Suaahara Technical Posters
Introduction

The Suaahara Program in Nepal is a multi-dimensional Social Behavior Change Communication (SBCC) platform that delivers integrated nutrition messages via multiple SBCC platforms: mass media, community mobilization, and interpersonal communication to 1,000-day families, the time period from conception till a child is 2 years old. The program especially focuses on disadvantaged families.

Methods

RADIO:

- Bhanchhin Aama “Mother knows best” (BA) radio program features a short drama centered on a positive mother-in-law role model who communicates evidence-based information on nutrition, WASH, agriculture, and health along with interviews and a quiz.
- Hello! Bhanchhin Aama is a radio call in show where the mother character from the drama answers audience questions.
- Suaahara conduct reflection and discussion sessions among disadvantaged groups, linking them to other community mobilization activities.

COMMUNITY MOBILIZATION:

Suaahara implements various nutrition activities at the community level to reinforce BA’s key messages, such as food demonstrations, key life event celebrations, ideal family recognition, recipe and song competitions, and radio listening sessions, for 1,000-day families via a cadre of frontline workers.

INTERPERSONAL COMMUNICATION:

The field activities are focused on Interpersonal communication through home visits, peer education and health mothers groups. SBCC materials and videos reinforce key messages during interactions.

Results

- More than half of beneficiaries reported to own radios and among them, 57% had listened to BA.
- Since August 2014, BA has received more than 120,000 calls and messages.
- Between February and July of 2015, BA was discussed among nearly 25,000 disadvantaged individuals. Compared with non-participants, respondents who listened to BA, saw hoarding boards, or participated in one or more face-to-face activity were significantly more likely to: know that they should (1) give a sick child an extra meal or more breast milk when sick, (2) give their children ORS when diarrheal, (3) wash their hands before feeding children, and (4) feed children eggs and meat; feed their children (1) eggs and (2) dark leafy vegetables in the past 24 hours; receive support from husband or family member for routine work. Importantly, women from disadvantaged groups were just as likely to report these results as were non-disadvantaged women. (Program Exposure and Adopted Practices Study 2014.)
- 70,000 home visits were conducted.
- Community celebrations of key life events and ideal family recognition have reached more than 21,700 families including 10,900 disadvantage individuals.

Public Health Implications

Well-designed and innovative SBCC platforms may complement other interventions in complex nutrition programs.

Conclusions

This program demonstrates that an SBCC program that intentionally targets marginalized populations can have an impact on integrated nutrition knowledge and behaviors.

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References
1. Online Program Management Information System (OPMIS), Suaahara

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CLOSING SOCIAL EQUITY GAPS IN NUTRITION IN NEPAL

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Introduction

In Nepal four out of every ten children below the age of five are stunted (a cumulative effect of long term deficits in food intake, poor caring practices, and/or illness). Nepal’s progress in addressing child under-nutrition has not been equal across sub-regions and sub-populations; the poor, socially marginalized, disadvantaged groups (DAGs) often lag behind.

Suahara, an integrated nutrition program, explicitly incorporates gender equity and social inclusion (GESI) into all aspects of its programming by targeting DAG households and communities; designing interventions, including behavior change communication (BCC) platforms with attention to GESI; and training frontline workers (FLWs) to prioritize DAGs.

This study aims to evaluate whether Suahara’s approach closed gaps in exposure to messages, knowledge, and practices for child nutrition.

Results

The survey found encouraging evidence for narrowing gaps between DAG and non-DAG women in Suahara areas related to exposure, knowledge, and practices for infant and young child nutrition.

Exposure to Key Messages

In Suahara areas there were also narrower DAG/non-DAG gaps than in comparison areas for child nutrition knowledge.

Child Nutrition Knowledge

Public Health Implications

The inconsistent results between exposure, knowledge and practice may be explained by the different economic, social, and/or geographical circumstances of the DAG households. The acquisition of knowledge and adoption of practices to achieve the same results as the non-DAG households is a context driven process with a myriad of different characteristics that affect behaviors including the social, economic and geographic settings and the characteristics of the participants (skills, stage of change, personal attributes).

Method

Suahara conducted a household-level survey of 480 pregnant women and mothers of children under two in four intervention and four matched districts from November 2014 to January 2015. The survey equally sampled DAG and non-DAG women. Descriptive analysis was done using Stata 13 to compare intervention and comparison areas, as well as DAG and non-DAG households within each, two years after implementation.

