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Building Strong & Smart Families



## SUAAHARA II Good Nutrition Project

The USAID-supported *Suaahara II* project aims to improve the nutritional status of women and children in forty under-served rural districts of Nepal. This will be achieved through multi-sector partnership with the government of Nepal (GON), the private sector, and other USAID-funded projects in the overlapping districts.

### CONTEXT

Nepal is undergoing tremendous challenge and transition, including a new constitution, moving to a federal system, and recovering from a devastating earthquake. Against this backdrop, safeguarding the health and nutrition of under-served groups is as critical as ever and challenges are myriad. Though under-nutrition indicators have improved over the last decade, 41% of children under five remain stunted.<sup>1</sup> Anemia is also a concern, with rates among adolescent girls, children 6-59 months old, and pregnant women ranging from 39-48%. Poor maternal nutrition and infant and young child feeding practices, including insufficient dietary diversity and quantity are key determinants of under-nutrition. Gender discrimination also contributes to under-nutrition in women and children, including women's heavy work load, early and frequent pregnancies, and familial food-distribution favoring men. Poor water, sanitation and hygiene practices also affect health outcomes. Health services utilization is sub-optimal, though improving, with 50% of pregnant women attending the recommended 4 antenatal care visits. More than a quarter of women wishing to space or limit births are not using contraception.

The first phase of the *Suaahara* integrated nutrition project made considerable progress in improving nutrition, health

### SNAPSHOT

**Life of Project:** April 2016 to March 2021

**Goal:** Improved and sustained nutritional status among women and children

**Target:** 40 districts and 1.5 million beneficiaries.

**Managing Partner:** Helen Keller International

**Implementing Partners:** CARE, FHI 360, Nepali Technical Assistance Group (NTAG), Equal Access, Environment and Public Health Organization (ENPHO), Vijaya Development Resource Centre (VDRC).

and hygiene practices in the target districts, primarily using Female Community Health Volunteers (FCHVs) to reach mothers with young children through home visits and healthy mother groups. Evidence also shows that the *Suaahara I* gender and social inclusion strategies have narrowed the knowledge and practices gap between disadvantaged group (DAG) households and non-DAG households.

<sup>1</sup> Nepal DHS 2011

## Ongoing Challenges

Data collected to assess beneficiaries' engagement has identified practices that still need to be addressed. Some of these include increasing exclusive breastfeeding of babies under six months of age; increasing the appropriate feeding of sick children; increasing rates of new mothers having at least 3 post-partum care visits; improving hand-washing behaviors and the effective treatment of drinking water and improving women's decision making power as a means for improving health and nutrition behaviors.

## TARGET POPULATION

*Suaahara II* will continue to target mothers and children who fall within the *1000 day* period from conception until the child reaches 24 months of age, the crucial period during which nutritional interventions have optimal impact on child growth and development.<sup>2</sup> *Suaahara II* will also target important influencing groups; mothers-in-law and husbands, who play an equally critical role in child nutrition.

### Targeting adolescents

In selected districts *Suaahara II* will support the GON to expand health and nutrition services that target the unique needs of adolescents. In particular, the project will address anemia, reproductive health, menstrual hygiene, importance of food choices and social attitudes towards delayed marriage and pregnancy. Formative research will

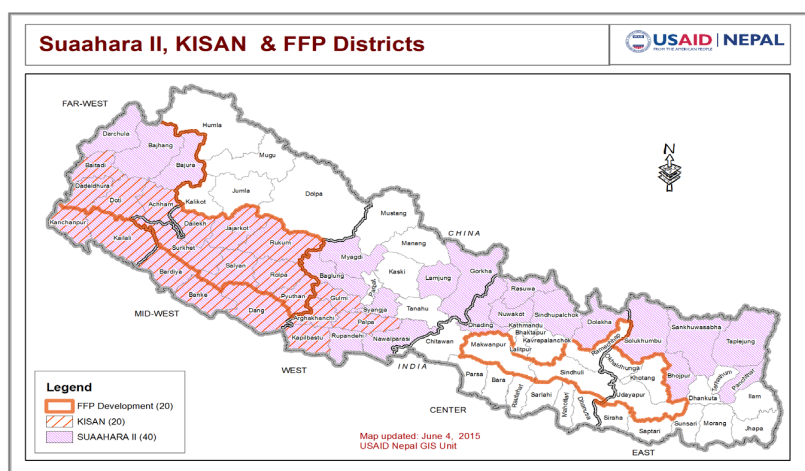


## OBJECTIVES

- **To improve household nutrition and health behaviors.** These behaviors include optimal maternal, infant and young child nutrition (MIYCN) practices; healthy timing and spacing of pregnancies (HTSP); and improved water, sanitation and hygiene (WASH) practices. This will be achieved via an intensive approach to social and behavior change, including increasing the number of interpersonal contacts with each beneficiary and using formative research to hone more effective messages and define supporting actions.
- **Increase the use of quality nutrition and health services by women and children.** This

will be achieved through implementation of Nutrition Assessment Counseling and Support (NACS) by all health providers; improved quality and coverage of Community-Based Integrated Management of Neonatal and Childhood Illnesses (CB-IMNCI); fostering quality reproductive health services; better health management information system (HMIS) and strengthening outreach clinics to bring services closer to the community.

