

1. Background and rationale of MSNP-III:

The Government of Nepal (GoN) is committed to improve the nutritional status of its population. Constitution of Nepal has enshrined the right to food and the right to basic health care services as a fundamental human right. Nepal has made concerted effort to adopt multi-sectoral approach to addressing malnutrition for a decade now. To this end, GoN developed its first Multi-Sector Nutrition Plan (MSNP) in 2012, following the recommendations from Nutrition Assessment and Gap Analysis (NAGA) 2009-2011. National Planning Commission (NPC) led the development of the MSNP-I (2013-2017) in collaboration with various sectoral ministries, departments, and development partners, particularly European Union (EU), UNICEF among others, and civil society organizations. The MSNP-II (2018–2022) was developed in 2017 as a continuation of MSNP-I (2013–2017) and is under implementation. The MSNP–I was implemented in 28 districts, while the MSNP–II was scaled up in all 753 local levels of 77 districts.

Nepal has made substantial progress in reducing stunting and wasting among children under five years of age. According to the Nepal Demographic Health Survey (NDHS, 2022), stunting among children under-five years of age, has reduced from 41 per cent in 2011 to 25 per cent in 2022. Wasting prevalence among children under five years of age has also reduced from 11 per cent in 2011 to 8 per cent in 2022 and the prevalence of underweight has reduced from 29 percent in 2011 to 19 per cent in 2022. The prevalence of overweight/obesity among children under five years of age has remained steady at around 1 per cent since 2016. The overview of the nutrition status in Nepal against the global and national targets is illustrated below (Table 1).

TABLE 1: OVERVIEW OF NUTRITION STATUS OF NEPAL AGAINST THE GLOBAL AND NATIONAL TARGETS

| Indicators | NDHS 2011 | MSNP–II Target 2022 | WHA Target 2025 | SDG Target 2030 | Current status (NDHS 2022) |
|---|-----------|---------------------|-----------------|-----------------|----------------------------|
| Prevalence of stunting among children under 5 years | 40.5 | 28.0 | 24.2 | 15.0 | 24.8 |
| Prevalence of wasting among children under 5 years | 10.9 | 7.0 | <5 | 4.0 | 7.7 |
| Prevalence of low birth weight | 28.8 | 10.0 | 8.5 | <1.4 | 11.5* |
| Prevalence of overweight/obese among children under 5 years | - | 1.4 | 1.0 | <1 | 1 |
| Prevalence of overweight/obese among Women of Rreproductive Age (WRA) | 13.5 | 18.0 | 15.0 | <12 | NA |
| Anaemia among children aged 6-59 months | 46.2 | 28.0 | 20.0 | 10 | 43.4 |

| Indicators | NDHS 2011 | MSNP-II Target 2022 | WHA Target 2025 | SDG Target 2030 | Current status (NDHS 2022) |
|--|-----------|---------------------|-----------------|-----------------|----------------------------|
| Anaemia among adolescent girls (10-19 years) | - | 25.0 | 25.0 | <25 | NA |
| Anaemia among WRA (15-49 years) | 35.0 | 24.0 | 18.0 | <10 | 34.0 |

Anaemia among children 6-59 months and women of reproductive age (15-49 years) have reduced to 43 per cent and 34 per cent (NDHS, 2022) from 46 per cent and 35 per cent (NDHS, 2011) respectively. Over these years, access to and utilization of maternal and child health services, access to basic drinking water and improved sanitation facilities has increased. School enrollment and retention has also increased markedly. Despite these impressive gains over these years, there exist marked disparities in nutrition outcomes by key sociodemographic characteristics, such as province, age, gender, ethnicity, education, and wealth. Still, in Nepal, 25 percent of children under 5 years of age are stunted, 8 percent are wasted, and 19 percent are underweight. Notable increase in the prevalence of overweight and obesity among urban women of reproductive age (WRA) (15-49 years) has been found. Recent reports and reviews indicate that Nepal is progressing towards achieving global nutrition targets; however, achieving these targets within the stipulated time appears daunting based on current trends in the rate of reduction.

