

Multi Sector Nutrition Plan (MSNP)

Progress Report, 2020/21

(July 2020 to May 2021)



Ministry of Federal Affairs and General Administration
Local Level Coordination Section
Singhdurbar, Kathmandu

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List of Abbreviation

ADB	Asian Development Bank
CCG	Child Cash Grant
CMAM	Community Based Management of Acute Malnutrition
CNSI	Comprehensive Nutrition Specific Intervention
COVID	Corona Virus Disease
DCC	District Coordination Committee
ECD	Early Childhood Development
EMIS	Education Management Information System
EU	European Union
FCHV	Female Community Health Volunteer
GDP	Gross Domestic Product
HHs	Households
HMIS	Health Management Information System
ILO	International Labor Organization
IPC	Infection Prevention and Control
ITC	Inpatient Therapeutic Care
IYCF	Infant and Young Child Feeding
MBFHI	Mother Baby Friendly Hospital Initiative
MLNFSSC	Municipal Level Nutrition and Food Security Steering Committee
MNP	Micronutrient Powder
MoFAGA	Ministry of Federal Affairs and General Administration
MoU	Memorandum of Understanding
MSNP	Multi Sector Nutrition Plan
MUAC	Mid Upper Arm Circumference
NAGA	Nutrition Assessment and Gap Analysis
NDHS	Nepal Demographic and Health Survey
NeKSAP	Nepal Food Security Monitoring System
NFLG	Nutrition Friendly Local Governance
NFSSC	Nutrition and Food Security Steering Committee
NMICS	Nepal Multiple Indicator Cluster Survey
NPC	National Planning Commission
NPR	Nepalese Rupees
NRH	Nutrition Rehabilitation Home
ODF	Open Defection Free
OTC	Out-patient Therapeutic Care
PPPC	Provincial Policy and Planning Commission
RUTF	Ready to Use Therapeutic Food
SC	Special Grant
ToT	Training of Trainer
USD	United States Dollars
WASH	Water Sanitation and Hygiene
WBRS	Web Based Reporting System

WHO

World Health Organization

WLNFS

Ward Level Nutrition and Food Security Steering Committee

Acknowledgement

National Planning Commission led the development of the Multi Sectoral Nutrition Plan (MSNP) with involvement and cooperation of key sectoral ministries, departments, donors, UN agencies, external development partners, academia, and private sector. The plan has envisioned actions to combat all forms of malnutrition among the children, women, and adolescents through scaling up the nutrition specific and nutrition sensitive intervention over the period of ten years. The Multi Sector Nutrition Plan -II has been implemented in Nepal since 2018. MSNP-II is the continuation of MSNP-I that was successfully implemented from 2013-2017 in 308 local levels of 30 districts. The program has been scaled up in 281 additional local levels of 28 districts in the current fiscal year 2020-021. Similarly, government has a plan to scale up the program in 131 additional local levels of 14 districts. If so, the nutrition sensitive interventions will be implemented in 720 local levels by next fiscal year whereas the nutrition specific intervention has already been implemented national wide by Ministry of Health and Population (MoHP).

National Planning Commission appreciates the sincerity shown by the Ministry of Federal Affairs and General Administration for coordination with all the key sectoral ministries and leading the Governance sector. Similarly, National Planning Commission would like to appreciate the contribution of Ministry of Health and Population leading nutrition specific sector, Ministry of Education, Ministry of Agriculture and Livestock Development, Ministry of Water Supply, Ministry of Women, Children and Senior Citizen for implementation of MSNP to achieve its goal. NPC would like to provide sincere thanks to the local level for their leadership to implement and provide nutrition specific and sensitive services to the people. We acknowledge the support and coordination provided by the Provincial Government to the Local as well as Federal level. We also would like to express our sincere gratitude to European Union for generous funding support and thankful to UNICEF Nepal for their sincere technical support to implement MSNP in Nepal. We equally appreciate and acknowledge the other development partners i.e., USAID, HKI and others for their contribution made for MSNP.

Furthermore, we would like to thank the Ministry of Federal Affairs and General Administration, Ministries of Health and Population, other sectoral ministries and UNICEF Nepal for their effort and dedication to prepare this progress report.

Ministry of Federal Affairs and General Administration

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EXECUTIVE SUMMARY

This progress report has been prepared by the Ministry of Federal Affairs and General Administration (MoFAGA) in coordination with the National Planning Commission (NPC) and Ministry of Health and Population (MoHP) for the Government's Fiscal year 2077/078. The report covers the progress achieved from July 2020 to May 2021 against the targets and indicators set for the budget support (2021-2022) to the Government of Nepal from European Union to implement Multi-sector Nutrition Plan-II (MSNP-II). Similarly, the progress of sectoral achievements on nutrition specific and sensitive interventions of last three year; impact of COVID-19 and mitigation measures as well as the brief explanation of upcoming fiscal year budget and program are also included in the report.

Multi Sector Nutrition Plan- II (2018-2022) has been implemented since 2018 to combat all forms of adolescent, maternal, infant, and young child malnutrition in Nepal. MSNP-II is the continuation of MSNP-I that was successfully implemented from 2013-2017 in 308 Local levels of 30 districts. For the formulation and implementation of MSNP in Nepal, the European Union and UNICEF have provided significant contributions since 2011. The Government of Nepal acknowledges the generous and sincere support for MSNP interventions of both organizations. To execute the MSNP-II, the government of Nepal and the European Union have signed an agreement of €23.35 million that has also supported continuing MSNP interventions in the existing 308 Local levels as well scaling up MSNP in additional 281 Local levels of 28 districts in the current fiscal year 2077/78. With this, MSNP is now being implemented in 589 Local levels of 58 districts in Nepal in FY 2077/78.

As a liaison ministry, the Ministry of Federal Affairs and General Administration (MoFAGA) is coordinating with the sectoral ministries for the implementation of nutrition specific and sensitive interventions. MoFAGA also leads the implementation of nutrition sensitive interventions and strengthening of the enabling environment for MSNP interventions at Province and Local levels. Similarly, the Ministry of Health and Population (MoHP) has been leading the implementation of nutrition specific interventions. To create an enabling environment and policy drive for nutrition specific and sensitive interventions at all three tiers of government, the Nutrition and Food Security Steering Committees have been established and functional.

The EU budget support aims to improve the nutrition governance and policy, monitoring and information system, promotion of nutrition specific and sensitive service delivery as well as empowering the communities/families/caregivers for better nutrition outcomes. The indicators agreed by Government of Nepal to monitor as a proxy of success of budget support execution are : i) Number of Nutrition and Food Security Steering Committees with an integrated plan at local government, ii) Number of Women Groups/ committees receiving grants for income generating activities, iii) Percentage of 6-59 months children identified as suffering from acute malnutrition who recover after treatment, iv) Number of Schools providing drinking water and v) Number of local governments providing child grants to children under 5 years old. Apart from these indicators, the budget support contributes to other indicators as well.

The nutrition specific interventions are implemented by Ministry of Health and Population (MoHP) and for the most part are implemented nationwide with some exceptions such as the Integrated Management of Acute Malnutrition programme and the Point of fortification with Micronutrient Powder (MNP) linked with infant and young child feeding programme. The implementation has been led by the Nutrition Section under the Family Welfare Division of Department of Health Services (DoHS), Ministry of Health and Population. The major interventions under nutrition specific interventions comprise protection, promotion and support of optimal breastfeeding and complementary feeding; Maternal and Baby Friendly Hospital Initiatives, Infant and Young Child Feeding promotion linked with home fortification of Multiple Micronutrient Powders (MNP) and Child Cash Grants; adolescent nutrition program under school health and nutrition program, prevention and control of micro-nutrient deficiency disorders through implementation of national micronutrient programs such as; Iron Folic Acid (IFA) to pregnant, lactating women, and adolescent girls, bi-annual vitamin-A supplementation for children aged 6-59 months, promotion of household consumption of iodized salt, and deworming medicines to children aged 12-59 months; prevention and treatment of the severe acute malnutrition (SAM) of under five years children; Nutrition in Emergency Preparedness and Response, revision of sales and distribution act of substitute and bi-law, revision of national Integrated Management of Acute Malnutrition (IMAM) and five years costed action plan for the implementation of nutrition specific interventions. Similarly, MoHP jointly with UNICEF has been leading nutrition in emergency cluster for nutrition in emergency preparedness and response. In COVID-19 context, nutrition issues of infant and young children as well as pregnant and lactation women are addressed through the nutrition cluster coordination mechanism. In this context, nutrition in emergency preparedness and response plans are developed and implemented under the lead of federal and provincial nutrition clusters, interim guidance notes are developed, implemented for different program interventions such as; IMAM interim guidance note, IYCF guidance note, Joint statement on IYCF in COVID-19 context signed by Family Welfare Division of DoHS/MoHP, UNICEF, WHO, WFP, USAID and SUSAHARA, interim guidance note for blanket supplementary feeding, national nutrition guideline for COVID-19 infected population including 8 menus. Recently, MoHP has approved simplified approach including Family MUAC approach for the treatment of moderate and severe acute malnutrition by using ready to use therapeutic food by using simplified methods and reduced doses of RUTF. In running fiscal year, 6,650 children less than 5 years aged with SAM were admitted in outpatient, inpatient therapeutic centers and Nutrition Rehabilitation Homes across the country. Among them, 81.19 per cent recovered, less than 0.10 per cent died and 6.21 per cent were defaulted which exceeds the Sphere standards for SAM treatment as; recovery rate >75 percent, defaulter rate <15 percent and death rate <10 percent.

Establishment and strengthening of nutrition governance structure at Local level and nutrition sensitive interventions have been coordinated by Ministry of Federal Affairs and General Administration (MoFAGA). In running fiscal year 2077/78 (2020/21), the target by government was to establish and strengthen an additional 281 Nutrition and Food Security Steering Committees (NFSSC) at Local level whereas, 213 NFSSC have been formed and are functional. The remaining 68 are under the formulation process. Further, out of the targeted 98 poor

female cooperatives, 78 poor females' cooperatives or women's groups have been identified, and MoU signed between Local levels and women's cooperative for the income generating activities. The remaining 20 cooperatives are under the selection process. Likewise, out of a targeted 114 schools to construct water and sanitation facilities, 98 schools are identified by Local levels and MoU signed between concerned school and Local level for the construction of School drinking water and sanitation project. The remaining 16 schools are in the signing process of MoU. Child cash grant (CCG) is in 270 Local levels of 25 districts. The Government has scaled up CCG to an additional 11 new districts in the current fiscal year. However, there is nationwide coverage of CCG targeting to all under five years Dalit children as blanket coverage. The result of the budget support targeted indicators is closer to the achievement and it is anticipated they will be fully achieved by the end of the fiscal year. All the targets were expected to be met during this reporting period, however due to COVID-19 pandemic and the national level lockdown hampering field activities, the targets were not met. Despite COVID-19 situation, the sectoral interventions are continuing and the final data will be compiled at the end of the fiscal year.

In the next fiscal year 2078/79 (2021/22), the Government has a plan to scale up MSNP in 131 additional Local levels of 14 districts, this will bring the coverage of MSNP to 720 Local levels. There are also some additional efforts required to increase the coverage of those nutrition specific interventions that are not yet nationwide and to address coverage gaps in those programmes that are, such as the vitamin A supplementation programme. Similarly, nutrition sensitive school WASH interventions and Female Cooperatives for income generation will increase to 269 and 285 Local levels respectively. As a pilot intervention, family MUAC approach for the management of wasted children will be implemented in four districts; Jumla, Kavre, Saptari and Panchthar and Simplified approach for the treatment of moderately and severely wasted children will be initiated nationwide by using single food product "Ready to use Therapeutic Food". Likewise, strengthening the social protection scheme, child cash grant integrating with nutrition interventions will be continued in all as described above. Moreover, the formulation process of MSNP-III will commence in the next fiscal year 2078/79 (2021/22) for (2023-2027).

Chapter-I

Introduction

1.1 Background

Nepal has made substantial progress in declining stunting which is the chronic manifestation of child under nutrition. The prevalence of stunting of under-five children reduced from 57 per cent in 2001¹ to 32 per cent in 2019.² To combat adolescent, maternal and young child malnutrition, the nutrition program has been ongoing nationwide. The nutrition specific intervention implemented by health sector has been ongoing nationwide for long time to address the problem of undernutrition. Since 2006, by observing the result of NDHS 2006, the national stakeholders felt that only the health sector interventions are not sufficient to address the nutrition issues in Nepal and the nutrition sensitive interventions should go together with specific interventions with strong national nutrition governance mechanism. Meanwhile, Nutrition Assessment and Gap Analysis (NAGA) was done in 2009-2010 and NAGA report recommended that the nutrition is multiple determinants and to address the nutrition issues, multisector nutrition interventions is necessary. With this idea, NPC was identified as the national coordinating body for nutrition specific and sensitive interventions at all levels by bringing five key sectors namely Ministry of Health and Population, Ministry of Education, Science and Technology, Ministry of Agriculture and Livestock, Ministry of Urban Development and Ministry of Local Development and development partners together. Moreover, sectoral evidences were reviewed of key five sectoral Ministries as mentioned above. Based on the outcomes of sectoral reviews, global and national evidences National Planning Commission developed the national Multi-sector Nutrition Plan (MSNP) with 10 years vision (2013-2022) and five years plan (2013-2017) together with key five sectoral Ministries, departments, donors, UN agencies, external development partners, academia and private sector. During implementation of MSNP from 2013-2017, Ministry of Women, Children and Social Welfare was the sixth Ministries added for MSNP implementation in Nepal.

