



## ANNUAL PROGRESS REPORT OF MSNP FY 2079/2080



**Submitted by: NPC/NNFSS and MoFAGA**

**ANNUAL PROGRESS REPORT  
OF  
MULTI-SECTOR NUTRITION PROGRAM  
(FY 2079/2080)**

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# Chapter 1: Introduction

## 1.1 Background

### 1.1.1. Nutrition situation in Nepal

Nepal has progressed remarkably in reducing child malnutrition over the past few decades. For instance, childhood stunting, an indicator of chronic malnutrition, has decreased from 57% in 2001 to 25% in 2022 (Nepal Demographic Health Survey, 2022). Moreover, wasting prevalence has reduced from 11% in 2001 to 8% in 2022 and underweight prevalence has reduced from 43 % in 2001 to 19 % in 2022 (NDHS, 2022) among children under 5 years of age. The prevalence of overweight/obesity among children under five years of age has remained steady at around 1 per cent since 2016. Anemia among children 6-59 months and women of reproductive age (15-49 years) has reduced to 43 per cent and 34 per cent in 2022 from 46 per cent and 35 per cent in 2011 respectively (NDHS 2022).

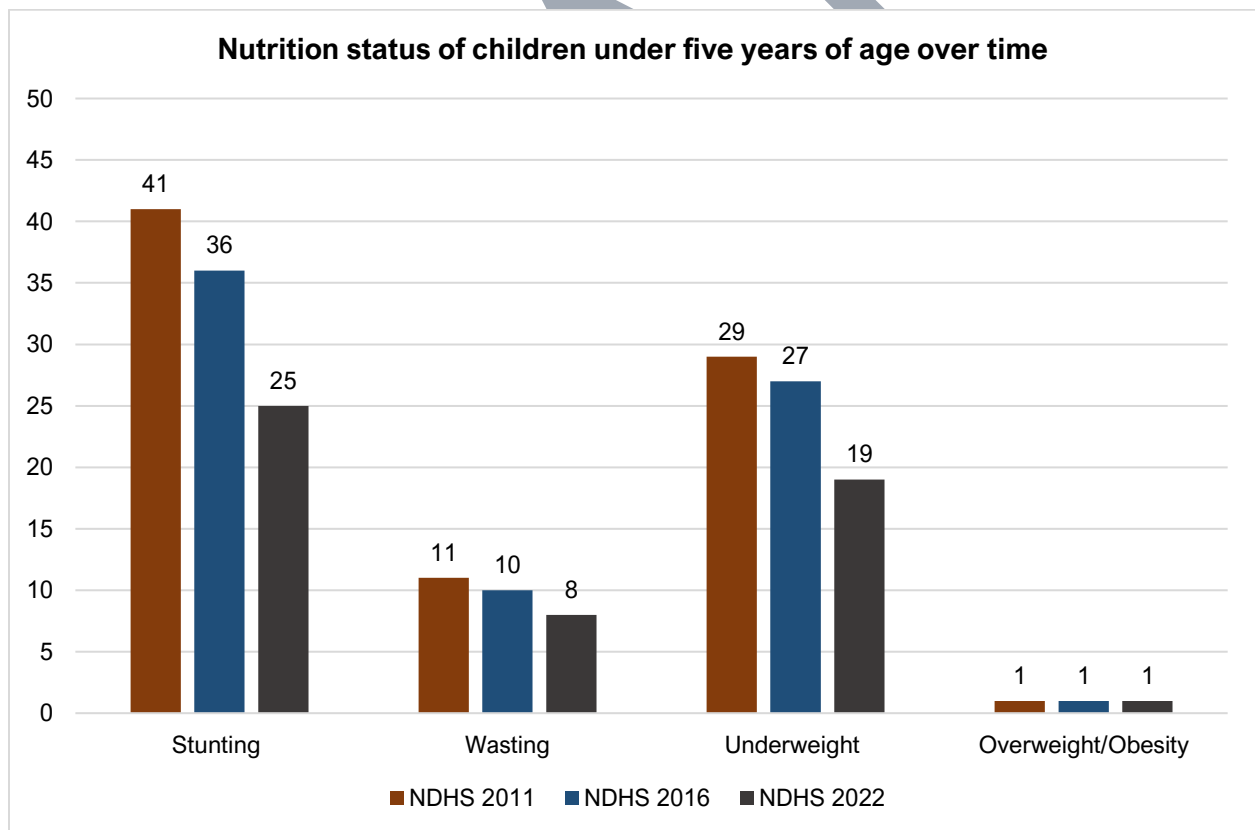


Figure 1. 1: Nutrition status of children under 5 years of age over time

Despite these impressive gains over these years, there exist marked disparities in nutrition outcomes by key socio-demographic characteristics, such as province, age, gender, ethnicity, education, and wealth quintiles (Figure 1.2). The largest inequalities (Figure 1.2) are seen by maternal education, wealth quintile, and ecological region followed by gender, province, and area of residence. Besides, a notable increase in the prevalence of overweight and obesity among urban women of reproductive age (WRA) (15-49 years) has been found.

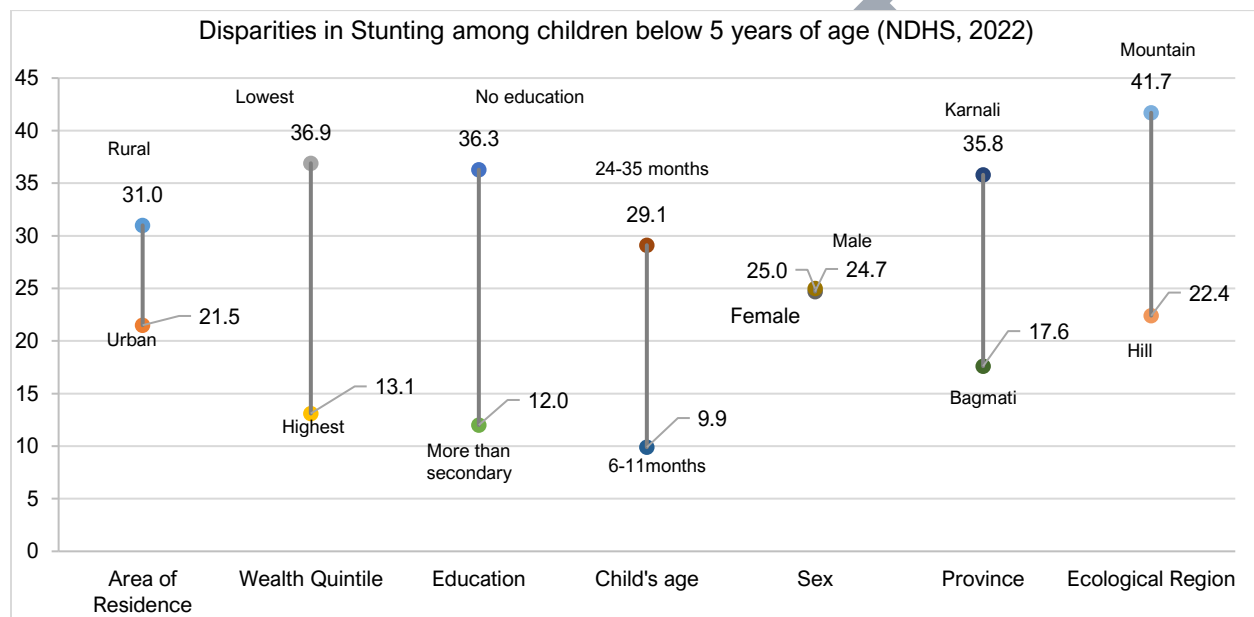


Figure 1. 2: Disparities in the prevalence of stunting by socio-demographic characteristics

### 1.1.2. Brief overview of Multi-Sector Nutrition Plan

Since 1978 the Government of Nepal has made several efforts and has been implementing nutrition-specific interventions to combat malnutrition in the country. Since then, the country initiated several policies, strategies, and program interventions nationwide and in the targeted districts to improve the nutritional status of women, children and adolescents. The multi-sectoral coordination to address the issues of malnutrition was initiated in the 1980's and early 1990's through the Joint Nutrition Support Program but was not sustained. In 2009, Nutrition Assessment and Gap Analysis (NAGA) was conducted under the leadership of the Child Health Division (now Family Welfare Division)/Department of Health Services and the NAGA Report 2009 recommended for adoption of multi-sectoral approach to address the multi-faceted and complex nature of malnutrition. The NAGA Report 2009 highlighted that only the health sector interventions are not adequate to address the nutrition issues in Nepal. The nutrition-specific interventions

should be complemented with nutrition sensitive interventions together with a strong national nutrition governance mechanism to combat adolescent, maternal and young child malnutrition.

Realizing malnutrition as a multi-faceted issue and based on the recommendations from Nutrition Assessment and Gap Analysis (NAGA) Report (2009-2010), Nepal adopted a multi-sectoral approach to address malnutrition. In 2012, under the aegis of the National Planning Commission and in collaboration with six sectoral ministries, departments, donors, United Nations agencies, Development Partners, academia, and the private sector, Multi-Sector Nutrition Plan (MSNP) was formulated covering the period 2013-2017 with 10 years' vision of reducing malnutrition in Nepal. The key sectoral ministries involved were Ministry of Health and Population (MoHP), Ministry of Education, Science and Technology, Ministry of Agriculture and Livestock, Ministry of Urban Development and Ministry of Local Development (now Ministry of Federal Affairs and General Administration) and Ministry of Women, Children and Social Welfare (now Ministry of Women, Children and Senior Citizen).

Execution of MSNP-I in districts was planned in a phase-wise manner: the first six districts were identified for immediate intervention in the fiscal year (FY) 2013/14 and by the end of the MSNP-I implementation period, the program was scaled-up in 308 local levels (131 municipalities and 177 rural municipalities) across 30 of the 77 districts of Nepal. As a continuation of MSNP-I and to sustain the achievement during that period and continue multisectoral efforts, MSNP-II (2018-2022) was formulated and has been implemented since 2018.

The National Planning Commission (NPC) oversees the overall coordination for implementation of MSNP and DoHS/MoHP is responsible for implementing nutrition-specific while the Ministry of Federal Affairs and General Administration (MoFAGA)- liaison ministry for local levels- facilitates the implementation of nutrition-sensitive interventions with the technical guidance from other nutrition sensitive sectors. In addition, MoFAGA has been facilitating the budget allocation and transfer of grants to the local level and monitoring the implementation of nutrition sensitive interventions at the local level.

## 1.2 Goal and Objectives of MSNP-II

The overall goal of the Multi-Sectoral Nutrition Plan is “Improved maternal, adolescent 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 the 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 services including improving health related behavior
3. To improve policies, plans and multisectoral coordination at federal, provincial and local government levels to create an enabling environment to improve nutrition

### 1.3 Partnership of GoN with EU and UNICEF for the implementation of MSNP

The GoN partnered with the EU and UNICEF and signed the agreement between the Ministry of Finance (MoF) and the EU for “Partnership for Improved Nutrition (PIN)” project to support the implementation of MSNP-I (2013-2017). The EU contributed €22 million from EU and €5.7 million from the UNICEF to implement MSNP-I in Nepal through the PIN project.

After the completion of MSNP-I (2013-2017), the Government developed MSNP-II (2018-2022) to sustain and continue the multi-sectoral efforts towards combating malnutrition. To support MSNP-II, the Government of Nepal and the European Union (EU) signed an agreement on July 10, 2020 and leveraged a total budget of €23.35 million for two years (2021 and 2022) as budgetary support. Out of the total financial support, €20 million was the direct budget support through the government treasury system, and €3 million was for technical support through UNICEF for MNSP implementation. UNICEF provided an additional €1 million as a top totaling €4 million for technical support. UNICEF has been providing competent human resources at the National Nutrition and Food Security Secretariat (NNFSS), the Ministry of Federal Affairs and General Administration (MoFAGA), the Ministry of Health and Population (MoHP) and Provincial Policy and Planning Commissions (PPPC) to provide technical backstopping for MSNP implementation at the federal, provincial, and local level.

As a liaison Ministry to the Local Levels (LLs), the Ministry of Federal Affairs and General Administration has been facilitating local levels and monitoring the program interventions as per the activities defined and budget reflected in the LMBIS of MoFAGA. Further, MoFAGA coordinates and facilitates sectoral Ministries and LLs for the development of the annual action plan and releases the budget 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 May 11, 2021, to accelerate the implementation of MSNP -II and Scaling Up Nutrition Movement in Nepal. This is the continuation of the previous MoU made between NPC and UNICEF in 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 the agreement between EU and UNICEF under complementary measures of EU budget support.

### **1.3.3 Memorandum of Understanding (MoU) between the 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 the 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 MSNP

#### Budget

The Government of Nepal allocated NPR 762.3 million for the current fiscal year 2079/80 (2022/23) where MoFAGA transferred this fund to the Local levels through the Line Ministry Budget Information System (LMBIS) (Figure 1.3).

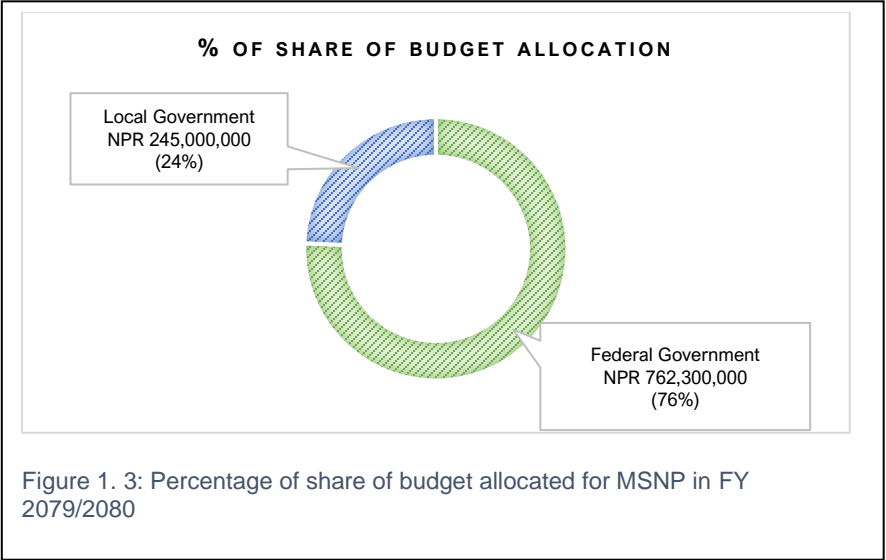


Figure 1. 3: Percentage of share of budget allocated for MSNP in FY 2079/2080

Before transferring the budget to the Local level, MoFAGA had intensive consultation with all the sectoral Ministries to develop annual action plans and program implementation guidelines. Likewise, local levels have also allocated a budget from their internal resource for the implementation of MSNP-II. A total of NPR 245 million was allocated by local levels in FY 2079/80. Thus, a total of 1 billion Nepalese Rupees for the implementation of MSNP-II in the current fiscal year (including federal and local level budget).