7 Indicators to categorize DAG VDCs

1. Households with food sufficiency less than three months per year
2. Concentration of marginalized households
3. Access to primary schools
4. Access to health services
5. Participation of Dalit and Janjati in local-level planning, execution, and decision-making
6. Prevalence of gender discrimination
7. Prevalence of vulnerable households

Process Evaluation: Program Exposure and Adoption of Practices (PEAP), 2015

Furthermore, this is feasible even in large scale programs. The mapping and targeting process allows frontline workers to provide appropriate messages, support, and follow up to achieve optimal IYCF practices for both advantaged and disadvantaged groups. Ongoing monitoring and evaluation of the coverage is imperative to inform program managers and frontline workers, so that program improvements can address any gaps in reaching DAG households.

Discussion and Conclusion

These findings provide encouraging evidence that mapping and careful targeting of interventions of nutrition programs to address inequities can narrow gaps in nutrition-related exposure, knowledge, and practices. Furthermore, this is feasible even in large scale programs. The mapping and targeting process allows frontline workers to provide appropriate messages, support, and follow up to achieve optimal IYCF practices for both advantaged and disadvantaged groups. Ongoing monitoring and evaluation of the coverage is imperative to inform program managers and frontline workers, so that program improvements can address any gaps in reaching DAG households.

Policies and programs addressing coverage gaps to ensure that all children are well nourished are imperative to guarantee that Nepal’s improvements in child under-nutrition continue.

References


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MULTI-SECTORAL NUTRITION INTERVENTIONS: IMPROVING HOUSEHOLD-LEVEL WATER, SANITATION AND HYGIENE (WASH) PRACTICES

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PUBLIC HEALTH IMPLICATIONS

Integrated SBCC campaigns may help to encourage adoption of optimal WASH practices at the household-level, which could be an important contributor to ensuring future reductions in diarrheal disease, and in turn under-nutrition among children in Nepal.

REFERENCES
1. Nepal Sanitation and Hygiene Master Plan 2011

BACKGROUND

In Nepal, thousands of children die annually from diarrheal diseases, in part due to the limited availability of water, sanitation, and hygiene (WASH) facilities and sub-optimal household-level WASH practices. Poor sanitation and hygiene also contribute to the persistent public health problem of stunting among children under 5 years of age.

Suaahara, a multi-sectoral nutrition program, has promoted optimal WASH behaviors through various social behavior change communication (SBCC) campaigns. At the heart of Suaahara's SBCC approach lies the recognition that merely providing inputs neither guarantees their use nor results in improved sanitation and hygiene.

This study aims to evaluate the effectiveness of these interventions by comparing between WASH practices in intervention areas and those in comparison areas, two years after program implementation.

RESULTS

Spot-check observations revealed that more households in Suaahara areas than in comparison areas practice all 5 ideal WASH practices for which data was collected. These differences between the comparison and intervention areas were statistically significant with, several being highly statistically significant: having a clean toilet, a covered drinking water pot, and a home/compound free from animal or human feces.

WASH Practices Results

Since poor sanitation, consumption of contaminated water and hygiene play a critical role in both stunting and diarrheal disease, it is critical that households treat and safely store water at the point of use; practice optimal hand washing method and timing; and practice safe disposal of child or human feces. Suaahara's SBCC strategies seem to have successfully encouraged adoption of optimal WASH practices. Some of the reasons Suaahara's SBCC strategies may have been effective include that they are quick and easy to adopt; multiple frontline workers and media platforms were sending the same messages; and community norms were evolving as others in the villages were also beginning to practice these ideal WASH practices. Although these results are encouraging, there is room for progress even in Suaahara areas until 100 percent of the population engages in all ideal WASH behaviors.

DISCUSSION AND CONCLUSION

These results indicate that adoption of ideal WASH practices is possible even in remote areas of Nepal. Households in Suaahara areas, versus those in comparison areas, were more likely to have a handwashing station in the home with water and soap available; to have a clean toilet; and to have a covered drinking water pot.

Methodology

A survey of pregnant women and mothers of children under two years of age (n=480) in 120 communities, across four intervention and four comparison districts was conducted. In addition to semi-structured interviews, spot-check observations were conducted at the household level to assess water, sanitation, and hygiene (WASH) facilities and practices.

Statistical analysis was done using Stata 13 to examine differences in practices between intervention and comparison areas.

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Introduction

The Government of Nepal (GoN) adopted a Multi-Sector Nutrition Plan (MSNP) to address persistent undernutrition in Nepal. One component of the MSNP focuses on resource mobilization for nutrition at the community level. The GoN provides annual grants to each Village Development Committee (VDC) on the basis of population size, level of development, economic need, regular financial documentation, status of auditing and financial discipline. The MSNP requires each VDC to allocate funds to particular groups of people.

- Empowerment of women from the poorest classes of all castes and ethnic groups – minimum 15%.
- For programmes or projects directly benefiting the children from the poorest class of all castes and ethnic groups – minimum 15%.
- For programmes or projects directly benefiting the sections of the poorest class of all castes and ethnic groups.

