

leadership, a Project Management Team (PMT) consists of a Project Coordinator at the level of Under-Secretary, an Accounts Officer who will be primarily responsible for ensuring efficient flow of funds for the project and for financial reporting to the Government and the Bank, a Monitoring & Evaluation Officer, a Social Mobilization Expert and a Procurement Expert. Besides the Project Management Team there will be other administrative and logistics staff to support the PMT as and when necessary.

A Project Coordination Committee, headed by a Joint Secretary (the Project Director) will also be established, consisting of the Project Management Team and representatives from the line ministries of the health, education, agriculture sectors and other relevant agencies. This Committee will assist in addressing project specific issues related to policy dialogue and intersectoral coordination.

At the Regional level, support will be provided to the LGCDP Cluster units responsible for districts where the Project will be implemented. At the district level, support will be provided by the NFSSCs which will be responsible for reviewing RRNI Work Plans and coordinating the supply of necessary inputs for the RRNIs.

Information Dissemination

A communications strategy is built into the Project. The Project Coordination Committee (PCC) at the central level, including representatives from the various line ministries and concerned agencies, will act as a platform for dissemination of information and advocacy and political mobilization. The implementing agency will further communicate with these ministries and other civil societies regularly by producing and distributing materials in English and Nepali languages and acquainting them about the Project, its importance and its progress as the Project gets implemented. At the ward level, the coaches and social mobilizers will be involved in RRNI information and mobilization by organizing key meetings and broadcasting through the local FM radios at local level. This would encourage public participation by encouraging and empowering households to engage in this project for better nutrition of their children and women.

Results Monitoring and Evaluation

Monitoring of the Project will entail activities that ensure transparency, accountability and inclusion. The monitoring indicators will be obtained from surveys and from routine data on physical and financial outputs. Results monitoring will concentrate on changes in attitudes and practices known to improve nutritional outcomes. A baseline survey will be carried out before the start of Project implementation. In addition to the attitudes and practices, the survey will also generate data on the intermediate outcomes such as the rate of teenage pregnancies, Infant and Young Child Feeding (IYCF) indicators, the Household Dietary Diversity Score as well as outcome level indicators like

the percentage of stunted children 0-24 months of age, and percentage of anemia in adolescent girls and pregnant women as baseline statistics. The success of the Project will also be measured by the number, coverage and success rates of the RRNIs.

Support for the Monitoring and Evaluation of the Project will include regular collection of data on the implementation of the Rapid Results for Nutrition Initiatives, data on the behaviors and practices which the RRNIs are expected to change, as well as data on the nutritional outcomes. Beyond the monitoring of Project activities, support will also be provided to strengthen the overall monitoring and evaluation system for nutrition indicators and nutrition-related interventions in the districts. A robust Management Information System (MIS) will be established as to record the details of each RRNIs.

Sustainability

The Project aims to sustainably change attitudes and practices of intended beneficiaries so as to reduce risk factors for malnutrition. The Project will help establish a sustained institutional mechanism for Food and Nutrition Security - and the RRNI approach - in each VDC through training and the financing of operational expenses. The training will include support in coordinated planning and budgeting for nutrition relevant activities across sectors to be incorporated in the district block grants as a sustainable source of funding beyond the Project period. The NFSSCs at district and VDC level, as elaborated in Nepal's MSNP, will be provided with a standard training package that is being elaborated by a number of Food and Nutrition Security stakeholders in Nepal. In addition, the existing social mobilizers recruited under MOFALD's LGCDP will be trained in the RRNI methodology.

Members of the RRNI teams will be trained in the conduct of peer programs and other social change methods in order to facilitate their work with their communities for the purpose of reaching the selected goal. This training will also allow them to continue working as agents of change in their communities after the RRNI has been completed.

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COMMUNITY ACTIONS FOR NUTRITION PROJECT: SUNLAU HAZAR DIN



Government of Nepal

Ministry of Federal Affairs and Local Development

Singhadurbar, Kathmandu, Nepal

Background

Community Actions for Nutrition Project: Sunaula Hazar Din is a nutrition governance project implemented by Government of Nepal. The executing agency for the project is Ministry of Federal Affairs and Local Development. The project implementation period is from October 2012 to March 2017. The project was awarded with US\$ 22 million loan and US\$ 18 million grant from the World Bank. The Project is designed primarily to address the risk factors for chronic malnutrition although Nepal has high levels of both chronic malnutrition (stunting and micronutrient deficiencies) as well as acute malnutrition (wasting) aligning with the main focus of the Government of Nepal's Multi-Sectoral Nutrition Plan. Within the project the targeted populations will choose from a "menu" of attitudes and practices to be improved that are most relevant for their specific situation. Depending on the choice, results at community level will include improved hygiene practices (hand-washing and use of latrines); reduced smoking during pregnancy; reduced indoor air pollution; improved safety of drinking water; continued schooling for girls; delayed age of first pregnancy until at least the age of 20; improved dietary intake and diversity during pregnancy; increased consumption of micro-nutrient supplements during pregnancy; improved breastfeeding practices; improved feeding practices for children aged 6 to 24 months (frequency, micronutrient intake, continued feeding during illness etc.).

Project Development Objective

The Development Objective for the Project is to improve attitudes and practices known to improve nutritional outcomes of women of reproductive age and children under the age of 2.

