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SUAAHARA II GOOD NUTRITION PROGRAM

YEAR TWO WORK PLAN

JULY 16, 2017 – JULY 15, 2018

JULY 15, 2017

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DISCLAIMER:

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Suaahara II is managed by:

Helen Keller International (HKI)	
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In partnership with:

Cooperative for Assistance and Relief Everywhere, Inc. (CARE)	
Family Health International 360 (FHI 360)	
Environmental and Public Health Organization (ENPHO)	
Equal Access Nepal (EAN)	
Nepali Technical Assistance Group (NTAG)	
Vijaya Development Resource Center (VDRC)	

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ACRONYMS

APRO	Asia-Pacific Regional Office
BiFEAN	Biosand Filter Entrepreneur Association of Nepal
CARE	Cooperative for Assistance and Relief Everywhere, Inc.
CB-IMNCI	Community Based Integrated Management of Childhood Illness
CBF	Community Business Facilitators
CHD	Child Health Division
CHSB	Community Health Score Board
CMC	Community Mapping Census
CNF	Community Nutrition Facilitator
COP	Chief of Party
CP	Consortium Partner
CRC	Consortium Review Committee
DADO	District Agriculture Development Office
DAG	Disadvantaged Group
DC	District Coordinator
DCOP	Deputy Chief of Party
DEO	District Education Office
DHO	District Health Office
DHIS-2	District Health Information System-2
DIP	Detailed Implementation Plan
DoHS	Department of Health Services
DLSO	District Livestock Services Office
EAN	Equal Access Nepal
EMT	Extended Management Team
ENPHO	Environmental and Public Health Organization
EPRP	Emergency and Preparedness and Response Plan
FCHV	Female Community Health Volunteer
FEDWASUN	Federation of Water Supply and Users
FHD	Family Health Division
FHI360	Family Health International 360
FP	Family Planning
FS	Field Supervisor
FT	Focal Teacher
FTF	Feed the Future

GESI	Gender Equity and Social Inclusion
GMP	Growth Monitoring and Promotion
GoN	Government of Nepal
H4L	Health for Life
HC3	Health Communication Capacity Collaborative
HFOMC	Health Facility Operation and Management Committee
HFP	Homestead Food Production
HKI	Helen Keller International
HMIS	Health Management Information System
HQ	Headquarters
ICT	Information, Communication and Technology
IEC	Information, Education and Communication
IFPRI	International Food Policy Research Institute
IMAM	Integrated Management of Acute Malnutrition
IMNCI	Integrated Management of Neonatal and Childhood Illness
IUCD	Intrauterine Contraceptive Device
IVR	Interactive Voice Response
IYCF	Infant, Young and Child Feeding
KISAN II	Knowledge-based Integrated Sustainable Agriculture and Nutrition
LRP	Local Resource Person
LSP	Local Service Provider
MER	Monitoring, Evaluation and Research
MCHN	Maternal and Child Health and Nutrition
MIYCN	Maternal Infant and Young Child Nutrition
MoAD	Ministry of Agricultural Development
MoE	Ministry of Education
MoFALD	Ministry of Foreign Affairs and Local Development
MoH	Ministry of Health
MSNP	Multisector Nutrition Plan
NACS	Nutrition Assessment, Counselling and Support
NAFSP	Nepal Agriculture and Food Security Project
ND	Newcastle Disease
NFSCC	National Food Security Coordination Committee
NGO	Nongovernmental Organization
NHIECC	National Health Education Information and Communication Center
NHTC	National Health Training Center

NPC	National Planning Commission
NTAG	Nepali Technical Assistance Group
NuTEC	Nutrition Technical Committee
ODF	Open Defection Free
ORC	Outreach Care
PAC	Program Advisory Committee
PAHAL	Promoting Agriculture, Health and Alternative Livelihoods
PF	Primary Health Care
PHC	Peer Facilitator
PNGO	Partner Nongovernmental Organization
PPP	Public Private Partnership
PSA	Public Service Announcement
PTA	Parent Teacher Association
RCT	Randomized Controlled Trial
RHCC	Reproductive Health Coordination Committee
SAA	Social Analysis and Action Tool
SATH	Self-Applied Technique for Quality Health
SBC	Social Behavior Change
SIFPO	Support for International Family Planning Organization
SMC	School Management Committee
SMT	Senior Management Team
STA	Senior Technical Advisor
SWASTHA	Sustainable Water, Air, Sanitation, and Hygiene for All
TIP	Trafficking in Person
USAID	United States Agency for International Development
USG	United States Government
VDC	Village Development Committee
VDRC	Vijaya Development Resource Center
VMF	Village Model Farm
WASH	Water Sanitation and Hygiene
WSP	Water Safety Plan

INTRODUCTION

The *Suaahara II* Good Nutrition Program (*Suaahara II*) Consortium presents the year two work plan for the United States Agency for International Development (USAID)-funded *Suaahara II*. Helen Keller International (HKI) was awarded the cooperative agreement on April 1, 2016, following successful design and negotiation with USAID. The implementation period of *Suaahara II* is programmed to last 60 months.

The year two work plan covers the period from July 16, 2017 through July 15, 2018, as required by the cooperative agreement. *Suaahara II* held detailed district implementation planning (DIP) workshops during June 2017 to consolidate and coordinate intervention activities across the 40 *Suaahara II* districts. DIP workshop participants included technical, operations and finance managers, including consortium partners (CPs) and the 40 district coordinators (DCs). The teams reviewed the *Suaahara II* goals and strategies, the program organizational structure, the results framework and the *Suaahara II* Five-Year Work Plan. After in-depth discussions on year one achievements and challenges, program implementation priorities for year two were listed out. The technical teams further developed the work plan by including Government of Nepal (GoN) nutrition and health priorities, timelines and resource requirements.

It is important to note that while preparing the year two workplan, *Suaahara II* team also discussed potential opportunities and risks involved in year two programming, including the evolving political context of transition to a federal system. While many of the program activities remain unchanged, a lot of activities relating to sensitization and advocacy efforts to newly elected bodies are included in the workplan.

Below, we present an overview of *Suaahara II*, the program organizational structure, and the results framework. In the following sections, a brief narrative description of the program, its structure, the year two program management plan, results framework, and activities including cross-cutting activities planned for year two.

PROGRAM DESCRIPTION

Suaahara II works to improve the nutritional status of women and children in under-served rural areas of 40 districts of Nepal. Technically, this will be achieved using a multisector approach with a special emphasis on gender equity and social inclusion (GESI), social and behavior change (SBC) and good governance. Operationally, this will be achieved through our multisector consortium and our partnerships with the GoN, the private sector, and other United States Government (USG)-funded projects in overlapping geographic areas.

In consultation with experts from the government, other USG projects and other agencies working to further implement Nepal's Multisector Nutrition Plan (MSNP), *Suaahara II* activities will drive change across four categories:

1. Health and Nutrition, including water, sanitation and hygiene (WASH)
2. Health Service Quality and Reach
3. Food Production/Security
4. Stronger Governance for Nutrition

Activities across these four areas can contribute to improved nutrition and health behaviors of women; their young children; and adolescents and other household members; increased

use of quality nutrition and health services; increased household access to diverse and nutrient-rich foods, including via increased linkages with markets and private sector actors; and the accelerated roll out of the MSNP through strengthened local governance. These outcomes, in turn, help to facilitate long-term shifts at the community, district and national level, to improve the nutritional status of women and children in Nepal. The *Suaahara II* intervention strategy is flexible enough to adapt to learnings from MER-generated data including the formative research, routine monitoring and annual monitoring surveys. Over the five-year period, *Suaahara II* results aim to shift household, community and service provider level knowledge, capacity, and in turn practices, to achieve the goal of improved nutritional status for women and children.

ORGANIZATIONAL STRUCTURE

The organizational structure of *Suaahara II* is shown in Attachment A. *Suaahara II* is headed by the Chief of Party (COP), who is supported by the HKI/Nepal Country Director, as well as the Asia-Pacific Regional Office (APRO) and HKI Headquarters (HQ) in New York. The Deputy Chief of Party (DCOP) for Programs, the DCOP for Finance and Operations as well as the Senior Technical Advisor (STA) for Nutrition and Monitoring, Evaluation, and Research (MER) report to the COP.

A Senior Management Team (SMT) is centrally located in Kathmandu. The SMT includes seven crucial positions—COP, DCOP of programs, DCOP of finance and operations, STA, Technical Advisor GESI, Senior Technical Manager of Health and the Senior Field Operations Manager.

