GOVERNMENT OF NEPAL

NationalPlanningCommission

Multi-sectoral Nutrition Plan

For Accelerating the Reduction of Maternal and Child Under-nutrition in Nepal

Volume I

February,2012

Kathmandu

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PREFACE

Addressingchronicmalnutritionisrecognizedasthefoundationofsocialandeconomicdevelopment, andacceleratedachievementofalltheMillenniumDevelopmentGoals(MDGs).Nutritionisthebestind icatorofqualityofhumancapitalofacountry.InNepal,41percentofchildrensufferfromstuntingorlow heightforage.Fouroutoftenchildrenunderfiveyearsofagearelesslikelytosurvivetheirfifthbirthday, andthosewhosurvivecannotachievetheirphysicalgrowthandmentalandcognitivedevelopmentpot ential.Theconsequencesareserious,life-
longandirreversible.Chronicmalnutritionaccountsforatleastonethirdofdeathsinchildrenagedund er-
five.Theaffectedchildrenareatincreasedriskofmorbidityanddecreasedcognitivefunctionresultingi nloweracademicperformance,loweconomicproductivityandincreasedriskofdegenerativedisease slikediabetesandobesity,laterinlife.Besidesthehighcostforthecountry,thehighincidenceofchronic malnutritionaffectsthereachofmanyinternationalcommitmentstosocio-
economicdevelopmentinNepal.

Chronicmalnutritioniscausedbymalnutritionofthemotherbeforeandduringpregnancyandlactatio n,andthechildduringthefirsttwoyearsoflife.Therefore,effortsshouldbeconcentratedtoreduceitint hefollowingtargetgroups:adolescentgirls,pregnantandlactatingwomenandchildrenfrom0-
24monthsofage.

TheGovernmentofNepalrecognizesthatchronicmalnutritionisamajornutritionprobleminthecoun try.
AshighlightedintheNationalNutritionSeminarheldinOctober2010,duetoitspotentialnegativeimpa ctoneconomicdevelopmentandhumanpopulation,it mustbeurgentlyaddressednationallytowards itssignificant reduction.It mustbeconsideredapriorityinthegovernment'splans.

This National Multi-sectoral Nutrition Plan for improving maternal and child nutrition and reducing chronic malnutrition, has been prepared by five key government sectors, under the lead of the National Planning Commission (NPC), in collaboration with their development partners. It offers a package of activities/interventions with priority strategic objectives by sector that, over a period of five years, should contribute to a reduction by one third the current prevalence rates of chronic malnutrition, and embark the country well on the way towards significantly reducing this problem within the next ten years to ensure that malnutrition no longer becomes an impeding factor for enhancing Nepal's human capital and socio-economic development.

Theplanisnotlimitedtoaddressingtheproblemofchronicmalnutritionandmeasuresforitspreventio n,butalsoconsidersthefactorsthatlimitthecapacityofgovernmentinstitutionstoimplementit.ThePl anincludesactionstoenhanceinter-sectoralcollaborationandcoordination,strengtheningmulti-
sectoralmonitoringandevaluationmechanismstotrackprogress,financialandhumanresourcesasw ellasidentifyinggapsandfutureneedstoensurethecommitmentandcapacitytoimplementitinasusta inablemanner.

Thereisevidencesuggestingthatitispossibletosignificantlyreducechronicmalnutritioninchildrenle ssthantwoyearsofageinaperiodof10-
20years.Butforthistohappen,astrongcommitmentisurgentlyneededfromthevarioussectorstoallo cateadequateresourcestoaccelerateprogress,buildingonsuccessesalreadyachievedinthisarea.

Kathmandu,February2012

Rt.Hon.PrimeMinisterofNepal

DECLARATIONOFCOMMITMENTS

FORANACCELERATEDIMPROVEMENTINMATERNALANDCHILDNUTRITIONINNEPAL

We,theNepalGovernment,UNagencies,developmentpartnersandmembersofcivilsocietyandtheprivatesector,meetingtoday,theXXFebruary2012,inXXXatthenationalnutrition seminar,whoseobjectiveistoachieveanationalconsensusforamulti-sectoralactionplanforthereductionofchronicmalnutritioninNepal,

Recognizingthatchronicmalnutritionisthemainproblemaffectingthenutritionof Nepalichildrenandthatitsresolutionrequiresamulti-sectoralapproach,

Concernedthatmalnutritionisresponsibleformorethanathirdofchildmortality, and for derailingsocio-economicdevelopmentoftheaffectedfamilies,communities,andultimatelythecountry,andimpactingnegativelyonachievementoftheallthe Millenniumdevelopmentgoals,

RecallingandreaffirmingthecommitmentduringtheWorldFoodSummit,heldinRomein1996,toreducethenumberofundernourishedpeopleby50%bytheyear2015,

RecognizingthatpovertyreductionisaGovernmentpriorityandthatthereisastronglinkbetweenpovertyreduction,foodinsecurityandnutritionandchronicmalnutrition,

Takingintoaccounttheopportunitiesthatpresentthemselves,notably:thenationalpoliticalengagement,andcosteffectiveinterventionsbasedonscientificevidence,globalinitiativesonScalingUpofNutrition(SUN),withNepalhavingmadecommitmenttobean‘earlyriser’SUNcountry,andtheinvolvementofnationalandinternationalpartners,

Recognizingthattherighttoadequatefoodandnutritionisafundamentalhumanright,Wecommitourselvesandstriveto:

- Contributetotheimplementationofactionsdefinedinmulti-sectoralnutritionplanofactionfortheimprovementofmaternalandchildnutritionandthereductionofchronicmalnutrition;
- Developadvocacy,communication,andsocialmobilizationactionstoraiseawarenessofthevarioussectorsandthegeneralpublic,aboutthesignificantproblemofchronicmalnutritionandactionsneededtoimprovematernalandchildnutritionaccessibletoeveryone,thusensuringequity,andfacilitatingaccesstoinformation,topromotingbehaviourchange,withafocustoreachthemostmarginalized,poorestsegmentsofthepopulation,andtakingintoaccountgenderrelatedfactors;
- Strengthentheinstitutional,organizationandhumanresourcecapacityfortheimplementationoftheplanatalllevelsandindifferentsectorslinkedtonutrition;
- Supporttheinter-sectoralcoordinationbodyatallthekeylevels(national,district,andVDC)inallitsdimensionsothatthroughfunctionalcoordinationmechanismsareimplementedandeffectiveactiontoimprovethenutritionalstatusofwomenandchildren,ensuringcomplementarityandstrengtheningsynergiesbetweenthedifferentactors;

- Investinmulti-sectoralnutritioninformation,knowledgemanagement,surveillancesystems,monitoringandevaluationofprogress;and
- Mobilizeresourcesnationallyandinternationallytoensurethelarge-scaleimplementationofinterventionsandnutritionprograms.

We,theNepalGovernment,UNagencies,developmentpartnersandmembersofcivilsocietyandtheprivatesector,bythisweapprovethecontentsofthis"DeclarationofCommitmentforanAcceleratedImprovementinMaternalandChildNutritioninNepal."

Kathmandu,XXXFebruary2012.

XXXXX
NationalPlanningCommission

XXXXX
MinisterforHealthandPopulation

XXXXX
MinisterforFinance

XXXXX
MinisterforAgricultureandCooperatives

XXXXX
MinisterforEducation

XXXXX
MinisterforPhysicalPlanningandWorks

XXXXX
MinisterforLocalDevelopment

XXXXX
MinisterforWomen,Children,&SocialWelfare

XXXXX
Representative–CivilSociety

XXXXX
Representative–PrivateSector

XXXXX
Representative–DevelopmentPartners

XXXXX
Representative–REACHPartners

ABBREVIATIONS

ADS	AgricultureDevelopmentStrategy
ARI	AcuteRespiratoryInfections
AUSAID	AustralianAgencyforInternationalDevelopment
CBS	CentralBureauofStatistics
CCG	ChildCashGrant
CEDAW	ConventionfortheEliminationofAllFormsofDiscriminationagainstWomen
CMAM	CommunityManagementofAcuteMalnutrition
CRC	ConventionontheRightsoftheChild
CSO	CivilSocietyOrganization
DPMAS	DistrictPovertyMonitoringandAnalysisSystem
CIDA	CanadianAgencyforInternationalDevelopment
DDC	DistrictDevelopmentCommittee
DFID	UnitedKingdomDepartmentforInternationalDevelopment
DHS	DemographicHealthSurvey
ECD	EarlyChildDevelopment
EDPs	ExternalDevelopmentPartners
EU	EuropeanUnion
FAO	FoodandAgricultureOrganization
FFE	FoodforEducation
FSWG	FoodSecurityWorkingGroup
FTF	FeedTheFuture
FCHV	FemaleCommunityHealthVolunteers
FNSP	FoodandNutritionSecurityPlan
GDP	GrossDomesticProduct
GIP	GirlsIncentiveProgramme
GoN	GovernmentofNepal
HKI	HelenKellerInternational
HLNFSSC	High Level Nutrition and Food Security Steering Committee
ICESCR	InternationalCovenantonEconomic,SocialandCulturalRights
IFA	IronFolicAcid
IMAMI	Integrated Management of Acute Malnutrition in Infants
INP	IntegratedNutritionProgramme
IYCF	InfantandYoungChildFeeding
LNS	LancetNutritionSeries
JICA	JapanInternationalCooperationAgency
LSGA	LocalSelfGovernanceAct

MDGs	MillenniumDevelopmentGoals
MI	MicronutrientInitiative
MIYC	Maternal,InfantandYoungChild
MIYCU	Maternal,InfantandYoungChildUnder-nutrition
MNPs	MicronutrientPowders
MoAC	MinistryofAgricultureandCooperatives
MoCS	MinistryofCommerceandSupplies
MoE	MinistryofEducation
MoF	MinistryofFinance
MoHP	MinistryofHealthandPopulation
MoLD	MinistryofLocalDevelopment
MoWCSW	MinistryofWomen,ChildandSocialWelfare
MPPW	MinistryofPhysicalPlanningandWorks
MSNP	Multi-sectoralNutritionPlan
NAGA	NutritionAssessmentandGapAnalysis
NFOs	NutritionFocalOfficers
NGO	Non-GovernmentOrganization
NHSP	NationalHealthSectorProgramme
NLSS	NepalLivingStandardsSurvey
NNG	NepalNutritionGroup
NNSC	NationalNutritionSteeringCommittee
NPC	NationalPlanningCommission
ODF	OpenDefectionFree
REACH	RenewedEffortsAgainstChildHungerandUnder-Nutrition
SAARC	SouthAsianAssociationforRegionalCooperation
SAFANSI	TheSouthAsiaFoodandNutritionSecurityInitiative
SCF	SavetheChildrenFund
SUN	Scaling-UpNutrition
TYP	Three-YearPlan
UNICEF	UnitedNationsChildren'sFund
UNSCN	UnitedNationsStandingCommitteeonNutrition
USAID	UnitedStatesAgencyforInternationalDevelopment
VDC	VillageDevelopmentCommittee
WB	TheWorldBank
WDO	WomenDevelopmentOfficer
WFP	WorldFoodProgramme
WHO	WorldHealthOrganization

EXECUTIVESUMMARY

Forty-onepercentofchildreninNepalsufferfromchronicmalnutrition(Preliminary DHSReport, 2011).Theprocessofstuntingoccursbetweentheconceptionperiodandtwoyearsofage,andisirreversibleafterwards.Furthermore,thepopulationofNepal,especiallythemostvulnerable-womenandchildren,areaffectedbyallthemajormicronutrientdeficiencies.Thisscourgeofmalnutritionincreasesriskofmortalityintheearlystagesofinfancyandchildhood,impairscognitivefunctionofthosewhosurvive,hinderingeffortstoenhancenationalsocialandeconomicdevelopmentandtoattainalltheMillenniumDevelopmentGoals(MDGs)from1to6.Thecostofmineralandmicronutrientdeficiencies aloneinNepalisestimatedat2-3%ofGDP(fromUS$250to375million)annually(WorldBank,2011).Furthermore,foreachbabybornwithlowbirthweightthatsurvives(about100thousandayear),thelifetimelossesinearningsareconservativelyestimatedtoamounttoatleastUS$500(AldermanandBehrman,2006)leadingtotheperpetuationofintergenerationalpoverty.

TheimmediatecausesofchronicmalnutritioninNepalincludepoorfeedingandcarepractices,insufficientnutrientintake,highrateofinfectionandteenagepregnancy.Onlyonethirdofbabiesareinitiatedwithbreastfeeding,though70%areexclusivelybreastfedat6months,only65%areintroducedtocomplementaryfoodsafter6months;mostimportantlycomplementaryfeedingisinfrequent,andinadequateintermsofquality,quantityandsafety.Aquarterofmothersgivebirthbeforetheageofeighteen.Then, theyareofteninvolvedinheavyworkloadincludingfarmingimmediatelyafterdelivery,plusaquarterofthemsmokethataccountfor30%lowbirthweightin2006,while lessthanaquarterwereprovidedwithanyqualityanimalproteinfoodsorfoodsmadewithoilorfatthedaybefore (DHS, 2006).
Maternalandinfantinfectionsareverycommon;intestinalparasitesconstituteoneofthemajorpublichealthproblems;prevalenceoffevers(19%)areascommonasdiarrhealdisease(14%),whileARIisaffecting5%ofchildren,allcausingyoungchildren'sdeathsandmalnourishment (Preliminary DHS Report, 2011).

Withregardstotheunderlyingcausesofchronicmalnutrition,therehavebeensomeencouragingimprovementsovertheyearstowardsreducingpovertylevelsinNepal,but25%ofthepopulationisstillbelowpovertyline(NLSS,2011).Plus,ensuringfoodsecurityforanestimated3.5million(InitiativeonSoaringFoodPrices–FAO)ofthepopulationinfooddeficitareasthroughouttheyearisanuphilltask.Accesstohealthservicehaveimprovedincludingchildimmunization,contraceptivesprevalencerates,maternalcarepractices–bothantenatalandpostnatal.But,thereisstillawidegapinsanitationserviceswithhalfthepopulationstilldefecatingintheopen.Abouthalfofthepopulationlivesinsingleroomeddwellingswithamudfloorandanopenfireforcookingandheating.Regardingthebasiccauses,therehavealsobeensignificantimprovementsininfrastructureincludingroads,schoolsandhealthcentres.But,thereisincreasinginequity.Someofthediscriminatoryandexclusionarypracticesbasedongender,caste,class,religion,ethnicityorregionspersistbutdevelopmentactorsandagencieshavesignificantlyimprovedtheirorientationonsocialinclusionandgenderinrecentyears.

The2009NAGAoutlinedthekeyrecommendationstostepupprogressonnutritionwithinthecountry, withacalltoestablishthenationalnutritionarchitectureandtomobilizeallthekeysectorstotacklethe prevailinghighratesofmalnutritioninasustainedmannerthroughamulti-sectoralapproach.Forthatreason,theNationalPlanningCommission(NPC)revitalizedthenationalnutritionsteeringcommittee.TheNationalNutritionSeminarwasheldinOctober2010,wheretheneedforamulti-sectoralnutritionplanwasreiterated,andatechnicalworkinggrouptooverseethedevelopmentoftheplanwasformedbytheNPC.AsofMay2011,theprocessofmeetingsofreferencegroupsandsectoralrev

iewswasinitiatedandcontinuedthroughthemonthsofJuneandJuly,leadingtothedevelopmentofthis initialmulti-
sectoralplan.Sectorreviewsonwhichtheplanwasbasedweretheresultsofaveryintenseperiodofcon sultationanddeliberationinvolvingthereferencegroupsforeachsector.Theselectedsectorintervent ions,costingwereundertakeninAugustandSeptember.Duringsubsequentseriesofmeetingswiththe respectivesectoralteams,prioritizationexercisewasundertakentofinalizethecostingandtodevelop amoredetailedplanofaction.Finally,themonitoringandevaluationframeworkwasdevelopedinOcto ber.Thefinaldocumentincludesboththecosts,detailedplanofaction,institutionalarrangements,and monitoringandevaluationframework.

The longer-term vision of the multi-sectoral nutrition plan, over the next ten years, is to embark the country towards significantly reducing chronic malnutrition to ensure that it no longer becomes an impeding factor to enhance human capital and for overall socio-economic development.**Thegoal,overthenextfiveyears,istoimprovematernalandchildnutrition,which willresultinthereductionofMaternalInfantandYoungChild(MIYC)under-nutrition,intermsofmaternalBMIandchildstunting,byonethird**.Themainpurposeistostrengthen capacityoftheNPCandthekeyMinistriestopromoteandsteerthemulti-sectoralnutritionprogrammeforimprovedmaternalandchildnutritionatallthekeylevelsofsociety.

Thekeyoutcomesandoutputs(results)oftheMSNP

MSNPwillcontributetowardsattainingitslong-termvisionandmid-termgoalbyachievingthreemajorOutcomes:

Outcome1: Policies,plansandmulti-sectoralcoordinationimprovedatnationalandlocallevels

Outcome2: Practicesthatpromoteoptimaluseofnutrition'specific'andnutrition'sensitive'servicesimproved,leadingtoenhancedmaternalandchildnutritionalstatus

Outcome3: Strengthenedcapacityofcentralandlocalgovernmentsonnutritiontoprovide basicservicesinaninclusiveandequitablemanner.

Theplanfocusesonthenarrowwindowofgrowthfalter,withanurgentsetofessentialinterventions,and willcomplementotherrelevantsectoralpoliciesandstrategies,suchasthehealthsector'sNationalNutritionPolicyandStrategy(2004)andagriculturesector'supcomingFoodandNutritionSecurityPlan (FNSP)aspartofAgricultureDevelopmentStrategy(ADS).

TheMSNPhasidentifiedeightoutputs(results)withasetofindicativeactivities.Outputs1and2willcontributestowardsachievementofOutcome1,outputs3-6willhelpattainOutcome2,andoutputs7-8contributetowardsattainingoutcome3.

Output1:*Policiesandplansupdated/reviewedtoincorporateacoresetofnutritionspecificindicatorsatnationalandsub-nationallevels.*NPCandsectorministrieswillberesponsibletoattainthisresultandcarryoutthefollowingindicativeactivities:

1.1 Raisenutritionprofileamongsectoral Ministries;

1.2 AdvocatewithMinistriesforprioritizingnutritionintheirplanandforincludingcorenutrition specificindicators;

1.3 UpdateNationalNutritionPolicyandStrategy,includingMonitoringandEvaluation(M&E)framework inlinewiththeMSNP;

1.4 Incorporatenutritioninthenationalsectoralplan,includingnutritionspecificM&Eframework;

1.5 Incorporatenutritionaspectsinlocalplansandplanningprocess,includingnutritionspecific M&Eframework.

Output2.0:*Multi-sectoralcoordinationmechanismsfunctionalatnationalandsub-nationallevels.*NPCandlocalbodieswillberesponsibletoattainthisresultandcarryoutthefollowingindicativeactivities:

2.1 Establish/strengthensecretariatforsupportingthenutritionandfoodsecurityinitiativeswithintheNPC;

2.2 Establisheffectivecommunicationstoimprovecoordination;and

2.3 Formmulti-sectoralcoordinationcommitteesatlocallevel.

Output3*:Maternalandchildnutritionalcareserviceutilizationimproved,especiallyamongtheunreached andpoorsegmentofthesociety*.Thehealthsectorwillberesponsibletoattainthisresultandcarryoutthefollowingindicativeactivities:

3.1 Implement/scaleupmaternalinfantandyoungchildfeedingthroughacomprehensiveapproach;

3.2 Maintain/expandprogrammestoimprovematernalinfantandyoungchildmicronutrientstatus,withaparticularfocusonthehardtoreachpopulationgroupsandthemostaffecteddistricts;

3.3 Scale-upand manage infant and child severe acute malnutrition; and

3.4 Update health sector nutrition related acts, regulations, policies, strategies, and standards

3.5 Institutional strengthening of the health sector

Output4*:Adolescentgirls' parentaleducation, life-skillsandnutritionstatusenhanced*.Theeducationsectorwillberesponsibletoattainthisresultandcarryoutthefollowingindicativeactivities:

4.1 Nutritionintegrationintolike-skillseducationtoadolescentgirls,withafocusonimprovingmaternalandchildnutrition,andreductionofchronicmalnutrition(createanenablingenvironment);

4.2 Raiseadolescentgirls'knowledgeandskillsonreductionofchronicmalnutrition;

4.3 Prepare/updateresourcematerialsonparentingeducationforimprovedmaternalandchildcareandfeedingpractices;

4.4 Organiseprogrammestoenhanceparentalknowledgeonmaternalandchildcareandfeeding practices;

4.5 Developmid-daymealstoadolescentgirls(grades5to8); and

4.6 Providenutritionalsupporttoadolescentgirls(ironfolicacidwithde-wormingtoallandmid-daymealsinthetargetedareas)toincreasetheireducationalparticipationandperformance(grades5-8).

Output5:*DiarrhealdiseasesandARIepisodesreducedamongyoungmothers,adolescentgirls, infantsandyoungchildren.*Thephysicalplanningandworkssectorwillberesponsibletoattainthisresultandcarryoutthefollowingindicativeactivities

5.1 Organizepromotionalcampaignstoincreasepracticesonhandwashingwithsoapatcriticaltimesespeciallyamongadolescents,andmotherswithinfantsandyoungchildren;

5.2 ConductOpenDefecationFreecampaigns,withaparticularfocusonthemostaffecteddistricts; and

5.3 Raiseawarenessonwatersafetyplananduseofsafewateratthepointofuse,withaparticularfocusonthemostaffectedareas.

Output6:*Availabilityandconsumptionofappropriatefoods(intermsofquality,quantity,frequencyand safety)enhancedandwomen'sworkloadreduced*.TheAgriculture,environmentandlocaldevelopment sectorswillberesponsibletoattainthisresultandcarryoutthefollowingindicativeactivities:

6.1 ProvidetargetedsupporttomakeMNrichfood,includinganimalsourcefoods,availableathouseholdsandcommunitylevels;

6.2 RecipedevelopmentandpromotionofMNrichminor/indigenouscrops;

6.3 Linkupprogramstoincreaseincomeandconsumptionof MNrichfoodsamongadolescentgirls,pregnantandlactatingmotherswithchildrenlessthan3yearsagefromlowestquintile; and

6.4 Providesupportforcleanandcheapenergytoreducewomen'sworkload;and

6.5Reviseexistingchildcashgrantsmechanism(frompregnancytoU5yearchildren)toreducematernalmalnutritionandchildstunting.

Output7:*Capacityofnationalandsub-national levelsenhancedtoprovideappropriatesupporttoimprovematernalandchildnutrition*.NPC,health,education,physicalplanningandworks,agricultureandlocaldevelopmentsectorswillberesponsibletoattainthisresultandcarryoutthefollowingindicativeactivities:

7.1 Build/facilitateforstaffcapacitydevelopmentatcentralandlocallevel;

7.2 Carryoutorganisationandmanagementassessmentofthesectorsfororganisationalstrengthening;

7.3 Establishuniformandresultsbasedreportingsystem;

7.4 ReviewindicatorsinPovertyMonitoringandAnalysisSystem(PMAS)andDPMAStoincorporateMSNPkeyindicators;

7.5 Carryoutroutineandjointsectoralmonitoringofimplementation;

7.6 Establishmonitoringframeworkandmechanismsatlocallevels(DDCandotherlineagencies); and

7.7 Allocateinstitutionalresponsibilitiesfornutritionatalllevels.

Output8:*Multi-sectoralnutritioninformationupdatedandlinkedbothatnationalandsub-nationallevels*.NPC,health,education,physicalplanningandworks,agricultureandlocaldevelopmentsectorswillberesponsibletoattainthisresultandcarryoutthefollowingindicativeactivities:

8.1 Link/Updatenutritioninformationatcentrallevel(PMAS,HMIS,EMIS,WASH,AgricultureandLocalDevelopment); and

8.2 Link/updatenutritioninformationinDPMASatlocallevelsDDC,municipality;andhealth,education,WASH,agricultureandNGO.

PARTI

1 INTRODUCTION

1.1 BACKGROUND

Theyearof1956markedthebeginningofplanneddevelopmentinNepal.Fromtheveryoutsetthemainthrustofnationaldevelopmentpoliciesandplanshasremainedonthedevelopmentandexpansionofbasicphysicalinfrastructureandsocialservices.Around70%ofdevelopmentbudgetfundedunderexternalaidprogramswasinvestedinthesecoreareas.Developmentpartnershaveplayedakeyroleintheprocessofpolicyandplandevelopmentwhichhaslargelytendedtofollowtheprevailingglobalparadigmsandpractices.Keepingwiththeglobaltrends,thedevelopmentparadigmprioritizedgrowthoverredistribution.Itassumedthatgrowthwillsubsequentlytrickledowntoupliftthelivesofthedowntrodden.Planningbecameahighlycentralizedprocessthatsubsumedalllocalformsofplanningprocessesandpractices.ItwasintheSixthFiveYearPlan(1980-85)whenpovertyalleviation,forthefirsttime,wasmentionedasoneofthegoalsofdevelopment.However,itcouldnotgoanyfurthertodevelopthelinksbetweenthegoalandtheplannedactivities/programs.TheEighthPlan(1992-97),wasthefirstrealattempttogiveexplicitemphasisonpovertyalleviation.TheNinthPlan(1997-2002)andtheTenthPlan(2002-2007)prioritizedpovertyalleviationastheoverarchinggoalofdevelopment.Nutritionandnutritionrelatedindicatorswereexplicitlyincludedin theThreeYearInterimPlan(2007-10).ThecurrentThreeyearPlan(2010-13)hasincludednutritionasachapterunderHealthandNutritionforthefirsttimewithemphasisinnutritionunderagriculture,labour,waterandsanitation,education,forest,womenandsocialwelfaresector.

