HFOMC, PHC ORC, IMNCI and delivery at service site	25 districts	Regular	
Number of HFOMCs who have addressed at least two issues related to quality each year.	Organize 3 days TOT on HFOMC capacity building program (District TOT) for newly selected HF	149 participants/ 7 districts	6 events and 127 people (109 male and 18 female)	
% 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.	Roll out 3 days HFOMC capacity building training for members of HFOMC at health facility level/VDC	Total 1,170 HFOMC members, 390 HWs from 130 HFs of 8 districts (Dolakha, Lamjung, Sindhupalchowk, Sankuwasabha, Bajhang, Darchula, Manang and Nawalparasi)	52 events and 562 HFOMC members (329 male and 233 female)	
	Support to regularize HFOMC monthly meeting for QI promotion to address the quality issues related to MCH and FP and nutrition counseling in PDQ/ HFOMC strengthening program implemented HF	18 districts	17 events and 208 people (127 male and 81 female)	
	Provide essential equipment and materials to support HFOMC to improve integrated health and nutrition services (INP) at health facility and PHC/ORC	174 HFs/ 8 districts	13 HFs and 9 PHC outreach clinic	
	Implement 4 days PDQ process with involvement of HFOMCs in selected low performing health facility to address at least 2 issues related to HFOMC.	35 HFs /Myagdi, Gorkha and Rupandehi	2 HFs and 46 people (17 male and 29 female)	
	Organize 1 day follow up/review workshop with HFOMC members every annual/semi annual basis to address at least 2 issues related to HFOMC in PDQ / HFOMC Capacity strengthening implemented HF.	220 HF/ 12 districts	4 HFs and 86 people (37 male and 49 female)	
	Organize a meeting with VDC or ward citizen forum to link HFOMC with VDC council for resource generation for MNCH-N related services	81 HFs/3 districts	8 HFs and 217 people (151 male and 66 female)	
	Organize joint technical supervision from DHO/DPHO at HF, PHC ORC clinic, HFOMC meeting for IMCI, FP/HTSP, Nutrition counseling	2 times	NA	

	and other services			
Strengthening HFOMC capacity through Community Engagement Approach in Baglung district				
	Supportive supervision & monitoring from NHTC/FHD/MD/CHD from center level for bi-monthly technical support visit to implementation districts	2 times	NA	
	Dissemination of pilot findings in central level	1 time/40 person	1 times	
	Program update meetings quarterly with the Government line agencies to update and share the program status	2 times	1 times	
	Printing HFOMC revised manual and CEA curriculum	1 time	NA	
	Organize strengthening HFOMC through community engagement approach program launch in the district for official declaration of the implementation in Baglung district.	1 event	1 event	
	Provide necessary support in HFOMC reformulation in additional 45 VDCs	45 HF	6 HF	
	Organize 3 days TOT on Community Engagement Approach (CEA) including M&E tool at district level for Suaahara team and field supervisors.	25-30 participants	1 event and 30 people	
	Roll out 3 day HFOMC training in VDC level for the HFOMC members	495 participants from 55 health facilities	2 event and 24 people	
	Roll out 4 day CEA training in VDC level. 3 day training to HFOMC members and 1 day orientation to community mobilizer in all implementation VDCs	58 HF's	1 event and 7 HFOMC members and 37 community mobilizers	
	Support of essential materials/equipment for health facilities as per recommendation of	61 HF's	NA	

	HFOMC			
	Organize 2 day HFOMC review workshop in each implementation VDC after 6 month of 3 day HFOMC training	55 event (1 time in each HFOMC)	NA	
	Organize technical support visit to HFOMC members of each implementation VDC in every two month	305 times (5 visit in 61 HFOMC)	NA	
Strengthening HFOMC capacity through Community Engagement Approach in Syangja				
	Launching of strengthening HFOMC through CEA program	1 time	NA	
	Support in local health facility operation and management committees reformulation in all VDCs	68 HFs	NA	
	Organize 3-day HFOMC training for district level stakeholders	1 batch (25 persons)	NA	
	Roll out 3-day HFOMC training for HFOMC members at VDC level	612 participants from 68 HFs	NA	
	Organize 2 day review meeting in VDC level for HFOMC members after 6 months of 3 day HFOMC training	68 HFs	NA	
	Provide technical support visit to HFOMC members quarterly basis by district and regional level stakeholders	136 visits (68*2 times minimum)	NA	
	One day orientation on M&E tools to district staff and field supervisors	1 time	NA	
Output 2.3: Increased accessibility of nutrition and related health services including excluded communities.				
Percent of newborns receiving post natal health check within 2 days of birth	ToT on PHC/ORC service strengthening/revitalization program in coordination with FHD at center level	20 persons	NA	
Percent of children under five years old with diarrhea treated with oral rehydration therapy (ORT)	Organize progress review and reflection meeting/workshop of PHC/ORC revitalization program in coordination with FHD at center level	25 persons	NA	

Organize 2-day district level orientation for PHC/ORC strengthening to the Health Facility In-charge and district supervisor	172 participants from 6 districts	8 events and 129 people (104 male and 25 female)	
Organize 2-day orientation to low performing HFOMC or PHC ORC management committee members to strengthen FP/MCH, nutrition services and growth monitoring services.	160 VDCs/7 districts	61 events in 61 VDCs and 1,394 people (659 male and 735 female)	
Conduct 1-day community level interaction with community leaders, teachers, traditional healers, and influential persons to strengthen ORC service utilization.	469 PHC/ORC clinics / 7 districts	191 events and 5,882 (588 male and 1,172 female)	
PHC/ORC management committee review/reflection meeting on annual basis to identify the progress after the revitalization.	106 VDCs/6 districts	NA	
Provide support to strengthen PHC/ORCs services through the provision of essential equipment/material to improve GM, FP, sick child treatment, ANC and other integrated nutrition services	158 PHC/ORC clinics / 7 districts	77 PHC/ORC clinics	
Provide support to the monthly meeting of FCHVs at the HF level to review the progress and identify the corrective measures to improve the treatment of sick child, use of ORS, Zinc, Vitamin A and Iron/folic acid, 4 ANC/3 PNC check up, 3 key HTSP messages and FP etc.	5-8 meetings/20 districts	1,629 events and 20,267 people	
Discuss on increase utilization of MNCH and nutrition services (ORS preparation, 4 ANC/3PNC check up contraceptives use, Vitamin A, iron, zinc, cotrim use, use ORC services, delivery by SBA, 3 key HTSP messages etc.) in existing HMG meeting, HFP, WCF, CAC, HFOMC meeting and home visit by FS and FCHVs	20 districts	Regular	
Strengthen/reestablish ORT corners at health facility to improve the ORS and zinc compliance and demonstration of ORS preparation	854 HF/20 districts	80 ORT corners	

