



# SUAAHARA

## MOST SIGNIFICANT CHANGE (MSC) STORIES



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**SUAAHARA**  
Building Strong & Smart Families

**Credits:**

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# MOST SIGNIFICANT CHANGE (MSC) TECHNIQUE

The most significant change (MSC) is a participatory monitoring and evaluation methodology. It is participatory because project stakeholders are involved in both deciding the sorts of change to be recorded and in analyzing the data. It is a form of monitoring because it occurs throughout the program cycle and provides information to help people manage the program. It also contributes to evaluation as it provides data on impact and outcomes that can be used to help assess the performance of the program as a whole.

In *Suaahara*, the MSC provided information to program managers on: beneficiaries exposure to the program, outcome level changes in the form of stories, interventions that worked and data on outcomes level changes that occurred in the lives of beneficiaries.

The MSC methodology involved the collection of significant change stories as told by the beneficiaries in group discussions and follow-up interviews. The stories were sorted according to the identified domains of change for vetting and then systematic selection of the most significant of these stories by a panel of designated stakeholders and staff at village development committee (VDC), district and central levels.

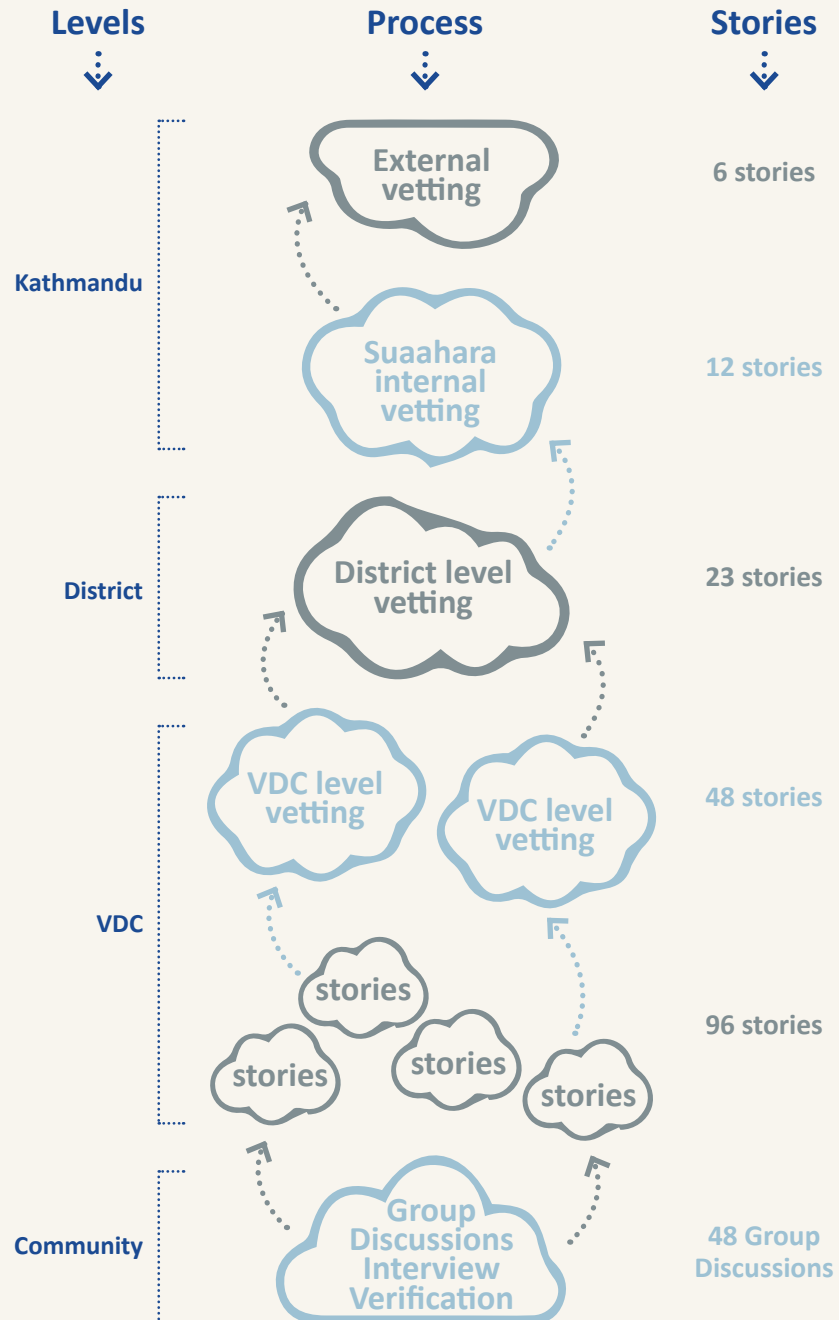
MSC was first piloted<sup>1</sup> and then conducted in initial 20 districts of *Suaahara*. The domains of change<sup>2</sup> identified for the *Suaahara* program included:

