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Extending multi-sectoral nutrition services to disadvantaged groups in rural Nepal

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Suaahara overview

Extending reach to disadvantaged groups

What we have learned





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Suaahara: Overview

Goal: Improve the nutritional status of women and children < 2 years

Result 1:

Household nutrition, health and hygiene behaviors improved

Result 2:

Use of quality nutrition and health services by women and children increased

Result 3:

Consumption of diverse and nutritious food by women and their families increased

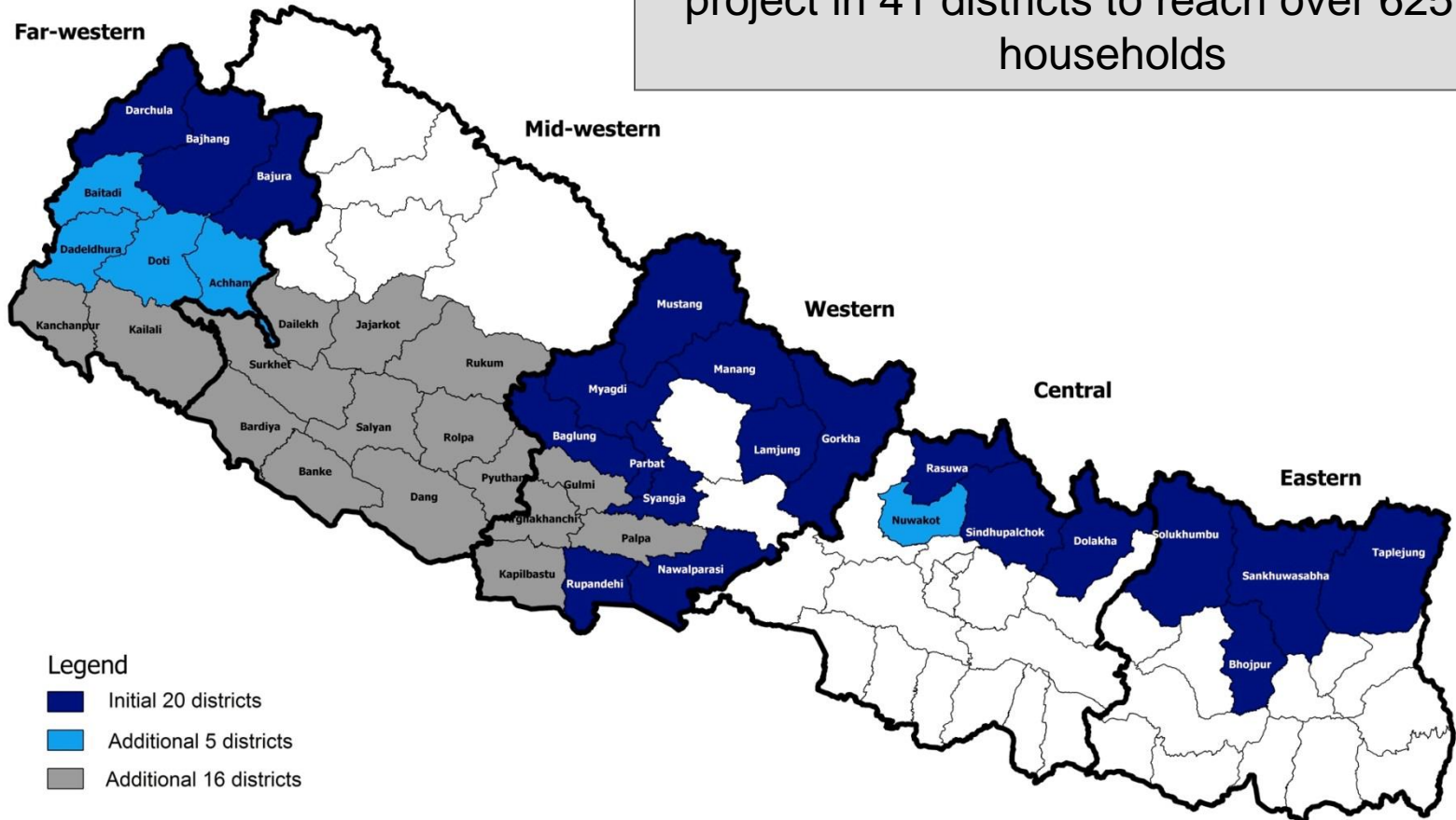
Result 4:

Coordination on nutrition between government and other actors strengthened



Suaahara: Intervention districts

Suaahara
A 5-year (2011-2016) multi-sector nutrition project in 41 districts to reach over 625,000 households



- Legend**
- Initial 20 districts
 - Additional 5 districts
 - Additional 16 districts



Suaahara: Program components

Health

- Essential Nutrition Actions
- Essential Hygiene Actions
- Maternal, newborn and child health services
- Family planning

