



Multi-sector programming at the sub-national level:

A case study in Kapilvastu and Jumla districts in Nepal



Authors

Dr Charulatha Banerjee (Regional Knowledge Management Specialist - ENN), Tui Swinnen (Global Knowledge Management Coordinator – ENN), Jeremy Shoham and Carmel Dolan (ENN Technical Directors).

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Acronyms

ARKMS	Asia Regional Knowledge Management Specialist
CMAM	Community management of acute malnutrition
DAG	Disadvantaged group
DDC	District Development Committee
DFID	Department for International Development
DHS	Food & Nutrition Security Programme
DRR	Disaster Risk Reduction
ECD	Government of Nepal
EDP	Global Nutrition Report
ENA	Essential Nutrition Actions
FCHV	Female Community Health Volunteer
FNSP	Food & Nutrition Security Programme
FtF	Feed the Future
GoN	Government of Nepal
GNR	Global Nutrition Report
H4L	Health For Life
HLNFSSC	High-Level Nutrition and Food Security Steering Committee
IMAM	Integrated management of acute malnutrition
IYCF	Infant and young child feeding
KISAN	Knowledge-based integrated sustainable agriculture and nutrition
KM	Knowledge Management
LDC	Least developed country
LDO	Local Development Officer
LMIC	Low and middle-income country
MDM	Midday meal
MICS	Multiple indicator cluster survey
MIYCN	Maternal, infant and young child nutrition
MoH	Ministry of Health
MoFALD	Ministry of Federal Affairs & Local Development
M&E	Monitoring and Evaluation
MSNP	Multi-Sector Nutrition Plan
NAGA	Nutrition assessment and gap analysis
NDHS	Nepal Demographic Health Survey
NGO	Non-governmental organisation
NeKSAP	Nepal Food Security Monitoring System
NPC	National Planning Commission
ODF	Open defaecation free
ORS	Online reporting system
PAHAL	Promoting agriculture, health and alternative livelihoods
PLW	Pregnant and lactating women
SABAL	Sustainable Action for Resilience and Food Security
SUN	Scaling Up Nutrition
TSU	Technical Support Unit
USAID	United States Agency for International Development
VDC	Village Development Council
WASH	Water, Sanitation and Hygiene
WCD	Women and Child Development

Contents

Executive summary	1
Outline	2
Section 1: Setting the scene	3
National plans and institutional architecture	4
Two focus districts	4
Kapilvastu	4
Jumla	5
Section 2: Nutrition-related programming at the district level	7
Coordination at the district level	8
Funding and rollout	8
Sector implementation	8
Village Development Committees	9
MSNP and other key nutrition-related programmes	9
Section 3: Implementation of MSNP I	10
Implementation of nutrition-sensitive components of the programme	11
Service delivery at village and household level	13
Implementation realities and challenges	14
District-level coordination	14
Key implementation challenges	16
Governance and coordination	16
Section 4: Analysis and discussion	16
Devolution	17
Data and M&E	17
Financing	18
Multi-sector collaboration	19
Section 5: Conclusions and recommendations	20
Annexes	22



Executive summary

This case study is part of work carried out by ENN to document nutrition-sensitive and multi-sector programme experiences in several countries, with a focus on the sub-national level. It is done as part of ENN's work under the Technical Assistance for Nutrition (TAN) programme, funded by the UK Department for International Development (DFID) to support the Scaling Up Nutrition (SUN) Movement in its second phase (2016-2020). For practitioners and policymakers working in nutrition, there is limited documentation available on how nutrition-sensitive and multi-sectoral programmes are being implemented and supported by the institutional architecture at a national and sub-national level in high burden countries. To date, this has been particularly limited at the sub-national level. ENN's primary objective for this work is not to analyse drivers of change leading to new approaches to nutrition programming, but rather to construct 'case studies' with detailed descriptions of implementation. The focus is on how sectors are working together to roll

out programmes and how new programme approaches fit within existing institutional architecture. By documenting the experience of different sector stakeholders involved in multi-sectoral nutrition programming at sub-national and implementation levels, important lessons can be learned to help shape future approaches and practice.

This study was compiled with information collected from a series of semi-structured key informant interviews (KIIs) at national and sub-national levels in two districts in Nepal: Jumla in the far-west mountains, and Kapilvastu in the Terai. Both districts were pilot districts in Nepal's MSNP I with the programme in place from 2013. Eighteen national-level interviews were included with stakeholders from government ministries, including the Ministry of Federal Affairs and Local Development (MoFALD) and partners, including HERD and UNICEF. At sub-national level, 33 interviews were conducted in Kapilvastu and Jumla over a three-week period in September 2017.

The study was undertaken at a time when local-level elections in Nepal had just been completed in both districts and the representatives had taken office. These local elections completed the process of Nepal's transition to a federal system after a long gap of 12 years between approving and actualising this major reorganisation of governance. Seventy-five districts, which were the seats of the District Development Committees (DDCs) referred to in this paper (and key executive bodies at the district level) have now been dissolved and replaced by District Coordination Committees (DCCs), which have a coordinating function¹ but no executive or decision-making powers.

Nepal's districts have also been restructured into seven provinces, while 3,157 Village Development Committees (VDCs) have been merged into 753 local governing units. These are in turn divided into wards. Municipalities and rural municipalities will be the unit of governance, with sector staff positioned within the same office and 'reporting' to the mayor and deputy mayor who head the municipality.

This is one of 3 country case studies produced in this series and accompanied by a synthesis paper that draws out emerging themes and lessons from the three country examples.

Outline

This work is divided into five sections. Section 1 provides a broad nutrition context for the country and the focus districts of this work. It also outlines the details of the districts selected for focus in this work and how the institutional architecture for nutrition is configured at this level. Section 3 describes implementation of the MSNP I, including what nutrition-sensitive, multi-sector activities are being carried out, and coordination and governance between sectors. Section 4 contains analysis and discussion of key areas of learning emerging from this work. Section 5 sets out conclusions and highlights that this case study tells us about the nature of multi-sector programme implementation in nutrition.

¹ This is perhaps only for a short period to make the transition process smooth.

Box 1 Making programmes nutrition-sensitive

For the sake of simplicity, we have categorised five types of programmes or adaptations that can render an intervention increasingly sensitive to nutrition:

- i) Multiple sectors converge on nutritionally vulnerable households or demographic groups to offer programmes services; e.g. *targeting of services to first 1,000 days households*.
- ii) Multiple sectors converge at the level of village or commune believed to be vulnerable to undernutrition; e.g. *agriculture and health workers use the same list of target beneficiaries to deliver complementary agriculture and nutrition inputs within the same village commune*.
- iii) Nutrition messaging is incorporated into the work and activities of other sectors; e.g. *education curricula changes to include nutrition components, nutrition behaviour-change communication (BCC) within a social protection programme*.
- iv) Nutrition-sensitive sectors change or add inputs into programmes; e.g. *replacing poultry with milk-producing animals, introducing seeds for fortified crops, changes in hardware*.
- v) Nutrition-specific platforms utilised to introduce nutrition-sensitive messaging from other sectors; e.g. *food and personal hygiene, need for dietary diversity, etc.*



1

Setting the scene

Nepal has a population of 26.5 million people² and is classified as a low-income country, with the aspiration to become a low middle-income country by 2030.

According to a recent World Bank report, the country has halved its poverty rate in just seven years and witnessed an equally significant decline in income inequality. Rapid growth in household income with asset accumulation has been identified as one of the important factors driving improvement in nutritional status³; yet the country remains one of the poorest and slowest-growing economies in Asia.

Nepal is in the middle of a demographic transition, with the share of the population that is of working age now greater than the share of the population that is not. To fully capitalise on this demographic shift, it is necessary to invest in its people and build human capacity. An important aspect of this is improving the nutrition status of the population. Nepal has made some progress here, with a reduction in stunting from 49 per cent in 2006 to 36 per cent in 2016; however

wasting has shown less of a decrease at 13 per cent in 2006 and 10 per cent in 2016⁴. Studies which have tried to understand the factors contributing to these reductions point to revolutionary improvements in access to healthcare. Major government programmes have made ambitious targets to improve antenatal, neonatal and postnatal care through rapid expansion of health extension workers as well as financial incentives⁵. The same study has also pointed to the reduction of open defaecation nationwide as an important contributor to reduction of stunting. The under-five mortality rate has shown a steady decline from 48 per 1,000 live births in 2001 to 40 in 2011⁶.

² Census 2011.

³ Headey DD, Hoddinott J (2015) *Understanding the Rapid Reduction of Undernutrition in Nepal, 2001–2011*. PLoS ONE 10(12): e0145738. doi:10.1371/journal.pone.0145738

⁴ Ministry of Health, Nepal; New ERA; and ICF. 2017. *Nepal Demographic and Health Survey 2016: Key Indicators*. Kathmandu, Nepal: Ministry of Health, Nepal.

⁵ Headey DD, Hoddinott J (2015) *Understanding the Rapid Reduction of Undernutrition in Nepal, 2001–2011*. PLoS ONE 10(12): e0145738. doi:10.1371/journal.pone.0145738

⁶ UN Inter-agency Group for Child Mortality Estimation 2014.