In Nepal, reducing the immediate, underlying, and basic causes of malnutrition is challenging. High prevalence of micro-nutrient deficiencies in particular iron deficiency anaemia among women and adolescents, declining rates of exclusive breastfeeding (from 66 per cent in 2016 to 56 per cent in 2022), lower coverage of growth monitoring, lower rates of mean dietary diversity among children aged 6-23 months (48 percent), and poor hand hygiene, menstrual hygiene, infrequent episodes of diarrhoea and acute respiratory infections (ARIs) has remained a key factor deterring the reduction of malnutrition. Early Child Marriage and childbirth and other harmful social and cultural norms and practices, food taboos, low production of diverse and local crops, inequitable availability and access to adequate, safe and nutritious foods, safely managed drinking water and improved sanitation facilities are few of the contributing factors that has increased the risk of malnutrition. Gender discrimination and social exclusion continue, while poverty remains a fundamental cause of malnutrition in Nepal. According to Multidimensional Poverty Index (MPI, 2021), 17.4 per cent of the population are still living in poverty. Insufficiency of financial resources among poor constrains their ability to access and afford enough nutritious food for their household which in turn compromises their nutritional status.

Governance structure and mechanism has been established at all levels that has improved policy environment, ownership, resource mobilization, coordination for MSNP across the sectors at various levels. However, there is inadequate institutional and human resource capacity within sectors at all levels, and a lack of common understanding between local stakeholders and between sectors at various levels. Efforts need to be intensified to achieve common understanding, commitment, and ownership of MSNP by all sectoral ministries and stakeholders working at all levels. Moreover, there is a need to mainstream resources through one door and minimize duplication at all levels and strengthen the monitoring and evaluation mechanism. There is no budget code for nutrition, which constrains the periodic tracking of investment and expenditure in nutrition and needs to be developed.

The continuation of efforts towards nutrition is inevitable to sustain the achievements made so far, meet national nutritional targets, mainstream efforts to achieve the SDG targets for nutrition by 2030, and align efforts to improve nutrition and food security with various national and international commitments, including Nutrition for Growth 2021 and the UN Food System Summit 2021. Therefore, MSNP-III (2023-2030) is developed as per the collective aspiration of all Nepalese to end the scourge of malnutrition in the country. This plan demonstrates the continued efforts and commitment of the Government of Nepal, development partners, and civil society to combat malnutrition. Based on past efforts and learnings from the previous two plans, MSNP-III (2023-2030) has been formulated under the leadership of the National Planning Commission, in collaboration with sectoral ministries and with support from UN agencies, the European Union, other development partners, relevant stakeholders, civil society organizations, academia, and youths. This plan reflects the country's social and economic priorities.