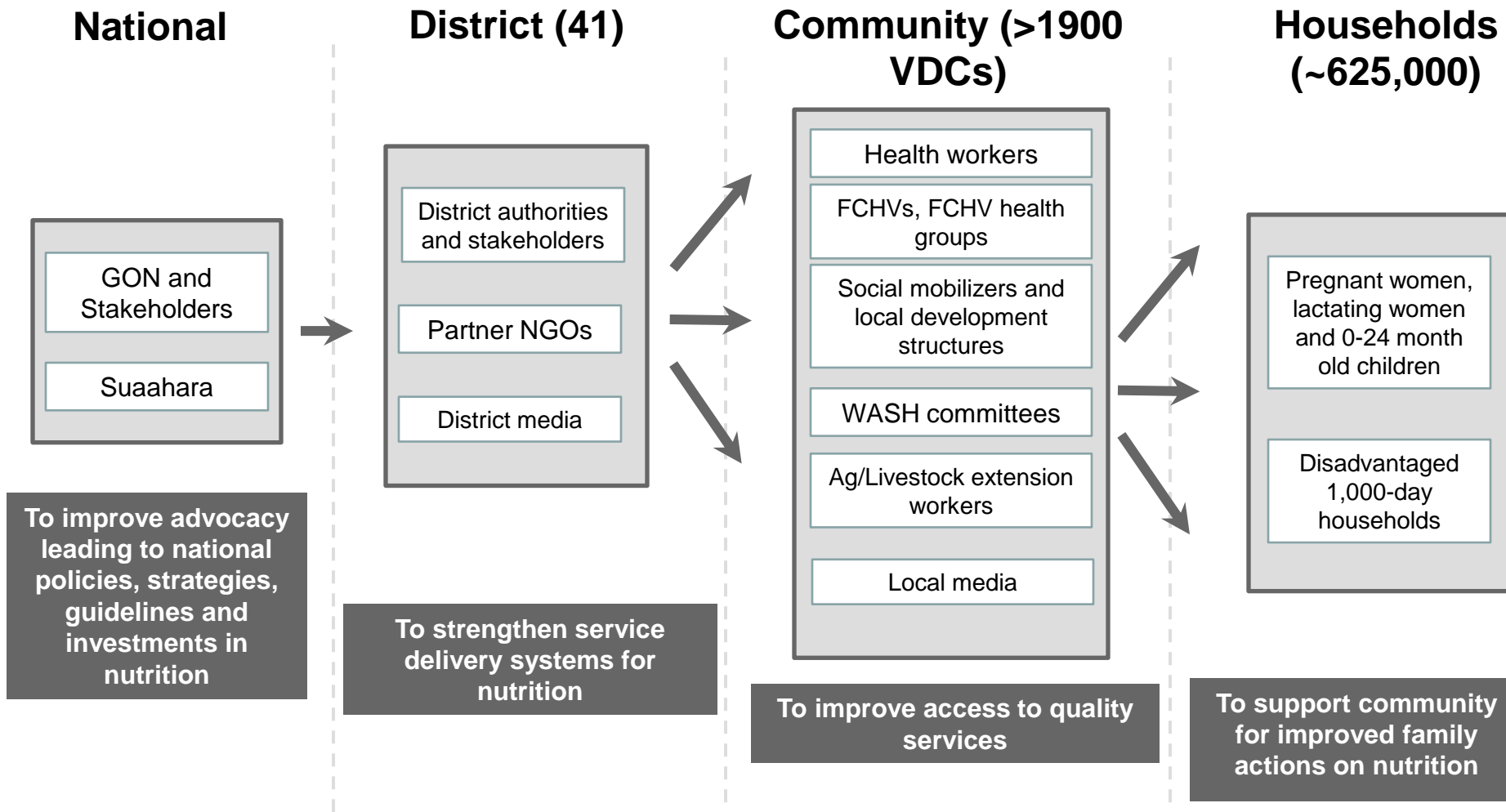
Non-health

- Homestead food production (HFP)
- WASH

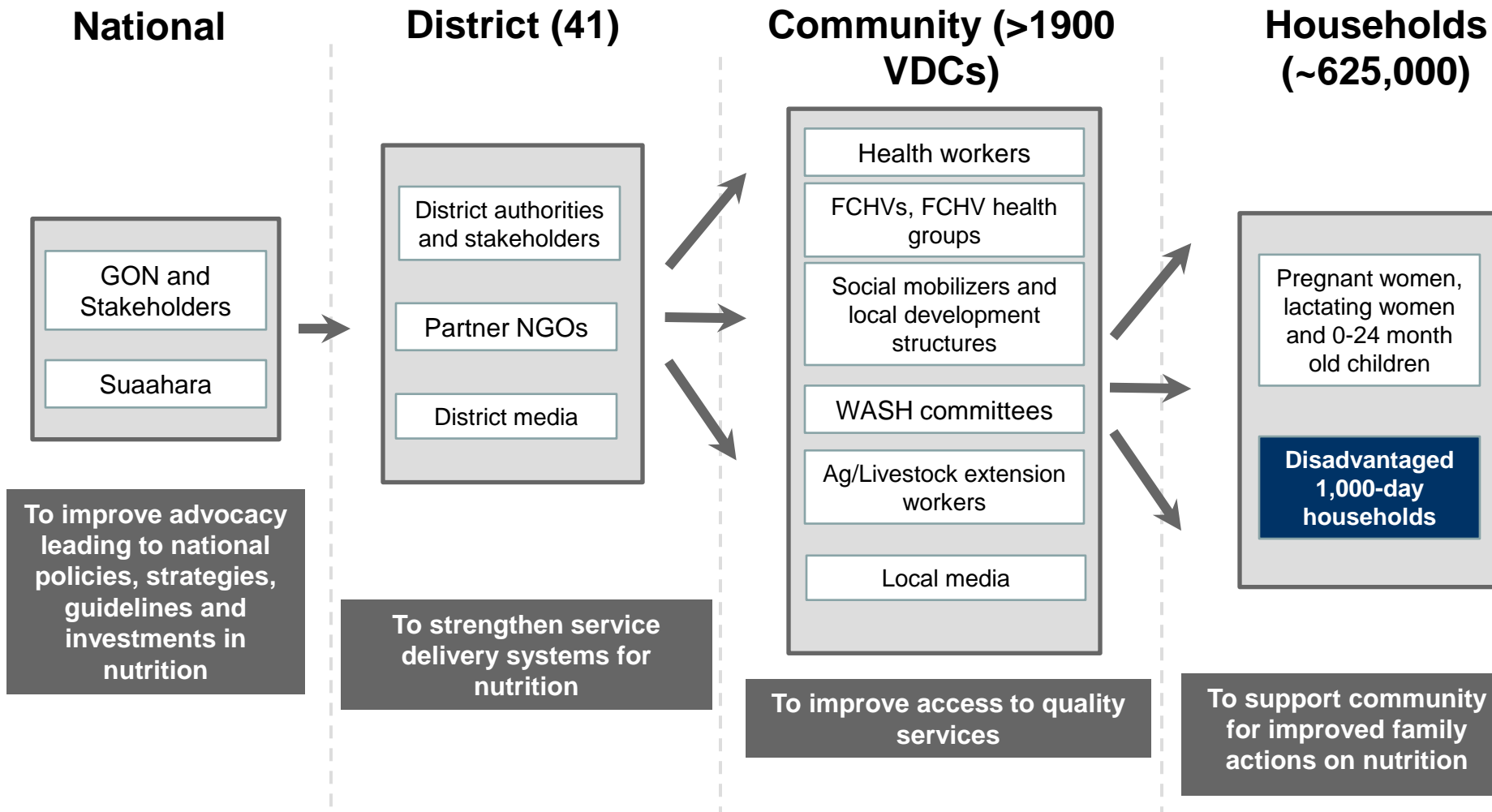
Cross-cutting themes

- Social behavior change communication
- Nutrition Governance
- Gender and Social Inclusion
- Capacity Building
- Monitoring, Evaluation and Learning

Suaahara: Implementation modality



Suaahara: Implementation modality





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A photograph of an elderly woman with dark hair, wearing a pink shirt and a green patterned sari, sitting on the ground and talking on a black mobile phone. She is positioned in front of a grey, textured wall. To her left, there is a large, dark, cylindrical object, possibly a water container. The ground is dirt, and there are some dry sticks and a broom-like object nearby.

Extending reach: disadvantaged groups (DAGs)

Characteristics of DAGs

Characteristics

- Defined by government-set criteria
- Often geographically, socially or economically isolated
- Lack of involvement in local governance
- Lack of access to information and services

Suaahara used social mapping, with local authorities, to identify DAG VDCs/wards and 1,000 days households

Strategies to reach DAGs

Suaahara uses targeted strategies tailored to 1,000 days DAG households' and communities' needs

- Facilitation of health facility management operations committees to increase involvement of 1,000 days DAG women and to improve service quality in DAG communities
- Intensive social mobilization and engagement through local development structures – Ward Citizen Forums (WCFs) and Community Awareness Centers (CACs)
- Targeted provision of WASH and HFP material inputs



