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.

### Our Reach

(Source: Routine Monitoring Data 2012-2016)

- **SERVED**: Initial Districts (2012 - 2015) = 29
- **Además**: Additional Districts (2015 - 2016) = 5
- **Total**: 41 Districts

- **BENEFITED**:
  - 1,026,274 Children
  - 1,425,998 Adults
  - 2,451,872 People
  - 74,083 Adults
  - 27,958 Female Community Health Volunteers
  - 812,487 People

- **TRAINEED IN CHILD HEALTH & NUTRITION**:
  - 414,029 1000-days Mothers
  - 10,000-day Mothers
  - Pregnant Women and Mothers with Children under 2 years

- **DECLARED**:
  - 121 VDCs as Open Defecation Free (ODF)
  - 155,625 People in Household Food Production

- **RECOGNIZED**:
  - 8,710 Families as an Ideal Family

- **COUNSELED AND SUPPORTED IN HEALTHY BEHAVIORS THROUGH HOME VISITS**:
  - 160,819 Households

### Our Progress

- **2015**: 59% Breastfeeding
- **2014**: 54% Breastfeeding
- **2013**: 47% Breastfeeding

- **2015**: 95% of mothers gave colostrum
- **2014**: 94% of mothers gave colostrum
- **2013**: 91% of mothers gave colostrum

- **2015**: 42% consumed eggs
- **2014**: 38% consumed eggs
- **2013**: 30% consumed eggs

- **2015**: 26% of households practiced open defecation
- **2014**: 15% of households practiced open defecation
- **2013**: 21% of households practiced open defecation

- **2015**: 53% of households improved food production
- **2014**: 46% of households improved food production
- **2013**: 46% of households improved food production

- **2015**: 13% of households met 4.5 times in 6 months
- **2014**: 13% of households met 4.5 times in 6 months
- **2013**: NA

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

- **Suahara 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

- **Suahara 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: Suahara Process Evaluation Studies)

### Listening to ‘Bhanchhin Aama’, Radio Program by mothers:

- Women’s knowledge on preventing Child Malnutrition during 1000-day
  - Giving Colostrum (First Milk)
  - Meeting Frontline Workers

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: Suahara Annual Outcome Monitoring Data)

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SUAAHARA | CREATING AN ENABLING ENVIRONMENT FOR HEALTH AND NUTRITION

Suahara is a USAID-funded five-year program (2011-2016) 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

**GENDER EQUITY AND SOCIAL INCLUSION (GESI)**
- **What Did We Do for GESI?**
  - Increased home visits for nutrition counseling to Disadvantaged Group (DAG) 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?**
  - Bhanchhina Aama 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 Governance
  - 177,215 Community Stakeholders⁵ Trained on Social Mobilization⁶ and Nutrition Governance
  - 667 Citizen Awareness Centers and 5,294 Ward Citizen Forums mobilized to integrate nutrition at local level planning

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.

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.

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

What was Achieved?

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

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%)

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

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 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 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 households between 2014 and 2015

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

- 2014: From 13% in 2014 to 19% in 2015
- 2015: 5.4

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

- 2013: 5.4
- 2014: 5.8
- 2015: 7

**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.

**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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**USAID**

**FROM THE AMERICAN PEOPLE**

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**SUAHARA**

**Building Strong & Smart Families**
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
- 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
- 13,205 disadvantaged group (DAG) households supported with toilet/sanitation materials
- 121 VDCs supported for Open Defecation Free (ODF) declaration

What we achieved?

Increase in households **
-purifying water before drinking
  - 36% 2014
  - 41% 2015

Households with water and soap at handwashing station **
- 57% 2013
- 75% 2015

Households with toilet **
- 78% 2013
- 93% 2015

Safe disposal of child feces **
- 46% 2013
- 53% 2014
- 69% 2015

Reduction in household ** practicing open defecation
- 21% 2013
- 15% 2014
- 7% 2015

Reduction in diarrhea **
- Diarrhea prevalence has reduced by 58% points between 2013 and 2015
- Diarrhea prevalence is significantly lower in ODFVDCs than in non-ODFVDCs between 2013 and 2015

Sources:
- * Routine Monitoring Data 2012-2016
- ** Suaahara Annual Outcome Monitoring Data 2013-2015 in initial 20 districts

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**Suahara | Maternal, Infant and Young Child Nutrition (MIYCN)**

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.

### What did we Do?

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capacity Building in MIYCN</td>
<td>14,494</td>
</tr>
<tr>
<td>Health and Non-Health Workers</td>
<td></td>
</tr>
<tr>
<td>Female Community Health Volunteers and Social Mobilizers</td>
<td>33,688</td>
</tr>
<tr>
<td>Ward Level Interactions reaching 757,856 Mothers and their Families</td>
<td>25,000</td>
</tr>
<tr>
<td>Food Demonstrations</td>
<td>68,502</td>
</tr>
<tr>
<td>Counseling to 1000-day Mothers through Home Visits including 41,719 Mothers from Disadvantaged Groups</td>
<td>160,819</td>
</tr>
<tr>
<td>Key Life Celebrations during Pregnancy, Birth &amp; Child’s 6th Month of age</td>
<td>24,252</td>
</tr>
</tbody>
</table>

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

### What was Achieved?

<table>
<thead>
<tr>
<th>Year</th>
<th>Breastfeeding within 1 hour of Birth (%)</th>
<th>Continued Breastfeeding at 2 Years (%)</th>
<th>Consuming Foods from 4 or More Food Groups (%)</th>
<th>Fed according to the Recommended Time (%)</th>
<th>Consuming an Acceptable Diet (%)</th>
<th>Egg Consumption (%)</th>
<th>Meat Consumption (%)</th>
<th>Average number of Food Groups consumed by Mothers out of 9 Food Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>73%</td>
<td>96%</td>
<td>61%</td>
<td>81%</td>
<td>59%</td>
<td>32%</td>
<td>31%</td>
<td>4.9</td>
</tr>
<tr>
<td>2014</td>
<td>65%</td>
<td>92%</td>
<td>62%</td>
<td>82%</td>
<td>54%</td>
<td>28%</td>
<td>30%</td>
<td>4.5</td>
</tr>
<tr>
<td>2013</td>
<td>59%</td>
<td>90%</td>
<td>56%</td>
<td>82%</td>
<td>47%</td>
<td>21%</td>
<td>24%</td>
<td>4.3</td>
</tr>
</tbody>
</table>

### Improving trends in key MIYCN outcomes that contribute to reductions in stunting

#### Maternal Nutrition

- **Breastfeeding within 1 hour of Birth:**
  - Suahara Intervention Areas: Giving Colostrum (First Milk)
  - Suahara Non Intervention Areas: No difference between DAG(94%) and Non-DAG(94%)

- **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%)

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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 we achieved?

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.

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.***

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

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1. H FOMC: Health Facility Operation and Management Committee
2. PHC/ORC: Primary Health Care/Outreach Clinic
3. HTSP: Healthy Timing and Spacing for Pregnancies