

# ***“Addressing Malnutrition and Investing in Early Years in Nepal in a Federalized Context”***

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# LIST OF ABBREVIATIONS

ATC	Advisory and Technical Committee
CEHRD	Centre for Education and Human Resource Development
CBO	Community-Based Organization
CPCC	Child Protection Coordination Committee
DHIS	District Health Information System
ECD	Early Childhood Development
ECED	Early Childhood Education and Development
EDP	External Development Partner
EMIS	Education Management Information System
EU	European Union
FCHV	Female Community Health Volunteer
FGD	Focus Group Discussion
GoN	Government of Nepal
HFOMC	Health Facility Operational Management Committee
HLNFSSC	High-Level Nutrition and Food Security Steering Committee
HMIS	Health Management Information System
IEC	Information, Education, and Communication
IECD	Integrated Early Childhood Development
IFA	Iron Folic Acid
INGO	International Nongovernment Organization
KII	Key Informant Interview
LGNFSSC	Local Government Nutrition and Food Security Steering Committee
LMIS	Logistics Management Information System
M&E	Monitoring and Evaluation
MoALD	Ministry of Agriculture and Livestock Development
MoEST	Ministry of Education, Science and Technology
MoFAGA	Ministry of Federal Affairs and General Administration
MoHP	Ministry of Health and Population
MSNP	Multi-sector Nutrition Plan
MUAC	Middle-Upper Arm Circumference
NAGA	Nutrition Assessment and Gap Analysis
NFSCC	Nutrition and Food Security Coordination Committee
NFSSC	Nutrition and Food Security Steering Committee
NGO	Nongovernmental Organization
NNFSSC	National Nutrition and Food Security Coordination Committee
NPC	National Planning Commission
NTAG	Nepali Technical Assistance Group
PLNFSSC	Provincial Nutrition and Food Security Steering Committee
PTA	Parents Teacher Association
RM	Rural Municipality
RRM	Remote Rural Municipality
SC	Steering Committee
SDG	Sustainable Development Goal

SGNCDS	Seto Gurans National Child Development Services
SMC	School Management Committee
SSDP	School Sector Development Plan
SWOC	Strengths, Weaknesses, Opportunities, and Challenges
TOT	Training for Trainers
UM	Urban Municipality
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WASH	Water Supply, Sanitation, and Hygiene
WFP	World Food Programme
WLNFS SC	Ward-Level Nutrition and Food Security Steering Committee

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# EXECUTIVE SUMMARY

## INTRODUCTION

In 2015, the new constitution of Nepal promulgated the country as a federal republic with three autonomous government levels: federal, province, and local, each with an elected assembly. Consequently, numerous policies and plans were formulated as per the new federal system. In line with this change, the Government of Nepal (GoN) has formulated Multi-Sector Nutrition Plan-II (MSNP II) (2017–2022) to improve the nutrition status of mothers, adolescents, and children by scaling up nutrition-specific and nutrition-sensitive interventions throughout the country. Similarly, as per the provision of the Constitution of Nepal an initiative was taken to formulate the early childhood development (ECD) Strategic Plan 2019–2030 which is in a draft form and has envisioned holistic development of children in the early stage of life through integrated ECD interventions. However, a concern arises on the institutional capacity as well as the awareness on the roles and responsibilities of individuals to implement these policies, strategies, and plans.

## OBJECTIVES OF THE STUDY

The objectives are to assess institutional arrangements for MSNP II and the draft ECD Strategic Plan and to measure (a) awareness, (b) understanding of the specific roles and responsibilities, and (c) what it would take for the key stakeholders to fulfil their roles and responsibilities.

## METHODOLOGY AND SAMPLING

The study has used qualitative methods involving research tools such as Key Informant Interview (KII), Focus Group Discussion (FGD), and Group Work, and has applied purposive sampling for mapping the list of the respondents. Analysis was conducted by the research team using techniques of manual analysis and utilizing research software 'NVivo 12'.

## STUDY AREAS AND STUDY POPULATION

The study areas are Province 2 and Karnali Province (Province 6).<sup>1</sup> These provinces were selected purposively based on the criteria of high burden of malnutrition as per the Nepal Demographic and Health Survey (NDHS), 2016. Further, a total of six municipalities (three from each study province) were selected purposively—one urban, one rural, and one remote rural municipality with MSNP and ECD interventions. These study municipalities were selected through wider and rigorous consultation with the chief ministers, ministers, parliamentarians, secretaries, mayors, and local authorities of respective provinces. The study has applied

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<sup>1</sup> Because only selected municipalities in two provinces were part of the study, the findings cannot be generalized across the nation.



Mendelow's Matrix as a tool to identify the key respondents for the study and prepare a list of the respondents for each tier of the government system: federal, provincial, and municipality.

## FINDINGS

Nepal is committed to reduce all forms of malnutrition and has adopted MSNP to scale up nutrition-specific and nutrition-sensitive interventions for creating an enabling nutrition environment for mothers, children, and adolescents. This study reveals the transitional state of nutrition and ECD in the country as it is adjusting itself in federal structure and governance.

The key stakeholders who participated in nutrition- and ECD-related trainings, advocacy, or campaigning by any means at any point of time in their life were able to explain both nutrition and ECD as an effort or the way for rearing and caring of mothers and children with good food and care. Similarly, participants of the KII and FGD showed eagerness about providing good foods such as meat, fish, fruits, lito, and jaulo, for nutritional care and also claimed ECD for the children studying in preprimary classes while there still seemed the need for regular advocacy as some sort of confusion was observed about the core value and age range of ECD.

As the federal structure was introduced in the country, the stakeholders at each level of government were waiting for the new plans, policies, and laws, especially for improving nutrition and other ECD outcomes.

There is variable understanding of roles and responsibilities in the context of improving nutrition and ECD outcomes and its internalization. The local-level authorities were enthusiastic to perform their roles and responsibilities however they were not clear about what exactly they had to do and how. Many of the province- and federal-level stakeholders, on the other hand, were in the state of 'wait and see' as the ECD plans, policies, laws, and guidelines were yet to be established, whereas for nutrition, MSNP II has been already rolled out, and only the preparation of their local need-based strategic plan and guidelines for implementation remain. MSNP II was led and developed by National Planning Commission (NPC) jointly with sectoral Ministries and Development partners which was approved by the Council of Ministries. NPC has also drafted a national ECD strategy which is waiting for approval. Federal-level stakeholders assured to have performed coordinating roles for improving and implementing MSNP II and ECD outcomes in the country. According to federal-level stakeholders, development partners are also supporting the government by providing technical assistance in the nutrition and ECD sector. The provision of allocating non-conditional budget for the local level was claimed to be the part of the roles and responsibility of the federal-level government, which has helped the local-level government to prioritize nutrition and ECD as a key component of the development sectors and make necessary expenditure on it as a holistic need.

Nutrition governance structure at provincial level is Provincial Nutrition and Food Security Steering committee which is established and functional in all 7 provinces. The province-level government was working to comply with the federal-level commitment on MSNP and ECD. They are preparing a province-level strategy to invest and perform MSNP and ECD plans and programs. Similarly, ECD was arranged as one of the units under the Ministry of Social Development in the province and an official was designated to look after the programs and activities for early age children. They were in the process of developing strategies for

monitoring programs and activities including nutrition of preschool children. In the same way, the health unit in the municipality delivers health- and nutrition-related services to early age children.

The federal-level plans and policies play an integral part in the implementation of any nutrition and ECD programs at the provincial and local levels. MSNP II provides a framework and support for implementing nutrition-specific and nutrition-sensitive activities at all levels. At the federal level, the NPC and other sectoral ministries have developed various plans, policies, and strategies for capacity development, advocacy, communication, and monitoring and evaluation (M&E) to support the implementation of nutrition and ECD interventions. The provincial and local levels adopt these frameworks, however, they lack their own context-specific plans and policies.

As part of the governance at the federal level, the NPC as a coordinator of MSNP, performs its role through a High-level Nutrition and Food Security Steering Committee (HLNFSSC) and Nutrition and Food Security Coordination Committee (NFSCC). Similarly, ECD focal persons coordinate with different ministries to ensure integrated efforts for ECD. Because the Ministry of Education, Science and Technology (MoEST) is responsible for education of early age children and the Ministry of Health and Population (MoHP) for their sound health, the NPC works toward integrating their services through a multisector framework. Different stakeholders at the ministries govern and regulate MSNP and ECD services in their respective areas. At the province level, both the sectors are governed under the Ministry of Social Development.

Nutrition and other ECD services are delivered to early age children through various health facilities and ECD centers which are governed by the local level. Because one-year education for early age children has been integrated into the school system, preprimary classes are run in schools which are controlled and supported by the education section of the local-level government. Similarly, prenatal and postnatal services, vaccination, and counselling for sound health for pregnant women and children are provided under the health and social section of the local-level government. Likewise, the women, children, and senior citizen unit looks after children's rights (protection, participation, survival, and development) rather than focusing on counselling for better diet/food behavior. System of regular information flow is working satisfactorily, and proper documentation of profile and data is being practiced on a regular basis following the calendar and is found to have been maintained at each level.

## RECOMMENDATIONS

The study has revealed a number of opportunities to make the nutrition related MSNP and ECD strategy effectively function with improvements. Few of those are as follows:

1. Nutrition- and ECD-related awareness and orientation programs are identified as a basic need for local- and province-level stakeholders. Limited awareness is one of the bottlenecks, but even after receiving general orientation, actions often do not take place unless it is followed by or tightly linked to actual functional support and continuous capacity building. Nutrition is often an invisible problem that affects people's lives and human capital formation silently for a long time. Federalism empowers local communities and governments to protect themselves, but it does not

happen only by setting laws/policies and disseminating guidelines. So, creating master trainers to support subnational officials on ECD and nutrition agenda together with supportive supervision is essential, especially to ensure enriched understanding and awareness by the target stakeholders. A refreshment program on MSNP and ECD for federal-level stakeholders is also a need indicated by the study.

2. Because the parents and community members are, to a great extent, less aware about nutrition and ECD, they do not exactly claim their specific roles and responsibilities in promoting and linking the nutrition standards and quality of ECD outcomes. Empowering parents and community people through demonstration of preparing good food utilizing locally produced/available materials and its influence on the early development of child is an effective way to create awareness among parents and the community.
3. Because the newly elected local representatives are focused more on infrastructure development such as constructing roads and buildings for quick results to impress voters, they remained far off in promoting the standard of nutrition and ECD outcomes. In this context, it is recommended to develop binding laws, policies, and guidelines specifying the explicit roles and responsibilities of key stakeholders at the local, provincial, and federal levels.
4. Though policy documents of MSNP are in place, easy understanding of those plans and local-level strategies and plan of action are yet to be developed. Although it is reported that some local levels with support from some development partners have developed nutrition friendly workplans, the sites included in this study did not have such plans. Similarly, the old system, policy, and plan for ECD were not in use and the new systems, policies, and plans were not found to have been developed, especially at the local and province levels of government. Such a transition was found to have created confusion among the key stakeholders, especially in terms of deciding about prioritizing nutrition and ECD matter, implementing activities and programs related to nutrition (sensitive or intervention), and ECD. It is recommended to develop a system, policy guidelines, and/or mechanism at the federal and province levels to support the local level for ensuring quality nutrition and ECD outcomes envisioned by the MSNP and ECD strategy. It is also recommended to provide technical assistance to develop those activities.
5. All the MSNP and ECD stakeholders have unanimously confirmed shortage of resources —financial and human (technical) at all levels of governance. Hence, it is recommended to ensure adequate financial and human (technical) resources to make the administrative system and program more functional. The effective use of the conditional grant has to be ensured, while allocation of an unconditional grant for nutrition can be supported by demonstrating investment returns and better use of data.
6. With the devolution of the administrative system, the role of the local level in implementing nutrition and ECD activities is critical. As such, the head of the local level (such as the mayor or chairperson) can offer strong executive leadership and direction, under which various interventions such as nutrition and ECD can more holistically be

integrated into the planning, budgeting, supervisory, and monitoring processes. This study recommends identifying and experimenting with viable opportunities to integrate the interventions and investments for improving nutritional and ECD outcomes.

7. The ECD strategy draft document specifies the ECD period starting from conception to 8 years of age, which is further divided into five phases. The institutional arrangement for ensuring quality ECD services in each phase was not adequate and appropriate. For example, institutionalizing service delivery, budgeting, information management, logistics and its supply, early stimulation and learning, protection, and survival, for each phase of ECD is an urgent task on the part of parents, community members, pre-primary schools, health facilities, and the local and provincial governments.
8. For accountability and effective administration, communication, and M&E, a strong federal structure for nutrition has been visualized by all stakeholders of study areas. So, a federal-level center of excellence for nutrition is recommended.

# CHAPTER ONE: INTRODUCTION

## 1.1 BACKGROUND OF THE STUDY

In 2015, the new constitution of Nepal proclaimed the country as a federal republic with three autonomous government levels: national, province, and local level, each with an elected assembly. It places greater emphasis on health in a devolved setup. Consequently, numerous plans and policies were adjusted according to the new federal structure. Aligning with this, Multi-Sector Nutrition Plan (MSNP) I was updated and MSNP II was implemented at all tiers of the government with active participation from relevant sectors. A Nutrition and Food Security Steering Committee (NFSSC) was instituted at the federal, provincial, local, and ward levels which was responsible to carry out various activities and programs for implementation of MSNP II (NPC 2017). Similarly, a study financed by the United Nations Children's Fund (UNICEF) (NPC 2018) on Nepal's Early Childhood Development Program (2004–2015) indicates that the Early Childhood Development (ECD) strategy should be backed up by a credible resource plan and strong political commitment to allocate the required resources to deliver the ECD strategy. The study has further recommended that the ECD strategy should clearly outline both supply-side and demand-side initiatives to enhance access and quality of ECD services to children. The ECD Strategic Plan 2019–2030 is also looking to establish ECD Committees at subnational and local levels. Such subnational committees provide a better opportunity for close coordination across various sectors to improve health and nutrition. However, concerns arise on their capability as well as their awareness of their roles and responsibilities.

With recent governance changes in Nepal from a unitary state to a highly decentralized federal state, the manner in which Nepal assigns responsibilities and finances and delivers services to address priority development concerns is rapidly changing. Given the size of the problem, Nepal is keen to address the priority issues of undernutrition and ECD—for example 36 percent of children under the age of 5 are stunted and the development of literacy-numeracy is only 12 percent for the poorest children of ages 3–5 years, while it is 65 percent for the richest children—and the negative impact that this has on the socioeconomic development of the country. Previously, the response of the Government of Nepal (GoN) would have been to centrally plan programs and to directly deliver those programs largely through district administrations that were extensions of the national government. Now, the delivery of basic services including those affecting nutrition and ECD are within the mandates of the provincial and particularly municipal governments which have a large degree of autonomy, but limited capacity to analyze their priority needs and plan and execute their budgets accordingly.

Though there are constraints, provincial governments provide an opportunity for closer coordination across various sectors which will help to respond to issues that require a multisectoral response such as nutrition. The awareness, understanding, and the degree to which provincial governments attach importance to implement national priorities—such as those described in the national MSNP II (2018–2022) and the ECD Strategic Plan which is currently being drafted by the National Planning Commission (NPC) needs to be assessed and capacitated. MSNP II, which has already been approved by the NPC, has defined certain

institutional structures to oversee the implementation of the plan, but it is necessary to assess these institutional arrangements and particularly to measure (a) awareness, (b) understanding of roles and responsibilities, and (c) what it would take for the key stakeholders to fulfill their roles and responsibilities. This is the background for the first objective of the assignment.

As mentioned, the subnational governments being closer to the citizens, accountable through elections, and with offices focusing on social welfare, provide a good platform for addressing the cross-sectoral and service delivery challenges of such issues as nutrition and ECD. Subnational governments have autonomy. At the same time, they are seeking guidance and technical and material support to respond to challenges that they are facing given that they are new governing structures with new roles for defining and implementing their own development agenda. Given the limited resources and low capacity of newly formed local governments, it is necessary to develop guidance on a short- to medium-term plan for the municipalities to make progress on the cross-sectoral response to nutrition and ECD. It is necessary for the plans to be based on a prioritization of the need, based on evidence, and realistic in scope. The primary audience is the municipal governments. However, where there are constraints which need to be supported by other stakeholders (provincial and national), these should also be identified.

For this study, a methodology was developed to identify the key stakeholders at all levels and an approach was developed for detailed assessment of the stakeholder's awareness as well as understanding of their roles and responsibilities. This assessment has helped to determine what could be done to increase the capability of stakeholders to fulfil their tasks. In addition, assessment was carried out on the institutional and financial capacities of structures formed at the municipal level such that evidence based as well as realistic strategies for advancing against malnutrition and promoting ECD can be developed.

## **1.2 OBJECTIVES OF THE STUDY**

The objectives of the study are the following:

- (a) Assess institutional arrangements for MSNP II and the draft ECD Strategic Plan and to measure (i) awareness; (ii) understanding of the specific roles and responsibilities; and (iii) what it would take for the key stakeholders—particularly, but not only the municipal governments—to fulfil their roles and responsibilities.
- (b) Develop detailed strategies, implementation plans, and budgets based on a comprehensive needs assessment and an evidence-based and realistic assessment of the institutional and financial capacities, for what it would take to improve the nutrition and ECD outcomes in a select number of municipalities and to define the support (policy, technical, and material) that may be needed by other stakeholders to support those plans.

## CHAPTER TWO: DESK REVIEW

The team explored all the policies and strategies of nutrition and ECD to understand the national need and their delivery system through the provincial and local governments. The review also focused on the new federal structure to understand actual organizational structure at the national, provincial, and municipal levels that will lead to develop a robust coordination mechanism and implement the project in the best possible way with support from provincial and municipal governments.

Various documents, reports, and similar researches carried out globally and nationally were also reviewed. Through the rigorous reviews of the documents related to MSNP II and ECD, planning and the strategic implementation process were designed to meet the objectives of the project. Published documents on capacity assessment of institution of local governance were reviewed. Lesson learned and recommendations provided by such published assessments were also considered while developing study tools and implementing the study.

To make the process more systematic and scientific, desk review was carried out following standard guidelines and protocols by all the team members. Standard desk review template was designed in consultation with all the team members to track all the reviewed documents and articles.

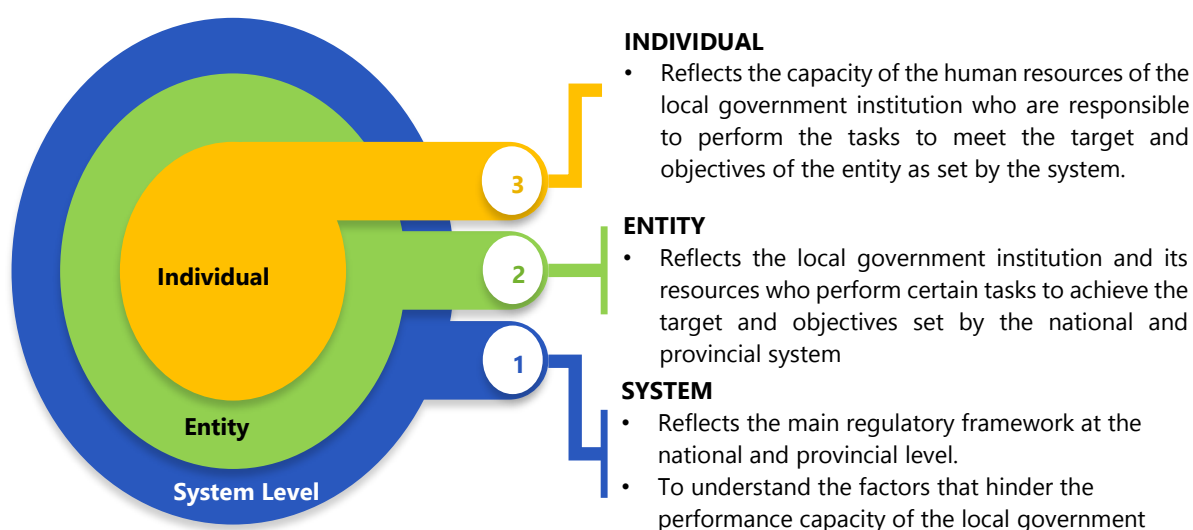
By collecting, organizing, and synthesizing available information with regard to MSNP II and draft strategic ECD, the team gained an understanding of the federal context for these programs, priorities placed by the governments at the three levels (federal, provincial, and municipality), and human resources and their roles and responsibilities. The findings of the desk review further guided the team to frame questionnaires to extract relevant and accurate information/data for this study. All the findings of this study including the desk review are mentioned in the fourth chapter of this report.