The MSNP-I was lunched for 2013-2017 and implemented in the 308 Local levels of 30 districts. The “Partnership for Improved Nutrition (PIN)” project agreed between Ministry of Finance and EU; and EU and UNICEF contributed €22 million from EU and €5.7 million from the UNICEF to implement MSNP-I in Nepal.

After completed of MSNP-I (2013-2017), Government developed MSNP-II (2018-2022) where PIN was also implemented following MSNP II from 2018-2020. To support MSNP-II, the Government of Nepal and the European Union (EU) signed an agreement to support the MSNP-II with a total budget €23.35 million. Out of the total financial support, €20 million is the direct budget support through the government treasury system and €3 million to the UNICEF for the complementary support where UNICEF will add €1 million on top up it for the technical support.

¹ NDHS 2001

² MICS 2019

The prevalence of stunting among the children under 5 years age has been reduced from 36³ to 32⁴ percent and the prevalence of wasting has been increased slightly from 10⁵ to 12⁶ percent between 2016 and 2019. Although there is reduction of the prevalence of stunting nationally, the provincial disparities still exist, with the lowest rate in Gandaki province (22.6 per cent) and the highest in Karnali province (47.8 per cent). Likewise, the prevalence of wasting also varies by province where Bagmati province has the lowest prevalence (4.7 per cent) whereas Karnali province has the highest (14.7 per cent). The following Table 1 shows the status of MSNP-II result status:

TABLE 1: STATUS OF MSNP-II RESULT

SN	Performance Indicators	Baseline	Target for 2019	Progress against 2019	Means of verification	Remarks
1	Prevalence of stunting among children under 5 years old reduced	35.8 (NDHS 2016)	31	31.5	NMICS 2019	Target achieved
2	Prevalence of wasting among children under 5 years old reduced	9.7 (NDHS 2016)	8	12	NMICS 2019	Off track
3	Prevalence of low birth weight reduced	24.2 (NMICS 2014)	17	12.3	NDHS 2016	Target Achieved
4	% reduction in children under 5 overweight or obese	1.2 (NDHS 2016)	1.2	2.6	NMICS 2019	Off track
5	% reduction in overweight or obese women of reproductive age	22 (NDHS 2016)	21	No data		
6	% of women with chronic energy deficiency (measured as body mass index) reduced	17 (NDHS 2016)	-	No data		

Nepal is on track to meet and reduce stunting and low birth weight targets as mentioned in MSNP-II. Reduction of under five years wasting and overweight or obese is off track. The reduction of overweight and chronic energy deficiency indicators was not included in the NMICS 2019. Therefore, it is not possible to assess now. Wasting is almost stagnated from last two decades in

³ NDHS 2016

⁴ MICS 2019

⁵ NDHS 2016

⁶ MICS 2019

Nepal, this would be the potential barrier to meet the target of reduction of stunting and wasting in the coming years. The long-term effects of COVID-19 is another determinant/aggravating factor that is likely to negatively impact on the reduction of stunting, wasting, low birthweight among children.

The Government of Nepal is aware on these potential barriers and has been planning to address child wasting in the COVID-19 pandemic situation by implementing Family MUAC approach and the Simplified approach. Moreover, it is also planned to scale up other nutrition sensitive interventions in 720 Local levels in 2021/22. Other determinants of malnutrition are poor wealth quintile, uneducated or low educated mothers and rural and remote areas, lack of accessibility of effective social services impacting nutrition etc. are considered in planning and resource allocation for the implementation of nutrition specific and sensitive interventions. Further, nutrition governance mechanism has been strengthened, the social protection scheme has been scaled up, and ongoing sensitization to the family member for better use of child cash grant.

The Ministry of Federal Affairs and General Administration (MoFAGA) is the liaison Ministry for Local level and has been coordinating, facilitating to the sectoral ministries to develop integrated implementation plan of MSNP, budget allocation and transfer the grants to the Local level, and monitoring of the Local levels to implement the nutrition sensitive interventions. Similarly, the Ministry of Health and Population is responsible for the implementation of nutrition specific interventions in close coordination with MoFAGA.

1.2 Goal and Objective

The goals of the Multi Sectoral Nutrition Plan is “Improved maternal, adolescents and child nutrition which will be achieved by taking to scale nutrition specific and sensitive interventions and by improving the nutrition enabling environment. The plan has following specific objectives

1. To increase the number of service delivery in situations to improve access to and the use of nutrition specific services.
2. To increase access to and the use of nutrition sensitive service including improving health related behavior
3. To improve policies, plans and multi sectoral coordination at federal, provincial and local government levels to create an enabling environment to improve nutrition

Similarly, the EU budget support mainly focused on the following 5 key indicators

1. Number Nutrition and Food Security Steering Committee with integrated plan at local government.
2. Number of Women Groups/ committees receiving grants for income generating activities
3. Percentage of 6-59 months children identified as suffering from acute malnutrition who recover after treatment
4. Number of Schools providing drinking water
5. Number of local governments providing child grants to children under 5 years old

1.3 Partnership with EU and UNICEF

1.3.1 Agreement with European Union (10 July 2021)

The Government of Nepal and the European Union have signed an agreement to support the Multi Sectoral Nutrition Plan with a total budget €23.35 million for two years (2021 and 2022). This support would be the follow up of the Partnership for Improved Nutrition (PIN). Out of total financial support, €20 million is the direct budget support through the government treasury system and €3 million to the UNICEF for the complementary support where UNICEF will add €1 million as top up on it for the technical support. As a liaison Ministry to the Local level, the Ministry of Federal Affairs and General Administration has been monitoring the program interventions as per the activities and budget mentioned in the LMBIS of MoFAGA. Further, MoFAGA consults, coordinates and facilitates to the sectoral Ministries and Local level for the development of the annual action plan and budget release to the Local levels.

1.3.2 Memorandum of Understanding (MoU) between National Planning Commission and UNICEF Nepal to support NNFSS and formulation of MSNP-II

The MoU was signed between the National Planning Commission and UNICEF Nepal on 11 May 2021 to accelerate the implementation of MSNP -II and Scaling Up Nutrition Movement in Nepal. This is the continuation of previous MoU made between NPC and UNICEF on January 2017. UNICEF has been continuously providing technical support for the formulation of MSNP and its implementation and SUN Movement related activities. Similarly, UNICEF has been providing technical assistance to the GoN for the implementation of the EU budget support to strengthen the national nutrition policy, nutrition systems and delivery of services within the policy framework of MSNP-II as mentioned in agreement between EU and UNICEF under complementary measures of EU budget support.

Role and Responsibilities of NPC and UNICEF mentioned in the MoU:

NPC:

The key role and responsibilities of NPC to accelerate the reduction of all forms of malnutrition through a multi-sector approach. NPC will take the lead role in MSNP coordination, effective functioning of Multi sector platforms, policy advocacy and dialogue with government and development partners including political leaders for generating fund for MSNP.

Similarly, NPC also take lead and facilitate for establishment of integrated monitoring and reporting system, monitoring and oversight for implementation of MSNP-II at federal, provincial and local levels, coordinate with SUN Movement Secretariate and fulfil the reporting requirements, organize and participate nutrition related national and international conference and carry out MSNP -Mid Term Review and lead formulation of MSNP-III.

UNICEF:

The key role and responsibilities of UNICEF to support NPC/NNFSS in MSNP implementation and Scaling Up Nutrition Movement related activities. With support from the European Union and other resources, UNICEF provides technical, financial, logistic, administrative and secretarial support for NPC/NNFSS.

UNICEF will provide three dedicated staffs to NNFSS from 2021 to 2023 to facilitate MSNP implementation and SUN related coordination, MSNP reporting for EU budget support and facilitate for MSNP-Mid -Term review and MSNP -III formulation process. Similarly, UNICEF also provides technical support for financial tracking of nutrition, update and operation of Nepal Nutrition and Food Security Portal (NNFSP), carry out capacity need assessment and capacity building of MSNP sectors, facilitate MSNP -III formulation progress as well as logistic support for NNFSS.

1.3.3 Memorandum of Understanding (MoU) between Ministry of Federal Affairs and General Administration and UNICEF Nepal to support MSNP-II (2018-2022) implementation:

UNICEF Nepal has been providing technical and financial support to the Government of Nepal to formulate and implement MSNP in Nepal. For the continuation of UNICEF's technical assistance and financial support the Memorandum of Understanding between Ministry of Federal Affairs and General Administration (MoFAGA) was signed for the following actions:

- Provide human resources support to the MoFAGA (Governance and Compliance Officer, Data Management and Reporting Officer)
- Human resources for the 7 provinces; Provincial MSNP Coordinators, recruited via a third party.
- Support the development of capacity building packages for different levels of government and different line ministries as required.
- Provide technical support and assistance for training workshops, orientation meetings and TOTs.
- Participate in joint monitoring visits to MSNP districts and Local levels
- Support the development of an advocacy and communication strategy for MSNP-II
- Support formulation of M&E framework for all sectorial ministries considering gender equity and social inclusion
- Provide technical support to strengthen the Web based Reporting System

1.4 Summary of Budget of MSNP

The Government of Nepal received the first tranche of budget support amounting €10 million from the EU for the current fiscal year 2077/78 (2020/21) where MOFAGA transferred this fund to the Local levels through Line Ministry Budget Information System (LMBIS). Before the budget

transferred to the Local level, MoFAGA consulted with all the sectoral Ministries to develop action plans and program implementation guideline.

Out of the total funds received from EU amounting €10 million, 90 per cent funds was transferred to the Local level, 5 per cent to the Provincial level, 4 per cent at the Federal level and 1 per cent to the District Coordination Committee. Further, the terms and conditions of the budget support agreement were considered while preparing action plans and budgets. Below bar diagram shows the percentage of budget allocated to the sectoral agencies.

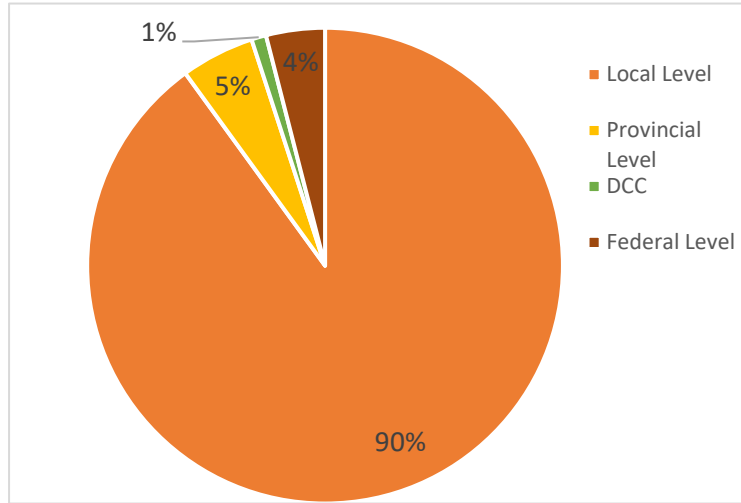
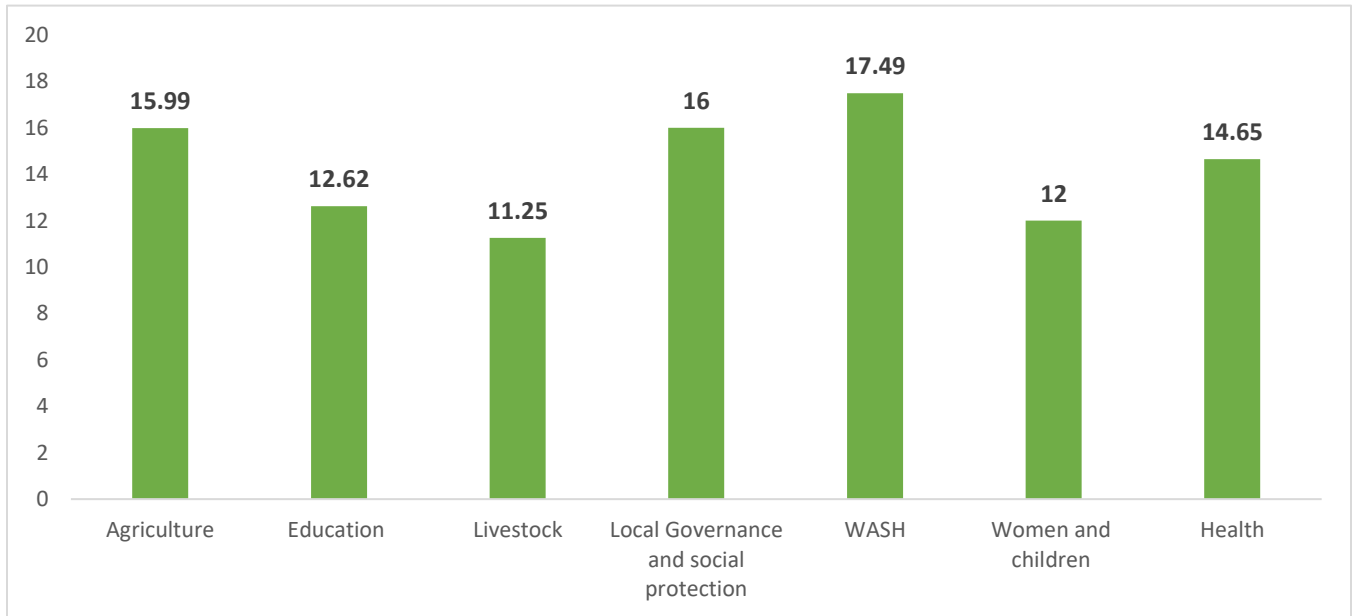


FIGURE I: BUDGET ALLOCATION

FIGURE II: SECTOR WISE BUDGET ALLOCATION (%)



Similarly, looking at the sectoral budget allocation, out of the total budget, 17.49 per cent budget allocated to WASH sector, which is the highest percentage among all sectors. Likewise, the second highest allocation is for social protection which is 16 per cent and local governance sector and the lowest percent is 11.25 per cent for the livestock sector.