However, the country remains off course for other key WHA targets, with 36 per cent of women of reproductive age with anaemia and prevalence of wasting in children under five years at 10 per cent. Nepal has demonstrated commitment to improving nutrition in tangible terms: it is the only country in Asia that has over 10 per cent (13.1 per cent) of its general government budget dedicated to nutrition (this allocation goes to both nutrition-sensitive and nutrition-specific interventions). However, with an estimated per capita cost of US\$15 necessary to improve maternal, infant and young child nutrition (MIYCN), a funding gap of nearly 50 per cent remains in order to achieve full implementation⁷.

National plans and institutional architecture

The 2009 Nutrition Assessment and Gap Analysis (NAGA), led by the Government of Nepal (GoN) in collaboration with partners, emphasised the importance of all sectors in the country working together to reduce malnutrition and pointed to the need for a central coordination body to lead on the design and development of a multi-sector nutrition plan and oversee the implementation of sector plans. Recommendations from NAGA were endorsed by the National Planning Commission (NPC), an apex advisory

body of the GoN in 2011, and a memorandum of understanding (MOU) was formally signed between the NPC and UNICEF to develop a plan, which became the Multi-Sectoral Nutrition Plan (MSNP) in Nepal.

In May 2011 Nepal joined the global Scaling Up Nutrition (SUN) Movement, thereby reinforcing the political space and momentum for nutrition⁸. In 2012, following numerous sector consultations, the High-Level Nutrition and Food Security Steering Committee was established, chaired by the Vice-Chair of the National Planning Commission (NPC). This steering committee included secretaries of the relevant ministries as members of the MSNP platform, which set clear goals and indicators, five-year plans (2013-2017) and ten-year visions (to 2023) that were later passed by the cabinet. This was referred to henceforth as MSNP I, the main framework for all nutrition planning and implementation in the country. This has since been followed by development of MSNP II⁹ for the period 2018-22, building on lessons learnt from MSNP I.

⁷ GNR 2017.

⁸ Pradiumna Dahal, Anirudra Sharma and Stanley Chitekwe (2017). *A journey to multi-sector nutrition programming in Nepal: evolution, processes and way forward*. Field Exchange 54, February 2017. p77. www.enonline.net/fex/54/multisectornutritionnepal

⁹ At the time of writing this document, the MSNP II is awaiting formal approval from the Prime Minister and cabinet of Nepal.

Two focus districts

Kapilvastu

Kapilvastu is a district in the Terai, the plains region of Nepal, with a population of around 570,000 (2.2 per cent of the total population of the country), according to the 2011 census. The district is located in Province 5 and is divided into six municipalities and four rural municipalities. In the previous administrative structure, which was in the final stages of being phased out during this documentation work in late 2017, the district was divided into 78 Village Development Committees (VDCs), with MSNP implementation in around half of these (34).

In the DHS survey, Kapilvastu is included in the western development region of Terai ecological zone of Province 5.^{10,11}

The 2011 census found that in this district 80 per cent of people in the district are Awadhi speakers, followed by Tharu (5 per cent); 15 per cent are native Nepali speakers.

Agriculture is the main occupation of the population, with the district having 83,000 hectares of arable land, most of which is used for growing paddy. Wheat is also grown to a smaller extent, which renders the district self-sufficient in staples but vegetable production in the district is negligible.

¹⁰ NDHS does not give district-level data. Data can be obtained based on provinces/ecological zones/geographical zones. Here the data as per NDHS2016 for the ecological zones is presented; the assumption that the two districts Kapilvastu and Jumla are typical of their ecological zones is being made here.

¹¹ MICS 2014.

NDHS 2016			
Anthropometric Indices	Nepal	Terai	Mountain
Stunting H/A% below -2SD	35.8	36.7	46.8
Wasting W/H% below -2SD	9.7	12.2	6.1
Underweight W/A% below -2SD	27	32.5	28.5
MICS 2014			
Anthropometric Indices	Nepal	Western Terai	Mid Western Mountains
Stunting H/A% below -2SD	37.4	36	64.2
Wasting W/H% below -2SD	11.3	13.1	9
Underweight W/A% below -2SD	30.1	32.8	45.2

A causality analysis of malnutrition in the Terai region pointed to very poor dietary practices; although, due to ample staples, overall daily calorie intake of 2,590 Kcal is higher than the national average. Very low consumption of iron-rich foods, with very poor dietary diversity, clearly emerge as important causes of malnutrition in this region of Nepal, compounded by very low sanitation coverage compared to other regions. The Terai also has a large Dalit population, who have historically been both economically and socially disadvantaged and only recently received priority attention from the government in the form of targeted social programmes.

Jumla

Jumla is a mountain district in the mid-western mountain region of Nepal and was once the stronghold of the Maoists at the height of the civil war that raged for decades in the country. With a population of 109,000 (0.4 per cent of the total), the

district was divided under the previous administrative structure into 27 VDCs, 15 of which piloted the MSNP. Under the current administrative structure, the district is reorganised into one municipality and seven rural municipalities. The district is located in the Karnali zone and until 2007 had no road access.

The district is the only apple-growing area in Nepal. Most of the apple crop, along with other fruits like pears and peaches, finds its way to the markets outside the district following the establishment of road connectivity in 2007. The district grows a large quantity of beans of the black-eyed type, along with a special type of rice which is resistant to the cold mountain weather. These two crops form the staple diet of the population in the district. As per the food security assessment carried out by Nepal Food Security Monitoring System (NeKSAP), most of the district is 'minimally' food-insecure. Based on NDHS 2016 data, Jumla, as part of the Western Mountain zone, has lower wasting rates than the Terai, but very high stunting prevalence, with two out of three children being stunted¹².

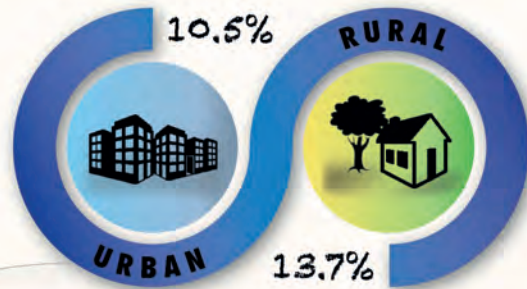
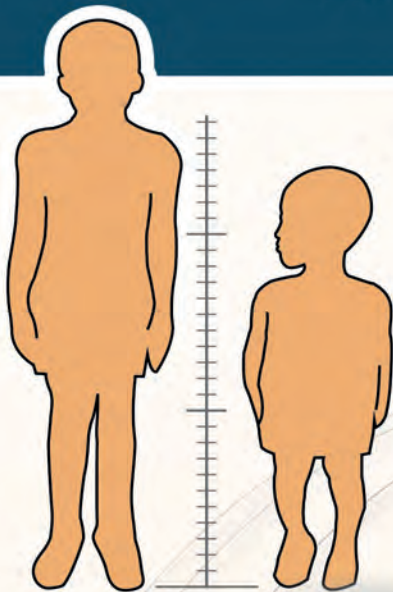
An important cause of childhood malnutrition in Jumla is the very low dietary diversity, which includes almost no animal protein for children, with poor complementary feeding practices. This is compounded by higher prevalence of childhood illnesses and poor coverage of immunisation services. Poor maternal nutrition is also a predisposing factor. Food taboos are strongly prevalent, with iron-rich and animal foods being prohibited for pregnant and lactating women (PLW), coupled with very high workload of women as there is high migration of men outside the district due to few local livelihood opportunities. Access to health facilities is difficult and there is low coverage of micronutrient supplementation for women during pregnancy and in the post-natal period.



¹² No information is available at district level on annual incidence.

STUNTING In Nepal, 2016

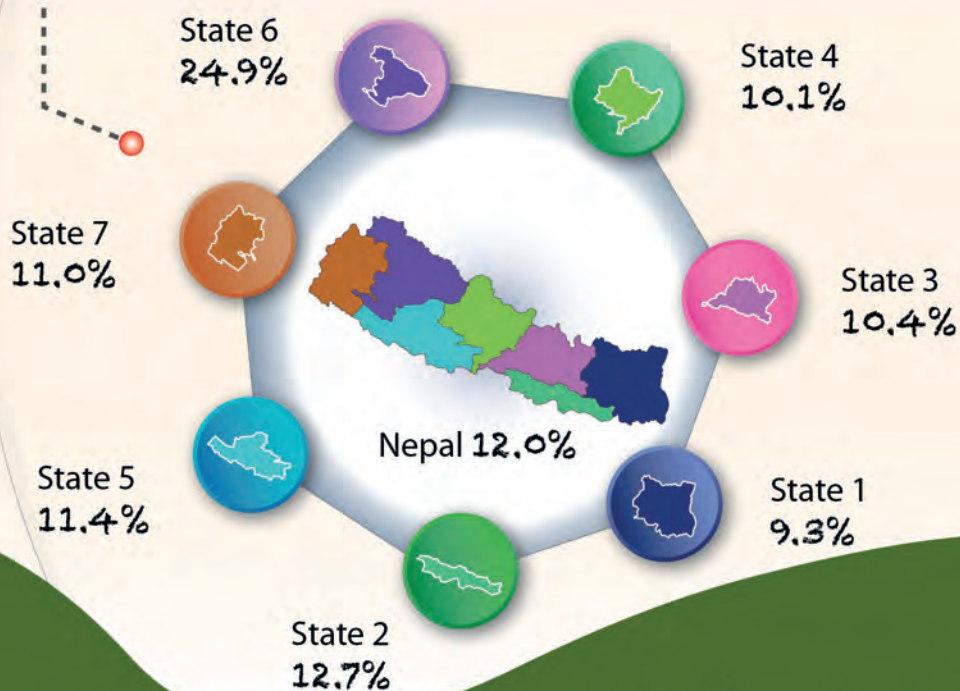
नेपालमा कुपोषण/वामपुङ्के पाँच वर्षमुनिका बालबालिकाहरू %



Ecological Zones



Federal States



Source : Demographic and Health Survey, 2016.