	Ensure and refill the availability of Iron, zinc, vitamin A, ORS, cotrim tablet and timer as well as FP devices with FCHV from health facilities during FCHV monthly meeting.	905 HF/20 district	Regular	
Output 2.4: Improved healthy timing and spacing of pregnancy (HTSP) with focus on marginalized unreached women				
Percent of USG assisted service delivery sites providing FP counseling and/or services.	Local consultants for FP/HTSP and MNCH-N QI tool activity	4	Completed	
Number of people trained in FP/RH through USG supported programs (mandatory)	Work closely with CHD/FHD/NHTC to support to revise /update or develop national guidelines, protocols and tools to incorporate nutrition components on Child health and nutrition, COFP/C training package, SBA training package, CB-NCP training package.	2 times	1 time	
% of women who receive healthy timing and spacing for pregnancy (HTSP) counseling.	Support FHD, NHTC and CHD for annual program review workshop	1 time	1 time	
% 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.	Organize 8 days training on long-term family planning methods (IUCD/Implant) to health service providers.	80 service providers from 18 districts	NA	
	Organize follow up and supportive supervision (on site coaching and mentoring) to trained health workers for IUCD and implant	80 service providers from 18 districts	NA	
	Final evaluation finding on MNCH-N QI process in Dolakha district -4 days	1 event	NA	
	Follow up and technical support visit of training at Health facilities from central level	5 times	2 times	
	Support to training working group meeting at NHTC	8 times	1 time	
	Final evaluation sharing MNCH-N QI process at central level	One event	NA	

Number of people that have seen or heard a specific USG-supported FP/RH message (Mandatory)	Support DHO/DPHO review meetings quarterly or semi annual basis with district supervisor and health facility In-charges to discuss the progress of one day workshop action plan, 3 key HTSP messages counseling, ORC service utilization, HFOMC, FCHV and HMG meeting and INP status to improve service delivery of FP and nutrition.	20 districts	19 districts	
	Establish quality improvement fund and provide support to HF to establish nutritional counseling corner/FP counseling corner and address the gaps related to FP, HTSP, MCH, CB IMCI, GM and also to improve quality of health service delivery	19 districts	NA	
	Support to RHCC meeting and discuss about nutritional issues related to mothers and children under 2 years.	Quarterly basis in 20 districts	9 events and 251 people (169 male and 82 female)	
	Monitor key commodities related with MCH and family planning (Iron, Vit A, albendazole, cotrim, timer, ORS, zinc, condoms, pills, Depo, IUCD, implant) and nutrition and HTSP counseling services by district team by using health facility supervision checklist.	19 districts	39 HFs	
	Organize orientation on 'US Government's family planning Legislative & Policy Requirements (<i>FP compliance</i>) to field supervisors during any review meeting or workshop.	On annual basis	4 events and 91 people	
	Monitor at least 2 health facilities by using family planning compliance checklist every 3 months by district team	2HF in 3 months in 20 districts	63 HFs	
	Print and distribute BCC materials related to FP/HTSP, HFOMC, child health and nutrition at household, community and service delivery points.	20 districts	Regular	
	Output 3.1: Increased access to locally -produced nutrient-dense and fortified foods			
# and % of VMFs and community brooding centers established	Conduct HFP program review workshop with Suaahara agriculture team	1 time	1 time	

Number of beneficiaries with access to home or community garden	Organize 10-day MTOT on HFP in coordination with Directorate of Agricultural Training	28 participants	NA	
	Organize 3-day MTOT on collective marketing training for Suaahara agriculture team	20 participants	23 people	
Number of home or community gardens established	Organize 7-day training on brooding center for VMFs in coordination with DLSO/MOAD	20 VMFs	NA	
Number of people trained in HFP/Ag	Organize HFP monitoring visit by national level agriculture-livestock stakeholders (MOAD, DLS, DOA)	2 times	1 time	
Mean # of MN rich vegetable cultivated by HH each year.	Procure consulting agency for VMF training services for additional five districts	1,836 VMF/5 icts	NA	
Number of chicken distributed	Procure 2-day HFP training consulting services for additional new districts	5 district	NA	
Total # of eggs produced per household	Procure seeds for VMFs, mothers of 1,000 days and FCHVs	2,500 VMFs and 76,900 HHs	Completed	
	Procure chicks for VMFs in new districts	2,500 VMFs	Ongoing	
	Organize one day HFP review meeting with RAD/RLSD/DADO/DLSO	2 Times	1 time	
	Organize 2-day HFP orientation and reflection meeting for Agriculture Technical Assistants	10 ATAs/10 districts/ Pokhara cluster	1 event and 10 ATAs	
	Support in establishment of village model farms (VMF): a) Select potential mothers of 1,000 days and FCHV and HFP beneficiary group for development of village model farmer	925 VMFs	46 events and 1,008 people (122 male and 886 female)	

b) 3-day orientation on VMF concept to field supervisors cum micro planning for VMF training			
c) Organize 5-day VMF capacity building training for selected VMFs			
Organize district level VMF coordination committee meeting with district level nutrition and food security steering committee	2 Meetings/ year in Mustang and Myagdi districts	NA	
Support in strengthening VMFs to reach mothers of 1,000 days: a) Provide material support (e.g., Drip, Pipe, Plastic drums, Poultry Feeds etc.) to selective VMFs based on need assessment in coordination and consultation with DADO, DLSO, District Irrigation Office and IDE Nepal	2,292 VMFs	NA	
Organize the training programme of 10 days for local resource persons of selected potential VMFs in close consultation with DADO, DLSO and Suaahara-Cluster/Ktm Ag team	570 participants/13 districts	NA	
Organize the 3-day vegetable seed production training for selective VMFs (who are potential to develop as seed producers in community) in coordination with District Agriculture Development Office and Suaahara district/cluster Ag team	250 VMF/9 districts	8 events and 177 people (6 male and 171 female)	
Organize the 3-day collective marketing approach training for the selective VMFs (who can develop market enterprise for fresh vegetables) at district level in coordination with Suaahara district/cluster Ag team	250 VMF/ 8 districts	4 events and 64 people (7 male and 57 female)	
Support in establishment of a community brooding center for improved chickens at in coordination and consultation with livestock service center/District Livestock Office	14 Brooding centers in 9 districts	NA	

Support in distribution of seeds of vegetables to households of mothers of 1,000 days, FCHVs, VMFs in coordination with Agriculture Service Centers/DADO (a. Seeds of winter season seeds-for all HFP intensive and low Intensive districts, b. Dry season seeds for HFP low intensive district-25-75%)	60,150 HHs (Seeds for winter and rainy seasons)	Winter seeds: 46,331 1000 days hhs and 4,010 FCHVs	
Organize a consultative meeting with District Agriculture Development Office with agenda a. Endorse vegetable Composite Seed Packs for diversification of Homestead Garden based on context/geography b. Avoid duplication in distribution of seeds at household level c. Increase HHs' access to vegetable seed after Suaahara's seed support program	43 meetings/ 20 Districts	7 meetings	
Support in regularization of HFP group (sub group of HMG) meeting through VMF/FCHVs/Field supervisors and in ensuring participation of male member/family support members by 25% in the meeting	Every month	Regular	
Organize 1-day orientation on ND vaccine and improved back yard poultry in coordination and consultation with LSC/DLSO	953 Groups/ 12 districts	104 groups and 1,954 people (175 male and 1,779 female)	
Organize a "Technical On Site Coaching Visit" by DADO/DLSO in supervision area (having more HFP related problems-High poultry mortality, low seed germination, high prevalence of poultry disease, low vegetable production etc.)	2-4 times/district	10	
Organize a "Technical On Site Coaching Visit" by ASC/LSC in supervision area (having more HFP related problems-High poultry mortality, low seed germination, high prevalence of poultry disease, low vegetable production etc.)	3-4 times/district	34	
Refresher training on food processing and preservation for 1,000 days mothers of upper belt of Manang district in coordination with DADO	25 participants Manang district	NA	
Organize review meeting on school HFP program with management committee, headmaster and focal teachers	3 meetings (Sankhuwasabha and Taplejung districts)	NA	