In the current fiscal year 2079/80, no funds were received from the European Union and all resources for the implementation of MSNP-II (2018-2022) were allocated from GoN itself. This was because the budget support from the European Union ended in 2022, a year before the final year of the implementation of the Multi-Sector Nutrition Plan II in 2023. The total resources allocated for MSNP by GoN was NPR 762.3 million. Moreover, an additional 205.8 million Nepalese Rupees was spent a year before the last fiscal year but pending clearance was also released for MSNP. Thus, a total of 968.17 million Nepalese Rupees was allocated for the implementation of MSNP in this fiscal year 2079/2080 from government's end. In addition, UNICEF provided an amount of NPR 19 million as financial assistance for the effective implementation of MSNP in the FY 2079/2080 totaling 987.17 Nepali Rupees allocated for MSNP in this current fiscal year.

Out of the total budget received from the federal government (amounting to 968.17 million Nepalese Rupees) 95 per cent of funds were transferred to the Local level, 0.14 per cent to the Provincial level and 5 per cent budget was allocated for federal level activities that included a budget for nutrition specific interventions and activities to be conducted by District Coordination Committee.

Similarly, the budget was proportionately allocated to six different sectors to address multiple determinants of malnutrition through the engagement of diverse sectors. Out of the total budget, 29 per cent budget was allocated to the Women and Children sector. This is the highest among all sectors as it included the budget of grants provided to HHs with G1000 days mother through women’s cooperative/group. Likewise, the second highest allocation is for governance including social protection which is 22 per cent while the lowest budget allocation is for the livestock sector i.e., 6 percent (Figure 1.4).

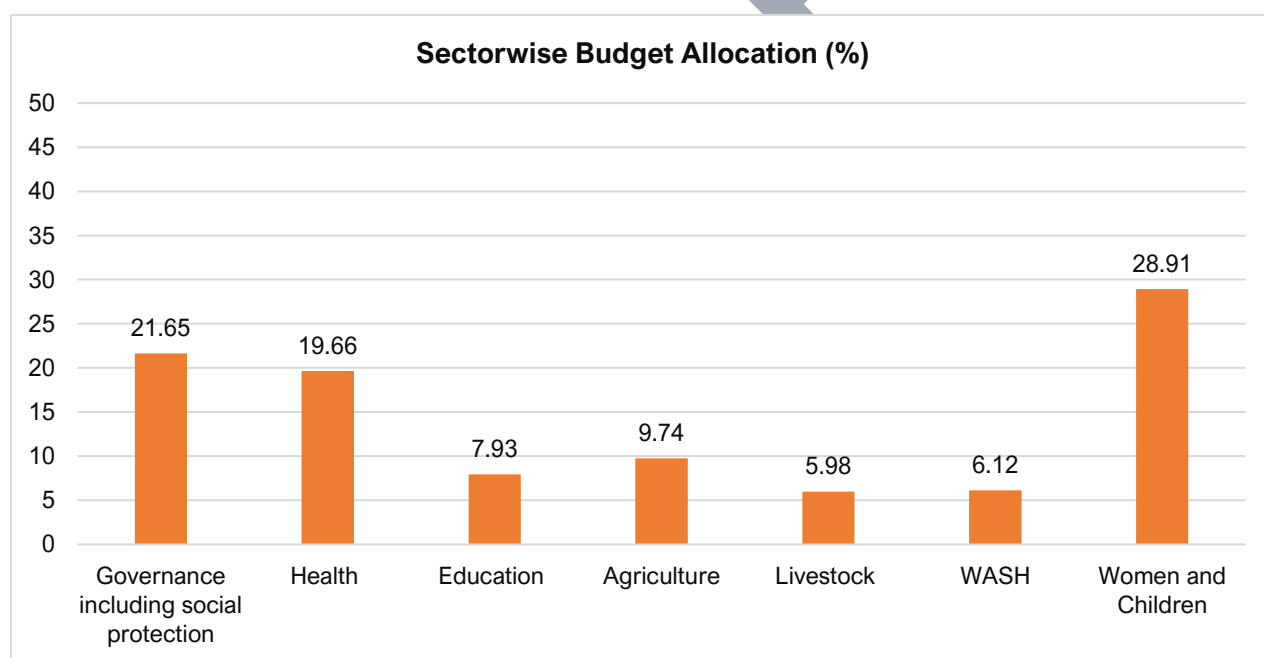


Figure 1. 4: Sector wise allocation of Budget

### 1.5 Program Coverage and Scale-up

By the end of 2078/79 (2021/22), MSNP-II was scaled up to 720 local levels across 72 districts of the 77 districts of Nepal. In the current fiscal year (2079/2080), the program has been scaled-up in the remaining 33 local levels of the remaining 5 districts (Kathmandu-11 LLs, Bhaktapur-4 LLs, Lalitpur-6 LLs, Chitwan-7 LLs and Kaski-5 LLs). Thus, by the end of this current fiscal year, the

program has been implemented in all the 753 local levels across all the 77 districts of Nepal in three different modalities namely full package, partial package, and *Chepang* Special Program. Out of 753 LLs, the full package has been rolled out in 383 LLs, partial package in 361 LLs and *Chepang* Special Program in 9 local levels. *Chepang* Special Program has been implemented in the 9 local levels of the 4 districts (Dhading:2, Chitwan: 2, Makwanpur: 3, Gorkha:1), where partial package has already been rolled out, intending to reach out to the targeted group of population with high nutritional needs. Table 1.5.1 illustrated below shows the implementation status by province, district, and local level.

Table 1. 1:Implementation of MSNP -II (By Province, District and LLs)

| SN | Province               | Total Districts | Total LLs  | Full package Local Level/Districts | Partial Package Local Level/ districts | <i>Chepang</i> Special Program LLs/ | Total program Local Level/ districts |
|----|------------------------|-----------------|------------|------------------------------------|--|-------------------------------------|--------------------------------------|
| 1  | Koshi Province         | 14              | 137        | 26/3                               | 111/11                                 | n/a                                 | 137/14                               |
| 2  | Madhesh Province       | 8               | 136        | 136/8                              | 0                                      | n/a                                 | 136/8                                |
| 3  | Bagmati Province       | 13              | 119        | 30/3                               | 81/10                                  | 8*                                  | 119/13                               |
| 4  | Gandaki Province       | 11              | 85         | 8/1                                | 76/10                                  | 1*                                  | 85/11                                |
| 5  | Lumbini Province       | 12              | 109        | 47/6                               | 62/6                                   | n/a                                 | 109/12                               |
| 6  | Karnali Province       | 10              | 79         | 70/9                               | 9/1                                    | n/a                                 | 79/10                                |
| 7  | Sudurpashchim Province | 9               | 88         | 66/7                               | 22/2                                   | n/a                                 | 88/9                                 |
|    | <b>Total</b>           | <b>77</b>       | <b>753</b> | <b>383/37</b>                      | <b>361/40</b>                          | <b>9</b>                            | <b>753/77</b>                        |

- *Chepang Special Program* is being implemented at 9 LLs ( 8 LLs of 3 districts namely Dhading, Makwanpur and Chitwan and 1 LL from Gorkha district), where the partial package is rolled out.

At the local levels with a full package program and '*Chepang Special program*' an integrated action plan including intensified interventions of all seven sectors is developed and implemented in addition to regular sectoral interventions of the respective ministries. These interventions are targeted primarily towards G1000 day mothers, children under 5 years of age and adolescent girls. Further, there is one MSNP Volunteer at each of these local levels to facilitate and monitor the implementation of MSNP in the respective rural/urban municipalities. Moreover, one focal person from any of the seven sectors is assigned at the local levels with a full package and *Chepang* Special Program to oversee and facilitate the overall implementation of MSNP. Likewise, at the LLs with partial package, there are a few interventions from the governance sector such as



the formation of the Nutrition and Food Security Steering Committee, the conduction of LLNFSSC meetings on a quarterly basis, and advocacy for resource mobilization among others. In addition, regular nutrition specific interventions from the health sector are also implemented at these local levels through regular government systems.

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## Chapter:2 Progress on Indicators set for EU budget support

### 2.1 Progress against the EU budget support indicator

As per the agreement between the European Union and the Government of Nepal to support MSNP-II, five progress indicators have been identified for budget support. A target has been set for individual indicators for each year which needs to be achieved. The budget support agreement was for two years 2021 and 2022, however, for this current fiscal year there was no budgetary support from the European Union, still the government assessed the achievement against the key indicators listed in Table 2.1 below:

Table 2. 1: Indicators with targets of EU budget support to GoN for MSNP implementation

| S.N. | Indicators   | Unit                           | Baseline (2018) | Target  |
|------|--|--------------------------------|-----------------|---|
|      |  |                                |                 | 2022/23 (2079/80)   |
| 1    | Number of nutrition and food security steering committees with an integrated plan at local government        | Local Level                    | 308             | 753   |
| 2    | Number of women groups/committees receiving grants for income-generating activities                          | Women cooperative/ women group | N/A             | 392   |
| 3    | Per cent of 6-59 months children identified as suffering from acute malnutrition who recover after treatment | Percentage                     | 70              | 76 in line with SPHERE standards of effectiveness of IMAM Program |
| 4    | Number of schools providing drinking water**   | School                         | N/A             | 0   |
| 5    | Number of local governments providing child grants to children under 5 years old                             | Local level                    | 153             | 120   |

\*\* In this current fiscal year, there was no intervention to construct/update School WASH facilities and hence is not reported in this annual report.

#### 2.1.1 Nutrition and Food Security Steering Committee with the 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. MoFAGA has been facilitating local levels to establish and strengthen the Nutrition and Food Security Steering Committees at the municipality. The committee is chaired by the Chairperson or Mayor of Rural Municipality or Municipality. At the Local level, NFSS committees govern all the MSNP-related programs and activities. There are well-defined Terms of Reference (ToR) of the committees to govern the Local

level in terms of coordination, planning, implementation, monitoring, review, and leveraging of funding in relation to the effective implementation of MSNP interventions.

Out of 753 LLs, 743 Local levels (383 LLs with full package, 9 LLs with *Chepang* Special Program and 351 LLs with partial package) of 72 districts have formed the Nutrition and Food Security Steering Committees and are functional (Table 2.2). These committees organize regular meetings to review the progress, discuss and endorse the MSNP annual plan, allocate the budget, and implement, and monitor the MSNP activities. Moreover, MoFAGA coordinated with the local level to scale up MSNP in 33 LLs of 5 districts. Out of 33 LLs, 9 Local levels implemented the *Chepang Special Program* and the remaining 24 Local levels of these 5 districts initiated a partial package of MSNP. The formation of steering committees and MSNP orientation to the committee members have been ongoing at the newly scaled up Local levels.

Table 2. 2: Numbers of meetings organized by steering and coordination committees at three levels

| S.N. | Activities  | Level                 | FY 2079/2080<br>(July 2022-May 2023) | Remarks                        |
|------|---|-----------------------|--------------------------------------|--------------------------------|
| 1    | Number of National Level Nutrition and Food Security Steering Committee meetings and progress review of MSNP      | Federal               | 1                                    |                                |
| 2    | Number of Provincial-level nutrition and food security steering committee meetings and review of progress on MSNP | Koshi Province        | 2                                    |                                |
|      |   | Madhesh Province      | 1                                    | With support from other agency |
|      |   | Bagmati Province      | 6                                    |                                |
|      |   | Gandaki Province      | 2                                    |                                |
|      |   | Lumbini Province      | 3                                    |                                |
|      |   | Karnali Province      | 5                                    |                                |
|      |   | Sudurpaschim Province | 2                                    |                                |

|   |  |             |  |                  |
|---|--|-------------|--|------------------|
| 3 | Number of Local levels NFSSC meeting   | Local level | <p style="text-align: right;"><b>743</b></p> <p>(Koshi: 135<br/>Madhesh: 333<br/>Bagmati:118<br/>Gandaki: 82<br/>Lumbini: 82<br/>Karnali:79<br/>Sudurpachhim:88)</p> <p><u>Total no. of meetings at these 743 LLs:</u><br/><b>1282</b></p> <p>Koshi: 176<br/>Madhesh: 239</p> <p>Bagmati :168<br/>Gandaki: 148<br/>Lumbini: 159<br/>Karnali: 216<br/>Sudurpachhim: 176</p> |                  |
| 4 | Number of Local levels developed annual work plan and budget that include nutrition specific and sensitive interventions | Local Level | <p style="text-align: right;"><b>743</b></p>   |                  |
| 5 | No. of Municipal Level Nutrition and Food Security Steering Committees formed  | Local Level | <p style="text-align: right;"><b>41</b></p> <p>Bagmati: 28<br/>Gandaki: 13</p>   | Bagmati Province |
| 6 | No. of Ward Level Nutrition and Food Security Steering Committees formed   | Ward Level  | <p style="text-align: right;"><b>492</b></p> <p>Koshi: 53<br/>Madhesh: 113<br/>Bagmati: 67<br/>Gandaki: 61<br/>Lumbini: 40<br/>Karnali: 70<br/>Sudurpachhim: 88</p>  |                  |

**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 the High-Level Nutrition and Food Security Steering Committee (HLNFSSC) led by the Honorable Vice-Chair of NPC; and National Nutrition and Food Security Coordination Committee (NNFSCC) chaired by the Honorable Member who oversees the Health and Nutrition Sector at NPC. The major roles of these committees are to provide policy guidance, and facilitate the development, implementation, monitoring and review of national nutrition policy and plans. The National Nutrition and Food Security Secretariat (NNFSS) within the NPC has effectively been facilitating and supporting these committees and coordinating with Multi-Sector Nutrition Platforms, development partners and other relevant stakeholders including private sector and civil society organization at federal, provincial and local levels.

In this fiscal year one National Nutrition and Food Security Coordination Committee meeting was held on June 22, 2022. The meeting chaired by Committee’s Coordinator Hon. Member Dr. Uma Shankar Prasad, NPC made a decision to formally initiate the process of formulation of MSNP-III (2023-2030).

**b) MSNP Coordination mechanism at Provincial Level**

At the Provincial level, there is a provision for the 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. One MSNP Provincial Coordinator has been seconded at Province from UNICEF in each of the 7 provinces to provide technical support to province and local level for the planning, implementation, monitoring and review of MSNP.

During this reporting period, most of the PLNFSSCs have conducted minimum of two and maximum of 6 meetings at the provinces. All these meetings were



PLNFSSC Meeting at Karnali Province on Jestha 4, 2080 (May 18, 2023)

chaired by the Vice-chair of the Provincial Policy/ and Planning Commission with the participation from NPC, MoFAGA, donors and development partners. The key agenda of the meeting mainly focused on the following:

- Review of progress of MSNP in the concerned province and the nutrition situation of the province
- Key priorities for the next fiscal year
- Budget allocation for MSNP for coming fiscal year
- Endorsement of NFLG guidelines

Pertinent decisions were made during the PL-NFSSC at different provinces. For instance:



PLNFSSC Meeting at Gandaki Province on Kartik 24, 2079 (November 10, 2022).

- Mainstreaming of nutrition in the provincial policy and program.
- Decisions to facilitate and support LLs to endorse NFLG was made across all the seven provinces.
- NFSSC, Madhesh Province made a decision to develop targeted nutrition program for Mushahar Community ( one of the most marginalized community of Terai) and strengthen coordination with DPs for integrated approach.
- NFSSC Bagmati, Karnali and Sudurpaschim Province made a decision to develop nutrition profile of each province.

