



## MCC-CFGB Progress Report

### PROJECT AND PARTNER INFORMATION

**Date submitted:** 15<sup>th</sup> January, 2017

**Project title:** Improving Mother and Child Nutrition Bridge Project (IMCNBP)

**Project #:** 2863

**Time period covered by the report:** Annual report (1 January- 31 December 2016)

**Partner organization:** Rural Institution for Community Development (RICOD)

**Project location:** Lele, Nallu, Bhardeu, Chaughare and Dalchoki VDCs of Lalitpur district, Nepal

**Total project expenditures:** 7,180,644 Npr.

**Total participant count: Total: 2,177 (Male: 840 and Female 1,337) not overlapped**

Activity	Male	Female	Total	Overlapped in	
Nutrition training to male members	487	45	532	40 male and 425 female are overlapped in this table	
Nutrition training to adolescents	111	231	342		
Nutrition training to mothers (Lele)	0	224	224		
Establishment of VDC level mothers group network	6	73	79		
Coordination meeting among health personnel	25	58	83		
Group & Finance management (G& FM) training	0	488	488		
Seed money support	0	140	140		
Supplementary food support	94	141	235		
Day snacks support	125	289	414		
ECD parents and teachers meeting	32	73	105		
Total participants number not overlapped	880	1,762	2642		

### Context update:

After the devastating earthquakes in 2015, the Government of Nepal plans to provide a lump sum of 200,000 Npr. (now increased to 300,000 Npr.) to families whose houses have been totally destroyed in order for them to construct permanent houses. While the subsidy has started being distributed in Lalitpur, distribution has not started in this project's working areas to date. Another government scheme is to provide loans to identified earthquake victims (the "Earthquake Victim Special Loan" scheme). Before providing loans, the government appointed engineers to reach each destroyed households to collect factual data. Those who wish to rebuild their houses on their own will get a relief assistance of NPR 300,000 plus a concessional loan up to NPR 2,500,000 in the valley and NPR 1,500,000 outside the valley at just 2% interest. Necessary



arrangements are underway to issue “Earthquake Victims’ Family Identity Card” to each family with details of damages they suffered recorded on it which will be used as a basis to provide facilities by the State. Once these schemes begin and people begin building houses, there is likely to be a positive impact on health and nutrition due to the better sanitation facilities and space available in permanent houses as opposed to temporary shelters. Permanent housing will also provide improved access to food storage once they are available. Additionally, temporary shelters have been set up on kitchen garden land, so this land can again be used for kitchen gardens. To date, however, many people are still living in temporary shelters, which continues to negatively impact food security.

Nepal Government budget for 2015/16, government has also focused on areas related to agricultural, including a continuation of the subsidy on excess of 6% interest rate to encourage investment in agribusinesses. To enhance the access of small and medium size farmers to agriculture credit, the process will be further simplified. To reduce the production cost and increase productivity, the government has also made a provision for facilities for collective farming by integrating fragmented land for agriculture commercialization. Within the first 6 months of the budget period (July-Dec 2016) the government spent only 10% of the agricultural development budget, indicating that the Government of Nepal is unable to accomplish its development plan. In this project’s working area, this means less access to government-supported trainings and subsidies since the plan for provision has not yet been enacted.

The Nepal Food Security Monitoring System reported that due to timely arrival of the monsoon in 2016 and sufficient rainfall during paddy transplantation, harvests are estimated to have significantly increased in 2016 compared with 2015. Other factors that increased production was resumption of cross-border trade with India, making inputs available, and resumption of livelihoods interrupted by the 2015 earthquakes (NeKSAP and CCAFS. *Second Advance Estimate of 2016 Paddy Production in Nepal using the CCAFS Regional Agricultural Forecasting Toolbox*, November 2016). However in this working area, RICOD staff noted less production since important soil microorganism have been destroyed due local brick kiln factories.

Fortunately, landslides have not been recorded in the working areas of IMCNP. Nor were epidemic outbreaks of diarrhea, pneumonia apparent. Post-earthquake, districts responded immediately to mitigate the risk of disease occurrence, which has had a positive impact on child nutrition due to less disease. However, crop production has not increased because people are living in the temporary shelters on agricultural land, and the government subsidy to re-build houses is pending. On the other hand, females are more engaged in kitchen gardening to access nutritious food due to frequent meetings and encouragement, which has provided stable access to nutritional diets.

## PROGRESS ON OUTCOMES AND ACTIVITIES

**Long-term impact:** “Communities sustain improvements in nutritional health for impoverished women and children in southern part of Lalitpur, and RICOD staff gain knowledge of local food security and nutrition situation in new areas.”



Through the work described below, RICOD has been able to build the sustainability of changes accomplished through phase 1 of this project by encouraging community networking and linkages (i.e. within HHs and among mothers' groups and health care providers) and by providing further skills necessary to maintain gains from the first phase of the project (i.e. financial record keeping skills). As such, this work has contributed to communities' ability to sustain improvements in nutritional health, although some follow up is still required (and planned as part of year 1 for the second phase of the project). Community members have taken on more responsibility regarding delivery of health and nutrition messages as well as regarding continued improvement in the means for pursuing practice of those messages at the community level. For instance, through household-wide understanding, income generating activities and kitchen gardening, people have started to gain a good understanding of acknowledging positive behavioral changes.

In addition, RICOD has spent focused time in learning during this Bridge Project in order to thoroughly understand the situation in the new VDCs targeted for phase 2 of the project and the impacts on the VDCs from phase 1. The exposure visit to other projects working in nutrition was particularly useful for staff as plans were being made for phase 2 works.

### **Progress on outcomes:**

#### **Intermediate outcomes:**

##### **1. Improved community capacity to sustain mother and child nutrition gains**

This intermediate outcome is intended to sustain the knowledge and practices of mothers and children in terms of their nutritional habits by: ensuring that all mothers' have nutrition knowledge, providing knowledge to other community members (males and adolescents), supporting community institutions (health institutions, ECDs, mothers' groups, AA groups) in their work toward good nutrition practices, building the effectiveness of income generation activities, and supporting supplementary food as communities continue to recover from the 2015 earthquake.

This work has been successful in building on the work of phase 1 to improve good nutrition practice in the targeted communities. For example, mothers report that they have started to practice the new nutritional habits and have started to observe positive changes in their own health status. Additionally, completing the male nutrition training, participant males have determined to take care of their wife and children throughout their lives especially during pregnancy and lactating periods. Male nutrition training have been effective in that male members of the family are committed to provide their wife green vegetables and balanced meals during pregnancy and lactating period. They mentioned that when the male members of the family reinforce the importance of consuming those nutritious foods they (female) willingly eat without reluctance (this is due to male dominant society).