1.5 Program Coverage and Scale-up

The MSNP-II was implemented in the 308 Local levels of 30 districts. In the current fiscal year 2077/78 (2020/21), the program has been scaled up to an additional 281 Local levels of 28 additional districts. Out of 281 Local levels, a full package of MSNP has been implemented in 75 Local levels and a partial package has been implemented in 206 Local levels. Now, the program covers 589 Local levels of 58 districts for nutrition-sensitive interventions. However, nutrition-specific interventions have been ongoing throughout the country. The following tables 2 and 3 show the province-wise MSNP districts and Local levels:

The full package intervention is defined as there is full participation of all seven sectors with a minimum program and an integrated action plan. Further, there should be School WASH or Female Cooperative intervention for income-generating of poor women and availability of MSNP Volunteers or MSNP focal person at the local level. Likewise, partial package intervention is defined as, the formulation of the Nutrition and Food Security Steering Committee, involvement of at least the health or/and governance sector. Local-level should have an integrated MSNP action plan and should ensure the child grant is linked with IYCF interventions.

TABLE 2: PROVINCE WISE IMPLEMENTATION OF MSNP

SN	Province	Total Districts	Full package districts/Local Level	Partial Package districts/Local Level	Total program districts/Local Level
1	Province # 1	14	3/26	5/48	8/74
2	Province # 2	8	8/136	0	8/136
3	Bagmati Province	13	3/30	5/48	8/78
4	Gandaki Province	11	1/8	3/27	4/35
5	Lumbini Province	12	6/47	5/52	11/99
6	Karnali Province	10	9/70	1/9	10/79
7	Sudurpashchim Province	9	7/66	2/22	9/88
Total		77	37/383	21/206	58/589

TABLE 3: PROVINCE-WIDE IMPLEMENTATION OF MSNP WITH NAMES OF THE DISTRICTS

SN	Province	Name of district	Total district
1	Province # 1	Panchthar, Udaypur, Khotang, Taplejung, Sankhuwasabha, Okhaldhunga, Bhojpur, Sunsari,	8
2	Province # 2	Dhanusa, Saptari, Sarlahi, Bara, Parsa, Mahottari, Rautahat, Siraha	8
3	Bagmati Province	Sindhuli, Sindhupalchowk, Dolakha, Makawanpur, Dhading, Nuwakot, Rasuwa, Ramechhap	8
4	Gandaki Province	Nawalparasi East, Gorkha, Myagdi, Baglung	4

5	Lumbini Province	Rukum East, Rolpa, Nawalparasi West, Kapilbastu, Bardiya, Pyuthan, Gulmi, Arghakhanchi, Rupandehi, Dang, Banke	11
6	Karnali Province	Mugu, Kalikot, Humla, Dolpa, Jumla, Jajarkot, Rukum West, Dailekh, Salyan, Surkhet	10
7	Sudurpashchim Province	Achham, Bajhang, Bajura, Baitadi, Doti, Dadeldhura, Darchula, Kailali, Kanchanpur	9
Total			58

1.6 Impact of COVID-19 and Mitigating measures

The World Health Organization (WHO) declared the COVID-19 outbreak as a pandemic disease on 11th March 2020. Since then, as a preventive measure, many countries have been adopting the lockdown strategy. The Government of Nepal also called national level lockdown from 26th March 2020 which extended for 4 months. Despite the easing of the national lockdown, many local levels continued prohibitory orders to address their respective context.

As a result of the second wave of COVID-19 infection, the Government of Nepal called the second national-level lockdown on 28 May 2021, which included business closures and restrictions on movement within the country. The lockdown aimed to slow down the transmission of COVID-19 and provided MoHP time to step up its preparedness and response measures. The lockdown and restriction measures also had a direct and negative impact on the economic situation. The Asian Development Bank (ADB) stated that the economy of Nepal has estimated a loss of 5.3 per cent of the GDP for the first 2 months of the lockdown (approximately USD 1.5 billion loss) and an estimated loss of 8 per cent of the GDP for 2020⁷. According to ILO, 84.6 per cent of the labor force who are working in the informal sector, are the most impacted by the COVID-19 pandemic, while women are more impacted than men by job loss⁸. There is a serious impact of the COVID-19 pandemic on the nutrition status of children. Prior to the COVID-19, the wasting of the children under five years age was 12 per cent whereas the status of severe acute malnutrition of the same age group was 3 per cent⁹. The recent publication of Lancet on 27 July 2020 named “Child malnutrition and COVID-19: the time to act is now” suggests that without timely action, the global prevalence of child wasting could rise by 14.3 per cent among the current wasting rate. Based on this estimate, Nepal may expect to have an additional wasting case load due to COVID-19 pandemic of 80,000 plus annually. Therefore, in the COVID-19 context, wasting is a serious issue that needs to be urgently addressed to save the lives of children and prevent them from further deterioration of their health and nutrition status.

COVID-19 pandemic significantly hampered for smooth implementation of MSNP activities at the field level. When the first wave was eased, organizing meetings, orientation workshops, and capacity-building actions were carried out with all the IPC measures applied however the second

7 ADB 2020

8 <https://reliefweb.int/report/nepal/daily-press-briefing-office-spokesperson-secretary-general-19-june-2020-nepal>

9 MICS 2019

wave that resulted in lockdown disrupted and affected the implementation of planned activities. UNICEF was able to support the IT for some meetings, review workshops, and capacity-building activities to be carried out virtually. Local levels are distributing the nutrition relief bags to the vulnerable groups of people focusing on pregnant and lactating mothers as well as younger children. Messages about Infection Prevention and Control (IPC) measures and nutrition are frequently aired through local radios, posters, pamphlets, leaflets, and brochures. Likewise, MoFAGA is receiving several calls from Local levels and they are asking the authority to rephase the budget for training and workshop-related activities since they have not been able to conduct them due to lockdown measures., Local levels are thinking to rephase such activities and budgeting for the distribution of nutrition bags to the G1000 Days mothers.

Chapter-II

Progress on Indicators set for EU budget support

2.1 EU budget support Indicator

The agreement between the EU and the Government of Nepal has identified five indicators for budget support and has to be achieved in the targeted year. The budget support agreement is for two years 2021 and 2022. Below table 4 has mentioned the budgetary support indicators and targets.

TABLE 4: INDICATORS WITH TARGETS OF EU BUDGET SUPPORT TO GON FOR MSNP IMPLEMENTATION

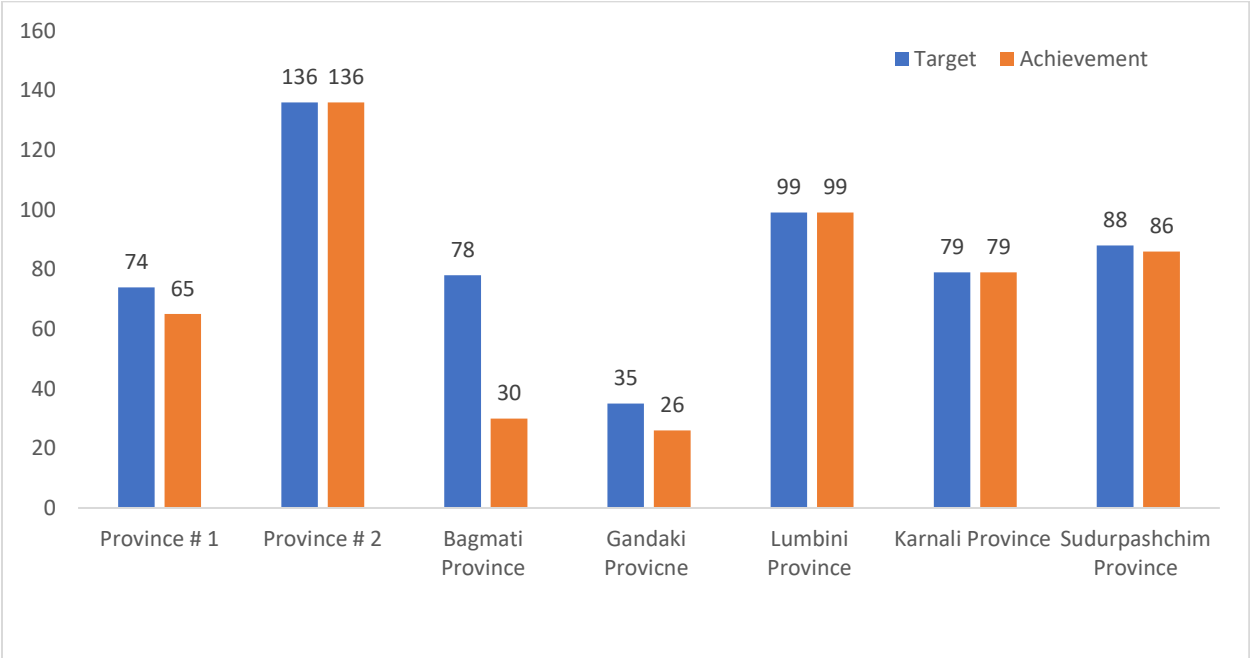
Indicators	Unit	Baseline (2018)	Target	
			2020/21	2021/22
Number of nutrition and food security steering committee with an integrated plan at local government	Local Level	308	263	149
Number of women groups/committees receiving grants for income-generating activities	Women cooperative/ women group	N/A	90	100
Per cent of 6-59 months children identified as suffering from acute malnutrition who recover after treatment	Percentage	70	73	76
Number of schools providing drinking water	School	N/A	90	95
Number of local governments providing child grants to children under 5 years old	Local level	153	96	120

2.2 Nutrition and Food Security Steering Committee with an integrated plan at the local level

The National Planning Commission has been coordinating to strengthen the Nutrition and Food Security Steering committee at the Federal and Provincial levels. However, MOFAGA has been coordinating to establish and strengthen the nutrition and food security steering committees at the local level. The committee is chaired by the Chairperson or Mayor of Rural Municipality or Municipality. At the Local level, the committees govern all the MSNP related business. There is specific Terms of Reference (ToR) of the committees to govern the Local level such as coordination, planning, implementation, monitoring, review and leveraging of funding etc for MSNP interventions.

In 308 Local levels of 30 districts, all Local levels have formulated the Nutrition and Food Security Steering Committee and the committees organize regular meeting, allocate budget, endorse the MSNP annual plan, budget and implement the MSNP activities. In the current fiscal year 2077/78 (2020/21), MoFAGA coordinated at Local level to scale up MSNP in 281 Local levels of 28 districts where 75 Local levels of 7 districts implemented full package and 206 Local levels of 21 districts initiated partial package of MSNP. The formation of a steering committees and MSNP orientation to the committee members has been ongoing in the new scaled up Local levels. Due to the national level lockdown, implementation of field level activities has been hampered and therefore constraining the achievement of all targets.

FIGURE III: TARGET VS ACHIEVEMENT OF NFSSC



As of now, total 521 local levels have NFSSC and among them 213 committees formed in the current fiscal year. To meet the target for this fiscal year, 68 more committees have to be established and whilst it was anticipated that this would be achieved, the COVID-19 situation and lockdown has prevented field level activities and the formation of these remaining committees. MoFAGA anticipated to complete the formation of NFSSC by the end of May 2021 Figure III above, shows the status of formation of NFSSC at Local level. Bagmati Province has the greatest number of committees to establish to meet their target however it must be noted that MSNP scale up in Bagmati province started in the current fiscal year. 30 out of a target of 108 local levels have formed steering committees and are implementing the full package of MSNP interventions. The remaining local levels will be established once the prohibitory orders are eased.