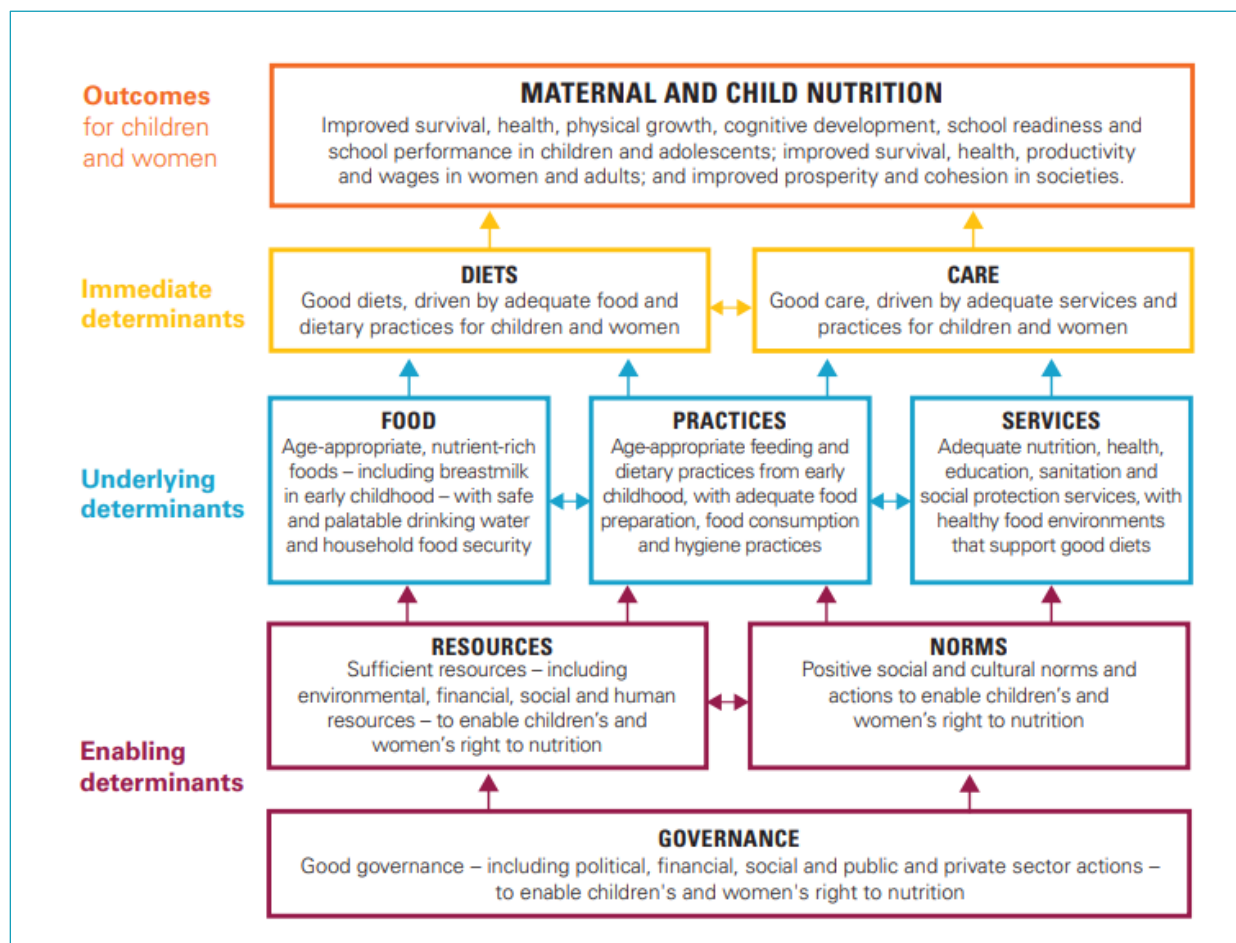
2. Conceptual Framework for MSNP-III

The MSNP-III is guided by UNICEF's conceptual framework for nutrition, 2020 illustrated below to address all forms of malnutrition including undernutrition, micronutrient deficiencies, and overweight and obesity throughout the life cycle. The framework provides conceptual clarity about the underlying and immediate determinants of adequate nutrition and their vertical and horizontal interconnectedness. It further outlines the improved survival, growth, cognitive development, learning, and socioeconomic outcomes that result from good nutrition.

The 2020 Conceptual Framework illustrates the immediate, underlying and enabling determinants of nutrition (Figure 1). The immediate determinant of nutrition includes diets and care, which influence each other. The underlying determinants comprises the food, practices, and services available in the households, communities and environments to enable good nutrition. The enabling determinants are the political,

financial, social, cultural, and environmental conditions that enable good nutrition for children and women.

FIGURE 1: UNICEF'S CONCEPTUAL FRAMEWORK FOR NUTRITION



3. Vision, Goal and objective of MSNP-III:

Vision: End malnutrition and develop human capital for overall socio-economic development.

Goal: The overall goal of MSNP–III is to improve nutrition status throughout the life cycle by ensuring universal access to quality nutrition services.

Objectives: To achieve the intended goal, four objectives have been proposed:

- i. To increase the availability of the services and improve the quality of nutrition-specific services for equitable access and utilization.
- ii. To increase the availability and expand equitable access to and increased utilization of quality nutrition-sensitive services.

- iii. To strengthen the accountability, institutional capacity and functioning of government institutions and relevant stakeholders at all levels for institutionalization of nutrition friendly system
- iv. To promote the adoption of positive health, nutrition, and WASH-related behavior and practices through social and behavior change (SBC) interventions.

4. Guiding Principles:

The MSNP–III is guided by the following core values and guiding principles.