1. **Behavior Change** on maternal and child feeding practices, hygiene and sanitation, and improved agriculture and livestock rearing practices
2. **Social Changes** related to community mobilization, overcoming of cultural barriers and taboos, and sustaining of nutrition and food security efforts at the community level
3. **Supportive Environment** included family support and care, and peer and group support for 1000-day (period from conception through child's second birthday) mothers and their children
4. **Service Utilization** in relation to maternal and child health care from health facilities, agriculture and livestock services for improving nutrition, etc.
5. **Others** domain provided an open window to capture the stories of unintended changes

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- 1 With the technical support from JHUCCP the MSC was first piloted in Lamjung and Rasuwa that led to further shaping up of MSC objectives and processes for *Suaahara*.
- 2 Domain of change is kept broad to allow people to have different interpretations of what constitutes a change in *Suaahara* project.

## SUAAHARA'S MSC STORIES SELECTION STEPS



Initial districts were selected for MSC as program exposure was relatively longer than the other districts. *Suaahara* conducted a three-day extensive training at the regional offices for its regional and district team who then led the MSC process in their respective districts. Each district selected 2-3 VDCs where group discussions were conducted, followed by individual interviews to collect the stories. Verification of the stories and facts were done through interviews with relevant local stakeholders that consisted of female community health volunteers (FCHVs), Social Mobilizers, neighbors, and VDC secretaries. After verification, the stories were written up based on the information collected from the group discussions and interviews. The stories were then sorted according to the 'domains of change' for vetting. The stories were vetted at the VDC level in the presence of VDC secretaries, FCHVs, teachers, and community leaders. The selected stories from the VDCs were again vetted at the district level in the presence of representatives from the District Level Nutrition and Food Security Steering Committee, local media, and relevant stakeholders. The selected stories were then sent from the districts to Kathmandu where the stories were vetted by *Suaahara* staffs. These internally selected stories were then given to an external consultant for on-site verification and re-writing. The re-verified and re-written stories were externally vetted for final selection. The top 6 stories were selected and translated from Nepali to English for publication.

MSC compliments the quantitative outcome information to help assess the performance of *Suaahara* by providing a closer look at the shifts in change at the household and community level. The MSC provided a deeper understanding on processes/intervention that led to changes in the lives of *Suaahara* beneficiaries: who were involved in the processes; which barriers existed and how beneficiaries were able to

overcome the barriers; and what these changes mean to community members.

The major common observations across the stories were about overcoming cultural and food taboos that revolved around the mother and child, and being able to adopt the correct infant and young child feeding (IYCF) practices. The majority of the 1000-day mothers' stories highlighted the fact of having healthier babies as the most significant change when compared to having their previous child. Mothers observed that their babies are more alert, learn more easily, and fall sick less often than their previous child. Even in those cases of families with poor economic status, the ability to include nutritious and diverse foods in complementary feeding for the child came up as most significant change. Other changes common across many stories are changes: in water, sanitation and hygiene (WASH) behaviors at household and community level; utilization of health services (e.g. antenatal care (ANC), iron intake, institutional delivery); empowerment of women; and support from family members in household chores allowing mothers to become change agents in their communities.

The beneficiaries and community members themselves shared and selected all these stories of change as the most significant ones. These are real life stories of struggle, triumph and empowerment. *Suaahara* believes that they are the change agents who will continue to support each other for better health and nutrition of mothers and children under two.

## RAISING AWARENESS FROM HOME TO THE VILLAGE

Sita Charmakar, 25, of Bhojpur, is amazed at the difference in physical and mental development between her two daughters. A 1000-day mother of Annapurna VDC-2, Sita is happy for her younger daughter Bipana, who is smarter, more active and healthier than her first child. Except for the common cold, 17-month-old Bipana has not suffered from any other illness. "Bipana grasps things quickly and says *Ka... Ka*<sup>3</sup> when she's given a book!" smiles Sita. She attributes the good health of Bipana to Suaahara and Suaahara's radio program *Bhanchhin Aama*<sup>4</sup>. Through the mothers' group meetings facilitated by Suaahara, she found out about antenatal checkups, and maternal, infant and young child feeding. Sita took iron folic tablets and green vegetables, fruits, pulses and eggs when she was pregnant. She gave birth to Bipana at the birthing center in Annapurna VDC. "Bipana was exclusively breastfed for the first six months, which I had learned from the *Bhanchhin Aama* program," Sita says, "I added pulses, porridge, spinach and eggs to her diet at six months."

