GOVERNMENT OF NEPAL
National Planning Commission

Multi-sector Nutrition Plan

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

2013-2017 (2023)

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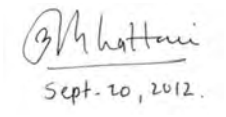
PREFACE

Addressing chronic malnutrition among children is the basic foundation for all social and economic development, and for the accelerated achievement of all Millennium Development Goals (MDGs). It is the best predictor of human capital in developing countries. Unfortunately, 41 per cent of Nepalese children suffer from stunting or chronic malnutrition. The consequences of stunting are serious, life-long and irreversible. Chronic malnutrition accounts for at least one third of deaths in children under-five. Children who survive malnutrition are at increased risk of morbidity and decreased cognitive functions, which result in low academic performance, low economic productivity and increased risk of degenerative diseases later in life. The high incidence of chronic malnutrition is thus impacting upon the achievements of key international commitments on socio-economic development in Nepal.

Stunting is caused when the mother is malnourished before and during pregnancy, and affects the child during the first two years of his or her life. Therefore, efforts should be concentrated on reducing malnutrition among the following target groups: adolescent girls, pregnant and lactating women, and all children under 24 months of age.

The Government of Nepal recognises that chronic malnutrition is a major problem. Due to its potential negative impact on economic development and on the human population, it must be accorded a major priority by the government, and urgently addressed and significantly reduced. This National Multi-sector Nutrition Plan for improving maternal and child nutrition and reducing chronic malnutrition has been prepared by five government sectors, and is led by the National Planning Commission (NPC), in collaboration with their development partners. It offers a package of activities and interventions with prioritised strategic objectives by sector which, over a period of five years, should contribute to a one third reduction of the current prevalent rates of chronic malnutrition. This will put the country on the path to significantly reducing this problem within the next ten years and ensure that malnutrition no longer becomes an impediment to improving Nepal's human and socio-economic development.

This plan is not limited to addressing chronic malnutrition and measures for its prevention alone, but also takes into consideration the factors that limit the capacity of government institutions to implement it. The plan includes actions to enhance inter-sector collaboration and coordination, strengthen multi-sector monitoring and evaluation mechanisms to track progress, and financial and human resources. It also helps to identify the gaps and future needs to ensure the commitment and capacity to implement it in a sustainable manner. According to existing evidence, it is definitely possible to reduce chronic malnutrition among children under-two-years of age within a time frame of 10-20 years. However, in order to make this a reality, a strong and consistent commitment is urgently needed from all the key relevant sectors to allocate adequate resources to accelerate progress and to build on successes already achieved in this area.



Rt. Hon. Dr. Baburam Bhattarai

Prime Minister of Nepal

MESSAGE

Poor nutrition is cited as the major factor in more than half of all child deaths in Nepal - a s ignificantly higher proportion than those claimed by other infectious diseases. Malnutrition is not just a stark manifestation of poverty, it is also the 'non-income face of poverty' and it helps perpetuate poverty. Malnourished children are more likely to drop out of school, are less likely to benefit from schooling, and have lower incomes as adults. Just improving nutrition can improve GDP in poor countries by two to three per cent. Therefore, reducing malnutrition among children alone can put us on track to achieving all the MDGs.

While the efforts to control micronutrient deficiency in Nepal have been highly encouraging, the current rate of reduction in chronic malnutrition has been very slow. It is unlikely that Nepal will meet the MDG targets on nutrition, particularly in stunting, unless more resources are allocated to address the basic and underlying causes of under-nutrition through the health and non-health sectors. Evidence-based nutrition 'specific' and nutrition 'sensitive' interventions have to be introduced through all sectors and implemented in a coordinated manner.

With this in mind, the National Planning Commission (NPC), on behalf of the Government of Nepal, developed the Multi Sector Nutrition Plan in 2012 jointly with the Ministry of Agriculture and Development, Ministry of Education, Ministry of Federal Affairs and Local Development, Ministry of Health and Population and the Ministry of Urban Development. This involved a series of consultative meetings involving the National Nutrition and Food Security Steering Committee and Coordination Committee members, government line agencies, technical working groups, sector reference groups, experts and consultants, and representatives from various development partners including donors and civil society organisations.

This plan offers a package of a set of focused interventions to attain priority strategic objectives for each of the key sectors that over five years, should all contribute to a reduction of more than 20 per cent of currently prevalent rates of chronic malnutrition. The plan includes actions to enhance inter-sector collaboration and coordination, strengthen multi-sector monitoring and evaluation mechanisms to track progress, and financial and human resources. It also helps to identify the gaps and future needs to ensure the commitment and capacity to implement it in a sustainable manner.

On behalf of the National Planning Commission, I would like to express my sincere commitment to provide all necessary support and to facilitate the effective implementation of this plan. I would also like to request the relevant government ministries and donor community members, development partners, civil society organisations and the private sector to support the effective implementation of this plan.

Let us all join hands to eliminate chronic under-nutrition among Nepalese women and children.

Honourable Mr. Deependra Bahadur Kshetry

Vice Chair, National Planning Commission,

Government of Nepal

ABBREVIATIONS

ADS	Agriculture Development Strategy
ARI	Acute Respiratory Infections
AUSAID	Australian Agency for International Development
BMI	Body Mass Index
CB-IMCI	Community Based Integrated Management of Childhood Illnesses
CBS	Central Bureau of Statistics
CCG	Child Cash Grant
CEDAW	Convention for the Elimination of All Forms of Discrimination against Women
CIDA	Canadian Agency for International Development
CLC	Community Learning Centre
CMAM	Community Management of Acute Malnutrition
CRC	Convention on the Rights of the Child
CSOs	Civil Society Organisations
DAG	Disadvantaged Group
DDC	District Development Committee
DDF	District Development Fund
DFID	Department for International Development, United Kingdom
DFTQC	Department of Food Technology and Quality Control
DHS	Demographic Health Survey
DPMAS	District Poverty Monitoring and Analysis System
ECD	Early Childhood Development
EDPs	External Development Partners
EMIS	Education Management Information System
EU	European Union
FAO	Food and Agriculture Organization
FFE	Food for Education
FSWG	Food Security Working Group
FTF	Feed The Future
FCHV	Female Community Health Volunteers
FNSP	Food and Nutrition Security Plan
GDP	Gross Domestic Product
GIP	Girls Incentive Programme
GoN	Government of Nepal
HDI	Human Development Index
HKI	Helen Keller International

HLNFSSC	High Level Nutrition and Food Security Steering Committee
HMIS	Health Information and Management System
ICESCR	International Covenant on Economic, Social and Cultural Rights
IEC	Information, Education and Communication
IFA	Iron Folic Acid
IMAMI	Integrated Management of Acute Malnutrition in Infants
INP	Integrated Nutrition Programme
IYCF	Infant and Young Child Feeding
LNS	Lancet Nutrition Series
JICA	Japan International Cooperation Agency
LSGA	Local Self Governance Act
M&E	Monitoring and Evaluation
MAM	Moderate Acute Malnutrition
MCPMs	Minimum Conditions and Performance Measures
MDGs	Millennium Development Goals
MDM	Mid-day Meal
MI	Micronutrient Initiative
MIS	Management Information System
MIYC	Maternal, Infant and Young Child
MIYCN	Maternal, Infant and Young Child Nutrition
MN	Micronutrient
MNPs	Micronutrient Powders
MoAD	Ministry of Agriculture Development
MoCS	Ministry of Commerce and Supplies
MoE	Ministry of Education
MoF	Ministry of Finance
MoHP	Ministry of Health and Population
MoFALD	Ministry of Federal Affairs and Local Development
MoWCSW	Ministry of Women, Children and Social Welfare
MoUD	Ministry of Urban Development
MSNP	Multi-sector Nutrition Plan
MTEF	Medium term Expenditure Framework
NAFSP	Nepal Agriculture and Food Security Project
NAGA	Nutrition Assessment and Gap Analysis
NCED	National Centre for Education Development
NCD	National Development Council
NER	Net Enrolment Rate
NFE	Non-formal Education

NFOs	Nutrition Focal Officers
NGO	Non-Government Organisation
NHSP	National Health Sector Programme
NLSS	Nepal Living Standards Survey
NNG	Nepal Nutrition Group
NNSC	National Nutrition Steering Committee
NPC	National Planning Commission
NPCS	National Planning Commission Secretariat
ODF	Open Defection Free
ORS	Oral Rehydration Solution
OTPs	Outpatient Therapeutic Programme Centres
POU	Point of Use
PTA	Parent Teacher Association
REACH	Renewed Efforts Against Child Hunger and Under-Nutrition
RUSF	Ready To Use Supplementary Foods
RUTF	Ready To Use Therapeutic Foods
SAARC	South Asian Association for Regional Cooperation
SAFANSI	The South Asia Food and Nutrition Security Initiative
SAM	Severe Acute Malnutrition
SCs	Stabilisation Centres
SCF	Save the Children Fund
SHS	Second Hand Smoke
SMC	School Management Committee
SUN	Scaling-Up Nutrition
SWAps	Sector Wide Approaches
TYP	Three-Year Plan
UNICEF	United Nations Children's Fund
UNSCN	United Nations Standing Committee on Nutrition
USAID	United States Agency for International Development
VDC	Village Development Committee
VMF	Village Model Farm
WB	World Bank
WDO	Women Development Officer
WFP	World Food Programme
WHO	World Health Organization

EXECUTIVE SUMMARY

Forty-one per cent of Nepalese children suffer from chronic malnutrition (DHS, 2011). The process of stunting occurs between conception and two years of age, and is an irreversible process. Furthermore, the population of Nepal, especially women and children, are affected by major micronutrient deficiencies. Malnutrition increases the risk of mortality in the early stages of infancy and childhood, impairs cognitive function of those who survive, and hinders efforts to enhance national social and economic development goals and the attainment of Millennium Development Goals (MDGs) 1 to 6.

The cost of mineral and micronutrient deficiencies alone in Nepal is estimated at two to three per cent of GDP, which is equivalent to US$250 to 375 million annually (World Bank, 2011). For each baby born with a low birth weight and that survives (about 100,000 annually), the lifetime losses in earnings are conservatively estimated to be at least US $500 (Alderman and Behrman, 2006) leading to the perpetuation of intergenerational poverty.

The immediate causes of chronic malnutrition in Nepal include poor feeding and care practices, insufficient nutrient intake, high rate of infection and teenage pregnancy. Less than half (46 per cent) of babies are initiated with breastfeeding (DHS, 2011); though 70 per cent are exclusively breastfed at six months, only 66 per cent are introduced to complementary foods at 6-8 months. Most importantly, complementary feeding is infrequent, and inadequate in terms of quality, quantity and safety. Only one-fourth of children (24 per cent) are fed with the recommended IYCF practices (breastfeeding or receiving milk products, 4+ food groups, and minimum meal frequency according to their age and breastfeeding status).

Almost a quarter of mothers (23 per cent) give birth before 18 years of age, while about half give birth by 20 years of age 20 (DHS, 2011). They are often involved in heavy manual work including farming, immediately after delivery, plus 13 per cent of these women smoke, and 18 per cent of women of reproductive age (15-49 years of age) are thin or undernourished (Body Mass Index or BMI <18.5 kg/m^2) (DHS, 2011). Maternal and infant infections are very common; intestinal parasites constitute one of the major public health problems; prevalence of fevers (19 per cent) are as common as diarrhoeal diseases (14 per cent), while ARI affects five per cent of children which causes children's deaths and malnourishment (DHS, 2011).

With regard to the underlying causes of chronic malnutrition, there have been some encouraging improvements over the years towards reducing poverty levels in Nepal, but 25 per cent of the population is still below the poverty line (NLSS, 2011). Plus, ensuring food security for an estimated 3.5 million people (Initiative on Soaring Food Prices – FAO) in food deficit areas throughout the year is an arduous task.

Access to health services has improved, including child immunisation, contraceptive prevalence rates, and maternal care practices – both antenatal and postnatal. However, there is still a large gap in sanitation services; 38 per cent of the population still defecate in the open (DHS, 2011). More than one quarter of the population (33 per cent) lives in single-roomed dwellings, and over half of all households (66 per cent) use earth and sand as flooring material. Open fires are still common for cooking and heating; 71 per cent of households cook inside the house and the majority (75 per cent) use solid fuels (including coal/lignite, charcoal, wood/straw/shrub/ grass, agricultural crops and dung). Second hand smoking (SHS) is a serious concern; 40 per cent of households are exposed to SHS daily (DHS, 2011).

Significant improvements have also been made in infrastructure including roads, schools and health centres. But, there is increasing inequity. Some of the discriminatory and exclusionary

practices based on gender, caste, class, religion, ethnicity or regions still persist. However, development actors and agencies have significantly improved their orientation on social inclusion and gender in recent years.

The 2009 NAGA outlined the key recommendations to step up progress on nutrition within the country, with a call to establish the national nutrition architecture and to mobilise all the key sectors to tackle the high prevailing rates of malnutrition in a sustained manner through a multi-sector approach. The National Planning Commission (NPC) revitalised the national nutrition steering committee and the National Nutrition Seminar was held in October 2010, where the need for a multi-sector nutrition plan was reiterated, and a technical working group to oversee the development of the plan was formed by the NPC.

As of May 2011, the process of meetings of reference groups and sector reviews was initiated and continued through the months of June and July, leading to the development of the initial multi-sector nutrition plan. Sector reviews on which the plan was based were the result of very intense consultations and deliberations involving the reference groups for each sector. The selected sector interventions and cost analyses were undertaken in August and September. During subsequent meetings with respective sector teams, prioritisation exercises were undertaken to finalise the costs and to develop a more detailed plan of action. The monitoring and evaluation (M&E) framework was developed in October 2011.

The consolidated draft report including evidence-based detailed plan of action, costs, M&E framework, and institutional arrangements were disseminated to all key stakeholders for review and comments. The revised version was then officially submitted to and endorsed by the NPC board in March 2012. Finally, the M&E framework was further refined based on the review of the existing multi-sector nutrition information system from March to April 2012; it was then presented to and approved by the Council of Ministers in June 2012. This final document includes the detailed plan of action, institutional arrangements, the costs and the updated M&E framework.

The long-term vision of the multi-sector nutrition plan, over the next ten years, is to lead the country toward significantly reducing chronic malnutrition so that it no longer becomes an impediment to improving 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 Maternal Infant and Young Child (MIYC) under-nutrition, in terms of maternal BMI and child stunting, by one third**. The main purpose is to strengthen capacity of the NPC and the key ministries to promote and steer the multi-sector nutrition programme for improved maternal and child nutrition at all levels of society.

The key outcomes and results of the MSNP

MSNP will contribute to attaining its long-term vision and mid-term goal by achieving three major outcomes:

Outcome 1: Policies, plans and multi-sector coordination improved at national and local levels.

Outcome 2: Practices that promote optimal use of nutrition 'specific' and nutrition 'sensitive' services improved, ultimately leading to an enhanced maternal and child nutritional status.

Outcome 3: Strengthened capacity of central and local governments on nutrition to provide basic services in an inclusive and equitable manner.

The plan focuses on the first 1,000 days of life, with an urgent set of essential interventions. It will complement other relevant sector policies and strategies, such as the health sector's National Nutrition Policy and Strategy (2004/8) and the agriculture sector's upcoming Food and Nutrition Security Plan (FNSP) as part of the Agriculture Development Strategy (ADS).

The MSNP has identified eight outputs (results) with a set of indicative activities. Outputs 1 and 2 will contributes towards achievement of Outcome 1, outputs 3-6 will help attain Outcome 2, and outputs 7-8 will contribute towards attaining Outcome 3.

Output 1: *Policies and plans updated/reviewed, and the incorporation of a core set of nutrition specific and sensitive indicators at national and sub-national levels.* NPC and sector ministries (local development, health, education, agriculture, physical planning and works) will be responsible for achieving this result and will implement the following indicative activities:

1.1 Raise the nutrition profile among sector Ministries;

1.2 Advocate with Ministries for prioritising nutrition in their plans and for including core nutrition specific and sensitive indicators;

1.3 Update National Nutrition Policy and Strategy, including Monitoring and Evaluation (M&E) framework in line with the MSNP;

1.4 Incorporate nutrition in the national sector plans, including nutrition specific and sensitive M&E framework; and

1.5 Incorporate nutrition aspects in local plans and planning processes, including nutrition specific and sensitive M&E framework.

Output 2.0: *Multi-sector coordination mechanisms functional at national and sub-national levels.* NPC and local bodies will be responsible for achieving this result and will implement the following indicative activities:

2.1 Establish/ strengthen secretariat for supporting the nutrition and food security initiatives within the NPC;

2.2 Establish effective communications to improve coordination; and

2.3 Form multi-sector nutrition coordination committees at local level in line with the national level nutrition architecture and governance.

Output3*: Maternal and child nutritional care service utilisation improved, especially among the unreached and poor segments of society*. The health sector will be responsible for achieving this result and will implement the following indicative activities:

3.1 Implement/scale up maternal, infant and young child feeding through a comprehensive approach;

3.2 Maintain/expand programmes to improve maternal, infant and young child micronutrient status, with a particular focus on hard to reach population groups and the most affected districts;

3.3 Scale-up and manage infant and child, and severe and moderate acute malnutrition, especially in the most affected districts;

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

3.5 Support institutional strengthening of the health sector.

Output 4*: Adolescent girls' parental education, life-skills and nutrition status enhanced*. The education sector will be responsible for achieving this result and will implement the following indicative activities:

4.1 Support nutrition integration into life-skills education for adolescent girls, with a focus on improving maternal and child nutrition, and reduction of chronic malnutrition (create an enabling environment);

4.2 Raise adolescent girls' knowledge and skills on reduction of chronic malnutrition;

4.3 Prepare/update resource materials on parenting education for improved maternal and child-care and feeding practices;

4.4 Organise programmes to enhance parental knowledge on maternal and child-care and feeding practices;

4.5 Provide mid-day meals for adolescent girls, especially in the most food-insecure and disadvantaged areas (grades 5 to 8); and

4.6 Provide nutritional support to adolescent girls (iron folic acid with de-worming to all and mid-day meals in the targeted areas) to increase their educational participation and performance (grades 5-8).

Output 5: *Diarrhoeal diseases and ARI episodes reduced among young mothers, adolescent girls, and infants and young children.* The physical planning and works sector will be responsible for achieving this result and will implement the following indicative activities

5.1 Organise promotional campaigns to increase practice of hand washing with soap at critical times especially among adolescents, and mothers with infants and young children;

5.2 Conduct Open Defecation Free campaigns, with a particular focus on the most affected districts; and

5.3 Raise awareness on water safety plans and use of safe water at the point of use, with a particular focus on the most affected areas.

Output 6: *Availability and consumption of appropriate foods (in terms of quality, quantity, frequency and safety) enhanced and women's workload reduced*. The agriculture, environment and local development sectors will be responsible for achieving this result and will implement the following indicative activities:

6.1 Provide targeted support to make MN rich food, including animal source foods, available at households and community levels;

6.2 Support recipe development and promotion of MN rich minor/indigenous crops;

6.3 Link up programmes to increase income and consumption of MN rich foods among adolescent girls, pregnant and lactating mothers with children less than three years of age from lowest quintile;

6.4 Provide support for clean and cheap energy to reduce women's workload; and

6.5 Revise existing child cash grants mechanism (from pregnancy to U2 year children) to reduce maternal malnutrition and child stunting, based on the reviews of the latest existing global and Nepalese evidence.

Output 7: *Capacity of national and sub-national levels enhanced to provide appropriate support to improve maternal and child nutrition*. NPC, health, education, physical planning and works,

agriculture and local development sectors will be responsible for achieving this result and will implement the following indicative activities:

7.1 Build/facilitate capacity development of staff for multi-sector nutrition at central and local levels;

7.2 Carry out organisation and management assessment of sectors for organisational strengthening;

7.3 Establish a uniform and result-based reporting system;

7.4 Review indicators in Poverty Monitoring and Analysis System (PMAS) and District PMAS (DPMAS) and incorporate key MSNP indicators;

7.5 Carry out routine and joint sector monitoring of implementation;

7.6 Establish monitoring and evaluation framework and mechanisms at local levels (DDC and other line agencies); and

7.7 Allocate institutional responsibilities for nutrition at all levels.

Output 8: *Multi-sector nutrition information updated and linked both at national and sub-national levels*. NPC, health, education, physical planning and works, agriculture and local development sectors will be responsible for achieving this result and will implement the following indicative activities:

8.1 Link/Update multi-sector nutrition information in PMAS at central level (HMIS, EMIS, WASH, Agriculture and Local Development) involving the key stakeholders; and

8.2 Link/update nutrition information in DPMAS at local levels, involving health, education, WASH, agriculture and NGOs.

Implementation of the MSNP will be guided by the High Level Nutrition and Food Security Steering Committee (HLNFSSC), which is chaired by the Vice Chairperson of the National Planning Commission (NPC). The HLFNSSC will be responsible for policy direction, guidance and oversight functions. A technical multi-sector nutrition committee will be formed at the national level to provide technical guidance. At the national level, NPC will undertake the key role for improved policies, plans and multi-sector coordination and in strengthening the capacity of the central and local governments on nutrition; in close coordination with the five Ministries involved in the MSNP. At the sub-national level, the DDCs and VDCs will incorporate nutrition into their periodic and annual plans and monitoring frameworks by adopting the multi-sector principles and approaches into the district context. Steering Committees will also be formed at the DDC, municipality and VDC levels, with specified Terms of References focusing on coordination, guidance and oversight functions.

The district level management structures will be known as the Nutrition and Food Security Steering Committee, which is being combined with the existing food security committees present in all districts. The MSNP will strengthen the institutional framework on the existing arrangements and provide suggestions for policy direction, coordination, and monitoring & evaluation at all key levels. It will also facilitate collaboration and partnerships among different stakeholders in nutrition planning, programming, and implementation at both the national and district level initially in the first six model districts, which will be gradually scaled up to all 75 districts by 2017.

PART I

1 INTRODUCTION

1.1 BACKGROUND

Planned development in Nepal began in 1956. From the beginning the main focus of national development policies has been on the development and expansion of basic physical infrastructure and social services. Around 70 per cent of the development budget funded under external aid programmes was invested in these core areas. Development partners have played a key role in helping plan policy and development goals, which tend to follow prevailing global paradigms and practices. Keeping with the global trends, the development paradigm prioritised growth over redistribution. It assumed that growth would subsequently trickle down to transform the lives of the downtrodden. Planning became a highly centralised process that subsumed all local forms of planning processes and practices. It was during the Sixth Five Year Plan (1980-85) when poverty alleviation, for the first time, was mentioned as one of the goals of development. However, it could not be developed any further to establish links between the goals that were set and the planned activities/programmes. The Eighth Plan (1992-97) was the first real attempt to provide emphasis on poverty alleviation. The Ninth Plan (1997-2002) and the Tenth Plan (2002-2007) prioritised poverty alleviation as the overarching goal of development. Nutrition and nutrition related indicators were explicitly included in the Three Year Interim Plan (2007-10). The current Three year Plan (2010-13) has included nutrition as a separate chapter under Health and Nutrition for the first time with an emphasis on nutrition under the agriculture, labour, water and sanitation, education, forest, and women and social welfare sectors.

Over the last five decades Nepal's development experience has been mixed. It has made tremendous progress in many areas and has seen limited advances in others. Important achievements have been made in road transport, communications, education, health, and in providing drinking water. Many socio-economic indicators have improved. There has been an improvement in the lives of Nepalese living in poverty. Poverty has been reduced from 42 per cent to 31 per cent in the decades up to 2004, and to 25 per cent in 2011(NLSS, 2011). Medical and environmental services have improved, with nearly universal coverage of child immunisation and clean water. Contraceptive prevalence rates among women of reproductive age are currently estimated at 50 per cent for married women, and 38 per cent for all women (DHS, 2011). Fifty-eight per cent of mothers have access to antenatal care from a skilled provider (doctor, nurse or midwife), and over a quarter (36 per cent) of deliveries are attended by a skilled service provider (DHS, 2011). However agriculture, manufacturing and the trade sectors are still lagging behind. According to the 2010/11 NLSS, the national *average* kilocalorie (Kcal) intake is 2,536Kcal per capita per day; a rate that is higher than the minimum average adequate requirement of 2,220Kcal set by the Government of Nepal.[1] However, poor diet diversity is a serious problem across much of the country; more than 84 per cent of households in rural areas have a *High Staple Diet* (more than 60 per cent of their total calories are from staples) and more than half (52 per cent) have a *Very High Staple Diet (*more than 75 per cent of their total calories are from staples). Sanitation services are still inadequate, with 38 per cent defecating in the open (DHS, 2011). More than one quarter (33 per cent) of the population lives in single roomed dwellings, and over half of all households (66 per cent) use earth and sand as

[1] Poverty in Nepal, CBS, 2011

flooring material. Open fires for cooking and heating is still common; 71 per cent of households cook inside the house and the majority (75 per cent) use solid fuels. Second hand smoking (SHS) remains a serious concern; 40 per cent of households are exposed to SHS daily (DHS, 2011).

Chronic under-nutrition is one critical area in which past development efforts have not made that much of an impact. It is threatening to derail national social and economic development as well as the achievement of the MDGs. The Government of Nepal began the ground-work for scaling up nutrition in 2009 when it carried out the comprehensive Nutrition Assessment and Gap Analysis (NAGA)[2]. The development of a multi-sector nutrition plan of action to accelerate the reduction of maternal and child under nutrition was one of the principal NAGA recommendations.

The Government of Nepal (GoN) has developed this multi-sector nutrition plan to speed up improvements in the nutrition profile for the Nepalese people. This is expected to be instrumental not only in achieving MDGs and other national and international commitments of the government, but also in the formation of healthy and competitive human capital and to breaking the cycle of intergenerational poverty and under-nutrition in the long run.

1.2 CURRENT SITUATION AND ANALYSIS OF CAUSALITY[3]

Nepal needs to take significant strides in improving nutrition. Nepal confronts various forms of nutritional problems ranging from deficits in energy intake and imbalances in consumption of specific macro and micronutrients. In the past, only inadequacy of dietary intake or losses was considered to be a problem. However, today the problem of excess intake is also surfacing with changing dietary patterns. Eleven per cent of women are overweight (BMI 25-29 kg/m^2) and two per cent are obese (BMI 30 kg/m2 and above); this represents an increase in overweight/obesity by five percentage points since 2006 (DHS, 2011).

Nepal is among ten countries in the world with the highest stunting prevalence, a measure of chronic under-nutrition, and one of top twenty countries with the largest number of stunted children (UNICEF, 2009). This problem affects 41 per cent of its preschool children (DHS, 2011). The consequences of stunting are profound and irreversible; all too often the cycle continues for their children. Under-nutrition contributes to more than one third of child mortality; children who survive under-nutrition are most likely to lead a diminished life due to impaired brain and physical development, and to lowered economic productivity and increased risk of nutrition related chronic diseases later in life. The cost of mineral and micronutrient deficiencies alone in Nepal is estimated at two to three per cent of GDP (from US$250 to 375 million) annually (World Bank, 2011). Furthermore, for each baby born with low birth weight that survives (about 100,000 a year), the lifetime losses in earnings are conservatively estimated to amount to at least US$500 (Alderman and Behrman, 2006) leading to the perpetuation of intergenerational poverty.

The process of stunting in Nepal begins right from conception and leads to inadequate foetal as well as infant and young child growth. Twelve per cent of babies are born with low birth weight (DHS, 2011), and after two years of age, four out of ten children are stunted (DHS, 2011). Maternal micronutrient status has somewhat improved during the last decade, with anaemia rates being halved largely because of increased coverage of iron folic acid supplements as well as de-worming tablets during pregnancy. The coverage of iodised salt has also improved (80 per

[2] Pokharel RK, Houston R, Harvey P, Bishwakarma R, Adhikari J, Pani KD, Gartoula R. 2010, Nepal Nutrition Assessment and Gap Analysis. Kathmandu: MOHP.
[3] A more detailed treatment on the current nutrition situation and causal analysis is reported in a separate document.

cent of households have access to adequately iodised salt) and is contributing to improved birth weight. Still, 18 per cent of women are thin or undernourished, and 35 per cent are anaemic (DHS, 2011). Meanwhile, the micronutrient status of infants and young children has improved on account of increased coverage of vitamin A supplements, de-worming tablets and iodised salt. However, anaemia remains a critical problem, which affects 46 per cent of children under-five, and as high as 69 per cent in children aged 6-23 months (DHS, 2011).