2.2.1 MSNP coordination mechanism fully functional in the Local, Province and Federal level

TABLE 5: NUMBERS OF MEETINGS ORGANIZED BY STEERING AND COORDINATION COMMITTEES AT THREE LEVELS

S.N.	Activities	Level	July 2020-May 2021	Remarks
1	Number of High-level nutrition and food security steering committee meetings and progress review of MSNP	Federal	2	
2	Number of Provincial-level nutrition and food security steering committee meetings and review of progress on MSNP	Province # 1	3	
		Province # 2	4	
		Bagmati Province	2	
		Gandaki Province	3	
		Lumbini Province	2	
		Karnali Province	3	
	Sudur Paschim Province	3		
3	Number of Local levels NFSSC meeting	Local level	666	
4	Number of Local levels developed annual work plan and budget that include nutrition specific and sensitive interventions	Local Level	589	

a) MSNP Coordination mechanism at Federal Level

Multi Sector Nutrition Plan II (2018-2022) has provisioned MSNP architectures at different levels. At federal level, there are two committees, namely High-Level Nutrition and Food Security Steering Committee (HLNFSSC) led by Honorable Vice-Chair of NPC; and National Nutrition and Food Security Coordination Committee (NNFSSC) led by Honorable Member for Health and Nutrition Sector, NPC. The major roles of the committees are to provide policy guidance, facilitate for the development, implementation, monitoring and review of national nutrition policy and plans. The National Nutrition and Food Security Secretariat (NNFSS) located in the NPC has effectively been coordinating with these committees and Multi-Sector Nutrition Platforms at federal, provincial and local levels. Both Committees are functional and doing periodic meetings. The meeting of the High-Level Nutrition and Food Security Steering Committee was held on 22 September 2020 and the meeting approved Program Document for Implementation of EU Budget Support. Likewise, NPC organized an event for Launching of Scaling Up Nutrition Movement Strategy 3.0 (2021-2025) and Progress Review of Multi-Sector Nutrition Plan-II (2018-2022) on 12 April 2021 which was chaired by the Honorable member of the NPC Dr. Usha Jha who is also the chair of National Nutrition and Food Security Coordination Committee. Honorable Dr. Puspa Raj Kandel, the Vice-Chairman of NPC and Chair of High-Level Nutrition and Food Security Steering Committee officially

launched the SUN Movement Strategy 3.0 at national level. The event was successfully completed in the presence of all MSNP focal persons of sectoral Ministries, donors and development partners and stakeholders from different MSNP platforms. The review workshop focused on assessing the MSNP progress, issues and way forward for the next fiscal year's planning.

b) MSNP Coordination mechanism at Provincial Level

At the Provincial level, there is a provision of formation of Provincial Nutrition and Food Security Steering Committee, chaired by the Honorable vice-chairperson of Provincial Policy and Planning Commission. All 7 provinces have such committees for MSNP and have been working very effectively. UNICEF Nepal has provided human resource support one in each province in all 7 provinces called Provincial MSNP Coordinator and they have been providing technical support to provincial and local level for the planning, implementation, monitoring and review of MSNP. During this reporting period, most of the NFSSCs



PICTURE 1: BAGMATI PLNFSS MEETING, 28 JAN 2021

have conducted three meetings in all provinces. Recently, in the lockdown period, all provincial NFSSC organized the meetings. Gandaki and Lumbini Provinces conducted physical meetings and



PICTURE 2: LUMBINI PLNFSS MEETING, JAN 2021

other provinces organized virtual meetings. All the meetings were chaired by the Vice-chair of the Provincial Policy and Planning Commission with the participation from NPC, MoFAGA, donors and development partners. The meeting mainly focused on the sharing of progress of MSNP interventions in the concerned province and analyzing the provincial nutrition situation in the COVID-19 context as well as the advocacy for budget allocation for MSNP for coming fiscal year (2078/79). The outcome of the provincial level coordination is all the Provincial Governments have included nutrition in the provincial policy and program.

c) MSNP Coordination mechanism at Local Level

There is a provision to establish Nutrition and Food Security Steering committee at Local levels chaired by the Chairperson or Mayor in each Rural Municipality/Municipality. This committee is the governing body of MSNP at Local level. The committee is mainly responsible for the planning, implementation, monitoring, review and leveraging of resources including financial resources for MSNP operation. UNICEF has been supporting local levels to establish steering committees and provided technical assistance for capacity building of all Local levels. So far 513 Local levels have such Nutrition and Food Security Steering Committees and the remaining 68 Local level are under process to establish the steering committees. In current fiscal year (2077/78) Local levels have allocated internal budget NPR 170 million (equivalent to US\$ 1.4 million) for nutrition program implementation.



PICTURE 3: NFSSC MEETING AT JAGARNATHPUR, MAY 2021

The steering committees at Local level have been regularly organizing the periodic meetings, review programs and approving the MSNP annual work plan and budget. In the lockdown situation, the Local levels have been organizing meetings and review activities virtually with the support of Provincial MSNP Coordinators and reviewing the MSNP and advocating for mainstreaming nutrition in the annual workplans and periodic plans of Local level.

2.3 Income generation of Female Cooperative or Women group

In Nepal, the evidence indicates that undernutrition is concentrated in the poor families, households and vulnerable areas where, mothers are illiterate or have lower levels of education. To address such determinants of malnutrition, the rural and poor women have to be empowered and engaged in income generating activities.

In the current fiscal year 2077/78 (2020/21), 98 poor

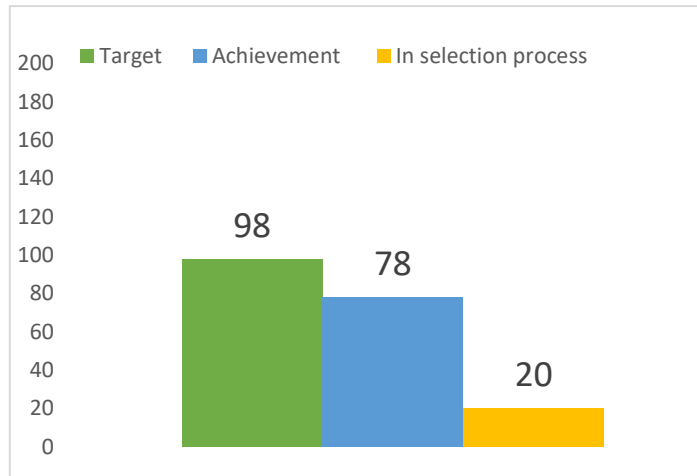


FIGURE IV STATUS OF INCOME GENERATION ACTIVITIES

female cooperative or women's groups were targeted to receive grant support to generate income. The female cooperatives or women's groups have to include at least 25 members in each women's group and every member is provided NPR 25,000 (twenty-five thousand) as a start-up grant for income generation. The Cooperative or group has to submit the business plan of every individual member. The Ministry of Women, Children and Senior Citizen has developed the operational guideline of female cooperative for Local level. Based on the guideline, 78 Local levels have selected the female cooperative or women's groups and signed an MoU between Local levels and concerned female cooperatives or women's group. The remaining 20 female cooperatives are under selection process by the local level. The income generating of women's group is intended to improve the access to nutrition sensitive services and improve healthy food habits and practices.

2.4 Management of wasting in children age 6-59 months

In Nepal, wasting remains unchanged for the last two decades. According to Nepal Demographic Health Survey, the status of wasting is 11 per cent in 2001, 13 per cent in 2006, 11 per cent in 2011 and 10 per cent in 2016. Similarly, Multiple Indicator Cluster Survey (MICS) shows the status of wasting in 2014 and 2019 as 13 per cent and 12 per cent respectively. The estimated annual burden of wasting of under five children is 1,028,072 out of which 771,054 moderately wasted and 257,018 severely wasted respectively.

For the management of wasting of under five children, Government of Nepal has been implementing Integrated Management of Acute Malnutrition (IMAM)¹⁰ Program (previously known as Community based Management of Acute Malnutrition [CMAM] program) since 2009

¹⁰ Wasting is also known as acute malnutrition but it doesn't include Kwashiorkor (the nutritional oedema)

which provides treatment for children aged 0-59 months with Severe Acute Malnutrition (SAM) through inpatient, outpatient and Nutrition Rehabilitation Home (NRH) treatment services at Hospitals, health facilities and community levels. . With the implementation of the Comprehensive Nutrition Specific Interventions (CNSI) training package the IMAM program is being scaled up throughout the country.

In terms of progress for the treatment of severe acute malnutrition, Government of Nepal treated 6650 children under five years of age with SAM in the 640 OTCs, ITC and NRH in the fiscal year 2020/2021. The following table shows the treatment of SAM in both NRH and OTCs and ITCs:

TABLE 6: PERFORMANCE OF SAM TREATMENT IN FISCAL YEAR 2077/78 (2020/21)

SN	Place of treatment	# of children admitted	# of children Discharged	# of children recovered	# of children defaulted	# of children died
1.	Outpatient Therapeutic Centers (OTCs)	5,091	5,293	4,022	714	16
2.	In-patient Therapeutic Centers (ITCs)	223	195	133	10	0
3.	Nutrition Rehabilitation Homes (NRH)	1,336	1,308	1300	0	0
Total		6,650	6,796	5,455	724	16
		%		81.19	6.21	0.10

As per the above table, a total 6650 children aged less than 5 years with SAM were admitted in outpatient, inpatient therapeutic centers and Nutrition Rehabilitation Home across the country. Among them, 6,796 were discharged. Among all the discharged SAM cases, 81.19 percent recovered, less than 0.10 percent died and 6.21 percent were defaulters. These programme performance indicators exceed the performance thresholds based on the sphere standards (recovery rate >75 percent, defaulter rate <15 percent and death rate <10 percent).

The issues:

- Due to the current COVID-19 context, it is very difficult to continue community-based screening of 6-59 months children by FCHVs by using MUAC tapes. FCHVs are not yet provided with sufficient protective equipment needed to safely provide community-based health and nutrition activities.
- Health staff fully engaged with COVID-19 response and care. Therefore, there is very limited capacity to deliver the nutrition services including identification and treatment of wasted children.

- Due to the frequent lockdown and fear of COVID-19, care givers of smaller children don't visit with their children to the health facilities if their children are not seriously ill.
- Three nutrition rehabilitation homes (NRH), among 22 nationwide, in Koshi Hospital, Hetauda Hospital and Sunakothi NRH have been converted into isolation centres over the past month, depriving malnourished children of rehabilitation and care.

Way forward:

- To identify more wasted children and refer them for treatment, Ministry of Health and Population (MoHP) approved the use of simplified approaches for the management and treatment of wasting. By using this approach, severely and moderately wasted children aged 6-59 months will be treated by using a single product i.e. ready to use therapeutic food (RUTF) with dose calculations not based on age and weight of the child.
- Similarly, MoHP has approved a pilot of the family MUAC approach in 4 out of 77 districts of Nepal. This will build capacity of care givers to assess their own children using MUAC tape and improve their knowledge of when to take their children for treatment at OTCs or NRHs.
- MoHP has approved the provision of an incentive to the female community health volunteers, health facilities and local level based on the number of children fully recovered from severe wasting. The incentive has been planned to treat 32,000 under five children with SAM nationwide in the next fiscal year 2078/2079 (2021/22).

2.5 School Drinking Water and Sanitation

Drinking water, Sanitation and hygiene practices are directly associated with the nutrition status of the people. The evidence suggests that the links between poor WASH situation and nutrition are stronger than previously thought. WHO estimates that 50 per cent of undernutrition is associated with infections caused by poor WASH situation (GNR, 2016). These include diarrheal diseases, intestinal worms, and environmental sanitation and enteric dysfunctions (EED). Therefore, the school water,

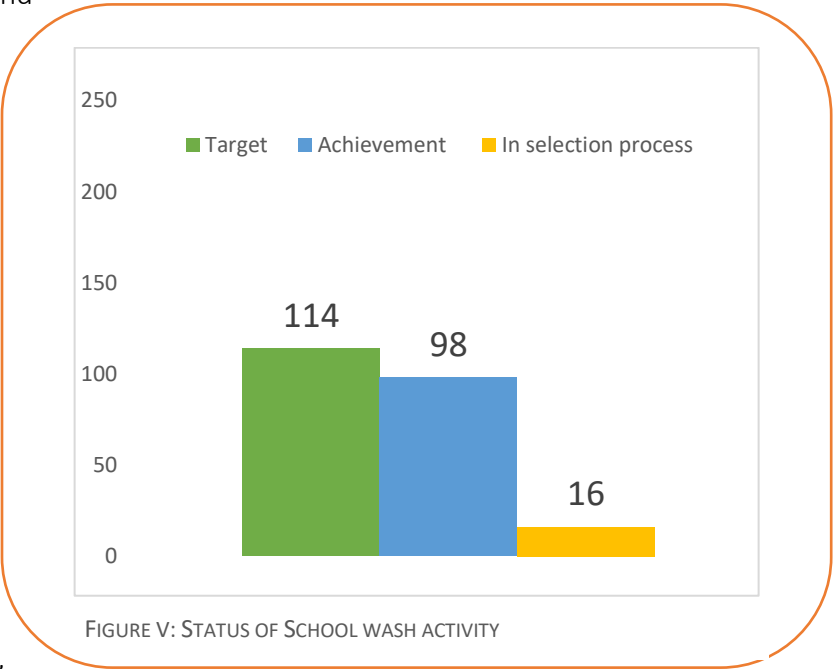


FIGURE V: STATUS OF SCHOOL WASH ACTIVITY

sanitation and hygiene program will improve the practices of safe drinking water and hygiene behavior among the children and family members.