Conditions were different when Sita gave birth to her elder daughter Sapana who is 9 years old now. She was delivered at home. Sita says, "There was little practice of delivering babies at the health post before. We felt shy to visit health facilities for checkups." Despite knowing that iron folic tablets should be consumed during pregnancy, Sita did not take them when she was pregnant the first time. "Intake of iron folic supplementation during pregnancy was left upon one's own

choice earlier," Sita says, "However, these days the pregnant women are provided iron folic tablets after they are made to understand the need to take them." Sapana remains quiet and falls sick regularly. "She often suffers from indigestion and diarrhea, and had pneumonia twice," says Sita. She vividly remembers the health mothers' group meeting where she had asked about the reason for Sapana being lean. She realized from discussions in the mothers' group meeting that Sapana had not received the required nutrition. "Sapana was exclusively breastfed for only four months, and then I started giving her porridge without mixing any green vegetables," adds Sita.

Many changes have occurred between the time her first and second daughters were born. Sita did not breastfeed her first child, Sapana, the first milk (colostrum) due to the belief that it would cause her to suffer from intestinal worms. Sita did not take cow milk herself as the village customs had that pregnant woman drinking cow milk would bring misfortune. "Consuming spinach during pregnancy was believed to make you suffer from cold," says Sita, "Because of which I only took meat when I was pregnant with Sapana." She, however, breastfed Bipana immediately after birth, and regularly consumed nutritious food mixing spinach, pulses and egg herself when she was lactating. According to Sita, such dietary practice helped her to produce sufficient milk for the baby. "Villagers have started growing vegetables and maintaining

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<sup>3</sup> First alphabet of Nepali script.

<sup>4</sup> Bhanchhin Aama or "Mother Knows Best" is a social and behavior change communication campaign that uses interpersonal communication, community mobilization, and mass media (radio programs) to equip 1000-day mothers and families with knowledge and support required to enable improved nutrition, health and hygiene behaviors.



Sita using the bamboo rack to dry and sanitize the utensils out in the sun.

home garden after listening to *Bhanchhin Aama*," shares Sita. "When a young child did not consume the same kind of porridge that they themselves regularly consumed, the villagers used to believe that someone had cast spell upon them," says Sita, referring to superstitions. "However, young children have increased consumption of food now as they are provided diversified foods that taste new and different each time."

Sita came forward as a community facilitator after joining Suaahara program. She is ahead in sharing her knowledge of nutrition, sanitation and hygiene with neighbors. As a community hygiene and sanitation facilitator for Open Defecation Free VDC campaign, Sita provides suggestions to villagers regarding household sanitation and personal

hygiene. Further, as a facilitator for Citizen Awareness Center (CAC), she encourages villagers to construct toilets, visit health facilities at least four times during pregnancy, and feed extra meals to young children according to their age. She teaches mothers not to keep their children in the cold. Sita is also the secretary of the mothers' group. Recognizing her healthy child, CAC honored Sita as an 'Ideal Mother'. "Mothers in the village said that they too have started to take special care of their children after I was honored," says Sita.

Sita's life is full of struggles. She got married when she was studying in ninth grade which halted her studies. She had to perform all the household chores at her husband's house. She had to bear added responsibility after her husband left for foreign employment when her elder daughter was just one-year-old. She continued her studies after her daughter turned four, and appeared in School Leaving Certificate (SLC) examination. Financial conditions of most of the villagers of Amlala, most of whom are from the Dalit community, is poor. "We only have a small plot and a paddy field," says Sita's husband Rajan Bishunkhe. The only house they had was also destroyed in the April 2015 earthquake, after which Rajan constructed another house beside the old one. Working as a farmer and manual laborer, Rajan has also attended Suaahara's food demonstration session and he helps Sita with household chores. "He prepares food and helps me maintain the garden when I am busy," smiles Sita.

Sita implemented things that she learned in Suaahara trainings, hoping for positive changes to occur in her life. "The differences in my two daughters have made me really believe that the things Suaahara teaches should be implemented. Washing hands with soap just takes a second longer; it doesn't take much time and it kills germs!" She feels that the trainings on nutrition, and sanitation and hygiene provided by Suaahara can be easily put into practice. "Vegetables are planted by everyone. We used to sell eggs earlier, but these days we give them to our children," adds Sita. She suggests mothers to provide proper care to their children, exclusively breastfeed for six months and begin complementary feeding at six months.