# CHAPTER THREE: APPROACH AND METHODOLOGY

## 3.1 STUDY APPROACH/METHODOLOGY

### APPROACH FOR CAPACITY ASSESSMENT

The study required the assessment of systems, institutions, and human resources of concerned government offices of MSNP II and ECD Strategic Plan on the basis of which, suggestions will be given on what could be instrumental for the efficacious implementation of MSNP II and draft ECD Strategic Plan. In this context, the capacity assessment model of United Nations Development Programme (UNDP) was applied. This model is a three-layer approach for the assessment of the local government institution. This model is an intensive approach to assess the capacity at three different levels; system, entity, and individual systematically.



**Figure 1: A three-layer approach of capacity assessment**

In line with the second objective of this study, another approach plan was developed and used for preparing the detailed needs assessment, plans, and budgets with the selected municipalities.

With reference to the findings of the assessment, the study team supported local municipalities to develop strategies, strategic plans, and budgets. Along with the evidence and situational analysis of local bodies, the findings, lesson learned, and recommendations of similar studies conducted in the past were also considered while preparing these strategies, plans, and budgets. Likewise, national data source such as Health Management Information System (HMIS), Education Management Information System (EMIS), and publications related to MSNP

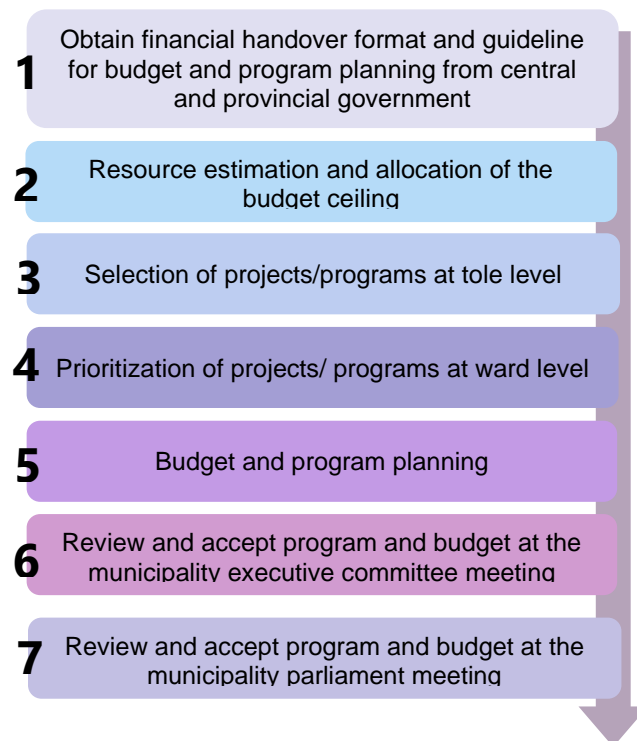


and ECD were also referred during the planning process and development of detailed implementation plan for the local government.

This approach was implemented in the same six municipalities where the assessments have been conducted. Guidelines for strategic planning at the local level for MSNP and ECD were developed as a planning tool. The classic 4-Step Approach for Strategic Planning (Schmidt and Laycock, n.d.) was adopted while developing the guidelines.



**Figure 2: The Classic 4-Step Approach to Strategic Planning**



**Figure 3: Seven steps of planning process of local government, Nepal**

Most importantly, the guidelines (Ministry of Federal Affairs and General Administration 2017a; Ministry of Federal Affairs and General Administration 2017b) for local government planning process (7 steps) issued by the Ministry of Federal Affairs and General Administration (MoFAGA) was referred to while developing local-level strategies, plans, and budgets.

## 3.2 STUDY SITES

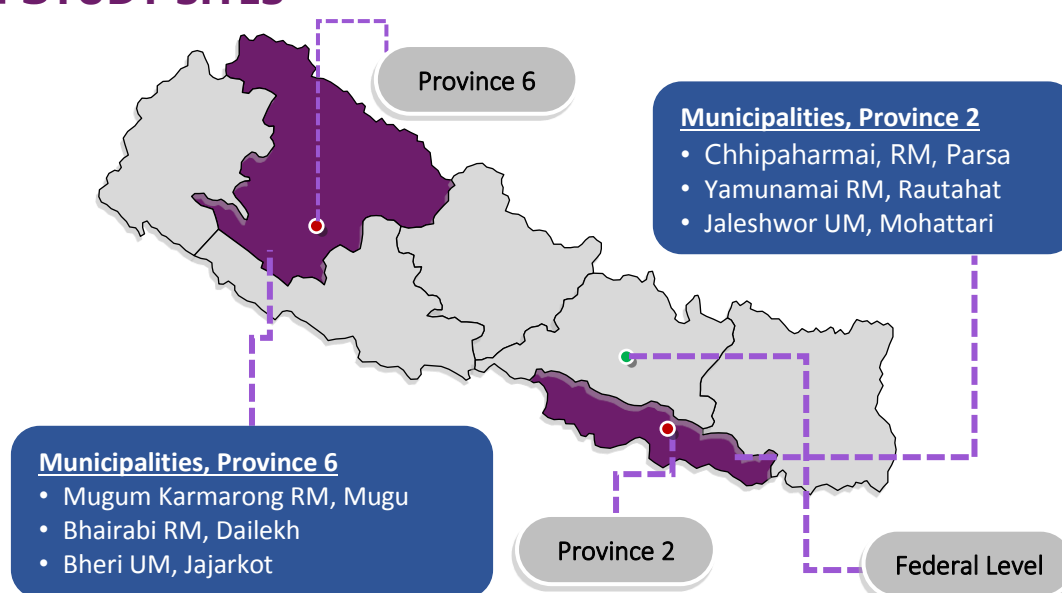


Figure 4: Study area

Provinces were selected based on the criteria of high burden of malnutrition as per the Nepal Demographic and Health Survey (NDHS), 2016. After comparison among all the seven different provinces, Province 2 and Karnali Province were selected as the study areas. Furthermore, a total of six municipalities (three municipalities from each [study] province) were selected purposively: one urban, one rural, and one remote rural municipality with MSNP and ECD interventions. These study municipalities were selected through wider and rigorous consultation with the chief ministers, ministers, parliamentarians, secretaries, mayors, and local authorities of respective provinces. More specifically, criteria for the selection of study municipalities were the following:

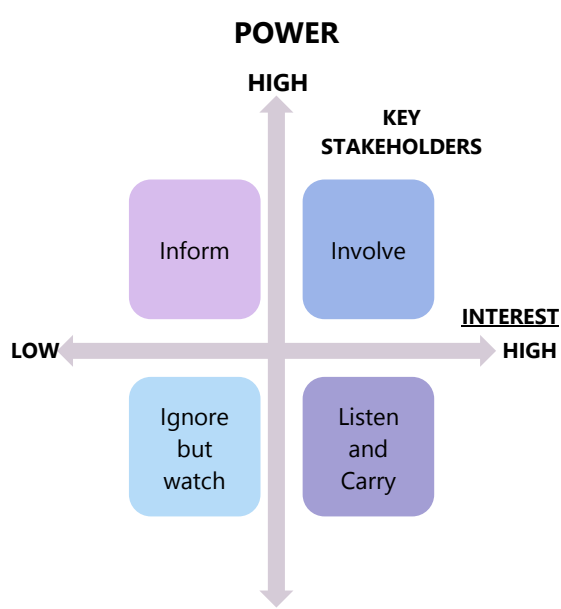
- One urban, one rural, and one remote rural municipality
- MSNP-implemented municipalities
- Municipalities with ECD centers.

## 3.3 STUDY SAMPLE AND POPULATION

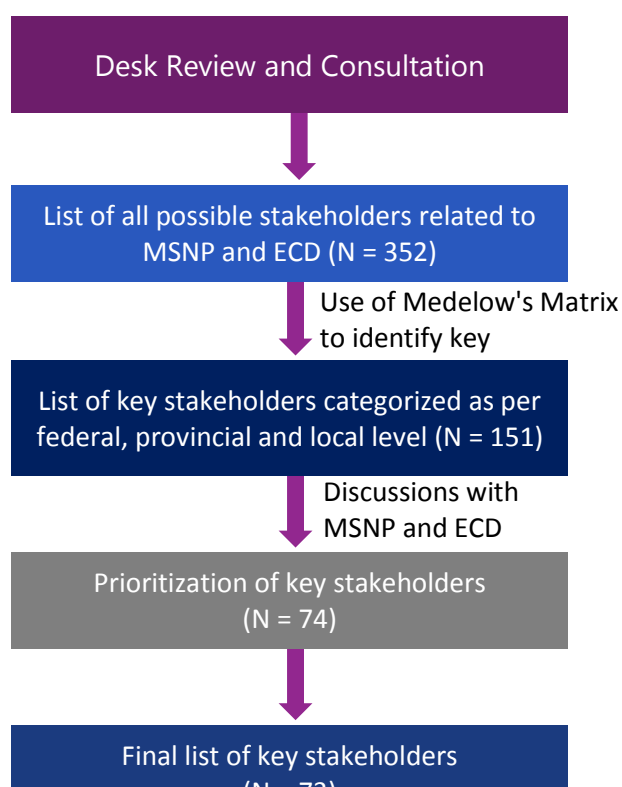
The study was conducted at the federal level and at provincial and municipal levels of Province 2 and Karnali Province. The target population included government officials who are involved directly and have roles and responsibilities in the implementation of MSNP II and ECD interventions at the province and local municipal levels. The key stakeholders (respondents) were identified through stakeholder mapping. The process for the mapping of key stakeholders (study population) is described in the following paragraphs.

## IDENTIFICATION OF THE STAKEHOLDERS/RESPONDENTS

Key stakeholders/respondents of the study were identified from the national and subnational levels for the study. Mendelow's Matrix (Schmidt and Laycock, n.d.) (UNDP 2009 model was applied to identify key stakeholders). The matrix mapped the stakeholders based on their interest and likeliness to execute legislation for effective implementation of multisectoral nutrition and ECD strategies.



**Figure 5: Mendelow's Matrix for key stakeholder mapping**



**Figure 6: Key Stakeholder Mapping Process**

In the initial mapping phase, all possible stakeholders at federal, provincial, and local levels, who were related to nutrition and ECD were listed out. Then, with reference to Mendelow's Matrix, key stakeholders were categorized into four categories. The first category represented stakeholders who had low interest and low power in MSNP- or ECD-related activities. The second category stakeholders had a high interest in these fields, but low power to execute legislative activities. Similarly, the third category represented stakeholders having high power or authority in decision making but had no interest in MSNP- and ECD-related activities. The final category of the stakeholders had both high interest and high power for making decisions and implementing MSNP- and ECD-related activities. Among the four categories, the stakeholders with high interest and high power have been listed as key stakeholders for the study. However, the study could not involve all the key stakeholders due to resource and time constraints.

Further, the list was sorted after discussing with the nutrition expert, ECD expert, and other team members. The list was then prioritized based on the direct and indirect involvement of stakeholders in nutrition- and ECD-related activities. Multiple stakeholders representing the same section, division, or organization were minimized. After rigorous and multiple processes, the list of key stakeholders was finalized.

## 3.4 STUDY TOOLS AND TECHNIQUES

The following qualitative research tools were used for the study:

- Key Informant Interview (KII)
- Focus Group Discussion (FGD)
- Group Work

### 3.4.1 KEY INFORMANT INTERVIEW (KII)

KIIs were conducted at federal, provincial, and municipality levels to obtain information from the respondents on the arrangements for MSNP II and ECD Strategic Plan at systems, entity, and individual levels. The KIIs will help measure awareness, understanding of the specific roles and responsibilities, and what it would take for the key stakeholders to fulfil their roles and responsibilities.

To interview key informants, a semi-structured questionnaire was developed by the study team with the technical support and feedback of advisory/technical team, NPC, and the World Bank.



### 3.4.2 FOCUS GROUP DISCUSSION (FGD)

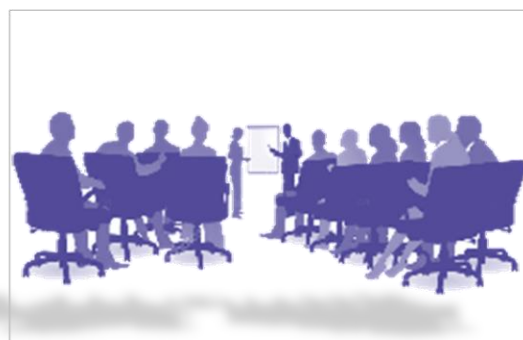
A total of 17 FGDs were conducted in six municipalities of Province 2 and Karnali Province to capture the opinion, perspective, and beliefs about implementation of nutrition and ECD projects and programs in the federal context at the local level. Furthermore, the FGDs focused on obtaining information on respondents' perspectives of service provider and service receiver on MSNP- and ECD-related activities at the community level.



### 3.4.3 GROUP WORK

Different Group Works were conducted with the concerned stakeholders of MSNP and ECD through workshops at the provincial and municipal levels. The workshop was a common platform to discuss and brainstorm about the policies, strategies, planning, implementation, resources availability, and human resources for the implementation of MSNP II and ECD interventions.

One-day workshops were conducted at the following levels:



- (a) Provincial level (Province 2 and Karnali Province) - Two (one workshop per province)
- (b) Municipal level:(urban, rural, and remote) - Six (three workshops per province)

## 3.5 DATA COLLECTION PROCEDURES

In this study, information was collected using a qualitative approach where tools such as, KII, FDG, and Group Work, were administered.

### 3.5.1 KEY INFORMANT INTERVIEWS

Personal in-depth interviews were conducted with key stakeholders involved in MSNP- and ECD-related activities at federal, provincial, and municipal levels to collect data for the study. The objective of these KIIs was to assess the institutional arrangement for MSNP II and national ECD strategy. In addition, the interviews intended to measure awareness of the stakeholders on MSNP and ECD, their understanding of the specific roles and responsibilities, and what it would take for the key stakeholders to fulfil their roles and responsibilities. Respondents were also asked about the enabling and impeding factors to perform nutrition- and ECD-related outcomes. Based on the objectives of the KII and desk review, a detailed KII guideline was developed for the study. The guideline addressed the MSNP- and ECD-related issues at individual, entity, and system levels. Individual-level questions explored the awareness, roles/responsibilities, and challenges. Likewise, entity-level questions explored the issues of governance, human resources, finance, service delivery, information management, and logistics for institutional arrangements. Finally, system-related questions were administered to assess the situation of existing plans and policies at different tiers to support MSNP and ECD.

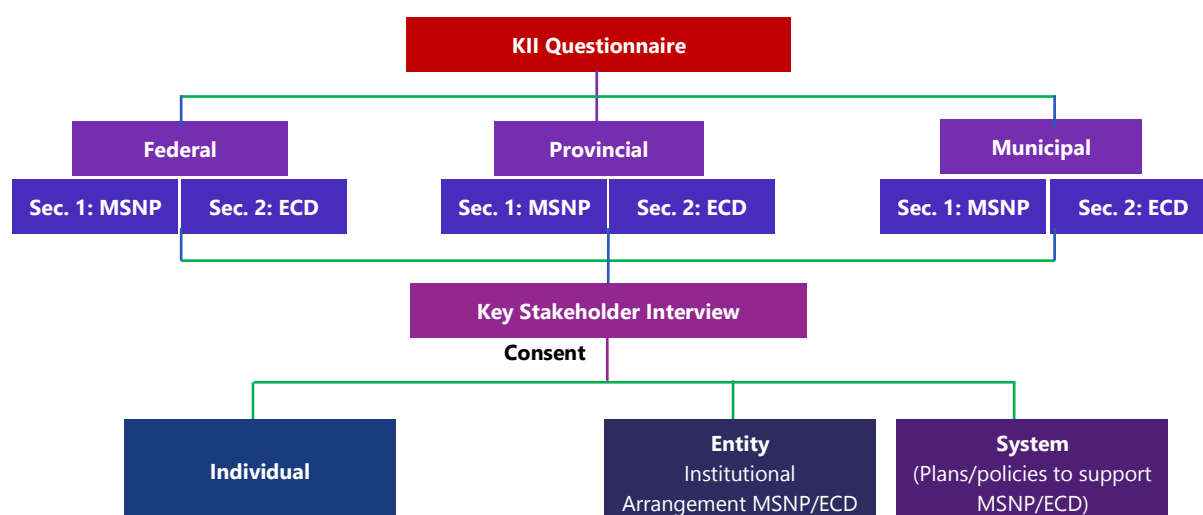
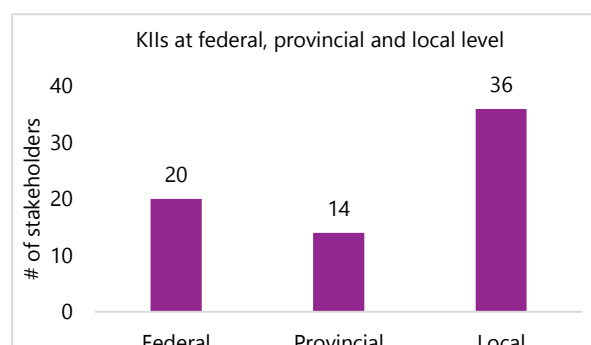


Figure 7: Framework for KIIs

A total of 70 KIIs were conducted at different tiers of government during the study period. About 20 in-depth interviews were conducted at the federal level. Likewise, 14 interviews were carried out at provincial level and 36 interviews were conducted at the local level.



**Figure 8: KIIs at federal, provincial, and local level**

### 3.5.2 FOCUS GROUP DISCUSSIONS

FGDs were conducted only at the local level to assess the group perspectives of service provider and service receiver on MSNP- and ECD-related activities in the community. Hence, three target groups were identified for the FGDs, and they included members of Health Facility Operational Management Committee (HFOMC), past or existing local-level ECD Committee and community people.

A total of 17 FGDs were conducted in the six municipalities of the study area.

**Table 1: Number of participants of the FGD**

S.No	Municipality	FGD Participants		
		HFOMC	ECD Committee	Community People
1	Jaleshwar UM, Province 2	13	—	15
2	Yamunamai RM, Province 2	12	8	10
3	Chhipaharmai RM, Province 2	11	11	10
4	Bheri UM, Karnali Province	11	12	12
5	Bhairabi RM, Karnali Province	13	15	13
6	Mugum RM, Karnali Province	10	9	15
<b>Total</b>		<b>70</b>	<b>55</b>	<b>75</b>

Note: RM = Rural Municipality; UM = Urban Municipality.

### 3.5.3 WORKSHOP AT PROVINCIAL LEVEL

Provincial-level workshops were held at Karnali Province and Province 2 to assess the capacity of the provincial government and stakeholders for addressing nutrition and ECD. A one-day workshop was organized at Hotel Suva, Surkhet, Karnali Province on November 29, 2019. Similarly, in Province 2, a one-day workshop was held at Masala Cottage, Janakpur, on December 19, 2019. These workshops explored the strengths, weaknesses, opportunities, and challenges (SWOC) of the implementation of nutrition and ECD activities at the provincial level. In addition, these workshops supported to acquire recommendations, suggestions, and corrective measures to improve the MSNP and ECD strategies.

The major participants of the study were representatives from different sections of the Ministry of Social Development, Provincial Policy and Planning Commission, Ministry of Land Management, Agriculture and Cooperatives and Provincial Health Directorate.

**Table 2: Details of workshops at the provincial level**

Province	Date	Venue	Participants #
Province 2	December 19, 2019	Masala Cottage, Janakpur	34
Karnali Province	November 29, 2019	Hotel Suva, Surkhet	28

Both the workshops were initiated with a welcome remark from the organizer. A lucid presentation on the project was made where a brief summary of the project's objectives, approaches, and methodology were presented. To collect in-depth and accurate information from the participants, the facilitators elaborated on the objective of the workshop. Also, a short session was incorporated to orient participants regarding the FGD format, which was designed to gather an SWOC analysis of the MSNP and ECD sector based on six components: Governance and leadership, Human resource, Finance, Service delivery, Information management, and Logistics.

### 3.5.4 WORKSHOP AT LOCAL LEVEL

A one-day workshop was organized at all the six municipalities of the study areas to assess the capacity of the municipal government for addressing malnutrition and ECD at the local level. In total, there were 160 participants in all the workshops. Moreover, the major participants included mayors, health coordinators, chief of the education section, and representatives from different sections of the municipality.

**Table 3: Details of workshops at the local level**

Province	District	Municipality	Date	Participants #
Province 2	Mahottari	Jaleswor UM	January 10, 2020	26
Province 2	Rautahat	Yamunamai RM	January 5, 2020	23
Province 2	Parsa	Chhipaharmai RRM	January 10, 2020	25
Karnali	Jajarkot	Bheri UM	December 31, 2019	27
Karnali	Dailekh	Bhairabi RM	January 9, 2020	30
Karnali	Mugu	Mugum Karmarong RRM	December 11, 2019	29

Note: RRM = Remote Rural Municipality.

