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Semi-Annual Report, August 01, 2015 – January 31, 2016

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LIST OF ABBREVIATIONS/ ACRONYMS

ANM	Auxiliary Nurse Midwives
CAC	Citizen Awareness Center
CB-IMNCI	Community Based-Integrated Management of Neonatal and Childhood Illness
CBO	Community Based Organization
CEA	Community Engagement Approach
CHD	Child Health Division
CHSF	Community Hygiene and Sanitation Facilitators
CLTS	Community-Led Total Sanitation
DDC	District Development Committee
DHO	District Health Office
D-WASH CC	District Water Sanitation and Hygiene Coordination Committee
DQA	Data Quality Assurance
EHA	Essential Hygiene Action
ENA	Essential Nutrition Action
FCHV	Female Community Health Volunteer
FHD	Family Health Division
FP	Family Planning
GESI	Gender Equity and Social Inclusion
GPM	Gender Policy Measurement
HFOMC	Health Facility Operation and Management Committee
HFP	Homestead Food Production
HFPB	Homestead Food Production Beneficiaries
HTSP	Healthy Timing and Spacing of Pregnancy
IFPRI	International Food Policy Research Institute
INP	Integrated Nutrition Package
IUCD	Intra-Uterine Contraceptives Device
IVR	Interactive Voice Response
IYCF	Infant and Young Child Feeding
LQAS	Lot Quality Assurance Sampling
LARC	Long Acting Reversible Contraceptive
MEAL	Monitoring, Evaluation, Accountability and Learning
MIYCF	Maternal Infant and Young Child Feeding

MNCH-N	Maternal Newborn Child Health Nutrition
MOAD	Ministry Of Agriculture Development
MOFALD	Ministry Of Federal Affairs and Local Development
MTOT	Master Training of Trainers
NHTC	National Health Training Center
NHSP	National Health Sector Plan
NGO	Non-governmental Organization
NHTC	National Health Training Center
ODF	Open Defecation Free
OPMIS	Online Program Management Information System
OTP	Outpatient Therapeutic Program
ORC	Outreach Clinic
PDQ	Partnership Defined Quality
PHC	Primary Health Center
POU	Point-of-Use
RHCC	Reproductive Health Coordinating Committee
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
WCF	Ward Citizen Forum

EXECUTIVE SUMMARY

The Suaahara program has continued to implement integrated nutrition activities in close coordination with Child Health Division (CHD) in 41 districts to improve the health and nutrition behaviors of 1000-day women (pregnant women and those with children under two years of age) and their families.

Major highlights this reporting period

- **185,316** women and family members reached through ward level interactions
- **35,933** home visits conducted in households with 1000-day women
- **58,920** 1000-day women and their family members reached directly in different nutrition related days celebration
- **14,480** frontline workers trained in Maternal Infant and Young Child Nutrition (MIYCN)
- **1,683** households certified as clean using the Clean House Approach
- **1,199** teachers and school management committee members and **1,005** child club members trained on school water, sanitation and hygiene (WASH) and the Clean House Approach
- **669** health workers, **71** management staff, **3,323** FCHVs, **2,560** community members trained using the Community Based-Integrated Management of Neonatal and Childhood Illness (CB-IMNCI) training packages
- **12,123** Health Facility Operation and Management Committee (HFOMC) members participated in **825** meetings
- **888** community members participated in Partnership Defined Quality (PDQ) trainings
- **5,205** Female Community Health Volunteer (FCHV) monthly meetings, **12** DHO review meetings and **20** Reproductive Health Coordinating Committee (RHCC) meetings were held
- **42,675** group members reached through **2,395** Homestead Food Production (HFP) meetings and **167** on-site coaching from agriculture and livestock service centers
- **54,979** households each received a composite seed packet of vegetables including **19,154** households as post-earthquake distribution (How many households received seed packets in this reporting period)
- **86,809** chicks distributed to **15,931** households including **32,368** chicks to **5,896** earthquake affected households
- **1,661** persons trained as VMFs and **19,505** 1000-day women, FCHVs and family members provided with HFP basic training
- **665** Village Development Committees (VDCs) of 25 districts committed a total of total **NPR 70,559,539** (USD 742,732, @USD 1 = NPR 95) amount for integrated nutrition promotion related activities from the VDC block grants
- **11,937** people from disadvantaged groups (DAG) reached by Suaahara through different activities
- **58,576** men engaged through ward level interactions, food demonstrations, hand washing, reflection session in Citizen Awareness Centers (CAC), Ward Citizen Forums' (WCF) meeting, HFP trainings and WASH committee meetings

During the period of August 1, 2015 to January 31, 2016, Suaahara's efforts have focused on building the capacity of frontline workers to promote integrated nutrition behaviors and

provide counseling to 1000-day women and their families in the newly added sixteen districts. Suaahara also continued to actively engage 1000-day women in the original 25 districts, including through home visits, ward-level interactions, day celebrations, and food demonstrations. Suaahara prioritized coordination with government and other stakeholders at all levels of programming for smooth functioning of activities. In coordination with Emergency Nutrition Cluster, Suaahara initiated nutrition-in-emergency interventions in earthquake-affected districts.

For WASH, the priority this reporting period was to extensively promote the Clean Household Approach and certify clean households in the communities. One of the major achievements was endorsement of the 'Clean House' concept as a key directive in the Government of Nepal's (GON) newly formulated national 'Total Sanitation Guideline', which is currently in a draft stage and will be launched soon. Suaahara also achieved significant progress in declaring open defecation free (ODF) status, with 114 VDCs declared ODF. While many program activities were interrupted due to the long political impasse in parts of the country, most of the planned WASH interventions were successfully accomplished with notable results despite this challenge.

Foundation work for implementation of Homestead Food Production (HFP) was prioritized in the new 16 districts while efforts to strengthen community-level structures to sustain HFP practices in original 25 districts were carried out. Suaahara's HFP intervention package not only helps women to make better use of homestead space by cultivating diverse nutrient-dense vegetables and producing animal source food, but also develops women into lead farmers. Key interventions in this period included: providing training and start-up support of seeds and poultry; establishing HFP mothers groups; developing Village Model Farmers (VMFs) as resource persons in a community; and coordinating with agriculture and livestock government and non-government stakeholders. Seasonal monitoring data tracked distribution of inputs, outputs and outcomes of HFP activities and showed that involvement in HFP activities can contribute to improvements in nutrition.

Under the leadership of the Department of Health Services, Suaahara continued to work to strengthen health services with particular focus on improving community-based service delivery and outreach services. The project trained health workers to ensure incorporation of nutrition services into all facility based services – antenatal care, delivery, and postnatal care for the treatment of sick children. During this reporting period, the major activities carried out were community based integrated management of neonatal and childhood illness (CB-IMNCI), strengthening of Primary Health Center and Outreach Clinic (PHC/ORC) services, revitalization of Health Facility Operation and Management Committee (HFOMC), capacity building on Healthy Timing and Spacing of Pregnancy (HTSP) and Long Acting Reversible Contraceptive (LARC) trainings. A large number of health workers were trained on family planning and child health and demand for FP services was created through various SBCC activities.

Implementation of the integrated *Bhanchhin Aama* ("*Mother Knows best")* communication platform continues. During the reporting period, *Bhanchhin Aama* radio programs received 59,400 calls and text messages from audiences all over Nepal and the Doteli Interactive Voice Response (IVR) system received 6,257 calls. Celebration of key life events and ideal family recognitions continue to reinforce positive nutritional and health behaviors in the community. Gender and social inclusion (GESI) continued to be emphasized in planning and implementation of Suaahara activities. Program activities, trainings at various levels, social behavior change communication (SBCC) materials and activities all incorporate a GESI perspective. Agriculture, Health as well as WASH related inputs and resources are mobilized to address priorities in health and nutrition of disadvantaged groups. Suaahara has also been conducting social mobilization and governance specific activities in 50% of disadvantaged group (DAG) VDCs in the initial 20 districts and 25% of DAG VDCs in 18

districts (including 16 new districts). VDC block grant allocation and implementation was prioritized this period in addition to the formation of Multisector Nutrition and Food Security Steering Committee (NFSSC) at the VDC and district level particularly in the new 16 district. So far, 665 VDCs of 25 districts have committed a total of NPR 70,559,539 (@USD 1 = NPR 95, $742,732) for integrated nutrition promotion related activities.

Data quality was given a high priority this period. Monthly data verification and semi-annual data quality assessments were done at the district level. Data management, data accuracy, and feedback mechanism has improved considerably since last year. This in turn has strengthened MEAL system at Local NGOs and districts. Lot Quality Assurance Survey (LQAS) was successfully undertaken in Baitadi, Dadeldhura, Doti and Accham during this period and the multi-sector stakeholders at the district level have well received the findings.

During this reporting period, there were not any major management issues. With the Suaahara closing in August 2016, Suaahara management has already initiated the close-out and transition processes. In February 2016, the field level activities will end and in March 2016 the local NGO contracts will end. Suaahara dissemination is gradually scheduled in the month of February and March 2016 at the district level and in April at the central level.

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 (GON) 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 41 districts of Nepal. Suaahara is a comprehensive, community-focused program that integrates various sectors – nutrition, water, hygiene and sanitation (WASH), agriculture and health services promotion – in order to address the key factors affecting nutritional status.

The Suaahara project has four primary results areas:

INTERMEDIATE RESULT 1: Household health and nutrition behaviors improved

INTERMEDIATE RESULT 2: Women and children increase their use of quality nutrition and health services

INTERMEDIATE RESULT 3: Women and their families increase their consumption of diverse and nutritious food

INTERMEDIATE RESULT 4: Coordination on nutrition between government and other actors is strengthened

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

This report comprises a description of results and activities for the period August 1, 2015 to January 31, 2016.

PROJECT ACHIEVEMENTS

Suaahara is on track to achieve annual project targets. The following sections provide highlights of key achievements during the reporting period.

INTERMEDIATE RESULT 1: IMPROVED HOUSEHOLD HEALTH AND NUTRITIONAL BEHAVIORS

ESSENTIAL NUTRITION ACTIONS

KEY ACHEIVEMENTS

- **185,316** 1000-day women and family members reached through ward level interactions
- **35,933** home visits conducted to households with 1000-day women
- **58,920** 1000-day women and their family members reached directly in different nutrition related days celebration
- **14,480** frontline workers trained in Maternal Infant and Young Child Nutrition
- **285149** women and family members reached through **15,717** food demonstrations

Building Capacity and Leveraging Different Contact Points

FCHV interacting on nutrition, health and WASH behaviors with 1000 days mothers and their decision makers in Banke district

Suaahara continued to develop skilled trainers in maternal infant and young child nutrition (MIYCN). Twenty master trainers were trained on the revised MIYCN package with an objective to capacitate health and non-health workers including FCHVs following a cascade down approach in 16 new districts. A total of 14,480 frontline workers (85% female and 15% male) who are directly in contact with 1000-day women and decision makers were trained in MICYN. These frontline workers encourage integrated nutrition behaviors and providing counseling services to 1000-day women and families in their communities.

Reaching 1,000-day women and decision makers

Ward level interactions

*"There is a visible difference in the health of my two children. My youngest child is comparatively healthy, active and sharper than my elder daughter. Nobody told me about exclusive breastfeeding and I thought my milk was insufficient. I was asked to throw away colostrum due to superstitious belief. Also I never prepared a separate meal for my elder daughter; we mashed and gave her what we ate. My mother-in-law used to say giving green vegetables would make her sick. She didn't get to eat green vegetables or eggs. However, during my second pregnancy things changed for good. After participating in the interaction program, I learned about the importance of exclusive breastfeeding and colostrum, correct way of latching the child to breast and holding properly, and preparing nutritious complementary food. I received the needed knowledge and support to raise my young daughter in clean environment and feed her healthy. No wonder she rarely falls ill." – **Sita Charmarkar, a 1000-day mother from Bhojpur district.***

The FCHVs trained by Suaahara on integrated nutrition, health and WASH reached 185,316 mothers and family members (94% female and 6% male) through 5,997 Ward level interactions in the 16 new districts.

Nutritious food demonstrations

With an objective to improve complementary feeding practices, food demonstrations are regularly being conducted in health mothers' groups. This activity provides hands-on experience to mothers and is an important platform to discuss integrated nutrition and health issues. Food demonstrations also encourage participation of new 1000-day women into the health mothers' group. A total of 285,149 (92% female and 8% male) women and family members have participated in 15,717 food demonstration programs in Suaahara districts. Food demonstration is also important contact point to disseminate WASH, Family Planning messages.

Nutritious Food demonstration in Devisthan, Myagdi

Home Visits

Suaahara's field supervisors reach households even in inaccessible places to counsel and provide needed guidance and support to 1000-day women and their families in sustaining nutritional behaviors. 35,933 thousand day households (31% from DAG) have been reached by field supervisors. 7,359 Follow-up visits have further assisted in ensuring and reinforcing health, WASH and nutrition related behaviors.

