July 15, 2018
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SUAAHARA II GOOD NUTRITION PROGRAM
YEAR THREE WORK PLAN
JULY 16, 2018 – JULY 15, 2019

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*Suaahara* is managed by:

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ACRONYMS

ACF  Accion Contre le Fam
AFSP II Agriculture Food Security Project II
APRO Asia-Pacific Regional Office
BA  Bhanuchhin Aama
CARE Cooperative for Assistance and Relief Everywhere, Inc.
CB-IMNCI Community Based Integrated Management of Childhood Illness
CHD  Child Health Division
CHSB  Community Health Score Board
CMC  Community Mapping Census
CNF  Community Nutrition Facilitator
COP  Chief of Party
CRC  Consortium Review Committee
CWF  Community Water Sanitation and Hygiene Facilitator
DADO  District Agriculture Development Office
DAG  Disadvantaged Group
DC  District Coordinator
DCOP  Deputy Chief of Party
DEO  District Education Office
DHIS-2  District Health Information System-2
DHO  District Health Office
DLSO  District Livestock Services Office
DoHS  Department of Health Services
DQA  Data Quality Assessment
EAN  Equal Access Nepal
EMT  Extended Management Team
ENPHO  Environmental and Public Health Organization
EPRP  Emergency and Preparedness and Response Plan
FC  Field Coordinator
FCHV  Female Community Health Volunteer
FHD  Family Health Division
FHI360  Family Health International 360
FO  Finance and Operations
FP  Family Planning
FS  Field Supervisor
GESI  Gender Equity and Social Inclusion
GMP Growth Monitoring and Promotion
GoN Government of Nepal
HFOCMC Health Facility Operation and Management Committee
HFP Homestead Food Production
HFPB Homestead Food Production Beneficiary
HKI Helen Keller International
HMG Health Mothers’ Group
HMIS Health Management Information System
HTSP Healthy Timing and Spacing of Pregnancies
IEC Information, Education and Communication
IFA Iron and Folic Acid
IMAM Integrated Management of Acute Malnutrition
IMNCI Integrated Management of Neonatal and Childhood Illness
IPC Inter Personal Communication
IVR Interactive Voice Response
KISAN Knowledge-based Integrated Sustainable Agriculture and Nutrition
LARC Long Acting Reversible Contraceptives
LMD Logistics Management Division
LMIS Logistics Management Information Systems
MCHN Maternal and Child Health and Nutrition
MER Monitoring, Evaluation and Research
MIYCN Maternal Infant and Young Child Nutrition
MoAD Ministry of Agricultural Development
MoALMC Ministry of Agriculture, Land Management and Cooperatives
MoE Ministry of Education
MoFAGA Ministry of Federal Affairs and General Administration
MoH Ministry of Health
MoSD Ministry of Social Development
MSNP Multisector Nutrition Plan
NACS Nutrition Assessment, Counselling and Support
ND Newcastle Disease
NFSSC Nutrition and Food Security Steering Committee
NHEICCC National Health Education Information and Communication Center
NHRC Nepal Health Research Council
NHTC National Health Training Center
NPC National Planning Commission
NRH Nutrition Rehabilitation Home
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<td>Nutrition Technical Committee</td>
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<td>ODF</td>
<td>Open Defecation Free</td>
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<td>Outreach Care</td>
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<td>OTC</td>
<td>Outreach Therapeutic Center</td>
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<td>PAC</td>
<td>Program Advisory Committee</td>
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<td>PAHAL</td>
<td>Promoting Agriculture, Health and Alternative Livelihoods</td>
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<td>Program Constraints Assessment</td>
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<td>Self-Applied Technique for Quality Health</td>
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<td>Senior Management Team</td>
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<td>Strengthening System for Better Health</td>
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<td>SWASTHA</td>
<td>Sustainable Water, Air, Sanitation, and Hygiene for All</td>
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<td>TIP</td>
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<td>Vijaya Development Resource Center</td>
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<td>Village Model Farm</td>
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<td>WASH</td>
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INTRODUCTION

The Suaahara Good Nutrition Program (Suaahara II) Consortium presents the year three 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 three work plan covers the period from July 16, 2018 through July 15, 2019, as required by the cooperative agreement. Suaahara technical, operations and finance managers consolidated intervention activities across the 42 Suaahara districts, which are now administratively broken into 380 rural and urban municipalities. A review of Suaahara goals and strategies, the program organizational structure, the results framework and the Suaahara Five-Year Work Plan, as well as in-depth discussions with all consortium partners were held so that the year three workplan would also take into account the new federalist structure of governance, findings from data collected during the first two years of implementation, and the slow-down in budgeting to date. The technical teams further developed the work plan by including Government of Nepal (GoN) nutrition and health priorities, timelines and resource requirements.

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

PROGRAM DESCRIPTION

Suaahara II works to improve the nutritional status of women and children, particularly in under-served rural areas, of 42 of Nepal’s 77 districts. 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 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 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 pregnant and lactating women, their young children, 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 (ward and municipality), province and national levels, to improve the nutritional status of women and children in Nepal. The Suaahara intervention strategy is flexible enough to adapt to learnings from monitoring data, as well as the formative research and midterm assessment findings which will emerge in the first half of year three. Over the five-year period, Suaahara results aim to shift household,
community and service provider knowledge and 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 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 staff are field-based to ensure ongoing assistance, reach and coverage of all programmatic activities at a sub-national level covering 389 municipalities. Suaahara technical staff from the consortium partners are based in the field and managed by a District Coordinator (DC), experienced in health and nutrition programming. Each field team is made up of technical staff members, based on program priorities for each location, and may include: Nutrition and Social Behavior Change (SBC) Officer; Maternal and Child Health and Nutrition and Gender Equity and Social Inclusion (MCHN/GESI) Officer; Water Sanitation and Hygiene (WASH) Officer; Homestead Food Production (HFP)/Agriculture Officer, as well as a Finance & Operation (FO) Officer. These officers work closely with a PNGO in their district, who have full-time staff working on Suaahara including a Field Coordinator (FC) who oversees a team of Field Supervisors (FS) and Community Nutrition Facilitators (CNF).

A small team operates out of Nepalgunj, as a Program Linkages office and under the leadership of Program Operations Manager who is responsible for linkages with other USAID funded programs such as Knowledge-based Integrated Sustainable Agriculture and Nutrition (KISAN II), Strengthening System for Better Health (SSBH), Promoting Agriculture, Health and Alternative Livelihoods (PAHAL), Swacchatha as well as GoN's health, nutrition and agriculture programs. The Nepalgunj office provides managerial and technical support and oversight of the 13 Suaahara district offices in the mid and far west.

PROGRAM MANAGEMENT

The SMT (Key Personnel) manages the Suaahara 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 provincial level, bringing together district teams, partner non-governmental organizations (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 Suahara progress and discuss key program issues. The COP chairs the CRC, which is comprised of the two DCOPs, STA, and the head of each consortium partner organization (or designated representative). The CRC meets quarterly to review progress and plans and ensure that the program continuously draws on the experience and best practices of each partner.

Suahara 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 General Administration (MoFAGA), Ministry of Agriculture Development (MoAD)—and USAID. The committee will galvanize support for Suahara, ensure linkages with GoN programs, share learning, and increase the ownership and sustainability of program activities. The Director General from the Department of Health Services (DoHS) will continue to chair the meeting.

At Federal level, Suahara will continue to participate various federal level 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) were used as platforms to share updates, coordinate and collaborate between nutrition partners.

At the Province and local government level, Suahara will collaborate with health authorities to identify appropriate strategies and engage in joint planning and monitoring. We will also actively participate in forums such as Health Coordination Committee, Nutrition and Food Security Steering Committee and other thematic committee to enhance coordination, collaboration and support to resolve the issues appeared at the implementation level.

The Suahara key personnel 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.

Suahara collaborates on specific activities with PAHAL, SABAL, Support for International Family Planning Organizations (SIFPO) and Swachhchata. The program will continue to coordinate with KISAN II’s Local Service Providers and PAHAL’s Community Business Facilitators 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. Suahara will collaborate also SSBH and Breakthrough Projects on Primary Health Care (PHC)/Outreach Care (ORC) strengthening, local health governance activities, SBC activities on health and nutrition including FP.