All the workshops were conducted aligning with a common workshop guideline developed by the project team. All the workshops were initiated with the introduction of participants and welcome remarks of the organizers. A presentation was made on the overview of the study and the objective of the workshop. After the presentation, an FGD was conducted to explore the SWOC of the municipality to implement MSNP- and ECD-related activities at the local level. Moreover, the SWOC analysis explored the situation of institutional arrangements of the municipalities on governance/leadership, human resources, financial resources, service delivery, information management, and logistics/supplies. In addition, the assessment of existing plans and policies related to nutrition and ECD was carried out to identify gaps in the implementation strategy. Each group presented the details of discussion and made recommendations to improve the institutional arrangements for effectively implementing MSNP and ECD strategy at the local level.

### WORKSHOP AT FEDERAL LEVEL

A one-day federal-level workshop was organized at Kathmandu on February 16, 2020, to discuss the findings from the field.

In total, there were 160 participants in all the workshops.

### **3.6 DATA MANAGEMENT AND ANALYSIS**

Information gathered using qualitative tools such as KII, FDG, and Group Work, were audio-recorded in addition to note-taking. The validity and completeness of the collected information were checked for in the field. Then the collected information notes and audio files were sent to the central study team for further processing and analysis. Upon receiving those audio files, notes and questionnaires, were transcribed to convert all the information into text. Because information has been collected in Nepali language and in local dialects, it was translated into English for further processing. The transcribed files and handwritten notes were reviewed and verified by the central study team for validity and reliability. All the transcriptions, notes, and workshop documents were imported in NVivo 12 for further management and thematic analysis.

In the first step of the data management and analysis, different structural codes were created in the software with the responses to the specific interview themes and questions. The basic objective was to organize the data as per the data analysis plan. The thematic codes included Plans and Policies, Awareness on MSNP/ECD, Understanding Responsibilities, Governance, Financial Resources, Human Resources, Service Delivery, Information Management, Logistics, and Technology. Subcodes were developed under these thematic codes. In the second step, all the transcriptions, notes, and workshop documentation were reviewed. Further, the information of these documents was coded into different thematic categories called codes and nodes. Moreover, the codes were classified into three levels, federal, provincial, and local to understand the situation at different tiers of the federal government. The study, however, did not split codes into urban and rural municipalities. Finally, the categorized information on various themes was reviewed and analyzed. The validity of the information was checked in each step of the analysis. The information from the KIIs, FGDs, and workshops were triangulated to extract meaningful information for interpretation according to the objectives of the study.



## CHAPTER FOUR: ANALYSIS, INTERPRETATION AND FINDINGS

### 4.1 AWARENESS ON ADDRESSING MALNUTRITION AND ECD

This section focuses on assessing the respondents' awareness on nutrition and ECD. Respondents were selected from federal, provincial, and local levels of governments. More specifically, focal persons of nutrition (MSNP) and ECD were selected as the respondents representing different ministries<sup>2</sup> of federal and provincial governments. During interviews, the respondents were mainly asked to share their ideas, views, and opinions on the existing nutrition (based on MSNP II) and ECD strategies. Moreover, it has assessed respondents' understanding on vision, goal, objectives, target populations, implementation plan, approaches, benefits, existing architectures, monitoring and evaluation (M&E) mechanism, and roles of other sectors on addressing malnutrition and investing in ECD. The following section presents findings on awareness by three levels of government: federal, provincial, and local.

Here ECD is not equated to Early Childhood Education and Development (ECED). Some respondents were talking about their understanding of ECD only as pre-primary education as you can read below. Desk review of ECED in Nepal has shown that lack of a proper infrastructure, insufficient educational resources and an unqualified workforce as key problems faced by the government-funded kindergarten centers (Bhandari, 2017).

**Federal level.** The federal-level respondents had clear knowledge that nutrition is an integral part of child development. In the current government administrative structure, the nutrition and food security committees have been formed from the federal level to the ward level. The High-level Nutrition and Food Security Steering Committee (HLNFSSC) and National Nutrition and Food Security Coordination Committee (NNFSCC) has been formed at the federal level. The members of these committees and their work plans are clearly mentioned in the MSNP documents. All federal-level respondents have acknowledged the collaborative efforts of the NPC to coordinate with different sectoral stakeholder ministries and assemble them in a forum through the HLNFSSC and NNFSCC for MSNP and Steering Committee (SC) and Coordination Committee (CC) for ECD. These forums facilitate the planning of nutrition and ECD interventions to reduce malnutrition and ensure holistic development of a child. Each stakeholder ministry has made high-level official representation in this forum to play a role in decision making. These focal persons are aware about the role of MSNP, its objectives, goals,

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<sup>2</sup>Stakeholder Ministries for MSNP: Health and Population; Education and Culture; Agriculture and Livestock and Birds; Women, Children, and Social Welfare; Water and Sanitation; and Federal Affairs and Local Development.

indicators, and outcomes. For example, the federal-level respondents expressed, *"In MSNP II, we targeted adolescents and focused on adolescent health in addition to the golden 1,000 days beneficiaries."* Another federal-level respondent during a KII said, *"MSNP II envisions a full package to address malnutrition and identifies the role of different sectors involved."* Also, one of the respondents said, *"MSNP II is documented through the collaborative efforts of different sectoral ministries to reduce malnutrition, especially stunting and wasting in Nepal. These ministries have committed and are accountable for different nutrition-specific and nutrition-sensitive interventions to achieve the desired outputs and outcomes defined by MSNP."*

Some have detailed memory about the evolution of MSNP and expressed, *"MSNP I phased out in 2017 and building on its experiences, MSNP II (2018–2022) was developed. MSNP II included most of the aspects of MSNP I but added an enabling environment to be created for involving different sectors and stated that the Government of Nepal must have a budget for MSNP. According to MSNP II, 60 percent of the funding should be done by the government and the remaining 40 percent should be contributed by donors and external development partners. MSNP II adds that the program should be scaled up to all 753 municipalities and rural municipalities of Nepal and be included in Nepal's Annual Work Plan and Budget. Further, MSNP II identifies that a plan should be developed by the local and provincial governments for effective implementation of MSNP II."*

Similarly, in response to the question about implementation of MSNP in the country context, one of the federal respondents said, *"MSNP II envisions a holistic approach to address malnutrition and identifies the roles of different sectors involved. The plan is currently being implemented by the government with financial support from the European Union (EU) and technical support from UNICEF in 308 urban and rural municipalities of 30 districts of Nepal. It is being implemented as a part of the government's Annual Work Plan and Budget. Further, MSNP volunteers are recruited by the local government in their municipalities for the implementation of nutrition-related interventions utilizing the MSNP platform."*

Respondents at the federal level have complimented the efforts of MSNP to sensitize and create awareness among local governments to use the MSNP platform for nutritional interventions. They are equally familiar with the adaptation of MSNP at the local level as one of the crucial plans to collaborate with different sectors to achieve a common goal on improving nutritional status of the target groups. One of the respondents of the federal government stated *"After the implementation of MSNP, the governments, especially the local governments—urban and rural municipalities—have realized the need for multisectoral interventions for reducing malnutrition with the collective efforts of all sectors. Also, the provincial government has started planning a cost-aid plan for implementing MSNP II."*

Likewise, at the federal level, respondents from external development partners (EDPs) and nongovernmental organizations (NGOs) have detailed and thematic knowledge on nutrition and importance on investing in ECD. It is fascinating to hear about the need of multisectoral nutrition approaches and plans that are essential to investing in early years. One of the EDP respondents enthusiastically said, *"I would like to begin with how MSNP started. In 2009, the Nutrition Assessment and Gap Analysis (NAGA) was done in Nepal and revealed that the nutritional status of people had not improved despite decades of enormous investments in this sector. NAGA recommended that it was not possible for the health sector alone to reduce malnutrition and enhance a child's normal growth and urged for concerted efforts from all*

sectors. Following this, in 2011/12, different sectors agreed to work together to reduce malnutrition and MSNP I (2013–2017) was developed with the major objective to reduce stunting and improve the nutritional status of the target population. After MSNP I (2013–2017) and building on its experiences, MSNP II (2018–2022) was developed.” Likewise, another respondent expressed, “The multisectoral nutrition plan is a cross-cutting plan. Different ministries at the federal, provincial, and local levels have realized its importance.”

All the federal-level respondents had a common understanding/observation on the implementation of MSNP and ECD for reducing malnutrition envisioning Sustainable Development Goal (SDG) targets. They expressed that different ministries and departments are delivering different services to reduce malnutrition and implement ECD programs effectively. Nutrition- and ECD-related activities are being implemented by the local government whereas plans, policy-level decisions, directives, guidelines, and financial arrangements are being facilitated by the federal government in coordination with the NPC. Focal persons from concerned ministries/sectors monitor the progress and develop specific strategies related to nutrition and ECD to support the provincial- and local-level implementation. In this context, one of the federal-level respondents expressed, “MSNP is an ongoing nutrition plan where multiple sectors participate and work together in a coordinated manner. The NPC is leading the plan and sectors such as health, education, water supply, and agriculture, are involved. The NPC conducts periodic meetings involving representatives from these sectors. Different sectors discuss what they have contributed to MSNP, track progress, and develop strategies to address malnutrition. It is a good effort to create momentum for multisector nutrition efforts.”

Respondents at the federal level were aware about the existing committees which are functional for MSNP and ECD. A respondent expressed the views saying, “There are different architectures of MSNP formed at different tiers. At the federal level, there are two committees; High-Level Nutrition and Food Security Steering Committee and National Level Nutrition and Food Security Coordination Committee for MSNP. There is a Nutrition and Food Security Steering Committee at the provincial level and Nutrition and Food Security Steering Committee at each municipality and ward level.”

However, the study team could not ignore the respondents who are not so familiar about the nutrition activities and implementation. One of the respondents expressed; “I do not remember the detailed strategies. It is all written in the document.”

On ECD, the study found that all the respondents have more or less similar understanding about the ECD period as a period from conception to the age of eight. The newly drafted ECD Strategic Plan has also followed the international trend of the ECD period as a period from 0–8 years, which is yet to be approved by the GoN. All respondents at the federal level mentioned about the documents related to ECD strategy and its practice. However, some people equated ECD to early childhood education only. For example, one of the federal-level participants opined, for example: “Our major guiding document for ECD class conduction is the School Sector Development Plan (SSDP) and the document shows a clear pathway on how to conduct programs related to ECD. In Early Childhood Development, we have two philosophies—one is school-based ECD and the other is community-based ECD and both our laws and the SSDP have provisions for this. Regarding networking, there are different institutions involved in ECD and we strategically coordinate with these institutions on subjects such as capacity building.”

ECD-related activities are performed by concerned ministries and departments and are delivering services according to their respective ministries' plan, policies, and objectives. One respondent from Centre for Education and Human Resource Development (CEHRD) reported that *"health and education are attached to ECD but the main focus of this center is on education. This center under the Ministry of Education oversees education materials, classroom management, and training, however, it has not been currently able to look into matters related to health."* There are some confusions still existing among officials about ECD, thinking of it as one-year preprimary education. Because the ECD policy has acknowledged it as a holistic development of early age children, the concept is not clear among officials itself. Nutrition-sensitive programs such as agriculture and animal production, food security, water and sanitation, empowerment, education, and communication are being conducted by concerned ministries/departments. Similarly, nutrition-specific programs are being conducted by the Ministry of Health and Population (MoHP). One of the federal-level respondents expressed, *"nutrition-sensitive program focuses mainly on awareness as sharing key messages such as eating a proper diet, drinking clean water, maintaining personal hygiene, and use of locally produced nutrient-rich foods. Nutrition-specific programs such as Iron Folic Acid (IFA) and vitamin A supplementation are directly implemented by the MoHP through the health facilities."* During the interview, a respondent said, *"the Ministry of Women, Children and Senior Citizens has been working for child rights and child protection for a long time. The ministry has formed a forum and through this forum, they promote awareness messages on child rights at the field level by the use of women groups. It is also regarded as an important part of early childhood development."*

As stated by the respondent from the Ministry of Agriculture and Livestock Development (MoALD), the ministry has an indirect role in promoting ECD especially while talking about availability of nutritious foods. The ministry is more involved in increasing food production, and its accessibility and availability. According to one of the respondents *"during this early stage of growing, the child's mind is active, and it is a critical and important time for the development of the child's brain. So, during this age, if children get chances to learn, emotion built in, if they are kept away from fear, and are provided a favorable environment then they can learn easily, and will be self-motivated rather than in a forced learning environment."* This is a clear message of the need for an integrated approach to invest during early ages.

**Provincial level.** Most of the provincial-level respondents explicitly mentioned the approaches of MSNP II and ECD. In addition, most of them had recognized the importance of MSNP, ECD, and its activities to achieve international commitments, including SDGs, made by the nations during these years. One of the respondents said, *"Nutrition programs cannot be run by the health sector only. The involvement of other sectors such as WASH, agriculture, veterinary, and education is necessary to improve nutritional status. As MSNP has been implemented through a multisectoral approach at the local level, the good impact has been observed. And I think if we follow the approaches and strategies defined by MSNP we can definitely achieve our goals. This program is favorable in a way, because it belongs to children, women who are pregnant, and those who lack appropriate growth. Moreover, I have accepted MSNP as a road map to achieve the SDGs."*

Similarly, one of the respondents highlighted the need of MSNP in line with the international commitments for nutrition as, *"The multisectoral nutrition plan is for children, for women who are pregnant, and for those who lack appropriate growth and development. It also addresses*

*other target groups. Moreover, I have accepted MSNP as a road map to achieve the SDGs."* Further, one of the respondents said, *"As per my knowledge, under-two-year children, pregnant and lactating mothers, and may be under five-year children, can also be considered if the children are still suffering from malnutrition."*

These statements clarify that province-level respondents have ample knowledge and awareness on existing MSNP. Respondents also have a significant level of awareness about the importance of mother and child nutrition and stated, *"Nutrition-related issues should be viewed from a different lens and should have integrated multisectoral efforts to address maternal and child nutrition."*

The Provincial Nutrition and Food Security Steering Committee (PLNFSSC) has already been established in these two provinces to support the implementation of the nutrition program envisioned by MSNP II. The provincial government of these two provinces has taken the guidance of MSNP in policy design, resource identification/allocation, and development of guidelines and directives to sectoral ministries and agencies. Respondents were familiar about the implementation status of MSNP at the provincial level; however, some of the respondents showed dissatisfaction with the coordination mechanism among different tiers as local levels were not liable to report implementation status to the provincial government. One of the respondents said, *"Nutrition and Food Security Steering Committee is formed at the provincial level under the chairmanship of the respected parliament member. All the activities defined by MSNP are implemented at the local level and the local government does not coordinate with the provincial government. So, the province has no idea what is going on at the local level, we don't have much information about it."*

Most of the respondents were convinced that MSNP has offered significant benefits for the people, especially on the improvement of nutritional status of women and children. They expressed confidence that the country would achieve the goals set on nutrition if MSNP is implemented effectively. One of the respondents explained the benefit of the nutrition program by saying, *"With the implementation of MSNP, the public will be aware of nutritional issues. Moreover, people will start consuming nutritious food and practicing healthy behaviors. Eventually, it will improve the nutrition status of the people, community, and nation."*

Respondents also underlined the importance of the role of private, nongovernment, civil society, and academic sectors in the implementation of MSNP. *"We need active participation of the private sectors because they have the right and control over production and supply and have a direct concern with the consumers. So, the private sector is one major sector in supporting the implementation of MSNP,"* one of the respondents opined.

Among others, a respondent from one of the ministries, disclosed that he was not informed about the importance of nutrition and the implementation of MSNP II in the province.

ECD respondents at the provincial level expressed their opinions which are not so different from the responses of the federal-level respondents and showed some sort of confusion on age and objectives of ECD. Respondents expressed ECD referred to the children studying in preprimary classes. One of the respondents from Educational Planning and Research Division of the Ministry of Social Development explained ECD as *"the foundation of school education."* In the same way, a child right officer in the Ministry of Social Development told the study team,



*"Development of all aspects of children can be taken as early childhood development."* In the same way, one of the respondents from the MoHP explained ECD-age children as *"children from 3 to 5 years of age"*. One of the respondents from ECD Caucus at the province level explained ECD as the holistic development of early age children that includes physical, social, emotional, cognitive, and language development. *(This phenomenon is well reflected in Early Childhood Development Work by Kjørholt & Penn, 2019)*. Those who participated in ECD programs could explain ECD as a holistic development of early age children.

These evidences are sufficient enough to conclude that there is less understanding on what nutrition and ECD strategies are and how program planning could be effective. It is indicative from their responses that respondents have necessary/functional information about nutrition (MSNP) and ECD, their working modality, and role of various formal and nonformal sectors for successful implementation of nutrition and ECD interventions. However, they are not clear about the M&E system of MSNP and of ECD. Most of respondents highlighted that different sectors had their own monitoring and reporting structure and they have no apparent idea about the integrated reporting system of the plan. One of the respondents said, *"The numerical figures of health services-related programs are being recorded at the municipalities using software named District Health Information System (DHIS). However, the information on the implemented activities and infrastructure developments are not being provided from the municipality to the province. It is lacking."*

**Local(municipality) level.** A Local Government Nutrition and Food Security Steering Committee (LGNFSSC) has been established in all the study municipalities. In the municipalities, the LGNFSSC is functional under the leadership of the mayor/chairperson. Further, wards of both urban and rural municipalities have an SC, that is, the Ward-level Nutrition and Food Security Steering Committee (WLNFS SC) functional under the leadership of the ward chairperson. The LGNFSSC for MSNP and ECD Coordination Committee have been established in all six study municipalities. In addition, the committees have also been formed in most of the wards. The regular meetings of the committees are conducted at least once in three months; however, one of the respondents pointed out that this meeting is also carried out on a need basis. The ward-level committees have not been formed or become functional in some of the municipalities. The nutrition activities designed and implemented in all the study municipalities are mainly focused on 'Golden 1,000 days' beneficiaries.

During the interview, it was found that the respondents had basic concept of nutrition (MSNP) and ECD approaches to solve the nutrition- and ECD-related problems. However, knowledge on some technical aspects of the nutrition, modality of implementation, target groups, and its link to better and productive life varied among respondents. Local-level participants had a different level of understanding on MSNP-focused nutrition programs. For example, respondents opined that nutrition programs are targeted for pregnant women; some said it is for mothers and children of two-and-a-half years and others expressed that the nutrition program (MSNP) is targeted for the well-being of the community. Respondents expressed that various advocacy, consultative meetings, and trainings provided/supported by the federal government and international nongovernmental organizations (INGOs)/NGOs have created an environment to act on MSNP and ECD. A respondent expressed this opinion: *"We are committed to implementing MSNP- and ECD-related programs in our areas to improve the health and overall development of our own children."* Respondents also showed their knowledge over the implementation modality and said, *"...nutrition-related programs were*

*conducted only by the health sector in the past. However, this plan has identified the importance of contribution of other sectors other than health such as agriculture, water supply, sanitation, and hygiene (WASH), women, livestock, and education."* Another respondent expressed, *"And sometimes, municipality also develops some plans and implements them through NGOs like providing some foods and clothes for newborn and for postpartum women. There is also another thing that we have been implementing 'baalika swarna yojana' to encourage the birth of the girl child, we call it 'baalika swarna yojana' which is an insurance plan. We provide an insurance of NPR 20,000 after the birth of every girl child and the insured amount could be withdrawn only when the child becomes 20 years."*

One of the respondents had an impression that nutrition is the program of INGOs, mentioning for example, *"MSNP is a program implemented by the World Food Programme (WFP) from the year 2018 to address flood-related issues in Rautahat. The program mainly distributes foods, eggs, and other nutritious food at the community level."*

Respondents were familiar about the multi-stakeholder involvement in program implementation for better results. *"Civil society is the actor of the society; they need to know every activity that is performed in their municipality."* Another respondent said, *"We have coordination with different NGO's for different programs (nutrition program and early child marriage). Different NGO's are working for public awareness through different programs and trainings."* The newly formed municipality-level governments are dedicated to improving social life by improving the social environment of their areas. The newly elected local bodies and leaders expressed their commitment and political will to improve nutrition and the ECD status of the community. One of the respondents expressed, *"We want to improve the condition of mothers and children of our constituency; no one should be stunted and wasted."* Likewise, another respondent said, *"The goal of this plan is to safeguard the children from malnutrition and to make adequate nutritious food available for pregnant women so that it can contribute to the physical and cognitive development of children."*

The study also indicated that some of the respondents have less knowledge on nutrition (MSNP) and ECD, the reasons being they were either newly appointed or reestablished or intra-posted (intra ministries and intra departments). To illustrate this, one of the respondents said, *"Previously I was in the auditor's office, now I have been transferred to a municipality as a focal person of MSNP. So right now, I have least knowledge about MSNP."*

Respondents have some misperception about MSNP. They think MSNP is a project that distributes nutritious food to mothers and children. A respondent said, *"The target populations for this program are the ones who are economically and socially deprived, who are poor and ignorant about nutrition and early childhood development. As for example, among Dalits, Domes are still backward, they even do not know anything about nutrition."* Another respondent expressed, *"MSNP is primarily about women, how women can make decisions and use their knowledge and experience in their family. In every house, women are the ones who carry out social and other household chores. Hence, if women are targeted for this kind of program, then the chances of improvement of nutritional status and all-round development of children is definitely high."*

These responses are indicative that there is less knowledge and awareness on nutrition and ECD. Most of the political leaders at the local level, lay emphasis on road and infrastructure

building, which are more visible. All six local municipalities have similar priorities on road and infrastructure development rather than investing in health and social sectors. A respondent at the local level expressed his concern, *"Leaders are only concerned with soil and roads...they have no interest in children's education and health."*

This type of challenge and concern was expressed during the FGD too; however they are equally optimistic that the situation will change with time.

