

Nutrition-friendly local governance: A case study of Siraha district, Nepal

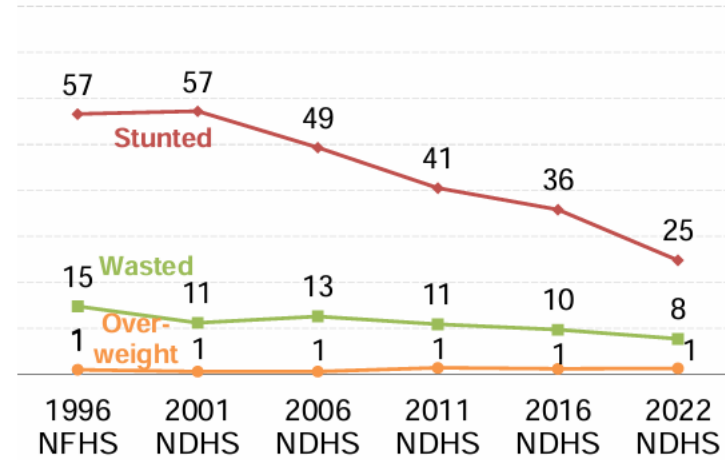
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Rationale/Objectives

- Nepal's child malnutrition is still alarming
- 16th Periodic Plan (2023-2028) –
- focus on nutrition-specific and nutrition sensitive interventions
- Nepal's Multi-Sector Nutrition Plan III (2023-2030)
- - in progress
- More emphasis on nutrition local governance in the federal context

Percentage of children under age 5 who are malnourished



सोहैं योजना

(आर्थिक वर्ष २०८१/८२-२०८५/८६)



नेपाल सरकार

राष्ट्रिय योजना आयोग

सिंहदरबार काठमाडौं



बहुक्षेत्रीय पोषण योजना-तेस्रो

(आर्थिक वर्ष २०८०/८१ - २०८५/८६)



Rationale/Objectives

- Focus on poor, socially marginalized and vulnerable populations
- Local Government Operation Act 2017,
- Guideline for nutrition friendly governance
- Capacity of local governments for multi-sector actions on nutrition
 - reach out the poor and socio-culturally and economically marginalized
- **Explore the local perspectives on implementation status of multi-sectoral nutrition initiatives**
- **Identify opportunities and challenges in accessing nutrition services by the marginalized communities in particular**



Methods/Analysis

- Desk review
- Ethnographic fieldwork
- In-depth interviews
- Informal Group Discussions
- Observation
- Participatory Social/Resource Mapping
- Narrative analysis



Results/findings

- **Participatory review and mapping of nutrition services and the socially excluded – slow, but in progress**
 - Areas where MAM and SAM cases are more prevalent – poor and socially excluded groups
 - Access
 - Utilization
 - Follow ups/referrals
- **Embarking on multi-stakeholder, multi-sectoral coordination journey**
 - Agriculture, livestock, food, health, education, WASH, urban development,
 - Supporting partners, civil society, community groups or institutions, media, school, health facilities



Results/findings

- **Localization of MSNP III - in progress**

- Gaps in prioritization and resource mobilization, capacity building, out-reach and information, services

- **Inclusion, representation and social participation of marginalized and excluded groups**

- Agriculture, livestock, food, health, education, WASH, urban development, Supporting partners, civil society, community groups or institutions, media, school, health facilities

Challenge: Addressing socio-political, cultural, economic and geographical inequalities/barriers that impact on health and nutrition outcomes



Results/findings

- **Overall, nutrition-friendly local governance - instrumental in empowering marginalized communities**

- to improve their access to and utilization of health and nutrition services

- **Health and nutrition narratives changing**

- Local and/or indigenous knowledge, awareness, attitudes, practices - food systems, dietary habits, nutrition care seeking behaviors improved
 - Supporting partners, civil society, community groups or institutions, media, school, health facilities

Nutrition governance as political agenda at local level

- Municipality level committees, ward level committees for multi-sector nutrition - established, but **capacity strengthening is key.**