Infant and young child feeding practices are far from optimal. A little less than half (46 per cent) of babies are initiated with breastfeeding within one hour of birth (DHS, 2011), 70 per cent are exclusively breastfed during the first six months, 65 per cent are provided with appropriate complementary foods at six month, and only 24 per cent of children 6-23 months of age are able to meet the recommended minimum acceptable diet (DHS, 2011).

Teenage marriages and pregnancies are common. Maternal care practices are very poor and almost a quarter of mothers (23 per cent) give birth before the age of eighteen, while about half have given birth by age of 20 (DHS, 2011). In terms of both pre-natal and post-natal care, mothers are not provided for as much as they should. They are obligated to be involved in household chores including farming, immediately after delivery. Thirteen per cent of them smoke (DHS, 2011), and far more are likely to be exposed to either SHS (40 per cent) or to domestic smoke pollution from use of solid fuel for cooking inside the house (about 70 per cent). As for maternal feeding practices, the 2006 DHS found that less than a quarter of mothers were provided with any quality animal protein foods or foods made with oil or fat the day before, while only 56 per cent are taking (90+) iron folic acid tablets and 51 are receiving de-worming medication during pregnancy (DHS, 2011). Maternal and infant infections are very common and intestinal parasites constitute one of the major public health problems. Prevalence of fevers (19 per cent) is as common as diarrhoeal disease (14 per cent), while ARI affects five per cent of children, and leads to malnourishment and the deaths of young children (DHS, 2011). The fact that episodes of moderate and severe Acute Respiratory Infections (ARI) increase with increases in the level of exposure to domestic smoke pollution, suggest that it can be an important preventable factor in reducing ARI. Although the prevalence of ARI, fevers and diarrhoea in young children has decreased over the last decade, the management of diarrhoea is still a challenge.

At the underlying level of causality, as indicated in section 1.1, there have been some encouraging improvements over the years. Poverty has been reduced and Nepal is on track to achieving MDG 1 (Target 1.A which calls for countries to reduce by half the proportion of people living on less than a dollar a day). However, ensuring food security for an estimated 3.5 million people (Initiative on Soaring Food Prices – FAO) in food deficit areas throughout the year is still an arduous task. Health services have improved, including child immunisation, contraceptive prevalence rates, and maternal care practices – both antenatal and post natal. However, there is still a wide gap in sanitation services with half the population still defecating in the open. About half of the population lives in single roomed dwellings with a mud floor and an open fire for cooking and heating.

At the basic level of causality there have been impressive improvements in infrastructure including roads, schools and health centres. Despite occasional deadlocks and setbacks, the political system shows some signs of maturity, as does the system of governance. Some of the discriminatory and exclusionary practices based on gender, caste, class, religion, ethnicity or regions do persist, but development actors and agencies have significantly improved their orientation on social inclusion and gender in recent years. In terms of natural resources, Nepal has abundant land and water, although they are poorly managed which leads to poor

agricultural and food productivity. Floods are endemic and soil conservation faces many challenges.

1.3 POLICY CONTEXT

The GoN is committed to achieving its development objectives set out in the Constitution of Nepal, the Three-year Plans (TYPs) and to the MDGs. Economic growth, employment promotion, poverty reduction, post conflict reconstruction and rehabilitation, and socioeconomic transformation are the focus areas of the government. Similarly, human development has consistently remained one of the priorities of the government. The current TYP aims to reduce the rates of infant, child, and maternal mortality through proven and cost-effective interventions. Key nutrition actions have been reflected in the plan. GoN is also in the process of developing an overarching national framework of social protection, which proposes to universalise the child protection grant (which is meant for children's nutrition) and expand the outreach of maternal services. The strategies and plans of the health and agriculture sectors provide emphasis on nutrition and food security. The government has already put in place National Nutrition Policy & Strategy 2004, which was later updated in 2008.

The GoN has implemented School Health and Nutrition Strategy 2006 with the objective to guide interested organisations by providing information on how to conduct programmes, and how to better implement quality programmes for the School Health and Nutrition programme. This strategy has drawn lines on roles by sector, responsibilities and the rights of each agency. To achieve the programme goals and objectives, the strategy has also clearly demarcated the group and individual efforts of the organisations, including policy support and effective mobilisation of resources.

The government, in many cases with support of development partners, is implementing a number of programmes that could impact on nutrition. These range from direct or nutrition 'specific' programmes such as micronutrient supplements to children under five, to women during pregnancy and lactation, as well as micronutrient fortification - salt iodisation, flour fortification, awareness raising and behaviour change communication on optimal infant and young child feeding, and management of acute malnutrition. Indirect or nutrition 'sensitive' programmes include non-conditional cash and in-kind transfers, including child cash grants, transportation subsidies for food, school feeding programme, and parental education among others. These programmes are being implemented by the Ministry of Health and Population (MoHP), Ministry of Education (MoE), Ministry of Federal Affairs and Local Development (MoFALD), Ministry of Agriculture and Development (MoAD), and the Ministry of Commerce and Supplies (MoCS.)

The GoN is committed to addressing the complex set of determining factors for improving nutritional status through a multi-sector approach. The Nutrition Assessment and Gap Analysis (NAGA) conducted in 2009 by the GoN provided an impetus to the development of a multi-sector Nutrition Action Plan for the next five years, with a longer-term ten-year vision. The NAGA recommends nutritional interventions in health, agriculture, education, local development, gender, social welfare, and in the finance sectors (NAGA, 2009). The National Nutrition Steering Committee (NNSC) was reconvened under the umbrella of National Planning Commission (NPC) and nutrition focal officers were designated in various ministries and line agencies. In 2011, the scope of NNSC was expanded into the High Level Nutrition and Food Security Steering Committee (HLNFSSC) under the supervision of the Vice Chairperson of the NPC. This committee assumes overall responsibility in implementing MSNP. The role and functions of HLNFSSC are outlined under the chapter on Management Structure.

Development partners remain committed in their support, and their internal coordination in areas comprising nutrition has also improved. In 2010, the Nepal Nutrition Group (NNG) was formed, comprising of donors and development partners working in the field of nutrition. Similarly, a separate technical working group on food security was also formalised in 2011 with representatives from key donors and development partners. Both groups continue to meet every month and joint meetings between the two groups are also held quarterly.

Internationally, GoN is a party to various declarations such as Convention on the Rights of the Child (CRC), Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), MDGs, the SUN Initiative and the International Covenant on Economic, Social and Cultural Rights (ICESCR). At the regional level, Nepal is party to the South Asian Association for Regional Cooperation (SAARC) Development Goals and the South Asian Regional Nutrition Strategy. All of these declarations and conventions require the government to ensure the survival and development needs of women and children to which GoN is fully committed. The government is focusing on efforts to achieve MDGs, which have a very strong nutrition component. The government is also making efforts to tackle nutrition from a multi-sector perspective so as to contribute to broader development goals. This multi-sector nutrition action plan has been designed against a policy backdrop with extensive participation of all stakeholders involved in nutrition.

1.4 GLOBAL INITIATIVES ON NUTRITION

Over the years, there has been increased global awareness on the importance of nutrition as a means to a healthy and productive life, as well as the route to breaking intergenerational poverty. Foetal life and infancy are the phases of rapid growth and development, which are critical for human capital. Evidence shows that hunger and under-nutrition interferes with the physical and mental development of a child. They also highlight the association between health and the nutrition status of mothers to their children. The first International Conference on Nutrition, held in Rome in 1992, adopted a World Declaration and Plan of Action which underlined the need to eliminate or reduce substantially, widespread chronic hunger and famine and under nutrition, especially among children, women and the aged. It pointed to the critical importance of eliminating or reducing micronutrient deficiencies, particularly iron, iodine and vitamin A deficiencies, diet-related communicable and non-communicable diseases, of promoting optimal breastfeeding, and safe drinking water as well as hygiene and sanitation. It committed governments to prepare a National Plan of Action for Nutrition with attainable goals and measurable targets. The global nutrition movement experienced its biggest surge through the MDGs, with MDG1, 4 and 5 having a strong association with nutrition. Accordingly, to achieve MDGs targets, the profile of nutrition had to be raised much higher on the national development agenda.

At the global level a renewed impetus to act on nutrition is now gathering momentum through a process of dialogue called Scaling up Nutrition (SUN) (Nabarro, 2010). The SUN framework has been endorsed by over 100 international development institutions working in the field of nutrition including UNICEF, WFP, FAO, WHO, USAID, DFID, AUSAID and the World Bank. It revealed that developmental funding for maternal and child under nutrition has been far too small, especially in view of the negative consequences it brings in terms of mortality, morbidity and for human capital development (Bhutta et al. 2008). It was also felt that taking to scale a package of evidence based high impact nutrition interventions would not only prove to be very cost effective over the long run, but would also help to achieve most of the MDGs.

That is why, at the World Health Assembly 2010, all member states were urged to increase political commitments in order to prevent and reduce malnutrition in all its forms and to scale up interventions to improve infant and young child nutrition. The SUN framework established a set of basic principles for scaling up of nutrition. These principles emphasised on: 1) sharply scaling up support for nutrition programmes and capacity development; 2) adhering to Paris-Accra principles of Aid Effectiveness; 3) mobilising key stakeholders in an inclusive approach to country ownership; 4) using the "three ones" (one agreed framework, one national coordinating body, and one national monitoring and evaluation system); 5) developing strong prioritised country strategies; 6) drawing support from related international initiatives; 7) paying attention to the special needs of fragile states; 8) support to building the evidence base; and 9) supporting advocacy and political mobilisation for addressing maternal and child under nutrition.

The SUN framework strongly advocates for the adoption of a multi-sector approach, arguing that the two essential complementary approaches, i.e. nutrition specific and nutrition sensitive, both need to be scaled up. However, the two approaches to reduction of stunting are very different in the way they have to be operated and scaled up. The nutrition 'specific' interventions can be largely scaled up through the health sector as these interventions focus on the window of growth failure (i.e. from conception to two years of age) and fall under the domain of the health sector. These nutrition specific interventions (i.e. micronutrient supplementation, management and control of infections, nutrition education/behaviour change packages to prevent under-nutrition, and management of acute malnutrition) are aimed at the individual level of causality, and essentially at mothers of young children. Scaling up of such interventions can be done at a greater pace as the health sector can singularly decide and act upon them. Nevertheless, this necessitates significant capacity enhancement as well as improved coordination between different programmes within the health sector.

At the same time, nutrition sensitive interventions require different approaches. These interventions are largely aimed at the underlying level of causality, which is at the community or family level, and are nearly all in the domain of non-health sectors. Improving access to sanitation for example, lies with the Ministry of Physical Planning and Works (MPPW). Improving access to adequate foods (in terms of quality, quantity and safety) is essentially the collective responsibility of MoAD, MoFALD, MoHP and MoCS. More long lasting behaviour change to try to prevent or reduce growth faltering of the upcoming generation lies with the MoE. These 'indirect' nutrition interventions are not specifically tailored to impact on the window of growth faltering; however, they are vital for improvements in targeting and complementary activities to ensure impact. These non-health sectors may have little nutrition capacity and might not see their role in nutrition as a priority. Taking these different sector approaches to scale in a coordinated way will demand considerable energy and technical capacity at the local level. This is the potential Achilles Heel of multi-sector programmes, as it takes considerable time to create such capacity, which rarely exists in most countries with a large stunting problem (Nishida et. al, 2009.)

1.5 SUMMARY OF SECTOR REVIEWS[4]

The National Nutrition Policy and Strategy 2004 (updated 2008) developed and implemented by MoHP is one of the main policy documents that guide nutrition interventions in the health sector. The endorsement and funding of these policies and programmes should be cited for the success achieved by Nepal in its micronutrient nutrition status. However, a realisation that nutrition specific interventions are unlikely to improve the nutritional status prompted the

[4] The more detailed summaries of the sector reviews are included in a separate document.

government to analyse the determinants of nutritional status in order to develop a more effective policy and strategy. An exercise initiated by the National Planning Commission (NPC) identified the strategies to improve nutrition through nutrition 'specific' and long-term nutrition 'sensitive' interventions. While MoHP was already implementing nutrition sensitive interventions and showing remarkable progress in improving micronutrient status, there was an absence of mechanisms to implement the nutrition specific interventions. Therefore, MoHP, in collaboration with the external development partners, conducted a Nutrition Assessment and Gap Analysis (NAGA) in 2009, which recommended the promotion of multi-sector coordination and collaboration between agriculture, education, WASH, local governance and health sectors.

The Nepal Health Sector Programme 2010-2015 (NHSP II) has indicated a special priority for nutrition, and alongside NAGA, it has also emphasised the need for a multi-sector approach in nutrition. A nutrition review of NHSP II in 2011 recommended three sets of essential nutrition interventions, based on the latest global evidence (Lancet Nutrition Series, SUN) and country level evidence on what works. They are: (i) maintained/strengthened (vitamin A supplementation and de-worming for children under-five, diarrhoea treatment with zinc, iron folic acid, de-worming and vitamin A for pregnant and post-partum women, and salt iodisation); (ii) expanded or scaled up (infant and young child feeding and hand washing counselling, micro-nutrient powders to children aged 6-23 months, integrated management of severe acute malnutrition, roller mill flour fortification); and (iii) further evaluations such as interventions to improve maternal nutrition, small mill flour fortification, prevention and treatment of moderate acute malnutrition, and the child grant integrated with Infant and Young Child Feeding (IYCF). The multi-sector nutrition plan includes the first two sets of interventions – those that are already being implemented at scale and would need to be maintained and further strengthened, and those that are ready for scaled-up implementation.

As per the recommendation from the NSHP–II nutrition review, MSNP encourages sectors/stakeholders to support interventions that are recommended 'to be further evaluated' such as improving maternal nutrition (e.g. including cash transfers during pregnancy or supplementary feeding especially in the food insecure areas, and improved nutrition education with increased access to essential nutrition services), small mills fortification with iron folic acid and other essential micronutrients, prevention and treatment of MAM, and child grant integrated with IYCF. The aim would be to incorporate the interventions into the MSNP, taking into account the evidence and outcome of the respective findings from the evaluation.

The education sector review shows that nutrition features in many aspects of the MoE's portfolio. The education sector can also benefit from reduction in stunting as it contributes to improved cognitive function and school performance (Pollitt, et. al, 1995, Maluccio, 2006). The sector has immense potential to improve the nutritional knowledge and behaviour of future generations. Increasing education of mothers, translates into better nutritional status of the child (Semba et. al, 2008, Frosta, 2005). Education can also be effective in reducing pregnancy among teenagers, improving the nutritional status of adolescents, and increasing girls' participation in school (Vir et al, 2008, Bobadilla et al, 1994, Gelli, 2007, Jain and Shah, 2005, Bundy et al, 2009, Studdert et al, 2004). In Nepal, the MoE with support from WFP has implemented Food for Education (FFE) programme and Girls Incentive Programme (GIP) in areas with high levels of food insecurity, poor maternal and child health indicators, and large gender disparities in primary school enrolment. The MoE together with MoHP is also supporting the school health and nutrition programme with the support of Japan International Cooperation Agency (JICA) and other development partners. These programmes follow three models: food-based (take home ration) and cash-based which have been successful in increasing girls' enrolment and attendance rates (WFP, 2005), and improving access to information and knowledge on nutrition as well as access to nutrition services through schools (School Health

and Nutrition Strategy, 2006). The MoE's contribution to the multi-sector nutrition plan can focus on improving education, life skills and nutrition for adolescent girls.

The water and sanitation sector review shows a strong association between safe drinking water, sanitation practices and under-nutrition. Diarrhoea is one of the main causes of child mortality in Nepal. Furthermore, not only does diarrhoea impair physical growth in terms of weight and height gains, malnourished children also have greater incidences, longer duration, and increased severity of diarrhoeal illnesses (Guerrant et al, 1992). While access to improved water sources has improved greatly in Nepal, reaching near 90 per cent, the majority of the population is still defecating in the open. GoN has set universal targets for a national 100 per cent access to sanitation facilities by 2017. The Department of Water Supply and Sewerage (DWSS) of the Ministry of Urban Development (MoUD) have adopted a new approach called "Community Led Total Behaviour Change in Hygiene and Sanitation" (CLTBCHS). This approach focuses on five key hygiene behaviours: (i) hand washing with a cleaning agent at four critical times; (ii) safe disposal of faeces; (iii) safe handling and treatment of drinking water; (iv) regular nail-cutting, bathing, washing clothes, and brushing teeth; and (v) waste management. The government's Hygiene and Sanitation Master Plan 2010 aims to promote commitment, advocacy and capacity building at district and VDC levels.

The agriculture sector review shows that the association between food availability and nutritional status at the district level is not very strong with the exception of some districts (HKI, 2010). Quality of food is as important as quantity for the improvement in nutritional status. A cross-country analysis of the DHS surveys revealed an association between child dietary diversity and stunting - independent of socioeconomic factors (Arimond, 2004, UNSCN, 2010, Rao et al, 2001). In Nepal, around 80 per cent of domestic energy needs are met by forest resources, thus exerting immense pressure on the climate and environment. Traditional cooking stoves and hearths are very inefficient and exacerbate ARIs. Exposure to smoke during pregnancy is associated with lower birth weight (Pope et al, 2010). Some progress has been made in developing Improved Cooking Stoves (ICS). Biogas stoves are also attractive though the provision of fiscal incentives would be required to make this feasible for the poor. The agriculture sector can: (i) increase the availability of quality foods through homestead food and livestock production; (ii) increase the income of poorer women through credit incentives; (iii) promote increased consumption of foods rich in micronutrients; (iv) reduce the workload of women and provide them with healthy and efficient energy sources; and (v) develop the capacity of the sector and strengthen linkages with other sectors (such as environment).

Local governance is a key sector that can significantly contribute to scaling up nutrition. The MoFALD is responsible for planning, implementing and monitoring local governance policies. The Local Self Governance Act (LSGA 1999) has empowered local bodies with substantive powers and resources for local level planning and programming. A number of functions of health, agriculture and education are devolved to the local level. Social mobilisation is one of the programme components where nutrition could be leveraged. Local bodies are also involved in the administration of a number of cash transfer/social protection measures. Internationally, cash transfers have been an increasingly popular measure for improving nutrition outcomes (Skoufias et al, 2010, Block et al, 2004, Manley et al, 2011, Hoddinott and Bassett, 2009). Sector reviews suggests that the MoFALD in Nepal can focus on five strategies to enhance the nutrition agenda: (i) integration of nutrition in the design, implementation and monitoring of local governance strategies and programmes; (ii) mobilise local resources and coordinate different sectors for tackling chronic under-nutrition; (iii) explore ways to use social protection interventions for the reduction of stunting; (iv) strengthen collaboration between local bodies; (v) improved progress tracking of multi-sector nutrition interventions through District Poverty Monitoring and Analysis System (DPMAS).

The Ministry of Women, Children and Social Welfare (MoWCSW) is the focal ministry for policy, planning, and programming of all development and coordination activities related to women, children and social welfare including senior citizens, orphans, helpless women and disabled and handicapped people. The MoWCSW has networks in all 75 districts through the Women Development Office (WDO). Child Welfare Committees (CWCs) are functional at the central and district level i.e. Central Child Welfare Committee at central level and District Child Welfare Committee at district level. The Chief District Office (CDO) is the chairperson of the district committee and the WDO is the Member Secretary in the district. Representation of the WDO in the district and municipal coordination committee will be pertinent to coordinate nutrition activities with the District Child Welfare Committees.

1.6 KEY CHALLENGES AND CONSTRAINTS

Sector reviews also reveal a number of challenges and constraints to scaling up nutrition and implementation of the multi-sector nutrition plan. In the first place, Nepal is one of the least developed countries in the world, ranking 138 out of 169 countries in terms of HDI, and with the lowest per capita GDP in South Asia. The decade long armed conflict significantly impaired its economic development. The painful political transition following the comprehensive peace agreement in 2006 continues to pose a threat to economic growth prospects. Managing political transition is one of the key challenges facing the country. Secondly, there is the uncertainty surrounding the process of decentralisation, which is the key to developing multi-sector approaches.

The LSGA 1999 transferred substantive authority and responsibility for service delivery to the district and lower jurisdictions. The Act is still not properly implemented, as many sectors are still not working in a devolved fashion. Since it was ratified, this act has been undergoing political transition. The terms for locally elected political representatives have long expired, as local elections were not held, which could bring in newly elected political representatives into office. Civil servants are running local bodies at the district and village levels. This, among other things, has hampered the accountability of the local governance system. Though there are multiparty mechanisms in place to provide political direction, they have not been effective in the absence of accountability mechanisms. There are also frequent reports of abuse and misappropriation of funds.

Thirdly, to identify just a few interventions in each sector to impact on the window of growth is also a challenge. Most of the multi-sector plans from the last few decades have been very broad in terms of their objectives and have proposed too many measures and actions in each sector. They have lacked focus areas and priorities. Consequently, there were always problems with downstream implementation. To ensure that mainstreaming efforts are effective, it is necessary that strategic entry points be identified and prioritised in all relevant sectors that are likely to yield high impact with less effort and investment.

Fourthly, there are many sectors within government competing for the limited available resources. Therefore, it is necessary to ensure political commitment at the highest level of government. At this point, nutrition has gathered enormous political attention and interest in Nepal. This momentum can be partly attributed to the SUN movement and partly to the increased awareness on the part of government and other stakeholders. The GoN was encouraged by many events in which Nepal was singled out as a success story in scaling up micronutrient interventions. This has helped augment political commitment. Recent Prime Ministers themselves have raised the nutrition issue at international conferences such as the one for the Least Developed Countries in Istanbul, and the United Nations General Assembly in

New York. However, it is necessary to mobilise additional resources from development partners, local government and community sectors for the improvement of nutrition. Nepal has been identified as one of 18 "early riser" countries (and one of three in Asia) by the SUN movement and is receiving substantive support from development partners. The current political environment is also conducive for further improvement. However, the support of development partners' in terms of funding and capacity building during the first few years is hoped to be substantial, and which the government will subsequently take over through growth and appropriate institutionalisation.

Fifthly, ensuring coordination and synergy among the different interventions across the sectors is also an uphill task. This is a generic problem of Nepal's current governance and administrative system. Unless some effective mechanism is put in place to enhance coordination and consolidation of the nutrition sector programmes, loosely coordinated sector programmes with poor mutual links will be less efficient in terms of utilising resources and will have minimal impact on nutritional outcomes.

1.7 CAPACITY GAPS AND OPPORTUNITIES

The modest capacity of all nutrition related staff and institutions is a real challenge. There are very few trained public health nutritionists to manage and deliver the scaled up package of nutrition interventions. One possible avenue to address this within the health sector could be adding nutrition related responsibilities and capabilities to existing health staff. This however, will not be sufficient as the burden of the nutrition programme management is commonly shouldered by the immunisation officer who is not equipped and adequately supported to manage the scaled up package of 13 or more interventions as recommended by the Lancet Nutrition Series (LNS). Currently there is a tendency by different sectors to assign a focal person for nutrition. The focal persons, who are not always trained on nutrition, can temporarily coordinate activities within their sector and across different sectors, but cannot be the long-term solution for pursuing the nutrition agenda.

Capacity deficit in nutrition also stems from a lack of, or poor institutional arrangements. For example, despite recognising nutrition as one of the core areas that require broad partnerships across different sectors, the health sector does not have a dedicated division or centre to drive MoHP's nutrition initiatives. These gaps have enormous implications for the type of scaling up the multi-sector plan intends to move ahead with. This will necessitate a phased approach for scaling up, beginning from a few districts and expanding progressively, and slowly matching them with capacity building efforts.

The almost total lack of formal courses within the country for providing training in nutrition is both a challenge and an opportunity. It is a challenge because without in-country training capacity, it will not be possible to implement a scaled-up package of nutrition. The opportunity is that one can begin with a clean slate. In the past, the nutrition profession has frequently been considered to be one of the obstacles to scaling up nutrition (Berg, 1992). This is because the nutrition profession appeared more clinically orientation and only had a curative approach as opposed being one of Public Nutrition or Public Health Nutrition that emphasised on the nutrition of populations, as well as on organising preventive and curative service delivery though multiple sectors.

At the moment there is the important issue of state building in Nepal. The post-conflict political and economic environment requires that development partners provide more support on building state capacity to deliver, rather than keeping greater focus on non-state actors. On the other hand, the state needs to forge partnerships with relevant stakeholders allowing for a

much more active involvement of partners, including Civil Society Organisations (CSOs) as well as the private sector, in helping to get things done. This is also true in the case of implementation of multi-sector nutrition plan, which could be led by the government while stakeholders could be engaged in planning, delivery and monitoring of services. This can be done by initial piloting in selected districts for testing multi-sector models and subsequent scaling up.

The devolution of service delivery by the health, education and agriculture sectors provides an opportunity to create a strong partnership between these sectors and local government at the district level around a concrete set of development outcomes related to maternal and child under-nutrition. Such "top down" and "bottom up" efforts could facilitate evidence based programming and help drive and coordinate the multi-sector plan, while ensuring technical leadership from the health, education and agriculture sectors. The multi-sector approach can also be instrumental in expanding nutrition capacity across the sectors and local government level.

In spite of the decade long armed conflict, strong community networks continue to function quite vibrantly in Nepal. On account of the absence of locally elected bodies, the local governance system and the delivery of services have suffered. The recent progress in the peace process and the resulting sense of "energy" and optimism about the future of Nepal can definitely be capitalised upon. It is important to build on this solid community base, and enhance their involvement in service delivery mechanisms wherever possible.

The limited number of human resources and their capacity to work in nutrition in the NPC, health, education, physical planning and works, agriculture and local governance sectors is another major concern. It requires the preparation of a capacity building plan with a cost analysis for all the sectors, after a needs assessment for each sector.

To cover all 75 districts of Nepal, across the various ecological zones including the mountain, hills and the Terai, is both a challenge and an opportunity for the multi-sector plan. Conditions are very different across the various ecological zones and demand different interventions. They also have implications for the costs and the delivery of the interventions. However, the multi-sector plan will need to build on the on-going interventions in various districts and customise new interventions keeping this diversity in focus. For example, food deficit districts will need supplementary food programmes for pregnant and lactating women, while malaria-prone areas will require bed nets and malaria treatment programmes. Some additional external capacity will be needed in the initial stages of development of the multi-sector approach, in order to cobble together various local interventions within the multi-sector plan.

1.8 MULTI-SECTOR NUTRITION PLAN PREPARATION IN NEPAL

Attempts to develop multi-sector plans for food and nutrition go back 40 years. The first such plan was developed by the Ministry of Food and Agriculture in 1970 with FAO support. In 1975, the Department of Health came up with a multi-sector plan involving health, education, agriculture, and the Panchayat Sectors. The National Nutrition Coordination Committee was established under the National Planning Commission in 1977, and the landmark Pokhara Meeting in 1978 provided policy guidance for developing multi-sector plans involving health, food and agriculture, education and Panchayat sectors, and led to the Sixth Five Year Plan (1980-85) to incorporate nutrition objectives. However, these objectives were not translated into clear targets and programmes, and a Joint Nutrition Support Programme was also initiated by the WHO and UNICEF. The Eighth National Development Plan (1990-95) included an explicit Food and Nutrition Policy with a comprehensive food based strategy and goals. However, this

time also the policies could not be made operational in terms of concrete programmes and projects. In 1998, a National Plan of Action for Nutrition (NPAN) was developed as a follow up to the International Conference on Nutrition, but its implementation did not produce encouraging results. The GoN started work on scaling up nutrition back in 2009 when it carried out the NAGA (MoHP, 2009). The development of a multi-sector plan of action to accelerate the reduction of maternal and child under nutrition was one of the principal NAGA recommendations. It is against this backdrop that the GoN has embarked on developing a new multi-sector nutrition plan.

