

**Nepal's Successes on Micronutrients
and
Progress on Multi-sectoral Nutrition Planning
with a Vision to Decentralize Scale-Up of Nutrition**

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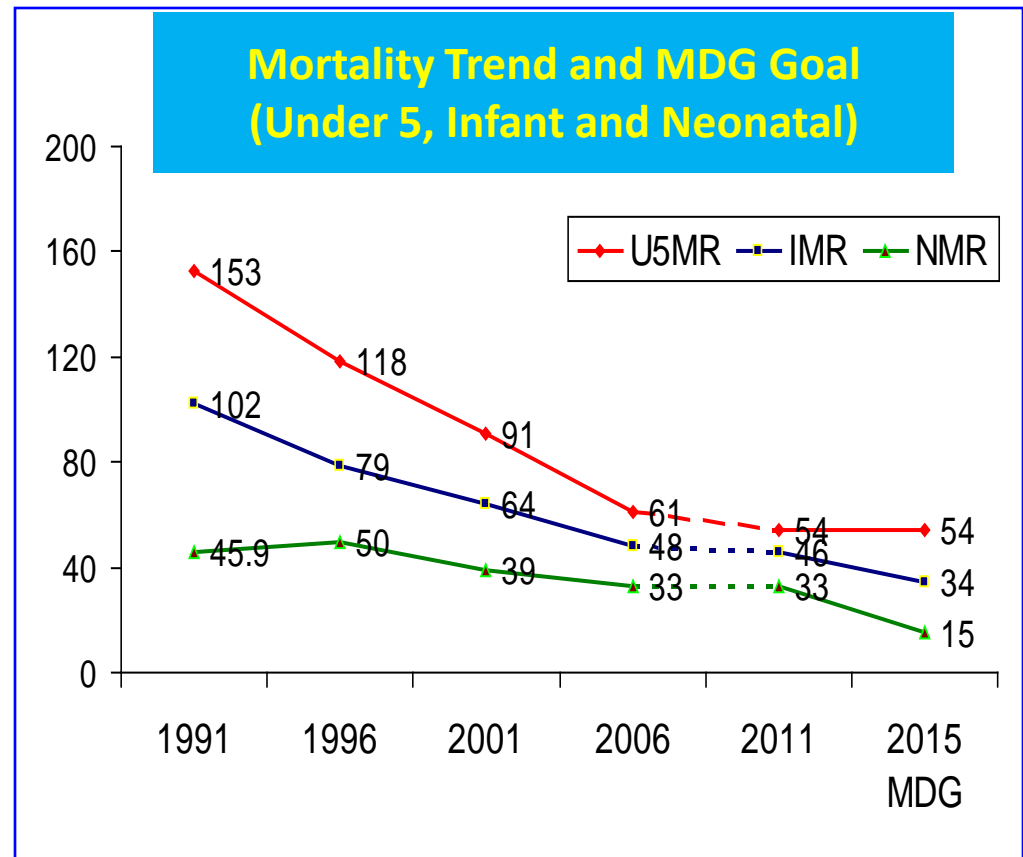
Nepal's Context