Nutrition-related programming at the district level

Coordination at the district level

The national-level management structure for MSNP is within the National Planning Commission (NPC). The MSNP works under the guidance of the High-Level Nutrition and Food Security Steering Committee (HLNFSSC) in the NPC, together with the National Planning Commission Secretariat (NPCS). Members of this committee are Secretaries of eight ministries, along with experts. The Chairperson is the Hon. Vice Chairman, National Planning Commission (NPC).

The principal GoN agencies responsible for implementing the MSNP are the Ministry of Health and Population (MoH), the Ministry of Agricultural Development, the Ministry of Livestock Development, the Ministry of Urban Development/Division of Water Supply and Sanitation, the Ministry of Federal Affairs and Local Development (MoFALD), the Ministry of Education, and the Ministry of Women and Children. An equivalent structure is present at the level of the

district – the Nutrition and Food Security Steering Committee – which was formed at the level of District Development Committee (DDC) municipality and in VDCs with specified terms of reference focusing on coordination, guidance and oversight of functions at their respective levels.

At the district level, the committee is chaired by the DDC Chairperson and the District Health Officer or District Public Health Officer is the Co-chair. According to the MSNP document, the DDCs and VDCs are mandated to incorporate nutrition in their periodic and annual plans and monitoring frameworks by adopting the multi-sector principles and approaches to the district context. They are also mandated to integrate progress-tracking, with stunting as a key outcome indicator. The guidelines stipulate that the district-level management structure will receive technical support from the health sector through the district nutrition officer, as well as political and administrative leadership from the District Council Nutrition Coordinator.

Box 2 The frontline health work force

The frontline workers with greatest access to household level – especially women – are the FCHVs and the social mobilisers from the Department of Women and Child Development. The FCHVs are the mainstay of Nepal's health programme and have been the main source of information for mothers on infant feeding and nutrition in pregnancy. Social Mobilisers' main responsibility has been working to form credit and savings women's groups. These group meetings are now used by the Social Mobilisers to deliver nutrition messages. FCHVs also are invited to attend these meetings and counsel mothers on nutrition.

Funding and rollout

Implementation of the plan at the district level is based on the MSNP document guidelines and in consultation with the District Development Committee members from all sectors. There is flexibility for innovation and adaptation based on local conditions and priorities.

The annual district budget allocation for MSNP work is received by the DDC and disbursed from MoFALD. The budget is distributed equally among all sectors, with a small portion retained for the coordination by the DDC.

The rollout of the MSNP was designed in an incremental fashion, with a gradually increasing rate of scale-up as knowledge and capacity are created in the districts to manage the various sector nutrition interventions in a coordinated fashion. The MSNP I 2013-17 was piloted in six districts – three in the far-west mountain zone and three in the Terai, including Jumla and Kapilvastu. The plan was to scale up to all 75 districts in five years. Coverage within the districts was also planned in an incremental manner, the target being coverage of 50 per cent of the high-priority VDCs in each district within the planning period. At the time of the study, the MSNP was implemented in 34 out of 78 VDCs in Kapilvastu and ten VDCs in

Jumla, where Women and Child Development (WCD) covered four VDCs with awareness sessions for adolescents on nutrition.

Sector implementation

The sectors which are brought together under the MSNP have their own sector programmes and budgets separate from the MSNP. The MSNP urges the respective sectors to incorporate nutrition-sensitive activities into their work. The sector ministries are also advised to form a Nutrition Technical Group within their own ministries and provide technical assistance and carry out monitoring and evaluation (M&E) of the implementation process. However, focal persons spoken to through this work were unaware of any such technical group within their own sectors at the national level. They did not mention receiving any specific technical support from the central level; most continually referred to the initial orientation and the MSNP document itself as the source of all technical information. The Technical Support Unit (TSU) in place from November 2016 set up by the MoFALD through EU-UNICEF support has been much appreciated by all stakeholders, with a mandate to support coordination and information-sharing within the district and between the district and national levels.

Box 3 The SAAHARA project

The USAID-supported SAAHARA project, now in its second phase, aims to improve the nutritional status of women and children in 40 under-served districts of Nepal and has been in place in Kapilvastu since 2016. This project targets mothers and children in the 1,000-days age group and expects to reach 1.5 million beneficiaries across Nepal. The programme focuses on improving health and nutrition behaviours at the household level through promotion of essential nutrition actions (ENA), particularly infant and young child feeding (IYCF), and addressing other determinants of undernutrition, such as availability of and access to food, water, sanitation and hygiene; quality healthcare; child spacing; and socio-cultural factors, including gender and marginalisation. It covers all VDCs in the case study districts, with universal coverage of PLW and children under two years of age, with extra effort made to reach disadvantaged group (DAG) households. The project works closely with existing mechanisms of the GoN in all districts. It is the largest single externally funded programme addressing nutrition in Nepal in terms of reach and outlay, with a budget US\$71.5 million.

Village Development Committees

Each VDC had an equivalent structure to the district-level Food Security and Nutrition Steering Committee. This was chaired by the VDC Chairperson with the VDC Secretary as the Member Secretary. Chiefs of the Agriculture and Livestock service centres were members of the VDC, as were representatives from the Health Facility and School Management Committees, plus a member from the ward citizen forum.

The VDC was tasked with coordination of all nutrition stakeholders and alignment of work towards the reduction of stunting. The committee needed to ensure that nutrition programmes were incorporated into the annual VDC plans in line with the district plan and to review implementation of nutrition programmes.

MSNP and other key nutrition-related programmes

While the MSNP is a government-led nutrition plan and implementation mechanism, it also aims to align other nutrition-related programmes implemented by partners to ensure coherence and greater scale of programme impacts. An example of programmes within MSNP districts that also contribute to nutrition is shown in Annex 2; these were mapped for the focus districts Jumla and Kapilvastu. Some partner-led programmes in Nepal are at significant scale, with extensive national coverage, so alignment with the MSNP structures and agenda has been important to ensure effective scale-up overall.





3

Implementation of MSNP I

This case study examines in detail implementation of the Multi-Sectoral Nutrition Plan I (MSNP I) in two districts of Nepal. It also considers the effect of the SUA AHARA programme in Terai district Kapilvastu due to its considerable scale and influence on nutrition programming and coordination in the district.

The MSNP I is not a project or a programme, but rather a framework/guideline for bringing identified sectors together to combat malnutrition. Each sector has its own tailored guidelines and budgeted plans. Within the MSNP document, specific nutrition activities are also identified that are to be mainstreamed into the sector, with associated monitoring in order to track progress.

The MSNP I is a five-year costed plan totalling US\$193.4 million, with an annual cost of US\$38.7 million. The proportion of budget earmarked for nutrition-specific activities is 40.1 per cent, with 50 per cent earmarked for nutrition-sensitive activities

and the remaining 10 per cent allocated to strengthening governance. Most of the nutrition-sensitive work is geared towards food security programming. The nutrition-specific component is channelled through the Ministry of Health and Population.

Since it was rolled out in the two focus districts (among the first six to receive the programme), the geographic coverage of MSNP has increased incrementally each year. Proportionately, funds channelled to the District Development Committee (now the District Coordination Committee) by the central MoFALD have increased annually. A very small proportion of funding is retained at the district level for coordination. The money is distributed equally among all sectors.

In practice, as will be documented below, it is clear that the MSNP is not rolled out as an integrated multi-sector programme. Sectors have worked more closely together to discuss and plan, but implementation

largely happens independently. However, even if implemented independently, activities converge at the household level as targeting of households is based on shared Golden 1,000 Days criteria; i.e. PLW with children under two years of age.

Implementation of nutrition-sensitive components of the programme

Nutrition-sensitive components have been introduced into all sectors to varying degrees and in various ways. The MSNP document includes log frames for each sector, along with an annual costed action plan for nutrition-sensitive activities. However, based on context relevance of the activity in the district, there have been modifications in particular districts.