In 2006, realising that MDG 1 would not be achieved unless special efforts were made in the areas of nutrition, the NPC constituted a Technical Working Group which resulted in the drafting of the National Plan of Action on Nutrition in 2007. Subsequently it was realised that the Plan of Action was developed without involving the non-health sectors that played a key role in the implementation of the multi-sector plan. Accordingly, MoHP came up with the NAGA report, which was forwarded to the NPC for consideration and approval. In response to the NAGA recommendations, the NPC reconstituted the National Nutrition Steering Committee and directed various concerned ministries and agencies to designate Nutrition Focal Officers (NFOs) who would be responsible for implementing nutrition-related activities.

At the national seminar on nutrition in October 2010, the nutrition intervention matrix was developed on the basis of the NAGA recommendations, which were reviewed to ensure inclusion of proposed activities under the programmes of different ministries and external partners. One of the recommendations of the seminar was to form a Technical Working Group under the National Nutrition Steering Committee to guide NFOs and the External Development Partners (EDPs) Joint Group in the improvement of a multi-sector nutrition plan. Subsequently, the Technical Working Group was formed, which agreed to constitute reference groups for each of the sectors, and to carry out sector reviews in order to generate information about the on-going nutrition specific and nutrition sensitive interventions across the sectors. Once these interventions were identified, they would then be brought together to augment the national nutrition plan for accelerating the reduction of maternal and child under-nutrition.

The process of meetings of reference groups and sector reviews was initiated in May 2011 and continued through the months of June and July, leading to the development of this initial multi-sector plan. Sector reviews on which the plan was based were the results of a very intense period of consultation and deliberation between the consultant team and the reference groups for each sector (see *Annex III* for more information on list of the reference groups members etc.). For each sector the remit was the same: to identify what they knew and what different sectors were doing with regards to nutrition related interventions and how they were impacting on the window of growth failure i.e. from conception to two years of age. The purpose was to choose a few effective interventions to take them to scale in an integrated multi-sector fashion.

Each review was asked to draw on global evidence as well as local experience so as to draw inferences for the Nepali context in order to decide on the most cost-effective and high impact interventions. Based on the selected sector interventions, cost analyses were undertaken in August and September. During subsequent series of meetings with the respective sector teams, a prioritisation exercise was undertaken to finalise the costing and to develop a more detailed plan of action. The monitoring and evaluation (M&E) framework was developed in October of 2011. The consolidated draft report including evidence-based detailed plan of action, costs, M&E framework, and institutional arrangement were presented and discussed during a national validation workshop in December 2011 which was led by the NPC, with the five key Ministries (MoHP, MoAD, MoE, MoUD, and MoFALD) and the key development partners. It was 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 revised version was prepared taking into consideration these inputs, and was then officially submitted to and endorsed by the NPC board in March 2012. Finally, the M&E framework was further refined based on the review of the existing multi-sector nutrition information system from March to April 2012; it was then presented to and approved by the Council of Ministers in June 2012. This final document includes the updated detailed plan of action, institutional arrangements, the costs, and the monitoring and evaluation framework.

1.9 RATIONALE FOR A MULTI-SECTOR APPROACH

Nutrition deficiency among young children and mothers has significant economic costs for individuals, households, communities, and the nation at large as manifested in an increased disease burden, along with various physical and mental problems. The result is an enormous loss in terms of human capital and economic productivity throughout life. Undernourished children suffer from irreparable intellectual impairment and stunted physical growth. Hungry children make poor and less productive students, and more often than not, unhealthy workers. All this in the future results in impoverished families and communities as well as overburdened health systems.

Undernourished women give birth to low birth-weight babies transferring all disadvantages to the next generation. From the perspective of nutrition, a young child's first 1,000 days of life (from conception to the second birthday) are critical. Nutrition interventions can have the greatest benefit during this period. Subsequent interventions can make a difference but cannot undo the damage done during the first 1,000 days. Children's nutritional outcomes are closely related with maternal nutrition. Healthy, well-nourished mothers are more likely to give birth to and nurture healthy children. Accordingly, it is important that adolescent girls, pregnant women or lactating mothers receive a range of nutrition-related services and information.

From the analysis of stunting, treated in section 1.2, it is obvious that not all the solutions to stunting are at the immediate level of causality. Many are rooted in underlying and basic causes. While there is a package of high impact interventions as described in the LNS that if delivered at scale, could reduce stunting by a third and young child mortality by a quarter (Bhutta et. al, 2008), most of these interventions are short term solutions that are more about treating the disease or the deficiency than resolving the root causes. Much needs be done to improve maternal, infant and young child feeding and caring practices as well as the treatment of diarrhoea and anaemia. But there is also a need to improve access to and use of adequate toilets along with nutritious foods. These are just two examples to demonstrate why there is need for both nutrition 'specific' direct interventions as well as nutrition 'sensitive' indirect interventions. Nutrition 'specific' and nutrition 'sensitive' approaches are complementary in many ways rather than exclusive ones. However, the GoN feels it is imperative to scale up the direct nutrition interventions now to accelerate the reduction of maternal and child under nutrition and thereby move swiftly towards achievement of the MDGs. At the same time, it also acknowledges the need for measures to address the underlying causes of stunting, and begin to look at ways to take these actions to scale.

The main message of the SUN framework is 'scaling up'. This is because in the past development partners often funded nutrition interventions on a small/limited scale and in one or more selected districts or communities without much consideration of sustainability. When funding ended, the programme also ended. Traditionally, GoN and especially Ministry of Finance (MoF) used to perceive nutritional interventions as humanitarian aid and not as an investment for

human capital or as the right of its citizens. It mainly remained the domain of development partners rather than that of national government. Therefore, outside emergency situations, nutrition has remained conspicuously underfunded (Shekar et al, 2006).

GoN is now aware that nutrition is not only a humanitarian issue, but also the right of children, women and society at large as well as an investment of critical importance for the development of human capital. Towards this end, different sectors have already begun to make their own efforts and within their existing capacity. For example, the health sector has already begun to make inroads into the recommendations of SUN. However, inter sector collaboration on the nutrition agenda hasn't been effectively realised so far. Based on the SUN Framework, this multi-sector action plan intends to reflect this changed perception (of collaboration and synergy) of government, development partners and other stakeholders. Emphasis is placed on mainstreaming of nutrition in all relevant development programmes so as to significantly scale-up evidence based high impact interventions focusing on the window of growth faltering. This is expected to accelerate the reduction of stunting.

The benefits of scaling up both nutrition specific and nutrition sensitive interventions will be enormous. In the first place, scaling-up of the nutrition specific interventions will accelerate the reduction of maternal and child under-nutrition, contributing to the achievement of many of the MDGs, especially MDG 1, MDG 4 and MDG 5. Secondly, direct nutrition interventions will be instrumental in eliminating micronutrient and vitamin deficiencies, which alone will contribute to two to three per cent of GDP every year. Thirdly, by operating "at scale" the poorest of the poor are more likely to benefit from these interventions. Fourthly, the scaling up of nutrition sensitive interventions will ensure that these gains are sustainable and will have multiplier effects beyond just reduction of stunting. The National Nutrition Policy and Strategies of 2004 recognises these facts and warrants the multi-sector approach.

PART II

2 MULTI-SECTOR NUTRITION PLAN

2.1 BACKGROUND

Nepal has been part of the global movement on 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 caused by a number of interrelated factors, which call for a multi-disciplinary approach. This Nutrition Plan is an attempt to address the issue of nutrition in a systematic and coordinated manner, adopting a multi-sector perspective. As the efforts made in the past on this sector have been largely disjointed and scattered, their impact has also been 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 the 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 incoming generation (Victora et al. 2007). The process of stunting occurs between conception and two years of age (Victora et al. 2010), at a time when the brain and the immune systems are being rapidly developed.

Poor growth during this period has negative consequences for cognitive functions, productivity and work performance as well as resistance to various adult degenerative diseases, which are manifest across the life course (James et. al, 2000). From the experience of other countries it is evident that elimination of stunting is achievable among children under-two-years of age within a decade (Yip et.al, 1992, Monteiro et. al, 2010). Besides focusing on maternal and child under-nutrition, the action plan will also address the generic nutritional needs of people at large from 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 inter sector linkages and coordination in the use of resources.

2.2 GOAL

The vision of the multi-sector nutrition plan, over the next ten years, is to take the country on the path 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 MIYC 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 specific 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 aim to impact on the window of growth faltering when stunting occurs, from conception to two years of age.

2.3 PURPOSE

The main purpose is to strengthen the capacity of the NPC and key Ministries on the multi-sector nutrition programme policy planning, implementation and monitoring for improved maternal and child nutrition at all key levels of society.

2.4 KEY PRINCIPLES AND APPROACHES

The multi-sector nutrition plan will be guided by the following key principles and approaches:

a) **Alignment with government policies including Three-year Plan and Sector Perspective Plans:** MSNP will be the basis for the implementation of the Three-year Plan (2010/11 – 2012/13) as a GoN programme to improve nutrition. It will be designed and implemented in compliance with the present constitution and the related regulations (until new policy & legislation are in place.)

b) **Rights-oriented inclusiveness and gender equity:** MSNP will support socially inclusive and gender and child friendly approaches in the design and implementation of its programmes. Affirmative action policies will be introduced in favour of the poor, women, and disadvantaged communities to maximise their participation in, and to benefit from the programme's interventions. Leadership and managerial skills of women and disadvantaged communities (Dalit, Janajatis and others) will be improved through capacity building that leads to their empowerment. The plan will also seek to ensure that their voices are heard in key decision-making processes at the local level, including, to the extent possible, by mainstreaming and institutionalising their participation in such institutions.

c) **Adoption of flexible and process-oriented approach:** The programme will work to translate GoN's commitments to improve nutrition, state restructuring and the engagement of local agencies with communities, with the aim to improving the delivery of public goods and services at the local level. Thus, support to line agencies and local bodies will be flexible and process-oriented. This includes consideration of innovative and flexible ways to ensure that the primary programme outcome of responsive, inclusive and accountable governance through participatory development is attained. Procedures for working with communities, and for targeting the poorest and most disadvantaged segments of these communities will be rationalised and harmonised in order to ensure greater equity and efficiency, and to reduce transaction costs for the communities themselves.

d) **Peace building:** The programme will follow a conflict sensitive implementation approach, promoting factors in support of reconciliation and peace building and avoiding those that inhibit peace or stimulate conflict/violence at the local level.

e) **Transparency and accountability:** The MSNP will ensure transparency in all its operations and budgets, decision-making processes, and communication to all actors, coordination among line agencies and non-state agencies, and in reaching remote areas to focus on the tangible benefits of the programme. The programme will delineate roles and responsibilities of all the actors and use a systemic programme implementation approach to increase accountability at all levels.

2.5 MAJOR OUTCOMES, OUTPUTS AND INTERVENTIONS

This section provides a brief narrative description of the programme's structure, its three main outcomes and associated outputs and indicative activities (*see Annex I – Consolidated MSNP Logical Framework and Action Plan*). It should be noted that each of the three programme outcomes would further elaborate upon the development of detailed implementation and operational guidelines – which will define precise implementation modalities.

MSNP will be a multi-sector programme of support for nutrition with the intent of working throughout the country and at all levels. Health, education, urban development, federal affairs and local development, and the agriculture and development sectors will manage their own programmes with multi-sector coordination and will be corroborated by the NPC and DDC at the central and local levels, respectively. This section provides a consolidated summary of the programmes that will be carried out by each sector. Sector specific programmes that will be attributed to the MSNP are described in the Logical Frameworks of the Health, Education, Urban Development, Agriculture and Development, and Federal Affairs and Local Development ministries (*see Annex II – Logical Framework and Action Plans by Sector*).

The programme will contribute towards attaining the goal by achieving the three major outcomes:

Outcome 1: Policies, plans and multi-sector coordination improved at national and local levels.

Outcome 2: Practices that promote optimal use of nutrition 'specific' and nutrition 'sensitive' services improved, leading to an enhanced maternal and child nutritional status.

Outcome 3: Strengthened capacity of central and local governments on nutrition to provide basic services in an inclusive and equitable manner.

Outcome 1: Policies, plans and multi-sector nutrition coordination improved at national and local levels

This outcome specifically aims to increase multi-sector nutrition commitments and resources for nutrition, strengthen nutritional information management and data analysis, and establish a protocol for multi-sector nutrition profiles (as a basis for planning) at central and local level.

The MSNP will enable the NPC to coordinate across various sectors for "getting everybody on the same page" with regards to Maternal, Infant, and Young Child Nutrition (MIYCN). The preparation of advocacy materials and briefing documents is a common theme across all of the MSNP sector components. Whether it is for changing the public perspective or for individual behaviours in relation to maternal and child under-nutrition, be it by mothers, civil servants or politicians, all of these efforts must be developed in a coherent manner. The NPC, through the MSNP will help orchestrate all of these advocacy and behaviour change related efforts. Key messages will be delivered, through audio/visual media or briefing documents, and needs to create a resonance, so that these various methods of behaviour change make sense, both to duty bearers as well as to rights holders.

The MSNP will especially focus on enhancing coordination in order to: 1) building local partnerships with individuals and institutions across the sectors in order to mobilise resources for nutrition; 2) strengthening capacity to implement and monitor progress towards scaling up nutrition through the multi-sector approach, using a core set of multi-sector monitoring and

evaluation indicators, and including getting stunting accepted as an outcome measure of poverty reduction and the various sector development efforts; 3) strengthening the capacity of implementing organisations; and identify gaps in the national capacity to build commitment and address them across all levels.

The local governance sector will contribute in five ways: The first will be to better envision nutrition, especially the planning, monitoring and review, in the design of local governance strategies and programmes. This will involve the development of a framework for assessing the value of nutrition in local governance strategies and programmes, as well as incorporating indicators of under-nutrition in planning for local bodies and monitoring frameworks. Directives for local grant mobilisation will also be revisited to incorporate nutrition, and the possibility of introducing a nutrition index as a criterion for classifying VDCs and municipalities.

The second will be to mobilise local resources for tackling chronic under-nutrition through coordination among the different sectors. This will involve merging nutrition into the existing Food Security Steering Committee and renaming it as Nutrition and Food Security Steering Committee at the DDC level, and the formation of nutrition and food security steering committees at the VDC/municipality level, as well as developing the capacity of these committees to plan, monitor and mobilise resources for nutrition at the local level. Review of progress on chronic under-nutrition will also be introduced in the social audit and public hearings.

The third is to explore ways that social protection mechanisms can increasingly contribute to a reduction in stunting. This would involve developing a trial for a child cash grant that is awarded to the mother during pregnancy instead of at birth, and reviewing the evaluation outcome of the child grant integrated with IYCF. On the basis of evaluation, the revision of the child grant scheme will focus especially during the early growth falter period from pregnancy up to two years of age. The fourth is to strengthen collaboration between local bodies at the DDC and VDC levels. The fifth will be to consolidate and improve tracking of progress on implementation of multi-sector nutrition interventions through DPMAS.

There are two outputs/results under this outcome:

Output/Result 1: Policies and plans updated/reviewed and to incorporate a core set of nutrition specific and sensitive indicators at national and sub-national levels

This output will reflect MSNP indicators in the annual and multi-year plan of all the relevant sectors and the targets on contribution for reduction of malnutrition at central and district level.

NPC and sector ministries will be responsible for achieving this result and implementing activities:

Result	Activities	Responsibility
1. Policies and plans updated/ reviewed to incorporate a core set of nutrition specific indicators at national and sub-national levels	1.1. Raise nutrition profile among ministries	NPC
	1.2 Advocate with Ministries for prioritising nutrition in their plans, and for including core nutrition specific and sensitive indicators	NPC
	1.3 Incorporate nutrition in the national and sector plans, and include nutrition specific and sensitive monitoring and evaluation framework	NPC MoHP MoE MoUD MoAD
	1.4 Update National Nutrition Policy and Strategy,	NPC

	including M&E framework in line with the MSNP	MoHP
	1.5 Incorporate nutrition aspects in local plans and planning process, including nutrition specific and sensitive M&E framework	DDC

For this output, indicative activities are:

1.1 Raise nutrition profile among ministries

Under this activity, a recently formed HLNFSSC under the chair of NPC Vice-chairperson and concerned secretaries from line ministries, will direct and support technical groups within their ministries (headed by joint secretaries) to raise the profile of nutrition among their respective ministries.

1.2 Advocate with Ministries for prioritising nutrition in their plans, and for including core nutrition specific and sensitive indicators

This activity will try to sensitise/consult with political parties and parliamentarians regarding MSNP, disseminate approved MSN Plan to all concerned ministries and other stakeholders, and carry out regular advocacy with ministries, development partners, civil society organisations, and the private sector. This will be based on an evidence-based comprehensive advocacy and communication strategies targeted at the different levels of society – national, district community and family.

1.3 Incorporate nutrition in the national and sector plans, and nutrition specific and nutrition sensitive monitoring and evaluation framework

This activity will focus and incorporate the core MSNP actions and indicators in the sector perspective plans and TYP/annual plans of the respective sectors.

1.4 Update National Nutrition Policy and Strategy, including M&E framework in line with the MSNP

This activity will seek to ensure that sector specific nutrition policy and strategy (e.g. MoHP's National Nutrition Policy and Strategy) is revised and updated to accelerate implementation of the MSNP. The NPC will also seek to ensure that upcoming nutrition related strategies and programmes (e.g. food and nutrition security plan for Agriculture Development Strategy) are aligned with MSNP. Sector-specific strategic plans will be prepared by all the sectors on the basis of revised policies and strategies. Different sectors will also be prompted to revise/amend nutrition related acts and legislations wherever applicable.

1.5 Incorporate nutrition aspects in local plans and planning processes, including nutrition specific and sensitive M&E framework

This activity will ensure that core MSNP actions and indicators are included in the District Periodic Plan and annual plans at the local level. District level nutrition index will be prepared by every MSNP district through Disadvantaged Group (DAG) mapping that will help to introduce nutrition index in the categorisation of local bodies as provisioned in the LSGA 1999.

Output/Result 2.0: Multi-sector coordination mechanisms functional at national and sub-national levels

This output intends to establish institutional mechanisms to coordinate nutrition at central level. At the sub-national level (DDC, municipality and VDC) Nutrition and Food Security Steering Committee and coordination mechanisms will be formed and made functional. Necessary authority and resources will be delegated with the decisions of the HLNFSSC to the local bodies to carry out multi-sector coordination at the local level. Local bodies will coordinate planned nutrition programmes and monitor such programmes at district, municipality and VDC level through district, municipal and VDC level Multi-sector Nutrition and Food Security Coordination Committees at local level.

NPC and local bodies will be responsible for achieving this result and implementing activities.

Result	Activities	Responsibility
2. Multi-sector coordination mechanisms functional at national and sub-national levels	2.1 Establish/strengthen secretariat for supporting the nutrition and food security initiatives within the NPC	NPC
	2.2 Establish effective communication to improve coordination	NPC
	2.3 Form multi-sector steering committees at local level	Local bodies

For this output, indicative activities are:

2.1 Establish/ strengthen secretariat for supporting the nutrition and food security initiatives within the NPC

Under this activity, a secretariat will be established in the NPC with adequate human resources and logistics. The secretariat will coordinate and work with UNICEF, WFP, the global REACH/SUN initiatives, with funding from the Canadian International Development Agency (CIDA), as well as The World Bank which supports Nepal through The South Asia Food and Nutrition Security Initiative (SAFANSI), the 1,000 days project; and Nepal Agriculture and Food Security Project (NAFSP) etc., for effective implementation and expansion of MSNP to the districts.

2.2 Establish effective communication to improve coordination

The MSNP expects NPC to establish two-way communication between NPC and sectors/ministries and to take corrective measures to ensure effective coordination among sectors, including building consensus with the MoF to allocate adequate funds for MSNP interventions. HLNFSSC will make arrangements for signing of letter of understanding among NPC, line ministries and DDCs for MSNP multi-sector collaboration through DDC at local level.

2.3 Form multi-sector coordination committees at local level

This activity will support the establishment of the Nutrition and Food Security Coordination Committee at the DDC, municipality and VDC level. The committee meetings will be organised quarterly.

Outcome 2: Practices that promote optimal use of nutrition 'specific' and nutrition 'sensitive' services improved, leading to an enhanced maternal and child nutritional status.

This outcome will strengthen/maintain the key existing nutrition 'specific' interventions that are already being carried out on a large scale through the health sector, including: Biannual

Vitamin A supplementation and de-worming for all children aged 6-59 and 12-59 months respectively; Iron Folic Acid (IFA) supplementation with de-worming for all pregnant and lactating women; zinc in management of diarrhoea together with new ORS and increased feeding; and universal salt iodisation. It will also further strengthen and expand essential interventions that are lagging behind. Community Infant and Young Child Feeding (IYCF) programme will be improved and "maternal nutrition" included, thereby transforming it into community MIYCF and will be scaled up nationally. In addition, two other key interventions: Micro Nutrient Powders (MNPs) to children aged 6-23 months and Community Management of Severe Acute Malnutrition (CMAM) integrated with MIYCF will be implemented with initial focus in high risk or the most affected districts. It will support the GoN's two-pronged strategy with respect to flour fortification: fortification at large scale roller mills and at smaller mills also.

Furthermore, the outcome will, through the education sector, contribute to improve and scale-up core nutrition 'sensitive' interventions with particular focus on enhancing adolescent girl's parental education, life skills and nutritional status through its School Health and Nutrition Programme. The core interventions include: 1) Adolescent Girls Parental Education integrated with Early Childhood Development (ECD) & Literacy package; 2) Weekly IFA supplementation, Biannual De-worming, and promotion of use of adequately iodised salt targeting adolescent girls in and out of school; 3) Adolescent (girls) life skills initiative through Formal & Non-formal Education; 4) School meals to increase girls' school completion rates; and 5) Capacity building (trainers/National Centre for Education Development or NCED, teachers, child clubs) & linkages.

The outcome will, through the Physical Planning and Works sector, contribute to reduce the prevalence of infections – with a focus on reducing diarrhoeal diseases and ARI among young children, young mothers and adolescent girls. It aims to attain this by promoting hand washing with soap at critical times among young mothers and adolescents, and by promoting Open Defecation Free (ODF) areas, together with point of use of water treatment in the most affected districts as a first priority.

Finally, the outcome through the agriculture sector aims to increase: firstly, the availability of quality foods at the household and community level through homestead food production combined with livestock assets creation, especially among small holder families with pregnant women and young children; secondly, the income of poor pregnant women and women with young children through women's groups and credit incentives to carry out the homestead food production; thirdly the consumption of micronutrient rich foods especially by poor pregnant women and young adolescents and young children through social marketing and nutrition education; fourthly access to clean and cheap energy sources such as biogas and improved cooking stoves, as well as education of men to share the workload and thereby reducing the workload of pregnant women and women with young children, and providing a healthy home and work environment for them; and fifthly the capacity of the various agriculture sector institutions, including training of grassroots workers, and strengthening linkages with health and other sector workers.

There are four outputs/results under this outcome:

Output/Result 3: Maternal and child nutritional care service utilisation improved, especially among the unreached and poorer segments of society.

This output aims to enhance optimal maternal and infant feeding practices, improve micronutrient status of young children, pregnant and lactating women and adolescent girls, and prevent and manage severe acute malnutrition in children.

The health sector will be responsible for achieving this result and implementing activities.

Result	Activities	Responsibility
3. Maternal and child nutritional care service utilisation improved, especially among the unreached and poorer segment of the society	3.1 Implement/scale up maternal infant and young child feeding through a comprehensive approach	MoHP
	3.2 Maintain/expand programmes to improve maternal infant and 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, standards, guidelines and nutrition training packages (including establishment of National Nutrition Centre)	MoHP
	3.5 Institutional strengthening of the health sector	MoHP

For this output, indicative activities are:

3.1 Implement/scale up maternal infant and young child feeding through a comprehensive approach

This activity will support mobilisation of Female Community Health Volunteers (FCHVs), mothers groups and civil society to identify pregnant mothers and to encourage all mothers to eat at least three times a day, and with animal protein foods at least once a day during pregnancy. Support will be provided to promote, protect and support mothers to initiate breastfeeding within one hour of birth, and to exclusively breastfeed for six months and support and encourage/assist all mothers to begin appropriate complementary feeding at six months. Specific support will be provided to all mothers with children aged 6-8 months and 9-23 months from the lowest wealth quintile to provide complementary foods two and three times per day respectively with ≥ 4 food groups per day. Furthermore, this activity will involve and mobilise all key stakeholders including male partners, community leaders, health facility workers, nutrition and medical professional associations.

3.2 Maintain/expand programmes to improve maternal infant and young child micronutrient status

Under this activity, support will be provided to distribute IFA tablets to all pregnant and lactating mothers – to take 180 tablets during pregnancy and 45 tablets post-partum. For this, the iron intensification programme will further be strengthened nationwide. FCHVs, community health workers and the private sector will be mobilised to support/encourage mothers and families to consume iodised salt (retailers, whole-sellers, school teachers, social mobilisers, farm extension workers). Children aged 6-59 months will be supplemented with Vitamin A capsules and those between 12-59 months with de-worming tablets. Furthermore, Micro Nutrient Powders (MNPs) to all children aged 6-23 months linked with IYCF will be implemented with initial focus in high risk districts. Programmes on nutritional management of infections will be undertaken by mobilising FCHVs and community groups to provide zinc to manage diarrhoea with new ORS and to promote continued feeding during diarrhoea.

The GoN has adopted two-pronged strategy with respect to flour fortification: fortification at large scale roller mills, and fortification at smaller mills.

The fortification of wheat flour with iron, folic acid and vitamin A at roller mills is now mandatory. To ensure the effective implementation of flour fortification, monitoring and supervision will be strengthened and awareness created on health benefits of consuming fortified flour.

With regards to fortification at small mills, operational research/piloting will be carried out in the selected districts to assess its feasibility and effectiveness. Support will be provided to the small flour-mills (especially *Chakki* mills) to install feeders (fortification devices) and other ingredients, including monitoring of the consumption of the fortified cereal flour.

3.3 Scale up and manage infant and child severe acute malnutrition

Community management of severe acute malnutrition (CMAM) is currently being piloted in five districts of Nepal. This activity identifies and manages all moderately and severely malnourished children in these districts through community mobilisation and screening, and referral for appropriate treatment. Moderately malnourished children are managed through community IYCF counselling by the FCHVs, and children suffering from severe acute malnutrition (SAM) and without medical complications are treated in the community using Ready To use Therapeutic Foods (RUTF) through Outpatient Therapeutic Programmes (OTPs), and SAM children with complications are treated at the facility or Stabilisation Centres (SCs). The MoHP is undertaking evaluation of the CMAM programme. This activity will support improvements 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 six months of age.

It will support development of a more detailed integrated management of acute malnutrition, including infants or Integrated Management of Acute Malnutrition in Infants (IMAMI) scale-up strategy and plan, and its implementation with initial focus in the most affected districts. It will include strengthening the capacity on IMAMI at all key levels, full integration of IMAMI into the health system (e.g. CB-IMCI), strengthening supply chain management of RUTF as part of the existing health supply chain management, strengthening IMAMI monitoring system as core component of the Health Management and Information System (HMIS), support economic feasibility study of local production of RUTF, and strengthening management of moderate acute malnutrition through cost-effective comparisons of some key alternative options – including improved IYCF counselling, targeted supplementary feeding, and voucher schemes. Based on the outcome of these comparative assessments and analyses, Ready to Use Supplementary Food (RUSF) will be supplied to the targeted districts.

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

This activity will facilitate systems development and further strengthening of nutrition related acts, regulation and policies including preparation of strategies and guidelines. Existing nutrition training packages will be reviewed, to develop comprehensive nutrition training packages for all the key levels.