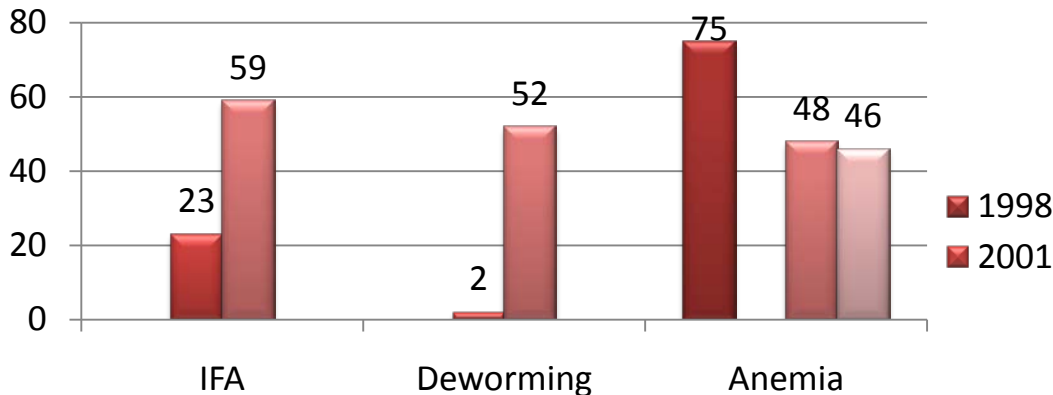
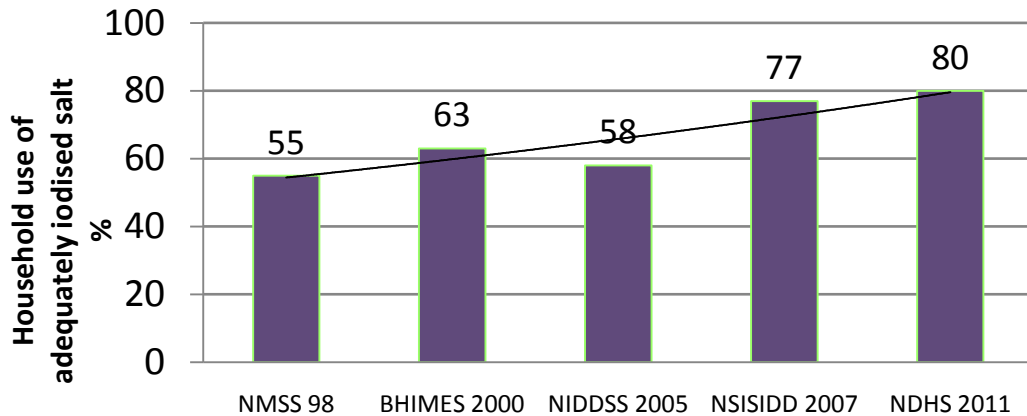
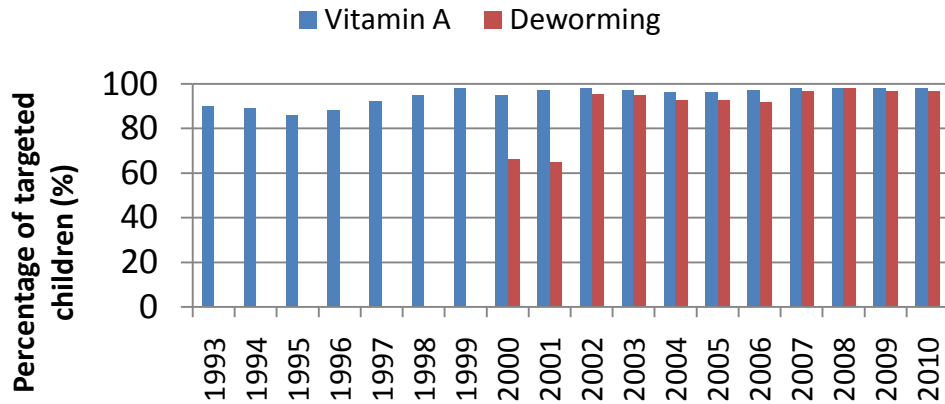


- Geographically, ethnically and socio-economically diverse
- Marked improvement in health indicators
- Growing economic disparity
- Movement toward decentralization and integration

Nepal is on Track to Reach MDG4 for Reducing Child Mortality

- Nutrition is one of the components to bring down child mortality
- Strong community-based programs through FCHVs





Nepal Successes: A Strong Micronutrients Programme

- Sustained High Vitamin A Supplementation and De-worming to Children
- Household Use of Adequately Iodized Salt (>15 ppm) Nearing 90% Universal Salt Iodization Target
- Increased Iron Folic Acid and Deworming Coverage Targeted Towards Anemia Reduction