- a. **Core Values:** MSNP-III demonstrates its commitment to respect, protect, and fulfils fundamental human rights to food and nutrition; gender equality; equity and diversity; empowerment of women; social and economic equality and justice; peace, freedom, and stability; democratic discourse; conviction and courage; and evidence-based agenda.
- b. **Existing government policies and plans:** MSNP-III is developed as per the aspiration of the Constitution of Nepal and complies with the country's acts and regulations as well as the vision of the Fifteenth Plan (2076/77 - 2080/81).
- c. **Translation of global commitments:** MSNP-III will be the key policy document to translate the government's global commitments related to nutrition and food security, namely the SDG 2030 targets, Nutrition for Growth Summit Commitment 2021, UN Food System Summit Commitment 2021, and Scaling Up Nutrition (SUN) Strategy 3.0. Additionally, to materialize these commitments, programs and interventions have been designed ensuring alignment with these various international commitments.
- d. **Gender Equity and Social Inclusion (GESI):** MSNP-III promote gender equity, and social inclusiveness. The MSNP-III will support the gender friendly, child-friendly and disability friendly continuum of care and services.
- e. **Affirmative Action:** MSNP-III promotes actions in favour of socially and economically marginalized communities and groups to maximize their participation to mainstream their voices and aspirations in the local decision-making processes related to nutrition services.
- f. **Transparency and Accountability:** MSNP-III will ensure transparency in its decision-making, budgeting, coordination, communication, and operationalization. It will strengthen the accountability of the actors at all levels and across the sectors by explicitly outlining their roles and responsibilities. To this end, MSNP-III has developed Result Framework and introduced a minimum

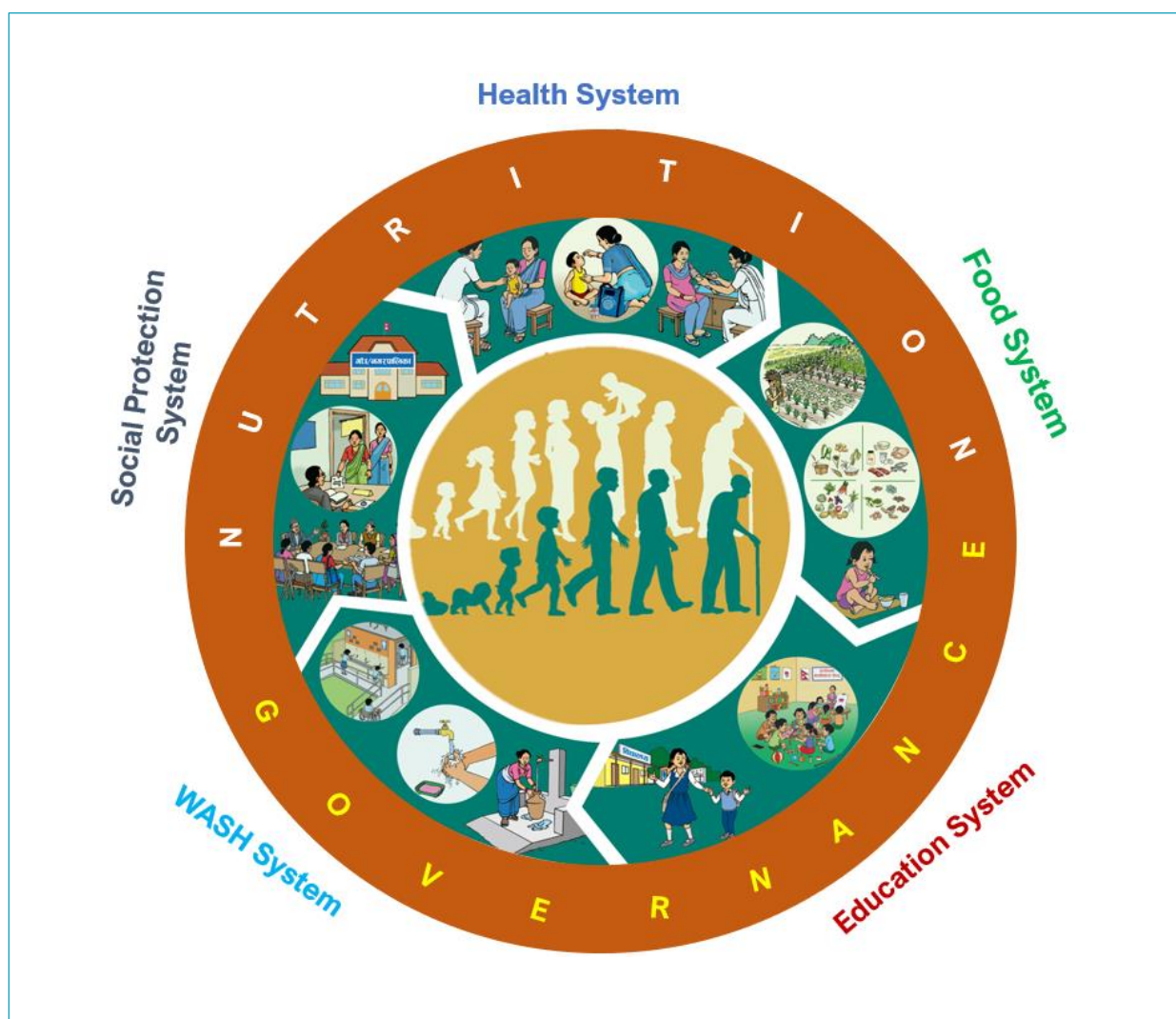
package to facilitate nutrition and food security actors to mainstream MSNP into their program and projects, monitor their efforts and make them accountable to achieve the MSNP-III results.