Most *Suaahara II* staff are district-based to ensure ongoing assistance, reach and coverage of all programmatic activities at a district and sub-district level in the 40 districts. The district offices comprise a team of technical staff from the consortium partners and are managed by a District Coordinator (DC), experienced in health and nutrition programming. The district teams include a Nutrition Social Behavior Change (SBC) Officer, Maternal, Child Health and Nutrition Officer (MCHN) Officer, Water Sanitation and Hygiene (WASH) Officer, Homestead Food Production (HFP)/Agriculture Officer and a Finance & Operation Officer. Where a district or part of a district's technical support needs vary, the core district team will be adjusted by changing an existing position or including another officer.

A small team operates out of Nepalgunj, as a Program Linkages office. Under the leadership of a Field Operations Manager this office includes a technical team including a health and nutrition coordinator, agriculture coordinator, an administrative officer and a driver. The Field Operations Manager is responsible for linkages with other USAID funded programs— Knowledge-based Integrated Sustainable Agriculture and Nutrition (KISAN II), Promoting Agriculture, Health and Alternative Livelihoods (PAHAL), Health for Life Project (H4L); other USAID-funded projects as appropriate such as Swastha, Health Communication Capacity Collaborative (HC3) and Sajhedari—as well as the GoN's Nepal Agriculture and Food Security Project (NAFSP). The Nepalgunj office provides managerial and technical support and oversight of the 13 *Suaahara II* district offices in the mid and far west.

PROGRAM MANAGEMENT

The SMT manages the *Suaahara II* program, with all team members operating from the same office in Kathmandu allowing frequent and consistent interaction. The SMT meets monthly to discuss management issues. This instance is where senior managers speak openly and candidly and share how their activities are progressing, what they feel is going

well or not, and to receive feedback and suggestions from the other members for sound decision-making.

Likewise, the Expanded Management Team (EMT) will be comprised of all managers and meets every two months to review program and financial progress against plans, to share program learning, align plans and discuss management issues. Similarly, district teams meet monthly to review progress and adjust plans. Every six months, program review meetings are held regional level, bringing together district teams, PNGOs and the Kathmandu staff to review progress and revise program activities and approaches, as required.

To foster consortium coordination, harmonize relationships and serve as a forum for knowledge sharing towards continuous quality improvement, HKI formed a Consortium Review Committee (CRC) to review *Suaahara II* progress and discuss key program issues. The COP will chair the CRC, which is comprised of the two DCOPs, STA, and the head of each CP organization (or designated representative). The CRC will meet quarterly to review progress and plans and ensure that the program continuously draws on the experience and best practices of each partner. Minutes are made available to key staff and USAID to promote transparency. Involvement of the national NGO partners in the CRC will also help build their capacity in program management, leadership and other key areas.

Suaahara II convenes semi-annual meetings of a Program Advisory Committee (PAC), which includes all relevant GoN ministries— Ministry of Health (MoH), Ministry of Education (MoE), Ministry of federal Affairs and Local Development (MoFALD), Ministry of Agriculture Development (MoAD)—and USAID. The committee will help galvanize support for *Suaahara II*, ensure linkages with GoN programs, share learning, and increase the sustainability of program activities. The Director General from the Department of Health Services (DoHS) will continue to chair the meeting. *Suaahara II* will continue to participate in other national forums such as the Nutrition Technical Committee (NuTEC), Family Planning (FP) sub-committee, Female Community Health Volunteers (FCHV) committee, Integrated Management of Neonatal and Childhood Illness (IMNCI) sub-committee, and the National Planning Commission (NPC) led National Nutrition and Food Security Coordination Committee (NNFSCC) will be used as platforms to share updates, coordinate and collaborate between nutrition partners.

The *Suaahara II* SMT meets with the USAID Agreement Officer Representative monthly to review program performance, discuss any sensitive or political issues affecting the program, and to receive feedback from USAID regarding program implementation.

Suaahara II collaborates on specific activities with PAHAL, SABAL, H4L, Support for International Family Planning Organizations (SIFPO), HC3 and Swachchhata. The program will continue to coordinate with KISAN II's Local Service Providers (LSP) and PAHAL's Community Business Facilitators (CBF) in overlapping communities. This collaboration will include joint planning, coordination and monitoring, review meetings and exposure visits for cross learning and sharing in each district. The program will support and link Homestead Food Production Beneficiaries (HFPB) groups with PAHAL/Sabal groups and other farmers' livelihood groups.

Suaahara II also collaborates with H4L on Primary Health Care (PHC)/Outreach Care (ORC) strengthening, SBC activities in health and nutrition including FP, joint monitoring of Health Facility Operation Management Committees (HFOMCs) in low performing communities where H4L is not present. *Suaahara II* also collaborates with MoH and the Management Division under the DoHS to oversee the HFoMC Quality Improvement initiatives. At the regional and district levels, *Suaahara II* collaborates with health authorities to identify appropriate strategies and engage in joint planning.

SUBAWARD MANAGEMENT

In the first quarter of year two, the program finance and grants team will carry out orientation and training for all partners covering USAID regulatory and financial requirements. As in Year I, quarterly reviews will take place for all consortium partners and 40-district based partner non-governmental organizations (PNGOs) to review compliance matters and receive updates on their sub award management. Where required, consortium partners will be audited or their A-133 audits report will be reviewed for matters of compliance relevant to *Suaahara II*. To transition smoothly from year one to year two, a new sub award agreement will be signed with the 40-district PNGOs by the end of July 2017.

INNOVATIVE GRANTS PROGRAM

In year two, *Suaahara II* will provide innovative grants to local organizations that build on public and private sector initiatives and utilize local knowledge and expertise to energize nutrition initiatives and build entrepreneurship, particularly among disadvantaged groups (DAG). In the first year, the program received 22 RFA (Request for Application). Based on the received RFAs, in year two, a *Suaahara II* committee will be formed to select five RFAs which will serve to add value to the program in any or all IRs. The delay in receiving RFAs meant the program did not award any grants in year one. In year two, we anticipate awarding approximately \$45,000 in innovative grants.

INTERNSHIPS

In year two, *Suaahara II* will offer ten six-month internship positions. The purpose is to provide an on-site learning opportunity to build the capacity of Nepali youth, particularly those from marginalized and disadvantaged groups and for those who are seeking opportunities to gain work experience and skills in the development field. Each intern will be assigned responsibilities matching their skills, potential, and interest and will have a staff mentor to assist them to prepare their internship plan as part of the program team and to guide their professional development, including regular reviews and learning sessions. Given the size and complexity of the program, it is anticipated that most interns will be assigned to districts where they can provide support to the field teams, engage in community activities and gain confidence through hands-on experience and technical guidance.

FAMILY PLANNING AND TRAFFICKING IN PERSON COMPLIANCE

Suaahara II will continue to place a high value on adherence to US abortion and Family Planning (FP) legislative and policy requirements and Trafficking in Persons (TIP) compliance requirements. In year two, *Suaahara II* will conduct assessment of the GoN service delivery sites and FP training sites, as well as engage in regular monitoring of the GoN service delivery sites to ensure the requirements are met across the program districts. An orientation on USG abortion and FP requirements for all new program staff and health workers will be conducted. The program will monitor FP compliance in the program districts to ensure the requirements are met including its proper documentation and response procedure. *Suaahara II* will also ensure adherence to TIP compliance requirements through regular monitoring and awareness among employees, interns, consultants, sub-recipients and other agents (suppliers, contractors). *Suaahara II* will also reinforce the response procedure for potential non-compliance through building the capacity of district based program staff. *Suaahara II* will also ensure that a detailed compliance file with all

documentation required by the FP Compliance Plan, such as copies of all relevant laws and policies; compliance trainings/orientations related presentations and handouts; attendance sheets from the trainings/orientations; documentation of all compliance related communications; signed staff compliance forms; and filled & signed monitoring checklists used during field visits and reports from monitoring visits both at district and central level.