**SUBAWARD MANAGEMENT**

In the first quarter of year three, the program finance and grants team will carry out refresher training for all partners covering USAID regulatory and financial requirements. As in the first two years of implementation, quarterly reviews will take place for all consortium partners and field-based 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 Suahara. To transition smoothly from year two to year three, a new sub award agreement will be signed with all PNGOs by the end of July 2018.
**INTERNERSHIPS**

In year three, *Suaahara* 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 some 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**

*Suahara* will continue to place a high value on adherence to US abortion and Family Planning (FP) legislative and policy requirements, particularly the Protecting Life in Global Health Assistance (PLGHA) policy and Trafficking in Persons (TIP) compliance requirements. In year three, *Suahara* will continue to regularly monitor GoN service delivery sites to ensure the requirements are met across intervention areas, including its proper documentation and response procedure. An orientation on USG abortion and FP requirements for all new program staff will be conducted. *Suahara* will also ensure adherence to TIP compliance requirements through regular monitoring and awareness among employees, interns, consultants, sub-recipients and other agents (suppliers, contractors). *Suahara* will also reinforce the response procedure for potential non-compliance through building the capacity of field-based program staff. *Suahara* will also ensure that detailed compliance files 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 and signed monitoring checklists used during field visits and reports from monitoring visits, are maintained both at the field and central levels.

**RESULTS FRAMEWORK**

*Suahara* has four primary results:

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

In addition to the above results areas, *Suahara* 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.
Exhibit A – Updated Results Framework

**GOAL: Improved Nutritional Status of Women and Children**

- **IR 1:** Improved Household Nutrition and Health Behaviors
- **IR 2:** Increased Use of Quality Nutrition and Health Services by Woman and Children
- **IR 3:** Improved Access to Diverse and Nutrient-rich Foods and Women and Children
- **IR 4:** Accelerated Rollout of Multi-Sector Nutrition Plan (MSNP-II) through Strengthened Local Governance

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**Outcome 1.1:** Households Adopt Essential Nutrition Actions including Maternal Nutrition, Infant and Young Child Feeding

**Outcome 1.2:** Households Adopt Essential WASH Actions

**Outcome 3.1:** Increased and Sustained Homestead Production of Nutrient-Rich Foods

**Outcome 3.2:** Strengthened Linkages to KISAN-II services and to markets for selling surplus homestead

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

**Outcome 3.4:** Decentralized MSNP II Implementation Defined and Strengthened

**Outcome 4.1:** Improved Coordination between Sectors, and between GON and MSNP II Stakeholders

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**Outcome 2.1:** Improved Capacity of Health Service Providers to do Nutrition Assessment, Counseling and Support

**Outcome 2.3:** Increased Accessibility and Quality of Outreach Nutrition and Health Services for Women, Children, Adolescent Girls and Disadvantaged Groups

**Outcome 2.3:** Improved Healthy Timing and Spacing of Pregnancy through Promotion and more accessible Family Planning Outreach Services

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**Gender Equity and Social Inclusion, Social and Behavior Change, Nutrition Governance, Monitoring and Evaluation and Research**
YEAR THREE 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 three, Suaahara will continue household and community level activities conducted in year one and two such as food demonstrations to promote the consumption of locally available diversified foods, share nutritious food recipes, and discuss optimal child feeding practice and hand washing practices. FCHVs and health mothers' group (HMG) members will lead the celebration of key life events will be conducted at three different occasions within the 1000 days period (pregnancy, delivery, when the child is 6 months of age) to counsel and adopt appropriate behaviors, encourage regular participation in HMG meetings, listen to Suaahara's flagship radio program, Bhanchhin Aama (BA), and pass on a gift basket which will include locally grown green leafy vegetables, eggs and fruits donated by the HMG members to reinforce ideal MIYCN behaviors. The FS, CNFs and FCHVs will engage in active nutrition screening of children during HMG meetings and household visits; if malnutrition is identified, the mothers/caretakers will be counselled using wheel cards, referred to appropriate facilities for treatment and regularly followed-up with the household after treatment. The program will continue to scale-up the Peer Facilitator (PF) approach in disadvantage (DAG) and hard to reach areas, providing these 1000-day mother volunteers from DAG and hard to reach areas, who were selected by FCHVs and health workers, a four-day training on counselling and negotiation skills on MIYCN, WASH, MCHN, and Family Planning (FP). The PFs will help Suaahara and FCHVs to identify new pregnant women, reach out to DAG households and serve as a bridge between isolated communities and community level opportunities/events and health services. Furthermore, at the community level, Suaahara will strengthen HMG meetings to increase maternal interest in this government platform. A monthly calendar will include 10 different integrated nutrition discussion topics (one topic/month) i.e. health and nutrition, WASH, GESI, and resilience. The newly designed meeting calendar will be tested in two different geographically diverse districts in first six months of year three and after integration of lessons learned, a revised and final calendar will be introduced across program districts with support from Suaahara FS and CNFs.

In year three, FS and CNFs will be provided two job-aid on their smartphone. First, a CommCare app is being developed to aid these frontline workers in their counselling of 1000-day mothers, based on her stage of pregnancy or age of the child. Second, another app is being developed to aid the FS and CNF in their collaborative fieldwork. Suaahara will use meetings with FS and CNF to encourage maximum use of existing Information, Education and Communication (IEC) materials (job aids, flip charts, wheel cards) and assist them in adding various instructional entertaining videos, which were developed in Suaahara I, onto their mobile phones for use in different community platforms to help promote ideal health and nutrition behaviors to 1000-day households. After concept testing in the first half of year three in two different geographic locations, Suaahara will introduce in all of its intervention areas, a "letter to father" to sensitize fathers on their role and responsibilities during the 1000- day period. The letter is written from his unborn child asking him to love and care for his wife, so the purpose of this tool is to ignite an expecting father’s emotions for the betterment of the whole family. The letter to father’ contains key messages to ensure the father’s involvement throughout the pregnancy and after childbirth. The messages are written in a letter format. The two-page letter consists of a cover letter which is the actual letter and the remaining page requests for actions to adopt those behaviors. These letters will be distributed by health workers as a take home gift.
for the family during their first ANC visit to health facilities. We expect to reach more than 70% of the pregnant women through this intervention, given the high coverage of ANC.

Suaahara will continue to support the Vitamin A supplementation campaign to raise awareness while providing monitoring support during the supplementation days campaign across Suaahara intervention areas.

In addition to these household and community activities, in year three Suaahara will focus on improving the quality of Maternal Infant and Young Child Nutrition (MIYCN) and Integrated Management of Acute Malnutrition (IMAM) services at health facilities. Suaahara technical staff will provide post training follow-up including on-site coaching and mentoring by using standard tools to enhance knowledge and skills of health workers and FCHVs in 269 rural and urban municipalities of 22 MIYCN-trained and 6 IMAM-trained districts completed in Suaahara’s first and second year. Suaahara will build the capacity of newly recruited health workers and FCHVs to enhance quality of MIYCN/NACS/IMAM services delivery and counseling skills in these 269 municipalities by advocating for the health facility and local leaders to provide the training and Suaahara participating and providing technical support as needed. Further, a two days MIYCN delivery training will be held for health facility in-charge and health coordinators of 120 municipalities of 14 districts to accelerate MIYCN and counseling services. The trained health coordinators and health facility in-charge will conduct a two-day training for FCHVs.

The on-site coaching and mentoring on IMAM services will focus on Outpatient Therapeutic Centers (OTCs) in 63 municipalities in six districts (Banke, Dang, Kailali, Rupandehi, Myagdi, and Sankhuwasabha) and Nutrition Rehabilitation Homes (NRH) in five districts (Baglung, Kanchanpur, Surkhet, Dailekh, and Sindhupalchowk). Suaahara will coordinate with municipality, provincial, and central level government authorities and stakeholders to ensure IMAM/Nutrition Assessment Counselling and Support (NACS) related supplies, including Ready-To-Use Therapeutic Food (RUTF) for identification and treatment of malnourished children, is readily available.

Suaahara will continue in year three to improve the quality of Health Management Information System (HMIS) recording and reporting related to health and nutrition indicators, particularly using Routine Data Quality Assessment (RDQA) to identify gaps and inconsistencies in recording and reporting nutrition indicators and offering feedback and suggestions to improve the quality of HMIS data. Stakeholders have positively responded to the RDQA tool and urged Suaahara to expand this activity, which was done in 20% of all health facilities, in Suaahara intervention areas. Thus, in year three, Suaahara will conduct RDQA in an additional 20% of all health facilities, in coordination with municipality health coordinators and leaders across all Suaahara districts.