Output 3.2: Increased knowledge of nutrition and locally available foods

% of mothers and others care givers able to receive correctly on ENA messages on appropriate diversity, % of FCHV able to recite correctly ENA messages on appropriate diversity	Organize the "Tasty and Nutritious Complementary Food Recipe (based on locally available food) Competition" among 1,000 days couples (mothers and fathers of 1,000 days) during jatra/local fair	20 events	304 events	
	Promote food diversity through local drama competition on importance of production and consumption of diverse -nutritious food among child club	36 events		
	Sensitize community on importance of food diversity through folk song competition	Regular	Regular	
	Promote locally grown healthy and nutritious food diversity to organize the seasonal exhibition (display) of nutritious diverse food.	1,330 groups	1,039 events	
Output 3.3: Increased community resiliency to potential nutrition shocks				
% of VDCs trained in DRR with content of nutrient resiliency Number of VDCs developing disaster risk reduction preparedness plans (that include at least 5 of the core competencies for nutrient resiliency)	Identify/map vulnerable VDCs jointly with DDRC and District Nutrition and Food Security Steering Committee	27 VDCs	18 VDCs	
	Organize a workshop to review/ develop VDC level disaster response preparedness plan from a nutrition perspective with district team and VDC level Nutrition and Food Security Steering Committee.	27 VDCs	1 event and 13 people	
INTERMEDIATE RESULT 4: Coordination on nutrition between government and other actors is improved				
Output 4.1: National mechanisms in place				
# of formal meetings held by HLNFFSSC technical advisory group (addressing nutrition/IYCF) Geographic expansion of Suaahara interventions beyond Suaahara districts	Participate in NPC-led HLNFFSSC meetings	Regular		
	Participate in DoHS-led technical committee meetings (FP, FCHV, IMCI, NUTECH, CB-NCP)	Regular		
	Participate in national advisory meetings organized by MoUD, MoAD, MoFALD	Regular		
	Participate and organize NNG meeting with nutrition stakeholders	Regular		
	Participate and organize technical update meetings with stakeholders	Quarterly		
	Facilitate monitoring and supervision of project activities by health and non-health sector officials	Every 6 months		

	Organize joint field visit program with MOAD (DLS/DOA/DFTQC/NARC), MOFLD, and NPC	2 times		
	Coordinate with MoHP/CHD/FHD/NHTC, MD, NHEICC, NHTC, NNG, UNICEF other stakeholders on plans. Materials development for improving coverage and quality of Suaahara program	Regular		
	Organize supportive supervision and monitoring visits by national level stakeholders (CHD, FHD, MD in Suaahara districts	4 times		
	Consultation meeting with MFOLD	4 times		
	Organize MTOT on MSNP planning process in coordination with CHD for regional and district level participants.	44 participants in 2 batches		
	Organize monitoring visits from health ministry colleagues including FHD, NHTC, NHEICC, and CHD plus Nutrition Section/CHD to Suaahara districts	25		
	Provide management support to NuTEC	1		
	1 day review workshop on social mobilization and governance activity of Suaahara program to MoFALD,NPC and concern central level stakeholders	1 time		
	Printing and publishing: Social mobilization and governance guidelines, implementation process documents, discussion guideline etc.	1 time		
	Development of IEC materials (information board and leaflet) for social mobilization and governance	1 time		
	Review and reflection meeting on social mobilization and governance to Training Consultant Officer, SMCC and KTM team members	1 time		
	Hire consultant training officer for operating social mobilization and governance activities at district level	5 months		
	Hire consultant for proof reading (manuals, leaflet, etc.)	1 time		
	Social mobilization and governance: Performance assessment	1 time		
Output 4.2: District mechanism in place				
District nutrition and food security committee established at district in collaboration with	Support to organize 1-day VDC Nutrition and Food	2 times /VDC in 20 districts	491 events and 9,514 people	

District Development Committee	Security Steering Committee meetings.			
	Support to organize orientation on social mobilization and governance for INP to multi-sectoral VDC level stakeholders in line with MOFALD guideline (tie up with 4.2.1.)	Regular	Regular	
	Support Organize 1-day District Nutrition and Food Security Steering Committee meetings.	Quarterly basis in 20 districts	15 events and 288 people	
	Organize 1-day annual review and planning meeting with district stakeholders.	1 time per district	3 events and 86 people	
	MSNP planning and M&E training for district multi sector stakeholders (6 days).	2 times	NA	
	Organize regional level coordination meetings	Quarterly	NA	
	Participate in various district level meetings to advocate for integrated nutrition issues	Regular	Regular	
	Organize supportive supervision and monitoring visits by district level media personnel to VDC and household level	One time	4	
	Support to organize one day meeting in municipality and formed the committee	Regular	Regular	
Social Mobilization and Good Governance				
# of WCF and CAC organized and discuss about nutrition issues and disseminate INP message to the target population	Support to organize the RELECT sessions at CAC by Field Supervisors.	465 DAG VDCs	446 events and 9,129 people	
	Implementation of Suaahara Activities using local govt structure from CAC to district council (Comprehensive Model)			
	Support in orientation program on social mobilization & governance for INP to members of WCFs including mothers of 1,000 days	140 DAG VDCs	81 events and 2,457 people	
	Support to quarterly meeting of WCFs	287 DAG VDCs	650 events and 17,572 people	
	Community Action Cycle:			
Facilitate/organize meeting with WCF and 1,000 days	102 DAG	608 events and		

	women in DAG VDCs to align priorities	VDCs	21,088 people	
	Quarterly reflection and capacity building orientation for community facilitators	178 DAG VDCs	76 events and 3,003 people (1,437 male and 1,566 female)	
	Support to quarterly meeting of Ward Citizen Forum	178 DAG VDCs		Already included in comprehensive model
	Review and Reflection meeting for VDC secretaries, Social Mobilizers and Field Supervisors	465 DAG VDCs	140 events and 863 people (595 male and 268 female)	
	Support in display of Information board for increased utilization of VDC grant/Governance for nutrition promotion of 1,000 days mothers and children less than 2 years of age	308 DAG VDCs	37 VDCs	
	Review and sharing meeting on child-friendly local governance	Nawalparasi in only 3 VDCs		
	Support to DDC for preparation of district level periodic plan in line with MSNP	Gorkha, Rupandehi and Nawalparasi districts		
SOCIAL AND BEHAVIOR CHANGE COMMUNICATION				
# of people trained in social mobilization and governance (Citizen Awareness Center members, Ward Citizen Forum members, Community Facilitators,1000 days mothers and VDCNFSSC members)	Local consultant for translations and editing	3 times	Regular	
	Local consultants to support on campaign activities	2	NA	
	IPC manual, materials development, pretesting, training and monitoring	1	Regular	
	Script writing - Phase 2 (15 episodes) x 3 languages	45	45	