In the current fiscal year, it is targeted to construct drinking water and sanitation facilities in 114 schools. 98 local level identified and selected the public secondary school and the construction work is ongoing. For this activity NPR 800,000 was supported to each school and some Local level have allocated additional budget as a top up to construct drinking water and sanitation facilities in the selected schools. Out of 114 schools, Local levels are under the process to select 16 schools. Likewise, some schools have

completed the construction work and established the WASH facilities in school.

2.6 Child cash grant to children under 5 years old

Nepal Social Protection Act 2075 has provisioned different types of social protection grants, i.e. child cash grant, single women grant and senior citizen grant, disable grant, etc. The government of Nepal had started the child cash grant program from five districts of former Karnali zone targeting to all children under 5 years of age. Later on, it was scaled up in 9 additional districts and in the current fiscal year, the program was scaled up in 11 additional districts. Now, CCG covers 270 Local levels of 25 districts whereas, this grant is universal for all Dalit children in all 77 districts.

Every month, 2 under five years children of a family receive NPR 400 as child cash grant. The government has declared in the budget speech of the next coming fiscal year to increase social protection grant by 33 per cent, that will bring the child grant amount to approximately NPR 550. MoFAGA will collaborate with sectoral ministries to sensitize family members for the best utilization of child cash grant for their children's nutrition. At the time of child cash grant distribution, parents are oriented/counselled how they can utilize the amount for children's nutrition. The nutrition related IEC/BCC materials have also been distributed.

TABLE 7: CHILD CASH GRANT IMPLEMENTING DISTRICTS AND LOCAL LEVEL

SN	Type	District	Local level
1	Dalit children	77 districts	753
2	Districts with children under 5 years of age	Dolpa, Jumla, Humla, Mugu, Kalikot, Rautahat, Mahottari, Sarlahi, Siraha, Jajarkot, Doti, Bajhan, Bajura, Achham (14) Rasuwa, Dhanusa, Dailekh, Salyan, Bara, Baitadi, Rukum East, Rolpa, Saptari, Kapilbastu (11 districts)	270

Chapter-III

Sectoral progress of MSNP Implementation

3.1 Water, Sanitation and Hygiene Sector

Water, Sanitation and Hygiene sector contributes to manage and promote the safe drinking water, good sanitation and hygiene practices for better nutrition of children, women and adolescents. In the last four years, the following WASH activities were implemented at community level under the MSNP-II.

TABLE 8: ACTIVITIES IMPLEMENTED BY WASH SECTOR IN PAST FOUR YEAR

SN	Activities	Unit	Progress				Overall progress
			2017	2018	2019	2020	
1	Campaign for use of improved toilets and open defecation free	Number	11	141	54	21	227
2	Adolescent girls trained on incinerator for management of sanitary pads	Number	9013	4153	1,783	3766	18,715
3	Comprehensive WASH training/orientation conducted (SM/DWSSO/Health Worker/ WASH-CC members and sector staff)	Number	1475	1140	63	0	2678
4	WASH committee meetings organized	Number	0	15	109	207	331
5	Household members trained on water purification methods	Number	0	2251	1,679	2147	6077
6	Students sensitized on handwashing during critical situations and drinking water purification	Number	0	6877	16,689	21014	44580
7	Toilets constructed in community level	Number	0	30	50	50	130
8	WASH-CC formed/re-formed	Number	0	14	109	126	249
9	Water tank for adolescent in school	Number	0	441	350	434	1225
10	WASH facilities upgraded in ECDs and schools	Number	0	2325	315	642	3282
11	Filter/purifier distribution at households	Number	0	4615	7,733	7771	20119

Source: Web-based Reporting

As mentioned in the above table, 11 activities have been implemented by the WASH sector. For instance, 331 WASH committee meetings were organized, 6,077 household members were trained in water purification methods and 20,119 HHs were provided water filter. Similarly, 44,580 students were sensitized on handwashing during critical point of time and 18,715 adolescent girls were trained on incinerator for management of sanitary pad.

3.2 Health Sector

The health sector had made following additional progress in the current fiscal year.

3.2.1 Mother Baby Friendly Hospital Initiative (MBFHI) program:

Baby friendly hospital initiative (BFHI) was initiated by WHO and UNICEF in 1991 to implement essential practices for the protection, promotion, and support breastfeeding. The main goal of this initiative is to transform hospital and maternity facilities through implementation of the ten steps and promotion of breastfeeding discouraging its substitute. BFHI has incorporated the international code of marketing of breast milk substitutes (1981) and is aimed to protect, promote, and support breast feeding. Ensuring evidence-based care for both mother and child before and after birth is among the requirements for the hospitals to be accredited as being mother-and-baby-friendly.

In 2020, the MBFHI status of five national hospitals namely (i) Tribhuvan University Teaching Hospital, Maharajgunj Kathmandu, (ii) Maternity Hospital, Thapathali Kathmandu, (iii) Patan Hospital Lalitpur, (iv) Bhaktapur Hospital Bhaktapur, (v) Hetauda Hospital, Makwanpur and, (vii) Koshi Hospital, Biratnagar was assessed and Doctors and Nurses in these five hospitals were oriented. Similarly, in 2021, Nutrition Section of FWD/DoHS/MoHP added five hospitals namely (i) Bheri Hospital, Nepalgunj, (ii) Mechi Hospital, Bhadrapur, Jhapa, (iii) Pokhara Academy of Health Sciences, Pokhara, (iv) Seti Provincial Hospital, Dhangadi, and (v) Bhaktapur hospital, Bhaktapur. In these 10 hospitals, the status of maternal Baby friendly was assessed and all medical doctors and nurses were also oriented on MBFHI concept and process.

The objectives of MBFHI orientation and assessment:

- To transform hospital and maternal facilities through implementation of 20 steps of MBFHI.
- To end the practice of distribution of free and low-cost supplies of breast milk substitutes to maternity and hospital wards.
- To minimize the risk of maternal and child deaths, promote institutional delivery and promote the importance of breastfeeding for a healthier planet.

The process of MBFHI orientation and assessment:

Nutrition Section under the Family Welfare Division (FWD) of DoHS/MoHP organized 2 days orientation and assessment on MBFHI in each above mentioned 10 hospitals. During the orientation and assessment in the said 10 hospitals, 255 participants, (20-25 participants in each hospital) participated including medical doctors, nurses, nutritionists, hospital directors and health managers of provincial health authorities. Nutrition team of FWD and UNICEF facilitated the MBFHI orientation and assessment process in each hospital.

During orientation at hospitals, the following topics were covered:

- Overview of nutrition situation of Nepal including IYCF indicators
- Overview of National Nutrition Programs
- WHO/UNICEF recommendations for IYCF
- Introduction of Global Baby-Friendly Hospital Initiative

- Introduction of MBFHI in Nepal
- Introduction on Ten Steps to Successful Breastfeeding
- Ten Criteria for mother-baby friendly birthing facilities
- Counselling Skills
- The International Code of Marketing of Breast-milk Substitutes and WHA resolutions
- Key points of Nepal's BMS Act and regulations
- Key areas of MBFHI Guideline:
 - Objectives
 - Guiding principles
 - Mother-Baby friendly health facility standard and indicators
 - Special Operating Procedures (SOP)
 - Classification criteria of Mother-Baby Friendly Hospital and Health Facilities
 - Capacity building of hospital doctors and nurses on MBFHI
 - Monitoring and Evaluation
- National Nutrition Strategy, 2077
- Legal Provision for Maternity leave

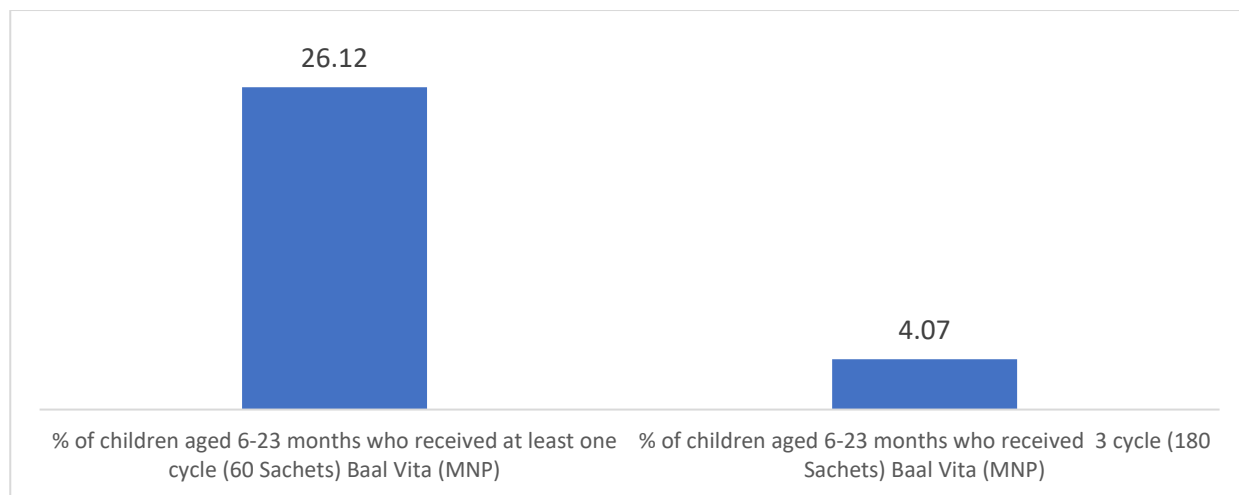
During the orientation to the hospital team, in-depth observation was done of the hospitals by the participants themselves with the support of FWD and UNICEF. Based on the observation, the finding was presented in the plenary, discussed and feedback was shared. In each hospital, a monitoring committee has been formed led by the Hospital Director in all hospitals to review the status of MBFHI on a quarterly basis. At the end of the orientation and assessment, a commitment was signed by the Director of concerned hospital and the Director of the Family Welfare Division of DoHS/MoHP to make the hospitals MBFHI.

3.2.2 Micronutrient Powder (MNP) with Infant and Young Child Feeding Practices (IYCF)

The NDHS 2006 found that 48 per cent of 6-59 months children were anemic, it was also assumed that this situation has been observed due to the poor IYCF practices. Meanwhile, Government endorsed a Plan of Action for the supplementation of micro-nutrient sprinkles as the key intervention to address anemia in young children integrating it with IYCF practices. In 2007, the National Nutrition Priority Workshop endorsed a strategy to pilot multiple micro-nutrient sprinkles supplementation as a preventive measure against different micro-nutrient deficiency disorders among children aged 6-23 months old. In June 2009, MoHP piloted the home fortification MNPs with complementary foods for 6-23 months old children in six districts, namely Gorkha, Rasuwa, Makwanpur, Parsa, Sunsari and Morang and integrated it with the Community IYCF Program. The successful interventions of MNP supplementation pilot integrating with IYCF program has been expanded 47 districts by MoHP and it is planned to scale up to all districts. Supplementation of MNP has been linked to improve complementary feeding practices. Mothers and caregivers are counselled to introduce complementary foods at six months of age focusing on age-appropriate feeding frequency, improving dietary quality of complementary foods by making them nutrient and calorie dense, as well as hand washing with soap before handling food and feeding the child. Mothers and caregivers are trained to prepare “poshilo jaulo” (pulses, rice and green vegetables cooked in oil) and ‘lito’ (mixture of blended and roasted cereal and legume

flours). A feasibility study of the program in 2009 found strong community acceptance with a very high coverage and compliance on the use of MNP in the pilot districts. Integrating MNP supplementation has contributed to a significant improvement in IYCF practices. However, there is still a need for continuous effort as the coverage of the program is not very promising.

FIGURE VI: COVERAGE OF MULTIPLE MICRO-NUTRIENT POWDER AMONG 6-23 MONTHS CHILDREN



The above figure shows that only 26.12 per cent of children aged 6 to 23 months had taken their first dose of multiple micronutrient powder (MNP-Baal Vita) from Shrawan 2077 to Baishakh 2078 (July 2020-May 2021) and out of those only 4.07 per cent of children aged 6 to 23 months received three cycles of MNP in the 47 program districts indicating that the compliance rate is very low. Overall, effective nutrition education, counselling, follow up and supply the MNPs to the mothers/caretakers is essential to improve coverage as well as compliance for the intake of the recommended doses of MNP.

Issues and challenges:

- Less coverage of MNP distribution
- Low compliance rate

Way forward:

- Identification of the field situation by assessing the coverage and compliance.
- Procurement and timely supply of MNPs up to the local government level/health facilities.
- Strong monitoring and follow up at community/family levels.

3.2.3 National Vitamin A campaign

The government initiated the National Vitamin A Program in 1993 for the prevention and control of Vitamin A deficiency disorders including child mortality among children aged 6-59 months. Vitamin A supplementation in Nepal has been ongoing as a bi-annual supplementation campaign targeting to all children aged 6-59 months and the coverage has remained above 80 percent over the last 5 years. Therefore, this program is recognized as a global public health success story. The

program initially covered 8 districts and was scaled up to cover all the districts in 2002. FCHVs distribute Vitamin A capsules to the targeted children twice a year through a campaign usually conducted in Kartik (October) and Baisakh (April). From Shrawan 2077 to Baishakh 2078 two nationwide campaigns of National Vitamin A supplementation have been held in current FY 2077/78 (2020/21) and during these campaigns, the children are provided deworming tablets to 12-59 months children and MNP to the 6-59 months children in program districts with counselling to the caregivers/mothers of the children.