Outcome 1.2 Households Adopt Optimal WASH Behaviors

In year three, WASH messaging will continue to be delivered in all Suaahara intervention areas through a variety of different Suaahara platforms to create convergence and multiplicity of information. Furthermore, WASH messages are included in the MIYCN training module for health workers and FCHVs so that additional frontline workers reach households with the same messages. Household awareness on WASH behaviors will particularly focus on those practices where monitoring data shows much room for improvement, such as hand washing at critical times and treatment of water before drinking. These behaviors are promoted through home visits, community events and Bhanchhin Aama.

Nepal’s national sanitation coverage (i.e. certification of open defecation free (ODF)) has already reached approximately 96% of the country (DWSS, February 2018) and thus, the sector is now moving towards Total Sanitation initiatives. Suaahara has also shifted its priority towards Total Sanitation efforts in the ODF declared areas and will simultaneously promote ODF and Total Sanitation in the remaining non-ODF areas. The ODF related activities will be focused in three districts - Dhading, Nuwakot and Kapilvastu.
Suahara II will adopt the SWASTHA (Sustainable Water, Sanitation and Hygiene for All) approach to align with the National Guidelines on Total Sanitation, 2017 for Total Sanitation initiatives. The three guiding principles of the SWASTHA approach are: a) demand creation at the household level for improved WASH facilities and behaviors through improved awareness via mobilization of frontline workers; b) strengthen WASH supply chains through engagement with the private sector and establishment of WASH Marts; and c) development of a conducive environment through support to development of local level WASH plans and coordination with and capacity building of local government/WASH community coordinators. It is important to note that SWASTHA approach is not separate guideline but an approach to implement personal and household level WASH behaviors specified in Total Sanitation Guideline.

Suahara II worked in about 131 wards of 42 districts in year 1 and 2 and has committed to local GoN for its support to attain ODF and healthy home status. Suahara has already attained ODF and healthy home status in some of the wards and is near attainment of ODF and healthy home status in the remaining wards. Thus, Suahara will carry out WASH activities for the first quarter of year in these areas for the fulfilment of commitments made as far as possible and hand over further WASH intervention to local bodies for sustainability.

For Suahara, this intensive SWASTHA approach will be concentrated in the 1499 Core+ wards in 12 districts (5 districts in Province 6; 7 districts in Province 7). Community WASH facilitators (CWFs) will be assigned to these wards to go door to door visiting households to promote WASH behaviors and to participate in HMG meetings, and organize community events on these WASH behaviors. FS and CNFs will support CWFs to promote and attain the healthy home status. The focus of these intensive HH level behavior change efforts will include handwashing with soap and water, safe drinking water, the importance of having a toilet, regular use and cleanliness of the toilet, safe disposal of baby’s excreta, menstrual hygiene, food hygiene, clean indoor air, and clean household premises. Additionally, a SWASTHA Light approach will be initiated in about 250 Suahara Core+ wards in 12 districts (1 district each in Provinces 1, 4, and 5; 6 districts in Province 3; 5 districts in Province 6; and 2 districts in Province 7) to demonstrate the possibility and benefits of Total Sanitation to municipal and provincial leaders and advocate for replication by local stakeholders. There will be no CWFs in these wards, but FS and CNFs of these wards will be given additional responsibilities to promote WASH behaviors for attaining healthy home status.

Under the new federal system, the WASH structure has changed, with the formation of new committees such as the District, Rural/ Urban Municipality, and WARD WASH Coordination Committees (DWASHCC) (R/UWASHCC) (WWASHCC). Suahara will work closely with these WASHCCs to support implementation and monitoring of ODF and Total Sanitation areas. Suahara will support capacity building of WASHCCs at all levels regarding Total Sanitation to support them to initiate ODF and Total Sanitation movements and will support municipalities to develop local level WASH plans in Core+ areas of the 12 districts of Province 6 and Province 7 where Suahara will implement the intensive SWASTHA approach. Suahara will also advocate scaling up of Total Sanitation initiative across all wards and municipalities, including encouraging the allocating budgets for WASH initiatives.

Suahara II will seek further opportunities to improve markets for WASH products through engagement of local cooperatives and the private sector, as detailed below in the section on Public Private Partnerships (PPP).
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 three, NACS programming will focus on review and monitoring of services provided, particularly in NRH, within IMAM districts within the Suahahara intervention areas, following significant efforts in strengthening capacity of staff for health service provision and uptake and nutrition information management in year two of Suahahara. Suahahara will continue to mentor and guide FCHVs to prevent and manage malnutrition among children under five, adolescent girls, pregnant women and lactating mothers.

Suahahara II will coordinate with the Child Health Division (CHD), key nutrition partners and stakeholders at different levels including local and provincial government officials to ensure necessary logistics and supplies required for smooth functioning of the Out-patient Therapeutic Center (OTCs). Our focus will be to coordinate with CHD to integrate NACS into the standard training package for Community Based Integrated Management of Childhood Illness (CB-IMNCI) and with National Health Training Centre (NHTC) to incorporate NACS in GoN's 18 days basic training package for FCHVs. The program will collaborate with CHD, UNICEF, Action against Hunger (ACF) and other stakeholders to improve referral and follow up systems at the community level. Suahahara technical officers will facilitate semi-annual review meetings will be conducted with the health facility in charge and IMAM focal persons from all OTCs/NRH to strengthen NACS/IMAM services (6 SII IMAM and 5 NRH districts). These technical officers will also strengthen nutrition assessment, counseling and the continuum of care in health facilities and in outreach clinics through systematic on-site monitoring and coaching to health workers at the facilities. The technical officers will coordinate with NRH and district and zonal/regional hospital to refer SAM with complications to NRHs and district hospitals. The program will also increase its engagement at the local level by utilizing existing health and nutrition forums to advocate and strengthen NACS related referrals and follow-up systems from communities to health facilities.

Suahahara will continue to print and distribute NACS related job aids and IEC materials for health workers and FCHVs. In year three, Suahahara will distribute essential NACS related equipment and materials to the health facilities based on the needs identifies during health facility assessment.

Outcome 2.2: Increased Accessibility and Quality of Outreach Services for Women, Children, Adolescent Girls and Disadvantaged Groups

Suahahara II increases accessibility and quality of health and nutrition services through both demand creation and addressing supply level constraints (e.g. improving knowledge and skills of service providers, improving quality of counseling, addressing equipment and materials gaps). In year three, Suahahara II will also continue post-training follow-up with systematic mentoring and coaching to enhance the capacity of health workers and FCHVs on CB-IMNCI in 15 districts and in turn, maintain the quality of services at the health facilities. Suahahara will also provide essential IMNCI related materials to the health facilities from the beginning of third year. Suahahara staff will coordinate with the government to distribute health and nutrition equipment to ensure uninterrupted services at the health facility and outreach clinics.

Suahahara technical officers will review and provide feedback to 600 HF and 2500 HMG covering 277 municipalities in 42 districts, where the Community Health Score Board (CHSB) and Self-Applied Technique for Quality Health (SATH) were introduced in years one and two. Suahahara will now implement the CHSB approach in 200 additional health facilities in Core+
areas, in collaboration with HFOMC, health service providers and community representatives (e.g. FCHVs, HMG members, and local leaders) to improve the quality of health and nutrition services at the health facilities. The CHSB tool will primarily be used to assess, plan and review health and nutrition service quality and accountability. *Suaahara* will also now reach 100 new FCHV-led HMGs with the SATH and will encourage local governments and health facilities to replicate SATH in other HMGs and HFs by advocating its importance and effects.

*Suaahara* technical officers will also lead management workshops with municipal health coordinators, health workers, and district-level stakeholders to improve knowledge on health and nutrition. In these workshops, results from *Suaahara* monitoring data and CHSB field-learning will be used to guide local-level action plans for improved implementation of NACS, CB-IMNHI, FP, PHC-ORC management, and so on.