### WHY WAS THIS STORY MOST SIGNIFICANT?

The majority of the vetting participants liked how Sita emerged as an ideal mother despite the food taboos and socio-cultural barriers she was brought up with. Sita is a facilitator in Citizen Awareness Center (CAC) and an advocate for health and nutrition for 1000-days mothers and their children. Her story of behavior change meets Suaahara's objective of improving health and nutrition behaviors. Sita adopted the healthy practices taught by Suaahara that helped her rectify the mistakes she had made during her first pregnancy. The result of her efforts in improving her nutrition behavior is visible as her younger daughter Bipana does not fall sick as often as her first daughter, and Bipana is more alert and quick to learn. Vetting panels also liked the fact that despite coming from a disadvantaged community, with the support from Suaahara, she has earned herself an identity in the community and has continued to inform 1000-day women in her village about nutrition and health. Minority voices during the vetting observed that since Sita and her husband are a young couple living as a nuclear family, the changes could have happen more easily.



## A ROLE MODEL FOR MOTHERS-IN-LAW

Kadevi BK of Myagdi had no knowledge of nutrition and sanitation when she was pregnant. It was only after receiving the book *Bhanchhin Aama* in a Citizen Awareness Center (CAC) meeting three years ago that she learned things like antenatal checkups, intake of iron folic tablets, child feeding practices, and delivery at health facilities. She received more information on maternal and child feeding and caring practices from Suaahara's *Bhanchhin Aama* radio program. Now she is able to spread awareness of special antenatal and postnatal care to her daughter-in-law, Mamta.

"No one taught me to take iron folic tablets when I was pregnant," says Kadevi. She gave birth to all her children at home. She went through a lot of hardships while delivering her children at home. "Being alone at home during labor, I faced problems during delivery, especially prolonged labor and delayed placental expulsion," adds Kadevi. 46-year-old Kadevi of Pakhapani VDC-3 could not feed a nutritious diet to any of her six children. "I gave birth to many children because of poor knowledge on family planning," adds Kadevi. She wishes that nobody would have to bear the same pain that she suffered while delivering at home.

When she found out her daughter-in-law, Mamta, was expecting, Kadevi took her regularly for health checkups. She also took her to health mothers' group meetings so that she would learn to take care of herself and her baby. She also started sending Mamta to skill development training. Kadevi does not have her own garden around her house. She planted potato, pumpkin, peas, bean, and soybean in her paddy field a short distance from her house after she learned about maternal and child feeding practices. She bought vegetables



Kadevi who has emerged as a source of inspiration for other mothers-in-law.

and cereals when there was none at home. Kadevi's son was working abroad when Mamta was pregnant. She took responsibility of her daughter-in-law all by herself. Though a birthing center was available at the nearby health post, Kadevi took her daughter-in-law to the district headquarters in Beni, where there are hospitals and all the essential facilities for delivery. Having ensured that granddaughter exclusively breastfed for six months, Kadevi then added porridge to her diet. Her one-year-old granddaughter has been provided polio vaccination and vitamin A supplements. "My granddaughter is healthy," smiles Kadevi. "My children would have been the same had they been provided nutritious food when they were young!"



Kadevi washing hands with soap and water at the handwashing corner established in her home.



Kadevi in conversation with her neighbor.

Kadevi says that the relation between her and her daughter-in-law is like that of a mother and daughter. She feels that the other mothers-in-law in the village are also supportive of their daughters-in-law. "Kadevi did not allow her daughter-in-law to do hard work when she was pregnant, and she sent her regularly for health checkups," says Meena BK, CAC facilitator. According to Meena, Kadevi learned about sanitation and antenatal checkups following introduction of Suaahara program, after which she took Mamta to Beni for delivery. Meena has found Kadevi to be one of the regulars attending the CAC meetings. "Kadevi is very interested in reading *Bhanchhin Aama* and listening to the radio program," Meena adds, "Seeing her take a loan for her daughter-in-law's delivery at a good hospital has encouraged other mothers-in-law in her community to take similar care of their daughters-in-law."

"Kadevi used to tell her daughter-in-law, Mamta, to visit health facilities regularly for antenatal checkups," says her neighbor Manju BK. Manju saw Kadevi preparing food and feeding Mamta when she was pregnant. "Sharing her past experiences about the difficulties she had to face during pregnancy, Kadevi teaches young women to adopt antenatal and postnatal care," adds Manju. Kadevi's behavior towards her daughter-in-law in Phuldanda village, where all

households are Dalit, is followed by others as well. "Relmaya BK, Kadevi's neighbor has also taken her daughter-in-law Geeta BK for antenatal checkup," remarks Manju.