- g. **Convergence of Multi-Stakeholders' Actions:** MSNP–III sets out to achieve convergence of multi-stakeholders' actions at the federal, provincial, and local levels. The principle of the 4-ONE: ONE Plan, ONE Coordination mechanism, ONE door for resource mobilization, and ONE Monitoring and Evaluation (M & E) framework will be pursued. The 4 “ONE” principle requires sectoral ministries and other relevant stakeholders to work in ways that result in synergy, integration, harmonization, and collaboration. This principle has been adopted with a notion that every stakeholder will come together to tackle malnutrition in a harmonized manner and build an enabling environment for improved nutrition with equity. It will provide an effective framework for common results and accountability for nutrition. In addition, this will facilitate to align the resources with national goals and priorities and also harmonize the monitoring and evaluation systems to track the progress towards the national priorities.
- h. **Adoption of Context-Specific Plan:** In line with MSNP-III, provincial and local governments can develop context-specific tailored plans as per their needs and aspirations.

5. Key departures of MSNP-III:

To materialize the goal of MSNP-III, and ensure the multi-sectoral, multi-level and multi-stakeholder approach for its implementation at local level few key departures has been made in MSNP-III. MSNP-III emphasizes a life-cycle approach, focusing on women of reproductive age, adolescent girls, and children under five. The plan envisions adopting a systems approach to combat malnutrition, address its multiple determinants, strengthen nutrition-friendly governance at all levels and ensure accountability towards the results (illustrated in Figure 2). This approach seeks to strengthen and make five key systems—food, health, water and sanitation, education, and social protection—more accountable for delivering nutritious diets, essential nutrition services, and positive nutrition practices for all, with particular attention to children, adolescents, and women.