RESULTS FRAMEWORK

Suaahara II has four primary results areas:

Intermediate Result 1: Improved Household Nutrition and Health Behaviors

Intermediate Result 2: Increased Use of Quality Nutrition and Health Services by Women and Children

Intermediate Result 3: Improved Access to Diverse and Nutrient-Rich Foods by Women and Children

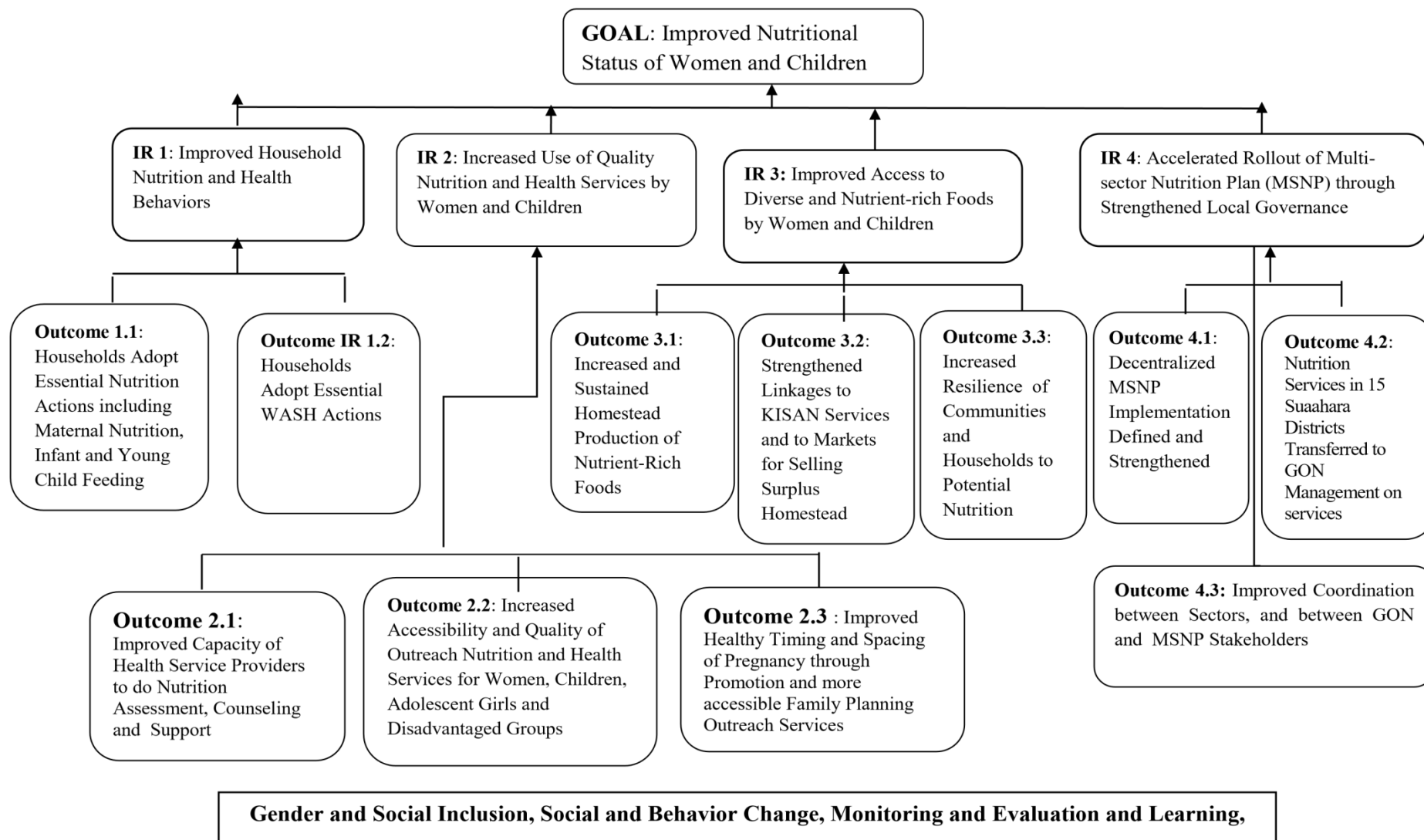
Intermediate Result 4: Accelerated Roll-Out of Multisector Nutrition Plan through Strengthened Local Governance

In addition to the above results areas, *Suaahara II* has several cross-cutting themes that include: gender equality and social inclusion (GESI); social and behavior change (SBC); public private partnerships (PPP); monitoring and evaluation; and disaster preparedness and Emergency and Preparedness and Response Plan (EPRP).

A graphic of the Results Framework is below in Exhibit A.

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Exhibit A – Results Framework



YEAR TWO IMPLEMENTATION OVERVIEW

Intermediate Result 1. Improved Household Nutrition and Health Behaviors

Outcome 1.1 Households adopt essential nutrition actions including Maternal Infant Young Child Nutrition (MIYCN) Practices

In year two, *Suaahara II* will continue to scale up the GoN-endorsed MIYCN package in 13 districts as part of the plan to cover all 40 in three years. The MIYCN training package will also include Nutrition Assessment and Counseling Services (NACS), adolescent nutrition, WASH, family planning and capacity building on correct recording and reporting of nutrition indicators listed in Nepal's Health Management Information System (HMIS). At the district and sub-district levels, *Suaahara II* will conduct four-day MIYCN/NACS/HMIS management training for health and non-health workers followed by a two-day training to FCHVs in 22 districts.

As discussed with CHD, *Suaahara II* will build the capacity of health workers and FCHVs on Integrated Management of Acute Malnutrition (IMAM) in three districts (Banke, Myagdi and Sankhuwasaba). While *Suaahara II* will provide NACS-related supplies, Child Health Division (CHD) will provide the Ready-To-Use Therapeutic Food (RUTF) to treat malnourished children. The program will support the development of Information, Education and Communication (IEC) materials, job aids and training manuals for all integrated nutrition activities in line with the GoN's protocols.

In year two, the program will focus on improving the quality of HMIS recording and reporting related to health and nutrition indicators. Nutrition review workshops and orientations on Routine Data Quality Assessment (RDQA) will be organized for sub-district level health focal persons in three provinces which was initially planned in central, western and far western regions in collaboration with CHD. RDQA will be conducted in health facility municipality/rural municipality across all *Suaahara II* districts by mobilizing the GoN health staff who will be trained at the province level. To ensure the quality of implementation, *Suaahara II* will organize joint supportive supervision and technical support visits with CHD/DoHS in the program districts.

At the community and household levels, routine activities will include food demonstration sessions, key life events to promote locally available nutritious foods, preparation processes, feeding practices, and nutrition related celebrations. *Suaahara II* will also facilitate *Poshan Chautari* (courtyard sessions on nutrition), led by FCHVs, to promote discussion on priority behaviors among 1000 days' women and their family members. Similarly, *Suaahara II* will conduct interactive sessions with male members of 1000 day's households to create supportive environment for adapting priority behaviors. The program will support the GoN to pilot the "Fully Nourished Communities" campaign in *Suaahara II* districts and will continue to support the Vitamin A supplementation campaign to raise awareness of it before while providing supportive monitoring during the supplementation days.

Suaahara II expects that after one year of implementation the 600 FS will be insufficient to ensure the frequency of contacts with 1000-day households required for behavior change. This is particularly true given the governance transition in Nepal which will require field supervisors to coordinate with a greater number of GoN officials at the district and sub-district level, and implement community-level activities in their workplan. Therefore, *Suaahara II* is recruiting community nutrition facilitators (CNFs), a cadre of incentivized volunteers, to reach a greater

number of households with the intensity and frequency needed to affect behavior change. CNFs will serve as the primary means of reaching households with interpersonal communication activities. CNFs will identify newly pregnant women, meet with mothers-in-law, grandmothers and fathers as needed. CNF will be married women from the community, selected in consultation with community members and local leaders, with a preference for those who can reach marginalized groups and castes. CNFs will be selected in consultation with FCHVs, newly elected local officials, HFOMC members, and so on following a similar approach used by H4L with their community health promoters, combined with evidence from Suaahara I's process evaluation and studies globally.

In addition to CNFs, the program will also scale-up Peer Facilitator (PF) approach. The PF model was tested during Suaahara I and we are designing a model based on the lessons learned. The PF's are unpaid volunteers who are 1000-day mothers from DAG and hard to reach areas. They are selected by the FCHVS and trained by *Suaahara II*. Their main role is to help identify new pregnant women, reach out to DAG households and serve as a bridge between isolated communities and community level opportunities and health services. They do not receive any additional incentives other than four-day training on counselling and negotiation skills on MIYCN/WASH/MCH/FP. Their motivation is more community recognition.

In year two, *Suaahara II* will also reach adolescents girls with key nutrition and health interventions including adolescent IFA supplementation in 12 program districts.

