Using Lessons Learned from Earlier Nutrition Efforts in Nepal to Design a Multi-Platform at National Scale Integrated Nutrition Project

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Under nutrition in Nepal

- Stunting
- Underweight
- Wasting

Percent

NDHS 2001 | NDHS 2006 | NDHS 2011 | MDG Target 2015

Stunting:
- 57
- 49
- 41
- 28
- 28

Underweight:
- 43
- 39
- 29
- 27

Wasting:
- 11
- 13
- 11
- 5

MDG Target 2015:

- Undernutrition in Nepal
National nutrition landscape

1. Nutrition Assessment and Gap Analysis (2009)
   - Need for multi-sectoral approach
   - Identified gaps and weaknesses

   - Nutrition architecture at national, district and VDC level
   - “Nutrition interventions” defined for each sector – implementation

3. USAID-funded Suaahara integrated nutrition project (2011-2016)
Building on a strong foundation

- USAID’s LINKAGES Project
- USAID’s Action Against Malnutrition through Agriculture Project
- SC’s Saving Newborn Lives
- DFID-funded Support to Safe Motherhood Program
- UNICEF’s Community Led Total Sanitation
Building on a strong foundation

**LINKAGES**
- Essential nutrition actions (ENA) at scale
- Behavior change at scale

**Action against malnutrition through agriculture (AAMA)**
- Integration of ENA with homestead food production
- Closing gaps between nutrition and agriculture program implementation
- Creating change through local government structures
Building on a strong foundation

**Saving newborn lives (SNL)**
- Working through community-level health service delivery systems
- Reducing missed opportunities through contact points

**Support for safe motherhood program (SSMP)**
- Reaching populations (especially disadvantaged groups) through radio programs

**Community-led total sanitation (CLTS)**
- Essential hygiene actions at scale
- Working through community level groups
Suaahara Goal: Improve the nutritional status of women and children < 2 years

Result 1: Household health and nutrition behaviors improved

Result 2: Women and children increase their use of quality nutrition and health services

Result 3: Women and their families increase their consumption of diverse and nutritious food

Result 4: Coordination on nutrition between government and other actors is strengthened
## Suaahara components

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<th><strong>Nutrition-specific</strong></th>
<th><strong>Nutrition-sensitive</strong></th>
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<tr>
<td>Essential Nutrition Actions</td>
<td>Homestead Food Production</td>
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<td>Essential Hygiene Actions</td>
<td>Maternal Newborn and Child Health Services</td>
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### Cross-cutting themes
- Social behavior change communication and governance
- Gender and Social Inclusion
- Capacity Building
- Monitoring & Evaluation
Suaahara’s intervention districts

Suaahara
A 5-year (2011-2016) multi-sector nutrition project operating at scale in 20 districts to reach 250,000 households
Implementation modality

**National**
- Suaahara
  - To improve advocacy leading to national policies, strategies, guidelines and investments in nutrition

**District (20)**
- Partner NGOs
  - To strengthen service delivery systems for nutrition
- District stakeholders

**Community (~1000 VDCs)**
- Health workers
- FCHVs, MIYCF groups
- Social mobilizers
- VWASH CC
- Ag/Livestock extension workers
- Local development Structures
  - To improve access to quality services

**Households (~250,000)**
- Pregnant women, 0-24 month old children
- Disadvantaged 1000-day households
  - To support community for improved family actions on nutrition
Main achievements to date

- **262,567** pregnant, lactating and mother with children < 2 and decision makers reached
- **16,530** Family Community Health Volunteers and social volunteers trained in Integrated Nutrition Program
- **20** Village Development Committees declared open defecation free zones
- **61,644** mothers group members and their household members trained in homestead food production
- **192,525** beneficiaries (pregnant, lactating and mother with children < 2) with access to home or community gardens
What have we learned?
Intervention design

• Structural mechanisms for oversight of multi-sectoral program implementation

• Intervention Package
  • Focus package of nutrition-specific interventions broadly
  • Add nutrition-sensitive interventions depending local context

• One size doesn’t fit all
  • Geographic differences
  • Household composition differences (pregnancy, households with children under 2 yrs of age)
  • Cultural differences
Program delivery

- **Multiple delivery platforms and entry points are key to delivering at-scale programs with necessary reach**

- **Phased program design for multi-sectoral programs**
  - Capacity building efforts, invest in existing community platforms
  - BCC interventions to reinforce program messages and inputs (e.g., toilet materials, seeds and poultry)
  - Mobilize local resource for tackling undernutrition through local governance

- **Human resource base** dedicated to nutrition needs to be expanded with health and non-health sectors and at district and VDC level
Strengthening delivery of health sector interventions not on track

• Treatment of sick child through community based Integrated management of Childhood illness (IMCI)
• Feeding during and after illness
• Maternal iron supplementation and de-worming during pregnancy
Strengthening monitoring of delivery of integrated nutrition programs

- Need for implementation research to understand gaps in impact pathways
- Measuring the quality program implementation
- Exposure time and convergence of interventions at household level
Increasing investment in nutrition in Nepal

- Since Suaahara started, nutrition has become a key area of investment in Nepal:
  - KISAN (Feed the Future, USAID)
  - Golden 1,000 days (World Bank)
  - Nepal Agriculture and Food Security Program (World Bank)
  - SUN, REACH

- Moving forward, alignment of these programs towards a common national goal is essential
Acknowledgement

Suaahara Partners

- Save the Children
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- JHPIEGO
- Nepal Water for Health
- Nutrition Promotion and Consultancy Service
- Nepali Technical Assistance Group

Lead by the GoN
Thank you

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