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SUAAHARA II GOOD NUTRITION PROGRAM FIRST ANNUAL REPORT

APRIL 01, 2016 – JULY 15, 2017

SEPTEMBER 30, 2017

This publication was produced for review by the United States Agency for International Development. It was prepared by Helen Keller International under the terms of cooperative agreement number AID-367-A-16-00006.

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DISCLAIMER:

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The Suaahara II Good Nutrition (*Suaahara II*) Program is supported by the United States Agency for International Development (USAID) under Cooperative Agreement No. AID-367-A-16-00006.

Suaahara II is managed by:

<p>Helen Keller International (HKI)</p>	
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In partnership with:

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

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ACRONYMS

ASC	Agriculture Service Center
AFSP	Agriculture Food Security Project
BCC	Behavior Change Communication
CARE	Cooperative for Assistance and Relief Everywhere, Inc.
CB	Community-based
CCA	Climate Change Adaptation
CHSB	Community Health Scoreboard
CHD	Child Health Division
CMC	Community Mapping Census
COP	Chief of Party
CP	Consortium Partner
DADO	District Agriculture Development Office
DAG	Disadvantaged Group
DCOP	Deputy Chief of Party
DDC	District Development Committee
DEO	District Education Office
D(P)HO	District Public Health Office
DHIS-2	District Health Information System
DLSO	Department of Livestock Services
DNFSSC	District Nutrition Food Security Steering Committee
DoHS	Department of Health Services
DPR	Disaster Preparedness & Response
EAN	Equal Access Nepal
EDP	External development partners
ENPHO	Environmental and Public Health Organization
Eoi	Expression of Interest
EPRP	Emergency and Preparedness and Response Plan
FCHV	Female Community Health Volunteer
FHI360	Family Health International 360
FP	Family Planning
FS	Field Supervisors
FTF	Feed the Future
GESI	Gender Equity and Social Inclusion
GMP	Growth Monitoring and Promotion
GoN	Government of Nepal
H4L	Health for Life Project
HC3	Health Communication Capacity Collaborative Project
HF	Health Facility
HFOMC	Health Facility Operation and Management Committee
HFP	Homestead Food Production
HKI	Helen Keller International
HMG	Health Mothers Group
HMIS	Health Management Information System
IEC	Information, Education and Communication
IFPRI	International Food Policy Research Institute
IMNCI	Integrated Management of Neonatal and Childhood Illness
INP	Integrated Nutrition Plan
IR	Intermediate Result
IYCF	Infant, and Young Child Feeding

KISAN	Knowledge-based Integrated Sustainable Agriculture and Nutrition
LSC	Livestock Service Cluster
MER	Monitoring, Evaluation and Research
MIYCN	Maternal Infant and Young Child Nutrition
MNCH	Maternal Newborn and Child Health
MoAD	Ministry of Agricultural Development
MoE	Ministry of Education
MoFALD	Ministry of Foreign Affairs and Local Development
MoH	Ministry of Health
MoU	Memorandum of Understanding
MSNP	Multisector Nutrition Plan
MToT	Master Trainer of Trainers
NACS	Nutrition Assessment, Counselling and Support
ND	Newcastle Disease
NFSCC	National Food Security Coordination Committee
NHEICC	National Health Education, Information and Communication Center
NPC	National Planning Commission
NRH	Nutrition Rehabilitation Home
NTAG	Nepali Technical Assistance Group
NuTEC	Nutrition Technical Committee
ODF	Open Defection Free
OFSP	Orange Fleshed Sweet Potato
PAHAL	Promoting Agriculture, Health and Alternative Livelihoods
PAL	Pre-award Letter
PHC	Primary Health Care
PNGO	Partner Nongovernment Organization
PPP	Public Private Partnership
RDQA	Routine Data Quality Assessment
RHCC	Reproductive Health Coordination Committee
RHD	Regional Health Directorates
SABAL	Sustainable Action for Resilience and Food Security
SATH	Self-Applied Technique for Quality Health
SBC	Social and Behavior Change
SMT	Senior Management Team
STA	Senior Technical Advisor
SWASTHA	Sustainable Water, Air, Sanitation, and Hygiene for All
SWC	Social Welfare Council
TIP	Trafficking in Persons
USAID	United States Agency for International Development
VDC	Village Development Committee
VDRC	Vijaya Development Resource Center
VMF	Village Model Farmers
WASH	Water Sanitation and Hygiene
WCF	Ward Citizen Forums

EXECUTIVE SUMMARY

The first annual report covers progress and challenges from April 01, 2016 through July 15, 2017, as required by the cooperative agreement. Two reports – a rapid mobilization plan report and a semi-annual report covered progress from April 01, 2016 to Jan 15, 2017. *Suaahara II* activity implementation at the community level began in September 2016, after a pre-award letter (PAL) was issued to all 39 district-level Partner Non-Government Organizations (PNGOs). Administrative processes and orientation on USAID rules and regulations were conducted for district and PNGO staff. *Suaahara II* conducted district consultative meetings in all districts except Syangja.

Based on *Suaahara II*'s Results Framework, activities were implemented with a focus on four intermediate results (IRs): 1) Improved Household Nutrition and Health Behaviors, 2) Increased Use of Quality Nutrition and Health Services by Women and Children, 3) Improved Access to Diverse and Nutrient-Rich Foods by Women and Children, and 4) Accelerated Rollout of the Multisector Nutrition Plan through Strengthened Local Governance. In addition to IR specific activities, many *Suaahara II* activities fall under five cross-cutting themes: Social and Behavior Change Communication (SBC), Gender Equity and Social Inclusion (GESI), Public Private Partnerships (PPP), Innovative Grants Program (IGP), Emergency Preparedness and Response Plans (EPRP), and Monitoring, Evaluation and Research for Learning (MER).

To improve household nutrition and health behaviors (IR1), approximately 35,150 thousand day's women and their family members participated in 1,952 food demonstration sessions led by Female Community Health Volunteers (FCHVs) in regular health mother's group (HMG) meetings in disadvantaged group (DAG) VDCs. *Suaahara II* Field Supervisors (FS) visited 7,595 households in the 1000-day period between conception and a child's second birthday. During these home visits, as well as during the community mapping census which reached 71,719 households in the 1000-day period, FS engaged in dialogues and counselling sessions to promote *Suaahara II*'s prioritized health and nutrition behaviors, as well as inform households about the airing of the *Bhanchhin Aama* radio program. Water, sanitation, and hygiene (WASH) activities play a key role in achieving intermediate result one objectives. In year one, *Suaahara II* also trained 821 PNGO staff and 93 WASH Triggerers across all 39 districts on Total Sanitation. *Suaahara II* reached 1,214 FCHVs and 1,082 youths from 25 districts with general WASH training. Additionally, almost 2,500 members of district/village-WASH Coordination Committees were oriented on WASH, including Total Sanitation. WASH Triggerers, coordinated with Government of Nepal's (GoN) and local stakeholders to organize 21 ODF campaigns, including regular community sensitization and triggering events, household counselling, and technical support for toilet installation. In these 21 non-ODF VDCs, *Suaahara II* supported 4,171 of 11,336 households without toilet facilities, to install toilets.

To increase the use of quality nutrition and health services by women and children (IR2), the existing GoN's Maternal, Infant and Young Child Nutrition (MIYCN) training manuals and materials were updated, in coordination with the Child Health Division (CHD), to include three new components: Nutrition Assessment, Counselling and Support (NACS), Adolescent Nutrition, and Primary Health Care/ Out Reach Clinic (PHC/ORC). In its fourth month of program implementation *Suaahara II* played a crucial role in organizing the National Nutrition Seminar in Pokhara under the leadership of CHD, Ministry of Health. The seminar was organized to review and accelerate nutrition programs and interventions in the country considering past experiences and new scientific evidence. At the seminar, the "POKHARA NUTRITION DECLARATION 2017" was signed to signal political commitment and declare a way forward to address malnutrition in Nepal. *Suaahara II* also collaborated with key partners and stakeholders (e.g. UNICEF, ACF) to streamline nutrition interventions in overlapping program districts such as the

integration of NACS into different intervention modalities - Nutrition Rehabilitation Home (NRH), Integrated Management of Acute Malnutrition (IMAM), and emergency nutrition interventions in earthquake-affected districts was a challenge.

Suaahara II developed and distributed NACS-related job aids for healthcare providers and standard performance and behavior change communication (BCC) materials. *Suaahara II* staff also provided technical support to integrate nutrition into the grade nine and ten Food Science course curricula, in coordination with the CHD, Curriculum Development Center, Department of Food Technology and Quality Control (DFTQC) and other stakeholders. Notably, the program provided technical support to the CHD to draft the Community Based – Integrated Management of Newborn and Child Illness (CB-IMNCI)-related strategies, plans, standards and guidelines/protocols, such as Nepal’s Every Newborn Action Plan Implementation Plan (2016-2021), IMNCI Strategy, Medical Standard for IMNCI services, Facility Based-IMNCI package for health workers and implementation guidelines. The Self-Applied Technique for Quality Health (SATH) approach was implemented in 216 Wards of 39 districts, while the Community Health Score Board (CHSB) approach was introduced in one health facility each of 23 districts, to increase demand for/utilization of HMGs and health and nutrition services.

To improve access to diverse and nutrient-rich foods by women and children (IR3), *Suaahara II* focuses on homestead food production (HFP) activities. To maximize the role of already established village model farmers (VMFs) in diffusion of HFP practices in their communities, *Suaahara II* led three-day orientations and planning meetings, in coordination with District Agriculture Department Office (DADO) and Department of Livestock Services (DLSO) in 37 districts (except Syangja and the two new *Suaahara II* districts). *Suaahara II* coordinated and collaborated with KISAN, PAHAL, and SABAL to develop market and value chain opportunities. HFP basic training was done in 16 Feed the Future (FTF) districts with nearly 35,000 1000 days’ households to motivate them to increase their production and consumption of nutrient rich foods. A five-day business skills and agricultural marketing training was conducted in 21 districts with 267 VMFs deemed ready to enhance their entrepreneurship skills and build their market linkages. Twelve of the 15 *Suaahara II* phase over districts (except for Lamjung, Taplejung and Syangja) have started strengthening their market management committees to link small homestead food producers with *haat* bazaar and collection centers. Furthermore, in many districts, local resources have been leveraged from diverse stakeholders to complement *Suaahara II* interventions. For example, support for mini-hatcheries was given by DLSO to brooders in Sindhupalchowk, Dolakha, and Nuwakot; Newcastle disease (ND) vaccines were provided by DLSO to households who received chicks from *Suaahara II*; gender friendly agriculture tools (e.g. mini power tiller, thresher, grinder) were provided by DADO to VMFs and HFP groups; vegetable seeds, chicks for backyard poultry, and irrigation support were provided by DADO/DLSO to households. Resilience is a critical component of *Suaahara II* IR3 activities. For this, a national workshop was organized to mainstream nutrition in disaster risk reduction (DRR) and climate change adaptation (CCA), followed by two-days of Participatory Vulnerability and Capacity Assessment sessions in 8 districts. Additionally, *Suaahara II* provided Disaster Preparedness and Response (DPR) training to 239 central and district staffs to build capacity of staff on DPR.

IR4 activities support the accelerated rollout of the multisector nutrition plan through strengthened local governance. In this reporting period, many IR4 activities were postponed or replaced, given that during the second half of year one, the GoN’s prior political and administration structure was converted into a federal structure and all VDCs were merged into rural and urban municipalities. *Suaahara II* technical staff participated in the NPC led National Nutrition Coordination Committee meeting where the committee approved the program’s implementation plan for all districts. *Suaahara II* advocated to all intervention districts to allocate resources for Integrated Nutrition Program (HFP, Nutrition, HSP, WASH, Environment, Education and GESI) and in 20 districts this happened to a total amount

of NPR 1,159,892 (approximately \$11,500.00). Among these 20 districts, seven utilized committed resources for totaling NPR 1,199,825 (approximately \$12,000.00). VDC block grants were committed in 254 VDCs and an estimated NPR 199,825.00 (approximately \$2,000.00) utilized in 65 VDCs. Approximately 1,683 VDCs across 39 districts organized a one-day VDC level consultative meetings to share *Suaahara II*'s local implementation plan. Furthermore, *Suaahara II* organized three high level joint monitoring and supportive field visits.

The SBC strategy was finalized: 10 priority behaviors, barriers for their adoption, and approaches to resolve these barriers were identified. The SBC strategy also identified 60 contact points to promote to increase the frequency of interaction between 1000-day mother/child dyads and health and nutrition services, e.g. antenatal care (ANC), postnatal care (PNC), and growth monitoring and promotion (GMP). A five days' residential workshop was organized with participants from 18 districts to design the new episodes of *Bhanchhin Aama* (BA). BA and its follow-up program – audience-feedback and participation based Hello Bhanchhin Aama, are flagship *Suaahara* SBC interventions. Furthermore, the plan and content for a SMS push-messaging to remind 1000-day households to adopt the 10 key priority behaviors and 60 key contact points was developed.

A GESI training package, including Gender Transformative Approach and Social Analysis and Action (SAA), was adapted from CARE Nepal's reproductive health package to cover the integrated nutrition components of *Suaahara II*. The celebration of 16 days' activism against gender based violence (GBV) and International Women's Day (IWD), in collaboration with the GoN stakeholders at the central and district level, helped both to sensitize and mainstream GESI perspective and to promote gender equality and social inclusion in respective districts.

Year one PPP activities included the exploration of strategic interests of private sectors, their goals for corporate social responsibility (CSR), and potential business models to identify potential matches with *Suaahara II* programming priorities. *Suaahara II* signed a MoU with Shreenagar Agro farm, a large-scale agribusiness value chain company, capable of producing chicks, supplying feed to VMFs and guaranteeing buy back ready to sale supplies. Under the PPP approach, 70 VMFs were introduced to commercial poultry farming through various training, interaction, and meetings to link them for increase in income generation activities.

An earthquake risk, preparedness and response training was organized in Kathmandu in May 2017 for central level staffs followed by an earthquake safety drill. In the district office, a disaster and security assessment was carried out for all districts and are now equipped with fire safety and first aid kits.

The *Suaahara II* MER plan was reviewed in year one by a USAID hired global expert and approved. For activity reporting, a system was designed in DHIS-2 and rolled-out to all 39 district teams; data is entered at the district-level and verified by IR leads in Kathmandu. In year one, a Community Mapping Census (CMC), was started to register every household residing in the *Suaahara II* districts. This would facilitate accurate program targeting and establish a first home visit for counselling. As of the end of June 2017, FS had registered more than 2 million people in 400,000 households across the 39 districts. A monthly internal monitoring system was also established: each FS collects 5 household checklists per month to monitor progress in achieving *Suaahara II*'s prioritized 10 key behaviors and 60 contact points. Both the CMC and internal monitoring checklists are collected electronically using smartphones and a CommCare application. For the annual survey year one (2017), NewERA initiated data collection in June. *Suaahara II*'s research partner is the International Food Policy Research Institute (IFPRI). In year one, the focus was on designing the package of health service interventions to be tested in the planned randomized controlled trial (RCT) in Baglung and Rupandehi. Finally, the *Suaahara II* sustainability/exit strategy was designed and discussions with USAID and GoN stakeholders on indicators for the handover of 15 districts in year three were initiated.

The reflection at the end of year one shows many years one activities were completed on time and those that were not completed due to various unavoidable circumstances have been redesigned and merged into the year two workplan.

INTRODUCTION

The *Suaahara II* Good Nutrition (*Suaahara II*) Program presents this first annual progress report under the United States Agency for International Development (USAID)-funded *Suaahara II*. Helen Keller International (HKI) was awarded a cooperative agreement on April 1, 2016. The implementation period of *Suaahara II* is programmed to last 60 months.

A Rapid Mobilization and Transition Plan report and a Semiannual report were submitted to USAID and covered progress and challenges from April 1, 2016 to January 15, 2017. This first annual report covers progress and challenges from April 1, 2016 through July 15, 2017.

PROGRAM MANAGEMENT AND OPERATIONS

Office setup

The *Suaahara II* national offices were set up in Lalitpur, Nepal next door to the HKI Nepal country office. All *Suaahara II* staff moved into the newly leased buildings during year one. Outside of Kathmandu, lease agreements were completed for the *Suaahara II* program linkage office in Nepalgunj and 40 district offices. All districts have opened bank accounts and all 39 districts (excluding Syangja) program districts now have standard office identification boards.