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/Result 4: Adolescent girls' parental education, life-skills and nutrition status enhanced

This output aims to create a platform for intervening to improve parental education and life skills of adolescents for a whole series of behaviours that are of relevance to improving adolescents' nutrition, and to ultimately accelerating reduction in stunting. It will offer an excellent platform to improve the nutritional status of adolescents through direct nutrition specific interventions and provide iron folic acid with de-worming for all adolescent girls through school and out of school initiatives, provide school meals to help keep girls in school longer, as well as providing increased social protection to their families.

Education sector will be responsible for achieving this result and implementing activities.

Result	Activities	Responsibility
4. Adolescent girls' parental education, life-skills and nutrition status enhanced	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)	MoE
	4.2 Raise adolescent girls' knowledge and skills on reduction of chronic malnutrition	MoE
	4.3 Prepare/update resource materials on parenting education for improved child care and feeding practices	MoE
	4.4 Organise programmes to enhance parental knowledge on maternal and child care and feeding practices	MoE
	4.5 Develop mid-day meal to adolescent girls (grades 5 to 8) to enhance their school performance and participation	MoE
	4.6 Provide nutritional support to adolescent girls (IFA with de-worming to all, and schools meals in the targeted areas) to increase their educational participation and performance (grades 5-8)	MoE

For this output, indicative activities are:

<u>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)</u>

Here, the programme will focus and prepare/update life skills related resources (procedural manual) provide life-skills related training to child club members and focal teachers, review existing school curricula and textbooks for analysing contents on nutrition education (grade 1-12). Major activities will be to integrate nutrition in the life-skills curricula (including preparation of training package to integrate nutrition specific and sensitive interventions), revise textbooks, revise teacher guidebook, prepare resource materials for students and teachers, and develop instruction materials for teaching aids, with a focus on improving

maternal, infant and young child nutrition and reducing chronic malnutrition in Nepal. Teaching and learning materials for teachers and students will be printed and distributed.

4.2 Raise adolescent girls' knowledge and skills on reduction of chronic malnutrition

This activity will support formation/strengthening of child clubs in school and out of school including organisation of life-skills related training on reduction of chronic malnutrition to the child club members and focal teachers.

4.3 Prepare/update resource materials on parenting education for improved child-care and feeding practices

This activity will support preparation of resource materials such as preparation of IEC/educational materials on nutrition during pregnancy and on infant and young child feeding and care (Resource book, Record book and orientation package); preparation of training manual, resource materials, self-learning and IEC materials on nutrition for parents, community members and NFE learners; review of Parenting Education and NFE package from the nutrition perspective to find gaps and integrate nutrition messages; and preparation of nutrition-related source book for parental education classes.

4.4 Organise programmes to enhance parental knowledge on maternal and child-care and feeding practices

This activity will provide support to organise ToT on parental education and on maternal and child nutrition, carry out parental education orientation at school including ECD, out of school, and conduct maternal and child nutrition sessions with the women/mothers at ECD and literacy classes. Support will also be provided to mobilise School Management Committees (SMC), Parents Teachers Associations (PTA), Teacher Unions and mass media for parental education on nutrition.

4.5 Develop mid-day meal for adolescent girls (grades 5 to 8) to enhance their school performance and participation

Under this activity, menu will be prepared as per the local needs, leaflets with information (both for school and home); mother groups, orientation will be provided to SMC and PTA on Mid-day-Meals (MDM) for mobilisation of mothers groups; kitchen gardens will be promoted at school and homesteads; and Community Learning Centre or CLC-based community kitchen gardens will be promoted including awareness raising. This programme will be closely linked with agriculture production at the local level.

4.6 Provide nutritional support to adolescent girls (IFA with de-worming to all and school meals in the targeted areas) to increase their educational participation and performance (grades 5-8)

This activity will focus on mobilisation of mothers' groups and SMCs for providing IFA with de-worming to all girls through in-school and out-of-school initiative, and management of school meals and increase adolescent girls' participation and performance in the targeted areas. This will be linked to the national school health and nutrition strategy of the MoHP and MoE. School meals will be provided in the targeted areas where there is high food insecurity and girls' participation in schools is low (grades 5-8.)

The MSNP focuses on the critical window of opportunity of the first 1000 days, and accordingly extends to adolescent girls primarily through education. The overall improvements and gain on

nutritional status made, as an outcome of the implementation of the MSNP, will be sustained and further improved through the avenues of the School Health and Nutrition programme.

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

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

Urban Development sector will be responsible for achieving this result and implementing activities.

Result	Activities	Responsibility
5. Diarrhoeal diseases and ARI episodes reduced among young mothers, adolescent girls, infants and young children	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	MoUD
	5.2 Conduct Open Defecation Free campaigns, with a particular focus among the most affected districts	MoUD
	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	MoUD

For this output, indicative activities are:

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

Under this activity, training will be provided to NGO staff/government staff to promote hand-washing with soap especially among adolescent girls and mothers with infants and young children at critical times – before preparing complementary foods, breastfeeding and appropriate disposal of babies' faeces. Promotional campaigns such as distribution of IEC materials, broadcasting FM programmes, mobilising FCHVs, community groups, civil society and the private sector will be carried out with hand washing with soap campaigns. This will raise awareness among all mothers to wash hands with soap before breastfeeding, preparing complementary foods, and after appropriate disposal of faeces of infants and young children.

5.2 Conduct Open Defecation Free campaigns, with a particular focus among the most affected districts

This undertaking will be the trigger for ODF campaigns such as community interaction, workshops, capacity building, development of action plan, learning exchange, toilet construction, drinking water facilities, operations & maintenance funds etc., including advocacy programmes for media mobilisation. Particular focus and attention will be in districts that are most affected by high burdens of infections (especially diarrhoea and ARI) and critical levels of wasting (above 10-15 per cent wasting prevalence), a measure of acute malnutrition which is often precipitated by a bout of infection.

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

This activity will focus on establishing water supply schemes in the VDCs and providing training on water safety at the POU (Point of Use). Awareness on the importance of safe water will be raised through promotional campaigns, with a particular focus on the most affected areas, as noted by a high burden of infection and wasting associated with the use of unsafe water.

Output/Result 6: Availability and consumption of appropriate foods (in terms of quality, quantity, frequency and safety) enhanced, and women's workload reduced

This output intends to increase consumption of diversified foods, especially animal source foods, particularly among pregnant women, adolescent girls, and young children. This will be achieved by increasing production of micronutrient (MN) rich foods, including strengthening of the food supply and a distribution system to ensure food security particularly among poor small-holder farm families in the food deficit areas. It also aims to initiate infant breastfeeding within the first hour, exclusive breastfeeding for six months, timely introduction of appropriate complementary foods at six months, and the recommended minimum acceptable diet from six to 23 months of age. Changes in the percentage of children receiving immunisation and micronutrient supplements as per the nationally recommended schedules are intended.

Agriculture and development, environment, federal affairs and local development sectors will be responsible for achieving this result and implementing activities.

Result	Activities	Responsibility
6. Availability and consumption of appropriate foods (in terms of quality, quantity, frequency and safety) enhanced, and women's workload reduced	6.1 Provide targeted support to make MN rich food available, including animal source foods, at households and community levels	MoAD
	6.2 Recipe development and promotion of MN rich minor/indigenous crops.	MoAD
	6.3 Link up programmes to increase income and consumption of MN-rich foods among adolescent girls, pregnant and lactating mothers and children less than 2 years age from lowest quintile	MoAD
	6.4 Provide support for clean and cheap energy to reduce the workload of women	Ministry of Environment
	6.5 Revise existing child cash grants mechanism (from pregnancy to U2 years children) based on review of the existing evidence to reduce maternal malnutrition and child stunting	MoFALD

For this output indicative activities are:

<u>6.1 Provide targeted support to make MN rich food available, including animal source foods, at households and community levels</u>

This activity will provide support to form groups among the target farmers to introduce homestead food production, including creation of livestock assets. Technical help to the target groups will be provided as well as links with input suppliers will be established. Other aims are

to develop a 'village model farm (VMF)' and installation of micro-irrigation and waste-water use facilities at the village level.

6.2 Recipe development and promotion of MN rich minor/indigenous crops:

Dietary diversification and improvements in dietary habits is one of the key interventions to promote consumption of micronutrient rich foods. The diets consumed in most of the food insecure areas are predominantly based on rice/maize/wheat. Minor crops like millet and buckwheat are very rich in minerals and fibres and food like yams and potato are rich in energy. Apart from the conventionally promoted staple crops, the nutritional importance of the minor crops/indigenous crops will be shared with household members. Different recipes will be developed and promoted through the health, education and agricultural sectors based on these crops so that it contributes to meeting the nutritional requirements of adolescent girls, pregnant/lactating women and young children. MoAD/Department of Food Technology and Quality Control (DFTQC) will be the focal agency for recipe development.

6.3 Link up programmes to increase income and MN-rich foods consumption among adolescent girls, pregnant and lactating mothers and children less than 3 years age from lowest quintile

Under this activity, cooperatives will be introduced, including building capacity through training. This will provide support mechanisms to farmers thereby enhancing their income, particularly among the poorest quintile. Plus, social marketing of MN-rich local food will be carried out through media to increase consumption of MN-rich foods, particularly among the most vulnerable population groups – adolescent girls, pregnant and lactating women, and young children.

6.4 Provide support for clean and cheap energy to reduce women's workload

This activity intends to establish links and advocate for bio-gas construction. Subsidies will be provided to help install improved cooking stoves, particularly among the most affected areas. This will contribute to an improved home environment, and reduce women's exposure to indoor air pollution as well as reduce women's workloads, particularly during pregnancy, thereby reducing the low birth weight prevalence. Radio programmes will be aired on gender division of work and help to reduce the workload on women.

6.5 Revise existing child cash grants mechanism (from pregnancy to U2 year children) to reduce maternal malnutrition and child stunting

This activity will strengthen and expand existing social protection measures to reduce stunting through review of child cash grant policy, and on this basis expanding child grants to cover mothers during pregnancy and children under two years of age. For this, the Child Grant Directive will be revised, taking into consideration the outcome of the ongoing evaluation to assess impact of child cash grant with IYCF counselling on nutrition, and to draw from best practices and lessons.

Outcome 3: Strengthened capacity of central and local governments on nutrition to provide basic services in an inclusive and equitable manner

Capacity development is needed at the policy and implementation level in order to create a better understanding of the importance of "life-cycle" dimensions of nutrition in development, across the various sectors that need to become actively involved, if the reduction of maternal and child under-nutrition is to be accelerated.

This outcome aims to strengthen nutrition related capacities of NPC and MSNP implementing agencies to integrate nutrition into central and local planning and monitoring. It also intends to strengthen collaboration between central level sector agencies and local bodies.

The MSNP will strengthen the NPC, vis-à-vis the theme of nutrition, to enable it to better foment capacity for improved nutrition at all levels of society. Capacities will be developed at three levels: the first level is the policy (encompassing both the bureaucratic as well political entities); the second is that of the organisational units that are charged with carrying out the actions involved; the third is that of the individuals that implement these activities. Leadership is needed from the NPC in order to ensure that capacity is created simultaneously on all three levels and in a way that builds commitment to change and to accelerating the reduction of maternal and child under-nutrition[5].

The MSNP will develop capacity at the level of the organisational units or sectors involved in programme delivery, especially with regard to understanding the importance of nutrition in programme frameworks and how to monitor and evaluate them. It will be important to try to ensure that these efforts get understood across the various divisions of NPC and are taken up in the development of the future development plans.

The Poverty Monitoring Analysis System (PMAS) framework, established during the Tenth Plan, was a great advancement. The sector Management Information Systems (MIS) such as health and education have also been strengthened over the years. Participatory poverty monitoring mechanisms and DPMAS are also set up[6]. More recently, results based monitoring and evaluation guidelines have been established by NPC[7], guiding the development of monitoring frameworks and results based evaluation from the logical frameworks. MSNP will ensure that the poverty monitoring systems become more nutritionally adequate and lifecycle oriented.

MSNP will also support capacity development at the professional level through NPC. As noted by the NAGA assessment[8], the human resource base dedicated to nutrition needs to be expanded at all levels.

The individual capacity development needed is not just for nutrition professionals. Most of the "nutrition tasks" are conducted by professionals who don't have a background in nutrition, such as the front line workers in health, agriculture and educations sectors. The first task of the MSNP will be to conduct an assessment of the nutrition training needed by the various professionals that implement the MSNP, including front line workers, district level managers and specialists at the central level. Based on this assessment, training needs will be developed.

There are two outputs/results under this 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 levels. 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.

[5] Heaver R., 2005. Strengthening country commitment to human development: Lessons from nutrition. Washington DC: The World Bank
[6] NPC 2006. An assessment of the implementation of the Tenth plan/PRSP. Kathmandu: National Planning Commission.
[7] NPC 2010. Results based monitoring and evaluation guidelines 2067 (2010). Kathmandu: National Planning Commission.
[8] Pokharel RK, Houston R, Harvey P, Bishwakarma R, Adhikari J, Pani KD, Gartoula R. 2009, Nepal Nutrition Assessment and Gap Analysis. Kathmandu: MOHP

NPC, as well as health, education, agriculture, physical planning and works, and local governance sectors will be responsible for achieving this result and implementing activities.

Result	Activities	Responsibility
7. Capacity of national and sub-national levels enhanced to provide appropriate support to improve maternal and child nutrition	7.1 Build/facilitate for staff capacity development at central and local level	NPC, MoHP/ other sector ministries/local bodies
	7.2 Carry out organisation and management assessment of the sectors for organisational strengthening	NPC
	7.3 Establish uniform and results based reporting system	NPC
	7.4 Review indicators in PMAS and DPMAS to incorporate MSNP key indicators	NPC
	7.5 Carry out routine and joint sector monitoring of implementation	NPC/sector ministries/local bodies
	7.6 Establish monitoring framework and mechanisms at local levels (DDC and other line agencies)	Local bodies
	7.7 Allocate institutional responsibilities for nutrition at all levels	NPC/sector ministries

For this output indicative activities are:

7.1 Build/facilitate the capacity building of staff at central and local level

Under this activity, a knowledge survey on nutrition among key identified staff of different sectors will be conducted for an assessment of the nutrition training needed by the various professional that implement the MSNP. These include front line workers, district level managers and specialists at the central level. Based on this assessment, training needs will be developed. It will support and train nutrition and non-nutrition professionals at NPC, Health, Education, Physical Planning, Local Development, Finance and Agriculture ministry, and their respective subordinate authorities at local levels.

7.2 Carry out organisation and management assessment of the sectors for organisational strengthening

Organisation and management survey of the multi-sector actors involved in the MSNP will be conducted to identify organisational restructuring and institutional strengthening needs. Institutional support will be provided to all the multi-sector actors to implement MSNP.

7.3 Establish uniform and results based reporting system

This activity will focus on establishing reporting mechanism from sectors and local bodies to NPC on implementation status of the MSNP interventions. A uniform and results-based reporting system will be established

7.4 Review indicators in PMAS and DPMAS to incorporate MSNP key indicators

This activity intends to identify key MSNP indicators to be included in the DPMAS/PMAS and create consensus among sectors on these indicators to include it in the central and district information system. It also aims to link DPMAS and PMAS. MSNP will facilitate sector ministries to incorporate nutrition sensitive indicators in their information system, including periodic reviews.

7.5 Carry out routine and joint sector monitoring of implementation

This activity will focus specifically on preparing the MSNP monitoring framework, monitoring the progress made in MSNP interventions based on the key MSP indicators, establishing joint supervision mechanism with key sectors represented and ensure regular supervision, and providing regular feedback to concerned ministries/bodies and develop reward system based on the sector performance.

7.6 Establish monitoring framework and mechanisms at local levels (DDC and other line agencies)

This activity will ensure preparation of monitoring framework for the nutrition sector at the local level, preparation of joint plan of action and joint monitoring framework, and mobilising local resources to tackle chronic malnutrition at local levels.

7.7 Allocate institutional responsibilities for nutrition at all levels

This activity will provide support to incorporate nutrition in the job description of staff of the sector/line agencies and mentor/supervise staff to deliver nutrition programmes, and to make nutrition a regularly performing task of the multi-sector agencies.

Output/Result 8: Multi-sector nutrition information updated and linked both at national and sub-national level

This output intends to develop nutrition information in all MSNP implementing agencies and update nutrition information system through PMAS and DPMAS (linkages with sector MIS) made available so that progress of the MSNP could be reviewed at central and local level.

NPC as well as health, education, agriculture, physical planning and works, and local governance sectors will be responsible for achieving this result and implementing activities.

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

For this output indicative activities are:

8.1 Link/Update nutrition information at central level (PMAS, HMIS, EMIS, WASH, Agriculture and Local Development)

This activity will make sure that nutrition is covered in all sector MIS to review progress of the MSNP indicators towards attainment of the MSNP objectives.

8.2 Link/Update nutrition information in DPMAS at local levels DDC, municipality; and health, education, WASH, agriculture and NGOs

This activity aims to incorporate nutrition in sector MIS to ensure monitoring and evaluation of MSNP monitoring indicators at local level and to annually publish the nutrition progress report.

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 a 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

The rollout of the multi-sector plan will be an incremental one, with a gradually increasing rate of scaling up as experience and capacity is created in the districts to manage the various sector nutrition interventions in a coordinated fashion.

It is proposed that in the first year, MSNP be implemented in six prototype districts. The criteria for selection criteria of these six districts have also been devised.

Selection Criteria for Prototype Districts

Based on the following 11 parameters, a pool of 28 districts has been identified:

1. Average of 1 to 4 quarters food security phase
2. Net Enrolment Rate (NER) Basic Education
3. Working Children 10-14 years
4. Sanitation coverage
5. Per Capita Development Budget Expenditure
6. DPT 3 immunisation for children under one year of age
7. Expected frequencies of outbreaks
8. Ratio of girls to boys in secondary education
9. Proportion of severely underweight children less than five years of age

10. Minimum Conditions and Performance Measures (MCPMs) of Local Bodies of Nepal

11. Proportion of births attended by Skilled Birth Attendant as % of expected pregnancies:

Pre-identified districts

Eastern Region	*Central Region*	*Western Region*	*Mid-West Region*	*Far-West Region*
Saptari, Khotang, Udayapur, Panchthar	Rautahat, Bara, Mahottari, Parsa, Sarlahi, Dhanusa	Kapilvastu, Nawalparasi	Mugu, Dolpa, Humla, Jumla, Jajarkot, Kalikot, Rolpa, Rukum, Dailekh, Bardiya	Baitadi, Achham, Doti, Bajhang, Bajura, Dadeldhura

From these 28 identified districts, the six prototype districts (Bajura, Jumla, Kapilvastu, Nawalparasi, Parsa, Achham) have been selected for MSNP implementation for the first year, taking into account the following criteria:

- Ecological zone representation (including taking into account prevalence of stunting)
- Accessibility
- On-going similar (nutrition related) programmes/presence of development partners providing support

Working VDCs within these districts will be selected in consultation with the district level stakeholders (DAG mapping can be one of the criteria here). It is envisaged that, in the first six months of the first year, each district should only be working in two VDCs to begin development of the materials and procedures. After the first six months, each of the six districts should begin to scale up the number of VDCs so that at the end of the first year at least 50 per cent of VDCs are covered.

Based on the lessons drawn from the prototype districts, the HLNFSSC will select additional districts for expansion.

It is envisaged that in the second year of the programme, it could be expanded to 12 more districts, but again being first implemented in only two VDCs to start with. Then, during the second half of the year it could be expanded again so that by the end of the year at least half of the VDCs are covered. Then in the third year, it could be expanded to at least half of the VDCs in a further sixteen districts, and in the fourth year it can expanded to half of the VDCs in another fifteen districts. Then in the fourth year another fifteen districts and lead to a total of forty-nine districts. Then in the fifth year expansion would cover another twenty-six districts, and reach a total of 75 districts. The coverage within districts will not be 100 per cent of VDCs, but will focus on covering at least 50 per cent of high priority VDCs.

2.8 TARGET GROUPS AND PRIORITISATION

The beneficiaries are extremely diverse and certain groups will be accorded priority in this plan. First of all, nutritional investments are most effective and yield the greatest returns during the "window of opportunity" or the first 1,000 days from conception to the child's second birthday.

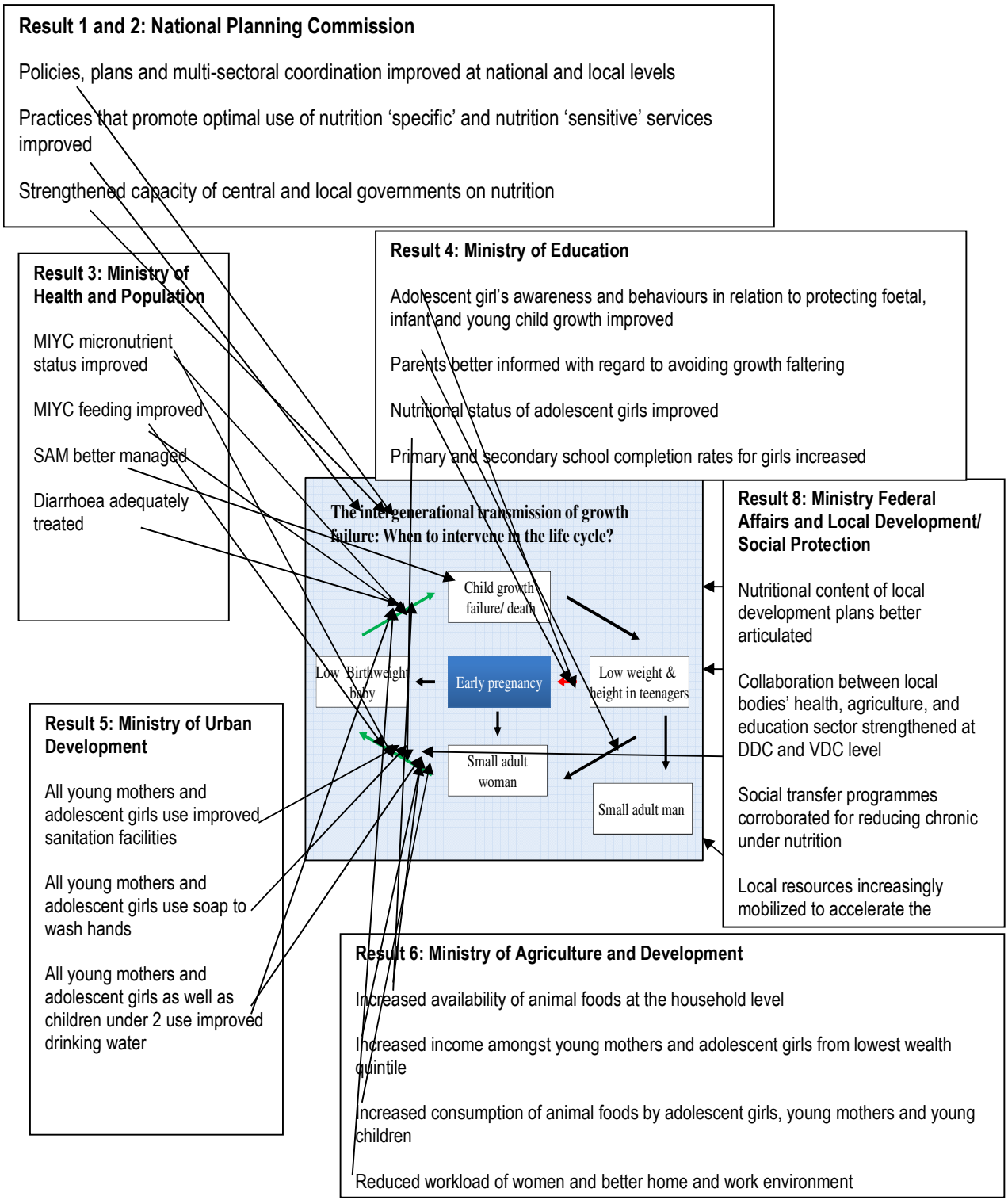
Therefore, mothers and infants will be the prime beneficiaries of this plan. Secondly, identified pocket areas or communities suffering higher levels of deprivation and/or vulnerable to under-nutrition will receive priority too. Women of reproductive age, young children and adolescent girls will also receive greater attention. As many of the causes of under-nutrition are related with feeding and caring practices as well as socio-cultural traditions, 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 programmes will be targeted at all people nationwide. Other interventions will gradually be geared toward meeting the needs of all citizens.

2.9 DURATION OF THE MSNP

This multi-sector nutrition plan, while having a long-term vision of enhancing human capital in Nepal, will be implemented from 2013 to 2017. Based on the end-of -term evaluation, this plan will be revisited and revised for the next term towards accelerated realisation of the 10-year vision.

2.10 IMPACT OVERVIEW

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



PART III

3 MANAGEMENT STRUCTURE

3.1 NATIONAL LEVEL

The National Planning Commission (NPC), under the directives of the National Development Council (NDC), explores and allocates resources for economic development and works as a central agency for monitoring and evaluation of development plans, policies and programmes. NPC also facilitates the implementation of development policies and programmes, provides a platform for exchange of ideas, discussions and consultations related to economic development. The MSNP will work under the guidance of, and through the HLNFSSC in the NPC, together with the National Planning Commission Secretariat (NPCS).

The MSNP seeks to put in place an effective institutional framework building on the existing arrangements and innovating new ones for policy direction, coordination, monitoring and evaluation. It will also facilitate collaboration and partnerships among different stakeholders in nutrition planning, programming, and implementation.

The national level oversight/management structure will be housed in NPC. HLNFSSC has already been formed under National Planning Commission by bringing nutrition, food security and social protection under one umbrella.

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 Development	Member
Secretary Ministry of Health and Population	Member
Secretary Ministry of Federal Affairs and Local Development	Member
Secretary Ministry of Commerce and Supplies	Member
Secretary Ministry of Finance	Member
Secretary Ministry of Education	Member
Secretary Ministry of Urban development	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

The HLFNSSC will be responsible for policy direction and guidance and will also:

- Formulate macro policies on Multi-sector Nutrition and Food security

- Ensure internal and external resources
- Advocate and make commitment at national and international level
- Assess and review the programme implementation
- Coordinate sector policies and programmes on nutrition and food security

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

The secretariat will be responsible for developing MSNP related training and advocacy materials for use at the national and sub-national level. The HLNFSSC will carry out a review of existing institutional architecture with a view to identify gaps, linkages and vulnerable points at central and local levels. It will also suggest ways to build up synergies between nutrition, food security and social protection related interventions.

The secretariat will have two different support units. One unit will have three professionals (supported by the World Bank, UNICEF and WFP) that will support the NPC in the area of nutrition advocacy to maintain the strong national commitment and build a broad-based nutrition alliance. This unit will also support nutrition information management and data analysis, including different aspects of the monitoring of nutrition information across sectors, as well as different surveys and evaluations such as DHS and baseline studies and the midterm evaluation. Last, but not the least, this unit will also support different sectors with nutrition and food security policy programme capacity development aspects of MSNP. The second unit will have two professionals (supported by REACH) that will work to strengthen coordination among both internal and external partners involved in nutrition. This unit will also focus on supporting the districts in terms of developing their institutional capacity.

Policy coordination will be the responsibility of three entities: a Cabinet sub-committee, the Parliamentary Sub-Committee on Social Development and the HLNFSSC. The Cabinet sub-committee will be appraised biannually about progress on key nutrition indicators and will provide policy direction. The HLNFSSC will meet quarterly to review progress on performance on key nutrition indicators, review budget performance of nutrition programmes, analyse the constraints in implementation, and provide strategic direction. Recommendations from the Cabinet sub-committee and the HLNFSSC will then be fed into the Parliamentary Sub-Committee on Social Development, which will expedite key policy and financial decisions.

A Multi-Sector 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 for the technical committee will be defined during the plan period and the 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 sector coordination committees to facilitate greater collaboration between sectors in a given area.