	Radio program production - Phase 2 (15 episodes) including live call-in program	96	96	
	Organize TOT on radio programme (Banchhin Aama) - Phase 3 for ENA/Field. Coordinators at cluster level from 20 districts	45 participants/ 20 districts	NA	
% of Citizen Awareness Center meetings held along with Integrated Nutrition issues in every month	Radio program broadcasting (Phase 2) including live call-in program	96 episodes/ 20 districts	96	
	Conduct radio listener groups through CAC in selected 25% VDCs of each districts (Phase 2)	239 groups	Regular	
% of Ward Citizen Forum meetings held along with Integrated Nutrition issues at least every quarter.	Conduct radio design document workshop for Phase 3 (39 episodes)	1	1 event	
	Script writing - Phase 3 (39 episodes) x 3 languages	117	Ongoing	
	Radio program production - Phase 3 (39 episodes) including live call-in	117	NA	
% of Quarterly Reflection and Capacity Building orientations held for Community Facilitator at VDC Level.	Plan, develop and produce localized support materials for radio program (Phase 3)	4 Types	Ongoing	
% of VDCs allocating amount from VDC block grant for integrated nutrition related activities (approved by VDC council).	Radio program broadcasting (Phase 3) including live call-in program	24	Ongoing	
% of allocated VDC block grant that utilized for integrated nutrition related activities.	Implementation of the mass media campaign on INP message	Quarterly Basis	NA	
# of Community based organization/groups discuss about integrated nutrition issues	Development of instructional videos on nutrition related issues eg. Lactation management, responsive feeding, use of P/A vial.	6 types of video	Ongoing	

	Design materials based on unifying theme concept	10 types	Ongoing	
	Design and produce appreciation materials for unifying theme events (Key life events, ideal family, competitions...)	5 types	Ongoing	
	Develop private sector strategies (and other community distribution networks) to encourage involvement of SME (small, medium enterprises) within Suaahara objectives	1	NA	
	BCC and IPC capacity building for Program Managers, District and Cluster Staff and providers including national NGO partners and LNGOs	Regular	Regular	
	Support NHEICC and regional and district health offices capacity strengthening for communication strategy and communication policy implementation	Regular	Regular	
OUTREACH COMMUNICATION				
	Short generic video to capture the essence of Suaahara	1 Video	Ongoing	
	Video documentation capturing its results and successes using LQAS/OPMIS data and major learning/challenges	1 Video	NA	
	Publications: relevant brochures, success stories booklet (Nepali/English) etc.	4booklets	1 booklet	
	Media update and advocacy programs with local media persons at district level	One time/20 districts	Regular	
	National media personnel field visit	2 times/year	NA	

	Publish the photo story booklet	One booklet	NA	
	Bi-monthly newsletter	5	NA	
	Promotional materials (bags, calendar etc.)	3	NA	
GENDER AND SOCIAL INCLUSION				
	GESI coordination meeting with concerned stakeholders and GON agencies	Quarterly basis	4 events	
	Int'l Women's Day Celebration (organize a National event/symposium, acknowledge those women leaders, role model couples and young boys and girls are active for changing rigid gender and social norms/behavior and promoting nutrition)	One time	NA	
	Learning study (action research) on boys/men's engagement (Mobilization of male support groups)	One time	NA	
	Ensuring GESI incorporation in program components	Regular	Regular	
MONITORING AND EVALUATION				
	Preparation for endline evaluation	1 time		
	Conduct LQAS Training and Survey	1 per district		
	Sharing and reflection on LQAS finding to district multi-sector stakeholders.	1 per district	18 districts	
	Conduct monthly onsite data verification	1 per monthly per district	Regular	
	Conduct semi-annual data quality audit	2 per year per district	14 districts	

Conduct capacity building workshop on MEAL	1 per district	20 districts	
Conduct integrated home visit of 1,000 days household focusing to DAG households by Field Supervisor	At least 10 FS per month	20,238 hhs	
Support to organize supportive supervision and monitoring visits by district level multi-sector stakeholders to VDC and household level	1 time per year in 10 districts	NA	
Organize supportive supervision and monitoring visits by VDC level multi-sectoral stakeholders to VDC and household	2 times per vice per year in Sindupalchowk and Gorkha	NA	
Assess quality of Suaahara activities through quality standards check list	Regular	Regular	
Organize joint technical supervision from D/PHO at HF, PHC, ORC clinic, HFOMC meeting for IMCI, FP/HTSP, Nutrition counseling and other services.	1 time per year in 10 districts	NA	
Follow up meeting with field supervisors on HMIS/LMIS. Orientation to improve the use of data recording/reporting related to integrated nutrition programme	One time in 10 districts/Pokhar a cluster	NA	
Scaling up most significant changes approach	1 time per selected district per year	2 districts	
Training on LQAS survey procedure for cluster team	80 participants /one time/from 4 cluster	NA	
M&E refresher training for cluster/district staff at cluster level	120 participants	NA	

	/one time/from 4 cluster		
Trainins on Quantum GIS package for cluster/district team at Pokhara cluster	20 participants	NA	
Organize a workshop to share and develop tools on Most Significant Change approach with the participation of cluster and district personnel.	40 participants/ 20 districts	1 event	
Training on data management and OPMIS procedure for district Data Management Officer in Pokhara and central cluster only.	30 Participants/Po khara and Central cluster	1 event	
Organize regular joint monitoring and supervision of project activities with regional multi-sectoral stakeholders	3 times per year in BRT, KTM and DHG Cluster	NA	
Conduct semi-annual data quality audit	2 times per year per cluster	NA	
Organize technical supervision from RHD/RADO/RLSO/RWSSD	4 times per year in DHG cluster	NA	
Proposal writing, report writing workshop to cluster and district staffs	1 times per year in BRT cluster	NA	
MSNP planning and M&E training for regional multi sector stakeholders (3 days)	1 times per year in BRT cluster	NA	
LQAS sharing meeting with national stakeholders	1 Time /year	NA	
OPMIS refresher training for Kathmandu programme team	1 Time /year	1 time	