Nutrition related day celebrations

World Breastfeeding Week and Global Egg Day were celebrated at various districts and communities during this reporting period in order to encourage and reinforce nutrition, health and WASH behaviors. A total of 58,920 mothers and family members were directly reached through various triggering activities that Suaahara led during these celebrations, including group discussions, rallies, street dramas, and song competitions.

Emergency nutrition

In close coordination with the Child Health Division, UNICEF and Save the Children, Suaahara has continued nutrition interventions in five earthquake-affected districts.

Refresher trainings were provided to outpatient therapeutic Program (OTP) focal person to reinforce acquired knowledge and skills on management of Severe Acute Malnutrition (SAM) cases at OTP. Community members (6,382 in total) were oriented on tracing SAM cases and referring them to OTP in three earthquake affected districts: Dolakha, Sindhupalchowk and Gorkha. A total of 99 SAM cases were traced and admitted in 35 OTPs and among them 53% are reported to be cured.

Post-earthquake the infant and young child feeding counseling in emergency (IYCF-E) and food demonstrations were conducted more intensively to reinforce optimal breastfeeding and complementary feeding practices.

ESSENTIAL HYGIENE ACTIONS

KEY ACHEIVEMENTS

- **2,07,956** people reached through WASH promotional interventions
- **1,683** households certified as clean using the Clean Household Approach
- **1,199** teachers and school management committee members, and **1,005** child club members trained on school WASH and the Clean House Approach
- **52** D-WASH CC and **271** V-WASH CC meetings conducted
- **93** community triggering events conducted
- **1,136** V WASH CC members trained
- **4** districts and **8** VDCs declared ODF, bringing the total to **114** ODF VDCs
- **52** partner staff trained on WASH Training of Trainers

Institutional strengthening and capacity building

This reporting period Suaahara played an active role in supporting Water, Sanitation and Hygiene Coordination Committees (WASH CCs) at the VDC, district and national levels with planning, programming and policy formation. The project supported 52 D-WASH CC (district level) and 271 V-WASH CC (VDC level) meetings, emphasizing systematic planning, monitoring, and institutionalizing of systems. The project provided institutional management training to 1,136 V-WASH CC members, and trained 1,199 school teachers and school management committee members and 1,005 child club members in school WASH and promoting the Clean House Approach. An orientation on the Clean House Approach was rolled out to 920 FCHVs and 24 Community Hygiene and Sanitation Facilitator (CHSFs).

Suaahara also conducted WASH workshops in collaboration with the District Education Office (DEO) in Palpa, Arghakhanchi, Salyan and Gulmi districts for 121 district-level government officials. Participants produced comprehensive strategies and plans of action for promotion of school WASH and clean house activities in their district. Suaahara also initiated the Model VDC Approach, where Suaahara supports one VDC to follows desired WASH behaviors and then showcases that VDC as a positive example and encourages other VDCs to replicate its good practices. The Model VDC Approach is being piloted in 16 VDCs of 13 districts. As at the end of this reporting period, five VDCs out of the 16 are close to achieving the entire clean house indicators.

The Maling VDC in Lamjung district reached a total sanitation status, meaning that all houses had received a Clean House certification. In doing so, Maling became the very first VDC in Lamjung and the 5th VDC in the nation to achieve total sanitation status. During this reporting period four districts: Syanjga, Bajhang, Surkhet, and Rolpa were also declared ODF zones.

Promoting healthy behavioral practices

Suaahara has established 5,886 handwashing stations reaching 128,830 people and building awareness on the importance of handwashing with soap and water during critical times.

Clean House promotion events were conducted in 134 Ward Citizen Forums (WCFs), 102 Citizen Awareness Centers (CACs) and 764 health mothers' group meetings. During these events, discussions were carried out in every household on clean house indicators and plans of action to achieve the clean house status. Suaahara also organized 92 PA vial

(presence and absence of coliform) test events reaching 1,263 beneficiaries and reached 5,800 beneficiaries through community triggering exercises promoting practices on clean and safe drinking water as well as building knowledge on water treatment at the household level. Key points of discussion during triggering exercises included: handling food and water properly; construction and use of hygienic toilet; and safe disposal of child feces.

Global handwashing day Celebration in Dhangadhi

Suaahara provided management support to D-WASH CCs and V-WASH CCs to organize ODF declaration ceremonies. It also supported the D-WASH CC in Kailali to organize a small WASH conference and made use of various public events at the district, VDC and community level for advocacy and mass awareness reaching around 56,000 people with WASH messages. Through various communication materials, demonstrations, events and exercises, 207,956 people have been exposed to Suaahara key WASH behaviors.

Where there is a will there is a way

Vabiswor washing his hands at home

Vabiswor Pokhrel, from Khana village of Arghakhachi is a community role model who has energetically adopted all hygiene and sanitation related practices promoted by Suaahara at home and has gone beyond to promote the same in his community.

With the limited resources available to him, Vabiswor has maintained a clean and hygienic toilet, has put up a handwashing station, built a clean place to dry utensils using bamboos, and has established a good system of waste management. He is using his house as a model, demonstrating various practices to promote hygienic behavior in his community.

Every week he visits homes in his neighborhood as well as beyond to advocate and guide men and women alike on WASH practices to promote better health. This, Vabiswor has been doing for the past three years to help his VDC achieve open defecation status. He feels lucky to have received training on WASH from Suaahara, "Learning about how bacteria transmit from toilet to our hands and the scientific understanding of how it spreads diseases was very new to me," says Vabiswor. This understanding according to him has helped him to convince more people change their practices. Vabiswor commits to expand his work and teach his community everything he knows to help build a healthy nation.

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

KEY ACHEIVEMENTS

- **669** health workers, **71** management staff, **3,323** FCHVs, **2,560** community members trained and oriented from 5 districts using CB-IMNCI training packages
- **825** HFOMC meetings conducted where **12,123** members participated
- **888** community people participated in the PDQ training
- **3** regional level orientations, **11** district level orientations, **243** community orientations and **72** orientations to low performing HFOMC and PHC/ORC management committee on PHC/ORC strengthening conducted. **355** health workers and **11,956** community people reached through community orientation.
- **5,205** FCHV monthly meetings, **12** DHO review meetings and **20** RHCC meetings were held
- **304** health workers reached through13 batches of HTSP orientation in two districts
- **72** service providers were trained on LARC, IUCD and Implants

BUILDING CAPACITY OF HEALTH SERVICE PROVIDERS ON NUTRITION AND MATERNAL AND CHILD HEALTH

Suaahara supports Child Health Division (CHD) to implement community based integrated management of neonatal and childhood illness (CB-IMNCI) program in 5 districts (Myagdi, Dolakha, Sankhuwasabha, Bhojpur and Taplejung) to reduce the morbidity and mortality due to pneumonia, diarrhea, malnutrition, measles and malaria among children under five years of age. The program focuses to improve case management skills of health workers and promote healthy growth and development of children under five years of age.

Practical session during IMNCI training

IMPROVING QUALITY OF HEALTH SERVICE DELIVERY

The Health Facility Operation and Management Committee (HFOMC) is an important part of health facility to deliver quality health care services. They play a crucial role in effectively managing services provided by health facilities and help to allocate resources. HFOMC monthly meetings need to function on a regular basis so members can discuss issues related to management and quality of health service delivery, including nutrition and maternal and child health, in order to improve services. The Partnership Defined Quality (PDQ) process implemented by Suaahara helps bridge the gap between HFOMC members

and health staff and the community to address issues that hinder effective implementation of services provided through the health facilities and outreach clinics.

Positive Changes after HFOMC capacity building training
• Monitoring of service sites • Support to health facilities in building renovation, purchasing essential equipment, instruments and medicines. • Verification of health facilities stores • Supervision of PHC/ORC clinics (number of PHC/ORC sites increased) • Regularity of health facility staff and health mothers' group meetings • Regularity of HFOMC monthly meetings • Increased services utilization by DAG family

Changes seen after 4 days PDQ Process Implementation in Health Facilities
• Health Facilities improved the quality health service delivery with active participation of health workers, HFOMC members, Quality Improvement (QI) members and community people • HFOMC and QI team have managed the quality of health services through regular meetings of health facilities • Attainable action plans are developed by HFOMC members, health workers and community people through which health facilities are strengthened for quality assurance

COMMUNITY ENGAGEMENT APPROACH (CEA) IN STRENGTHENING HFOMC

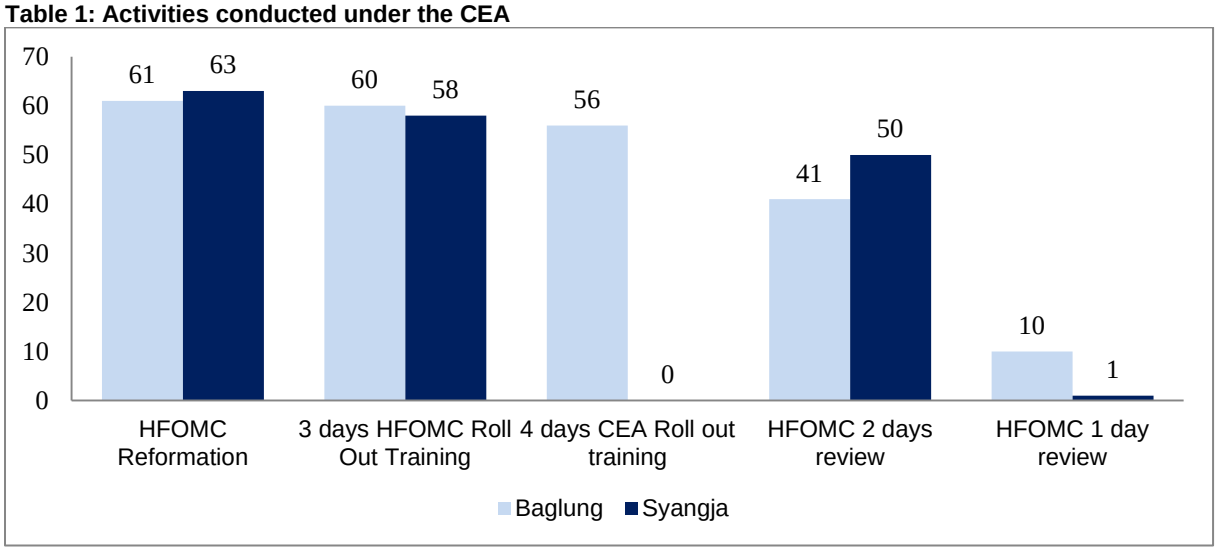
The Health Policy Project (HPP) is collaborating with Suaahara and Measure Evaluation to design, implement, and evaluate a scalable capacity-strengthening intervention for Health Facility Operation and Management Committees (HFOMCs) to ensure that gender equity and social inclusion (GESI) related issues are addressed as part of the delivery of high-quality health services, the Community Engagement Approach (CEA). Suaahara is the lead project responsible for designing and implementing the intervention, in collaboration with the Government of Nepal.

The reformulation process of HFOMCs has been ongoing since project year 3. During this reporting period, CEA was completed in 18 health facilities. With the view of strengthening the capacity of HFOMCs through CEA, district level training of trainers was completed where 31 participants (24 male and 7 Female) participated. In Syangja and Baglung districts 587 HFOMC members (347 male and 240 female) from 33 health facilities were also trained. One of the major outcomes of the trainings is seen to be the regularization of the HFOMC meetings where HFOMC are actively monitoring PHC ORC, supply of essential materials, preparing annual action plan and supervising plan and following up.

In Baglung, 602 HFOMC members were trained in CEA and 954 community mobilizers were trained on the importance of mobilization and maximum involvement of the community people in raising issues around nutrition and maternal and child health. After three months of rolling out CEA, review meetings were conducted in 79 VDCs with an objective to review their action plans, monitor progress and for self-evaluation of the committees. During the workshop, VDC block grant for renovation, establishment of birthing center, land management for health facility building, fund for HFOMC/FCHV monthly meetings were explored to be addressed.

Some initial issues with CEA are being addressed and some tangible changes in HFOMCs and health facilities are now being seen, including: regularization of HFOMC monthly meetings; increase in number of ANC checkups; monitoring of PHC/ORC/EPI started by HFOMC members; and increase in service utilization by DAG families. Technical support visits were carried out by district team in 20 VDCs of Baglung and Syangja where various issues related to health service facilities were discussed and addressed.

Table 1: Activities conducted under the CEA



IMPROVING ACCESSIBILITY OF NUTRITION AND HEALTH CARE SERVICES AMONG EXCLUDED COMMUNITIES

The program supported in revitalizing existing PHC/ORC services sites in selected VDCs of 11 districts (Palpa, Gulmi, Arghakhachi, Pyuthan, Salyan, Rukum, Rolpa, Dailekh, Jajarkot and Surkhet) to strengthen the community outreach services and make health services accessible to the socially excluded groups. Layers of orientations were conducted from regional, district to community level, to health supervisors, health workers, HFOMC members, PHC/ORC management committee members, community leaders, teachers, traditional healers and others. Properly functioning PHC ORCs will help to address maternal nutrition and child health problems that exist at community level.