**c) MSNP Coordination mechanism at Local Level** Nutrition and Food Security Steering

committee is established at Local levels and is 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 implementation. UNICEF has



been supporting local levels in establishing steering committees and providing technical assistance for capacity building at the local levels. So far, 743 Nutrition and Food Security Steering Committees have been established at 743 LLs and is functional. Ten local level are under process of establishing the steering committees.

In the current fiscal year 2079/80 (2022/23), a total of 1282 meetings were conducted at 743 LLs with NFSSCs. These steering committees have been organizing the periodic meetings to review progress and performance of programs, identify the resources for MSNP, facilitate the formulation of action plan for MSNP implementation and incorporate it into the annual work plan and budget. In addition, steering committees have continuously advocated for adoption of NFLG through municipal council and facilitated in rolling out NFLG interventions. This has resulted in adoption of NFLG by 145 rural/municipalities. Backstopping from Provincial MSNP Coordinators and MSNP Volunteers have been crucial for smooth functioning of these committee and for for mainstreaming nutrition in the annual workplans and periodic plans of Local level.

### 2.1.2 Income generation interventions targeted at HHs of G1000 days women receiving grants through women groups/committees

In Nepal, the national surveys and evidence indicate that undernutrition is concentrated in the poor families and households including vulnerable areas where mothers are illiterate or have lower levels of education. It is universally acknowledged that poverty is an underlying cause of undernutrition. Thus, tackling household socio-economic vulnerability is an effective way to reduce undernutrition. The IGA program provides households with long-term



Figure 2. 1: Status of income generation activities

economic security and stability, which is associated with a significant reduction in stunting (Lancet, 2008). It tends to give women a higher status within the family and studies generally indicate that the greater the amount of income under women's control the greater amount devoted to their children's health and nutrition.

To this end, to bring a substantial improvement in the nutritional status of children in extreme poor households, MoFAGA has been facilitating the implementation of Income Generating Activities and providing grants targeting G1000 days women from extremely poor households and other marginalized groups in selected local levels. Ministry of Women, Children and Senior Citizen being a technical ministry for women and children sector developed the operational guideline for implementation of income generating activities at the local levels.

As per the guidelines, the women 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.

In the current fiscal year 2079/80 (2022/23), 355 women cooperative/ women's groups were selected (Figure 2.4) as per the guidelines and provided grant and orientation on desired area of



income to support G1000 days women for income generation. Memorandum of Understanding (MoU) was signed between Local levels and concerned women cooperatives /women's group.

A total of 8875 Golden 1000 days' women from 355 different group were the direct beneficiaries of the program. Majority of these beneficiaries are involved in agriculture and livestock business such as goat farming, poultry production, cash-crop farming etc. It has been observed that IGA program has contributed to increasing the household income with improvements in the nutritional status of children and their mothers in extreme poor households.

### 2.1.3 Management of Wasting in Children aged 6-59 months

In Nepal, wasting among children below 5 years of age has not improved markedly and remains significant public health issues as their levels are higher than the globally recommended thresholds 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, 10 per cent in 2016 and 8 percent 2022. According to the 2019 Burden of Disease study, 235,730 Disability Adjusted Life Years were due to child wasting.

For the management of wasting of under five children, Government of Nepal has been implementing Integrated Management of Acute Malnutrition (IMAM)<sup>1</sup> Program (previously known as Community based Management of Acute Malnutrition [CMAM] program) since 2009 which provides treatment for children aged 0-59 months with Severe Acute Malnutrition (SAM) through inpatient, outpatient, and Nutrition Rehabilitation Centers (NRC) 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 across the country.

Currently, prevention and treatment of wasting are ongoing through outpatient therapeutic centers (OTCs) located at local health facilities with community-based screening of 6-59 months' children by Female Community Health Volunteers (FCHV) using color-coded mid-upper arm circumference (MUAC) tape and referral of identified SAM children to the OTCs for treatment.

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<sup>1</sup> Wasting is also known as acute malnutrition but it doesn't include Kwashiorkor (the nutritional oedema)

In terms of the treatment of severe acute malnutrition, Government of Nepal has made considerable progress in the fiscal year 2022/2023. Over 1300 outpatient therapeutic centers (OTCs) and In-patient Treatment Center (ITCs) has been established at different district hospital. As illustrated in the Table 2.3, a total of 328 outpatient therapeutic centers (OTCs) were newly established in the current fiscal year. Similarly, a total of 26 nutritional rehabilitation centers (NRCs) has been in different federal and provincial level hospitals for inpatient treatment of severe acute malnutrition as well.

Table 2. 3: Performance of SAM treatment in Fiscal Year 2079/80 (2022/23)

| SN | Place of treatment   | Nepal | Koshi | Madhesh | Bagmati | Gandaki | Lumbini | Karnali | Sudurpaschim Province |
|----|--|-------|-------|---------|---------|---------|---------|---------|-----------------------|
| 1. | # of Newly established Outpatient Therapeutic Centers (OTCs) | 328   | 51    | 49      | 55      | 72      | 20      | 64      | 17                    |
| 2. | Total no. of OTCs  | 1677  | 240   | 343     | 165     | 134     | 191     | 271     | 333                   |

Between Poush 2079 to Ashwin 2080, 9355 SAM cases (6-69 months of age) were admitted at outpatient therapeutic centers (OTC), and among these 76.33 per cent cases were recovered whereas 9.47 per cent were defaulters and 0.17 per cent were dead. During the same period, a total of 21770 moderate acute malnutrition (MAM) cases were admitted in OTCs and of them 84.36 per cent MAM cases were recovered and 7.36 per cent defaulted. These program performance indicators exceed the performance thresholds based on the sphere standards (recovery rate >75 percent, defaulter rate <15 percent and death rate <10 percent).

Similarly, number of SAM cases admitted at nutrition rehabilitation centers was 1373, 50.9% recovered, 0.3% died, and remaining were referred to the higher center of left against medical advice. Table 2.3 shows the treatment of SAM in both NRH and OTCs and ITCs by province.

#### Major Issues:

- Community-based mass screening of children aged 6-59 years using MUAC tapes is not being done periodically and adequately by Female Community Health Volunteers (FCHVs).
- Limited capacity to deliver the nutrition services including identification and treatment of wasted children at the local levels due to unavailability of trained and qualified service providers.

### Way forward:

- To screen and identify 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.
- MoHP has approved the provision of an incentive to the FCHVs, health facilities and local level based on the number of children with severe wasting who have recovered completely.

#### 2.1.5 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. Child Cash Grants (CCGs) covers all children of 270 Local levels of 25 districts whereas, this grant is universal for all Dalit children in all 77 districts (Table 2.4). Every month, two children aged below 5 years from each family receive NPR 532 as child cash grant. MoFAGA has been collaborating with sectoral ministries to sensitize family members to utilize the grant received for the child nutrition. At the time of child cash grant distribution, parents are oriented/counselled on utilizing the amount received for children' nutrition. In addition, the nutrition related IEC/BCC materials are also distributed.

Table 2. 4: 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, Bajhang, Bajura, Achham (14)<br>Rasuwa, Dhanusha, Dailekh, Salyan, Bara, Baitadi, Rukum East, Rolpa, Saptari, Kapilbastu (11 districts) | 270         |

## Chapter :3 Sectoral Progress

### 3.1 Health Sector

#### 3.1.1 Nutrition Specific Programs in Nepal

Ministry of Health and Population (MoHP)/Family Welfare Division (FWD) has been implementing following Nutrition Specific program and delivering several nutrition specific interventions to address maternal, adolescent and child malnutrition in Nepal. The overall objective of the national nutrition program is to enhance nutritional well-being, contribute to reduce child and maternal mortality and enable equitable human development.

##### A. Nationwide Program:

- i. Maternal, Infant and Young Child Nutrition (MIYCN)
- ii. Growth Monitoring and Promotion (GMP)
- iii. Control and Prevention of Iron Deficiency Anemia
- iv. Control and Preventions of Vitamin A Deficiency Disorders
- v. Control and Prevention of Iodine Deficiency Disorders
- vi. Control of Intestinal Helminths Infestations
- vii. Integrated Management of Acute Malnutrition (IMAM) Program
- viii. Integrated Infant and Young Child Feeding and Multiple Micronutrient Powder (*Balvita*) Community Promotion Program
- ix. School Health and Nutrition Program (Adolescent IFA distribution)
- x. Nutrition in emergency

##### B. Scale up program

- i. Maternal and Child Health and Nutrition (MCHN) Program
- ii. Maternal Baby Friendly Hospital Initiative (MBFHI)

##### C. Pilot program

- i. Moderate Acute Malnutrition (MAM) Management through Super Cereal Plus in Siraha District.

#### Progress on key interventions and Programs:

##### i. Maternal, Infant and Young Child Nutrition (MIYCN)

An appropriate feeding and care practice for infants and young children is essential to enhance child survival, growth, and development. The infant and young child feeding (IYCF) practices include early initiation of breastfeeding within an hour of childbirth, exclusive breastfeeding for six

months, and providing nutritionally adequate and appropriate complementary feeding starting from six months with continued breastfeeding up to two years of age or beyond. Improving care practices related to IYCF is a priority strategy of the MoHP. The IYCF program has been ongoing in all 77 districts from the FY 2072/73.

*Breastfeeding:*

Breastfeeding supports children's growth and development and also benefits mothers' health. In the first 6 months, children should be exclusively breastfed; that is, they should be given nothing but breast milk. Exclusive breastfeeding for 6 months lowers the risk of infections that can lead to diarrhea and respiratory illnesses and provides all of the nutrients and liquid an infant requires for optimal growth and development.

In Nepal, a steady decline in exclusive breastfeeding has been observed since 2011 i.e., from 70% in 2011 to 56% in 2022 (NDHS, 2022). MoHP/Family Welfare Division (FWD) together with UNICEF including a few other agencies has been working to reverse the declining trend of exclusive breastfeeding. To this end, the following activities have been carried out this year to sensitize the health workers and community and promote EBF. The key activities included:

- Orientation on MBFHI in 9 hospitals (5 hospitals within Kathmandu Valley and four other hospitals out of the Kathmandu Valley namely: Karnali Academy of Health Science, Jumla; Dadeldhura Hospital, Dadeldhura; and, Rapti Academy of Health Science, Dang and Manipal Hospital, Dang.)
- Training of BMS Act 2049 to BMS Inspector allocated by the Government of Nepal to all the province-level health workers from Provincial Health Directorate and Health Offices)
- Breastfeeding Week Celebration: All local level government, provincial government, and federal government celebrated Breastfeeding Week by organizing awareness activities, IEC/BCC, Continued Medical Education (CME) to Gynecologists and Obstetrician, etc.
- Establishment of Comprehensive Lactation Management Centre: CLMC set up at Paropkar Maternity and Women's Hospital, Thapathali has been providing human breast milk to the children in need since its inception in August 2022. As per the Paropkar Maternity Hospital, in the FY 2079/80, total no. of donors was 942, total milk pasteurized was 457 liters and total number of recipients were 1194. To date, the

hospital has been able to balance the demand for donor milk with the available supply of human breast milk.

*Complementary Feeding:*

After 6 months, appropriate complementary foods should be introduced while breastfeeding is continued until age 2 or older as after the first 6 months, breast milk alone is no longer sufficient to meet all the nutritional needs of an infant. As per NDHS 2022, 85% of children were introduced to solid, semisolid, or soft foods at age 6–8 months. In this current fiscal year, MoHP /FWD in coordination with the Department of Food Technology and Quality Control (DFTQC) prepared a “food recipe manual” which is in the process of being approved.

**ii. Growth Monitoring and Promotion (GMP)**

Monitoring the growth of children less than two years of age helps prevent and control protein-energy malnutrition and provides the opportunity for taking preventive and curative actions. In Nepal, Growth Monitoring and Promotion (GMP) is an integral nutrition-specific intervention, which keeps track of the physical development of a child over time to ensure that they are undergoing optimum physical growth and development. The GMP services are provided to children aged 0-23 months through all the health facilities across all local levels. In addition, it is also provided through outreach platforms such as PHC-ORC, Immunization Clinic, and occasionally through Health Mothers Group (HMG) meetings.

In the FY 2079/2080, the percentage of children aged 0-11 months newly registered for growth monitoring was 109 percent while the percentage of children aged 12-23 months registered for growth monitoring was 49 percent during the year (Table 3.1).

Table 3. 1: Status of Growth Monitoring in the FY 2079/2080

| S.N. | Indicator   | Percentage |
|------|---|------------|
| 1    | Percentage of children aged 0-11 months newly registered for growth monitoring            | 109        |
| 2    | Percentage of children aged 12-23 months registered for growth monitoring                 | 49         |
| 3    | Average number of visits among children aged 0-23 months registered for growth monitoring | 6.7        |

The average number of visits among children aged 0-23 months registered for growth monitoring was 6.76 out of 24 recommended visits.

**iii. National Vitamin A campaign**

The Government of Nepal 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 all children aged 6-59 months and the coverage has remained above 80 percent over the last 5 years. FCHVs distribute Vitamin A capsules to the targeted children twice a year through a campaign usually conducted in Kartik (October) and Baisakh (April).

In this fiscal year, Nepal achieved 95 percent coverage of vitamin A supplementation of children 6-69 months through the two rounds of Vitamin A campaign (April and November). The consistently high coverage of Vitamin A supplementation is indicative of a high level of awareness about the importance of Vitamin A among caregivers of children. The next step is to identify those children (the remaining 5 percent) who are not receiving Vitamin A and understand the reasons behind making any necessary programmatic adaptations to overcome barriers related to either accessibility or acceptability of Vitamin A.

Table 3. 2:Vitamin A Supplementation status in two rounds in the current fiscal year (FY 2079/2080)

| S.N. | Indicators                                      | Target for FY 79/80 | FY 79/80 1st Round    |   | FY 79/80 2nd Round    |   |
|------|---|---------------------|-----------------------|---|-----------------------|---|
|      |   |                     | Achievement in number | % | Achievement in number | % |
| 1    | Children receiving Deworming Tab (12-59 months) |                     |                       |   |                       |   |
| 2    | Children receiving Vitamin A (6-11 Months)      |                     |                       |   |                       |   |
| 3    | Children receiving Vitamin A (12-59 Months)     |                     |                       |   |                       |   |

#### iv. IFA and Vitamin-A Supplementation 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 of elemental iron and 400 micrograms 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 3. 3: Coverage of IFA and VITAMIN A supplementation among pregnant and lactating women in the FY 2079/2080

| Indicators  | Percentage |
|---|------------|
| Percentage of women who received a 180-day supply of Iron Folic Acid during | 75         |

|   |           |
|---|-----------|
| pregnancy   |           |
| Percentage of postpartum women who received a 45-day supply of IFA    | n/a       |
| Percentage of postpartum women who received Vitamin A supplementation | <b>79</b> |

During this reporting period, 75 percent of women received a 180-day supply of IFA during pregnancy and 79 per cent of postpartum women received a 45-day supply of IFA and Vitamin A supplementation respectively (Table 3.3).

v. **Micronutrient Powder (MNP) with Infant and Young Child Feeding Practices (IYCF)**

In this FY 2079/80 only 40 per cent of children aged 6 to 23 months had taken their first dose of multiple micronutrient powder (MNP-Baal Vita) from *Shrawan* 2079 to *Baisakh* 2080 (July 2022-May 2023) and out of those only 4 per cent of children aged 6 to 23 months received three cycles of MNP in all the 77 program districts indicating that the compliance rate is very low (illustrated in Figure 3.1).