Smartphone application with web based interactive map consultancy	On-going	Ongoing	
Update OPMIS: consultancy		Ongoing	
Organize the workshop at centrall level to finalize the most significant change stories collected from cluster/district and publish the final document.	Central level team/M&E team/Cluster coordinators	1 time	
Process evaluation studies to understand gaps in the program implementation pathways	1 time		
Joint monitoring visit of programme and MEAL team to assess program quality	4 times	NA	
International Consultancy - Process Evaluation, Research Paper Writing, LQAS data review	1 person	Ongoing	
Semi-annual MEAL review meeting	2 events	1 event	
Conduct seasonal monitoring of Homestead Food production	3 times	1 time	
Monthly MEAL and program meeting	Monthly	2 times	
Mid-term evaluation of radio program	1	1	
Fact sheet: LQAS 2013 and 2014	One time	Ongoing	
Peer Facilitators research	One time in four districts	Ongoing	
Tools and template printing	One time	Completed	
Printinting of most significant change stories in Nepali	One time	NA	

ANNEX 3: SUA AHARA PERFORMANCE AGAINST ANNUAL TARGETS FOR FIVE DISTRICTS (AUGUST 1, 2014 – JANUARY 31, 2015)

The below table provides a summary of progress against planned activities for the five Suaahara districts added in 2014 for year four. Please note that many activities are ongoing and therefore progress has not been reported. Suaahara is committed to deliver on the planned activities by the end of the project year.

INDICATORS	ACTIVITIES	TARGET (AUG 2014 TO JUL 2015)	ACHIEVEMENT (AUG 2014 TO JAN 2015)	REMARKS
MANAGEMENT				
	Organize 1-day district team staff meeting by District Coordinator.	12 times/district	Regular	
	Organize 2-day PNGO staff meeting by Field Coordinator	8 times/district	61 meetings	
	Organize work plan review meeting with district and LNGO team	4 times /district	Regular	
	Organize 4-day orientation on finance/Admin, FP compliance and child safe guarding policy to FS	1 time	5 events in 5 districts	
	Organize 6-day capacity building training on INP	1 time	5 events in 5 districts	
	Organize 1-day exposure visit of PNGO and district stakeholders to Rasuwa by District Coordinator	62 people	NA	
INTERMEDIATE RESULT 1: Household (HH) Health and Nutrition Behaviors are improved				
Output 1.1 HH Adopt Essential Nutrition Actions/ Essential Hygiene Actions				

<p>% of infants 0-5 months who were put to the breast within 1 hour of birth</p>	<p>Organize 6-day training to health and non health workers on MIYCF and Integrated Suaahara package (2-day MIYCF refresher + 3-day Suaahara integrated package + 1-day micor teaching = 6) by NTAG trainers</p>	<p>2,089 people</p>	<p>88 events and 1,610 people (913 male and 697 female)</p>	
<p>% of infants 0-5 months who received only breast milk during the previous day.</p>	<p>Organize 5-days training on MIYCN and Suaahara Integrated package to FCHVs and other social mobilizers and volunteers</p>	<p>5,137 people</p>	<p>341 events and 2,863 people (436 male and 2,427 female)</p>	
<p>% of children 6-23 months of age receiving foods from ≥ 4 food groups during the previous day</p>	<p>Organize 2-day ward level interaction on nutrition training to 1,000 days mother and family members</p>	<p>130,076 people</p>	<p>60 events and 2,764 people (265 male and 2,499 female)</p>	
<p>Minimum meal frequency among children 6-23 months</p>	<p>Celebrate nutrition related days such as Breastfeeding Week, Iodine Month, School Health and Nutrition Week, Egg Day, FCHV Day at district and VDC level with a focus on interacting with 1,000 days women and family members to promote the day-specific behavior.</p>	<p>5 days</p>	<p>234 events and 237 wards (directly reached 6,732)</p>	
<p>Prevalence of children 6-23 months receiving minimum acceptable diet</p>	<p>Organize food demonstration sessions including Citizen Awareness Centers (CACs), health mother's groups (HMGs) and homestead food production (HFP) group members using locally available foods and also ensure male engagement during these sessions.</p>	<p>1,259 sessions</p>	<p>8 sessions, 8 VDCS and 228 people (36 male and 192 female)</p>	

<p>% of children 6-23 months of age who consumed vitamin A rich animal-source foods during previous 24 hours.</p>	<p>Establish an integrated nutrition corner at each health facility highlighting four food groups, various methods of contraception, oral rehydration therapy and iron-made cooking pots using related BCC and display materials (small packets of food, iron karai, family planning kit).</p>	<p>305 health facilities</p>	<p>NA</p>	
<p>% of children 6-23 months of age who consumed iron-rich animal-source foods during previous 24 hours.</p>	<p>Celebrate key life events by acknowledging a member of the health-mothers group (HMG)/ community awareness center (CAC)/ homestead food production (HFP) group by other members of her group during the 4th month of pregnancy, within 3 days of delivery or around the time of the rice feeding ceremony of her baby to promote key pregnancy behaviors, exclusive breast feeding and introduction of complementary food only after completing 6 months. Priority will be given to disadvantaged group (DAG) households.</p>	<p>1,592 events</p>	<p>NA</p>	
<p>% of sick children 6-23 months of age fed more after their illness</p>	<p>Organize 3-day training to LGCDP social mobilizers on <i>Bhanchhin Aama</i> radio program to be able to facilitate regular CAC sessions on behaviors highlighted by different episodes of the radio program.</p>	<p>2 times</p>	<p>NA</p>	
	<p>Organize one day media advocacy meeting for district-based journalist.</p>	<p>1 time/district</p>	<p>NA</p>	
	<p>Organize monitoring visit by media person.</p>	<p>1 time/district</p>	<p>NA</p>	
	<p>Promote regular listening of <i>Bhanchhin Aama</i> radio program and utilization of the call in component, Hello <i>Bhanchhin Aama</i>, during all community level activities (HMG meeting, HFP meeting, food demonstration sessions, CAC sessions, WCF meetings and male interaction groups).</p>	<p>Regular</p>	<p>Regular</p>	

	Two days training to selected FCHVs on sarbottam pitho preparation	1,235 FCHVs /1 time	NA	
	Engage male household members during home visits, WLI, key life event, HFP group meetings and household WASH activities.	Regular	Regular	
	Disseminate program updated on the quarterly basis through local FMs by District Coordinator.	3 times	Regular	
	Organize pregnant mothers assembly (Gharwati Bhela) at VDC level during Women's Day.	3,400 people	NA	
	Support to organize 5-day workshop to prepare district 5-year nutrition strategy plan.	1 time/5 districts	NA	
	Support DHO in publication of district nutrition annual report.	1 time/5 districts	NA	
	Support to install hoarding/display board in coordination with DNFSSC on INP message (nutrition, WASH, HSP, HFP)	10 boards	NA	
Output 1.2 HH Adopt Essential Hygiene Actions				
Institutional strengthening				
Percent of HHs using an improved sanitation facility	Support to regularize D-WASH CC review meeting/workshop to update strategy plan/reformation/ensuring promotion and monitoring	20 events	38 events and 112 people	
Percent of population in target areas practicing open defecation	Support in D-WASH CC workshop/to formulate post-ODF strategy plan	1 time/ 3 districts	NA	

