

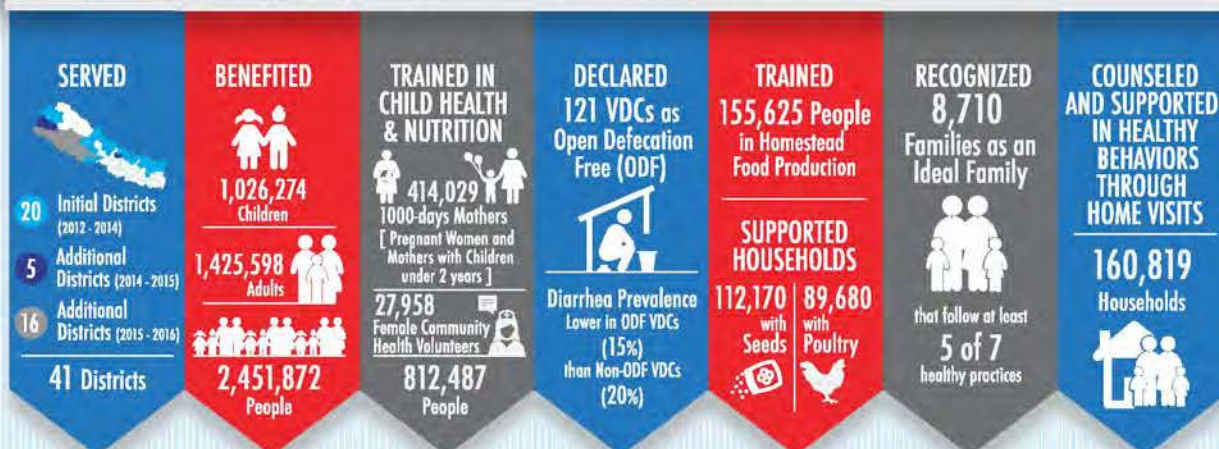


KEY ACHIEVEMENTS OF SAAHARA IN NEPAL

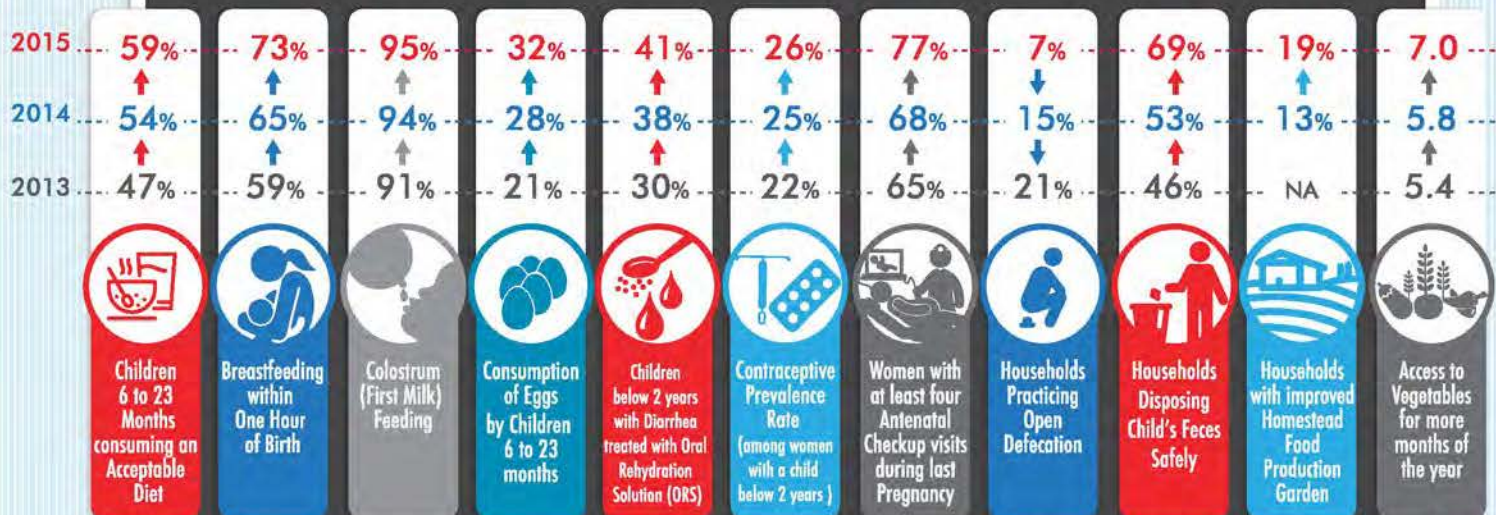
Saaahara is a USAID-funded five year (2011-2016) program that addresses the causes of undernutrition in 41 districts of Nepal by uniquely integrating nutrition with agriculture, water, sanitation and hygiene (WASH), and health care interventions.