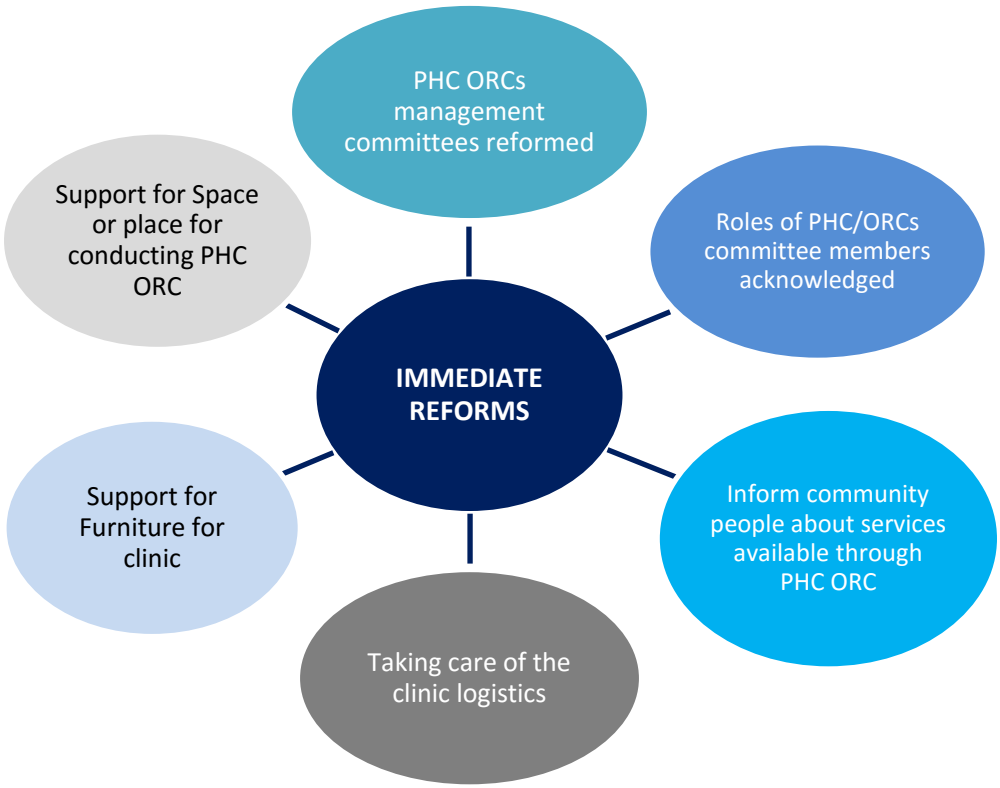


Figure 1: Positive changes seen after PHC/ORC strengthening activity

Suaahara has also provided support to regularize FCHV monthly meetings in respective health facilities with the objective to review the progress and identify the corrective measures to improve: the treatment of sick children, use of ORS, Zinc, Vitamin A and Iron/folic acid, 4 ante-natal and 3 post-natal check-ups, practice of 3 key healthy timing and spacing of pregnancy (HTSP) messages and family planning etc. In this reporting period, total 5,205 FCHV meetings were conducted in support of Suaahara where 76,135 participants participated.

IMPROVING HEALTHY TIMING AND SPACING OF PREGNANCY

Suaahara in coordination with Family Health Division revitalized family planning (FP) programs as a health and nutrition intervention for mothers and families. At the district level, Suaahara ensures that FP and HTSP messages are integrated to address “missed opportunities” to reach 1000 days women. Suaahara ensures HTSP messages, nutrition counseling, feeding during and after illness, proper use of zinc and ORS and use of health services are integrated at the community, outreach, and facility levels. The following activities were conducted in this reporting period.

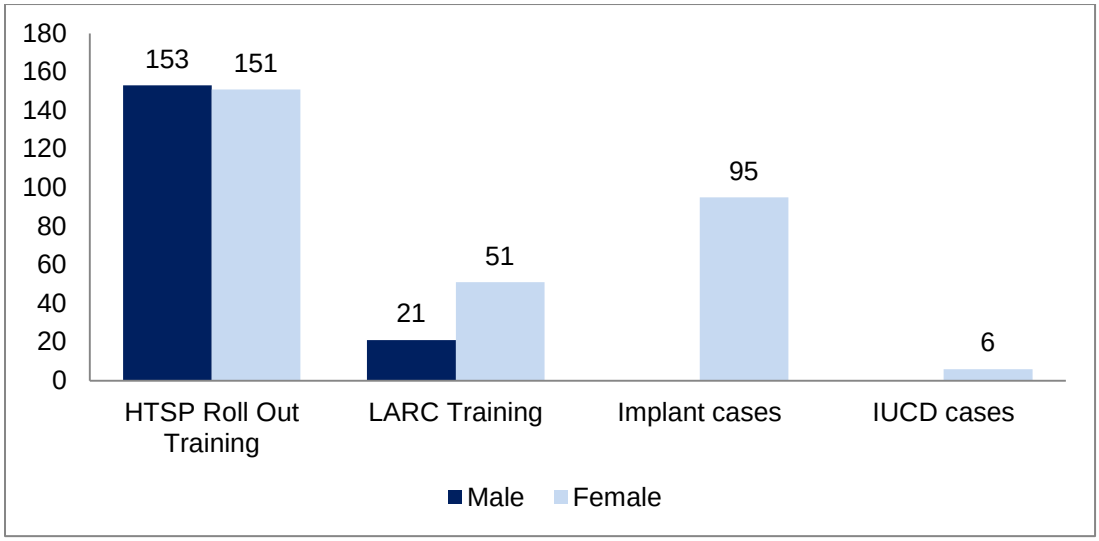


Figure 2: Activities related to FP and HTSP

How revitalizing a committee changed the wellbeing of Ramgha's people

Ramgha health post in Madhya Nepal municipality of Lamjung district has undergone significant changes in few years. This is due to the active Health Facility Operation and Management committee (HFOMC). However, only a few years ago the HFOMC was not operational. Suaahara alongside government stakeholders has helped to revitalize the committee and train the members.

The HFOMC in Ramgha was established as per the GON's guideline but, instead of being active and addressing the community's health needs, the HFOMC was not functional. The committee was inactive and people were not getting quality of health services they needed from the providers. The HFOMC hardly sat for meetings and ended up with no single decision or conclusion. The community people continued to suffer with too few health workers at the health post. Even the public health care and outreach clinics were irregular.

In Lamjung HFOMC capacity building trainings were provided in 30 VDCs including Ramgha. Suaahara also supported in regularizing the HFOMC monthly meetings where various action plans were formed, reviewed and implemented addressing the community's need.

Today, the committee members are aware of their roles and responsibilities towards management and operation of health services. They have realized that health is a prime community asset. With the vigilant HFOMC monitoring the health posts, the health workers are punctual and attend regularly. There is now two-way communication between the committee members and the community people, where they identify problems and seek solutions. Recently, a PHC/ORC site was established in Neupane Beshi as demanded by the community. In Neupane Beshi and surrounding area access to health care has now become easier and locals do not have to travel long distance to get health check-ups or medicines. Ramgha VDC is today a fully immunized VDC and most of the community people give the credit to their active and hardworking HFOMC members.

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

KEY ACHEIVEMENTS

- **42,675** group members reached through **2,395** HFP meetings and **167** on-site coaching from agriculture and livestock service centers
- **54,979** composite seed packets of vegetables distributed to 1000-day women, FCHVs and VMFs including **19,154** seed packets as post-quake distribution for 5 most earthquake affected districts and **161,280** OFSP vines distributed to **15,894** 1000-day women, **1,656** FCHVs and **835** VMFs
- **86,809** chicks distributed to **15,931** beneficiary households including **32, 368** chicks as post-quake distribution to 5896 earthquake affected households
- **1,661** persons trained as VMFs and **19,505,** 1000-day mothers, FCHVs and family members provided HFP basic training in 16 newly added districts as well as in Nuwakot
- **386** VMFs provided material support to re-establish model HFP at community level based on need and an action plan

VILLAGE MODEL FARMERS

Suaahara provided a series of trainings to selected women and their family members to become model farmers for homestead food production (HFP) and helped establish resource center for other households. The basic package of VMF training (5 days) helps VMFs to increase their leadership and group facilitation and coordination skills. Various efforts were made to establish one village model farm in each ward in each HFP VDC and a total 5,919 Village Model Farms in 41 districts (including new 1,661 VMFs in the newly added 16 districts). Specialization trainings were also provided in original districts in marketing, seed production, vaccination, poultry brooding and nutrition to selected VMFs based on need and a scoping analysis.

Vegetable Seed Production

Seed production has been initiated by VMFs for the continuous production and supply of seeds and planting materials (like Orange-Fleshed Sweet Potato (OFSP) cuttings) at community level to increase households' access to nutrient-dense vegetables. Technically sound VMFs were selected and provided with seeds and vegetable seed production training. Since vegetable seed production is very complicated, VMFs produce vegetable seeds in close consultation with agriculture service centers.

Poultry brooding center

In order to improve access and availability of improved poultry breeds, community brooding centers were initiated with 31 VMFs. The District Livestock Service Office has been monitoring the brooding centers and supervising the VMFs trained as community breeders.

"Seed production training with seed support from Suaahara for vegetable seed production is appreciable. This will make us independent and help us to grow green vegetables on our own. I am looking forward to sell these seeds at minimal price to my community." - ***Susila BK, VMF, Bhoksing-2, Parbat***

VMFS SERVE AS RESOURCE CENTER AND TAKE LEAD TO REGISTER GROUPS

The trained and established VMFs are serving as resource centers for their groups and community. VMFs support 1000-day women and households with resources at a reasonable price, including seeds, regenerated chicks, brooded poultry, fertile eggs of improved chickens, planting materials of orange fleshed sweet potato, bio-pesticides, vaccine, and fresh vegetables. They actively counsel and guide 1000-day women and link them to homestead food production beneficiary (HFPB) groups. Most VMFs regularly facilitate HFPB group meetings and take a lead role in registering the groups under District Agriculture Development Office (DADO) and District Livestock Office (DLSO). To date, 415 groups (9% of the total groups) are registered to DADO and DLSO.

Kala Aryal, Village Model Farmer (1000 days mother), Sirshekot VDC, Syangja is selling bio-pesticide (@NPR 20 -50) within HFPB group and community.

A few active VMFs have submitted proposals for DADO's Youth Employment Program with the purpose of developing the HFP farms to an enterprise so as to meet ever increasing demand of HFP inputs by new 1000 days women in the communities. Purna Kumari BK from Tukuche VDC in Mustang is an example of one such VMF who has received NPR 40,000 (USD 400) for vegetable farming.

Beyond growing nutritious food

Homestead Food Production Beneficiaries (HFPB) groups consist of mothers who are trained by Suaahara on homestead food production. HFPB is primarily envisioned to be a discussion forum to sustain HFP practices at the household level. One such HFPB group in Ghara VDC, Myagdi district established a provision of savings and collected a total of NPR 20,000. While many mothers after completion of 1000-day period left the group, many also joined after realizing that the group could reap benefits by registering under DADO and DLSO. One of the mothers from the group had complicated pregnancy so the HFPB group generously supported the mother giving her the saved lump sum. The money helped her reserve a vehicle from Ghara to Beni to transport her to the district hospital for the birth. While the mother was saved the baby did not survive. After a couple of months the mother paid back the principal amount, while the group waived the interest. In this way the HFPB group in Ghara moved beyond its functional role to save a mother's life.

LEVERAGING PARTNERSHIPS FOR SUSTAINED HOMESTEAD FOOD PRODUCTION

The Suaahara Agriculture Livestock Advisory committee has been providing broad strategic direction to Suaahara since 2013 and continues to do so. The third advisory group meeting recommended leveraging resources from USAID-funded food security projects such as

KISAN, PAHAL, SABAL and other projects such as the Agriculture Food Security Project (AFSP) and MSNP to minimize resource duplication and build synergy for greater impact in overlapping districts. The district and cluster team of Suaahara, KISAN and AFSP are already coordinating at district level for joint efforts. In Dadeldhura, VMF (Suaahara) and local service provider (LSP) (KISAN) interaction meetings are conducted. OFSPs are distributed to LSP and HFP BCC materials are used by other projects. In Baitadi, micro irrigation, market planning and value chain training is provided to VMFs who are also given a plastic pond demonstration by KISAN. In the same district, projects divide implementation of a similar intervention geographically: Suaahara implements HFP in 5 wards of each VDC and AFSP implements in the remaining 4 wards. The partnership is not limited between USAID-funded food security projects but also with Ministry of Agriculture Development (MOAD). For example, in Rasuwa DLSO has allocated budget to establish brooding center of improved breeds of chickens for sustainability of backyard poultry.