Results/findings

1. Enhanced appreciation of the importance of nutrition for development

2. Increased local political leadership and engagement, inclusive decision making

3. Enlarged political space for civic engagement for nutrition services- female community groups, Dalits, socially excluded groups - people with disability, and other forms of marginalization



Implications

- **Inclusive nutrition governance**

- Local committees and platforms functional
- **Inclusive representation and participation** of stakeholders
- Multi-sector, multi-stakeholder engagement
- more **empowered** and **better informed** to **engage and negotiate** with decision-makers, participate in planning and delivery of nutrition services

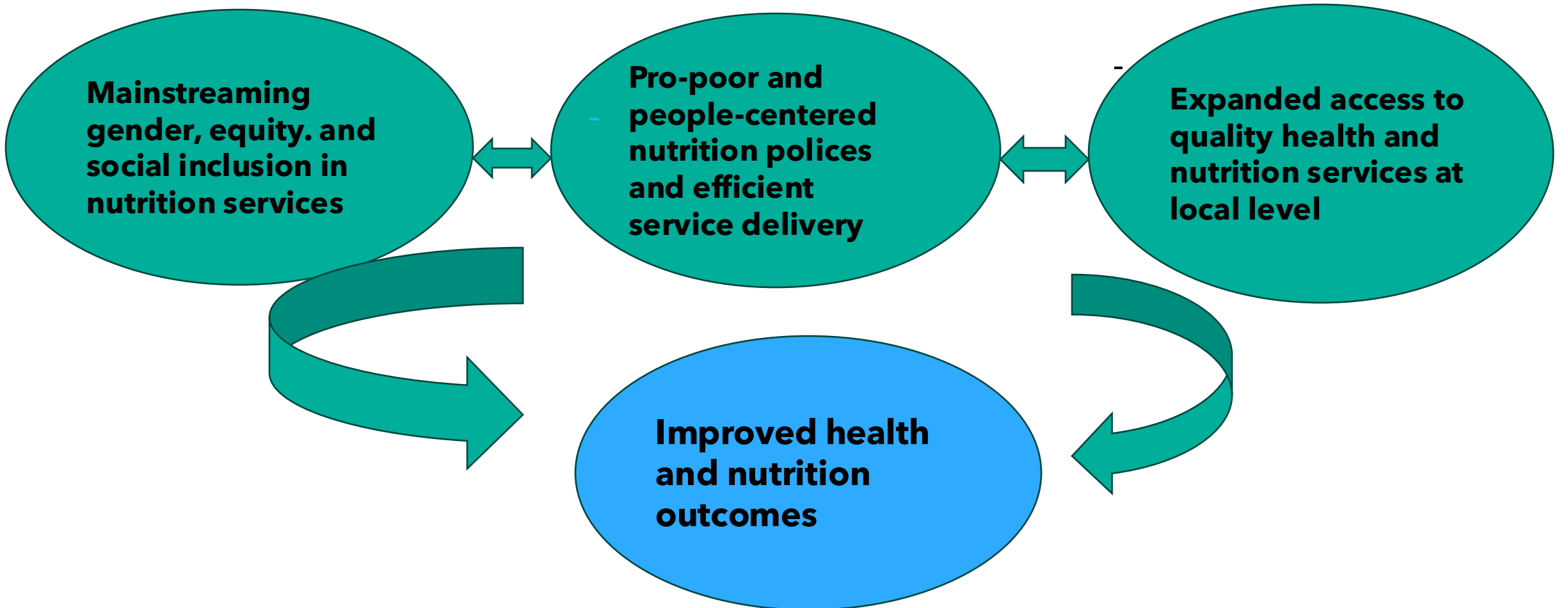
- **Local government's commitment and accountability**

- Nutrition as high priority **political and development agenda** in local plans
- **Mobilization of resources** (technical plus financial) across sectors and partners
- Reaching out to the poor and socially marginalized populations **during disaster or emergencies**

- **Empowered voices of local communities – socially excluded**

- **Capacity building of underserved communities** – especially socially excluded groups, community health workers, community leaders
- **Increased access to and utilization** of essential health and nutrition services
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Implications





Thank you !