The extent to which each of the sectors has embraced nutrition has depended on the reach and design of its own programmes and the budgets available for activities in the district. It has been relatively easy for the Health sector, which is already implementing nutrition-specific activities, to understand the importance of nutrition-sensitive actions and include additional messages on dietary diversity and water, sanitation and hygiene (WASH) into its training curriculum and in information sessions in the community. This did not require any extra funds or personnel. This contrasts with Agriculture. The Agriculture Development Strategy (ADS) includes food and nutrition security as one of the components in its vision. The strategy also specifically mentions the Food & Nutrition Security Plan (FNSP), a national

flagship programme that will closely align with the MSNP. Despite this policy-level integration, the linkages of the Agriculture sector with nutrition have been tenuous, although they are improving. One challenge is that the reach of the Agriculture sector at the community level is largely limited to male farmer's groups, with little access for households and women. The Agriculture sector budget is also large and the amount that comes from the MSNP is small in comparison. It is actually considered unnecessary by some and by others in the same sector as too little to merit serious attention.

Nutrition-sensitive activities of each sector under the MSNP are outlined in the table below.

Agriculture sector

The main focus of the Agriculture sector has historically been to increase production (especially of cereal crops) and to increase income through cash crops. Both these endeavours contribute towards achieving food security. The MSNP has introduced the dimension of nutrition security, which requires attention to dietary diversification and growing green vegetables and pulses. Activities as a result of MSNP I have included:

- Training on developing kitchen gardens and growing fruit trees in Kapilvastu (households in the 1,000-days age group have been priority target groups);
- In Jumla, distribution of seeds and training in kitchen gardens have been supplemented by training for developing and maintaining greenhouses;
- In both districts, training is no longer exclusively for male farmer groups and now includes women, who

Sector	Activity	Implementation	Additional details
Agriculture	Seed distribution, Kitchen gardens and Greenhouse cultivation training	Sectoral	Training given mostly to women who manage the gardens primarily
	Growing fruit trees	Sectoral	
Livestock	Distribution of cows, goats,	Sectoral	Training on rearing included
	Poultry distribution and training on rearing		
Health	Nutrition counselling	Intersectoral coordination	FCHVs are trained
Water, Sanitation and Hygiene	Counselling on hand-washing and hygiene	Intersectoral coordination –	
	Emphasis on eliminating open defaecation	WASH and Education	
Education	Counselling on hand and food hygiene in schools	Intersectoral coordination –	
	Curriculum developed on nutrition	WASH and Education	
	Training of teachers, parents and staff of schools on nutrition	Sectoral	Unique to Jumla
Social Protection	Nutrition counselling by FCHVs in monthly savings group meetings	Sectoral	
		Intersectoral coordination	Health and Social Protection

receive training for kitchen gardens as they are mostly responsible for maintenance of these gardens.

Livestock sector

This sector now allocates a small amount of funds in addition to the MSNP to nutrition. Some programming has been reoriented to prioritising households with PLW and children under two years of age. Key nutrition-sensitive activities are:

- Jumla
 - Distribution of cows in the lower altitudes has taken place, with an emphasis on setting aside milk for children and PLW in the household first, with surplus then sold in the market.
 - Families in higher altitudes prefer and receive goats, sheep and poultry as they can be grazed freely without special fodder. The families are encouraged to use the income from these small livestock for improving nutrition of children. Livestock and AFSP officials reported that these steps, coupled with increasing awareness of the importance of dietary diversity, have resulted in early introduction of animal proteins in children's diets.
- Kapilvastu
 - As the district is nearly milk and meat sufficient¹³, funds from MSNP have been mostly used to distribute poultry to 1,000-days households, in addition to supporting building chicken coops.
 - Training of Livestock sector technical staff on the importance of the multi-sector approach to improving nutrition has been an important activity. The emphasis on animal protein as high-quality protein and the necessity to introduce it early into children's diets as part of complementary feeding has been one of the key messages of this training and has helped to strengthen understanding that the Livestock sector can do more to improve nutrition than simple income-generation only.

Health sector

All nutrition-specific programmes in Nepal are implemented through the Health sector. There have been no new activities as a result of the MSNP, although the approach to delivery of existing services has been modified and the focus on nutrition has been sharpened by the trainings delivered to health staff.

This was well articulated by the Chief of Health in Kapilvastu: "The focus earlier was on the curative aspect of malnutrition through IMAM [integrated management of acute malnutrition] and such programmes. Now we also focus on the preventive measures."

It also emerged that the activities of other sectors such as Agriculture, Livestock and WASH, which have made provisions for dietary diversification and improved hygiene, have strengthened the counselling services provided by the frontline health workers. Some health workers interviewed believe that improving nutrition has become more of a shared responsibility between sectors and hence is a more achievable goal.

WASH sector

Activities in the WASH sector have differed in the two districts, reflecting the different contexts. Kapilvastu has demonstrated some recent improvement on open defaecation, while Jumla is one of the districts which has been declared open defaecation free (ODF), so that the next steps and target for the district are to become a 'Total Sanitation District'. The achievements in the sector have been realised even without the thrust from the MSNP.

The high level of malnutrition in Kapilvastu, despite the presence of relative food security, was one of the reasons for piloting the MSNP in the district: all staff have been oriented on MSNP and the important linkages between sanitation and nutrition. A satirical information campaign has been devised specifically for the district which draws attention to the dangers of open defaecation¹⁴.

Education sector

Education sector activities influenced by the MSNP have been focused on awareness-raising, using a number of platforms. Child clubs have been formed which performed street dramas highlighting nutrition issues. Interactions with parents have also been organised by teachers on the subject. Orientation sessions were organised on the importance of nutrition and hygiene with all teachers in both districts.

An initiative unique to Jumla district was development of a full curriculum on nutrition under the MSNP. A book was written and published and has been made compulsory study for students in middle school. District-level orientation for all teachers was conducted on the delivery of this curriculum and on MSNP.

The GoN runs Early Childhood Development ECD centres in which in addition to primary schools Mid-Day Meals (MDM) are provided. Stakeholders reported that the orientation on nutrition for teachers and the

¹³ 14kg meat, 48 eggs, 90 litres of milk per individual per year, as reported by district livestock chief.

¹⁴ HAR BAAR KHAANA CHAR changed to HAR BAAR KHAANA PAANCH.

messages on hand hygiene influenced practices in these centres. Improvements to the diet were made within available budgets and hand-hygiene practices were more strictly enforced.

Women and Child Development sector

Activities in both districts were similar. The Women and Child Department works through Social Mobilisers. The Social Mobilisers form women's groups in villages with a focus on marginalised and vulnerable populations. This is in addition to the formation of credit and savings groups, which lead to women's cooperatives. Monthly sessions are platforms where frontline health workers like the Female Community Health Volunteers (FCHVs) come to deliver messages on health issues. With the advent of the MSNP, these sessions have focused more on providing information on nutrition. All workers of the department have received a minimum of three days training on nutrition issues and the critical 1,000-days window of opportunity.

Service delivery at village and household level

The introduction of the MSNP has brought about a change in service delivery at the village level. The most prominent effects have been twofold:

1. The targeting mechanism – the Golden 1,000 Days is widely understood by all stakeholders and is the logic for prioritising households with a PLW/child under two years old for all interventions. This is a transparent criterion and is acceptable to all. As a member of a citizen's forum stated: "Eventually every family will fall in this category – here there is no room for any favouritism."
2. All information-dissemination sessions like community meetings with mothers, adolescents and children; training sessions with teachers and elected members at ward and municipality level always include a session on nutrition which emphasises the multi-sector nature of the interventions needed to combat undernutrition and the importance of the 1,000-days window.

The level of interaction between sectors to achieve the above is not uniform and also varies between the two districts. Despite a momentum towards increased coordination between sectors, it is probably true that coordination is mostly between just two sectors, with coordination being largely opportunistic. There is little evidence of joint programming, although there are modifications to make programming more nutrition-sensitive in design.

All sectors depend on the information provided by the FCHVs (the frontline workers of the MoH), who maintain lists and details of households to help identify eligible households. This collaboration is critical as not all sectors have the same household outreach as the MoH.

Another example of collaboration between sectors is inviting the FCHVs to the mothers' groups meetings organised by the Social Mobilisers to deliver messages on nutrition. However, these are naturally occurring collaborations and are not based on any directives or guidelines; the MSNP has given this type of collaboration a framework and a definite agenda for discussion.

In Kapilvastu, a task force decided to refine the programme to be able to demonstrate results through better sector integration. Twenty to twenty-five households were chosen in each of five VDCs and these sites were designated Learning VDCs. All sectors planned and implemented jointly, so that every household benefited from each of the sector interventions. Joint monitoring visits were also conducted and all stakeholders claimed they were able to see a gradual change in behaviour and practice in these households; hand-washing and proper feeding practices being the most observed. There has been no formal evaluation of the impact of joint programming yet, but all focal persons stated that this was the first time that they had worked with other sectors in this way and were able to see the effects of the activities of their sector in conjunction with the other sectors.

Monitoring and Evaluation

The MSNP document includes an overall log frame and sector-specific log frames. All log frames are accompanied by costed action plans. However, these do not provide a clear monitoring framework of the MSNP at either the national or the district level. The document refers to the indicators recommended in the SUN Road Map¹⁵ as being useful and also recommends inclusion of other indicators for the Nepal context; e.g. child marriage rate, teenage pregnancy rate and the use of iodised salt.