Number of communities (VDCs) certified as 'open defecation free' as a result of USG assistance.	Support to regularize V-WASH CC review meeting/workshop to update strategy plan /reformulation /strengthening promotion and monitoring	11 VDCs	16 events and 563 people	
% of child caregivers and food preparers with appropriate hand washing behavior	Support to district level innovations identified by D-WASHCC to improve WASH behaviors in consultation with USAID.	5 districts	NA	
% of HHs with soap and water at hand washing station commonly used by family members	Organize 2-day workshop with district education officials on WASH and clean house promotional guideline preparation	5 districts	NA	
Percent of HHs using an improved drinking water source	WASH information management system at VDC level includes database at DDC/VDC level to provide information on indicators for certification of clean house by D-WASHCC/V-WASHCC. Rs. 2,000 is a one-time cost for establishment of database. Once developed, database will be institutionalized at V-WASHH CC for regular use and reporting to D-WASHCC.	11 ODF VDCs/ 3 districts	NA	
% of mothers who dispose of their youngest child's fecal matter safely	Establish Hand washing station at Health facilities	Regular	58 Health facilities	
	Capacity building			

# of frontline worker/volunteer/ Activist trained on 5 key EHA behaviors	Organize 2-day V-WASH CC management training for WASH strategic plan formulation, updating, operationalization and sector mobilization promotion management in selected ODF VDCs	11 VDCs	15 events and 449 people (331 male and 118 female)	
	Organize 3 days Mason training for toilet construction in ODF VDCs(9 persons/VDCs)	11 VDCs	NA	
	Organize 2 days orientation to Child club on clean school & clean house promotion	25 participants/VDC from 11 VDCS	6 events and 159 people (98 male and 61 female)	
	Organize 5 days ToT on WASH promotion at district level	Altogether 144 participants from 5 districts	3 events and 136 people (86 male and 50 female)	
	Organize 2 days VDC level School teachers and school mgmt. committee (SMC) orientation on School WASH and clean house promotion in DAG VDCs (25 % VDCs)	20 events (2 persons from each school VDCs)	4 events	
	One day Clean House Concept orientation aligning with Review and Reflection meeting for VDC Secretaries and Social Mobilizers (SM)	360 events	NA	
	WASH behavior promotion			
% of children under 2 years who had diarrhea in the prior two weeks	Interaction with Health Mother groups (HMG) on hand washing at critical times, food hygiene, use of latrine/safe disposal of child feces and safe water, <u>clean house concept</u> during HMG meeting and food demonstration too.	All VDCs of 5 districts in monthly meeting	Monthly	

% of mothers who dispose of their youngest child's fecal matter safely	Establish and certify clean houses based on set criteria of GON by V-WASHCC in ODF VDCs	100 HHs of 5 districts	NA	
% of HHs using an improved sanitation facility	Community Hygiene Sanitation Facilitator orientation (CHSF) and mobilization in ODF VDCs/Clean House	13 CHSFs	NA	
% of population in target areas practicing open defecation	Support to D-WASH CC & V-WASH CCs on organizing and management of ODF declaration ceremony	11 VDCs	NA	
	Support to conduct community triggering and locally initiated program events in selected cluster ODF VDCs	11 VDCs	NA	
% of child caregivers and food preparers with appropriate hand washing behavior	Facilitate to conduct 4 session on clean house promotion during WCF meeting (Indicators, Hand Wising station, Safe water, Use of latrine/Safe disposal of child feces, food hygiene etc.) in VDCs (25% DAG VDC)	360 HHs in 5 districts	NA	
% of HHs with soap and water at hand washing station commonly used by family members	Support of sanitation materials of toilet construction for DAG households	450 HHs	NA	
% of mothers who dispose of their youngest child's fecal matter safely	Support to conduct Day celebration (Global Hand Washing day, World water Day and Sanitation week) in coordination with D-WASH and V- WASH at district and VDC level	5 districts	150 events and 148 VDCs (6,887 directly reached people)	

	Establishment of Hand washing corner at all health facilities	5 districts	58 Health facilities	
	Organize ineration programme for members of HMG/FCHVs/CHSF/ on water safety plan and PoU including PA Vial demonstration	All VDCs of 5 districts	NA	
	Counseling EHA key messages during health facility check up	5 districts	Regular	
	Sensitize and promote to use mats for children's to keep-away from dirt	Regular	Regular	
	Interaction with CAC on clean house concept, WASH and agriculture and nutrition program	20 hhs/month	NA	
	Regular fellow-up to DAG households promoting Hygiene and Sanitation behaviors during INP home visit	Regular	Regular	
	Regular follow-up to DAG households promoting Hygiene and Sanitation behaviors during INP home visit	Regular	Regular	
	Organize 4-day TOT at regional level for district WASH focal persons (one batch of 25-30 participants from 5 districts)	1 time	NA	
	Sharing the learning of best practices related to WASH by concerned stakeholders at regional level.	1 time	NA	

IR 2: Women and children increase use of quality nutrition and health services

Output 2.1: Improved capacity of service providers to provide counseling on nutrition and maternal & child health services

	Organize 2-day workshop with health facility incharges and district supervisors to orient them on INP, health service promotion - including hygiene and sanitation - and develop the micro plan for strengthening the Maternal Newborn Child Health & Nutrition (MNCHN) focusing on iron compliance, treatment of sick children, zinc ORS, and FP	5 workshops	5 workshops and 217 people (185 male and 32 female)	
Output 2.3: Increased accessibility of nutrition and related health services including excluded communities				
Percent of newborns receiving post natal health check within 2 days of birth	Provide support to the monthly meeting of FCHVs at the HF level to review the progress and identify the corrective measures to improve the treatment of sick child, use of ORS, Zinc, Vitamin A and Iron/folic acid, 4 ANC/3 PNC check up, 3 key HTSP messages and FP etc.	1,044 meetings	185 meetings and 2,148 FCHVs	
Percent of children under five years old with diarrhea treated with oral rehydration therapy (ORT)	Organize 2-day district level orientation for PHC/ORC strengthening to the Health Facility In-charge and District Supervisor	Baitadi, Dadeldhura, Doti and Achham	3 events and 70 people (57 male and 13 female)	

<p>% 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.</p>	<p>Organize 2-day orientation to low performing HFOMC / PHC ORC management committee members to strengthen FP/MCH, nutrition services and growth monitoring services</p>	<p>61 health facilities</p>	<p>10 events and 286 people (144 male and 142 female)</p>	
	<p>Organize 1-day community level interaction with community leaders, teachers, traditional healers, influential persons to strengthen ORC service utilization by FS and respective HFs in charge</p>	<p>207 PHC/ ORC</p>	<p>40 events and 1,282 people (535 male and 747 female)</p>	
	<p>Provide support to strengthen PHC/ORCs services through the provision of essential equipment/material to improve GM, FP, sick child treatment, ANC and other integrated nutrition services</p>	<p>61 health facilities</p>	<p>NA</p>	
	<p>Support in exposure visit to selected FCHVS (40 FCHVs)</p>	<p>1 time</p>	<p>NA</p>	
<p>Output 2.4: Improved healthy timing and spacing of pregnancy with focus on marginalized and unreached women</p>				
<p>Percent of USG assisted service delivery sites providing FP counseling and/or services.</p>	<p>Conduct 3-day district orientation (DTOT) on FP/ HTSP to district supervisors along with FP compliance orientation</p>	<p>110 participants/ 5 districts</p>	<p>2 districts and 43 people (35 male and 8 female)</p>	