Outcome 1.2 Households adopt optimal WASH behaviors

Improving household level WASH-related behaviors such as always drinking safe water, proper disposal of feces, handwashing with soap and water at key times, and reducing indoor air, are crucial for improving health and nutritional status. For this, the skills and capacity of frontline workers such as *Suaahara II* District WASH Officers, FS, WASH Triggers and Adolescents will be built to deliver WASH messages and how to sensitize communities on ideal WASH behaviors and overcoming barriers to those ideal practices. The capacity of WASH stakeholders including the WASH Coordination Committees and newly elected local bodies will also be built to help them develop local level WASH plans and strategies to accelerate WASH movement.

A key *Suaahara II* WASH priority will be helping to reach the national target of open defecation free (ODF) by the end of 2017. For this, ODF campaigns in all the non-ODF wards (previously VDCs) will be carried out and the ODF status of VDCs in earthquake affected districts will be re-attained and re-certified.

In ODF declared districts and VDCs, there will be a programmatic shift from ODF to Total Sanitation. For this, *Suaahara II* will adopt the recently promulgated GoN Ministry of Water & Sanitation "Guidelines on Total Sanitation", along with the Sustainable Water, Air, Sanitation, and Hygiene for All (SWASTHA) approach developed with ENPHO. The SWASTHA approach has been developed aligning with GoN's Guideline on Total Sanitation. SWASTHA approach is an approach to attain total sanitation status just like CLTS approach to ODF. *Suaahara II* will focus on additional important aspects such as how to strengthen the WASH supply chain, which has not been clearly mentioned in the GoN guideline on total sanitation.

Total Sanitation promotion focuses on eight essential WASH actions: importance of toilets, treatment of water before consumption, hand washing with soap and water, safe disposal of baby's excreta, menstrual hygiene, food hygiene, regular use and cleanliness of toilets and improving indoor air. Among these, hand washing with soap and water and treatment of water

before consumption will be two *Suaahara II* priority behaviors. The WASH behaviors will be promoted with target of attaining Sustainable Water, Air, Sanitation, and Hygiene for All (SWASTHA) home status. This involves promoting the use of toilets and improved sanitation facilities with recommended upgrades, particularly in the Terai districts where the water table is high and permeability low. This also involves providing technical guidance on multiple use systems – water used for handwashing and dishwashing is channeled for grey water management to vegetable gardens, etc. *Suaahara II* will also prioritize promotion and follow up with household counseling in all the eight behaviors mentioned through multiple frontline workers, such as FCHVs, WASH triggers, FS, CNF. All eight of these Total Sanitation related behaviors are also promoted through SBCC activities including Bhanchin Aama, Chatting with my Best Friend program for the adolescents etc.

Along with treatment of water before drinking, water security is also very important for ensuring availability of water for consumption. Coordination with the Federation of Water Supply and Sanitation User's Network (FEDWASUN) will be carried out at both the national and district levels. Innovative technology on rainwater harvesting will be promoted in water scarce and drought prone districts especially in the Far West. Water Safety Plans (WSP) will be implemented in the water supply schemes by building the capacity of water user's committee. Water quality tests of water supply schemes and ready to consume water at household level will be integral to ensuring consumption of safe water.

Adolescents and school children will be considered as key change agents where promotion of WASH in schools will be one of the key priorities, with support from School Management Committee (SMC), Parent Teacher Association (PTA), Focal Teacher (FT), and Head of the School. The school authorities will be encouraged to incorporate WASH Improvement Plans into School Improvement Plans. School children will be trained on key WASH behaviors such as hand washing with soap and water, regular use and cleanliness of toilet, menstrual hygiene management and consumption of safe drinking water. *Suaahara II* will not construct any hand washing stations. Hand washing stations will be plastic bucket with tap or other innovative/fiber material build stations.

Strengthening of WASH supply chains, specifically to increase availability of water treatment options and sanitary pads for menstrual hygiene management, will be a key shift in year two for *Suaahara II*. To initiate the strengthening of the supply chain for WASH material and services *Suaahara II* will engage with the private sector, build capacity of service providers and establish WASH social entrepreneurship.

Intermediate Result 2. Increased Use of Quality Nutrition and Health Services by Women and Children

Outcome 2.1 Improved capacity of health service providers to conduct high quality NACS

In year two, NACS programming will focus on strengthening human resources for health service availability and uptake and nutrition information management. *Suaahara II* will continue to integrate NACS activities in the GoN's MIYCN package and will support the national IMAM strategy and strengthen capacity of frontline health workers to prevent and manage malnutrition among children under five, adolescent girls and pregnant women and lactating women. We will:

- Collaborate with CHD/UNICEF/ACF and other stakeholders to develop Performance Standards relating to NACS and to develop systems to improve referral and follow up systems at the community level

- Scale-up of NACS package in 16 program districts (the 13 MIYCN and 3 IMAM districts), as reflected in GoN's Redbook
- Strengthen nutrition assessment, counseling and continuum of care in health facilities and in outreach clinics through on-site regular monitoring and coaching to the health facilities by *Suaahara II* district based MNCH officers
- Provide NACS related equipment and materials related to the health facilities, based on needs assessment conducted in Year 1
- Develop NACS related job aids and IEC materials for health workers and FCHVs
- Train FCHVs in active screening for severely malnourished women and children and strengthen counseling, referral and follow up
- Refer SAM with complications to NRHs and district hospitals

The program will also utilize existing health forums such as the Reproductive Health Coordination Committee (RHCC), CB-IMNCI review meetings, FCHV review meetings to advocate and strengthen NACS related referrals and follow-up systems from communities to health facilities.

Outcome 2.2: Increased accessibility and quality of outreach services for women, children, adolescent girls and disadvantaged groups

In year two, *Suaahara II* will build the capacity of health workers and FCHVs on CB-IMNCI in 10 districts (Baglung, Baitadi, Dailekh, Doti, Kanchanpur, Kapilvastu, Lamjung, Palpa, Panchthar and Salyan), as per the Phase II/CHD Protocol. In five districts where CB-IMNCI (Bhojpor, Dolakha, Taplejung, Myagdi and Shankhuwasabha) was implemented by *Suaahara I*, we will provide onsite coaching and mentoring to health workers and FCHVs to maintain the quality of services at facility and community levels. *Suaahara II* will also provide essential IMNCI related materials to the health facilities, based on the results of the year one health facility assessment.

Under the HFOMC Quality Improvement initiative, the program will conduct capacity needs assessments for HFMOCC. Since the role of HFMOCC is unclear in the context of the new federal structure, HFOMC capacity development will be shifted to year three. However, the Community Health Score Board (CHSB) tool will be used to assess, plan and review the Nutrition and MCHN service quality and accountability. There will be a tripartite interaction among the communities, service providers/FCHVs and HFOMC members. PHC-ORCs will be strengthened through capacity enhancement of the management committees and the availability of essential equipment and supplies.

Suaahara II will place special emphasis to strengthen the FCHV led HMGs through the Self-Applied Technique for Quality Health (SATH) approach. Almost 400 health facilities (10 HMGs per district) and 2000 HMGs will be reached directly to encourage the local level government and health facilities to replicate this approach in other needy areas. It is encouraging to note that MoH/CHD has also planned to pilot SATH in two districts (Pyuthan and Kapilvastu) as part of the EQUITY and ACCESS intervention reflected in the Red Book.

Suaahara II will improve the knowledge of adolescent health and nutrition among health workers, teachers and students. The program will prepare a package on adolescent health and nutrition, including WASH for adolescent girls, and will conduct design workshops with District Education Offices (DEO) and the District Health Offices (DHO). At the national level, *Suaahara II* will continue to build on the curriculum development work and will closely with MoE/DoE, Curriculum Development Center, CHD and the Department of Food Technology and Quality

Control to revise curriculums for grade 8-10 on Food and Nutrition Science. This course will be helpful in educating school adolescents on health and nutrition.

For IR2 and other adolescent components in the AWP, adolescent peers are being selected as change agents for school going and out of school adolescents. Although they are budgeted within different IRs, we are integrating to create a comprehensive adolescent girls' health and nutrition package, which will also be tested in the RCT led by IFPRI.