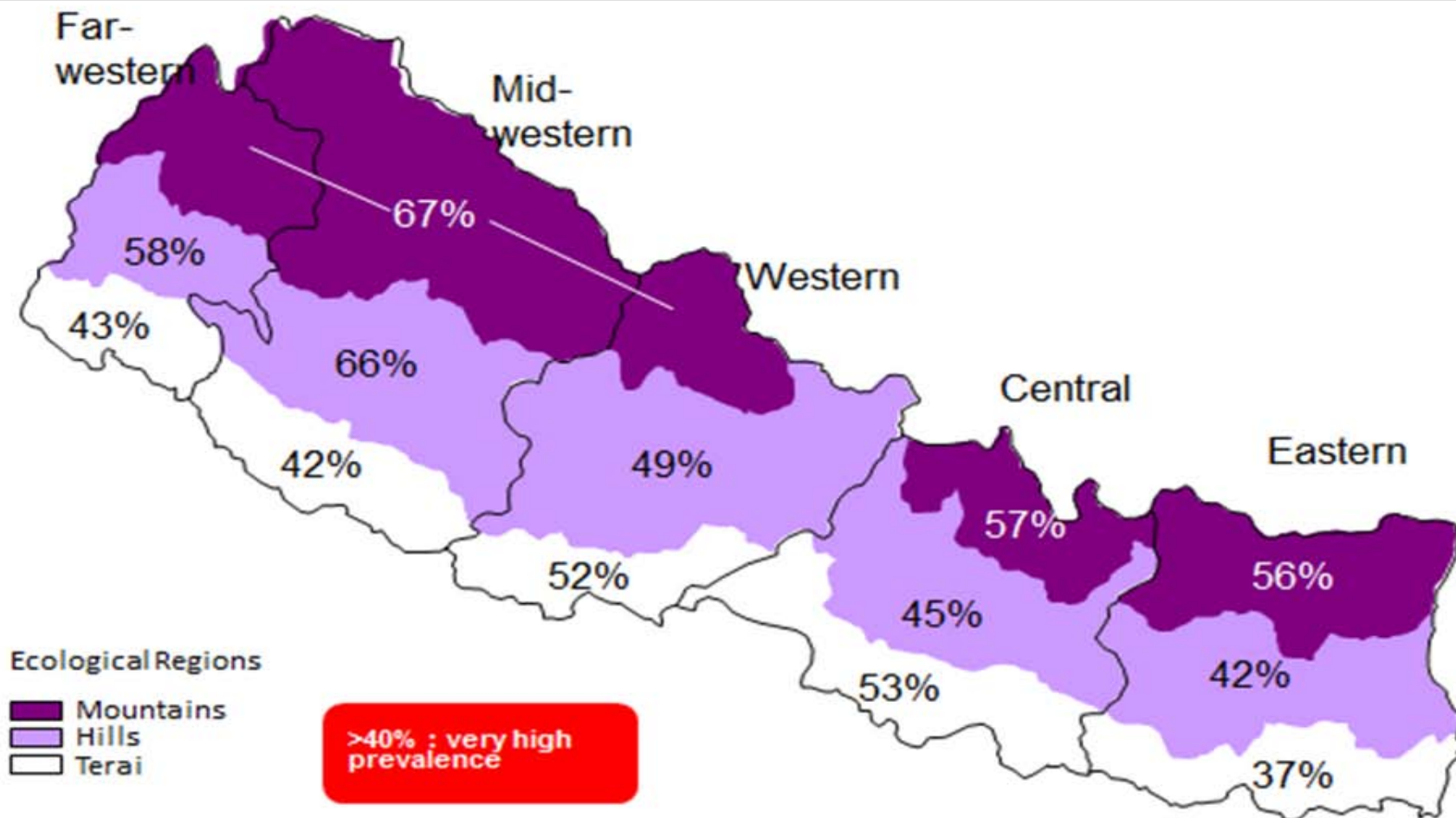
**MDG Nutrition Target:
Underweight Good Progress**

Remaining Challenge:

**High Stunting and
Marked Inequity**

Marked Disparity Across the Regions

Child Stunting High in Mid/Far West Mountain/Hills



Percentage of children under 5 years who are classified as moderately or severely stunted

Latest Developments & Progress To Address the Remaining Challenges

**Evidence-based Multi-sectoral
Nutrition Planning**

**Decentralized Implementation
to Scale Up Essential Nutrition Actions**

Nutrition Assessment and Gap Analysis (2009-2010)

Build the National “Nutrition Architecture” (2010-2011):

- Identified strengths, weaknesses, and gaps;
 - Need for a national nutrition architecture; and
 - A multi-sectoral approach through an agreed nutrition determinants model.
- NPC led National Nutrition Steering Committee revitalized;
 - High Level Nutrition and Food Security Steering Committee chaired by the Vice Chair of the NPC; and
 - Technical working group to guide multi-sectoral nutrition review, planning, implementation and monitoring.