Kadevi, in every weekly meeting of CAC, teaches neighbors and women not to carry heavy loads during pregnancy, work less in postnatal conditions, feed supplements to young child as they grow, dispose feces of children in toilet, and other sanitation behaviors. Her husband Lal Bahadur, 50, works as laborer in the village. This family does not have much land for farming. Lack of a garden near home has made her abandon plans to construct a coop. This has also made it difficult for her to dispose garbage. The whole village suffers from similar conditions. "Our village could have been total sanitation VDC like the adjoining ward no. 2 of Jhi VDC if only we had gardens adjacent to our homes!" says Kadevi.

## WHY WAS THIS STORY MOST SIGNIFICANT?

The majority of the vetting panel members found the story of Kadevi unique as it portrayed the struggle of mother-in-law to support her daughter-in-law. Kadevi gained the knowledge on nutrition and health practices from the Suaahara program and passed it on to her daughter-in-law. Kadevi is an inspiration to other mothers-in-law in her community. The vetting panel liked that Kadevi is a role model in encouraging community mothers and families to adopt good health and nutrition behaviors. Some of the vetting members felt that it was necessary to explore the role of other mothers-in-law in Kadevi's community to understand if her story is unique.



## SUAAHARA SUPPORT GENERATING INCOME FOR MOTHERS

Maya Shrestha, 27, of Myagdi, was six-months pregnant when she first attended the Suaahara program. It has been two years since she attended the Milan Vegetable Production Group's meetings. These meetings have imparted knowledge of physical and mental development of child taking place within first 1000 days, use of toilet, washing hands with soap and farming techniques to her. Learning modern farming, making compost fertilizers and poultry feeds has made her independent as well. Maya, who did not know how to plant tomato seeds before, has now made a protective tunnel in which to grow tomatoes herself. Through Suaahara's Homestead Food Production training, Maya has learned that watering vegetables from pipes directly causes damage to them and too much water is not good for vegetables.



Maya feeds the poultry in her well established semi-intensive coop.

Maya feels that changes have occurred in the village due to Suaahara. "Earlier children were fed solid food at five months," she says, "Everyone now knows that the children should be provided supplements only after six months." Maya still remembers elderly women mocking pregnant women for visiting health facilities. "We delivered babies at home, why do you need to visit health posts every month," Maya quotes them as saying. According to Maya, all pregnant women in the village undergo antenatal checkups at least four times these days and they go to hospital for delivery. "The chickens that used to be left all over the field are now kept in coops," adds Maya. Waste management is also being done regularly after the introduction of the Suaahara program in the village. "Every Saturday, representatives from health mothers' group, Milan vegetable group and each household gather waste in the area and manage them," says Maya. "Earlier, the villagers used to manage waste only once in two or three weeks."

Maya and her husband started living in a small hut at Thatitol after her in-laws did not approve of their inter-caste marriage. Her husband left for foreign employment to Saudi Arabia owing to their poor financial condition. Maya took the homestead farming training following encouragement from her husband. She was encouraged to plant vegetables around the house as it would help her pass time and she could save some money by selling the surplus vegetables. She cleaned up the area close to her house for farming which was used for dumping the garbage of the market. Though she knew that young child should be provided nutritious food, Maya had no vegetables at her home earlier. "Things became easy after I planted some seeds," Maya shares.



Maya proudly shows the vegetables grown in her kitchen garden.

Memories of Maya delivering her child in Beni still make her emotional. "I did not even have money to pay for the delivery," says Maya, "Only my husband was there with me." Today, Maya sells excess vegetables at the market. She started poultry farming with five chickens that were provided by Suaahara. She brought 25 chicks after attending training to be a Local Resource Person in May 2015. Out of those, she has already sold chickens worth Rs. 18,000. She is now raising 30 chickens. Maya keeps the eggs laid by the chickens for her and her daughter.

The meeting of Milan Vegetable Production Group takes place once a month. In every meeting, the group members collect Rs. 50 from each to keep in a savings fund. The fund is provided as loan to group members for various purposes, including improving nutrition, health, food production, homestead farming, making coop, and taking sick children to health posts. Nutrition, sanitation, and hygiene are regular

agendas of the group's meetings. Food demonstration of nutrient-rich diets like porridge made from egg, milk and pumpkin is also held in regular intervals. Initially, all members of the group were 1000-day mothers but today others have joined the group as well. The group provides chicken worth Rs. 1000 to pregnant women as encouragement. "Newly pregnant women are encouraged to implement things taught by Suaahara. They keep eggs for themselves and their child once the chickens lay eggs," remarks Maya.