OverthelastfivedecadesNepal'sdevelopmentexperiencehasbeenmixed.Ithasmadetremendousprogressinmanyareasandhasseenlimitedadvancesinothers.Importantachievementshavebeenmadeinroadtransport,communications,education,health,anddrinkingwatersectors.Manyofthesocio-economicindicatorshaveimproved.Therehasbeenimprovementinpovertysituation.Povertyhasreducedfrom42%to31%inthedecadeupto2004andto25%in2011(NLSS,2011).Medicalandenvironmentalserviceshaveimproved,withnearlyuniversalcoverageofchildimmunizationandcleanwaterandincreasedcontraceptiveprevalenceratesamongwomenofreproductiveage(about50%).Aboutthreequartersofmothershaveaccesstoantenatalcare,andnearlyahalfofdeliveriesareattendedbytrai

nedbirthattendants.However,theperformancesofagriculture,manufacturingandtradesectorshave laggedbehind.Nepalonceafoodsurpluscountrynowhasbeenrelegatedasafooddeficitone.Nearlyhal fofthepopulationisstillwithoutadequatefoodprovisionwhile10%confrontshighfoodinsecuritysitu ation.Sanitationservicesarestillinadequatecoveringaboutthehalfofthepopulation.Abouthalfofthe populationlivesinsingleroomeddwellingswithamudfloorandanopenfireforcookingandheating.

Onecriticalareainwhichpastdevelopmenteffortshavemadefarlessimpactthandesiredischronicun der-
nutrition,whichisthreateningtoderailnationalsocialandeconomicdevelopmentandachievementof theMDGs.Tothisend,theGovernmentofNepalstartedworkonscalingupnutritionbackin2009whenit carriedouttheNutritionAssessmentandGapAnalysis(NAGA)[1].Thedevelopmentofamulti-
sectoralplanofactiontoacceleratethereductionofmaternalandchildundernutritionwasoneofthepr incipalNAGArecommendations.

TheGovernmentofNepal(GoN)hasdevelopedthismulti-
sectoralnutritionplantospeedupimprovementsinnutritionprofileofthecountryandpeople.Thisise xpectedtobeinstrumentalnotonlyinachievingMDGsandothernationalandinternationalcommitme ntsofthegovernmentbutalsoinformationofhealthyandcompetitivehumancapitalandbreakingthec hainofintergenerationalpovertyinthelong-run.

1.2 CURRENTSITUATIONANDANALYSISOFCASUALTY[2]

Nepalneedstomakesignificantstridesinimprovingthesituationofnutrition.Nepalconfrontsvariousf ormsofnutritionalproblemsrangingfromdeficitsinenergyintakeandimbalancesinconsumptionofs pecificmacroandmicronutrients.Inthepastyears,onlyinadequacyofdietaryintakeorlosseswascons ideredtobeaproblem.However,todaytheproblemofexcessintakeisalsosurfacingwithchangingdiet arypatterns.Nepalisamongthetencountriesoftheworldwiththehigheststuntingprevalence,ameas ureofchronicunder-
nutrition,andoneofthetoptwentycountrieswiththelargestnumberofstuntedchildren(UNICEF,200 9).Thisproblemaffects41%ofitspreschoolchildren(DHSPreliminaryreport,2011).Theconsequenc esofstuntingareprofound,irreversibleandspanacrossthelife-
course;alltoooftenthecyclecontinuesfortheirchildren.Under-
nutritioncontributestomorethan1/3rdofthechildmortality;childrenwhosurviveunder-
nutritionaremostlikelytoleadadiminishedlifeduetoimpairedbrainandphysicaldevelopment,andt oloweredeconomicproductivityandincreasedriskofnutritionrelatedchronicdiseaseslaterinlife.Th ecostofmineralandmicronutrientdeficienciesaloneinNepalisestimatedat2-
3%ofGDP(fromUS$250to375million)annually(WorldBank,2011).Furthermore,foreachbabyborn withlowbirthweightthatsurvives(about100thousandayear),thelifetimelossesinearningsareconse rvativelyestimatedtoamounttoatleastUS$500(AldermanandBehrman,2006)leadingtotheperpetu ationofintergenerationalpoverty.

TheprocessofstuntinginNepalbeginsrightfromtheconceptionandleadingtoinadequatefoetalaswel lasinfantandyoungchildgrowth.Aroundaquarterofbabiesarebornwithlowbirthweight(DHS,2006) ,andaftertwoyearsofage,fouroutoftenchildrenarestunted(DHSPreliminaryreport,2011).Maternal micronutrientstatushassomewhatimprovedduringthelastdecade,withanaemiaratesbeinghalvedl argelybecauseofincreasedcoverageofironfolicacidsupplementsaswellasde-
wormingduringpregnancy.Thecoverageofiodizedsalthasalsoimproved(80%ofhouseholdsnothav eaccesstoadequatelyiodizedsalt)andiscontributingtotheimprovedbirthweight.However,aquarter

[1]Pokharel RK, Houston R, Harvey P, Bishwakarma R, Adhikari J, Pani KD, Gartoula R. 2010.Nepal Nutrition Assessment and Gap Analysis. Kathmandu: MOHP
[2]SeeAnnex I formoredetailedtreatmentonthecurrentnutritionsituationandcausalanalysis

ofmothersarestilleitherundernourishedortoothin(DHS2006)and35%areanaemic(DHSpreliminaryreport,2011).Meanwhile,micronutrientstatusofinfantsandyoungchildrenhasimprovedonaccountofincreasedcoverageofvitaminAsupplements,de-wormingandiodizedsalt.Howeveranaemiaremainsacriticalproblemwith46%ofunder-fivechildrenstillbeinganaemic(DHSPreliminaryreport,2011.)

Attheimmediatelevelofcausalityinfantandyoungchildfeedingpracticesarefarfromoptimal.Onlyathirdofinfantsareinitiatedtobreastfeedingwithinonehourofbirth(DHS,2006),

70%areexclusivelybreastfedduringthefirstsixmonths,andonly65%areprovidedwithappropriatecomplementaryfoodsatsixmonth(DHSPreliminaryreport,2011).Teenagemarriagesandpregnanciesarecommon.Thematernalcarepracticesareverypoorandaquarterofmothersgivebirthbeforetheageofeighteen.Intermsofbothpre-natalandpost-natalcares,mothersareill-providedfor.Theyareforcedtobeinvolvedinhouseholdchoresincludingfarmingimmediatelyafterdelivery.Aquarterofthemsmokethataccountedfor30%lowbirthweightin2006(source:DHS).Asformaternalfeedingpractices,the 2006 DHS alsofoundthatlessthanaquarterofmotherswereprovidedwithanyqualityanimalproteinfoodsorfoodsmadewithoilorfatthedaybefore.Maternalandinfantinfectionsareverycommonandintestinalparasitesconstituteoneofthemajorpublichealthproblems.Prevalenceoffevers(19%)areascommonasdiarrhealdisease(14%),whileARIisaffecting5%ofchildren,allcausingyoungchildren'sdeathsandmalnourishment(DHSPreliminaryReport,2011).ThefactthatepisodesofmoderateandsevereAcuteRespiratoryInfections(ARI)increasewithincreasesinthelevelofexposuretodomesticsmokepollution suggestittobeanimportantpreventableriskfactorofARI.AlthoughtheprevalenceofARI,feversanddiarrhoeainyoungchildrenhasdecreasedoverthelastdecade,themanagementofdiarrhoeaisstillachallenge.

Attheunderlyinglevelofcausality,asindicatedinsection1.1,therehavebeensomeencouragingimprovementsovertheyears.PovertyhasbeenreducedandNepalisonthetrackofachievingMDG1(Target1.Awhichcallsforcountriestoreducebyhalftheproportionofpeoplelivingonlessthanadollaraday).However,ensuringfoodsecurityforanestimated3.5million(InitiativeonSoaringFoodPrices–FAO)ofthepopulationinfooddeficitareasthroughouttheyearisstillanuphilltask.Healthserviceshaveimprovedincludingchildimmunization,contraceptivesprevalencerates,maternalcarepractices–bothantenatalandpostnatal.However,thereisstillawidegapinsanitationserviceswithhalfthepopulationstilldefecatingintheopen.Abouthalfofthepopulationlivesinsingleroomeddwellingswithamudfloorandanopenfireforcookingandheating.

Atthebasiclevelofcausalityalsotherehavebeenimpressiveimprovementsininfrastructureincludingroads,schoolsandhealthcentres.Despiteoccasionaldeadlocksandsetbacks,thepoliticalsystemshowssomesignsofmaturityasdoesthesystemofgovernance.Someofthediscriminatoryandexclusionarypracticesbasedongender,caste,class,religion,ethnicityorregionspersistbutdevelopmentactorsandagencieshavesignificantlyimprovedtheirorientationonsocialinclusionandgenderinrecentyears.Intermsofnaturalresources Nepalhasconsiderablelandandwateravailability,althoughtheyarepoorlymanagedleadingtopooragriculturalandfoodproductivity.Floodsareendemicandthesoilconservationfacesmanychallenges.

1.3 POLICYCONTEXT

TheGoNiscommittedtoachieveitsdevelopmentobjectivessetoutbytheConstitutionofNepal,Three-yearPlans(TYPs)andtotheMDGs.Economicgrowth,employmentpromotion,povertyreduction,postconflictreconstructionandrehabilitation,andsocioeconomictransformationarethekeythrustofthegovernment.Similarly,humandevelopmenthasconsistentlyremainedoneoftheprioritiesofthegovernment.ThecurrentTYPaimsatreducingtheratesofinfant,child,andmaternalmortalitythroughprov

enandcost-
effectiveinterventions.Keynutritionactionshavebeenreflectedintheplan.GoNisalsointheprocessof developinganoverarchingnationalframeworkofsocialprotectionwhichproposestouniversalizechi ldprotectiongrant(whichismeantforchildren'snutrition)andexpandtheoutreachofmaternalservic es.Strategiesandplansofhealthandagriculturesectorsgiveemphasisonnutritionandfoodsecurity.T hegovernmenthasalreadyputinplaceNationalNutritionPolicyandStrategy2004.

Government of Nepal has implemented School Health and Nutrition Strategy, 2006 with the objective to guide the interested organization by providing information on how to conduct programs, who, when and in what quality the program should be implemented for better implementation of School Health and Nutrition program. The strategy has clearly drawn lines on the sectoral roles, responsibilities, work and rights of each agency. To achieve the program goals and objectives, the strategy has also clearly pointed out the group and individual efforts of the organizations, getting policy support and effective mobilization of resources.

Thegovernment,inmanycaseswithsupportofdevelopmentpartners,isimplementinganumberofpr ogrammesthatcouldimpactonnutrition.Theserangefromdirectornutrition'specific'programmess uchasmicronutrientsupplementstochildrenunderfive,towomenduringpregnancyandlactation,as wellasmicronutrientfortification-
saltiodization,flourfortification,awarenessraisingandbehaviourchangecommunicationonoptimal infantandyoungchildfeeding,managementofsevereacutemalnutrition,toindirectornutrition'sensitiv e'programmessuchasdirectcashandin-
kindtransfers,includingchildprotectiongrant,transportationsubsidiesforfood,schoolfeedingprogr am,andparentaleducationamongothers.TheyarebeingimplementedbyvariousMinistries,suchasth eMinistryofHealthandPopulation(MoHP),MinistryofEducation(MoE),MinistryofLocalDevelopme nt(MoLD),MinistryofAgricultureandCooperative(MoAC)andMinistryofCommerceandSupplies(M oCS.)

TheGoNhasexpressedstrongcommitmenttoaddressthecomplexsetofdeterminingfactorsforimpro vingnutritionalstatusthroughamulti-
sectoralapproach.NutritionAssessmentandGapAnalysis(NAGA)conductedin2009byGoNprovide dimpetustodevelopamulti-
sectoralNutritionActionPlanforthenextfiveyears.NAGArecommendsnutritionalinterventionsinhe alth,agriculture,education,localdevelopment,gender,socialwelfare,andfinancesectors(2009).The NationalNutritionSteeringCommittee(NNSC)wasreconvenedundertheumbrellaofNationalPlanni ngCommission(NPC)andnutritionfocalofficersweredesignatedinvariousministriesandlineagenci es.In2011,thescopeofNNSCwasfurtherbroadenedbyexpandingitintotheHighLevelNutritionandFo odSecuritySteeringCommittee(HLNFSSC)underthechairpersonshipoftheViceChairofNPC.Theco mmitteeassumesoverallresponsibilityinimplementingMSNP.TheroleandfunctionsofHLNFSSCare outlinedunderthechapteronManagementStructure.

Developmentpartnersremaincommittedintheirsupportandtheirinternalcoordinationintheareaof nutritionhasalsoimproved.In2010NepalNutritionGroup(NNG)wasformedcomprisingofdonorsan ddevelopmentpartnersworkinginthefieldofnutrition.Similarly,aseparatetechnicalworkinggroup onfoodsecuritywasalsoformalizedin2011consistingofrepresentationsfromdifferentdevelopment partners.Boththegroupscontinuetomeeteverymonthandjointmeetingsbetweenthetwogroupsare alsoheldatleasteveryquarter.

Internationally,GoNisapartytovariousdeclarationsandinstrumentssuchasConventionoftheRights oftheChild(CRC),ConventionontheEliminationofallFormsofDiscriminationAgainstWomen(CEDA W),MDGs,SUNInitiativeandInternationalCovenantonEconomic,SocialandCulturalRights(ICESCR) .Attheregionallevel,NepalispartytoSouthAsianAssociationforRegionalCooperation(SAARC)Devel

opmentGoalsandSouthAsianRegionalNutritionStrategy.AllofthesedeclarationsandconventionsrequirethegovernmenttoensuresurvivalanddevelopmentneedsofwomenandchildrentowhichGoNisfullycommittedandaccountablefor.Particularly,thegovernmentismakingeffortstoachieveMDGswhichhaveaverystrongnutritioncomponent.Thegovernmenthasremainedeffortfultotackletheissueofnutritionfrommulti-sectoralperspectivesoastocontributetobroaderdevelopmentgoals.Thismulti-sectoralnutritionactionplanhasbeendesignedagainstthispolicybackdropwithextensiveparticipationofallstakeholdersinvolvedinnutrition.

1.4 GLOBALINITIATIVESONNUTRITION

Overtheyears,therehasbeenincreasedawarenessgloballytowardstheimportanceofnutritionasameanstoahealthyandproductivelifeaswellastobreakintergenerationalpoverty.Evidencesshowthathungerandunder-nutritioninterfereswithphysicalandmentaldevelopmentofachild.Foetallifeandinfancyarethephasesofrapidgrowthanddevelopmentwhicharecriticalforhumancapital.Theyalsohighlighttheassociationbetweenhealthandnutritionstatusofmotherstotheirchild.ThefirstInternationalConferenceonNutrition,heldinRomein1992,adoptedaWorldDeclarationandPlanofActionwhichunderlinedtheneedstoeliminateorreducesubstantiallywidespreadchronichungerandfamine,undernutrition,especiallyamongchildren,womenandtheaged.Ithighlightedtheneedstoeliminateorreducemicro-nutrientdeficiencies,particularlyiron,iodineandvitaminAdeficiencies,diet-relatedcommunicableandnon-communicablediseases,andtopromoteoptimalbreastfeeding,safedrinkingwateraswellashygieneandsanitation.Italsocommittedgovernmentstoprepare NationalPlanofActionforNutritionwithattainablegoalsandmeasurabletargets.Globalnutritionmovementexperienceditsbiggestsurgethrough MDGswhichcontainthreegoals(MDG1,4and5)havingstrongassociationwithnutrition.Accordingly, forachievingMDGstargetstheprofileofnutritionhadtoberaisedhigheronnationaldevelopmentagenda.

Atthegloballevelarenewedimpetustoactonnutritionisnowgatheringmomentumthroughaprocess ofdialoguecalledScalingupNutrition(SUN)(Nabarro,2010).TheSUNFrameworkhasbeenendorsed byover100internationaldevelopmentinstitutionsworkinginthefieldofnutritionincludingUNICEF, WFP,FAO,WHO,andtheWorldBank.Itwastheresultofincreasingrealizationofthefactthatdevelopment funding formaternalandchildundernutritionhasbeenfartoosmall,especiallyinviewofthenegativeconsequencesitbringsintermsofmortality,morbidityandforhumancapitaldevelopment(Bhuttaet al.2008).Itwasalsorealizedthattakingtoscaleapackageofevidencebasedhighimpactnutritioninterventionswillnotonlyprovetobeaverycosteffectiveoverthelongrun,butwillalsohelpachievemostoftheMDGs.

ThatiswhyattheWorldHealthAssembly20103allmemberstateswereurgedtoincreasepoliticalcommitmentsinordertopreventandreducemalnutritioninallitsformsandtoscaleupinterventionstoimproveinfantandyoungchildnutrition.TheSUNframeworkestablishedasetofbasicprinciplesforguidingthescalingup.Theseprinciplesemphasizedon:1)sharplyscalingsupportfornutritionprogrammesandcapacitydevelopment;2)adheringtoParis-AccraprinciplesofAidEffectiveness;3)mobilizingkeystakeholdersinaninclusiveapproachtocountryownership;4)usingthe“threeones”(oneagreedframework,onenationalcoordinatingbody,andonenationalmonitoringandevaluationsystem);5)developingstrongprioritizedcountrystrategies;6)drawingsupportfromrelatedinternationalinitiatives;7)payingattentiontothespecialneedsoffragilestates;8)supportbuildingtheevidencebase;and9)supportingadvocacyandpoliticalmobilizationforaddressingmaternalandchildundernutrition.

TheSUNFrameworkstronglyadvocatesfortheadoptionofamulti-sectoralapproach,arguingthatthetwoessentiallycomplementaryapproaches,i.e.nutritionspecificandnutritionsensitive,bothneedscalingup.However,thetwoapproachestostuntingreductionareverydifferentinthewaytheyhavetobeoperationalizedandscaledup.The"nutritionspecific"interventionscanlargelybescaledupthroughthehealthsectorastheseinterventionsfocusonthewindowofgrowthfailure(i.e.fromconceptionto2yearsofage)andfallunderthedomainofthehealthsector.Thesenutritionspecificinterventions(i.e.micronutrientssupplementation,infectionsmanagementandcontrol,nutritioneducation/behaviourchangepackagestopreventunder-nutrition,andmanagementofacutemalnutrition)areaimedattheindividuallevelofcausality,essentiallyatmothersofyoungchildren.Scalingupofsuchinterventionscanbedonewithagreaterpaceastheh ealthsectorcansingularlydecideandactuponthem.Nevertheless,thisnecessitatessignificantcapacityenhancementaswellasimprovedcoordinationacrossdifferentprogrammeswithinthehealthsector.

Ontheotherhand,nutritionsensitiveinterventionsrequiredifferentapproaches.Theseinterventionsarelargelyaimedattheunderlyinglevelofcausality,whichisatthecommunityorfamilylevel,andarenearlyallinthedomainofnon-healthsectors.ImprovingtheaccesstosanitationforexamplelieswiththeMinistryofPhysicalPlanningandWorks(MPPW).Improvingaccesstoadequatefoods(intermsofquality,quantityandsafety)issessentiallythecollectiveresponsibilityofMoAC,MoLD,MoHPandMoCS.Morelonglastingbehaviourchangetotrytopreventorreducegrowthfalteringoftheupcominggenerationlieswiththe MoE.These'indirect'nutritioninterventionsarenotspecificallytailoredtoimpactonthewindowofgrowthfaltering;however,theyarevitalforimprovementsintargetingandcomplementaryactivitiestoensureimpact.Thesenon-healthsectorsmayhavelittle"nutrition"capacityandmightnotseetheirroleinnutritionasapriority.Takingthesedifferentsectoralapproachestoscaleinacoordinatedwaywilldemandconsiderableenergyandtechnicalcapacityatthelocallevel.ThisisthepotentialAchillesHeelofmulti-sectoralprogrammes,asittakesconsiderabletimetocreatesuchcapacity,whichinmostcountrieswithalargestuntingproblemrarelyexists(Nishidaet.al,2009.)

1.5 SUMMARYOFSECTORREVIEWS[3]

NationalNutritionPolicyandStrategy2004(updated2008)developedandimplementedbyMoHPisoneofthemainpolicydocumentswhichhaveguidedthenutritioninterventionsinthehealthsector.Endorsementandfundingofthesepoliciesandprogrammescanbecreditedforthesuccessachievedby Nepalinthefieldsofmicronutrientnutritionalstatus.However,arealizationthatnutritionspecificinterventionsareunlikelytoimprovenutritionalstatuspromptedthegovernmenttoanalysethedeterminantsofnutritionalstatusinordertodevelopamoreeffectivepolicyandstrategy.AnexerciseinitiatedbyNationalPlanningCommissionidentifiedthestrategiestoimprovenutritionthrough"nutritionspecific"andlongtermnutritionsensitiveinterventions.While,MoHPwasalreadyimplementingnutritionsensitiveinterventionsandshowingremarkableprogressinimprovingmicronutrientstatus,therewasabsenceofmechanismstoimplementthenutritionspecificinterventions.Therefore,MoHP,incollaborationwiththeexternaldevelopmentpartners,conductedaNutritionAssessmentandGapAnalysiswhichrecommendedfornutritionarchitecturetopromotemulti-sectoralcoordinationandcollaborationbetweenagriculture,education,WASH,localgovernanceandhealth.

NepalHealthSectorProgramme2010-2015(NHSPII)hasindicatedaspecialpriorityfornutrition,andalongsideNAGA,ithasalsoemphasized

[3]The more detailed summaries of the sector reviews are included in the volume III of the document.

theneedforamulti-sectoralapproachinnutrition.AnutritionreviewofNHSPIIin2011recommended,basedonthelatestglobalevidence(LancetNutritionSeries,SUN)andcountrylevelevidenceonwhatworks,threesetsofessentialnutritioninterventionsthatshouldbe:(i)maintained/strengthened(vitaminAsupplementationanddewormingforunder-fives,diarrhoeatreatmentwithzinc,ironfolicacid,dewormingandvitaminAforpregnantandpost-partumwomen,andsaltiodization)(ii)expandedorscaledup(infantandyoungchildfeedingandhandwashingcounselling,micro-nutrientpowderstochildrenof6-23months,integratedmanagementofsevereacutemalnutrition,rollermillflourfortification)and(iii)evaluatedfurther(suchasinterventionstoimprovematernalnutrition,smallmillflourfortification,preventionandtreatmentofmoderateacutemalnutrition).Themulti-sectoralnutritionplanincludesthefirsttwosetsofinterventions–thosearealreadybeingimplementedatscaleandwouldneedtobemaintainedandfurtherstrengthenedandthosethatarereadyforscale-upimplementation.

Educationsectorreviewshowsthatnutritionfeaturesinmanyaspectsoftheministryofeducation(MoE)portfolio.Theeducationsectorcanbenefitfromstuntingreductionasitcontributestocognitivefunctionandschoolperformance(Pollitt,et.al,1995,Maluccio,2006).Thesectorhasimmensepotentialtoimprovethenutritionalknowledgeandbehaviourofthefuturegeneration.Increasingeducationofthemotherstranslatesintobetternutritionalstatusofthechild(Sembaet.al,2008,Frosta,2005).Educationalsocanbeeffectiveinreducingteen-agepregnancy,improvingthenutritionalstatusofadolescents,andincreasinggirls'participationinschool(Viretal,2008,Bobadillaetal,1994,Gelli,2007,JainandShah,2005,Bundyetal,2009,Studdertetal,2004).InNepaltheMoEwithsupportfromWFPhasimplementedFoodforEducation(FFE)programmeandGirlsIncentiveProgramme(GIP)inareaswithhighlevelsoffoodinsecurity,poormaternalandchildhealthindicators,andlargegenderdisparitiesinprimaryschoolenrolment.TheMoEtogetherwithMoHPisalsosupportingschoolhealthandnutritionprogrammewiththesupportofJapanInternationalCooperationAgency(JICA)andotherdevelopmentpartners.Theseprogrammesfollowthreemodels:food-based(takehomeration)andcash-basedwhichhavebeensuccessfulinincreasinggirls'enrolmentattendancerate(WFP,2005),andimprovingaccesstoinformationandknowledgeonnutritionaswellasaccesstonutritionservicesthroughschools(SchoolHealthandNutritionStrategy, 2006).TheMoEcontributiontothemulti-sectoralnutritionplancanfocusamongothersonimprovingadolescentgirl'seducation,lifeskillsandnutrition.

