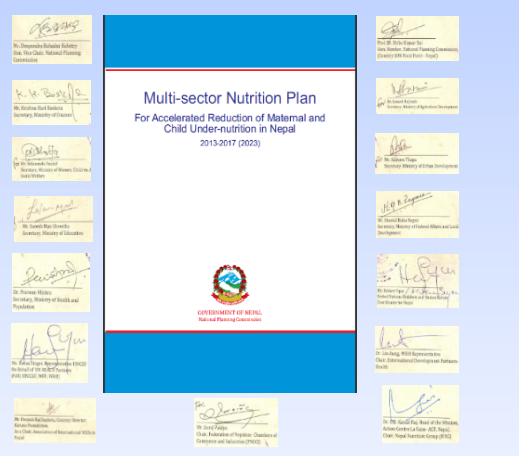


# Design and Conduct of the 2016 Impact Evaluation of Multi Sector Nutrition Plan (2013-2017) among Reproductive aged Women, Adolescents and Children in Nepal



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## Introduction

A large share of the Nepalese population is affected by nutritional deficits, especially women and children. According to the Demographic and Health Survey (DHS) for 2016 the situation, even though it has over time improved, continues to be critical: 36% of children under the age of 5 are stunted, 10% wasted and 27% display underweight. Around 41% of women at reproductive age experience anemia to some degree and an important portion of women face obesity (17%) or overweight (5%), with an actual increase from 2011 to 2016 becoming an important issue to focus on (Ministry of Health, Nepal; New ERA; ICF, 2017). According to Nepal Demographic and Health Survey 2016, stunting, wasting and underweight prevalence amongst children under age 5 are estimated at 36%, 10% and 27% meaning some improvement except in wasting measures (Government of Nepal - UNICEF, 2014). In addition, the prevalence of anaemia among children and pregnant women are still high (53% and 46% respectively)

The Multi-Sector Nutritional Plan was launched in 2012 aiming at improving infant, children and women nutritional status in vulnerable social conditions by combining interventions and improving coordination and capacity amongst different actors at national and local levels.

To gauge the success of MSNP in improving nutrition through multi-sectoral approaches, a rigorous impact evaluation (IE) was deemed important by the stakeholders. The IE was carried out in producing the evidence that will help in providing accountability to partners, donors and beneficiaries, demonstrating the contribution of UNICEF's specific support to the implementation of the MSNP and informing future scale up of the MSNP nationwide.

## Objective/Aim

The overall objective is to describe the design and conduct an Impact Evaluation (IE) of the MSNP Programme for overcoming the stunting, wasting, underweight, and nutritional problems that condemn an important part of the Nepalese to lower their life potential.



## Methods

The Impact evaluation adopted the mixed methods approach proposed by Creswell, (2015) because it allows to synthesize qualitative and quantitative data for evaluation.

The Difference-in-Differences (DiD) methodology was applied for the quantitative analysis. It uses VDC fixed effects to net out the impact estimates from pre-existing differences between those that received the interventions and those which did not. In this way, we prevent from attributing to the MSNP intervention any pre-existing differences between those that received the interventions and those which did not.

Computer Assisted Personal Interviewing (CAPI) was used to collect quantitative data in households whereas semi-structured interviews and Survey Monkey online surveys were used for qualitative data collection to assess the efficiency, efficacy, relevance and sustainability of the implementation of the program.

A total of 7,500 households with 0-4-year-old children was sampled from all 28 districts, hence 48 households per VDC in average. The targets for interview were mother of children, lactating, pregnant, and adolescent household members. An anthropometric indicator will be collected from all children 0-4 years old that belong to the household.