"Seeing Maya's poultry farming and vegetable production has encouraged other members to follow suit," Anita Tilija, Secretary of the Milan Vegetable Production Group shares her observation. "Maya shares her learning from various trainings at the group's meetings," adds Anita. Female Community Health Volunteer (FCHV) of Dana VDC-4, Manima Gurung says that Maya is known in the area as a model farmer. "She is always teaching group members about poultry farming, vegetable production, hygiene and sanitation," Manima says. Maya has raised her daughter single-handedly, without support of her in-laws. Anita and Manima hold the same view that Maya is a role model in the village.

Maya says that the trainings similar to the Homestead Food Production training conducted by Suaahara in the beginning should be organized at local level. She had to face difficulties while attending the five-day farmer's training in Beni as her daughter was young and there was no one to take care of her in her absence. She has bitter memories of her chickens dying in the coop for lack of food and water when she returned after attending eight-days training in Beni. "When trainings are held in our own village rather than in district headquarters, Pokhara or Kathmandu, all villagers can learn instead of just one," suggests Maya.



### WHY WAS THIS STORY MOST SIGNIFICANT?

Majority of the vetting panel members liked the story of Maya because she was an exceptional beneficiary who went beyond the scope of the program. Maya was trained by the Suaahara program on homestead food production but she went beyond just producing the food for consumption and used the agricultural skills for income generation as well. Despite having discouraging in-laws she was determined to bring a positive and significant change in her life. The vetting panel also liked how Maya actively participated in her group meetings, promoted golden 1000-day period and enrolled new mothers in the group. They also liked how the entire community paid strict attention in maintaining cleanliness and good hygiene in her VDC. Minority members did not think Maya's story to be significant because while the story focuses on her personal development being a Village Model Farmer, as her role demanded, Maya could not substantially contribute to other 1000-day mothers.

## NUTRITIONAL BEHAVIORS REAPING FINANCIAL BENEFITS

Parwati Bohora, 28, of Bajhang, had never taken nutrition and sanitation seriously before attending Suaahara training. Today, she has realized that mothers and young child need special care. Parwati feels that among her three children, three-year-old Paras and six-month-old Bibash are healthier. "It might sound strange, but we have just learned how to eat!" says Parwati. From feeding nutritious foods, including porridge, green vegetables, eggs, pulses to breastfeeding, Parwati teaches villagers about maternal and infant feeding.

"As 80 percent development of the child's brain takes place within two years of age, feeding them a nutritious diet is equivalent to improving their lives forever," says Parwati. "Taking proper care since pregnancy will take away all worries!" she adds. A resident of Deulekh-3 in Bajhang, Parwati is happy seeing the positive attitudes of even the older generations towards addressing nutrition issues. She lives in a joint family of 15 persons. Her husband has studied up to grade seven, while Parwati could only take non-formal literacy classes.

Eating chicken and eggs was beyond the imagination of Parwati and her husband's family three years back. Traditionally, eating and raising chickens were considered a taboo in Chhettri caste group. Parwati learned about the nutritional value of eggs and chicken for her children after attending Suaahara trainings. She then brought the change in feeding habit in her family. Now all family members, except her father-in-law Birjeet, eat eggs and chicken in her home. Though Birjeet himself does not eat these, he encourages others to consume these nutritional diets. Parwati's brother-



Parwati washes her son Parash's hands with soap and water.

in-law Jay Bahadur considers this change in his father significant. Her husband also supported her to construct a coop. She has received support from all her family members.

Parwati received four chickens from Suaahara. Three of them lay eggs daily. Since rearing chicken was a taboo in her community, she only kept buffaloes, cows, bulls and goats before. "We had traditions that forbade pregnant women from eating eggs and meat," says Parwati. "However, these days, we and our children enjoy eating eggs." She feeds her child by

mixing wheat, maize and soybean flour, green vegetables and egg. Parwati attributes absence of malnutrition in her child to such feeding habit. "Our treatment costs have also been saved as the frequent visits to doctor have decreased," smiles Parwati. "I don't have to suffer from stress which people have to undergo when their children fall sick," she adds.

Parwati feels that vegetable farming, sanitation and reducing malnutrition are the three main learnings of her participation in the Suaahara trainings. A member of the health mothers' group, Parwati has also been selected as a Village Model Farmer. Production of nutritious food by Parwati in her garden has inspired other villagers. She often encourages other 1000-day mothers in the community to adopt homestead food production and poultry rearing during the mothers' group meeting.