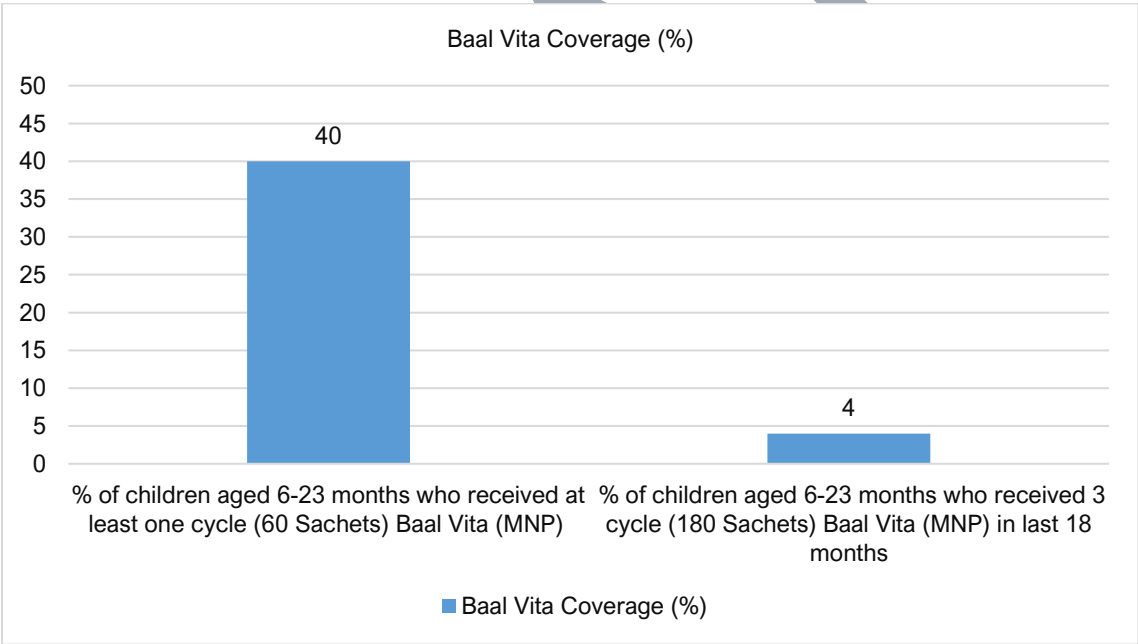


Figure 3. 1: Coverage of MNP among children aged 6-23 years in the FY 2079/80

Overall, effective nutrition education, counseling, follow up, and supply of 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.
- Low compliance rate of MNP.

*Way forward:*

- Strong monitoring and follow-up at community/family levels.
- 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.

#### vi. Adolescent Girls Iron Folic Acid Supplementation

The School Health and Nutrition (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 Anemia among this sub-group of the population. 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-Asoj) 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.

The reporting of the progress of IFA coverage among school children has remained a huge constraint due to the very poor reporting system and thus is not reported in this annual report. The indicators and reporting mechanisms are not included in the HMIS system for all components of the SHN Program.

#### vii. Nutrition in Emergencies (NIE):

To address the nutrition issues in an emergency/humanitarian context, the 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 the well-defined and established eleven clusters in Nepal, the Nutrition cluster is one of the National clusters led by the 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.

The nutrition cluster has more than 30 member agencies including Government, UN, Donors, INGOs, local NGOs, and professional expert organizations. Few rounds of meetings of national nutrition cluster have been organized jointly with the provincial nutrition clusters of all 7 provinces.

## **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.

In this current fiscal year, the MBFHI status of provincial hospitals (listed in Table 3.4) was assessed and Doctors and Nurses in these five hospitals were 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.

### 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 provincial hospital to capacitate health workers (illustrated in Table 3.4) .A total of 29 participants including Pediatrician, Gynecologists and obstetricians, Matron (Nursing Chief) and Nutrition Focal Person (Health Directorate) participated in the orientation. Following the training, participants were expected to train health workers in their respective province to scale-up MBFHIs in their provinces. In addition to health workers, representatives from administration, finance and hospital management committee members were trained. Nutrition team of FWD and UNICEF facilitated the MBFHI orientation and assessment process in each hospital.

GoN allocated budget to Provincial Health Directorate to scale up MBFHI in 5 provincial hospitals in each province. Accordingly, MBHIs are scaled-up in five of the seven provincial hospitals. The list of Provincial Hospitals with MBHIs are as follows:

Table 3. 4: List of Provincial Hospital with MBFHI services

| <b>SN</b> | <b>Name of Hospitals</b>         | <b>Provinces</b> | <b>Organized By</b> |
|-----------|----------------------------------|------------------|---------------------|
| 1         | APF Hospital, Balambu, Kathmandu | Bagmati          |                     |
| 2         | Kirtipur Hospital, Kirtipur      | Bagmati          |                     |

|   |   |                      |   |
|---|---|----------------------|---|
| 3 | Civil Service Hospital, Baneshwar, Kthmandu   | Bagmati              | Nutrition Section, Family Welfare Division (FY 2079/80) |
| 4 | Nepal Police Hospital, Maharajgunj, Kathmandu | Bagmati              |   |
| 5 | Shree Birendra Hospital, Chhauni, Kathmandu   | Bagmati              |   |
| 6 | Karnali Academy of Health Science, Jumla      | Karnali              |   |
| 7 | Dadeldhura Hospital, Dadeldhura               | Sudurpaschim         |   |
| 8 | Rapti Academy of Health Science, Dang         | Lumbini              |   |
| 9 | Manipal Hospital, Pokhara                     | Gandaki              |   |
|   |   |                      |   |
| 1 | Matrishishu Miteri Hospital, Kaski            | PHD Gandaki Province | PHD Gandaki Province (FY 2079/80)                       |
| 2 | Madhyebindu District Hospital, Nawalpur       |                      |   |
| 3 | Dhaulagiri Hospital, Baglung                  |                      |   |
| 4 | Beni Hospital, Myagdi                         |                      |   |
| 5 | Lamjung Hospital, Lamjung                     |                      |   |
|   |   |                      |   |
| 1 | Provincial Hospital, Jaleshwar, Mahottari     | PHD Madhesh Province | PHD Madhesh Province (FY 2079/80)                       |
| 2 | Provincial Hospital, Malangwa, Sarlahi        |                      |   |
| 3 | Provincial Hospital, Gaur, Rautahat           |                      |   |
| 4 | Provincial Hospital, Kalaiya, Bara            |                      |   |
| 5 | Provincial Hospital, Siraha                   |                      |   |

#### MBFHI Guideline Revision Workshop:

During this period, MBFHI Guideline Revision Workshop was also conducted with the following objectives:

- To update the existing MBFHI Guideline 2073 B.S. considering the new development in the field of maternal, neonatal, infant and young child nutrition and the federal context.
- To develop the Standard Operating Procedures (SOP) for Breastfeeding Corner
- To develop the Standard Operating Procedures (SOP) for Nutrition Corner.

Output of the Workshop: Draft of three documents i. MBFHI Guidelines ii. SOP of Breastfeeding Corner and iii. SOP of Nutrition Corner were developed by the end of the workshop.

In addition to these above-mentioned programs, few other activities were also conducted to complement national priority programs. The details of these programs are mentioned in the section below:

#### **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. The general objective of the training is to enable the participants conduct and/or manage CNSI training in the local level including FCHV training as well as implement the nutrition specific interventions in the implementation sites. The specific objective is as follow:

- To enhance the knowledge, skills, and acute malnutrition management capabilities of the participants to enable them to conduct Comprehensive Nutrition Specific Interventions.
- To increase the technical and counselling knowledge, skill and capacity development regarding malnutrition management.
- To meet the requirement as foreseen by the operational guidelines of Family Welfare Division through comprehensive training for all nutrition specific interventions.

In this current FY 2079/2080, three batches of CNSI training was conducted at three different places namely Nepalgunj, Pokhara and Biratnagar. A total of 81 participants including AWD, Sr. AHW, Nurse, Senior Community Nurse, Public Health Inspectors, Public Health Officers, Medical Officer and Pediatrician were trained on the CNSI ToT to make the program more effective and action oriented. It is expected that health workers trained on CNSI would be able to deliver quality nutrition services from their respective health institutions. The details of illustrated in the Table 3.5 below:

Table 3. 5: Details of CNSI Training

| SN                               | Place of training | # of participants |
|----------------------------------|-------------------|-------------------|
| 1                                | Nepalgunj         | 25                |
| 2                                | Pokhara           | 25                |
| 3                                | Biratnagar        | 31                |
| <b>Total no. of participants</b> |                   | <b>81</b>         |

### Nutrition Rehabilitation Centre (NRC) Review:

Two batches of NRC Review were conducted in this current fiscal year: one at Biratnagar and other at Nepalgunj. Participants from Koshi, Madhesh and Bagmati Province attended the review at Biratnagar while participants from Gandaki, Lumbini, Karnali and Sudur Paschim Provinces attended the review conducted at Nepalgunj. Participants from 25 out of 26 NRCs had participated in the review. Medical Superintendent, Pediatrician and NRC Manager from each of these NRCs were participant of the review.

### **NUTEC Meeting Conduction:**

A Nutrition Technical Committee (NUTEC) led by the Director of the Family Welfare Division was established in 2011. NUTEC comprised of technical experts from relevant Government Ministries and Departments, UN Agencies and Development Partners. It provides technical guidance for nutrition specific and sensitive interventions through multi-sector coordination and a joint decision-making process. The overall objective of the NUTEC is “to provide technical and advisory support and guidance on nutrition to the key sectors, and to monitor performance with respect to nutrition against the goals, objectives, activities/interventions and targets in sectoral strategies and policies on nutrition”.

**In this current fiscal year, few rounds of NuTEC meetings were conducted.** The major topics discussed during these meetings are summarized below:

- MICYN Guideline and training manual
- BMS Act training manual
- School Health and Nutrition training manual
- National Micronutrient Status Survey (Preparation)
- MMS
- IMAM
- Days Celebration (Iodine Month, Breastfeeding Week Celebration, School Health and Nutrition Week, etc.)
- NUTEC ToR revision and formation of NUTEC Sub-committees
- Disaster
- MBFHI Guideline

UNICEF together with other development partners provided financial support to conduct the regular NUTEC meeting.

### **Interaction Program during Iodine Month Celebration:**

In this current fiscal year, 1-day Interaction program was conducted at Everest Hotel, Kathmandu during Iodine Month Celebration. The objectives of the interaction program were as:

- To highlight the achievements made in prevention and control of iodine deficiency disorders (IDD) in Nepal in the last 5 decades as a part of Iodine Month Celebration in the month of February 2023.

- To develop a consensus on the priority interventions for further strengthening the salt iodization program and for ensuring the sustained elimination of iodine deficiency disorders (IDD) in the changed context of multi sector planning process and localization of federal governance system in Nepal.
- To develop a consensus towards the need for adjusting the current salt iodization level for preventing any possible risk caused by excessive iodine intake

A total of 50 participants including representatives from the National Planning Commission, Ministry of Health and Population (MoHP), Ministry of Agriculture and Livestock Development/ Department of Food Technology and Quality Control, UNICEF, USAID, WFP, HKI, SUSAHARA, FHI 360, CAFODAT, Baliyo Nepal and Salt Trading Corporation Limited (STC) Nepal attended the program.

### **Training on BMS Act**

Government of Nepal formulated an act “Breast-Milk Substitutes (Control of Sale and Distribution) Act, 2049 (1992)” to implement International Code of Marketing of Breast- milk Substitutes. **In this current FY 2079/2080,** two batches of training on ‘BMS Act 2049 (1992) Inspector’s training’ was conducted. A total of 55 participants including Chief of Health Offices, Senior/Public Health Administrator, Senior/Public Health Officers, Senior/Community Nursing Officers, Senior/Medical Officer participated in the training. Moreover, participants from UNICEF, HKI, Mercy Corps and other organizations were also present in the training.

*Output of the training:* A total of 55 BMS Act Inspector were trained and capacitated to implement the Breast-Milk Substitute (Control of Sale and Distribution) Act, 2049. It is expected that these trained inspectors will raise the awareness and will take legal action to control the sale and distribution of Breast Milk Substitute. The inspectors will inspect hospitals, pharmacy, groceries, and market twice a year and assess the compliance with the Act. This will ultimately regulate the marketing of Breast-Milk Substitute and minimize the use of Breast-Milk Substitute, and thereby increase the “3Es” of Breastfeeding.

### **Technical assistance to build the Capacity Building of Human Resources:**

UNICEF Nepal has been providing pivotal technical assistance to Nutrition Section of FWD to capacitate health workers and FCHVs. The technical assistance and coordination support

provided by UNICEF Nutrition Specialists, Nutrition Officers, and Nutrition Consultants in preparing Annual Work Plan and Budget and facilitating its effective implementation, conducting NUTEC (Nutrition Technical Committee) meetings and developing contingency plans for provinces has been phenomenal. Training and orientations were conducted to enhance the knowledge and skills of health workers. Various trainings such as Comprehensive Nutrition Specific Interventions (CNSI), Mother-Baby Friendly Health Initiatives (MBFHI) orientation, BMS Act MTOT, CME on Breastfeeding/BMS Act to Gynecologists and Obstetricians, etc. were conducted in the last fiscal year (2079/2080) to enhance the knowledge and skills of health workers to deliver quality nutrition services.

### **Social and Behavioral Change Communication (SBCC)**

Interventions to foster changes in behaviors and social norms are referred to as Social and Behavioral change interventions. Role models, champions, and peer counselors as agent of change, social media platforms and community media are some of examples of SBCC used in Nepal for sharing messages about Breastfeeding, nutritious diets, school health and nutrition. Government of Nepal, UNICEF along with other development organizations carried out several SBCC interventions to promote healthy and positive behaviors related health, nutrition, and WASH.

#### **3.1.2. Progress on Nutrition specific intervention through EU Budget support**

Various nutrition specific interventions were conducted through EU budget support in the FY 2079/2080 intending to support MoHP/FWD for enhancing the quality of nutrition specific services and increasing the access of services at the local level. The key activities included establishing and or strengthening OTC for managing cases of acute malnutrition, bolstering the capacity of service providers to improve counselling services and delivery of nutrition specific services at large, establishing Breastfeeding Corner and ensuring the uninterrupted supply of nutrition commodities (Table 3.6). In addition, monitoring of various nutrition specific services provided at local levels were also conducted. A total of 28129 cases of acute malnutrition were managed, 396 pregnant and lactating women were provided counseling on micro-nutrient rich food while 193 mothers were counseled on early initiation of breastfeeding and exclusive breastfeeding. Moreover, 453 Nutrition Friendly Health Facilities were established that benefited 33290 individuals with the nutrition services.