Similarly, the women have also practicing new nutrition knowledge when feeding their children and their family. They use nutritious food from their kitchen garden and pesticides free vegetables. Women are participating more in and more alert to the nutritional choices of food. Similarly, kitchen garden training to female farmers encouraged them and allowed them to consume vitamin rich foods even during and after pregnancy. There has been a remarkable



increase in local food consumption, namely of kitchen garden products. Before the project intervention, people were unaware of importance of local products, but now they prefer to consume their kitchen garden produce rather than sell it. 95% of the people are now engaged in kitchen garden production, which demonstrated that the people have started to sense the importance of local foods and their nutritive value.

## **2. Improved Knowledge of local food security and nutrition situation in new areas**

In order to plan for the next phase of this project, RICOD also worked to improve its understanding of how best to work in the new targeted VDCs to improve food security and nutrition. As we know, food security implies food accessibility, availability, utilization and stability. In each training and meeting in which RICOD staff participated, the food security aspect is added to make certain that the knowledge of nutrition & local food security is existing in the current working areas. The baseline survey has been conducted in 8 new Village Development Committees (VDCs) of rural Lalitpur to assess the situation of this areas' food security and nutrition knowledge and practice. RICOD has also carried out an endline survey and exposure visit for the staff. The knowledge gained from this work has been integrated into plans for phase 2 of this project (see the proposal for 'Improving Mother and Child Nutrition in Rural Villages of Lalitpur, Nepal').

### **Immediate outcomes:**

#### **1.1 Participant household maintain ability to act on knowledge of health and nutrition:**

This outcome seeks to encourage continuation of the positive nutritional behavior of participants. It mainly focuses on training community members who had not yet been trained on the importance of consuming the three groups of food, regular growth monitoring of the children and as well as increment of antenatal and postnatal check-ups. And to complement this outcome another activity has also been completed i.e. provision of matching funds and materials to health institutions in order to ensure that appropriate institutional support is available for women seeking to practice knowledge of health and nutrition.

According to the endline survey conducted in November 2016, 67% of targeted HHs are conducting regular child growth monitoring (up from 27% at the baseline in 2015). This change is linked with improved knowledge among mothers and male HH members as well as health institutions/outreach clinics' improved ability to carry out this monitoring due to material support.

The consumption pattern of three groups of food is found to have slightly increased compared with before the project intervention. The endline survey found that 88.9% of targeted HHs are consuming 3 types of food daily (up from 87% at baseline). According to the 2013 baseline survey, 91.8% of targeted HHs consume kitchen garden products while only 52.6 % reported doing so in the endline survey This is due to the people having not yet living in permanent houses; they have been living in kitchen garden in temporary shelters. Among those growing kitchen gardens it was found that kitchen garden selling practices have decreased from 2.2% baseline to 0.02 %. This also implies that people have become more concerned about consuming kitchen garden products rather than selling them. The endline survey in November 2016 revealed that 72.8 % of the respondents are engaged in agriculture as a main source of income. Likewise, only 5.2% of the mothers had understanding of the three food groups at the baseline in 2013



whereas 73.8% did in the endline. The endline survey found that 89.6% of the household consume locally available food.

Mothers have become more aware of exclusive breastfeeding because they have gained knowledge of the importance of breastfeeding their children. The endline survey showed that 90.6% of the mothers started to feed their baby supplementary food after six months (i.e. exclusive breastfeeding up to 6 months). Most of the mothers know about the preparation techniques of supplementary food for their children. They have discouraged feeding junk food to the children as they become aware about the negative consequences of it.

The intervention of nutrition training to male and female members of the targeted households encouraged the participants to accept and follow the good nutritional habits in the long run. According to the focus group discussion held between targeted male members, school teachers and income generating groups, the qualitative findings showed that most of the males are very optimistic about the project intervention. They are very keen to support the female members in the household in consuming nutritious food. They noted that the health conditions of the women and children in their VDCs have improved with improved nutrition practice. And they also noted that the sanitation and hygiene is the crucial factor to nutritional health. The male nutrition training also plays a vital role in sustaining the nutritious food consumption due to the patriarchal nature of Nepali society and the power men have in HH decision-making.

## **1.2 Build on an strengthen community networks that encourage nutrition and health:**

Building up community networks is an essential factor in handing over responsibilities to the community people. This makes them aware of and acknowledge new behavior. To this end this project established a mothers' group network, as well as held coordination meetings with health institutions. Additionally, the project has raised awareness about the establishment of the mothers' group network and its importance.

The outcome implies that building and sustaining local networks of mothers' groups would increase interaction and the flow essential information throughout the respective VDCs. These networks would identify and solve the existing problem in the mothers' group. They would monitor all completed activities from the IMCN project. The network would have opportunities to coordinate with the VDC and district level agencies to speak for their rights especially on the budget allocation for the children to manage for day snacks. (*For details please see activity 1.2.1 & 1.2.2*). Networks have been successfully established in each VDC, but as they were established late in the bridge year, it is too soon to assess their work. However, to date, RICOD staff have noted that the network members have started to conduct network meetings in order to share learning and practices among wards within each VDC. Additionally, the network have functioned to encourage women to improve their practice of savings and taking credit from savings groups to start businesses.

Additionally, coordination with health institutions has complemented nutrition trainings and led to an increase in pregnant women and women who have recently delivered babies accessing appropriate health check-ups. The percentage of pregnant women who attend ANC's have



increased from 90% at the 2015 baseline to 92.23% in the November 2016 endline survey, while the percentage of women attending PNC visits has gone from 35% to 37%.

The AA meetings continued (5 per week), reaching 48 people with improved rapport as community people have seen the value of the meetings. In Lele, two people have taken on the role of initiating frequent meetings themselves.

### **1.3 Improved women's income generating opportunities to increase choice and availability of nutrition food:**

Activities that work toward this outcome aim to uplift the income generation of the women which eventually help them on consuming qualitative and nutritious food; they included income generating grant seed money to mothers' groups who had not yet been supported and to women who lost livestock in the earthquake, as well as group and financial management training to mothers' groups.

The seed money given to the mothers was invested in goat rearing or kitchen garden or any other business in accordance with her capability and interest. Most of the income from these businesses has been invested in children's education and food (after repaying the loan), while the rest will be used to re-invest in goat rearing/ kitchen gardening or poultry farming. This indicates an improvement in mothers' livelihoods. The project has brought a felt change in women's empowerment as targeted womrn have started to participate in income generation; in particular, around 83% of women report a feeling of independence through the income generating grant support. The endline survey in November 2016 found that now 78% of targeted women report participating in food purchase decision-making (down from 99% at 2015 baseline), and 74% report participating in decisions regarding agricultural plans (slightly up from 73% at 2015 baseline).

After conducting group and finance management trainings, each mothers' group has become aware of the importance of writing minutes and their saving and credits calculation. All the groups meet monthly for savings, loans and discussions, and the current number of group members is 1038. The trainings have led to improved knowledge of current savings, credit and transactions among group members. This improved knowledge made women more interested in attending these meetings. However, room for improvement in managing these records remains (follow up included in phase 2 plans for Year 1).