Even though the MSNP is in the last year of Phase 1, there is no clear M&E system in place in either district. This has been recognised as one of the gaps which need to be addressed in Phase 2¹⁶.

¹⁵ http://unfoodsecurity.org/sites/default/files/SUNRoadMap_English.pdf

¹⁶ www.enonline.net/fex/54/multisectornutritionnepal#

The MSNP TSU put in place in each of the MSNP districts supported by EU-UNICEF in coordination with the DCC compiles a monthly report collecting information from all sectors. This is a simple format which is limited to activity reporting, developed by MoFALD. There is as yet no system to report on outcomes or impact. This reporting is entered into an electronic database, which allows MoFALD centrally to view all district reports as soon as they are submitted. However, it is reported that there has been no feedback from MoFALD and other sector ministries on the activities in the districts. Opportunities for exchange between districts are also few and far between: at the time of writing only one meeting had been organised in Kathmandu which allowed interaction between districts.

In addition to the monthly reports, at the end of every fiscal year a joint planning meeting is organised of the Food & Nutrition Security Committee, where activities for the next fiscal year are planned and a combined plan is submitted to MoFALD. This forms the basis for the allocations to the district.

Implementation realities and challenges

Understanding of nutrition through MSNP at sub-national level

Village level

Interviews and observations at village level showed that the importance of the 1,000-days window in child development is well understood, as are the linkages between WASH and children's health and nutrition. Women representatives we met in both Jumla and Kapilvastu drew attention to issues such as poor sanitation facilities in schools for girls and the high rates of child marriage in both districts and the practice of *chaupadi*¹⁷ in Jumla.

Frontline staff

Frontline staff of all sectors have undergone training in MSNP. In discussion with groups of them in both districts, there appeared to be clarity on the importance of nutrition. A key resulting change for these staff is that they all incorporate nutrition messages in all their interactions with community members in both group and individual meetings. In addition, health workers participate in community meetings with Social Mobilisers from the WCD, facilitators from local government community development programmes and with workers in ECD centres.

District-level staff

All sectors' stakeholders at the district level have a good understanding and – more importantly – are convinced of the importance of nutrition and that a multi-sector approach is necessary to achieve good nutrition outcomes. All interviewees were very positive regarding their initial orientation, with many reporting that the “Nepal Government” has prioritised nutrition as one of the important means to enable the country to transition to a lower middle-income country.

The buy-in and clarity across sectors varies, although all perceive their role as prevention of malnutrition, in contrast to the curative role of the Health sector. The DCC lead in Kapilvastu asserted that Agriculture, Health and WASH sectors were the easiest sectors with which to coordinate and have a good understanding the MSNP concept, while Education was less easy, possibly because school-age children were not the target group of the MSNP.

District-level coordination

The MSNP document articulates a coordination mechanism at the district level in the form of a District Nutrition and Food Security Steering Committee chaired by the Chairperson of the District Development Committee (District Health/Public Health Officer as the Member Secretary). The key members of the committees are sector chiefs, planning and information communications officers of the district, and representatives from the NGO sector and chambers of commerce and industry.

Members of the District Nutrition and Food Security Steering Committee meet quarterly and share progress in their respective sectors. They also plan together and, at the initiation of the model VDCs, joint visits have been carried out in Kapilvastu. Such visits have not been carried out in Jumla district. Longstanding committee members appeared to have good knowledge of villages and their conditions.

In practice, sector chiefs are not the key persons involved in MSNP implementation in either case study district. However, an officer from each sector was assigned as the MSNP Focal Point and was tasked with attending meetings and taking the work of MSNP forward. The individual who brings all Focal Points together from the district administration is the Local

¹⁷ Chaupadi is the practice of confining girls and women to a cowshed during menstruation, where they are vulnerable to snake bites, severe cold, lack of nutritious food (such as eggs, milk and curd) and vulnerable to acts of violence and rape. It is one of the reasons why girls in secondary education drop out from school through frequent absences.

Development Officer (LDO) in Jumla and the District Information & Communication Officer in Kapilvastu. In Kapilvastu this group of focal persons calls itself the MSNP Task Force.

Sector chiefs are therefore informed about the MSNP work, but are not actively involved. There are presumed to be many reasons for this, ranging from the limited time available to limited priority afforded as the MSNP budget is so small compared to sector heads' own large budgets for their sector. The Agriculture sector chief in Jumla was also keen to point out that reduction of malnutrition was not the task of the Department of Agriculture – “our task is limited to ensuring food availability by increasing production”.

All focal persons acknowledge that coordination was a challenge initially, when the concept of MSNP was not clearly understood, but over time, with repeated orientation, this has improved. The establishment of the Technical Support Unit (TSU) has also greatly improved coordination.

Sector Focal Points indicated that the meetings were a place where they came to know of the work of other sectors and that such opportunities did not exist earlier. The joint planning of the work allowed them to seek assistance from others; especially to implement outreach activities through the Social Mobilisers and FCHVs, who are rooted in the community and interact regularly with households.

SUAAHARA, which is in place in Kapilvastu (not Jumla), has added another dimension to coordination. SUAAHARA was recognised by all stakeholders as a project addressing undernutrition through nutrition-sensitive activities and was welcomed by all interviewed as fitting well within the MSNP framework. However, coordination with SUAAHARA was uneven. Officials interviewed had little involvement and information and coordination were limited to meeting attendance rather than planning of activities. Officials tended to be understanding of this and recognized that all externally funded projects had their own targets to meet and constraints under which they needed to operate. There were a few instances of activities being modified to avoid duplication. The SUAAHARA team has participated actively in all orientation sessions on MSNP conducted for the urban and rural municipalities. The large budgets available to externally funded projects are identified by some sector Focal Points as an advantage, with the caveat that some of these resources could be better deployed with joint planning and decision-making.

A number of government stakeholders had reservations about the cost efficiency of programmes implemented by external development partners. At the

¹⁸ Pelletier D, Gervais S, Hafeez-ur-Rehman H, Sanou D, Tumwine J. Boundary-spanning actors in complex adaptive governance systems: The case of multisectoral nutrition. *Int J Health Plann Mgmt*. 2017;1-7. <https://doi.org/10.1002/hpm.2468>

Box 4 Technical Support Unit

The Technical Support Unit was established with the support of EU-UNICEF to the MoFALD mid-way through MSNP I rollout. The MoFALD vision for the TSU was to improve district-level rollout of the MSNP, engender coordination between sectors and ensure timely reporting to the MoFALD. These roles are implemented through a local NGO, which has located experienced, two-person teams in each MSNP district. The TSU staff facilitate meetings between all sectors, prepare activity plans and track progress against set targets. This is done in coordination with the District Development/Coordination Committee. Creating streamlined coordination processes is very much the priority for the TSU and it is hoped that these will be adopted by district structures within a two-year period. The TSU probably achieves more than would have been possible through the DDC/DCC as it can focus solely on MSNP-related work. One KII described the TSU as a facilitating and enabling body which, through a combination of strategies, “brings together a diverse set of people from divergent professional, sector and organisational backgrounds under the umbrella of common purpose – nutrition”¹⁸.

The role of the TSU has been uniformly appreciated by all sectors in both districts as being responsible for accelerating and ensuring the smooth implementation of the work under MSNP. The improved coordination has ensured that the allocated amounts are spent fully and all communication campaigns are well coordinated. As was illustrated by the MSNP Focal Point in the DCC in Kapilvastu, meetings have now become more regular, there is a specific agenda and decisions are followed up.

same time, they acknowledged that ‘donor-driven’ programmes were always more robustly monitored and evaluated and attributed this to availability of dedicated trained teams.