Waterandsanitationsectorreviewshowsastrongassociationbetweensafedrinkingwater,sanitationpracticesandunder-nutrition.Diarrhoeaisoneofthemainreasonsofchildmortalityin Nepal.Furthermore,notonlydoesdiarrhoeaimpairphysicalgrowthintermsofweightandheightgains,malnourishedchildrenhaveagreaterincidence,longerduration,andincreasedseverityofdiarrhealillnesses(Guerrantetal,1992).Whileaccesstoimprovedwatersourcehasimprovedgreatlyin Nepalreachingnear90%,themajorityofthepopulationisstilldefecatingintheopenair.GoNhassetuniversaltargetstoachieve100%accesstosanitationfacilitiesby2017.DepartmentofWaterSupplyandSewerage(DWSS)ofMinistryofPhysicalplanningandWorks(MPPW)haveadoptedanewapproachcalled"CommunityLedTotalBehaviourChangeinHygieneandSanitation"(CLTBCHS).Thisapproachfocusesonfivekeyhygienebehaviours:(i)handwashingwithcleaningagentatfourcriticaltimes;(ii)safedisposaloffaeces;(iii)safehandlingandtreatmentofdrinkingwater;(iv)regularnailcutting,bathing,clotheswashing,teethbrushing;and(v)wastemanagement.Thegovernment'sHygieneandSanitationMasterPlan2010aimstopromotecommitment,advocacyandcapacitybuildingatdistrictandVDClevels.

AgriculturesectorreviewshowsthatinNepaltheassociationbetweenfoodavailabilityandnutritionalstatusatthedistrictlevelisnotverystrongwithexceptionofsomedistricts(HKI,2010).Qualityoffoodis

asimportantasquantityfortheimprovementinnutritionalstatus.AcrosscountryanalysisofDHSsurveysshowedanassociationbetweenchilddietarydiversityandstuntingindependentofsocioeconomic factors(Arimond,2004,UNSCN,2010,Raoetal,2001).InNepalaround80%ofdomesticenergyneedsaremetbyforestthusexertingimmensepressureonclimateandenvironment.Traditionalcookingstovesandhearthsareveryinefficientandexacerbateacuterespiratoryinfections.Exposuretosmokeduringpregnancyisassociatedwithlowerbirthweight(Popeetal,2010).SomeprogressismadeindevelopingImprovedCookingStove(ICS).Thebiogasstovesareattractivethoughfiscalincentiveswouldberequiredtoimpactthepoor.Theagriculturesectorcan:(i)increasetheavailabilityofqualityfoodsthrough homesteadfoodandlivestockproduction;(ii)increasetheincomeofpoorerwomenthroughcreditincentives;(iii)promoteincreasedtheconsumptionofmicronutrientrichfoods;(iv)reducetheworkload ofwomenandprovidethemwithahealthyandefficientenergy;and(v)developthecapacityofthesectorandstrengthenlinkageswithothersectors(suchasenvironment).

Localgovernanceisakeysectorthatcansignificantlycontributetoupscalingnutrition.MoLDisresponsibleforplanning,implementingandmonitoringlocalgovernancepolicies.LocalSelfGovernanceAct(LSGA1999)hasempoweredlocalbodieswithsubstantivepowersandresourcesforlocallevelplanningandprogramming.Anumberoffunctionsofhealth,agricultureandeducationaredevolvedtolocallevel.Socialmobilizationisoneoftheprogrammecomponentswherenutritioncouldbeleveraged.Theyarealsoinvolvedintheadministrationofanumberofcashtransfer/socialprotectionmeasures.Internationally,cashtransferhasincreasinglybeenpopularasonemeasureforimprovingnutritionoutcomes(Skoufiasetal,2010,Blocketal,2004,Manleyetal,2011,HoddinottandBassett,2009).SectorreviewsuggeststhatMoLDinNepalcanfocusonfivestrategiestoenhancenutritionagenda:(i)integrationofnutritioninthedesign,implementationandmonitoringoflocalgovernancestrategiesandprogrammes;(ii) mobilizelocalresourcesandcoordinatedifferentsectorsfortacklingchronicunder-nutrition;(iii)explorewaystousesocialprotectioninterventionsforthereductionofstunting;(iv)strengthencollaborationbetweenlocalbodies;(v)improvedprogresstrackingofmulti-sectoralnutritioninterventionsthroughDistrictPovertyMonitoringandAnalysisSystem(DPMAS.)

MinistryofWomen,ChildandSocialWelfare(MOWCSW)isafocalministryforthepolicy,planning,programmingofoveralldevelopmentandcoordinationofallactivitiesrelatedtowomen,childrenandsocialwelfareincludingseniorcitizens,orphans,helplesswomenanddisabledandhandicappedpeople.

TheMOWCSWhasnetworksinall75districtsi.e.WomenDevelopmentOffice(WDO).ChildWelfareCommitteesarefunctionalatcentralanddistrictleveli.e.CentralChildWelfareCommitteeatcentrallevel andDistrictChildWelfareCommitteeatdistrictlevel.ThedistrictcommitteeischairedbytheChiefDistrictOfficerandMemberSecretaryistheWDO.RepresentationoftheWDOinthedistrictandmunicipalcoordinationcommitteewillbepertinenttocoordinatenutritionactivitieswiththeDistrictChildWelfareCommittee.

1.6 KEYCHALENGESANDCONSTRAINTS

Sectorreviewsalsoshowanumberofchallengesandconstraintsonthewayofupscalingnutritionandimplementationofmulti-sectoralnutritionplan.Inthefirstplace,Nepalisoneoftheleastdevelopedcountriesintheworld,ranking138thoutof169countriesintermsofHDI,andwithlowestpercapitaGDPinSouthAsia.Thedecadelongarmedconflictsignificantlyimpaireditseconomicdevelopment.Thepainfulpoliticaltransitionfollowingthecomprehensivepeaceagreementin2006continuestoposethreattoeconomicgrowthprospects.Managingpoliticaltransitionis,therefore,oneofthekeychallengesfacingthecountry.Secondly,thereistheuncertaintysurroundingtheprocessofdecentralizationwhichisthekeytodevelopingmulti-sectoralapproaches.TheLSGA1999transferredsubstantiveauthorityandresponsibilityforserviced

eliverytodistrictandlowerjurisdictions.Theacthasstilltobeproperlyimplementedasmanysectorsstillarenotworkingindevolvedfashion.Sincetheenactmentof theAct,thecountryhasbeenundergoingpoliticaltransition.Thetermsforlocallyelectedpoliticalrepresentativeshaveexpiredforlongandthere couldbenolocalelectionstobringnewpoliticalrepresentativestotheoffice.Civilservantsarerunningl ocalbodiesatdistrictandvillagelevels.This,amongotherthings,hashampereddownwardaccountabi lityofthelocalgovernancesystem.Thoughtherearemultipartymechanismsinplacetoprovidepolitic aldirection,theyhavenotbeeneffectiveintheabsenceofaccountabilitymechanisms.Therearealsofre quentreportsofabuseandmisappropriationoffunds.

Thirdly,toidentifyjustafewinterventionsineachsectortoimpactonthewindowofgrowthfalteringisa lsoachallenge.Mostofthemulti-sectoralplansfromthelastfewdecadeshavebeenverybroadintermsoftheirobjectivesandhavepropo sedtoomanymeasuresandactionsineachsector.Theyhavelackedthrustareasandfocus.Consequentl y,therewasalwaysproblemondownstreamimplementation.Toensurethatmainstreamingeffortsar eeffectiveitisnecessarythatstrategicentrypointsbeidentifiedprioritizedinallrelevantsectorsthatar elikelytoyieldhighimpactwithlesseffortsandinvestment.

Fourthly,therearemanysectorswithinthegovernmentcompetingforthelimitedavailableresources. Therefore,itisnecessarytoensurepoliticalcommitmentatthehighestlevelofgovernment.Atthispoin toftimetheissueof“nutrition”hasgatheredenormouspoliticalattentionandinterestinNepal.Partlyth ismomentumcanbeattributedtotheSUNmovementandpartlytotheincreasingawarenessonthepart ofgovernmentandotherstakeholderstothecriticalimportanceofnutritionissue.TheGoNwasencour agedbymanyeventsinwhichNepalwassingledoutassuccessstoryinscalingupmicronutrientinterve ntions.Thishashelpedaugment Political commitment. Recent Prime Ministers themselves have raise dthenutritionissueattheinternationalconferencessuchastheoneforLeastDevelopedCountriesinIst anbulandtheUNinNewYork.However,itwouldbenecessarytomobilizeadditionalresourcesfromde velopmentpartners,localgovernmentandcommunitysectorsfortheimprovementofnutrition.Nepal hasbeenidentifiedasoneofthe18(andoneofthethreeinAsia)“earlyriser”countriesbytheSUNmovem entandisreceivingsubstantivesupportfromthedevelopmentpartners.Itisexpectedthatpoliticalenv ironmentwillwitnessprogressiveimprovement.However,theroleofdevelopmentpartners'support intermsoffundingandcapacitybuildingduringthefirstfewyearsisvisualizedtobesubstantialwhicht hegovernmentwillsubsequentlytakeoverthroughgrowthandappropriateinstitutionalization.

Fifthly,ensuringcoordination,complementaritiesandsynergiesamongdifferentinterventionsacros sthesectorsisalsoanuphilltask.Thisisagenericproblem ofNepal’sprevalentgovernanceandadminis trationsystem.Unlesssomeeffectivemechanismisputinplacetoenhancecoordinationandconsolidat ionofnutritionsectorprogrammes,looselyrunsectoralprogrammeswithpoormutuallinkageswillbe lessefficientintermsofresourceuseandwillhaveweakimpactonnutritionaloutcomes.

1.7 CAPACITYGAPSANDOPPORTUNITIES

Modestcapacityofallnutritionrelatedstaffandinstitutionsconstitutearealchallenge.Thereareveryf ewtrainedpublichealthnutritionistst omanageanddeliverthescaleduppackageofnutritioninterven tions.Onepossibleavenuetoaddressscalingupchallengewithinthehealthsectorcouldbeaddingupnu trition relatedresponsibilitiesandcapabilitiestoexistinghealthstaff.Butthiswillprobablynotbesuffi cientasthenutritionprogrammemanagementburdeniscommonlyshoulderedbytheimmunizationo fficerwhoisnotequippedandadequatelysupportedtomanagethescaleduppackageof13ormoreinte rventionsaspertheLancetNutritionSeries(LNS)recommendations.Currentlythereisatendencyofdi fferentsectorstoassigna‘focalpersonfornutrition.’Thefocalpersons,whoarenotalwaystrainedonnu trition,canserveasatemporarymechanismtocoordinateactivitieswithintheirsectorandacrossdiffe rentsectorsbutcannotbealong-

termsolutionforpursuingthenutritionagenda.Capacitydeficitinnutritionalsostemfromlackoforpo orinstitutionalarrangements.Forexample,despiterecognizingnutritionasoneofthecoreareasthatr equirebroadpartnershipacrossdifferentsectors,thehealthsectordoesnothaveadedicateddivisiono rcentretodriveMoHP'snutritioninitiatives.Thesegapshaveenormousimplicationsforthetypeofscal ingupthemulti-
sectoralplanintendstomoveaheadwith.Thiswillnecessitateaphasedapproachforscalingup,beginni ngfromafewdistrictsandexpandingprogressively,slowlymatchingwithcapacitybuildingefforts.

Thealmosttotallackofformalcourseswithinthecountryforprovidingtraininginnutritionisbothacha llengeandanopportunity.Itisachallengebecausewithoutin-
countrytrainingcapacityitwouldnotbepossibletoimplementanup-
scaledpackageofnutrition.Theopportunityisthatonecanbeginwithacleanslate.Inthepast,thenutriti onprofessionhasfrequentlybeenconsideredtobeoneoftheobstaclestoscalingupnutrition(Berg,19 92).Thisislargelybecauseofthemoreclinicalorientationandcurativeapproachesofnutritionprofess ioninthefaceoftheneedforaPublicNutritionand/orPublicHealthNutritionorientationthatemphasi zedonthenutritionofpopulationaswellasonorganizingpreventiveandcurativeservicedeliverythou ghmultiplesectors.

AtthemomentthereisanimportantissueofstatebuildinginNepal.Thepost-
conflictpoliticalandeconomicenvironmentrequiresthatthedevelopmentpartnerssupportmoreon buildingstatecapacitytodeliverratherthankeepinggreaterfocusonnon-
stateactors.Ontheotherhandthestateneedstoforgepartnershipwithrelevantstakeholdersallowing amuchmoreactiveinvolvementofthepartners,includingCivilSocietyOrganizations(CSOs)as well as the private sector, inhelpingtogetthingsdone.Thisisalsotrueinthecaseofimplementationofmulti-
sectoralnutritionplan.Thegovernancesystemshouldbeledbygovernmentwhilestakeholdersshoul dbeengagedinplanning,deliveryandmonitoringofservices.Thiscanbedonebyinitialpilotinginselect eddistrictsfortestingmulti-sectoralmodelandsubsequentscalingup.

Thedevolutionofservicedeliverybythehealth,educationandagriculturesectorsprovidesanopportu nitytocreateastrongpartnershipbetweenthesesectorsandlocalgovernmentattheDistrictlevelarou ndaconcretesetofdevelopmentoutcomesrelatedtomaternalandchildunder-
nutrition.Sucha"topdown"and"bottomup"effortscouldfacilitateevidencebasedprogrammingandh elpdriveandcoordinatethemulti-
sectoralplan,ensuringtechnicalleadershipfromthehealth,educationandagriculturesectors.Multi-
sectoralismcanalsobeinstrumentalinexpandingnutritioncapacityacrossthesectorsandlocalgover nmentlevel.

Inspiteofthedecadelongarmedconflict,strongcommunitynetworkscontinuetofunctionquitevibra ntlyinNepal.Onaccountoftheabsenceoflocallyelectedbodies,localgovernancesystemandthedelive ryofserviceshavesuffered.Therecentprogressinpeaceprocessandresultingsenseof"energy"andop timismaboutthefutureofNepalcanbecapitalizedupon.Itisimportanttobuildonthissolidcommunity base,andenhancetheirinvolvementinservicedeliverymechanismswhereverpossible.

LimitednumberofhumanresourcesandtheircapacitytoworkinnutritionintheNPC,health,educatio n,physicalplanningandworks,agricultureandlocalgovernancesectorsisanotherapprehension.Itde mandspreparationofcapacitybuildingplanwithcostingforallthesectorsafterneedsassessmentofea chsector.

Thecoverageof75districtsacrossthevariousecologicalzonesofNepal,includingMountain,HillsandT erai,isbothachallengeandanopportunityfortheMulti-
sectoralPlan.Conditionsareverydifferentacrossthevariousecologicalzones,demandingdifferentin terventions.Theyalsowillhaveimplicationsforcostinganddeliveryoftheinterventions.Howeverthe multi-sectoralplanwillneedtobuildontheon-

goinginterventionsinvariousdistrictsandcustomizenewinterventionskeepinginviewthisdiversity.Forexample,fooddeficitdistrictswillneedsupplementaryfoodprogrammesforpregnantandlactatingwomenwhileinmalaria-proneareastherewillbeaneedforbednetsandmalariatreatmentprogrammes.Someadditionalexternalcapacitywillbeneededintheinitialstagesofdevelopmentofthemulti-sectoralapproachinordertocobbletogethervariouslocalinterventionswithinthemulti-sectoralplan.

1.8 MULTI-SECTORALNUTRITIONPLANPREPARATIOININNEPAL

Attemptstodevelopmulti-sectoralfoodandnutritionplansinNepalgobackfortyyears.ThefirstsuchplanwasdevelopedbytheMinistryofFoodandAgriculturein1970withFAOsupport.In1975DepartmentofHealthcameupwithamulti-sectoralplaninvolvinghealth,education,agriculture,andPanchayatSectors.TheNationalNutritionCo-ordinationCommitteewasestablishedundertheNationalPlanningCommissionin1977,andthelandmarkPokharameetingin1978providedpolicyguidancefordevelopingmulti-sectoralplansinvolvinghealth,foodandagriculture,educationandPanchayatsectors,andledSixthFiveYearPlan(1980-85)toincorporatenutritionobjectives.However,theseobjectiveswerenottranslatedintoclearartargetsandprogrammes.OnthepartofdevelopmentpartnersaJointNutritionSupportProgramwasinitiatedbyWHOandUNICEF.TheEighthNationalDevelopmentPlan(1990-95)includedanexplicitFoodandNutritionPolicywithacomprehensivefoodbasedstrategyandgoals.However,thistimealsothepoliciescouldnotbemadeoperationalintermsofconcreteprogrammesandprojects.In1998,aNationalPlanofActionforNutrition(NPAN)wasdevelopedinfollowuptotheInternationalConferenceonNutrition,butitsimplementationcouldnotbringencouragingresults.TheGoNstartedworkonscalingupnutritionbackin2009whenitcarriedouttheNAGA(MOHP,2009).Thedevelopmentofamulti-sectoralplanofactiontoacceleratethereductionofmaternalandchildundernutritionwasoneoftheprincipalNAGArecommendations.Itisagainstthisbackdropthatthe GoNhasembarkedondevelopinganewmulti-sectoralnutritionplan.

In2006,realizingthattheMDG1wouldnotbeachievedunlessspecialeffortsweremadeinthearenaofnutrition,theNPCconstitutedaTechnicalWorkingGroupwhichresultedinthedraftingoftheNationalPlanofActiononNutritionin2007.Subsequentlyitwasrealizedthatthe PlanofActionwasdevelopedwithoutinvolvingthenon-healthsectorsthatplayedakeyroleintheimplementationofthemulti-sectoralplan.Accordingly,MoHPcameupwiththeNAGAreportwhichwasforwardedtotheNPCforconsiderationandapproval.InresponsetotheNAGArecommendations,theNPCre-constitutedtheNationalNutritionSteeringCommitteeanddirectedvariousconcernedministriesandagenciestodesignateNutritionFocalOfficers(NFOs)whowouldberesponsibleforimplementingnutrition-relatedactivities.

AttheNationalseminaronnutritioninOctober2010,thenutritioninterventionmatrixwasdevelopedonthebasisoftheNAGArecommendationswhichwerereviewedwithaviewtoensuringinclusionofproposedactivitiesundertheprogrammesofdifferentministriesandexternalpartners.Oneoftherecommendationsoftheseminarwastoforma TechnicalWorkingGroupunderNationalNutritionSteeringCommitteetoguideNFOsandtheExternalDevelopmentPartners(EDPs)JointGroupintheimprovementofamulti-sectoralnutritionplan.Subsequently,theTechnicalWorkingGroupwasformedwhichagreedtoconstitutereferencegroupsforeachofthesectorsandtocarryoutsectorreviewsinordertogenerateinforma

tionabouttheon-
goingnutritionspecificandnutritionsensitiveinterventionsacrossthesectors.Oncetheseinterventio
nswereidentified,theywouldthenbebroughttogethertoinformthenationalnutritionplanforacceler
atingthereductionofmaternalandchildunder-nutrition.

Theprocessofmeetingsofreferencegroupsandsectoralreviewswasinitiatedin May2011andcontinu
edthroughthemonthsofJuneandJuly,leadingtothedevelopmentofthisinitialmulti-
sectoralplan.Sectorreviewsonwhichtheplanwasbasedweretheresultsofaveryintenseperiodofcon
sultationanddeliberationbetweentheconsultantteamandthereferencegroupsforeachsector.Forea
chsectortheremitwasthesame:toidentifywhattheyknowandwhatdifferentsectorsaredoingwithre
gardstonutritionrelatedinterventionsandhowtheyareimpactingonthewindowofgrowthfailurei.e.
fromconceptiontotwoyearsofage.Thepurposewastochooseafeweffectiveinterventionstotakethe
mtoscaleinanintegratedmulti-
sectoralfashion.Eachreviewwasaskedtodrawontheglobalevidencesaswellaslocalexperiencesoast
odrawinferencesforNepalisituationinordertodecideonthemostcost-
effectiveandhighimpactinterventions.Basedontheselectedsectorinterventions,costingwereunder
takeninAugustandSeptember.Duringsubsequentseriesofmeetingswiththerespectivesectoraltea
ms,prioritizationexercisewasundertakentofinalizethecostingandtodevelopamoredetailedplanof
action.Themonitoringandevaluationframeworkwasdevelopedin Octoberof2011.Finally, the
consolidated draft MSNP, including the Logical Framework, detailed plan of action, institutional
arrangements, monitoring and evaluation framework, and the costs were presented and
discussed during a national validation workshop led by the NPC with the involvement of the five
key Ministries (MoHP, MoAC, MoE, MPPW, and MoLD) and the key development partners in
December 2011. The draft document was further disseminated for comments to all the
nutrition stakeholders represented in development partners' coordination groups - in particular
the Association of International NGOs (AIN), the Nepal Nutrition Group (NNG) and Food
Security Working Group (FSWG). The final document has been prepared taking into
consideration these inputs, and includes the updated detailed plan of action, institutional
arrangements, monitoring and evaluation framework, and the costs.

1.9 RATIONALEFORMULTI-SECTORALAPPROACH

Nutritiondeficiencyamongyoungchildrenandmothershassignificanteconomiccostsfortheindividu
als,households,communities,andthenationatlargeasmanifestedinanincreaseddiseaseburden,alon
gwithvariousphysicalandmentalproblems.Theresultisanenormouslossintermsofhumancapitalan
deconomicproductivitythroughoutlife.Undernourishedchildrensufferfromirreparableintellectua
limpairmentandstuntedphysicalgrowth.Hungrychildrenmakepoorstudentsandlessproductive,an
dmoreoftenthannot,unhealthyworkers.Allthisinfutureresultsinimpoverishedfamiliesandcommu
nitiesaswellasoverburdenedhealthsystems.Undernourishedwomengivebirthtolowbirthweightb
abiestransferringalldisadvantagestothenextgeneration.Fromtheperspectiveofnutrition,youngchi
ldren'sfirst1,000daysoflife(fromtheirconceptiontothesecondbirthday)arecritical.Nutritioninterv
entionscanhavethegreatestbenefitduringthisperiod.Subsequentinterventionscanmakeadifferenc
ebutcannotundothedamagedoneduringthefirst1,000days.Children'snutritionaloutcomesareclos
elyrelatedwithmaternalnutrition.Healthy,well-
nourishedmothersaremorelikelytogivebirthtoandnurturehealthychildren.Accordingly,itisimport
antthatadolescentgirls,pregnantwomenorlactatingmothersreceivearangeofnutrition-
relatedservicesandinformation.

Fromtheanalysisofstunting,treatedinsection1.2,itisobviousthatnotallofthesolutionstostuntingar
eattheimmediatelevelofcausality.Indeedmanyarerootedinunderlyingandbasiccauses.Whilethere
isapackageofhighimpactinterventionsasdescribedintheLNSthatifdeliveredatscalecouldreducestu

ntingbyathirdandyoungchildmortalitybyaquarter(Bhuttaet.al,2008),mostoftheseinterventionsar eshorttermsolutionsthataremoreabouttreatingthediseaseorthedeficiencythanresolvingtherootc auses.Muchneedsbedonetoimprovematernal,infantandyoungchildfeedingandcaringpracticesas wellasthetreatmentofdiarrhoeaandofanaemia.Butthereisalsoaneedtoimproveaccesstoanduseofa dequatetoiletsalongwithnutritiousfoods.Thesearejusttwoexamplestodemonstratewhythereisne edforboth“nutritionspecific”directinterventionsaswellas“nutritionsensitive”indirectinterventio ns.“Nutritionspecific”and“nutritionsensitive”approachesarecomplementaryinmanywaysrathert hanexclusiveones.However,theGoNfeelsitisimperativetoscaleupthedirectnutritioninterventions nowtoacceleratethereductionofmaternalandchildundernutritionandtherebymoveswiftlytoward sachievementoftheMDGs.Simultaneously,italsoacknowledgestheimperativetoinitiatemeasuresto addressstheunderlyingcausesofstunting,andbegintolookatwaystotaketheseactionstoscale.

ThemainmessageoftheSUNframeworkis“scalingup”.Thisisbecauseinthepastdevelopmentpartner softenfundednutritioninterventionsonasmall/limitedscaleandinoneormoreselecteddistrictsorco mmunitieswithoutmuchconsiderationofsustainability.Whenfundingendedtheprogrammealsoen ded.Traditionally,GoNandespeciallyMinistryofFinance(MoF)usedtoperceivenutritionalintervent ionsasa“humanitarianaid”andnotasaninvestmentforhumancapitalorastherightofthecitizens.Itma inlyremainedthedomainofdevelopmentpartnersratherthannationalgovernment.Therefore,outsi deemergencysituationsnutritionhasremainedconspicuouslyunderfunded(Shekaretal,2006).

GoNisnowawareofthefactthatnutritionisnotonlyahumanitarianissuebuttherightofthechildren,w omenandsocietyatlargeaswellasaninvestmentofcriticalimportancefromtheperspectiveofhumanc apitaldevelopment.Towardsthisend,differentsectorshavealreadybeguntomakeeffortsintheirown entiretyandwithintheirexistingcapacity.Forexample,thehealthsectorhasalreadybeguntomakeinr oadsintotherecommendationsofSUN.However,intersectoralcollaborationonnutritionagendahasn ’tbeeneffectivelyrealisedsofar.BasedontheSUNFramework,thismulti-sectoralactionplanintendstoreflectthischangedperception(ofcollaborationandsynergy)ofgovern ment,developmentpartnersandotherstakeholders.Theemphasisisplacedonmainstreamingofnutr itioninallrelevantdevelopmentprogrammessoastosignificantlyscale-upevidencebasedhighimpactinterventionsfocusingonthewindowofgrowthfaltering.Asaresultitis expectedtoacceleratestuntingreduction.