Everything procured and inherited assets are marked with USAID standard stickers at the central and district offices. The consortium partners, including *Suaahara II* staff at the central and district, are provided guidance on a continual basis regarding USAID branding and marking polices. During this reporting period, USAID teams from the Washington and Nepal offices visited Baglung, Lamjung, Nuwakot, Panchthar, Rasuwa and Taplejung districts. On a weekly basis, a brief report has been submitted to USAID Nepal presenting program progress and challenges. The USAID technical team and *Suaahara* senior management team (SMT) also meet monthly in person to discuss the program's advances and challenges. *Suaahara II* Communications and Outreach developed a *Suaahara II* introductory video, which is being used by staff in various platforms to introduce *Suaahara II* program to various stakeholders.

Sub award Management

The pre-award assessment of six consortium partners (CP) was completed as per the set deadline. Pre-award letters (PAL) were issued by July 2016 authorizing all CPs - Equal Access Nepal (EAN), Family Health International 360 (FHI360), Nepal Technical Assistance Group (NTAG), Vijaya Development Resource Center (VDRC), CARE Nepal and ENPHO to begin program activities. CARE and ENPHO signed their sub award agreements in the first week of September 2016.

NGO Selection

The pre-award assessment/risk mitigation plan for the 36 continuing *Suaahara I* districts was completed in August 2016. *Suaahara II* issued a PAL to all 35 district-specific partner nongovernment organizations (PNGOs), after receiving approval for their sub-awards from USAID. PAL for Syangja district was put on hold due to issues raised by the GoN district stakeholders. The PNGOs commenced their recruitment and prepared their program activities while the comprehensive sub awards were being

drafted and signed. After completing the PAL period, *Suaahara II* issued full sub grant agreements to 35 PNGOs for the period of September 2016 to July 15, 2017.

A selection committee was established and initiated the process of PNGO selection for the 2 new *Suaahara II* districts – Panchthar and Dang, as well as the 2 districts where new PNGOs would be selected for *Suaahara II*: Dhading and Rasuwa. Expression of interests (Eoi) were published for all four districts and all responses to the Eoi screened by the third week of August 2016.

After endorsement from the Social Welfare Council (SWC), Child Health Division (CHD), and National Planning Commission (NPC), the NGO selection committee visited all four districts, in coordination with District Health Offices (DHO), District Development Committee (DDC), District Agriculture Development Office (DADO) and HKI staff. With USAID's approval, *Suaahara II* issued PAL agreements for four PNGOs, one for each of these four districts, and complete sub award agreements were issued in December 2016.

Until the end of year one, implementation of activities in Syangja was not possible, due to many challenges, mainly conflict with GoN stakeholders which resulted in cancelling the agreement with the selected PNGO, titled ASK, which was also the PNGO during *Suaahara I*. A new Eoi was published and DIYALO was selected as the PNGO, in collaboration with CHD, SWC and NPC representatives. The program issued a PAL to DIYALO in July 2017.

Human Resource and Administrative Management

The hiring for all vacancies for *Suaahara II* was done in a transparent manner and in accordance with HKI hiring policies. Most *Suaahara II* positions were filled by hiring candidates who worked on *Suaahara I*. During April and May, the Deputy Chief of Party (DCoP) – Program and thematic managers split their time between *Suaahara I* and *Suaahara II* to ensure a smooth transfer of programmatic activities. As of June, all managers dedicated their full time to *Suaahara II*. The Chief of Party (CoP) joined *Suaahara II* in mid-April and the DCoP – Finance & Operations in mid-May. A new Senior Technical Advisor (STA) was recruited for *Suaahara II* and started the first week of September 2016.

During year one, all central and district level posts were filled. Staff development and a complete program orientation took place in all districts (approximately 100 staff) including country office staff in June 2017. The orientation program focused on *Suaahara II*'s priority areas compared to *Suaahara I*, overall operations (financial management) of the program and developed district rapid mobilization plan, as well as financial regulations, fraud prevention, etc.

Assets and Inventory

The handover processes in all 40 districts and clusters was completed, including the handover of assets and inventory items from *Suaahara I* consortium partners. Major procurements of computers, printers and office supplies for *Suaahara II* were completed by May. Many computers and printers inherited from *Suaahara I*, which were transferred to district offices and to CP staff, were beyond repair. An assessment of the long-term information technology needs was conducted to quantify the hardware replacement required and the findings included in the Year Two Annual Work Plan.

The program procured all items after the approval of the procurement plan. Major items, such as generators, have been purchased for the country office. In April 2017 40 motorcycles were procured and dispatched to all 40 program districts. Seven hundred and thirty-five smartphones were procured for *Suaahara II* field supervisors to use for programmatic activities and to collect data electronically. *Suaahara II* has received approval from USAID for the procurement of agriculture commodities and will procure these products as per the program demand.

Family Planning and Trafficking in Person Compliance

Suaahara II developed a Family Planning (FP) compliance plan clearly defining the roles and responsibilities of staff at various levels to implement regular monitoring of FP compliance in the program districts and to ensure timely response to potential non-compliance cases. The *Suaahara II* team, including key staff from PNGOs completed the mandatory global online course on US abortion and FP requirements. The frontline workers from PNGOs received orientation on US abortion and FP requirements. The *Suaahara II* team, including PNGO staff were also oriented on the Mexico City Policy, reinstated and expanded by the US Government on January 23, 2017. *Suaahara II* District Coordinators from all program districts attended a brief orientation on the expanded Mexico City Policy- i.e. Protecting Life in Global Health Assistance plan, approved by the U.S. Department of State on May 15, 2017. The program team from the center and districts monitored the requirements for FP compliance during their regular monitoring visits to assess any possible vulnerabilities and response procedures for any potential violation of the policy requirements. *Suaahara II* also printed and distributed the FP informed choice posters to all program districts for display in an area with maximum visibility in all *Suaahara II* offices and health facilities.

In addition, the *Suaahara II* team also attended an orientation on the Awareness Action Plan on Combatting Trafficking in Persons (TIP). The TIP posters (English and Nepali) are visible in all *Suaahara II* offices both at the central and district level.

PROGRAM ACHIEVEMENTS

The *Suaahara II* program has four intermediate results:

- 1: Improved Household Nutrition and Health Behaviors,
- 2: Increased Use of Quality Nutrition and Health Services by Women and Children,
- 3: Improved Access to Diverse and Nutrient-Rich Foods by Women and Children, and
- 4: Accelerated Rollout of the Multisector Nutrition Plan through Strengthened Local Governance.

In addition, *Suaahara II* has several cross-cutting themes: gender equality and social inclusion (GESI); social and behavior change communication (SBC); public private partnerships (PPP); monitoring, evaluation, and research (MER); and disaster preparedness and emergency preparedness and response plan (EPRP).

Intermediate Result 1. Improved Household Nutrition and Health Behaviors

Outcome 1.1 Household adopt essential nutrition actions

At the central level, the existing government's Maternal, Infant and Young Child Nutrition (MIYCN) training manuals and materials were revised in coordination with the Child Health Division (CHD). The revised manual and materials include three new components: Nutrition Assessment, Counselling and Support (NACS), Adolescent Nutrition, and Primary Health Care Out Reach Clinic (PHC/ORC). Similarly, other components such as, Water Sanitation and Hygiene (WASH), Family Planning (FP), and family support for MIYCN through a GESI lens were added, based on global evidence and suggestions from *Suaahara II* technical experts and government stakeholders. Using the revised manual, 56 trainers (30 male, 26 female) were developed as Master Training of Trainers (MToT), in coordination with the CHD. Similarly, 40 (22 male, 18 female) *Suaahara II* Nutrition & Social Behavior Change Communication (NSBC) officers received training on the revised training manual. In coordination with the Health Management Information System (HMIS) Section and Planning & Monitoring Section of the CHD, *Suaahara II* developed a HMIS orientation package and Routine Data Quality Assessment (RDQA) guideline focusing on nutrition related recording, reporting and its indicators. The MToT trainers and NSBC officers attended a one and half day training on HMIS orientation package and

RDQA guidelines to rollout the training at the district level. *Suaahara II* facilitated training of **3,504** health workers on HMIS recording and reporting for nutrition.

Suaahara II organized district consultative meetings for district stake-holders to share the program implementation plans, create working partnerships with other external development partners (EDP) and collaborate to reduce program duplication. All district stakeholders expressed commitment for collaboration, which has helped the program to coordinate with stakeholders and build positive relations for effective implementation. The program district teams have created district specific health sector maps to reduce duplication of health and nutrition related activities and develop a common work plan.

The MIYCN/NACS training roll out plan was prepared in nine districts during the district consultative meeting. Altogether 3136 people (female 54%, male 46%) participated in MIYCN/NACS training in nine districts facilitated by the MToT trainers with supervision from district stakeholders and Suaahara district staff. Similarly, in 12 districts, a one day training was conducted with approximately 3504 health workers (44% male, 56% female) to improve their skills related to recording and reporting of nutrition indicators. Focusing on improving the quality of HMIS recording and reporting related to nutrition indicators, RDQAs were conducted in 62 health facilities (HFs) of 13 districts in coordination with DHO/DPHOs under the leadership of Regional Health Directorates (RHD). The RDQA focused on four nutrition indicators 1) Growth monitoring and promotion (GMP), 2) Exclusive Breast Feeding for the first six months of life, 3) Timely initiation of Complementary Feeding, and 4) Consumption of 180 IFA tablets during pregnancy. It was found that the nutrition registers are not up to data reported varies by HF.

To create awareness and reinforce positive nutrition and health behaviors at the household level, nutrition-related days such as World Breastfeeding Week, Iodine month, and school health and nutrition week were celebrated in all program districts in coordination with district stakeholders. To ensure full coverage of the Vitamin A supplementation in all 40 program districts and PNGO staff supported the National Vitamin A Supplementation Campaign.

Approximately 35,150 thousand day's women and their family members participated in 1,952 food demonstration sessions led by FCHVs in regular health mother's group (HMG) meetings in disadvantaged group (DAG) VDCs of 21 program districts. The food demonstrations sessions serve as practical classes to provide hands-on experience on preparation of nutritious food with foods grown in HFP gardens, maximum nutrient preservation during cooking, and promotion of dietary diversity and healthy and hygienic behavior. Hand washing stations were set-up for participants to wash their hands with soap and water prior to cooking and feeding their children. Altogether 2,487 key life events were celebrated to acknowledge 1000 days' women in three different occasions: fourth month of pregnancy, within five days of delivery, and around 6 months of age for the child, which is approximately the time of the traditional rice feeding ceremony. DAG households were prioritized by FS for participation in these community level activities. The key life event celebration is a platform for reaching 1000 days' women to help mothers overcome barriers for adopting nutrition and health behaviors and enroll/link new 1000 day's mother in HMG meetings

Suaahara II Field Supervisors (FS) visited 7,595 thousand days' households to facilitate and reinforce the adoption of *Suaahara II*'s prioritized health and nutrition behaviors, monitor the status of HFP gardens and poultry, and encourage listening to the *Bhanchhin Aama* radio program.

Outcome 1.2 Households adopt essential WASH actions

Suaahara II district WASH Officers and Regional WASH Coordinators attended a three days training on Delivering Effective WASH Training and three days of training on WASH including the Total Sanitation and Sustainable Water, Air, Sanitation, and Hygiene for All (SWASTHA) approach. Approximately 821 PNGO staff (439 male, 382 female) in 39 districts have attended training on Total Sanitation. In addition, 93 WASH Triggerers (48 male, 45 female) - *Suaahara II* WASH frontline workers attended training

Success Story

Gilung ward no. 9 in Kohlasothar Rural Municipality of Lamjung completed its transition from ODF status to Total Sanitation status in the past three years, through *Suaahara's* facilitation and local GoN support including counselling by FCHVs, health post in charge, local leaders, WASH triggerers and V-WASH-CC. Members from D-WASH-CC, under the leadership of LDO, monitored 33% of 348 households. Diarrheal cases dropped from 957 cases per year to 279 in the past three years. More than 90% of households have a toilet with cleaning materials, 93% of households have hand washing stations, and 99% of households treat water before drinking

(Source: WASH HHs census, *Suaahara II*).

Kohlasothar Rural Municipality allocated budget to support filters and improved cooking stoves in all households and sought support from *Suaahara II* for community mobilization and awareness on Total Sanitation. The learning from Gilung will be replicated in other parts of Lamjung and other districts to scale up and improve drinking water treatment, along with the use of improved cooking stoves to reduce indoor air pollution.



A member of mother's group engaged in weekly cleaning campaign organized by V-WASH-CC in Gilung, Lamjung

on community sensitization and triggering tools and techniques on WASH. The program has trained 1,214 FCHVs and 1,082 youth from 25 districts on WASH in general. All these trained frontline workers were mobilized for WASH campaigns in the respective districts.

The District WASH Coordination Committees (DWASHCCs) and Village WASH Coordination Committees (VWASHCCs) are the two bodies most responsible and accountable for accelerating the WASH movement at the district and VDC levels. Approximately 2,416 members of D/V-WASHCCs were oriented on WASH, including Total Sanitation.

The Department of Water Supply and Sewerage National Guidelines on Total Sanitation stipulate six indicators: 1) latrine use, 2) safe drinking water, 3) Hand washing with soap and water, 4) food hygiene behaviors, 5) clean household premises, and 6) clean environment. WASH in School is part of the indicator of clean environment) for attaining total sanitation status at the local level. Therefore, orientation on total sanitation was provided to head masters, focal teachers, school management committees, and parent teacher associations in 37 districts (excluding Syangja, Lamjung and Rasuwa). Approximately 1,702 school authorities (1,232 male, 470 female) were trained on Total Sanitation.

Regular use of a toilet is a key nutrition sensitive behavior. The WASH Triggerers organized 21 ODF campaigns in 21 non-ODF VDCs including regular community sensitization and triggering events, household counselling, and technical support for toilet installation. The V-WASH-CCs members identified and recommended 192 DAG households for material support provision, such as toilet pans, pipes, and

corrugated galvanized iron sheets for toilet installation. Out of 29,003 households in the 21 VDCs allocated for ODF declaration, approximately 11,336 households did not have toilet facilities prior to *Suaahara II*. Support from *Suaahara II* has enabled 4,171 households to construct a toilet in these

VDCs during year one of implementation. Out of 21 non-ODF VDCs, four VDCs (Holiya in Banke, Ramche and Chilime in Rasuwa, Palchwok in Sindhupalchowk) were declared ODF. Two wards (ward 9 of Kohlasothar Rural Municipality, former Gilung VDC of Lamjung district and ward 8 of Kathekhola Rural Municipality, former Lekhani VDC) were declared Total Sanitation wards in this year.

Orientation on household water treatment and safe storage was provided to 1000 days' mothers and other community groups, such as community awareness centers. Quality of water sources, taps and ready to consume water was tested in 20 districts in year one. Based on the test results, *Suaahara II* will deliver appropriate treatment options to households and communities based on the physical, chemical and biological parameters of contamination in the water. Examples include the promotion of boiling, chlorination, SODIS, and colloidal silver filters for water with biological contamination only and no contamination from physical and chemical parameters (usually hill and mountain districts) versus promotion of bio-sand filters (mostly in terai districts) for water contaminated with iron, arsenic, microbial or suspended solids. The water test results will also serve as evidence for advocacy activities on quality of drinking water to local authorities - the federation of water and sanitation user's network and district water supply and sanitation division office. In Rukum and Salyan, 107 DAG households were identified and provided a subsidy by Suaahara II for water filters to ensure treatment of water before drinking.

Two priority WASH behaviors - hand washing with soap and water at six critical times and treatment of water before drinking - were widely promoted through various mass awareness campaigns, training and orientation sessions. In addition to these two priority behaviors, ideal hygiene behaviors such as regular use and cleanliness of toilet, menstrual hygiene, food hygiene, waste management, and animal shed management were also promoted based on local context and need. *Suaahara II* staff celebrated and promoted different national and international WASH days such as Global Hand Washing Day, World Toilet Day, Environment Day, National Sanitation Week, and Menstrual Hygiene Day, in close coordination with DWASHCCs for mass awareness on WASH. Visual job aids - flex posters, posters, flyers on fecal oral transmission, household water treatment options, menstrual hygiene, and hand washing at six critical times were printed and distributed in all program districts for the promotion of hygiene behaviors. Approximately 6,871 households have constructed dish washing platforms, 5,981 households have constructed dish drying racks, 5,882 households have constructed hand washing stations, 2,017 households have constructed improved cooking stoves, across *Suaahara II* districts, reflecting raised awareness on total sanitation and interest and ability to adopt optimal hygiene behaviors, even without provision of subsidies.

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

Last year, *Suaahara II* worked with the CHD to incorporate Nutrition Assessment and Counselling Services (NACS) into the GoN's MIYCN training package, which comprises of nutrition assessment, counseling and support services to the children under five, adolescents, and pregnant and lactating women.