OUR REACH

(Source: Routine Monitoring Data 2012-2016)



OUR PROGRESS



(Source: Saaahara Annual Outcome Monitoring Data of initial 20 Districts)

Closing the gap between Disadvantaged Group (DAG) and Non-DAG



Women's knowledge on preventing Child Malnutrition during 1000-day



Giving Colostrum (First Milk)



Meeting Frontline Workers



Saaahara Intervention Areas

No difference between DAG and Non-DAG

No difference between DAG and Non-DAG

Both DAG and Non-DAG met 4.5 times in 6 months



Saaahara Non Intervention Areas

A gap of 20% between DAG and Non-DAG

71% of DAG and 79% of non-DAG

DAGs reported fewer contact (2.9) than Non-DAGs (3.3)

Source: Saaahara Process Evaluation Studies

Listening to 'Bhanchhin Aama', Radio Program by mothers:



Dietary diversity of children 6-23 months is significantly higher compared to those who have not listened to the program (83 % Vs 70 %, $p < 0.05$).

Source: Saaahara Annual Outcome Monitoring Data



665 Village Development Committees (VDCs) of 25 Districts have committed \$ 743,237 for Integrated Nutrition Promotion related activities from VDC block grants (FY 2015/16)

\$ 236,410 provided to 20,000 Pregnant Women.

Source: Saaahara Routine Monitoring Data 2012-2016



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SAAHARA
Building Strong & Smart Families



SUAAHARA | CREATING AN ENABLING ENVIRONMENT FOR HEALTH AND NUTRITION

Suahara is a USAID-funded five year (2011-2016) program that addresses the causes of undernutrition in 41 districts of Nepal by uniquely integrating nutrition with agriculture, water, sanitation and hygiene (WASH), and health care interventions.

Key Cross Cutting Areas

Suahara creates an enabling and supportive environment where mothers are able to adopt improved health and nutrition behaviors for themselves and their children

GENDER EQUITY AND SOCIAL INCLUSION (GESI)



What Did We Do for GESI?

Increased home visits for nutrition counseling to Disadvantaged Group (DAG)¹ households (HHs)



9,442 DAG HHs supported with inputs for Coop Construction



13,205 DAG HHs supported with inputs for WASH (Pan, Bucket with Tap, Soap)



SOCIAL AND BEHAVIORAL CHANGE COMMUNICATION (SBCC)



What Did We Do for SBCC?

Bhanchhin Aama² Radio Program:

1,040 Episodes Aired
201,725 Audience Responses



Celebrated 24,252 Key Life Events³



Recognized 8,710 Ideal Families⁴



SOCIAL MOBILIZATION AND GOVERNANCE (SMG)



What Did We Do for SMG?

Supported the formation of Nutrition and Food Security Steering Committees (NFSSC)

36 NFSSC in Districts 1,710 NFSSC in VDCs



8,245 District and VDC level NFSSC members Trained on Nutrition Governance⁵



177,215 Community Stakeholders⁶ Trained on Social Mobilization⁷ and Nutrition Governance



667 Citizen Awareness Centers and 5,294 Ward Citizen Forums mobilized to integrate nutrition at local level planning



(Source: Suahara Routine Monitoring, 2012 - 2016)

On average, women in Suahara areas had been exposed to

3 Health and Nutrition Materials (e.g. Posters, Discussion Cards, Pictorial Books, Crop Calendars) whereas women in comparison areas had not been exposed to any in the past 6 months.



76% of women exposed to all of Suahara's SBCC activities **Exclusively Breastfed their Child for 6 Months**, compared to only 58% of women exposed to none of Suahara's SBCC activities



In Suahara areas, **Less than 1% of Women** reported to have **No Household Support**, (e.g. No Support in Household Chores, Child Care, Maternal Health Care) whereas nearly 10% of women reported this in comparison areas.



No Difference between DAG (94%) and Non-DAG (94%) in Giving Colostrum (first milk) in Suahara areas, but in comparison areas there was a gap between DAG (71%) and non-DAG (79%)

Local Level Commitment for Nutrition: 665 Village Development Committees (VDCs) in 25 Districts committed \$743,237 in FY 2015/16 and utilized \$236,410



No Major Differences between DAG (58%) and Non-DAG (57%) for **Hand Washing at all 5 Key Times**

(Source: Suahara Process Evaluation Studies, 2015)

¹ A group of people identified by the state of Nepal as disadvantaged due to their social, economic, cultural, political and physical status.