Table 3. 6: Nutrition Specific Activities conducted with EU budget support in the FY 2079/2080

| SN | Interventions/Activities   | Unit   | Target | Achievement | % Of achievement | # Of Beneficiaries |
|----|--|--------|--------|-------------|------------------|--------------------|
| 1  | OTC Establishment/Strengthening  | Number | 721    | 563         | 78.1             | 28129              |
| 2  | Nutrition Friendly Health Center   | Number | 643    | 453         | 70.5             | 33290              |
| 3  | Provide counselling to pregnant and lactating women on micronutrient food  | Number | 20     | 12          | 60.0             | 396                |
| 4  | Screening of malnourished children and identification of acute malnutrition cases                                    | Number | 19     | 17          | 89.5             | 2550               |
| 5  | Provide counselling to mothers to start breastfeeding within 1 hr. of birth and exclusive breastfeeding for 6 months | Number | 22     | 19          | 86.4             | 193                |

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### 3.2 Water, Sanitation and Hygiene Sector

Poor hygiene and sanitation and frequent infections are one of the major causes of malnutrition. Poor hygiene, sanitation, and lack of access to clean water make preventing illness among children difficult. Improvements in WASH conditions, are essential elements of reducing malnutrition. Therefore, Water, Sanitation and Hygiene (WASH) is one of the critical interventions to reduce malnutrition. WASH sector contributes to manage and promote the safe drinking water, good sanitation and hygiene practices for better nutrition of children, women and adolescents. In this fiscal year, the following WASH activities were implemented at community level under the MSNP-II.

Table 3. 7: Activities implemented through WASH sector in the FY 2079/2080

| SN | Interventions /Activities  | Unit   | Target | Achievement | % of Achievement | # of Beneficiaries |
|----|--|--------|--------|-------------|------------------|--------------------|
| 1  | Ensure availability of safe drinking water at household level<br>(Activities: orientation on proper WASH practices, distribution of water filter, support for installation of drinking water supply)                       | Number | 25     | 22          | 88               | 331                |
| 2  | Formation/ Reformation of WASH-CC and conduct committee meetings   | Number | 11     | 10          | 91               |                    |
| 3  | Management of Drinking Water Facility including Sanitation and Hygiene facilities In School<br>(Activities: Water Tank distribution, Child-friendly WASH facilities ( repair and maintenance), Water Filter distribution). | Number | 21     | 19          | 90               | 312                |
| 4  | Promotion of behavior change and communication about hand washing during critical time   | Number | 42     | 32          | 76               | 3921               |
| 6  | Sanitary pad making training, management and support   | Number | 19     | 3           | 16               | 76                 |
| 7  | School WASH intervention<br>(Activity: Repair and Maintenance of existing poor-functioning Water Supply System)  | Number | 13     | 9           | 69               | 540                |
| 8  | Training on sanitation, management and support at community.   | Number | 65     | 51          | 78               | 1136               |
| 9  | Establishment of WASH corner at school   | Number | 54     | 45          | 83               | 3709               |
| 10 | WASH tool kit distribution and water treatment at HH level.  | Number | 91     | 89          | 98               | 893                |

Source: Web-Based Reporting System.

Major interventions/activities included ensuring the availability of safe drinking water and sanitation facilities at household and school level, training on sanitary pad production, awareness activities to promote positive WASH behavior at critical times, establishment of WASH corners and meetings of WASH-CCs (illustrated in Table 3.7). These interventions benefited over thousands of beneficiaries. Over 70 percent of the planned activities has been completed (Table 3.7). For instance, a total 3921 beneficiaries were reached with interventions to promote proper WASH behavior including handwashing during critical times, and 893 HHs were provided WASH toolkit. Similarly, with the establishment of WASH corner at 45 different schools, 3709 students were benefited.

### 3.3 Education Sector

Education and nutrition have a strong relationship, as education can positively impact nutrition and health outcomes in several ways. The education sector has high potential to improve immediate nutrition outcomes by providing food in schools and to have more long-term impact through education. The education sector has an important role to play in improving both immediate and long-term nutritional outcomes with generational and societal impact. Education sector contributes to increase nutrition knowledge and skill among children and adolescent, and support to develop nutrition behavior change.

Public schools have been providing a midday meal to student up to Grade 5 in Nepal and also promoting feeding, sanitation and hygiene behaviors through nutrition education. Education sector conducted 11 different activities at school during the last fiscal year under the MSNP-II (Table 3.8).

Table 3. 8: Activities implemented through Education sector in the FY 2079/2080

| SN | Intervention/ Activities  | Unit   | Target | Achievement | # of Beneficiaries |
|----|---|--------|--------|-------------|--------------------|
| 1  | Counseling to adolescent girls on reproductive health and nutrition   | Number | 64     | 61          | 3120               |
| 4  | Extra-curricular activities related to nutrition in school (Dialogues on importance of IFA, Mobilization of Adolescent girl's Club and Orientation to Child Club Network) | Number | 79     | 94          | 1909               |
| 5  | Orientation to child clubs 'Importance of IFA and deworming' to promote its intake and compliance.  | Number | 143    | 156         | 4680               |
| 6  | Wall-painting and hoarding board installation at school   | Number | 39     | 33          | 5980               |

|    |   |        |     |     |      |
|----|---|--------|-----|-----|------|
| 8  | Organized the interaction program with Parent, Teacher and student on child friendly education and significance of nutrition children | Number | 47  | 43  | 2846 |
| 9  | Orientation and support for mid-day meal at schools including iron-rich food  | Number | 132 | 124 | 6509 |
| 10 | Promotion of kitchen garden at school   | Number | 32  | 27  | 2893 |
| 11 | Session on nutrition education conducted at school  | Number | 76  | 93  | 2210 |

Source: Web-based Reporting

Various awareness program including orientation, interactions, classes were conducted at schools to promote healthy eating behaviors and proper WASH behaviors among school aged children with greater focus on adolescent girls. Furthermore, schoolteacher and parents were also sensitized in order to promote the adoption of healthy eating and proper WASH behavior among school children. Activities related to promotion of kitchen garden and increased intake and improved compliance of IFA tablet among adolescent girls were also conducted.

As illustrated in the Table 3.8, 3120 adolescent girls were counselled on reproductive health and nutrition and 4680 child club members were provided orientation on 'Importance of IFA and deworming' to promote its intake and compliance. Similarly, interaction program on significance of nutrition for children was conducted with 2846 participants that included parents, teachers and students and session on nutrition education conducted at school reached to 2210 students. In addition, interventions for promotion of kitchen garden and installation of wall-painting and hoarding board at school informed about MSNP and significance of food and nutrition for better health to 2893 and 5980 students respectively.

### 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 last years under the MSNP-II.

Table 3. 9: Activities implemented through Agriculture sector in the FY 2079/2080

| SN | Interventions/ Activities  | Unit   | Target | Achievement | # of Beneficiaries |
|----|--|--------|--------|-------------|--------------------|
| 1  | Kitchen garden training, management, and support to HHs of G1000 days. | Number | 832    | 643         | 19189              |

|   |   |        |     |     |      |
|---|---|--------|-----|-----|------|
| 2 | Agriculture development training management and support   | Number | 219 | 193 | 4190 |
| 3 | Fruits production training management and support   | Number | 21  | 18  | 341  |
| 4 | Model agriculture farm promotion (Distribution of plastic tunnel, grant for establishing seed bank and model agriculture farm at community)   | Number | 12  | 7   | 197  |
| 5 | Promotion of healthy diet and nutritious food (Distribution of IEC materials, demonstration of nutritious food preparation, food exhibition). | Number | 46  | 43  | 1902 |

Source: Web-based Reporting

The table 3.9 shows that the agriculture sector has accomplished 6 different activities in the last fiscal year. Key interventions included training on Kitchen gardening, agriculture development, food production. Likewise training on model agriculture farm production and activities to promote healthy and nutritious diet was also conducted. A total of 19189 HHs were provided training on kitchen gardening and supported to establish and manage kitchen garden while 4190 beneficiaries were provided agriculture development training. Nearly 200 HHs were supported to establish model agriculture farm by distributing plastic tunnel, providing grant for establishing seed bank among others. Various BCC activities including distribution of IEC materials, demonstration of nutritious food preparation, food exhibition was conducted to promote consumption of healthy diet and nutritious food that reached out to 1902 individuals/beneficiaries.

#### Livestock sector:

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.

Table 3. 10: Activities implemented through Livestock sector in the FY 2079/80.

| SN | Interventions/ Activities   | Unit   | Target | Achievement | # of Beneficiaries |
|----|---|--------|--------|-------------|--------------------|
| 1  | Distribution of grass seeds for pasture development, Forage grass seed distribution                         | Number | 5      | 5           | 392                |
| 3  | Distribution of poultry, goat and buffaloes together with training on livestock development and management. | Number | 278    | 261         | 3984               |

|   |  |        |    |    |     |
|---|--|--------|----|----|-----|
| 5 | Vaccination program of birds and animals in animal health camp | Number | 11 | 11 | 923 |
|---|--|--------|----|----|-----|

Source: Web-based Reporting

To make animal source foods available and accessible, the livestock sector conducted several interventions, including orientations, trainings, group formations and livelihood promotion at the local level targeting HHs with G1000 days women. As shown in the table above, grass plants or seeds were distributed to farmers for animal husbandry and chicken goats/pig and other livestock inputs were distributed. In addition, trainings were carried out for dairy production and promotion and camps were conducted to vaccinate the birds and animals. A total of 3984 beneficiaries were provided training on livestock development and management together with distribution of poultry, goat and buffaloes.

### 3.5 Governance Sector

Good governance is essential for effective program and policy implementation. Good nutrition governance signifies that countries have the proper foundations in place – such as strong policies, strategies, and programs – to support children’s right to nutritious diets and essential nutrition services.

Greater attention needs to be given to the importance of “creating an enabling environment” for nutrition. In this context, the local governance sector has primarily been actively working to create an enabling environment for smooth implementation of MSNP. This sector plays vital role for coordinating with three tires of Government for the formulation of nutrition governance structures, strong and evidence informed policies, and developing the guidelines, ensuring budget commitments and provision of adequate and capable human resources for the MSNP.

#### 3.5.1. Activities for strengthening nutrition governance:

Following activities have been implemented by local governance sector in the last fiscal year 2079/2080 under the MSNP-II (Table 3.11).

Table 3. 11: Activities implemented by Local Governance sector in the FY 2079/2080

| SN | Intervention/Activities  | Unit   | Target | Achievement | # of Beneficiaries |
|----|--|--------|--------|-------------|--------------------|
| 1  | Capacity building program to stakeholders on MSNP and nutrition  | Number | 13     | 11          | 310                |
| 2  | Conduction of advocacy activities at local level and ward level (hoarding board, pamphlet, brochure, radio jingle, TV show, street drama, campaign etc.) | Number | 111    | 103         | 19300              |

|    |  |        |     |     |      |
|----|--|--------|-----|-----|------|
| 3  | MLNFSSC meetings (local level)   | Number | 753 | 743 |      |
| 4  | NFLG promotional Activities (Training and orientation on NFLG)                             | Number | 149 | 141 | 4935 |
| 6  | Preparation of Nutrition Profile   | Number | 34  | 30  |      |
| 7  | Orientation to MLNFSSC members   | Number | 39  | 29  | 725  |
| 8  | Orientation to stakeholders on nutrition and food security                                 | Number | 66  | 60  | 1320 |
| 9  | Orientation to WLNFSMC members   | Number | 57  | 52  | 1590 |
| 10 | Review and monitoring nutrition and food security program (ward level)                     | Number | 244 | 202 |      |
| 11 | Orientation on Utilization of child cash grant   | Number | 285 | 238 | 7690 |
| 12 | Integrated training on ' multi-sector approach to nutrition and involvement of key sector' | Number | 127 | 95  | 2987 |

Source: Web-based Reporting

As demonstrated in the table 3.11, a total of 11 different activities were implemented through governance sector. The key activities included orientation to municipal and ward levels nutrition and food security steering committee members, capacity building of stakeholders and MSNP Volunteers, conduction of advocacy campaign, orientation to G1000 days mothers who received child cash grant. In addition, review, and monitoring of the MSNP interventions were done at 202 wards of 244 wards planned and nutrition profile of 30 LLs were prepared out of 34 planned. Over thousands of stakeholders including newly elected local representatives, members of NFSSC at local and Ward levels were oriented on 'Basic nutrition and Nutrition'. Similarly, a total of 7690 G1000 days mothers were oriented on utilization of child cash grant. In addition, 743 MLNFSSC meetings were conducted, 4935 stakeholders and member of NNFSSC at local and ward level were oriented on NFLG and 30 local levels prepared nutrition profile. Nearly 3000 beneficiaries received integrated training on multi-sectoral approach to nutrition that was provided jointly by the government officials from each sector at the local levels.

### 3.5.2 Capacity building activities:

#### A. At Federal Level:

##### i. Training for MSNP Volunteers on Basic Nutrition and Web-Based Reporting System:

A 3-day training was organised by MoFAGA for newly recruited MSNP Volunteers with the following objectives at Lumbini, Lumbini Province.

- To increase basic knowledge and level of understanding about nutrition and significance of nutritious and healthy food for better health, malnutrition and its causes, types of malnutrition and its consequences.
- To inform about MSNP, policy evolution related to nutrition in Nepal, vision, goal and objective of MSNP, MSNP architecture from federal to local level and its functioning.
- To develop skills of using web-based reporting system for reporting of the MSNP related activities conducted in their respective rural/municipalities.

A total 34 participants with diverse academic and socio-demographic background and varying level of experience working at field level attended the training. The 3-day training was successful in terms of enhancing the level of understanding of participants about nutrition and its importance, MSNP and NFLG. Also, the training was successful developing the skills of reporting of the activities and budget using the “WBRS” through electronic device (Tablet) given to them. In sum, such training is crucial to capacity the human resources deployed for implementation of MSNP. However, conducting such capacity building activities once in a year might not be sufficient and requires periodic comprehensive capacity development plan.

#### ii. Orientation to parliamentarian on MSNP at Province:

Under the leadership of National Planning Commission and in close coordination of Provincial Policy/Planning Commission, provincial level orientation on MSNP and Basic Nutrition to parliamentarian, local leaders were carried out at Gandaki and Madhesh Province. One of the key objectives of this orientation was to sensitize parliamentarian and political leaders, bureaucratic leaders from different sectors on the need to invest in nutrition and advocate for mainstreaming MSNP into provincial periodic policies and plans and advocated for mobilizing optimum resource for MSNP from provincial and local levels.