FIGURE 2: SYSTEM APPROACH TO NUTRITION

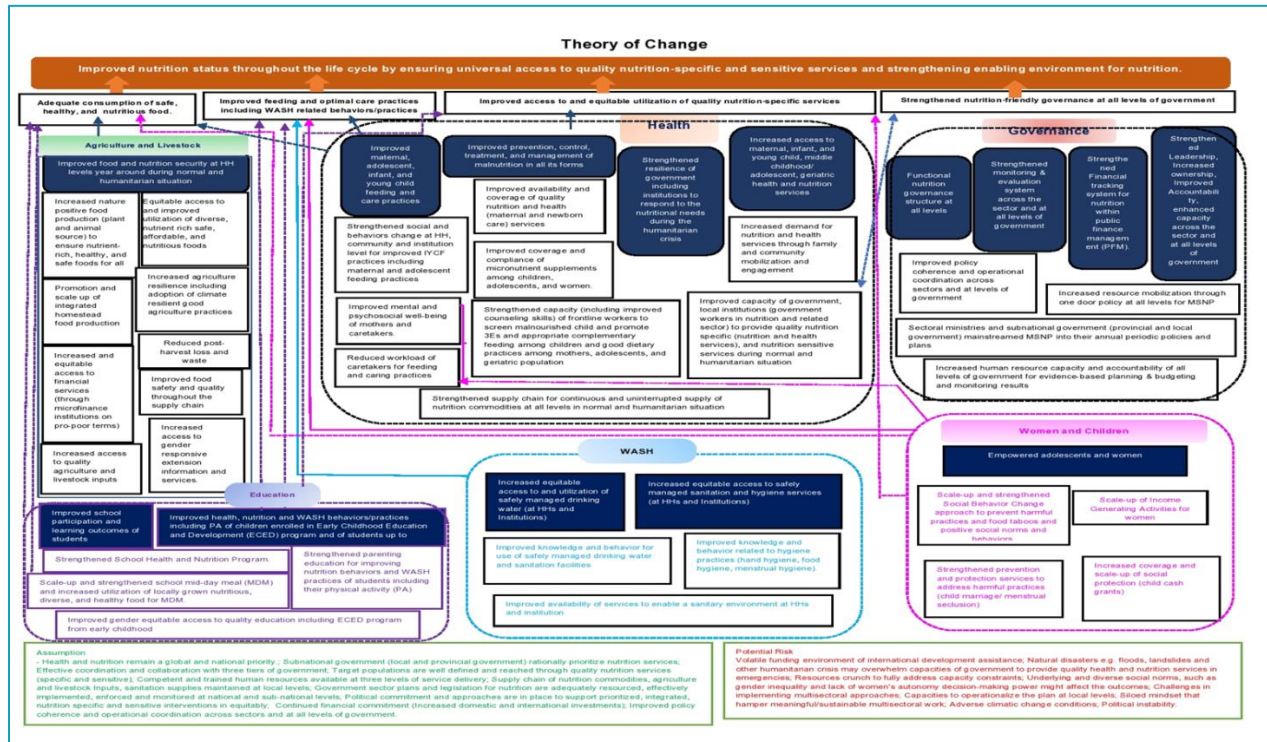


The plan adopts a targeted approach to reduce disparities in nutrition outcome across different social strata and ensure that interventions are tailored to the needs of marginalized and nutritionally vulnerable communities and groups, in addition to universal coverage of basic nutrition (specific and sensitive) interventions. MSNP-III further integrates strategies to drive social and behavioral change, addressing harmful cultural norms and behaviors that impact nutrition, WASH, and health practices. It also emphasizes gender-transformative approaches, improving women's and adolescent girls' access to nutrition services and empowering them in decision-making. The plan's one-door approach aims to streamline nutrition services by enhancing coordination, reducing duplication, and improving access. Additionally, it strengthens governance by ensuring representation from all levels of government, fostering collaboration and shared learning in addressing malnutrition across Nepal.

6. Theory of Change of MSNP-III:

Theory of Change framework illustrated in the Figure 3 depicts the changes required at different levels of results to reduce malnutrition in all its forms. The framework has articulated the vision, goals, and expected outcomes of MSNP-III and has outlined the logic and assumptions behind the planned interventions and activities.

FIGURE 3: THEORY OF CHANGE OF MSNP-III



7. Implementation mechanism:

The implementation of MSNP-III involves collaboration across six key sectors—health, education, agriculture, livestock, water and sanitation, and governance—with further engagement from sectors like industry, commerce, finance, and communications. The National Planning Commission (NPC) will provide strategic leadership in coordinating these sectors, alongside development partners, private sectors, civil society, academia, and youths. MSNP-III will be implemented across all the 753 local levels with a particular focus on vulnerable populations, including socially and economically disadvantaged groups. Specific act guidelines (The Local Government Operation Act, 2074 (2017) and Nutrition Friendly Local Governance Implementation Guideline 2078 will further facilitate the implementation of MSNP-III at the local level. MSNP-III Implementation Guideline will be developed to support its implementation that will detail adopting a system approach to nutrition at all levels of government throughout the life