Integration of NACS into different intervention modalities, such as Nutrition Rehabilitation Home (NRH), Integrated Management of Acute Malnutrition (IMAM), and emergency nutrition interventions in earthquake-affected districts was a challenge. *Suaahara II* collaborated with key partners and stakeholders (e.g. UNICEF, ACF) to streamline nutrition interventions in overlapping program districts.

Suaahara II developed job aids for healthcare providers and standard performance and behavior change communication (BCC) materials related to NACS. Similarly, a color-coded take-home card was developed for mothers to receive during counseling after Growth Monitoring and Promotion (GMP),

including a reminder slip to the mothers for counseling and management of Severe Acute Malnutrition (SAM). *Suaahara II* also drafted referral guidelines for referring identified SAM cases to Outpatient Therapeutic Centers (OTC) or NRH. The guidelines reinforce the NACS referral service and follow-up systems from communities to health facilities.

Success Story

Global learnings show that integration of NACS implementation within the government health system, it is more effective and sustainable, than creating a separate program. An orientation on NACS - a new concept in Nepal - was conducted for national level GoN stakeholders and nutrition implementing partners. *Suaahara II's* advocacy led to GON endorsement of NACS integration into the MIYCN manual. Active government participation and ownership during the roll out of MToT on MIYCN/NACS helped the integrated package to be well received at the district level. While MIYCN focuses on behavior change and demand generation, NACS strengthens the supply side by building the capacity and support of health workers to use anthropometric equipment, which is necessary for providing effective nutrition-related services. Together the aim is to improve the nutritional status within the continuum of care.



Marginalized and poor performing communities conduct a SATH approach mapping exercise to improve health service utilization in Kailali

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

Suaahara II organized a ToT on Community-Based Integrated Management of Neonatal and Childhood Illnesses (CB-IMNCI) for district level resource persons (facilitators), in collaboration with CHD. *Suaahara II* also facilitated monitoring visits from the CHD and RHD in seven program districts to ensure the quality of CB-IMNCI services. Similarly, the Ministry of Health (MoH), CHD, Ministry of Education (MoE) and other key stakeholders conducted a consultation meeting to discuss the need for the revision of the secondary school Food and Nutrition curriculum. *Suaahara II* provided technical support to integrate nutrition into the grade nine and ten Food Science course curricula, in coordination with the CHD, Curriculum Development Center, Department of Food Technology and Quality Control (DFTQC) and other stakeholders. Upon request from the CHD CB-IMNCI section, *Suaahara II* printed and distributed participant hand books and treatment chart booklets FHCV flip charts and pocket handbooks to six districts.

Suaahara II provided technical support to the CHD to draft the CB-IMNCI-related strategies, plans, standards and guidelines/protocols, such as Nepal's Every Newborn Action Plan Implementation Plan (2016-2021), IMNCI Strategy, Medical Standard for IMNCI services, Facility Based-IMNCI package for health workers and implementation guidelines.

Representatives from CHD, USAID, Save the Children, Health for Life Project (H4L) and UNICEF jointly visited the Mid-Western Regional Hospital, Surkhet to certify the hospital as a CB-IMNCI training site and to explore Sub-Regional Hospital, Dang as a potential CB-IMNCI training site. One day district level CB-IMNCI review and planning meeting was conducted in five program districts (Bhojpur, Dolakha, Myagdi, Sankhuwasabha, and Taplejung) under the leadership of DPHO to discuss progress and a way forward for improvement. To ensure the quality of services, 18 low performing health facilities (Myagdi-7, Sankhuwasabha-5, and Taplejung-6) received onsite coaching and mentoring. Approximately 444 (Palpa) and 487 (Dailekh) healthcare providers were trained on CB-IMNCI respectively covering

41 HFs. *Suaahara II* district based technical teams conducted a total of 234 technical support visits to HFOMCs in 32 program districts.

Similarly, orientations on Self-Applied Technique for Quality Health (SATH) and Community Health Scoreboard (CHSB) approaches were conducted at selected health facilities, prior to implementation in the communities, in consultation with the service providers, HFOMC members and FCHVs to share the process and expected benefits of SATH and CHSB. The SATH approach was implemented in 39 districts covering 216 communities while the CHSB was conducted in one HF each of 23 districts. SATH was identified as an approach to use to increase demand for and utilization of HMGs and health and nutrition services in the DAG and marginalized communities.

Finally, a Health Facility Assessment (HFA) was conducted in every health facility in the 39 *Suaahara II* program districts to identify NACS and CB-IMNCI service-related human resources and equipment gaps, which will guide the procurement and distribution of NACS and CB-IMNCI-related equipment and essential supplies in year two.

Outcome 2.3: Improved healthy timing and spacing of Pregnancy (HTSP) through promotion and more accessible family planning services

Suaahara II staff conducted one-on-one coordination meetings with other USAID supported FP partners (e.g. Health Communication Capacity Collaborative Project (HC3), H4L, Support for International Family Planning Organizations 2/FPAN, and Fertility Awareness for Community Transformation/Save the Children) to explore collaboration opportunities in overlapping districts. *Suaahara II* also participated in USAID partners FP meetings, and FP Sub-Committee meetings organized by the Family Health Division (FHD) where efforts made by each partner organization were discussed, including the best way forward for strengthening the national FP program. *Suaahara II* also provided technical support for the National Reproductive Health (RH) review and planning meeting organized by the FHD that also enabled consensus to incorporate SATH into the existing GoN's HMG strengthening guidelines.

During implementation, it was realized that involving non-health sector actors in nutrition community events was important for increasing demand for FP services across the nutrition points of contact. The program focused on enhancing the capacity of healthcare providers and FCHVs through post-training follow-up, coaching, and mentoring to ensure quality delivery of FP services.

Suaahara II participated and provided technical support in the District Reproductive Health Coordination Committee (RHCC) meetings (29 program districts), with the objective of supporting the D(P)HO in implementing and coordinating all health and nutrition related activities. The program worked closely with the D(P)HOs to celebrate special days such as FCHV day and, National Family Planning day. The special days were promoted through radio jingles, interactions with media personnel, and through FP corners in selected health facilities to provide key messages in raising awareness on the importance of healthy timing and spacing of pregnancy (HTSP).

Suaahara II engaged different community actors, such as members from HMGs, school teachers, religious leaders, and other stakeholders from diverse sectors (e.g. health, governance, agriculture, live-stock) as promoters for both FP and nutrition services. These actors collaborated with *Suaahara II* for important day celebrations, key life events, food demonstration, and ward level interaction with 1000 day's mothers.

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

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

At the central level, *Suaahara II* and the Department of Agriculture (under Ministry of Agriculture Development) signed a MoU to encourage collaboration and coordination in the implementation of HFP activities in all *Suaahara II* districts. Similarly, *Suaahara II* and the Department of Livestock Services (DLSO), under the Ministry of Livestock Development, signed a MoU to guide the program to effectively consult with GoN counterparts at the district level for technical input mainly on strengthening the backyard poultry rearing component. In collaboration with Directorate of Agriculture Training (DAT), *Suaahara II* organized two 10-day MTOTs on HFP and developed 46 master trainers to roll out the HFP training to mothers in the 1000 days' period and other household members in Dhading and Panchthar, reaching nearly 35,000 persons in 16 Feed the Future (FTF) districts.

Suaahara II held a technical advisory group meeting to increase partnership across directorates of Agriculture and Livestock Ministries, particularly Animal Health, Vegetables, Market Management, and Seed Production and Post-Harvest. As an output of this meeting, the Animal Health Directorate prioritized 26 out of 40 districts for poultry ND vaccination program to benefit 1000 days' households who are rearing chickens for egg production and consumption. *Suaahara II* organized and attended coordination meetings with USAID funded projects (e.g. KISAN, PAHAL and SABAL) and other projects (AFSP) to develop a common understanding on activities being implemented in overlapping districts and build synergy for greater impacts. The lessons learned from KISAN were used to refine HFP marketing plans to link small producers with market through strengthening the market management committees approach. One example of an immediate outcome was that three VMFs from Kapilvastu got the opportunity to attend a river-bed farming training organized by KISAN. Riverbed farming can be used to increase household income and to improve food security, particularly among households with limited land in the terai.

In coordination with the DADO and DLSO, 88 front line workers (41 *Suaahara II* FS and 47 extension workers from Agriculture Service Centers (ASC) and Livestock Service Centers (LSC)) attended a six-day district level ToT on HFP. These 88 frontline workers were capacitated to mainstream nutrition sensitive agriculture interventions into production and productivity oriented agricultural programs.

To motivate 1000 days' households to increase their production of nutrient rich foods, sixteen FTF districts conducted HFP basic training, focusing on how to maximize quality and diversity of food production with locally available resources and enhanced knowledge and skills for adoption of good agriculture practices. A total of 34,230 community people (20,490 female and 1,392 male) were trained either in 1 of the 916-two-day basic HFP trainings or 1 of the 583 one-day refresher trainings (11,387 female and 961 male) in the 16 FTF districts (Banke, Bardiya, Dang, Kailali, Kanchanpur, Kapilbastu, Gulmi, Palpa, Araghanchi, Surkhet, Salyan, Pyuthan, Rukum, Rolpa, Jajarkot and Dailekh). It was clear that the training alone was not sufficient to improve households' food production systems. Therefore, in consultation and coordination with DADO, seeds of nutrient rich vegetables were distributed to households trained in HFP immediately after the roll out of training to translate knowledge of growing diverse vegetables into production activities: 13,263 seeds of dry season vegetables were distributed to 1,655 VMFs, 1,922 FCHVs and 9,686 thousand-day households in 16 FTF districts. Each household receives a one-time seed support from *Suaahara II*, which includes seeds distribution in 3 seasons: rainy, dry, and winter. Households are encouraged to continue the practice of growing diverse vegetables in following years, including through seed storage.

To maximize the role of already established village model farmers (VMFs) in diffusion of HFP practices in their communities, 37 districts (except Syangja and the two new *Suaahara II* districts) conducted three day orientations and planning meetings, in coordination with DADO and DLSO. The three days'

orientation provided opportunities to the VMFs to bring forth issues/challenges of VMFs' sustainability and prepare action plans to increase their effectiveness and expand HFP adoption by other households in the community: 1106 of 5510 VMFs and 523 male family members of VMFs participated in these meetings. The program faced challenges to complete the two days HFP training due to the local election. *Suaahara II* mitigated the problem to some extent by relocating trainers from phase I to phase II election districts and vice versa; and increasing the number of trainers.

Success Story

Maiya Kumal (DAG) in Lamjung is a member of Shree Mahadevi Mahila Krishak Samuha group. She was inducted into an HFPB group by a lead VMF who also happens to be her neighbor. She started growing vegetables in her kitchen garden which helped her family of five consume green leafy vegetables. She soon got the opportunity to participate in a two days HFP training. After the training, she consulted with her husband and leased land for NPR 10,000 per year. Since then, Maiya has grown and sold cauliflower, chili, cabbage, bitter gourd, pumpkin, tomatoes among many other nutrient-dense vegetables. In the past quarter, Maiya sold chilies worth NPR 7,000. Her husband helps her to sell the vegetables in the nearby market. The income she earns from selling vegetables is spent at her discretion. She and her husband budget the spending accordingly. Most of their earnings is spent on their children's education and buying meat and eggs. Maiya also saves in three different cooperatives "for the unforeseen future," she smiles.



Maiya being interviewed under her plastic house tunnel

A needs-based specialization training, was provided to selected VMFs to enhance their capacity in 21 districts. This included HFP group management and savings and credit training, HFP marketing and enterprise development and local resource person development trainings: 384 VMFs were trained in group management and savings/credit to enhance their skills on HFP group management and social mobilization. Besides training, in coordination with DLSO, 22 committed VMFs in 18 districts received chicken brooding materials (e.g. nesting boxes, incubator, drinker, feeders) from *Suaahara II* to help them become poultry brooders. One of the primary criteria for establishing brooders is to ensure the VMF brooders influence and encourage 1000 days' mothers to consume eggs and start rearing poultry birds. Chicken brooding in communities can increase community access to improved chicks for sustainable backyard poultry. Finally, 13 VMF networks were established in 11 of the 15 phases over districts to develop platforms for peer to peer learning and the exchange of ideas among VMFs and community extension workers.

Outcome 3.2: Increased Income from Homestead Food Production

Suaahara II has explored ways to support women producers to use their surplus produce to generate income. In overlapping districts, *Suaahara II* coordinated and collaborated with KISAN, PAHAL, and SABAL

where possible to develop market and value chain opportunities. Twenty-seven districts conducted 40 review and planning meetings with KISAN, PAHAL, SABAL and AFSP projects to share lesson learned, discuss implementation issues/challenges and plan activities jointly. For example, three VMFs from Kapilvastu attended the river-bed farming training organized by KISAN. Riverbed farming can be used to increase household income and to improve the food security of land-poor households in the *terai*.

As another example, KISAN facilitated the linkage of VMFs in Doti with potential vegetable wholesalers by providing market and wholesaler information including location of the collection center and market management committee. Seven districts (Baitadi, Dadeldhura, Achham, Doti, Sindhupalchowk, Taplejung and Dolakha) organized exposure visits for VMFs in KISAN working districts to expose VMFs to marketing approaches promoted by KISAN such as the collection center, haat bazaar (weekly market); involvement of private sector in service delivery, demonstration of poly house/tunnel technology for off season vegetable production and interaction with local service providers promoted by KISAN and farmers group. Twenty-one districts organized a five-day business skill and agricultural marketing training to VMFs deemed ready to market to enhance their entrepreneurship skills. These VMFs were selected based on their capacity to produce surplus produce for marketing. Marketing experts, including KISAN's community level resource person, facilitated the training sessions. Twelve of the 15 *Suaahara II* phase over districts (except for Lamjung, Taplejung and Syangja) have initiated to strengthen market management committees to link small homestead food producers with haat bazaar and collection centers. Nawalparasi, Myagdi, Sindhupalchowk, Gorkha and Rupandehi provided technical support to revitalize one existing collection center per district to benefit small producers. Besides technical support, the market management committees of Dolakha and Bhojpur in coordination with DADO and other district stakeholders, received physical materials such as crates, bamboo baskets, weighing balances, super storage bags, and stationery. This support has helped traders use standard measuring scales and units, replacing traditional "mana, pathi and muri" units.

The district team carried out routine visits to ASC and LSC for coordination and lobbying to garner support services and mechanisms to benefit 1000 day's mothers and VMFs. Through this non-budgetary activity, districts have succeeded to leverage resources to complement *Suaahara II* interventions—such as mini-hatcheries support to brooders in Sindhupalchowk, Dolakha, Nuwakot, ND vaccine to households who received chicks from *Suaahara II*, gender friendly agriculture tools (e.g. mini power tiller, thresher, grinder) to VMFs and HFP groups, vegetable seeds, chicks for backyard poultry for new mothers, and irrigation support to households.

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

Suaahara II organized a national workshop on mainstreaming nutrition in disaster risk reduction (DRR) and climate change adaptation (CCA). At the workshop, various organizations working in DRR and CCA shared their learnings and ideas on building resilience to nutrition shocks, which will be used as a reference to finalize the *Suaahara II* resilience strategy in year two. The workshop discussion also pointed out that coordination and joint implementation efforts with concerned stakeholders, mainly SABAL, PAHAL and Hariyo Ban, will be important. Eight districts (Taplejung, Panchthar, Bhojpur, Solukhumbu, Baglung, Myagdi, Nawalparasi and Rupandehi) conducted two days of Participatory Vulnerability and Capacity Assessment sessions. Dhading, Gorkha and Lamjung conducted meetings with District Disaster Relief Committee (DDRC) and concerned district stakeholder to finalize the six working VDCs. A one day workshop was organized and facilitated on developing national DRR policy and strategic action plan for Nepal: 2016-2030 in Panchthar. *Suaahara II* also supported the district level contingency plan workshop in Rasuwa and Taplejung, where district health and nutrition disaster preparedness plan was prepared.

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

Outcome 4.1 Decentralized MSNP Implementation Defined and Strengthened

Many IR4 activities were postponed or replaced, given that during the second half of year one, the GoN's prior political and administration structure was converted into a federal structure and all VDCs were merged into rural and urban municipalities. This meant that many committees and coordinating bodies, such as Nutrition and Food Security Steering Committees (NFSSC) were automatically inactive. However, close coordination and joint monitoring between *Suaahara II* and district and sub-districts

stakeholders has continued and most districts have now incorporated integrated nutrition related activities into their annual plans.

Suaahara II technical experts conducted MSNP orientations to all *Suaahara* district team members and eight multisector governance training consultants. The implementation procedure and training guidelines were reviewed for smooth acceleration of IR 4 activities. The program aided and facilitated support to NPC to conduct MSNP MTOT to 24 participants from MoE, Ministry of Foreign Affairs and Local Development (MoFALD), CHD, DoA, DLS, and Ministry of Women Children and Social Welfare. *Suaahara II* also supported the formation of two regional level Nutrition and Food Security Coordination Committee (NFSSC): Far Western Development region and Mid-Western Development region.