Thebenefitsofscalingupbothnutritionspecificandnutritionsensitiveinterventionswillbeenormous .Inthefirstplace,scaling-upofthenutritionspecificinterventionswillacceleratethereductionofmaternalandchildunder-nutrition,contributingtotheachievementofmanyoftheMDGs,especiallyMDG1,MDG4andMDG5.Sec ondly,directnutritioninterventionswillbeinstrumentalineliminatingmicronutrientandvitamindef icienciesswhichalonewillcontribute2-3%ofGDPeachyear.Thirdly,byoperating“atscale”thepoorestofthepooraremorelikelytobenefitfro mtheseinterventions.Fourthlythescalingupofnutritionsensitiveinterventionswillensurethatthese gainsaresustainableandwillhavemultiplereffectsbeyondjuststuntingreduction.TheNationalNutri tionPolicyandStrategiesof2004recognizesthesefactsandwarrantsthemulti-sectoralapproach.

PART II

2 MULTI-SECTORAL NUTRITION PLAN

2.1 BACKGROUND

Nepal largely has been part of global movement of nutrition and is committed to improve the nutrition status of its citizens on the basis of indicators applied universally. As seen from the analysis of causes in the previous chapter, under-nutrition in Nepal is a function of a number of interrelated factors, which call for multi-disciplinary approach. This Nutrition Plan is an attempt to address the issue of nutrition in a systematic and coordinated manner adopting a multi-sectoral perspective. As efforts made in the past have been sectoral in focus and largely disjointed and scattered, their impact has also been far less than optimal. The difference between this nutrition plan and plans developed in the past is that it is much more focused and its emphasis is on concerted efforts of different sectors. It intends to accelerate the reduction of maternal and child under-nutrition, as measured by young child stunting. This is in recognition that early child stunting is one of the best indicators of the quality of human capital of the generation to come (Victora et al. 2007). The process of stunting occurs from conception to two years of age (Victora et al. 2010), at a time when the brain and the immune system are being developed. Poor growth during this period has negative consequences for cognitive function, productivity and work performance as well as resistance to various adult degenerative diseases, which are manifest across the life course (Jameset.al, 2000). From experience of other countries it has been evident that elimination of stunting is achievable among children under-two-year of age within a decade (Yip et.al, 1992, Monteiro et.al, 2010). Besides focusing on the maternal and child under-nutrition the action plan will also address the generic nutritional needs of people at large from the other age or social groups. It is expected to inspire and stimulate the entire nation to move toward the achievement of acceptable levels of nutrition by forging effective intersectoral linkages and coordination is the use of resources.

2.2 GOAL

The longer-term vision of the multi-sectoral nutrition plan, over the next ten years, is to embark the country towards significantly reducing chronic malnutrition to ensure that it no longer becomes an impeding factor to enhance human capital and for overall socio-economic development. The goal over the next five years is to improve maternal and child nutrition, which will result in the reduction of MIY Under-nutrition, in terms of maternal Body Mass Index (BMI) and child stunting, by one third.

This will be achieved by taking to scale both essential nutrition specifics as well as nutrition sensitive interventions. The former being delivered largely through the health sector, and the latter mostly by other sectors including education, agriculture, water and sanitation, in collaboration with local government which also deliver social protection support to the poor. All of these interventions will aim to impact on the window of growth faltering when stunting occurs, from conception to two years of age.

2.3 PURPOSE

Themainpurposeistostrengthencapacityofthe NPCandkeyMinistriesonmulti-sectoralnutritionprogrammepolicyplanning,implementationandmonitoringforimprovedmaternalandchildnutritionatallthekeylevelsofsociety.

2.4 KEYPRINCIPLESANDAPPROACHES

Themulti-sectoralnutritionplanwillbeguidedbythefollowingkeyprinciplesandapproaches:

a) **Alignmentwithgovernmentpoliciesincluding Three-yearPlanandSectoralPerspectivePlans:** MSNPwillbethebasisfortheimplementationofthe Three-yearPlan(2010/11–2012/13)asaGONprogrammeinsupportofimprovingnutrition,Itwillbedesignedandimplementedincompliancewiththepresent Constitutionandtherelatedregulations(untilnewpolicy&legislationareinplace.)

b) **Rights-orientedinclusivenessandgenderequity:** MSNPwillsupportsociallyinclusiveandgenderandchildfriendlyapproachesinthedesignandimplementationofitsprogrammes.Affirmativeactionpolicieswillbeintroducedinfavourofpoor,womenanddisadvantagedcommunitiestomaximisetheirparticipationin,andbenefitsfromtheprogrammeintervention.Leadershipandmanagerialskillsofwomenanddisadvantagedcommunities(Dalit,Janajatisandothers)willbeimprovedthroughcapacitybuildingthatleadstotheirempowerment.Theplanwillalsoseektoensurethattheirvoicesareheardinkeydecision-makingprocessesatthelocallevel,including,totheextentpossible,bymainstreamingandinstitutionalizingtheirparticipationinsuchinstitutions.

c) **Adoptionofflexibleandprocess-orientedapproach:** Theprogrammewillworktotranslate GON'scommitmentstoimprovenutrition,staterestructuringandtheengagementoflocalagencieswithcommunitieswiththeaimofimprovingthedeliveringpublicgoodsandservicesatthelocallevel.Thus,supporttolineagenciesandlocalbodieswillbeflexibleandprocess-oriented.Thisincludesconsiderationofinnovativeandflexiblewaystoensurethattheprimaryprogrammeoutcomeofresponsive,inclusive,andaccountablegovernancethroughparticipatorydevelopmentisattained.Proceduresforworkingwithcommunities,andfortargetingthepoorestandmostdisadvantagedsegmentsofthesecommunities,willberationalisedandharmonisedinordertoensuregreaterequityandefficiency,andtoreducetransactioncostsforthecommunitiesthemselves.

d) **Peacebuilding:** Theprogrammewillfollowconflictsensitiveimplementationapproach,promotingfactorsinsupportofreconciliationandpeacebuildingandavoidingthosethatinhibitingpeaceorstimulateconflict/violenceatthelocallevel.

e) **Transparencyandaccountability:** TheMSNPwillensuretransparencyinallitsoperations budgets,decisionmakingprocess,andcommunicationtoallactors,coordinationamonglineagenciesandnon-stateagenciesandinreachingtotheremoteareastofocusontangiblebenefitsoftheprogramme.Theprogrammewilldelineaterolesandresponsibilitiesofalltheactorsanduseasystemicprogrammeimplementationapproachtoincreaseaccountabilityatalllevels.

2.5 MAJOROUTCOMES,OUTPUTSANDINTERVENTIONS

Thissectionprovidesabriefnarrativedescriptionoftheprogramme'sstructure,itsthreemainoutcomesandassociatedoutputsandindicativeactivities(*seeAnnexII–Consolidated MSNP LogicalFrameworkandActionPlan*).Itshouldbenotedthateachofthethreeprogrammeoutcomeswillbefurtherelaboratedupontthroughthedevelopmentofdetailedimplementationandoperationalguidelines–whichwilldefinepreciseimplementationmodalities.

MSNPwillbeamulti-sectoralprogrammeofsupportfornutritionwiththeintentofworkingthroughoutthecountryandatalllevels.Health,education,physicalplanningandworks,localgovernance,andagriculturesectorswill managetheirownprogrammeswithmulti-sectoralcoordinationcorroboratedbytheNPCandDDCatthecentralandlocallevelsrespectively.This sectionprovidesconsolidatedsummaryoftheprogrammesthatwillbecarriedoutbyeachsector.Sectorspecificprogrammesthatwillattributetothe MSNParedescribedintheLogicalFrameworksoftheHealth,Education,AgricultureandCooperativesandLocalDevelopmentministries.(*VolumeIIofthedocument.*)

Theprogrammewillcontributetowardsattainingthegoalthroughachievingitsthreemajoroutcomes:

*Outcome1:*Policies,plansandmulti-sectoralcoordinationimprovedatnationalandlocallevels.

*Outcome2:*Practicesthatpromoteoptimaluseofnutrition'specific'andnutrition'sensitive'servicesimproved,leadingtoenhancedmaternalandchildnutritionalstatus.

*Outcome3:*Strengthenedcapacityofcentralandlocalgovernmentsonnutritiontoprovidebasicservicesinaninclusiveandequitablemanner.

Outcome1:Policies,plansandmulti-sectoralcoordinationimprovedatnationalandlocallevels

Thisoutcomespecificallyaimstoincreasemulti-sectoralcommitmentandresourcesfornutrition,strengthennutritionalinformationmanagementanddataanalysisandestablishprotocolfornutritionprofiles(asbasisforplanning)atcentralandlocallevel.

TheMSNPwillenabletheNPCtocoordinateacrossvarioussectorsfor"geteverybodyonthesamepage"withregardstoMaternal,Infant,andYoungChildNutrition(MIYCN).Thepreparationofadvocacy materialandbriefingdocumentsisacommonthemeacrossalloftheMSNPsectorcomponents.Beitforchangingthepublicperspectiveorforindividualbehavioursinrelationtomaternalandchildunder-nutrition,beitbymothers,civilservantsorpoliticians,alloftheseeffortsmustbedevelopedinasynergisticway.NPCthroughtheMSNPwillhelporchestrateallofthesadvocacyandbehaviourchangerelatedefforts.Keymessageswillbedelivered,beitthroughaudio/visualmediaorbriefingdocuments,andneedstocreatearesonance,sothatthesevariousbehaviourchangesmakesense,bothtodutybearersas wellastorightsholders.

TheMSNPwillespeciallyfocusonenhancingcoordinationinorderto:1)buildinglocalpartnershipsofindividualsandinstitutionsacrossthesectorsinordertomobilizeresourcesfornutrition;2)strengtheningcapacitytoimplement and monitorprogresstowardsscalingupnutritionthroughthemulti-sectoralapproach,usingacoresetofmulti-sectoralmonitoringandevaluationindicators,andincludinggettingstuntingacceptedasanoutcome measureofpovertyreductionandthevarioussectoraldevelopmentefforts;3)strengtheningthecapac

ityofimplementingorganizations;andidentifygapsinthenationalcapacitytobuildcommitmentanda ddressthemacrossalllevels.

Thelocalgovernancesectorwillcontributeinfivefold:Firstwillbetobetterenvisionnutrition,especial lytheplanning,monitoringandreview,inthedesignoflocalgovernancestrategiesandprogrammes.T hiswillinvolvethedevelopmentofaframeworkforassessingthevalueofnutritioninlocalgovernances trategiesandprogrammes,aswellasincorporatingindicatorsofunder-nutritioninlocalbodiesplanningandmonitoringframeworks.Directivesforlocalgrantmobilization willalsoberevisitedtoincorporatenutrition,andthepossibilityofintroducinganutritionindexasacrit erionforclassifyingVDCsandmunicipalities.Thesecondwillbetomobilizelocalresourcesfortackling chronicunder-nutritionthroughcoordinationamongthedifferentsectors.Thiswillinvolvemergingnutritionintoth eexistingFoodSecuritySteeringCommitteeandrenamingitasNutritionandFoodSecuritySteeringCo mmitteeattheDDClevel,andtheformationofnutritionandfoodsecuritysteeringcommitteesattheVD C/municipalitylevel,aswellasdevelopingthecapacityofthesecommitteestoplan,monitorandmobili zeresourcesfornutritionatthelocallevel.Reviewofprogressonchronicunder-nutritionwillalsobeintroducedinthesocialauditandpublichearings.Thethirdistoexplorewaysthats ocialprotectionmechanismscanincreasinglycontributetostuntingreduction.Thiswouldinvolvedev elopingatrialofachildcashgrantthatisawardedtothemotherduringpregnancyinsteadofatbirth.The fourthistostrengthencollaborationbetweenlocalbodiesattheDDCandVDClevels.Thefifthwillbetoc onsolidateandimprovetrackingofprogressonimplementationofmulti-sectoralnutritioninterventionsthroughDPMAS.

Therearetwooutputs/resultsunderthisoutcome:

Output/Result1:Policiesandplansupdated/reviewedtoincorporateacoresetofnutritionspe cificindicatorsatnationalandsub-nationallevels

ThisoutputtargetstoreflectMSNPindicatorsintheannualandmulti-yearplanofalltherelevantsectorsandtargetsoncontributionforreductionofmalnutritionatcentrala nddistrictlevel.

NPCandsectorministrieswillberesponsibletoattainthisresultandcarryoutactivities:

Result	**Activities**	**Respons ibility**
1. Policies and plans updated/r eviewed to incorporat e a core set of nutrition specific indicators at national and sub-national levels	1.1.Raisenutritionprofileamongministries	NPC
	1.2AdvocatewithMinistriesforprioritizingnutritionintheirplans,andfori ncludingcorenutritionspecificindicators	NPC
	1.3Incorporatenutritioninthenationalandsectoralplans,andincludenutr itionspecificmonitoringandevaluationframework	NPC MoHP MoE MPPW MoAC
	1.4UpdateNationalNutritionPolicyandStrategy,includingM&Eframewor kinlinewiththeMSNP	NPC MoHP
	1.5Incorporatenutritionaspectsinlocalplansandplanningprocess,includi ngnutritionspecificM&Eframework	DDC

Forthisoutput,indicativeactivitiesare:

1.1Raisenutritionprofileamongministries

Underthisactivity,arecentlyformedHLNFSSCunderthechairofNPCVice-chairpersonandconcernedsecretariesfromlineministries,willdirectandsupporttechnicalgroupswithintheirministries(headedbyjointsecretaries)toraisetheprofileofnutritionamongtheirrespectiveministries.

1.2AdvocatewithMinistriesforprioritizingnutritionintheirplans,andforincludingcorenutritionspecificindicators

Thisactivitywillsupporttosensitize/consultwithpoliticalpartiesandparliamentariansregardingMSNP,disseminateapprovedMSNPlantoallconcernedministriesandotherstakeholders,andcarryoutregularadvocacywithMinistries/developmentpartners/CivilSocietyOrganizations/PrivateSector. This will be based on evidence-based comprehensive advocacy and communication strategy and plan targeted at the key societal levels – national, district community and family.

1.3Incorporatenutritioninthenationalandsectoralplans,andincludenutritionspecificmonitoringandevaluationframework

Thisactivitywillfocustoincorporatethe core MSNPactions and indicatorsinthesectoralperspectiveplansandTYP/annualplansoftherespectivesectors.

1.4UpdateNationalNutritionPolicyandStrategy,includingM&EframeworkinlinewiththeMSNP

Thisactivitywillseektoensurethatsectorspecificnutritionpolicyandstrategy(e.g.MoHP'sNationalNutritionPolicyandStrategy)isrevisedandupdatedtoacceleratetheimplementationoftheMSNP.TheNPCwillalsoseektoensurethatupcomingnutritionrelatedstrategiesandprogrammes(e.g.foodandnutritionstrategyforAgricultureDevelopmentStrategy)arealignedwithMSNP.Sectoralcostedstrategicplanswillbepreparedbyallthesectorsonthebasisofrevisedpoliciesandstrategies.Differentsectorswillalsobepromptedtorevise/amendnutritionrelatedactsandlegislationswhereverapplicable.

1.5Incorporatenutritionaspectsinlocalplansandplanningprocess,includingnutritionspecificM&Eframework

Thisactivitywillensurethatcore MSNPactions and indicatorsareincludedintheDistrictPeriodicPlanandannualplansatthelocallevel.DistrictlevelnutritionindexwillbepreparedbyeverydistrictthroughdisadvantagedGroup(DAG)mappingthatwillhelptointroducenutritionindexinthecategorizationoflocalbodiesprovisionedintheLSGA1999.

Output/Result2.0:Multi-sectoralcoordinationmechanismsfunctionalatnationalandsub-nationallevels

Thisoutputintendstoestablishinstitutionalmechanismtocoordinatenutritionatcentrallevel.Atthesub-nationallevel(DDC,municipalityandVDC)NutritionandFoodSecuritySteeringCommitteeandcoordinationmechanismswillbeformedandmadefunctional.Necessaryauthorityandresourceswillbedelegatedwiththedecisionsofthe HLNFSSCtothelocalbodiestocarryoutmulti-sectoralcoordinationatthelocallevel.Localbodieswillcoordinateplannednutritionprogrammesandmonitorsuchprogrammesatdistrict,municipalityandVDClevelthroughdistrict,municipalandVDClevelMulti-sectoralFoodandNutritionCoordinationCommitteesatlocallevel.

NPCandlocalbodieswillberesponsibletoattainthisresultandcarryoutactivities.

Result	Activities	Responsibility
2. Multi-sectoral coordination mechanisms functional at national and sub-national levels	2.1Establish/strengthensecretariatforsupportingthenutritionandfoodsecurityinitiativeswithintheNPC	NPC
	2.2Establisheffectivecommunicationtoimprovecoordination	NPC
	2.3Formmulti-sectoralsteeringcommitteesatlocallevel	Localbodies

Forthisoutput,indicativeactivitiesare:

2.1Establish/strengthensecretariatforsupportingthenutritionandfoodsecurityinitiativeswithintheNPC

Underthisactivity,asecretariatwillbeestablishedintheNPCwithadequatehumanresourcesandlogistics.Thesecretariatwillcoordinateandco-workwiththeon-goingsupporttoNepalfromUNICEF, WFP, theglobalREACH/SUNinitiativeswithfundingfromtheCanadianInternationalDevelopmentAgency (CIDA),aswellasTheWorldBanksupporttoNepalthroughTheSouthAsiaFoodandNutritionSecurityInitiative(SAFANSI),the1,000daysproject;andNepalAgricultureandFoodSecurityProject(NAFSP)etc.foreffectiveimplementationandroll-outofMSNPtothedistricts.

2.2Establisheffectivecommunicationtoimprovecoordination

TheMSNPexpectsNPCtoestablishtwo-waycommunicationbetweenNPCandsectors/ministriesandcorrectivemeasurestakentoensureeffectivecoordinationamongsectorsincludingbuildconsensuswithMinistryofFinance(MoF)toallocateadequatefundsforMSNPinterventions.HLNFSSCwillmakearrangementforsigningofletterofunderstandingamongNPC,lineministriesandDDCsforMSNPmulti-sectoralcollaborationthroughDDCatlocallevel.

2.3Formmulti-sectoralcoordinationcommitteesatlocallevel

ThisactivitywillprovidesupporttoestablishNutritionandFoodSecurityCoordinationCommitteeatDDC,municipalityandVDClevel.Thecommitteemeetingwillbeorganizedquarterly.

Outcome2:Practicesthatpromoteoptimaluseofnutrition‘specific’andnutrition‘sensitive’servicesimproved,leadingtoenhancedmaternalandchildnutritionalstatus.

Thisoutcomewillstrengthen/maintainthekeyexistingnutrition‘specific’interventionsthatarealreadybeingcarriedoutatlargescalethroughthehealthsector,including:VitaminAsupplementationanddewormingforallchildren6-59and12-59months,respectively,twiceayear;IronFolicAcid(IFA)supplementationwithde-wormingforallpregnantandlactatingwomen;zincinmanagementofdiarrhoeatogetherwithnewORSandincreasedfeeding;anduniversalsaltiodization.Itwillalsofurtherstrengthenandexpandessentialinterventionsthatarelaggingbehind.CommunityInfantandYoungChildFeeding(IYCF)programmewillbeimprovedand“maternalnutrition”included,therebymakingitcommunityMIYCFandscaledupnationally.Inaddition,twootherkeyinterventions:MicroNutrientPowders(MNPs)tochildren6-23monthsandCommunityManagementofSevereAcuteMalnutrition(CMAM)integratedwithMIYCFwillbeimplementedinhighriskorthemostaffecteddistricts. It will support the GoN’s two-pronged strategy with respect to flour fortification: fortification at large scale roller mills, and fortification at small scale mills.

Furthermore,theoutcomewill,throughtheEducationsector,contributetoimproveandscale-upcorenutrition'sensitive'interventionswithparticularfocusonenhancingadolescentgirl'sparentaleducation,lifeskillsandnutritionalstatus through its School Health and Nutrition Programme. Thecoreinterventionsinclude:1)AdolescentGirlsParentalEducationintegratedwithEarlyChildhoodDevelopment(ECD)&Literacypackage;2)WeeklyIFAsupplementation,BiannualDe-worming,andpromotionuseofadequatelyiodizedsalttargetingadolescentgirlsinandoutofschool;3)Adolescent(girls)lifeskillsinitiativethroughFormal&Non-formalEducation;4)Schoolmealstoincreasegirlsschoolcompletionrate;and5)Capacitybuilding(trainers/NCED,teachers,childclubs)&linkages.

Theoutcomewill,throughthePhysicalPlanningandWorkssector,contributetoreducetheprevalenceofinfections–withafocusonreducingdiarrhealdiseasesandARIamongyoungchildren,youngmothersandadolescentgirls.Itaimstoattainthisbypromotinghandwashingwithsoapatcriticaltimesamongyoungmothersandadolescents,andbypromotingOpenDefecationFree(ODF),togetherwithpointofuseofwatertreatmentinthemostaffecteddistrictsasafirstpriority.

Finally,theoutcomethroughtheagriculturesectoraimstoincrease:firstly,theavailabilityofqualityfoodsatthehouseholdandcommunitylevelthroughhomesteadfoodproductioncombinedwith livestock assets creation, especially among small holder families with pregnant women and young children;Secondly,theincomeofpoorpregnant womenand women with young children throughwomen'sgroupsandcreditincentivestocarryoutthehomesteadfoodproduction;Thirdlythe consumptionofmicronutrientrichfoodsespecially bypoorpregnant womenandyoungadolescentsandyoungchildrenthroughsocialmarketingandnutritioneducation;Fourthlyaccesstocleanandcheapenergysourcessuchasbiogasandimprovedcookstoves,aswellaseducationofmentosharetheworkloadandtherebyreducingtheworkloadofpregnant womenand women with young children andprovidingahealthyhomeandworkenvironmentforthem;andFifthlythecapacityofthevariousAgriculturesectorinstitutions,includingtrainingofgrassrootsworkers,andstrengtheninglinkageswithhealthandothersectorworkers.

Therearefouroutputs/resultsunderthisoutcome:

Output/Result3:Maternalandchildnutritionalcareserviceutilizationimproved,especiallyamongtheunreachedandpoorsegmentofthesociety.

Thisoutputaimstoenhanceoptimalmaternalandinfantfeedingpractices,improvemicronutrientstatusofyoungchildren,pregnantandlactatingwomenandadolescentgirls,andpreventandmanageseverеacutemalnutritioninchildren.

Healthsectorwillberesponsibletoattainthisresultandcarryoutactivities.

Result	Activities	Responsibility
3. Maternal and child nutritional care service	3.1 Implement/scaleup maternal infant and young child feedingthrough a comprehensive approach	MoHP

utilization improved, especially among the unreached and poor segment of the society	3.2 Maintain/expandprogrammes to improve maternal infantand young child micronutrient status	MoHP
	3.3 Scale up and manage infant and child severe acute malnutrition	MoHP
	3.4 Update health sector nutrition related acts, regulations, policies, strategies, and standards (including establishment of National Nutrition Centre)	MoHP
	3.5 Institutional strengthening of the health sector	MoHP

Forthisoutput,indicativeactivitiesare:

3.1Implement/scaleupmaternalinfantandyoungchildfeedingthroughacomprehensiveapproach

ThisactivitywillsupportmobilisationofFemaleCommunityHealthVolunteers(FCHVs),mothersgroupsandcivilsocietytoidentifypregnantmothersandtoencourage/assistallmotherseatatleastthreetimesadaywithanimalproteinfoodsatleastonceadayduringpregnancy.Supportwillbeprovidedtopromote,protectandsupportmotherstoinitiatebreastfeedingwithinonehourofbirth,toexclusivelybreastfeedforsixmonthsandsupport,andencourage/assistallmotherstobeginappropriatecomplementaryfeedingatsixmonths.Specificsupportwillbeprovidedtoallmotherswithchildren6-8monthsand9-23monthsfromthelowestwealthquintiletoprovidecomplementaryfoods2and3timesperdayrespectivelywith≥4foodgroupsperday.Furthermore,thiswillinvolveandmobilizeallkeystakeholdersincludingmalepartners,communityleaders,healthfacilityworkers,nutritionandmedicalprofessionalassociations.