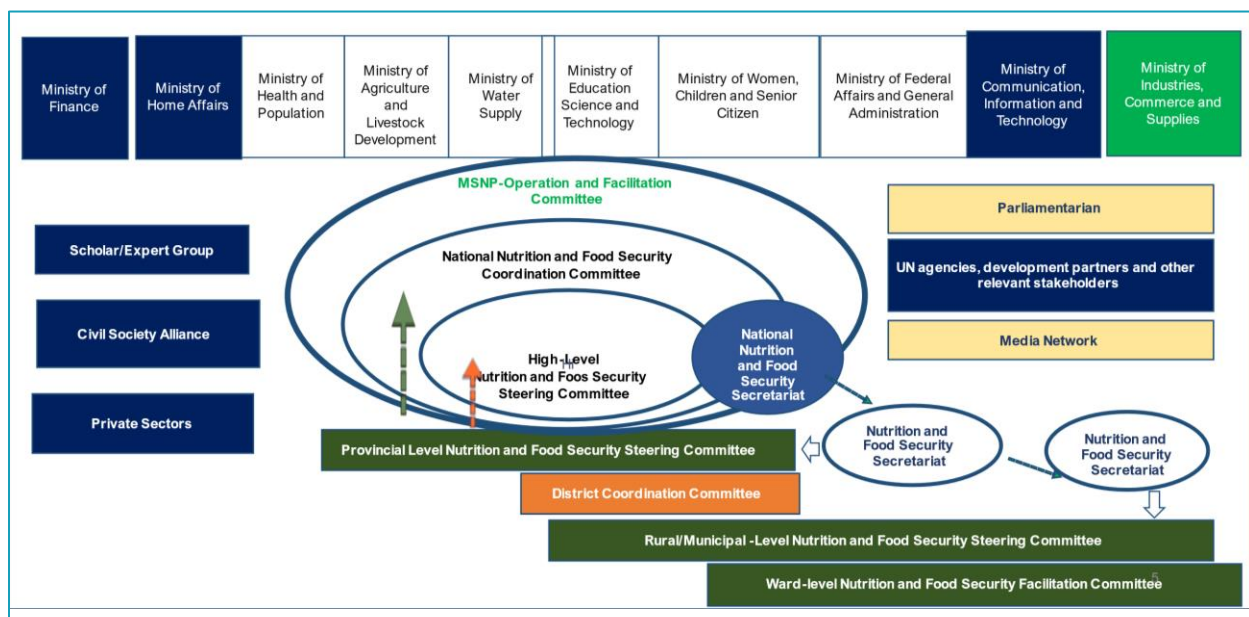
course. Further, a shift towards a program-based budgeting system will be made to improve efficiency and accountability of the intended results. The provincial and local governments will integrate MSNP-III into their annual policies and plans, and capacity building efforts will strengthen human resources and institutional structures. Local-level authorities will be trained to prioritize nutrition as a critical development agenda.

Coordination will be overseen by the NPC at the federal level, while district and local governments will manage implementation with enhanced governance structures. A strengthened information management system, including the development of the Integrated Nutrition Information Management System (INIMS), will track progress and ensure data-driven decisions. Social and Behavior Change (SBC) strategy will be developed to address harmful norms related to health and nutrition. Development partners, civil society, and the private sector will play critical roles in formulating and aligning provincial and local plans with MSNP-III. Public-private partnerships will be encouraged to improve food security, while academia and researchers will generate evidence for policy decisions. Civil society will engage in advocacy and social mobilization to ensure nutrition and food security, while communication efforts will raise public awareness and promote accountability.

8. MSNP Governance structure for MSNP-III

To provide strategic guidance, develop policy and strategies, advocate for mobilizing resources, and monitor the implementation of MSNP at all three tiers of the government, MSNP governance structures depicted in the Figure 4 are in place.