**Adolescents**

*Suaahara* will continue to support the GoN in rolling-out adolescent iron and folic acid (IFA) and deworming in 14 districts out of 42 *Suaahara* districts. *Suaahara* will lead a municipality level review meeting in the presence of health and education coordinators, HF in-charges and teachers to ensure compliance of IFA tablets in 114 municipalities of 14 districts. *Suaahara* will also integrate key messages into the radio program *Chatting with My Best Friend*, which is broadcasting as a weekly radio program in all 42 districts.

Additionally, *Suaahara* will test and implement a school based integrated nutrition package for younger adolescents (10-14 years), in line with the GoN’s adolescent health and development plan. The program will focus on a “my concern, my responsibility” framework aiming to empower adolescents to be change agents in their community and equipping them with the knowledge of their rights and what an optimal environment for healthy growth and development would look like. The adolescent girls and boys will specifically be targeted with information and activities to improve their knowledge and practices on: 1) nutrition and health including sexual and reproductive health; 2) WASH including menstrual hygiene; and 3) gender and other social norms which may influence health and nutritional well-being. In the first half of year three, *Suaahara* will conduct concept testing and pilot testing of school health, nutrition, and WASH materials with teachers, students, and community members. In the second half of year three, *Suaahara* will implement the full integrated adolescent nutrition package in all 100 secondary schools found within *Suaahara*’s 62 Core+ wards in 4 districts, as a pilot. Selected teachers and students of grade 6-8 from these schools will be trained as resource teachers and students based on the guidelines of *Suaahara*’s integrated adolescent strategy. After the training, the resource teachers and students will run adolescent health and nutrition corners in the selected schools. These corners will be equipped with weighing scales, reading materials, WASH tool kits, etc. In these areas,

*Suaahara II* will also implement the WASH in School package, which will assess the availability of essential WASH facilities in schools and advocate to school authorities to upgrade the WASH facilities in their school. *Suaahara II* has followed "Working Document on WASH in School, 2017" developed by Ministry of Education for Essential WASH facilities in schools. They are as follows:

- Provision of sufficient and separate toilets for girls and boys at school
- Provision of cleaning facilities to ensure regular sanitation
- Toilets with doors and windows that can bolted from inside and shut and opened
- Toilets have convenient hand-washing facilities that are near by
- Provision of separate toilets with running water for urination and defecation
- Sanitary Pad disposal facilities are installed in girls’ toilet.
- Materials such as sanitary pads make available in school
- Solid waste is collected from classrooms, kitchens and offices daily and is disposed of safely.
In addition, WASH behaviors including water treatment, hand washing with soap and water and menstrual hygiene will be promoted among the students. Finally, school-based radio listening of *Chatting with My Best Friend* and discussions on the topics will be encouraged.

*Suaahara* will monitor and document lessons learned and good practices on roll-out of weekly IFA and semi-annual deworming, as well as concept testing and roll-out of full integrated nutrition package. This documentation will be shared among Suaahara staff and stakeholders in Nepal to guide further roll-out in years 4 and 5 but will also be shared globally to inform adolescent programming in other low and middle-income settings.

**Outcome 2.3: Improved Healthy Timing and Spacing of Pregnancy (HTSP) through Promotion and More Accessible Family Planning Services**

*Suaahara* will continue to improve FP knowledge, particularly healthy timing and spacing of pregnancies (HTSP) among 1000-days household members through diverse *Suaahara* platforms including home visits, community events, and BA. The program will also coordinate with National Health Education Information and Communication Center (NHEICC) to implement a FP and reproductive health Interactive Voice Response (IVR) system and promoting its use among 1000-days households. *Suaahara* will also disseminate FP-related SBC materials developed by (NHEICC) to service providers, newly married couples and young family cohorts. The program will continue to strengthen collaboration with USAID-funded FP partners (e.g. SIFPO-2, SSBH) to establish strong linkages, with a focus on those couples with unmet FP needs.

In year three, technical officers will focus on providing supportive supervision and on-site monitoring, coaching and mentoring of health workers to improve their capacity to deliver high-quality MCHN/FP services and their ability to accurate record and report. Furthermore, regular linkages and consultation with Family Health Division (FHD) and NHTC will continue in year three. *Suaahara* will provide training on Long Acting Reversible Contraceptive (LARC) to select FP service providers and will also coordinate with USAID-funded Strengthening System for Better Health (SSBH) to support their LARC training for other FP service providers.

*Suaahara* will also share supply-side stock-out data, from the *Suaahara* monitoring system, on a quarterly basis with GoN and USAID stakeholders and support the implementation of electronic Logistics Management Information Systems (eLMIS) in the Logistic Management Division (LMD), DoHS designated districts that are overlapping with *Suaahara*.

**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**

In year three, *Suaahara* will support existing HFP households and VMFs through frontline workers’ follow up visits and onsite coaching. During home visits, CNFs will provide counseling support to 1000-day families on how to increase their household food production and on ideal household agricultural practices, as needed. CNFs will connect new 1000-day mothers with VMFs and HFPB groups where possible. FCHVs will continue to play a critical role in connecting 1000-day mothers for agriculture to nutrition linkages, given their key role in HFPB groups, and they will support VMFs to deliver key behavior change related messages prioritized by *Suaahara* for improved nutrition outcomes during HMG meetings and community events such as food demonstrations, key life events and important day celebrations.
Suahara will continue to support HFP groups to register with DADO and DLSO which will enable them to obtain government resources for sustained HFP and enhanced livelihood opportunities. Technical officers and frontline workers will identify VMF opportunities and constraints to support the VMFs to serve as the community-based agricultural change agents for HFP interventions at the household level. Based on needs identified in VMF monitoring datasets.

Suahara will continue to promote VMF network at the municipal level and encourage these networks to lobby for food-based nutrition agenda and programs with local governments. The networks will help communities to leverage resources to scale up and sustain the HFP model. FS and CNFs will strengthen existing VMF network through the network follow up visits and on-site coaching to network members regarding institutional development as the agri-info center. Suahara will increase coordination efforts at municipality level agriculture and livestock technical units to increase local level resources (block grants) to provide mini-hatcheries, Newcastle Disease (ND) vaccines and gender friendly agriculture tools (e.g. mini power tiller, thresher, grinder) contributing to increased production for VMFs and HFPB groups.

Furthermore, the ND vaccination campaign will be continued in 31 Suahara districts. The Directorate of Animal Health have allocated budget for ND in 45 districts of Nepal with Suahara II overlapping in 32 districts to implement the national ND vaccination program. DLS supplies the vaccine in coordination with central biological production lab and municipalities will be responsible for implementation of the vaccination program against New Castle disease. Municipal level stakeholders and frontline workers will be sensitized on the importance of ND vaccination and high-risk areas will be identified through coordination with the municipality. Community vaccinators will be selected among community animal health workers, VMFs, cooperatives and community networks 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, radio and visual promotional.

**Outcome 3.2: Increased Income from Homestead Food Production**

Suahara will prioritize profit potential VMFs and HFPB group members to enhance their business-skill capacity through intensive post training follow up visits. FS and CNF will use the ‘garden to market’ toolkit to strengthen VMFs and HFPB group members entrepreneurship skills. The focus will be on improving skills related to understanding and analyzing the small-scale producers’ operating environment for product-specific local value chains. Suahara will provide training on group management, saving credit, business plan and agricultural marketing, as needed.

Suahara will facilitate interactions among producers, buyers, traders and consumers in Core+ areas of 42 districts to identify potential value chain actors and market places to improve the enabling environment for backward and forward linkages. Contract farming, collective marketing and haat bazaar approach will be piloted to benefit small surplus producers in collaboration with the private sector and GoN stakeholders where possible. In overlapping areas, Suahara will collaborate with KISAN II to link VMFs with private sector entities for market and value chain opportunities that will improve production, post-harvest storage and processing components. HFP beneficiaries will be linked to KISAN II collection centers where they can market their surplus produce. Furthermore, Suahara will coordinate with KISAN II to enhance VMF business skills for advanced business literacy opportunities. We will finalize a strategy after KISAN II completes their selection process and finalizes their working partners and intervention sites. In more remote districts where market systems are under-developed or nonexistent, Suahara will work with the local municipalities to strengthen demand for HFP commodities and build market opportunities, through strengthening market infrastructure including market information. Suahara will support those VMFs and local resource persons who have initiated poultry brooding centers (one of sub sectors of commercial farming) to generate income through regular follow up visits enhancing their entrepreneurship skills; and linkages with GoN mini hatchery and other support programs.
Suahara will coordinate with the World Bank’s Agriculture Food Security Project (AFSP) II in four overlapping districts (Dhading, Gorkha, Sindhupalchowk and Dolakha) to support VMFs and potential HFP group members to finance their business plans through AFSP II’s matching grant scheme. This scheme will focus on funding those business plans that have significant potential for marketing and income generation and will also contribute to building resilience ensuring food security and nutrition for smallholder farmers and their households.