An inspiring village model farmer

Purna Kumari B.K. is a 1000-day woman from a remote village in the mountainous district Mustang. She comes from a group historically marginalized and characterized as untouchables (Dalit). Despite living in a difficult terrain with harsh climate and no land of her own, Purna today is a village model farmer. Her journey is an extraordinary one – of determination and leadership towards bring about change in her life and community.

Purna Kumari working in her greenhouse garden

As any 1000-day woman, Purna received homestead food production training from Suaahara where she learned the importance of nutrition and different easy-to-adopt skills on farming. She also received training in how to construct a greenhouse and received plastic sheets as well as seeds to start greenhouse farming. Unfortunately for Purna, she didn't own any land. However, she was determined and imparted the skills she had learned to other mothers where possible. Due to this dedication the health mothers' group in her VDC allocated her a piece of land for NPR 600 per year for two years. This was all that she needed to prove herself.

Today, her garden is lush with nutritious vegetables. Her family consumes the home grown green vegetables, and she especially uses it to prepare nutritious porridge for her son. In fact her garden is doing so well that Purna Kumari is able to give away surplus vegetables to 1000-day women and even sell them to others. So far, she is able to earn NPR 1200.

Purna Kumari happily states, "I couldn't dream of building a greenhouse myself. Suaahara gave me the skills needed to grow vegetables in this harsh climatic condition and changed my life drastically. Today I am not only doing farming but also well informed to keep my children and family healthy."

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

COORDINATION AND LINKAGE AT THE NATIONAL LEVEL

Suaahara routinely coordinated with the Child Health Division for planning and implementation of all nutrition related activities to align the program with the national strategies and policies. The project is represented in various national-level forums such as the Nutrition Cluster, the infant and young child feeding (IYCF) committee and the NUTECH committee. Similarly, all district teams have coordinated with respective district line agencies for effective program implementation.

REGIONAL AND DISTRICT LEVEL COORDINATION

During this reporting period Suaahara coordinated with regional health divisions and has received support from all DPHOs/DHOs for program implementation. Regional nutrition advocacy and review meeting was held in Nepalgunj in close coordination with Child Health Division with an objective to update nutrition policies and share issues/challenges as well as to explore way forward for effective implementation of the program.

COORDINATION AND COLLABORATION WITH STAKEHOLDERS

Suaahara will continue to organize district-level meetings for all USAID-funded projects to share plans, collaborate activities and avoid duplication. The project will continue to collaborate with Health for Life project in 12 overlapping districts to promote family planning related activities. Suaahara will also continue to work closely with USAID-funded Safe-WASH project for building better sanitation and hygiene practices in four districts of the far-west region. Suaahara is currently creating VMF database in collaboration with USAID-funded food security projects such as KISAN, PAHAL, and SABAL as well as other projects like AFSP and GON to improve market linkages and income generation opportunities of VMFs. Also, the USAID-funded Health Communication Capacity Collaboration will expand the Bhanchhin Aama radio program beyond Suaahara by adopting it for promoting family planning practices in the coming months.

CROSS CUTTING THEMES

GENDER EQUITY AND SOCIAL INCLUSION

KEY ACHEIVEMENTS

- **58,576** men and influential family members were engaged by Suaahara through various activities
- **260** Dalits, **582** Janjati, **87** Muslims including **700** women village model farmers were trained and developed leadership in homestead food production
- **41,854** women participated in planning and decision making processes to voice their agendas using Ward Citizen Forums and WASH Committees
- **11,125** DAG households were counseled and supported through home visits
- **426** DAG households received materials for construction of toilet and **386** for coop construction

ENGAGING MEN, BOYS AND INFLUENTIAL FAMILY MEMBERS

Suaahara has continued to engage men, boys and influential members of the family to help create an enabling and supportive environment for the 1,000-day women and their children. Particular focus in on building supportive roles in sharing the workload of women in caring of children and facilitating the access of women to and control over food and nutritional resources as well as health and agriculture services. At community-level, Suaahara has made an effort to engage male members during various activities, including ward level interactions, home visits, food demonstration sessions, HFP training and group meeting, key life event visits, CAC and WCF reflection sessions, clean house reflection sessions, and WASH activities.

REACHING OUT TO DAG HOUSEHOLDS AND COMMUNITIES

Suaahara has adopted affirmative strategies to reach for historically marginalized DAG populations to improve these inequities. For instance, Suaahara provides material support for coop and toilet construction, conducts home visits with priority on DAG households, conducts reflect sessions and radio listeners' group discussions in CAC and WCF of DAG communities, celebrates key life events with priority to DAG households, regularly follows up on DAG households to promote hygiene and sanitation behaviors, provides essential equipment and materials to support HFOMC to improve integrated health and nutrition services at health facilities and PHC/ORCs in DAG VDCs, mobilizes peer facilitators to reach remote DAG communities, and gives priority to VMF and LRP selection from DAG communities and builds their capacity as the technical resource person for HFP.

STRENGTHENING HEALTH GOVERNANCE THROUGH GESI INTEGRATION AND COMMUNITY ENGAGEMENT APPROACH

The capacity building trainings provided to health facility operation and management committees (HFOMCs) with GESI integrated package and community engagement approach have helped to strengthen health governance and tackle the health issues of remote DAG communities. This has increased the representative voices of disadvantaged communities in the HFOMC management structure. The voices and needs of women and men from poor households, and those that reside far from health facility services as well as

other DAG households are now represented in the HFOMC planning process and translated into action plans to improve the quality and access of health services.

MARKING 16 DAYS ACTIVISM AGAINST VIOLENCE AGAINST WOMEN

Suaahara, in collaboration with Save the Children and another USAID-funded project SABAL, organized an interactive program to mark the 16-day activism against gender-based violence. The main objective of the program was to increase understanding of the participants in addressing violence against women through regular work and program activities. There were 44 participants in the program. Clarity on gender based violence was seen a necessity particularly the one as defined and understood by the GON. The three key issues presented on were: violence against women in economy; gender based violence mainstreaming in various programs; and the sustainable development goals.

CONDUCTING GESI RESEARCH

As there is little research focusing on the impact of GESI factors on household level adoption of nutrition and health behaviors, Suaahara initiated a qualitative study in this project reporting period. This study aims to identify GESI factors that contribute as facilitators or barriers to 1000-days women's ability to adopt improved health and nutrition behaviors and practices. It will examine the factors that influence mothers' decision-making power and family support in household work and childcare.

Male involvement during the 1000-day

Changing old ways

Chet Narayan Chalise from Baglung district knows the importance of golden 1000-day period and is also well informed about the important role of family in providing support during that period. Chet's daughter-in-law is expecting and today Chet is providing the needed support in every possible way. However, few years from now Chet was a different person – indifferent, apathetic and unhelpful even when his wife was pregnant. "Times were different then, I did not support my wife. She was the daughter-in-law of the house and was meant to do all the household chores despite being pregnant or sick. That's how it was!" shares Chet.

Chet Narayan receiving iron tablets for his daughter-in-law from FCHV

In the beginning when his wife and daughter-in-law came home attending Suaahara's training and shared what they learned, he dismissed what they said. However, regular family counselling provided by frontline workers such as FCHVs and field supervisors, and exposure to Suaahara messages through various platforms such as ward level interactions, radio programs and mothers' group shifted Chet's perspective. He gradually understood the importance of golden 1000-day period and realized how he failed to provide proper care and support to his wife during her pregnancy. Today, he is being thoughtful, caring and helpful towards his pregnant daughter-in-law.

Chet takes care of his daughter-in-law's diet, medicine, helps around the house and has maintained hygiene and sanitation at home. Chet Narayan has completely transformed and has set an example of a supportive male member – making pregnancy easier and happier for his daughter-in-law.

SOCIAL MOBILIZATION AND GOVERNANCE

KEY ACHEIVEMENTS

- **665** VDCs of 25 districts committed a total of total **NPR 70,559,539** (USD 742,732, @ USD 1= NPR 95) amount for integrated nutrition promotion related activities from the VDC block grants in FY 2071/2072 to FY 2072/2073. 276 VDCs of 20 districts have spent **NPR 22,455,845** (USD 236,410) for nutritional promotion activities
- Nutrition and Food Security Steering Committee (NFSSC) meetings conducted: **31** district level and **889** VDC level in **28** districts
- Consultative meetings conducted: **338** at VDC level where **12,106** stakeholders participated and **15** meetings at municipality level where **598** participated.
- **62** VDC level and **10** municipality level Nutrition and Food Security Steering committees formed in the new 16 districts
- Orientation on integrated nutrition to **25%** of the Social Mobilizers and **27,093** Ward Citizen Forum members in the 16 new districts

Suaahara has been conducting social mobilization and governance (SMG) activities in 50% of DAG VDCs in 20 districts and 25% of DAG VDCs in 18 districts (including the 16 new districts). General SMG activities are carried out in all VDCs of the 41 districts.

Suaahara has continued to coordinate and collaborate with many stakeholders across all levels of government. Suaahara facilitated district, VDC and municipality level NFSSC meetings and trainings to build capacity on integrated nutrition.

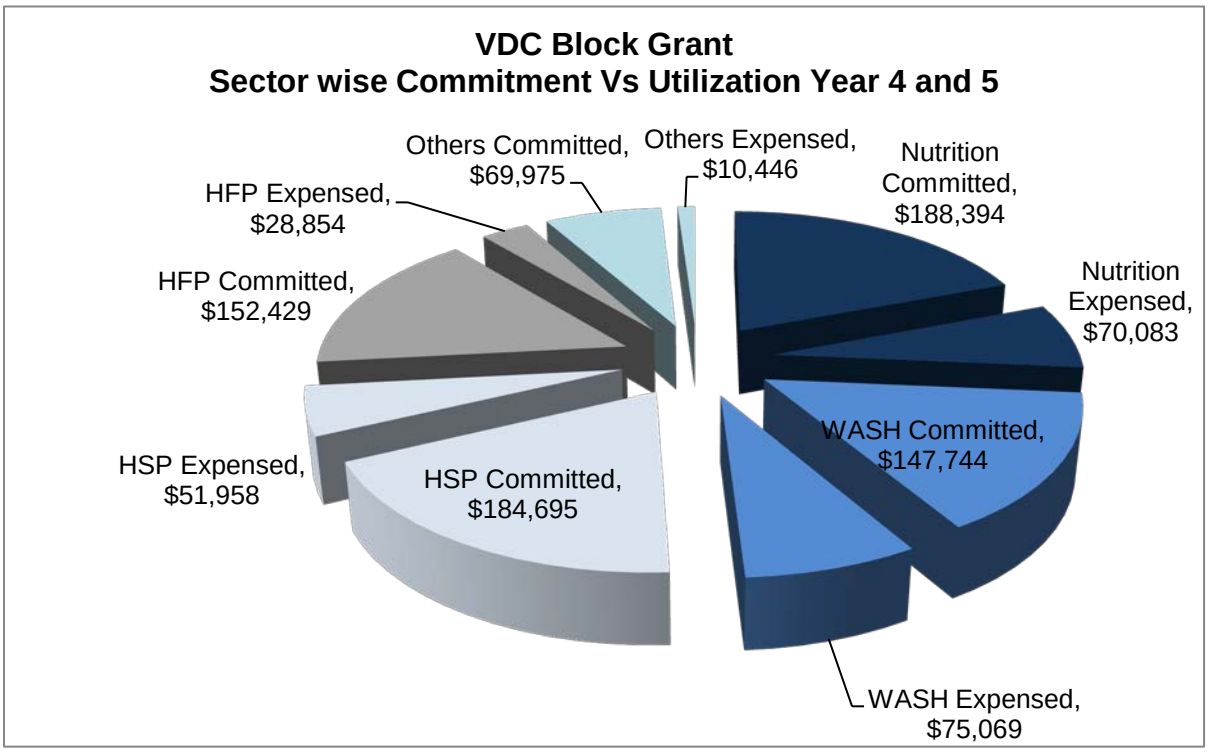


Figure 3: Sector wise VDC Block Grant Commitment Vs Utilization in Year 4 and 5

Suaahara also worked with local level structures such as citizen awareness center (CAC), ward citizen forum (WCF), integrated planning committee (IPC) and VDC to advocate the

importance of integrated nutrition and create an enabling environment to foster and sustain initiation through the local resources mobilization. This initiation has resulted in 665 VDCs, District Development Committee (DDC) and municipality in 25 districts to commit to and utilize VDC block grants (please see the figure 3).