3.2Maintain/expandprogrammestoimprovematernalinfantandyoungchildmicronutrientstatus

Underthisactivity,supportwillbeprovidedtodistributeIFAtabletstoallpregnantandlactatingmothers–totake180tabletsduringpregnancyand45tabletspost-partum.Forthis,ironintensificationprogrammewillfurtherbestrengthenednationwide.FCHVs,communityhealthworkersandtheprivatesectorwillbemobilizedtosupport/encouragemothersandfamiliestoconsumeiodizedsalt(retailers,whole-sellers,schoolteachers,socialmobilizers,farmextensionworkers).Children6-59monthsofagewillbesupplementedwithVitaminAcapsulesand12-59monthswithdewormingtablets.ProgrammesonNutritionalmanagementwillbecarriedoutbymobilizingFCHVsandcommunitygroupstoprovidezincinmanagementofdiarrhoeawithnewORSandtopromotecontinuedfeedingduringdiarrhoea.

TheGoNhasadoptedtwo-prongedstrategywithrespecttoflourfortification:fortificationatlargescalerollermills,andfortificationatsmallscalemills.

Thefortificationofwheatflourwithiron,folicacidandvitaminAatrollermillsisnowmandatory.Toensurethee ffectiveimplementationofflourfortification,monitoringandsupervisionwillbestrengthenedandawarenesscreatedonhealthbenefitsofconsumingfortifiedflour.

Withregardstofortificationatsmallscalemills,operationalresearch/pilotingwillbecarriedoutintheselecteddistrictstoassessitsfeasibilityandeffectiveness.Supportwillbeprovidedtothesmallflourmills(especially*Chakki*mills)toinstallfeeders(fortificationdevices)andotheringredients,includingmonitoringoftheconsumptionofthefortifiedcerealflour.

3.3Scaleupand manage infant and child severe acute malnutrition

Community management of severe acute malnutrition (CMAM)iscurrentlybeingpilotedinfivedistrictsofNepal.Thisactivityidentifiesandmanagesallmoderatelyandseverelymalnourishedchildreninthesedistrictsthroughcommunitymobilizationandscreening,andreferralforappropriatetreatment;moderatelymalnourishedchildrenaremanagedthroughcommunityIYCFcounsellingbytheFCHVs,childrensufferingfromsevereacutemalnutrition(SAM)andwithoutmedicalcomplicationsaretreatedinthecommunityusingReadyTouseTherapeuticFoods (RUTF)throughOutpatientTherapeuticProgrammes(OTPs),andSAMchildrenwithcomplicationsaretreatedatthefacilityorStabilizationCentres(SCs).TheMoHPisundertakingevaluationoftheCMAMprogramme.Onthebasis of which,thisactivitywillsupportimprovements of the existing national guidelines, protocols, training materials, monitoring and reporting formats , including integration of facility and community-based approaches, and treatment of infants under 6 months of age. It will support developmentofamoredetailedintegrated management of acute malnutrition, including infantsor Integrated Management of Acute Malnutrition in Infants (IMAMI) scale-upstrategyandplananditsimplementationwithinitialfocusinthemostaffecteddistricts.Itwillincludestrengtheningcapacityon IMAMI atallthekeylevels,fullintegrationofIMAMIintothehealthsystem(e.g.CB-IMCI),strengtheningsupplychainmanagementofRUTFaspartoftheexistinghealthsupplychainmanagement,strengtheningIMAMImonitoringsystemascorecomponentoftheHealthManagementandInformationSystem(HMIS),supporteconomicfeasibilitystudyoflocalproductionofRUTF,andstrengtheningmanagementofmoderateacutemalnutritionthroughcost-effectivenesscomparisonsofsomekeyalternativeoptions–includingimprovedIYCFcounselling, targetedsupplementaryfeeding, andvoucherschemes.

3.4 Update health sector nutrition related acts, regulations, policies, strategies, and standards (including establishment of National Nutrition Centre)

Thisactivitywillfacilitatesystemsdevelopmentandfurtherstrengtheningof nutrition related acts, regulation and policies including preparation of strategies and guidelines. Ready to Use Supplementary Food (RUSF) will supplied be to targeted districts. Existing nutrition training packages will be reviewed to develop comprehensive training packages.

3.5 Institutional strengthening of the health sector

Under this activity legislation for salt production, distribution and monitoring will be developed. National Nutrition Centre will be established under Ministry of Health and Population. Institutional capacity of the centre will be assessed and support for institutional and organisational development will be provided to the centre.

Output/Result4:Adolescentgirls'parentaleducation,life-skillsandnutritionstatusenhanced

Thisoutputaimstocreateaplatformforinterveningtoimproveparentaleducationandlifeskillsofadolescentsforawholeseriesofbehaviourthatareofrelevancetoimprovingadolescentsnutrition,andsoultimatelyacceleratingstuntingreduction;offeranexcellentplatformtoimprovethenutritionalstatusofadolescentsthroughdirectnutritionspecificinterventionsandprovideironfolicacidwithde-wormingforalladolescentgirlsthroughschoolandoutofschoolinitiatives,provideschoolmealstohelpkeepgirlsinschoollonger,aswellasprovidingincreasedsocialprotectiontotheirfamilies.

Educationsectorwillberesponsibletoattainthisresultandcarryoutactivities.

Result	Activities	Responsibility
4. Adolescent girls' parental education, life-skills and nutrition status enhanced	4.1Nutritionintegrationwithlife-skillseducationtoadolescentgirls,withafocusonimproving maternalandchildnutritionandonreducingchronicmalnutrition(createanenablingenvironment)	MoE
	4.2Raiseadolescentgirls'knowledgeandskillsonreduction ofchronicmalnutrition	MoE
	4.3Prepare/updateresourcematerialsonparentingeducation forimprovedchildcareandfeedingpractices	MoE
	4.4Organizeprogrammestoenhanceparentalknowledge onmaternalandchildcareandfeedingpractices	MoE
	4.5Developmid-daymealtoadolescentgirls(grades5to8)toenhancetheirschoolperformanceandparticipation	MoE
	4.6Providenutritionalsupporttoadolescentgirls(IFAwithdewormingtoallandschoolsmealsinthetargetedareas)toincreasetheireducationalparticipationandperformance(grades5-8)	MoE

Forthisoutput,indicativeactivitiesare:

4.1Nutritionintegrationwithlife-skillseducationtoadolescentgirls,withafocusonimprovingmaternalandchildnutritionandonreducingchronicmalnutrition(createanenablingenvironment)

Here,theprogrammewillfocustoprepare/updatelifeskillsrelatedresources(ProceduralManual),providelife-skillsrelatedtrainingtothechildclubmembersandfocalteachers,reviewexistingschoolcurriculaandtextbooksforanalysingcontentsonnutritioneducation(grade1-12).Majoractivitieswillbetointegratenutritioninthelife-skillscurricula (including preparation of training package to integrate nutrition specific and sensitive interventions), revisetextbooks,reviseteacherguidebook,prepareresourcematerialsforstudentsandteachers,and developinstructionmaterialsforteachingaids,withafocusonimprovingofmaternal,infantandyoung childnutritionandreducingchronicmalnutritioninNepal.Teachingandlearningmaterialswillbeprintedanddistributedteaching-learningmaterialsforteachersandlearningmaterialsforstudents.

4.2Raiseadolescentgirls'knowledgeandskillsonreductionofchronicmalnutrition

Thisactivitywillsupportformation/strengtheningofchildclubsinschoolandoutofschoolincludingorganizationoflife-skillsrelatedtrainingonreductionofchronicmalnutritiontothechildclubmembersandfocalteachers.

4.3Prepare/updateresourcematerialsonparentingeducationforimprovedchildcareandfeedingpractices

ThisactivitywillsupportpreparationofresourcematerialssuchaspreparationofIEC/educationalmaterialsonnutritionduringpregnancyandoninfantandyoungchildfeedingandcare(Resourcebook,Recordbookandorientationpackage);preparationoftrainingmanual,resourcematerials,self-

learningandIECmaterialsonnutritionforparents,communitymembersandNFElearners;reviewofParentingEducationandNFEpackagefromthenutritionperspectivestofindgapsandintegratenutritionmessages;andpreparationofnutrition-relatedsourcebookforparentaleducationclasses.

4.4Organiseprogrammestoenhanceparentalknowledgeonmaternalandchildcareandfeedingpractices

ThisactivitywillprovidesupporttoorganiseToTonparentaleducationandonmaternalandchildnutrition,carryoutparentaleducationorientationatschoolincludingECD,outofschool,andconductmaternalandchildnutritionsessionstothewomen/mothersatECDandliteracyclasses.Supportwillalsobeprovidedtomobilize SchoolManagementCommittee(SMC),ParentsTeachersAssociation(PTA),TeacherUnionsandmassmediaforparentaleducationonnutrition.

4.5Developmid-daymealtoadolescentgirls(grades5to8)toenhancetheirschoolperformanceandparticipation

Underthisactivity,menuwillbepreparedasperthelocalneeds,leaflet(bothforschoolandhome);mothergroups,orientationwillbeprovidedtoSMCandPTAonMid-day-Meals(MDM)formobilisationofmothersgroup;kitchengardenwillbepromotedatschoolandhomestead;andCLC-basedcommunitykitchengardenwillbepromotedincludingawarenessraising. This programme will be closely linked with agriculture production at the local level.

4.6Providenutritionalsupporttoadolescentgirls(IFAwithdewormingtoallandschoolsmealsinthetargetedareas)toincreasetheireducationalparticipationandperformance(grades5-8)

ThisactivitywillfocusonmobilizationofmothersgroupsandSMCsforprovidingIFAwithdewormingtoallgirlsthroughinschoolandoutofschoolinitiative, and management of school meal and increase adolescent girls' participation and performance in the targeted areas.ThiswillbelinkedtothenationalschoolhealthandnutritionstrategyoftheMoHPandMoE.Schoolmealswillbeprovidedinthetargetedareaswheregirls'participationinschoolislowcoupledwithhigh foodinsecurity(grades5-8.)

Output/Result 5: Diarrheal diseases and ARI episodes reduced among young mothers, adolescent girls, infants and young children

This output aims to reduce prevalence of roundworm among school adolescent, and increase hand washing with soap practice at critical times especially among adolescent girls and young mothers.

Physical planning and works sector will be responsible to attain this result and carry out activities.

Result	Activities	Responsibility
5. Diarrheal diseases and ARI episodes reduced among young mothers, adolescent girls, infants and young children	5.1Organisepromotionalcampaignstoincreasepracticesonhandwashingwithsoapatcriticaltimes,especiallyamongadolescents,motherswithinfantsandyoungchildren	MPPW
	5.2ConductOpenDefecationFreecampaigns,withaparticularfocusamongthemostaffecteddistricts	MPPW
	5.3Raiseawarenessonwatersafetyplananduseofsafewateratthepointofuse,withaparticularfocusonthemostaffectedareas	MPPW

For this output indicative activities are:

5.1Organisepromotionalcampaignstoincreasepracticesonhandwashingwithsoapatcriticaltimes,especiallyamongadolescents,motherswithinfantsandyoungchildren

Underthisactivity,trainingwillbeprovidedtoNGOstaff/governmentstafftopromotehand-washingwithsoapespeciallyamongadolescentgirlsandmotherswithinfantsandyoungchildrenatcriticaltimes–beforepreparingcomplementaryfoods,breastfeedingandappropriatedisposalofbabies'faeces.PromotionalcampaignssuchasdistributionofIECmaterials,broadcastingFMprogrammes,mobilizingFCHVs,communitygroups,civilsocietyandtheprivatesectorswillbecarriedoutonhandwashingwithsoapcampaigns,raisingawarenessamongallmotherstowashhandswithsoapbeforebreastfeeding,preparingcomplementaryfoods,andafterappropriatedisposaloffaecesofinfantsandyoungchildren.

5.2ConductOpenDefecationFreecampaigns,withaparticularfocusamongthemostaffecteddistricts

ThisactivityaimstocarryouttriggeringforODFcampaignssuchascommunityinteraction,workshop,capacitybuilding,actionplandevelopment,learningexchange,toiletconstruction,drinkingwaterfacilities,O&Mfundetc.includingadvocacyprogramsformediamobilization.Particularfocusandattentionwillbeindistrictsthataremostaffectedbyhighburdensofinfections(especiallydiarrhoeaandARI)andcriticallevelsofwasting(above10-15%wastingprevalence),ameasureofacutemalnutritionwhichisoftenprecipitatedbyabootofinfection.

5.3Raiseawarenessonwatersafetyplananduseofsafewateratthepointofuse,withaparticularfocusonthemostaffectedareas

ThisactivitywillfocusonestablishingwatersupplyschemesintheVDCsandprovidingtrainingonwatersafetyatthePOU(PointofUse).Awarenessontheimportanceofsafewaterwillberaisedthroughpromotionalcampaigns,withparticularfocusonthemostaffectedareas,asperabove,byhighburdenofinfectionandwastingassociatedwithuseofunsafewater.

Output/Result6:Availabilityandconsumptionofappropriatefoods(intermsofquality,quantity,frequencyandsafety)enhancedandwomen'sworkloadreduced

Thisoutputintendstoincreaseconsumptionofdiversifiedfoods,especiallyanimalsourcefoods,particularlyamongpregnantwomen,adolescentgirls,andyoungchildren.Thiswillbeachievedbyincreasingproductionofmicronutrient(MN)richfoods,includingstrengtheningoffoodsupplyanddistribution systemtoensurefoodsecurityparticularlyamong small holder farm families inthefooddeficitareas.Italsoaimstoinitiateinfantbreastfeedingwithinthefirsthour,exclusivelybreastfeedforsixmonths,andtimelyintroductionofappropriatecomplementaryfoodsat6months.Changesinpercentageofchildrenreceivingimmunizationandmicro-nutrientsupplementsasperthenationallyrecommendedschedulesareintended.

Agriculture, environment and local governance sectors will be responsible to attain this result and carry out activities.

Result	Activities	Responsibility
6. Availability and consumption of appropriate foods (in	6.1ProvidetargetedsupporttomakeMNrichfoodavailable,includinganimalsourcefoods,athouseholdsandcommunitylevels	MoAC

terms of quality, quantity, frequency and safety) enhanced and women's workload reduced	6.2Recipedevelopmentandpromotionof MNrichmin or/indigenouscrops.	MoAC
	6.3Linkupprogramstoincreaseincomeand MN-richfoodsconsumptionamongadolescentgirls,pregn antandlactatingmothersandchildrenlessthan3years agefromlowestquintile	MoAC
	6.4Providesupportforcleanandcheapenergytoredu ceWomen'sworkload	Ministryof Environment
	6.5Reviseexistingchildcashgrantsmechanism(from pregnancytoU5yearchildren)toreducematernalmal nutritionandchildstunting	MoLD

For this output indicative activities are:

6.1Providetargetedsupporttomake MNrichfoodavailable,includinganimalsourcefoods,athousehol dsandcommunitylevels

Thisactivitywillprovidesupporttoformgroupsofthetargetfarmerstointroducehomesteadfoodpro duction,includinglivestock assets creation.Technicalhelptothetargetgroupswillbeprovidedaswellaslinkageswiththeinputsuppliers willbeestablished.Otheraimsaretodevelopa'villagemodelfarm(VMF)'andinstallationofMicro-irrigationandwastewaterusefacilitiesatthevillagelevel.

6.2Recipedevelopmentandpromotionof MNrichminor/indigenouscrops:
Dietarydiversificationandhenceimprovementindietaryhabitisoneofthekeyinterventiontopromot econsumptionofthemicro-nutrientrichfoods.Thedietsconsumedinmostofthefoodinsecureareasarepredominantlybasedonri ce/maize/wheat.MinorcropslikeMillet,Buckwheat,areveryrichonmineralsandfibres.FoodlikeYa maandPotatoarerichonenergy.Apartfromtheconventionallypromotedstaplecrops,nutritionalimp ortanceoftheminorcrops/indigenouscropswillbesharedwiththehouseholdmembers.Differentrec ipeswillbedevelopedandpromotedthroughhealth,educationandagriculturalextensionbasedonthe secropssothatitcontributestomeetingthenutritionalrequirementsoftheadolescentgirls,pregnant/ lactatingwomenandyoungchildren.MoAC/DepartmentofFoodTechnologyandQualityControl(DF TQC)willbethefocalagencyforrecipedevelopment.

6.3Linkupprogramstoincreaseincomeand MN-richfoodsconsumptionamongadolescentgirls,pregnantandlactatingmothersandchildrenlessthan 3yearsagefromlowestquintile

Underthisactivity,cooperativeswillbeintroduced,includingitscapacitybuildingthroughtraining.Th iswillprovidesupportmechanismstofarmerstherebyenhancingtheirincomeparticularlyamongthe poorestquintile.Plus,socialmarketingofMN-richlocalfoodwillbecarriedoutthroughmediatoincreaseconsumptionofMN-richfoods,particularlyamongthemostvulnerablepopulationgroups– adolescents,pregnantandlactatingwomen,andyoungchildren.

6.4Providesupportforcleanandcheapenergytoreduce Women'sworkload

Thisactivityintendstoestablishlinkageandadvocateforbio-gasconstruction.Subsidywillbeprovidedforimprovedcookingstoveparticularlyamongthemostaffe

ctedareas.Thiswillcontributetoimprovehomeenvironment,andreducewomen'sexposuretoindoor airpollutionaswellasreducewomen'sworkloadparticularlyduringpregnancy,therebyreducinglow birthweightprevalence.Radioprogramwillbeairedongendereddivisionofworktoreduceworkload ofwomen.

6.5Reviseexistingchildcashgrantsmechanism(frompregnancytoU5yearchildren)toreducematern almalnutritionandchildstunting

Thisactivitywillstrengthenandexpandexistingsocialprotectionmeasurestoreducestuntingthroug hreviewofchildcashgrantpolicyandonthisbasisexpandingchildgrantstocovermothersduringpreg nancyandunderfivechildren.ForthistheChildGrantDirectivewillberevised,takingintoconsideratio noutcomeofon-
goingevaluationtoassessimpactofchildcashgrantwithIYCFcounsellingonnutrition,andtodrawfro mbestpracticesandlessons.

Outcome3: Strengthened capacity of central and local governments on nutrition to provide basic services in an inclusive and equitable manner

Capacitydevelopmentisneededatthepolicyandimplementationlevelinordertocreateabetterunder standingofimportanceof"life-
cycle"dimensionsofnutritionindevelopmentacrossthevarioussectorsthatneedtobecomeactivelyi nvolvedifthereductionofmaternalandchildunder-nutritionistobeaccelerated.

ThisoutcomeaimstostrengthennutritioncapacityofNPCandMSNPimplementingagenciestointegra tenutritionintocentralandlocalplanningandmonitoring.Italsointendstostrengthencollaborationb etweencentrallevelsectoralagenciesandlocalbodies.

TheMSNPwillstrengthentheNPC,vis-à-
visthethemeofnutrition,toenableittobetterfomentcapacityforimprovednutritionatalllevelsofsoci ety.Capacitieswillbedevelopedatthreelevels:thefirstlevelisthepolicy(encompassingbothatthebur eaucraticaswellpoliticalentities);thesecondlevelisthatoftheorganizationalunitsthatarechargedwi thcarryingouttheactionsinvolved;thethirdlevelisthatoftheindividualsthatimplementtheseactiviti es.LeadershipisneededfromtheNPCinordertoensurethatcapacityiscreatedsimultaneouslyatallthr eelevelsandinawaythatbuildscommitmenttochangeandtoacceleratingthereductionofmaternalan dchildunder-nutrition[4].

TheMSNPwilldevelopcapacityatthelevelofthe organizationalunitsorsectorsinvolvedinprogramm edelivery,especiallywithregardtounderstandingtheimportanceofnutritioninprogrammeframew orksandhowtomonitorandevaluatethem.Itwillbeimportanttotrytoensurethattheseeffortsgetund erstoodacrossthevariousdivisionofNPCandtakenupinthedevelopmentofthefuturedevelopmentpl ans.

ThePovertyMonitoringAnalysisSystem(PMAS)framework,establishedduringtheTenthPlan,wasa greatadvance.ThesectoralManagementInformationSystems(MIS)suchashealthandeducationhav ealsostrengthenedovertheyears.Participatorypovertymonitoringmechanismsand DPMASarealso setup[5].Morerecently,resultsbasedmonitoringandevaluationguidelineshavebeenestablishedbyNP C [6] ,guidingthedevelopmentofmonitoringframeworksandresultsbasedevaluationfromthelogicalfr

[4]Heaver R. 2005.Strengthening country commitment to human development: Lessons from nutrition. Washington DC: The World Bank
[5]NPC 2006.An assessment of the implementation of the tenth plan/PRSP. Kathmandu: National Planning Commission.
[6]NPC 2010. Results based monitoring and evaluation guidelines 2067 (2010). Kathmandu: National Planning Commission.

ameworks.MSNPwillensurethatthepovertymonitoringsystemsbecomemorenutritionallyadequat eandlife-cycleoriented.

MSNPwillalsosupportcapacitydevelopmentattheprofessionallevelthroughNPC.AsnotedbytheNA GAassessment[7],thehumanresourcebasededicatedtonutritionneedstobeexpandedatalllevels.

Theindividualcapacitydevelopmentneededisnotjustfornutritionprofessionals.Many,ifnotmost,"n utritiontasks"arecarriedoutbynon-nutritionalprofessionals,suchasthefrontlineworkersinhealth,agricultureandeducationssectors.T hefirsttaskoftheMSNPwillbetocarryoutanassessmentofthenutritiontrainingneedbythevarious professionalthatimplementtheMSNP,includingfrontlineworkers,districtlevelmanagersandcentra lspecialists.Basedonthisassessment,trainingneedswillbedeveloped.

Thereare two outputs/resultsunderthis outcome.

Output/Result 7: Capacity of national and sub-national levels enhanced to provide appropriate support to improve maternal and child nutrition.

This output intends to increase knowledge on nutrition among key identified staff at central and local level. Increased number of new nutrition service outlets will be established or improved at local level. All sectors will assign staff for nutrition and execution of nutrition interventions will be reflected in their job descriptions.

NPC as well as health, education, agriculture, physical planning and works, and local governance sectors will be responsible to attain this result and carry out activities.

Result	**Activities**	**Responsibility**
7. Capacity of national and sub-national levels enhanced to provide appropriate support to improve maternal and child nutrition		NPC, MoHP
	7.1Build/facilitateforstaffcapacitydevelopmentatcentralandlocallevel	NPC/sectoralministries/localbodies
	7.2Carryoutorganisationandmanagementassessmentofthesectorsfororganisational strengthening	NPC
	7.3 Establish uniform and results based reporting system	NPC
	7.4ReviewindicatorsinPMASandDPMAStoincorporate MSNPkeyindicators	NPC
	7.5Carryoutroutineandjointsectoralmonitoringof implementation	NPC/sectoralministries/localbodies
	7.6Establishmonitoringframeworkandmechanismsatlocallevels(DDCandotherlineagencies)	Localbodies
	7.7Allocateinstitutionalresponsibilitiesfornutritionatalllevels	NPC/sectoralministries

[7]Pokharel RK, Houston R, Harvey P, Bishwakarma R, Adhikari J, Pani KD, Gartoula R. 2009.Nepal Nutrition Assessment and Gap Analysis. Kathmandu: MOHP

For this output indicative activities are:

7.1Build/facilitateforstaffcapacitybuildingatcentralandlocallevel

Underthisactivity,knowledgesurveyonnutritionamongkeyidentifiedstaffofdifferentsectorswillbe conductedfor an assessment of the nutrition training needed by the various professional that implement the MSNP, including front line workers, district level managers and central specialists. Based on this assessment, training needs will be developed. It will support totrainnutritionandnon-nutritionprofessionalatNPC,Health,Education,PhysicalPlanning,LocalDevelopment,FinanceandAgricultureministryandtheirrespectivesubordinateauthoritiesatlocallevel.

7.2Carryoutorganisationandmanagementassessmentofthesectorsfororganisationalstrengthening

Organisationandmanagementsurveyofthemulti-sectoralactorsinvolvedintheMSNPwillbeconductedtoidentifyorganisationalrestructuringandinstitutionalstrengtheningneeds.Institutionalsupportwillbeprovidedtoallthemulti-sectoralactorstoimplementMSNP.

7.3Establishuniformandresultsbasedreportingsystem

ThisactivitywillfocusonestablishingreportingmechanismfromsectorsandlocalbodiestoNPConimplementationstatusoftheMSNPinterventions.Uniformandresults-basedreportingsystemwillbeestablished

7.4ReviewindicatorsinPMASandDPMAStoincorporateMSNPkeyindicators

ThisactivityintendstoidentifykeyMSNPindicatorstobeincludedintheDPMAS/PMASandhaveconsensusamongsectorsontheseindicatorstoincludeitinthecentralanddistrictinformationsystem.Italso aimstolinkDPMASandPMAS.MSNPwillfacilitatesectorministriestoincorporatenutritionsensitiveindicatorsintheirinformationsystemincludingperiodicreviews.

7.5Carryoutroutineandjointsectoralmonitoringofimplementation

ThisactivitywillspecificallyfocusonpreparingMSNPmonitoringframework,monitoringtheprogressmadeinMSNPinterventionsbasedonthekeyMSPindicators,establishingjointsupervisionmechanismwithkeysectorsrepresentedandensureregularsupervision,andprovidingregularfeedbacktoconcernedministries/bodiesanddeveloprewardsystembasedonthesectoralperformance.

7.6Establishmonitoringframeworkandmechanismsatlocallevels(DDCandotherlineagencies)

Thisactivitywillensurepreparationofmonitoringframeworkfornutritionsectoratlocallevel,preparationofjointplanofactionandjointmonitoringframework,andmobilisinglocalresourcestotacklechronicmalnutritionatlocallevels.