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

In year three, Suahara’s will integrate a resilience lens into its ongoing and planned activities where possible through its multiple platforms such as HMG meetings, HFPB group meetings, VMF network, and BA radio program to sensitize households and communities about potential disaster and climate change risk and simple doable preparedness measures to minimize nutrition shocks and vulnerability. Many Suahara activities, such as the registration of HFPB groups and stimulating VMF business are agricultural based Suahara activities that indirectly promote resilience to shocks. Suahara also responds to shocks as they emerge, with health, nutrition, food security, and governance activities, as was done after the floods during year 1. Furthermore, FS and CNF will be trained on how to embrace a social vulnerability lens that is essential to understand why certain individuals, households or communities experience differences in impacts even when they are in the same geographic region or in same economic quintile.

The majority of the population in Core+ areas are poor and face challenges with food and water insecurity and their dependence on agricultural production, and any shocks, impact their livelihood. Given the high risks imposed by natural disaster and climate change, small producer capacity to respond to disaster shocks are limited. Climate change adaptation and disaster risk reduction (DRR) strategies are needed to address household and community level vulnerabilities and shocks causing malnutrition and food insecurity. Following the 2015 earthquake, all wards and municipalities were required to create structures, emergency funds and a resilience plan. In year three, Suahara will provide technical assistance to review the existing Local Disaster Risk Management Plan (LDRMP) and/or Local Adaptation Plan of Action (LAPA) and/or an integrated plan Local Disaster and Climate Resilience Plan (LDCRP) in coordination with other stakeholders to integrate health and nutrition in the plans in selected Core+ areas. This will help to develop an enabling environment for communities and households to overcome the risks associated with food insecurity and nutrition.

Furthermore, in year three, during VMF network meeting, participants will identify potential hazards and climate change risks and discuss measures that can be adopted to minimize the risk. Based on potential risk, frontline workers will promote ideas related to climate smart agricultural practices (for example tunnel agriculture, post-harvest management, diversify garden vegetable with drought tolerant-kyangkong, OFSP, cow pea, water harvesting technology, raised bed nursery) through "garden to plate" education materials, vegetable flip chart along with Nutritional Resilience Pathway booklet. During VMF network meetings, FS and CNFs will facilitate vulnerable HHs in identifying their greatest needs/risks. Additionally, Suahara will identify member of the HFPB groups within the Core+ wards who are most vulnerable. For this, criteria will be used including their potential exposure to shocks and their adaptive capacity. Based on the need assessment, Suahara will provide some with small grants worth $500-$1000, in coordination with local government, to enable them to bridge gaps and become more resilient. Suahara will also advocate with local governments to contribute to this grant for wider impact.
INTERMEDIATE RESULT 4. ACCELERATED ROLLOUT OF MULTISECTOR NUTRITION PLAN THROUGH STRENGTHENED LOCAL GOVERNANCE

Outcome 4.1 Decentralized Multisector Nutrition Plan II (MSNP II) Implementation Defined and Strengthened

In year three, Suahara will support the decentralization process required for MSNP II roll-out and will also promote GoN accountability and ownership and will incorporate its integrated nutrition related activities in the GoN's annual workplan. All major community level activities will be reflected in the municipal workplans at the local level. Suahara II will continue to provide technical and management support to municipalities for planning and implementing integrated nutrition related activities for improving the nutritional status of 1000-day women and children as per budgets leveraged and committed. Suahara II will encourage community based frontline workers and major service delivery platforms to advocate for access and control over local funds for integrated nutrition-related activities. Suahara's governance and MER team will create a system for documenting municipal-level allocation and utilization of resources to improve accountability, in coordination with other stakeholders. Suahara will create such a system in all its 389 municipalities. Suahara II will regularly share our monitoring data with local government and provide technical assistance to municipal level sectoral coordinators (health/WASH/livestock coordinators) to develop data driven joint plans of action and joint monitoring frameworks.

Suahara's governance team will continue to work together with National Planning Commission (NPC) and Ministry of Federal Affair and General Administration (MoFAGA) to conduct MSNP II training to nutrition and Food Security Steering Committee (NFSSC) at the provincial and local level. The program will support and facilitate the formation of nutrition and food security leadership (i.e. committees) at province, municipality and ward levels. Furthermore, Suahara II is developing provincial level multi-sectoral nutrition profiles sharing findings from Suahara monitoring data systems with government stakeholders and other EDPs to support evidence-based programming among all relevant actors. Last year, Suahara facilitated the formation of municipal level NFSSC in 308 municipalities. The main objective is to promote shared ownership among MSNP stakeholders; create accountability for integrated nutrition activities, support the development of municipal level annual work plans, co-convene consultative and planning meetings and share best practices. In year three, the Suahara team will facilitate MSNP training of trainers’ formation of municipal level NFSSC for institutionalizing the MSNP at local level in the remaining 81 municipalities of 15 districts. To support and strengthen the MSNP-II roll-out, Suahara will provide technical assistance to the Ministry of Social Development (a newly added Ministry) at the provincial level. Suahara will facilitate MSNP-II ToT for the formation of Province and NFSSC in 3 and 4 provinces and will participate in other remaining provinces (1,2,6 & 7).

Since all municipalities are in the process of establishing an information management system reflecting local needs. Suahara will work closely with the municipalities for integration of integrated nutrition related indicators in this system. Similarly, Suahara will encourage the incorporation of integrated nutrition related indicators in municipal periodic and annual plans. Suahara frontline workers will continue to advocate with the municipality/Ward level NFSSC to conduct quarterly meetings and provide technical support for MSNP and integrated nutrition including sharing data, as needed, for planning and review in all 389 municipalities.

In year three, the governance team will facilitate to district team and frontline workers to enhance the capacity and concept of GoN’s local level planning process through onsite coaching. Suahara will participate in all seven steps of the GoN’s local level planning processes in Core+ wards of all 42 districts and encourage community level groups, organizations (such as civil society organizations, women and mother's groups, farmers
groups, VMFs, child clubs, local NGOs, cooperatives, private organizations) and elected representatives to identify nutrition related issues, needs and priorities in their settlement, wards and municipalities. The CNFs and FS, as well as other Suaahara field-based staff will support the entire planning process. Suaahara will orient both the municipal and ward level NFSCCs on ways to utilize available data for decision making and planning. During the planning process Suaahara will advocate for local level prioritization of nutrition-specific and nutrition-sensitive interventions (e.g. agriculture, health WASH, GESI), using a menu of interventions shared with municipal leaders.

Outcome 4.3 Improved Coordination between Sectors and between GON and MSNP II Stakeholders

To maintain close coordination and joint review, semi-annual planning meetings will be conducted with the GoN and external development partners. Suaahara will continue to work jointly to organize reviews and prepare regular updates during the committee meetings and sectoral reviews, as well as sharing best practices regularly with partners and stakeholders at all levels. The governance team and MER team will develop provincial level (1,3,4,5,6 and 7 provinces) integrated nutrition profiles and organize workshops to share findings with provincial leaders for evidence-based programming and allocation of resources on a semi-annual basis. Similarly, the thematic teams will provide technical support (e.g. nutrition, WASH, FP/RH review) to federal and provincial-level ministries and departments. In year three, the thematic teams will fulfill federal level requests in terms of technical support for the development of guidelines (integrated nutrition related, MSNP), strategy, and procedures, as per needs identified at the federal level.

Suaahara will facilitate using GoN developed social accountability tool such as social audit and public audit to ensure appropriate utilization of the resources/grants allocated by municipalities and the achievement of expected outcomes. The program will continue to collaborate with UNICEF and MoFAGA for sharing lessons learned on multi-sectoral nutrition programming in 14 MSNP MoFAGA/UNICEF led districts overlapping Suaahara program districts. To ensure social accountability, Suaahara will facilitate campaigns (e.g. mass media, posters) to raise awareness and encourage participation of diverse community members in the public audit. Similarly, Suaahara will support the pilot public audit in selected MoFALD categorized marginalized areas where field teams participate directly in 20 selected municipalities of 10 districts. Suaahara II will work with MOH, provincial ministries and other stakeholders to build synergy in MSNP programming.