"Suaahara has chiefly helped to bring together all district stakeholders who have the responsibility to increase the nutritional status of 1000-day mothers. This has made collaboration easier and has amplified the work that we all are doing together to improve the health of children in Nepal." - ***Mr. Krishna Bahadur Shahi, LDO, Sindhupalchowk (at district level Suaahara dissemination program)***

Suaahara also facilitated the National Planning Commission to launch and provide a master training of trainers on the Multi Sector Nutrition Plan (MSNP) in five districts namely Khotang, Baitadi, Dadeldhura, Panchthar and Bajhang. In addition support to formulate periodic plan and endorsement of nutrition as a prime Intervention in the periodic was provided in Mustang district.

Bangephade: Towards nutritional sustainability

Community members of Bangephade VDC realized the importance of integrated nutrition and sanitation and took ownership on locally improving nutrition. This change was only possible after Suaahara helped to build awareness of FCHVs and government stakeholders on integrated nutrition and provided various possibilities through which the local governance structures could address nutrition issues and finance nutrition interventions at the local level.

Here is what happened in Bangephade: Government stakeholders decided to include nutrition and WASH related activities in the VDC plan four years ago. Since then, Bangephade VDC has been organizing a healthy baby competition each year that encourages families to raise healthy children by following proper nutrition and WASH behaviors. Last year, this VDC also allocated NPR 50,000 (USD 476) for distribution of buckets with a tap to promote handwashing with soap and water during critical times among 1000-day women. This year, the VDC has yet again approved NPR 2,20,000 (USD 2095) to manage waste locally and deliver integrated nutrition activities. In addition to this, the VDC has also committed to allocate NPR 1,65,000 (USD 1571) for the upcoming year for targeted nutrition and WASH activities and to provide support particularly to 1000-day women from DAG communities.

MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING

DATA QUALITY AUDIT (DQA)

The Cluster MEAL teams from Nepalgunj, Dhangadi, Pokhara, Kathmandu and Biratnagar took the lead in conducting DQAs in their respective districts over the current reporting period. Suaahara conducts DQAs regularly to maintain high data quality and to strengthen monitoring and evaluation system of partner NGOs as well as the district office. The overall findings show an improving trend towards better quality data. It revealed that the data verification is effectively carried out at different levels and that proper maintenance of the data verification log has helped to improve the data quality and data management systems. DQA scores acquired by district and partner NGOs also show improvements in data quality.

SHARING OF LOT QUALITY ASSURANCE SURVEY (LQAS) SURVEY AND FINDINGS

The LQAS survey was conducted in 4 districts (Baitadi, Dadeldhura, Doti and Accham) and findings were shared to multi-sector stakeholders at the district level. The multi-sector stakeholders showed interest in the LQAS process. Open discussions were conducted around the results of major indicators, which was compared with the annual progress report published by different organizations at the district level. Queries were also raised on over- and under- achievement indicators when compared to the results of last year's LQAS findings. The findings have been accepted as representing the current situation on nutrition in the respective districts and are being used by concerned organizations for program planning and implementation.

The major findings of LQAS survey in initial 20 districts from 2013 to 2015:

- Dietary diversity in children 6 to 23 months (consumption of 4 or more food groups during the previous day) has increased from 56% to 71%. Similarly the minimum acceptable diet of the children of the same age group has increased from 47% to 59%.
- The consumption of animal source foods like meat and eggs has gradually increased during this period. The egg consumption by children 6 to 23 months has increased from 21% to 32%. Whereas, the percentage of children 6 to 23 months who consumed meat during previous day increased from 24% to 31%.
- Diarrhea prevalence in children below 2 years has dropped from 21% to 16%. The prevalence is significantly lower in ODF VDCs (15.16%) than non ODF VDC (20.23%) (P=0.002)
- Women who received counseling on all HTSP messages increase from 37% to 41%. Contraceptive prevalence rate (CPR) has also increased by 4 percentage points from 22% to 26%. Similarly there has been gradual increase in the percentage of women receiving ANC/ PNC services and skilled birth attendant delivery during the period.

MOST SIGNIFICANT CHANGE (MSC) STORY

The MSC stories were vetted at the district level and sent to Kathmandu. Center level vetting was conducted internally with the program staff in Kathmandu. Twelve stories were selected and consultants are now working to verify and re-write the stories from the field. Once the stories are ready, another level of vetting is planned with external stakeholders such as Government and USAID representatives. A final report will be prepared which includes the process, content analysis and the tools developed and used.

TECHNICAL SUPPORT FOR VARIOUS STUDIES

During this reporting period, MEAL was involved in providing technical support for various studies such as: examining the GESI factors that enable or prevent women from practicing improved health and nutrition behaviors in the household; effectiveness of Interactive Voice Response; and reaching disadvantaged groups through peer facilitators to improve health and nutrition behaviors in four districts of Nepal.

Major findings from Peer Facilitator (PF) study

Minimum meal frequency and egg consumption practice of children were significantly higher among women who had met with peer facilitators (88% Vs 76%, $p<0.05$) and (21% Vs 15%, $p<0.05$). With regard to the maternal diet, women who had met PF were significantly more likely to have had extra meals during pregnancy (73% Vs 63%, $p<0.05$) and while breastfeeding (49% Vs 36%, $p<0.05$) than those who had never met PF. However, no significant difference between exposed and non-exposed to PF was observed on minimum dietary diversity and consumption of meat (child's diet).

Some key findings from the Process Evaluation

- Health providers are reaching DAG and non-DAG women with key Suaahara messages in Suaahara areas; whereas in comparison areas, there is a large gap
- A higher proportion of DAG children below six months of age are exclusively breastfed in Suaahara areas compared to their counterparts in non-Suaahara areas. A similar finding is seen for dietary diversity among the children 6-23 months of age.
- No difference in consumption of dairy and eggs between DAG and non-DAG women and children in Suaahara districts, whereas there is a big difference in comparison areas
- Smaller differences between DAG and non-DAG women in adhering to key WASH behaviors.

TRAININGS AND COLLABORATIONS

With an objective of developing knowledge and skills in MEAL, as well as developing MEAL tools and templates, a two-day MEAL training for field supervisors and local NGO partner staff were conducted in 9 districts where 155 participated.

Since Suaahara is in its final year of implementation it is important to capture data, information and results to tell stories of change and impact. Hence, a workshop to showcase results and highlight lessons learned was also carried out by MEAL team for its team members from cluster and center including MEAL interns. Outreach communication specialist was also facilitated the workshop. In addition to this, Suaahara's MEAL team also participated in the quarterly review meeting organized by Research Input and Development Action for Feed the Future and also actively contributed to M&E capacity assessment conducted by USAID-funded Monitoring, Evaluation and Learning (MEL) project.

SOCIAL BEHAVIOR CHANGE COMMUNICATION

BHANCHHIN AAMA AND HELLO! BHANCHHIN AAMA PHONE IN RADIO PROGRAMS

The combined radio programs: weekly *Bhanchhin Aama drama magazine* and *Hello! Bhanchhin Aama phone-in radio program* have received a considerable response during this reporting period with an average of 2000 calls per week. Also, local FM stations in 6 districts aired the programs free of charge.

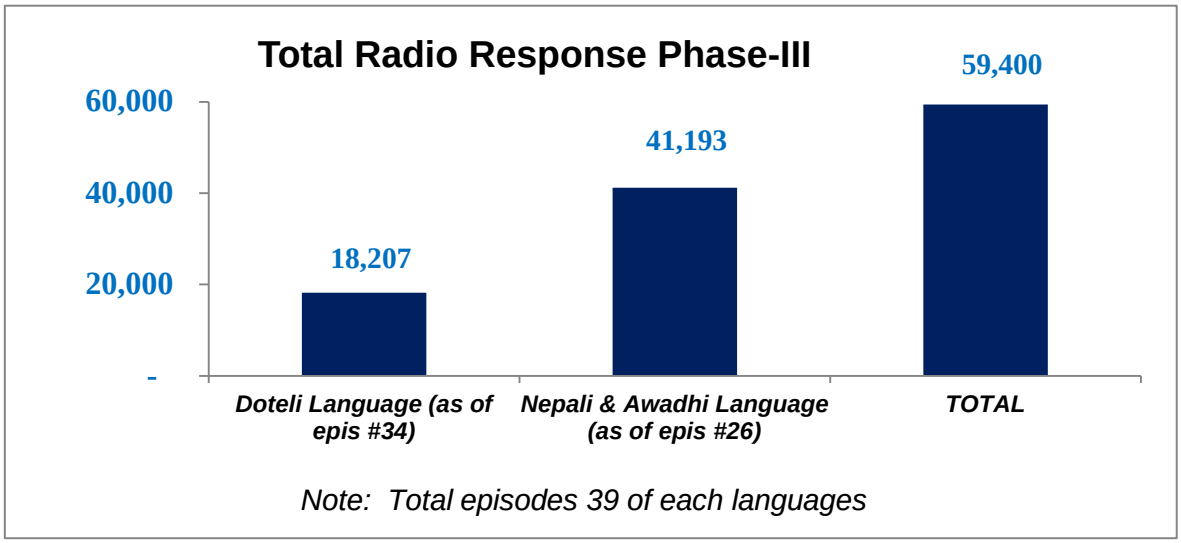


Figure 4: Total number of radio responses in phase III

"I listen to Bhanchhin Aama regularly. I especially like the drama on Saturdays because it is very relatable. After listening to the program, I like to send response to the query raised in the program and share my thoughts. Many times I also go to my neighbors who are pregnant like myself and we discuss about the new things we've learned from the radio." ***- Sangita Ghimire, Annapurna-2, Bhojpur***

TIPS TO THE MOTHERS ON MOBILE PHONES

Given the success of the radio program, Suaahara introduced an Interactive (IVR) system in Nepal's Far-West where people can call and hear Bhanchhin Aama responding to frequently asked questions related to different topics such as exclusive breastfeeding, complementary feeding or feeding a sick child. Within 5 months, more than 6257 people had called IVR.

BHANCHHIN AAMA CAMPAIGN SOCIAL MOBILIZATION

Key life events celebration and Ideal families

"Key life event" celebrations complement the community customs of visiting pregnant women or women who are recently delivered and during rice feeding ceremony with timely counseling to 1000-day women and their families. During this reporting period 8,348 key life events were celebrated, among which 6,567 were from DAG community.

Key Life Event Celebration for pregnant woman at Helouchha-3, Bhojpur

Ideal Families in the communities are those who follow at least 5 of the seven healthy practices that Suaahara promotes. Within the reporting period 1,974 families were acknowledged as an Ideal Family among which 838 were from DAG.

"For six months, I did not feed my daughter anything else but my own milk. I did not even give her water. After receiving the honor of the ideal family, I realized what I was doing was right and others noticed my actions. I became motivated to work even harder to make sure my daughter has a healthy upbringing," ***- Mina Biswokarma, Chainpur-6, Sankhuwasabha***

Instructional videos for campaign activities

Easy-to-use and easy-to-download videos were designed for frontline workers and field supervisors to watch and learn as well as show and teach others from their mobile phone or other accessible screen. The eight instructional videos focused on effectively carrying out: 1) Citizen Awareness Center Meeting (REFLECT session); 2) breastfeeding; 3) responsive complementary feeding; 4) feeding of a sick child; 5) poultry care; 6) cooking demonstrations; 7) recognition of Ideal Families; and 8) key life events at different stages. Complementary food recipe videos were developed for: 1) pumpkin porridge; 2) lito (using super flour); 3) jaulo; 4) eggs (3 varieties); 5) banana milk custard; and 6) corn bread (finger food).

SBCC activities exposure

Results from the 2015 Suaahara Process Evaluation household survey show that exposure to various SBCC activities were associated with reporting correct knowledge about proper child feeding practices and handwashing. Respondents exposed to communication activities were also more likely to have fed their child dark leafy greens and to have received support from their husband or family members. Participants exposed to all activities were significantly more likely to have received support from their husband or other family member for routine work traditionally relegated to wives/mothers.

Changing practices for a healthy impact

The Rai family's home in Annapurna-6, Bhojpur, is clean and welcoming. In their spotless veranda, there is a barred off corner designed as a playpen for one-year old Winson Rai, the youngest in the family. Above the playpen, hang two recognition certificates, one for a Key Life Event and the other of an Ideal Family. Changes in this family came slow – with support from Suaahara and mothers in their community they liberated themselves from conventional practices to raise Wilson healthy.

"When I had my children, I was completely alone. No one was around. I would often tie my son to the bed to go work in the fields and be gone the whole day," shares Winson's grandmother, Jogmaya Rai. "However, when my daughter-in-law Mamata gave birth to Wilson, I advised her to stay home and breastfeed exclusively. I helped her at home, how much ever I could, because I didn't want her to suffer the same fate," she added.