7.7Allocateinstitutionalresponsibilitiesfornutritionatalllevels

Thisactivitywillprovidesupporttoincorporatenutritioninjobdescriptionofstaffsofthesectoral/lineagenciesandmentor/supervisestaffstodelivernutritionprogrammesandtomakenutritionaregularlyperformingtaskofthemulti-sectoralagencies.

Output/Result8:Multi-sectoralnutritioninformationupdatedandlinkedbothatnationalandsub-nationallevel

Thisoutputintendstodevelopnutritioninformationinall MSNPimplementingagenciesandupdatenutritioninformationsystemthroughPMASandDPMAS(linkageswithsectoralMIS)madeavailablesothatprogressoftheMSNPcouldbereviewedatcentralandlocallevel.

NPC as well as health, education, agriculture, physical planning and works, and local governance sectors will be responsible to attain this result and carry out activities.

Result	Activities	Responsibility
8. Multi-sectoral nutritioninformation updated and linked both at national and sub-national levels	8.1Link/Update nutrition information at central level (PMAS,HMIS, EMIS, WASH, Agriculture and Local Development)	NPC/sectoral ministries/local bodies
	8.2Link/Update nutrition information in DPMAS at locallevels DDC, municipality; and health, education, WASH, agriculture and NGOs	NPC/sectoral ministries/local bodies

For this output indicative activities are:

8.1Link/Updatenutritioninformationatcentrallevel(PMAS,HMIS,EMIS,WASH,AgricultureandLocalDevelopment)

ThisactivitywillmakesurethatnutritioniscoveredinallthesectoralMIStoreviewprogressoftheMSNPindicatorstowardsattainmentoftheMSNPobjectives.

8.2Link/UpdatenutritioninformationinDPMASatlocallevelsDDC,municipality;andhealth,education,WASH,agricultureandNGOs

ThisactivityaimstoincorporatenutritioninsectoralMIStoensuremonitoringandevaluationofMSNPmonitoringindicatorsatlocallevelandpublishnutritionprogressreportannually.

2.6 RISKS AND ASSUMPTIONS

The major risks and assumptions are:

- Political consensus and stability enhanced and peace process reached to its logical conclusion.
- Forthcoming state restructuring process (including envisaged federal form of governance) provides adequate political and institutional space
- Social sector investment remains priority in government agenda.
- All stakeholders are committed and proactively collaborate on nutrition agenda.
- Development partners are committed to raise the level of their contribution to SUN initiative.
- Central and local governments are provided with necessary resources to carry out capacity development programmes

2.7 ROLLING OUT MSNP AND SCALING UP

Therolloutofthemulti-sectoralplanwillnecessarilybeanincrementalone,withagraduallyincreasingrateofscalingupasexperienceandcapacityiscreatedinthedistrictstomanagethevarioussectoralnutritioninterventionsinacoordinatedfashion.

ItisproposedthatinthefirstyearMSNPbeimplementedinsixprototypedistricts.Selectioncriteriafort hesesixdistrictshavebeendevised.

SelectionCriteriaforPrototypeDistricts

Basedonthefollowing11parameters,apoolof28districtshasbeenpre-identified:

1.Averageof1to4quartersfoodsecurityphase

2.NetEnrolmentRate(NER)BasicEducation

3.WorkingChildren10-14years

4.Sanitationcoverage

5.PerCapitaDevelopmentBudgetExpenditure

6.DPT3immunizationunder1yearofage

7.Expectedfrequenciesofoutbreaks

8.Ratioofgirlstoboysinsecondaryeducation

9.Proportionofseverelyunderweightchildrenlessthan5years

10.MinimumConditionsandPerformanceMeasures(MCPMs)ofLocalBodiesofNepal

11.ProportionofbirthsattendedbySkilledBirthAttendantas%ofexpectedpregnancies:

Pre-identified districts

EasternRegion	*CentralRegion*	*WesternRegion*	*Mid-WestRegion*	*Far-WestRegion*
Saptari,Khotang,Udayapur,Panchthar	Rautahat,Bara,Mahottari,Parsa,Sarlahi,Dhanusa	Kapilvastu,Nawalparasi	Mugu,Dolpa,Humla,Jumla,Jajarkot,Kalikot,Rolpa,Rukum,Dalikeh,Bardiya	Baitadi,Achham,Doti,Bajhang,Bajura,Dadeldhura

Fromthepoolofthese28identifieddistricts,thesixprototypedistricts(Bajura, Jumla, Kapilvastu, Nawalparashi, Parsa, Achham) have been proposed for MSNP implementation, for the first year, takingintoaccountthefollowingcriteria:

- Ecologicalzonerepresentation(includingtakingintoaccountprevalenceofstunting)
- Accessibility
- On-goingsimilar(nutritionrelated)programmes/presenceofdevelopmentpartnersprovidingsupport

WorkingVDCswithinthesedistrictswillbeselectedinconsultationwiththedistrictlevelstakeholders (DAG mapping can be one of the basis here).Itisenvisagedthat,inthefirstsixmonthsofthefirstyear,eachdistrictshouldbeworkinginjusttwoVDCstobegintodevelopallofthematerialsandprocedures.Afterthefirstsixmonthseachofthesixdistrictsshouldbegintoscaleupthenumberof VDCssothatattheendofthefirstyearatleast50%ofVDCsare covered.

Basedonthelessonsdrawnfromtheprototypedistricts,theHLNFSSCwillselectadditionaldistrictsfor expansion.

Itisenvisagedthatinthesecondyearoftheprogramme,expansionshouldbeto12moredistrictsandint hosejusttwoVDCstostartwith.Theninthesecondsixmonthsexpansionshouldbeginsothatbytheend oftheyearatleasthalfofVDCsarecovered.Theninthethirdyearexpandtoatleasthalfofthe VDCsinafurt hersixteendistrictsandinthefourthyearexpandtohalfthe VDCsinanotherfifteendistricts.Theninthe fourthyearbeinanotherfifteendistricts,toatotalofforty-nineDistricts.Theninthefifthyearbeinanothertwenty-sixdistricts,toatotalofseventy-fiveDistricts.Thecoveragewithindistrictswillnotbe100%ofVDCs,butwillconcentrateoncoveringat least50%ofVDCs.

2.8 TARGET GROUPS AND PRIORITIZATION

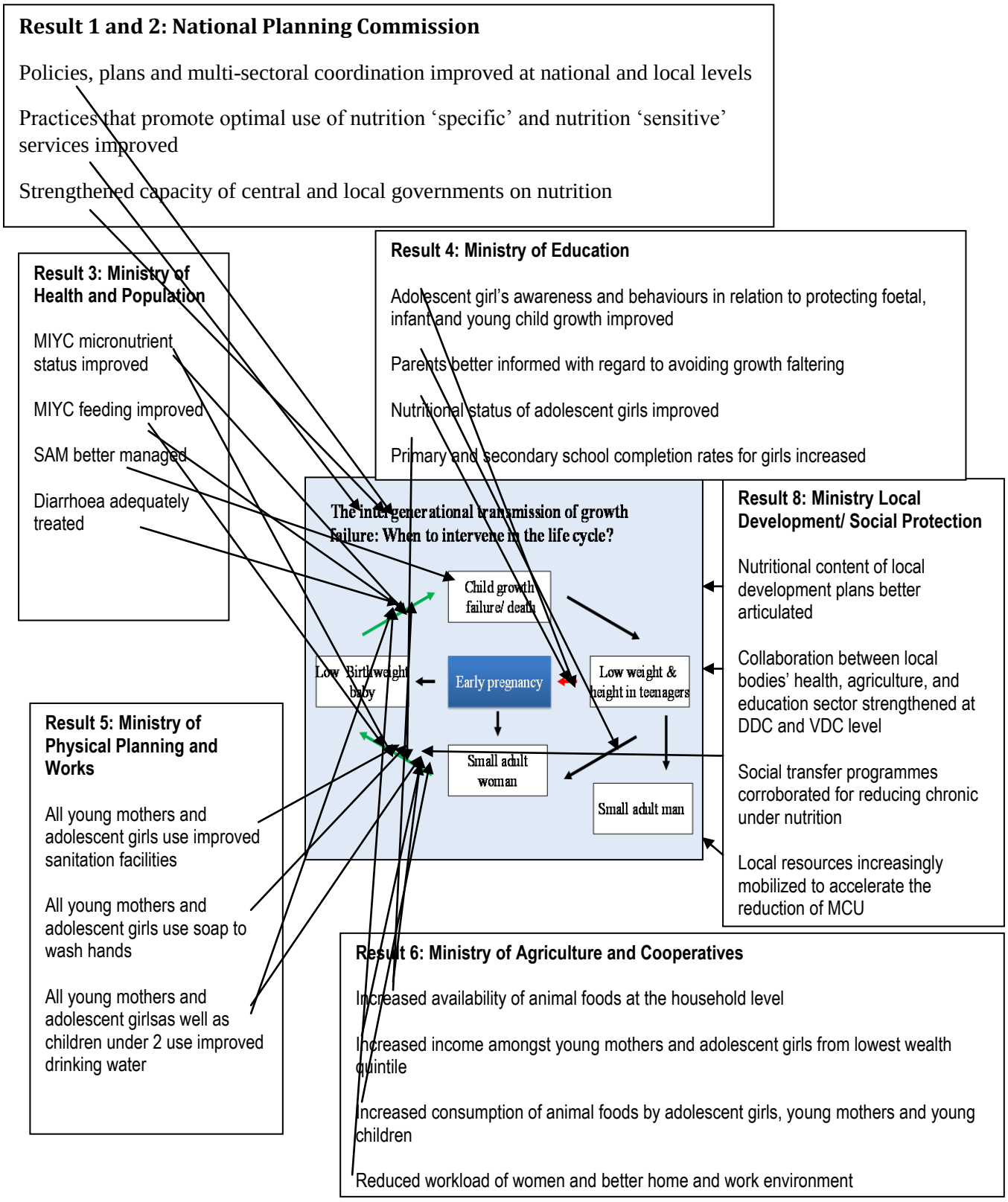
The beneficiaries are extremely diverse. However, there will be some priority groups to which this plan will focus more on. First of all, nutritional investments are most effective and yield the greatest returns during the "window of opportunity" i.e. the 1,000 days from conception to the child's second birthday. Therefore, this plan will give first priority to this period. Mothers and infants will be the prime beneficiaries of this plan. Secondly, identified pocket areas or communities suffering higher levels of deprivation and/or vulnerable to under-nutrition will receive priority too. Women of reproductive age, young children and adolescent girls will also receive greater attention. As many of the causes of under-nutrition are related with feeding and caring practices as well as socio-cultural tradition this plan will progressively move towards addressing the need of all citizens, men and women of all age, caste, ethnic groups, religions as well as development and geographical regions. Information, communication and education programs for example will be targeted to all people nationwide. Other interventions will also gradually be geared to meet the needs of all citizens.

2.9 DURATION OF THE MSNP

Thismulti-sectoralnutritionplan,whilehavingalongertermvisionofenhancinghumancapitalinNepalwhichwil lbethefoundationofsocialandeconomicgrowthanddevelopment,itwillbeimplementedduringthep eriodof2012to2016.Basedontheend-of-termevaluation,thisplanwillberevisitedandrevisedforthenexttermtowardsacceleratedrealization ofthe10-yearvision.

2.10 IMPACT OVERVIEW

This figure provides an overview of how each of the results expected from the Ministries should contribute to helping to halt the intergenerational transmission of growth failure in Nepal.



PART III

3 MANAGEMENT STRUCTURE

3.1 NATIONAL LEVEL

TheNationalPlanningCommission(NPC),underthedirectivesoftheNationalDevelopmentCouncil(NDC),exploresandallocatesresourcesforeconomicdevelopmentandworksasacentralagencyformonitoringandevaluationofdevelopmentplans,policiesandprogrammes.NPCalsofacilitatestheimplementationofdevelopmentpoliciesandprogrammes,providingaplatformforexchangeofideas,discussionandconsultationpertainingtoeconomicdevelopmentofthecountry.TheMSNPwillworkunderthe guidanceofandthroughHLNFSSCwhichislocatedinNPC,togetherwithitssecretariat,theNationalPlanningCommissionSecretariat(NPCS).

Basedonthepastexperience,theMSNPseekstoputinplaceaneffectiveinstitutionalframeworkbuildingontheexistingarrangementsandinnovatingnewonesforpolicydirection,coordination,monitoringandevaluation.Itwillalsofacilitateprocessofcollaborationandpartnershipamongdifferentstakeholdersinnutritionplanning,programming,andimplementation.

ThenationalleveloversightmanagementstructurewillbehousedinNPC.HLNFSSChasalreadybeenformedunderNationalPlanningCommissionbybringingnutrition,foodsecurityandsocialprotection underoneumbrella.

National Level: High Level Nutrition and Food Security Steering Committee

Hon. Vice Chairman, National Planning Commission (NPC)	Chairperson
Hon. Members (3-Health, Agriculture, Commerce), NPC	Member
Secretary Ministry of Agriculture and Cooperatives	Member
Secretary Ministry of Health and Population	Member
Secretary Ministry of Local Development	Member
Secretary Ministry of Commerce and Supplies	Member
Secretary Ministry of Finance	Member
Secretary Ministry of Education	Member
Secretary Ministry of Physical Planning and Works	Member
Secretary Ministry of Women Children and Social Welfare	Member
Experts 4 (Nutrition, Food Security and Commerce & Supply)	Member
Member Secretary, National Planning Commission	Member Secretary
Joint Secretary, Social Development Division, NPC	Co-Member Secretary

TheHLFNSSCwillberesponsibleforpolicydirection,guidance,andoversightfunctionaswellas:

- toformulatemacropoliciesonMulti-sectoralNutritionandFoodsecurity

- toensureinternalandexternalresources
- toadvocateandmakecommitmentatnationalandinternationallevel
- toassessandreviewtheprogrammeimplementation
- tocoordinatesectoralpoliciesandprogramsonnutrition and foodsecurity

The HLNFSSC will be assisted by a secretariat that will be responsible for:

- Information Management: building linkages with DPMAS, PMAS, NeKSAP, HMIS, EMIS, etc.
- Communication/advocacy
- Supporting capacity development
- Supporting funding mechanism

ThesecretariatwillberesponsiblefordevelopingMSNPrelatedtrainingandadvocacymaterialsforuseatthenationalandsub-nationallevel.TheHLNFSSCwillcarryoutareviewofexistinginstitutionalarchitecturewithaviewtoidentifygaps,linkagesandvulnerablepointsatcentralandlocallevels.Itwillalsosuggestwaystobuildupsynergiesbetweennutrition,foodsecurityandsocialprotectionrelatedinterventions.

ThesecretariatwillhavetwodifferentsupportunitsOneunitwillhavethreeprofessionals(supportedbyWorldBank)thatwillsupporttheNPCintheareaofnutritionadvocacytomaintainthestrongnationalcommitmentandbuildabroad-basednutritionalliance.Thisunitwillalsosupportnutritioninformationmanagementanddataanalysis,includingdifferentaspectsofthemonitoringofnutritioninformationacrosssectors,aswellasdifferentsurveysandevaluationssuchasDHSandbaselinestudiesandthemidtermevaluation.Last,butnottheleast,thisunitwillalsosupportdifferentsectorswithcapacitydevelopmentaspectsofMSNP.Thesecondunitwillhavetwoprofessionals(supportedbyREACH)thatwillworktostrengthencoordinationamongbothinternalandexternalpartnersinvolvedinnutrition.Thisunitwillalsofocusonsupportingthedistrictsintermsofdevelopingtheirinstitutionalcapacity.

Policycoordinationwillbetheresponsibilityofthreeentities:aCabinetsub-committee,theParliamentarySub-CommitteeonSocialDevelopmentandHLNFSSC.TheCabinetsub-committeewillbeappraisedbiannuallyaboutprogressonkeynutritionindicatorsandwillprovidepolicydirection.TheHLNFSSCwillmeetquarterlytoreviewprogressonperformanceonkeynutritionindicators,reviewbudgetperformanceofnutritionprogrammes,analysetheconstraintstoimplementation,andprovidestrategicdirection.RecommendationsfromtheCabinetsub-committeeandtheHLNFSSCwillthenbefedintotheParliamentarySub-CommitteeonSocialDevelopment,whichwillexpeditekeypolicyandfinancialdecisions.

A Multi-Sectoral Technical Committee comprising key technical experts from government, development partners, the private sector, academia, and civil society will be formed under HLNFSSC to coordinate technical matters. Terms of reference of the technical committee will be defined during the plan period and HLNFSSC secretariat will provide secretarial service to this committee as well. The NPC will work with other stakeholders to ensure that the proposed institutional structures are established as soon as possible and made operational. The HLNFSSC may also choose to form sectoral coordination committees to facilitate greater collaboration between sectors in a given area.

Sector ministries will be responsible for mainstreaming nutrition in sectoral programs, mobilization of resources and implementation through their regional and district networks. The sectoral ministries may also form a technical group on nutrition within their ministries (headed

by a joint secretary). Sectoral ministries will also provide technical backstopping and carry out monitoring and evaluation of the implementation process.

3.2 SUB-NATIONAL LEVEL

DDCs and VDCs will incorporate nutrition in their periodic and annual plans and monitoring frameworks by adopting the multi-sectoral principles and approaches to the district context. They will integrate progress tracking on nutrition (stunting) in monitoring and accountability review mechanisms. They will also link nutrition programmes to social mobilisation and coordinate with other sectors and partners.

Steering Committees will also be formed at the level of DDC, municipality and VDCs with specified Terms of References focusing on coordination, guidance and oversight functions at their respective levels. The district level management structures will be the Nutrition and Food Security Steering Committee, which is being combined with the existing food security committees present in all districts. Nutrition coordinators will facilitate the nutrition related programmes of the VDCs.

District Level: Nutrition and Food Security Steering Committee

DDC Chair	Chairperson
District Health Officer/District Public Health Officer	Co-chair
Local Development Officer	Member
Chief, Line Agencies (Agriculture, Livestock, Education, Drinking Water)	Members
Women Development Officer, Women development Office	Member
Executive Officer, Municipality	Member
Chair, District Chamber of Commerce and Industry	Member
Chair, District NGO Federation	Member
Representative, development partners and I/NGOs working at district level	Member
Information & Documentation Officer, DDC	Member
Programme Officer, Social Development Section, DDC	Member
Representative, District Chamber of Commerce, Industry and Trade	Member
Planning Officer, DDC	Member Secretary

The indicative Terms of Reference (ToR) of the committee shall be:

- Analyse, review and endorse nutrition related programmes that will be implemented in the district and recommend to the District Council for approval, in line with the national multi-sectoral nutrition plan
- Incorporate nutrition indicators in the District Periodic and Annual Plans
- Review progress of line agencies and DPMAS
- Carry-out multi-sectoral coordination to reduce chronic under-nutrition in the district

VDC Level: Nutrition and Food Security Steering Committee

VDC Chair	Chairperson
Chief, Agriculture Service Centre, Livestock Service Centre and Health Facility	Members
Representative, Health Facility Management Committee	Member
Chair, School Management Committee *(selected 1 – if there are more than one committee)*	Member
Representative, Ward Citizen Forum	Member
VDC Secretary	Member Secretary

The indicative Terms of Reference (ToR) of the committee shall be:

- Analyse and incorporate nutrition programmes in the VDC Annual Plans, in line with the district adoption of the multi-sectoral nutrition plan
- Review progress of implementation of nutrition programmes
- Carry-our multi-sectoral coordination to reduce chronic mal-nutrition in the VDC

Municipal Level: Nutrition and Food Security Steering Committee

Mayor	Chairperson
District Health Officer/District Public Health Officer	Co-chair
Executive Officer, Municipality	Member
Chief, Line Agencies (Agriculture, Livestock, Education, and Drinking Water)	Members
Planning Officer, DDC	Member
Chief, Urban Health Centre of the municipality (if exists)	Member
Chair, District NGO Federation	Member
Representative, development partners and I/NGOs working at district level	Member
Planning Officer, Planning Section of the Municipality	Member
Officer, Social Development Section of the Municipality	Member Secretary

The indicative Terms of Reference (ToR) of the committee shall be:

- Analyse, review and endorse nutrition related programmes that will be implemented in the municipality and recommend to the municipal Council for approval, , in line with the district adoption of the multi-sectoral nutrition plan
- Incorporate nutrition indicators in the Municipal Periodic and Annual Plans
- Review progress of implementation of nutrition programmes
- Carry-our multi-sectoral coordination to reduce chronic mal-nutrition in the municipality

The district level management structure will count on the technical support for the health sector through the district nutrition officer, as well as the political and administrative leadership from the District Council nutrition coordinator.

Citizen Awareness Centre and Ward Citizen Forum will be entrusted to raise awareness on nutrition through CBOs and incorporate nutrition in their Terms of Reference.

3.3 PRIVATE/SOCIAL SECTOR

MSNPismultidimensionalwherejointeffortsofthegovernment,nationalandinternationalNGOs,privatesector,communityorganisations,andCSOswillbeperennial.Public-private-partnershipmechanismswillbedevelopedtoengageCSOs,NGOs,andtheprivatesectorworkingatthecommunitylevel.Theyareindispensablepartnersforbringingintheperspectiveofthedemandsideaswellastocomplementthestateactorsindeliveringservices.

Privatesectorandcivilsocietyorganizationsneedtobeinvolvedinthenutritionplanningandpolicyprocesses,includingimplementationandperiodicreview.Non-stateactorswillalsobefeaturedprominentlyinadvocacyandcommunicationstrategyandtheiractiveinvolvementwillbesoughtduringmonitoringandevaluationofMSNP.Similarly,regularorganizationofpublichearingsatdifferentlevelsofnutritiongovernancewillalsohelpstrengthenvoiceandaccountability.

Bothatthenationalanddistrictlevels,areasforcollaboratingwiththenon-stateactorswillbeidentified.Amplescopeexistsatboththenationalanddistrictlevelstoengagewiththenon-stateactorsinvolvedinhealth,educationandagriculturesectors.Forexample,thoseincommercialsectorsuchasprivatehealth/educationprovidersandthefood/agroindustryareseenasimportantcollaborators.

TheMSNPwillseektheparticipationfromnon-stateactors(associationsandfederations)asandwhenrequired.Atthedistrictlevel,possibilityofincludingnon-stateactorssuchasdistrictchambersofcommerce,localchaptersofNGOs/CBOsinthenutrition and foodsecuritysteering committeeswillbeexplored.

PART IV

4 IMPLEMENTATION, FINANCING, MONITORING AND EVALUATION

4.1 DELIVERY AGENCIES

Ministry of Local Development, Ministry of Physical Planning and Works, Ministry of Health and Population, Ministry of Agriculture and Cooperatives and Ministry of Education are the main partners in delivering nutrition related services. National Planning Commission as the highest planning body facilitates intersectional coordination. The main reason for bringing all these ministries together in co-designing and co-implementation of the plan of action is the fact that they are the main sectors related with nutrition and are responsible for the five columns of the NAGA multi-sectoral Nutrition Results Framework i.e. food availability; food affordability; food quality; feeding behaviours; and physiological utilization. They are also the main Ministries that have been involved in the efforts of developing multi-sectoral nutrition plans going back over several decades.

4.2 FINANCIAL MANAGEMENT

The Government is funding development in districts through allocation of annual budget to the line ministries and through block grants to each District Development Fund (DDF). What is needed for the wider nutrition Sub-sector is a coordinated framework for allocating funds, immaterial of district, to implement MSNP.

NPC/sectoral ministries will propose a financial planning every year with clearly defined budget lines be used in the Medium term Expenditure Framework (MTEF) for MSNP, in planning and budgeting by all districts, and for districts in applying for funding under the framework. This structure will also be reflected in the MSNP Annual Work Plan.

For the Government, the above process allows a detailed analysis of (a) multi-year funding required, function by function, district by district, grouping by district type, and by region, (b) the likely available funding from national sources year on year, (c) the funding gaps – by function, by district, by grouping, and by region, and (d) budget and implementation performance. For Development Partners, it permits a clear picture of what the Government is trying to do and its priorities, and an opportunity to make a multi-year commitment to funding. Each Development Partner whether or not they intend to join the Government budget system will be able to agree in open consultation with HLNFSSC on how many districts it will fund and if necessary, the budget line elements across those districts. For those participating Development Partners who may wish to remain outside the government budget system or basket fund, for whatever reason, they will be requested to follow the same system of budget line support across their preferred number of districts.

Drawing on the valuable experience of the two existing Sector-Wide Approaches (SWAp) – in Education and Health – the Government intends to invite Development Partners to enter into a Memorandum of Understanding (MOU) that will describe the programme, the role of government and development partners, the coordination arrangements, and the commitments

of all parties regarding multi-year support. There will be a Joint Financing Arrangement (JFA) for the donors willing to provide support through the government budgetsystem.

ForthoseDevelopmentPartnerswhowishtosubscribetotheMOUandtooffersupportinotherforms,theywillbeinvitedtoofferfinancialsupporttotheMTEFthroughaparallelfundingmechanismortechnicalco-operationbasedonthecoordinationframework.TheGovernmentintendsthatthereshouldbeonecoordinationmechanisminplace,irrespectiveoffundingmechanismsbeingused.