### **1.4 Increased availability of nutritious food during disaster recovery:**

This outcome has been added to mitigate the risk of hunger after the earthquake as these communities continue to recover. This outcome is expected to support stable or increased nutritious food consumption pattern even after the earthquake to ensure that participants have access to nutritious food. Both activities (students receiving day snacks, with coordination meetings with ECD to sustain this activity, and families receiving supplemental food) have been implemented. The food supplementation criteria targeted the most underprivileged and marginalized group of the community. While fewer than planned families were supported, RICOD staff reported that the timely support of supplemental food was appropriately utilized by families. Both parents and ECD facilitators noted that providing day snacks to children increased their energy at school and their interest in attending school. The school management committee



is committed to sustaining the nutritional habits of ECD children by establishing parents/teacher associations or participating in budget allocation of respective VDC or formation of parents' contribution in day snacks. To date, 7 ECDs in Nallu and Chaughare will receive money for day snacks from their respective VDCs' budgets, while 3 in Dalchoki and Bhardeu will receive parents' contributions for day snacks. (*Please see activity # 1.4.1 & 1.4.2*)

## **2.1 Strengthen RICOD staff's knowledge and skills for continued work in nutrition:**

Under this outcome, the emphasis was more on building the capacity of the staff in nutrition and food security work. In addition, staff received training on group and financial management in order to have the skills necessary to support mothers' groups with these functions. There is also another essential element to fetch out the quantitative results of the project through the endline survey and understand both quantitative and qualitative information regarding the situation in the targeted 8 VDCs for the second phase of the project through a baseline survey. (More information about key learnings from these surveys are available in the baseline survey report previously submitted and endline survey report). Furthermore, to build the capacity of the staff an exposure visit was carried out with like-minded organizations working in nutrition to get information on working process and strategies in order to achieve the expected results. This is also a key determinant activity that helped the staff clarify responsibilities and plans for the next project phase.

Learning from these activities was all incorporated in to the planning of the second phase of this project.

### **List of completed activities and outputs:**

- 1.1.1 Nutrition training to male family members – 532 males trained in basic nutrition knowledge
- 1.1.2 Nutrition training to adolescents – 342 adolescents trained in basic nutrition knowledge
- 1.1.3 Nutrition training to uncovered mothers of Lele VDC – 224 mothers trained in nutrition knowledge
- 1.1.4 Matching fund to health institutions for transportation for needy people – 5 health institutions supported with matching funds
- 1.1.5 Material and equipment support to damaged HIs and ORCs – 5 health institutions supported with materials
- 1.2.1 Establishment of VDC level mothers' group network – 5 VDC-level mothers' group networks formed
- 1.2.2 Coordination meeting among health personnel and health facility operation management committee – 5 coordination meetings with health personnel and health facility operation management committee
- 1.2.3 Continuation of AA meetings – 105 AA meetings conducted
- 1.3.1 Group and Finance management training to income generating groups – 45 groups trained in basic group and financial management



- 1.3.2 Seed money support to mother group in remaining 20 wards, and refund for livestock who have lost due to earthquake – 140 women supported with income generating grants
- 1.4.1 Day snacks support to ECD centers – 414 access day snacks through ECDs
- 1.4.2 Supplementary food support to needy families – 47 families supported with supplementary food
- 1.4.3 ECD parents and teachers meeting – 19 meetings held with ECD parents/teachers
- 2.1.1 Training to staffs on group and finance management – 1 meeting held to train staff in group and finance management
- 2.1.2 Capacity building training to staffs on baseline and endline survey – 2 capacity building trainings held to support staff in conducting surveys
- 2.1.3 Staff exposure visit – 1 staff exposure visit conducted
- 2.1.4 Conduct baseline survey in new 8 VDCs – 1 baseline survey conducted
- 2.1.5 Conduct endline survey in existing 5 VDCs – 1 endline survey conducted
- 3.1 Monthly staff experience sharing and planning meeting – 12 monthly staff meetings held
- 3.2 Regular project monitoring and field visit – 3 times from board and 8 times from ED.
- 3.3 Public social audit – 5 social audits conducted
- 3.4 DPAC (District Project Advisory Committee) meeting (this was done in January, 2017 after this reporting period) – 0 DPAC meetings conducted

### **Description of completed activities:**

#### **1.1.1 Nutrition training to male family member**

3 days nutrition training has been provided to male members of the family. The participated male members are husband/ father-in-law of the mothers who participated in the nutrition sessions conducted by Improving Mother and Child Nutrition Project. The total participants were 532 where M: 487 and F: 45 (each Female Community Health Volunteer of each 45 wards attended the training), which was more than planned due to the enthusiasm among men to participate. Although initially RICOD found it difficult to get men interested in attending these trainings, field facilitators encouraged participation through home visits to explain the importance of nutrition for women and children and explain men's role in household nutrition practice, which encouraged higher than planned participation. The content of the training were entirely focused on the nutritional health of the women and children. The main content of the training was; significance of 3 food groups consumption, importance of antenatal and postnatal (ANC/PNC) visits, symptoms and prevention of anemia, importance of breastfeeding, causes and prevention of malnutrition and importance of local food security. The male members seemed very keen to support their female members. Additionally, they mentioned their commitment to take care of children and women in their households because they were unaware about these issues which could later make unhealthy family.

#### **1.1.2 Nutrition training to adolescent**

The adolescence nutrition training has been successfully conducted in 9 schools of 5 VDCs. It has been observed that the participation of girls is higher than that of boys' i.e. 111 boys and 231 girls; total participation was more than planned due to the interest among adolescents in participation. The training content was focused on how to effectively maintain the health status





of the girl child who is expected to be the future mother. The content of the training was: knowledge of the three groups of food, importance of food security, importance of ANC/PNC visits, breastfeeding techniques and its importance, causes and symptoms of anemia and causes and prevention of malnutrition. After the training completed, adolescent boys and girls were determined to share the information with their family and neighbors. During school visits, the assigned field facilitator informally interviewed the trained adolescents and found out that they have disseminated the information on nutrition to their respective wards and VDCs, such as the importance of child growth monitoring and complementary feeding, and community people accepted the ideas for nutritional behavior for the welfare of their healthy life styles.

### **1.1.2 Nutrition training to uncovered mothers of Lele VDC**

This nutrition training aimed to deliver the nutrition sessions to those mothers who did not attend trainings in the first phase of IMCNP (Improving Mother and Child Nutrition Project). The training was conducted only in Lele VDC in 5 clusters. The clusters covered all the targeted women of Lele VDC. The content of the training was the same as the sessions in phase 1 of the project, including the importance of food security and the new updates regarding nutrition. A total of 224 mothers participated in the nutrition meeting in 5 clusters of Lele VDC where the mothers gained knowledge of good nutritional practices. The field facilitator conducted the training with the help of IEC materials (posters, flip charts, flow charts etc) with illustrations so that women could easily follow the theme of the nutrition sessions. Before the nutrition training, cluster selection meetings were held between FCHVs and project staff. And the meeting, the trainings were arranged in 5 clusters that included targeted mothers of adjoining wards to ensure that all targeted women could join the trainings.