Jog Maya Rai, Mamita Rai with her 1000 day's son Wilson Rai In a separate safe space for baby to play

The Rai family gives credit to the new found knowledge and change in behavior to the Suaahara program. "In absence of knowledge I would have raised my son the same way my mother-in-law did," says Mamita. However, when Mamita became pregnant, she attended mothers' group meetings and learned the best practices to stay healthy. She went for routine check-ups, ate additional meals, and took iron tablets. She also started listening to Bhanchhin Aama radio programs to get further information and perspective on practices that would help her raise her child healthy. After her son was born, the mothers group organized a celebration at her home. The village mothers gather in her home congratulating her for giving birth to a healthy child and presented her with gifts such as eggs, beans, soap, and a certificate. They also reminded Mamita and her family to exclusively breastfeed Wilson for six months. The family perceived this event prestigious and was further encouraged to do better.

As Wilson grew, the family established a homestead garden with the skills acquired from one of Suaahara's training. Mamita now was able to prepare nutritious porridge as learned from Suaahara right at home and feed her son. Once Winson learned to crawl, the family made a barred playpen to keep him safe and clean away from dirt.

Having witnessed the many changes in Rai's family, mothers' group members awarded the family as an Ideal Family, recognizing their efforts and honoring them in the community. "I was so happy to be awarded again. It boosted my confidence to do better," Mamita expresses enthusiastically. Today, Mamita is advocating other mothers to follow healthy behaviors and wants others to receive the Ideal Family recognition. Her motto is: if she could do it so can other mothers.

The certificates serve as a symbol of the Rai family's hard work and achievement. When neighbors and guests come over to their home, they immediately spot the certificates hanging outside and are encouraged as well as happy that one of their own was given such an honor.

MANAGEMENT

During this period, there were no reportable large management issues. With Suaahara closing in August 2016, management has already initiated the close-out process and transition. In February 2016, the activities will end and in March 2016, the local NGO contracts will end. Suaahara dissemination is gradually scheduled in the month of February and March 2016 at the district level and in April at the central level.

Suaahara management has decided to carry out LQAS surveys of all 41 districts upon recommendation of USAID by external agency and a procurement process has already been initiated.

Suaahara has received two new vehicles and one has been sent to Nepalgunj and the other to Butwal Cluster Office.

HUMAN RESOURCES

INTERNSHIP PROGRAM

The 4th batch of interns will graduate at the end of February 2016. Out of 11 interns from this batch, 3 have already started their professional career in renowned agencies. The 5th and final batch of Internship is ongoing from last October 2015. There are 7 interns (five females and two males) in this batch.

UPDATE ON INTERNATIONAL TRAVEL

Detailed report on the status of international travel as to date can be found in Annex 2.

FINANCIAL STATUS SUMMARY

The preliminary expenditure report for this reporting period (as of January 31, 2016) is as follows.

Table 2: Summary Expenditure table

S.N.	Budget Elements	Amount in USD
1	DIRECT COSTS	46,051,425
2	INDIRECT COSTS	4,469,323
	Total USAID Expenditures	50,520,748
3	COST SHARE	5,732,152
	Total Program Expenditures	56,252,900

The current USAID obligated amount is $56,903,000; Suaahara has spent $50,520,748, which accounts for 89 percent of the obligated amount.

CHALLENGES AND OPPORTUNITIES

CHALLENGES

- **Post-earthquake and instability:** Implementing in post-earthquake districts was challenging given that people's first priority was shelter and livelihoods rather than nutrition. Despite this, Suaahara continued to provide support for and encourage integrated nutrition behaviors for 1000-day women and their families. The continuing political instability, fuel shortage and strikes have also posed a challenge this reporting period, affecting smooth implementation of the programs especially in the Terai districts.

- **Household Sanitation:** Implementation of the Clean House Approach and certification in the far-west has been challenging. Activities around managing animal dung and poultry feces and building improved cook stoves are difficult to implement in the mid- and far-western regions due to a deep rooted cultural practices and poverty. However, the new national level 'Total Sanitation' guideline that is due to be launched soon provides a good opportunity to promote proper WASH behaviors as the Clean House Approach is endorsed in the document.
- **Financial norms and absence of officials:** Changes to financial norms of government staff in the middle of the project created some confusion in the new DSA rate for smooth implementation of the activities. Regularization of HFOMC monthly meetings was also a challenge due to less availability of the VDC secretary/HFOMC chairperson in the VDC. This period, activities were planned in close coordination with government focal person to minimize this challenge.
- **Monitoring for Utilization of VDC block grant:** While VDC block grants are being allocated for nutrition, the effective utilization of the grants is poorly monitored. The project needs to increase monitoring of district, municipality and VDC level Nutrition and Food Security Steering Committees and advocate for the effective utilization of VDC block grants.

OPPORTUNITIES

- **WASH in post-earthquake:** Large amounts of resources are entering earthquake-affected districts. This funding has the potential to deliver on WASH infrastructure needs, including household water connection and supply, if the plan and delivery moves in a coordinated and harmonized way. Suaahara can play a vital role to advocate and integrate WASH and nutrition as a priority in these districts

- **Linking small scale-homestead producers with the market:** Individual farmers have little bargaining power with traders and have difficulty in transporting small surplus to the market or a roadside stall. Suaahara's HFP interventions are mainly for production and consumption with no direct activities that aim to support the community to make these market linkages. However, there is an opportunity to collaborate with *KISAN* and *PAHAL* USAID-funded projects to link small scale producers with market and support VMF in establishing nutrition value chain particularly for Orange-Fleshed Sweet Potato.

- **Registration of HFPB groups:** After the 1000-day period it is difficult to retain mothers in the HFPB groups. Registering groups and linking them to service providers for support can motivate members to continue being part of the group. Similarly linking these groups to KISAN, SABAL and PAHAL's farmers for additional livelihood support and income generation opportunities can help sustain the groups.

PRIORITIES FOR THE COMING MONTHS

INTEGRATED NUTRITION

- Continue promoting and reinforcing health and nutriton behaviors during the 1000-day period through food demonstrations in health mothers' group meetings and DAG-focused household visits.
- Focus on nutrition for the sick child.

HYGIENE AND SANITATION PROMOTION

- Scaling up certification of the Clean Household Approach as outlined in the GON's new Total Sanitation guideline. Scaling up the Model VDC Approach identifying and utilizing learnings from the pilot activities.

HEALTH SERVICE PROMOTION

- Conducting CB-IMNCI training for health workers in Sankhuwasabha and Myagdi districts and strengthening PHC/ORC activities in 10 districts. Delivering the last batch of Implant training to deliver to providers of Jajarkot, Surkhet and Bardiya and promoting nutrition for sick child in all working districts.

HOMESTEAD FOOD PRODUCTION

- Emphasis on supporting the registration of HFPB groups to help 1000-day women to link with the key stakeholders thereby increasing the group members' livelihood opportunities.
- Conducting assessments on marketing and selling surplus homestead food as part of a nutrition value chain and build linkages with KISAN.

GESI

- Continuing to integrate GESI in implementation of all activities. Completing the study on examining the GESI factors that enable or prevent women from practicing improved health and nutrition behaviors in the household and disseminate the results. Completing the study on the community engagement approach to strengthen capacity of HFOMCs program and share the results.

SOCIAL MOBILIZATION AND GOVERNANCE

- Continuing to support district, VDC and municipality level Nutrition and Food security Steering Committee meetings and organize National Advisory Committee meetings. Monitoring the utilization of VDC block grants.

MEAL

- Conducting the last round of LQAS survey in all 41 districts using smart phones to capture these data for comparison alongside data from previous LQAS in the end of the project report. Develop factsheets for end of the project dissemination.

SBCC

- Conducting a study on the use of IVR system and preparing a report on the results.

MANAGEMENT

With the Suaahara closing in August 2016, Suaahara's close-out process and transition are underway. In February 2016, the field level activities are expected to end with the local NGO contracts ending in March 2016. District level dissemination and sharing before the closure will be prioritized.

DOCUMENTATION & DISSEMINATION

- **District Level:** Each district is organizing dissemination and sharing program inviting key GON and other relevant stakeholders. The event will showcase results of the specific district and will bring voices from the community. Mothers and frontline workers will also be sharing their experience and learning in addition to the government stakeholders.

- **National Level:** At the national level Suaahara's learnings and results will be shared widely through many events. Various products are being produced for the dissemination event as well.
    - <u>Events</u>
        - Half day technical event on "Evidence based planning and programming for improving nutrition in Nepal."
        - Half day event to showcase Suaahara-I work and results to key stakeholders including media.
    - <u>Dissemination materials</u>
        - Technical briefs
        - Implementation briefs
        - Factsheets
        - MSC story booklet
        - Social behavior change related stories
        - Videos
    - <u>Others</u>
        - Peer Reviewed Publications
        - Abstracts for Micronutrient Forum in Mexico
        - Abstracts for Nutrition Symposium in Nepal
        - Participation in WASH conference at the national level
        - Participation in at Pediatric Association of Nepal conference at the national level
        - Showcasing Suaahara in inspire event organized by Association of NGOs (AIN)

ANNEXES

ANNEX 1: PERFORMANCE AGAINST ANNUAL TARGETS (AUGUST 1, 2015 – JANUARY 31, 2016)

The below table provides a summary of progress against planned activities for year five. 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.

ACTIVITIES	TARGET (Aug'15 to July'16)	Achievement (Aug15 to Jan16)	Remarks
INTERMEDIATE RESULT 1: Household (HH) Health and Nutrition Behaviors are improved			
Output 1.1 HH Adopt Essential Nutrition Actions/ Essential Hygiene Actions			
Organize 6 days training to health & non health workers on MIYCF and integrated Suaahara package (2 days MIYCF refresher + 3 days Suaahara integrated package + 1 day micro teaching =6) by NTAG trainers	10 districts (4445 persons)	9 districts 3,008 persons	During DIP preparation training was planned in 10 districts, however the training had been completed in one district before August and the achievement was reported in year 4 annual reports. Also the participation of non-health workers was low than the planed number.

ACTIVITIES	TARGET (Aug'15 to July'16)	Achievement (Aug15 to Jan16)	Remarks
Organize 5 days training on MIYCN and Suaahara Integrated package to FCHVs and other social mobilizers & volunteers	15 districts (14,664 persons)	15 districts 11,472 persons	In 7 AFSP districts (Dailekh, Jajarkot , Pyuthan, Rolpa, Rukum , Salyan and Surkhet), the training was dropped in intervention and control VDCs of the project, so achievement of participants was only 78%.
Organize one-day ward level interaction on nutrition training to 1,000 days mother and family members	16 districts (165,477 participants)	16 districts 185,386 persons	
Support food demonstration sessions during meeting of health mother's groups (HMGs), homestead food production (HFP) group and Citizen Awareness Centers (CACs) with emphasis on using locally available food while ensuring male engagement during the sessions	41 Districts	41 districts 15717 sessions	
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.	9,861 events /41 districts	41 districts 8,348 events (6,567 DAG HHs)	

ACTIVITIES	TARGET (Aug'15 to July'16)	Achievement (Aug15 to Jan16)	Remarks
Identify the ideal families (who have adopted 4 or more of 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.	2667 Families /25 districts	25 districts 1974 Families (838 DAG families)	
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.	All SDPs/ 41 Districts	41 districts 35,933 HHs	Due to fuel shortage/ strike especially in Terai districts, the planned activities were delay to implement and limited field movement in community level. So home visit could not achieve as per the plan
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.	3 events in all VDCs of 41 Districts (5,964 events)	41 districts 2272 events	Breast feeding week, FCHV day and Egg day
Organize 3 days training to LGCDP social mobilizers on *Bhanchhin Aama* radio program to be able to facilitate regular CAC sessions on behaviors highlighted by different episodes of the radio program.	16 Events/ 16 Districts	19 Events 16 districts	
Organize one day Media Advocacy Meeting for District Based Journalists	35 events /35 Districts	14 events 14 districts	
Organize a follow-up meeting with media persons to sensitize and update on Suaahara activities with focus on health and nutrition issues.	42 events/41 Districts	6 Events 6 districts	Ongoing and will be accomplished by February
Output 1.2 Households Adopt Essential Hygiene Actions (EHA)			
1.2.1 Institutional Strengthening			

ACTIVITIES	TARGET (Aug'15 to July'16)	Achievement (Aug15 to Jan16)	Remarks
Support to regularize D-WASH CC review meeting/workshop to update strategy plan/reformation/ensuring promotion and monitoring	86 events	52 events	Ongoing and will be accomplished by February/March
Support to regularize V-WASH CC review meeting/workshop to update strategy plan /reformulation/strengthening promotion and monitoring	41 districts (241 events)	41 districts 271 events	More emphasis had been given for institutional capacity building and the numbers got increased as per the request for V-WASH CC
National sharing workshop on total sanitation promotion	1 time		This activity is planned in April
1.2.2.Capacity Building			
Organize 5 days ToT for PNGO staff on WASH promotion at district level	16 districts	2 Districts	The training was accomplished in 14 districts before August and it had already been included in year 4 annual report
Organize 2 days V-WASH CC management training on WASH strategic plan formulation, updating, operationalization in selected ODF VDCs (25 participants/VDCs)	45 VDCs	41 districts 1136 persons	The training was accomplished in 4 districts before August and it had already been included in year 4 annual report
Organize 2 days orientation to Child club on clean school & clean house promotion (25 participates/VDC)	41 VDCs	41 VDCs 1005 children	
Organize 1 day orientation to FCHVs to facilitate Clean house concept 15 participants/VDC	33 VDCs 660 FCHVs in 33 VDC	33 VDCs 665 FCHVs	