Suaahara, an integrated nutrition program, has Social Mobilization and Governance (SMG) as one of its three cross-cutting strategies. Suaahara works at national, regional, district, village levels with the GoN to orient staff on integrated nutrition. Suaahara also conducts social mobilization activities at national, regional, district, VDC, and ward levels with the GoN to orient staff and orients beneficiaries about the project.

Methods

Suaahara, in partnership with the District Development Committee (DDC), works to mobilize local governance structures to identify gaps and priorities in integrated nutrition goals and services based on the gap analysis. The committee makes recommendations to the Village Development Council. A ten-step process is involved in VDC grant planning and allocation.

Once the DDC/VDC allocates funds, Suaahara works with VDCs to form user groups (e.g. WASH Committee, Child Clubs, and Forestry Committees) on direct grant beneficiaries.

The user group members or an implementer of the projects in compliance with the DDC/VDC Development Plan. They submit detailed plans with nominated three signatories. Then the VDC deposits the funds into the user group's bank account and orients beneficiaries about the project.

Discussion and Conclusion

While the results are encouraging, some constraints and opportunities related to the process have also been identified:

1) Delays in VDC council meetings for approving the annual programs and budgets can delay the release of the block grant to VDCs. Programs can ensure that VDCs hold their council meetings to approve the next year’s plan and budget before the start of the next fiscal year to facilitate the release of block grants.

2) Failure to sufficiently fund DAG-targeted programs may be due to poor representation of DAGs in the project selection process. Programs can create awareness and facilitate demand creation among DAGs to increase their access to local government resources.

3) User committees have limited capacity, which may hinder the effective use of block grants and result in mismeasurement, misappropriation, and fund manipulation. Programs can provide trainings to user groups and simplify the financial rules for VDCs and user committees to facilitate procurement at the local level.

The key findings show that local resources can be mobilized to promote nutrition for women, children, and disadvantaged communities. Programs can coordinate with the GoN to promote governance and political commitment for improving nutrition outcomes in Nepal.

The integration of nutrition into local governance structures is expected to play an increasingly important role to ensure sustainable public health outcomes in Nepal. In addition to addressing supply-side constraints to local nutrition governance, creating awareness and demand for access to local resources, will be important to ensuring that health and nutrition interventions truly reach the communities for which they are intended.

Public Health Implications

The integration of nutrition into local governance structures is expected to play an increasingly important role to ensure sustainable public health outcomes in Nepal. In addition to addressing supply-side constraints to local nutrition governance, creating awareness and demand for access to local resources, will be important to ensuring that health and nutrition interventions truly reach the communities for which they are intended.

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**Background**

Suaahara, an integrated nutrition program in Nepal, started the use of smartphones to collect annual monitoring data. After witnessing the benefit of lower costs of data collection, faster data transmission from mobile to data server, data visualization using the GPS coordinates, faster data analysis and dissemination and improved data quality, Suaahara decided to expand the use of smartphone for household monitoring and counseling 1000-days mothers and their family members.

**Objectives**

To generate real time household-level monitoring data, providing a continuous feedback cycle between monitoring data and program improvements, specifically regarding the quality of health and nutrition counseling.

To use global positioning system (GPS) data to monitor the reach of Suaahara frontline workers across the district, particularly their coverage of remote and hard to reach communities.

**Methods**

Six hundred and thirty frontline workers from 25 districts were given smartphones and coached on how to use a specific application, download forms, collect data, and send data to a server. A home visit checklist was designed so that the specific questions and the counseling messages varied automatically based on the 1000-day woman's pregnancy status and/or age of her child, and if program interventions are being practiced within the household.

**Results**

The application has now generated a dataset of 64,313 households covering topics related to pregnancy, IYCF practices, health service utilization, hygiene and sanitation, homestead food production and family planning. These data have served two purposes:
- Frontline workers used this data in real time to provide timely counseling and support; and
- Data provided regular, brief updates regarding intervention coverage and effectiveness facilitating immediate programmatic adjustments, when necessary.

**Conclusions**

Based on our experience we witnessed the following benefits of using smart phones in comparison to paper-based monitoring systems:
- Longitude and latitude (Geo-position) of each respondent are collected in real time to provide information to program managers on the frequency of home visits to both disadvantaged and non-disadvantaged households;
- Use of real time data provides information to program managers on the household level activity of each frontline worker;
- Household level checklists can improve frontline worker performance by ensuring adherence to protocols in health, nutrition, homestead food production, and hygiene practices.

**Public Health Implications**

The use of real-time data can be used to monitor frontline workers and provide information to supervisors and managers to inform decisions to improve program coverage and effectiveness.