Outcome 2.3: Improved Healthy Timing and Spacing of Pregnancy (HTSP) through promotion and more accessible family planning services

Suaahara II will continue to build HTSP-related capacity among health and non-health sector frontline workers from. Furthermore, the program will provide support for Long Acting Reversible Contraceptive training (IUCD and Implant insertion and removal) to FP service providers from selected districts, in consultation with Family Health Division (FHD), National Health Training Center (NHTC) and different USAID supported FP partners such as SIFPO-2 and H4L. The program efforts will train peer educators (more than 700 School students) on adolescent health and nutrition and outreach peer approach to reach "Out of school Adolescent Girls" with adolescents' health and nutrition information.

FP-related SBC materials developed by National Health Education Information and Communication Center NHEICC/HC3 will be reprinted and distributed to service providers, newly married couples and young family cohorts. The program will support some health facilities in areas with low contraceptive prevalence rate as per the DoHS annual report, through FP microplanning, with health workers including AHWs and staff nurse as primary targets. The program will focus on reinforcing collaboration with different USAID supported FP partners (SIFPO-2/FPAN, H4L) at the district level to establish strong linkages with the available FP services to target those couples with unmet FP needs. *Suaahara II* will explore opportunities for adopting NHEICC/HC3 developed *Smart Paramarsha* app for IPC through 60 service contact points. Supportive supervision and monitoring to the health facility and service providers will be prioritized in the second year to ensure the quality delivery of MCH/FP services

Intermediate Result 3. Improved Access to Diverse and Nutrient-rich Foods by Women and Children

Outcome 3.1: Increased and sustained homestead food production (HFP) of nutrient-rich foods

Suaahara II will use a needs-based approach to provide HFP interventions to households in the 1000-day period between conception and a child's second birthday. In year two, these households in 18 districts (two new districts and 16 USAID Feed the Future (KISAN II) districts) will be targeted with HFP activities, including training, vegetable seeds, chicks). FS and CNFs will carry out follow up visits and on-site coaching to these families, prioritizing DAG households to reinforce practices to increase the quantity and quality of home-produced foods.

In 22 districts (Phase 1 & 2 Suaahara I districts) efforts will be focused to strengthen Village Model Farmers (VMFs) and support them to be Local Resource Person (LRP) in their communities. Based on each VMF's skills and interests, specialized training on poultry and fresh vegetable production will be provided in coordination with District Agriculture Department Office (DADO) and District Livestock Office (DLSO). Similarly, initiatives towards VMF networking at the municipality level will be carried out to provide a forum to meet regularly,

reflect about their work and get support from each other. The VMF network will be linked with village council for accessing the resources available at DADO/DoLS.

To increase sustainability of VMF activities, *Suaahara II* will engage with private sector entities, such as Shree Nagar Agro farm Pvt Limited, to increase access to poultry production inputs (e.g. feed, chicks, vaccines) and financial resources to expand VMF businesses.

Where possible, we will coordinate with KISAN II in two ways: 1) linking VMFs in their market management committee and collection centers and 2) integrating KISAN II marketing expertise into *Suaahara II*'s HFP business and marketing component. *Suaahara II* will also invite KISAN II's marketing experts to coordination meetings at both national and district levels. KISAN II's local service providers will also regularly meet with *Suaahara II*'s VMFs to share experiences related to agricultural marketing.

Suaahara II will continue to build on the success of year one and continue to leverage on local level resources to provide mini-hatcheries, ND vaccines and gender friendly agriculture tools (e.g. mini power tiller, thresher, grinder) that contribute to increased production for VMFs and HFP groups.

Outcome 3.2: Increased income from homestead food production

Suaahara II will assess VMFs and provide training on HFP marketing and entrepreneurship development skills to VMFs who are "market ready" from the 22 *Suaahara I* HFP districts. This training will build the VMFs' skills to understand local markets, create opportunities to build market linkages to sell their surplus produces in rural market outlets, and create agri input centers. In FTF (KISAN II) and Food for Peace (PAHAL, SABAL) districts, "market ready" VMFs will be linked to these program's existing vegetable collection centers. In overlapping districts, *Suaahara II* will collaborate with KISAN II, PAHAL, and SABAL to develop market and value chain opportunities that will improve production, post-harvest storage and processing components. Collective marketing and haat bazaar approaches will be explored in year two to benefit small surplus producers. Similarly, the program will organize food and agriculture fairs in districts to build demand for HFP produce, including post-harvest processed products.

The program will introduce household budgeting activities to motivate and help households build capacity related to investing supplementary income generated through the sale of surplus produces into goods and services that support nutritional improvements, such as buying nutritious foods and paying for health services. The HFP beneficiary groups will be the key platform to sensitize communities on the importance of and skills related to household budgeting and collective marketing.

Outcome 3.3: Increased Resilience of Communities and Households to Potential Nutrition Shocks

In year two, *Suaahara II* will redesign Resilience/DRR activities with a nutrition lens. We have updated the districts to prioritize PAHAL/SABAL districts, ensuring opportunities for collaboration and complementarity of activities. We will also ensure that resilience is integrated into our agriculture/HFP programs as well as across other intermediate results' activities. For example, we will ensure that our MICYN trainings include a session on IYCF during emergencies, WASH and Agriculture inputs are targeted to poor and vulnerable households.

Suaahara II will use well-known tools, such as the Climate Vulnerability and Capacity Analysis (CVCA) tool, to guide our design of an integrated nutrition/health resilience strategy. In year two, we will prioritize implementation of the newly designed package in 10 initial districts. The main aim will be to explore underlying causes and differential impacts of vulnerabilities, raise awareness of risks, and identify mitigation strategies. *Suaahara II* will build the capacity of households, communities and local stakeholders to prepare plans for resiliency to nutrition shocks and stresses. Climate smart farming practices (plastic pond, plastic tunnel, poly house) targeting two districts (Bajura and Bajhang) which suffered from severe drought last year, will be piloted in year two to build community resilience. HFP groups in all 40 districts will be sensitized on climate resilient vegetable crops (orange fleshed sweet potato, Kangkong, cowpea, four season bean) for HFP through "garden to plate" education materials.

Intermediate Result 4. Accelerated Rollout of Multisector Nutrition Plan through Strengthened Local Governance

Outcome 4.1 Decentralized MSNP implementation defined and strengthened

The federal government has committed to scaling up a set of evidence-based interventions to reduce chronic malnutrition through its Multi-Sector Nutrition Plan (MSNP II). The MSNP II includes a package of interventions with priority strategic objectives by sector, comprising health, WASH, agriculture, local governance and education. In its MSNP, the GoN recognizes the necessity to mobilize additional resources for the improvement of nutrition in Nepal. It calls for formation of a coordinated process for the allocation of local development resources, including local grants, to improve nutrition status among mothers and their children in the 1000-day period between conception and a child's second birthday.

Suaahara II will provide an overall integrated nutrition orientation for all newly elected sub-district officials in the 40 districts (389 municipalities) on the importance of nutrition and their roles for MSNP implementation. In addition, specific follow-up activities to reinforce key messages and dive deeper into specific nutrition-specific and nutrition-sensitive activities (e.g. WASH, health, etc.) have been programmed and budgeted for technical, sector specific focal points within each municipality.

Outcome 4.2: Nutrition services in 15 Suaahara districts transferred to GoN management and services

In year two, *Suaahara II* build on the first year's work on the "handover" process and continue to work closely with the DoHS at the central level to develop a systematic phased approach, based on mutually agreed criteria, including the development of performance standards. In year two, the program will support DoHS to conduct performance assessments and management capacity analysis in the 15 handover districts. Context-specific capacity development plans will then be developed in accordance with the CHD endorsed program sustainability plan to strengthen the capacity of the DHO and health facilities to lead and manage the planning, budgeting, monitoring, and assessment to maintain quality nutrition services in their district. *Suaahara II* will establish close coordination to implement nutrition related activities and ensure the integration in their periodic plan for the sustainability.

Suaahara II will support the districts and sub-district units to regularly monitor progress towards handover status. The direct implementation of services, including the following, will be transferred in phases, aiming for full transfer by the end of year III; HMG meetings, PHC/ORC functioning, food demonstration; WASH; Celebration of Child Nutrition Week; NACS and Growth

monitoring, CB-IMNCI; District NFSSC activities; HFP Marketing Linkages; Resilience; VDC NFSSC activities.