ACTIVITIES	TARGET (Aug'15 to July'16)	Achievement (Aug15 to Jan16)	Remarks
Organize 2 days VDC level school teachers and school management committee (orientation on school WASH and clean house promotion	55 events (25 person/VDC representative 2 persons from each school)	51 events 1118 persons	
One day Clean House Concept orientation Ward citizen forum (WCF)	134 event	134 events	
1.2.3.Water, Sanitation and Hygiene behavioral promotion			
Established and certified Clean Houses Promotion in ODF declared VDCs	4,632 hhs of 35 districts	2079 HHs 35 districts	Ongoing and will be accomplished by February
Support to install hoarding/display board in coordination with D/VWASHCC with hygiene and sanitation message in 66 VDCs	66 VDCs	12 VDCs	Ongoing and will be accomplished by February
CHSF orientation and mobilization in ODF VDCs/clean house promotion	56 CHSFs	24 CHSF	Due to the reduction of ODF VDCs, the number of CHSFs number also got decreased
Support to D-WASH CC & V-WASH CCs on organizing and management of ODF declaration	25 VDCs	8 VDCs	Ongoing and will be accomplished by February/March
Support to conduct community triggering and locally initiated program events in selected ODF VDCs	151 events	93 Events	The achievement got reduced due to reduction of ODF VDC numbers. Suaahara had planned 3 VDC to declare ODF in Surkhet but this was declared ODF by the government before Suaahara fully implemented activities. In Kapilvastu, it was not possible to declare ODF due to long

ACTIVITIES	TARGET (Aug'15 to July'16)	Achievement (Aug15 to Jan16)	Remarks
			Terai agitation as 3 VDCs were planned to be declared. Similarly, out of plan, one VDC is due in declaring ODF at Manag district. Altogether 7 VDCs reduced from the total plan.
Support to DAG households focusing most needy families of ODF/total ODF declaration VDCs	1,148 HHs	426 HHs	The number of HHs were reduced as per the need and joint planning with V-WASH CC joint plan as needed
Support to conduct Day celebration (Global Hand Washing day) in coordination with D-WASH and V- WASH at district and VDC level	870 events	587 Events	The number of VDCs and events were planned together with V-WASH CC
Establishment of handwashing station/corner	6,258 events	5,886 corners	Ongoing and will be accomplished by February
Organize orientation and awareness sessions on water safety plan and PoU through PA Vial demonstration	481 events	298 events	Ongoing and will be accomplished by February
VDC initiatives model VDCs for clean house promotion in Lamjung district	4 VDCs	4 VDCs	Ongoing and will be reported in annual report 2016
Support to conduct joint monitoring visit to observe WASH program by D- WASH CC	23 events	18 events	It is on-going and will be to reported in annual report 2016
Support to conduct joint monitoring visit to observe WASH program by V- WASH CC	34 events	39 events	In addition to the plan, the visits were done in proposed model VDCs
Support to scale up VDC ODF declaration Activities to 5 V- WASHCC by joint plan with D/V- WASH CC (cost sharing basis) in Rupandehi	5 event		Activity couldn't be carried out due to long political strike in Rupandehi
INTERMEDIATE RESULT 2: Women and children increase use of quality nutrition and health services			

ACTIVITIES	TARGET (Aug'15 to July'16)	Achievement (Aug15 to Jan16)	Remarks
Output 2.1: Improved capacity of service providers to provide counseling on nutrition and maternal & child health services			
Organize 6 days training to health service providers on revised Integrated Management of Newborn and Childhood Illness (IMNCI) package	780 HWs	434 HWs	Ongoing and will be completed by February
Organize 3 days training to health service providers on revised Integrated Management of Newborn and Childhood Illness (IMNCI) package	180 HWs	235 HWs	Due to the fulfillment of vacant post and some new health workers the participant number increased
IMNCI management 3 days training to admin, store, account , statistician	59 Persons	71 Persons	
Organize 2/3 days training to FCHVs on revised IMNCI package	3,366 FCHVs	3,323 FCHVs	Ongoing and will be completed by February
Orientation on IMNCI program to HMG members	239 VDCs of 5 districts	8 VDCs 53 Persons	
Organize 1 day orientation to VDC level stakeholders on revised IMNCI package	All VDCs of 5 districts	16 VDCs 278 Persons	
VDC level orientation to HWs, pharmacists and traditional healers	All VDCs of 5 districts	196 VDCs 2229 persons	
Output 2.2: Improved quality of health service delivery in partnership with the health facility and community.			
Support joint technical supervision /monitoring visits with from center NHTC to strengthen the service delivery of MNCH- N services at health facilities	2 times	1 time	Due to unavailability of government personnel time
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.	415 HFs	415 HFs 825 meetings	

ACTIVITIES	TARGET (Aug'15 to July'16)	Achievement (Aug15 to Jan16)	Remarks
Organize follow up/review workshop with HFOMC members after 6 months of HFOMC capacity building training to address at least 2 issues related to HFOMC.	188 HFs	48 HFs	Ongoing and review workshops will go until April 2016 and this is due to time gap between reviews (operational study- a collaborated project with GPM)
Provide essential equipment and materials to support HFOMC to improve integrated health and nutrition services (INP) at health facility and PHC/ORC	69 HFs	73 HFs	
Implement 4 days PDQ process with involvement of HFOMCs in selected low performing health facility to address at least 2 issues related to HFOMC.	17 HFs	13 HFs	Completed in February and will be reported in annual report 2016
HFOMC /CEA Capacity Building ToT (6days) at district level	25 persons/ Baglung	31 Persons	
One day Review and reflection meeting to CEA/HFOMC Facilitators	Syanja and Baglung	11 HFOMCs	
Provide necessary support in HFOMC reformulation in additional 45 VDCs	13 HFs of Baglung	118 HFs (Baglung and Syanja)	Achievement is of both GPM districts Baglung and Syangja.
Roll out 3 days HFOMC training at VDC level for the HFOMC members	77 HFs	118 HFs	Target given is only for Baglung however the achievement reported here are from both GPM districts Baglung and Syangja
Roll out 4 days CEA training at VDC level. 3 day training to HFOMC members and 1 day orientation to community mobilizer in all implementation VDCs	43 HFs/ Baglung	56 HFs	
Output 2.3: Increased accessibility of nutrition and related health			

ACTIVITIES	TARGET (Aug'15 to July'16)	Achievement (Aug15 to Jan16)	Remarks
services including excluded communities			
Support to organize ToT on PHC ORC service strengthening / revitalization program in coordination with FHD at regional level	2 Batches	3 batches	At three cluster level -Butwal-1, Nepalgunj-2
Organize 2 days district level orientation for PHC/ORC strengthening to the Health Facility In-charge and District Supervisor	12 Districts	12 districts 292 Persons	
Conduct 1 day community level interaction with community leaders, teachers, traditional healers, influential persons to strengthen ORC service utilization.	107 VDCS	107 VDCs 243 events 10,188 persons	
Organize 2 days orientation to low performing HFOMC / PHC/ORC management committee members to strengthen FP/MCH, nutrition services and growth monitoring services.	75 HFs	72 HFs 1768 persons	Completed in February and will be reported in annual report 2016
Provide support 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 checkup, 3 key HTSP messages and FP etc.	36 districts	31 districts 5205 Meetings (Average 15 persons per meeting)	Support provided as the request from DHO/DPHO
Output 2.4: Improved healthy timing and spacing of pregnancy (HTSP) with focus on marginalized unreached women 173,166			
Support DHO/DPHO review meetings quarterly or semiannual 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.	15 districts 15 events	12 Events	Support provided as the request from DHO/DPHO

ACTIVITIES	TARGET (Aug'15 to July'16)	Achievement (Aug15 to Jan16)	Remarks
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.	16 districts	20 Events	Support provided as the request from DHO/DPHO
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			
Organize District level Training of Trainers (DTOT-6 day) on HFP for ASC, LSC staffs, Field Supervisors	18 batch for 446 persons	8 batch 196 Persons	11 batches for 257 persons completed before August 2015 (year 5). Due to difficulty in adjustment of training budget planned late for newly added 16 districts in year 4 work plan, it was reflected in year 5 work plan
Organize 5 days training to selected VMFs in coordination with DADO, DLSO, KISAN and AFSP	88 batches for 1719 VMFs	83 batches 1661 VMFs	During planning process, number of VMFs was estimated as per number of VDCs in districts. The total number of VMFs found to be decreased due to merging of VDCs for municipalities.
Organize 2 days HFP roll out training/orientation for households of selected 1000 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.	910 batch for 16,360 person	732 batch 19,505 persons	Nuwakot, one of earthquake affected districts organized 60% of total training events in year 5 which was initially planned in year 4.

ACTIVITIES	TARGET (Aug'15 to July'16)	Achievement (Aug15 to Jan16)	Remarks
Organize a consultative meeting with District Agriculture Development Office (DADO), District Livestock Service Office (DLSO) & other stakeholders: a. Homestead food production 1000 days beneficiary and VMF selection b. Avoid duplication in distribution of seeds and chicks at household level. Increase HH's access to vegetable seeds and poultry after Suaahara's support program). Review and planning of HFP activities (group registration)	83 times	41 times	Ongoing
Support in distribution of seeds of vegetables to village model farmers, FCHVs and mothers of 1000 days in coordination with ASCs/DADO	82,336 sachets	54,979 sachets	Target includes dry season seeds which will be reported after February 2016

ACTIVITIES	TARGET (Aug'15 to July'16)	Achievement (Aug15 to Jan16)	Remarks
Support in distribution of eight week brooded chicks to VMFs, mothers of 1000 day chidren, and FCHVs a) local arrangement for brooding of received chicks at district level for final delivery to VDC b) transportation of chicks to VDC c) Provision of feed to chicks during transportation	98,930 chicks	86,089 chicks	The poultry distribution activity has been completed in all districts targeted for this semi-annual period. Variation on achievement compared to target was due to 1. Revised number of VMFs in 16 newly added districts (during planning process, number of VMFs was estimated as per number of VDCs in districts. The total number of VMFs found to be decreased due to merging of VDCs for municipalities.) 2. Some districts (Butwal cluster, mid-western) has yet to update final distribution number 3. Number of 1000-day households found to decrease in some far western districts compared to the estimated number during planning process (Dadeldhura, Baitadi)

ACTIVITIES	TARGET (Aug'15 to July'16)	Achievement (Aug15 to Jan16)	Remarks
Support in distribution of planting materials of orange-fleshed sweet potato (OFSP:15 cuttings/VMF) to village model farmers(VMFs) in coordination with ASC/DADO.	179,510 vines (cuttings)	161,280 vines	Completed
Organize a "Technical On Site Coaching Visit" by DADO/DLSO and ASC/LS in supervision area (having more HFP related problems-High poultry mortality, low seed germination, high prevalence of poultry disease, low vegetable production etc.)	160 times	201 times	Technical supervision by DADO/DLSO had been emphasized to register HFPB groups and institutionalize VMF network/alliances
Support in establishment of a community brooding center for improved chickens at in coordination and consultation with livestock service center/District Livestock Office	15 brooding center	12 brooding center	Completed. The process of establishing 3 poultry brooding center for Kailali district was completed in February.
Provide material support (e.g. Drip, Garden Pipe, Plastic drums, Poultry Feeds etc.) to selective VMFs based on need assessment in coordination and consultation with DADO, DLSO	734 VMF	386 VMFs	Initially target was set following estimation of 90% of total VMF trained but the number of VMFs needed material support decreased after VMF performance and scope analysis
Support in regularization of HFP and registration of group	723 groups	377 groups registered	Ongoing
Support in promotion of VMF (identity board, foundation/source seed)	410 VMFs	75 VMFs	Ongoing
Organize LRP training for selected VMFs in coordination with DADO, DLSO, DPHO and other concern stakeholders	104 LRP	114 LRP	
Conduct LRP refresher and review meeting	22 events	7 events	This activity has been

ACTIVITIES	TARGET (Aug'15 to July'16)	Achievement (Aug15 to Jan16)	Remarks
			completed but reported under activity titled “Organise 1 day quarterly review, reflection and planning meeting with VMF”
Support in strengthening VMF through review and interaction meeting with VMFs and local/community entrepreneurs (LSP)	27 events	18 events	This activity has been completed but reported under activity titled “VMF refresher training based on real problems and local opportunities=total events 20”
Support to include VMF/LRP in VNFSSC as an integrated nutrition focal person of a VDC	5 times		This activity has been cancelled by newly added 4 districts under Butwal cluster. Due to limited implementation time period, it is not possible to link VMFs with networks
Organize school HFP refresher training for school management committee (focal teacher, school principal, guardians)	1 time	1 time	
19 Organize 2 day orientation cum reflection meeting for ATA on HFP at cluster level by agriculture officer/coordinators	1 time	1 time	