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Strategies to reach DAGs

Intensive Social and behavior change communication

- **Inter-personal communication:** Group meetings, cooking demonstrations, home visits (through frontline workers) and DAG peer facilitators
- **Mass media:** Weekly radio drama and call-in show (national) and radio discussion groups in DAG communities



What has been achieved ?

2013

	Dalit	Non Dalit
Dietary Diversity	44.4	58.5
Minimum Acceptable Diet	38.9	52.1
Colostrum feeding	85.5	90.9

2014

	Dalit	Non Dalit
Dietary Diversity	61.7	62.5
Minimum Acceptable Diet	52.4	54.6
Colostrum feeding	93.8	95

Its not only that the values for most IYCF indicators are increased, but also the gap between Dalits and non Dalits have narrowed significantly.



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An FCHV counsels Fulmaya Nepali during a household visit in Taplejung



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What we have learned?

Program Design

- While Suaahara is district-wide, specialized delivery platforms to reach 1,000 days DAG households are required
- Establishing these platforms takes time, given the geographic diversity and intensive social mobilization activities
- Working through local development structures in DAG communities can help ensure local resources and support are focused on their needs
- Research on the effect of Suaahara's targeted approach to reach 1,000 days DAG households on nutrition-related behaviours is underway



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Suaahara is made possible by the generous support of the American people through USAID

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