Suaahara will conduct joint visits with officials from NPC and relevant ministries, civil society representatives, and private sector actors to observe the multi-sectoral nutrition programs in selected areas. With these stakeholders, Suaahara will use monitoring checklists for the field visits to maximize on-site learning. The program will support the team to prepare reports on findings and recommendations, which will be shared at each level for discussion and collaborative decision-making. Similarly, Suaahara will support the documentation of success stories for MSNP II roll-out, including the mobilization and use of resources for integrated nutrition at the local level. Suaahara will support the development of a system to document best practices in multi-sectoral nutrition programming, focusing on moving knowledge into practice, addressing quality and technical gaps, and overcoming challenges through innovation. Best practices will be shared for learning lessons across intervention sites on annual basis and encourage Suaahara field teams to actively participate in building evidence-base approaches.

SUSTAINABILITY

At the outset of Suaahara II, a key agreement among the GoN Department of Health Services, USAID and Suaahara II was that some portion of the project’s nutrition-related interventions delivered through the health system. With the 2017 government restructuring and further
consideration, the sustainability strategy will now focus on rural municipalities given the
devolution of power and authority to the local level. Suaahara II will continue to provide
supportive supervision, regular monitoring and mentoring of health facilities and staff, Health
Facility Operation and Management Committees (HFOMCs), and Female Community Health
Volunteers (FCHVs) to help maintain high standards in health and nutrition services and
ensure a smooth transition of responsibilities from Suaahara II to local government.
Furthermore, following factors have been identified as factors to guide the Suaahara II's
sustainability efforts:

- Strengthening local governance is a key strategy to support scaling up
improvements in nutrition. Since local government bodies have substantial powers
for planning and programming as well as access to resources. Suaahara II's
systematic engagement at national, provincial, municipal, and ward level are
intended to build awareness, skills, and motivation to prioritize integrated nutrition
issues and allocate local resources
- Capacity building is knowledge and skills creation of service provider level and
household level is sustainable
- Suaahara frontline workers such as CNFs, Peer Facilitators are mothers from the
community – if they feel empowered and involved in changing their communities
this can have ripple effects
- Strengthening community level platforms is key to sustaining service delivery at
community level such as local suppliers for affordable WASH products, Village
model farms and Local breeders for animal source foods, mothers group
strengthening using SATH approach to increase utilization of the available health
and nutrition services etc.

Data efforts in Suaahara II are focused on “what works” “how” and “why” and concentrated
effort is invested into presenting this at local, national and global level so that an evidence
based is built around which activities can cause change and it helps to ensure sustainability of
Suaahara activities

SOCIAL AND BEHAVIOR CHANGE

Suaahara’s Social and Behavior Change (SBC) component will continue to focus mostly on:
interpersonal communication (IPC), community events and mass media and technology. The
IPC is mainly intensive household visits conducted by CNFs and FS, whereas community
events include food demonstrations, key life events, revitalization of HMGs, and more. The
mass media efforts are primarily the weekly airing of BA with a weekly call in component and
public service announcements, whereas in year three the SMS campaign of sending a package
of text messages to each 1000-day HH with a mobile phone to promote and trigger key health
and nutrition-related behaviors appropriate to the stage of pregnancy or age of the child.

In year three, a major change will be a shift from central to localized production of BA, which
will now be produced by partner FM stations in fourteen clusters of three to four districts each.
The drama will be produced centrally, and the packaging will be done by the local partner FM
stations. Broadcasting will continue to be done by other stations in the surrounding areas. The
call-in component will be combined so that it is turned into a live call-in show. Localizing at the
cluster level and integrating BA and Hello BA will ensure local ownership and involvement and
also allow Suaahara to adequately promote the program and rebroadcast during the prime
time. Additionally, the public service announcements (PSAs) will be broadcast through partner
FM stations throughout the year.

To address the changing demographic shift - from rural to urban and increased access to
information and smart phones, a social media strategy will be developed and piloted in year
three to complement the household, community, and mass media approaches.
GENDER AND SOCIAL INCLUSION (GESI)

Suahara’s approach to programming is GESI sensitive. Not only are activities targeted based on how disadvantaged a community is, as per GoN classifications, but Suahara even selects some frontline workers, such as VMFs and CNFs, giving priority to women from disadvantaged backgrounds. Furthermore, Suahara integrates GESI into all of its field activities, where possible and even the SBC approach (IPC, BA, and the SMS campaign) focuses on all family members rather than just women and children. FS and CNF encourage fathers, grandparents, and other family members to participate in Suahara community led platforms - key life events, food demonstrations, HMG, and HFPB group meeting – rather than just mothers. Furthermore, GESI sessions will be conducted during FCHV review meetings, VMF networking meeting, WASH/AG/health workshops, and local governance orientations for health and nutrition. The GESI toolkit will be used and the time diary will be one of the major tools to sensitize community members on workload issues of women, which has been identified as one of the major barriers to health and nutrition of women and children.

Additionally, some activities are designed and implemented specifically to address GESI-related barriers to improvements in health and nutrition. In year three, Suahara will focus on action-oriented post training follow-up mechanisms to further improve the knowledge and skills of FS and CNF, community leaders and champions so they can reflect and act on GESI issues. The FS and CNF will be the change makers at the community level through regular community and household level interactions using different GESI program tools and IEC materials. Another priority in year three will be organization-level awareness and attention to GESI for all PNGOs. The districts that were trained in year two will primarily receive follow-up; self-assessment and reflective activities will be used. The districts that weren’t trained in year two will first receive training to develop the skill set necessary for integration of GESI. A semiannual review and reflection program will be organized at the PNGO which will be facilitated by Suahara technical officers and PNGO focal persons.

Male GESI champions will be trained, in the remaining 20 districts not trained yet, and they will be mobilized in Core+ areas of all 42 Suahara districts to create a supportive household environment for women’s engagement in decision making and on how to address structural barriers around health and nutrition of women and children. Post-training, follow-up mechanisms will be created for male GESI champions to reflect and share their experiences on being GESI champions. Suahara technical officers will hold one-time review meeting with the GESI champions and document their experiences, both positive and obstacles for change. Suahara will use its male GESI champions to further GESI-related campaign such as 16 days activism against violence against women and the International Women’s Day to share their experience.

As a follow-up activity, VMF couples who participated in GESI training (referred to as VMF GESI champions) in year two will invite other HFPB to join HFPB group meetings as a couple and lead discussions on intra-household dynamics and negotiating power related to agriculture, health and nutrition. Suahara FS and CNF, with support from technical officers, will facilitate this process. A review and reflection meeting with the VMF GESI champions will be organized one time to document their experiences and any positive or negative changes.

PUBLIC PRIVATE PARTNERSHIP

In years one and two innovative approaches to involve the private sector were explored and in year three, these partnerships will expand so that the private sector can be leveraged to achieve and sustain improvements in nutrition, health and WASH behaviors and food security. Suahara is seeking opportunities where project activities coincide with the strategic interests of the private sector and primarily pursues these PPPs in WASH, agriculture, and communications.
First, WASH PPPs will include the establishment of WASH Marts in partnership with local level retailers so that WASH materials are available at the local level for an affordable cost. A social marketing approach will also be piloted to improve access of affordable WASH products (e.g. soaps, filters, chlorine solution, sanitary napkins) in remote areas. Coordination with private sector actors will be carried out along with strengthening their capacity on marketing of WASH products and explore their potential to scale up availability of WASH products and services. For example, while sanitary napkins are available in the market not all are affordable and suitable for different communities, settlements and geography. Hence, the local sanitary materials producers will be explored and supported to expand the market of such products in rural areas. Suaahara II is promoting re-useable home-made sanitary pad and will continue to provide training to local tailors to make re-useable pads. Suaahara II will also build the knowledge of the local trainers on the importance of menstrual hygiene management, benefits of homemade sanitary pad, safe handling and also tips/options for safe disposal of used pads.