Ingeneral,thefollowingproceduralapproachwillbeapplied:

4.2.1 ESTABLISHMENTOFBASKETFUND

UnderJointFinancingArrangement(JFA),aBasketFundwillbeestablishedforMSNP.TheBasketFundwillbeestablishedattheOfficeoftheFinancialComptrollerGeneralOffice(FCGO).TheGovernmentofNepalandthedevelopmentpartnerswillmaketheircommittedcontributionstothebasketfund.Thedevelopmentpartnerswillmaketheircommitmentsnormallyforaminimumperiodofthreeyears.Anydevelopmentpartnerswillingtosupport MSNPmayjointhisarrangementatanypointoftimeunderthe establishedarrangements.

4.2.2 AIDCOORDINATION

TheNPCshallberesponsibleforaidcoordination.ThesecretariatestablishedattheNPCrequesttheEDPstomakecontributionstothebasketfundaspercommitmentsmade.Thedevelopmentpartnersandthe GoNwillmaketheirannualcontributionsintwoinstalments,i.e.inAugustandinFebruary.Thefirstinstalmentwillbebasedontheapprovedannualbudget(50%)andthesecondinstalmentof(50%)willbebasedonexpensesreportingandphysicalprogressofthepreviousyear.

4.2.3 ADMINISTRATIONOFTHEBASKETFUND

UponrequestoftheNPC,theGoNandtheDPsshalltransferthefundstothebasketfundsestablishedattheFCGOwhichwilladministerthebasketfunds.TheFCGOwillreleasebudgetthroughtheestablishedproceduresto theDDCsfordistrictlevelMSNPprogramsontherecommendationofNPCaspertheapprovedannualbudget.Thefundsfromthisaccountwillalsobereleasedto theNPCandsectorministriesatthecentreforMSNPaspertheapprovedannualbudget.

4.2.4 MANAGINGANDRECONCILIATIONOFBASKETFUND

ThesecretariatestablishedattheNPCwillmaintainaccountofthebasketfundtomonitorcontributionsandreleaseoffundstosectorministriesandDDCs.TheNPCwillcollectinformationfromtheGoNagenciesandthedevelopmentpartnersabouttheircontributionstothebasketfundandshallcollectrequiredinformationfromFCGOofficeaboutreleaseoffundstoDDCsandthebalanceleftinthebasketfunds.NPCwillreconcilethebasketfundaccountswiththeaccountsattheFCGOonquarterlybasis.

4.2.5 DISTRICTMSNPFUND

FundsfromthebasketfundatthecentrewillbetransferredtotheDistrictDevelopmentFundAccount.TheDDCwillmaintainaseparateaccountforMSNP.Fundswillbedisbursedto DDCsinthreeinstalments ontherecommendationoftheNPCandsubjecttosubmissiontophysicalprogressreportandstatement ofexpenses.DDCs,municipalitiesandVDCsmaycontributeadditionalfundsoutofunconditionaldevelopmentgrantsortheirownresources.

4.3 FUNDSFLOW

MoHPhasbeenimplementinganumberofnutritioninterventionsoverthelastseveralyears.Mostofthenutritionspecificinterventionsarealreadyestablishedwithin theMoHPanditwouldhaveadestabilizingeffecttobringthemunderamulti-sectoralstructure.Therefore,itisproposedthatthesenutritionspecificprogrammeswouldcontinuetobefundedaccordingtothecurrentarrangements.Thefollowingapproachwillbefollowedforthenutritionsensitiveprogrammesandifthesepro grammesaretobeimplementedthroughMoHP,thenewerarrangementswillbefollowedfortheseaswell.

MSNPprogrammeandbudgetwillbepreparedasperthenutritionmenusubmittedbythesectorministriesandlocalbodiestotheNPC.NutritionmenuwillbepreparedbytheDDCandsectorministriesaspertheNutritionactivitiesandtargets/milestonesetbytheVDCandmunicipalityeveryyear.PerformanceincentivespackagewillbedesignedbytheNPCtoencouragethelineagenciesandlocalbodiestoincreasetheirperformanceinMSNPimplementation.TheNPC,basedonthemenu,willprepareanannualprogramandbudgetfortheMSNPandshallforwardittotheMinistryofFinance.ProgrammeandbudgetforthesectorministrieswillbeallocatedtotheirrespectivebudgetheadsaspertheannualprogrammesandbudgetsubmittedbytheNPCtotheMoF.Withregardtodistrictlevelprogrammeandbudget,aLetterofAuthorizationwillbeissuedbytheNPCtotheDDCsaftertheapprovalofannualbudget.TheNPCshallberesponsibleformakingtherequiredfollowuptoensurethattheapprovedprogramandletterofauthorizationreachtheauthoritiesconcernedintime.Fundsflowwillbestrictlybasedontheproposedmenubytheimplementingagencies.Budgetallocationtothecentrallevelprogrammeswillbeallocatedbytheir MoFtotherespectiveministries'budgetheads.

Thebudgetdisbursementprocedureswillbeinconformitywiththenormalgovernmentsystem.FrommidJuly2012,parallelfundingtoDDCforMSNPwillceasetoexist.Allfundswillbechannelledthroughthebasketfundandtherewillbenoparallelfunding forMSNP.

4.3.1 OPERATIONOFBANKACCOUNT

TheNPCwillreceivefundsfromthebasketfundfortheprocurementofMSNP.Abankaccountwillbeopenedinthe nameofNPC.Thebankaccountwillbeoperatedwithjointsignaturesofthe NPCMSNPDirectorandtheFinanceOfficer.TheNPCshallprepareamonthlybankreconciliationandstatementofexpenses.

4.3.2 RECURRENTEXPENSES

TheGoNshallprovidetherequiredfundsfortherecurrentexpensesoftheNPC.Thesefundswillbedepositedinaseparateaccount.Thebankaccountwillbeopenedinthe nameofNPC.Thebankaccountwillbeoperatedwithjointsignaturesofthe MSNPDirectorandtheFinanceOfficer.TheNPCshallprepareamonthlybankreconciliationandstatementofexpenses.Thiswillbeconsideredascontributionsbythe GoN.

4.3.3 UTILIZATIONOFDISTRICTMSNPFUNDSBYTHEDDC

ThedistrictMSNPfundwillbeusedfortheprocurementanddeliveryofMSNP.Thefundsformunicipalandand VDClevelMSNPwillbeprovidedtothemunicipalityandVDCbytheDDC.

4.3.4 DISTRICTMSNPACCOUNT

TheDDCwillmaintaintheaccountsaspertheGoNpractices.Itwillalsomaintainproperrecordingsyste mforreportingonMSNPcomponent-wiseexpenses,thesourcesoffunds,balanceattheendoftheyear,includingcomponent-wisecostestimates.Itwillalsoprovideinformationofexpensesrelatedtoall MSNPcomponents.These recordswillbemaintainedaspertheGuidelinesprovidedbyNPCoritsTechnicalAssistanceprovider.

4.4 BUDGET

The indicative budget for the MSNP is as below (*refer to Annex II for details.*)

'NRs. 000'

Output	**2012**	**2013**	**2014**	**2015**	**2016**	**Total**
1.0 Policies and plans updated/reviewed to incorporate a core set of nutrition specific indicators at national and local governance levels.	**35265**	**41950**	**46930**	**45685**	**58135**	**226965**
NPC	16911	17276	17276	17276	17276	78231
MoHP	2950	1950	1950	1950	1950	10750
MoE	1946	1946	1946	1946	1946	9730
MPPW	1946	1946	1946	1946	1946	9730
MoAC	1946	1946	1946	1946	1946	9730
Local Development	9566	16886	21866	20621	33071	94226
2.0 Multi-sectoral coordination mechanisms functional at national and sub-national levels.	**27588**	**29474**	**33692**	**37692**	**43872**	**172318**
NPC	26280	25550	26280	27010	27740	132860
Local Development	1308	3924	7412	10682	16132	39458

Output	**2012**	**2013**	**2014**	**2015**	**2016**	**Total**
3.0 Maternal and child nutritional care service utilization improved, especially among the unreached and poor segment of the society.	1135750	507736	755259	992425	1252616	4643786

Output	2012	2013	2014	2015	2016	Total
MoHP	1135750	507736	755259	992425	1252616	4643786
4.0 Adolescent girls' parental education, life-skills and nutrition status enhanced	86666	160933	216242	202436	392879	1059156
MoE	86666	160933	216242	202436	392879	1059156
5.0 Diarrheal diseases and ARI episodes reduced among young mothers, adolescent girls, infants and young children	311344	311344	311344	311344	311344	1556920
MPPW	311344	311344	311344	311344	311344	1556920
6.0 Availability and consumption of appropriate foods (in terms of quality, quantity, frequency and safety) enhanced and women's workload reduced.	37200	45100	151100	205100	305400	743900
MoAC	32700	33300	135900	190800	279800	672500
MoEn	4500	11800	15200	14300	25600	71400
7.0 Capacity of national and sub-national levels enhanced to provide appropriate support to improve maternal and child nutrition.	57842	63947	70438	72918	85104	350249
NPC	25090	25360	25360	25360	25360	126530
MoHP	4177	6592	8703	8703	13689	41864
MoE	3146	3146	3146	3146	3146	15730
MPPW	6587	6587	6587	6587	6587	32935
MoAC	13946	13946	13946	13946	13946	69730
Local development	4896	8316	12696	15176	22376	63460
8.0 Multi-sectoral nutrition information updated and linked both at national and sub-national levels	6490	11770	18810	25410	36410	98890
NPC	700	700	700	700	700	3500

Output	2012	2013	2014	2015	2016	Total
MoHP	700	700	700	700	700	3500
MoE	700	700	700	700	700	3500
MPPW	700	700	700	700	700	3500
MoAC	700	700	700	700	700	3500
Local development	2990	8270	15310	21910	32910	81390
Sub Total (NRs.'000')	1698145	1172254	1603815	1893010	2485760	8852184
5% M+E	84907	58613	80191	94651	124288	442609
Total (NRs.'000')	1783052	1230867	1684006	1987661	2610048	9294793
Total USD ('000)	24425	16861	23069	27228	35754	127326

USD 1 = NRs. 73.00

4.5 CAPACITY DEVELOPMENT STRATEGY

Resolvingthehumanresourcecapacityproblemfornutritionisamosturgentissue.Toresolvethisissueacomprehensiveplanforhumanresourcedevelopmentinnutritionwillbedevelopedandimplementedbasedontrainingneedsassessment.Anutritioncapacityassessmentshouldbecarriedoutinordertodecidethetype,levelandnumberofhumanresourcesneeded.Thisprocessofdefiningthemanagementandexecutionofnutritioninterventionsneedstobecarefullyconstructedwithmulti-disciplinaryfocus.Itiswidelyrecognizedthatnutritionneedstobeeveryhealthprofessional'sresponsibility,butatsomelevelamanagerneedstobemaderesponsibleforseeingthatallisbeingcarriedoutproperly.

TheNAGAreportrecommendedthecreationofaDistrictNutritionOfficer.TheNutritionAssessmentoftheNHSSPalsorecognizedthatthelackofhumanresourcesfornutritionisacriticalbarrierforimplementingtheexistingnutritioninterventions(Spiroetal,2010),andthatthishadtwodimensions:firstisthenumericalstrengthofstaffallocatedtoservenutritionfunctions;thesecondisextentofknowledgeandskillgapsthatneedstobeaddressedbycapacitybuildinginterventionsinordertoenablethemtodesign,implement,monitorandrefinenutritionprogrammes.Bothdimensions,broughttogetherinthecontextofscalingupneeds,callforamorecomplexmulti-sectoralapproach.

Allthishasbudgetimplications,especiallyforMOHPwhichisseenasthetechnicalleadsectorfornutrition.Ifsuchresourcescanbegarnered(atutmosteffortshouldbemadetodoso)thenthehumanresourcedevelopmentplanshouldinclude:thetrainingandemployingofcentrallevelpublicnutritionspecialists;thetrainingandemployingofdistrictlevelpublichealthnutritionists;moreandbetterpre-serviceandin-servicetraininginnutrition(preventive,curativeandrehabilitativeacrossthehealthserviceandothersectors).Thisnecessitatestoenvisageseveraltypesandstepsofcapacitybuildingprocess:longtermuniversityeducationanddegrees;short-termandlong-termtraining;thetrainingofmastertrainers;thetrainingoffrontlineworkersinhealthandothersectorsandtrainingofleadingcommunitymembersalongdifferenttrades.Meetingtheneedsofmastertrainersinnutritionintheshorttermisunlikelytobeachievablebyrelyingontheexistingtrainingfacilitiesalone.Ashorttermemergencyphaseisneededtosolvetheimmediateneeds,whilebuildingthecapacityo

fthetraininginstitutionssimultaneously.Thisshorttermcapacitybuildingphasewillhavetorelyonex ternalhumanresources(internationalsupport)aswellaslocalinstitutions.Thisprocessofprofession alizationofnutritionneedstobecarefullyconstructed,drawingoninternationalorientationsandexpe rienceasappropriate,includingfromorganizationssuchastheWorldPublicHealthNutritionAssociat ion.(Thedifferentcompetenciesrequiredatthethreelevelsofaction(frontline,district,central)haveb eendescribedinapaperontheWPHNAwebsitewww.wphna.org).Ideally,thecapacitydevelopmenta ctivitiesofeachsectorneedpullingtogetherintoonecoordinated"package"underthepurviewofNPC, andoftheDDCatthedistrictandbelowlevels.

4.6 ADVOCACYANDCOMMUNICATIONSTRATEGY

Thedevelopmentoftheadvocacyandcommunicationstrategywillrequiresomeformativeresearchto lookintothetraditionalbeliefs,taboosandtraditionsthatarecommoninNepalaroundtheissuesandca usesofmaternalandchildunder-nutrition.Theresearchshouldinvestigateintothebasicandunderlyingcausesbehindprevailingmate rnalandchildfeedingandcaringpractices.Thiswillfacilitatethedevelopmentofappropriatebehaviou rchangeandcommunicationpackagesandguidethetrainingandinstitutionalcapacitydevelopmente fforts.

4.7 MONITORINGANDEVALUATIONSTRATEGY

TheexistingMISandnutritioninformationsystemsofvarioussectorsarealreadyextensive,andproba blytoocomplexforregularmonitoringpurposes.TheinformationunitintheNPCwillbetaskedwithhel pingtobringallofthis(results1.6,2.6,3.6,4.6,5.6)withinthesameoverarchinglogicalframework,resp ectingwherepossiblethehierarchyofinput,output,outcome,impact.Limitedbutspecific(perhaps10 -20)indicatorswillbeneededformanagingthemulti-sectoralplanatthevariouslevels(VDC,DDCandNational).

Guidanceontheindicatorsformonitoringtheimplementationofscaledupeffortstoreducematernala ndchildunder-nutritionhasrecentlybecomeavailable[8]andcanbeusefulintheNepalesecontextaswell.Theindicator ssuggestedinclude:theproportionofstuntedchildrenbelowagefive(<2yrsand2-5years);theproportionofwastedchildrenbelowagefive(<2yrsand2-5years);theproportionofwomenofreproductiveagewithHb<11g/dl;theincidenceoflowbirthweigh t;theproportionofoverweightchildrenbelowagefive(<2yrsand2-5years);theproportionofthepopulationbelowminimumlevelofdietaryenergyconsumption;thehou seholddietarydiversityscore(HDDS);Infantsunder6monthswhoareexclusivelybreastfed;proporti onof6-23monthswhoreceiveaminimumacceptablediet.Itmaybeprudenttoaddtothislist,fromaNepalesep erspective,additionaloneslikethechildmarriagerate,theteenagepregnancyrateandtheuseofiodize dsalt.

Themostimportantaspectfromamonitoringperspectiveistheavailabilityofnutritionprofessionalst omanagetheprogrammes.Ateamofdedicatednutritionprofessionals,withclearlydefinedrolesandr esponsibilitiesandwhocanbeheldaccountable,formanagingnutritionrelated(nutritionsensitivean dnutritionspecific)activities,especiallyatDistrictlevelandbelowisoffundamentalimportanceforth esuccessfulimplementationofthemulti-sectoralplan.Theimportanceofregularsupportivesupervisioncannotbeoveremphasized,especiall

[8]SUN Transition Team 2010. A road map for scaling up nutrition. Available at URL: http://un-foodsecurity.org/sites/default/files/SUNRoadMap_English.pdf

yfromhealthfacilitiestocommunities.Therefore,makingavailableappropriatehumanresourcesbecomesparamount;otherwiseasetofmonitoringindicatorsremainsaratheracademic(andprobablyafutile)exercise.

Theevaluationplanwillfollowthelogicofcreatingplausibilityargumentsconcerningtheimpactofthemulti-sectoralplan.Baselinesurveyswillbecarriedoutbyperformingclustersurveysineachdistrictaswellaseighbouringone,priortointerventionsbeingimplementedandthenrepeatedineachoftheexpansionareasasthefootprintofthemulti-sectoralplangraduallygrows.Togetherwithstuntingratesinchildrenundertwo,allindicatorsofthevariousinterventions(input,output,andoutcome)willbemeasuredtogetherwithconfoundingvariables.Thiswillallowtheconstructionofstrongplausibleevidencebasedargumentsaboutwhether MSNP hashadthedesiredimpactandhowmuchthisisduetothevariousprogrammeinputs.Themid-termreviewinthefourthyearshouldalreadyprovidestrongplausibleevidencethatmaternalandchild under-nutritionreductionhasbeenacceleratedinprogrammeareasascomparedtonon-programmeareas.

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ANNEXURES

ANNEX I: CONSOLIDATED MSNP LOGICAL FRAMEWORK AND ACTION PLAN

Logical Framework (Results Framework)

Results Chain	Descriptive Summary	Indicators of Work Performance	Means of Verification	Key Assumptions
Goal	Improved human capital, especially among the poorer segments of society to improve maternal and child nutrition and health	Eliminated chronic under-nutrition by the year 2022	NDHS	Political consensus and stability enhanced and peace process reached to its logical conclusion
Purpose	Strengthened multi-sectoral efforts of the NPC and other stakeholders to foment capacity development for improved nutrition at all levels of society in Nepal	By the end of 2016: • % prevalence of stunting among under -5 years children reduced below 29% • % prevalence of underweight among under-5 years children reduced below 20% • % prevalence of wasting among under-5 years children reduced below 5% • % of women with chronic energy deficiency (measured as BMI) reduced by 15% • % prevalence of low birth weight (<2,500 grams) reduced • % of children and adolescents (boys and girls) not completing primary and basic school education reduced	NDHS NDHS NDHS Monitoring and Evaluation Report Monitoring and Evaluation Report	Social sector investment remains priority in government agenda.
Outcomes	1: Policies, plans and multi-sectoral coordination improved at national and local levels.	By the end of 2016: • Multi-sectoral commitment and resources for nutrition are increased to at least 2% • Nutritional information management and data analysis strengthened • Protocol established for nutrition profiles (as basis for planning) at local level	Annual NPC report	

Results Chain	Descriptive Summary	Indicators of Work Performance	Means of Verification	Key Assumptions
	2: Practices that promote optimal use of nutrition 'specific' and nutrition 'sensitive' services improved, leading to enhanced maternal and child nutritional status.	By the end of 2016: • MIYC micronutrient status (Vitamin A, Iodine, Anaemia) improved • Comprehensive MYICN Training Package adapted and rolled-out • Severe Acute Malnutrition (SAM) better managed • MIYC infections reduced	Annual DoHS report	
		• Adolescent girls awareness and behaviours in relation to protecting foetal, infant and young child growth improved • Parents better informed with regard to avoiding growth faltering • Nutritional status of adolescent girls improved • Primary and secondary school enrolment increased, particularly for girls	Annual MoE report	
		• All young mothers and adolescent girls use improved sanitation facilities • All young mothers and adolescent girls use soap to wash hands at critical times • All young mothers and adolescent girls as well as children under 2 use improved drinking water	Annual MPPW report	
		• Food security and agriculture aligned with nutrition objectives • Reduced workload of women and better home and work environment	Annual MOAC report	
	3: Strengthened capacity of central and local governments on nutrition to provide basic services in an inclusive and equitable manner	• Nutrition capacity of implementing agencies is strengthened • Nutrition integrated into local planning and monitoring • Collaboration between local bodies' health, agriculture, and education sector strengthened at DDC and VDC level • Social protection measures designed and introduced to prevent and reduce malnutrition in marginal population groups	Annual sectoral ministries and local bodies report	

Results Chain	Descriptive Summary	Indicators of Work Performance	Means of Verification	Key Assumptions
Outputs				
Outcome 1: Policies, plans and multi-sectoral coordination improved at national and local levels.				
Output 1	Policies and plans updated/reviewed to incorporate a core set of nutrition specific indicators at national and sub-national levels.	• By the end of 2016, annual and multiyear plan of all the relevant sectors reflect indicators and targets on contribution for reduction of malnutrition • By the end of 2016, Nutrition related targets and indicators incorporated in district and VDC level plans and programs	Plan documents of relevant sectors as well as VDCs and DDCs, Studies and monitoring reports	All central and local level planners are committed on nutrition agenda.
Output 2	Multi-sectoral coordination mechanisms functional at national and sub-national levels.	• By the end of 2011, High Level Nutrition and Food Security Steering Committee and coordination mechanisms functional at central level • By the end of 2012, all the sectors delegated multi-sectoral coordination authority to the DDCs with necessary resources • By the end of 2016:, Majority of the planned nutrition programmes coordinated and monitored by district, municipality and VDC level Food and Nutrition Coordination Committees at local level. • By the end of 2016:, frequency of joint monitoring visits by central level stakeholders increased	Minutes of the Steering Committee, DDC documentation, Monitoring reports Monitoring reports	Relevant sectors are willing and determined to work collectively.
Outcome 2: Practices that promote optimal use of nutrition 'specific' and nutrition 'sensitive' services improved, leading to enhanced maternal and child nutritional status.				
Output 3.0	Maternal and child nutritional care service utilization improved, especially among the unreached and poor segment of the society.	By the end of 2016: • Guideline in place to support MIYCN • % of pregnant women and mothers eating three times a day with animal source food at least once a day • Adolescents who report at least two preventive/dietary nutritional measures against anemia increased • Prevalence of roundworm among school adolescent reduced • Hand washing with soap practice increased at critical times specially among adolescent girls and young mothers	NDHS Annual progress reports Research and Survey reports Annual DHS Report M&E Report	Government invests adequately to ensure food availability All stakeholders proactively collaborate to raise awareness

Results Chain	Descriptive Summary	Indicators of Work Performance	Means of Verification	Key Assumptions
				at the community level
Output 4	Adolescent girls' parental education, life-skills and nutrition status enhanced.	By the end of 2016: • Class attendance and class promotion rates among adolescent girls increased • Dropout rates among school adolescents decreased • Adolescents who report at least two preventive/dietary nutritional measures against anaemia increased • Prevalence of roundworm among school adolescents decreased	Baseline and end line surveys, EMIS/FLASH report HMIS/DHS report	
Output 5	Diarrheal diseases and ARI episodes reduced among young mothers, adolescent girls, infants and young children.	By the end of 2016, prevalence of diarrheal diseases and ARI among the young mothers, adolescent girls and young and infant children reduced by x%	Annual report of MOHP	
Output 6	Availability and consumption of appropriate foods (in terms of quality, quantity, frequency and safety) enhanced and women's workload reduced.	By the end of 2016: • Increased consumption of diversified food, especially animal food, among pregnant women and adolescent girls by increasing its production • Food supply and distribution system strengthened - food security ensured particularly in food deficit areas • % infants initiate breastfeeding within the first hour and exclusively breastfeed for six months • % of children receiving immunization and micro-nutrient supplements as per the schedule • Reduction in consumption of junk food by pregnant mothers, children and adolescent girls	Annual progress reports Research and Survey reports Records of the hospitals Annual Progress Report Annual Progress Report Monitoring and Evaluation Report	Government invests adequately to ensure food availability and all the stakeholders proactively collaborate to raise awareness at the community level.