TABLE 9: STATUS OF VITAMIN A SUPPLEMENTATION IN TWO ROUNDS IN THE FISCAL YEAR 2077/78 (2020/21)

S.N.	Indicators	Target for FY 77/78	FY 77/78 1st Round		FY 77/78 2nd Round	
			Achievement in number	%	Achievement in number	%
1	Children Receiving Deworming Tab (12-59 months)	2,408,330	2,025,224	84.09	1,585,646	65.84
2	Children Receiving Vitamin A (6-11 Months)	310,129	268,075	86.44	233,001	75.13
3	Children Receiving Vitamin A (12-59 Months)	2,408,330	2,051,001	85.16	1,691,133	70.22

Note: Baishakh round of vitamin A campaign is under reporting because of lockdown.

Key Lesson learned from National Vitamin A campaign:

- Global strategies and guidelines like Global Alliance for Vitamin A (GAVA) consensus statement and guideline are imperative to create enabling environment in the context of pandemic.
- National lead from the Nutrition Cluster helps in adapting global strategy and guideline in the national context.
- Virtual meeting platforms helped to increase consultation at all tiers of the government such as federal, provincial and local governments by increasing an opportunity to consider local factors and opportunities while developing an interim guideline for Vitamin 'A' capsule distribution.
- Partnership among the key stakeholders like UNICEF, SUSAHARA/USAID, ACF and other CSO partners under the lead of Ministry of Health and Population Nepal and co-lead of UNICEF Nepal using cluster was terrific. This approach helped to ensure effective coordination, communication cooperation, ownership, accountability in all activities that require to in place for successful implementation of VAC distribution round of July 2020.
- Local-level adaption of the global guideline is a key success factor for implementing Vitamin 'A' capsule distribution program in the context of COVID-19.
- Strong sense of volunteerism of 52,000 FCHVs is crucial for the success of the program for Vitamin A supplementation.

- Media remained at the forefront in demand creation for Vitamin ‘A’ distribution as well as to spread safety message in the context of COVID-19. Strategies need to include the expansion of their role.
- Timely prepositioning of Vitamin A capsules logistic is essential. The existing pandemic educated countries to keep enough stock of essential commodity like Vitamin ‘A’ capsule and Albendazole tablet at least for one round of distribution. The monsoon 2020 remained one of the critical challenges to deliver the commodity up to municipality level despite the commodity delivery could be managed well with the support from all partner agencies. The blockade of Vitamin ‘A’ capsule created a big challenge at the beginning to deliver the commodity up to all 753 municipalities.

3.2.4. Coverage of IFA and Vitamin-A to pregnant and lactating women

The MoHP has been providing iron folic acid (IFA) supplements to pregnant and post-partum women since 1998 to reduce maternal anemia. The protocol is to provide 60 mg elemental iron and 400 microgram folic acid to pregnant women for 225 days from their second trimester. To improve access and utilization of IFA supplements, the Intensification of Maternal and Neonatal Micronutrient Program (IMNMP) started IFA supplementation through Female Community Health Volunteers (FCHVs) in 2003. This program covered all 75 districts in 2014 and at present covers all 77 districts. The intensification program improved coverage, although compliance with taking 180 tablets during pregnancy and 45 tablets post-partum remains an issue.

TABLE 10: COVERAGE OF IFA AND VITAMIN-A TO PREGNANT AND LACTATING WOMEN IN THE FISCAL YEAR 2077/2078 (2020/21)

	Percentage of women who received a 180-day supply of Iron Folic Acid during pregnancy	Percentage of postpartum women who received a 45-day supply of IFA	Percentage of postpartum women who received Vitamin A supplementation
Nepal	38.3	35.8	51.9

In the reporting period, 38.3 per cent of women received 180-day supply of IFA during pregnancy and 35.8 and 51.9 per cent of postpartum women received a 45 day supply of IFA and Vitamin A supplementation respectively.

3.2.5. School Health and Nutrition Program

The School Health and Nutrition Strategy (SHNS) was developed jointly by the Ministry of Health and Population (MoHP) and the Ministry of Education, Science and Technology (MoEST) to address the high burden of diseases in school age children. In 2008, a five-year Joint Action Plan (JAP) was endorsed to implement the School Health and Nutrition (SHN) Program. The improved

use of school-based health and nutrition services, improved access to safe drinking water and sanitation, skill-based health education, community support and an improved policy environment are the core elements of the School Health and Nutrition (SHN) Programme.

During 2008-2012, the Government of Nepal had implemented a pilot SHN program in primary schools of Sindhupalchowk and Syangja districts based on the Joint Action Plan developed jointly by MoHP and MoEST. This pilot program showed some promising results based on which action plans were developed to scale up the program in other districts. With gradual scaling-up, the program covers all 77 districts in the current fiscal year 2077/78 (2020/21). The current Joint Action Plan (2071/072 to 2075/76) calls for:

- Annual health screening.
- Biannual deworming to the students of Grade 1–10.
- A first aid kit box with refilling mechanism in all primary schools.
- Hand washing facilities with soap in all schools.
- Toilets in all schools.
- The use of the new attendance registers in all schools.
- Orientation to the members of school management committees on facilitating health and nutrition activities.
- Child club mobilization on health and nutrition issues.

One of the major activities under SHN Program is the biannual school deworming for all School-aged-children (SAC) which is conducted during the first week of Jestha and Mangsir every year.

3.2.6. Adolescent Girls Iron Folic Acid Supplementation

The SHN Program has initiated weekly Iron Folic Acid (IFA) supplementation for adolescent girls aged 10-19 years, since the FY 2072/73 (2015/2016), aiming to prevent and control the high burden of Iron Deficiency Anaemia among this particular sub-group of the population. This activity was piloted in Kathmandu, Dolakha, Khotang, Panchthar, Bhojpur, Saptari, Pyuthan and Kapilvastu in the FY 2072/73 (2015/2016).

In the FY 2073/74 (2016/2017), the program was scaled up to 17 districts including Bajura, Bajhang, Doti, Bhaktapur, Rupandehi, Manang, Surkhet, Mahottari, Bara and above mentioned 8 districts. The Family Welfare Division of the DoHS/MoHP has completed training for the concerned officials from all these districts.

In the FY 2074/75 (2017/2018), further scaling up of the program for an additional 23 districts namely; Jajarkot, Rukum East, Rukum West, Dailekh, Bardiya, Nawalparasi East, Nawalparasi West, Baitadi, Achham, Dadeldhura, Rolpa, Dang, Kanchanpur, Dhanusha, Sarlahi, Rautahat, Parsa, Udaypur, Kalikot, Dolpa, Jumla, Mugu and Humla. Further, in FY 2076/77 (2019/2020), the Family Welfare Division scaled up the School Health and Nutrition Program to all 77 districts.

This program ensures all adolescent girls aged 10-19 years are provided with weekly Iron Folic Acid tablets on a biannual basis in Shrawan (Shrawan-Ashwin) and Magh (Magh-Chaitra). In each round, they are provided with one IFA tablet every week for 13 weeks. So, each adolescent girl gets a total of 26 IFA tablets in a year.

3.2.7. Comprehensive Nutrition Specific Intervention (CNSI) training:

In 2075 (2018/2019), UNICEF provided technical and financial assistance to the Nutrition Section under Family Welfare Division of DoHS/MoHP and drafted Comprehensive Nutrition Specific Interventions (CNSI) training manual for integrated and comprehensive intervention of all activities under nutrition specific intervention, and tested by organizing different training program up to 2019/2020. This training manual was developed to reduce training days within 7 days training from more than 21 days of different training program implemented within health sector. Based on the pilot implementation, MoHP finalized and approved the CNSI training manual and started implementation nationwide. The CNSI training manual is the one which capacitate health and nutrition workers and female community health volunteers to run all the nutrition specific interventions. The manual strongly supports to implement all nutrition specific interventions at a time. The Nutrition section of FWD has planned to scale up the Nutrition specific intervention in all Local levels through the CNSI approach and government has allocated huge amounts of budget to implement CNSI training nationwide. In the current fiscal year 2077/78 (2020/21), total 2,354 health coordinators, health workers and FCHVs and other government and nongovernmental agencies were capacitated on CNSI to make the program more effective and action oriented.

TABLE 11: STATUS OF COMPREHENSIVE NUTRITION SPECIFIC INTERVENTIONS (CNSI) TRAINING IN 2077/78 (2020/21)

SN	No. health coordinators	No. Health workers	No. FCHVs	Others	Total CNSI training participants
1	370	1,263	90	631	2,354

3.2.8. Nutrition in Emergencies (NIE):

To address the nutrition issues in emergency/humanitarian context, Government of Nepal (GoN) has well established humanitarian mechanism and cluster system where sectoral ministries take the lead in their respective sectors of expertise. Among well-defined and established eleven clusters in Nepal, Nutrition cluster is one of the National clusters led by Ministry of Health and Population (MoHP) co-leading with UNICEF Nepal where more than 30 national and International humanitarian organizations are the members of the nutrition cluster. As Nepal being prone to natural calamities and disasters, there is an urgent need to build the capacity of an individual and population focusing on preparedness, response, and recovery during emergency. Nutrition cluster has been expanded up to provincial level and in each province, nutrition clusters are formed, capacitated and functional for nutrition in emergency preparedness and response.

(a) Nutrition in emergency training to federal and provincial cluster members:

As a part of national capacity building on nutrition in emergency preparedness and response mechanism, five days training program for two batches was organized by Family Welfare Division of DoHS/MoHP with UNICEF's technical and financial assistance in April 2021. The training was targeted to national and provincial cluster members including cluster leads and co-leads and representative from provincial health directorates and provincial logistic management centers. In the training, a total 76 participants were attended.

(b) Nutrition in emergency preparedness for response:

Nutrition cluster has more than 30 members agencies including Government, UN, Donors, INGOs, local NGOs and professional expert organizations. After COVID-19 pandemic onset, 34 meetings of national nutrition cluster have been organized jointly with the provincial nutrition clusters of all 7 provinces. To strengthen the nutrition in emergency preparedness and response mechanism, the nutrition cluster has formed, capacitated, and activated 7 technical working groups (TWG) and these TWGs have been providing technical assistance on different aspects of nutrition in emergency preparedness and response actions. the list of technical working group is as follows:

1. IYCF technical working group
2. IMAM technical working group
3. Micro-nutrient technical working group
4. Information management working group
5. Assessment technical working group
6. BCC technical working group
7. Nutrition in emergency preparedness and response planning technical working group

Similarly, to make the nutrition in emergency preparedness and response mechanism more effective and action oriented in the current COVID-19 pandemic context, different interim guidelines are formed, circulated, and implemented as follows:

- CNSI Manual 2076
- National IMAM Guidelines 2077
- National Adolescent Nutrition Guidelines 2076
- MIYCN Guidelines
- NRH Operational Guidelines
- Adolescent IFA Guidelines
- School Health and Nutrition Joint Plan of Action (MoHP & MoEST)
- Family MUAC approach for the treatment of 6-59 months SAM and MAM children
- Simplified approach for the treatment of 6-59 months SAM and MAM children
- For nutrition in emergency response, the following activities have been prepared and implemented by nutrition cluster lead by MoHP and co-lead by UNICEF:
- Prepared COVID-19 preparedness and response plan periodically revision based on the caseload analysis at federal and 7 provinces.

- Prepared nutrition in monsoon emergency preparedness and response plan at federal and provincial levels.
- Prepositioning essential nutrition commodities at Provincial logistic Management Center, district health office and OTCs/health facilities in the emergency prone areas.
- Ongoing nutrition cluster meeting weekly basis for first 6 months after the onset of COVID-19 pandemic and now days in every 3 weeks. So far 34 meetings held with 7 provincial nutrition clusters.
- Blanket supplementary feeding program in five districts Karnali province, Solukhumbu district of Province number 1 and 21 Local levels in Province number two.
- Ongoing therapeutic feeding for the treatment of the children with severe acute malnutrition through 620 plus outpatient therapeutic centers and 22 nutrition rehabilitation homes nationwide.
- Periodically assessment of IYCF practices in COVID-19 context.
- Continued monitoring the situation as well as nutrition services nationwide.
- Messaging regularly the nutrition and COVID-19 messages through local FM stations nationwide.
- IYCF counselling to caregivers of under two years children, pregnant and lactating women through telephone, IYCF messaging through SMS

3.3 Education Sector

Education sector contributing to increase nutrition knowledge and skill among children and adolescent, and support to develop nutrition behavior change. Several schools have been providing a midday meal to student and promoting for sanitation and hygiene behaviors. Education sector has conducted 17 different activities at school in the last three fiscal years under the MSNP-II.