Success Story

Suaahara II has influenced key stakeholders and community members on the importance of integrated nutrition. In Lamjung, one Women Development Officer said, “Inspired by *Suaahara*, I have planned the food demonstration activities.” Food demonstrations raise awareness on the importance of locally available nutritious food, therefore the Women and Children’s Office allocated NPR 50,000 (approximately \$500.00) for each of the five locally-registered women’s cooperatives, under the ‘Nutrition for Disadvantaged Infant Support’ program. Similarly, the DDC in Lamjung allocated NPR 50,000 (approximately \$500.00) to address SAM cases among DAG children under the “Emergency Relief Fund for Vulnerable Child” program. Since the services are free in Nutrition Rehabilitation Homes, identified DAG mothers receive money for travel and to purchase nutritious food after they leave the rehabilitation home. The Women and Children’s Office, in collaboration with the D(P)HO, took charge of the budget – setting good examples of multisector efforts to combat malnutrition.



Food demonstration during a mother’s group meeting in Bardiya

In four districts (Banke, Dailekh, Panchtar, and Dadeldhura), *Suaahara II* assisted the District Development Committee (DDC) to review the DAG mapping, based on the integrated nutrition plan (INP) indicators. Since the DNFSSC regulates and monitors all nutrition related activities of the district, *Suaahara II* built the capacity of this committee by supporting and facilitating the quarterly meeting in 31 districts.

The MSNP planning training for DNFSSC members was successfully completed in six districts. The training facilitated the preparation of an annual work plan, development of a common understanding of MSNP and an enabling environment for MSNP. In 37 districts, an MSNP training was provided to VDC secretaries, municipality and ward level focal persons, DDC field staff and *Suaahara II* field staff to develop a mutual understanding among all stakeholders regarding the purpose of MSNP and related roles and responsibilities; this also served to create a conducive environment for integrated nutrition programming. The VDC Secretaries now have a common understanding on mobilizing local resources in INP related activities for 1000 day’s mothers, under two-year-old children and adolescent girls. During the training, all participants committed to include INP related activities in their VDC plan and see its effective implementation.

Outcome 4.2: Nutrition Services in 15 *Suaahara* Districts Transferred to GoN Management and Services

Suaahara II organized three high level joint monitoring and supportive field visits. The CHD Director visited Dang, Banke and Rupandehi. Similarly, the Chief of Policy Planning and International Cooperation Division of MoH, USAID

representatives, Nutrition Chief, and other CHD officials visited three *Suaahara II* districts: Myagdi, Baglung, and Lamjung.

Suaahara II participated in the NPC led National Nutrition Coordination Committee meeting. The committee approved the *Suaahara II* implementation plan for all districts. *Suaahara II* participated in informal meetings with MoH and MoFALD to prepare the Transferring Guideline. A National level project advisory committee meeting was organized and held, with participation of Director General from DoHS/DoA/DoLS/DoE and representative from NPC/USAID/Ministry of Women Children and Social Welfare/Ministry of Water Supply and Sanitation/MoH. In the second quarter of the year, *Suaahara II* played a crucial role in organizing the two days National Nutrition Seminar in Pokhara under the leadership of CHD, Ministry of Health. The seminar was organized to review and accelerate nutrition programs and interventions in the country considering past experiences and new scientific evidence. *Suaahara II* presented its learning, best practices and advocated to prioritize integrated nutrition for 1000 day's mothers, adolescent girls and children under two. The seminar, attended by more than 450 health leaders including representation from all 75 districts, declared and signed the "POKHARA NUTRITION DECLARATION 2017" for a way forward to address malnutrition in Nepal.

Outcome 4.3 Improved Coordination between Sectors and between GoN and MSNP Stakeholders

A one-day district level consultative meeting was organized in 39 districts where representatives from government line agencies, political parties, NGOs, INGOs and community members actively participated to agree upon *Suaahara II* objectives, intermediate results, outputs, outcomes, activities, and working modalities. A joint review and planning meeting with the GoN and external development partners and programs (e.g. PAHAL, Sajhedari, KISAN, UNICEF) was organized in eight districts to work collaboratively. Coordination meeting with other USAID funded projects were held in 25 districts. A program mapping tool was developed to identify each organization's thematic areas. Based on the mapping tool, *Suaahara II* works in coordination with all other USAID projects to reduce duplication in program implementation.

During year one, eight districts saw the utilization of committed resources for INP (HFP, Nutrition, Health Service Promotion, WASH, Environment, Education and GESI) totaling to NPR 1,199,825 (approximately \$12,000.00). Likewise, 20 districts committed local resources for INP amounting to NPR 1,159,892 (approximately \$11,500.00). VDC block grants were committed in 254 VDCs and utilized in 65 VDCs, with an estimated total value of NPR 199,825.00.

The program organized District Project Advisory Committee meetings in 29 districts with the prime objective being to continuously review the progress and achievements of the program, analyze the status of resource utilization, review policies and provide operational feedbacks from stakeholders. Twelve districts organized a joint field visit for district level stakeholders with the main objective to seek clear and concrete feedback from concerned stakeholders.

Approximately 1,683 VDCs across 39 districts organized a one-day VDC level consultative meetings to share *Suaahara II*'s local implementation plan. In close coordination with both DDC and DPHO, *Suaahara II* displayed VDC block grant information boards in 290 VDCs/municipalities. These boards inform community members about the opportunity to utilize VDC block grant funds for nutrition. Although the recent local elections and formation of new structures and power shift hindered the spending of all allocated VDC budget as per the commitments made, *Suaahara II* works closely with the local stakeholders to ensure that the budget allocated will be spent to improve the nutrition of 1000 day's mothers and their children.

Orientation on MSNP was conducted to ward citizen forums (WCF) in close coordination with VDC social mobilizers at the VDC and municipality level in 30 districts. Likewise, Citizen Awareness Center's

(CAC) meetings in 449 wards in 39 districts were held to sensitize community members on the 14 steps planning process and the importance of nutrition, WASH, HFP, ANC, PNC and institutional delivery.

Challenges

Programmatic challenges

- The shift in program implementation responsibilities from the D(P)HO to the local GoN, following the adoption of a federalist governance structure posed challenges to ensuring the uninterrupted supply of essential commodities, such as ORS and Zinc, related to health and nutrition program. SII and PNGO staff will continue to work with the health facilities and rural municipality committees to monitor essential commodities and communicate any issues with the DHOs.
- Coordination and strengthening activities with many committees, e.g. HFOMC, were put on hold as clarity on their structure and function within the new federal structure was missing. SII field teams will continue to work with communities and engage with local committees once the structure is clear and functionality resumes.
- Challenges remain to provide prompt services to identify and refer SAM and MAM cases, particularly in non-IMAM districts, because in non-IMAM districts households with SAM/MAM cases need to travel to a nearby district for treatment of acute malnutrition which requires transportation, time and financial resources.
- Challenges remain to involve stakeholders from diverse sectors (governance, agriculture, livestock) as promoters for health and nutrition services. SII will capitalize on the federalist restructuring as an opportunity to orient new local leaders on the importance of integration nutrition efforts.
- Limited source of improved breeds (New Hampshire, Black Australorp) of chickens delayed poultry support to 1000 day's households until September. The delay was exacerbated due to the difficulty in locating vendors with a capacity to supply the required number of improved poultry in the districts. This is not due to lack of interest or commitment but rather that there are just few poultry farms in Nepal that can supply the large quantity of poultry needed by Suaahara II.
- One of the major challenges to promotion of ND vaccination and ensuring quality/healthy poultry production at household level was due to the lack of a vaccination protocol for backyard poultry (small scale production system) because DLSO prioritizes only large-scale livestock.
- Remoteness of many HFP-intensive SII VDCs, as well as limited bargaining capacity and marketing skills of VMFs have hindered the program to link surplus producers with the market. Training is insufficient, but rather SII needs to build the VMFs' negotiation skills with wholesalers, which is particularly challenging among DAG VMFs as they often have low self-efficacy.
- At the field level, PNGO staff has faced challenges in reaching the targeted populations, particularly DAG households, due to an insufficient number of field supervisors, scattered housing and difficult terrain.

Operation Challenges

- As with all development programs, the local election and the resulting changes in the government structure impacted the implementation of activities in the second half of year one. Challenges included delays due to inability to carry out certain activities, as per the election code of conduct as well as challenges in coordination activities with certain departments and line ministries. Where needed, *Suaahara II* management met with new government directors and high-level stakeholders to provide an orientation on *Suaahara II* and how it contributes to the GoN's MSNP.

Along similar lines, CPN-Biplav members visited a few *Suaahara II* district offices requesting donations. *Suaahara II* staff provided the CPN-Biplav members with a copy of HKI's apolitical, no donation policy and referred them to the central office in Kathmandu. To date, no threats or physical harm have occurred with *Suaahara II* staff. *Suaahara II* will continue to monitor the transition carefully, abide by codes of conducts issued and internal security protocols, and coordinate with GoN and other stakeholders as needed.

- Local level activities did not happen in Syangja in year one of *Suaahara II* for reasons explained in the section on NGO selection. *Suaahara II* is working closely with national and local GoN stakeholders and USAID to address the challenges in this district so that activities can be implemented in Syangja in year two.
- Many activities listed in the year one workplan remained incomplete at the end of year one due to delays in issuing fully executed sub awards to district PNGOs. This constraint was a result of light staffing structure proposed and budgeted, consisting of only two sub award staff to issue and manage 46 different sub awards to consortium partners and district PNGOs totaling more than USD \$35M. Staffing has been increased and the subaward process systematized to minimize these challenges moving forward.
- Procurement delays, including the delayed procurement of motorcycles for the 40 districts made mobilization more difficult and contributed to delays in activities. This has been resolved and will not influence year two activities.
- Outdated IT hardware received from *Suaahara I*, primarily laptops, will need to be replaced with new hardware in year two for staff to be able to work efficiently. Some new laptops have been distributed and the KTM and district *Suaahara II* teams will continue to work closely to monitor and address any IT needs that can influence effectiveness or efficiency of program implementation.
- At times, differing norms of DSA, EDPS, CHD and MoF make support to government workers complicated and confusing for implementation teams. The KTM *Suaahara II* staff will continue to provide technical support to resolve any remaining confusions or new ones that arise in year two.
- Insufficient number of field supervisors budgeted for PNGOs sub awards has generated implementation challenges, which will be magnified in the new federalist structure because of the increased number of bodies/committees with whom to coordinate. This issue will be minimized in year two by adopting other peer-based models to provide support to *Suaahara II* field supervisors and ensure the frequency of contacts needed at the household level for behavior change to occur.

SOCIAL AND BEHAVIOR CHANGE

In year one, the *Suaahara II* Social and Behavior Change (SBC) strategy was finalized with 10 priority behaviors identified for *Suaahara II* and outlines approaches to resolve these barriers. For this, formative research was conducted in ten districts to identify gaps and barriers in adopting optimal nutrition-specific and nutrition-sensitive behaviors among our target audiences. Similarly, the SBC strategy has identified 60 contact points to reach 1000 day's families with interpersonal communication. A guideline on how to promote and utilize these contact points was developed through a two-day workshop.

Bhanchhin Aama radio program and its follow-up program, Hello *Bhanchhin Aama*, which involves audience-feedback and participation, were adopted from *Suaahara I* and are flagship SBC interventions. Since new episodes of *Bhanchhin Aama* would air only from year two, *Suaahara II* re-broadcasted 35 episodes produced during the last phase of *Suaahara I* through 75 FM stations and centrally through Kantipur FM. In addition, Public Service Announcements produced during *Suaahara I* were also broadcast via these FM stations.

For the new *Bhanchhin Aama* episodes, a four-day residential participatory Radio Design Document Workshop was organized with 90 participants travelling from 16 districts. The participants developed 52 new episodes, based on the SBC strategy and under the leadership of NHEICC. The Technical Committee of NHEICC endorsed the document and a Script

Review Committee was formed to review scripts of each episodes for approval. Community reporters from each district were trained to collect field voices, for all 52 new episodes. One hundred and twenty-five local and national FM stations, covering all *Suaahara II* districts, were selected to broadcast the new episodes. Radio Nepal, with nation-wide coverage is a primary means of reaching maximum beneficiaries, but radio listening sessions will also be held during radio discussion groups meetings for radio dark areas. Other strategies will also be explored to increase the reach of *Bhanchhin Aama*. For example, radios will be distributed to all radio listening groups in Awadhi speaking areas of *Suaahara II* districts and *Suaahara II* CNFs will identify other areas where access is a barrier. Also in Awadhi-speaking areas, *Suaahara II* CNFs will explore if mobile shops can copy a few *Bhanchhin Aama* episodes onto individual's phones who come to the shop to copy songs onto their mobile phones. A plan and the content for an SMS push-messaging campaign was developed to include reminders for adopting the 10 key priority behaviors and 60 key contact points, targeted at 1000 day's families.

Ten priority behaviors for *Suaahara II* program

1. Dietary diversity for women – eat more eggs and meat
2. Attend ANC at least four times
3. Take all 180 IFA tablets during pregnancy
4. Use a modern method of family planning
5. Dietary diversity of children – feed more meat, eggs, iron-rich foods
6. Feed the child the same or more during illness
7. Give ORS and zinc to a child with diarrhea
8. Give the child under six months only breast milk
9. Treat drinking water
10. Wash hands at six critical times

60 contact points

Contact	Objective	Frequency	Timing
Health worker	ANC	4	Fourth, sixth, eighth and ninth month of pregnancy
FCHV	IFA Supply	2	Fifth and seventh month of pregnancy
FCHV (in HMG meeting)	Learning/ social support	27	Third month of pregnancy until the child is two years old
FCHV or health worker	PNC	3	First, third and seventh day of delivery
FCHV or health worker (facility or PHC/ORC)	GMP	24	Every month until the child is two years old

GENDER EQUALITY AND SOCIAL INCLUSION (GESI)

In year one, GESI activities focused on enhancing the capacity of staff, front line facilitators, and community leaders to develop a common understanding and reflection on GESI issues and work to address

identified issues. A GESI integration workshop was organized to share learnings from Suaahara I, develop a common understanding, identify areas for GESI integration in each component (IR based), and to determine GESI indicators and requirements for monitoring and reporting.

All developed BCC materials were reviewed by the GESI team, to ensure a GESI perspective. A session on family support was developed and incorporated into the MIYCN manual to reiterate the importance of family support to improve the nutritional status of 1000 day's mothers and their children. Similarly, other thematic manuals, guidelines and materials (MIYCN, HFP and health) were reviewed and feedback incorporated from a GESI perspective. HFP trainers in nine districts were oriented on GESI to ensure GESI integration.

A training package on GESI, Gender Transformative Approach and Social Analysis and Action (SAA), was adapted from CARE Nepal's reproductive health package to address all *Suaahara* multi-sectoral components. The SAA is a participatory package for staff and community for reflection, which helps enable actions to address rigid gender and social norms and structural barriers. The MNCH and GESI officers from all *Suaahara II* districts were trained at the central level and held responsible for cascading the learnings to the FS, FC and field staff. These trainings were important to strengthen the GESI analytical perspectives of the staffs and create an enabling environment for year two community level activities.

The celebration of 16 days' activism against gender based violence (GBV) and International Women's Day (IWD), in collaboration with the GoN stakeholders at the central and district level, helped both to sensitize and mainstream GESI perspective and to promote gender equality and social inclusion in respective districts. Related IEC and BCC materials were disseminated in the districts. The program adopted a theme in Nepali and disseminated it widely through various activities to make nutrition agenda of concern for everyone. Theme: "सुपोषित महिला, स्वस्थ परिवार; हरेक क्षणमा साथ, मेरो सरोकार" (I pledge for togetherness in every moment, for well-nourished women and healthy family). At the central level, a small orientation session was organized to highlight the importance of IWD in present context, linked the program perspective to increase male participation and internalize respect for women.

To understand the gender roles and the time use attributed to women and men, girls and boys that shape the division of labor within a household, *Suaahara II* carried out a testing of the time diary tool and secondary analysis of gender and GBV risk. For *Suaahara II*, the analysis of the time for unpaid care work is essential as workload is a potential major hindrance to the wellness of women, with implications for their own and their children's health and nutrition status. The gender and GBV risk analysis helped to develop a matrix that shows the barriers across 10 key behaviors of Suaahara, which will help guide the design the GESI strategy in year two.