Outcome 4.3 Improved coordination between sectors and between GoN and MSNP stakeholders

Suaahara II will work closely with the NPC and relevant ministries to support the finalization of MNSP II plan and operational guidelines in the new federal structure. Year two will focus on building awareness on the importance of nutrition to enable newly elected people's representatives and community groups to advocate for GoN resources for integrated nutrition programming. *Suaahara II* will enhance the facilitation, coordination, and collaboration for effective implementation of the MSNP II through joint planning between sectors. MSNP-related technical, management, and operational capacity and knowledge will improve among GoN and civil society stakeholders. There will be an increase in the number of newly structured local bodies with functioning Nutrition and Food Security Steering Committees (NFSSC) at different level.

SOCIAL AND BEHAVIOR CHANGE

Suaahara II will continue to implement its diverse Social and Behavior Change (SBC) interventions in year two. This includes the weekly *Bhanchin Aama (Mothers Says)* radio program and weekly question and answer based sessions via *Hello Bhanchin Aama* in all 40 districts, broadcasted by over 100 FM stations across the program districts as well as by Radio Nepal, the state-owned national broadcaster. These programs are produced in three languages – Nepali, Awadhi and Doteli. This activity will be complemented by the mobilization of Radio Discussion Groups at community level, primarily comprising of DAG households. FS and CNFs will continue to facilitate at least two radio discussion sessions per month in one group. In year two, approximately 825 groups will be mobilized to listen to the program and initiate discussion on the radio content to trigger behavior change and reinforcing good behaviors as well as participation in radio programs through Interactive Voice Response (IVR) or SMS. To aid the discussion sessions, a comic book outlining the drama development in each episode along with the messages will be produced and distributed to the facilitators. Additionally, each of these groups will perform at least three activities, e.g. food demonstrations, in a year to reinforce the priority behaviors. In addition to the radio program, new Public Service Announcements (PSAs) will be produced, and new as well as those produced during *Suaahara I* will be broadcast through FM stations.

SBC interventions in year two will also focus on adolescent health and nutrition-related behaviors. The SBC strategy will be revised to identify priority behaviors for adolescents and barriers for each of the behaviors. Based on that, *Sathi Sanga Manka Kura (chatting with my best friend)*, a radio program already popular among adolescents, will be utilized to carry the messages and in turn, facilitate behavior change among adolescents. Additionally, 160 adolescents will be selected and trained on a standard life skills package, leadership and information, communication, technology (ICT) and mobilized as change agents. They will perform follow-up activities in their groups or communities to promote *Suaahara II's* priority behaviors. Also, social and interactive media including Facebook and YouTube will be utilized to reach adolescents with the program's priority behaviors and messages.

In year, push messaging via text for women in the 1000-day period and her family members will also be rolled out. Each 1000-day family is targeted to receive about 60 SMS during the 1000-day cycle. The messages will aim to trigger actions so that these families adopt *Suaahara II* priority behaviors and increase the frequency of contact with health workers and FCHVs.

GENDER AND SOCIAL INCLUSION (GESI)

In Year II, *Suaahara II* will continue to refine its GESI activities with a nutrition lens. *Suaahara II* will continue to invest on enhancing the capacity of staff, frontline workers, and community leaders, so they can reflect and act on GESI issues. As an ongoing process in year two, the organizational learning of *Suaahara II* CP and PNGOs will be strengthened. The MNCH and GESI officers trained (at the central level) will be cascading the trainings on the *Suaahara II* GESI package to FS/CNF/LRPs. Through the frontline workers, these training will be helpful for the integration of GESI across all the IRs by providing conceptual clarity, community reflection on the impact of gender norms, and harmful socio-cultural practices structured on the health and nutrition.

The main objective in year two is to enter an action-oriented post training mechanism through the internalization of the alignment of GESI in all components of health and nutrition by the staffs and community facilitators. *Suaahara II*'s frontline workers will be change makers at the community level through regular community and household level interactions. The time diary tool will be important to embed the workload issue of women, which has been identified as a potential major barrier to the health and nutrition of women and children.

Furthermore, male (men and boys) GESI champions will be identified and mobilized for creating supportive environments in households, facilitating women's decision making, addressing structural barriers around health and nutrition of women and children. *Suaahara II* will also mobilize GESI champions from DAG communities to facilitate discussions on underlying barriers of health and nutrition behaviors and accessing services by DAG households. This will help also to encapsulate the existing gender and socio-cultural norms and advocacy through constructive dialogue.

PUBLIC PRIVATE PARTNERSHIPS

In year two, the program will implement innovative approaches to involve the private sector to achieve and sustain improvements in nutrition, health and WASH behaviors. Listed below are a few potential areas where the PPP model will be piloted;

- To decrease the mortality rate of backyard poultry due to Newcastle Disease (ND), a ND vaccination campaign will be carried out, starting in 15 program districts where access to vaccines is a major constraint. A national level planning workshop will be held where role of GoN stakeholders, vaccine producers, suppliers, and vaccinators will be defined and agreed upon. District level stakeholders and frontline workers will be sensitized on the importance of ND vaccination and high-risk areas will be identified, in coordination with DLSO. Community vaccinators will be selected among community animal health workers, VMFs, cooperatives and community networks and will be trained accordingly. For demand creation, frontline workers will work on community sensitization and mobilization activities. Mass media will be used for awareness through print materials,

hoarding boards, radio and visual promotional. As described above in the section on IR3, the program will work with Shree Nagar Agro farm Pvt Limited to increase the access to production inputs and increase household income of VMFs. Interested VMFs from each program district will be identified and an orientation on the business model of poultry support farming will be provided. This model will link microfinance to support VMFs for increasing investment in poultry farming and linking them to insurance companies for securing the investment from sudden loss. To secure a profit margin from poultry farming, Shreenagar Agro will provide a buy back guarantee to VMFs and support in linking VMFs and community brooders, established by *Suaahara II*, with nearby dealers.

- To improve the access of affordable WASH products (soaps, filters, chlorine solution, sanitary napkins) in remote areas, “WASH marts” may be needed. We are continuing to explore potential WASH partners for PPP. Coordination with WASH stakeholders and private sector entities will be carried out, along with strengthening their capacity on marketing of WASH products, to explore/capitalize on their potential to scale up the WASH products and services making these items more available and affordable on local markets. For example, while sanitary materials are available in the market, not all are affordable and suitable for different communities across program areas. Hence, local sanitary material producers will be explored and supported to expand the market of such products in rural areas. Similarly, coordination with Bio-sand Filter Entrepreneur’s Association Nepal (BiFEAN) will be carried out to scale up availability of bio-sand filters in the *Terai*. Engagement of private sector entities, e.g. local wholesalers and retailers, will be explored to establish a One Stop WASH Shops for hardware materials required for construction of WASH infrastructure, so that all the materials and services for customers are available at a single outlet in rural communities. Effective and collaborative roles will be identified through interactions and meetings with local governments, producers and suppliers.

EMERGENCY PREPAREDNESS AND RESPONSE PLAN (EPRP)

The program will coordinate with USAID, the GoN, emergency clusters, UNICEF, NSET and other principle actors in the disaster preparedness and response sector to develop activities and technical aspects of the EPRP, to ensure a rapid uptake and integration into the latest efforts. In year two, all Kathmandu-based and field staff, including consortium partners will be provided with disaster preparedness and response training in different themes and contingency support planning. After these trainings, the materials will be adjusted as needed and the same training will be provided to all district staff and frontline workers. The Disaster Preparedness and Response (DPR) Manager will then proceed to lead the process of mapping districts and VDCs for risks and vulnerabilities, as well as safe stations and access routes. The mapping will support district nutrition clusters for emergency preparedness and response. Information charts, DPR handbooks and IEC material will be developed for use in the community, health and other government facilities and *Suaahara II* offices. The program will train front line workers who will facilitate discussion in various community level group meeting to identify ‘safe places’ and support nutrition in emergencies.

MONITORING, EVALUATION AND RESEARCH FOR LEARNING

Building on the *Suaahara II* monitoring, evaluation and research (MER) activities, the priority for year two is to update the MER plan. This will include incorporating lessons learned and progress in year one, baseline indicator values from the first annual survey, and feedback provided by USAID. Our year two activities will focus on monitoring and research, rather than evaluation activities, and on dissemination and use of data generated by the MER system.