TABLE 12: ACTIVITIES IMPLEMENTED BY EDUCATION SECTOR IN PAST FOUR YEAR

SN	Activities	Unit	Progress				Overall progress
			2017	2018	2019	2020	
1	Adolescent girls who received sanitary pad	Number	0	20283	17849	24684	62816
2	Child clubs formed in local level	Number	0	360	242	288	890
3	Children who received education kit	Number	0	202	78	288	568
4	ECD and literacy class conducted to women/ mothers for nutrition	Number	0	3433	0	136	3569
5	Education sector staff oriented/trained on mainstreaming nutrition on annual program planning	Number	0	2247	3863	8561	14671
6	Life-skill related source books developed/ updated	Number	0	51	0	0	51
7	SMC/PTA/Teachers Association mobilized for parent education	Number	0	2016	1284	1603	4903
8	Trainings conducted for students at school on kitchen gardening	Number	0	111	761	859	1731
9	Students participated in kitchen gardening training	Number	0	3629	2305	2575	8509
10	Model kitchen garden conducted at school	Number	0	145	57	93	295
11	School curriculum revised to include nutrition	Number	0	36	48	48	132
12	Schools with functional health and nutrition assessment schedule	Number	0	135	149	149	433
13	Schools with provision of mid-day meal	Number	0	40	435	8055	8530
14	Students participated in ODF and handwashing campaign	Number	0	4160	16689	16840	37689
15	Training/orientation conducted for education sector staff	Number	0	2676	63	2010	4749
17	school drinking water and sanitation scheme	number	0	0	0	40	40

Source: Web-based Reporting

The above table shows that 14,671 staff members of education sector and locally elected people were sensitized on mainstreaming nutrition into the annual program planning process of schools, 132 schools have revised their local curriculum and included the nutrition lessons, 51 schools updated and developed the life skill related resource book. In the rural communities in Nepal, menstruation hygiene is a serious problem among the adolescent girls and therefore, 62,816 adolescent girls were provided sanitary pad. Similarly, 8,530 schools started a midday meal program targeting to the primary level student. These schools have prepared the food menu using the locally available food items. More than 37,689 students participated in the ODF movement and the hand washing campaign. Regarding the total progress of the current fiscal year, the final data will be received and compiled at the end of fiscal year.

3.4 Agriculture and Livestock Sector

The Agriculture and livestock sector ensures the food security, access, utilization and sustainability at all levels. It maintains the food quality and diet diversity at individual and household level. The agriculture sector implemented several activities in the last four years under the MSNP-II.

TABLE 13: ACTIVITIES IMPLEMENTED BY AGRICULTURE SECTOR IN PAST FOUR YEAR

SN	Activities	Unit	Progress				Overall progress
			2017	2018	2019	2020	
1	Support for Kitchen Garden activities (including promotional activities: pipe motor, micro irrigation)	HHs	2494	12368	5818	8933	29613
2	Households benefited for Kitchen Fishpond	HHs	142	160	4	46	352
3	Model Kitchen Garden/agricultural farm constructed	HHs	249	721	1107	1216	3293
4	Distribution composite seed packets for kitchen gardening	HHs	29803	53901	48521	59774	191999
5	Distribution of fruit plants	HHs	6822	6500	26875	28795	68992
6	Kitchen Garden Kit Distribution	Number	8737	7830	4002	4904	25473
7	Training conducted for Kitchen gardening	Number	550	14612	2392	4175	21729
8	Training conducted on Agriculture Garden	Number	13	1110	2939	3285	7347
9	Trainings conducted for Promotion of Traditional and local food grain including organic farming	Number	27	1379	497	529	2432

10	Mothers trained on nutrition	HHs	3188	6602	4159	4244	18193
11	Trainings conducted for kitchen fishery	HHs	8	600	0	0	608
12	Staffs, JT trained on MSNP	Number	231	308	37	261	837
13	Households with kitchen garden	HHs	0	49446	11575	15137	76158
14	Model village agriculture farm established	Number	0	44	195	255	494
15	Trainings conducted for students on kitchen gardening at school and home	Number	0	63	57	75	195

Source: Web-based Reporting

The table shows that the agriculture sector has accomplished 15 different activities in last four years. Kitchen gardening training provided to the 21,729 households; composite seed packets distributed to the 1,91,999 households. Likewise, pipe, water motor and micro irrigation distributed to the 29,613 households and fruit plants distributed to the 68,992 HHs.

Livestock sector

TABLE 14: ACTIVITIES IMPLEMENTED BY LIVESTOCK SECTOR IN LAST FOUR YEAR

SN	Activities	Unit	Progress				Overall progress
			2017	2018	2019	2020	
1	Feed for chicken and livestock	Number	5174	16297	4480	7695	33646
2	Farmers received the grass plants or seeds for animal husbandry	Number	3233	5448	3692	4444	16817
3	Chicken/pigeons/duck/fingerlings distributed	Number	50671	163145	146975	261343	622134
4	Goats/Pig distributed	Number	668	1051	574	3115	5408
5	HHs benefitted from anti-parasitic medicines for poultry/animals	Number	3836	4974	5178	63303	77291
6	Farmers received the grass plants or seeds to improve pastureland for grazing animals	Number	864	5448	3692	3716	13720
7	Dairy Production and Promotions Training	Number	31	120	123	146	420
8	HH members trained on animal husbandry	Number	4501	4128	12600	17325	38554

9	Model Shed and Coop Established	Number	1920	1052	2530	9462	14964
10	Trainings for poultry farming in short scale conducted	Number	51	7027	593	804	8475
11	JT and JTAs, other Staff trained on MSNP	Number	188	248	36	65	537

Source: Web-based Reporting

The livestock sector contributes to the availability of animal source foods and increases the consumption of animal protein and iron rich nutritious foods in the households through improved production of eggs, meat, and milk. To get available and access to animal source foods, the livestock sector conducted several interventions, including orientations, trainings, group formations and livelihood promotion with logistic supplies and commodities at the local level targeting to the G1000 Days HHs. The above table shows, 33,646 farmers have fed for chicken and livestock, 16,817 farmers received the grass plants or seeds for animal husbandry, 622134 chicken/pigeons/duck/fingerlings, and 5,408 goats/pig distributed. Similarly, 77,292 HHs were benefitted from anti-parasitic medicines for poultry/animals, 420 trainings were carried out for dairy production and promotion, 38,554 HH members were trained on animal husbandry, 14,964 model shed and coops were established.

3.5 Local Governance Sector

The local governance sector is mainly responsible to create an enabling environment and policy drive for smooth implementation of MSNP. The sector has the vital role for coordination at three tires of Government; Federal, Provincial and Local government for the formulation of nutrition governance structures, policy drive, revisions and development of the guidelines, budget commitments and provision of adequate and capable human resources for the MSNP. The following activities have been implemented by local governance sector in past four years under the MSNP-II.

TABLE 15: ACTIVITIES IMPLEMENTED BY LOCAL GOVERNANCE SECTOR IN LAST FOUR YEARS

SN	Activities	Unit	Progress				Overall progress
			2017	2018	2019	2020	
1	Advocacy campaign to stakeholders/decision makers, political leaders	Number	196	56	3083	3135	6470
2	MLNFSSC formed	Number	308	308		213	521
3	MLNFSSC meetings held	Number	279	1615	1289	2072	5255
4	Political leaders and stakeholders trained on nutrition and MSNP	Number	5336	3103	498	641	9578
5	Elected officials including Coordinator for nutrition and food security oriented on MSNP	Number	10169	663	415	4868	16115

6	Annual review at district level about MSNP implementation	Number	30	30	933	30	1023
7	G1000Days mother received cash grant	Number	0	2,340	8133	12995	23468
8	Coordinator for nutrition and food security (elected) trained	Number	0	233	75	215	523
9	Display of hoarding boards/banners on nutrition	Number	0	1,878	7731	9666	19275
10	Household members informed about IYCF while receiving child cash grant	Number	0	2,586	2507	7369	12462
11	Households that received child cash grant (except GoN regular program)	Number	0	3,739	8133	11385	23257
12	Joint visits conducted for monitoring of MSNP activities	Number	0	926	1995	2097	5018
13	Journalists/media persons trained/oriented on nutrition and food security	Number	0	213	18	48	279
14	Nutritional gift (Poshan Jhola) distributed to G1000Days women	Number	0	3,564	4355	49858	57777
15	Posters/pamphlets/calendar published on nutrition	Number	0	48,268		1423	49691
16	Representatives of community groups (CAC, WCF, FCHVs, women's group and another consumers' group)	Number	0	7,715	30	30	7775
17	WLNFS SC formed	Number	0	1,927	816	1734	4477
18	WLNFS SC meetings held	Number	0	1,779	3173	4428	9380
19	Orientation to political leaders and DCC officials for MSNP implementation	Number	0	490	39	39	568
20	Recruitment capacitated of MSNP Volunteers	Number	0	302	292	75	383

Source: Web-based Reporting

The table shows that 20 different activities were implemented by the governance sector. i.e. 6470 advocacy campaign conducted, 521 NFSSC established, 16, 115 elected officials and coordinators were orientated on MSNP, 23,468 G1000 days mothers received cash grant, similarly, 57,777 G1000 days mother received nutrition bag during the COVID-19 and 383 MSNP volunteer have been mobilized to implement MSNP at the Local level.

3.6 Women and Children Sector

Women and Children sector contributes to raise the awareness of G1000 Days mothers, caregivers and adolescent girls on nutrition, hygienic behavior, child marriage, gender discrimination and empowering communities specially of women, children, and adolescents. Women and children sector implemented 12 major activities mainly to raise awareness on gender-based violence, training to adolescent girls on nutrition, reduction of child marriage, reproductive health and menstrual hygiene, safe motherhood and nutrition, advocacy activities conducted against traditional belief and the culture about menstruation and safe motherhood in the last four year under the MSNP

TABLE 16: ACTIVITIES IMPLEMENTED BY WOMEN AND CHILD SECTOR IN LAST FOUR YEARS

SN	Activities	Unit	Progress				Overall progress
			2017	2018	2019	2020	
1	Members of women federation/ women cooperatives/mothers' group/ women group trained on nutrition, reproductive health, and safe motherhood	Number	13527	16573	9007	23017	62124
2	G1000Days mother trained on gender violence	Number	0	120	838	1624	2582
3	Adolescent girls trained on nutrition	Number	0	3378	9018	25287	37683
4	Adolescent girls trained on reduction of child marriage	Number	0	3389	17946	23087	44422
5	Adolescent girls trained on reproductive health and menstrual hygiene	Number	0	1873	9018	16718	27609
6	Adolescent oriented on reproductive health, safe motherhood and nutrition	Number	0	23928	32412	42567	98907
7	Advocacy activities conducted against traditional belief/culture about menstruation	Number	0	367	312	2529	3208
8	Members of watch group trained on nutrition	Number	0	182	0	0	182

9	Mother-in-laws and daughter-in-laws enrolled in the interaction program	Number	0	10672	14094	21341	46107
10	Out-of-school adolescent girls trained on life skills and nutrition	Number	0	10388	33325	37480	81193
11	Training/orientation conducted for women & children sector staff	Number	0	2808	296	437	3541
12	Monitoring from women & children sector to MSNP activities	Number	0	187	0	0	187

Source: Web-based Reporting

Women and children sector trained to 62,124 members of the women cooperatives/federations. The sector also sensitized and trained to more than 98907 adolescent girls on different topics like nutrition, reproductive health, and safe motherhood. Similarly, Women and Children sector trained to 81,193 out of school adolescent girls on life skill education. Furthermore, other activities also conducted to empower the adolescent girls and women i.e. menstrual hygiene, child marriage, gender-based violence etc.

Chapter-IV

Budget expenditure and Program Scale up plan

4.1 Budget expenditure in fiscal year 2077/78 (2020/21)

The estimated cost of MSNP-II implementation is NPR 48,901 million. Out of total budget, 76 per cent (23,211 million) estimated for nutrition sensitive interventions and 24 per cent (11,680 million) for nutrition specific intervention. For the first year of MSNP-II implementation, it is estimated that the government will allocate 47 per cent and development partners 53 per cent. Similarly, in the second-year government will allocate 52 per cent and development partner 48 per cent of total annual estimated cost of total MSNP budget. This is how the Government budget will be gradually increased year by year and at the end of the MSNP-II there will be 59 per cent and 41 per cent budget sharing from government and development partners. The allocated MSNP budget is reflected in the Redbook. and the nutrition sensitive budget is channelized to the local level through the Ministry of Federal Affairs and General Administration and similarly, nutrition specific budget is channelized through the MoHP.

The below table shows the fiscal year wise MSNP budget allocation and expenditure of three tiers of government that contributed only from MoFAGA. The contribution from other sectors are not obtained.

TABLE 17: MSNP BUDGET ALLOCATION FROM MOFAGA AND EU/UNICEF.