PUBLIC PRIVATE PARTNERSHIPS

In year one, *Suaahara II* explored strategic interests of private sectors, their goals for corporate social responsibility (CSR) and potential business models to match if it would directly benefit the program target groups. *Suaahara II* held many consultative meetings with various private organizations, government stakeholders and likeminded programs to explore potential partnerships for developing sustainable health and nutrition interventions. Telecommunication companies, agro-business companies, water harvesting and irrigation support companies, insurance companies, and the SAKCHYAM Project are few companies with whom *Suaahara II* explored collaboration opportunities.

One of the main task during year one was to develop a public private partnership (PPP) strategy. The program worked with a national consultant and visited Kailali, Doti, Nuwakot and Rasuwa to interact with beneficiaries, various formal and non-formal community groups and local stakeholders. At the central level, discussions continued with focal persons from the NPC PPP Section, CHD Nutrition Section, DoAD, DLSO, Department of Water and Sewage, private companies, nutrition experts, and thematic members of the program. We found that not a single organization in Nepal has a formal PPP strategy and different stakeholders have different understanding of PPP.

The program carried out a short study through field visits, interactions and documents review to search opportunities for private sectors engagement within the *Suaahara II* framework. In the reporting, four consultative meetings with agri-business companies, vaccine producers and government stakeholders, five consultative meetings with other private sectors for awareness rising and BCC activities, five consultative meetings with insurance companies, agro-vets, micro finance, access to finance program, one meeting with Eco concern for WASH intervention, and three workshops and meetings were conducted to develop PPP strategy paper.

Suaahara II signed a MoU with Shreenagar Agro farm, a large-scale agribusiness value chain company, capable of producing chicks, supplying feed to VMFs and guaranteeing buy back ready to sale supplies. The aim of this partnership is to support VMF sustainability through vegetables production, backyard poultry production, access to market, and help their business thrive commercially in the community. Currently, Shreenagar provides chicks and feed to their linked farmers, which can now be provided to *Suaahara II* supported VMFs. *Suaahara II* and Shreenagar has jointly carried out few field visits and provided orientation to the VMFs on developing a viable business model in Nuwakot, Sindhupalchowk and Nawalparasi districts. Under the PPP approach, 70 VMFs were familiarized about the commercial poultry support farming model through various training, interaction, and meetings.

Suaahara II has provided a limited number of smokeless stoves to support the total sanitation campaign; it is unfortunate that the program cannot provide the stoves to all households in Bhoje VDC, Lamjung. The program team had initially contacted DDC Lamjung to support smokeless stoves to accelerate the progress of total sanitation in Bhoje VDC. Based on a WASH census done by *Suaahara II*, the actual number of stoves required were 109 (HHs) for Bhoje VDC. The DCC allocated NPR 10,000,00 (approximately \$10,000), raised from revenue from the local hydropower station. This kind of public private partnership is a first for *Suaahara II*. The total cost for the stove is NPR 9,000: DDC will pay NPR 7,000 and the household will pay NPR 2,000 and the private company will install the stove free of cost. *Suaahara II* will facilitate social mobilization and monitor the transparency while assisting VDC and Social Mobilizers. DCC Lamjung, with support from *Suaahara II*, is planning to declare Bhoje VDC as the second Total Sanitation VDC this year.

EMERGENCY PREPAREDNESS AND RESPONSE PLAN (EPRP)

Disaster Preparedness and Response (DPR) is a cross cutting theme to enhance disaster preparedness and response capacity of its staffs and support disaster preparedness for its stakeholders and targeted communities at the local level. An EPRP working group and an emergency response team (ERT) were formed; an emergency response mechanism including an emergency communication flow chart and guidelines for *Suaahara II* were developed. The program has provided 18 satellite phones, eight to central level key staff and eight to district offices located in remote area and/or strategically important locations (Darchula, Bajura, Bajhang, Rasuwa, Solukhumbu, Baglung, Banke, Rupandehi, Panchthar, and Sankhuwasabha) for alternative emergency communication. An earthquake risk, preparedness

and response training was organized in Kathmandu in May 2017 for central level staffs followed by an earthquake safety drill.

In the district office, a disaster and security assessment was carried out for all districts and are now equipped with fire safety and first aid kits. A DPR and Security Orientation package was prepared and provided to all staff in seven districts including the PNGOs. The orientation package covers disaster risk, disaster and development, disaster risk reduction strategy and safety and security of staffs, followed by the earthquake and fire demo drill. An emergency response team covering six themes (Evacuation, Search and Rescue, First Aid and Damage Assessment) consisting of six members each was formed at the center. At the district level, one focal person has been assigned to each theme. It is linked across the *Suaahara II* program through DPR working group and ERT.

Safety and disaster risk assessments were initiated at expatriate staff's residence and safety supplies (fire extinguisher and fire blanket are placed in each floor, smoke detector and quake alarms) have been bought to be placed at their homes, to maximize the safety of expatriate staff and their families. Expatriate staff are being issued satellite phones for emergency communication, along with emergency safety kits (Go Bag).

MONITORING, EVALUATION AND RESEARCH

The *Suaahara II* monitoring, evaluation and research (MER) plan was reviewed in year one by a USAID hired global expert and approved. This plan will be finalized in the first few months of year two, incorporating revisions suggested by the hired consultant and the first round of annual survey results. An overview of the *Suaahara II* MER system was carried out for all 40 district teams and for KTM staff, consortium partners, and GoN stakeholders. These orientations focused on sharing how lessons learned from *Suaahara I* have been integrated into the *Suaahara II* MER system. They also provided an opportunity to ensure a mutual understanding among KTM and non-KTM *Suaahara II* staff and partners regarding *Suaahara II's* the independence yet complementarity of monitoring, evaluation, and research activities, key program indicators, and plans for data use and dissemination at local, national, and international levels.

Suaahara II's monitoring activities include: activity reporting and an internal monthly monitoring system for key inputs, outputs and outcomes. For activity reporting, each district team enters their own data into a web-based DHIS-2 system and the data is verified by the respective IR leads. Furthermore, all training data was entered into TraiNet and showed that more than 107,000 individuals were trained during year one of *Suaahara II*.

Additionally, a large-scale effort referred to as the Community Mapping Census (CMC), was started to facilitate accurate program targeting of beneficiaries, establish a first home visit for counselling by *Suaahara II* field supervisors to 1000-day households, and to help ensure accurate measurement of coverage indicators. During CMC data collection, the FS also collect photographs of all FCHVs and VMFs to create a database for use in future programming and MER activities. After an eight-district pilot of the tools and processes, the system was rolled out to all districts. As of the end of June 2017, more than two million people in 400,000 households had been registered in the CMC. For the internal monthly monitoring system, each FS collects data from five 1000-day households, primarily to measure progress over time in the 10 key behaviors and 60 key contact points promoted by *Suaahara II*, in each district. For the last quarter of year one (April to June 2017), data were analyzed and results shared via PPT with all KTM and district-based staff in July 2017. CMC and internal monitoring data are collected by FS in electronic checklists programmed in a CommCare application on mobile phones.

Suaahara II's monitoring system also includes annual surveys. For annual survey year 1 (2017), New-ERA initiated data collection in June. Household survey respondents include: mothers of a child under five years of age (<5y), a major male (or female, if male is unavailable) household decision-maker, a grandmother of the child <5y and an adolescent girl (10-19 years) residing in the household, when available. Health facilities and FCHVs in the randomly selected sample areas are also being interviewed. All tools were finalized in English, translated into Nepali, and electronically programmed into ODK for data collection. Data collection should finish by mid-Sept 2017 and management and analysis of key results by end of October 2017.

The *Suaahara II* evaluation is planned for rainy season of 2020 and therefore, evaluation activities were not planned or implemented in year one.

Suaahara II's research partner is the International Food Policy Research Institute (IFPRI). The IFPRI team has visited Nepal several times to become familiar with *Suaahara II's* interventions and MER plans and systems, and meet with USAID and government stakeholders. In year one, the focus was on generating agreement for the packages of health service interventions to be tested in the planned randomized controlled trial (RCT) in Baglung and Rupandehi. Furthermore, an international consultant was hired to design the *Suaahara II* sustainability/exit strategy and, in collaboration with *Suaahara II* management and IFPRI, to initiate discussions with USAID and GoN stakeholders on indicators for the handover of key health and nutrition activities to the GoN in 15 districts (now 151 municipalities), starting in year three. Finally, the *Suaahara II* MER team also organized a formative research workshop for all *Suaahara II* partners to bring together all planned formative research activities into one protocol. The issues of interest and possible research questions have been identified and a second workshop will be held to finalize the study design and draft a protocol and ethics application. However, this activity was put on hold until the annual survey results are available.

As the year 1 priority was to set up these data systems, dissemination including publications using these data sources has not yet happened but is planned for years two through five.

ATTACHMENT A – PROGRESS AGAINST ANNUAL WORKPLAN

ACTIVITIES	Y1 TARGET	ACHIEVED	STATUS	REMARKS
Project Advisory Committee group meeting	2	1		Difficulty coordinating with government for a date for the meeting.
Suaahara II team orientation on strategy and activities	1	1	Completed	
Suaahara Agriculture/Livestock Advisory Group meeting	2	1		This is a repeat activity with the same one listed in IR3.
Semi-annual program staff meeting, to review progress and plan for next year	2	2	Completed	
Suaahara II orientation to PNGO staff	1	39 Districts	Completed	
USAID rules and regulation workshop/refreshers	1	1	Completed	
District Implementation Plan meetings for Year 2	1	1	Completed	
Innovative grants program	Regular	N/A	Completed	
EPRP	Regular	N/A	Completed	
Trafficking in persons compliance training	Regular	N/A	Completed	
Branding and marketing compliance review	Regular	N/A	Completed	
Environmental reporting compliance review	Regular	N/A	Completed	
Internship program	Regular	N/A	Completed	
Financial management training/refreshers	Regular	N/A	Completed	
Operational management review-annual workshop	Regular	N/A	Completed	
Consortium finance/operations meeting - quarterly	Quarterly	4	Completed	
District level finance/operation peer review - semi annual	Semi Annual	5		Due to KTM-level staffing constraints, semi-annual reviews in each district were not possible. Building on the 5 done, this will be done in each district in year 2 now that additional staff was hired.
Internal audit (risk based)	Regular	N/A	Completed	
Semi-annual monitoring and mentoring visit	Regular	N/A	Completed	

ACTIVITIES	Y1 TARGET	ACHIEVED	STATUS	REMARKS
INTERMEDIATE RESULT 1: IMPROVED HOUSEHOLD NUTRITION AND HEALTH BEHAVIORS				
Annual technical staff meeting at central level	1 Time	1 Time	Completed	
MIYCN adolescent nutrition MToT	2 Batch	2 Batch	Completed	
Design and update IEC training manual	Regular	N/A	Completed	
Support to CHD on NuTEC activities	Regular	N/A	Completed	
Support to DOHS, NuTEC, UNICEF, other stakeholders to integrate NACS in community based GMP System	Regular	N/A	Completed	
District consultative meeting in 10 Districts	10 Districts	10 Districts	Completed	
Refresher training (VLT) in 10 Districts	10 Districts	7 Districts		This activity started in January, but given DHO time conflicts and local elections, only 7 districts completed the training. This activity will be done in Lamjung, Darchula, and Bajhang in Year 2.
Refresher training CLT in 10 Districts	10 Districts	0		This activity requires completion of VLT and thus was not possible in Year 1 due to delays in the VLT-level activity. This activity will be done in Year 3.
Monitoring and supervision (central and district levels)	Regular	N/A	Completed	
Orientation to NSBC officers	40 Participants	40 Participants	Completed	
MToT on MIYCN to training officers and logistic supervisors	48 Participants	58 Participants	Completed	
VDC orientation on <i>Suaahara II</i>	Dhading & Panchthar	Panchthar		Dhading PNGO selection delay and local level elections prevented this activity from being done. This activity is now redesigned to be integrated into IR4's AWP, based on the new federalist structure, for Year 2.
2 days MIYCN orientation to NGO staff in 40 districts	40 Districts	37 Districts		Syangja activities did not happen in Year 1. This activity could not happen in Bajhang and Darchula, as this would have linked to the VLT-level training which did not happen. This activity will be completed in Year 2.
One day orientation to health sector stakeholders of the districts	40 districts	40 Districts	Completed	
VLT introductory training for Dhading and 3 batches in Panchthar (health and non-health worker)	Dhading and Panchthar	Dhading and Panchthar	Completed	
5 days CLT introductory training for Dhading (FCHV + Social Mobilizers and health worker)	Dhading	0		Dhading PNGO selection delay and local level elections prevented this activity from being done. This activity will be completed in Year 2.

ACTIVITIES	Y1 TARGET	ACHIEVED	STATUS	REMARKS
2 days MIYCN training to mothers group members and decision makers ward level (WLI)	Panchthar	0		This activity is a follow-up activity after the VLT and CLT. As the CLT did not happen, this activity was not possible. This activity will be completed in Year 2.
Food demonstration at community Level - 25% DAG VDCs	21 Districts	21 Districts	Completed	
Orientation on HMIS recording and reporting (nutrition and health indicators) to health workers and FCHVs	17 Districts	12 Districts		In Rukum, the DHO did not give sufficient time due to an initial health worker strike and later conflicting schedule. To save resources, this activity was planned to be integrated with other training activities but could not happen in Bajhang, Darchula, Lamjung, and Dadeldhura as the linked trainings was not possible. This training will be continued in Year 2.
Data quality audits on nutrition indicators in 15 districts	15 Districts	13 Districts		This was a regional level activity that could not be done in Bajhang and Dolakha, due to insufficient time availability from DHO.
Celebrate key life events - 25% DAG VDCs	21 Districts	21 Districts	Completed	
Celebrate nutrition related days such as Iodine Month and School Health and Nutrition Week	16 Districts	40 Districts	Completed	
Counsel 1,000 day's women and family members on maternal, infant and young child nutrition (MIYCN) and family planning during PHC/ORCs, EPI/ GMP and ANC clinics.	40 Districts	40 Districts	Completed	
Engage male household members during home visit, HFP group meeting, and household WASH activities	40 District	40 District	Completed	
Identify and invite new 1000 day's women adolescent including DAG, to attend Suaahara II activities	40 District	40 District	Completed	
Household visit and provide necessary technical support to mothers/family members as per need/gap	5 HHs/FS/Month (5x600x12= 36,000 households)	480,000 households	Completed	This activity was originally calculated to align with MER checklists required household visits, which started in April. However, many more households were reached with the MER census. This activity will be continued in Year 2.
Vitamin A supplementation (promotion, campaign, IEC material & supervision and monitoring)	40 Districts	40 Districts	Completed	
Mobilize Suaahara II district and PNGO staff during national Vitamin A supplementation campaign to raise awareness before and provide supportive monitor during the supplementation days.	40 Districts	40 Districts	Completed	
Revision of WASH Curricula	1	1	Completed	

ACTIVITIES	Y1 TARGET	ACHIEVED	STATUS	REMARKS
Training on WASH to District WASH officers at central level	45 Participants	44 Participants	Completed	Syangja activities did not happen in Year 1.
Training on post ODF & Total Sanitation/SWASTHA community to district WASH officers	45 Participants	44 Participants	Completed	Syangja activities did not happen in Year 1.
Training on Planning/Monitoring and Evaluation to district WASH officers	45 Participants	44 Participants	Completed	Syangja activities did not happen in Year 1.
Organize the review meeting with district WASH officers for WASH activities by central team	2 Batch	3 Batch	Completed	
Develop training materials on WASH and distribution of bag pack to WASH Officers	40 Districts	39 Districts	Completed	Syangja activities did not happen in Year 1.
District level training on WASH/post ODF to PNGO staff	40 Districts	39 Districts	Completed	Syangja activities did not happen in Year 1.
Training on WASH to FCHVs of program VDCs	40 Districts	39 Districts	Completed	Syangja activities did not happen in Year 1.
Training on WASH to youth volunteers of program VDCs	400 Participants	1082 Participants	Completed	
ToT on Total Sanitation to Triggerer/SM at VDC level	180 Participants (20X9 Batch)	93 Participants		Fewer triggerers were required as more VDCs than anticipated were in the Total Sanitation category and fewer VDCs than anticipated were in the ODF category, as assigned to us by D-WASH CCs.
Orientation on WASH to V/MWASHCC member in program VDCs	40 Districts	39 Districts	Completed	Syangja activities did not happen in Year 1.
Support to organize D/V/MWASHCC meeting in program VDCs	40 Districts	39 Districts	Completed	Syangja activities did not happen in Year 1.
Orientation on WASH to HM, FT, SMC and PTA members of school in program VDCs	40 Districts	37 Districts		Syangja activities did not happen in Year 1. In Lamjung and Rasuwa, as requested by D-WASH CC, efforts from this activity were diverted to focus on ODF and Total Sanitation declaration for VDCs.
Organize the events at community level for triggering and sensitization on OD For Total Sanitation	40 Districts	39 Districts	Completed	Syangja activities did not happen in Year 1.
Support of materials in toilet installation in DAG community	40 Districts	6 Districts		The D-WASH CCs in only 9 of 40 districts allocated VDCs for ODF, which are the VDCs which we planned to align this activity. Among those 9, this activity was not done in 3 districts because of delays in programming in Dhading and request from D-WASH CCs to not distribute materials now and avoid raising community expectations in non-DAG households in Kailali and Nuwakot. This activity will continue in Year 2.
Support for HWTS (household water treatment system) and improved cooking stove for DAG	40 Districts	2 Districts		Water filter distribution began in Rukum and Salyan and procurement for remaining 38 districts is ongoing. This