"I will provide eggs and chicks if anyone wants to make coop and raise chicken," says Parwati. "Suaahara's work has brought behavior change to a community that could have suffered for not giving proper attention to health and



Parwati's mother-in-law takes care of her granddaughter Manisha.

### WHY WAS THIS STORY MOST SIGNIFICANT?

The vetting panel selected Parwati's story since she stood out as a Village Model Farmer in that she made an extra effort to help other 1000-day mothers in transferring knowledge on homestead food production and distribution of seeds and chickens.

They also liked the fact that the Suaahara program helped to overcome cultural barriers around rearing poultry at the homestead in a district like Bajhang. Parwati belongs to a staunch Hindu family where raising chickens is prohibited but she understood the nutritional value of chicken and eggs for her children and brought changes in her family. A few members of the panel felt that the most significant change in Parwati's family came from the fact that she comes from a privileged family, making it easier to distribute seeds and chickens to 1000-day mothers.

nutrition," she adds. A 1000-day mother herself, Parwati says that the trend of borrowing vegetables has been replaced by borrowing seeds in the village. "Distributing seeds instead of vegetables encourages villagers to work and this also gives yields for many years," remarks Parwati. The chickens and vegetables have provided not only nutrition but also economic benefits to Parwati and her family.





Parbati's mother-in-law who refused to raise poultry is now feeding the chickens.

## A SINGLE MOTHER'S DEDICATION TO SERVE OTHER MOTHERS

Joga Devi Aidi, of Bajhang, was married at a young age. The responsibility of raising four children came upon her after her husband married another woman. Despite the hardships, she was determined to bring about a change in her children's life and her own. Support of her husband's family encouraged her as well.

She had no knowledge of washing hands with soap and using a toilet before she participated in the training conducted by Suaahara. She used to feel awkward and ashamed when she had to show her guests the way towards nearby bushes for lack of toilet. But there has been no such embarrassing moment in the past two and half years for her. She now has a clean toilet in her garden. After getting a sack of cement and iron sheets, she managed some sand and constructed the toilet herself.

A resident of Sunikot in Bajhang, 26-year-old Joga Devi has taken non-formal literacy classes only. She received two-day Suaahara training in Sunikot VDC. Things taught in the training startled her initially. Whatever food she had been told to avoid during pregnancy and postnatal conditions by her family, were recommended for consumption in the training. When the participants raised questions on such feeding practices, she also wanted to ask questions but did not as she was shy. She could not even tell her name due to lack of confidence. She learned about nutritious diet in the trainings. Further, she learned recipes to make porridge. "They provided egg, chickpeas and juice instead of tea, biscuits and noodles in the training!" smiles Joga Devi.

Joga Devi breastfed her youngest daughter Manisha three to six times daily. She breastfed Manisha by letting her draw her breast (areola) deeply into the baby's mouth. Though she had given birth three times before, she only started eating eggs, vegetables and pulses during and after her pregnancy with Manisha. Suaahara provided her with vegetable seeds. Her garden is now lush with green vegetables. She also learned to save the seeds for plantation. Suaahara also provided her six chickens. They are laying eggs.



Joga Devi Aidi working in her kitchen garden.



Joga Devi washes her hands with soap and water after working in the field.

Joga Devi used to hide and not speak in front of many people. But, following her selection as Peer Facilitator in the Suaahara program, she participated in three trainings and two review meetings which made her confident. She is aware on health and nutrition issues now. Joga Devi teaches 1000-day mothers about nutrition, vaccination and diet. She also teaches villagers the need and benefits of toilets.

She is one of the most active and creative peer facilitators. Suaahara's field supervisor Rekha Rawal is impressed with Joga Devi's confidence and her enthusiasm to put her learning into practice. "Joga Devi helps to call participants and collect food items during demonstration of porridge in health mothers' group," says Rekha. Life for Joga Devi, who used to be busy in regular chores of herding cattle and cutting grass, has now moved beyond the four walls of her house.

"I enjoy it when people come to me for suggestions," smiles Joga Devi. She is active in the health mothers' group as well. Savings from the monthly meetings of mothers' group has helped members to get loans. "The villagers have implemented antenatal and postnatal care, breastfeeding,



Joga Devi Aidi rose through her struggle to be an inspiration.

complementary feeding and sanitation practices," adds Joga Devi. Overcoming her own struggles, Joga Devi has become a source of inspiration for many mothers in the village.