## Results

Figure 1– MSNP Interventions

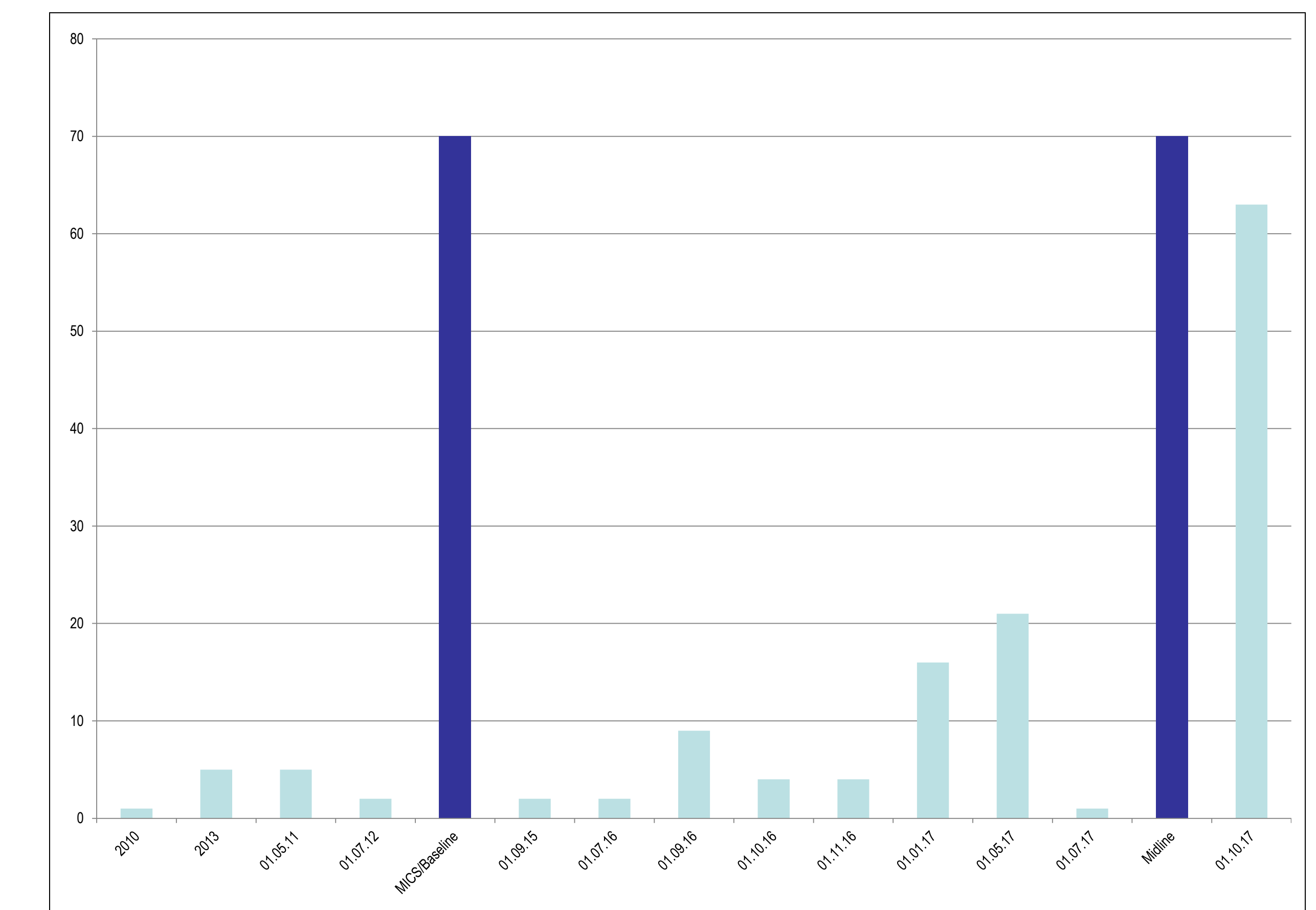
Context-changing interventions	Behaviour-changing interventions	Immediate interventions
Training/orientation to institutions. (1)	Social media campaigns. (5) (6)	Traning/orientation to beneficiaries on nutrition. (7)
Formation of groups. (2)	Traning/orientation to beneficiaries on nutrition-sensitive activities such as WASH. (5) (6)	Infant & Young child feeding protection. (7)
Traning /orientation on productive activities. (2)	Traning/orientation to health centers. (6)	Nutritional supplements. (7)
Orientation to political parties. (1)	Delivery of in kind aid. (4)	Treatment and prevention of GAM/SAM. (8)
Delivery of in kind aid. (2) (3)		De-worming medication.(8)

The Survey was conducted in selected 28 districts of Nepal, covering all geographical and ecological regions. A 178 Wards of the 2014 UNICEF Multiple Indicator Cluster Survey (MICS) survey were selected.

The survey captured a total 7,500 samples. A total of 15 face-to-face interviews were conducted with national stakeholders and 15 face-to-face interviews with rural stakeholders. Additional, an online survey was sent to 45 national stakeholders and received almost two-third responses.

This sampling strategy allowed us to sample 10,239 children 0-4 years old, which is based on an estimate of 1.39 children per household from MICS 2014.

Figure 2 - Starting date of MNSP specific activities in 28 districts



## Conclusions

This Impact Evaluation highlights the design, conduct and measurement of the attribution and contribution of UNICEF and other partners to MSNP. This is the largest evaluation over a span of 3 years with multisector indicators to provide an evidence to GON for nutrition policy and program under UNICEF conceptual framework.

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