Local-level respondents mentioned that a conditional grant was provided through the federal government to design, implement, and evaluate nutrition-specific and nutrition-sensitive interventions and ECD. One of the respondents said, for example, *"Last year, many programs were conducted under conditional grants. Some of the activities were the awareness building program for Golden 1,000 days' beneficiaries."*

## 4.2 ROLES AND RESPONSIBILITIES OF STAKEHOLDERS

This study has intended to explore the stakeholders' understanding of their roles and responsibilities with regard to nutrition and ECD programs. The respondents' understanding of their roles and responsibilities on MSNP and ECD programs was assessed in terms of their knowledge and understanding of policy, system, and network of MSNP and ECD. The following section details findings on roles and responsibilities of stakeholders by three levels of government: federal, provincial, and local.

**Federal level.** Findings reflect that all focal persons and key persons have ample amount of understanding and a clear concept about their roles and responsibilities as specified by the MSNP and ECD strategy.

Respondents were either involved or a member of the NNFSCC of MSNP and Coordination Committee members of ECD. The key respondents had major roles in planning, designing, implementing, and monitoring sector-wise activities following the goals of MSNP and ECD. Additionally, the roles were more focused on developing policies and budget to support the provincial- and local-level governments. One of the federal-level respondents responded, *"I have a role of coordinating and facilitating the NPC and MSNP stakeholders. Also, I am involved in planning, monitoring, and evaluating nutrition policies and developing strategies on ECD."*

This response asserts that the focal person has necessary knowledge and understanding about his roles and responsibilities. Similarly, one of the respondents from the CEHRD claimed that they coordinate different institutions working in the field of ECD in matters related to training and curriculum development. Policy monitoring section of the CEHRD coordinates with other ministries for the issues and activities related to ECD. Moreover, a respondent said, *"A child needs proper care even before he/she is born and if we are not able to provide the required care, it will hinder their growth and development. Poor growth of children is the precursor for poor growth of the nation. So, we need to focus on early childhood development to ensure a nation of capable citizens."*

One of the respondents shared his experience as a focal person of MSNP saying, *"The representatives from different sectors share information related to their own sector and coordinate with each other. As a committee member, I work on linking WASH with nutrition. I*



*share information on what programs have been implemented by the Ministry of Water Supply to address the link between WASH and nutrition, the budget allocated by the ministry, and our progress so far. I also have a certain responsibility in providing Training for Trainers (TOT)."*

Respondents at the federal level were aware about their nutrition-related responsibilities, however, some of the respondents were new, some of them just attended few meetings, and some of them were not briefed on their roles and responsibilities by their supervisors.

A question was also asked to all federal-level respondents whether there is a need of a separate federal-level mechanism to coordinate the development of policies, programs, and activities for different age groups of early age children from conception to eight years. Respondents said that the activities of nutrition and ECD programs should be integrated, and, in this regard, different ministries should explicitly define their roles and responsibilities and work cooperatively to ensure quality outcomes.

**Provincial level.** Respondents at the provincial level, were also asked to explain their roles and responsibilities in achieving the outcomes of nutrition and ECD programs. About half of the total respondents at the provincial level were members of the Nutrition and Food Security Coordination Committee (NFSCC) and ECD SC. They all asserted that their roles and responsibilities in ECD were specified by the plans, policies, laws, and acts that are formulated by the GoN. However, all of the respondents had a direct or indirect role in the implementation of MSNP- and ECD-related interventions in the province. One of the respondents said, *"I am not a member of the provincial-level Nutrition and Food Security Steering Committee, but there is a representative of our ministry who attends the meetings. We support in planning, implementing, and monitoring agriculture-related activities at the provincial and local level."* Another respondent said, *"The provincial-level Nutrition and Food Security Steering Committee has recently been formed under the Provincial Planning Commission. Only two meetings have been conducted to date. As the provincial government is new and this committee has been recently formed, we lack the comprehensive understanding of a multisectoral nutrition approach. Even though we are committed toward the plan, we have challenges in the implementation programs."*

In the context of ECD, respondents had similar voices and said that the country has recently entered into the federalized system, and so far, no acts or laws have been formulated in the sector of ECD. In this regard, a respondent representing the education sector said, *"There is no new Act and laws developed. So, I am working as per the old ones. There are some working guidelines developed to resolve the instant problems in the given context. My role, therefore, is contextual."* In the same way, another participant representing the Ministry of Social Development said, *"I mostly focus to ensure the rights of children. I am concerned with their protection from any possible harm."*

When the study team asked the respondent on whether his roles in child protection ensure holistic (physical, social, emotional, cognitive, and language) development of early age children, he simply said that he did not engage himself in supporting children in these aspects of development in any way; but only in the sector of protection.

**Local(municipality) level.** At the local level too, respondents were asked about their roles and responsibilities on nutrition and ECD program implementations and outcomes. Key

stakeholders who were interviewed at the local level were mostly members of the LNFSSC and ECD SC who were regular attendees in the committee meetings. As expected, respondents were aware of how the NFSSC and ECD SC functions. Some of the respondents also shared details on how the NFSSCs and ECD SC are planning, implementing, and evaluating nutrition- and ECD-related activities at the local level. A respondent said, *"We facilitate for effective utilization of the budget. We create a better environment to implement these activities so that the target groups are benefitted as much as possible. Also, this committee is involved in reporting, monitoring, and evaluation of the effectiveness of the interventions. Similarly, municipalities are involved in the management of additional budget if the resources for the interventions are insufficient"*. One of the respondents explained his role as, *"As a key person, I need to play a leading role in the better health and development of children. I have launched a program called 'Balbalika sage mayor (the Mayor with Children)'. In this program, I sit with children in a group and discuss about their activities at school and at home."* The study team then asked him to explain how such a program benefits the early age children. In reply, he said, *"I have not focused on early age children yet. But from today onwards, I will think about the children of this age group separating them from the school children."* The chairperson of a rural municipality, in this regard, said, *"We have made a policy to open a bank account for a newly born female child in this rural municipality, in which we deposit NPR 1,000 every year."* The mayor of the selected municipalities and the chairperson of the rural municipality also claimed to perform their roles and responsibilities in delivering services to the early age children especially in terms of their health, nutrition, early stimulation and learning, social protection, and registration. In this regard, a mayor said, *"We make arrangements for immunization, vaccination, and other health-related services to early age children."* In the same vein, the chairperson of a rural municipality said that he had coordinated with the health centers and the community-based organizations (CBOs)/NGOs to distribute nutritious foods to the early age children. Another chairperson of a rural municipality also claimed that he had managed a few birthing centers and ambulances for safe delivery.

The study team also asked each of the respondents during the KII whether their roles and responsibilities are sufficient enough to ensure that early age children have got access to sufficient health services, nutritious food, and safe environment for their growth and development. Almost all the mayors and chairpersons of the municipalities denied it. One rural municipality chairperson said to the study team, *"We have not been able to create awareness among the parents and community members on these issues related to growth and development of early age children."* In the similar vein, one other mayor said, *"I do not know many things in this subject. After talking with you, a number of ideas came into my mind about what I need to do in my municipality, especially for early age children."* The responses as such revealed that many of the key stakeholders of the urban/rural municipalities under this research were still ignorant on what particular roles they need to perform and how they can do so, especially in relation to enhancing the quality of life by providing good nutrition and ECD programs.

The situation is quite challenging for the members or sectoral staff who were newly recruited in the municipalities. Most of them were not aware of their roles and responsibilities in terms of their involvement in the committees. One of the respondents said, *"I have been recently appointed in this municipality. Even though my expertise is in administration I have been readjusted as the chief of the education section. So, I am not aware of MSNP and ECD and my roles and responsibilities for the committees."* Similarly, priority and resources were other challenges regarding nutrition and ECD programs. One of the respondents shared that their

roles and responsibilities are also delimited because of the lack of resources/budgeting. According to him, the federal government sends conditional and non-conditional budgets to the local-level governments. The conditional budget, as he said, must be used for the specified activities. However, the non-conditional budget, for him, can be used to perform activities prioritized by the local-level governments. He also added that since the priority is often given to constructing roads and bridges, managing electricity, and supplying water, the agenda of nutrition and ECD often gets ignored. As a result, allocation of budget for both the programs often remains minimal and/or insignificant at the local level.

**Enabling factors.** Respondents through KIIs and the workshop acknowledged factors that facilitate their performance in executing nutrition- and ECD-related activities.

**Federal level.** The findings of KIIs and workshop at the federal level revealed some enabling factors that are identified to support creating better awareness and understanding of the key stakeholders for performing better their roles and responsibilities on nutrition and ECD programs as envisioned by MSNP II and ECD strategy. There were well-illustrated nutrition plans and ECD strategies in place to facilitate and implement with the support of the NFSSC and NFSCC and ECD SC CC coordinated by the NPC. In addition, different advocacies, trainings, workshops, seminars, and media campaigns were also carried out to create awareness and familiarity with the strategies. Similarly, ECD strategies were implemented with the support of the SC and CC in coordination with the NPC. Likewise, parliamentarians' committee Caucus was also established for ECD.

**Provincial level.** Respondents at the provincial level stated that political commitment toward the plan is a major factor that supports every sector to implement intended activities of nutrition and ECD. In addition, the support and resources provided by the government, EDPs, and NGOs were also appreciated as enabling factors to undertake their responsibilities. One of the respondents said, *"In this province, about eight districts are MSNP districts, and we are planning to scale up MSNP in the remaining two districts as well. In these districts, we have sufficient resources and technical people which enables us to meet our yearly targets on time."*

**Local(municipality) level.** Respondents at the local level identified the conditional grant provided by the federal government as one of the major enabling factors to implement nutrition-related activities in their locality. The respondents acknowledged that a good leadership and coordination system were the factors in their municipalities which motivated them to work for women and children. Likewise, in other municipalities, political commitments toward nutrition and ECD with sufficient technical human resources were identified as an enabling factor. Most importantly, some of the respondents highlighted the positivity of presence of CBOs and external partners to support them at the local level. A local-level respondent said, *"Budget is an important factor to implement any plan. In MSNP, we get conditional grants to implement nutrition-related activities every year. This has supported us to effectively carry out meetings and community-level activities."*

**Inhibiting factors.** Despite many enabling factors, respondents pointed out some common challenges that occurred while performing their roles for nutrition- and ECD-related activities. Challenges stated are segregated by provincial and local levels. This section concludes by listing common challenges and ways to overcome the challenges faced while implementing nutrition- and ECD-related activities.

**Provincial level.** Respondents expressed the challenges and issues they had encountered while performing their duties as follows:

- Though the political commitment is strong, actual implementation of the plan needs to improve.
- The ownership of programs among sectoral ministries is weak.
- There is a lack of technical and skilled human resources and lack of accountability in different sectors, that is, no focal persons have been appointed.
- There is poor understanding on the multisectoral approach of nutrition and ECD. One of the respondents said, *"I need to perform every task in my section. I only have one secretary as supporting staff. Being alone, it is difficult to manage everything. So, for me, accomplishing daily activities has been a challenge."*

**Local(municipality) level.** Respondents expressed the challenges and issues they had encountered while performing their duties as follows:

- Even though the conditional budget was allocated, it was difficult for the local government to prioritize the activities and provide services to all the targeted groups at the local level.
- Functional and sustainable infrastructure, remoteness, and hard-to-reach areas were recorded as few major challenges for service delivery.
- Insufficient skilled human resources, poor sectoral coordination, lack of comprehensive nutrition, and ECD understanding (especially among new recruited municipal officers) were discovered.
- Low priority to nutrition agenda and lack of bottom-up planning for nutrition-related activities were major repeated issues mentioned by the respondents. According to one of the respondents, *"The committee has been dormant for over six months due to internal conflict and lack of coordination among elected stakeholders regarding the appointment of staff in the health section."*
- Readjustment of the staff as per the new readjustment policy has adversely affected getting technical people for both MSNP and ECD.
- Conditional grants are insufficient. A respondent said, *"The conditional grant provided for MSNP is not sufficient. The requirement of the budget as per our target population is high. Moreover, we were not involved in the MSNP planning process. It is difficult for us to manage activities as per the budget provided. On the other hand, our internal resources are more focused on infrastructure development and nutrition is the least prioritized agenda."*

Overall, the common challenges occurring across government tiers while performing their roles for nutrition- and ECD-related activities are as follows:

- Limited resources and budget to carry out nutrition and ECD activities
- Limited number of competent human resources, low understanding of MSNP, and other related policies

- One of the respondents said, *"The major challenge that we are facing right now is the resource inadequacy. We are not able to scale up MSNP II or develop the capacity of our human resources to the desired level because of resource constraints. To be more specific, we have deficit funding. Also, there is a lack of technical personnel for MSNP after the change in the federal system in Nepal. The municipalities are implementing nutrition-related activities with limited technical people and we do not have enough human resources to place in each of these municipalities. So, increasing the number of technical personnel would be of great help in promoting MSNP II and ECD."*

**Responding to inhibiting factors.** It was observed that both enabling and impeding factors existed on carrying out their roles and responsibilities. Responding to these factors, respondents from all tiers provided suggestions that would support them to effectively fulfil their roles and responsibilities for nutrition and ECD activities.

**Federal level.** Respondents at the federal level suggested providing more trained human resources, financial resources, trainings, and effective advocacy programs. One of the respondents said, *"Qualified and competent human resources are a vital part to successfully implement a multisectoral nutrition plan. Despite sanctioned positions being fulfilled at the federal level we still lack human resources to improve the implementation of nutrition-related interventions through the platform of MSNP. It would be helpful for me if competent human resources could be added up in my team."*

Another respondent said, *"In our ministry, we are conducting lots of projects and programs. All these programs support directly or indirectly toward achieving the goals envisioned by MSNP. However, I think the budget allocated in MSNP is not sufficient to achieve these goals."*

One of the respondents mentioned, *"As an MSNP focal person, we have responsibilities to orient provincial-level stakeholders about the approach and plan of MSNP. We also conducted an orientation program for them. However, we provided these orientations based on our knowledge which we gained through documents and meetings. The orientation would have been more fruitful if Master Training of Trainers were provided to us before conducting these orientations."*

**Provincial level.** Similarly, in reference to the challenges and issues encountered in the working environment, respondents at the provincial level extended their suggestions for improvement. As the new system has been established at the provincial level, respondents suggested capacity-building training and orientations to build a comprehensive understanding of the multisectoral approach for nutritional programs. In addition, the stakeholders requested for adding up skilled and technical human resources (right person at right place) in different sectors. Most importantly, strategies to improve coordination and the reporting mechanism between local, provincial, and federal governments were identified. One of the respondents, a provincial government representative said, *"More than my roles and responsibilities, I would like to improve the coordination and monitoring mechanism between provincial and local governments."*

**Local(municipality) level.** Respondents suggested that support and assistance were required to fulfil their roles and responsibilities at their fullest. Some of the major suggestions provided by the respondents for their support were sufficient budget allocation from internal sources, improved logistics/infrastructure support, capacity-building programs, relevant incentives, strengthened coordination mechanism, and, above all, commitment/moral support from



political leaders. A local government representative said, *"Municipality does not allocate sufficient budget for nutrition. So, sufficient budget should be allocated by MSNP itself. Most of the municipalities depend only on MSNP-related budget to implement nutrition-specific and nutrition-sensitive activities. The internal resources of the municipality are allocated to other areas. Evidence-based continuous advocacy is required to allocate internal source for health and nutrition."*

## 4.3 INSTITUTIONAL ARRANGEMENT FOR ADDRESSING MALNUTRITION AND ECD

In this section, respondents were asked questions on institutional arrangements for ECD and MSNP in their institutions. The institutional arrangement comprises governance, human resource, budgeting, financing, physical infrastructure, service delivery, information management, and logistic/technologies of the institutions. Each component is further divided into federal, provincial, and local levels. The study respondents were interviewed on how these components of institutional arrangements are in effect for comprehensive planning, implementation, and evaluation of MSNP and ECD.

### 4.3.1 PLANS, POLICIES AND SYSTEM

The new constitution of Nepal has provisions for ECD and this has been further reflected in the bylaws, acts, and regulations of ECD. In this context, the study team inquired about existing policies and plans about ECD and nutrition with study respondents. This section is further disaggregated into federal, provincial, and local levels.

**Federal level.** One of the federal-level respondents during the interview responded that there are many policy-related challenges because the country has transitioned into the federal system and readjustment of staff is still in progress. In a similar interview, one other respondent expressed that when planning for ECD, the ECD framework should be followed to incorporate the need of lower-level government and an ECD fund should be created at the local level. Similarly, the ECD Strategic Plan and structure should be made at the province level synchronizing with the local level. It indicates that the local level should develop its own ECD Strategic Plan, implementation plan, and monitoring mechanism.

Regarding leadership and coordination role in policy matters, one of the respondents from the federal level claimed that the NPC takes the lead role for ECD plans and programs. Because no single ministry could properly ensure interministerial coordination and develop an integrated policy. However, as claimed by the respondent, once the program starts operating in a full-fledged manner, the NPC should step down and then hand over the responsibility of overall coordination of the ECD programs from federal to provincial and local levels to a high-level government body.

The study team inquired about the adequacy of policies and their relevancy: one of the federal-level respondents opined, *"We have different child-related policies, strategies, working procedures, laws, and regulations at the national level which are not applicable in the changed federal context."* He further explained, *"We have central-level focused policy and regulations but*

*in the changed context, new policies and strategies should be developed, for effective functioning according to the changed government structure and changed context of the government."*

**Provincial level.** While researching about the existing system of ECD at the province-level government, the study team inquired about the ECD policies and plan in effect. In this regard, one of the province-level respondents said to the study team, *"In relation to policy, act, and laws we are in a transitional phase. We know that the old system or the mechanism needs revision in the changed context but we have not been able to develop the new ones yet."* This shows that the new policy, system, or plan to implement ECD activities and programs are yet to be developed, while the old ones are somehow ineffective in the changed context. In this sense, in the absence of a clear-cut policy and plan, the respondent claimed to be in a dilemma in asserting which system would be appropriate and how, especially in relation to enhancing ECD outcomes. However, they perform ECD-related activities and plans through the related ministerial mechanism.

The study team then inquired whether there is any policy provision or mechanism to develop a network of coordination with these ministries and also about the ways such networks and mechanisms function to enhance ECD outcomes in the province. In reply, one of the respondents said, *"So far, we have mostly engaged in focusing on construction and infrastructure development. We are thinking to focus on early childhood development more specifically in the days ahead."* While interacting with the respondents about the policy provision for human resources to enhance ECD outcomes, the study team was informed that there is no provision for appointing an ECD expert-like human resource. However, the existing human resources or the focal persons at the ministerial level are provided with opportunities for sensitizing and empowering themselves in terms of ECD. Although there is no specific provision for empowering them specifically in relation to ECD, they claimed that they are informed and empowered through the orientation and interactions on ECD organized by the concerned authority.

ECD Caucus was formed at the province level which functions as a pressure group to contribute to framing up policy on ECD, allocate budget, develop infrastructure, support education materials, and advocate for integrating inter-ministerial services to improve ECD outcomes.