Nutrition Multi-Sectoral Reviews: A consultative Process (2011)

- **Nutrition reviews by sector:** Health; Agriculture, Education, Physical Planning and Works, and Local development
- **Defined scope:** Global and national evidences for ‘what works’: *essential nutrition specific interventions through the Health sector & nutrition sensitive interventions through other sectors*
- **Systematic consultation:** through Reference Group Meetings by sector at key stages and All Reference Group Meetings to identify the cross-sectoral linkages

Costed Multi-sectoral Nutrition Plan of Action (Ongoing)

- **Clear leadership:** the NPC and involving all key sectors
- **Focused:** on the first 1,000 days of life and stunting reduction
- **Addressing the immediate, underlying and basic factors:**
 - women and children’s access to health and nutrition;
 - safe water & sanitation; and
 - education and inequity.
- **Emphasis on decentralized implementation:** initially in selected districts (2012-2014)
- **Vision to gradually scale up:** to all other districts BY 2016 (*A new approach: learning by doing*)

Multi-sectoral Nutrition Planning Framework

Strategic Objective (SO) 1. National Planning Commission

Result (R) 1.1. Multi-sectoral commitment and resources for nutrition are increased

R 1.2. Nutritional information management and data analysis strengthened

R 1.3 Nutrition capacity of implementing agencies is strengthened

SO 3. Ministry of Education

- R 3.1 Adolescent girl's awareness and behaviours in relation to protecting foetal, infant and young child growth improved

- R 3.2 Parents better informed with regard to avoiding growth faltering

- R 3.3 Nutritional status of adolescent girls improved

- R 3.4 Primary and secondary school completion rates for girls increased

SO 2. Ministry of Health and Population

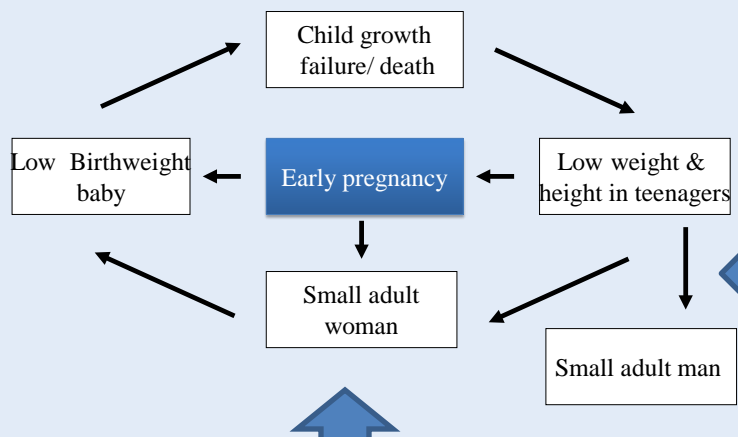
R 2.1 MIYC micronutrient status improved

R 2.2 MIYC feeding improved

R 2.3 SAM better managed

R 2.4 Diarrhoea adequately treated

The intergenerational transmission of growth failure: When to intervene in the life cycle



SO 5. Ministry of Agriculture and Cooperatives

R4.1 Increased availability of animal foods at the household level

R 4.2 Increased income amongst young mothers and adolescent girls from lowest wealth quintile

R 4.3 Increased consumption of animal foods by adolescent girls, young mothers and young children

R 4.4 Reduced workload of women and better home and work environment

SO 4. Ministry Local Development/ Social Protection

R 4.1 Nutritional content of local development plans better articulated

R 4.2 Collaboration between local bodies' health, agriculture, and education sector strengthened at DDC and VDC level

R 4.3 Social transfer programmes corroborated for reducing chronic under nutrition

R 4.4 Local resources increasingly mobilized to accelerate the reduction of MCU

Areas Where Focused Attention and Support is Required

Cross-Cutting Components

- **Continuous Advocacy to Sustain National Commitment**
 - Sensitization and Advocacy at national and sub-national levels to maintain commitment to approve and scale up nutrition
 - Advocacy to increased budget allocation for nutrition
- **Capacity building**
 - In-depth capacity assessments needed for all sectors (building on NAGA findings)
 - Multiple level capacity development strategy at Community, District and Centre
 - Scale up district models will greatly influence capacity building approach – economies of scale must be sought
- **Monitoring and evaluation**
 - Multisectoral Nutrition Information System (NIS) including a set of core indicators by sector for the MOLD to track progress
 - Build in evaluation for the initial phase: Base- and End-line survey
- **Resource Mobilization**
 - The multi-sectoral nutrition package is being costed and prioritized for each sector (using Nepal based costing - Ingredient Method)
 - Mobilization of resources initially in the selected model districts and to scale up gradually to the remaining districts



Thank You