Number of people trained in FP/RH through USG supported programs (mandatory)	Conduct 3-day roll out orientation on HTSP/FP to all service providers along with FP compliance orientation	1110 participants/ 5 districts	16 events and 316 people (145 male and 171 female)	
% of women who receive healthy timing and spacing for pregnancy (HTSP) counseling.	Support DHO/DPHO annual review meeting with district supervisor and health facility In-charges to discuss the progress of 3 key HTSP messages counseling, ORC service utilization, HFOMC, FCHV and HMG meeting and INP status to improve service delivery of FP and nutrition.	9 times	1 time	
% 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.	Provide support in RHCC meeting to discuss about strengthening the nutritional status of mothers and children under 2 years and identify the action points for corrective actions at DHO/DPHO.	20 times	2 times and 46 people (41 male and 5 female)	
Number of people that have seen or heard a specific USG-supported FP/RH message (Mandatory)	Organize 8-day training on long-term family planning method (Implant only) to health service providers of district hospitals and PHCs (Nursing staffs)	30 people	NA	
	FP/MNH update and coaching and mentoring (to DH, PHC, SBAs and in BCs)	200 participants / 5 districts	NA	

	Support FP satellite clinics for excluded/hard to reach communities as per district need (5 clinics)	4 times	NA	
	Support postpartum IUCD training (3 days) to health workers at Seti Zonal hospital	18 people	NA	
	Develop, print and transport HTSP manuals	1,150 copies	Ongoing	
	Print and transport HTSP SBCC materials	2,000 copies	Ongoing	
	Follow-up and technical supervision (IUCD/Implant training) of newly trained service providers by trained staff	2 times	NA	
	Organize 5-day district level MNCHN QI tool workshop	5 times	NA	
	Conduct MNCHN QI tool midline assessment	5 times	NA	
	Conduct MNCHN QI tool end line assessment	5 times	NA	
	Technical supervision of MNCHN QI tool implementation	4 times	NA	
	Support to bridge gaps identified during midline, end line and technical support visits	5 districts	NA	
IR 3: Women and their families increase their consumption of diverse and nutritious food				
Output 3.1: Increased access to locally-produced nutrient-dense and fortified foods				
Number of beneficiaries with access to home or community garden	Organize District level Training of Trainers (DTOT-6 day) on HFP for field supervisors (PNGO), ASC/LSC staffs	13 batch for 322 people	11 batches and 297 people (226 male and 71 female)	
Number of home or community gardens established	Selection of beneficiaries for HFP interventions and identification of 1,000 day households (based on DAG Mapping, consultative meeting with stakeholders)	29,411 HHs	NA	

Number of people trained in HFP/Ag	Support in development of village model farms (VMF): a) Select potential VMF from mothers of 1,000 days, FCHV or from community b) Organize 5 days training to VMF	1,876 VMFs	20 events and 400 people (94 male and 306 female)	
Mean # of MN rich vegetable cultivated by HH each year.	Organize 2 days HFP roll out training/orientation for households of selected 1,000 day mothers, FCHVs and their family members/decision makers (30 %), ensure men's participation as well: a) Regarding chicks keeping under improved management techniques b) Importance of permanent garden & planting of nutrient dense diversified vegetable crops.	20,481 HHs	NA	
Number of chicken distributed	Support in distribution of seeds of vegetables to village model farmers in coordination with ASCs/DADO	1,876 rainy seed packs and 469 dry seed packs	NA	
Total # of eggs produced per household	Support in distribution of seeds of vegetables to households of mothers of 1000 days and FCHVs in coordination with ASCs/DADO a) Seeds of dry season to households (0 %) b) Seeds of rainy season to 6944 households	3,000 dry seed packs and 15,000 rainy seed packs	NA	
	Support in distribution of planting materials of orange fleshed sweet potato to village model farmers in coordination with ASCs/DADO.	50 vines/VMF	NA	

	<p>Organize a consultative meeting with District Agriculture Development Office, District Livestock Service Office and other stakeholders:</p> <p>a) Homestead food production 1,000 days beneficiary and VMF selection b) Identify locally appropriate vegetable crops c) Avoid duplication in distribution of seeds and chicks at household level d) Review and planning of HFP activities</p>	14 meeting in 5 districts	1 meeting in 1 districts	
	<p>Organize a distribution event of brooded chicks to households (VMF, selected 1,000 days mothers and FCHVs) in coordination with representative of District Livestock Services Office and concerned stakeholders</p>	27 events	NA	
	<p>Support in distribution of eight week brooded chicks to households (of village model farmers, selected 1,000 days mothers and FCHVs)</p> <p>a) Local arrangement for brooding of received chicks at district level for final delivery to households b) Transportation of chicks to households c) Provision of feed to chicks during transportation.</p>	29,340 chicks to 5,868 HHs	NA	
	<p>Support of coop construction to most needy selected 1,000 days DAG mothers</p>	430 HHs	NA	
	<p>Support in establishment of a community brooding center for improved chickens at in coordination and consultation with livestock service center/District Livestock Office</p>	2 centers	NA	
	<p>Organize a "Technical On Site Coaching Visit" by DADO/DLSO in supervision area (having more HFP related problems-High poultry mortality, low seed germination, high prevalence of poultry disease, low vegetable production etc.)</p>	13 events	NA	

	Organize a "Technical On Site Coaching Visit" by ASC/LSC in supervision area (having more HFP related problems-high poultry mortality, low seed germination, high prevalence of poultry disease, low vegetable production etc.)	12 events	NA	
	Support in regularization of mothers group meeting (mothers of 1,000 days) and discuss about HFP through FHCVs/Group leader/VMF/field supervisor. Also occasional interaction (3 times in a year) with decision makers (Husbands, parents in laws/family members).	Regular	NA	
	Fruit sapling distribution, mushroom to poultry non accepting HHs, farm yard manure & shed improvement, bee keeping etc.	Collaboration with DADO	NA	
	Support in establishment of Central Resource Nursery	19 nurseries	NA	
	Procure chicks of improved breeds for back yard poultry intervention	22,500 chicks	NA	
Output 3.2: Increased knowledge of nutrition and locally available foods				
% of mothers and others care givers able to receive correctly on ENA messages on appropriate diversity, % of FCHV able to recite correctly ENA messages on appropriate diversity	Organize food demonstration in local fair and festivals (Goru judhaune, Sindure jatra) to sensitize the locally available diverse food	Nuwakot district	1 event and 20 vdc (71 people directly reached)	
IR 4: Coordination on nutrition between government and other actors is improved				
Output 4.2: Regional & district mechanism in place				
District nutrition and food security committee established at district in collaboration with District Development Committee	Organize 2-day orientation on Suaahara and planning meeting with VDCs secretaries	255 Secretaries / 5 districts	5 districts and 191 secretaries (176 male and 15 female)	