Sector ministries will be responsible for mainstreaming nutrition in sector programmes, mobilisation of resources and implementation through their regional and district networks. The

sector ministries may also form a technical group on nutrition within their ministries (headed by a joint secretary). Sector 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-sector 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 overseen by 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 recommended to the District Council for approval, in line with the national multi-sector nutrition plan
- Incorporate nutrition indicators in the District Periodic and Annual Plans
- Review progress of line agencies and DPMAS
- Carry-out multi-sector 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 *(Select 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-sector nutrition plan
- Review progress of implementation of nutrition programmes
- Conduct multi-sector coordination to reduce chronic malnutrition 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-sector nutrition plan
- Incorporate nutrition indicators in the Municipal Periodic and Annual Plans
- Review progress of implementation of nutrition programmes
- Conduct multi-sector coordination to reduce chronic malnutrition in the municipality

The district level management structure will count on technical support from 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 Citizens Forum will be entrusted with raising awareness on nutrition through CBOs and incorporate nutrition in their Terms of Reference.

3.3 PRIVATE/SOCIAL SECTOR

MSNP is multidimensional where joint efforts of the government, national and international NGOs, private sector, community organisations, and CSOs will be perennial. Public-private partnership mechanisms will be developed to engage CSOs, NGOs, and the private sector working at the community level. They are indispensable partners for bringing in the perspective of the demand side, as well as to complement state actors in delivering services.

Private sector and civil society organisations need to be involved in the nutrition planning and policy processes, including implementation and periodic reviews. Non-state actors will also be featured prominently in the advocacy and communication strategy and their active involvement will be sought during monitoring and evaluation of MSNP. Similarly, regular organisation of public hearings at different levels of nutrition governance will also help strengthen the voice and accountability of stakeholders.

Areas for collaborating with non-state actors will be identified both at the national and district levels. Ample scope exists at both the national and district levels to engage with the non-state actors involved in health, education and agriculture sectors. For example, those in commercial sector such as private health/education providers and the food/agro industry are seen as important collaborators.

The MSNP will seek the participation from non-state actors (associations and federations) as and when required. At the district level, possibility of including non-state actors such as district chambers of commerce, local chapters of NGOs/CBOs in the nutrition and food security steering committees will also be explored.

PART IV

4 IMPLEMENTATION, FINANCING, MONITORING AND EVALUATION

4.1 DELIVERY AGENCIES

The Ministry of Federal Affairs and Local Development, Ministry of Urban Development, Ministry of Health and Population, Ministry of Agriculture and Development and Ministry of Education are the main partners in delivering nutrition related services. The NPC, the highest planning body, will facilitate inter-sector coordination. The main reason for bringing all these ministries together in co-designing and co-implementation of the action plan is because they are the main sectors related to nutrition and are responsible for the five columns of the NAGA multi-sector Nutrition Results Framework i.e. food availability; food affordability; food quality; feeding behaviours; and physiological utilisation. They are also the principal ministries that have been involved in developing the multi-sector nutrition plans 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 the district, to implement the MSNP.

The NPC/sector ministries will propose a financial plan every year with clearly defined budget lines to 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 by function, by 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. This presents a clear picture to the development partners of what the government is trying to do and its priorities, and also 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 the development partners already participating who may wish to remain outside the government budget system or basket fund, for whatever reason, will be requested to follow the same system of budget line support across their preferred number of districts.

Drawing on the evaluation 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 of 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 budget system.

For those development partners who wish to subscribe to the MOU and to offer support in other forms, they will be invited to offer financial support to the MTEF through a parallel funding mechanism or technical co-operation based on the coordination framework. The government's intention is that there should be one coordination mechanism in place, irrespective of the different funding mechanisms being used.

In general, the following procedural approach will be applied:

4.2.1 ESTABLISHMENT OF BASKET FUND

Under Joint Financing Arrangement (JFA), a Basket Fund will be established for MSNP. The Basket Fund will be established at the Office of the Financial Comptroller General Office (FCGO). The GoN and development partners will make their committed contributions into the basket fund. The development partners will make their commitments normally for a minimum period of three years. Any development partner(s) willing to support MSNP may join this arrangement at any point of time under the established arrangements.

4.2.2 AID COORDINATION

The NPC shall be responsible for aid coordination. The secretariat established at the NPC requests the EDPs to make contributions to the basket fund as per commitments made. The development partners and the GoN will make their annual contributions in two instalments, i.e. in August and in February. The first instalment will be based on the approved annual budget (50 per cent) and the second instalment of (50 per cent) will be based on expenses reported and progress made over the previous year.

4.2.3 ADMINISTRATION OF THE BASKET FUND

Upon request of the NPC, the GoN and the Development Partners (DPs) shall transfer the funds to the basket funds established at the FCGO, which will administer the basket funds. The FCGO will release budget through the established procedures to the DDCs for district level MSNP programmes on the recommendation of NPC as per the approved annual budget. The funds from this account will also be released to the NPC and sector ministries at the centre for MSNP as per the approved annual budget.

4.2.4 MANAGING AND RECONCILIATION OF BASKET FUND

The secretariat established at the NPC will maintain the account of the basket fund to monitor contributions and release of funds to sector ministries and DDCs. The NPC will collect information from the agencies of GoN and development partners about their contributions to the basket fund and shall collect required information from FCGO office about release of funds to DDCs and the balance left in the basket funds. NPC will reconcile the basket fund accounts with the accounts at the FCGO on a quarterly basis.

4.2.5 DISTRICT MSNP FUND

Funds from the basket fund at the centre will be transferred to the District Development Fund account. The DDC will maintain a separate account for MSNP. Funds will be disbursed to DDCs in three instalments on the recommendation of the NPC and subject to submission to physical progress report and statement of expenses. DDCs, municipalities and VDCs may contribute additional funds out of unconditional development grants or their own resources.

4.3 FUNDS FLOW

MoHP has been implementing a number of nutrition interventions over several years. Most of the nutrition specific interventions are already established within the MoHP and it would have a destabilising effect to bring them under a multi-sector structure. Therefore, it is proposed that these nutrition specific programmes would continue to be funded according to the current arrangements. The same approach will be followed for nutrition sensitive programmes, and if these programmes are to be implemented through MoHP, the newer arrangements will be followed for these as well.

The MSNP programme and budget will be prepared as per the nutrition menu submitted by the sector ministries and local bodies to the NPC. The nutrition menu will be prepared by the DDC and sector ministries, according to the nutrition activities and targets/milestones set by the VDC and municipality every year. The performance incentives package will be designed by the NPC to encourage line agencies and local bodies to increase their performance in MSNP implementation. Based on the menu, the NPC will prepare an annual programme and budget for the MSNP and shall forward it to the Ministry of Finance. The programme and budget for the sector ministries will be allocated to their respective budget heads as per the annual programmes and budget submitted by the NPC to the MoF. With regard to district level programme and budget, a Letter of Authorisation will be issued by the NPC to the DDCs after the approval of the annual budget. The NPC shall be responsible for making the required follow up to ensure that the approved programme and letter of authorisation reach the concerned authorities in time. The flow of funds will be based strictly on the menu proposed by the implementing agencies. The different budgets for the central level programmes will be allocated by the MoF to the budget heads of the respective ministries. The budget disbursement procedures will be in conformity with the normal government system.

4.3.1 OPERATION OF BANK ACCOUNT

The NPC will receive funds from the basket fund for the procurement of MSNP. A bank account will be opened in the name of NPC. The bank account will be operated with joint signatures of the NPC MSNP Director and the Finance Officer. The NPC shall prepare a monthly bank statement of expenses.

4.3.2 RECURRENT EXPENSES

The GoN shall provide the required funds for the recurrent expenses of the NPC. These funds will be deposited in a separate account. The bank account will be opened in the name of NPC. The bank account will be operated with joint signatures of the MSNP Director and the Finance Officer. The NPC shall prepare a monthly bank reconciliation and statement of expenses. This will be considered as the contribution made by the GoN.

4.3.3 UTILISATION OF DISTRICT MSNP FUNDS BY THE DDC

The district MSNP fund will be used for the procurement and delivery of MSNP. The funds for municipal and VDC level MSNP will be provided to the municipality and VDC by the DDC.

4.3.4 DISTRICT MSNP ACCOUNT

The DDC will maintain the accounts as per the GoN's practices. It will also maintain proper recording system for reporting on MSNP component-wise expenses, the sources of funds, balance at the end of the year, including component-wise cost estimates. It will also provide information of expenses related to all MSNP components. These records will be maintained as per the Guidelines provided by NPC or its Technical Assistance provider.

4.4 BUDGET

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

'NRs. 000'

Output	**2013**	**2014**	**2015**	**2016**	**2017**	**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
MoUD	1946	1946	1946	1946	1946	9730
MoAD	1946	1946	1946	1946	1946	9730
Local Development	9566	16886	21866	20621	33071	94226
2.0 Multi-sector 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	2013	2014	2015	2016	2017	Total
3.0 Maternal and child nutritional care service utilisation improved, especially among the unreached and poorer segments of society.	1135750	507736	755259	992425	1252616	4643786
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 Diarrhoeal diseases and ARI episodes reduced among young mothers, adolescent girls, and infants and young children	311344	311344	311344	311344	311344	1556920
MoUD	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
MoAD	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
MoUD	6587	6587	6587	6587	6587	32935
MoAD	13946	13946	13946	13946	13946	69730
Local development	4896	8316	12696	15176	22376	63460

Output	2013	2014	2015	2016	2017	Total
8.0 Multi-sector 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
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

Resolving the human resource capacity problem for nutrition is a most urgent issue. To resolve this issue, a comprehensive plan for human resource development in nutrition will be developed and implemented based on an assessment of training needs. An assessment on nutrition capacity should be conducted in order to decide the type, level and number of human resources needed. This process of defining the management and execution of nutrition interventions needs to be carefully constructed with a multi-disciplinary focus. It is widely recognised that nutrition needs to be every health professional's responsibility, but at some level a manager needs to be made responsible for seeing that all is being carried out properly.

The NAGA report recommended the creation of a District Nutrition Officer. The Nutrition Assessment of the NHSSP also recognised that the lack of human resources for nutrition is a critical barrier for implementing the existing nutrition interventions (Spiro et al, 2010), and that this has two dimensions: first is the numerical strength of staff allocated to serve nutrition functions; the second is extent of knowledge and skill gaps that needs to be addressed by capacity building interventions in order to enable them to design, implement, monitor and refine nutrition programmes. Both dimensions, brought together in the context of scaling up needs, call for a more complex multi-sector approach.

All this has budget implications, especially for MoHP, which is seen as the technical lead sector for nutrition. If such resources can be garnered (utmost effort should be made to do so) then the human resource development plan should include: the training and employing of central level public nutrition specialists; the training and employing of district level public health nutritionists; more and better pre-service and in-service training in nutrition (preventive,

curative and rehabilitative across the health service and other sectors). This could include: long term university education and degrees; short-term and long-term training; the training of master trainers; the training of front line workers in health and other sectors and training of leading community members from different trades. Meeting the needs of master trainers in nutrition in the short term is unlikely to be achieved by relying on the existing training facilities alone. A short-term emergency phase is needed to solve the immediate needs, while building the capacity of the training institutions simultaneously. This short-term capacity building phase will have to rely on external human resources (international support) as well as local institutions. This needs to be carefully constructed, drawing on international orientations and experience as appropriate, including from organisations such as the World Public Health Nutrition Association. (The different competencies required at the three levels of action (front line, district, central) have been described in a paper on the WPHNA website www.wphna.org). Ideally, the capacity development activities of each sector need to be pulled together into one coordinated "package" under the purview of NPC, and of the DDC at the district and local levels.

4.6 ADVOCACY AND COMMUNICATION STRATEGY

The development of the advocacy and communication strategy will require some formative research to look into the traditional beliefs, taboos and traditions that are common in Nepal around the issues and causes of maternal and child under-nutrition. The research should investigate the basic and underlying causes behind the prevailing maternal and child feeding and caring practices. This will facilitate the development of appropriate behaviour change and communication packages and guide the training and institutional capacity development efforts.

4.7 MONITORING AND EVALUATION STRATEGY

The existing MIS and nutrition information systems of various sectors are already extensive, and probably too complex for regular monitoring purposes. The information unit in the NPC will be tasked with helping to bring all of this (results 1.6, 2.6, 3.6, 4.6, 5.6) within the same overarching logical framework, respecting where possible the hierarchy of input, output, outcome, impact. Limited but specific (perhaps 10-20) indicators will be needed for managing the multi-sector plan at the various levels (National, DDC and VDC level).

Guidance on the indicators for monitoring the implementation of scaled up efforts to reduce maternal and child under-nutrition has recently become available[9] and can be useful in the Nepalese context as well. The indicators suggested include: the proportion of stunted children below age five (<2yrs and 2-5 years); the proportion of wasted children below age five (<2yrs and 2-5 years); the proportion of women of reproductive age with Hb<11g/dl; the incidence of low birth weight; the proportion of overweight children below age five (<2yrs and 2-5 years); the proportion of the population below minimum level of dietary energy consumption; the household dietary diversity score (HDDS); infants under six months who are exclusively breastfed; proportion of children aged 6-23 months who receive a minimum acceptable diet. It may be prudent to add to this list, from a Nepalese perspective, additional ones like the child marriage rate, the teenage pregnancy rate and the use of iodised salt.

The most important aspect from a monitoring perspective is the availability of nutrition professionals to manage the programmes. A team of dedicated nutrition professionals, with clearly defined roles and responsibilities and who can be held accountable, for managing

[9] SUN Transition Team 2010, A Road Map for Scaling up Nutrition. Available at URL: http://un-foodsecurity.org/sites/default/files/SUNRoadMap_English.pdf

nutrition related (nutrition sensitive and nutrition specific) activities, especially at district and local levels is of fundamental importance for the successful implementation of the multi-sector plan. The importance of regular supportive supervision is crucial, especially from health facilities to communities. Therefore, ensuring the availability of appropriate human resources is paramount; otherwise a set of monitoring indicators remains an academic exercise.

The evaluation plan will gauge the impact of the multi-sector plan. Base line surveys will be carried out by performing cluster surveys in each district as well as in neighbouring ones, prior to interventions being implemented and then repeated in each of the expansion areas as the footprint of the multi-sector plan grows gradually. Together with stunting rates in children under two, all indicators for the various interventions (input, output, and outcome) will be measured together with cofounding variables. This will allow for plausible evidence-based arguments about whether MSNP has had the desired impact and how much of this is due to the various programme inputs. The mid-term review in the fourth year should already provide plausible evidence that maternal and child under-nutrition reduction has been accelerated in programme areas as compared to non-programme areas.

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ANNEXES

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 poor segments of society to improve maternal and child nutrition and health	Eliminate chronic under-nutrition by the year 2023	NDHS	Political consensus and stability enhanced and peace process reached to its logical conclusion
Purpose	Strengthened multi-sector 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 2017: • % prevalence of stunting among children under -5 years reduced below 29% • % prevalence of underweight among children under-5 years reduced below 20% • % prevalence of wasting among children under-5 years reduced below 5% • % of women with chronic energy deficiency (measured as BMI) reduced by 15% • % of babies born with 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-sector coordination improved at national and local levels.	By the end of 2017: • Multi-sector commitment and resources for nutrition are increased to at least 2% • Nutritional information management and data analysis strengthened and are used to track progress MSNP • 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 2017: • MIYC micronutrient status (Vitamin A, Iodine, Anaemia) improved • Access to essential micronutrients improved (vitamin A with de-worming to children, IFA with de-worming to adolescent girls and pregnant women, household use of adequately iodised salt, household use of fortified flour, zinc in management of diarrhoea with new ORS) • Comprehensive MYICN Training Package adapted and rolled-out • % of mothers and infant and young child feeding practicing improved as per the recommendations • % of children with SAM accessing services on Severe Acute Malnutrition (SAM) management as per SPHERE standards increased especially in the most affected districts • MIYC infections (especially diarrhoea and ARI) reduced	DHS, NNS Annual DoHS report, DHS, NNS DHS DoHS	
		• 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 (especially anaemia) • Primary and secondary school enrolment increased, particularly for girls	KAP studies, Annual MoE report DHS 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 MUD report	

Results Chain	Descriptive Summary	Indicators of Work Performance	Means of Verification	Key Assumptions
		• Food and nutrition security and agriculture strategy aligned with MSNP nutrition objectives • % women and children exposed to SHS and indoor smoke pollution reduced • % women with heavy workload during pregnancy and post-partum reduced	Annual MOAC report DHS	
	3: Strengthened capacity of central and local governments on nutrition to provide basic services in an inclusive and equitable manner	• Nutrition capacity of MSNP implementing agencies is strengthened as per evidence-based capacity building strategy • Nutrition integrated into local planning and monitoring system (especially DPMAS) • 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 with a focus on the critical window of opportunity – from conception to two years of age	Annual report by sector ministries and local bodies	
Outputs				
Outcome 1: Policies, plans and multi-sector nutrition 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 2017, annual and multiyear plan of all the relevant sectors reflect indicators and targets on contribution for reduction of malnutrition • By the end of 2017, Nutrition related targets and indicators incorporated in district and VDC level plans and programmes	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.

Results Chain	Descriptive Summary	Indicators of Work Performance	Means of Verification	Key Assumptions
Output 2	Multi-sector nutrition coordination mechanisms functional at national and sub-national levels.	• By the end of 2013, High Level Nutrition and Food Security Steering Committee and coordination mechanisms functional at central level • By the end of 2013, all the sectors delegated multi-sector nutrition coordination authority to the DDCs with necessary resources • By the end of 2017, 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 2017, 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 utilisation improved, especially among the unreached and poorer segments of society.	By the end of 2017: • 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 anaemia 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 at the community level

Results Chain	Descriptive Summary	Indicators of Work Performance	Means of Verification	Key Assumptions
Output 4	Adolescent girls' parental education, life-skills and nutrition status enhanced.	By the end of 2017: • 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	Diarrhoeal diseases and ARI episodes reduced among young mothers, adolescent girls, and infants and young children.	By the end of 2017, prevalence of diarrhoeal diseases and ARI among young mothers, adolescent girls and young and infant children reduced	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 2017: • 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 initiated with breastfeeding within the first hour and exclusively breastfed for six months • % of children receiving immunisation and micronutrient 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.
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	• By the end of 2017, knowledge on nutrition increased among	Baseline and end	Central and local

Results Chain	Descriptive Summary	Indicators of Work Performance	Means of Verification	Key Assumptions
	sub-national levels enhanced to provide appropriate support to improve maternal and child nutrition.	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	line survey reports Annual progress Report Job description of the focal persons	governments are provided with necessary resources to carry out capacity development programmes.
Output 8	Multi-sector nutrition information updated and linked both at national and sub-national levels.	• By the end of 2017, 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	

Consolidated Cost 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 sector Ministries								13140	12410	12410	12410	12410	62780	x	x	NPC
	Form a High Level Nutrition and Food Security Steering Committee (HLNFSSC) under the chair of NPC Vice-chairperson and involving concerned secretaries from all the key Ministries	HLNFSSC is established and functional														NPC
	Organise and support regular HLNFSS committee meetings	Regular HLFNSSC meetings held, with meeting minutes														NPC
	Form Nutrition and Food Security Coordination Committee and technical working group with joint secretaries involved in raising nutrition among their ministries	Nutrition Food Security and Nutrition Coordination Committee and Technical working group are in place and functional														NPC
1.2 Advocate with Ministries for prioritising nutrition in their								1825	2920	2920	2920	2920	13505	x	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	
plan and for including core nutrition specific indicators																
	Sensitise/consult with political parties and parliamentarians regarding MSN	Ministries assign nutrition responsibilities to their staff														NPC
	Disseminate approved MSN Plan to all concerned ministries and other stakeholders	Implementation of MSNP and sector nutrition plans														NPC
	Carry out regular advocacy with Ministries/stakeholders/Civil Society Organisations	Reports of consultation and advocacy available														NPC
1.3 Update National Nutrition Policy, including M&E framework in line with the MSNP								1000	0	0	0	0	1000			NPC MoHP
	Revisit/Revise NNP	Revised NNP available														
	Include multi-sector nutrition plan in the health, education, WASH, local development and agriculture sector updated policies and strategies	MSNP included in sector specific updated policies and strategies														
1.4 Incorporate nutrition in the national sector plan, including nutrition specific M&E framework								11680	11680	11680	11680	11680	58400			

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 of sector perspective plans with the nutrition checklist of the MSNP	Nutrition included in sector perspective plans											58400		x	NPC/sector ministries
	Review TYP/ annual plans of the ministries /sectors so as to ensure that sector plans of the MSNP are included	Nutrition reflected in TYP/annual plans of Ministries as well as PMAS and DPMAS														NPC
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 categorisation of local bodies	Nutrition aspects of DAG mapping enhanced														MoFALD/ DDC
Output 2.0 Multi-sector coordination mechanisms functional at national and sub-national levels.								27588	29474	33692	37692	43872	172318		x	

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	
2.1 Establish/ strengthen secretariat for supporting the nutrition and food security initiatives within the NPC								1460	2190	2920	3650	4380	14600		X	NPC
	Establish nutrition and food security secretariat within the NPC	Nutrition and Food Secretariat establishment approved														NPC
	Arrange human resources and logistic for the nutrition and food security secretariat	Organogram approved and human resources hired														NPC
	Coordinate and co-work with the Global initiatives like REACH/SUN etc. for effective implementation and roll-out of MSP to the districts	NPC Reports regularly to the SUN/REACH on the ongoing nutrition and food security progress in Nepal														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 take corrective measures to ensure effective coordination among sectors	Implementation report of High Level Nutrition Steering Committee meeting decisions														NPC
	Build consensus with MoF to allocate adequate funds for on MSNP interventions	Meeting minutes are available														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	
	Arrange signing of letter of understanding among NPC, line ministries and DDCs for multi-sector collaboration through DDC at local level	Letter of understanding among ministries and DDC														NPC
2.3 Form multi-sector coordination committees at local level								1308	3924	7412	10682	16132	39458		x	DDC
	Establish Nutrition and Food Security Steering Committee at all levels	DDC multi-sector nutrition coordination meeting reports														Local Bodies
	Organise quarterly meetings of Nutrition and Food Security Steering Committee	NFSSC Meeting Minutes														Local Bodies
Output 3.0 Maternal and child nutritional care service utilisation improved, especially among the unreached and poorer segments of 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 three meals per day with														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	
		at least one including animal source or MN-rich food as part of birth preparedness package														
	Initiate early breastfeeding and exclusive breastfeeding improved	Provided support to assist all infants to initiate breastfeeding within one hour of birth and to exclusively breatfeed for six months														MoHP
	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

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	
	Increase consumption of fortified cereal flour	Ensured proper fortification of cereal flour by roller-mills through periodic internal and external monitoring														MoHP
	Make available iodised salt for household consumption	Community based social marketing promoted for the consumption of Two Child Logo packet salt														MoHP
	Provide support to increase intake of MNP by 6-23 months children	MNPs Scaled-up to 75 districts														MoHP
	Implement programmes to reduce and manage MIYC infections, especially Diarrhea	Reinforced MIYC infections control during expansion of the management of diarrhoea with zinc and the CB-NCP 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 biannual mass Vit A and de-worming tablet distribution to children under 5														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	
3.3 Scale up and manage infant and child severe acute malnutrition								101610	163067	230055	266541	356095	1117368		x	MoHP
	Identify malnutrition cases 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 through community screening and mobilisation Effectively manage severe acute malnutrition in children as per the Global SPHERE Standards	Scaled-up of Integrated Management of Acute Malnutrition in Infants (IMAMI) Programme in at least 35 districts with high burden severe acute malnutrition in children IMAMI capacity strengthened at all the key levels – national, district and community Supplied RUTF and medical supplies and equipment														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	
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 and manage moderate acute malnutrition among children aged under-five, as part of IMAMI in selected districts	Prepared guidelines and training programmes organised Supplied Ready to Use Supplementary Food (RUSF) to targeted districts														MoHP
	Develop a concept note to revise institutional arrangement at all levels, in line with MNSP, including establishment of National Nutrition Centre (NNC) under MoHP	MoHP approval of the concept note to revise the institutional arrangements, including establishment of NNC														MoHP
	Develop Comprehensive Integrated Nutrition Packages (Guidelines, Training Materials and Tools)	Comprehensive Nutrition Integrated Package endorsed by MoHP Health workers and volunteers trained on and utilise Comprehensive														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	
		Integrated Nutrition Package														
3.5 Institutional nutrition strengthening of the health sector								2718	774	1067	1192	2217	7968		x	MoHP
	Proper regularisation 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 organisational structure of NNC Formulate Capacity Development Plan based on the O&M Assessment and organisational structure of NNC NNC Functional														
Output 4: Adolescent girls' life-skills, parental education 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
	Sensitize child clubs to strengthen, integrate nutrition in school and out of school	Child Clubs in school and out of school integrate nutrition considerations														
	Develop integrated nutrition and life-skills related training plan for the child club members and focal teachers	Training plan available for child club members and focal teachers to enhance their knowledge & understanding of the importance of improved nutrition for better life skills and school performance														
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)	Up to 3000 copies of related resources are available printing cost of child club manual for Year 2 onwards not														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	
		included														
	Provide life-skills related training to the child club members and focal teachers	Training provided to up to 2,500 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)	Relevant textbooks and curricular reviewed (50,000 per grade x 12 grades)														MoE
	Integrate nutrition into the curricular	Nutrition integrated into existing school curricula (25,000 per grade x 12 grades)														MoE
	Revise relevant textbooks to include nutrition	Revised textbooks integrate nutrition (50,000 per grade x 12 grades)														MoE
	Revise teacher's guidebook to include nutrition	Teacher's guidebook revised to include nutrition (50,000 per book 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	
	Prepare nutrition related resource materials for students and teachers	Nutrition related resource materials available (2 sets, 1 for teachers and 1 for students)														MoE
	Develop instruction materials on nutrition for teaching aids	Instructions materials on nutrition available (300,000 x 12 grades)														MoE
	Print and distribute teaching-learning materials for teachers and learning materials for students on nutrition	Nutrition related resource materials for teachers available (2060 schools of 6 districts)														MoE
	Develop comprehensive nutrition course materials for teacher training by NCED	Comprehensive nutrition training course available														MoE
	Organise ToT for teachers on nutrition and life skills	TOT for teachers on nutrition and lifeskills held (3 days x 109 teachers)														MoE
	Organise teacher training on nutrition and lifeskills	Up to 4932 teachers trained on nutrition and life skills (3 days)														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	
	Make available technical support/monitoring by NCED	Monitoring held by NCED														MoE
4.3 Prepare/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)	Up to 2500 copies of resource book, record book, and orientation book available														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 available														MoE
	Review Parenting Education and NFE package from the nutrition perspectives to find gaps and integrate nutrition messages	2 setsof packages, 1 for PE and 1 for NFE reviewed from the nutrition perspective														MoE
	Prepare nutrition-related source book for parental education classes	Nutrition-related source book prepared for PE for at least 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	
	Organise ToT on parental education on nutrition	TOT parental education held in 6 model districts and 1 at central level														MoE
	Carry out integrated parental education and nutrition orientation at school including ECD, and out of school	Integrated parental education and nutrition held involving at least 2500 child clubs														MoE
	Conduct integrated parental education and nutrition sessions to the women/mothers at ECD and literacy classes	Integrated parental education and nutrition covers at least 150 CLCs and is rolled out through regular programme														MoE
	Mobilise SMC, PTA, Teacher Unions and mass media for integrated parental education and nutrition	SMC, PTA, Teacher Unions and mass media mobilized for integrated paternatl education and nutrition in 6 model districts and at the central level														MoE
4.4 Provide mid-day meal and micronutrients supplements to adolescent girls (grades 5 to 8) to enhance their nutrition, school performance and participation.								64707	129415	172553	161768	319614	848057		x	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	
	Prepare mid-day meal menu as per the local needs, and leaflet (both for school and home)	Mid-day meal menu and related materials prepared for at least 2500 schools in the most affected areas														MoE
	Conduct orientation for mobilisation of mother groups, SMC & PTA on MDM	Mother groups, SMC & PTA mobilized on MDM in at least 2500 schools in the most affected areas														MoE
	Support iron folic acid supplementation with deworming to the adolescent girls through school teachers and child clubs	Adolescents girls from at least 2500 schools provided with iron folci acid supplementation with de-worming through school teachers and child clubs														MoE
	Promote kitchen gardens at schools and homesteads for increased production of MN rich and diversified foods	Production of MN rich and diversified foods production promoted in at least 2500 schools through kitchen gardens at schools and homesteads														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	
	Promote CLC-based community kitchen garden, including awareness on comsumption of MN rich and diversified diet	Production and consumption of MN rich and diversified foods promoted in at least 150 CLCs through community kitchen gardens														MoE
Output 5: Diarrhoeal 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	MoUD
	Provide training on hand washing	Provided TOT to NGO staff/govt staff (3 days) 30 participants Trained adolescent girls and young mothers (2 days & 50 participants)														MoUD
	Run promotional campaigns	Provided IEC materials on handwashing														MoUD
		FM programmes on handwashing developed and														MoUD