**Local(municipality) level.** Local-level stakeholders expressed that there was not any newly developed plans and policies regarding ECD. They are trying to develop policies to ensure quality ECD outcomes. In such a context, they are confused but they are trying on their own to regulate ECD activities at the local level.

The institutions such as child clubs, School Management Committees (SMCs), Parents Teacher Association (PTA), Municipality Education Committee, and Rural Municipality Education Committee, were found to be existing at the local level, especially for regulating education-related activities for early age children. There are HFOMCs in each health post. The network of Female Community Health Volunteers (FCHVs) was also found to have been working to deliver health-related services and information. The M&E committee was also found to be in each municipality and rural municipality. The Child Protection Coordination Committee (CPCC) was formed in some municipalities and rural municipality. However, some municipalities claimed that they would soon develop such structures.

### 4.3.2 GOVERNANCE AND LEADERSHIP

The study explored the present status of governance and leadership for implementing ECD and nutrition-specific and nutrition-sensitive projects in all tiers of the government. The respondents were asked about the leadership, policy commitment, and accountability of their respective institutions for nutrition- and ECD-related activities. They were also asked questions related to transparency on the decision-making and budget utilization, strategy development, rules, regulations, plans, and policies developed by their institutions to support or strengthen MSNP and ECD. The main purpose of these questions was to assess whether the governance and leadership of their institutions were up to the mark as envisioned by MSNP and ECD policy documents. The information related to plans and policies for nutrition and ECD are respectively presented and discussed in the following paragraphs.

**Federal level.** At the federal level, there were mixed responses of respondents on governance/leadership status of the concerned institutions. Most of the respondents shared that the leaders of their institution are supportive to carry out MSNP-related activities. All of the staff are involved/consulted in the major decision-making process. Besides, respondents shared that the political and institutional commitment toward improving nutritional status through MSNP has obligated the leaders to carry out nutrition-related activities. Respondents from the nongovernment sector even emphasized that the governance and environment for nutrition are favorable.

In the case of nutrition-related meetings, most of the respondents replied that the meetings take place regularly at a periodic time interval. Moreover, respondents from all the concerned agencies actively participate in the meeting. However, the problem lies in the quality of those meetings. MSNP meetings focus primarily on the present status and progress updates on nutrition-related project implementation but action plans are rarely prepared and lack follow-up.

It was also found out that there are limited communication and coordination systems within and between the line agencies. At all the three levels (federal, provincial, and local), although there is some established system for coordination and communication between the line agencies, these systems are not robust and not adequately used. Meetings only take place for urgent issues but not for future action plans.

One of the representatives of the NPC was asked about proper governance and leadership for taking overall responsibility of coordination and management of ECD programs in the country. In response to this question, she said, *"We are in the transition phase and the working environment is still unstable. So, it is better not to imagine the establishment of a council right now. The NPC will continue to work as a coordinating body between different sectors, and plans will be developed in partnership. However, when the environment becomes stable and all sectors fulfil their roles in ECD, we will establish a council and step down and hand over all activities to the council."*

The respondent from the NPC gave us the information that there are different divisions under the NPC led by focal persons. Focal persons of these divisions coordinate with respective ministries for the matters concerning ECD issues. They also discuss with the concerned or related ministries to know how much budget to allocate for ECD and ensure that the required



budget gets allocated. In response to the question about institutional practice for coordination, communication, management, and governance, it was expressed that different ministries have different responsibilities and areas to work to ensure the development of ECD-related activities in the country. For example, the Ministry of Education looks after the one-year program for the preparation of Grade 1 or school readiness also known as preprimary education or early childhood education.

**Provincial level.** At the province level, most of the respondents shared that the governance and leadership of their institution are good. However, some of the respondents revealed that lack of proper vision, strong leadership, and managerial skills are leaving them behind when it comes to execution of nutrition plans into actions. They also added that the PLNFSSC has recently been formed and it may take a certain period of time for the committee to translate policies into actions.

Strong networking and coordination between the provincial and local level were found to be a major issue. Respondents shared that the province is providing regular support and policy guidance to the local level. However, most of the provincial representatives shared that they are not aware of the MSNP activities being carried out at the local level. They also expressed confusion on the communication channel between province and municipalities.

**Local(municipality) level.** Most of the respondents in the local level shared that the leadership of their institution is not conducive for implementing nutrition-related activities. They shared that the leaders are not aware or have limited knowledge and understanding of MSNP and nutrition. Moreover, primary stakeholders (chairman and administrative heads) mainly focus on tangible developmental works such as building roads and houses, infrastructures, and so on, rather than on nutrition. One of the respondents, a local government representative, said, *"Our place is very remote, just like Humla and Jumla (remote districts of hilly regions). Therefore, we have prioritized on building roads and other infrastructures before nutrition."*

Most of the nutrition-related programs and budget were found to have been handled by the health coordinators, but other sectoral representatives are not aware of the operational activities. One member of the NFSCC said, *"I have heard that municipality receives certain grant to carry out nutrition-related activities. Ms. Deepa (name changed) is a focal person for this and conducts the program from the allocated budget. However, I do not have clear information on the budget received by the local government."*

In the case of coordination between stakeholders, there are mixed responses. Some of the respondents shared that the coordination among the stakeholders for MSNP-related meetings and activities are praiseworthy. On the other hand, some respondents expressed that there is no active initiation from the local government to coordinate and carry out meetings and activities related to nutrition. Additionally, the communication channel between the local and federal level is still expressed as an area of confusion.

In an interview, the study team asked the mayor of one of the selected municipalities about the leadership and governance of the ECD program and activities. In reply, he said, *"As a mayor, I must take a lead. I lead the ECD program and activities with the help of different sectors such as education, health, women, and children which are working under the municipality of*

government.” The study team then asked him whether he has developed any mechanism, policy, or network in the municipality to integrate the services of these sectors and to deliver these services to the early age children in an integrated way. In reply, he said, *“Nothing has been done as such. Education sector manages preprimary classes in schools. Health sector delivers services for pregnant woman and newly born babies. And women, children, and senior citizen sector works in the field of child protection.”* The study team received similar responses from the mayors and the chairpersons of some other urban and rural municipalities under this research.

### 4.3.3 FINANCIAL RESOURCES

The GoN has been providing a conditional grant at all levels of government to carry out nutrition as well as ECD-related activities. In addition, some of the local governments have also allocated internal resources for both activities. In line with this, the study assessed the funding and budgeting mechanism for nutrition and ECD-related activities at different tiers of government. In addition, the study explored internal/external budget allocation, its flow mechanism, budget adequacy, and alternative sources.

**Federal level.** Almost all the respondents at the federal level opined that they are facing financial challenges and budgetary constraints while planning and implementing nutrition- and ECD-related activities. They shared that although the government has highly ambitious policies and plans, there are not enough resources and funding to implement these activities. They expressed that, in most of the cases, the quality of programs is compromised just because of the budgetary constraints and deficit.

They also expressed that they have not received the assured amount/budget from the Ministry of Finance for conducting nutrition-related activities. In cases where funding has been received from the Ministry of Finance, it is either inadequate or not delivered to them on time or both. Respondents also stressed that most of the planned activities are dependent on the donor agencies and EDPs.

One of the respondents, a federal government representative, said, *“We have been carrying out nutrition-related activities from our budget. We have not received any budget explicitly for implementing MSNP-related activities till date.”* It is a remarkable initiation that ministries are allocating their internal resources for multisector nutrition activities. However, if these ministries receive the conditional grant and additional resources regularly and on time, nutrition activities could be accelerated.

However, respondents from the nongovernmental sector did not raise any concern on the finances. They shared that the problem lies in the proper management of resources rather than the amount of resources. One of the respondents, a nongovernment agency representative, suggested that if only proper resource mapping has been done among all the concerned stakeholders, there would not have been any resource problem for nutrition-related activities. He said, *“I believe all the institutions have enough resources to carry out nutrition activities. The problem lies in prioritization and management of those resources.”*

**Provincial level.** Similar to the federal level, finance and budget were found as a crucial impediment for nutrition-related activities at the provincial level. Some of the respondents

shared that their institution has not received any budget for nutrition-related activities since the last fiscal year. Although they have carried out nutrition-related activities, the budget has not been released to them due to some technical reasons in the government system. On the other hand, some respondents shared that they have not faced a big problem with the budget. Moreover, they have designed and implemented activities as per the budget ceiling without being too ambitious. However, they agreed that more budgets and financial resources are certainly needed to achieve nutrition targets.

At the province level, budgeting is not specifically allocated to target the early age children. However, there are some programs and activities that benefit early age children, especially in terms of their health, nutrition, early learning and stimulation, protection, and registration. As an illustration, the Karnali Province allocated budget to deposit NPR 1,000 each month in the account of a female child right from their birth. The Child Rights Section under the Ministry of Social Development monitors the child right issues in the province, the MoHP has made provision and arrangement for child and maternal health that includes immunization and other health services through the local-level health centers.

After forming ECD Caucus (a group of parliamentarians working for the cause of ECD), NPR 0.5 million was allocated for ECD materials at each election constituent (altogether there are 24 constituents in Karnali Province) of Karnali Province last year (2018/19). However, in this fiscal year (2019/20), 24 election constituents were provided with NPR 2 million each for developing infrastructure of ECD.

As per the FGD in Province 2, there is no separate budget from the local government for ECD but they are providing a separate room for the ECD center. Some model schools are getting a budget. The budget has been submitted for the ECD centers. However, the insurance for the girl child up to NPR 2 million is started by the municipality. The ECD center is getting NPR 1,000 per child for the management cost. ECD center facilitators are getting only NPR 6,000 monthly. It is not enough; the government has announced NPR 13,450 but it is not implemented yet.

As per the FGD in provinces, it was shared that ECD facilitators are provided NPR 10,000 for dress allowance. There is the provision of the per-child fund for the management of the ECD centers. Last year, Palika allocated the NPR 300,000 budget for the management of the ECD centers.

**Local(municipality) level.** Most of the respondents of the local level expressed satisfaction on the regularity in budget flow for nutrition activities. They shared that although they have received an allocated budget for nutrition-related activities from the federal government, the budget is not sufficient enough to carry out the planned activities. Some of the respondents shared that they have allocated a certain budget for nutrition at the municipal level. However, in most of the cases, there are no provisions or arrangements made for alternative sources of fund.

On the other hand, some of the respondents expressed dissatisfaction with the budget flow mechanism. In some cases, neither are budgets allocated for MSNP activities nor is there a timely release of budgets from the federal government. They shared that most of the time, budgets come only up to the municipal level after the first trimester. Therefore, although the

budget flow mechanism is better compared to earlier years, it still needs to be systematic and well-timed. One of the informants shared it as, *"Most of the time budget is released timely from the federal level but in some instances, due to some administrative and technical reasons, budget is received by the municipality only at the second trimester. This means that we have to accomplish total one-year activities within just two trimesters."*

There is a provision for the non-conditional budget for the local level, from which they may allocate a certain amount for preprimary classes. One of the province-level respondents at Province 2 expressed that allocation of budget to nutrition and ECD activities is based on the understanding and importance of local authorities in these sectors. He further added even headteachers did not give priority to ECD classes and budget not allocated to ECD under the non-conditional budget system.

#### 4.3.4 HUMAN RESOURCES

In this section, the situation of human resources for implementing nutrition- and ECD-related interventions were assessed. The study explored whether the sanctioned positions were fulfilled or not among the appointed staff and it was further looked into what percentage of hired staff are technical staff. Furthermore, the study assessed the availability and role of MSNP and ECD focal persons in respective institutions at different levels. It also assessed the competency of available staff, the institutions' experiences, and the actions taken to capacitate the human resources.

**Federal level.** At the federal level, some respondents shared that human resources were adequate for daily activities but not sufficient for managing and handling nutritional activities and programs. They expressed their concern that nutrition programs need regular coordination, communication, and teamwork between the line agencies and ministries which require a dedicated and competent team within each organization, which is completely missing.

**Provincial level.** The provincial-level respondents expressed deep concern on the number of human resources. They shared that the allotted positions are not sufficient enough. Besides, most of the employees are newly transferred under the readjustment plan of employees of the government and they have little knowledge about their roles and responsibilities. The shortage of staff is having an adverse impact in the achievements of nutrition/MSNP outcomes. Moreover, in some places, MSNP focal persons have not been assigned.

**Local(municipality) level.** At the local level, respondents expressed deep concern on both the quality and quantity of human resources. Most of the respondents revealed that neither the sanctioned positions at the local level are sufficient enough nor have they been fulfilled. The major reasons for this were expressed as ongoing readjustment of staff in the federalized context and lack of motivation to work in the remote areas. One of the respondents, a local government representative, said, *"Women, children, and social sections is an important section of MSNP but we do not have a focal person for this section. A person has been assigned but she has not joined her duty station due to the remoteness of our municipality."*

Problems or issues related to human resource are diverse in different sectors. In the municipality, sanctioned positions are completely fulfilled. However, the situation is different

in sectoral agencies of MSNP. Respondents from the health sector shared that they do not have any problems with the number of human resources but the problem lies in technical competency and quality of human resources. On the other hand, respondents from the education and other sectors revealed that they do not have qualified human resources for nutrition and health sector. This has led to compromising the quality of services delivered by them. It was expressed by one of the respondents as, *"The ratio for student teacher is very high in our municipality (that is, fewer teachers for more students). At the same time, qualified subject teacher is not available for health and nutrition subject. It would have been technically sound and better for students and the school if qualified teachers were available."*

Most of the respondents raised concerns about the proper management of human resources. They revealed that, in some cases, technical human resources have been assigned for non-technical or administrative works and vice versa and while in some cases, a single person has to undertake multiple roles and responsibilities due to the shortfall of an adequate number of human resources. One of the respondents expressed it as; *"My expertise lies in administration. I have prior working experience in this section but currently, I have been assigned as an education section chief."*

Similar to the provincial level, most of the human resources at the local level are technically in a new role (under federalism), they are not fully conversant about their roles and responsibilities. Respondents shared that they lack technical competency and capacity to execute nutrition-related activities effectively. They shared that although they have received orientation on MSNP in the past, they desperately need refresher or capacity-building training/workshops to implement MSNP-related activities. They emphasized that although they have some strategies and plans for nutrition, they do not have any action plans or modalities to execute those plans into actions. One of the respondents said, *"Both health coordinator and deputy health coordinator who have been appointed after the recent adjustment are new to their positions. So, they have limited knowledge about MSNP and their roles as focal persons."*

One of the participants at a federal-level workshop in Karnali Province claimed, *"The local-level government is responsible for the management of the human resource, delivering ECD services, and supplying logistic supports to benefit the target children, their family and schools. So far, the provincial government monitors and evaluates all the ECD and nutrition programs and activities through the local-level government sections/units of education, health, women, and children"*. According to one of the province-level respondents, the local-level units/sections (education, health, women, and children) use to prepare documents related to ECD programs, activities, and service delivery which were sent to the province-level government in its respective ministry.

While interviewing these respondents individually, they were also asked whether they were satisfied with the existing institutional arrangements for quality ECD outcomes, especially in terms of human resources and service delivery mechanism. In reply, one of the mayors said, *"We do not have quality human resources to deliver services required for early childhood development. Although the sector-wise offices have been established, there is no staff to handle the office activities efficiently. One staff has recently joined the Education Office who was working in the administration section in the district."* This reveals that a lack of qualified human resource

for ECD at the local level is a key challenge to ensuring institutional arrangements for quality ECD.

#### 4.3.5 SERVICE DELIVERY

In this section, the services delivered by the institutions for nutrition as well as ECD were explored. The study assessed the types of nutrition-related services and ECD programs and their quality and service standard. Moreover, the study explored the mechanism used by different entities at the federal, provincial, and local levels to ensure the quality of services related to nutrition-specific and nutrition-sensitive interventions, early stimulation, care, health, and education of the early age children.

**Federal level.** At the federal level, results from the analysis depicted mixed responses from the respondents on quality and quantity of services. Some of the respondents were satisfied with both the quality and quantity of services delivered by their health institutions. They expressed that there are a variety of programs implemented by their institutions to support MSNP II. Moreover, they are trying to align all of their program activities with the targets envisioned by MSNP II. One of the respondents, a federal government representative, said, *"We try to ensure that all of our activities hit or align with the targets of MSNP, even if those activities are executed with or without MSNP budget."*

However, some of the respondents expressed resentment toward accountability and transparency in the service delivery modality. They shared that limited budget, lack of accountability (within institutions), and lack of coordination between different sectoral institutions have compromised the quality of nutrition-related services delivered by the institutions. Moreover, some of the respondents also highlighted that the programs are mainly focused and delivered only from service providers' perspective and have missed the consumers/service receivers' perspective. Therefore, they advised for bottom-up planning while designing nutrition-related interventions.

**Provincial level.** As per the FGD conducted in Province 2, some ECD facilitators said that they had teaching/learning materials in the ECD centers, utilizing a visual method of teaching. They conduct activities with shapes and toys that is, animals, vegetables, and fruits, utilizing visual teaching methods. They added that they use local materials that is, clay; children make different shapes using the clay. They provide musical instruments, that is, *madal* (a Nepali percussion musical instrument) and other musical instruments. They are very sincere about the protection of the children from the risks while using different play and learning materials.

Some facilitators shared that earlier they used to teach at the ECD children center with the Grade 1 children. Now they have separate rooms for the ECD children center. ECD children are happy that they have a suitable place to read, learn, and have fun, and they play in their environment. They explored imagination and children were enjoying.

Some participants of the workshop shared that children and their families are being given different health services from the health posts: medicine and vaccines; iron tablets; regular sharing of messages on health and nutrition; clothes and money for institutional delivery; and polio vaccines. They further added that they have heard about MSNP. They conduct meetings and group interaction with community people about health. They disseminate messages on the importance of nutritious foods to pregnant woman and lactating mothers.



As per the FGD conducted in Province 6, preprimary school children were getting midday meals in ECD centers along with other school children. Previously children were provided with noodles (junk food) but this has been prohibited by municipalities. Both municipality and schools are promoting the locally available nutritious food. Palikas were found, as reported in the FGD, to be promoting the stopping of junk food to children.

During observation of ECD centers, six learning areas were not found managed in almost all ECD centers. They did not follow the ECD curriculum and daily activities of the ECD centers. However, some materials were found in the ECD centers for reading and writing. ECD facilitators used to tell stories to the children, conduct outdoor physical activities, play games with children, and organize thematic activities such as drawing.

**Local(municipality) level.** Respondents at the local level expressed dissatisfaction toward the quality of services. Some of the respondents highlighted that although some activities are happening at the local level, there is no specific M&E system to ensure the quality of services. They revealed that the quality assurance mechanism for nutrition-related interventions is very weak and inconsistent. There are procedures for overall M&E but not specifically for MSNP. A local government representative said, *“Neither are we competent enough nor do we have any mechanism for monitoring and evaluation of nutrition-related activities. On the other hand, there are competent and experienced staff at the federal level. Therefore, we need supportive monitoring and supervision from the federal level so that they can provide us with proper guidance and feedback on technical issues, information technologies, and M&E mechanisms.”*

Some respondents also highlighted that there are neither any specific guidelines nor adequate logistics for delivering nutrition services effectively. They emphasized the problems of improper storage and insufficient and untimely supply of commodities. Similar to the federal level, in some cases, respondents also expressed resentment toward accountability and transparency in the service delivery model. Besides, they shared that poor administration, limited budget, and lack of technically competent human resources are impeding the quality of services delivered by the institutions. One of the respondents, a local government representative, said, *“Municipality is delivering the best possible services to all its citizens. However, financial resource constraint has always been an issue for the full-fledged implementation of programs.”*

The research team came to know that pregnant women are provided with a bag of 30 eggs and they were also provided for services of nutrition and immunization. A respondent expressed that they had got only first aid services for treatment of children and they would take the children to hospital in critical cases. Other ECD services measure the weight of children and provide polio drops and vaccinations. They also have provided teaching materials to the ECD teachers. Breakfast is also provided for children. Children were taught the skills of singing, playing, reading, writing, listening, and so on.

The study team also asked the representatives of education, health, women, and children sectors at the local level about the status of institutional arrangements for quality outcomes of ECD at the local level. One of the representatives from the education sector in one of the selected municipalities said, *“Nothing special has been done for ECD age children. The old system is continuing in which children get admission in the preprimary classes. They are supported in their learning through games and playing by the ECD teachers in schools. The*

*education section monitors their performance by keeping a record of number of enrolments and dropouts.” Describing the status of classroom management, one of the respondents in the selected rural municipality said, “Once I went to visit a school. I saw a damp classroom for early age children. They were in the same clothes which they wore at home. Their hair was uncombed and many of them had running nose.” Many of the respondents did not claim the similar conditions of ECD classrooms. However, it cannot be denied that there are still some schools where arrangements for ECD need intensive attention and support.*

### 4.3.6 INFORMATION MANAGEMENT AND DOCUMENTATION

This section highlights the findings on information management and monitoring mechanism of nutrition- and ECD-related activities at different levels of government. The study assessed the recording and reporting process at the federal, provincial, and municipal levels for capturing activities, output and outcome indicators of nutrition status, and ECD programs. Also, the study assessed how entities processed and used the collected information for further planning.