² An integrated platform that uses interpersonal communication, community mobilization, and mass media to equip mothers and their families with the knowledge and support required to enable improved nutrition behaviors.

³ These complement the community customs of visiting pregnant women or women who have recently delivered and during rice feeding ceremonies with timely counseling to 1000 days families focusing on Disadvantaged Groups (DAG).

⁴ These are families in the community who have followed at least 5 of the 7 healthy practices that Suahara promotes.

⁵ Nutrition governance is a system that ensures the active and effective participation of communities in the local development processes to account for the nutrition services and resources.

⁶ These are social mobilizers, members of ward citizen forum and citizen awareness center, VDC secretaries and community facilitators.

⁷ Social mobilization is a process for social transformation through the active participation of stakeholders at all levels of society.



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Suaahara | Homestead Food Production (HFP) to Improve Dietary Diversity and Nutrition

Suaahara is a USAID-funded five year (2011-2016) program that addresses the causes of undernutrition in 41 districts of Nepal by uniquely integrating nutrition with agriculture, water, sanitation and hygiene (WASH), and health care interventions.

Access to diverse, micronutrient-rich food contributes to improved food security and nutritional status of households. HFP through establishing home gardens and raising small animals, like poultry, helps to increase household access to nutritious vegetables and animal source foods.

What did we do?*

Capacity building on HFP



153,977

1000 days¹ mothers and their family members



1,628

agriculture and livestock workers

Agricultural supports



112,170

households provided packets of seeds for nutritious, seasonal vegetables



89,680

households provided with poultry



Estimated 95,345

home gardens established



5,977

Individuals trained as model farmers to act as a resource and support for other home gardeners in the area

HFP beneficiaries group registration

641 groups registered in the District Agriculture Development Office or District Livestock Services Office to receive related government services and inputs

29 brooding centers initiated to increase households access to improved chickens

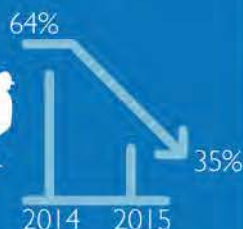
What we achieved?

Improvement in knowledge and practices on raising poultry **



Awareness on New Castle Disease vaccination increased by 20% from 2014 to 2015

Households with poultry in free range system (chickens not kept in coop/shed during day time) has decreased by 29% points from 2014 to 2015



Egg production has increased by 1.6 eggs per household between 2014 and 2015

Increased number of home gardens with diverse and nutritious vegetables planted in fixed plots ***



Access to vegetables for more months of the year***



Increased diversity in children's diets ****

More children's diets with access to a home garden have an adequately diverse diet than children without access to a home garden.



84%

Home gardens with diversified vegetables production



71%

Home gardens without diversified vegetables production

Sources

* Routine Monitoring Data 2012-2016

** Seasonal monitoring of homestead food production: Dry season 2014-2015

*** Suaahara Annual Outcome Monitoring Data 2013-2015 in initial 20 districts

**** Suaahara Annual Outcome Monitoring Data 2015 in initial 20 districts

1. The period from the conception (or start of pregnancy) to 2 years after birth



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Suaahara | Water, Sanitation and Hygiene (WASH) for Nutrition

Suaahara is a USAID-funded five year (2011-2016) program that addresses the causes of undernutrition in 41 districts of Nepal by uniquely integrating nutrition with agriculture, WASH, and health care interventions.

Emerging global research suggests the link between WASH and undernutrition is stronger than once thought. Recurring diarrheal disease and exposure to poor WASH inhibits nutrient absorption, contributing to undernutrition. Reduction in diarrhea prevalence is expected to contribute to improved nutritional status in children under two.

What did we do?



103,475*
people trained



6,996* households
certified as "clean house" for
adopting ten basic hygiene
and sanitation behaviors



13,205* disadvantaged
group (DAG) households
supported with
toilet/sanitation materials



14,784* water
samples were tested
for coliform bacteria



37,179* hand washing
stations established in
schools, health facilities,
during food demonstrations
and other major events



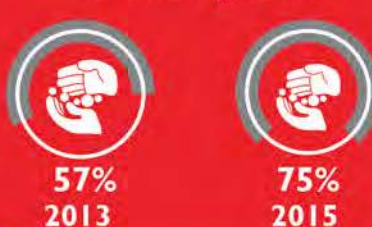
121* VDCs
supported for Open
Defecation Free (ODF)
declaration

What we achieved?