### **1.1.4 Matching fund to health institutions for transportation for needy people**

The fund of NRs 11,000 each has been provided to 5 Health Institutions. As per the request of In-charge of health post, the fund has been given to the women who fall under the respective criteria. The criteria were pre-determined and are as follows: needy women having complicated case to deliver the child in health post, with the provision that the fund should be refunded to the health post within one month or for more period of time with regard to decision of respective health management committee. Till date, three women from Bhardeu and Dalchoki VDCs have utilized the matching fund for the delivery referral cases. A woman from Bhardeu has refunded the money to the respective health post within one month of time period and two women from Dalchoki VDC have refunded 30 % of it as per the guideline of Dalchoki health post.

### **1.1.5 Materials and equipment support to damaged health institutions (HIs) and ORCs**

Before initiating this activity, RICOD coordinated with the respective health institutions at the VDC level (in working areas) to understand requests for essential materials so as to reduce home deliveries and increase ANC/PNC visits and growth monitoring. Similarly, coordination took place in district level (with District Public Health Office) for the assurance of material support to



respective HIs (Health Institutions). This activity has successfully been completed in the month of May. The health institutions demanded the essential materials and were supported; ANC (Antenatal checkup) bed, mattress, pillow and bed cover, wardrobe for medicine cabinets, hanging rack, gallipot, filter, baby wrapper, Salter scale, and waiting chairs. RICOD staff have observed that these materials have been utilized by the target beneficiaries, and the feedback from health workers revealed that the materials assisted in increasing the flow of growth monitoring and institutional deliveries.

### **1.2.1 Establishment of VDC level mothers' group network**

A total of 5 VDC-level mothers' group networks have been established with the objective of sustaining the attained behavior of the community people. The main rationale of establishing network is handing the responsibilities to the community people to encourage a sense of ownership. This would make them realize their responsibilities towards sustaining good practices in relation to nutritional health. The members of mothers' group network were entirely from the local representatives of respective VDC. The total participants were mostly female (73 female and 6 male). The members were: Female Community Health Volunteers, representatives of mothers' group, male household members, health management committee members, ward citizenship forum members, school principals/ ECD facilitator and social mobilizers. (Local male stakeholders were also involved to ensure their support for running the networks' activities. The network is also supposed to coordinate with those male members and work in a collaborative manner.)

During the meeting, the participants committed to work efficiently in order to pull out the expected results. Within the network; chairperson, secretary and, if needed, treasurer were selected to ensure the network will keep operating in a days to come. The roles and responsibilities of the network were explained by the project team. Each member seemed to carry the responsibilities in a well defined manner. The responsibilities were; monitoring the matching fund's utilization, keeping the information of families of income generating groups, ability to conduct nutrition and breastfeeding week in the community level, encourage the guardians of ECD children for the provision of day snacks through economic contribution at school or lunch box from home, ability to conduct the demonstration and encourage each mothers' group to conduct their monthly meetings and discuss the matters on nutritional health.

### **1.2.2 Coordination meeting with health facility operation and management committee**

Five meetings were held in all 5 VDCs (1 in each VDC). The meetings were completely focused on the continuation of the ORCs and health institutions. The meetings determined; to establish ORCs management committee in each ORC, to increase the growth monitoring of each VDC intending to sustain the nutrition gains, and to operate the health facility in an expected manner.



The total participants in the meeting were 83 with 25 male and 58 female, including all health post staff and RICOD staff.

### **1.2.3 Continuation of AA meetings**

AA meetings have continued in 3 VDCs (Lele, Nallu and Bhardeu). Five regular meetings (3 in Lele, 1 in Nallu and 2 in Bhardeu) have been operating where the total of 48 people (14 female and 32 male) participated. The timely home visits along with the personal interaction with the participants supported good rapport building for long term impact. In comparison to when these meetings began, now the target group and community people have positive response for the continuation of meetings. Different meetings, counseling, and interaction brought success to the people who quit drinking and have committed to labor hard to give satisfaction for themselves and their families. Female Community Health Volunteers, local leaders and other community people feel the meetings to be very essential. However, a few meetings were cancelled because targeted participants did not give their time for participation in such meetings. Now that this activity has phased out of this project, some local counselors are taking on the responsibility for organizing meetings in Lele. Additionally, RICOD has coordinated with another organization (KOSIS Nepal), which has launched to activities related to reducing alcohol consumption and included participants from RICOD's work.

### **1.3.1 Group and Finance management training to income generating groups**

This training lasted two days per group. In the first day of training, mothers were made familiar with the importance of group and minute writing frameworks. And in the second day, the participants were fully involved in practical sessions on bill management, keeping records in day books, saving and credit books, and personal accounts. The practical sessions helped them understand and implement the knowledge in an effective manner. After completion of the training, mothers' agreed to set the ground rules to continue the mothers' group on a monthly basis. Most of the mothers were glad to see their financial transaction and savings through the help of training because they did not know about their own savings, credits and transactions. Even the illiterate women participating the training learned about their monthly transactions. This interest meant that there were a higher number of participants than expected i.e. 488 (all female). After this training, further follow up on groups' financial records has indicated the need for continued work to improve groups' understanding of financial monitoring; this follow up will be provided in Year 1 of the second phase of the project.

### **1.3.2 Seed money support to 20 mothers group in remaining 20 wards and refund for livestock lost due to earthquake**

After discussions among and approval from the respective mothers' group, the groups decided to refund seed money to a total of 20 women who lost their livestock in the earthquake. The fund will be utilized by the respective mothers for income generating activities and then will be returned as a revolving fund to the mothers' group as per the mothers' group decision. The mothers' groups prepared the guideline to earthquake affected families/women for the process of refunding the loan. Moreover, 120 new women whose groups had not received funds in the first



phase of the project have been supported with seed money in the month of May. The money has been invested as per their capabilities and interest i.e. in kitchen gardening, goat rearing and few in poultry farming. Most of the mothers have noted that they have started to gain self-empowerment and also have invested on children's educational materials (books, copies etc) and buying nutritious food. (*Please see: immediate outcomes 1.3*)

#### **1.4.1 Day snacks support to ECD centers**

This activity has been incorporated in the Bridge project to address the food consumption problem after the earthquake because the earthquake destroyed many people's houses and stored food, putting them at risk of malnutrition. So, the meetings between ECD principals and facilitators appealed to continue the day snacks. And after the day snacks supplementation, various interaction and meetings has been conducting with parents and school management committee for its sustainability. The total of 414 children benefitted from the snacks (F: 289 & M: 125)