ACTIVITIES	TARGET (Aug'15 to July'16)	Achievement (Aug15 to Jan16)	Remarks
Organize review meeting with Agriculture team-Suaahara to discuss/ share lessons learn, issues and way forward in coordination with Suaahara social mobilization and governance team	2 times	2 times	
Organize field visit to Suaahara districts for Director General-DOA, DLS/MOAD	1 time	1 time	
Review cum MTOT on HFP-VMF for short term HFP trainers	1 time	1 time	
Conduct HFP seasonal monitoring (VMF study) through external research agency	2 times	2 times	
Organize national level HFP dissemination workshop in coordination with MOAD	1 time		It will be integrated with Suaahara dissemination workshop at national level planned for April
Output 3.2: Increased knowledge of nutrition and locally available foods			
Organize the "Tasty and Nutritious Complementary Food Recipe(based on locally available food) Competition" among 1000 days-Couple (mothers and fathers of 1000 days) during jatra/local fair	25 Events	41 Events	
Sensitize community on importance of food diversity through folk song competition	26 Events	30 Events	
Support to organize the seasonal exhibition (display) of nutritious diverse food (which is organically produced at homestead area) with brief experience sharing session by best producers during HFP group meeting	110 groups	117 Events	
INTERMEDIATE RESULT 4: Coordination on nutrition between government and other actors is improved			
Output 4.1: National mechanisms in place			

ACTIVITIES	TARGET (Aug'15 to July'16)	Achievement (Aug15 to Jan16)	Remarks
Participate in NPC-led HLNFSSC meetings	Regular		The meeting was not organize during this period
Participate in DoHS-led technical committee meetings (FP, FCHV, IMCI, NUTECH, CB-NCP)	Regular	2 times	
Participate in National Advisory meetings organized by MoUD, MoAD, MoFALD	Regular	1 time	
Participate and organize NNG meeting with nutrition stakeholders	Regular	3 times	
Participate and organize technical update meetings with stakeholders	Quarterly	4 times	
Facilitate monitoring and supervision of project activities by health and non-health sector officials	One time	1 time	
Organize joint field visit program with MOAD (DLS/DOA/DFTQC/NARC).	2 times	1 time	
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 basis	Regular basis	
Organize supportive supervision and monitoring visits by national level stakeholders (CHD, FHD, MD in Suaahara districts	2 times	3 times	
Consultation meeting with MFOLD	4 times	2 times	
Organize monitoring visits from Nutrition Section/CHD to Suaahara districts	41	5 districts	
Support for advocacy workshop with parliamentarian on Nutrition issues	1 time		It is postponed

ACTIVITIES	TARGET (Aug'15 to July'16)	Achievement (Aug15 to Jan16)	Remarks
Review and reflection meeting on Social Mobilization and Governance to Training Consultant Officer, SMCC and KTM team members	1 time	1 time	
Hire Consultant Training officer for operating Social Mobilization and Governance activities at district level	5 months	4 persons for 5 months	
Advocacy workshop for integration of INP indicators in DPMAS (MoFALD, MoHP, MoA, MoE, NPC, MoF & MoUD)	1 time		It is postponed. It may be organized within Feb'16
Organize 2 days orientation on Social Mobilization and Governance to Suaahara's district and cluster focal persons (new 16 districts)	1 time		We just oriented about it in the concern clusters. So, it is not necessary.
Output 4.2: District mechanism in place			
Support to organize 1-day VDC/Municipality level Nutrition and Food Security Steering Committee meetings.	2 times /VDC in 20 districts	20 districts 889 meetings	
Support Organize 1 day District Nutrition and Food Security Steering Committee meetings.	Regular	31 meetings	
Organize 1 day annual review and planning meeting with district stakeholders.	1 time per district		It will be integrated with Suaahara dissemination workshop at national level planned for April
Organize regional level coordination meetings	Quarterly	3 meeting	
Support to Organize regional level nutrition advocacy and review meeting	2 region	1 region (Nepalgunj)	The review meeting in Dhangadi is planned in February
Social Mobilization and Good Governance			
Support to organize the RELECT sessions at CAC by Field Supervisors.	365 DAG VDCs	365 VDCs 1200 REFLECT sessions	

ACTIVITIES	TARGET (Aug'15 to July'16)	Achievement (Aug15 to Jan16)	Remarks
Support in orientation program on social mobilization & governance for INP to members of Ward Citizen Forum including mothers of 1000 days	130 DAG VDCs	130 VDCs 799 Events	
Facilitate/organize meeting with WCF and 1,000 days women in DAG VDCs to align priorities	82 DAG VDCs	82 VDCs 450 events	
Quarterly Reflection and Capacity Building orientation for Community Facilitators	168 DAG VDCs	147 VDCs	
Support to quarterly meeting of Ward Citizen Forum	425 DAG VDCs	203 VDCs	Ongoing
One day review and dissemination./Exit meeting with VDC secretary (VDC plan and Grant utilization)	District	11 districts	Ongoing and will be completed by February
One day review and dissemination/Exit meeting District Stakeholders(VDC plan and Grant utilization)	District		Planned onwards from Feb and will complete in March. Will be reported in Annual report.
SOCIAL AND BEHAVIOR CHANGE COMMUNICATION			
Local consultant for translations and editing	1	1	
Local consultants to support on campaign activities	3	2	
Support IPC materials for Bhanchhin Aama campaign	1	4	
Script Writing - Phase 3	57	57	
Radio Program Production - Phase 3	144	108	
Training to SM for radio facilitation (Phase3)and promotion	18	18	
Conduct Radio listener groups through CAC in selected 25% VDCs of each districts (Phase 3)	676 Groups	Ongoing	
Radio Program Broadcasting (Phase 3) including live call-in program	144	108	
Nutrition related instructional video development	4	4	

ACTIVITIES	TARGET (Aug'15 to July'16)	Achievement (Aug15 to Jan16)	Remarks
Video documentation capturing its results and successes and major learning/challenges	1		On progress and will be completed by March
Publications: relevant brochures, success stories booklet (Nepali/English) etc.	24 stories/year		On progress and will be completed by March
National media personnel field visit	3		On progress and will be completed by March
GENDER AND SOCIAL INCLUSION			
Program reviews (qualitative) from GESI and perspective	One time		Data collection is on going
Coordination Meeting (GESI)	3 times	2 times	
Celebration of women's day	One time		
Printing of GESI tools	500 copies	Completed	
Ensuring GESI incorporation in program components	all program components	Regular	
MONITORING AND EVALUATION			
Conduct LQAS Training and Survey	1 district (Accham)	4 districts (Accham, Doti, Dadeldhura and Baitadi)	
Sharing and reflection on LQAS finding to district multi- sector stakeholders	1 per district	10 districts	Other districts have shared the findings prior to August
Conduct monthly onsite data verification	1 / Month / district	Regular	
Conduct semiannual Data Quality Assessment	2 per year per district	17 districts	
Assess quality of Suaahara activities through quality standards checklists	10 quality standards checklist / quarter/district	270 checklists	

ACTIVITIES	TARGET (Aug'15 to July'16)	Achievement (Aug15 to Jan16)	Remarks
Conduct capacity building and tools and templates roll out training on MEAL (Clusters level training concentration will be as per the need)	9 districts & 4 cluster	9 districts	
GIS workshop at Kathmandu	1 time	1 time	
Organize 4 days training on LQAS to cluster	1 time	1 time	
Workshop on writing technical brief	2 times	1 time	
Dissemination workshop with wider stakeholders	1 time		The activity is planned on March
A workshop to share Most Significant Change stories	1 Time		The activity is planned on March
Monitor counseling service on nutrition/HTSP and key commodities related with MNCH, FP and Nutrition (zinc, ORS, pills, condom, Depo, IUCD, implant, iron, vit A and pediatric cotrim)	Regular	191 health facilities	
Support to organize supportive supervision and monitoring visits by district level multi-sector stakeholders to VDC and household level	Regular	20 visits	
Organize joint technical supervision from DHO/ DPHO at HF PHC, ORC clinic, HFOMC meeting for IMCI, FP/HTSP, Nutrition counseling and other services	Regular	1 visit	
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.)	Regular	34 visits	
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.)	Regular	167 visits	
Support to conduct joint monitoring visit to observe WASH program by D/V-WASH CC	Regular	18 visits	

ACTIVITIES	TARGET (Aug'15 to July'16)	Achievement (Aug15 to Jan16)	Remarks
Support to organize supportive supervision and monitoring visits by district level media person VDC and household level	Regular	26 visits	
Support to conduct joint monitoring visit to observe WASH program by V- WASH CC	Regular	39 visits	
Conduct seasonal monitoring of homestead food production	1 time	1 Time	
Comparative study Suaahara vs. non-Suaahara highly affected districts	1 time		Dropped
Conduct LQAS monitoring survey in all districts	1 time		Planned for March/April

ANNEX 2: INTERNATIONAL TRAVEL (AS TO DATE - AS OF FEBRUARY 25, 2016)

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
			Ms. Karin Lapping	1	7-14 February 2015	Provide technical assistance & prioritize technical areas for Suaahara expansion (in context of project extension up to 2018) 2. Work with Nutrition Innovation Lab to identify potential areas of collaboration (e.g. opportunity with the additional five districts co-location/integration with FTF, program exposure etc.). 3. Participate in one day workshop to discuss PIP and discuss OR topics for Suaahara and resources 4. Examine M&E system and determine next steps to strengthen system 5. Review the MCH/FP component and determine next steps to strengthen 6. Develop plan for knowledge products (i.e. briefs on "implementation science")	100%	10

			Mr. Ian Moise	1	19 - 24 February 2015	Provide technical assistance on WASH program, develop operational plan for Clean Household Approach, work with M&E team to determine operational research agenda for WASH, evaluate potential to tie school programming into Suaahara WASH activities	100%	9
			Ms. Angela M Brasington	0.5	15 -27 March 2015	Review and prioritize essential components of the social mobilization approach in preparation for roll out in 16 expanded districts. Travel to one or two districts to observe social mobilization activities and identify with staff and local stakeholders key challenges and opportunities for expansion. 3. Assess how effectively strategies for increasing male and female engagement are working and recommend refinements as needed. 4. Assist staff to identify and create additional group facilitation tools and monitoring processes for social mobilization, as required. 5. Use input from the field visit to help staff outline next steps for expansion and learning. 6. Develop plan for knowledge products on social mobilization and work with DAGs	50% to Suaahara and 50% to SNL	8.5
			Ms. Alice Atkins	1	18 January - 6 February 2016	Supporting preparation of the semi-annual report, Project operations and management, Finalizing the operations manual.	100%	7.5
			Ms. Karin Lapping	0.3	3 - 5 February 2016	Reflection meeting Suaahara I	30% charged in Suaahara	7.2

3	5	Nepal -Thailand - Nepal						5
			Mr. Jeeban Ghimire	1	12 July - 15 July 2014	To participate Public Health Conference	100%	4
4	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
5	7	Nepal - Sri Lanka - Nepal						
			Ms. Rojee Suwal	1	22 - 26 November 2015	International Conference on Maternal and Child Nutrition	100%	6
			Mr. Bishnu Dulal	1	22 - 26 Nov 2015	International Conference on Maternal and Child Nutrition	100%	5
			Mr. Bishow Raman Neupane	1	22 - 26 Nov 2015	International Conference on Maternal and Child Nutrition	100%	4
			Ms. Pooja Pandey Rana	1	22 - 26 Nov 2015	International Conference on Maternal and Child Nutrition	100%	3
			Ms. Rajani Kayastha	1	22 - 26 Nov 2015	International Conference on Maternal and Child Nutrition	100%	2
			Ms. Shreejana KC	1	22 - 26 Nov 2015	International Conference on Maternal and Child Nutrition	100%	1
			Ms. Bhim Kumari Pun	1	22 - 26 Nov 2015	International Conference on Maternal and Child Nutrition	100%	0
	35			20.8				14.2

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 SUAAHARA	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 perdiem was charged to Suahaara	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			5				9

JHPIEGO			d					
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 forimpact 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 teamConvene 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 finanical 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 progrm 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 campaings 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 (50% charged to HC3)	1.62
			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	1.12
2	1	Nepal - Delhi - Nepal						
			Mr. Dharma Bajracharya	1	13 - 26 July 2014	To attend Strategic Communication and Leadership Workshop	100%	0
3	1	Nepal - Ethiopia - Nepal						
			Ms. Shreejana KC	1	4 - 12 Feb 2016	To attend the international Social and Behavior Change Communication Summit	100%	0
	14			12.88				1.12