Second, to sustain the VMFs in the community, Suaahara will work with the local cooperatives to enhance VMF’s capacity on business literacy and link them to financial services. This model will be piloted in Kailali district in partnership with Kishan Multipurpose Cooperative. Another potential agriculture PPP is that Suaahara will work with R&D Innovative Solutions to support VMFs to sell their surplus vegetables and other cash crops. R&D will work with the VMFs to provide production inputs and market management. R&D will also be linked with local government for possible partnerships on agri production and marketing. Another agriculture-related PPP will be for the egg promotion campaign in all 42 districts in partnership with the Department of Livestock Development and Nepal Poultry Federation. A creative campaign concept will be developed on the benefits of egg consumption and will target the expansion of production and markets for eggs and meat in communities.

Third, Suaahara will work with communications companies to try to use calls and text to bridge gaps between frontline workers and households. For example, Smart Telecom (a growing mobile phone network) is interested in a partnership which would include providing free SIM cards with a talk time package worth NPR 100 for VMFs and HFPBs, as well as a closed user group package for the VMFs and HFPBs to talk endlessly. The win for Suaahara is the ability for VMFs and their HFPB members to be in closer contact re: agri-inputs and technical agricultural issues, whereas the win for the communications company is that they’d like to expand awareness of their brand in rural areas. The partnership will be piloted in a few groups in Nuwakot, Rupandehi and Palpa. A similar model will also be piloted among FCHVs and 1000-day mothers to encourage real time counselling and increase sharing and learning.

**EMERGENCY PREPAREDNESS AND RESPONSE PLAN (EPRP)**

Suaahara has overseen the development and implementation of an EPRP and developed a system across intervention areas, focusing on disaster prone districts. EPRP was developed based on the essential elements from the Mission Order requirements and U.S. Nepal’s Emergency Preparedness Guide. It includes emergency preparedness and response training to all Suaahara partners with regular drills, preparing display information available in charts and DPR handbooks and relevant IEC materials regarding disaster and emergency. Suaahara will maintain internal processes to ensure EPR, safety and security plan is active, including regular drills on fires and earthquakes.

A Risk and Rapid Response team was also formed with focal persons from each consortium partner and thematic area. A standardized procedures handbook, based on USAID, GoN and HKI policies, was created. Suaahara staff and partners were trained in year two, in keeping with developments related to standards and innovations in the areas of DPR, especially
nutrition security. In all 42 districts, district-specific Disaster Preparedness and Response (DPR) manuals and plans have been started and will be continued and updated in year three.

*Suaahara II* will continue to coordinate with USAID, GoN, UNICEF and other principle actors in the disaster preparedness and response sector to develop plans, procedures, activities and technical aspects of the EPRP.

**MONITORING, EVALUATION AND RESEARCH FOR LEARNING**

In year three, *Suaahara* will continue to update the MER plan incorporating lessons learned, progress made in year two, and feedback from USAID. Besides regular monitoring activities, our focus in year three will be on quality assurance, mid-team assessment and regular dissemination of MER-findings at central, province and district levels to inform programming.

**Monitoring**

In year three, most of the monitoring system will remain the same. The *Suaahara* MER team will facilitate refresher trainings to field staff, with particular attention on revised MER tools and any updates in CommCare, DHIS2 and ODK/ONA platform. Data quality assessments (DQA) will continue in year three. The MER team will conduct 10 DQAs of district and PNGO offices and technical officers will conduct DQA of PNGO offices in all 42 districts in semi-annual basis.

FS and CNF will continue the Community Mapping Census (CMC) will continue so that additional 1000-day households are registered, and previously registered households updated, using the CommCare application on their smartphones. Similarly, the district-representative monthly monitoring system, which includes the collection of household, FCHV, and VMF data by FS and health worker data by MNCH/GESI officers will continue. All checklist data will continue to be analyzed at the central level quarterly and shared so that these district-specific monitoring results support program team meetings to make tweaks to implementation plans based on which indicators are and are not improving.

In years 1 and 2, *Suaahara* heavily invested in designing and implementing DHIS2 dashboards, some to enter and highlight implementation of activities and others to show input, output, and outcome level results from the monitoring checklist data. These aggregate and district wise monitoring dashboards, which show changes over time in indicators using graphs and figures, are now up and running and in year three further workshops and regular follow-up activities will be done to ensure regular use and to improve the dashboards as needed.

In the first half of year 3, the second annual monitoring survey will be completed in the same season (rainy) and same districts as was done in the first half of year 2. Data will be analyzed to examine any progress between the first and second annual surveys in household level health and nutrition indicators. At the end of year 3, *Suaahara* will engage a local survey firm to initiate the third annual monitoring survey.

In year 3, *Suaahara* MER team will finalize database for tracking Village Model Farmers, FCHVs, Field Supervisors, Community Nutrition Facilitator to promote quality assurance and effective management of frontline workers by district team. For example, the purpose of VMF database is to store information on all the VMFs regarding their contact details, program performance etc. Based on this information, district team can easily identify high and low performing VMFs and can prioritize VMFs that require supportive supervision.

**Evaluation**

In the first quarter of year three, a qualitative mid-term evaluation will be conducted to evaluate the program in terms of relevance, effectiveness, efficiency, sustainability, and progress.
towards meeting program objectives. An external primary investigator is leading this Program Constraints Assessment and a local survey firm collecting the data in three districts (Bhojpur, Rupandehi and Bajhang) representing various geographic areas. This evaluation received ethical approval from the Nepal Health Research Council (NHRC) and its focus on compiling information about constraints, potential ways to overcome them, and respondents’ most significant change since the start of Suaahara will greatly inform the program as it moves into year three.

Research
To complement the annual survey and regular monitoring results, in the first quarter of year three, a qualitative formative research study will be conducted to further inform the development of new and revised interventions. This includes collection of qualitative information on knowledge, attitudes, practices, barriers and motivating factors towards health and nutrition interventions. The barrier analysis will help identify the determinants that affect uptake of promoted health and nutrition interventions and practices, with a particular focus on: BA listenership, HMG participation, attendance at growth monitoring and promotion (GMP), egg consumption by women and children, and appropriate household water treatment. Three districts (Bhojpur, Rupandehi and Bajhang), representing various geographic areas, were selected for the research.

Implementation research, specifically Randomize Control Trials (RCT), to test the effectiveness of using SMS to trigger optimal behaviors are being designed to inform Suaahara and future programs. Primary research questions include whether SMS campaigns should be household focused or targeted at health workers/FCHV or both and separately if 1000-day households are targeting with SMS campaigns for health and nutrition behavior change, which household member should be the focus of the campaign. In the first half of year three, these studies will be designed, and registered, with a baseline planned for the second half of year three in Syangja (health worker SMS RCT) and Kanchanpur (household SMS RCT).

Dissemination
In the first quarter of year three, stakeholder meetings at the district-level will continue to share and disseminate results of CMC data and regular monitoring findings from years 1 and 2. The data sharing will create better understanding of health and nutrition behavior and will be used to improve program interventions. Similarly, the Suaahara MER team will continue to disseminate MER findings, with particular attention in year three to sharing findings and implications of the midterm assessment and formative research results. Suaahara MER will facilitate data use workshops with staff and stakeholders, including GoN and external development partners at federal and province level in six provinces.
ATTACHMENT A: PERSONNEL