Project Beneficiaries

The Project will support a life-cycle approach, targeting the specific populations that are relevant to achieving the Project Development Objective: (1) girls and young women between 15 and 25 years of age; (2) pregnant women and women who may want to become pregnant in the next 6 months; (3) children 0-6 months of age and their caretakers; (4) children 6-24 months of age and their caretakers; and (5) communities involved in community-wide nutrition related interventions (such as hygiene, safe drinking water, sanitation, etc).

Project Coverage

The project districts are in the central Terai: Parsa, Bara, Rautahat, Sarlahi, Mahottari, and Dhanusa; in the Central Hills: Makwanpur, Sindhuli and Ramechhap; in the Eastern Terai: Siraha, Saptari, and Sunsari; in the Eastern Hills: Okhaldunga, Khotang and Udayapur. Within the selected districts, the Project will target 25% of the most disadvantaged Village Development Committees (VDCs), which is 292 VDCs out of total 1,148 VDCs

and operate in all wards of the selected VDCs. The criteria for the selection of VDCs will follow the six indicators in use by MOFALD for the Disadvantaged Group (DAG) classification, relating to 1) food sufficiency of less than 3 months, 2) the presence of marginalized groups, 3) lack of access to basic services, 4) the lack of representation/participation of/by women, Dalits and janajati in decision-making bodies, 5) the prevalence of gender discrimination and 6) the presence of vulnerable groups. The total population in the Project districts is about eight million people in 1.5 million households (Census 2011), and representing 30% of the total population of Nepal.

Project Indicators

The Project Development Objective level indicators will track improvements in: a) family planning practices of girls and young women aged 15-25 years; b) practices of pregnant women regarding iron and folic acid supplementation; c) breastfeeding practices of mothers with children 0-6 months of age; d) child feeding practices of households with children 6 to 24 months of age; e) attitude of community members towards the importance of keeping girls school until age 20; f) attitude of community members towards the importance of reducing indoor air pollution and g) attitudes of pregnant women towards their dietary needs.

Project Implementation

The Project will roll out a social mobilization initiative through a community-driven "Rapid Results for Nutrition Initiative" (RRNI) where each ward in a selected VDC will commit to a series of pre-defined nutrition relevant goals, each to be met within a 100-day period. The achievement of the goals will be the responsibility of RRNI teams, one for each ward, supported by a coach who will support all RRNI teams in one VDC. The selected coaches working in a specific district will, in close collaboration with the district Nutrition and Food Security Steering Committee (NFSSC), make an inventory of all of these available services, projects and resources (the district map) prior to the initiation of RRNIs in the district in order to be able to provide this information to the communities so as to maximize the potential benefits from these resources.

The project will run in two phases. The project covers only half of the selected VDCs in first phase and rest in second phase. The random assignment of selected VDCs into Phase I and Phase II was performed scientifically using evidence of marginalization and nutritional status.

Project Components

The project has mainly two components; Component 1: Rapid Results for Nutrition Initiatives and Component 2: Project Management, Capacity Building, Monitoring and Evaluation. Both components are briefly summarized below.

Component 1: Rapid Results for Nutrition Initiatives

This component will support the entire RRNI process. It will start at a Ward Citizen Forum where, invited by the LGCDP social mobilizer, key nutrition challenges of the community will be discussed. Assisted by a coach at the ward level, the Ward Citizen Forum will select a nutrition relevant goal from a menu of goals. A RRNI team will be formed at the ward level that will set an appropriate and realistic target for meeting the goal and pledge to achieve the goal within a 100-day period by mobilizing the community and finding the best approach to achieving the target in their particular context.

The RRNI team will prepare a Work Plan and will submit for review to the NFSSC at the VDC level if the total value is below US\$1,000 equivalent and to the NFSSC at the DDC level if the total value is between US\$1,000 and the maximum of US\$3,000 equivalent. Depending on the needs outlined in the Work Plan, the NFSSCs will be tasked to ensure that the necessary inputs are provided to the RRNI team. This will entail coordinating inputs from various relevant agencies, such as Health and Population, Education, and Agricultural Development, etc. Once the inputs are provided to the ward, the 100-day RRNI will begin. Each projects runs with Pre-launch meeting, Launch Meeting, mid-term assessment in 50 days and accomplishment celebration in end-of the 100 days by the RRNI team with assistance from the coach. At the same occasion, the RRNI team will account for the use of inputs, financial or otherwise, and the end-of the 100 days initiative evaluation will effectively serve as a public audit of the initiative as well. Modalities for sustaining and expanding the achievement will be an important topic during the evaluation of the 100 days RRNI.

Component 2: Project Management, Capacity Building, Monitoring and Evaluation

This component will provide support for the implementation of Component 1 under three sub-components: (i) capacity enhancement of the Project Management Team, including Cluster Units, and NFSSCs, as well as of coaches and social mobilizers. NFSSCs at DDC and VDC levels will receive training and project management support to ensure that they are able to review and process work plans and secure necessary supplies at the village level. Support to NFSSCs at DDC and VDC levels will go beyond Project specific activities and include support in coordinated planning and budgeting for nutrition relevant activities across sectors to be incorporated in the district block grants. Coaches at the VDC level will receive appropriate training and materials on the RRNI process in order to ensure high quality of work plans.

Institutional and Implementation Arrangements

Project implementation at MOFALD will be headed by a Project Director at the level of Joint Secretary. Under his/her