#### **1.4.2 Supplementary food support to needy families**

A total of 47 families benefitted from supplementary food during the month of September; as targeting for this activity was based on need, fewer than the planned number (50) of families received support. Timing for distribution was decided after discussion with VDC officials. This activity is added after the earthquake because the stored gains were fully destroyed and poor people were at risk of food shortages. The criteria for selecting participants for food supplements were: pregnant women and women who recently delivered children, single women, single child family, ultra-poor and family having old aged people i.e. +70 yrs. For the selection of those families, the project staff conducted meeting with VDC secretary, social mobilizer, representatives of ward citizen forum, political leaders, school teachers, personnel of health post and Female Community Health Volunteers. Each family received **rice 60 kilograms, daal (pulses) 10 kilograms & oil 5 liters** (see Appendix B below for the Commodity Utilization Table). Frequent follow up was done by the assigned field facilitators to monitor the utilization of the rations. The foods were consumed and the participants mentioned that they are glad to receive during festival.

#### **1.4.3 ECD Parents and Teachers meeting in school about day snacks management**

This meeting was intended to sustain the health status of the children U5 years of age and continue the good nutritional eating habits throughout the life time. In the meeting, the school management committee, ECD parents and facilitators and the principals participated. The meetings have been effectively conducted in 19 schools where 105 people participated (Male 32 & Female 73). The school management committee determined to sustain the day snacks by formation of Parents Teacher Association, budget allocation in few VDCs and request of provision of lunch box to the children. Seven schools in Nallu and Chaughare will be provided budget for day snacks through the VDC budget, and three schools in Dalchoki and Bhardeu will provide snacks from from parents contribution.

#### **2.1.1 Training to staff on group and finance management**



A two-day training was held on the month of June. Two consultants were hired, and they have facilitated the project team and peer educators on the importance of "group", "communication", "leader", managing group conflicts and on the second day the practical sessions were conducted on ledger, voucher and bills management. This training was useful for the staff to be able to convey the information on the community level in an understandable way. A total of 9 project staff and 5 peer educators participated. The active peer educators were selected to assist the field facilitator to deliver the training to mothers' groups.

### **2.1.2 Capacity building training to staff on baseline and end line survey**

A three-day capacity building training on how to conduct the baseline survey was done with project staff and peer educators, facilitated by the executive director. The total number of participants was 20 including 8 new local peer educators.

Similarly, the endline training has been successfully conducted in the month of November with the collaboration of an academic institution (Jana Bhawans Campus, Research Management Cell). From the institution, 9 volunteers and 2 volunteers from RICOD were selected as surveyors, and 6 project staff were mobilized. The endline trainings were conducted for three days.

Both of the trainings (baseline & endline) were entirely focused on how to obtain exact nutrition information in the respective VDCs. The training was divided into various sessions. Each session carried different topics. In the methodology session, participants determined to interview with the 4 target groups (pregnant women, women who recently delivered babies, newly married women and mothers having child U5 years of age). And moreover, methods for focus group discussions with male members, school principals (in both surveys) and Income generating groups (only in endline survey) were pre-determined. In the training it was decided to ask survey questions to all pregnant, recently delivered and newly married women and 30% sample with mother having child U5 years of age. And in the final session, questionnaire was finalized, mock interview were done with the pairs to identify the errors in the both questions (interview and focus group discussion). Survey team division and a work plan (on a day basis) finalized at the end of training.

### **2.1.3 Staff exposure visit**

Staff exposure visit took place for 4 days in the month of June. Staff visited 3 organizations; (Sarbhodaya Sewashram, Rural Community Development Center and Shanti Nepal) in Lamjung, Chitwan and in Dhading district. The objective of the visit was to encourage project staff to learn about different ways of implementing nutrition-related projects.

Learning of the visits;

- Volunteer should be mobilized to increase the trend of growth monitoring U5 yrs of child.
- Mothers' group network should be registered in the village or/and district level for its sustainability.



- The income of seed money should be mobilized with the markets in order to upgrade participants' livelihoods.
- Mobilization of government officials for the project outcomes would fetch more satisfactory result.
- Raising funds is the major initiative to sustain an organization.

#### **2.1.4 Conduct baseline survey in new 8 VDCs**

Baseline survey has been conducted in March-April. 8 peer educators and 7 project staff were mobilized to find out the health and nutrition situation of new 8 VDCs (Aashrang, Gimdi, Kaleswore, Manikhel, Bukhel, Chadanpur, Gotikhel and Thuladurlung). 399 targeted women were interviewed. Focus groups discussions with school teacher and male members were done. Weight and height of the children were measured. The data collected were filed and coded. And analysis is done in SPSS (Statistical Package for Social Sciences) and then ENS (report previously submitted).

#### **2.1.5 Conduct endline survey in existing 5 VDCs**

This activity is done with the collaboration with an academic institution (Jana Bhawans Campus, Research Management Cell) and conducted by 9 volunteers from the academic institution and 2 from RICOD. This is the strategy of the organization to dig out the factual information of the existing 5 VDCs with the mobilization of entirely new surveyors.

#### **3.1 Monthly staff experience sharing and planning meeting:**

Project staff met once each month for monthly sharing and planning meetings. They shared their experiences, difficulties, learning as well as challenges of the month. During the meetings field staff submitted monthly progress reports and expense bills and receipts. They also prepared the monthly plan for the upcoming month. The staff segregated the quarterly activity and the targets which help them to achieve the annual targets. In the meeting, the activities were thoroughly discussed. Such as; the content of male and adolescent nutrition training and the guidelines for matching fund (activity no 1.1.4). Moreover, staff were oriented on professionalism, like communication skills within and outside of the staff/organizations, professional ethics, ownership feeling, update the finance policy of the organization, delegation, monitoring frameworks and updates the government policy on nutrition and other areas of health.

#### **3.2 Regular project monitoring and field visit**

This is the activity of the project to track the indicators and the performance of the project staff. The project monitoring was done by three times from board members and eight times from executive director. They focused on the outcomes of the project during these visits. The suggestions from the board members are received and implemented. MCC & CFGB field visits were also done in the year 2016 with fruitful and active participation of mothers' groups.