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	
		aired														
		Mobilised FCHVs and community groups in hand washing campaigns														MoUD
		Raised awareness among all mothers to wash hands with soap before preparing complementary foods														MoUD
	Supervise hand washing with soap practices at VDC level	Organized Joint monitoring missions in selected VDCs, at least a total of 4 visits/ district														MoUD
5.2 Conduct Open Defecation Free campaigns, with a particular focus among the most affected districts								156683	156683	156683	156683	156683	783415		x	MoUD
	Carry out triggering for ODF campaigns such as interaction, workshop, capacity building, action plan development, learning exchange, toilet,	District level sensitisation event held (1 event)														MoUD

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	
	drinking water, O&M fund etc	VDC level sensitisation														MoUD
		Community level sensitisation														MoUD
		School level sensitisation														MoUD
	Run advocacy programmes/ Mobilise media	Run at least a total of 520 minutes of advocacy and media programmes														MoUD
	Supervise ODF campaigns	Organized Joint monitoring missions in selected VDCs, at least a total of 4 visits/ district														MoUD
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	MoUD
	Establish WSS schemes in the VDCs	Mobilized at least 1620 people/VDC on WSS														MoUD
	Provide training on water safety and POU	Water safety and PoU training held for NGOs, users														MoUD

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	
		committee, with a focus on girls and lactating mothers,														
	Run promotional campaigns on water safety and PoU	Distribution of IEC/BCC materials on water safety and PoU														MoUD
	Supervise water safety programmes	Organized Joint monitoring missions in selected VDCs, at least a total of 4 visits/ district														MoUD
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	MoAD
6.1 Provide targeted support on production and consumption of MN rich foods at households and community levels								28000	21700	116800	163500	236300	566300		x	MoAD
	Form farmer groups for the targeted population	Farmer Groups (9 groups/VDCs) formed for the targeted population														MoUD
	Provide access to land through leasing opportunities to targeted families	Targeted households provided with land leasing opportunity (Rs 1000 per hh)														MoAD

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	
	Provide technical agriculture production help to the targeted groups, to grow MN rich and including animal source foods	Trainings on improved production of MN rich and including animal source goods (3 training per year 2 day per VDC)														MoAD
	Develop linkages with input suppliers	Farmer Groups linked with input suppliers (no costs - human resource support requirements mentioned below)														MoAD
	Develop a 'village model farm (VMF)'.	Minimum number of VMFs available (1 per VDC; estimated cost of 3000 per VDC)														MoAC
	Install Micro-irrigation and waste water use facilities	Minimum number of micro-irrigation and waste water use facilities in place (5 per VDC; co-ordination cost Rs 300/household)														MoAD
	Produce IEC materials on post-harvest (or processing) to reduce nutrient losses–	Booklets/ Pamphlets on post-harvest and food														MoAD

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	
	particularly of MN-rich foods	processing available														
	Promote production, processing and consumption of MN rich foods through the media (e.g. Radio)	Radio or folk media programme to promote production, processing and consumption of MN rich foods developed & aired														MoAD
6.2 Recipe development and promotion of MN rich minor/indigenous crops								1200	1200	1200	1200	1200	6000			MoAD
	Identify locally available food crops for contributing to enhanced dietary diversification	List of locally available food crops made for use in promotion of diversified and MN rich foods														MoAD
	Prepare recipes that are nutrient dense for the appropriate age groups – children 6-24 months of age, pregnant and lactating women and adolescents, in line with national food based dietary guidelines	Recipe development and promotion executed at district level in line with national food based dietary guidelines														MoAD
	Monitor implementation progress and its benefits on	Joint monitoring missions held in selected VDCs / at														MoAD

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	
	the targeted population groups	least 4 visits per district														
6.3 Link up programmes to increase income and MN-rich foods consumption among adolescent girls, pregnant and lactating mothers and children less than 3 years age from lowest quintile								3500	10400	17900	26100	42300	100200		x	MoAD
	Introduce Cooperatives for increasing income especially among the lowest quintiles	Train members on financial management and marketing														MoAD
	Carry out social marketing of MN-rich local foods	At least 1 Radio or folk media programme developed and aired for social marketing of MN rich local foods														MoAD
6.4 Provide support for clean and cheap energy to reduce Women's workload								4500	11800	15200	14300	25600	71400		x	MoEnv
	Establish linkage with and advocate for bio-gas construction for clean and cheap energy and to reduce women's workload	A minimum number of advocacy meetings held (support at least one co-ordination and advocacy meeting)														MoEnv
	Provide subsidy for improved cooking stove among targeted population groups and	Minimum number of ICS provided (Rs. 250 subsidy														MoEnv

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	
	families	and 50 ICS per VDC in rural areas)														
	Develop and disseminate radio or folk media programme on gendered division of work, critical importance of reducing women's workload for health and development, and the role of bio-gas	Minimum number of radio or folk media programmed developed and disseminated (1 programme)														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		MoFALD
	Review child grant policy and provide child grants during pregnancy and <2 year children	Child Grant Directive revised														MoFALD
	Revise Child Grant Directive															MoFALD
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	NPC – National and international nutrition training						12410	11680	11680	11680	11680	59130			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	
	Planning, Local Development, Finance and Agriculture ministry and their respective subordinate authorities at local level	programmes														
		MoHP						4177	6592	8703	8703	13689	41864			MoHP
		MoE						3146	3146	3146	3146	3146	15730			MoE
		MoUD						6587	6587	6587	6587	6587	32935			MoUD
		MoAD						13946	13946	13946	13946	13946	69730			MoAD
		MoFALD						3576	5676	9176	11876	16876	47180			MoFALD
	Conduct knowledge survey on nutrition among key identified staff of different sectors	Sector Ministries identified needs of inputs for staffs														NPC and line ministries, 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	Organisation and management assessment surveys conducted														NPC
	Enlist capacity/institutional development needs for each sector	Institutional capacity development needs identified														NPC
	Provide institutional support	Institutional capacity														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	
		development support provided														
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 MSNP interventions	Reports received from all sectors by the Nutrition Secretariat														Sector 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/sector ministries
	Identify key MSNP indicators to be included in the DPMAS/PMAS and have consensus among sectors on these indicators	MSNP indicators incorporated in sector and district level plans														Sector ministries / DDCs
	Incorporate MSNP key indicators in PMAS and DPMAS	Nutrition indicators included in PMAS and DPMAS indicators														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	
	Facilitate sector ministries to incorporate nutrition sensitive indicators in their information system including periodic reviews	Nutrition indicators collected by sector information systems (HMIS, EMIS etc)														Sector ministries
7.5 Carry out routine and joint sector monitoring of implementation															x	NPC/Sector ministries / DDCs
	Prepare MSNP monitoring framework	MSNP monitoring framework available														NPC/Sector ministries / DDCs
	Monitor the progress made in MSNP interventions based on the key MSP indicators	Trimester Monitoring held														NPC/Sector ministries / DDCs
	Establish joint supervision mechanism with key sectors represented and ensure regular supervision	Bi-annual joint reviews held														NPC/Sector ministries / DDCs
	Provide regular feedback to concerned ministries/bodies and develop reward system based on the sector 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

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	
	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 children at ward levels														Local bodies
7.7 Allocate institutional responsibilities for nutrition at all levels								0	0	0	0	0	0	x		NPC/Sector ministries / DDCs
	Incorporate nutrition in job description of staffs of the sector/line agencies	Nutrition responsive person identified by all the sectors														NPC/Sector ministries / DDCs
	Mentor/supervise staff to deliver nutrition programmes	Capacity of nutrition responsive person														NPC/Sector 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	
		developed														DDCs
Output 8.0 Multi-sector 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/Sector ministries / DDCs
	Review coverage of nutrition in sector information systems	PMAS						700	700	700	700	700	3500			
		HMIS						700	700	700	700	700	3500			
		EMIS						700	700	700	700	700	3500			
		MoUD						700	700	700	700	700	3500			
		MoFALD						700	700	700	700	700	3500			
	Incorporate nutrition in sector information systems to ensure monitoring and evaluation of MSNP monitoring indicators	Nutrition included in sector 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/Sector ministries / DDCs
	Incorporate nutrition in sector information systems to ensure monitoring and evaluation of MSNP monitoring indicators	DPMAS updated with nutrition indicators														

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	
	at local level															
	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: LOGICAL FRAMEWORK AND ACTION PLAN BY SECTOR

1 LOGICAL FRAMEWORK AND ACTION PLAN FOR THE HEALTH SECTOR

Logical Framework – Health

Results Chain	Descriptive Summary	Indicators of Work Performance	Means of Verification	Key Assumptions
Objectives	**Maternal, Infant and Young Child (MIYC) nutritional status improved**	By the end of 2017, • % of women with chronic energy deficiency (measured as BMI) reduced by 15% • % prevalence of stunting among children under -5 years reduced below 29% • % prevalence of underweight among children under-5 years reduced below 20% • % prevalence of wasting among children under-5 years reduced below 5% • % prevalence of anaemia among women (adolescents and reproductive age) and under-5 children reduced	NDHS	

Results Chain	Descriptive Summary	Indicators of Work Performance	Means of Verification	Key Assumptions
Purpose	Health sector's contribution to multi-sector efforts to improve nutrition status increased	• By the end of 2017, the coverage of three major micro-nutrients, i.e. vitamin A, iron folic acid, and adequately iodised salt are maintained respectively at or above 95%, and 90% for the latter two. • By the end of 2017, the coverage of MIYCN linked with MNPs expanded to all 75 districts • By the end of 2014, evaluation report on Child Nutrition Cash Grant and Fortified Blended Supplementary Feeding available. By the end of 2013, Revised Health Sector Nutrition Policy in place with costing multi-year implementation plan. • Starting from the year 2013, MoHP allocated budget on nutrition based on the multi-year implementation plan	NDHS, HMIS and Mini Survey Annual Report of DoHS Evaluation Revised plan document AWPB	
Outcome 1. Improved Maternal, Infant and Young Child Feeding				
Output 1	Dietary habits of pregnant women improved	• % of mothers who eat three times a day with animal source food at least once a day • % family members who know the benefits	MSNP baseline and end line reports	

Results Chain	Descriptive Summary	Indicators of Work Performance	Means of Verification	Key Assumptions
		of improved dietary habits during pregnancy • % prevalence of low birth weight		Availability of food in deficit areas
Output 2	Initiation of early breastfeeding and exclusive breastfeeding improved	• % of children who initiate breastfeeding within the first hour • % of infants exclusively breastfed for 6 months	MNH Register NDHS	
Output 3	Complementary feeding for young children aged 6-23 months improved	• % of infants who begin appropriate complementary feeding at six months • % of children aged 6-8 months who receive complementary foods twice a day with ≥ 4 food groups per day • % of children aged 9-23 months who receive complementary foods three times a day with ≥ 4 food groups per day	MSNP baseline and end line Reports, DHS	
Outcome 2.0: Maternal, infant, and young child micronutrient status improved				
Output 4.0	Intake of iron folic acid tablets and de-worming tablets by women during pregnancy and post-partum improved	• % of women consuming IFA more than 180 IFA tablets during pregnancy and postpartum • % of women consuming de-worming tablet during pregnancy	FCHV Register MCH Register NDHS	Uninterrupted and adequate supply of

Results Chain	Descriptive Summary	Indicators of Work Performance	Means of Verification	Key Assumptions
Output 5.0	Increased consumption of fortified cereal flour	• % of roller-mills fortifying cereal flour as per national standards • % of HH consuming fortified flour	DFTQC monitoring report	micronutrients and adequately iodised salt
Output 6.0	Household consumption of adequately iodised salt improved	• % of HH consuming adequately iodised (>15ppm) salt	DHS, NLSS	
Output 7.0	Intake of MNP by 6-23 months children increased	• % children aged 23 months who have received total of 180 MNP sachets • % of children aged 23 months who have consumed total of 180 MNP sachets	MSNP baseline and end line reports	
Output 8.0	MIYC infections reduced	• % prevalence of diarrhoea among under-five children • % of diarrhoea cases treated with zinc and ORS among 6-59 children • % prevalence of presumptive pneumonia with appropriate antibiotics among under-five children • % of MIYC sleeping under Long-lasting Insecticidal Nets (in targeted areas) • % of children immunised against measles	DHS, Annual reports	

Results Chain	Descriptive Summary	Indicators of Work Performance	Means of Verification	Key Assumptions
		• % of mothers who wash hands with soap before preparing complementary foods		
Output 9.0	All children 6-59 months take Vit A capsules and children aged 1-5 years take Vit A capsules with albendazole twice a year	• % children 6-59 months receiving vitamin A capsule semi-annually • % of children 13-59 months receiving de-worming tablets biannually	NDHS, DoHS Annual report	
Outcome 3.0 Infant and young child malnutrition adequately managed				
Output 10.0	Increased identification of malnutrition through the monitoring of the nutritional status of Children aged 0-36 months	• % of children under three years of age monitored for weight-for-age, weight-for-height, height-for-age, and Mid-upper Arm Circumference (MUAC)	DoHS Annual Report and CHD programme report	Local production of RUSF Retention of skilled HR
Output 11.0	Reduction of severe acute malnutrition in children aged under-five	• % of children with severe acute malnutrition treated, including with Ready to Use Therapeutic Food (RUTF) as per national guidelines	CHD programme report	
Output 12.0	Reduction of moderate malnutrition in children aged under-five	• % of children with moderate acute malnutrition treated, including Ready to Use Supplementary Food (RUSF) and feeding counselling, as per national guidelines • % of children with moderate under-weight	DoHS Annual Report and CHD programme report CHD programme	

Results Chain	Descriptive Summary	Indicators of Work Performance	Means of Verification	Key Assumptions
		provided with feeding counselling as per national guidelines	report	
Outcome 4.0 Health Sector nutrition related acts, regulations, policies, strategies, and standards updated				
Output 13.0	National Nutrition Policy and Strategy revised and updated	• By the end of 2013, MoHP endorsed revised National Nutrition Policy in place • By the end of 2013, cost related multi-year health sector nutrition plan developed in accordance with revised policy and strategy	Revised Policy and strategy document Multi-year implementation plan document	Council of Ministers endorses revised Food Act
Output 14.0	Develop Comprehensive Nutrition Training Package	• By the end of 2013, Comprehensive Nutrition Training Package endorsed by MoHP • By the end of 2017, health workers and volunteers utilise Comprehensive Nutrition Training Package	Endorsement decision document of MoHP Reports of after-training follow-up visits	
Output 15.0	Proper regularisation of salt production, distribution, and monitoring	• By the end of 2013, regulation governing salt production, distribution and monitoring (based on the Salt Act 2049 BS) is enacted by the Council of Ministers	Cabinet-endorsed regulation document	
Outcome 5.0 Institutional strengthening and capacity development for improved contribution of health sector to MSNP				

Results Chain	Descriptive Summary	Indicators of Work Performance	Means of Verification	Key Assumptions
Output 16.0	Revision of institutional arrangement at all levels in line with MNSP, including establishment of National Nutrition Centre (NNC) under MoHP	• By the end of 2013, Organisation and Management (ONM) assessment carried out across all levels • Starting from 2014, NNC included in MoHP's AWPB • By the end of 2013, institutional capacity assessment report of NNC available	MoHP's AWPB document Assessment report	
Output 17.0	Capacity development of health personnel (including FCHVs) on nutrition across all levels	• % improvement in knowledge and skills on maternal, newborn and child nutrition among health personnel across all levels • % of delivery attended by Skilled Birth Attendants	KAP survey report (as part of MSNP baseline/end line)	
Output 18.0	Health staff contribute to and collaborate with other sectors for reducing maternal and child under-nutrition	• Representation and participation of health personnel in management, planning, monitoring, and advocacy platforms at all levels	Structure of MSNP management architecture of different levels, Meeting minutes	

Action Plan – Health

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	
Outcome 1.0: Improved Maternal, Infant and Child Feeding								**40227873**	**71403572**	**129465839**	**218571060**	**273301540**	**732969884**			
1. Dietary habits of pregnant women improved								***20763172***	***62289515***	***117657972***	***173026429***	***256079115***	***629816202***	***x***	***x***	
	1. Early identification and registration of pregnant women by FCHV							1092799	3278396	6192524	9106654	13477848	33148221			Local health facilities
	2. Counselling to pregnant women and other family members for consuming MN rich, including animal source food as part of birth preparedness package							1457065	4371195	8256699	12142205	17970464	44197628			Local health facilities
	3. Behaviour change communication for improving dietary habits of pregnant women as part of Communication Strategy for Nutrition							18213309	54639926	103208747	151777569	224630802	552470353			CHD/DoHS
2. Initiation of early breastfeeding and exclusive breastfeeding improved								***19464701***	***9114057***	***11807867***	***45544631***	***17222425***	*103153682*	x	x	
	1. Training on IYCF to community health workers and volunteers							5046404	9114057	11807867	11807867	17222425	*54998621*			CHD/DoHS
	2. Adaptation of standard IYCF training package by maternal, newborn, child health and development packages							14418297	0	0	33736763	0	48155061			CHD/DoHS
	3. (Activity 3 of output 1)							0	0	0	0	0	0			CHD/DoHS

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	
3. Complementary feeding for young children aged 6-23 months improved								*0*	*0*	*0*	***0***	***0***	*0*			***CHD/DoHS***
Outcome 2.0: Maternal, infant, and young child micronutrient status improved								976901975	259159138	374469437	**479670961**	**589403951**	**2679605463**			
4. Intake of iron folic tablets and de-worming tablets by women during pregnancy and post-partum improved								*895388226*	*165863832*	*246361584*	***321991007***	***407357088***	*2036961737*			
	1. Refresher orientation of Iron Intensification Programme to health workers and FCHVs							6360236	12720472	16960629	16960629	25440944	78442910			Local health facilities
	2. Delivery of 30 IFA tablets by each month by FCHV and encourage/remind mothers to comply							0	0	0	0	0	0			Local health facilities
	3. Delivery of IFA tablets (180 during pregnancy and 45 during post-partum) and one de-worming tablet (during pregnancy) by health facility workers.							75629423	151258846	226888269	302517692	378147115	1134441345			Local health facilities
	4. Counselling to pregnant women and other family members of proper intake of IFA and de-worming tablets by pregnant women and mothers							942257	1884514	2512686	2512686	3769029	11621172			Local health facilities
	4.1 Micronutrient survey							812456310	0	0	0	0	812456310			

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	
5. Increased consumption of fortified cereal flour								***3198205***	***3321938***	***3458668***	***3251766***	***3251766***	*16482343*			
	1. Conduct media campaign for increasing the consumption of fortified cereal flour by households							2635891	2759624	2896354	2689452	2689452	13670773			DFTQC
	2. To ensure proper fortification of cereal flour by roller-mills through periodic internal and external monitoring							562314	562314	562314	562314	562314	2811570			DFTQC
6. Household consumption of adequately iodised salt improved								***8674865***	***12618637***	***25220891***	***35602012***	***43958153***	*126074558*			
	1. Community based social marketing to promote the consumption of Two Child Logo packet salt							2416066	1889553	4305619	4363535	3779106	16753879			CHD/DoHS
	2. To ensure adequate iodine fortification level through periodic internal and external monitoring							542896	542896	542896	542896	542896	2714480			CHD/DoHS
	3. Universal coverage of Two Child Logo packet salt by increasing the distribution, especially in hard to reach areas, and phasing out of loose crystal salt							5715903	10186188	20372376	30695581	39636151	106606199			Salt Trading Corporation
7.0 Intake of MNP by 6-23 months children increased								***10700628***	***19069359***	***38138719***	***57464586***	***74202049***	*199575342*			
	1. Scaling-up of MNPs in 75 districts							6855090	12216308	24432617	36813250	47535688	*127852953*			CHD/DoHS

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. Counselling of mothers and other family members, by health workers and FCHVs, to comply with the proper intake of MNP by 6-23 months children							3845538	6853051	13706102	20651336	26666361	*71722388*			Local health facilities
8. MIYC infections reduced								***4647130***	***3992449***	***6996654***	***7068669***	***6341974***	***29046876***			
	1. Reinforce the MIYC infections aspects through refresher training of IMCI							1642925	1642925	1642925	1642925	1642925	8214623			CHD/DoHS
	2. Reinforce MIYC infections aspects during the CB-NCP expansion in 75 districts							1056166	826005	1882171	1907488	1652009	7323839			CHD/DoHS
	3. Distribute adequately required number of LLIN to ensure pregnant women, adolescents and children sleep under it.							1760276	1376674	3136951	3179147	2753349	12206398			EDCD/DoHS
	4. Increase media communication to improve routine measles immunisation							144964	113373	258337	261812	226746	1005233			NHEICC
	5. Reinforce hand-washing message in IYCF training package							42799	33472	76271	77297	66944	296783			CHD/DoHS
9.0 All children 6-59 months take Vit A capsules and children aged 1-5 years take Vit A capsules with Albendazole twice a year.								***54292922***	***54292922***	***54292922***	***54292922***	***54292922***	*271464608*			

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	
	1. Continue biannual Vit A and de-worming tablet distribution to children under 5							53706330	53706330	53706330	53706330	53706330	268531648			CHD/DoHS
	2. Increase awareness on the intake of Vit A and de-worming tablets, especially in underserved, urban and peri-urban areas, through media communication							586592	586592	586592	586592	586592	2932960			NHEICC
Outcome 3.0 Infant and young child malnutrition adequately managed								**101609950**	**163067464**	**230054525**	**266541056**	**356095335**	**1117368330**			
10. Increased identification of malnutrition through the monitoring of the nutritional status of children aged 0-36 months								***45663934***	***65208609***	***85625072***	***85625072***	***126561280***	*408683967*			
	1. Strengthen Identification of malnourished children and nutritional status monitoring during PHC/ORC reactivation							22746454	32482191	42652189	42652189	63043634	203576658			FHD/DoHS
	2. Implement Community Based Growth Monitoring as per new WHO Growth Standard							22917480	32726418	42972882	42972882	63517646	205107309			CHD/DoHS
11. Reduction of severe acute malnutrition in children under-five								***55946016***	***97858854***	***144429453***	***180915985***	***229534055***	*708684362*			

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	
	1. Scale-up of Community Based Management of Acute Malnutrition Programme in at least 35 districts with high burden of severe acute malnutrition in children							24324355	52702768	85135241	121621773	141892068	425676205			CHD/DoHS
	2. Expand nutrition rehabilitation homes in 35 districts with high number of children with severe acute malnutrition							31621661	45156086	59294212	59294212	87641986	283008157			CHD/DoHS
Outcome 4.0 Health Sector nutrition related acts, regulations, policies, strategies, and standards updated								**14292113**	**13333061**	**20202264**	**26449979**	**31598934**	**105876352**			
12. Reduction of moderate malnutrition in children aged under-five								***10307094***	***13333061***	***17633319***	***26449979***	***26245113***	*93968567*			
	1. Develop moderate malnutrition guidelines and training materials							3435698	0	0	8816660	0	12252358			CHD/DoHS
	2. Conduct training on moderation of malnutrition as per developed guidelines and training materials							3031498	5882233	7779406	7779406	11578726	36051269			CHD/DoHS
	3. Supply Ready to Use Supplementary Food (RUSF) to targeted districts							3839898	7450828	9853914	9853914	14666387	45664940			CHD/DoHS
13. National Nutrition Policy and Strategy revised and updated								***2513774***	***0***	***2568945***	***0***	***3228218***	*8310937*			

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	
	1. Revise existing National Nutrition Policy and Strategy in collaboration with different state and non-state actors							1256932	0	0	0	1256894	2513826			CHD/DoHS
	2. Formulate Communication Strategy for Nutrition							1256842	0	0	0	845692	2102534			CHD/DoHS
	3. Formulate multi-year health sector nutrition plans with costs in accordance to the revised National Nutrition Policy Strategy							0	0	2568945	0	1125632	3694577			CHD/DoHS
14. Develop Comprehensive Nutrition Training Package								***1471245***	***0***	***0***	***0***	***2125603***	*3596848*			
	1. Review and revise various existing nutrition training materials							1145633	0	0	0	1563289	2708922			CHD/DoHS
	2. Draft Comprehensive Nutrition Training Package in collaboration with development partners							325612	0	0	0	562314	887926			CHD/DoHS
Outcome 5.0 Institutional strengthening and capacity development for improved contribution of health sector to MSNP								**6895033**	**7366237**	**9770536**	**9895099**	**15905558**	49832464			
15. Proper regularisation of salt production, distribution, and monitoring								***428732***	***0***	***0***	***0***	***562934***	*991666*			

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	
	1. Develop draft legislation for salt production, distribution and monitoring							428732	0	0	0	562934	991666			NPC
16.0 Revision of institutional arrangement at all levels, in line with MNSP, including establishment of National Nutrition Centre (NNC) under MoHP								***2289205***	***774111***	***1067132***	***1191695***	***1653714***	***6975858***			
	1. Design and conduct O&M Assessment, including assessing the capacity needs							1526321	0	0	0	0	1526321			NPC
	2. Develop and approve organisational structure of NNC							272760	525986	694444	694444	1031900	3219534			NPC
	3. Formulate Capacity Development Plan based on the O&M Assessment and organisational structure of NNC							366563	0	0	0	0	366563			MoHP
	4. Fulfilment of allotted position as per the approved organisational structure of NNC							123562	248125	372688	497251	621814	1863440			Public Service Commission
17.0 Capacity development of health personnel (including FCHVs) on nutrition across all levels								***2945806***	***5680645***	***7500000***	***7500000***	***11144516***	***34770968***			
	Conduct training as per the Comprehensive Nutrition Training Package.							2945806	5680645	7500000	7500000	11144516	34770968			CHD/DoHS

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	
18.0 Health staff contribute to and collaborate with other sectors for reducing maternal and child under-nutrition								***1231289***	***911481***	***1203404***	***1203404***	***2544394***	*7093972*			
	1. Review existing job description of health personnel in line with MSNP							758623	0	0	0	756214	1514837			MoHP
	2. Communicate to health personnel at all levels, through official circulars, mandating them to participate and contribute in different areas of MSNP							472666	911481	1203404	1203404	1788180	5579135			MoHP

Logical Framework – Education Sector

Result chain	Descriptive Summary	Indicators of Work Performance	Means of Verification	Key Assumptions
Objectives	Ministry of Education's contribution to multi-sector efforts to accelerate to stunting reduction increased	By the end of 2015: Teachers, Resource Persons and child club members trained on life skills-based nutrition interventions increased	Baseline and end line surveys, EMIS/FLASH report	
Purpose	Adolescent girl's education, life-skills and nutrition status improved	By the end of 2017: Class attendance and class promotion rates among adolescent girls increased Adolescents who report at least two preventive/dietary nutritional measures against anaemia increased Prevalence of roundworm among school adolescents decreased Dropout rates among school-going adolescents decreased	Baseline and end line surveys, EMIS/FLASH report HMIS/DHS report	
Outcomes				
Outcome 1	Adolescent girls' awareness, and behaviours in relation to protecting foetal and infant and young child growth improved			
Output 1.1	Improved provision of like-skills education to adolescent girls on reduction of chronic malnutrition (enabling environment)	No. of schools and communities (out of school) with functional child clubs increased No. of girls participating in life-skills education sessions (in-school and out of school) increased	Baseline/End line Survey/secondary sources Curriculum report	
Output 1.2	Adolescent girls' knowledge and skills on reduction of chronic malnutrition improved	% of adolescents who report at least two preventive/dietary nutritional measures against anaemia Age of marriage among adolescents delayed (vis- a- vis legal age at marriage), delayed first pregnancy and birth-spacing % of adolescents consuming adequately iodised packet	Baseline/End line Survey/secondary sources NDHS, HMIS 2.1	2.3

Result chain	Descriptive Summary	Indicators of Work Performance	Means of Verification	Key Assumptions
		salt(with 2 child logo) % of adolescents reporting eating iron rich foods in last 24 hours % of adolescents who used any tobacco products and alcohol in the last 30 days % of school adolescents with knowledge of hand washing at critical times	2.2	
Outcome 2	Parents (women) better informed on improved young child care and feeding practices to avoiding transmission of growth failure			
Output 2.1	Resource materials on parenting education for improved child care and feeding practices updated/developed	No. of IEC materials in local language developed and disseminated Contents on reduction of stunting incorporated in the Parental Education and literacy packages % of ECD and literacy centres using the source book	Baseline/end line surveys List of contents included in the parental education (from ECD Section of DOE) and literacy packages (from NFEC of DOE)	
Output 2.2	Parental knowledge on childcare and feeding practices enhanced	No. of parents enrolled/attended ECD and literacy classes % of parents with knowledge of correct course of iron and de-worming % of exclusively breastfeeding women increased	Records from ECD and NFEC Section of DOE DEO/RC level data NDHS, HMIS	
Outcome 3	Nutritional status of adolescent girls improved			
Output 3.1	ECD children and adolescent girls (up to grade 8) receive mid-day meal	% of adolescent girls received school meal % of children received complete course of iron folic acid tablets % of children received de-worming tablets on schedule Prevalence rate of worm infestations Urine Iodine level in adolescents increased % of schools mobilising MGs and SMCs for provision of Mid-Day Meal	FLASH report NDHS, HMIS Baseline/end line survey reports Resource centre reports	Children from low HDI and food insecure VDCs remain below 10% WFP continues mid-day meal in Far West.