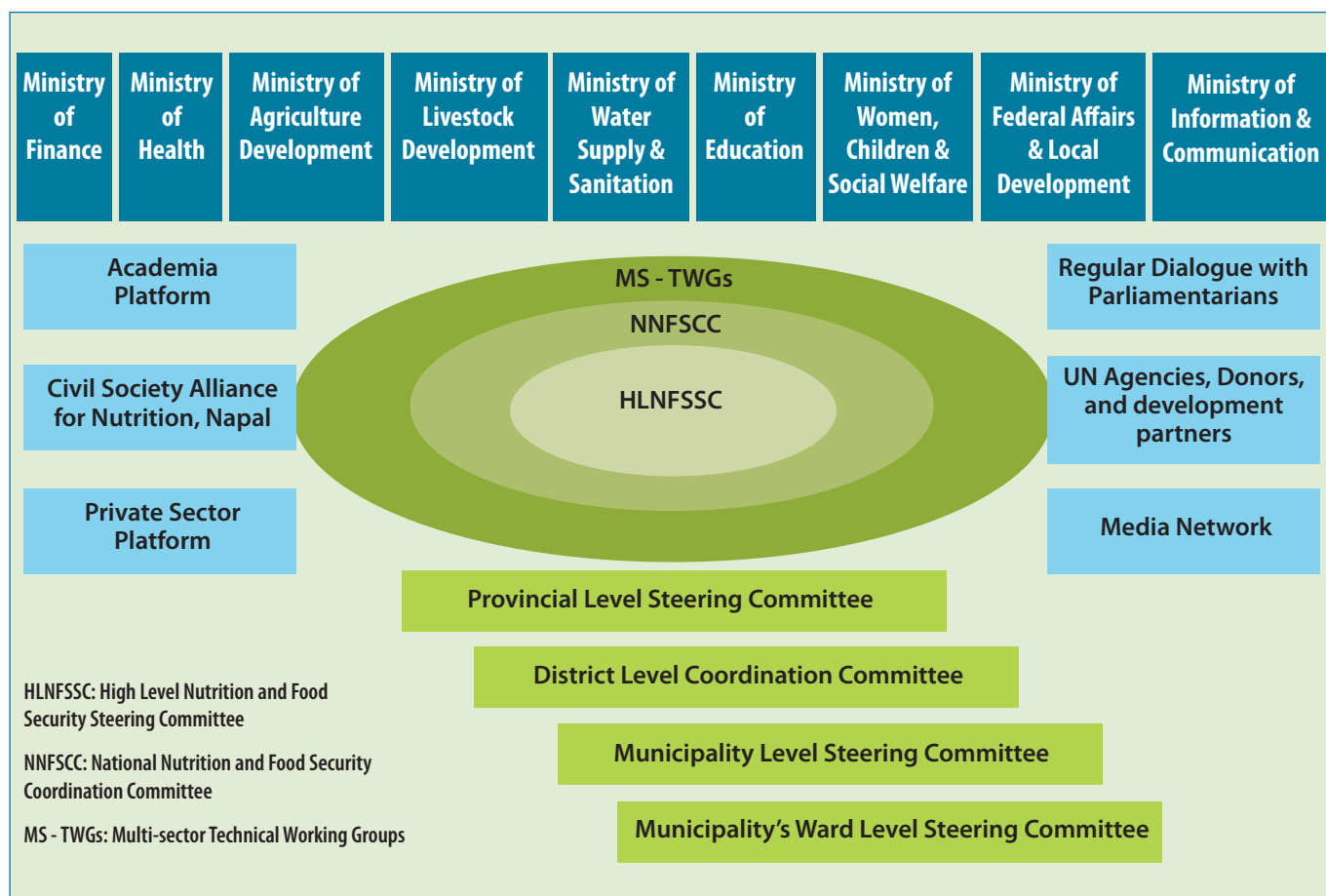
Key implementation challenges

Despite different geographical and cultural contexts in the two districts, some common challenges identified by MSNP stakeholders were similar. These include:

- i. Limited personnel trained in nutrition, even within the health sector. The lack of a dedicated nutrition officer was recognised as a key constraint;
- ii. Insufficient feedback from MoFALD and sector ministries in the central government centre: despite monthly, quarterly and annual reports being sent, there was little response from their respective ministries;
- iii. Release of budgets to the districts was often delayed (this has improved with time but still could do with improvement);
- iv. The allocations are uniform across every sector, which some believe is inefficient and unfair given that certain sectors are more active and relevant.

Governance and coordination

With the new governance system in place as illustrated by the figure 1, the District Development Committee now is transformed into the District Coordination Committee. It clearly emerges from stakeholders that, in the early years prior to the establishment of the TSU, the meetings were rather ad hoc and took place mostly only towards the end of the fiscal year to discuss how to spend the money allocated and there was no real joint planning. With the support of the TSU, the meetings have become more organised: a clear agenda is agreed beforehand and decisions are made on joint monitoring and planning. As meetings have progressed the role of TSU is more clearly understood and accepted by all sector Focal Points. Clear examples of coordination resulting in constructive activities were given by Focal Points, such as in Jumla where, based on feedback from other sectors, the Livestock Department distributed goats rather than poultry to target households and the Agriculture Department, based on feedback from the Women and Child Department, expanded seed distribution to include provision of greenhouses and training to women on their maintenance.





4 Analysis and discussion

Devolution

With devolution and administrative restructuring, the MSNP is now being implemented in 308 out of 753 local governing bodies¹⁹. As this is a fairly recent development, the implications and impact on implementation are not fully understood. However, coordination is expected to improve considerably as sector representatives are all within one office and now have a smaller geographic area of responsibility. With this development, allocation of MSNP will be made to each local government unit, which will in turn decide on further allocation to the sectors based on need. This will allow for more contextualised planning.

Anticipated challenges include the following: nutrition-specific programmes might overshadow and therefore command more resources than nutrition-sensitive programmes because elected representatives have a limited time period (five-year tenure) in which to demonstrate results; and the visibility of nutrition-sensitive interventions is perceived as limited as compared to nutrition-specific activities.

The new devolved system involves bureaucrats and elected representatives in a new dynamic within a hierarchy which is unfamiliar to the bureaucrat. The lack of capacity – and often even a lack of formal qualifications in elected representatives – may also pose challenges.

Data and M&E

The Nepal Demographic Health Survey NDHS is conducted every five years, the latest being the NDHS 2016 survey. The most recent multiple indicator cluster survey (MICS) was conducted in 2014. Neither surveys provide disaggregated data at the level of district or sub district. The NDHS provides data disaggregated for the newly formed seven provinces, five development regions and three ecological zones. The MICS provides data for 15 sub-regions. District-level data are not available for planning, which is a distinct disadvantage.

¹⁹ Six metro city, 11 sub-metro city, 276 municipalities, 460 rural municipalities.

Box 5 Devolution in action – expected changes to MSNP

The one change which everyone agrees has taken place through MSNP is sector targeting of PLW households (with children under two years of age). Being a first for all sectors, the method of working has been a learning experience and most sector Focal Points were of the view that working closely with elected representatives in the new devolved system, where planning would take place at the municipality and rural municipality level, will yield good results.

As a part of the field work for the study, it was possible to observe orientation on MSNP of elected members in one municipality in Kapilvastu and one rural municipality in Jumla. From these observations, it was clear that levels of understanding and engagement are varied and depend on factors like individual's education, political ideology and experience in government. Priorities of elected representatives, however, varied significantly from "electricity and water for every household" to "ensuring education for every child". Clearly, this change in administrative and political structure could have major implications for how the MSNP will be taken forward in the municipalities and rural municipalities.

In both districts, sector positions in VDCs visited were filled. All mayors and deputy mayors saw this as an important measure as everyone is present in one office and therefore the expectation was for easier coordination. However, one mayoral observation was that there is limited capacity on technical issues (not limited to nutrition) and a consequent need for technical advisors who can help representatives take the plans forward.

It was apparent that, where NGOs had been working on nutrition previously, representatives and all frontline workers, including non-health sector personnel, were more 'tuned in' and confident of achieving the set targets in their five-year tenure (e.g. in Lamra in Tattopani, Jumla, which has achieved ODF status and has also been a part of the child-friendly VDC initiative).

A view expressed by all was that the devolution meant that, with local people at the helm, there would be greater progress as there is increased community contact and hence more accountability.

With the devolution process now complete and all planning processes due to take place at the level of municipalities, it is unclear what the basis for programme planning and monitoring will be with regard to disaggregated data available. Data on coverage and targeting of nutrition-specific programmes are captured by the Health Management Information System (HMIS), which reports regularly. There is no such mechanism for the MSNP.

All line agencies now report to the DCC on a regular basis on progress made in the MSNP. With the assistance from the TSU, DCC also reports monthly progress of MSNP activities to MoFALD. The monthly reporting format²⁰ (see Annex 3) captures activity-based indicators from all line agencies, which is reported to UNICEF and MoFALD through the online reporting system. Besides the monthly activity monitoring on the template created by MoFALD, no additional monitoring systems have been created within sectors. Despite sectors having modified their activities to make them more nutrition-sensitive, no additional indicators have been added to sector monitoring. All plans, activities, budgets and expenditures of all line agencies are uploaded to the MoFALD web-based reporting system. No formal evaluation was built in to the MSNPI. This gap is expected to be addressed in the next phase.

Financing

The MSNP is a costed plan and part of the increased GoN spend on nutrition, with an increase in the budget for nutrition interventions from US\$49.7 million in 2013/2014 to US\$110.2 million for 2016/2017²¹.

All nutrition-specific programmes are implemented by the Health sector and funding for all programmes comes from the MoH to the District Health Office. The MoH is also one of the 'richest' ministries, with funds released on time. The allocation to the Health sector from the MSNP budget is also routed through the MoH directly to the District Health Office. In contrast, MSNP allocations are often delayed, which in turn delays activities.

In the first year, MSNP money was released to the district by UNICEF directly, but after this it was routed through the MoFALD to the District Development Committees, where it would be distributed equally among the sectors, with a very small portion earmarked for coordination itself. Funds often arrived

²⁰ www.enonline.net/attachments/2771/msp-nepal-format.pdf

²¹ Presentation by Dr Geeta Bhakta Joshi. South Asia Food and Nutrition Security Initiative (SAFANSI) Roundtable Government Action for Nutrition in South Asia 2017. www.securenutrition.org/resource/roundtable-government-action-nutrition-south-asia

late (a couple of years in some cases) and often reached the districts in the last three months of the fiscal year. This resulted in the resources being unspent in some cases and returned by a few sectors. Disbursements have improved considerably since the setting up of the TSU and with the secondment of staff to the unit by the local NGO, HERD.