### **3.3 Public social audit**

Social audits of IMCNBP were successfully completed in the month of December. The social audit is the financial audit meeting held between local level stakeholders (political leaders, school teachers, social mobilizer, VDC level personnel, health institution personnel, peer educators and FCHVs) and the participants of the project staff. The meeting in each VDC completed without any hurdles for around 2-3 hours. The participants were attentive to the presentation and all feedback was acknowledged. The feedback was: request for continuation of day snacks support to ECD (Early Childhood Development) centers, appreciation for the help in increasing institutional deliveries through material support to ORCs (Out Reach Clinics) and HIs (Health Institutions), matching fund has helped the needy women to get referred in the central based hospitals in case of complications minimizing the maternal deaths, Income generating grant support also has helped women to upgrade their life styles making them more self-empowered, Alcoholic anonymous is also the important activity that needs to be continued especially in the Tamang ethnic community because they tend to drink much than other castes. The alcoholic anonymous meetings have minimized the proportion of drinking alcohol in Nallu and Lele VDC, although follow up is still needed for a few people in terms of alcohol consumption reduction. RICOD has mobilized two local people to call meetings in Lele and coordinated with another organization for further follow up in response to this feedback. Additionally, feedback was given about the need for effective and continuous conduction of network meetings even after the project.

### **3.4 DPAC (District Project Advisory Committee) meeting:**

This activity has been successfully completed in February as part of the MCC-funded extension with the participation of district level officials (from agriculture, education, health, veterinary & representatives from women & child health development office) & representative from MCC Nepal & also like minded organizations. A total of 19 people participated. Presentations from RICOD were delivered with the completed work/activities along with target vs. achievements. The feedback from district government officials were noted and acknowledged. This feedback included: to have coordination with district offices for the utilization & distribution of resources to target people; in order to minimize seed support dependency, prioritize farmers' own production and then support them with seeds in terms of 75% of theirs production; initiation & continuation of day snacks support by RICOD to all working VDCs; although the Human Development Index of Lalitpur District is high the practice of alcohol making increases the risk of food insecurity; there is noticeably less care given to women during pregnancy and lactating periods, & income generating money can also be given through/with the coordination of central women's development office. During the meeting, the second phase of improving mother and child nutrition project 8 new VDCs of rural Lalitpur was also discussed.

### **3.5 Additional activities:**



**Coordination with government-initiated activities:** As part of its work to coordinate with government actors, RICOD worked with the local health post workers, peer educators, Female Community Health Volunteers, the District Public Health Office, like minded NGOs, UNICEF and Nursing colleges to conduct community level activities that promoted women and children's health and nutrition. This work was necessary to ensure strong working relationships with government stakeholders so that RICOD can continue to smoothly coordinate with government's community development efforts.

### **3.6 Follow up activities of 2016**

#### **a) Income Generating Grant supported families:**

Follow up of the families provided with income generating grant in 2014 was done. This follow up action was focused on ensuring of the utilization of cash in the family. During the visits, it was found that the mothers bought goat kid for rearing and selling it in the market after maturation (at around 9-11 months). A few women have engaged in semi-commercial kitchen garden production. The home visits have intensively focused to find out the utilization of seed money and its profits. Those women who received the seed money in the mid 2014 have paid the loans and additionally profits are gained. Most of the women mentioned that they invested (Nrs. 5,000) i.e. seed money on goat rearing and after a year the goat was able to deliver the baby/babies. The goat was sold in 10,000 Nepalese rupees after it is fully grown. This directly demonstrated a woman could make a profit of 5,000. In addition, the money was invested in children's education (such as books, copies and pencils) and few women invested it again in goat rearing. And they also noted that they do not have to fully rely on their husband's income and have started to gain the sense of empowerment.

#### **b) ORC visits:**

All 5 field facilitators visited ORCs for the assurance of its timely operation. ORCs open once a month where the personnel of health institution and peer educators perform growth monitoring. ANC/PNC checkups are carried out by health worker, and nutrition counseling is given by peer educators. The counseling on the importance of growth monitoring and nutrition draws the women to lessen in negligence of child's health status. Furthermore, the project staff orient the mothers on hygiene and sanitation with its importance.

#### **c) ECD visits:**

The assigned field level staff regularly visited the schools where day snacks were provided. They assured quality of snacks and the number of students (ECD children). To date, the snacks have been provided in a timely manner and encouraged the children and their guardians to send them to the schools. During informal interviews with the ECD facilitators, they noted the drastic change in the health and attendance of the children. They have become more energetic and are





more willing to go to the school. Similarly, the parents noted the children get to eat freshly cooked warm snacks in the schools.

### **Key Changes and Project Adjustments:**

Training to staff and group management and finance management was shifted to 2<sup>nd</sup> quarter (in the end of June) because the training was planned for the mothers' group in the 3<sup>rd</sup> quarter by the field facilitators. Similarly, DPAC (District Project Advisory Committee) meeting has been shifted to January due to the busy schedule of District level Government personnel.

AA counselor was unable to conduct the targeted meetings due to his illness.

RICOD also participated in an event to celebrate breastfeeding awareness (see activity note 3.5 above).

### **Data collection methods**

As per the Performance Monitoring Framework, four indicators (% of mother consuming three types of food, % of children under three years of age weighed in the current month, % of households eating the three food groups, and % of women participating in decision making about nutritious foods) have been measured in the endline survey.

The total interviewed women were 202 of which 9.41% were pregnant women, 2.97% were women who had recently delivered a baby, and 87.62% were women having children under 5 years of age. These women were interviewed in November 2016 based on the project indicators being tracked to monitor project progress. Some of the mothers have shifted to city area after the earthquake made lesser number of interviewees than the baseline in 2013 (sample size for the baseline survey was 386). Simple Random sampling techniques were used to collect samples. Statistical package for social science (SPSS V 20) was used to calculate the quantitative variables. The nature of respondents was newly married, pregnant women and mother having children under 5 years of age. Most of the respondents were mothers of children under five. Moreover, Focus Group Discussions with Male members, School teachers and Income generating Group have been done to gather additional qualitative information. Information gathered has been reported in the outcomes section above. More information from this survey is included in the attached endline report.

Other information for this report was gathered during regular monitoring visits (see 3.6 above) and staff meetings.

### **Learning:**

- Following meetings with male HH members on nutrition, an increased openness of male



members to discussing issues has been observed in the community. This indicates potential for continuing to mobilize male HH members for a variety of issues in the future rather than only focusing on women's role in nutrition.

- Conduction of male training was easier than female training because most of the male members are literate and have knowledge on nutrition and health, to which RICOD added through the training. The enthusiastic participation makes the session more effective.
- Male trainings revealed the positive behavioral changes of women (their female household members) due to the nutrition training. That is, since men (who traditionally make HH decisions) also knew about and had buy-in on good nutritional practice, women and men have implementing the nutrition learnings more.
- Due to nutrition and group & finance management trainings, mothers meet once a month (*as a mothers' group meeting*), which helps the field level staff (project team) to know the actual scenario of nutritional health and income generation status of the respective VDC.
- ECD parents' and teacher meeting encourages sustaining the day snacks management for ECD students even after the project completion. Continual advocacy for specific community support in ways that community stakeholders believe are beneficial can be effective in creating sustainability for project inputs.
- Expansion of AA (Alcoholic Anonymous) chapters would reduce the risk of food insecurity. RICOD has taken up this learning by facilitating two local people in Lele to call meetings on their own and by coordinating with another organization working to reduce alcohol consumption.
- Regular home visits and technical support to the participants help to bring the expected outcomes of the project.
- Establishment of VDC level mothers' group network will be more effective for long run/ sustaining the impact in the community because they are given the responsibilities to monitor and follow ups of each accomplished activity.
- Finance management training made women keener to attend the meeting because it made them clear about their own savings and credits.
- Timely home visits of the target women positively reinforced preparation and use of organic manure.
- Coordination with government officials (i.e. with VDC secretary, livestock and agriculture officer) helps them to make aware on the actual scenario of the community on these regards and ultimately support the project to run effectively.