Result chain	Descriptive Summary	Indicators of Work Performance	Means of Verification	Key Assumptions
		% of schools with kitchen garden		
Output 3.2	Educational participation and performance of adolescent girls in basic education (grade 1-8) improved	% increase in enrolment, attendance, and class promotion rates among adolescent girls (by models) % reduction in dropout rates of adolescent girls at schools % increase in gender parity index	FLASH report/EMIS	
Outcome 4	Education sector capacity to contribute to multi-sector efforts enhanced (everybody on the same page)			
Output 4.1	MOE trainers and teachers (pre-service and in-service) well prepared in teaching nutrition specific education	% of teachers, RPs and child club members trained on life skills based nutrition interventions Model training session plan on life skills based nutrition education developed Source book on life skills based nutrition education for pre service training developed (by FOE & HSEB)	FLASH Report Baseline/End line Report	Overall education environment is conducive
Output 4.2	Collaboration and coordination among staff in stunting reduction within MOE and with other sectors improved	Presence of Letter of Understanding between the collaborating ministries Presence of institutional set up and collaborating structures at central, district and VDC levels	MOE report	
Output 4.3	M & E and database system developed within MOE	% of districts including EMIS data to DPMASS No. of indicators developed and used by MOE and in DPMASS	Baseline/End line FLASH, DPMASS report	

Cost related Action Plan – Education

Activity	**Sub-activity**	**Milestone / Target (Quantity)**						**Resources Required** (HR, Equipment, Others)								**Source**		**Responsibility**
			Time Frame (Year)															
			1	2	3	4	5	Particulars	Unit	1	2	3	4	5	Tot	National	Int'l	
1.Formation, strengthening and mobilisation of child clubs	Form/strengthen child clubs in school and out of school	18750	1500	3100	4100	3800	6250	Motivators	1 p /VDC, 2p/ Mun	355	710	880	850	1205	4000	School, RCs, NGOs		DOE
	Life-skills related training to the child club members and focal teachers	37500 CC members, 16000 focal teachers	3000 1200	6200 2400	8200 3450	7600 3250	12500 5700	Motivators	1 p /VDC, 2p/ Mun	Same as above								DOE
	Participation of students in Open Defecation Free (ODF) and hand washing campaigns		X	X	X	X	X		-									WASH Sector
	Development/updating of life skills related resources (Procedural Manual) -Formation of committee at DOE -Development of	1	1					Education consultants/firms	Person/firm	1					1	Nat'l		DOE

Activity	**Sub-activity**	**Milestone / Target (Quantity)**						**Resources Required** (HR, Equipment, Others)								**Source**		**Responsibility**
			Time Frame (Year)															
			1	2	3	4	5	Particulars	Unit	1	2	3	4	5	Tot	National	Int'l	
	ToR																	
2.Review and updating of formal education curricula and textbooks																		
	Review of existing school curricula and textbooks for analysing contents on nutrition education (grade 1-12)	12	12					Education specialists/firms	4 persons	12								CDC
	Meetings at CDC for Curricular integration	10	10						Meeting events	10								CDC
	Textbook revision (1-12)	12	12					Education specialists/firms	person	6								CDC
	Revision of Teacher guidebook	12	12					Education specialists/firms	person	6								NCED
3. Development and dissemination of nutrition-	Development of resource materials for students and	2	2					Education specialists/firms	person	6								CDC

Activity	**Sub-activity**	**Milestone / Target (Quantity)**						**Resources Required** (HR, Equipment, Others)								**Source**		**Responsibility**
		Time Frame (Year)																
			1	2	3	4	5	Particulars	Unit	1	2	3	4	5	Tot	National	Int'l	
specific resource materials/teaching materials	teachers																	
	Development of instructional materials /teaching aids	12	12					Education specialists/firms	person	6								CDC
	Printing and distribution of teaching-learning materials for teachers and learning materials for students	74000	6000	12000	16000	15000	25000											CDC
4.Teacher training, support and monitoring	Development of comprehensive training course and materials for teacher training by NCED	2	2					Subject specialists/firms										NCED
	ToT for teachers	1350	109	220	290	270	461											NCED
	Teacher training	60828	4932	9864	13152	12330	20550											NCED
	Technical support/monitoring by NCED	Regular	X	X	X	X	X											NCED

Activity	**Sub-activity**	**Milestone / Target (Quantity)**						**Resources Required** (HR, Equipment, Others)								**Source**		**Responsibility**
			Time Frame (Year)															
			1	2	3	4	5	Particulars	Unit	1	2	3	4	5	Tot	National	Int'l	
5. Development of resource/IEC materials on parenting education for parents, community members and NFE learners	Development of training manual, resource materials, self-learning and IEC materials on nutrition for parents, community members and NFE learners	5 vol TM & SLM 5 brochures 5 wall-chart/flip chart	X					Education specialists/firms	6									NFEC
	Review of Parenting Education and NFE package from the nutrition perspective to find gaps and integrate nutrition messages	6 sets	6															ECD
	Nutrition-related source book for parental education classes developed	3 sets (6000 copies)	X					Education specialists/firms										ECD
	ToT on parental education on nutrition	75	7	12	16	15	25											ECD
	Parental education orientation at school incl. ECD, out of	53196	2500	5000	13056	12240	20400											ECD

Activity	**Sub-activity**	**Milestone / Target (Quantity)**						**Resources Required** (HR, Equipment, Others)								**Source**		**Responsibility**
			Time Frame (Year)															
			1	2	3	4	5	Particulars	Unit	1	2	3	4	5	Tot	National	Int'l	
	school																	
	Conducting sessions to women/mothers at ECD and literacy classes	36000 literacy classes 25000 ECDs	3042 2000	5832 4000	7776 5330	7200 5000	12150 8670											ECD,NFEC
	Mobilisation of SMC, PTA, Teacher Unions, mothers groups and mass media for parental education	75	7	12	16	15	25											DOE
6. Provision of mid day meal/school lunch and iron supplementation for disadvantaged children	Preparation of Menu as per the local needs, leaflet (both for school and home)		X	X	X	X	X											CHD/DOHS
	Orientation and mobilisation of mothers' groups, SMC & PTA on Mid-day meal/school lunch	25410	2060	4120	5500	5150	8580											DOE

Activity	**Sub-activity**	**Milestone / Target (Quantity)**						**Resources Required** (HR, Equipment, Others)								**Source**		**Responsibility**
			Time Frame (Year)															
			1	2	3	4	5	Particulars	Unit	1	2	3	4	5	Tot	National	Int'l	
	Iron folic acid supplementation with de-worming to the adolescent girls through school teachers and child clubs		X	X	X	X	X											CHD/DOHS
	School meal programme developed for pre-primary and basic education (grade 1-8) in food insecure and low HDI VDCs		21000	42000	56000	52500	87500											DOE/FFEP
7.Promotion of kitchen garden	Promotion of kitchen garden at school and homestead	12340	1000	2000	2665	2500	4175											DOE/RCs In coordination w/Agriculture
8. Strengthening of coordination, monitoring, reporting and documentation system	A unit on nutrition and food security established within MOE	1	1															MOE
	Coordination meetings among	25	5	5	5	5	5											MOE

Activity	**Sub-activity**	**Milestone / Target (Quantity)**						**Resources Required** (HR, Equipment, Others)								**Source**		**Responsibility**
			Time Frame (Year)															
			1	2	3	4	5	Particulars	Unit	1	2	3	4	5	Tot	National	Int'l	
	NCED, NFE Section, CDC, and with other concerned ministries and the DPs																	
	Establish a reporting system and incorporate additional data in EMIS system	10	2	2	2	2	2											MOE

Logical Framework – WASH

SN	Result chain	Descriptive Summary	Indicators of Work Performance	Means of Verification	Key Assumptions
1	**Objectives**	MoUD's contribution to multi-sector efforts to accelerate stunting reduction	By 2015, Annual and multi-year plan of MPPW reflects targets on contribution for reduction of malnutrition through WASH intervention.	Annual red book	
2	**Purpose**	Diarrhoeal diseases and ARI episodes reduced among young mothers, adolescent girls and infants and young children	By 2017, Prevalence of diarrheal diseases and ARI among young mothers, adolescent girls and young and infant children reduced by 10%	Annual report of MOHS	
3	**Outcomes**				
	Outcome 1	Hand washing with soap practices increased	Hand washing practice with soap at critical times increased by 50%	Final evaluation report	
	Outcome 2	All targeted schools, VDCs and municipalities are Open Defecation Free	Proportion of population using improved sanitation facility is reached to 90%	Final evaluation report	
	Outcome 3	Safe water is zone is declared	Proportion of population using safe water supply facility reach 90%	Final evaluation report	
	Outcome 4	Joint plan of action and monitoring system established	All the WASH projects planned and monitored by district and VDC level Coordination Committees	Final evaluation report	
	Outcome 5	Central and local level human resource is developed	Central and local human resource capacitated on implementing the sanitation and hygiene master plan and capturing and publishing the data from the field	Final evaluation report	
4	**Results**				
	Result 1 (Outcome 1 related)	All young mothers, and adolescents girls have access to hand washing facilities and use soap to wash hands	By 2017: • Hand washing with soap practice increased at critical times by 50% specially among adolescent girls and young mothers	Base line report and final evaluation report	Soap widely available at cheaper or fixed price soap

SN	Result chain	Descriptive Summary	Indicators of Work Performance	Means of Verification	Key Assumptions
			• HHs, HFs, schools and other institutions with Availability of soap and water at hand washing place is increased to 90%		Private institutions and companies take part in the hand washing campaigns and promotions
	Result 2 (Outcome 2 related)	All young mothers and adolescent girls use improved sanitation facilities and hygiene behaviours	By 2017: • Proportion of population using improved sanitation facility is increased by 50% • KAP on use of toilet among mother and girls increased to 90% • No. of young mothers and adolescent girls who have heard or seen IEC materials increased to 90% • No. of mothers and adolescent girls who know about the nutritious food and hygienic food is increased to 90%	Final completion report Base line, final evaluation report	ODF is prioritised and planned by the DDCs, VDCs and municipalities Schools, FCHVs, HFs, and CBOs are jointly mobilised Materials for sanitation available in the districts and VDCs
	Result 3 (Outcome 3 related)	All pregnant and lactating mothers, as well as children U2 children use safe drinking water	By 2017: • HHs with safe drinking water increased • Practice of homestead garden is increased of HHs where young mothers and adolescent girls live in • Water is treated with at least one method especially among HHs where pregnant and lactating mothers live	Base line, final evaluation report Final evaluation report Final completion report	Water treatment agents (like Piyush, water guard, etc) available at districts, VDCs and

SN	Result chain	Descriptive Summary	Indicators of Work Performance	Means of Verification	Key Assumptions
					municipalities Kitchen gardening, and ecosan are implemented by agriculture service centre Multiple use of source (MUS) is available
	Result 4 (outcome 4 related)	Collaboration between local bodies, health, agriculture and education sector are strengthened at DDC and VDC level	• % of the grant/own resource budget for sanitation and hygiene increased by local bodies • Frequency of meeting (planning and review) of the district, VDC and municipality level committees • Frequency of joint monitoring visits of the stakeholders	Financial audit reports of the local bodies Meeting minutes of the CCs Monitoring visit reports	V-WASH-CC, MWASH are formed and become active
	Result 5 (outcome 5 related)	Central, local staff and local government capacity to contribute to multi-sector efforts improved	• The sanitation and hygiene master plan is disseminated across the districts • The updated MIS system is published every year by MPPW (coverage and functionality) and MOHP (health Impact) • Nutrition sensitive IEC materials and training packages are developed and disseminated • Planning and programming are developed with nutrition sensitiveness.	Final completion report Annual publication of MPPW and MOHP District annual planning and	The steering committee for national sanitation action (SCNSA) plays pro-active roles in implementation of the master plan

SN	Result chain	Descriptive Summary	Indicators of Work Performance	Means of Verification	Key Assumptions
				project reports	
5	**Activities and Input**		•		
	Related result	Activities	Input		
	Result 1 related	Promotional campaign on hand washing with soap at critical times for behaviour and facilities at schools, health facilities (HFs), VDC and municipal levels through WASH intervention, IEC/BCC, mass media, training, PPP, and other promotional events and campaigns.	• Staff o NGO staff- 2 in each VDC/municipality to hire o WSSDO/DPHO/DEO/DDDC staff- 10% of time • Training on hand washing o NGO staff o Adolescent girls and young mothers on hand washing at the VDC level- 45 in each VDC, 90 in each municipality • Supplies o Investment fund for hand washing facilities /stations in schools and other institutions • Supervision and monitoring o Monitoring team of the national, district and regional levels • Communication and media Local FMs, IEC materials, training materials, etc		
	Result 2 related	• Triggering for ODF campaigning at the targeted schools, VDC /municipalities • Promotion of improved toilets at HH and institutional and public levels primarily targeting mothers and adolescents girls	• Staff o Existing staff of WSSDO/DDC/DPHO and DEO-25% of time o NGO staff – 2 in each VDC/municipality to recruit • Training o District level motivators trained o VDC level/NGO motivators identified and		

SN	Result chain	Descriptive Summary	Indicators of Work Performance	Means of Verification	Key Assumptions
	Result 2 related	Sensitisation on health risks of open defecation through IEC/BCC promotion, training, mass media, and other promotional events and campaigning	trained ○ Other community and school level training • Supplies ○ Reward and recognition, revolving fund, and other investment fund for institutional toilets • Supervision and monitoring ○ Monitoring team of the national, districts and regional levels • Communication and media ○ Hoarding boards, posters, pamphlets, multiple tables, and other IEC materials		
	Result 3 related	• Ensure availability of safe water drinking system to each HH level as appropriate-quality, accessible, reliable source, quality (QARQ) • Promotion of water safety plan and Point of Use of water treatment at the HH level as appropriate (boiling, filter, SODIS, chlorination, etc) through IEC/BCC, training, media, etc.	• Staff ○ NGO staff: 4 in each VDC ○ WSSDO/DDC staff- 50 % of time • Training Water supply related ○ NGO staff ○ Water Users Committee members POU related ○ NGO staff ○ Water Users Committee members ○ Adolescent, young mothers and lactating mothers • Supplies ○ Investment fund for installing water supply system • Supervision and monitoring ○ District level and VDC level teams • Communication and media ○ FMs/radios ○ IEC materials		

SN	Result chain	Descriptive Summary	Indicators of Work Performance	Means of Verification	Key Assumptions

	Result 4 related	Joint plan of action, implementation, and monitoring of the interventions at the implementation level	• Staff
			  ○ NGO staff- 2 from each VDC to hire
			  ○ DDC/WSSDO/DPHO/DEO staff- 10% of time
			• Training
			  ○ District level and VDC/municipality level training on M&E
			• Supplies
			  ○ Annual expenses of the CCs at the district, VDC and municipality levels
			• Supervision and monitoring
			  ○ District and VDC/municipality level monitoring teams
			• Communication and media
			  None		

	Result 5 related	• Human resources developed to disseminate and implement the national sanitation and hygiene master plan
		• Human resource is developed for updating the MIS system to report ODF, sustained ODF, diarrhoeal disease reduced and managed, hand washing practices
		• Training materials and IEC materials reviewed and developed to make them nutrition sensitiveness
		• Training on planning and monitoring at various levels
			• Staff
			  ○ National Consultants – 4 (provisioned in the national sanitation master plan)
			  ○ MPPW staff, 20% of time
			• Training
			  TOT to the consultants and MPPW staff
			  Regional and districts level training/workshops
			  MIS training to MPPW and MOHS staff
			• Supplies
			  ○ Investment fund for organising training and workshops at the national, regional and district levels
			  ○ IEC materials
			  ○ Training materials
			• Supervision and monitoring		

SN	Result chain	Descriptive Summary	Indicators of Work Performance	Means of Verification	Key Assumptions
			○ Central level ○ Regional level ○ District level • Communication and media		

Cost and Action Plan – Wash

Activity/Sub-activity	Per	Description	Frequency	Total yearly qty	Unit	Remarks/assumptions	Rate/ unit (NRs)	Amount (NRs)	Total amount in one district (NRs)	No. of districts	Total cost (US$, 1 US$=NRs 80)	2012	2013	2014	2015	2016
Result 1																
Promotional campaigning on hand washing with soap at critical times for behaviour and facilities at schools, health facilities (HFs), VDC and municipal levels through WASH intervention, IEC/BCC, mass media, training, PPP, and other promotional events and campaigning										41						
Activities																
1. Training on hand washing																
a. TOT to NGO staff/govt staff (3 days)	VDC	4 Participants per NGO	Once	30	participants	1 NGO in a 5 VDCs; 3 participants from each VDC	10,000.00	300,000.00	4,500,000.00	41	2,306,250	461,250	461,250	461,250	461,250	461,250
b. Training to adolescent girls and young mothers (2 days)	VDC	50 participants per VDC	Once	50	Participants	5 participants from each ward + 5 others	3,000.00	150,000.00	2,250,000.00	41	1,153,125	230,625	230,625	230,625	230,625	230,625
2. Supervision										41						
a. District level	District		Yearly	14	Days	Half yearly by R-WASH-CC/N-WASH-CC, 3 persons each time	10,000.00	140,000.00	140,000.00	41	71,750	14,350	14,350	14,350	14,350	14,350
a. VDC level	VDC		Yearly	12	Days	3 days every quarter by D-WASH-CC	5,000.00	60,000.00	900,000.00	41	461,250	92,250	92,250	92,250	92,250	92,250

							members (5 persons)										
Result 2																	
a. Triggering for ODF campaigns at the targeted schools, VDC /municipalities																	
b. Promotion of improved toilets at HH and institutional and public levels primarily targeting mothers and adolescents girls																	
	1. District level triggering																
	a. District sensitisation workshop	District		Once	1	event		30,000.00	30,000.00	30,000.00		15,375	3,075	3,075	3,075	3,075	3,075
	b. Hygiene and sanitation strategic action plan development	District		Once	1	event		100,000.00	100,000.00	100,000.00	41	51,250	10,250	10,250	10,250	10,250	10,250
	c. Coordination, planning, review, workshops and monitoring of D-WASH-CC	District		Yearly	4	events		10,000.00	40,000.00	40,000.00	41	20,500	4,100	4,100	4,100	4,100	4,100
	d. Development of district level trigger persons and trainers and capacity development	District		Once	5	Participants		20,000.00	100,000.00	100,000.00	41	51,250	10,250	10,250	10,250	10,250	10,250
	e. Learning/ exchange/ demonstration and dissemination	District		Yearly	4	Publication		50,000.00	200,000.00	200,000.00	41	102,500	20,500	20,500	20,500	20,500	20,500
	g. District level awards	District		Once	15	VDCs/institutions		50,000.00	750,000.00	750,000.00	41	384,375	76,875	76,875	76,875	76,875	76,875
	2. VDC level activities																
	Capacity building (orientation/sensitisation)	VDC		Once	1	event		25,000.00	25,000.00	375,000.00	41	192,188	38,438	38,438	38,438	38,438	38,438
	Hygiene and sanitation action plan development	VDC		Once	1	event		25,000.00	25,000.00	375,000.00	41	192,188	38,438	38,438	38,438	38,438	38,438

	Planning, review and monitoring of V-WASH-CC/M-WASH-CC	VDC		Yearly	4	event		5,000.00	20,000.00	300,000.00	41	153,750	30,750	30,750	30,750	30,750	30,750
	Awards and recognition after ODF declaration	VDC		Once	1	event		100,000.00	100,000.00	1,500,000.00	41	768,750	153,750	153,750	153,750	153,750	153,750
	3. Community level activities																
	Capacity building (Training to facilitators, mobilising persons and community groups, Triggers, Natural leaders, Lead mothers, SMC/PTA members, teachers, health workers, FCHVs, child cubs)	VDC		Once	45	persons	5 persons from a ward	5,000.00	225,000.00	3,375,000.00	41	1,729,688	345,938	345,938	345,938	345,938	345,938
	Campaigning, triggering, ignition, and awareness raising	VDC		Once	9	wards		10,000.00	90,000.00	1,350,000.00	41	691,875	138,375	138,375	138,375	138,375	138,375
	ODF declaration and post ODF campaigning including installation of HH, institutional and public toilets	VDC	School toilets	Once	3	schools	3 community schools not having toilets in a VDC; (10000 out of 28000 schools without toilets)	200,000.00	600,000.00	9,000,000.00	41	4,612,500	922,500	922,500	922,500	922,500	922,500
	Supervision and verification by VDC and DDC	VDC		Once	2	event		20,000.00	40,000.00	600,000.00	41	307,500	61,500	61,500	61,500	61,500	61,500
	4. School level activities										41						
	Capacity building (Training to SMC/PTA, teachers, child cubs)	VDC		Once	2	events	SMC/PTA and child clubs	15,000.00	30,000.00	450,000.00	41	230,625	46,125	46,125	46,125	46,125	46,125
	Campaigning, triggering and awareness raising for ODF	VDC		Once	3	schools		20,000.00	60,000.00	900,000.00	41	461,250	92,250	92,250	92,250	92,250	92,250
	Toilet, drinking water, hand washing facilities and menstrual hygiene facilities in schools	VDC	water supply facilities	Once	3	schools		175,000.00	525,000.00	-	41	-	-	-	-	-	-

	O & M fund for school toilet	VDC		Once	3	schools		15,000.00	45,000.00	675,000.00	41	345,938	69,188	69,188	69,188	69,188	69,188
	5. Communication																
	a. Media mobilisation and advocacy	District	5 minutes/week	Yearly	520	minutes	2 FMs in each district	1,500.00	780,000.00	780,000.00	41	399,750	79,950	79,950	79,950	79,950	79,950
											41						
	6. Supervision	District		Yearly	4	visits		10,000.00	40,000.00	40,000.00	41	20,500	4,100	4,100	4,100	4,100	4,100
Result 3																	
a. Ensure safe water drinking system available to each HH level as appropriate-quality, accessible, reliable source, quality (QARQ)																	
b. Promotion of water safety plan and Point of Use of water treatment at the HH level as appropriate (boiling, filter, SODIS, chlorination, etc) through IEC/BCC, training, media, etc.																	
	Activities																
	1. Training on water safety and POU																
	a. TOT Training to NGOs (3 days)	VDC		Once	5	person	A VDC has one NGO, a NGO has 5 staff	15,000.00	75,000.00	1,125,000.00	41	576,563	115,313	115,313	115,313	115,313	115,313
	b. Training to users committees on WSP	VDC		Once	30	person	2 schemes in each VDC; a scheme with 15 executive members	5,000.00	150,000.00	2,250,000.00	41	1,153,125	230,625	230,625	230,625	230,625	230,625
	c. Training to adolescent girls and lactating mothers	VDC		Once	45	person	5 persons from each ward	5,000.00	225,000.00	3,375,000.00	41	1,729,688	345,938	345,938	345,938	345,938	345,938

	2. Promotional activities										41						
	a. Development and distribution of IEC/BCC materials	VDC		Once	9	sets	1 set for one ward	5,000.00	45,000.00	675,000.00	41	345,938	69,188	69,188	69,188	69,188	69,188
	b. FM programme	VDC	3 minutes/week	Yearly	156	minutes	1 FM	1,500.00	234,000.00	3,510,000.00	41	1,798,875	359,775	359,775	359,775	359,775	359,775
											41						
	3. Social marketing										41						
	PPP with cooperatives and other agencies for POU materials	VDC		Once	1	event		10,000.00	10,000.00	150,000.00	41	76,875	15,375	15,375	15,375	15,375	15,375
											41						
	5. Supervision	VDC		Yearly	4	event		30,000.00	120,000.00	1,800,000.00	41	922,500	184,500	184,500	184,500	184,500	184,500
Result 4											41						
	Joint planning, implementation, and monitoring of the interventions at the implementation level	**Per**	**Description**	**Frequency**	**Total yearly qty**	**Unit**	**Remarks**				41						
	a. D-WASH-CC coordination meeting, bi-monthly	District		Yearly	6	times		10,000.00	60,000.00	60,000.00	41	30,750	6,150	6,150	6,150	6,150	6,150
	b. V-WASH-CC meeting, monthly	VDC		Yearly	12	times		5,000.00	60,000.00	60,000.00	41	30,750	6,150	6,150	6,150	6,150	6,150
	c. Planning and review workshop of D-WASH-CC, half yearly	District		Yearly	2	times		25,000.00	50,000.00	50,000.00	41	25,625	5,125	5,125	5,125	5,125	5,125
	d. Supervision of the programme activities	District		Yearly	4	times		25,000.00	100,000.00	100,000.00	41.00	51,250	10,250	10,250	10,250	10,250	10,250

Result 5																	
	a. Human resources developed to disseminate and implement the national sanitation and hygiene master plan																
	b. Human resources developed for updating the MIS system to report ODF, sustained ODF, diarrhoeal disease reduced and managed, hand washing practices																
	Activities																
	a. International TOT on M&E to the focal staff of key sector ministries and NPC	National		Once	6	persons	5 ministries and NPC, 7 days training	300,000.00	1,800,000.00	1,800,000.00		22,500	4,500	4,500	4,500	4,500	4,500
	b. International MIS training to MPPW/DWSS staff	National		Once	2	persons		300,000.00	600,000.00	600,000.00		7,500	1,500	1,500	1,500	1,500	1,500
	c. Training to local staff and local bodies' representatives	District		Yearly	50	persons	DDC: 5 and from each VDC: 3	3,000.00	150,000.00	150,000.00	41.00	76,875	15,375	15,375	15,375	15,375	15,375
	Total											21,572,938	4,314,588	4,314,588	4,314,588	4,314,588	4,314,588

Logical Framework – Agriculture

Results Chain	Descriptive Summary	Indicators of Work Performance	Means of Verification	Key Assumptions
Goal	To increase the capacity of Ministry of Agriculture and Cooperatives' contribution to multi-sector efforts to accelerate reduction of chronic malnutrition	Nutritional sensitivity in Agriculture programmes and activities	Programme and project documents along with budget allocation	Evaluation of personnel is also based on nutritional outcome.
Purpose	To increase the consumption of diversified foods, especially MN-rich foods like animal food products, improved among lower income adolescents, young mothers and young children	By 2017: 50 % increase in MN-rich food consumption	Diet survey	There is cooperation from male members of the family to feed MN-rich food to target women.
Outcomes	Reduction of chronic malnutrition among mothers and children	By 2017: 50 % decline in chronic malnutrition among the target group	Various health surveys including NLSS surveys	There is enough health protection for the target group so that utilisation of food increases.
Outputs	Increased availability of diversified food, especially MN-rich food like animal products, green vegetables and fruits, mushrooms, pulses and the like, at the household and community levels Increased income, and its control, by young mothers and adolescent girls from lowest wealth quintile Increased consumption of diversified food, especially MN-rich food like animal foods, by young	Production of MN-rich food at household and community (50% increase over 5 years). Increase in income of target households (20% increase over 5 years). Diversity index of the food consumed (1.5 times increase in 5 years) Time allocation of women in	Production data that DADO collects every year Income studies like NLSS Consumption data that DADO collects every year NLSS study conducted every 5-8 years. VDCs profile	The existing information and study system continues in future.

	mothers and children. Reduced workload of women and better home and work environment. MoAD staff capacity to contribute to multi-sector efforts improved	different activities. Availability of extension workers at VDC level	updated	
Activities	Home production gardens - with animals / fish/vegetables /fruits / mushroom and other locally important crops like legumes - especially among the poor (on group basis but individually operated gardens). Access to land for landless target population for home gardens. Co-operatives and groups formed Social marketing of MN rich food using programmes in Radios and TVs. Access to cheap and clean energy source More trained extension agents at the grassroots level (VDC) or as mobile team to work at grassroots.	% landless target women with home production gardens. Number of co-operatives and groups formed. % households with biogas and improved stoves % VDCs with an agriculture or vet extension worker or serviced by mobile technical staff.	DADO information system. DDC and VDC profiles	The existing information and study system continues in future with revisions to accommodate new indicators.
Inputs	Technical support for micro-irrigation including ponds Fertiliser, vet medicine, biogas, and clean cooking stoves, IPM inputs, improved tools Training and training manuals Financial support/Subsidies	% households receiving the advice from extension agent % households receiving inputs from market % staff trained in nutrition	Social surveys	Social surveys are carried out at certain intervals.