Program Management

- HQ
  - APRD
    - Country director (Dale Davis) [Chief of Party (Christopher Landry)]
      - Program Support Coordinator (Reena Rai)
      - DCGP Finance & Operation (Bholan Ram Shrestha)
      - DCGP Program (Pooja Pandey Rana)
      - Outreach Communication Manager (Sharda Gir)
      - STA - Nutrition/M&E (Kendra Cunningham)
    - SR - M&E and Research Manager (Satya Narayan)
    - SR - Data Manager (Arun Gupta)
    - Research Manager (Ramesh Adhikari)
    - Data Analysis Manager (TBD)
    - GESI Advisor (Care Nepal) (Bhagwati Gajri)
    - Governance Manager (Birendra Chand)
    - FFP Manager (Deepak Shukla)
    - Governance Coordinator (TBD)
    - SM, Health Service (CARE Nepal) (Mishko Upreti)
    - SM, Multi Sector Governance (Bishow R. Nepal)
    - SM, Agriculture Manager (Ram Nepal)
    - SM, Agriculture & Food Security (Rupesh Joshi)
    - SM, Integrated Nutrition (Bhumik Chaudhary)
    - Nutrition Manager (Sunita Sanyal)
    - FP Specialist (FMN 360) (Bhupendra Thapa)
    - IMNCI Specialist (FMN 360) (Nadaraj Singh)
    - IMNCI Specialist (CARE Nepal) (Narendra Ambedkar)
    - M&E Coordinator (CARE Nepal) (Nabin Shyam)
    - M&E Coordinator (FHI 360) (Anjana Chowdhury)
    - Resilience Specialist (CARE Nepal) (Anil Pradhan)
    - Resilience Specialist (CARE Nepal) (Shyam Seth)
    - Resilience Cluster Officer (CARE Nepal) (Ati Mandel)
    - FP Specialist/Coordination (FMN 360) (Ajay Acharya)
    - SBCC Specialist (Equal Access) (Kirti Shrestha)
    - HFP Marketing Specialist (VORC) (Bhupendra Thapa)
    - HFP Marketing Program Officer (VORC) (Neelam Yogi)
    - Wash Manager (BNPHD) (Kishor Shrestha)
    - Community Nutrition Specialist (NTAC) (Kishore Prasad Lamjall)
    - NACS Advisor (FMN 360) (Tanush Thapa)
    - M&E (CARE Nepal) (Ramesh Pandey)
* Please, see next page for provincial & sub-office organogram.
ATTACHMENT B: WORKPLAN SCHEDULE

(see attached)
### Helen Keller International
**SUAAHARA**
Year 3 Annual Work Plan Summary Budget  
July 16, 2018 to July 15, 2019

<table>
<thead>
<tr>
<th>Line Item</th>
<th>July 16, 2018 to July 15, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Salary and Wages</td>
<td>$2,325,610</td>
</tr>
<tr>
<td>b. Fringe Benefits</td>
<td>$1,029,974</td>
</tr>
<tr>
<td>c. Travel, Transportation and Per-diem</td>
<td>$162,727</td>
</tr>
<tr>
<td>d. Total Equipment (Capital)</td>
<td>$ -</td>
</tr>
<tr>
<td>GMP, NACS and IMAM equipment</td>
<td>$ -</td>
</tr>
<tr>
<td>Other equipment</td>
<td>$ -</td>
</tr>
<tr>
<td>e. Supplies (General Equipment)</td>
<td>$65,000</td>
</tr>
<tr>
<td>f. Contractual/ Subaward</td>
<td>$12,463,104</td>
</tr>
<tr>
<td>g. Rapid Response Fund</td>
<td>$ -</td>
</tr>
<tr>
<td>h. Other Direct Costs</td>
<td>$1,336,258</td>
</tr>
<tr>
<td>i. Total Estimated Costs</td>
<td>$17,382,672</td>
</tr>
<tr>
<td>j. Indirect Costs</td>
<td>$1,253,153</td>
</tr>
<tr>
<td>k. TOTAL ESTIMATED COST</td>
<td>$18,635,825</td>
</tr>
<tr>
<td>l. COST SHARE</td>
<td>$1,863,583</td>
</tr>
<tr>
<td>m. TOTAL ESTIMATED COST</td>
<td>$20,499,408</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IR</th>
<th>Budget Target Allocation (5 Year)</th>
<th>Budget Allocation (Year 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>2</td>
<td>35%</td>
<td>35%</td>
</tr>
<tr>
<td>3</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>4</td>
<td>20%</td>
<td>20%</td>
</tr>
</tbody>
</table>
## ATTACHMENT D: INTERNATIONAL TRAVEL

<table>
<thead>
<tr>
<th>No</th>
<th>Position</th>
<th>Travel detail (RT)</th>
<th>Purpose</th>
<th>Travel Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>HKI staff</td>
<td>Nepal-USA-Nepal</td>
<td>• Staff training and project dissemination, technical exchanges (Global Health Conference, American Society for Nutrition, MAINN)</td>
<td>3 trips 2019</td>
</tr>
<tr>
<td>2</td>
<td>HKI staff</td>
<td>Nepal – BKK - Nepal</td>
<td>• Financial management workshop/USAID rules and regulations</td>
<td>2 trips 2019</td>
</tr>
<tr>
<td>3</td>
<td>SM Grants and Compliance</td>
<td>USA-Nepal-USA</td>
<td>• Subaward compliance review</td>
<td>1 trip 2018</td>
</tr>
<tr>
<td>4</td>
<td>Program Finance Officer</td>
<td>USA-Nepal-USA</td>
<td>• Review of financial statement of consortium partners</td>
<td>1 trip 2019</td>
</tr>
<tr>
<td>5</td>
<td>Internal Audit &amp; Compliance Officer</td>
<td>USA-Nepal-USA</td>
<td>• Central and district internal compliance review</td>
<td>2 trips 2018/2019</td>
</tr>
<tr>
<td>6</td>
<td>Regional Monitoring &amp; Evaluation Advisor, Regional Nutrition Advisor</td>
<td>Phnom Penh-Nepal-Phnom Penh</td>
<td>• Participate in data use workshops (annual survey, midterm assessment, formative research)</td>
<td>2 trips 2018/2019</td>
</tr>
<tr>
<td>7</td>
<td>Suaahara staff to regional conferences/trainings</td>
<td>Nepal - Asia Region - Nepal</td>
<td>• Technical conferences/trainings</td>
<td>4 trips 2018/2019</td>
</tr>
<tr>
<td>8</td>
<td>Senior Technical Advisor to International conference</td>
<td>Nepal – International – Nepal</td>
<td>• Technical conference, e.g. American Society for Nutrition, Experimental Biology, Micronutrient Forum (abstracts to be submitted with USAID consensus)</td>
<td>1 trip 2018/2019</td>
</tr>
<tr>
<td>9</td>
<td>COP and Family</td>
<td>Nepal – USA - Nepal (or other destination at same price or lower)</td>
<td>• Home Leave</td>
<td>5 trips 2018</td>
</tr>
<tr>
<td>10</td>
<td>FHI 360</td>
<td>Nepal-USA-Nepal</td>
<td>• Strategies for NACS implementation and scaling up</td>
<td>1 trip 2018</td>
</tr>
<tr>
<td>11</td>
<td>FHI 360</td>
<td>Nepal – BKK - Nepal</td>
<td>• Family planning and Adolescent Sexual &amp; Reproductive Health FP /Family planning and nutrition integration</td>
<td>1 trip 2019</td>
</tr>
<tr>
<td>12</td>
<td>CARE</td>
<td>Nepal – BKK - Nepal</td>
<td>• Workshop on USAID rules and regulations</td>
<td>2 trips 2019</td>
</tr>
<tr>
<td>13</td>
<td>CARE</td>
<td>USA-Nepal-USA</td>
<td>STTA care USA (budgeted in the annual plan)</td>
<td>1 round trip 2019</td>
</tr>
</tbody>
</table>
ATTACHMENT E: EQUIPMENT AND COMMODITIES

In year three 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 Program received USAID approval to purchase over the life of the project.

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Total</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved Poultry Breeds: (New Hampshire or Black Australop)</td>
<td>15K (Kg)</td>
<td>$46,000</td>
<td>Remaining distribution as input for HFP.</td>
</tr>
<tr>
<td>NACS/IMCI Materials: Portable baby/infant length-height measuring system, 2 systems packed/Box</td>
<td>350</td>
<td>$70,000</td>
<td>Distribution as input for NACS, IMNCI</td>
</tr>
<tr>
<td>Mechanical Infant Scale, spring type, with round dial, for use up to 25kg with 100g precision. Two in one (Weight machine)</td>
<td>800</td>
<td>$24,000</td>
<td></td>
</tr>
<tr>
<td>One size fits all weighing trousers, for the use with infant spring type scales</td>
<td>400</td>
<td>$80,000</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>1,600</td>
<td>$3,600</td>
<td></td>
</tr>
<tr>
<td>ARI Timer</td>
<td>10,000</td>
<td>$5,000</td>
<td></td>
</tr>
<tr>
<td>Penguin Suction</td>
<td>700</td>
<td>$6,900</td>
<td></td>
</tr>
<tr>
<td></td>
<td>450</td>
<td>$10,500</td>
<td></td>
</tr>
</tbody>
</table>
DISCLAIMER:
This plan is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The content of this plan is produced by Helen Keller International, Suaahara II Program and does not necessarily reflect the views of USAID or the United States Government.