### **Challenges:**

- Participants' expectation that the nutrition program will continue.
- Seeking VDC grant for the children welfare is less likely to happen because there has been absence of authorized personnel for authority delegation (that is, the VDC secretary is absent). Moreover, the VDC personnel are more focused on building infrastructures such as; road construction.



- Regular activation of mother group network was a challenge as it's a new concept, so it requires more follow up (which is planned in Year 1 of phase 2 of the project).

## UPDATE ON PROJECT PARTICIPANTS

Changes in participant types or numbers:

Types of participants did not change as planned but the numbers of participants are quite different than planned.

S.N.	Activities	Unit	Participants	
			Planned	Actual
1.1.1	Male Nutrition training	People	450	487
1.1.2	Nutrition training to adolescent	students	200	342
1.1.3	Mothers Nutrition Training	Mother	100	224
1.2.3	Continuation of AA meeting	meetings	200	105
1.4.1	Day snacks support to ECD centers	children	450	414
1.4.2	Supplementary food support	Family	50	47

Adolescents and male members of the targeted HHs were keen to participate in the nutrition sessions so the number increased than targeted. Adolescents in class 7 and 8 also attended the training in addition to the originally targeted class 9 and 10 students. Also, some HH had two men participate in the male nutrition trainings. For activity 1.1.3, there were more women had married and moved into this community than originally understood, so more participants took part than planned. And additionally, the families of ECD children have shifted to city areas after the earthquake, so fewer participated than targeted.

Participant type	Participant numbers		
	Man	Women	Total
Mother group members	0	699	699
Members of poor households (supplementary food distribution)	117	118	235 (5 people per HH in 47 HH)
Adolescents boys and girls	111	231	342
Male HH members of women participating in nutrition training	487	0	487
ECD children	125	289	414
<b>Total</b> (participants in more than one activity only counted once)	840	1337	2,177

## REPORTING ON MCC RESOURCES

Financial: Financial report (Jan-Dec, 2016) is attached herewith.

Material/food assistance:

## STORIES:



### Case Study I: Upliftment of health and economic status through Kitchen gardening

My name is Kalpana Lama. I and my family live in Bhardeu VDC ward no. 5, Kunnekali tole. I live with 6 family members including my father in law, mother in law, husband, son and two daughters. Agriculture is our main occupation. We own four “ropanies” of land where we used to grow routine crops like rice paddy, maize, etc. But after hearing about the Improving Mother and Child Nutrition Project (IMNCP) by RICOD, I got an opportunity to join a Mother’s Group where we discussed mother and child health, monthly saving and credit investment, agriculture and other issues aroused in community. It helped to increase harmony in our society.



I participated in Kitchen garden training which helped us to introduce the latest agriculture technologies and received material support like water sprayer, drum, and ten different vegetable seeds to increase agriculture productivity. Before this programme, I didn’t have the practice of vegetable farming, but now my family members and I consume different types of vegetable in each meal, and I have been able to sell these vegetables in the market. This results in improving my economic as well as health status. Moreover, the organization taught us to prepare organic fertilizer by using locally available herbs and cow dung. I have two cows, four goats and ten chickens, which is my additional source of income for my family. I prepare organic fertilizer by cow dung and local herbs. Now, I have totally stopped using chemical fertilizer. This project has taught me and my family about nutrition and the immense effect of vegetable production.

### Case story II: Income Generating Grant for uplifting livelihood

I am Devi Lopchan living in Lalitpur District at Nallu ward # 2 (*sano gaun*). I’m 28 years old, and I got married at the age of 16 years. I live with my in-laws house (mother-in-law, father-in-law, my son, daughter and husband). My son is 11 years and daughter 8 years old. They read in class 5 and 2 respectively. My husband (Rajkumar Lopchan) is a farmer and works in a daily wages. But he never used to give the money for household expenses. I also work in the agricultural field and used to brew the alcohol at home to sell for income. And at the same time I reared a goat and sold it. Unfortunately, it was



being very difficult for me to run a family from my income. I had to buy foods and educational materials for my children.

I was also involved in mothers' group of ward # 2. I had also participated in all 10 sessions of nutrition training and as well as in the kitchen garden training. I got the opportunity to gain the knowledge on kitchen garden and its gardening techniques. In the mothers' group we used to save NRs 100 by each woman on a monthly basis. But that money could not make a huge amount for us to start any business.

Later, RICOD supported with NRs 30,000 to a group. The grant was divided among 6 members in a group as a revolving fund. At that time, I did not fall into the priority category (of six women to take a grant) because I was engaged in goat rearing and brewing. And after six months a woman refunded the grant to the respective mothers' group. I took the money from the group because I also had a child under 5 years of age.

According to our group, the grant can be used for six months till one year as per the requirement of the business (goat rearing for one year and kitchen gardening for 6 months) and then return to the group along with the interest. I decided to buy seeds (tomato, pumpkin, spinach, cauliflower, cabbage and radish) for kitchen gardening. Along with that, I made a tunnel for tomatoes farming (I have received the knowledge to make the appropriate tunnel from kitchen garden training).



And after 6 months I could make the money of NRs 119,000 solely from vegetable production. Now, I am very happy to spend it on my children's education and household expenses. And I again invested NRs 50,000 of it on poultry farming. I have bought 400 chickens. I hope this will make me a good business. I'm feeling very glad that I do not have to ask my husband or anyone for money. My in-laws have been very glad with my work and income. Nowadays, my husband has also started me to help me in my work and this implies that woman empowerment makes husband and family happy.