Cost and Action Plan – Agriculture

Activity	Sub-activity	Milestone / Target (Quantity)						Resources Required (HR, Equipment, Others)								Source		Responsibility
		Time Frame (Year)																
			1	2	3	4	5	Particulars	Unit	1	2	3	4	5	Total	Nat'l	Int'l	
Home production gardens with animals, vegetables, fruits, fish, mushrooms, pulses and other locally suitable crops as feasible in the local context	i. Forming of groups of the target group.	Groups (9 groups/VDCs)	2016	6048	8064	7560	13608	Human resource as mentioned below	X	X	X	X	X	X	X	X	X	MoAD (DAO/DoLS/ DFTQC/DADO/DLDO). Land leasing arrangements to be done by DDC and NGOs
	ii. Providing access to land through leasing opportunities (100 sq meter land rented for home garden for a landless household for 5 years - support for five years after which they will be able to support themselves)	Households (Rs 1000 per hh)	23220	69660	92880	87075	156735	Finance and public and private land	Rs (Million)	23	70	93	87	156	429	Yes		
	iv. Technical help to target groups	Trainings (3 training per year, 2 day per VDC)	672	2688	5376	7896	12600	Resource person, training materials	Rs (Million)	2	8.1	15.3	23.6	38	87	50%	50 %	
	v. Developing linkages with input supplier including the solar driers, improved tools	no cost (human resource mentioned below)	X	X	X	X	X	Human resource as mentioned below	X	X	X	X	X	X	X	X	X	
	vi. Develop a 'village model farm (VMF)'.	Number (1 per VDC; 3000 per VDC)	224	672	896	840	1512	Seed, Fertiliser, poultry/fish	Rs (Million)	0.7	2	2.7	2.5	4.7	12.6	Yes	X	

	vii. Micro-irrigation and waste water use facilities including the pond	Number (5 per VDC; co-ordination cost Rs 300/household)	1120	3360	4480	4200	7560	Micro-irrigation gear from private sector	Rs (Million)	0.3	1	1.4	1.2	2.3	6.2	Yes	X	
IEC materials production on post-harvest (or processing) to reduce losses of the food – particularly MN-rich food	viii. Booklets/ Pamphlets on post harvest and food processing.	Number in '000 (2000 pamphlets per VDC)	448	1344	1792	1680	3024	Resource person, publication	Rs (Million)	0.5	1.3	1.8	1.7	3.1	8.4	50%	50 %	MoAD (DAO/DoLS/ DFTQC/DADO/DLDO).
	ix. Radio and TV programmes.	Number (1 radio programme and 1 TV programme in total; using existing facility)	2	X	X	X	X	Resource person, time for broadcasting	Rs (Million)	1.5	2.3	2.6	2.5	4.3	13.2	50%	50 %	
Introducing co-operatives	x. Training of members on financial matters and marketing	Number of trainings (3 training per year 2 day per VDC)	672	2688	5376	7896	12600	Resource person, training materials	Rs (Million)	2	8.1	15.3	23.6	38	87	50%	50 %	MoAD (DAO/DoLS/ DFTQC/DADO/DLDO).
Social marketing of MN-rich local food	ix. Radio and TV programmes.	Number (1 radio programme and 1 TV programme in total; using existing facility)	1	X	X	X	X	Resource person and broadcasting time	Rs (Million)	1.5	2.3	2.6	2.5	4.3	13.2	50%	50 %	MoAD (DAO/DoLS/ DFTQC/DADO, DLDO).
Introducing clean energy	xi. Advocacy and linkage for bio-gas construction	Number (support for only co-ordination meetings)	1120	3360	4480	4200	7560	Human resource as mentioned below (some support for	Rs (Million)	0.3	1.1	1.4	1.3	2.4	13.2	50%	50 %	FNSCC in NPC co-ordinating with related agencies like Ministry of

								advocacy Rs 300 per plant)										Env and Forestry
	xii. Subsidy for improved cooking stove	Number of ICS (Rs 250 subsidy and 50 ICS per VDC in rural areas)	11200	33600	44800	42000	75600	Finance	Rs (Million)	2.7	8.4	11.2	10.5	18.9	51.7	X	Yes	
	xiii. Radio/TV programme on gendered division of work	Number (1 radio programme and 1 TV programme in total; using existing facility)	1					Resource person and broadcasting time	Rs (Million)	1.5	2.3	2.6	2.5	4.3	13.2	50%	50 %	
Capacity building of Agri sector	xiv. Developing local multi-sector committee	1 in each VDC	224	672	896	840	1512	Human resource as mentioned below	X	X	X	X	X	X	X	X	X	MoAD (DoA/ DoLS / DFTQC)
	xv. Yearly training for extension workers (60 persons in one training)	Number (1 in each district per year)	4	16	32	47	75	Resource person and training materials and accommodation (60 persons in one training)	Rs (Million)	0.7	2.8	5.6	8.5	13.5	31.1	50%	50 %	
	xvi. Training manuals (2 types)	Number	200					Resource person and publication	Rs (Million)	1					1	50%	50 %	
	xvii. Support materials like computers, cameras at district and service centre	Number of set (1 computer and 1 camera per	28	84	112	105	189	Computer and Camera	Rs (Million)	1.4	4.2	5.6	5.3	9.4	25.9	X	100 %	

		office - 7 offices per district)															
	xviii. Hiring extension worker at each VDC with block grant and donors help (if possible trained in both vet and agri, if not half vet and half agri extension) worker)	Number (1 per VDC and 48 per district)	192	576	768	720	1296	Financing human resource (1 ext agent per VDc @Rs 5000 for 13 months a year)	Rs (Million)	14.6	58.3	116.6	171.2	269.5	630.2	50 % from block grant	50 %
	xix. Experience sharing workshop at national level	Number (1 at national level per year)	1	1	1	1	1	Resource person and training materials and accommodation	Rs (Million)	1	1	1	1	1	5	50%	50 %

Logical Framework – Local Governance

Results Chain	Descriptive 5.1.1.1 Summary	Indicators of Work Performance	Means of Verification	Key Assumptions
Goal	Local governance and Social Protection contributions to multi-sector programme to accelerate nutrition promotions.	Nutrition services improved with enhanced access to nutrition information at district level.	Monitoring and Evaluation reports	Favourable political environment and consensus
Purpose	Local government capacity to support accelerated nutrition promotion efforts is strengthened.	Starting from the year 2013, nutrition observed in the design and formulation of local governance policies and programmes Starting from 2014, joint accountability mechanisms followed by health, education, WASH and agriculture sector for nutrition programmes By the end of 2014, criteria for categorisation of local bodies redefined with nutrition index to be pursued	MoFALD Annual Report DDC Annual Report DDC Annual Report	Timely formulation of multi-sector policies Health, education, WASH and agriculture sectors follow multi-sector policies and provide resources needed for multi-sector coordination to the local bodies through DDF
Outcomes				
Outcome 1: Envisioned nutrition (planning, monitoring, and review) in the design of local governance strategies and programmes.				
Output 1.0 Nutritional content of local development plans better articulated.		Starting from the year 2013, District and Municipal Periodic Plan and their annual plans reflect the issue of nutrition Starting from the year 2013, nutrition included in the local bodies block grants directives permitting nutrition to be included as an area for promotional investment and as part of targeted development	DDC Annual Report Block Grant Directive	Nutrition related baseline and other information at districts available

Results Chain	Descriptive 5.1.1.1 Summary	Indicators of Work Performance	Means of Verification	Key Assumptions
		programmes		
Output 2.0 Local resources increasingly mobilised to accelerate stunting reduction.		By the end of 2014, % of VDC level community organisations involved in advocacy for nutrition in selected VDCs increased Starting from 2013, social audit and public hearing forums provide space for discussing nutrition and reflect it in their reports and action plans Starting from 2013, the training curricula of social mobilisers include topics on nutrition	DDC Annual Report DDC Annual Report DDC Annual Report	Social development programmes (esp. nutrition) is accorded a higher priority by local political entities
Output 3.0 Social Protection mechanisms increasingly contributing to stunting reduction.		By the end of 2017, mechanism in place to distribute child grants during pregnancy and <2 year children	Child Grant Directive	Availability of financial resources
Outcome 2: Increased capacity of local governments to manage planned nutrition results and multi-sector coordination among different sectors.				
Output 4.0 Collaboration between local bodies, health, agriculture and education sector are strengthened at DDC and VDC level.		By the end of 2013, Food and Nutrition Steering Committee functional at DDC, municipality and VDC level. Starting from 2013, committee meetings are held quarterly to endorse nutrition related programmes that will be implemented in the district and review progress from their respective sectors and recommend necessary actions for reducing chronic under-nutrition	DDC Annual Report DDC Annual Report	NPC and National Nutrition Steering Committee aligns the committees in their directive with the TOR

Results Chain	Descriptive 5.1.1.1 Summary	Indicators of Work Performance	Means of Verification	Key Assumptions
Output 5.0 Staff capacity to contribute to multi-sector efforts improved.		Starting from 2013, focal institutions at local bodies coordinate with other agencies including execution of nutrition as part of their job description Starting from 2013, functional responsibility for nutrition assigned to the concerned staffs of local bodies By the end of 2017, knowledge and understanding on nutrition increased among key identified staff of MoFALD and local bodies	DDC Annual Report DDC Annual Report DDC Annual Report	
Output 6.0 Consolidated tracking progress on implementation of multi-sector nutrition interventions improved through the DPMAS.		Starting from 2013, progress on nutrition (disaggregated by gender, ethnicity, and wealth quintile) is integrated in District Poverty Monitoring and Analysis System (DPMAS) and published annually	DDC Annual Report	

Cost and Action Plan – Local Governance

Activity	Sub-activity	Milestone	Timeframe (Year)					Resources -Year (Rs.'000')									Source		Responsibility
			1	2	3	4	5	Particulars	Per Unit cost	2012	2013	2014	2015	2016	Total	USD	Nat'l	Int'l	
1.1 Develop framework (outline) for observing/assessing the value of nutrition in local governance strategies and programmes.	Assign responsible person for framework preparation	Framework used by all the divisions in MoFALD						Staff 10 person days	Rs. 15,000/day	150	0	0	0	0	150	2055	√		MoF-ALD
	Identify areas to be included for the assessment									0	0	0	0	0	0	0			
	Prepare and endorse the assessment framework									0	0	0	0	0	0	0			
1.2 Review/ Reinforce nutrition indicators in Child Friendly Local Governance Programme and incorporate in local bodies planning and monitoring procedure.	Review/prepare local bodies periodic plan and annual plan and Child Friendly Local Governance Strategy	Multi-sector nutrition plan reflected in DDC annual plan District level annual nutrition progress review carried out as per Monitoring Framework Indicators						Staff 2 (20 days each)	600000/district	3600	7200	9600	9000	15000	44400	608219	√		DDC
								Transportation	10,000/person / district	120	240	320	300	500	1480	20274	√		
								DSA	1500/ day/ person / district	360	720	960	900	1500	4440	60822	√		
								Supplies (1 day workshop with 25 participants	45,000 /district	270	540	720	675	1125	3330	45616	√		DDC
								Printing of DPP (100 copies)	20,000/district	120	240	320	300	500	1480	20274	√		
	Identify nutrition indicators to be included in the periodic and annual plans and monitoring framework									0	0	0	0	0	0	0			
1.3 Revise	Review local	Authorities								0	0	0	0	0	0	0			MoFA

Activity	Sub-activity	Milestone	Timeframe (Year)					Resources -Year (Rs.'000')									Source		Responsibility
			1	2	3	4	5	Particulars	Per Unit cost	2012	2013	2014	2015	2016	Total	USD	Nat'l	Int'l	
directives for local grant mobilisation to incorporate nutrition.	bodies block grants directives	provided to the local bodies to allocate annual budget for nutrition under the block grants																	LD
	Incorporate food and nutrition under the chapter 'Areas for Budget Allocation'									0	0	0	0	0	0	0			
	Incorporate optimum percentage that can be spent in nutrition under 'Areas for Promotional Investment' as per demand of local bodies									0	0	0	0	0	0	0			
1.4 Review and strengthen DAG mapping to introduce nutrition index in the criteria for categorisation of VDCs and municipalities	Identify subjects to include nutrition in the categorisation of local bodies	Nutrition considered under the LSGA/LSGR clauses for categorisation of local bodies						Refer to 1.1		0	0	0	0	0	0	0			MoF-ALD
	Incorporate nutrition specific topics in DAG mapping tools	DAG mapping tools cover nutrition specific questions on health, education, WASH and agriculture								0	0	0	0	0	0	0			DDC

Activity	Sub-activity	Milestone	Timeframe (Year)					Resources -Year (Rs.'000')									Source		Responsibility
			1	2	3	4	5	Particulars	Per Unit cost	2012	2013	2014	2015	2016	Total	USD	Nat'l	Int'l	
	Review/conduct DAG mapping	Nutrition index available in all the districts						Staff (Rs. 10,000/VDC x 50 VDCs)	500,000/ district	3000	6000	8000	7500	12500	37000	506849			DDC
	Sub-total									7620	14940	19920	18675	31125	92280	1264110			
	M&E 5%									381	747	996	933	1556	4614	63205			
2.1 Sensitise Citizen Awareness Centres and Ward Citizen Forums to mobilise in support of nutrition of women and children at the ward level.	Organise sensitisation programmes to the chairpersons of the Ward Citizen Forum and Citizen Awareness Centre at district headquarters	Local communities such as WCF/CAC are encouraged by local bodies to volunteer nutrition related advocacy at the ward level						Training (10 orientation per district at Ilaka (1 day) (40 persons each)	20,000/ programme	1200	2400	3200	3000	5000	14800	202740	√		DDC in coordination with VDC & municipality
	Incorporate sessions on nutrition in the Ward Citizen Forum Training Manual (including reflect class curriculum)									0	0	0	0	0	0	0			
	Collaborate with social mobilisers of the local bodies for follow-up									0	0	0	0	0	0	0			
	Make provisions to include decisions of the Ward Citizen Forum meeting minutes in VDC reporting									0	0	0	0	0	0	0			
2.2 Introduce the practice of reviewing the	Incorporate nutrition into the existing social	Progress and concerns of the local						Refer to 1.1		0	0	0	0	0	0	0			DDC

Activity	Sub-activity	Milestone	Timeframe (Year)					Resources -Year (Rs.'000')									Source		Responsibility
			1	2	3	4	5	Particulars	Per Unit cost	2012	2013	2014	2015	2016	Total	USD	Nat'l	Int'l	
progress on chronic under nutrition in accountability mechanisms like social audit and public hearing.	audit/public hearing guidelines of the local bodies	communities on nutrition included in the social audit and public hearing report																	
	Include nutrition in the reporting of accountability functions									0	0	0	0	0	0	0			DDC
2.3 Include awareness raising on nutrition as part of the functions of social mobilisers.	Incorporate sessions on nutrition in the TOT and community level social mobilisation training packages	Social mobilisers are aware of their roles on nutrition						Supplies	Rs. 20,000/district	120	240	320	300	500	1480	20274			DDC
	Sub-total									1320	2640	3520	3300	5500	16280	223014			
	M&E 5%									66	132	176	165	275	814	11151			
3.1 Review child grant policy and provide child grants during pregnancy and <5 year children.		Karnali and poor DAGs all over the country								0	0	0	0	0	0	0		√	MoLD
3.2 Revise Child Grant Directive.										0	0	0	0	0	0	0		√	MoLD
	Sub-total									0	0	0	0	0	0	0			
	M&E 5%									0	0	0	0	0	0	0			

Activity	Sub-activity	Milestone	Timeframe (Year)					Resources -Year (Rs.'000')									Source		Responsibility
			1	2	3	4	5	Particulars	Per Unit cost	2012	2013	2014	2015	2016	Total	USD	Nat'l	Int'l	
4.1 Establish Food Security and Nutrition Steering Committee at district level by merging it with existing Food Security Monitoring Committee.	Make decision to merge nutrition into district level Food Security Steering Committee and rename it Food Security and Nutrition Steering Committee	Steering Committee formed with membership from DDC; municipality, line agencies i.e. health, education, WASH and agriculture; donor agencies; and civil society								0	0	0	0	0	0	0			NPC / MoLD
	Organise the steering committee meeting quarterly	Meeting (4 meetings - 20 persons) organised annually						Supplies: Rs. 2000/ meeting	8000/ district	48	144	272	392	592	1448	19836	√		DDC
	Make policy to submit nutrition related programmes by government and non-government agencies in the steering committee meeting for endorsement									0	0	0	0	0	0	0			DDC
	Review implementation progress of nutrition programmes									0	0	0	0	0	0	0			DDC
4.2 Form Food Security and Nutrition Steering Committee at Municipality	Food Security and Nutrition Steering Committee at VDC and Municipality	Steering Committee formed with membership from VDC/ municipality;								0	0	0	0	0	0	0			Local bodies

Activity	Sub-activity	Milestone	Timeframe (Year)					Resources -Year (Rs.'000')									Source		Respon sibility
			1	2	3	4	5	Particulars	Per Unit cost	2012	2013	2014	2015	2016	Total	USD	Nat'l	Int'l	
and VDC level in selected districts.		line agencies i.e. health, education, WASH and agriculture; donor agencies; and civil society																	
	Organise the steering committee meeting half-yearly	Meeting (2 meetings - 20 persons) organised annually						Supplies: Rs. 2000/meeting x 50 VDCs (average)	200000 for VDCs/ district 10000/ municipality/ district	1260	3780	7140	10290	15540	38010	520685	√		Local bodies
	Make policy to submit nutrition related programmes by government and non-government agencies in the steering committee meeting									0	0	0	0	0	0	0			Local bodies
	Review implementation progress of nutrition programmes									0	0	0	0	0	0	0			Local bodies
	Sub-total									1308	3924	7412	10682	16132	39458	540521			
	M&E 5%									65	196	370	534	806	1972	27026			
5.1 Allocate institutional responsibilities for nutrition at MoFALD	Identify focal units for nutrition:									0	0	0	0	0	0	0			
	a. MoFALD: Self-Governance Management	Focal persons assigned at								0	0	0	0	0	0	0			MoLD

Activity	Sub-activity	Milestone	Timeframe (Year)					Resources -Year (Rs.'000')									Source		Responsibility
			1	2	3	4	5	Particulars	Per Unit cost	2012	2013	2014	2015	2016	Total	USD	Nat'l	Int'l	
and local government level.	Division	all levels with clearly defined roles and responsibilities																	
	b. DDC: Planning and Monitoring Section									0	0	0	0	0	0	0			DDC
	c. Municipality: Urban Development Planning Section									0	0	0	0	0	0	0			Municipality
	d. VDC: Secretary, VDC									0	0	0	0	0	0	0			VDC
	Incorporate nutrition planning, monitoring and progress documentation in the functions of the focal units									0	0	0	0	0	0	0			DDC
	Incorporate nutrition in the job description of responsible staff of MoFALD and local bodies									0	0	0	0	0	0	0			MoLD / Local bodies
5.2 Develop capacity of MoFALD and local bodies.	Conduct capacity needs assessment of the focal units in nutrition planning and monitoring (baseline)	Training organised (2 training for focal persons (2 days) - 25 persons per training / district)						Training	65,000/training	130	130	130	130	130	650	8904	√		DDC
		Training (MoFALD: 1 Training on nutrition and related M&E on year 1and						Training	Rs. 300,000 -/ training	300	0	300	0	0	600	8219	√		MoLD

Activity	Sub-activity	Milestone	Timeframe (Year)					Resources -Year (Rs.'000')									Source		Respon sibility
			1	2	3	4	5	Particulars	Per Unit cost	2012	2013	2014	2015	2016	Total	USD	Nat'l	Int'l	
		3 (20 participants)																	
	Plan and budget for capacity development interventions	Budget allocated to all the local bodies								0	0	0	0	0	0	0			DDC
	Carry out capacity development measures as planned for the MoFALD, local bodies									0	0	0	0	0	0	0			MoLD/ DDC
	Provide equipment support to the Information and Documentation Section of DDC and Municipality	Budget allocated to the DDCs to procure equipment						Supplies (100,000/district and municipality)	200000/ district	1200	3600	6800	9800	14800	36200		√		DDC
	Sub-total									1630	3730	7230	9930	14930	37450				
	M&E 5%																		
6.1 Provide support to local bodies to develop DPMAS.	Organise training on DPMAS	Staffs of Planning, monitoring and documentation sections of the DDC trained						Training	350,000/ per training	350	350	350	350	350	1750	23973	√		DDC
	Suggest indicators to include in Results-based Monitoring and Evaluation Frameworks (NPC/MoFALD/DDC) for multi-sector nutrition monitoring	Refer to 1.2						Refer to 1.2		0	0	0	0	0	0	0			DDC

Activity	Sub-activity	Milestone	Timeframe (Year)					Resources -Year (Rs.'000')									Source		Respon sibility
			1	2	3	4	5	Particulars	Per Unit cost	2012	2013	2014	2015	2016	Total	USD	Nat'l	Int'l	
	Prepare DPMAS/Monitoring and Evaluation Framework									0	0	0	0	0	0	0			DDC
	Prepare monitoring plan (local bodies and line agencies)									0	0	0	0	0	0	0			DDC
	Assign dedicated staff to provide support to the local bodies to plan, monitor and document progress in nutrition	1 staff hired by the DDC						Staff (Rs. 20,000 x 12 months)	240,000/ district	1440	4320	8160	11760	17760	43440	595068	√		DDC
6.2 Publish nutrition progress report.	Compile multi-sector information on nutrition and consolidate it	Consolidated information on nutrition available at DDC annual report								0	0	0	0	0	0	0			DDC
	Include the progress report on nutrition as part of the annual report of local bodies									0	0	0	0	0	0	0			DDC
	Sub-total									1790	4670	8510	12310	18110					
	M&E 5%									149.5	413.5	765.5	1095.5	1645.5	4069.5	55747			
Total										13668	29904	46592	54697	85797	230658	3159699			
M&E 5%										683	1495	2329	2734	4289	11532	157985			

ANNEX III: GOVERNMENT NUTRITION FOCAL PERSONS, CONSULTANTS, AND REFERENCE GROUP MEMBERS

Government Nutrition Focal Persons

1. Mr Atma Ram Pandey, NPC
2. Mr Radha Krishna Pradhan, NPC
3. Ms Sabnam Shivakoti, MoAD
4. Mr Dhan Bahadur Shrestha, MoFALD
5. Mr Hari Lamsal, MoE
6. Mr Raj Kumar Pokharel, MoHP
7. Mr Rajan Pandey, MoUD

Consultants

1. Dr Anita Alba
2. Dr Bhimsen Devkota
3. Mr Guna Raj Shrestha
4. Prof. Jagannath Adhikari
5. Mr Kapil Ghimire
6. Prof. Dr Ramesh K. Adhikari
7. Dr Roger Shrimpton
8. Dr Shiva Adhikari
9. Mr Sudip Pokhrel
10. Ms Shikha Basnet

Reference Group – Health

Government

1. Mr Atma Ram Pandey, Joint Secretary, NPC
2. Mr Radha Krishna Pradhan, Programme Director, Health/Nutrition, NPC
3. Dr Bal Krishna Subedi, Chief, PPICD/MoHP
4. Dr Shyam Raj Uprety, Director CHD/DoHS
5. Dr Naresh Pratap KC, Director FHD/DoHS
6. Mr Badri B. Khadka, Director NHEICC/MoHP
7. Mr Raj Kumar Pokharel, Chief, Nutrition Section – CHD/DoHS
8. Dr Shilu Aryal, Chief, Safer Motherhood, FHD/DoHS
9. Ms Mangala Manandhar, Chief, FCHV, FHD/DoHS
10. Ms Sharada Pandey, WASH and Nutrition Focal Person, MoHP
11. Mr Parasuram Shrestha, Chief IMCI Section – CHD/DoHS

Supporting Partners

1. Prof Dr Ramesh Kant Adhikari, IOM
2. Prof Dr Madhu Devkota, IOM
3. Ms Pooja Pandey, HKI
4. Marion Michaud, EU
5. Dr Amit Bhandari, DFID

6. Dr Gaurav Sharma, DFID
7. Mr Hari Koirala, USAID
8. Dr Natsu Sharma, AUSAID
9. Ms Sofia Uprety, WFP
10. Dr Saba Mebrahtu, UNICEF
11. Mr Pradiumna Dahal, UNICEF
12. Dr Asha Pun, UNICEF
13. Mr Anirudra Sharma, UNICEF
14. Mr Naveen Paudyal, UNICEF
15. Mr Sharad Ranjit, UNICEF
16. Dr Maureen, NHSSP
17. Mr Robin Houston, NFHP
18. Dr Ashish KC, SC
19. Ms Neera Sharma SC
20. Dr Frank Paulin, WHO
21. Mr Ashok Bhurtyal, WHO
22. Mr Luc Laviolette, WB
23. Ms. Karen Colding, Consultant

Special Advice From

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Notes: Separate consultation meetings were also held with Association of INGOs in Nepal (AIN) members, development partners of different sectors, Nepal Nutrition Group (NNG), Donors Food Security Technical Working Group (FSTWG), External Development Partners (EDPs) for Health, for Education, and for WASH, as well as with Regional and District level stakeholders (Government, Civil Society among others).