Monitoring

In year two, the Community Mapping Census (CMC) will continue and aim to complete the registration of an estimated 10 to 12 million households across *Suaahara II*'s 40 districts. In August, the CMC is envisioned to switch from electronic to paper based data collection tools and the approximately 900 CNFs, as well as one to two data entry staff per district, will be heavily engaged in collecting CMC data. This should both speed up the data collection and enable FS to focus more on community-level activities, while CNF conduct household-level activities. Through the CMC, *Suaahara* field staff make their first household-level contact through which *Bhanchin Aama* is promoted, age-appropriate counseling for children under 2 years of age is done, phone numbers are collected for planned SMS push message campaigns, and severely malnourished children are identified and referred to health facilities. The CMC data also creates the sampling frame for our monthly monitoring system, as it generates a list of households (and women and children in the 1000-day period) for districts and sub-district areas.

Our monthly district-representative monitoring system, which is collected by FS using a CommCare app on smartphones, started in year one with the collection of household level data and will expand in year two to include health facilities and frontline workers (FCHVs and VMFs). Each FS will be assigned a randomly selected VDC from her work areas and using census generated lists, s/he will be responsible for collecting five household checklists, as well as two FCHV and two VMF checklists each month. The *Suaahara* district teams will each collect four health facility checklists per month. The main purpose of these checklists is to track *Suaahara II*'s key contact points and key health and nutrition-related behaviors. These datasets will provide district-specific data and enable programmatic improvements on an ongoing basis.

In the first half of year two, we will receive our first round of annual survey data, which will include data representative of both mature and non-mature intervention areas. Surveys were done at health facilities, FCHVs, and households with a child under five years of age (mother, father, grandmother and adolescent girl). Multi-day workshops will be planned in which district teams and PNGOs will meet with KTM-based *Suaahara II* staff and technical support from HKI and CPs to facilitate interpretation and use of this data. In addition to noting key findings and adjusting programming plans accordingly, lists will be made of the questions that this quantitative data raises, to guide the finalization of qualitative formative research plans.

It is important to note that *Suaahara II* is using a DHIS2 dashboard system, similar to that being adopted by the GoN. Each district team, as well as KTM-based staff, have DHIS2 logins to enter and/or view and use data. All *Suaahara II* activity tracking data (e.g. inputs, trainings, etc.) is entered online, directly into DHIS2. All data collected in CommCare (CMC and monthly monitoring) is also automatically uploaded into DHIS2 for visualization and use to improve programming and ultimately, indicators.

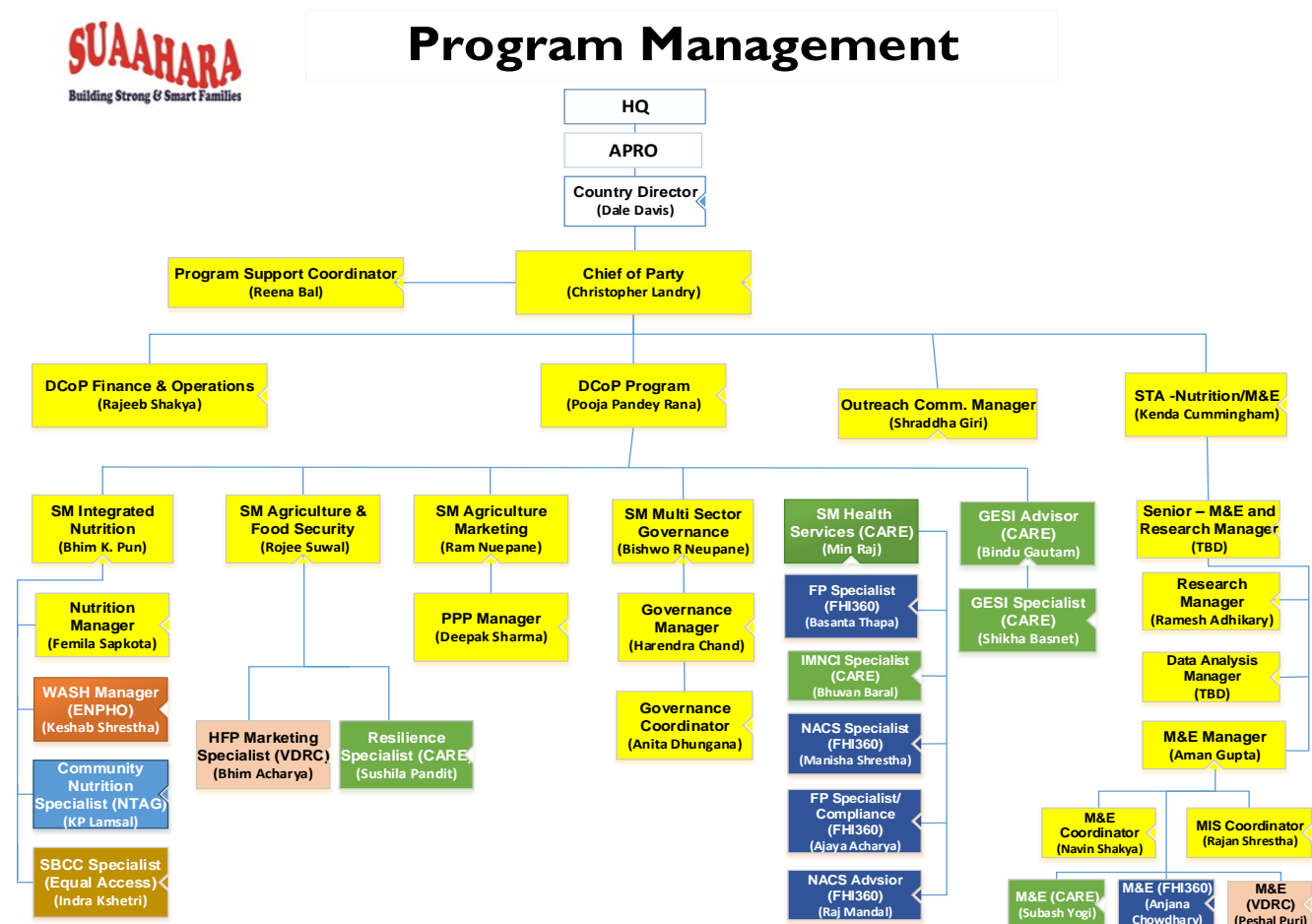
Research

The *Suaahara II* formative research study will be a qualitative research study in the first half of year two, to build on the first quantitative annual survey and answer questions regarding how and why certain quantitative results are what they are. In year two, the *Suaahara II* sustainability indicators will also be finalized, based on the exit strategy related to the gradual transfer of responsibilities to the GoN designed in year one. Regular tracking of these indicators at district and sub-district levels will start in year two to help make key decisions regarding when certain facilities, municipalities, and/or districts are ready for “handover” of management of key *Suaahara II* supported health and nutrition-related services.

The International Food Policy Research Institute (IFPRI), responsible for two randomized controlled trials (RCT) – one on health systems and one on adolescent girls’ health and nutrition – in *Suaahara II* will finalize the research design of both studies, including location and sampling. The adolescent girls’ RCT will build on SABAL’s formative research and therefore, the design will only be developed once those findings are available. The first round of data collection for the health systems RCT, planned for Baglung and Rupandehi, will take place in the first half of year two and key findings should be available by the end of year two.