	Organize one day VDC /Municipality level consultative meeting with VDC level stakeholders (in all VDCs using DDC structure along with the short orientation about social mobilization and Governance)	255 VDC and 6 municipalities	251 VDC and 9,627 people (5,515 male and 4,112 female)	
	Formation of multi-sectoral committees at DDC level using the NPC guidelines including orientation on SM and governance and organize meeting	4 districts	2 districts and 50 people (43 male and 7 female)	
	Organize annual review meeting with stakeholders	5 districts	NA	
	Support to organize 1-day District Nutrition and Food Security Steering Committee meetings	5 districts	3 districts and 44 people	
	Support to organize MSNP Planning and M/E training for district multi sector stakeholders (6 days)	4 districts	NA	
	Support to formation VDC/Municipality Nutrition and Food Security Steering Committee	255 VDCs and 6 municipalities	101 VDCs and 2,416 people (1,680 male and 736 female)	
	Support to organize VDC/Municipality level Nutrition and Food Security Steering Committee meetings (half yearly)	255 VDCs and 6 municipalities	65 VDCs and 2,330 people	
	Organize 2-day district level consultative meeting with district stakeholders to discussion on DAG profile	1 districts	NA	
	Carry out assessment to know about composition and decision making process in WCF, VWASHCC, VDCNFSSC, HFOMC	5 districts	NA	
SOCIAL MOBILIZATION AND GOVERNANCE				

# of WCF and CAC organized and discuss about nutrition issues and disseminate INP message to the target population	Support in organizing the RELECT sessions	64 DAG VDCs	NA	
	Implementation Suaahara activity using local government structure from CAC to district council		NA	
	Support in orientation programme on social mobilization and governance for INP to members of WCFs including 1,000 days mothers	44 DAG VDCS	NA	
	Support to quarterly meeting of Ward Citizen Forum	44 DAG VDCS	NA	
Community Action Cycle:				
	Organize meeting with WCF and 1,000 days women in DAG VDCs to align priorities	20 DAG VDCs	NA	
	Quarterly reflection and capacity building orientation for Community Facilitators	20 DAG VDCs	NA	
	Quarterly meeting of Ward Citizen Forum	20 DAG VDCs	NA	
	Support to organize 3-dayorientation to Social Mobilizers and Field Supervisors in coordination with DDC (LGCDP) to conduct REFLECT sessions for CAC members linked with (Bhanchhin AAMA Radio Program	1 districts	NA	
	Support in display of Information board for increased utilization of VDC grant/Governance for nutrriion promotion of 1,000 days mothers and 2 years of children	64 DAG VDCs	NA	
MONITORING AND EVALUATION				
	Preparation for endline evaluation	1 time	NA	
	Conduct LQAS training and survey process for cluster and district team including Field Coordinator	25-30 participants/one time	5 districts	
	Sharing and reflection on LQAS finding to district multi stakeholders	1 time	4 districts	
	Conduct monthly onsite data verification	12 times	Regular	
	Conduct semi-annual data quality audit	2 times	4 times in 4 districts	

	Conduct capacity building and tools and templates roll out training on M&E	1 time	5 times in 5 districts	
	Conduct integrated home visit of 1,000 days household focusing to DAG households by Field Supervisor	10 HH/month/FS	Regular	
	Monitor counseling service on nutrition /HTSP and key commodities related with MNCH, FP, and nutrition (zinc, ORS, pills, condom, Depo, IUCD, Implant, iron, Vitamin A and pediatric cotrim)	5 health facility/month	NA	
	Organize a follow up and onsite coaching visit by Agriculture Technical Assistant/Agriculture Officer using the checklist	1,200 HHs/month	NA	
	Support to conduct joint monitoring visit of ODF/post ODF activities by D-WASH-CC	2 times	NA	
	Support to organize joint monitoring visit with members of D-WASH-CC to observe the activities of ODF	All ODF VDCs/ 3 Districts	NA	
	Support to organize joint monitoring visit with members of V-WASH-CC to observe the activities of ODF	All ODF VDCs/ 3 districts	NA	
	Support to organize supportive supervision and monitoring visits by VDC level multi-sector stakeholders to VDC HHs level	3 districts	NA	
	Organize joint technical supervision from DHO/DPHO at HF PHC, ORC clinic, HFOMC meeting for IMCI, FP/HTSP, Nutrition counseling and other services	2 times	NA	
	Conduct 3-day M&E tools roll out training including introduction of smart phone to FS	5 districts	5 districts	

ANNEX 4: UPDATED INTERNATIONAL TRAVEL 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
1	19	US-Nepal-US						
			Ms. Karin Lapping	1	21 July - Aug 3, 2012	To provide general technical assistance including meetings with Suaahara team.	100%	18
			Ms. Karin Lapping	1	31 Jan - 15 Feb 2013	To attend USAID meeting and to provide technical assistance	100%	17
			Ms. Angela Brasington	1	12-19 March 2013	Technical assistance on community mobilization	100%	16
			Ms. Karin Lapping	1	9 - 19 July 2013	To assist with management transition of Suaahara and review technical components of the program	100%	15

			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%	14
			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%	13
			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%	12

			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% (She is from Jhuccp, but her trip has been charged to Save the Children)	11
2	5	Nepal -Thailand - Nepal						
			Mr. Jeeban Ghimire	1	12 July - 15 July 2014	To participate Public Health Conference	100%	4
3	4	Thailand - Nepal - Thailand						
			Mr. John Stoekel	1	2 - 6 Oct 2012	Assist with the development of a system for process evaluation, including fidelity assessment	100%	3
	28			10				18

Helen Keller International								
Approved			Actual used					
S.N	Number of trips	Destination/Sector	Name of the Traveler	Number of trips	Used Date/period	Purpose		Remaining Quota
1	4	US-Nepal-US						
			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
2	3	Cambodia-Nepal-Cambodia						
			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 Suaahaara	3
			Mr. Akoto Osei	1	12-18 August, 2013	TA to Suaahara	100%	2
3	3	Nepal - Thailand - Nepal						3
4	4	Nepal - Ethiopia - Nepal	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	Nepal - Delhi - Nepal	Mr. Dharma Bajracharya	1	13 - 26 July 2014	To attend a Leadership in Strategic Health Communication Workshop	100%	0.62
		US-Nepal-US	Ms. Caroline Jacoby	0.5	27 October - 26 November 2014	Facilitate a four day radio design document workshop to design Bhanchhin Aama Phase II radio program, facilitate one and a half day RH/IEC Technical meeting for radio design approval process	50% cost only charged to Suaahara	
	13			12.88				0.12