ACTIVITIES	Y1 TARGET	ACHIEVED	STATUS	REMARKS
				activity, and the distribution of improved cooking stoves, will be continued in Year 2.
Conduct water quality testing, monitoring and re-research at the community level	40 Districts	20 Districts		There were delays in district-specific planning for implementation of this activity (e.g. where, which households, how many, how often). This activity will be completed in Year 2.
Orientation on WASH for community groups	40 Districts	39 Districts	Completed	Syangja activities did not happen in Year 1.
Development of IEC materials and message dissemination at the community level	40 Districts	39 Districts	Completed	Syangja activities did not happen in Year 1.
Mass awareness campaign on WASH at the community level	40 Districts	39 Districts	Completed	Syangja activities did not happen in Year 1.
Orientation on WASH and menstrual hygiene to members of child club and adolescent girls	40 Districts	37 Districts		Syangja activities did not happen in Year 1. In Lamjung and Bardiya other activities were prioritized. This activity will be completed in Year 2.
Coordination and collaboration with Swachhata project in WASH activities	Salyan, Rukum, Jajarkot	Salyan		Rukum and Jajarkot reported that Swachhata Project is not very active to enable collaboration.
INTERMEDIATE RESULT 2: INCREASED USE OF QUALITY NUTRITION AND HEALTH SERVICES BY WOMEN AND CHILDREN				
NACS training materials development workshop in consultation with CHD, NHTC, UNICEF, Care Nepal and other stakeholders	1 Workshop	1 Workshop	Completed	
NACS job aids development workshop with CHD, NHTC and other stakeholders	1 Workshop	1 Workshop	Completed	
BCC materials development workshop with CHD, NHEICC, Care Nepal	3 Workshop	1 Workshop		After our first workshop, all tasks were completed and the additional two workshops were unnecessary.
Consultative meeting for NACS performance standard package development	2 Times	3 Times	Completed	
Master Training of Trainers (ToT) on NACS to health care providers (2-3 batches)	75 Participants	95 participants	Completed	
NACS referral service development workshop at national level	1 Workshop	0		This activity was delayed, but materials have been drafted and shared internally. A next step is to share externally with stakeholders and then this workshop will take place in Year 2.
Continuation of CB-IMNCI program in Bhojpur, Dolakha, Taplejung, Myagdi and Sankhuwasabha	5 Districts	5 Districts	Completed	
NACS and IMNCI-related services assessment of HR and equipment (health facility assessment) situation	40 Districts	39 Districts	Completed	Syangja activities did not happen in Year 1.
Monitoring and supervision of CBIMNCI program for central, regional and district level MoH staff	7 Districts	7 Districts	Completed	

ACTIVITIES	Y1 TARGET	ACHIEVED	STATUS	REMARKS
Training on CBIMNCI in 2 districts (Palpa & Dailekh)	998 (Palpa) & 776 (Dailekh)	444 (Palpa) & 487 (Dailekh)		Delay in start-up and elections/federalism transition interrupted training activities for health workers and FCHVs. This activity will be continued in Year 2.
Conduct quarterly district nutrition coordination meetings and district planning	40 Districts (3 events/district= 120 events)	21 Districts (37 events)		This number may be under-reporting, as many districts did this in collaboration with NFSSC. We have captured that activity in SN 160.
MToT to the district resource persons (One event at Kathmandu/center, 2 participants per district, total-20)	20 Participants	20 Participants	Completed	
Health Facility Operation and Management Committee (HFOMC) strengthening - capacity needs assessment	40 Districts	0		HFOMC structure and functionality was unclear during transition to federalism. As per the 5 year workplan, this activity is planned in Year 2.
Technical support visits to HFOMCs	20 HFs/District (800 HF)	234 HF		Delay in PNGO agreements and their hiring delayed this /health activities, as well as HFOMC structure and functionality being unclear during transition to federalism is responsible for this lack of completion. We will continue this activity in Year 2.
Conduct orientation of health service providers/managers at the district level on the process and expected benefits of Community Health Score Board (CHSB) - one event at district level for DHO staff	1 meeting per district 23 old districts and 2 new districts	25 Districts	Completed	
Conduct orientation of health service providers/FCHVs at the health facilities on the process and expected benefits of CHSB (at the facility level) and implementation of CHSB	25 Districts	24 Districts		DHO in Gorkha did not give time to allow for this activity to be done, given competing priorities.
Consultation with MoH and MOE for identifying the need for school health and nutrition education especially for adolescent girls	1 Event	1 Event		
Organize sharing meeting on the process of need identification and design/approach for school health and nutrition with district education office and district health office	1 Event per district (40 Events)	0		As per 5 year workplan, this activity will be done in Year 2.
Design school health education curricula (package with clearly defined contents and approaches) for educating school adolescents in collaboration with CHD [A consultant will facilitate the consultative process and write ups]	1 Curriculum	1 Curriculum	Completed	

ACTIVITIES	Y1 TARGET	ACHIEVED	STATUS	REMARKS
Conduct orientation of health service providers/FCHVs at the health facilities on the process and expected benefits of SATH	5 event each at 40 District (200 events)	39 Districts (189 Events)		Syangja activities did not happen in Year 1. In a few districts (e.g. Palpa, Bajhang) 3-4 events, rather than 5, were done due to competing priorities. This activity will be continued and scaled-up in Year 2.
Mapping of VDCs/HFs to identify DAG/hard to reach, poor performing communities with respect to nutrition indicators and basic MNH indicators (through workshop with DDC and DHO)	40 District (1 event per district)	39 Districts	Completed	Syangja activities did not happen in Year 1.
Implement SATH technique in marginalized and poor performing communities (one per VDC) identified by the mapping exercise to improve health service utilization	5 event each at 40 District (200 events)	39 Districts (216 Events)	Completed	Syangja activities did not happen in Year 1.
Conduct orientation of health service providers/managers at the district level on the process and expected benefits of SATH	40 District (1 event per district)	39 Districts	Completed	Syangja activities did not happen in Year 1.
Support implementation of micro-planning of FP program (underperforming districts)	Achham and Bajhang	Achham		Coordination with DHO in Bajhang was more challenging.
Support regularize quarterly RHCC meetings at district level	40 Districts	29 Districts		Syangja activities did not happen in Year 1. The remaining districts did not have RHCCs or functioning RHCC regular meetings.
Workshop to revise job aids for health workers, FCHVs and GoN health facilities	1 Workshop	1 Workshop	Completed	
ToT on USG abortion and FP requirements (3 batches)	75 Participants	253 Participants	Completed	
Organize training on professional development for project staff (NACS & FP)	3 Times	0		This activity is based on staff-demand and was not required in Year 1.
Review meeting with project staff (Internal)	4 Times	4 Times	Completed	
INTERMEDIATE RESULT 3: IMPROVED ACCESS TO DIVERSE AND NUTRIENT-RICH FOODS BY WOMEN AND CHILDREN				
Organize HFP program sharing and planning meeting with DADO and DLSO	1 Time	1 Time	Completed	
Organize 6 days DTOT on Homestead Food Production (HFP) for field supervisors and extension workers-2 new districts	85 (40 for Panchthar and 45 for Dhadhing)	88 Participants	Completed	
Roll out 2 days HFP training for mothers of 1000 days, FCHVs and family members (16 KISAN districts + 2 new districts)	1548 Events for 27864 participants	916 Events for 21882 participants		HFP training was put on hold in some districts due to elections. This activity will be continued in Year 2.

ACTIVITIES	Y1 TARGET	ACHIEVED	STATUS	REMARKS
Conduct one day refresher on backyard poultry rearing practices including importance of vaccine for mothers and FCHVs trained in 16 FTF districts during Suaahara 1	536 Events for 10,720 participants (mothers of 1000 days and FCHVs)	583 events for 12,348 participants (mothers of 1000 days and FCHVs)	Completed	
Provide seeds of nutrient dense vegetables to VMFs, FCHVs and mothers of 1000 days (2+16+5)	78,703 (VMFs, FCHVs and mothers of 1000 days)	13,263 (VMFs, FCHVs and mothers of 1000 days)		Rainy season seeds were distributed to the districts in May/June, but districts were unable to distribute internally due to elections. These seeds were distributed in July and will be reported in Year 2.
Provide orange fleshed Sweet Potatoes (OFSP) planting material as the start up support to VMFs	16 Districts	0		Given challenges in finding a supplier via our advertised EOI, this activity was delayed until July and will be reported in Year 2.
Distribute the 8 week brooded chicks to VMFs for 2 new districts	216 VMFs (10 chicks/VMF)	0		Given challenges in finding a supplier via our advertised EOI, this activity was delayed. We signed an MoU with two selected vendors in July. From September chick distribution, will start and this activity will be done and reported in Year 2.
Distribute the 8 week brooded chicks to households (FCVS and mothers of 1000 days-5 chicks/HHs)	11,799 HHs (mothers of 1000 days and FCHVs)	0		Given challenges in finding a supplier via our advertised EOI, this activity was delayed. We signed an MoU with two selected vendors in July. From September chick distribution, will start and this activity will be done and reported in Year 2.
Material support for chicken coops (DAG HHs only)	16 Districts	0		This activity is linked with poultry distribution and therefore was also put on hold. This activity will be done and reported in Year 2.
Development of short term HFP trainers and mobilization of trainers for 2 new districts +16 KISAN districts	1 Time	1 Time	Completed	
Organize AG staff and enterprise expert team review and planning meeting	1 Time	1 Time	Completed	
Organize MOAD/MoLS's field visit to Suaahara districts for improvisation of HFP interventions	1 Time	1 Time	Completed	
Develop and print HFP IEC materials in coordination with MOAD and MOLS	10 Materials	7 Materials		Three materials (HH budgeting game, bio-security poster, and garden to plate brochure) are being updated and will be printed and distributed in Year 2.
Procurement of HFP inputs (vegetable seeds, 8 week brooded chicks and fruit saplings) for distribution to households as start up support	10,818 HHs/59234 HHs/700 HHs	44,254 HHs/0	Completed	

ACTIVITIES	Y1 TARGET	ACHIEVED	STATUS	REMARKS
		HHs/700 HHs		
HFP surveillance of sub-sample households	Bi monthly	0		Based on final MER plan, this activity was canceled. However, HFP is captured in the internal monthly monitoring system via CommCare.
Outreach research to endorse OFSP and kangkong through MOAD in collaboration with NARC and Seed Directorate, Nepal	2 Crops	2 Crops	Completed	
Conduct VMF capacity building training (5 days) for selected Village Model Farmers in 2 new districts	216 VMFs (99 of Panchthar & 117 of Dhading)	177 VMFs (111 of Panchthar & 66 Dhading)		In Dhading, DFNSSC stakeholders suggested that we go to 7 rather than 9 VDCs which resulted in a lower number of VMFs.
Organize on site coaching on HFP by DADO and DLSO	40 District	39 Districts	Completed	Syangja activities did not happen in Year 1.
Organize on site coaching on HFP by ASC and LSC	40 District	39 Districts	Completed	Syangja activities did not happen in Year 1.
Organize consultative meeting with DADO and DLSO (agenda of meeting may be a. to avoid duplication in activities, b. to discuss upon group registration, VMF network process in case of mature districts)	4 Meetings/District (160)	1-3 Meetings/39 Districts (96)	Completed	Syangja activities did not happen in Year 1. 96 meeting in 39 districts except Syangja. The number of meetings per district varies, based on need and whether organized jointly with DADO and DLSO rather than separately.
Support in establishment/strengthening of brooding center for improved chicken breeds	14 Districts	18 Districts	Completed	
Establish VMF network and support to conduct VMF network meeting	15 Districts	13 Districts		Syangja activities did not happen in Year 1. Sankhuwasabha is the other district which did not do this activity and will do so in Year 2.
Conduct 10 days training on Local Resource Persons (LRPs) development for selected VMFs	220 VMF (in 10 Districts)	48 VMFs (in 17 districts)		Program learnings showed that this training should be switched from district-level to central-level and therefore fewer people were invited to participate in this technical training.
Suaahara-Agriculture Livestock Advisory Group Meeting	1 Time	1 Time	Completed	
Conduct quarterly review and planning meeting with FTF, PAHAL AFSP, and AG Livestock Stakeholders	27 Districts (3 times in a year)	27 Districts	Completed	
Conduct review and planning meeting with VMF in coordination with ASC, LSC, VDCs	38 Districts	37 Districts	Completed	Syangja activities did not happen in Year 1.
Organize VMFs' exposure visit to KISAN/PAHAL demonstration site and interaction meeting with Local Service Providers/Leader Farmers	7 Districts	7 Districts	Completed	

ACTIVITIES	Y1 TARGET	ACHIEVED	STATUS	REMARKS
Support in regularization of HFPB group and link with KISAN/PAHAL/SABAL groups/other farmer's livelihood groups	22 Districts	10 Districts		This non-budgetary activity was given lower priorities by district teams.
Support to promote VMF services through VMF information board	22 Districts	19 Districts		Syangja activities did not happen in Year 1. Solukhumbu cancelled the VMF board distribution activity as most VMFs are not practicing improved vegetable gardening and backyard poultry rearing and not interested to continue as a VMF. In Bajhang, none of the VMFs met the criteria.
Conduct orientation in planning meeting with VMFs to reach new mothers and sustain HFP practices (based on plan of action prepared by VMF during this meeting, VMFs will be provided additional enterprise development training through 3.2)	38 Districts	38 Districts	Completed	
Organize HFP and VMF mainstreaming workshop with MOAD and other Food Security Program Partners (KISAN, AFSP, PAHAL, SABAL)	1 Time	1 Time	Completed	
Support to strengthen market management committee/haat bazaar (weekly market) for promotion of surplus homestead produce within KISAN/PAHAL/SABAL's network	15 Districts	12 Districts		Syangja activities did not happen in Year 1. The other 2 districts (Lamjung and Taplejung) reported that the market mgmt committee declined support. This activity will continue in Year 2.
Conduct monitoring and supervision of VMF sustainability	38 Districts	29 Districts		This is for a post-training follow-up activity. This activity will continue in Year 2.
Support to organize agri and nutrition fair in collaboration with KISAN/PAHAL/SABAL	15 Districts	24 Districts	Completed	
Support in promotion of short term nutritious fruits in homestead garden scale and promote nutrition value chain through product diversification in collaboration with KISAN, AFSP	7 Districts (100 HH/per district) - 700 HHs	7 Districts (100 HH/per district) - 700 HHs	Completed	
Quick assessment on VMF profile in coordination with ASC, LSC and VDC (1-2 FGD with mothers)	38 Districts	38 Districts	Completed	
Enhance capacity of VMFs through increased access to SMART Krishi apps reaching new mothers of 1000 days with agri market information and messages (for 5 districts Nuwakot, Rasuwa, Dolakha, Kailali and Dadeldhura)	5 Districts	0		Based on learnings regarding the challenges of SMART apps, the IR team revised the strategy to focus on other means of reaching VMFs (maybe push messages), which is an activity that will be started in Year 2.
Organize sensitization workshop on PPP approach for ND vaccine in coordination with DLSO for CAHWs, agro vets and other vaccine suppliers	11 Districts	3 Districts		Delay in finalization of implementation guideline, delayed the opportunity for these workshops. This activity will be completed in Year 2.