Results Chain	Descriptive Summary	Indicators of Work Performance	Means of Verification	Key Assumptions
Outcome 3: Strengthened capacity of central and local governments on nutrition to provide basic services in an inclusive and equitable manner.				
Output 7	Capacity of national and sub-national levels enhanced to provide appropriate support to improve maternal and child nutrition.	• By the end of 2016, knowledge on nutrition increased among key identified staff at central and local level by x% over the baseline of number of new nutrition service outlets established or improved • Starting from 2013, different sectors identify focal persons for nutrition and execution of nutrition interventions are reflected in their job descriptions	Baseline and end line survey reports Annual progress Report Job description of the focal persons	Central and local governments are provided with necessary resources to carry out capacity development programmes.
Output 8	Multi-sectoral nutrition information updated and linked both at national and sub-national levels.	• By the end of 2016, access to the updated nutrition information system through PMAS and DPMAS made available • Nutrition information system available in all the sectors	Documentation of PMAS and DPMAS systems and monitoring reports	

Costed Action Plan

'NRs. 000'

Activity	Sub-activity	Milestone / Target/year						Resources Required (Year)						Source		Responsibility
			1	2	3	4	5	1	2	3	4	5	Total	National	Int'l	
Output 1.0 Policies and plans updated/reviewed to incorporate a core set of nutrition specific indicators at national and sub-national levels.								34265	41950	46930	45685	58135	226965			
1.1 Raise nutrition profile among sectoral Ministries								13140	12410	12410	12410	12410	62780	x	x	NPC
	Form High level Nutrition and Food Security Steering Committee (HLNFSSC) under the chair of NPC Vice-chairperson and concerned secretaries from ministries	HLNFSSC Functional														NPC
	Organise committee meetings															NPC
	Form Nutrition Sub Committee and technical group with joint secretaries involved in raising nutrition among their ministries	Technical Sub-committee functional														NPC
1.2 Advocate with Ministries for prioritizing nutrition in their plan and for including core nutrition specific indicators								1825	2920	2920	2920	2920	13505	x	x	NPC
	Sensitize/consult with political parties and parliamentarians regarding MSN	Ministries assign nutrition responsibilities to their staff														NPC

Activity	Sub-activity	Milestone / Target/year						Resources Required (Year)						Source		Responsibility
			1	2	3	4	5	1	2	3	4	5	Total	National	Int'l	
	Disseminate approved MSN Plan to all concerned ministries and other stakeholders	Implementation of MSNP and sectoral nutrition plans														NPC
	Carry out regular advocacy with Ministries/stakeholders/Civil Society Organizations	Report of consultation and advocacy														NPC
1.3 Update National Nutrition Policy and Strategy, including M&E framework in line with the MSNP								1000	0	0	0	0	1000			NPC MoHP
	Revisit/Revise NNPS															
	Prepare multi-sectoral nutrition plan and strategy in the health, education, WASH and agriculture sector															
1.4 Incorporate nutrition in the national sectoral plan, including nutrition specific M&E framework								11680	11680	11680	11680	11680	58400			
	Review of sectoral perspective plans with the nutrition checklist of the MSNP	Nutrition included in sectoral perspective plans											58400		x	NPC/sectoral ministries
	Review TYP/ annual plans of the ministries /sectors so as to	Nutrition reflected in PMAS and														NPC

Activity	Sub-activity	Milestone / Target/year						Resources Required (Year)						Source		Responsibility
			1	2	3	4	5	1	2	3	4	5	Total	National	Int'l	
	ensure that sectoral plans of the MSNP are included	DPMAS														
1.5 Incorporate nutrition aspects in local plans and planning process, including nutrition specific M&E framework								7620	14940	19920	18675	31125	92280		x	DDC
	Review Periodic and annual plans at the local level	Nutrition included in the District Periodic Plan Preparation Guidelines														DDC
	Incorporate nutrition into local development plans	Nutrition indicators included in the district Periodic and annual plan														DDC
	Review and strengthen DAG mapping to introduce nutrition index in the categorization of local bodies															MoLD/DDC
Output 2.0 Multi-sectoral coordination mechanisms functional at national and sub-national levels.								27588	29474	33692	37692	43872	172318		x	
2.1 Establish/ strengthen secretariat for supporting the nutrition and food security initiatives within the NPC								1460	2190	2920	3650	4380	14600		X	NPC

Activity	Sub-activity	Milestone / Target/year						Resources Required (Year)						Source		Responsibility
			1	2	3	4	5	1	2	3	4	5	Total	National	Int'l	
	Establish secretariat															NPC
	Arrange human resources and logistic for the food and nutrition security secretariat	Organogram approved and human resources hired														NPC
	Coordinate and co-work with the initiatives like REACH/SUN etc. for effective implementation and roll-out of MSP to the districts	NPC Report														NPC
2.2 Establish effective communications to improve coordination								24820	23360	23360	23360	23360	118260		x	NPC
	Establish two-way communication between NPC and sectors/ministries and corrective measures taken to ensure effective coordination among sectors	Implementation report of High level Nutrition Committee meeting decisions														NPC
	Build consensus with MoF to allocate adequate funds for on MSNP interventions	Meeting minutes														NPC
	Arrange signing of letter of understanding among NPC, line ministries and DDCs for multi-sectoral collaboration through DDC at local level	Letter of understanding among ministries and DDC														NPC

Activity	Sub-activity	Milestone / Target/year						Resources Required (Year)						Source		Responsibility
			1	2	3	4	5	1	2	3	4	5	Total	National	Int'l	
2.3 Form multi-sectoral coordination committees at local level								1308	3924	7412	10682	16132	39458		x	DDC
	Establish Nutrition and Food Security Steering Committee at all levels	DDC reports														Local Bodies
	Organize quarterly meetings of Nutrition and Food Security Steering committee	Meeting Minutes														Local Bodies
Output 3.0 Maternal and child nutritional care service utilization improved, especially among the unreached and poor segment of the society.								**1135750**	**507736**	**755259**	**992425**	**1252616**	**4643786**		**x**	**MoHP**
3.1 Implement/scale up maternal infant and young child feeding through a comprehensive approach								40228	71403	129466	218571	273301	732969		x	MoHP
	Enrich dietary habits of pregnant women	Early identification and registration of pregnant women by FCHV Counselling to pregnant women and other family members for consuming animal source food as part of birth preparedness package														MoHP
	Initiate early breastfeeding and exclusive breastfeeding improved	Provided support to assist all infants to initiate breastfeeding														MoHP

Activity	Sub-activity	Milestone / Target/year						Resources Required (Year)						Source		Responsibility
			1	2	3	4	5	1	2	3	4	5	Total	National	Int'l	
		within one hour of birth														
	Provide support for complementary feeding for young children aged 6-23 months improved	All children 6-8 months and 9-23 months receive complementary foods 2 and 3 times per day respectively with ≥ 4 food groups per day														MoHP
3.2 Maintain/expand programmes to improve maternal infant and young child micronutrient status								976902	259159	374469	479671	589404	2679605		x	MoHP
	Increase intake of iron folic tablets and de-worming tablets by women during pregnancy and post-partum	All mothers take 180 iron folic acid tablets during pregnancy and 45 tablets post-partum														MoHP
	Increase consumption of fortified cereal flour	Ensured proper fortification of cereal flour by roller-mills through periodic internal and external monitoring														MoHP
	Make available iodized salt for household consumption	Community based social marketing promoted for the consumption of														MoHP

Activity	Sub-activity	Milestone / Target/year						Resources Required (Year)						Source		Responsibility
			1	2	3	4	5	1	2	3	4	5	Total	National	Int'l	
		Two Child Logo packet salt														
	Provide support to increase intake of MNP by 6-23 months children	MNPs Scaled-up to 75 districts														MoHP
	Implement programs to reduce MIYC infections	Reinforced MIYC infections aspects during the CB-NCP expansion in 75 districts														MoHP
	All children 6-59 months take Vit A capsules and children aged 1-5 years take Vit A capsules with Albendazole twice a year.	Continued semi-annual mass Vit A and deworming tablet distribution to under 5 children														MoHP
3.3 Scale up and manage infant and child severe acute malnutrition								101610	163067	230055	266541	356095	1117368		x	MoHP
	Identify malnutrition through the monitoring of the nutritional status of children aged 0-36 months	Implemented Community Based Growth Monitoring as per new WHO Growth Standard														MoHP
	Identify all severe acute malnutrition in children aged under-five.	Scaled-up of Community Based Management of Acute Malnutrition Programme in 35 districts with high														MoHP

Activity	Sub-activity	Milestone / Target/year						Resources Required (Year)						Source		Responsibility
			1	2	3	4	5	1	2	3	4	5	Total	National	Int'l	
		number of children with severe acute malnutrition														
3.4 Update health sector nutrition related acts, regulations, policies, strategies, and standards								14292	13333	20202	26450	31599	105876		x	MoHP
	Prepare guidelines to reduce malnutrition among children aged under-five	Prepared guidelines and training programs organised Supplied Ready to Use Supplementary Food (RUSF) to targeted districts														MoHP
	Revise institutional arrangement at all levels, in line with MNSP, including establishment of National Nutrition Centre (NNC) under MoHP	National Nutrition Centre functional														MoHP
	Develop Comprehensive Nutrition Training Packages	Comprehensive Nutrition Training Package endorsed by MoHP Hhealth workers and volunteers utilize Comprehensive Nutrition Training														MoHP

Activity	Sub-activity	Milestone / Target/year						Resources Required (Year)						Source		Responsibility
			1	2	3	4	5	1	2	3	4	5	Total	National	Int'l	
		Package														
3.5 Institutional strengthening of health sector								2718	774	1067	1192	2217	7968		x	MoHP
	Proper regularization of salt production, distribution, and monitoring	Draft legislation for Salt production, distribution and monitoring available														
	Revision of institutional arrangement at all levels, in line with MNSP, including establishment of National Nutrition Centre (NNC) under MoHP	Design and conduct O&M Assessment, including assessing the capacity needs Develop and approve organizational structure of NNC Formulate Capacity Development Plan based on the O&M Assessment and organizational structure of NNC NNC Functional														
Output 4: : Adolescent girls' parental education, life-skills and nutrition status enhanced								94460	166921	226359	211632	413688	1113060			

Activity	Sub-activity	Milestone / Target/year						Resources Required (Year)						Source		Responsibility
			1	2	3	4	5	1	2	3	4	5	Total	National	Int'l	
4.1 Nutrition integration with life-skills education to adolescent girls, with a focus on improving maternal and child nutrition and on reducing chronic malnutrition (create an enabling environment)								13924	17,048	24863	23020	43850	122705		x	MoE
	Form/strengthen child clubs in school and out of school															
	Organise life-skills related training to the child club members and focal teachers															
4.2 Raise adolescent girls' knowledge and skills on reduction of chronic malnutrition								7794	5988	10117	9195	20808	53902			
	Prepare/update life skills related resources (Procedural Manual)	3000 copies, printing cost of child club manual for Year 2 onwards not included														MoE
	Provide life-skills related training to the child club members and focal teachers	2500 child clubs x 2 members, and 2060 focal teachers														MoE
	Review existing school curricula and textbooks for analysing contents on nutrition education (grade 1-12)	50000 per grade x 12 grades														MoE

Activity	Sub-activity	Milestone / Target/year						Resources Required (Year)						Source		Responsibility
			1	2	3	4	5	1	2	3	4	5	Total	National	Int'l	
	Integrate curricular	25000 per grade x 12 grades														MoE
	Revise textbook	50000 per grade x 12 grades														MoE
	Revise teacher guidebook	50000 per book x 12 grades														MoE
	Prepare resource materials for students and teachers	2 sets ,1 for teachers and 1 for students														MoE
	Develop instruction materials for teaching aids	300000 x 12 grades														MoE
	Print and distribute teaching-learning materials for teachers and learning materials for students	Resource materials for teachers 2060 schools of 6 districts														MoE
	Develop comprehensive training course and materials for teacher training by NCED	2 sets														MoE
	Organise ToT for teachers	3 days x 109 teachers														MoE
	Organise teacher training	4932 teachers x 3 days														MoE
	Make available technical support/monitoring by NCED															MoE

Activity	Sub-activity	Milestone / Target/year						Resources Required (Year)						Source		Responsibility
			1	2	3	4	5	1	2	3	4	5	Total	National	Int'l	
4.3Prepare/update resource materials on parenting education for improved child care and feeding practices								8035	14470	18826	17649	29416	88396		x	MoE
	Prepare IEC/educational materials on nutrition during pregnancy and IYCF (Resource book, Record book and orientation package)	Each 2500 copies of resource book, record book, and orientation book														MoE
	Develop training manual, resource materials, self-learning and IEC materials on nutrition for parents, community members and NFE learners	5 sets of training manuals and self-learning materials, 5 types of brochures ,2 volumes of wall chart & 1 flip chart														MoE
	Review Parenting Education and NFE package from the nutrition perspectives to find gaps and integrate nutrition messages	2 sets ,1 for PE and 1 for NFE														MoE
	Prepare nutrition-related source book for parental education classes	2500 child clubs														MoE
	Organise ToT on parental education on nutrition	6 districts and 1 at central level														MoE
	Carry out parental education orientation at school inc. ECD, out of school	2500 child clubs														MoE

Activity	Sub-activity	Milestone / Target/year						Resources Required (Year)						Source		Responsibility
			1	2	3	4	5	1	2	3	4	5	Total	National	Int'l	
	Conduct sessions to the women/mothers at ECD and literacy classes	Covers 150 CLCs and roll out through regular program														MoE
	Mobilize SMC, PTA ,Teacher Unions and mass media for parental education	6 districts and central level														MoE
4.4 Develop mid-day meal to adolescent girls (grades 5 to 8) to enhance their school performance and participation.								64707	129415	172553	161768	319614	848057		x	MoE
	Prepare menu as per the local needs, leaflet(both for school and home)	2500 schools														MoE
	Conduct orientation for mobilisation of mother groups, SMC & PTA on MDM	2500 schools														MoE
	Iron supplementation to the adolescent girls through school teachers and child clubs	2500 schools														MoE
	Promote kitchen garden at school and homestead	2500 schools														MoE
	Promote CLC-based community kitchen garden, including awareness	150 CLCs														MoE

Activity	Sub-activity	Milestone / Target/year						Resources Required (Year)						Source		Responsibility
			1	2	3	4	5	1	2	3	4	5	Total	National	Int'l	
Output 5: Diarrheal diseases and ARI episodes reduced among young mothers, adolescent girls, infants and young children								311344	311344	311344	311344	311344	1556920			
5.1 Organise promotional campaigns to increase practices on hand washing with soap at critical times, especially among adolescents, mothers with infants and young children								58249	58249	58249	58249	58249	291445		x	MPPW
	Provide training on hand washing	TOT to NGO staff/govt staff(3 days) 30 participants Training to adolescent girls and young mothers (2 days) 50 participants														MPPW
	Run promotional campaigns	Provide IEC materials														MPPW
		Run FM programmes														MPPW
		Mobilize FCHVs and community groups in hand washing campaigns														MPPW
		Raise awareness among all mothers to wash hands with soap before														MPPW

Activity	Sub-activity	Milestone / Target/year						Resources Required (Year)						Source		Responsibility
			1	2	3	4	5	1	2	3	4	5	Total	National	Int'l	
		preparing complementary foods														
	Supervise hand washing with soap practices at VDC level															MPPW
5.2 Conduct Open Defecation Free campaigns, with a particular focus among the most affected districts								156683	156683	156683	156683	156683	783415		x	MPPW
	Carry out triggering for ODF campaigns such as interaction, workshop, capacity building, action plan development, learning exchange, toilet, drinking water, O&M fund etc	District level sensitization 1 event														MPPW
		VDC level														MPPW
		Community level														MPPW
		School level														MPPW
	Run advocacy programmes/ Mobilise media	520 minutes														MPPW
	Supervise ODF campaigns	4 visits/ district														MPPW
5.3 Raise awareness on water safety plan and use of safe water at the point of use, with a particular focus on the most affected areas								96412	96412	96412	96412	96412	482060		x	MPPW

Activity	Sub-activity	Milestone / Target/year						Resources Required (Year)						Source		Responsibility
			1	2	3	4	5	1	2	3	4	5	Total	National	Int'l	
	Establish WSS schemes in the VDCs	1620 people/VDC														MPPW
	Provide training on water safety and POU	Training to NGOs, users committee, girls and lactating mothers														MPPW
	Run promotional campaigns	Distribution of IEC/BCC materials														MPPW
	Supervise water safety programmes	4 times / district														MPPW
Output 6: Provide targeted support to make MN rich food available, including animal source foods, at households and community levels.								37200	45100	151100	205100	305400	743900		x	MoAC
6.1 Provide targeted support to make MN rich food available at households and community levels								28000	21700	116800	163500	236300	566300		x	MoAC
	Form groups of the target group	Groups (9 groups/VDCs)														MPPW
	Provide access to land through leasing opportunities	households (Rs 1000 per hh)														MoAC
	Provide technical help to target groups	Trainings (3 training per year 2 day per VDC)														MoAC
	Develop linkages with input supplier	no cost (human resource														MoAC

Activity	Sub-activity	Milestone / Target/year						Resources Required (Year)						Source		Responsibility
			1	2	3	4	5	1	2	3	4	5	Total	National	Int'l	
		mentioned below)														
	Develop a 'village model farm (VMF)'.	Number (1 per VDC; 3000 per VDC)														MoAC
	Install Micro-irrigation and waste water use facilities	Number (5 per VDC; co-ordination cost Rs 300/household)														MoAC
	Produce IEC materials on post-harvest (or processing) to reduce losses of the food – particularly MN-rich food	Booklets/ Pamphlets on post harvest and food processing.														MoAC
		Radio program.														MoAC
6.2 Recipe development and promotion of MN rich minor/indigenous crops.								1200	1200	1200	1200	1200	6000			MoAC
	Identify crops for dietary diversification	List available as per district crops potentials														MoAC
	Prepare recipe	Executed at district level														MoAC
	Monitor implementation and its benefits															MoAC
6.3 Link up programs to increase income and MN-rich foods consumption among adolescent girls, pregnant and lactating								3500	10400	17900	26100	42300	100200		x	MoAC

Activity	Sub-activity	Milestone / Target/year						Resources Required (Year)						Source		Responsibility
			1	2	3	4	5	1	2	3	4	5	Total	National	Int'l	
mothers and children less than 3 years age from lowest quintile																
	Introduce Cooperatives	Train members on financial matters and marketing														MoAC
	Carry out social marketing of MN-rich local food	1 Radio program														MoAC
6.4 Provide support for clean and cheap energy to reduce Women's workload								4500	11800	15200	14300	25600	71400		x	MoEnv
	Establish linkage and advocate for bio-gas construction	Number (support for only co-ordination meetings)														MoEnv
	Provide subsidy for improved cooking stove	Number of ICS (Rs 250 subsidy and 50 ICS per VDC in rural areas)														MoEnv
	Run radio program on gendered division of work	Number (1 program)														MoEnv
6.5 Revise existing child cash grants mechanism (from pregnancy to U5 year children) to reduce maternal malnutrition and child stunting								0	0	0	0	0	0	x		MoLD

Activity	Sub-activity	Milestone / Target/year						Resources Required (Year)						Source		Responsibility
			1	2	3	4	5	1	2	3	4	5	Total	National	Int'l	
	Review child grant policy and provide child grants during pregnancy and <5 year children.	Child Grant Directive revised														MoLD
	Revise Child Grant Directive.															MoLD
Output 7.0 Capacity of national and sub-national levels enhanced to provide appropriate support to improve maternal and child nutrition.								57842	63947	70438	72918	85104	350249			
7.1 Build/facilitate for staff capacity development at central and local level								45162	50267	56758	59238	71424	282849		x	NPC
	Train nutrition and non-nutrition professional at NPC, Health, Education, Physical Planning, Local Development, Finance and Agriculture ministry and their respective subordinate authorities at local level	NPC – National and international training programmes						12410	11680	11680	11680	11680	59130			NPC
		MoHP						4177	6592	8703	8703	13689	41864			MoHP
		MoE						3146	3146	3146	3146	3146	15730			MoE
		MPPW						6587	6587	6587	6587	6587	32935			MPPW
		MoAC						13946	13946	13946	13946	13946	69730			MoAC
		MoLD						3576	5676	9176	11876	16876	47180			MoLD
	Conduct knowledge survey on nutrition among key identified	Sectoral Ministries identified needs of														NPC and line ministries,

Activity	Sub-activity	Milestone / Target/year						Resources Required (Year)						Source		Responsibility
			1	2	3	4	5	1	2	3	4	5	Total	National	Int'l	
	staff of different sectors	inputs for staffs														Local bodies
7.2 Carry out organisation and management assessment of the sectors for organisational strengthening								1000	2000	2000	2000	2000	9000		x	NPC
	Carry out survey															NPC
	Enlist capacity/institutional development needs for each sector															NPC
	Provide institutional support															NPC
Activity 7.3, 7.4 and 7.5								11680	11680	11680	11680	11680	58400		x	Local Bodies
7.3 Establish uniform and results based reporting system																
	Establish reporting mechanism from sectors to NPC on implementation status of the MSP interventions	Reports received from all sectors by the Nutrition Secretariat														Sectoral ministries
	Establish reporting mechanism from line agencies to DDC on implementation status of the MSP interventions	Reports received from DDCs by the Nutrition Secretariat														DDCs
7.4 Review indicators in PMAS and DPMAS to incorporate MSNP key indicators																NPC/sectoral ministries

Activity	Sub-activity	Milestone / Target/year						Resources Required (Year)						Source		Responsibility
			1	2	3	4	5	1	2	3	4	5	Total	National	Int'l	
	Identify key MSNP indicators to be included in the DPMAS/PMAS and have consensus among sectors on these indicators	MSNP indicators incorporated in sectoral and district level plans														Sectoral ministries / DDCs
	Incorporate MSNP key indicators in PMAS and DPMAS	Nutrition indicators included in PMAS and DPMAS indicators														NPC
	Facilitate sector ministries to incorporate nutrition sensitive indicators in their information system including periodic reviews	Nutrition indicators collected by sectoral information systems (HMIS, EMIS etc)														Sectoral ministries
7.5 Carry out routine and joint sectoral monitoring of implementation															x	NPC/Sectoral ministries / DDCs
	Prepare MSNP monitoring framework															NPC/Sectoral ministries / DDCs
	Monitor the progress made in MSNP interventions based on the key MSP indicators	Trimester Monitoring														NPC/Sectoral ministries / DDCs

Activity	Sub-activity	Milestone / Target/year						Resources Required (Year)						Source		Responsibility
			1	2	3	4	5	1	2	3	4	5	Total	National	Int'l	
	Establish joint supervision mechanism with key sectors represented and ensure regular supervision	Bi-annual joint review														NPC/Sectoral ministries / DDCs
	Provide regular feedback to concerned ministries/bodies and develop reward system based on the sectoral performance	Best performers awarded by NPC annually														NPC
7.6 Establish monitoring framework and mechanisms at local levels (DDC and other line agencies)								1320	2640	3520	3300	5500	16280		X	Local bodies
	Prepare monitoring framework for nutrition sector at local level	Monitoring carried out by local bodies as per monitoring framework														Local bodies
	Prepare joint plan of action and joint monitoring framework	Joint plan of actions implemented by all the sectors at local level including its trimester monitoring and review														Local bodies
	Mobilise local resources to tackle chronic malnutrition at local levels	Citizen Awareness Centres and Ward Citizen Forum support nutrition of women and														Local bodies

Activity	Sub-activity	Milestone / Target/year						Resources Required (Year)						Source		Responsibility
			1	2	3	4	5	1	2	3	4	5	Total	National	Int'l	
		children at ward levels														
7.7 Allocate institutional responsibilities for nutrition at all levels								0	0	0	0	0	0	x		NPC/Sectoral ministries / DDCs
	Incorporate nutrition in job description of staffs of the sectoral/line agencies	Nutrition responsive person identified by all the sectors														NPC/Sectoral ministries / DDCs
	Mentor/supervise staffs to deliver nutrition programmes	Capacity of nutrition responsive person developed														NPC/Sectoral ministries / DDCs
Output 8.0 Multi-sectoral nutrition information updated and linked both at national and sub-national level								6490	11770	18810	25410	36410	98890		x	
8.1 Link/Update nutrition information at central level (PMAS, HMIS, EMIS, WASH, Agriculture and Local Development)								3500	3500	3500	3500	3500	17500			NPC/Sectoral ministries / DDCs
	Review coverage of nutrition in sectoral information systems	PMAS						700	700	700	700	700	3500			
		HMIS						700	700	700	700	700	3500			
		EMIS						700	700	700	700	700	3500			
		MPPW						700	700	700	700	700	3500			

Activity	Sub-activity	Milestone / Target/year						Resources Required (Year)						Source		Responsibility
			1	2	3	4	5	1	2	3	4	5	Total	National	Int'l	
		MoAC						700	700	700	700	700	3500			
	Incorporate nutrition in sectoral information systems to ensure monitoring and evaluation of MSNP monitoring indicators	Nutrition included in sectoral information systems														
8.2 Link/Update nutrition information in DPMAS at local levels DDC, municipality; and health, education, WASH, agriculture and NGOs								2990	8270	15310	21910	32910	81390			NPC/Sectoral ministries / DDCs
	Incorporate nutrition in sectoral information systems to ensure monitoring and evaluation of MSNP monitoring indicators at local level	DPMAS updated with nutrition indicators														
	Publish nutrition progress report	Nutrition progress covered in the annual report of DDC														
Sub Total (NRs.'000')								1698145	1172254	1603815	1893010	2485760	8852184			
5% M+E								84907	58613	80191	94651	124288	442609			
Total (NRs.'000')								1783052	1230867	1684006	1987661	2610048	9294793			
Total USD ('000)								24425	16861	23069	27228	35754	127326			

ANNEX II: NUTRITION FOCAL PERSONS, CONSULTANTS, AND REFERENCE GROUP MEMBERS

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1. Mr Atma Ram Pandey, NPC
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Consultation on MSNP with sectoral ministries and NPC

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Separate consultation meeting were also held with Association of INGOs in Nepal (AIN) members, development partners of different sectors, Nepal Nutrition Group (NNG), and other state and non-state stakeholders.