#### iii. District level orientation on MSNP:

In this reporting period, 1-day district-level orientation program on ‘Basic Nutrition and Multi-Sector Nutrition Plan’ was conducted at 15 districts (listed in the Table 3.12) for local level representatives, government officials and other relevant stakeholders. The objective of the program was to orient local leaders of rural/municipalities within district on MSNP, its implementation modalities and raise their awareness on basic nutrition, causes of nutrition, nutrition situation of the respective province, and introduce them the concept of Nutrition Friendly Local Governance. The program also aimed at increasing the level of understanding the urgency

as well to invest in nutrition for human capital development and economic prosperity. The participants included mayors, chief administrative officers, and other relevant stakeholders from rural/municipalities within the district.

Table 3. 12 :Details of District Level Orientation

| S.N. | Name of the Districts | Date of the program |
|------|-----------------------|---------------------|
| 1.   | Taplejung             | 23 May 2023         |
| 2.   | Sankhuwasabha         | 22 April 2023       |
| 3.   | Bhojpur               | 23 April 2023       |
| 4.   | Terathum              | 3 May 2023          |
| 5.   | Dhankuta              | 4 May 2023          |
| 6.   | Dhading               | 16 February 2023    |
| 7.   | Ramechhap             | 6 April 2023        |
| 8.   | Makawanpur            | 26 March 2023       |
| 9.   | Chitwan               | 26 March 2023       |
| 10.  | Kathmandu             | 4 April 2023        |
| 11.  | Lalitpur              | 4 April 2023        |
| 12.  | Bhaktapur             | 4 April 2023        |
| 13.  | Manang                | 19 April 2023       |
| 14.  | Surkhet               | 01 April 2023       |
| 15.  | Mustang               | 28 May 2023         |

The program was chaired by the Chief of District Coordination Committee (DCC). The Chairperson of the program, DCC Chief, shared her closing remarks and expressed her deep gratitude to NPC, MoFAGA, MoHP and UNICEF Nepal for organizing such a crucial event to sensitive local leaders on nutrition- one of the key development's agenda. Overall, the program was successful in sensitizing the local leaders, government officials and other relevant stakeholders on "MSNP and Basic Nutrition". The orientation program will most likely facilitate to mobilize the increased resources for MSNP and effectively implement the interventions of MSNP and monitor the progress towards the MSNP results.

#### iv. ToT on Nutrition Friendly Local Governance:

In this reporting period, 4-day ToT on Nutrition Friendly Local Governance (NFLG) was conducted at Pokhara Metropolitan City, Kaski district between 20-23 June 2023. The event was organized



under the leadership of Ministry of Federal Affairs and General Administration (MoFAGA) and supported by UNICEF Nepal. A total of 33 participants with diverse academic qualifications and professional background has attended the ToT. The participants were equipped with information and knowledge on different topics such as interrelationship between nutrition with education, WASH, Governance, Agriculture and Livestock including women and children. During the training, they were detailed about the different components of the NFLG guidelines, Child Friendly Local Governance guidelines including various indicators and targets to be met to declare local level as NFLG and CFLG. They were also informed about the different facilitation skills and interpersonal communication skills. Overall, the ToT was quite interactive and the fruitful in terms of educating the participants about MSNP, NFLG and need to institutionalize nutrition friendly governance to establish nutrition as a key development agenda for better nutrition outcomes.

v. **Training on NFLG at local levels:**

In this reporting period, out of 160 NFLG training planned at local levels, 157 events were completed successfully at different local levels of all the seven provinces (illustrated in the table 3.13) A total of 7200 participants including newly elected local representative, government officials across all sectors and other relevant stakeholders at local levels were trained on NFLG. The key topics covered in the training included basic concepts of NFLG, prerequisite and criteria for declaration of NFLG, sectoral indicators and targets to met to declare a local level as a nutrition friendly. The training was facilitated by local level facilitators, Provincial MSNP Coordinators, representative from MoFAGA, NPC and UNICEF including independent subject matter experts.

Table 3. 13: Details of NFLG training at local levels

| Province            | No. of events |            | No. and Nature of Participants |                          |            |             |
|---------------------|---------------|------------|--------------------------------|--------------------------|------------|-------------|
|                     | Target        | Progress   | Elected Representative         | Officials of Local level | Other      | Total       |
| <b>Koshi</b>        | 6             | 8          | 133                            | 221                      | 7          | 361         |
| <b>Madhesh</b>      | 34            | 31         | 682                            | 434                      | 61         | 1242        |
| <b>Bagmati</b>      | 25            | 22         | 650                            | 290                      | 76         | 1016        |
| <b>Gandaki</b>      | 15            | 14         | 400                            | 357                      | 181        | 938         |
| <b>Lumbini</b>      | 18            | 20         | 418                            | 236                      | 17         | 671         |
| <b>Karnali</b>      | 29            | 29         | 579                            | 522                      | 138        | 1239        |
| <b>Sudurpaschim</b> | 33            | 33         | 1020                           | 670                      | 43         | 1733        |
| <b>Total</b>        | <b>160</b>    | <b>157</b> | <b>3882</b>                    | <b>2730</b>              | <b>523</b> | <b>7200</b> |

vi. **Orientation on MSNP at Local level:**

During this reporting period, out of 288 orientations planned on ‘MSNP’ at local level across all the seven provinces, 92% of them were accomplished. A total of 10019 participants including local level elected representative, government officials across different sectors at the rural/municipality and other relevant stakeholders were provided orientation (Table 3.14). The major topics covered during the orientation included Basic Nutrition, MSNP and its governance mechanism and structure, significance of investing in nutrition for development of human capital and overall socio-economic development, NFLG among others.

Table 3. 14: Details of local level orientation on MSNP

| Province            | No. of events |          | No. and nature of participants |                          |       |       |
|---------------------|---------------|----------|--------------------------------|--------------------------|-------|-------|
|                     | Target        | Progress | Elected Representative         | Officials of Local level | Other | Total |
| <b>Koshi</b>        | 60            | 52       | 386                            | 580                      | 57    | 1023  |
| <b>Madhesh</b>      | 48            | 36       | 923                            | 645                      | 139   | 1707  |
| <b>Bagmati</b>      | 38            | 38       | 878                            | 510                      | 56    | 1444  |
| <b>Gandaki</b>      | 40            | 36       | 736                            | 659                      | 107   | 1502  |
| <b>Lumbini</b>      | 47            | 51       | 663                            | 511                      | 53    | 1227  |
| <b>Karnali</b>      | 70            | 67       | 1206                           | 1005                     | 335   | 2546  |
| <b>Sudurpaschim</b> | 45            | 37       | 740                            | 610                      | 243   | 1593  |
| <b>Total</b>        | 288           | 265      | 5146                           | 3940                     | 933   | 10019 |

### 3.5.3. Behavior Change Interventions:

#### i. Development of advocacy and promotional videos:

In this current FY 2079/80, UNICEF continued to provide technical assistance to MoFAGA to produce multimedia resources and material to raise awareness about good nutrition, healthy food behavior and proper WASH practices, prevention of harmful social practices including promotion of adoption of NFLG by local government. The videos produced during the reporting period included: i. *'Khinouri ko Baau'* – Awareness on importance of nutrition and healthy food behavior ii. *Khinouri ko Baau- Part:2* – “Significance of engagement of multiple sectors for improved nutrition and advocacy for nutrition friendly local governance” iii. Prevention of Gender discrimination and iv. Prevention of Child Marriage (in *Maithali* Language-local language of Terai region of Nepal)

## 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 9 major activities mainly to raise awareness on gender-based violence, train adolescent girls on nutrition, reduction of child marriage, reproductive health and menstrual hygiene, safe motherhood and nutrition, advocate against traditional belief and the culture about menstruation and in this fiscal year under the MSNP-II (Table 3.15).

Table 3. 15: Activities conducted through Women and Children sector in the FY 2079/80

| SN | Interventions/ Activities   | Unit   | Target | Achievement | % of Achievement | # of Beneficiaries |
|----|---|--------|--------|-------------|------------------|--------------------|
| 1  | Campaign conducted on gender violence reduction and nutrition promotion   | Number | 50     | 44          | 88               | 2343               |
| 2  | Conduct training on nutrition, reproductive health, safe motherhood, menstrual health and other life skill, and gender equality and workload reduction at community level | Number | 63     | 56          | 89               | 1320               |
| 3  | Distribution of nutrition bag 'Poshan Jhola' to G1000 days mothers  | Number | 103    | 89          | 86               | 5340               |
| 4  | Enterprises development training  | Number | 81     | 78          | 96               | 1967               |
| 5  | Felicitation program to G1000Days women and nutrition food distribution   | Number | 56     | 50          | 89               | 790                |
| 6  | Formation of child club and adolescent club and its mobilization  | Number | 20     | 9           | 45               | 229                |
| 7  | Grant support to women group or cooperative for Income generation   | Number | 392    | 355         | 91               | 8875               |
| 9  | Training on 'Sarbotam pitho' and other nutritious food preparation  | Number | 17     | 13          | 76               | 290                |

Source: Web-based Reporting

The key activities conducted through Women and children sector included training to members of the women cooperatives/groups on enterprise development and providing grant support, training, and sensitizing adolescent girls on different topics such as nutrition, reproductive health, menstrual hygiene and safe motherhood. Furthermore, other activities included conduction of training on preparation of nutritious food at local levels like 'Sarbotam Pitho', facilitation to G1000 days women, distribution of 'Nutrition Bag (Poshan Jhola) to G1000 women, formation, and

mobilization of adolescent groups for nutrition awareness. Of the planned activities, nearly 80 percent of the activities were completed in this fiscal year. As illustrated in the Table 3.12, nutrition bag '*Poshan Jhola*' was distributed to 5340 Golden 1000 days mothers and grant support were provided to 8875 G1000 days mothers through women group or cooperative for income generation activities. Moreover, a campaign conducted on gender violence reduction and nutrition promotion reached out to 2343 community members.

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## Chapter 4: Formulation of Multi-Sector Nutrition Plan-III (2023-2030)

Nepal made significant improvements in reducing different forms of malnutrition (stunting, wasting, underweight,) following the implementation of MSNP-I (2013-2017) and MSNP-II (2018-2022) and other nutrition related programs and projects aligned with MSNP. For instance, the prevalence of stunting among children under 5 years of age, reduced significantly from 57 per cent in 2001 to 25 per cent in 2022, prevalence of wasting prevalence reduced from 11 percent in 2001 to 8 percent while underweight prevalence reduced from 43 per cent to 19 per cent and the prevalence of overweight has remained steady at 1 per cent during the same period. Even though strides were made in reducing child under nutrition between these periods, Nepal is still off-track to achieve most of the SDG 2030 targets for nutrition. In addition, the progress is uneven across the country and significant disparities have existed by gender, age, and province, area of residence, wealth quintile, and education status among other socio-demographic characteristics in nutritional outcomes.

Since the timeline for conclusion of MSNP-II July 2023, the development of the third phase of MSNP was crucial to sustain the achievements made so far and continue the efforts towards addressing malnutrition from the country. Thus, to sustain the achievements made so far, continue and intensify the efforts made towards meeting the national nutritional targets, mainstream the efforts to achieve the SDGs targets for nutrition by 2030 and other different national and international commitments including Nutrition for Growth 2021 and UN Food System Summit 2021, the process of formulation of MSNP-III covering the 7 years' period between 2023-2030 was initiated in this fiscal year.

### 4.1 Key processes involved in MSNP-III formulation:

The process of formulation of MSNP-III (2023-2030) was initiated under the leadership of the National Planning Commission in collaboration with sectoral ministries and with support from UN agencies, European Union and other development partners, relevant stakeholders, civil society organizations, academia and youths. The key process included federal-level workshops, provincial and local level consultations with a wide range of public and private stakeholders, and the analysis of nutrition deprivations and causality and a desk review among others. The key processes are described in the following section.

i. **Inception Meeting for drafting Multi-Sectoral Nutrition Plan (MSNP) – III (2023 – 2030):**

On 28 August 2022, an inception meeting was conducted at National Planning Commission (NPC) with the objective to ensure the proper understanding of detailed work that must be carried out for the formulation of MSNP-III, share the proposed methodology (including a timeline of activities) and discuss the outline of MSNP – III document. The meeting was chaired by Dr. Uma Shankar Prasad, Honorable, Member of the National Planning Commission.

ii. **Kick-off Meeting for the formulation of Multi-Sector Nutrition Plan-III (2023-2030) and Review of MSNP-II (2018-2022):**

On 29 Aug 2022, the Government of Nepal (GoN), National Planning Commission (NPC) organized a “Kick-off meeting for the formulation of MSNP-III and the Annual Review of MSNP-II” at Hotel Raddison, Kathmandu, to formally initiate the process of formulation of the third phase of MSNP and review the progress made in the last fiscal year 2078/2079 (2021/2022). I facilitated the conduction of the event together with other members of NNFSS.

iii. **Provincial Level Consultation for the formulation of MSNP-III (2023-2030):**

Provincial consultation was held from 3- 23 September 2022 in all seven provinces to gather the issues and challenges related to the implementation of MSNP and obtain the suggestions and recommendations for the formulation of MSNP-III from the subnational government and relevant stakeholders at provincial and local levels. The consultation was led by two national consultants from National Planning Commission (NPC) and facilitated by the Ministry of Federal Affairs and General Administration (MoFAGA) and coordinated by the Provincial Policy and (Planning) Commission of the respective provinces.

iv. **Formation of Thematic Reference Group:**

To complement NPC in the formulation of the third phase of MSNP, sector specific 6 different Reference Group were formed namely Health, Education, Agriculture and Livestock, WASH, Governance and Women and Children Reference Group. These RGs were formed for providing invaluable information, inputs, recommendations, and advice to NPC on sector-specific interventions and strategies to be included in the MSNP- III. Specifically, the Reference Group backstopped and facilitated the consultants for reviewing the nutrition-related policies and interventions of the respective sectors, developing theory of change of individual sector, identifying the sector specific indicators to be included in result framework and recommending evidence-informed high impact sectoral interventions to be included in the Multisectoral Plan of Action for Nutrition.

v. **Thematic Reference Group (RG) meeting:**

On 28 September 2022, the first reference group meeting was held at National Planning Commission. The coordinator (Joint Secretary of the respective ministry) and the Member Secretary (Under-secretary) of all the six reference groups from the individual sector (WASH, Education, Health, Women and Children, Local Governance, Agriculture, and Livestock) were invited to debrief about the Terms of Reference (ToR) of the Reference Group and share the findings of the provincial level consultation. In addition, the expectation from the member of the reference group was also presented during the meeting. All the Reference Group Coordinators expressed their commitment to support the consultant and facilitate the formulation of MSNP-III. Between 12-14 October 2022, 'Thematic Reference Group Meeting' was held with **Women, Children, and Senior Citizen Sector** (October 12, 2022), **Education Sector** (October 13, 2022) and **Governance sector** (October 14, 2022). The meeting was chaired by Joint Secretary and facilitated by Under-secretary of the of the respective sectoral ministries.

vi. **Conduction of national workshops for the formulation of MSNP-III:**

During this reporting period, three different national level workshops conducted to guide and inform the formulation of MSNP-III. The three different workshops were:

a. **Deprivation and Causality Analysis Workshop:**

On November 10, 2022, the National Planning Commission (NPC) organized a one-day "Deprivation and Causality Analysis Workshop" at Hotel Yellow Pagoda, Kathmandu Nepal as a process to guide the formulation of a Multi-Sectoral Nutrition Plan-III (2023-2030). The key objectives of the workshop were to:

- ◆ To explore areas of deprivation of malnutrition and identify key malnutrition manifestations
- ◆ To identify the potential causes (immediate, underlying, and basic) of key nutrition problems such as *Stunting, Wasting, Anemia, Overweight/Obesity, and Low Birth Weight* - by sectors (Health, Agriculture and Livestock, Education, WASH, Local Governance, Women and Children)
- ◆ To develop the causal framework for the key manifestations-by sector

Over 80 participants from sectoral ministries, the European Union in Nepal, UNICEF, other UN agencies, and development partners (USAID, FCDO, WB), relevant stakeholders, civil society organizations, academia, and experts participated in a deprivation and causality workshop to support the drafting of Government of Nepal's third phase of Multi-Sector Nutrition Plan. The

workshop was chaired by Dr. Uma Shankar Prasad, Honorable Member of the National Planning Commission. At the end of the workshop, causality framework of malnutrition was drafted.