ACTIVITIES	Y1 TARGET	ACHIEVED	STATUS	REMARKS
Conduct VMF plus group representative capacity building on group mobilization/saving & credit and account keeping in coordination and consultation with DADO, DLSO	22 Districts	21 Districts		Syangja activities did not happen in Year 1.
Conduct VMF orientation program on business plan, gender friendly enterprise development, financial literacy and linkage with financial institution in coordination and consultation with DADO, DLSO	22 Districts	21 Districts		Syangja activities did not happen in Year 1.
Training on improved processing and preservation with demonstration kit support for nutrition value chain	150 VMFs	0		Challenges identifying commodities available for processing and preservation delayed this activity. This will be done in Year 2.
Conduct participatory vulnerability and capacity assessment at district level	13 Districts	11 Districts		Syangja activities did not happen in Year 1. Sankhuwasabha was unable to complete this activity given the absence of LDO and CDO in DCC & DAO (DDRC) to set the date for PVCA. Once the stakeholders returned, the activity was again postponed twice due to local level elections.
HFP adaptation measures meeting with food security cluster and nutrition emergency cluster and mainstreaming nutrition into DRR plan	1 Time	1 Time	Completed	
INTERMEDIATE RESULT 4: ACCELERATED ROLLOUT OF MNSP THROUGH STRENGTHENED LOCAL GOVERNANCE				
Organize orientation on accelerating rollout Multi-Sector Nutrition plan (MSNP) through strengthened local governance for district coordinators and local governance officers	1 Time	1 Time	Completed	
Support to organize workshop for integration of INP indicators in DPMASS (District Planning Monitoring and Analysis System)	Regular	N/A	Completed	
Support in updating nutrition and MSNP related plan, policies and strategies (facilitate and assist to update nutrition related policies)	Regular	N/A	Completed	
Support to DDC for updating the district DAG mapping (in line with MSNP)	40 Districts	4 Districts		New federalist structure still evolving and the role of DDC has changed. To date, no one is updating the DAG mapping. Based on field demand, we will do this activity in 2 districts in Year 2.
Support in inclusion of INP indicators to periodic plan of district	Gorkha	Gorkha	Completed	
Prepare and review the implementation and training guideline per MSNP for accelerating IR 4 activities	1 Time	1 Time	Completed	

ACTIVITIES	Y1 TARGET	ACHIEVED	STATUS	REMARKS
Support to organize MToT for MSNP focal person (ministry, department, <i>Suaahara II</i> and EDPs)	25 Participants	24 Participants	Completed	
Hire Multisector Governance training consultant	10	8		Hiring of 10 was unnecessary, as 8 was sufficient to do the job.
Publish SBC materials for accelerating IR 4 activities	1 Time	0		This activity was to be based on MOFALD plans and policies but due to shift to federalism, these plans and policies were not ready for our support. We have now planned this activity in Year 2.
Support to formation Regional Level Nutrition and Food Security Steering Committee (NFSSC)	3 Regions	2 Regions		New federalist structure still evolving and regional NFSSC will not exist and thus this activity was halted. We will support the Province level NFSSC in Year 2.
Support to organize regional level ToT for MSNP for district level GoN focal persons (Regional/District based government stakeholders and <i>Suaahara II</i>)	1 Event	0		This activity was to support the NPC in doing this, but the NPC did not organize a district level ToT on MSNP. We will coordinate with NPC to do this in Year 2.
Support to formation District Level Nutrition and Food Security Steering Committee	Dhading	Dhading	Completed	
Support to capacitate District Level Nutrition and Food Security Steering Committee (NFSSC) meetings	40 District	38 Districts		Syangja and Dolakha were not possible due to political problems.
Support to formation VDC/Municipal level Nutrition and Food Security Steering Committees	74 VDCs	67 VDCs		When the new federalist structure emerged, this activity was halted. We will continue this activity, as per the new structure, in Year 2.
Support to capacitate VDC/Municipality level Nutrition and Food Security Steering Committee meetings	All VDCs	130 VDCs		These 130 VDCs are spread across 17 districts. When the new federalist structure emerged, this activity was halted. We will continue this activity, as per the new structure, in Year 2.
Support to organize MSNP planning training/refresher training for District Level Nutrition and Food Security Steering Committee Members	40 Districts	6 Districts		This activity was to support the NPC/CHD and as such, they requested us to include it in the RedBook. NPC/CHD requested that we follow their facilitation guide, which is still being finalized. Based on NPC/CHD recommendation, the remaining districts will be covered in Year 2 and are reflected accordingly in the DoH RedBook.
Organize MSNP refresher training to field level staff of <i>Suaahara II</i> and DDC (<i>Suaahara II</i> FS and DDC-LGCDP SM/PC)	2100 Participants	2695 Participants	Completed	
Support to organize MSNP planning training to VDC/Municipality level Nutrition and Food Security Steering Committees members	17 Districts	0		This activity was to support the NPC in doing this, but the NPC did not organize this given the reorganization of VDCs into municipalities. This resulted in inactive VDC NFSSCs and SII was waiting on guidelines for

ACTIVITIES	Y1 TARGET	ACHIEVED	STATUS	REMARKS
				new committees from NPC, which have now been circulated by NPC. We will coordinate with NPC to do this in Year 2.
Organize MSNP training to VDC Secretaries/Municipality's ward level focal person	40 Districts	30 Districts		This activity was to support the NPC, but we only completed this in 30 districts before the announcement of the new federal structure. NPC did not organize this. We will coordinate with NPC to do this in Year 2.
Participate and support to organize NPC-led High-Level Nutrition and Food Security Steering Committee (HLFNSSC)	1Time	0		This activity was to be led by NPC and we would participate. The NPC did not organize this, but if they do so and invite us, we will do this in Year 2.
Participate and support to organize NPC-led National Nutrition Coordination Committee meetings	1 Time	1 Time	Completed	
Participate and organize Civil Society Alliance for Nutrition Nepal (CSANN) led meetings	Regular	N/A	Completed	
Organize joint monitoring and supportive field visit for regional GoN officials	1 Time	3 Times	Completed	
Organize Monitoring Field Visit for Child Health Division (CHD)/MoHP	1 Time	3 Times	Completed	
Participate and support to organize for Nutrition Technical Committee (NuTEC) meetings	1 Event	2 Events	Completed	
Participate and organize Nepal Nutrition Group (NNG)-donor coordination meetings	1 Event	0		The NNG as of now is non-functional.
Organize joint review and planning meeting with government and external development partners (EDPs)	2 Times	1 Time		We coordinate with EDPs (e.g. UNICEF, DFID, JICA) regularly, but not in a formal group meeting. The one noted here is a CHD-organized meeting of all nutrition EDPs.
Organize meeting with MoHP, MoFALD and NPC for preparing Transferring Guideline and Post Transferring guideline	1 Time	1 Time	Completed	
Conduct Capacity Assessment in handover districts	1 Time	0		A handover/sustainability consultant was hired to support development of an exit strategy. Facility assessments were done, but remaining assessment activities will be done in future years.
Organize district level consultative and planning workshop	40 Districts	39 districts	Completed	
Organize VDC/Municipality level consultative and planning workshops	1743 VDCs	1683 VDCs		Syangja VDCs were not reached in Year 1, but planned in Year 2.

ACTIVITIES	Y1 TARGET	ACHIEVED	STATUS	REMARKS
Organize joint review and planning meeting with government and external development partners (PAHAL, Sajhedari, KISAN, UNICEF, etc.)	17 Districts	8 Districts		Review and planning meeting leadership was rotated among partners. Suaahara organized in 8 districts and participated in other 9 districts that are organized by other stakeholders
Organize joint field visit for district level stakeholders	40 Districts	12 Districts		Joint stakeholder visits were not possible in the remaining 28 districts, mainly because of scheduling conflicts which became more challenging in the second half of the year due to the demands of federalism and local elections. We will do this activity at a municipality level in Year 2.
Organize District Project Advisory Committee Meeting	40 Districts	29 Districts		This activity was added to district-level plans only in quarter 2 of year 1. In some districts, the agenda from this meeting was added into the NFSSC meeting as the membership is the same.
Coordination with meeting with other USAID funded projects	16 Districts	25 Districts	Completed	
Support to display the information board regarding to utilization of VDC block grant for nutrition promotion of 1000 day's mothers and under 2 years of children	572 VDCs/Municipalities (20% VDCs and all municipalities)	290 VDCs/municipalities		New federalist structure requires a different structure for block grants. Therefore, the displaying of information was halted to avoid investments in materials that would quickly be out-of-date.
Organize orientation about MSNP to Ward Citizen Forum (WCF)/Ward Committees (WC) members	33 Districts (10 % DAG VDCs)	30 Districts		Syangja was not possible due to political problems and Dhading and Panchthar started activities much later due to NGO selection and other delays.
Support to capacitate WCF meetings	All Wards	449 Wards		This quarterly meeting could not continue, due to changes in the local structure
Support to organize Citizen Awareness Centers	33 Districts (10 % DAG VDCs)	26 Districts		This non-budgetary activity is the responsibility of the MOFALD social mobilizers, under the LGCDP project.
Planning and utilization of VDC Funds for INP a) Support to VDCs on effective utilization of committed resources for INP (HFP, Nutrition, HSP, WASH, Environment, Education and GESI)	23 Districts	7 districts		New federalist structure emerged and requires a different structure for this activity. VDCs were merged into municipalities.
b) Facilitate to CACs, HMGs, HFP Groups, communities, VDCs on budget allocation (as per the resource mobilization guideline -2069/MoFALD) for INP	40 Districts	20 districts		New federalist structure emerged and requires a different structure for block grants. MOFALD requested a hold on the previous planning process because a new local self-governance act was being developed and WCF was automatically inactive. Thus, the roll-out in the remaining 20 districts, including for how HMGs can

ACTIVITIES	Y1 TARGET	ACHIEVED	STATUS	REMARKS
				bring their requests for local resource allocation and as agenda items in WCF planning meetings was halted.
Support for declaration of Child Friendly VDC	Panchthar	Panchthar	Completed	
DISASTER PREPAREDNESS AND RESPONSE				
Two days' disaster preparedness & response training and contingency planning support to KTM based staff (HKI+Consortium)	102 Participants	75 Participants		There were only 92 persons as KTM staff at time of the training and only 75 available to participate. This activity will continue in Year 2.
Two day's disaster preparedness & response training to District + partner staff + Front line worker	750 Participants	164 Participants		DPR training was changed to one day and only 7 district teams could be, given delays in DPR Manager hiring. These activities will continue in Year 2.
Mapping of districts and VDCs based on risks, identify safe stations, support centers, access routes	1 Event	0		This activity was to support disaster preparedness planning, based on the PVCA and other resilience activities. Our PCVA was not completed and the resilience approach has been updated in the AWP for Year 2.
Develop information charts, DPR handbooks and IEC material	Regular	N/A	Completed	
Safety & Security drills	Regular	N/A	Completed	
IYCF-E Training for frontline workers (Supervisor, Social mobilizers, FCHVs)	350 Participants	0		This activity was not done as IYCF-E was integrated with MYCN trainings, led by <i>Suaahara II</i> IR1 team.
SOCIAL AND BEHAVIOR CHANGE COMMUNICATION (SBC)				
Development of SBC strategy	1 Time	1 Time	Completed	
Designing for Behavior Change Workshop	1 Time	1 Time	Completed	
PSA production (Nepali, Awadhi, Doteli)	1 Time	1 Time	Completed	
Content Advisory Group Meeting	1 Time	1 Time	Completed	
Stakeholder Meeting	1 Time	1 Time	Completed	
Interactive Voice Response (IVR) SMS Cost	Regular	N/A	Completed	
VOTO Mobile Operating Cost	Regular	N/A	Completed	
District training for Adolescents Girls (change agent) for Life Skill, Leadership & ICT	5 Times	0		The training content is dependent on SABAL's formative research, which is delayed. This activity will be done in Year 2.
Radio Listening Group (RLG) Facilitator's Training	200 Participants/5 Batch	0		This activity aligns with the radio program production for the new episodes of Bhanchhin Aama, which will start in August. This activity will be done by the CNFs in Year 2.
Design document workshop (2 days' residential workshop)	1 Workshop	1 Workshop	Completed	

ACTIVITIES	Y1 TARGET	ACHIEVED	STATUS	REMARKS
RLG Formation - 200 Groups	200 Groups	0		This activity aligns with the radio program production for the new episodes of Bhanchhin Aama, which will start in August. This activity will be done in Year 2.
RLG facilitators' training (5 trainings to 200 facilitators)	200 Facilitators	0		This is a repeat activity from above "Radio Listening Group (RLG) Facilitator's Training"
Adolescent girls' training (5 trainings to 160 adolescent girls)	160 Adolescent Girls	0		This is a repeat activity from above "District training for Adolescent Girls"
RLG formation and identification	1 Event	0		This is a repeat of "RLG Formation: 200 Groups"
Group Facilitator's Training	5 Times	0		This is a repeat activity from above "Radio Listening Group (RLG) Facilitator's Training"
FM Producers Training	40 Participants/ 40 Districts	38 Participants/ 38 Districts		Syangja activities did not happen in Year 1. The trainee from Arghakhanchi was unable to attend due to illness.
PUBLIC PRIVATE PARTNERSHIPS (PPP)				
Workshop to develop Public Private Partnership concept paper for SP II	1 Event	1 Event	Completed	
Workshop to finalize PPP strategy with stakeholders	1 Event	0		The workshop to finalize PPP strategy was held on July 18, when all stakeholders (NPC, Child Health Division, NHEICC, Department of Agriculture Development, Department of Livestock Services, Department of Water and Sewerage, DFTQC, private sectors) could participate after the end of government fiscal year. Therefore, this became an early activity in Year 2.
Form PPP task group formation	1 Event	1 Event	Completed	
Consultative meetings with agribusiness, agro-vet's sectors, microfinance and insurance companies, ND vaccine producers, suppliers and government stakeholders to discuss and develop a partnership plan for a sustainable supply and ND vaccination services in target areas.	2 Events	4 Events	Completed	
Consultative meetings with private sectors and public sectors for developing a partnership model in awareness rising and BCC activities. (Steel, cement companies, Telco's, etc.).	1 Event	5 Events	Completed	
Consultative meetings with private companies from WASH sector to develop a PPP plan to support sanimarketing and post ODF activities.	1 Event	1 Event	Completed	

ACTIVITIES	Y1 TARGET	ACHIEVED	STATUS	REMARKS
Consultative meetings with agribusiness forms, insurance companies, agro-vets, micro finance, government stakeholders to support in agriculture and poultry production, market linkages	2 events	5 Events	Completed	
GENDER EQUITY AND SOCIAL INCLUSION (GESI)				
Gender audit to identify gaps and progress of implementing local partners and consortium partners	1 Event	0		Consultation process happened, but it was decided that formal audits of NGO policies should not be done. This activity has evolved into a capacity building and women's voice and leadership activity to be done in Year 2.
Develop GESI plan as per the recommendation and findings of the audit	1 Event	0		This activity would have been a follow-up to the audit above that was not done.
Develop/adapt training manuals/tools focusing on nutrition and health governance	Regular	N/A	Completed	
MToT on the manuals to GESI working group	1 Event	1 Event	Completed	
Sharing of the needs assessment at the district and national level for policy influence	Regular	N/A	Completed	
Sensitize/orientation on GESI concept and gender transformative approach to community mobiliser to facilitate and mobilize FCHV, HFOMC, district GESI focal point, Social service Unit, GESI technical groups and committees at all level and support in developing GESI action plan to sustain the impact	40 Districts	39 Districts	Completed	
Development of communication tools (IEC/BCC) to spread information of GESI responsive health and nutrition	Regular	N/A	Completed	
Training to community mobilisers and district staff on Social Analysis and Action approach to surface and stimulate reflection on gender norms	20 Districts	19 Districts	Completed	Syangja activities did not happen in Year 1.
Time diary survey for men and women to measure the work load	40 Districts	0		Adapted and tested the tool at Nawalparasi. This activity will be done in Year 2.
Conduct gender and GBV risk analysis	1 Event	1 Event	Completed	
MONITORING, EVALUATION AND RESEARCH FOR LEARNING				
Review and further analysis for Suaahara I datasets to identify areas for improvement	Regular	N/A	Completed	
M&E Tools and Template Printing	Tools for 40 Districts	0		All Year 1 M&E activities were done electronically. This activity will be done in Year 2.