### WHY WAS THIS STORY MOST SIGNIFICANT?

Majority of the vetting panel members voted for this story because Joga Devi emerged as an empowered woman in spite of being a single mother and taking up the hardship of raising 4 kids on her own. What appealed to them was that the trainings and support from the Suaahara Program helped Joga to become a Peer Facilitator and she dedicated herself to serve other 1000-day women in her own community. The majority of the stakeholders liked the emotional content of the story and the fact that she rose as a change agent in a disadvantaged community. A few members in the panel expressed that since Joga was a Peer Facilitator, she was simply fulfilling her duties which is why her story was not significant.

## OVERCOMING CULTURAL BARRIERS

Kalawati Lohar of Darchula was unaware of child feeding and health practices. After giving birth, she would be busy in regular chores. She used to feed the children whatever she ate. "Traditions had it that feeding pumpkin leaves would make children deformed and feeding fish would make them stunted," says 30-year-old Kalawati of Dandakot VDC-7. "Further, people used to believe that working hard and long during pregnancy would make the children strong."

Kalawati did not have the opportunity to attend school. She remembers following her brother to school for some days, "However, the upper caste people did not allow us to sit in the bench saying that we belonged to a low caste," says Kalawati. Her interest towards studies went away following such mistreatment in school. Her husband has passed grade eight examination. "He has been going to India to work as laborer since he was young. He is in India now as well," remarks Kalawati. "He made this house and the chicken coop himself when he was here!"

Suaahara was already implemented in her village when she gave birth to her youngest daughter. "I found out about the social malpractices that were harmful to our health only after attending Suaahara trainings," says Kalawati, "For the first time in my life, I had the opportunity to attend training on Integrated Nutrition and Sanitation." Following the training, she started giving attention to her health and that of her children, including sanitation inside and outside the house. She attended the health mothers' group meeting, and participated in discussions regarding nutrition and sanitation.



Kalawati feeding chickens in her semi-intensive coop.

Kalawati started consulting Female Community Health Volunteers regularly. "None of the mistakes that I had committed while giving birth to my older daughters were repeated at the birth of my fourth daughter," she says. She underwent antenatal checkups at four, six, eight and nine months. "I did not miss any of these – iron and folic tablets, deworming, tetanus toxoid immunization, iodine salts,

supplementary foods such as green vegetables and pulses," she adds.

Of her four daughters, only the youngest one was born at Dandakot Health post, the others being born at home. During the birth of her third daughter, the placental expulsion did not occur. "The doctor was called to my house the next day. He extracted my placenta and saved my life," says Kalawati. "Traditionally, pregnant women were barred from taking nutritious food and I was also not provided such food by my family," she says, referring to the cultural barriers during pregnancy and after delivery. "We did not know that such foods were nutritious and good for us. Nobody taught us!"

Her oldest daughter falls sick often owing to poor nutrition and care. She needs regular treatment. Kalawati had to rush her to health posts and hospitals when she suffered from pneumonia twice. "I could not exclusively breastfeed her for six months. At two or three months, I fed her the same food I was taking," says Kalawati. But the youngest one has never been ill. She is healthy and active. She was exclusively



Kalawati sanitizing utensils on a rack outside her house.

breastfeed for six months. "I added nutritious porridge to her diet at six months after learning from the Suaahara training."

Kalawati also received chickens and seeds from Suaahara. There was no tradition of planting vegetables before. The villagers did not save seeds for future plantation even if they planted them. Now there is awareness to keep seeds for future. "We used to consume only one kind of vegetable before!" she says. The chickens provided by Suaahara have started laying eggs. It has been one and half year that she has started raising rabbits as well.

She learned from Suaahara that sanitation keeps diseases at bay. "Sanitation saves our lives and properties," she says, "Diseases attack people with poor hygiene." She gives special care to hygiene and sanitation now. "Those who come to my house these days are really surprised as it used to be filthy before," she smiles. "Had Suaahara not been there, the transformation in me and my family would not have taken place!"

## WHY WAS THIS STORY MOST SIGNIFICANT?

Majority of the vetting members felt that Kalawati, who went through difficult pregnancies and deliveries in the past, was able to bring significant changes in her life with the help and support from the Suaahara program. Kalawati overcame cultural barriers during pregnancy as well as after delivery while raising her child particularly in nutrition and hygiene behaviors. Kalawati clearly sees the difference between her elder children and her younger child in terms of health and nutrition wellbeing. The youngest is healthy and rarely falls sick. Panel members liked how she paid clear and strict attention in maintaining hygiene and sanitation in her household. There were few panelists who found the family planning component missing in the story and argued that a woman with four children does not qualify as a story of significant change.



Kalawati with her daughters in front of her house.