Increase in households **
purifying water before drinking



Households with water and soap at
handwashing station **



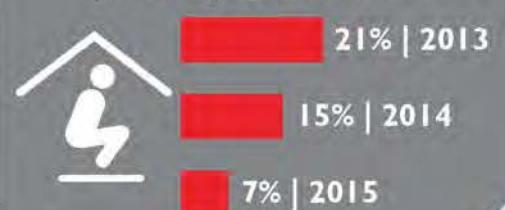
Households with toilet **



Safe disposal of child feces **



Reduction in household **
practicing open defecation



Sources :

* Routine Monitoring Data
2012-2016

** Suaahara Annual
Outcome Monitoring Data
2013-2015 in initial 20
districts

Reduction in diarrhea **

Diarrhea prevalence
has reduced by 5%
points between
2013 and 2015



Diarrhea prevalence is significantly lower in ODFVDCs than
in non-ODFVDCs between 2013 and 2015



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SUAAHARA | MATERNAL, INFANT AND YOUNG CHILD NUTRITION (MIYCN)

Suaahara is a USAID-funded five year (2011-2016) program that addresses the causes of undernutrition in 41 districts of Nepal by uniquely integrating nutrition with agriculture, water, sanitation and hygiene (WASH), and health care interventions.

Improving trends in key MIYCN outcomes that contributes to reductions in stunting



MATERNAL NUTRITION



BREASTFEEDING PRACTICES



COMPLEMENTARY FEEDING

What did we Do?



Capacity Building in MIYCN

14,494 Health and Non-Health Workers
33,688 Female Community Health Volunteers and Social Mobilizers



25,000 Ward Level Interactions reaching
757,856 1000-day* Mothers and their Families



68,502 Food Demonstrations



160,819 Counseling to 1000-day Mothers through Home Visits including **41,719** Mothers from Disadvantaged Groups



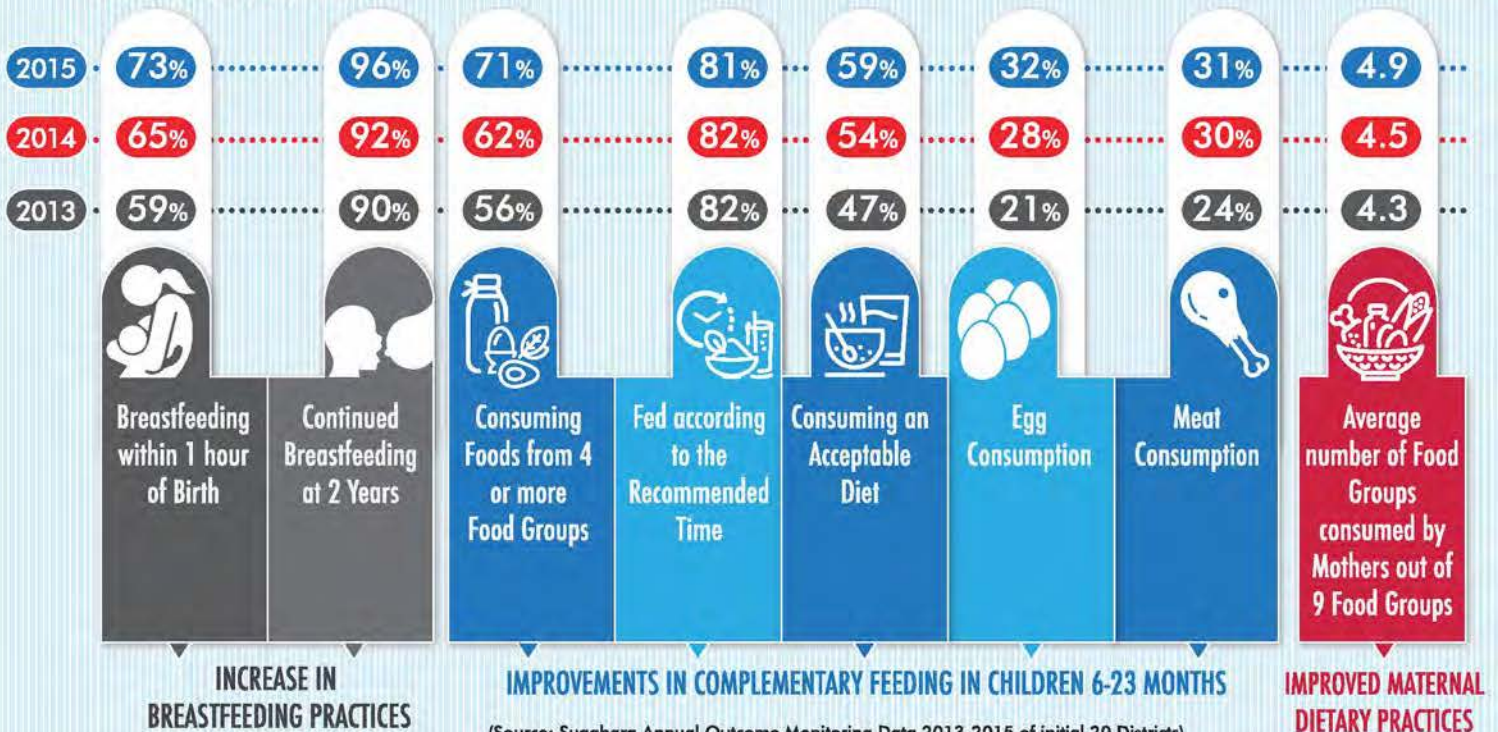
24,252 Key Life Celebrations during Pregnancy, Birth & Child's 6th Month of age