In subsequent years, with the assurance that the money had been allocated by government and would be released, activities planned jointly under the MSNP were implemented through money advanced from the sector budgets. The amount allocated under MSNP for sectors is negligible compared to the large sector budgets (this is especially true of Agriculture, WASH and Health sectors, where budgets are large). However, the Social Welfare sector, which has a limited budget, has welcomed the additional resource.

Figure 1 shows the district (Kapilvastu) MSNP budget vs Sector budget for fiscal year 2016-17.

The MSNP funds have served as an addition to existing sector funds, but have not been large enough to bring about major change. Their key contribution has been to serve as a reminder to render activities nutrition-sensitive. There has been a steady increment in the funds allocated per district as the number of VDCs brought under MSNP increased annually.

Multi-sector collaboration

In both districts, stakeholders cite examples of sectors coming together to implement all activities in specific geographical areas in order to see the impact of multi-sector programming. These initiatives are recent and are yet to demonstrate impact. The convergence is visible in terms of targeted households and communities. Despite this, stakeholders do cite

challenges in multi-sector programme implementation which have implications for most contexts.

This MSNP phase has been characterised as learning-by-doing, with no ready proven tools. Coverage is at 50 per cent of populations within the district. However, many interviewees describe changes being observed in the communities in terms of processes: an organic collaboration is evolving between the frontline workers of all sectors, which was not seen earlier. Stakeholders believe that scaling up to full coverage within a district is critical to demonstrate visible impact that would command attention of national-level authorities. However, a well designed monitoring system/evaluation framework should be able to show the results even with this coverage.

The MSNP budget allocation was divided equally across sectors, irrespective of the nature of the work; this was not considered appropriate by all. There is an innate hierarchy between sectors which is based on the resources that the sector has at its disposal. There are also perceptions concerning the strength of linkage between the work of the sector and improving nutrition. The Agriculture and Health sectors see themselves as 'bigger' and more 'relevant' than the others.

One cross-sector challenge cited by many sector Focal Points was the lack of manpower on the ground and, even for middle-level personnel, the lack of knowledge on nutrition issues. However, with the improvement in coordination between sectors as a result of the MSNP, there were examples of sharing resources (mostly personnel) like the FCHVs and social mobilisers participating in activities like school programmes for parents and farmer training programmes in order to disseminate information on nutrition.

Figure 1

SN	MSNP sectors	HH coverage from MSNP budget	MSNP budget allocation for 2016-17	Sector Regular budget for 2016-17	MSNP budget allocation in %
1	Agriculture	850 HHs	1700000	40436000	4.2 %
2	Livestock	500 HHs	1860000	44943000	4.14%
3	Water and Sanitation	879 HHs	1700000	48658000	3.49%
4	Women and Child	692 HHs	1700000	22309000	7.62%
5	District Education Office	1098 HHs	1500000	1176403000	0.13%
6	District Coordination Committee (DCC)	1056 HHs	15400000	1062175000	0.14%
	Total	5075 HHs	10000000		

HH = household



5

Conclusions and recommendations

The study looked at the sub-national-level implementation of the Multi-Sectoral Nutrition Plan 2013-17 (MSNP I) in Nepal, which is led by GoN. This plan prescribes a framework for nutrition programming to bring various sectors together with the goal of elimination of chronic undernutrition by 2023 and a reduction of stunting, wasting and underweight in children, in addition to improving maternal undernutrition. This is a government-led and largely government-funded initiative. It is expected that all projects and programmes geared towards improving nutrition, including those of development partners, will fit into this framework and contribute towards reduction of undernutrition.

Following a pilot in six districts, the MSNP I included a phased plan for scaling up to all 75 districts in the country. Scaling up was by design, which allowed planned resource allocation from both government and external sources.

The need for multiple sectors to be involved in nutrition was well understood at the sub-national level

– this conceptual clarity at all levels – frontline workers, elected representatives in local government and even community members, was critical for ownership and active participation in MSNP. A key factor to achieving this was the consistent and powerful messaging on the critical window of opportunity of the first 1,000 days. This resulted in a uniform approach to targeting beneficiaries across sectors, which in turn ensured that families who had a mother with a ‘1,000-day child’ received a range of interventions across sectors.

The importance of the TSU, which was established by the MoFALD with the support of EU-UNICEF mid-way through the MSNP I, cannot be over emphasised. The TSU facilitated meetings between all sectors, prepared activity plans, tracked progress against set targets and sent regular reports to MoFALD. This coordination role was critical. Although government-led, the programme is effectively being managed by EDPs, even though support is routed through the MoFALD. With the restructuring of the entire country, it

remains to be seen how this support structure will evolve to support local governing units in implementing the MSNP.

Attempts by the GoN to create a basket fund for the MSNP into which all external development partners will contribute have not been very successful. Some of the largest nutrition programmes in Nepal are implemented by external partners in parallel to the MSNP, even where these programmes share the same vision and targets as the national framework and programme.

The GoN is committed to the MSNP approach. This has led to the detailed planning and launch of the second phase; i.e. MSNP II, which has built on district-level learning from phase one. A key improvement for MSNP II is a strengthened M&E system.

The study findings can be summarised as follows:

- a. The importance of addressing undernutrition through a multi-sector approach has been clearly understood and fully accepted by all sectors at district level and beyond.
- b. There is a clear consensus that the vision of the GoN in graduating from a least developed country to an LMIC can be achieved only with improvements in nutrition status.
- c. The MSNP has not resulted in joint programming or fully integrated programming. However, with clearly drawn-up sector log frames as a guide, each sector has taken some steps to render their own sector activities nutrition-sensitive. The situation can be best categorised as one where each sector is largely maintaining sector remits and working together with other sectors on certain issues with loose, unstructured agreements.
- d. The consistent and strong messaging of the Golden 1,000 Days across the country has caught the attention and imagination of every stakeholder, including communities, and resulted in a common targeting criterion at the household level. This allows for an array of interventions to be delivered to eligible households.
- e. The hegemonic approach of the Health sector has been transformed into a more collaborative approach, with the understanding that health is solely responsible for curative actions and all other sectors have a key role to play in preventive actions.
- f. All cadres of workers in all participating sectors are well aware of the MSNP and the rationale behind it. This has been achieved by planned orientation sessions, coupled with regular refresher sessions.

These sessions have been conducted using funds set aside for this purpose from the funds allocated to each sector for MSNP activities.

- g. The role of the district-level TSU has been key to improving the coordination between sectors. This emphasises the importance of an entity that is 'dedicated' to nutrition at all sub-national levels (not just at the national level).
- h. Externally funded programmes such as SUSAHARA²², which have similar objectives to MSNP, are recognised as important adjuncts that are expected to impact nutrition positively, even if they run in parallel to government initiatives with perfunctory coordination.

The challenges which were evident and will need to be addressed in the future include the following:

- i. In order to strengthen implementation of nutrition-sensitive actions across all sectors, it will be necessary to build on the basic knowledge of nutrition that exists now in all sectors. This will allow for innovative adaptation on the ground. Tools²³ are now available which can be used with guidance and support.
- j. Currently there is minimal feedback to districts from the Central level both from sector ministries and the MoFALD which has a key role in coordination- this feedback loop will have to be strengthened.
- k. A robust M&E system needs to be put in place. This has been clearly addressed in Phase 2 of the MSNP II as per information available. This will be critical given the extensively devolved system of governance that Nepal has just adopted. Governance in Nepal underwent a transformation in 2017, with the federal system being fully implemented. This level of devolution presents numerous challenges: building technical capacity in nutrition at the same time as keeping the focus on it amid other competing issues will be the most important one to address.

²² Process evaluation of SUSAHARA I showed improved access to healthcare, improved quality of care and increased knowledge levels of frontline workers in implemented areas. SUSAHARA, AID-367-A-11-00004. Process Evaluation – Results from Frontline Worker and Household Surveys, September 11 2015.