- **Improve women's and children's access to diverse and nutrient-rich foods.** *Suaahara II* will work with communities to increase homestead food production of nutrient-dense plant and animal foods, and create resilience to nutrition shocks caused by climate change and natural disasters. Market linkages will be developed in collaboration with the KISAN and PAHAL<sup>3</sup> projects to allow marginalized communities to generate income from surplus produce, coupled with promoting the use of income to improve food security and nutrition. Social behavior change strategies will support increasing women's household decision making.



explore motivating factors relevant to adolescent girls and boys, and inform ways to reach out-of-school and disadvantaged adolescents. The project will apply these results to innovative activities using adolescents as agents of change in their schools and communities, promoting nutrition and creating a positive empowering image of youth.

*Suaahara II* will continue to work in all the VDCs in the 38 current *Suaahara* districts, and add two new districts, Dhading and Panchthar.

<sup>2</sup> Lancet 2008 series on Maternal and Child Nutrition

<sup>3</sup> KISAN: Knowledge-based Integrated Sustainable Agriculture and Nutrition ; PAHAL: Promoting Agriculture, Health and Alternative Livelihoods

- **Accelerate the rollout of the Multi-sector Nutrition Plan (MSNP) through strengthened local governance.** *Suaahara II* will work within existing government structures to define and strengthen a decentralized MSNP; improve coordination between sectors and MSNP stakeholders; and hand over nutrition services in 15 *Suaahara* districts to the government of Nepal (GON).

## STRATEGIES AND APPROACHES

*Suaahara II* recognizes that achieving results requires a holistic strategy that combines a multi-sector approach with attention to equity, gender, social inclusion, behavior change and good governance. Key project inputs and interventions will aim to catalyze shifts in capacity at household, community and systems levels across the project life, to achieve the project goal.

### IMPLEMENTATION MODALITIES



A number of cross-cutting approaches define the second phase of the *Suaahara* project:

### Collaboration and strategic partnership

The leadership and vision demonstrated by the GON in addressing the multiple determinants of malnutrition through the Multi-sector Nutrition Plan create a fertile environment for *Suaahara II* to align program priorities and support the country-led policies and programs at all levels. This includes supporting the decentralized process required for the MSNP roll-out. *Suaahara II* will further partner with existing projects and private sector and community groups towards shared objectives.

### Ownership and Sustainability

*Suaahara II* will work towards the transfer of all nutrition services in 15 *Suaahara* districts to GON management by the end of the project. The project will work closely with the Department of Health Services at the central level to develop a systematic phased approach, and to develop performance standards for government management of each thematic area. These areas include NACS, growth monitoring, community-based IMNCI, and primary and outreach health care.

### Enabling environment

*Suaahara II* will mobilize and train various community groups from health and non-health sectors to become agents of change for improved nutrition. These include FCHVs, front-line health workers, and staff from collaborating ministries. Engaging these groups will build their capacity and promote women's participation to maintain momentum after the project ends. These

secondary target audiences will play an important role in creating an enabling environment and supporting the Multi-sector Nutrition Plan (MSNP) rollout at the grassroots level.

## Strengthening capacity of health services to address nutrition

*Suaahara II* will utilize nutrition indicator data to develop awareness within the health services system of the importance of monitoring the nutritional status of women, children and adolescent girls and integrating nutrition services. By adapting the NACS<sup>4</sup> tools to the Nepal context, *Suaahara II* will focus on strengthening the capacity of frontline health workers to conduct nutritional assessments and counseling for behavior change during all relevant contact points, including outreach services.

## Public-private partnership

USAID/Nepal anticipates innovative approaches for involving the private sector where their strategic interests



of branded water purifiers, ECOSAN toilets, and biogas systems to support WASH objectives. Additionally *Suaahara II* will collaborate with other projects and the private sector to assist household farmers to translate their surplus produce into income.

## Gender equity and social inclusion (GESI)

Interventions across all project objectives will strive to increase the ability of women and disadvantaged groups to transform the social and cultural norms that create barriers to their equal participation, as well as increase their access to assets and productive resources. Disadvantaged groups will be given priority access to local government and small project grants, and be mentored to advocate for their communities' nutrition needs and to ensure that funds for health programs are appropriately targeted and allocated.

## Tailoring and targeting through better research

Intervention packages need to be context-specific and based on data. Achieving changes in behavior will require an in-depth understanding of underlying factors such as gender, culture and socio-economic influences, and a carefully designed strategy to address them, tailored to each district and target group. Formative research will inform new activities and social behavior change messages, while operations research will be applied to validate chosen interventions.



coincide with the project activities, particularly towards improvements in food security, nutrition, health and WASH behaviors. Examples include collaborating with a mobile phone company to pilot SMS messaging for health promotion; ongoing work with Global Alliance for Livestock Veterinary Medicines to vaccinate backyard poultry; and social marketing and distribution networks

<sup>4</sup> <http://www.fhi360.org/resource/fanta-technical-note-no-13-defining-nutrition-assessment-counseling-and-support-nacs>

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