#### b. Theory of Change Workshop:

On November 24, 2022, the National Planning Commission (NPC) organized a one-day “Theory of Change Workshop” at Hotel Yellow Pagoda, Kathmandu Nepal as a process to guide the formulation of a Multi-Sectoral Nutrition Plan-III (2023-2030). The key objectives of the workshop were to:

- ◆ To understand the concept of the Theory of Change (ToC) and its development process.
- ◆ To demonstrate the sectoral causal framework finalized after the Deprivation and Causality Analysis Workshop.
- ◆ To develop Sectoral Theory of Change for MSNP-III.

About eighty participants from sectoral ministries, the European Union in Nepal, UN agencies (UNICEF Nepal, WFP), other development partners (USAID, FCDO), relevant stakeholders, civil society organizations, academia, and experts participated in a “Theory of Change Workshop” to support the drafting of Government of Nepal’s third phase of Multi-Sector Nutrition Plan. The workshop was chaired by Mr. Kewal Prasad Bhandari, Secretary of the National Planning Commission. With the conclusion of this workshop, draft ‘Theory of Change’ of MSNP-III was drafted.

#### c. Result Framework Workshop

On December 15, 2022, the National Planning Commission (NPC) organized a one-day “Result Framework Workshop” at Hotel Yellow Pagoda, Kathmandu Nepal in the process to guide the formulation of a Multi-Sectoral Nutrition Plan-III (2023-2030). The key objectives of the workshop were:

- ◆ To demonstrate and validate the consolidated Theory of Change (ToC) for Multisector Nutrition Plan-III (2023-2030)
- ◆ To present and gather feedback to finetune the draft Result Framework of MSNP-III referring to ToC based on inputs and feedback from sectors.

Nearly eighty participants from sectoral ministries, UN agencies (UNICEF Nepal, WHO), other development partners (USAID)), relevant stakeholders (Save the Children, ACF), civil society organizations, academia, and experts participated in a “Result framework Workshop” to support



Government of Nepal in drafting the third phase of Multi-Sector Nutrition Plan. The workshop was chaired by Mr. Kewal Prasad Bhandari, Secretary of the National Planning Commission. By the end of the workshop Draft Result Framework for MSNP-III was prepared and presented.

vii. Prepared draft of MSNP-III:

During this reporting period, MSNP-III (2023-2030) document (English Version) was drafted. The key government officials from NPC and Ministry of Federal Affairs and General Administration including team members of NNFSS reviewed the draft submitted by the consultants. In sum, the review was successful in framing the document to meet the aspiration of GoN's goal of formulating a evidence informed and actionable plan that will provide strategic guidance to eliminate malnutrition in all its form by 2030. Inputs and feedback received from the NPC and MoFAGA including UNICEF enriched the quality of the document. Between this period, Nepali translation of MSNP-III together with NPC, MoFAGA and UNICEF Nepal was drafted and finalized.

viii. Prepared draft report of Capacity Need Assessment and Capacity Development Plan for MSNP:

In this reporting period, capacity need assessment and human resource gap analysis of three tiers of government and its units was carried out by consultant from NPC. This assessment was done to develop costed national capacity development plan and HR plan for the implementation of Multi-Sectoral Nutrition Plan (MSNP - III). This assessment involved the analysis of the existing capacity of NPC/NNFSS, PPC/PPPC and sectors at three tiers of government and identification of key capacity gap and drafting of capacity development plan and HR plan for the effective implementation of MSNP-III. During this reporting period, draft report of Capacity Need Assessment and Capacity Development Plan for MSNP was developed.

## Chapter-5: Budget Allocation and Expenditure

### 5.1 MSNP budget allocation from MoFAGA and EU/UNICEF

#### Budget expenditure in fiscal year 2078/79 (2022/23)

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. The budget for nutrition sensitive program is channelized to the local level through the Ministry of Federal Affairs and General Administration and similarly, budget for nutrition specific interventions is channelized primarily through the MoHP.

The table 5.1 below illustrates budget allocation of three tiers of government for MSNP contributed from MoFAGA only. In this current fiscal year GoN has allocated NPR 45 million for federal level activities, 2.5 million to province and 921 million to local level. Similarly, Local government has allocated NPR 250 million for implementation of MSNP interventions (Table 5.1). In addition, provincial government has allocated 226 million to support MSNP interventions at province. The resource allocation from other sectors for nutrition is not captured by this annual report.

Table 5. 1: Budget Allocation for MSNP in the FY 2079/2080

| MSNP Budget Allocation Analysis |         |               |        |       |                |           |          |        |             |        |                         |         |
|---------------------------------|---------|---------------|--------|-------|----------------|-----------|----------|--------|-------------|--------|-------------------------|---------|
|                                 |         |               |        |       |                |           |          |        |             |        | Budget NPR in thousands |         |
| S.N.                            | FY      | Federal level |        |       | Province level |           |          |        | Local level |        |                         |         |
|                                 |         | MoFAGA        | UNICEF | Total | MoFAGA         | EU/UNICEF | Province | Total  | MoFAGA      | UNICEF | LL                      | Total   |
| 1                               | 2022/23 | 45312         |        | 45312 | 2500           |           | 226202   | 228702 | 921462      | 0      | 250360                  | 1171822 |

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

## 5.2 Budget leveraging from local level

There is Nutrition and Food Security Steering Committee (NFSSC) at each Local level. The Local Level Nutrition and Food Security Steering Committee govern the implementation of MSNP interventions in their respective rural/urban municipality. This committee is responsible for developing the annual work plan and budget, identifying the resources for MSNP, budgeting, and monitoring the implementation of MSNP. Mayors/Chairpersons and other local level political leaders including members of the NFSSC were orientated on MSNP. Continued and concerted advocacy with these local level leaders were done by MSNP Coordinators and MSNP Volunteers for mainstreaming MSNP-II's interventions and activities within periodic plans and leveraging resources for MSNP during the steering committee meetings and at other platforms where relevant. This in turn has led to increased allocation of budget for MSNP implementation from majority of LLs in addition to the earmarked budget from the federal government. The Figure 4.1 shows the fiscal year wise budget commitment from Local level within 7 different provinces. In the current fiscal year 2079/80 (2022/23), NPR. 250 million has been allocated by the local level for the MSNP.

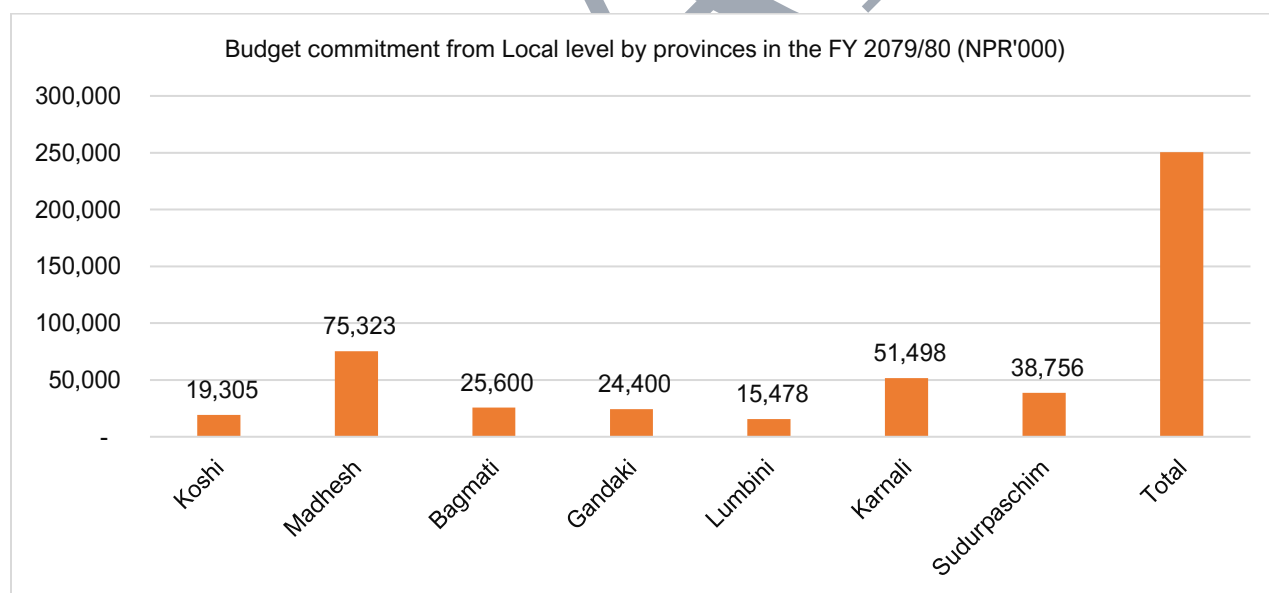


Figure 5. 1: Budget commitment from LLs by Province (NPR'000)

## 5.3 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 grants 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 allocated an additional budget of NPR 567 million under the special grant for FY 2079/80 (2022/23) for implementation of nutrition interventions at 74 local levels from all seven provinces aiming to contribute to the goals of MSNP. Majority of proposal submitted by local government for Special Grant included declaration of nutrition friendly ward, tole and local levels, distribution of nutrition commodities to G1000 days mothers among others.

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## Chapter :6 Program Monitoring and Information Management

### 6.1 MSNP monitoring

Monitoring the implementation of any nutrition program is vital in the fulfilment of the targets and eventually the program goals. Implementing nutrition intervention requires monitoring to assess the accomplishments of targets, and eventually the program's goals. Majority of local levels have developed a monitoring plan to monitor the MSNP activities and determine the facilitating and hindering factors in implementation. 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 interventions. In this current fiscal year, most of the DCC members have conducted monitoring and organized MSNP program review meetings jointly with MSNP volunteers and Local levels. For instance, DCC Nawalparasi monitored income generation activities through female cooperative, DCC Rolpa monitored kitchen gardening practices and appreciated LLs for implementing such interventions that have contributed to improving HHs income and the dietary practices. DCC Sindhupalchowk, Sindhuli, Dolakha from Bagmati Province and DCC Dhanusha, Siraha and Sarlahi from Madhesh Province conducted multiple rounds of monitoring visits to the local levels and provided their inputs and feedback for program improvement.

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, PPPC Gandaki and PPC Koshi monitored MSNP interventions in their respective LLs and provided feedback to LLs for effective implementation of MSNP. The PLNFSSC members from these provinces also attended district level review of MSNP Program and provided their invaluable feedback to MSNP Volunteers to improve program results.

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 Madhesh Province 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 Binayribeni municipalities. Similarly, the members of the Provincial Planning Commission of Karnali province visited and supported during MSNP orientation in Salyan and Surkhet districts.

Similarly, NPC and MoFAGA monitored the MSNP program at 15 different districts across all the 7 provinces. UNICEF Country Office and field Office team also monitored several districts and provided their support to the local levels. Likewise, in April 2023, the EU together with UNICEF team monitored different MSNP interventions in Amargadhi Municipality of Dadeldhura district from Sudurpaschim Province. The team were pleased to witness changes in nutrition situation of women and children with the implementation of MSNP in these areas.

## 6.2 Review of MSNP:

### 6.2.1 Mid-term Review of MSNP

#### Dissemination of findings of Mid-term Review of Multi-Sector Nutrition Plan-II (2018-2022):

On September 29, 2022, the findings of the Mid-Term Review (MTR) of Multi-sector Nutrition Plan (2018-2022) were disseminated at Hotel Yak and Yeti, Kathmandu, Nepal. The event was organized by National Planning Commission and chaired by Dr. Uma Shankar Prasad, Honorable Member of the National Planning Commission. Ms. Eloisa Astudillo, Acting Head of Cooperation, Delegation of the European Union to Nepal, and Ms. Elke Wisch, Country Representative of UNICEF for Nepal were present as the special guest at the event. Over 60 participants including Joint Secretaries, Officials from NPC, and different ministries and departments, MSNP Focal Person of the different ministries and departments, Experts of High-Level nutrition and Food Security Steering Committee and National Nutrition and Food Security Coordination Committee, representatives from UNICEF, WFP, WHO, FAO, USAID, World Bank, and FCDO and from Private Sector, Civil Society Organization (CSOs) has attended the dissemination event.

## 6.2.2 National and Provincial Level Review on MSNP

In this FY 2079/2080, the National level Annual progress review of MSNP was conducted between 25-26 August 2022 (Bhadra 9-10, 2079) under the leadership of MoFAGA. The objective of the annual review workshop was to share and review the annual progress of MSNP made by each sector in the last fiscal year (2078/79), gather feedback and suggestions from the individual sector for program improvement



National Level Annual Review of MSNP conducted between 9-10 Bhadra 2079 (25-26 August 2022).

and quality service delivery, obtain feedback on the mobile application for online reporting system and draft the annual plan of action for the next fiscal year. The MSNP focal person from all the sectoral ministries, including representatives of the National Planning Commission (NPC), UNICEF, and Provincial MSNP Coordinators from all seven provinces participated in the review meeting.

## 6.2.3. National Level Review

The National Planning Commission organized the 'National Level MSNP Review Workshop' to discuss the annual progress achieved, issues and challenges encountered, and the way forward for the next fiscal year. Sectoral Ministries, relevant development partners particularly EU, UNICEF Nepal, USAID and other stakeholders including private sectors and civil society organizations attended the program. Moreover, periodic meetings were organized with MSNP focal persons of different sectoral ministries under the leadership of MoFAGA to review the program's progress. In addition, MoFAGA organized monthly meetings with the Provincial MSNP Coordinator together with representatives from the UNICEF team (both Country Office and field office) to review monthly progress and provide feedback and inputs for program improvement when and if necessary.

#### 6.2.4 National Annual Nutrition Review:

During this reporting period, a national annual nutrition review was conducted to assess the progress achieved during this current fiscal year with the implementation of an array of nutrition-specific interventions, assess the effectiveness of existing programs, and obtain recommendations to guide the development of a strategy to address the nutritional challenges in Nepal. In addition, the review aimed to gather data on various indicators related to nutrition and analyze the trends of progress and issues/challenges in addressing malnutrition across the country.