²³ Compendium of Actions on Nutrition CAN – A Facilitation Resource to foster Multisectoral actions at the Country level. Developed by the UN Network for SUN/REACH Secretariat in consultation with UN partner agencies. <http://bit.ly/2hRzlgP>

Annex 1

Stakeholders consulted

National Level

Stakeholder	Details
National level	
Bijaya Raj Subedi	Under Secretary MoFALD
Mr. Khomraj Koirala	SUN Focal point
Purna Chandra Wasti	Senior Food Research Officer Dept of Food Technology & Quality Control
Raj Kumar Pokharel	Chief Child Health Division
Dr Manav Bhattarai	World Bank
Stanley Chitekwe	Nutrition Chief UNICEF
Anirudra Sharma	Nutrition Specialist UNICEF
Pradiumna Dahal	Nutrition Specialist UNICEF
Dr Ojaswi Acharya	Deputy Country Delegate ACF
Christopher Landry	Chief Of Party, Suaahara II
Kenda Cunningham	Senior Technical Advisor, Suaahara II
Dale Davis	Country Director Nepal
Savita Malla	Lead and Advocacy and Communication Specialist (NNFSS) (NPC)
Atmaram Pandey	Former Secretary GoN
Dr Ojaswi Acharya	Action Contre la Faim (ACF)
Dr Sushil Baral	Managing Director HERD International
Homnath Subedi	Senior Manager: Programme Management
Sudeep Uprety	Research Uptake Consultant
Shophika Regmi	M&E Officer
Santosh Pudasaini	Documentation Officer

Stakeholder	Details
Kapilvastu District level	
Bishnu Paudel	Nutrition Focal Person
Samjhaana Bhandari	WCD Focal Person
Khurshid Ahmed Khan	Agriculture Focal Person
RajKishore Yadav	Livestock Focal Person
Rajan Pokharel	DDC Coordinator
Khim Bahadur G.C.	Focal Person Education
Gopal Gyarivali, Pawan Budha	Focal Persons WSSDO
Labahari Budhakoti	District Coordinator SUA AHARA
Sajana Shreshta	Communications Officer
Sudhir Mishra	Health For Life Coordinator
Ishwari Prasad Neupane	District Coordinator MSNP
Umesh Yadav	PMIMO MSNP
VDC level	
Deepak Mani Paudel	
Laxmi Kumari Chaudhary	
Meeting with Health Facility Operation & Maintenance Committee	
Village	
Pabitra Devi	FCHV
Jumla District	
Kantika Sen Juwal	Mayor Chandannath Municipality
Durga Pandey	Chairperson of the NGO Federation
Bishnu Neupane	Executive Officer Patarasi Municipality
Lakshman Bohara	Rural Municipality Chairperson and Deputy Chairperson Patarashi
Gyanendra Bud Thapa	Livestock Department – Focal Person
Dharmaraj Sahi	Coordinator Golden 1,000 Days campaign
Naveen Balampakhi	IMAM Coordinator
	Acting LDO – Sr Programme Officer
Rohita Pahchay	District Technical Officer AFSP
Bharat Khandel	District Agricultural Development Officer
Susmita Thapa	WCO Focal Person
Tanka Sodari	Chief of WASH
Dammar Kumari Rokaya	Focal Person Education
Sukra Bahadur	District Coordinator
Rural Municipality Tattopani Lamra Ward	
Guru Prasad Chowlagai	Health Post in charge
Krishna Maya Rawat	FCHV
Surat Bahadur Rawat	Ward Secretary
Ananda Lal Hamal	Social Mobiliser

Annex 2

Details of other nutrition relevant national programmes

- **Knowledge-based Integrated Sustainable Agriculture and Nutrition (KISAN) Project**

KISAN was a five-year project and part of USAID's global Feed the Future (FTF) initiative to advance food security objectives through increased agricultural productivity. It was implemented between February 2013 and August 2017 with more than 100,000 smallholder farmers in 300 VDCs across 20 districts, of which Kapilvastu was one.

The project was implemented with a total budget of US\$20.4 million in close coordination with the GoN's Ministry of Agricultural Development and a variety of private sector and community-based service providers to improve sustainable delivery mechanisms by embedding technical services in their business models.

As of January 2017, KISAN project reported having trained 103,835 farmers in improved agricultural practices and technologies, which resulted in increased gross margins for sale of target commodities and vegetables in the range of 67-74 per cent over baseline.

Other USAID projects which look to improve food security and nutrition in the country but which were not implemented in the two study districts include:

1. PAHAL. This is a five-year, US\$37 million project that seeks to strengthen livelihoods, improve nutritional status and increase the capacity of vulnerable households to mitigate, adapt to and recover from shocks and stresses in rural communities, working with 160,000 vulnerable households in 14 far-flung mid-west and far-west districts.
2. SABAL. This is a 2014-19, five-year, \$59 million project that works in 11 far eastern districts to improve food security and nutrition outcomes at the individual, household and community levels.
3. Health for Life (H4L), is a US\$27.9 million, five-year December 2012 to December 2017 project working in coordination with the GoN's MoH to support the testing and rollout of national-level policies,

guidelines and programmes. In addition to its national focus, the project works at the district level in 14 districts in the mid-western and western regions, where it strengthens district and village health systems and helps identify and implement best practices. This project was implemented in both Kapilvastu and Jumla districts.

Additionally, projects to improve water and sanitation and eliminate open defaecation have been undertaken, especially in the far western and mid-western regions in a few districts targeting specific VDCs (both schools and entire communities). Even though they are at scale, these projects have been part of Nepal's ongoing efforts to eliminate open defaecation across the country. Improvements in sanitation in Nepal through nationwide, community-led sanitation campaigns have been identified as one of the four broad drivers of change in a study which analysed the 2001²⁴, 2006 and 2011 rounds of the NDHS.

- **Nation wide government programmes²⁵**

- Growth monitoring, promotion and counselling.
- Prevention and control of iron deficiency anaemia (IDA): Iron distribution to pregnant and lactating mothers and adolescents.
- Prevention, control and treatment of vitamin A deficiency (VAD): Vitamin A distribution to children aged under five, post-partum mothers, and for treatment.
- Prevention of iodine deficiency disorders (IDD): Iodized salt promotion, social marketing.
- Control of parasitic infestation by deworming: Albendazole distribution to children aged under five, post-partum mothers, and for treatment.
- Flour fortification via large roller mills (18 roller mills nationwide).

²⁴ Headey DD, Hoddinott J (2015) *Understanding the Rapid Reduction of Undernutrition in Nepal, 2001–2011*. PLoS ONE 10(12): e0145738. doi:10.1371/journal.pone.0145738

²⁵ Nationwide refers to routine services implemented by the GoN. These programmes are in place throughout the country.

- **At scale government programmes²⁶**

- Infant and young child feeding (IYCF): 40 districts.
- GoN-UNICEF: Integrated IYCF and Baal-vita Community Promotion Programme (IYCF-MNP): 15 districts.
- GoN-UNICEF: IYCF integrated with child cash grant – five districts of Karnali. The Child Grant is Nepal’s most recent tax-financed, non-contributory and unconditional cash transfer scheme for vulnerable groups. One of the objectives explicitly stated initially was to improve nutritional status of children aged under five. In 2016, the government made a commitment to expand the Child Grant beyond the initially targeted group (under-fives in Karnali region and in poor Dalit households elsewhere in the country) and doubled the benefit amount. As per available reports, based on the current rate of expansion, it is likely to take at least ten years to achieve the goal of national coverage (UNICEF, 2017). This scheme, which has good increasing coverage, is expected to have impact on nutrition if there is an increase in the grant amount, which has been seen in some studies to be well within the spending capacity of the GoN. Studies showed that the recipient households were more likely to achieve desired amount and frequency of meals, which is one of the underlying factors influencing nutrition.
- GoN-FAO: Agriculture & Food Security Project (AFSP): This project is financed by the global initiative (GAFSP) and managed by the World Bank (WB). It is being implanted in 19 districts through the Department of Agriculture with TA support from FAO. 19 districts – This was one of the projects running in Jumla district in ten VDCs with major focus on food diversification at household level through demonstration of food processing using local products. This has seen early results, with more families introducing animal foods early in children’s diets.
- Integrated management of acute malnutrition – IMAM programme guidelines were developed following the successful pilot implementation of community management of acute malnutrition (CMAM). The programme was incorporated into the National Health Sector Program II (NHSP II) that runs until 2017 and into MSNP I 2013-17 and scaled up across the country; it was put in place very quickly in all earthquake-affected districts.
- School Health and Nutrition Programme: 54 districts.

- Vitamin A supplementation to address the low coverage in children aged six to 11 months: 18 districts.
- The Community Action for Nutrition Initiative Project – locally known as Sunaula Hazar Din (SHD) or “Golden thousand days” was a five-year programme launched by the GoN in 2012 with funding from the WB and implemented by the MOFALD across 15 districts. The project targeted 25 per cent of the most disadvantaged VDCs, totalling approximately 1,100 VDCs. It targeted WRA and children under the age of two and worked to improve knowledge and attitudes and create demand for nutrition-related services and products. Data collected at the midline stage in the project had positive impacts on some key outcomes, including the correct use of IFA supplements by pregnant women and use of improved toilets²⁷.

Most of the large externally funded programmes like SUAAHARA are off-budget. Efforts have been made to create a basket fund (pooled fund) for MSNP, but this has not worked. An exercise conducted by SPRING looking at cost estimates for 2015-16 showed that capacity-building activities and updating/linking multi-sector nutrition information nationally and sub-nationally, which is the joint responsibility of all nutrition-sensitive sectors, does not have enough budget allocations to cover these activities.

²⁶ “At scale” refers to projects with coverage of minimum one district and which are expected to scale up beyond the current coverage. In most cases these projects funded by external development partners are implemented by the GoN or in close coordination.

²⁷ Nepal Sunaula Hazar Din Community Action for Nutrition Project Impact Evaluation Midline Report April 2017 Development Impact Evaluation (DIME).



WFP/James Giambrone, Nepal