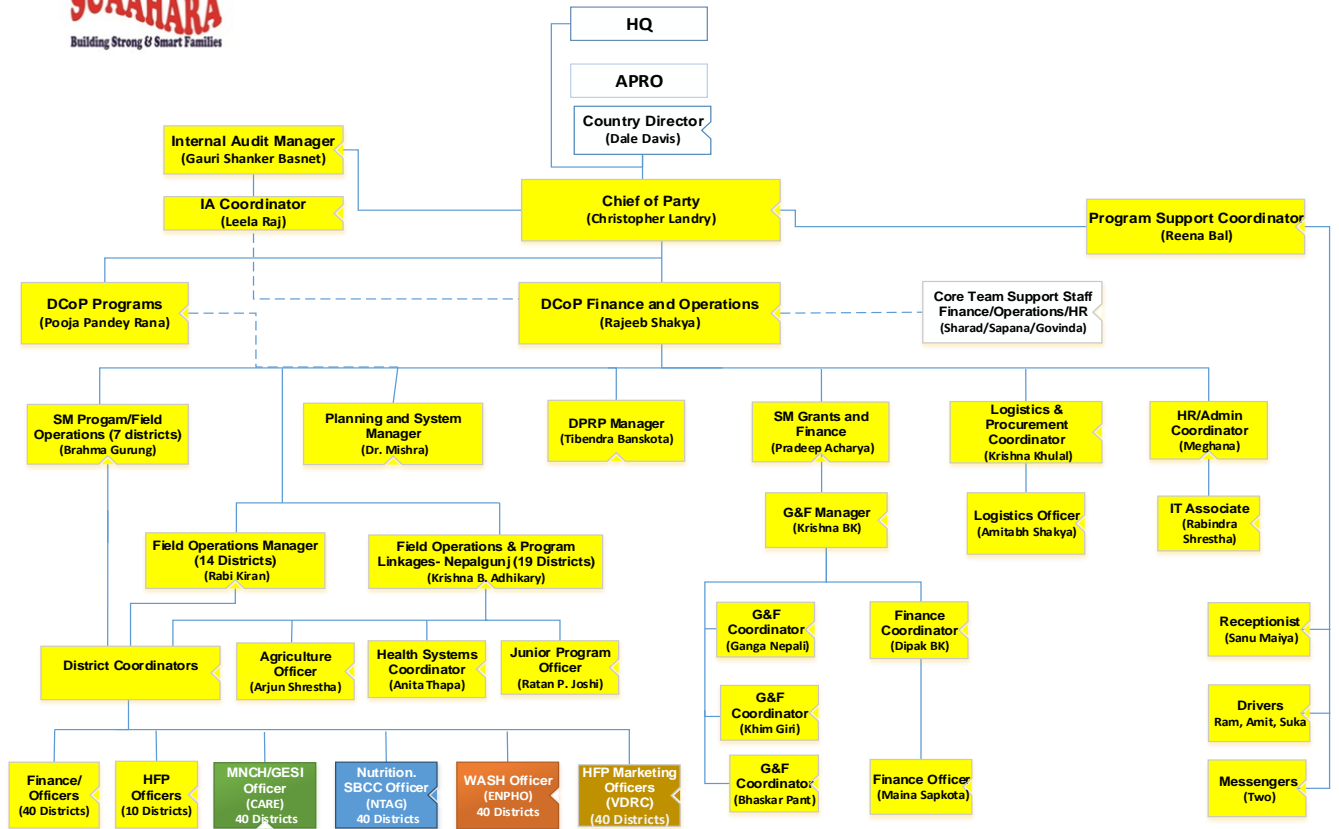
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ATTACHMENT A: PERSONNEL





Finance and Operations



ATTACHMENT B: WORKPLAN SCHEDULE

(see attached)

ATTACHMENT C: BUDGET

Helen Keller International SUAAHARA II Year 2 Annual Work Plan Summary Budget July 16, 2017 to July 15, 2018

<i>Line Item</i>		July 16, 2017 to July 15, 2018
a.	Salary and Wages	\$2,184,321
b.	Fringe Benefits	\$963,424
c.	Travel, Transportation and Per-diem	\$152,785
d.	Total Equipment (Capital) GMP, NACS and IMAM equipment Other equipment	
e.	Supplies (General Equipment)	\$30,200
f.	Contractual/ Subaward	\$8,213,078
g.	Rapid Response Fund	-
h.	Other Direct Costs	\$7,832,992
i.	Total Estimated Costs	\$19,376,800
j.	Indirect Costs	\$2,543,892
k.	TOTAL ESTIMATED COST	\$21,920,692
l.	COST SHARE	\$2,192,069
m.	TOTAL ESTIMATED COST	\$24,112,762

IR	Budget Target Allocation (5 Year)	Budget Allocation (Year 2)
1	30%	35%
2	35%	24%
3	15%	27%
4	20%	13%

Note: Cost of NACS training (Nutrition Assessment, Counseling and Support) under IR 1.1, GESI activities and 50% of SBCC also exclusively related to Health Services have been allocated in IR 2. IR 3 allocation includes poultry distribution (\$569K) initially planned for Year 1 that has been moved to Year 2 thus IR percentage is high.

ATTACHMENT D: INTERNATIONAL TRAVEL

No	Position	Travel detail (RT)	Purpose	Travel Schedule
1	HKI Staff	Nepal-USA- Nepal	<ul style="list-style-type: none"> Staff training and project dissemination, technical exchanges 	2 trips 2017/2018
2	HKI Staff	Nepal – BKK - Nepal	<ul style="list-style-type: none"> Communication workshop Financial Management workshop/USAID Rules and regulation 	4 Trips 2017/2018
3	SM Grant & Compliance	USA-Nepal- USA	<ul style="list-style-type: none"> Subaward Compliance Review 	1 Trip 2017
4	Program finance Officer	USA-Nepal- USA	<ul style="list-style-type: none"> Review of financial statement of consortium partners 	1 Trip 2018
5	Internal Audit & Compliance Officer	USA-Nepal- USA	<ul style="list-style-type: none"> Central and District internal compliance review 	2 trips 2017/2018
6	Regional Monitoring & Evaluation Advisor (HKI)	BKK-Nepal- BKK	<ul style="list-style-type: none"> Participation in DHIS2 design and implementation Participate in baseline survey design and implementation 	3 Trips 2017/2018
7	Vice President Asia Pacific (HKI)	Phnom Penh – Nepal – Phnom Penh	<ul style="list-style-type: none"> Semiannual operations assessment and review 	Dec 2017
8	Suaahara Staff to Regional Conferences	Nepal - Asia Region - Nepal	<ul style="list-style-type: none"> Technical Conferences 	3 Trips
9	Senior Technical Advisor	Nepal – Argentina – Nepal	<ul style="list-style-type: none"> IUNS/ICN Conference 	October 2017
10	Technical Advisor, Family Planning (FHI 360)	Thailand – Nepal - Thailand	<ul style="list-style-type: none"> Technical Support for Family Planning and Outreach Services 	November 2017

No	Position	Travel detail (RT)	Purpose	Travel Schedule
11	Technical Advisor, BCC (FHI 360)	Thailand – Nepal - Thailand	<ul style="list-style-type: none"> • Technical support for BCC related to NACS and Family Planning 	April 2018
12	Technical Advisor, NACS (FHI360)	USA – Nepal - USA	<ul style="list-style-type: none"> • Technical support for NACS related activities 	February 2018
13	Technical Advisor, BCC (FHI 360)	USA – Nepal - USA	<ul style="list-style-type: none"> • Technical support for BCC related activities (NACS & FP) 	January 2018
14	STTA	USA – Nepal - USA	<ul style="list-style-type: none"> • Technical support on Program Sustainability and Formative Research 	3 trips 2017/2018
15	STTA	USA – Nepal - USA	<ul style="list-style-type: none"> • Technical support to design <i>Suaahara II's</i> Nutrition Resiliency Strategy 	1 trip 2017

ATTACHMENT E: EQUIPMENT AND COMMODITIES

In year two no equipment purchases, as defined by USAID, will take place. The table below is the summary of the commodities to be purchased in year two for which the *Suaahara II* Program received USAID approval to purchase over the life of the project

Item	Quantity	Total	Purpose
Improved Poultry Breeds: (New Hampshire or Black Australop)	200K (Kg)	\$569,000	Distribution as input for HFP.
Agriculture Commodities: (Seeds, starter material or for food demonstrations; see approved agriculture commodities waiver for details) Asparagus; Brinjal; Broad Leaf Mustard Seed; Broad Bean Seed; Broccoli Seed; Carrot; Cauliflower Seed; Chilly; Coriander; Cress; Fenugreek; Four season bean; Kangkong; Okra; Onion; Pumpkin; Radish; Pea seed; Spinach; Sponge gourd; Swiss Chard; Tomato; Sweet Potato (Orange Fleshed Sweet); Banana Sapling; Papaya Seed; Mango Seedling	various	\$115,000	Distribution as inputs for HFP.
NACS/IMCI Materials: Portable baby/infant length-height measuring system, 2 systems packed/Box	480	\$86,400	Distribution as input for NACS, IMNCI
Mechanical Infant Scale, spring type, with round dial, for use up to 25kg with 100g precision.	3,000	\$36,000	
Uniscale or Seca Scale Two in one (Weight machine)	960	\$28,800	
One size fits all weighing trousers, for the use with infant spring type scales S0145555 and S0557000, pack of 5 in a carry bag	600	\$9,000	
Children's Mid Upper Arm Circumference (MUAC) measuring tape with cut-off point at 11.5 cm, pack of 50 tapes with instructions for use.	640	\$2,560	
Timer	2,475	\$24,750	
Penguin Suction	450	\$12,600	