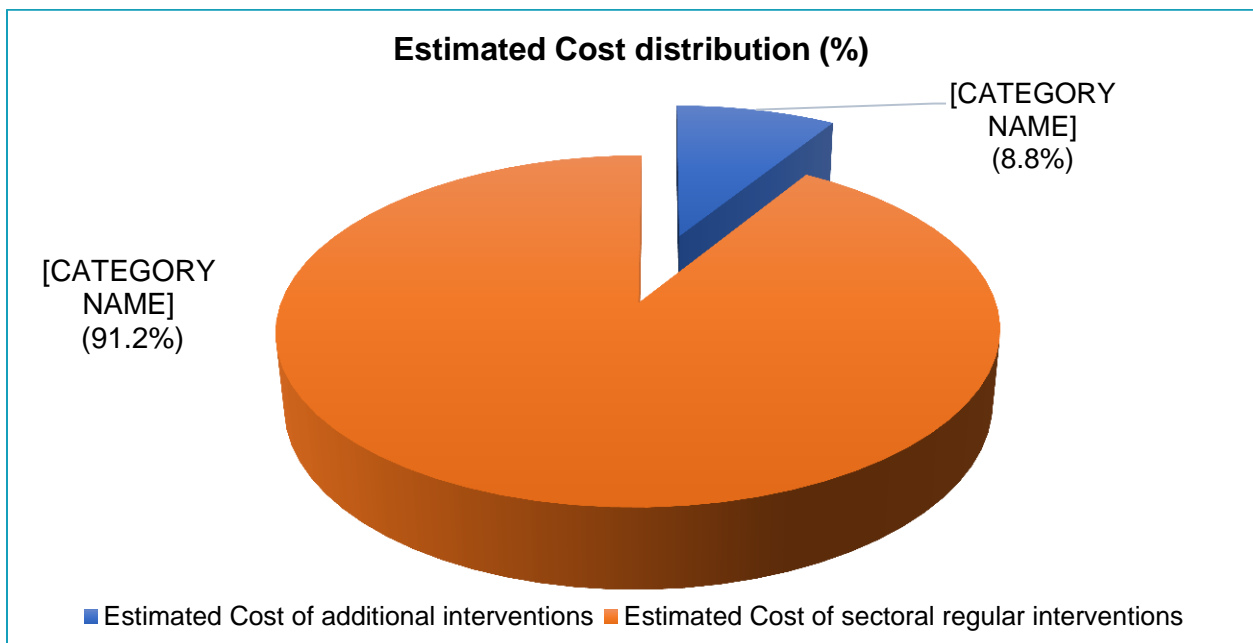
FIGURE 4: MSNP GOVERNANCE ARCHITECTURE



9. Costing of MSNP-III:

The total estimated cost of MSNP-III is NPR 189,454 million. This covers nutrition-specific and nutrition-sensitive activities, strengthening nutrition governance, promoting social behavior change, institutional development, capacity building, and monitoring and evaluation. Of this cost, 91.2 percent (NPR 172,860 million) is for regular sectoral interventions implemented through respective ministries, and 8.8 percent (NPR 16,580 million) is for additional measures to effectively implement the key aspects of MSNP-III (depicted in the Figure 5)

FIGURE 5: COST DISTRIBUTION BY NATURE OF THE PROGRAM



10. Result Framework of MSNP-III (Only Impact level indicators)

| Result Chain | Result Indicators | Baseline | Targets | | | | | | | | Means of Verification | Responsible Sector |
|--|---|--|---------|------|------|------|------|------|------|-------------|-----------------------|--------------------|
| | | | 2023 | 2024 | 2025 | 2026 | 2027 | 2028 | 2029 | 2030 | | |
| Goal (Impact) | | | | | | | | | | | | |
| Improved nutrition status throughout the life cycle by ensuring universal access to quality nutrition services. | 1. Prevalence of stunting (height for age) among children under 5 years of age (SDG target 2.2.1) | 24.8 (M:24.7 & F:25.0) (NDHS, 2022) | 24 | 22 | 20 | 19 | 18 | 17 | 16 | <15 | NDHS, NMICS | Health |
| | 2. Prevalence of wasting (weight for height) among children under 5 years of age (SDG target 2.2.2) | 7.7 (M:8.5 & F:6.9) (NDHS, 2022) | 7 | 6 | 5 | 4 | 4 | 4 | 4 | <5 | NDHS, NMICS | Health |
| | 3. Prevalence of low birth weight | 11.5 (IHMIS, 2022) | 10 | 9 | 8.5 | 7 | 5 | 3 | 2 | ≤1.4 | HMIS | Health |
| | 4. Prevalence of underweight among children under 5 years of age (SDG target 2.2.2.1) | 18.7 (M:16.6 & F:20.9) (NDHS, 2022) | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 9 | NDHS | Health |
| | 5. Prevalence of overweight/ obese among children under 5 years of age | 1 (NDHS, 2022) | <1 | <1 | <1 | <1 | <1 | <1 | <1 | <1 | NDHS | Health |
| | 6. Percentage of adolescents aged 10-19 who are overweight and obese | Baseline will be established | | | | | | | | | NDHS/NMICS | |
| | 7. Prevalence of overweight/ obese among population (15-69 years) | 24.3 (M:23.4 & F:25.1) (STEPS, 2019) | 12 | 10 | 8 | | | | 7 | 6 | NCD STEPS Survey | Health |
| | 8. Percentage of women with chronic energy deficiency (measured by body mass index) | 17 (NDHS, 2016) | 23 | 22 | 21 | | | | 18 | 15 | NCD STEPS Survey | Health |
| | 9. Proportion of children aged 6-59 months with anaemia (SDG target 2.2.5) | 43.4 (M:43.9 & F:42.7) (NDHS, 2022) | 35 | 29 | 23 | 20 | 17 | 15 | 12 | 10 (SDG) | NDHS, NNMSS | Health |
| | 10. Proportion of women of reproductive age group (15-49 years) with anaemia (SDG target 2.2.4) | 34 (NDHS, 2022) | 28 | 22 | 18 | 16 | 14 | 12 | 11 | 10 (SDG) | NDHS, NNMSS | Health |



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