**Federal level.** In most of the cases, there is simple recording, reporting, and information generating system. Although there are systems like Health Management Information Systems for nutrition specific interventions and MoFAGA led Web-based Reporting System for nutrition sensitive information, proper data management, analysis, and dissemination are mostly missing with both nutrition- and ECD-related activities. Respondents shared that limited data analysis and utilization is impeding future planning and long-term vision. They shared that they have a system to manage all the records and reports in a file or computer, but they do not have any robust mechanism to use that data for planning and setting goals. Additionally, they highlighted that the data use is just limited to compartmental analysis rather than trend analysis of all the generated data in a comprehensive way. For example, a senior government representative said, *“We have records and reports but there is no proper use of that information. What is the use of that raw data when they cannot be used for future planning?”*

However, in some of the cases (nongovernment institutions), data management, analysis, and utilization mechanisms are robust in the case of nutrition. Respondents shared that they have quality reporting and regular analysis of all the data, and this has helped them immensely to plan the activities more efficiently. However, these data are not included in the central reporting system.

**Provincial level.** Respondents at the provincial level, shared that there is a regular recording and reporting system (HMIS, Logistics Management Information System [LMIS], EMIS, and so on), as defined by the government. However, it has been a challenge to record and report information particularly on MSNP indicators.

Respondents also shared that there is a lack of proper information management system and its use at the provincial ministries. In contrast, respondents at the federal level claimed that a web-based reporting system has been established at the provincial and local-level government offices to support the nutrition activities monitoring system. MoFAGA has established a vertical web-based reporting system at the local and provincial levels for tracking improvement in nutrition indicators. MSNP volunteers are responsible for facilitating the SCs for recording and



reporting of nutrition indicators. Respondents have limited knowledge and understanding about recording reporting, and the information management system of MSNP.

**Local(municipality) level.** Similar to the provincial level, respondents at the local level shared that there is no robust information management system for recording and reporting information for both nutrition and ECD activities. They highlighted that the system is worse at the local level where the records are systematically maintained. Respondents shared that there is no proper information management system which can track all the data, generate information, and assess progress and support in long-term planning.

The education unit of the urban and rural municipalities collects information and maintains records of ECD children in schools, ECD activities and programs in schools, and ECD teachers and classrooms. The health unit of the urban and rural municipality deliver health-related services such as immunizations, vitamins, antenatal and postnatal services, and also maintains records for the same. These records are reported to help decide about the health-related services at the local level.

Some information was found to have been regulated through personal communication. Based on the annual report of the education and health units of the urban and rural municipality, information was found to have circulated among the municipality-level stakeholders. According to a respondent, for gaining information, they reach the target sites and observe the ongoing activities. Another respondent mentioned that they use a cell phone for gathering information. A respondent said that they have made an information system. They notify people by collecting data and documents. They also provide information through a letter, phone, and internet.

As per the FGD conducted in Province 2 in rural/municipality, some respondents shared they have separate committees for ECD centers and some others said there is no separate management committee for ECD centers. There is a frequent recording of pregnancy, birth registration and other vital registration timely, and postpartum timely. Schools call a meeting with the SMC and decisions are recorded in the minutes of the meeting.

As per the FGD in Province 6, there is no separate management committee like the SMC for the ECD center. The existing SMCs are supporting ECD centers. Majority of the respondents shared that the SMCs are not conducting regular meetings and they are not well aware of their roles and responsibilities. Thus, the information management system for both nutrition and ECD activities are not systematic and updated for proper implementation of both nutrition and ECD activities.

### **4.3.7 LOGISTICS, SUPPLIES, AND TECHNOLOGIES**

The study team assessed whether the existing infrastructures and logistic supply management system were sufficient or effective to support the implementation of nutrition activities and ECD-related programs. Infrastructures and logistics include buildings, rooms, child learning and play materials, charts, pictures, flooring carpets, mats, information and communication technology (ICT) materials, and so on for ECD classes run in the schools and community. Logistics such as nutrition assessment tools, nutrition commodities such as weighing scales, measuring tapes, therapeutic foods and medicines, flip charts, child health cards, Vitamin A capsules, iron tablets, and so on, are related to nutrition activities and learning centers,

**Federal level.** At the federal level, logistics and supplies are expressed as a primary concern by most of the government respondents. However, they shared that they do not have enough logistics and supplies to carry out planned activities. Therefore, no matter how much they plan, those plans are just limited to paper. They further added that poor physical infrastructure and gap in demand and supply of goods have always been issues in the government system. They shared that the goods are neither delivered timely nor sufficient enough to carry out planned activities.

On the other hand, some of the respondents also shared that the infrastructure and logistics are sufficient enough to carry out nutrition-related activities. They have never faced any major logistic-related challenges for carrying out any nutrition activities, although there is always some delay due to the tedious government process. This was expressed by one of the respondents as, *"Yes, logistics is always crucial and we have enough logistics to implement the planned activities. However, we always ensure the real need of those logistics before using/supplying."*

**Local(municipality) level.** Similar to the federal level, most of the respondents of the local level replied that there is not sufficient physical infrastructure and logistics for implementing nutrition-related activities. They expressed difficulty in procurement, supply, and storage. They also expressed concern on the infrastructure and other logistics required for basic nutrition services. This has created a problem while carrying out any programs or activities. One of the respondents said, *"There are health facilities in all the wards within the municipality. However, if you look closely, most of those health facilities do not meet the basic standards stated by the government."* Another respondent expressed his concerns as, *"In most of the health facilities, we do not have basic logistics (Middle-Upper Arm Circumference [MUAC] tape, salter scale, and so on.) which are required to carry out basic nutrition-related activities."*

Women, children, and senior citizen sections of urban and rural municipalities were found to have worked for child protection at the local level. Preprimary classes were found to have been conducted in the school building in which there was a separate classroom (except in some schools) for early age children. It was found that the learning materials were purchased through the financial contribution of the municipality. However, some organizations working in the field of ECD at the local level were also found to have contributed toward ECD learning materials. These organizations were also reported to have facilitated in performing ECD-related programs and activities (such as training and orientations) in the schools. The ECD teachers were reported to have conducted ECD classes utilizing the existing means and resources for ECD in the schools. It was reported that the federal-level government provided NPR 1,000 for ECD management expenditure in the schools per year. Carpets, tables, racks, charts, diagrams, weighing machine, mirrors, combs, first aid box, ECD kit box, and so on are also available in some ECD classrooms.

As per the FGD conducted in Province2 in a rural municipality, ECD centers have materials but not enough as per the ECD national standard requirements. All ECD centers do not have separate rooms, separate toilets, and adequate seating and learning arrangements. Health posts are providing the normal facilities and agriculture offices are distributing wheat seeds that are not enough.

As per the FGD conducted in Province 6, participants shared that there are still no separate rooms for ECD children. They sit with Grade 1 children. There is no learning area and materials in ECD centers. There is a total of 14 ECD centers (10 from support by federal government, 3 run by the source from the municipality, and one supported by an NGO). There are 17 schools but the total number of ECD centers in this municipality is 14. However, some ECD centers are not open regularly; if facilitators do not come to school, ECD children sit with Grade 1 students. Out of 13 ECD or preprimary classes, five did not have separate rooms and ECD children sit with the Grade 1 children.

Likewise, some respondents shared that the local government is not conversant with the procurement and purchasing procedure of the goods. They added that the quantity of goods procured at the provincial level is lesser compared to the national level, which increases the unit price of goods. Therefore, respondents suggested that the local government needs to plan effectively for cost-effective procurement, but until then, the federal government has to continue their support in procurement and purchasing of goods.

## **4.4 STRATEGIES, IMPLEMENTATION PLANS AND BUDGET FOR MSNP AND ECD**

The respondents were encouraged and invited to participate in the workshops organized by the study team. The purpose of the workshop was to support them to develop strategies, implementation plans, and budgets to execute the National Strategy Plan of ECD and nutrition. The workshop was organized in each of the selected municipalities as a part of the study. Respondents were provided with an orientation to develop a plan to implement nutrition and ECD strategies. They were asked to enlist the existing challenges in the municipality, especially in relation to nutrition and ECD programs. They were also asked to discuss among themselves to identify ways to address the prevailing challenges. In this way, they mentioned the key activities to be performed in the municipality so as to respond to the issues related to nutrition and ECD. The strategy, implementation plan, and budget were developed in six municipalities separately for both nutrition and ECD. Lists of developed strategy plans are presented in Annex-2. The key themes of the workshops were (a) enlisting of issues and challenges based on need assessment and situation analysis, (b) problem-solving strategies, and (c) the activities based on the strategies. The opinions of the stakeholders were collected under each theme and are presented and discussed in the following paragraphs.

### **4.4.1 ISSUES AND CHALLENGES**

Participants of the workshop listed out a series of issues and challenges. The key issues and challenges raised by them for proper implementation of nutrition and ECD were (a) low level of awareness and understanding on MSNP; (b) limited strategies and work plans for program implementation; (c) poor monitoring and supervision mechanism; (d) lack of priority and insufficient budgeting, coordination, and support from the federal and provincial level; (e) poor and insufficient physical infrastructure; (f) shortage of skilled human resources; (g) poor quality of service delivery; and (h) poor data management systems.

The participants also highlighted the key issues and challenges as low economic and technical support from the provincial government, illiteracy among the guardians and caretakers of the

children, lack of orientation programs for the parents, poor and insufficient diet, use of packed foods (junk foods), poor hygiene and sanitation, lack of child-friendly environment at home, lack of compliance between the activities carried out in ECD center in comparison to the prescribed ECD curriculum for the holistic development of the children, and poor management of safe drinking water at ECD centers.

#### **4.4.2 PROBLEM SOLVING STRATEGY**

The participants in a workshop claimed some strategies to address the problems. The key strategies suggested by them are (a) arranging awareness campaigns; (b) capacitating the key stakeholders to develop plans, programs, and activities; (c) developing systems and work plans related to nutrition; (d) developing a sustainable M&E mechanism; (e) managing sufficient human resources; (f) developing strong coordination, networks, and communication mechanisms; (g) identifying new sources of budget; and (h) recruiting human resources as per need.

In relation to MSNP, participants of the workshop suggested providing orientation and training for stakeholders; improvising the physical infrastructure of the service centers; conducting household surveys; organizing immunization clinics; providing training to FCHV, Mother's Group, and adolescent and local representatives; conducting capacity-building programs for local stakeholders and technical human resources; conducting health- and nutrition-related public awareness programs and school-based programs to create awareness for diversified and nutritious food/snacks; reducing use of junk foods; initiating school lunch program; and initiating a one-home-one-kitchen-garden program. Similarly, as mentioned by the participant of the workshop, some schemes such as establishing new ECD centers, managing physical resources, conducting collaborative efforts to manage ECD centers, managing child-friendly and enjoyable learning environment in ECD centers, managing curriculum-based activities in ECD centers; organizing door-to-door program and street drama for community awareness, and managing education material kits and training materials for parents were suggested.

#### **4.4.3 ACTIVITIES**

In line with the problem-solving strategies, participants shared some key activities to be performed to ensure effective implementation of activities related to nutrition and ECD. As they advocated for an awareness campaign to highlight the importance and effectiveness of nutrition and ECD programs into their notice, they suggested for some activities in this regard.

The key activities which they suggested to perform for bringing awareness on nutrition and ECD are (a) identifying the potential stakeholders such as parents and community members; (b) disseminating information and messages related to nutrition and ECD; (c) setting up public forums to discuss on nutrition and ECD; (d) organizing meetings, interactions, and orientation programs for the stakeholders at the local level so as to impart knowledge, attitude, and skills on nutrition and ECD.

The other issues raised by the participants were lack of plans, programs, and activities. To address this issue, the local-level stakeholders are to be encouraged and capacitated for developing local-level plans, systems, and mechanism to improve the status of nutrition and ECD. Trainings or orientation programs are to be conducted at the local level to enable the

stakeholders for developing policy, plans, programs, and activities for enhancing the quality of ECD and nutrition outcomes.

Developing a monitoring plan was also asserted as one of the key activities. The monitoring plan could be developed separately for both nutrition and ECD. As discussed in the workshop, the participants agreed to develop guidelines for M&E of nutrition- and ECD-related programs and activities. They however demanded support from experts for the same.

Managing human resources was claimed to be another strategy to implement nutrition- and ECD-related programs and activities. The need for managing a focal person was felt for both nutrition and ECD in each municipality. The training and orientation programs for the focal person was claimed to be important to capacitate them and equip them with nutrition- and ECD-related knowledge, skills, and attitude. This arrangement was stated to be vital in the sense that it would help them develop plans, programs, activities, and implementation strategies related to nutrition and ECD at the local level. The implementation of nutrition- and ECD-related activities by a focal person at the local level was also claimed to be important in the sense that they would work for advocacy and empowerment of the key stakeholders. They would also coordinate with different stakeholders, line agencies of various organizations, community members, parents, and volunteers. They would contribute to manage tools/equipment and materials related to nutrition and ECD.

Identifying the sources of budgeting, managing, and mobilizing resources were also claimed to be important activities. Developing networks and connecting them with budgeting and service delivery was asserted to be the part of institutional arrangement for enhancing the quality of nutrition and ECD. In the same way, establishment of nutrition and ECD centers was also claimed to be imperative, especially at the place where early age children do not have easy access to these facilities.

# CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS

## 5.1 CONCLUSION

The aim of this study was to assess institutional arrangements for MSNP II and the ECD Strategic Plan by assessing awareness, understanding of the specific roles and responsibilities of stakeholders along with government and other stakeholders, and by exploring how the support system could be built up for MSNP and ECD for optimal achievements. A qualitative approach was adopted using a range of complementary methods. The study has provided insights on the situation analysis of three aspects (system, entity, and individual) of ECD and nutrition (MSNP) at three levels (federal, province, and municipalities) of two provinces: Province 2 and Karnali Province.

There are policies and plans for nutrition and ECD at the federal level which demonstrate government commitment to improving both nutrition and early childhood outcomes; however, these are not fully translated into local plans. In the changed context of Nepal, the federal-level government is supposed to create laws, act, policy, and guidelines related to nutrition and ECD. The provincial and local levels of governments, on the other hand, are supposed to adapt the federal-level policy and plan and integrate them into their own policies and plans. The study revealed that provincial and many local levels lack the latter, that is, their own context-specific plans. Respondents stressed that the local levels were yet to prepare their local need-based strategic plan and guideline to implement nutrition and ECD activities. These plans and guidelines, if in place, help to regulate the local bodies and implement nutrition and ECD activities. In this sense, federal-, province-, and local-level governments work in a continuum of creation/adaption to integration to implementation of nutrition and ECD policies, laws, acts, plans, programs, and activities. However, the continuum from federal- to province- and to local-level stakeholders can work better only when they are aware about nutrition and ECD issues and when they are distinctly familiar with their roles and responsibilities and empowered for performing the same. Their awareness, roles, and responsibilities can be meaningful and visible only when they are supported with effective institutional arrangements and systems. It is, therefore, essential to strengthen these three tiers of governments from the perspectives of awareness, roles, and responsibilities (at individual level); institutional arrangements (at entity level); and plans and policies (at system level) to enhance nutrition and ECD outcomes in the country.

There is a variable understanding of roles and responsibilities in the context of improving nutrition and ECD outcomes and its internalization particularly at the provincial and local levels. The local-level authorities were enthusiastic to perform their roles and responsibilities, but they

were not clear about what exactly they had to do and how. Initiatives for nutrition and ECD, in the federal context, demands a new way of understanding among the stakeholders to help them be more responsible to internalize and perform their roles to improve nutrition and ECD status in the country. As the federal-level strategy and policy documents recognize nutrition and ECD as a multispectral, right-based, and life cycle approach, and the awareness, roles, and responsibilities of the stakeholders in the country needs to go in line with these approaches. However, the current scenario is different. For example, the stakeholders at all the three tiers of government do not perceive ECD as it is articulated in the ECD national strategy paper. Mostly at the local level, ECD is equated with the learning and support available for children in preprimary classrooms. Similarly, the stakeholders at the local levels have poor understanding of multispectral approach in nutrition. In the changed context, the stakeholders at the local level are in confusion in relation to their roles and responsibilities, institutional arrangements, policies, and systems to enhance nutrition and ECD outcomes. They are committed to enhancing the nutrition and ECD status in the community, however, there is a lack of technical assistance and support.

The institutional arrangement to support operationalization of activities under nutrition and ECD is also variable at the provincial and local levels. Although the country has started to practice federalism, it has yet to develop and improve systems and institutions as per the changed context. The respondents at the local, provincial, and federal levels claim nutrition and ECD as an attractive agenda but they have still not taken any effective initiation, especially in terms of policy formulation, infrastructure development, advocacy/awareness program, service delivery, networking, and coordination to improve the quality of nutrition and ECD status in the country.

## **5.2 RECOMMENDATION**

On the basis of present study, the study team has made the following recommendations.

### **5.2.1 GOVERNANCE, POLICY, AND SYSTEM**

The political and administrative structures of the country have changed, but the mechanism and procedures for implementing nutrition and ECD activities have remained the same at the local level. Similar to the previous government system, nutrition and ECD are not the priority agenda and they have been overshadowed by infrastructure and construction works. The stakeholders at each level of government are facing the transitional phase where previous mechanisms for nutrition and ECD have phased out and the new system has not been established properly. MSNP and ECD Committees at the federal level should, as guided by the MSNP II and draft ECD strategy, focus on policy adaptation, policy engagement, and development of guidelines to operate MSNP II and ECD strategy at the local community level. Since MSNP II and ECD activities overlap, the government should consider developing one integrated plan to cover both the aspects.

Proper coordination and collaboration among different sectors are lacking in the changed administrative and governance structure because of unavailability of guiding policy. It is recommended to develop/strengthen policy/provision concerning horizontal and vertical coordination and collaboration mechanism among stakeholders' ministries, institutions,



provinces, and local governments for nutrition and ECD. There should be a strong emphasis to keep the plans simple and easy for stakeholders to understand and assimilate.

Appreciable efforts of good nutrition initiatives such as nutrition allowance (poshan vatta), bank account for a girl child, and social security for the Chepang community, should be promoted/continued/replicated to other provinces/municipalities where these initiatives are not in practice.

In the same way, the provincial and local governments were found to be initiating innovative programs such as insurance for the girl child in some municipalities of Province 2, NPR 1,000 per child for postnatal care, budgetary provision for infrastructure development, provision of day meals, and NPR 1,000 as dress allowance to the facilitators. It is recommended to replicate and promote such innovative programs all over the country

Although the political commitments of local leaders were found strong, it is recommended to put efforts on genuine implementation of the plans/programs in communities by consolidation ownership and commitments of the programs and activities among sectoral ministries and other stakeholders.

All the MSNP and ECD respondents unanimously confirmed shortage of resources both financial and human (technical) at all levels of government. Therefore, it is recommended to ensure adequate financial and human (technical) resources areas in a defined time framework for improvement in nutritional and ECD outcomes.

Because stakeholders at all three levels were found to have varied understanding about the comprehensive and integrated nature of ECD as well as the multisectoral approach of nutrition, orientation, and advocacy, it has been recommended to all stakeholders to have similar understanding in the changed context of Nepal.

With the devolution of the administrative system, the role of the local level in implementing nutrition and ECD activities is critical. As such, the head of the local level (such as the mayor or chairperson) can offer strong executive leadership and direction, under which various interventions such as nutrition and ECD can more holistically be integrated into the planning, budgeting, supervisory, and monitoring processes. This study recommends identifying and experimenting with viable opportunities to integrate the interventions and investments for improving nutritional and ECD outcomes.

For accountability and effective administration, communication, and M&E; a strong federal structure for nutrition is being visualized by all stakeholders of study areas. Therefore, a center of excellence for nutrition is recommended at the federal level.

There are SCs and CCs in the NPC for integration and coordination of different stakeholders and ministries working in the field of MSNP and ECD. As recommended by MSNP and ECD Strategic Plans, the provision of an executive council is recommended. This council will be effective for making policies and programs at three (federal, provincial, and local) levels of the government in relation to ECD, including nutrition programs.