This review served as a platform to identify priority areas for interventions, exchange evidence-based decision-making, and cater the ideas and way forward to drive policy changes/formulation to combat malnutrition. Moreover, the review provided an opportunity to monitor the progress towards national nutrition goals and targets and track the improvements or setbacks in the nutritional status of population. Further discussion on the issues and challenges based on six building blocks of health system were made and potential solutions to address the challenges identified were discussed.

Provincial Health Directorate directors, nutrition focal persons and nutrition focal persons from Provincial Health and Logistic Management Centers participated from all the 7 provinces participated in the national annual review.

#### 6.3 Information Management

Web-based Reporting System (WBRS) has been set-up at MoFAGA to collect and manage information related to nutrition sensitive interventions conducted with EU budget support. This system is used to consolidate, harmonize, and analyze the data from existing as well as new planning and monitoring mechanism and communicate results to improve internal program management, decision-making and implementation, and promote an efficient use of available resources. Gradually, WBRS will be updated is to bring the programmatic information from all sectors into one common platform, which can facilitate and inform the planning process of MSNP. In this current fiscal year, WBRS was updated 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 at the Local Level to update the progress related to MSNP. The system generates data and information on the annual work plan and budget, expenditure, and progress on activities accomplished by individual municipalities.

Besides, WBRS, other sectoral Ministries have their own information system to monitor the progress of regular sectoral interventions that contribute to achieving the goal of MSNP. For instance, health sector has an Integrated Health Information Management System, the education sector has an Education Information Management System (EMIS), WASH sector has N-WASH that collects and manages the data of the respective sectors and provides feedback on achievements, coverage, continuity, and quality of nutrition services. In the forthcoming years, contextualized dashboards will be developed at local levels that will be used for monitoring coverage of MSNP activities and display the progress and results.

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## Chapter 7: Challenges, Learnings, and Recommendations

**Key Challenges and Issues:** The key challenges and issues that hindered the smooth implementation of MSNP in this current fiscal year are as:

- The insufficient number of human resources at local levels and, the limited institutional and individual capacity of local government to implement nutrition-specific and sensitive interventions have remained a huge challenge and have adversely affected the implementation of MSNP interventions.
- In some cases, the allocation of the budget for MSNP by the local level is subjected to the collection of internal revenues. If the anticipated revenue is not generated, the estimated budget for MSNP gets curtailed thus affecting the implementation of planned activities.
- The least awareness about the importance of nutrition and the significance of MSNP for improving the nutrition outcome among newly elected local-level representatives has affected the resource allocation for MSNP at local levels.
- Deep-rooted misconceptions, taboos, and harmful socio-cultural practices related to food and nutrition have led to avoidance of the intake of correct nutritious foods during sensitive periods in the life cycle when micronutrient and energy requirements peak for instance during infancy and early childhood (under 2 years of age), pregnancy, and lactation.
- The transportation and storage of nutrition commodities at local levels is not satisfactory.
- The frequent transfer of trained government officials overseeing the MSNP at the local level has created awareness gaps which in turn has impeded the implementation of MSNP interventions, monitoring, and reporting.
- Inadequate disaggregated data on the nutrition status of women and children at local levels constrains the development of data-driven plans and identification of targeted areas and groups.
- Limited technical backstopping to the local level for annual planning, budgeting, monitoring, and facilitation for organizing training and orientation from Provincial MSNP Coordinators due to vast geographical coverage. One Provincial MSNP Coordinator is supposed to oversee over 100 of LLs.
- Inadequate resources to cover all poor and vulnerable groups within the respective urban/rural municipality.

**Issues:**

- Micronutrient deficiency particularly IDA among pregnant women and children continues to remain high.
- The declining trend of Exclusive Breast Feeding (EBF) particularly among urban women greater percentage of women working outside the home where there is limited availability of a conducive environment to breastfeed the child.
- Increasing incomes and rapid urbanization are changing lifestyles and food consumption and food production systems with greater preference and more reliance on processed and ultra-processed unhealthy foods. Increasing reliance on such trans-fat, sugar and salt-rich foods may contribute to raising the burden of obesity and other diet-related non-communicable diseases.
- Weak system of tracking of public and off-budget expenditures for nutrition-specific and nutrition-sensitive activities.
- Few of the MSNP Volunteers and FCHVs have limited capacity to facilitate, implement, and monitor nutrition interventions.
- MSNP Volunteers are less accountable to Provincial MSNP Coordinators as they are recruited by Local Levels and are stationed in rural/municipalities. This in turn has affected effective coordination, implementation, and monitoring of the program.
- Seasonal migration has been adversely affecting food availability and access including the household livelihoods as well.

**Learnings:**

- Regular field visit and onsite coaching helps to improve the quality of implementation of MSNP interventions and service delivery.
- Regular advocacy and frequent visits to LLs can bring significant changes at the municipal and community.
- Orientation to the local level representatives is key to influencing the Mayor/Chairperson to allocate a budget for MSNP and contribute to achieving the MSNP goal.
- LLNFSSC and PLNFSSC meeting organized before the budget planning is more effective in influencing LLs to allocate the budget at the province as well as at the local levels.

- Coordination for periodic meetings and progress reviews with relevant NGOs and INGOs working in the nutrition sector is the best mechanism/ practice to reduce duplication and resource mobilization.
- Program implementation guidelines from MoFAGA are crucial to guide LLs to plan activities in line with the objectives of the program.
- Strong political commitment and leadership at the national and local levels are essential to drive multisectoral nutrition initiatives.
- Effective social behavior change communication strategies are necessary to promote healthy behaviors related to nutrition, hygiene, and feeding practices.
- Additional human resource is essential to provide thorough support to the local level as per their situation and demands.
- Mainstreaming of nutrition into annual plans and programs can be done with concerted advocacy and follow-up with the Mayor/ Chairperson and government officials of the respective sectors.
- A targeted and tailored approach is inevitable in the context of inequity and resource constraints.

**Recommendations:**

- MSNP program should be implemented taking into account the targeted approach focusing on ultra-poor, needy, and marginalized groups rather than a blanket approach to reduce the existing inequities in nutritional outcomes.
- Context-specific and tailored interventions should be designed based on geography, burden of malnutrition, and other socio-demographic characteristics for accelerated reduction of malnutrition.
- Production-related interventions should be developed and implemented rather than a distribution of agriculture inputs and other nutrition commodities.
- Greater attention should be paid to improving access to and utilization of diversified and nutritious food.
- The capacity of local government officials and MSNP Volunteers should be enhanced in data-driven planning, monitoring, and reporting of MSNP.
- Multi-stakeholder, multi-sectoral, and multi-level coordination should be strengthened to mobilize nationwide support for effective implementation of MSNP.

- The ownership and engagement of all sectors and stakeholders to coordinate and implement harmonized activities on good nutrition should be encouraged.
- Orientation for parliamentary members including local and provincial level political leaders on nutrition issues including social services, health, food security, food safety, and WASH, should be conducted.
- Workshop/ Orientation on planning and budgeting for nutrition should be conducted before annual planning and budgeting at local levels.
- Promotion of all unhealthy food products and breast milk substitutes should be regulated.
- Strategies that address harmful social norms and practices should be developed.
- Strengthening of individual and institutional capacity including the capacity of the political body for nutrition program planning and service delivery should be prioritized.
- Technical assistance at the sub-national level should be focused on ensuring that high-impact interventions, information, resources, and services are reaching the implementation levels.
- MSNP Volunteers should be made more accountable to Provincial MSNP Coordinators for effective implementation of MSNP in a coordinated way.
- There is a need to invest in a functional information system and the capacity to collect, analyze, report, and strategically use the data for decision-making and policy guidance.
- Adolescent school health and nutrition programs should be prioritized.
- Interventions to promote healthy lifestyles (healthy diet, physical activity) among adolescents and adults should be scaled up.
- Behavior change communication for modifications in knowledge, attitudes, and practices of specific audiences on specific nutrition, and WASH should be prioritized.
- The interventions to improve women's economic empowerment (i.e., through economic activities) should be scaled up.
- The monitoring, coordination, and facilitation role of province and district coordination committees should be strengthened.

## Conclusion

Nepal has made noteworthy advancements in reducing child mortality rates and child malnutrition. According to NDHS 2022, under-5 mortality has declined from 39 in 2016 to 33 per 1000 live births in 2022, while the prevalence of stunting among children under 5 years reduced from 36 percent in 2016 to 25 percent in 2022. Childhood wasting rates also dropped from 10% to 8% during the same period. MSNP has proven as a milestone for nutrition improvement in Nepal. The stewardship of NPC, facilitation of MoFAGA, MoHP, and other sectoral ministries, and greater ownership of MSNP by local level including the active involvement of development partners, non-governmental organizations and community members have proven effective in the implementation of MSNP thereby achieving improvements in nutritional status of women and children. MSNP has created and strengthened appropriate governance structure and mechanism, developed individual and institutional capacity, and advocated for increased resource allocation. This has contributed to halting the intergenerational cycle of malnutrition and improved policy landscapes and government investment in nutrition.

An array of nutrition-specific and sensitive intervention programs has been implemented at all the 753 local levels in three different modalities to combat the widespread malnutrition among vulnerable groups especially among children under 5 years, pregnant and lactating women including adolescents. The majority of the activities planned for each sector have been accomplished in the fiscal year 2079/2080. Over 20,000 target beneficiaries across all the 753 LLs have been reached within this fiscal year with various nutrition-specific and nutrition-sensitive interventions that have contributed to improving the nutrition situation in the respective urban/rural municipalities. For instance, income-generating activities have increased the household income that has enabled HHs to access health care, education, and food diversification. Similarly, the establishment/strengthening of OTCs at the local level has access to nutrition-specific services and improved the management of acute malnutrition at the community level. Multisectoral coordination and governance structures are functional and have contributed to mainstreaming nutrition into local levels' plans and facilitated in allocating budget for effective implementation of MSNP. Various orientation and awareness activities have promoted the adoption of healthy feeding and WASH practices.

Implementation of the MSNP has increased the awareness among political leaders, and government officials across diverse sectors, augmented the ownership of MSNP at all three tiers of government, and provided invaluable insights for collaborative efforts and holistic approaches in addressing the complex issue of malnutrition. Through this program, it is evident that successful outcomes are deeply rooted in strong multi-sectoral collaboration.

With the implementation of MSNP, three tiers of governments have started prioritizing the nutrition sector as a cross-cutting issue in development. Local Levels have increasingly committed to mobilizing resources for the effective implementation of MSNP intervention over the years.

While these declines are remarkable, the burden of malnutrition remains unacceptably high. For instance, the prevalence of stunting among children aged below 5 years remains 25 percent which greatly exceeds the 15% threshold indicative of it being a public health problem. Moreover, variation exists in nutrition outcome and food security by socio-demographic characteristics such as province, wealth quintile, education, and place of residence. This disparity calls for a targeted and tailored approach, strengthening institutional capacity and nutrition governance mechanisms including extensive collaboration within and beyond the government sectors. To this end, MSNP-III has been formulated based on experience of implementation over the past years including the suggestions and recommendations obtained from review, and consultations with diverse actors across different levels, and is under the cabinet's approval process.

## Chapter 8: Summary of plan of action for next fiscal year by sector

The summary of key interventions planned by six different sectors for the next fiscal year is mentioned below:

- 1. Governance sector:** In the next fiscal year, the orientation of the newly appointed chair and other members of the Nutrition and Food Security Steering Committees at provincial and local levels has been planned for newly scaled-up areas. Moreover, periodic meetings of NFSSCs have been planned to facilitate the formulation of nutrition policies and plans, identification and allocation of resources for MSNP including monitoring and review of MSNP interventions. In addition, orientation to parliamentarian and local leaders, capacity building of MSNP Volunteers, the orientation of mothers and caregivers on the proper use of child cash grant, the orientation of LLs on Nutrition Friendly Local Governance, and interventions for localization of NFLG has been planned for the fiscal year 2080/2081. Additionally, the development of the nutrition profile at individual local levels has also been planned. Likewise, national and provincial level MSNP review and MSNP Volunteers' Refresher Training have been planned for the next fiscal year.
- 2. Women and Children Sector:** In the next fiscal year, Grant support to the Female Cooperatives or women's groups targeting the G1000 days HHs will be continued. Moreover, entrepreneurship training will be provided to women cooperatives/groups, orientation will be conducted for the out-of-school adolescent girls on menstrual hygiene, reproductive health, and nutrition, and sensitization on the harmful social/ cultural taboos and practices will be conducted at community level through women and children sector.
- 3. Health Sector:** The health sector has planned for various activities for the next fiscal year's such as capacity building of health workers, female community health volunteers on Comprehensive Nutrition Specific Interventions (CNSI), scaling up of interventions of Integrated Management of Acute Malnutrition (IMAM) program to manage acute malnutrition. Activities such as the expansion of the Comprehensive Lactation Management Center (CLMC) in all seven provinces, establishment/strengthening of OTC, ITC, and community mobilization for identification of wasted children have also been planned. In addition, strengthening of Growth Monitoring and Program, IFA supplementation Program for Adolescent girls, establishment of breastfeeding corner for protection and promotion of exclusive



breastfeeding, and activities to declare HFs as nutrition friendly have been planned for the FY 2080/2081.

- 4. Education Sector:** This sector will continue awareness of hand washing at critical times among students, orientation on menstrual hygiene, and meeting with teachers, parents, and the school management committee on nutrition and healthy food consumption behavior. In addition, child clubs will be mobilized to advocate and eliminate child marriage, and school midday meals will be further strengthened to promote the use of locally available food and prevent the use of ultra-processed unhealthy food as a meal in the next fiscal year. Besides, coordination and collaboration with the health sector will be enhanced to supplement IFA for adolescent girls.
- 5. WASH Sector:** This sector has planned a community-level awareness campaign to promote healthy WASH behavior at HHs and school levels. Activities such as constructing user-friendly WASH facilities at schools, making basic drinking water services available to schools, establishing WASH corners at public institutions (health facilities, office of Local levels), and re-activating WASH-CC at local levels have also been planned for the forthcoming years. In addition, the distribution of sanitation and hygiene kits to promote healthy WASH behavior including treatment of drinking water has been planned.
- 6. Agriculture and Livestock Sector:** This sector has planned various activities to promote the production and consumption of locally grown and available foods. These include training/orientation on home gardening, training/orientation to use the technology for food diversification and storage, distribution of agriculture and livestock inputs such as seed, poultry, and goats among others, and facilitation and logistic support for establishing a kitchen garden. Orientation for smallholders and family farmers from HHs with G1000 days mothers on production, marketing, and consumption of diverse and nutritious food has also been planned.

Annex:  
Photo Gallery



*A lactating mother with FCHVs at Mudkechula Municipality of Dolpa District, Karnali Province.*



*Income generation activities (Goat farming) of IG grant beneficiaries of Tumbewa RM, Panchthar*



1-day interaction program on 'Good Nutrition and WASH practices' with school adolescent's girls at Aurahi Municipality, Siraha, Madhesh Province.



Training on 'Basic nutrition including Identification and Examination of SAM cases' at Janaknandani RM, Dhanusha.