* The period from the conception (or start of pregnancy) to 2 years after birth.

(Source: Routine Monitoring Data 2012-2016)

What was Achieved?



Closing the gap between Disadvantaged Group (DAG) and Non-DAG



Giving Colostrum (First Milk):
(Source: Process Evaluation Studies)



Suaahara Intervention Areas

No difference between DAG(94%) and Non-DAG(94%)



Suaahara Non Intervention Areas

71 % of DAG and 79 % of non-DAG

Breastfeeding Children below 6 Months:

A significantly higher proportion of Dalit children (71%) below 6 months of age are exclusively breastfed compared to their non-Dalit counterparts (64%)

(Source: Suaahara Annual Outcome Monitoring Data 2015)



Suaahara | Increasing the use of quality health and nutrition services

Suaahara is a USAID-funded five year (2011-2016) program that addresses the causes of undernutrition in 41 districts of Nepal by uniquely integrating nutrition with agriculture, water, sanitation and hygiene (WASH), and health care interventions.

Low access to and utilization of health and nutrition services can undermine positive health and nutrition outcomes for women and children. Integrating maternal, neonatal, child health and nutrition with family planning and Healthy Timing and Spacing for pregnancies (HTSP) is a key strategy to increase use of quality nutrition and health services by women and children.

What did we do?*

People trained in Maternal and Child Health



11,027

Health workers, female community health volunteers and others trained in Revised Community Based Integrated Management of Neonatal and Childhood Illness



15,362

Health Facility Operation and Management Committee (HFOMC)¹ and Primary Health Care/Outreach Clinic (PHC/ORC)² Management Committee members trained on strengthening community level health services



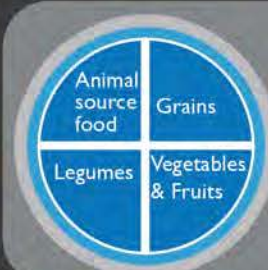
4,815 Health workers trained on family planning and HTSP

Improving Quality and Services of Health Facilities

164 Health Facilities improved through Partnership Defined Quality³

445 Health Facilities Improved through HFOMC

635 Health Facilities Improved through PHC/ORC



1,140 integrated nutrition corners established in health facilities with educational materials highlighting four food groups, various methods of contraception, and oral rehydration

What we achieved?***

Use of ORS and zinc during diarrhea increased by 12% between 2013 and 2015



Four times antenatal checkups (ANC) visits during pregnancy



Deliveries attended by Skill Birth Attendant

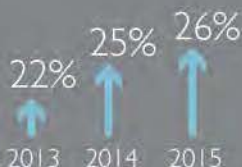


A higher proportion of women in Suaahara intervention areas were counseled on breastfeeding within one hour of birth, exclusive breastfeeding until 6 months of age, and infant and young child complementary feeding practices during ANC visits compared to women in Suaahara non-intervention areas. ***

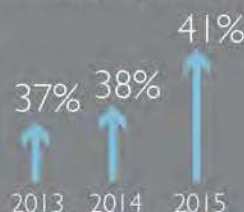
Increase in women using modern family planning methods and receiving counseling on HTSP



Contraceptive Prevalence Rate



3 HTSP Messages



Sources:

* Routine monitoring data 2012-2016
** Suaahara Annual Outcome Monitoring Data 2013-2015 in initial 20 districts
*** Suaahara Process Evaluation studies, 2015

¹ The HFOMC is a formally constituted body responsible for operating and managing local health facilities.

² PHC/ORC services were initiated in 1994 to expand basic health services closer to the community.

³ Partnership Defined Quality is a methodology to improve the quality and accessibility of services with community involvement in defining, implementing, and monitoring the quality improvement process.



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