Parliamentarians' groups (ECD Caucus) have been formed at the federal and provincial levels, which are functioning as a pressure group to contribute to setting policies on ECD, allocating



budgets, developing infrastructure, supporting education materials, and advocating for the integration of inter-ministerial services to enhance ECD outcomes. This type of group needs to be capacitated to work for nutrition. Such groups should be formed at the municipal level as well for the promotion of ECD and nutrition activities in all the local governments of the country.

### **5.2.2 AWARENESS/UNDERSTANDING OF ROLES & RESPONSIBILITIES ON ADDRESSING MALNUTRITION AND INVESTING IN ECD**

The majority of the respondents were found to be confused about the multispectral nature of involvement of different ministries, line agencies, and stakeholders of nutrition and early childhood period and holistic development approach of these two areas; it is recommended to orient stakeholders about different aspects of nutrition and ECD. Limited awareness is one of the bottlenecks, but even after receiving general orientation, actions often do not take place unless it is followed by or tightly linked to actual functional support and continuous capacity building. Nutrition is often an invisible problem that affects people's lives and human capital formation silently for a long time. Federalism empowers local communities and governments to protect themselves, but it does not happen only by setting laws/policies and disseminating guidelines. So, creating master trainers to support subnational officials on the ECD and nutrition agenda together with supportive supervision is essential, especially to ensure enriched understanding and awareness by the target stakeholders. Refreshment programs on MSNP and ECD for federal-level stakeholders are also a felt need indicated by the study.

Some municipalities are trying to develop roles and responsibilities with their own efforts without obtaining guidelines from federal and provincial governments. It may create duplication and misunderstanding. Hence, it is recommended to facilitate the local level for making their own laws, roles, and responsibilities for the stakeholders.

ECD stakeholders at the local and province levels agreed that ECD services are not delivered in an integrated way and in most of these cases a multisector approach is meagerly taken by stakeholders and they work independently. Therefore, the institutional arrangement for ECD at the province and local levels needs to be strengthened.

### **5.2.3 SERVICE DELIVERY**

The five phase-wise services to children in terms of survival, protection, early stimulation, nutrition, health, and so on, are the prerequisites for the holistic development of the children and this study has observed there has been some inadequacy in delivering these services to the children.

Qualified human resources, equipment, and compliances are needed to perform nutrition- and ECD-specific services. The respondents were concerned about insufficient and timely delivery of these services and equipment. So, it is recommended to maintain quality standards of equipment, compliances, and timely services.

A day meal was provisioned for the early age children in school-based ECD programs in the study sites of Province 2, but the same was not found in Karnali Province (except Mugum

Karmarong Rural Municipality). Such provision needs to be provided in all ECD centers and preprimary to Grade 3 classes throughout the country.

School-based ECD classrooms are needed to maintain the National Minimum Standard for ECD. Such an arrangement will create a conducive environment for delivering quality learning in a desired environment. Hence, it is recommended that the infrastructure for early age children should be improved in line with the National Minimum Standard of ECD.

Similarly, health posts need to be well equipped with necessary equipment; tools (for measuring height, weight, and arm circumferences, growth cards, and so on); necessary medicines; basic sanitary equipment; technical human resources; and so on so that they could deliver effective and efficient services. The municipalities should arrange all these basic requirements for the health posts.

The study indicates that the communication between the parents and the ECD teachers is poor in most of the schools. The parents are found to have sent their early age children to schools with their siblings in most of the study sites. As a result, the parents and ECD teachers do not get opportunities to meet and discuss about the growth and development of their children. In this context, the local government can develop a framework to link ECD centers/preprimary schools with the children's family and community members.

It is recommended to integrate projects that work for the common purpose to avoid duplication of work, ensure uniform messaging, and efficiently use the resources. The local governments should adopt the 'one door policy' for avoiding duplicity and optimum utilization of funding for ECD and nutrition activities.

Parents in the community place little attention on the health and the all-round growth of their children because of ignorance of the value of ECD and nutrition in the life of their children. Therefore, the municipalities should arrange events and programs to orient and educate parents on this issue.

The present arrangements for providing ECD and health/nutrition services are different and there is not much coordination among concerned ministries at the federal- and provincial-level governments. Neither is there such coordination among education and health sections at the municipal governments. Recent evidence suggests that integrated nutrition and ECD programs can help improve both child development and nutrition outcomes, laying the best foundation for children to achieve their full potential as adults. The integration of ECD and health/nutrition along with other such programs such as social transfers could happen at two platforms—program and institution (service delivery centers). There are certain countries<sup>3</sup> which have propounded Integrated Early Childhood Development (IECD) programs integrating ECD and health/nutrition basic services for the holistic development of a child. On the other hand, the ECD centers could be an institution to deliver basic ECD services in addition to health/nutrition basic services. Similarly, the health facilities could be an institution to deliver basic ECD services other than its basic health/nutrition services. Therefore, it is recommended that an integrated child development approach should be adopted for better outcomes and

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<sup>3</sup> Vietnam, Bangladesh, and Lesotho.

results in the context of ECD. Finding the most suitable platform for Nepal will be the subject of further study.

#### **5.2.4 FINANCIAL RESOURCES**

The budget allocated for nutrition activities is too meagre and not enough to implement nutritional activities. Therefore, it is recommended that the municipalities should allocate some of the conditional budgets and other revenues for nutrition as well.

The local-level governments themselves should devise ways to generate resources to invest in ECD and nutrition activities.,.

The internal financial and other resources available to municipalities are not enough to implement ECD nutrition interventions. In this context, the provincial, federal, and external development partners should support municipalities.

#### **5.2.5 HUMAN RESOURCES**

Since local government stakeholders claimed that they do not have quality human resources to deliver quality services for nutrition and ECD, the local governments should make arrangements to develop the professional capacity of MSNP and ECD focal persons, ECD facilitators, or early grade teachers.

Every urban and rural municipality in the country has to deliver ECD and nutrition services; there are relevant units in municipalities. However, due to lack of adequate and quality human resources, these sections under the urban and rural municipalities have not been able to deliver quality services. There needs to be a provision for empowering and sensitizing not only parents and community members but also ECD facilitators, people's representatives, and government officials working in the concerned units of municipality. Such programs and activities should be embedded in the local-level development plan.

The study has showed that service delivery to early age children and pregnant mothers was less effective because of the insufficient training to the service providers. The local-level governments should provide integrated trainings, refresher training, orientation, and field visits to MSNP focal persons, health coordinators, community health volunteers, and ECD teachers/facilitators to motivate them and also to ensure quality service delivery.

ECD teachers managing early age children are paid low salaries and, therefore, their turnover is higher than the other teachers in schools. And because of low salaries, not many competent teachers are attracted to this job. Hence, it is recommended that to ensure retention of experienced and trained human resources, the local government should revise their salaries and attract competent teachers in this field.

#### **5.2.6 INFORMATION MANAGEMENT**

A strong information management system is the prerequisite for developing policies and plans for both nutrition and ECD activities. Similarly, limited data analysis and utilization may be impeding long-term vision and future planning. The existing health, education and MoFAGA led information systems should be fully utilized for recording, reporting and policy information by all levels of the government.

Because digital data are reliable and easy to access at any point in time, we need to encourage digital-based recording and reporting mechanism to obtain real-time data from all over the nation. This will also ease the analysis of data for policy development, budget preparation, finding trends in malnutrition and ECD services, and other development works as well.

### **5.2.7 MONITORING, SUPERVISION, AND EVALUATION**

It is recommended to develop a context-specific M&E framework, and performance-based indicators at the local and provincial levels. Every community or locals have their own priorities. So, it is recommended to develop preference-based indicators so that preferred information can be tracked for perfect planning and implementation.

The nutrition and ECD plan, programs, and activities which are being implemented in schools and/or home are not regularly monitored and reviewed. Therefore, it is recommended to develop an effective M&E mechanism for the nutrition and ECD programs and activities to ensure the quality and effectiveness of ECD- and nutrition-related programs and activities.

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# Annex 1: Study Team

SN	Name	Designation	Organization	Assigned Workplace
<b>Study Team</b>				
1.	Deepak Thapa	Team Leader	NTAG	Kathmandu
2.	Dr. Uma Koirala	Nutrition Specialist	NTAG	Kathmandu
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4.	Dhiraj Karki	Program Coordinator	NTAG	Kathmandu
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7.	Dr. Radheshyam Thakur	Provincial Coordinator	SGNCDS	Province 6
8.	Shailendra Kumar Singh	Provincial Coordinator	NTAG	Province 2
9.	Asha Chaudhary	Research Officer	NTAG	Province 2
10.	Jhala Kumari Karki	Research Officer	SGNCDS	Province 2
11.	Birabha B. S. Pradhan	Research Officer	NTAG	Province 6
12.	Radha Malla	Research Officer	SGNCDS	Province 6
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<b>Other study team members who contributed for the study</b>				
14.	Agatha Thapa	Vice-chairperson	SGNCDS	Kathmandu
15.	Kunti Rana	Director	SGNCDS	Kathmandu
16.	Preeti Subba	Program Manager	NTAG	Kathmandu
17.	Sandesh Adhikari	Public Health Coordinator	NTAG	Kathmandu
18.	Saurab Pariyar	Finance Officer	NTAG	Kathmandu
19.	Priya Shrestha	Finance Officer	NTAG	Kathmandu
20.	Rajesh Pokhrel	Senior Account Officer	SGNCDS	Kathmandu

*Note:* NTAG = Nepali Technical Assistance Group; SGNCDS = Seto Gurans National Child Development Services

## Annex 2: Lists of Developed Strategy Plans

### ANNEX 2.1: ISSUES AND CHALLENGES BASED ON NEED ASSESSMENT AND SITUATION ANALYSIS (MSNP)

Province-2			Karnali Province		
Jaleswor UM	Yamunamai RM	Chhipaharmai RRM	Bheri UM	Bhairabi RM	Mugum Karmarong RRM
<ol style="list-style-type: none"> <li>1. Insufficiency of MSNP II related orientation and training among stakeholders</li> <li>2. Lack of nutrition related plans and strategies at the local level</li> <li>3. Lack of expected communication, coordination and support from federal as well as provincial government</li> <li>4. Poor M&amp;E mechanism</li> <li>5. Poor management of infrastructure in service centers</li> </ol>	<ol style="list-style-type: none"> <li>1. Low awareness on nutrition issues</li> <li>2. Lack of awareness on production of nutritious food</li> <li>3. Yet to declare of fully Immunization zone</li> <li>4. No nutrition related strategies and programs</li> <li>5. Lack of hygiene and sanitation focused activities</li> <li>6. Lack of toilet, hygiene and sanitation</li> <li>7. Lack of regular monitoring and supervision</li> </ol>	<ol style="list-style-type: none"> <li>1. Low awareness on nutrition issues</li> <li>2. Lack of nutrition expert/focal person</li> <li>3. Lack of regular monitoring and supervision to track the progress on nutrition related activities</li> <li>4. Child marriage</li> <li>5. Low formal education attainment</li> <li>6. Lack of availability of nutritious Food</li> <li>7. Poor quality of food items</li> <li>8. Lack of compliance on growth monitoring.</li> </ol>	<ol style="list-style-type: none"> <li>1. Minimal awareness on nutrition issues</li> <li>2. Lack of nutrition and diet related understanding among local stakeholders and technical human resources</li> <li>3. Lack of local level work plan related to MSNP</li> <li>4. Lack of effective operation of MSNP related programs</li> <li>5. Inability to implement MSNP related programs effectively</li> <li>6. Lack of skilled human resources</li> </ol>	<ol style="list-style-type: none"> <li>1. Low awareness on ECD and nutrition</li> <li>2. Low nutrition and diet related understanding among local stakeholders and technical human resources</li> <li>3. Lack of work plan related to MSNP</li> <li>4. Lack of effective operation of MSNP related programs</li> <li>5. Lack of skilled human resources and poor logistic management.</li> <li>6. Poor vertical &amp; horizontal communication</li> </ol>	<ol style="list-style-type: none"> <li>1. Low community awareness on ECD and nutrition</li> <li>2. Lack of nutrition related understanding among local stakeholders and technical human resource</li> <li>3. Lack of local work plan related to MSNP</li> <li>4. Lack of effective operation of MSNP related programs</li> <li>5. Lack of skilled human resources and poor logistic management.</li> </ol>



Province-2			Karnali Province		
Jaleswor UM	Yamunamai RM	Chhipaharmai RRM	Bheri UM	Bhairabi RM	Mugum Karmarong RRM
6. Insufficient budget and financial management at the municipal level 7. Poor vertical & horizontal communication	8. Poor vertical & horizontal communication	9. Poor vertical & horizontal communication	and poor logistic management. 7. Poor vertical & horizontal communication		6. Poor vertical & horizontal communication

## ANNEX 2.2: ISSUES AND CHALLENGES BASED ON NEED ASSESSMENT AND SITUATION ANALYSIS (ECD)

Province 2			Karnali Province		
Jaleswor Urban Municipality	RM	Chhipaharmai RRM	Bheri UM	Bhairabi RM	Mugumkarmarong RRM
<ol style="list-style-type: none"> <li>1. Limited understanding on importance of ECD among stakeholders at local level</li> <li>2. Lack of economic as well as technical support from provincial government for ECD</li> <li>3. Limited investment in ECD</li> <li>4. Lack of skilled human resources for ECD</li> <li>5. Lack of development of ECD related policies, regulations and structures.</li> <li>6. Most of the guardians and care takers are illiterate</li> <li>7. There has been no education programme for parents till date</li> <li>8. Lack of sanitation of children as well as house and surrounding environments</li> <li>9. Weak physical infrastructure</li> <li>10. Lack of community-based child development center as well as childcare center</li> <li>11. Lack of integrated report of activities implemented by service centers</li> <li>12. Lack of child friendly environment and management in child development center</li> <li>13. Unable to organize six learning area and enjoyable classrooms in ECD centers</li> </ol>	<ol style="list-style-type: none"> <li>1. Lack of capacity and awareness</li> <li>2. Lack of awareness among Pregnancy and Mother's Group Visit Focal person</li> <li>3. Lack of Building as per the requirement</li> <li>4. Lack of management of Child-friendly classroom</li> <li>5. Smart Class or Visual Class</li> <li>6. Safe drinking water and Sanitation</li> <li>7. Sports Material</li> <li>8. Lack of incentive to ECD teachers</li> </ol>	<ol style="list-style-type: none"> <li>1. Lack of child-friendly games and education materials</li> <li>2. Effectively Management of ECD classes</li> <li>3. Lack of Awareness</li> <li>4. Illiterate</li> </ol>	<ol style="list-style-type: none"> <li>1. Lack of awareness in community</li> <li>2. Develop capacity of child teachers</li> <li>3. Lack of access to ECD center</li> <li>4. Managing educational materials</li> <li>5. Lack of comprehensive understanding related to MSNP among municipal stakeholders including technical HR</li> <li>6. Low awareness level in the community</li> <li>7. Lack of skilled manpower and logistics</li> </ol>	<ol style="list-style-type: none"> <li>1. Lack of training to child teacher</li> <li>2. Lack of access to ECD center</li> <li>3. Unmanaged classroom</li> <li>4. Conduct child center as per minimum criteria of Government</li> <li>5. Lack of proper management in education materials</li> </ol>	<ol style="list-style-type: none"> <li>1. Lack of awareness in the community</li> <li>2. Barrier on Learning due to lack of availability of Educational Material</li> <li>3. Need of ECD Center</li> <li>4. Management of midday meal at school</li> <li>5. No trained ECD teachers</li> </ol>

Province 2			Karnali Province		
Jaleswor Urban Municipality	RM	Chhipaharmai RRM	Bheri UM	Bhairabi RM	Mugumkarmarong RRM
14. Lack of basic training related to ECD among all child teachers 15. Child development activities not being carried out in accordance with child development curriculum and daily activities 16. Teachers involved in child classes are also being obligated to teach for other classes. 17. Lack of physical structures in wards and municipalities for operation of programs 18. Lack of refresher training of child teachers 19. Lack of management of safe drinking water	9. Lack of Education Material				

Note: HR = Human Resources.

## ANNEX 2.3: PROBLEM SOLVING STRATEGIES BASED ON NEED ASSESSMENT (MSNP)

Province 2			Karnali Province		
Jaleswor UM	Yamunamai RM	Chhipaharmai RRM	Bheri UM	Bhairabi RM	Mugumkarmarong RRM
<ol style="list-style-type: none"> <li>1. To conduct MSNP related orientation and training among stakeholders</li> <li>2. To develop MSNP related strategies and work plans at the local level</li> <li>3. To coordinate with federal as well as provincial government for financial and technical support.</li> <li>4. To make M&amp;E more effective.</li> <li>5. To improvise the physical infrastructures of the service centers.</li> <li>6. To coordinate with the federal and provincial government for the required support.</li> </ol>	<ol style="list-style-type: none"> <li>1. Household Survey, FCHV Training, Staff Mobilization, Organize immunization clinic</li> <li>2. Training to FCHV, Mother's Group, Adolescent and Local representative</li> <li>3. Meeting Discussion, Training</li> <li>4. Training, and construction of Pipeline</li> <li>5. Mobilization of Health Staff</li> <li>6. Monitoring should be done in every Program and activities.</li> <li>7. Conduct good diet &amp; nutritious food preparation using locally available food related</li> </ol>	<ol style="list-style-type: none"> <li>1. Organize awareness program on each ward and each tole</li> <li>2. Establish Nutrition Center in each ward</li> <li>3. Sanction the Position</li> <li>4. Pressurize concerned stakeholders for the implementation of the mentioned objective</li> <li>5. Organize stakeholders meeting and develop acts and Law for reducing Child Marriage</li> <li>6. Create awareness regarding education on each ward</li> <li>7. Create awareness among public representatives, intellectuals and stakeholders</li> <li>8. Organize programs to improve quality of food items at rural</li> </ol>	<ol style="list-style-type: none"> <li>1. To provide MSNP related orientation and capacity building programs to local stakeholders and technical human resources</li> <li>2. Development of nutrition and health related strategies and work plan at local level</li> <li>3. Conduct nutrition and health related public awareness programs</li> <li>4. Effective implementation of MSNP related programs to bring positive behaviour in nutrition and health in correspondence with need and priority at local level</li> <li>5. Department wise (especially education and agriculture) need based intake of staff on contract basis as</li> </ol>	<ol style="list-style-type: none"> <li>1. To provide MSNP related orientation and capacity building programs to local stakeholders and technical human resources</li> <li>2. Development of nutrition and health related policy and work plan at local level</li> <li>3. Conduct good diet &amp; nutritious food preparation using locally available food related demonstration for public awareness</li> <li>4. Effective implementation of MSNP related programs to bring positive behaviour in nutrition and health in correspondence</li> </ol>	<ol style="list-style-type: none"> <li>1. To provide MSNP related orientation and capacity building programs to local stakeholders and technical human resources</li> <li>2. Development of nutrition and health related strategies &amp; work plan at local level</li> <li>3. Conduct nutrition and health related public awareness programs</li> <li>4. Effective implementation of MSNP related programs to bring positive behaviour in nutrition and health in correspondence with need and priority at local level</li> <li>5. Department wise (especially education and agriculture)</li> </ol>

Province 2			Karnali Province		
Jaleswor UM	Yamunamai RM	Chhipaharmai RRM	Bheri UM	Bhairabi RM	Mugumkarmarong RRM
7. To manage essential financial requirement at the municipal level for the implementation of MSNP 8. Conduct good diet & nutritious food preparation using locally available food related demonstration for public awareness	demonstration for public awareness	municipality and ward level 9. Organize monthly medical check-up in every ward office. 10. Conduct good diet & nutritious food preparation using locally available food related demonstration for public awareness	well as management of logistic and resources for MSNP (especially for nutrition and health, agriculture, education) 6. Conduct good diet & nutritious food preparation using locally available food related demonstration for public awareness	with need and priority at local level 5. Department wise (especially education and agriculture) need based intake of staff on contract basis as well as management of logistic and resources for MSNP (especially for nutrition and health, agriculture, education)	need based intake of staff on contract basis as well as management of logistic and resources for MSNP (especially for nutrition and health, agriculture, education). 6. Conduct good diet & nutritious food preparation using locally available food related demonstration for public awareness

## ANNEX 2.4: PROBLEM SOLVING STRATEGIES BASED ON NEED ASSESSMENT (ECD)

Province 2			Karnali Province		
Jaleswor UM	Yamunamai RM	Chhipaharmai RRM	Bheri UM	Bhairabi RM	Mugumkarmarong RRM
1. Orientation to improve understanding related to ECD.	1. Organize activities such as orientation, door-	1. Provide Child-friendly games to every school	1. Conducting 57 parent's education training about ECD	1. Developing plan and policies for ECD	1. Information to parents on importance of ECD