#### DOCUMENTS TO ATTACH:

- Financial report
- Indicator Tracking Table ([Appendix A](#)).
- Commodity Utilization Table(s) ([Appendix B](#))



## Appendix A

### Indicator Tracking Table

Indicator	Baseline value and date (Dec 2015)	Target	Achievement	Explanations of Significant target Variances
<b>Intermediate outcomes 1. Improved Community Capacity to sustain mother and child Nutrition gains</b>				
<i>1.1 Participant household maintain ability to act on knowledge of health and nutrition</i>				
% of household performing growth monitoring	27.13%	33% (5% increase above annual report 2015)	67%	Most of the mothers have become more conscious on child's health and they weigh the child in HIs or in hospitals. With the provision of material support (salter scale) to health institutions for weighing child aid health worker to regularly weigh the child.
% of household consuming three types of food daily	87.38%	97.38% (10% increase above annual report 2015)	88.9%	Consumption of 3 types of food continues to increase as people continue to learn more about its importance and how to grow kitchen gardens.
% of women that use antenatal/postnatal check up and institutional delivery	ANC 90.45% PNC 34.85%	ANC 100% PNC 44.85% (10% increase above annual report 2015)	ANC 92.23% PNC 37.05%	Most of the women go to the central level hospitals for PNC visits. This showed they have become aware on such visits.
# of women participate in making options of nutritious foods (food purchases and participation in agricultural plan)	Purchase of food 99.18% Agricultural plan 72.72%	65% participate in food purchases & 70% women participate in agriculture plan	Purchase of food-78.2% Agricultural Plan- 73.6%	The participation of mothers on agricultural plan has increased due to the intervention of kitchen garden and nutrition trainings.
<b>Intermediate outcomes 2. Improved knowledge of local foods security and nutrition situation in new areas</b>				



2.1 Staffs and volunteers trained to undertake situational assessment survey	training completed	2 trainings	2 trainings	Training on endline and baseline survey has been successfully completed.
2.2 Situational assessment completed	assessment completed	assessment completed	Report completed	
<i>Immediate Outcomes 1.2: Build on and strengthen community network that encourage nutrition and health</i>				
# of network established	0	5 networks	5	1 mothers' group network in each 5VDC has been successfully established.
# of network meeting	0	Every 3 months	15 meetings	After established of mothers' group network in September, each network conducted the meetings 3 times (once a month). The mothers were keen to take the responsibilities so they conducted the meetings in the presence of field facilitator of the project.
# of activities conducted by network	0	2 activities initiated by the network	2	Activity such as (celebration of nutrition & breastfeeding week) was done with the collaboration of local NGOs, UNICEF, DPHO and RICOD. The network members were not formally established at this time but members helped coordinate these celebrations.
# of AA meetings	3 in a week	5 meetings in a week	5 meetings in a week	This meeting has been accomplished as to the target.
<i>Immediate Outcomes 1.3: Improved women's income generating opportunities to increase choice and availability of nutrition food</i>				
# of meetings income generating groups	bi-monthly	monthly	monthly	All the income generating mothers meet once a month for a meeting.
# of groups with an up to date record	N/A		36 (out of 45)	Assigned Field facilitator participates in each meeting in each ward of respective VDC for the records of income generation.
# of new members	1000	1050	1038	Newly married woman and new woman who is keen to join the group for saving and credits.



<i>Immediate Outcomes 1.4: Increased availability of nutritious food during disaster recovery</i>				
# of students received day snacks	N/A	450 students	414 students	Some mothers along with their children have moved to city area for the settlement after earthquake.
# of families received supplementary food	N/A	50 families	47 families	After meeting with VDC level stakeholders the total needy families were supported.
<b>Activities</b>				
1.1.1 Nutrition training to male member		450	532	The male members from untargeted HHs also participated the training. The nutrition training made them enthusiastic to participate in all 10 sessions in the future. And moreover, two male members from most of the targeted HHs participated.
1.1.2 Nutrition training to adolescent		200 students	342	Training was planned for only students in grades 9 and 10 but the students of grades 7 and 8 have become more conscious on health and nutrition; this made them to join the training.
1.1.3 Nutrition training to uncovered mothers in Lele VDC		100	224	Many women have married and residing in this VDC this made high than in target number.
1.1.4 Provide matching fund to health institutions for transportation to needy pregnant woman to travel to health institution for child delivery		5 VDCs	5 VDCs	Each five Health Institution were provided with the matching fund for the complicated referral cases to central hospital.
1.1.5 Support material and equipment to damaged HIs and ORCs		10 HIs and ORCs	10 HIs and ORCs	Completed in May. The materials were demanded by the staffs of health institutions and required materials will be supported to





				ORCs.
1.2.1 Establishment of VDC level mothers' group network	0	5	5	The networks have been successfully established.
1.2.2 Coordination meeting among health personnel and health facility operation management committee		5 meetings	5 meetings	Completed in 1 <sup>st</sup> quarter of 2016.
1.2.3 Continuation of AA meetings		200 meetings	105 meetings	AA counselor could not regular attend in the field due to illness so the meetings could not be completed as per the target. Moreover, the people are reluctant to participate making less number of meetings.
1.3.1 Group management, finance management and business skill development training for women involving in income generating groups		45	45	This training has been successfully completed with the mothers' group in each ward i.e. 45 of 5 VDCs.
1.3.2 Seed money support to mothers group of remaining 20 wards and refund for those members whose livestock have died	0	140	140	The remaining 120 women were supported and 20 women who have lost their livestock due to earthquake were refunded with the grant.
1.4.1 Day snacks support to ECD centers		450 children	414 children	Some of the children have migrated to city with their families.
1.4.2 Supplementary food support to needy families		50 families	47	Only needy people were listed out and supported with the help of VDC personnel and social mobilizer.
1.4.3 parents and teacher meeting in school about day snacks management		19 times	19 times	Meetings have been successfully conducted with the school principals/ ECD facilitator and parents of ECD children.
2.1.1 Training of trainer for staff on group management and finance management		1 time	1 time	Training has been conducted with project staff and peer educators.



2.1.2 Capacity building training to Staffs for baseline and end line survey		2 time	2 time	Training to staff and volunteers for baseline and endline survey has been completed in 1 <sup>st</sup> quarter and end line in 3 <sup>rd</sup> quarter of 2016 respectively.
2.1.3 Staff exposure visit		1 time	1 time	Conducted in June 2016
2.1.4 situational analysis / baseline survey in new 8 VDCs		1 time	1 time	Completed in 1 <sup>st</sup> quarter of 2016.
2.1.5 conduct end line survey in existing 5 VDCs		1 time	0	Completed in 4 <sup>th</sup> quarter of 2016.



## Appendix B: Commodity Utilization Table

	<b>Beneficiary Group</b>	<b># of Beneficiaries</b>	<b>Commodity</b>	<b>Monthly Ration Size (kg/person)</b>	<b>Monthly Rations</b>	<b>Amount Received or Purchased (MT)</b>	<b>Total Amount Distributed (MT)</b>	<b>Spoilage (MT)</b>	<b>Balance on Hand (MT)</b>
Planned	pregnant & delivery women, single women, single child family, ultra-poor and family having old aged people i.e. +70 yrs.	50	rice, daal, oil	rice 60 kilograms, daal (pulses) 10 kilograms & oil 5 liters.					
Actual	pregnant & delivery women, single women, single child family, ultra-poor and family having old aged people i.e. +70 yrs.	47	rice, daal, oil	rice 60 kilograms, daal (pulses) 10 kilograms & oil 5 liters					