ACTIVITIES	Y1 TARGET	ACHIEVED	STATUS	REMARKS
Training and roll out of M&E approach, tools and systems/ Training and roll out of management information system tools and (DHIS, MIS) Combined	80 Participants of 40 Districts	80 Participants of 40 Districts	Completed	
Data Quality Audits (Annually in selective districts)	40 Districts	4 Districts		The target should have been 8 Districts for year 1 (40 divided equally into 5 years). As we were setting up systems in the first half of year 1, we could only do 4 in the second half. This activity will be continued in Year 2.
HFP surveillance	Selected Districts			This activity was canceled to avoid repetition of activities. Our monthly monitoring system will have HFP checklists and our annual survey will gather HFP-related data in both HFP and non-HFP areas.
Annual outcome monitoring survey	40 Districts	40 Districts	Completed	This is the same as Baseline Survey, noted below
Organized Monitoring and Evaluation training to PNGO and district team on hard copy (3 days)	40 Districts	40 Districts	Completed	
Organized Monitoring and Evaluation training to PNGO and district team on electronic (3 days)	40 Districts	40 Districts	Completed	
SPSS software purchase cost	1 Time	1 Time	Completed	
Design in implement of CommCare application	1 Time	1 Time	Completed	
Conduct initial environmental examination regarding poultry and WASH	Regular			This is the WASH component of formative research, which will only be done after our Annual Survey Year 1. This activity will be done in Year 2.
Prepare and conduct baseline survey	1 Time	0		This is the same as the Annual Survey, noted above
Operations Research preparation and planning workshop	2 Times	2 Times	Completed	
Formative research on gender inequalities	Regular	N/A		These are IR-specific formative research questions. All formative research activities will be conducted in year two as part, to qualitatively investigate questions that arise from quantitative baseline survey results.
Knowledge, attitudes and motivating factors relevant to adolescent nutrition and reproductive health	Selected Districts	N/A		
Rapid assessment sick child feeding, animal source food consumption, hand washing and water treatment and post-partum care seeking	Selected Districts	N/A		
Barrier analysis to identify behavioral determinants that affect seeking of services and adoption of key practices.	Selected Districts	N/A		

ATTACHMENT B – BUDGET EXPENDITURES

Helen Keller International
SUAAHARA II
Annual Work Plan Summary Budget
April 1, 2016 to July 15, 2017

<i>Line Item</i>	TOTAL 5 Year Budget	Total April 1, 2016 to July 15, 2017
a. Salary and Wages	\$8,559,343	\$2,399,449
b. Fringe Benefits	\$3,874,973	\$1,115,295
c. Travel, Transportation and Per diem	\$644,712	\$573,491
d. Total Equipment (Capital)		
GMP, NACS and IMAM equipment	\$0	\$0
Other equipment	\$0	\$0
e. Supplies (General Equipment)	\$179,439	\$172,438
f. Contractual/Sub award	\$35,035,565	\$6,254,338
g. Rapid Response Fund	\$0	\$0
h. Other Direct Costs	\$9,408,657	\$935,543
i. Total Estimated Costs	\$57,702,689	\$11,450,555
j. Indirect Costs	\$5,551,496	\$1,087,906
k. TOTAL ESTIMATED COST	\$63,254,184	\$12,538,462
l. COST SHARE	\$6,325,419	\$432,976
m. TOTAL ESTIMATED COST	\$69,579,603	\$12,971,438

ATTACHMENT C – INTERNATIONAL TRAVEL DETAILS

S. No	Name	Travel detail (RT)	Purpose	Travel Schedule
1	Margaret McGunnigle Senior Director Grants and Contracts	USA-Nepal-USA	Post award meeting with USAID	April 2016
2	Christopher Landry Chief of Party	USA-Nepal-USA	Joining <i>Suaahara</i> as Chief of Party	19 April to 5 May 2016
3	Gary Mundy Regional M&E Advisor	Thailand-Nepal- Thailand	Monitoring and Support <i>Suaahara</i>	19 to 26 May 2016
4	Nancy Haselow Vice President-Asia Pacific Region	Cambodia-Ne- pal-Cambodia	Operations assessment and review	22 to 26 May 2016
5	Mary Adbalwahab Senior Manager Grants and Compliance	USA-Nepal-USA	Sub-award support	4 to 17 June 2016
6	Pooja Pandey Rana DCoP-Program	Nepal-Thailand- Nepal	MSN-GLEE conference	19 to 25 June 2016
7	Geeta Bhakta Joshi Member, National Planning Commission	Nepal-Thailand- Nepal	MSN-GLEE conference	19 to 25 June 2016
8	Giri Raj Subedi Child Health Director	Nepal-Thailand- Nepal	MSN-GLEE conference	19 to 25 June 2016
9	Aman Sen Gupta M & E Manager	Nepal -Vietnam- Thailand-Nepal	DHIS2 workshop	20 to 30 June 2016
10	Bishnu Pd. Dulal Manager-Data Management	Nepal-Thailand- Nepal	DHIS2 workshop	26 to 30 June 2016
11	Kenda Cunningham Sr. Technical Advisor	London – Nepal	Joining <i>Suaahara</i> as Sr. Technical Advisor	09 Sep 2016
12	Judiann McNulty Consultant	USA – Nepal – USA	Consultancy for SBC manual development	14 Sep to 01 Oct, 2016
13	Wendy Hammond Technical Advisor, NACS (FHI360)	USA – Nepal - USA	Assess NACS job aids and develop new ma- terials	17 Sep to 1 Oct 2016
14	Gary Mundy Regional M&E Advisor	Thailand - Nepal -Thailand	Monitoring and support <i>Suaahara II</i>	19 Sep to 23 Sep 2016

S. No	Name	Travel detail (RT)	Purpose	Travel Schedule
15	Nancy Haselow Vice President-Asia Pacific Region	Cambodia – Nepal - Cambodia	Operations assessment and review	12 to 20 Nov 2016
16	Bhim Kumari Pun Senior Manager Integrated Nutrition	Nepal- Vietnam - Nepal	To participate in designing BCC and barrier analysis training	28 Nov to 09 Dec, 2016
17	Mary Abdalwahab Senior Manager Grants and Compliance	USA-Nepal-USA	Sub-award support	23 Jan to 2 Feb 2017
18	Kenda Cunningham Sr. Technical Advisor	Nepal-Thailand-Nepal	Writing workshop	20 to 24 March 2017
19	James Levinson Consultant	USA-Nepal-USA	Consultancy for sustainability plan	18 to 20 May 2017
20	Shradha Giri Manager Outreach	Nepal-Thailand-Nepal	Writing workshop	18 to 22 June 2017
21	Kenda Cunningham Sr. Technical Advisor	Nepal-London-Nepal	Nutrition conference	1 to 18 June 2017
22	Mary Abdalwahab Senior Manager Grants and Contracts	USA-Nepal-USA	Sub-award support	2 to 14 July 2017

ATTACHMENT D – PROGRESS AGAINST IPTT

IPTT	Results Framework	Indicators	Data Disaggregation	Data Sources	2017 Target	2017 Results	
						N	%/Mean
1	Impact	Prevalence of stunted children under 5 years of age	Total	SII annual survey		4585	28.1%
			Gender			M: 2423; F: 2162	M: 27.7%; F: 28.6%
2	Impact	Prevalence of underweight children under 5 years of age	Total	SII annual survey		4594	22.6%
			Gender			M: 2428; F: 2166	M: 21.6%; F: 23.6%
3	Impact 3	Prevalence of wasted children under 5 years of age	Total	SII annual survey		4579	9.9%
			Gender			M: 2419; F: 2160	M: 10.8%; F: 8.8%
4	Impact	Prevalence of anemia among children 6-59 months of age	Total	SII annual survey		4179	31.7%
			Gender			M: 2213; F: 1966	M: 33.4%; F: 29.7%
5	Impact	Prevalence of underweight among women of reproductive age	Total	SII annual survey		4998	17.7%
			Pregnancy Status			Non-preg: 4768; Preg: 230	Non-preg: 18.2%; Preg: 8.3%
6	Impact	Prevalence of anemia among women of reproductive age	Total	SII annual survey		5119	31.1%
			Pregnancy Status			Non-preg: 4880; Preg: 239	Non-preg: 31.5%; Preg: 24.7%
IR1: Improved Household Nutrition and Health Behaviors							
7	IR 1.1.1	Prevalence of exclusive breastfeeding of children under six months of age	Total	SII annual survey		455	70.6%
			Gender			M: 242; F: 213	M: 64.5%; F: 77.5%
8	IR 1.1.2	Prevalence of children 6-23 months of age receiving minimum acceptable diet	Total	SII annual survey		1385	34.5%
			Gender			M: 754; F: 631	M: 35.9%; F: 32.8%
9	IR 1.1.3	Percent of children 6-23 months of age receiving foods from 4 or more groups during the previous day	Total	SII annual survey		1385	43.5%
			Gender			M: 754;	M: 45.2%;

IPTT	Results Framework	Indicators	Data Disaggregation	Data Sources	2017 Target	2017 Results	
						N	%/Mean
						F: 631	F: 41.4%
10	IR 1.1.5	Percent of sick children 6-23 months of age fed more during illness	Total	SII annual survey		593	38.5%
			Gender			M: 327; F: 266	M: 35.2%; F: 42.5%
11	IR 1.1.5	Percent of sick children 6-23 months of age given ORS and Zinc	Total	SII annual survey		190	20.0%
			Gender			M: 107; F: 83	M: 20.6%; F: 19.3%
12	IR 1.1.6	Women's Dietary Diversity: Mean number of food groups consumed by women of reproductive age (WDDS 10FG)	Total	SII annual survey		3640	4.3
			Urban/Rural			U: 1821; R: 1819	U: 4.3; R: 4.2
		Women's Dietary Diversity: Mean number of food groups consumed by women of reproductive age (8FG)	Total	SII annual survey		3640	4.1
			Urban/Rural			U: 1821; R: 1819	U: 4.1; R: 4.1
13	IR 1.1.7	Percent of women consuming all 180 tablets of IFA during pregnancy	Total	SII annual survey		1833	52.4%
			Age			15-20y: 216; 20-25y: 751; 25-30y: 539; 30-35y: 232; 35-40y: 69; 40-45y: 22; 45-50y: 4	15-20y: 45.4%; 20-25y: 55.7%; 25-30y: 51.4%; 30-35y: 53.9%; 35-40y: 44.9%; 40-45y: 50.0%; 45-50y: 25.0%
14	IR 1.1.9	Number of people trained in child health and nutrition through USG supported programs	Total	Training Records	36,900	4,141	
			Non-degree		36,900	4,141	
			Gender		M: 12,300, F: 24,600	M: 1,791, F: 2,350	
			Health vs. Nutrition			Health: 949; Nutrition: 3,192	
15	IR 1.1.10	Number of pregnant women reached with nutrition interventions through USG supported programs	Total	Activity Reports; HMIS	351,600	348, 874	
			IFA supplementation		295,344	228,188	
			Age: <19 vs. >=19* (SII CMC only)		351,600	<19y: 2,182; >=19y: 14,296	

IPTT	Results Framework	Indicators	Data Disaggregation	Data Sources	2017 Target	2017 Results	
						N	%/Mean
16	IR 1.1.11	Number of children under five (0-59 months) reached by USG supported nutrition programs	Total	Activity Reports; HMIS	1,275,000	1,472,389	
			BCC for IYCF		408,000	468,957	
			Gender* (SII only)		M: 652,800; F: 622,200	M: 714,109; F: 758,280	
			Vitamin A		1,008,774	1,003,432	
17	IR 1.1.12	Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs	Total	Activity Reports	516,100	534,474	
			Gender* (SII only)		M: 266,308; F: 249,792	M: 259,220; F: 275,254	
18	IR 1.2.1	Percentage of children under age five who had diarrhea in the prior two weeks	Total	SII annual survey		3642	11.1%
			Gender			M: 2023; F: 1619	M: 11.3%; F: 10.9%
19	IR 1.2.2	Percent of households using an improved sanitation facility	Total	SII annual survey		3642	86.6%
			Urban/Rural			U: 1821; R: 1821	U: 85.8%; R: 87.4%
20	IR 1.2.4	Percent of households in target areas practicing correct use of recommended household water treatment technologies	Total	SII annual survey		3630	14.3%
			Urban/Rural			U: 1819; R: 1811	U: 12.4%; R: 16.2%
			Technology Types			3630	Boiling: 8.3%; Bleach/chlorine: 0.1%; Water Filter: 6.6%; SODIS: 0.2%
21	IR 1.2.5	Percent of households with soap and water at a handwashing station commonly used by family members	Total	SII annual survey		3629	37.1%
			Urban/Rural			U: 1819; R: 1811	U: 33.9%; R: 41.9%
22	IR 1.2.6	Percent who practices handwashing at 6 critical times	Total	SII annual survey		3640	7.8%
			Urban/Rural			U: 1821; R: 1819	U: 6.9%; R: 8.6%
23	IR 1.2.7	Number of communities (VDCs) certified as 'open defecation free' (ODF) as a result of USG assistance	Total	Activity Reports	20	4	
24	IR 1.2.8	Number of individuals trained to implement improved sanitation methods	Total	Training Records	2,180	5,019	

IPTT	Results Framework	Indicators	Data Disaggregation	Data Sources	2017 Target	2017 Results N %/Mean	
			Gender		M: 1,090; F: 1,090	M: 2,335; F: 2,684	
25	IR 1.2.10	Number of cases of child diarrhea treated in USG-assisted program	Total	HMIS	231,700	1,269,046	
			Zinc and ORC vs. ORS only			Zinc and ORS: 598,892; ORS only: 670,154	
IR2: Increased Use of Quality Nutrition and Health Services by Women and Children							
26	IR 2.2.1	Percent of births attended by a skilled birth attendant	Total	SII annual survey		1848	73.2%
27	IR 2.2.2	Percent of newborns receiving postnatal health check within 24 hours of birth	Total	SII annual survey		1820	73.5%
28	IR 2.2.3	Number of newborns receiving postnatal health check within 24 hours of birth	Total	HMIS	167,025	161,513	
29	IR 2.2.4	Percent of births receiving at least 4 antenatal care (ANC) visits during pregnancy	Total	SII annual survey		1850	79.5%
30	IR 2.2.8	Number of children under five years of age with suspected pneumonia receiving antibiotics by trained facility or community health workers in USG-assisted programs	Total	HMIS	410,941	413,131	
31	IR 2.2.9	Number of newborn infants receiving antibiotic treatment for infection through USG-supported programs	Total	HMIS	19,917	21,108	
32	IR 2.3.1	Percent of reproductive age women in union who are currently using a modern method of contraception	Total	SII annual survey		3642	34.2%
33	IR 2.3.2	Percent of USG-assisted service delivery points (SDPs) that experienced a stock out at any time during the defined reporting frequency of any contraceptive methods that the SDP is expected to provide.	Total	LMIS	19%	14%	
34	IR 2.3.3	Number of people trained in FP/RH with USG funds	Total	Training Records	0	0	
			Gender		M:0; F:0	M:0; F:0	
35	IR 2.3.5	Percent of USG-assisted service delivery points providing family planning (FP) counseling and/or services	Total	SII annual survey		731	99.2%
36	IR 2.3.7	Number of additional USG-assisted community health workers (CHWs) providing family planning (FP) information, referrals, and/or services during the year	Total	Activity report	2,271	3,795	
			Gender		M: 1,130;	M: 1,732;	

IPTT	Results Framework	Indicators	Data Disaggregation	Data Sources	2017 Target	2017 Results N %/Mean	
37	IR 2.3.8	Couple years' protection in USG supported programs (in thousands)	None	HMIS	F: 1,131 765,000	F: 2,063 924,000	
IR3: Improved Access to Diverse and Nutrient-rich Foods by Women and Children							
38	IR 3.1.1	Percent of households with homestead gardens meeting minimum criteria	Total (HFP areas)	SII annual survey		794	8.6%
39	IR 3.1.3	Percent of households with chickens	Total (HFP areas)	SII annual survey		794	47.8%
40	IR 3.1.7	Number of people trained in homestead food production (HFP)/agriculture (in thousands)	Total	Training Records	2,000	35,868	
			Gender			M: 2,549; F: 33,319	
41	IR 3.1.8	Number of chicken distributed	Total	Activity report	52,160	0	
42	IR 3.1.9	Number of households benefited by chickens	Total	Activity report	10,216	0	
43	IR 3.3.1	Number of VDCs with DRR preparedness plans that include building resilience to nutrition shocks	Total	Activity Reports	0	0	
44	IR 3.3.4	Number of DAG VDCs that received training on drought resistance vegetables, (as part of HFP training)	Total	Training Records	216	192	
45	IR 3.3.5	Number of small grants made to test innovation to build resilience to nutrition shocks	Total	Activity Reports	0	0	
IR4:							
46	IR 4.1.3	A national multi-sectoral nutrition plan or policy is in place that includes responding to emergency nutrition needs	Total	Activity Reports	1	1	
47	IR 4.1.4	Percentage of national budget invested in nutrition	Total	MoH		6.2%	
48	IR 4.2.3	Number of people trained to assess, plan and manage the MSNP at district level	Total	Activity Reports	130.000	4,652	
			Gender		M: 86,500; F: 43,500	M: 2,849; F: 1,803	
49	IR 4.3.1	Number of knowledge sharing activities, exchange visits and dissemination activities among GoN and MSNP-related stakeholders, organized by districts	None	Activity Reports	5	20	
50	IR 4.3.2	Amount of targeted DDC and VDC funds leveraged for health, agriculture, environment, education, and/or GESI activities	None	Activity Reports	\$100.000	\$110,461	

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, *Su-ahara II* Program and does not necessarily reflect the views of USAID or the United States Government.



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