MSNP Budget Allocation Analysis compared with Government of Nepal Budget												
Budget NPR in million												
S.N.	FY	Federal level			Province level				Local level			
		MoFAGA	EU/UNICEF	Total	MoFAGA	EU/UNICEF	Province	Total	MoFAGA	EU/UNICEF	LL	Total
1	2017/18	39	96	135				0	121	280	170	570
2	2018/19	14	96	109				0	83	378	262	723
3	2019/20	17	23	41	3.5		277.5	281	138	97	256	491
4	2020/21	2.6	90.09	92.15	0	50.85	50.6	111.45	0	1214.92	170.358	1,385.28
Total		72.6	304.09	377.15	3.5	50.85	328.1	392.45	342	1,969.92	858.258	3,169.28

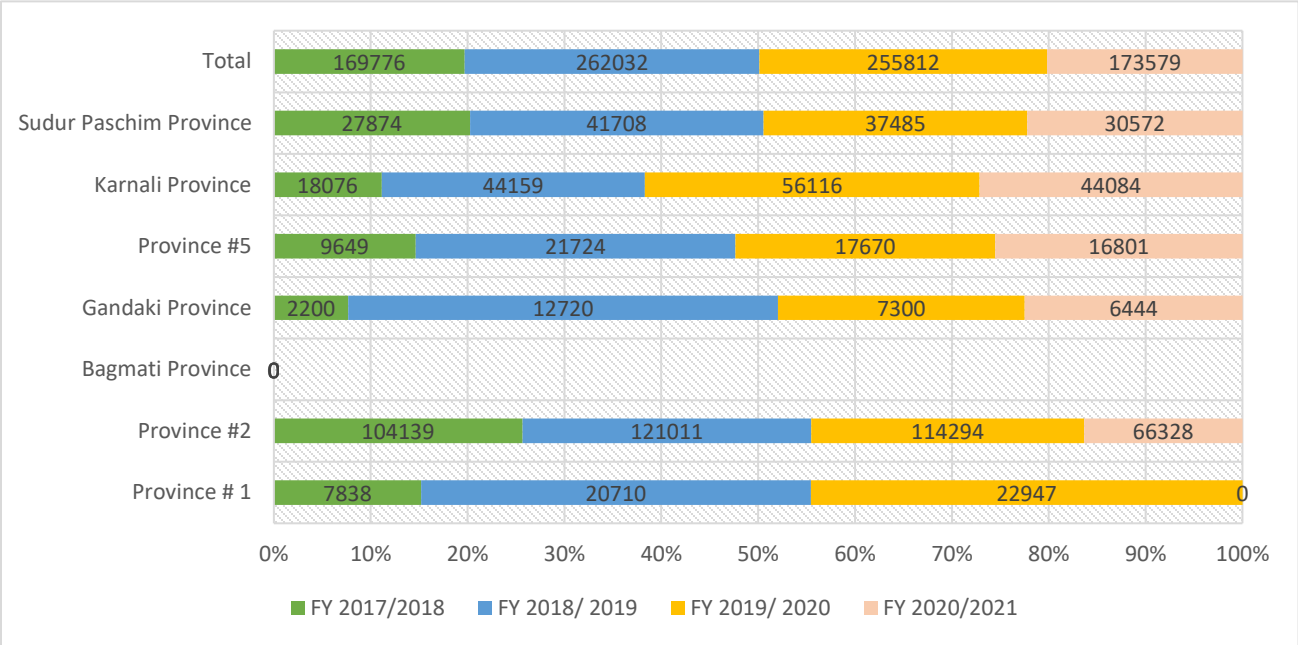
Source: Government of Nepal Red book, MOFAGA/UNICEF allocation for MSNP implementation

Budget leveraging from local level

There is Nutrition and Food Security Steering Committee at each Local level. The steering committee of Local level is the governing body for MSNP interventions and is responsible for developing the annual workplan and budget, planning budgeting, resource management and program monitoring. All the elected representatives of Local level and members of the NFSSC were orientated on MSNP and they have continued advocacy for effective planning and budget allocation for MSNP interventions in the steering committee meetings and in other platforms. The Local levels have been allocating enough budget for MSNP implementation in addition to the earmarked budget from the federal government. The figure below shows the fiscal year wise budget commitment from Local level by provinces. The budget commitment fluctuates across the

different fiscal years which means continued advocacy is still required for the allocation of local government budget for MSNP. In the current fiscal year 2077/78 (2020/21), NPR. 170 million has been allocated by the local level for the MSNP. There is zero budget allocation by the Bagmati province because MSNP has only commenced in this province since 2021 and unfortunately, the opportunity to influence the local level planning process was missed.

FIGURE VII: LOCAL GOVERNMENT BUDGET COMMITMENT (NPR '000)



Special grant for MSNP

The federal government provides different types of grants to province and local governments. The special grant (SG) is one of the types of grant which intends to develop and deliver basic services like education, health, and drinking water. Some of the local government and provincial governments requested a special grant for MSNP and nutrition-related interventions. As a result of advocacy efforts, the federal government has agreed to allocate an addition budget for MSNP interventions under the special grant for FY 2077/78 (2020/21). According to the NPC officials, all the requested grants for MSNP are accepted and allocated NPR 90 million or the equivalent of (USD 0.75 million).

4.2 Scaling up plan of MSNP in next fiscal year, 2078/2079 (2021/22)

In current fiscal year, MSNP was scaled up in 281 Local level of 28 districts. By this reporting period, 213 Local levels established and oriented the steering committees and prepared integrated MSNP annual work plan and budget and are implementing the program activities. When situation of COVID-19 eases, the steering committee will be formed in the remaining 68 local levels in the current fiscal year.

Similarly, the Government plans to scale up the MSNP in 131 Local levels of 14 districts in the next coming fiscal year, 2078/79 (2021/22), and then MSNP will be in the 720 Local levels of 72 districts. The scaling up districts, and local levels are shown below in the table.

TABLE 18: SCALING UP THE PLAN OF MSNP IN THE NEXT FISCAL YEAR, 2078/79 (2021/22)

SN	Province	Name of district	Total number of local levels
1	Province # 1	Ilam, Solukhumbu, Dhankuta, Terhathum, Jhapa, Morang	63
2	Bagmati Province	Kavre	13
3	Gandaki Province	Manang, Mustang, Lamgunj, Tanahu, Syanja, Parbat	45
4	Lumbini Province	Palpa	10
Total		14	131

4.3 Program and budget brief of the fiscal year, 2078/79 (2021/22)

In the next fiscal year 2078/79 (2021/22), the program budget covers both nutrition-specific and sensitive interventions and the enabling environment component. Some interventions i.e. School WASH program and Income Generating activities are planned for scale-up in the remaining full package implementing Local levels through female cooperatives or women groups. Similarly, the program will be scaled up to 131 additional Local levels. Management of severely wasted children and distribution of child cash grants will be continued. In addition to these, other sectoral interventions will be implemented as mentioned below:

1. **Governance sector:** This sector will mainly focus on the formulation of Nutrition and Food Security Steering Committees at the newly scaled-up Local level, facilitate and support to conduct regular meetings of the steering committee at least once a quarter, and advocate, facilitate, and support mainstream MSNP in the Local level policy, program and annual work plan and budgeting, conduct orientation and sensitization of mothers and caregivers for proper use of child cash grants linking with IYCF, continue MSNP volunteers and enhance their operational capacity, organize review meetings of MSNP implementation and localize Nutrition Friendly Local Governance (NFLG) and set the target to implement it.
2. **Women and Children Sector:** The sector will continue the Income Generating activities through the Female Cooperatives or women's group targeting the G1000 days HHs in the remaining full package implementing Local levels. In the next fiscal year 2078/2079 (2020/21), 98 Local levels have this intervention and now this will be in additional 285 local levels, including nutrition lessons/topics for different empowerment and entrepreneurship training for women cooperatives/groups and school and out of school adolescent girls as well as orientation to the out of school adolescent girls on menstrual hygiene and engage them on Income Generating activities, sensitization on the harmful social/ cultural taboos and practices.
3. **Health Sector:** Capacity building of health workers, female community health volunteers on Comprehensive Nutrition Specific Interventions (CNSI), scale-up interventions of Integrated

Management of Acute Malnutrition (IMAM) program to manage wasted children, establish OTC, ITC sites, and community mobilization for identification of wasted children, provision and supply nutrition commodities, equipment, Nutrition counseling to the pregnant and lactating women, adolescent girls for nutrition behavior change, coordinate and collaborate with education sector/schools for the supplementation of IFA and de-worming tablets for the adolescent girls and students, protect, promote and support for breastfeeding and complementary feeding, strengthening the nutrition surveillance system, develop an emergency contingency plan, etc.

4. **Education Sector:** The sector will continue the School WASH program in the public secondary schools of Local levels where full package implementation has been ongoing. In the fiscal year 2077/78 (2020/21), 114 Local levels have this project and next fiscal year this will be expanded to the remaining 269 Local levels, raise awareness on hand washing at critical times among students, mobilize child clubs to advocate and control child marriage, manage a midday meal and supply iron rich food, collaborate with the health sector to supplement IFA to the adolescent girls, regular anthropometric measurement, orientation of menstrual hygiene, adolescent girls friendly toilet, include nutrition agenda in the meeting of teachers, parents and school management committee.
5. **WASH Sector:** The sector will continue the total sanitation and hygiene promotion campaign, orientation to the school students for hand washing with soap and water, build user-friendly wash facilities in school, make available drinking water at HHs level and orient them on water purification techniques, develop WASH corner at public institutions (health facilities, office of Local levels), formulate and activate WASH CC at local levels, link wastewater with home gardening.
6. **Agriculture Sector:** Provide subsidies grants to the G1000 days HHs to build a home gardening, including kitchen fishery, training/orientation on home gardening, training/orientation to use the technology for food diversification and storage, advocate to strengthen and promote nutritious food eating practices, promote locally available nutritious, indigenous and underutilized foods, distribution of dual purpose kitchen, include nutrition messages in the different pieces of training, workshops, and exhibitions, input support to promote high nutrient value vegetable, distribute fruit plants that can be ready in a short period, etc.

Chapter- V

Program Monitoring and Information Management

5.1 MSNP monitoring

All the MSNP implementing Local levels have developed a monitoring plan to monitor the MSNP activities. The Nutrition and Food Security Steering Committee, the monitoring committee chaired by the Vice-Chair or Deputy-Mayor and individual responsible officials of Local-level have conducted monitoring of MSNP at the Local level. Similarly, the District Coordination Committee is another responsible agency for monitoring MSNP activity, several DCC members have conducted MSNP monitoring and organized MSNP program review meetings jointly with MSNP volunteers and Local levels. Moreover, the Provincial Level Nutrition and Food Security Steering Committee members, officials from different sectoral ministries and Provincial MSNP Coordinator have conducted joint monitoring of MSNP interventions at the local level. For instance, Bagmati Provincial NFSSC members had joint monitoring at 2/2 of the Local levels of Dolakha (Bhimeshwor and Sailung Local levels), Sindhuli (Kamalimai and Hyanglek Local levels), and Sindhupalchowk (Balefi and Chautara Local levels) districts. The monitoring team discussed with District Coordination Committee on MSNP and observed and provided support in the MSNP orientation. Likewise, the Vice-chair and other members of the Provincial Planning and Policy Commission of Province # 2 visited Local levels of Siraha and Saptari districts and observed MSNP activities, discussed with Local levels, and provided their feedback. The Vice-Chair of the Provincial Planning and Policy Commission of Gandaki province visited, observed the MSNP program, and discussed with elected representatives and officials of Kawasoti, Madhyabindu, and Binaytribeni municipalities. Similarly, the members of the Provincial Planning Commission of Karnali province visited and supported during MSNP orientation in Salyan and Surkhet districts.

Similarly, Mr. Basanta Adhikari, Joint secretary of MoFAGA monitored the MSNP program in Kailali and Surkhet districts, and Mr. Dilaram Panthi, Undersecretary of MoFAGA also monitored the MSNP program in Banke, Rupandehi districts. UNICEF central and field team visited several districts and provided support to the local levels. Likewise, the National Planning Commission with sectoral Ministries organized the National level MSNP program review workshop, where program progress, issue and difficulties, and way forward for next fiscal year were discussed. Alike, the meetings among MSNP focal persons of sectoral Ministries have been organized periodically by the MoFAGA and reviewed the program progress periodic basis. MoFAGA organizes monthly meeting with Provincial MSNP Coordinator where UNICEF nutrition technical team of both field and Kathmandu Office participated and reviewed the program progress.

5.2 Information Management

Web-based Reporting System (WBRS) is being used to manage information related to nutrition sensitive interventions. The WBRS was developed to coordinate, consolidate, harmonize, and analyze the data from existing as well as new planning and monitoring mechanism and communicate results to feedback in the policy-making process. The aim of the WBRS is to bring the programmatic information from all sectors in one platform, which facilitates and inform the

planning process of MSNP. Now, the system has been upgraded to make it more user friendly and more efficient and effective as a monitoring tool. WBRS is the real time data collection system where MSNP volunteers support the Information Management Officer of the Local Level to update the information. The system generates the progress of Municipal wise budget, expenditure, and activities. Further, some sectoral Ministries have their own information system such as Education Information Management System (EMIS), Agriculture information system, Nepal Food Security Monitoring System (NeKSAP) and the Health Management Information System (HMIS). A priority for the coming fiscal year is to work with local levels to develop contextualized dashboards that will be used for monitoring coverage of MSNP activities and to show progress and results.