Province 2			Karnali Province		
Jaleswor UM	Yamunamai RM	Chhipaharmai RRM	Bheri UM	Bhairabi RM	Mugumkarmarong RRM
2. To appeal for support from Local Government 3. To appeal from local government 4. Mandatory work-related training 5. To make required law 6. Conduct informal education 7. To conduct parent education 8. To arrange physical resources 9. To establish new centers 10. Delivery of report through collaboration 11. To establish child friendly environment in child development center 12. To develop enjoyable learning environment	to-door program and street drama 2. Construction of Child-friendly Building and toilets 3. To manage Child-friendly classroom 4. Schools with Technology with equitable access 5. Manage Water filter 6. Management of Sports Material 7. Management of incentive as per the trend 8. Development of Education Material for parents and students 9. Manage Education Material Kits	2. Organize Audio-Visual Classes 3. Provide education through different education material for active learning of the children 4. Provide Child-friendly games to every school 5. Organize Audio-Visual Classes 6. Provide education through different education material for active learning of the children 7. Management of ECD classes and paint the wall of the classroom with education materials 8. Availability of Education materials 9. Use of Child-Friendly learning activities 10. Use of Student focused methods for teaching	2. Developing capacity of child teachers to manage and operate day to day activity of children center in child friendly environment. 3. Establishing 15 new Children center 4. Developing educational materials by local level and provide materials as per requirement 5. Conducting MSNP related orientation and capacity building programs for local stakeholders and technical HR 6. Conducting MSNP related orientation and capacity building programs for local stakeholders and technical HR 7. Develop local policies and action plan in MSNP 8. Conduct health and nutrition related public awareness programs 9. Effective implementation of MSNP related programs	2. Educate parents for ECD 3. Conduct training to child teacher for management of educational materials, child friendly environment, development of education syllable and day to day operation on ECD 4. Establish extra 5 child care center 5. Conducting community awareness activity in children center 6. Establishing children center as per minimum criteria of Government 7. Developing and making available of educational material in local level	2. To support Kits box to manage the education material at ECD centers 3. Increase ECD centers 4. Training on Nutrition and management of Midday meal will be provided to Basic level teachers of grade 1 to 3 5. Capacity enhancement training to ECD teachers

Province 2			Karnali Province		
Jaleswor UM	Yamunamai RM	Chhipaharmai RRM	Bheri UM	Bhairabi RM	Mugumkarmarong RRM
13. Mandatory training programme 14. Organization of daily activities in accordance with the curriculum 15. To ensure child teacher assigned only for child classes		11. Organize awareness program at each ward on ECD 12. Organize Literacy Program 13. Adult Learning 14. Parents Education 15. Women Education 16. Daughter-in-Law Education	based on need/prioritization 10. Need based recruitment (contractual/permanent) of HR (especially in education and agriculture sector) and development/management of infrastructure and logistics in MSNP sectoral service delivery centers		

## ANNEX 2.5: ACTIVITIES BASED ON PROBLEM SOLVING STRATEGIES (MSNP)

Province 2			Karnali Province		
Jaleswor UM	Yamunamai RM	Chhipaharmai RRM	Bheri UM	Bhairabi RM	Mugum Karmarong RRM
1. Prepare local strategies and work plan based on MSNP with the coordination with concerned stakeholders. 2. Need based orientation and	1. -Household Survey, 2. --Staff Mobilization, – organize immunization clinics 3. Encourage community for prepare and	1. Prepare local strategies and work plan based on MSNP with the coordination with concerned stakeholders.	1. Provide MSNP related orientation as well as refresher training and workshop to departmental staff/human resources of stakeholders. 2. Nutrition- and health-related training, refresher training and workshop to health workers and FCHVs.	1. MSNP related orientation, refresher training and workshop 2. to all department staff/human resources (health, agriculture and livestock, drinking water and	1. Prepare local strategies and work plan based on MSNP with the coordination with concerned stakeholders. 2. MSNP related orientation, refresher training and workshop to departmental



Province 2			Karnali Province		
Jaleswor UM	Yamunamai RM	Chhipaharmai RRM	Bheri UM	Bhairabi RM	Mugum Karmarong RRM
<p>training to all the MSNP stakeholder representatives.</p> <p>3. Establishment and implementation of required coordination mechanism.</p> <p>4. Establish strong communication mechanism with Province &amp; Federal stakeholders for knowledge &amp; information sharing. level and initiate the required activities.</p> <p>5. Demonstration program (at least once per week) of quality food preparation using locally</p>	<p>submit nutrition programs to rural municipality (RM).</p> <p>4. Training to FCHV, Mother's Group, Adolescent and Local representative</p> <p>5. Regular meeting &amp; discussion with children's parents (at least per month)</p> <p>6. construction of drinking water Pipeline</p> <p>7. Regular Monitoring mechanism should be developed so that every program and activities monitored</p>	<p>2. Gear- up WLNFS</p> <p>3. Organize regular interactive meeting with target groups.</p> <p>4. Establishment of Nutrition Center, and management of required materials</p> <p>5. fulfilling the sanction position in each ward</p> <p>6. Organize frequent Meeting between concerned stakeholders</p> <p>7. Make local government and community active on reducing child marriage in</p>	<p>3. Nutrition and health as well as MSNP related regular review</p> <p>4. For the development of nutrition and health related policy as well as work procedure draft, all related bodies should have unified discussion program and proposed draft to be approved by the executive body.</p> <p>5. Regular M&amp;E to ensure implementation of activities in correspondence with the policies</p> <p>6. Conduct multisector nutrition and health related orientation, training and workshops targeting the community leaders (teachers, FCHVs, and so on)</p> <p>7. Conduct MSNP and health related discussion, display and training through active participation of Mother's Group, agricultural group, child group, and so on, under the leadership of trained personnel.</p> <p>8. Conduct health and nutrition related programs to uplift the life style of backward</p>	<p>sanitation, education, women, children, and senior citizens) of local level.</p> <p>3. Nutrition- and health-related training, refresher training and workshop to health workers and FCHVs,</p> <p>4. For the development of nutrition and health related strategies as well as work procedure draft.</p> <p>5. Regular M&amp;E to ensure implementation of activities in correspondence with the policies</p> <p>6. trained personnel: Conduct health and nutrition related programs to uplift the life style of community and to gain the active</p>	<p>staff/human resources (health, agriculture and livestock, drinking water and sanitation, education, women, children, and senior citizens)</p> <p>3. For the development of nutrition and health related strategies as well as work procedure draft including all related bodies.</p> <p>4. Develop regular M&amp;E mechanisms to ensure effective implementation of activities in correspondence with the policies,</p> <p>5. Prioritize &amp; Conduct health and nutrition related programs to uplift the life style of community.</p> <p>6. Preparation of health and nutrition related IEC materials (such as hoarding board,</p>

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Jaleswor UM	Yamunamai RM	Chhipaharmai RRM	Bheri UM	Bhairabi RM	Mugum Karmarong RRM
<p>available nutritious food</p> <p>6. Identify the possible financial sources and support at the municipal level and include them in the regular budget.</p> <p>7. Data management &amp; documentation</p>		<p>each ward, organize annual meeting for reducing child marriage, educate children especially daughter, &amp; awareness against dowry.</p> <p>8. Training for identify and use of quality foods relating golden 1000 days &amp; ECD.</p> <p>9. Promote "One household one Kitchen garden" at each household and organize program for healthy eating</p> <p>10. Create awareness on use of</p>	<p>community and to gain the active participation to conduct agriculture related, animal husbandry and other skilful programs</p> <p>9. Preparation of health and nutrition related information, education, and communication (IEC) materials (such as holding board, posters, pamphlets, drama, display, and so on) in local language and its proper usage and operation</p> <p>10. Every school to assign nutrition and health contact person and every school to conduct nutrition and health related awareness as well as learning programmes (such as drama, display, and so on) through unified appeal of education and health sector</p> <p>11. Conduct awareness programme as well as school lunch programme to discourage junk food among children and parents</p> <p>12. To reward or honour parents who ensures child sanitation,</p>	<p>participation to conduct agriculture related, animal husbandry and other skilful programs.</p> <p>7. Preparation of health and nutrition related IEC materials (such as holding board, posters, pamphlets, drama, display, and so on) in local language and its proper usage and operation, every school to assign nutrition and health contact person and every school to conduct nutrition, health and ECD related awareness as well as learning programs (such as drama, display, and so on) through unified appeal of education and health sector</p>	<p>posters, pamphlets, drama, display, and so on) in local language and its proper usage.</p> <p>7. Every school to assign nutrition and health contact person and every school to conduct nutrition and health related competitions to create awareness. (such as drama, display, storytelling and so on) through unified appeal of education and health sector</p> <p>8. Honour parents who perform regular monitoring child development and nutritional status.</p> <p>9. To honour health centers that have provided immense improvement in monitoring of nutritional status in the community,</p>

Province 2			Karnali Province		
Jaleswor UM	Yamunamai RM	Chhipaharmai RRM	Bheri UM	Bhairabi RM	Mugum Karmarong RRM
		chemical fertilizers and discourage its use and promote organic farming, 11. Arrange equipment for identifying nutritional status, Organize camp in each tole	nutritious food intake and regular school attendance 13. Initiate 'One house one kitchen garden' programmes to promote home for fresh and nutritious food product and to make availability of required resources such as seeds, manure, green house/tunnel farm and farm tools. 14. honour/facilitate parents who perform regular child growth monitoring & practicing ECD including good dietary practice. 15. Honour health centers that have provided immense improvement in monitoring of nutritional status in the community with other health services. 16. Practice of regular M&E to ensure effective program implementation or operation in accordance with policy and MSNP 17. Need based appointment of staff on contract basis at health centers, schools, women, children, and senior citizen	8. Conduct school lunch programme to discourage junk food among children and parents 9. Reward or honour parents who ensures child sanitation, nutritious food intake and regular school attendance. 10. Promotion of One house one kitchen garden' programme to promote home production eating home grown nutritious food and to make availability of required resources such as seeds, manure, green house/tunnel farm and farm tools 11. Identify needed logistics and resources in nutrition and health, agriculture, education as well as	Conduct awareness programme. 10. Initiation to discourage junk food among children and parents. 11. Reward or honour parents who ensures child sanitation, nutritious food intake and regular school attendance, 12. Encourage to promote 'One house one kitchen garden' program to promote home production and nutritious food 13. Regular M&E to ensure program implementation or operation in accordance with policy and MSNP 14. To identify needed logistics and resources in nutrition and health, agriculture, education as well as drinking water and sanitation

Province 2			Karnali Province		
Jaleswor UM	Yamunamai RM	Chhipaharmai RRM	Bheri UM	Bhairabi RM	Mugum Karmarong RRM
			division and in agriculture division 18. To identify needed logistics and resources in nutrition and health, agriculture, education as well as drinking water and sanitation and to manage them based upon the prioritization	drinking water and sanitation and to manage them based upon the prioritization	and to manage them based upon the prioritization

## ANNEX 2.6: ACTIVITIES BASED ON PROBLEM SOLVING STRATEGIES (ECD)

Province 2			Karnali Province		
Jaleswor UM	Yamunamai RM	Chhipaharmai RRM	Bheri UM	Bhairabi RM	Mugumkarmarong RRM
<ol style="list-style-type: none"> <li>1. Parent education, training, workshops, meeting and discussion in each ward.</li> <li>2. To discuss in the programmes, to include in the proposal, to conduct interaction programmes.</li> <li>3. Interaction with local government. Conducting meeting and discussions.</li> </ol>	<ol style="list-style-type: none"> <li>1. Organize training</li> <li>2. Organize orientation program, like</li> <li>3. Construction of ECD center from rural municipality level as per the National Minimum Standard</li> </ol>	<ol style="list-style-type: none"> <li>1. Create awareness on ECD at community Level</li> <li>2. Create awareness on ECD at community Level</li> <li>3. Increase Literacy Level</li> </ol>	<ol style="list-style-type: none"> <li>1. Conduct and manage parents' education training and education materials related to ECD</li> <li>2. Conduct training and awareness training to child teacher</li> <li>3. Identifying and conducting the training to child teacher as per requirement of wards</li> <li>4. Managing all children centers and make available of educational materials</li> <li>5. Conduct Municipality-level, MSNP-related orientation, refresher training, and workshops</li> <li>6. Conduct MSNP related orientation and refresher training for section-wise HR</li> </ol>	<ol style="list-style-type: none"> <li>1. Organize program with the participation of target groups</li> <li>2. Conduct training and awareness training to child teacher, parents and related stakeholders</li> </ol>	<ol style="list-style-type: none"> <li>1. Conduct parents' education in the community</li> <li>2. Support Kit box and materials to ECD</li> <li>3. Three more ECD will be operational</li> <li>4. To provide mid-day meal training and nutrition training to basic</li> </ol>

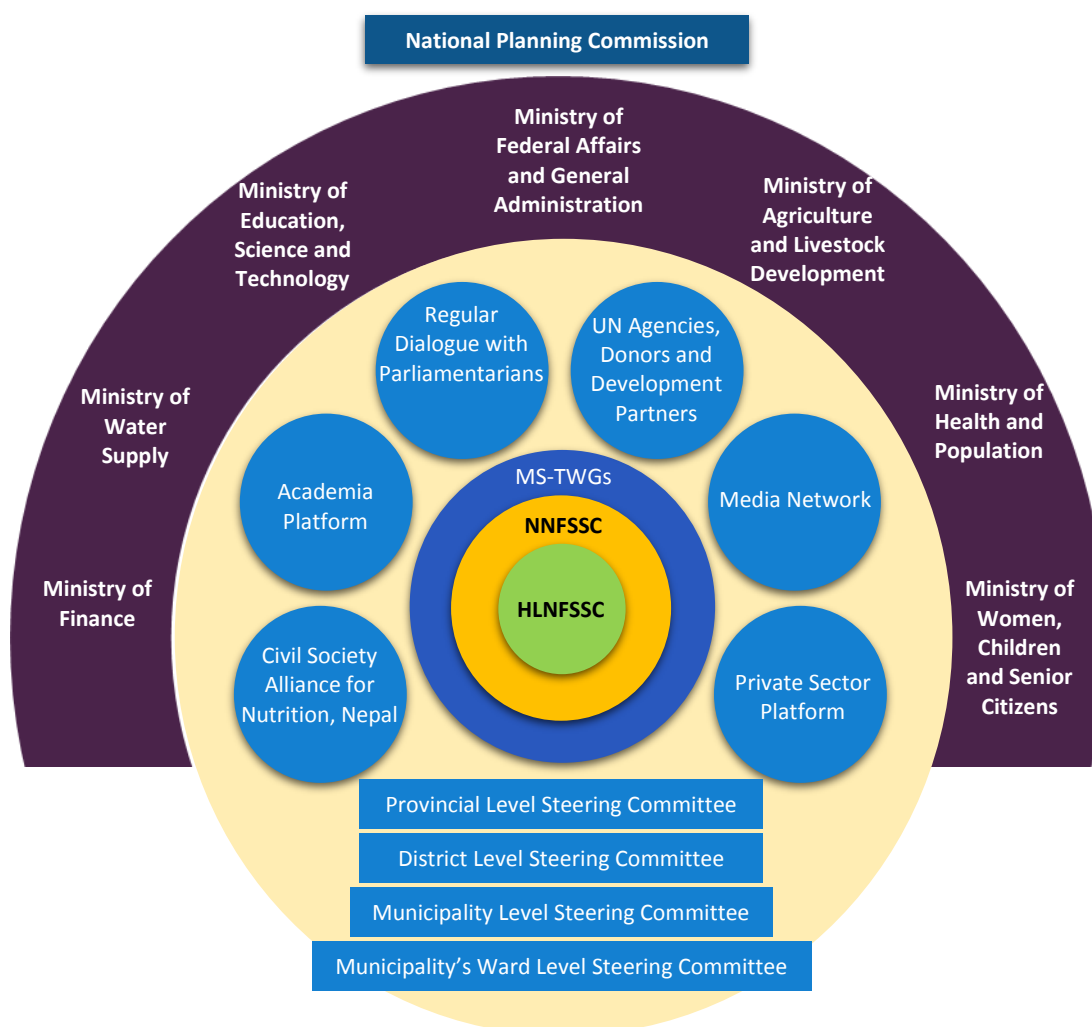
Province 2			Karnali Province		
Jaleswor UM	Yamunamai RM	Chhipaharmai RRM	Bheri UM	Bhairabi RM	Mugumkarmarong RRM
4. To conduct training. To ensure mandatory participation in the training. 5. To conduct meetings for policy development 6. To develop manuals and work procedure books 7. To conduct informal education by community as well as schools. 8. To conduct informal education by community as well as schools. 9. To conduct informal education by community as well as schools. 10. To construct building for children 11. To operate child development centers in community 12. To conduct interaction programmes. To manage workplace and	4. Management of Child-friendly furniture 5. Manage Internet, Smart T.V and Projector 6. Manage of modern water filter 7. Manage Different Sports Material 8. Recreational activities 9. Organize Training 10. Manage Education Material Kits		(Agriculture, WASH, Education, Women, children, and social welfare, Livestock) 7. Conduct Health workers and FCHV-level MSNP orientation, refresher trainings and workshops 8. Regular review of MSNP and health related sectors 9. Conduct integrated meeting of all concerned stakeholders to discuss regarding health & nutrition policy and work plan and forward the proposed policy for necessary approval 10. Regular M&E to ensure implementation/conduction of activities according to the health and nutrition policy 11. Providing MSNP and health related orientation and trainings to local/community leaders such as teachers, FCHVs 12. Sensitization of community groups such as Farmers group, Micro Cooperative groups regarding MSNP and health related programs through mobilization of trained community leaders for conducting discussions, demonstrations and trainings 13. Conducting health and nutrition related public awareness programs targeting marginalized communities and also conducting vocational trainings related to	3. Conducting training to develop capacity of early child teachers 4. Establishing child development center in every ward 5. Managing all 26 children centers and make available of educational materials 6. Coordinating with child teacher, parents, and stakeholder for establishing model children center 7. Making available of educational	level teachers of grade 1 to 3 5. Provide basic training to ECD teachers

Province 2			Karnali Province		
Jaleswor UM	Yamunamai RM	Chhipaharmai RRM	Bheri UM	Bhairabi RM	Mugumkarmarong RRM
<p>workplace relationship. To focus on ICT</p> <p>13. To conduct training. To make resources child friendly to develop manuals for child friendly programmes</p> <p>14. To conduct training to manage play resources to manage LED</p> <p>15. Conducting basic residential training</p> <p>16. Curriculum orientation Curriculum printing and distribution</p> <p>17. To circular and follow-up</p> <p>18. To construct new building</p> <p>19. To construct ward office building</p> <p>20. To conduct training</p> <p>21. To check and examine water</p> <p>22. To manage water filter</p>			<p>agriculture, livestock and so on to uplift their living standard</p> <p>14. Development of health and nutrition related IEC materials such as hoarding boards, poster, pamphlets, drama/plays, and demonstration in the local language and its effective mobilization for raising public awareness</p> <p>15. Allocation of Nutrition and Health Focal Person in each school and conduction of health and nutrition related awareness programs (such as drama/plays and so on) in coordination with the municipal health and education department</p> <p>16. Organize awareness programs among school children and their parents to discourage junk food and also initiate/manage day-meal program in schools</p> <p>17. Recognition to parents who ensure regular attendance of their children in school while also maintaining their child's hygiene and day-meal requirements</p> <p>18. Promotion/Initiation of 'One house, one Kitchen Garden' campaign to promote household food production and nutritious food by distributing necessary seeds, fertilizer, greenhouse tunnel, instruments and so on.</p>	<p>materials in all children centers</p>	

Province 2			Karnali Province		
Jaleswor UM	Yamunamai RM	Chhipaharmai RRM	Bheri UM	Bhairabi RM	Mugumkarmarong RRM
			<p>19. Recognition to parents who ensure regular growth monitoring and nutritional assessment of their children</p> <p>20. Recognition to health facilities that achieve drastic/consistent improvement in growth monitoring and other nutrition indicators</p> <p>21. Regular M&amp;E of activities in accordance with the health and nutrition policy and MSNP II action plan</p> <p>22. Recruitment of skilled HR on a permanent/contractual basis based on the need of MSNP sectors (especially education and agriculture sector)</p> <p>23. Development and management of the logistic and infrastructure prioritized after need assessment of each MSNP related sectors</p>		



## Annex 3: Existing MSNP Implementation Directives in Federal Context



MS-TWGs: Multi-sector Technical Working Groups