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A qualitative study of *Suaahara II* influence on nutrition governance in Nepal

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Abstract

Maternal and child undernutrition remain major public health problems in Nepal. *Suaahara* is a USAID-funded multi-sectoral nutrition programme aiming to strengthen local nutrition governance to reduce maternal and child undernutrition, among other objectives. The purpose of this study is to present findings from a recent qualitative evaluation of *Suaahara II*'s influence on the decentralised implementation of Nepal's Multi-sectoral Nutrition Plan (MSNP) and identifying gaps and areas for improvement at the federal, provincial, and local levels to strengthen nutrition governance. This study employed multiple qualitative methods, engaging over 100 multi-sectoral nutrition stakeholders across three levels of government and eight districts. Thematic qualitative analysis was employed to identify emergent and salient themes, which were triangulated with other secondary data sources. *Suaahara II* had a positive influence on strengthening horizontal coordination for implementing the MSNP and effectively leveraged existing networks to strengthen implementation of nutrition-focused activities at the municipal level. Although there was an observable increased demand for nutrition budgets attributable to *Suaahara II* activities, sufficient allocation and utilisation, particularly in non-health sectors, did not meet these levels. Nepal's shift to federalism hindered vertical coordination of MSNP implementation. Some formal coordination mechanisms were strengthened, but variation in their effectiveness to strengthen horizontal and vertical coordination to implement MSNP activities continues. Finally, limited government ownership over nutrition activities and facilitating multi-sector coordination to implement the MSNP threatened sustainability of *Suaahara II*'s outcomes on nutrition governance. Future programmes should continue to build on the progress made under *Suaahara II*, and specifically aim to address challenges in vertical coordination to strengthen nutrition governance in Nepal.

KEYWORDS

multi-sectoral nutrition programming, Nepal, nutrition, nutrition governance, qualitative methods

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1 | INTRODUCTION

In Nepal, maternal and child undernutrition remain major public health problems (Ministry of Health and Population et al. 2022). *Suaahara* (2011–2023), a USAID-funded multi-sectoral nutrition programme operated at-scale with the aim of addressing maternal and child undernutrition via four main objectives. This study focused on the fourth objective (see supplement paper 5, this issue) for a description of *Suaahara II*'s main objectives and its implementation), which was to accelerate the rollout of Nepal's Multi-Sectoral Nutrition Plan (MSNP) through strengthened local governance. The MSNP was first implemented in 2013 in response to a Nutrition Assessment and Gap Analysis conducted under the leadership of Nepal's Ministry of Health and Population that identified a need for a multi-sectoral approach to address nutrition challenges. *Suaahara II* supported the Government of Nepal (GoN) at the local, provincial, and national levels to implement the second phase of MSNP (2018–2022). The first MSNP was rolled out from 2013 to 2017; *Suaahara I* supported the implementation of MSNP I and *Suaahara II* supported the implementation of MSNP II (2018–2022). This study focused on the influence of *Suaahara II*. In 2015, the GoN restructured to a decentralised federal democratic republic, and as such, *Suaahara II* adjusted its approach to support the new government structure to strengthen nutrition governance.

The MSNP is designed, implemented, and monitored across three levels of government and is coordinated across multiple government ministries and agencies for vertical and horizontal implementation. At each level of government, multi-sectoral steering committees make decisions on the MSNP implementation, which also includes attention to the allocation and utilisation of government funds for nutrition-specific and nutrition-sensitive interventions to ensure sustainable improvements in nutrition (see Joshi & Chitekwe, 2019 for more information on the design of MSNP). Currently, the NPC leads the development of the third phase of the MSNP in consultation with development partners based on lessons learnt from the implementation of MSNP and MSNP II and updated data on remaining nutrition gaps (NDHS, 2022).

The primary purpose of this study was to qualitatively assess the effectiveness and influence of *Suaahara II* in strengthening nutrition governance at multiple levels in Nepal, with consideration given to how the shift to federalism affected *Suaahara II*'s influence. This study employed multiple qualitative methods to answer the following research questions:

1. What is the status of the decentralised implementation of Nepal's MSNP?
2. How have *Suaahara II* interventions contributed to decentralised implementation of Nepal's MSNP?
 - 2a. Are communities demanding more funding for nutrition? What has been the influence of *Suaahara II* on this?
 - 2b. How has federalism contributed to or affected *Suaahara II*'s ability to achieve its nutrition governance goals?

Key messages

- Using primary and secondary qualitative data, we explored the influence of *Suaahara II*, a multi-sectoral nutrition programme that operates at scale, on nutrition governance for the implementation of the government's Multi-Sectoral Nutrition Programme in Nepal.
- *Suaahara II* had a positive influence on strengthening horizontal coordination for implementing the MSNP and effectively leveraged existing networks to strengthen implementation of nutrition-focused activities at the municipal level.
- While multi-sector stakeholders are demanding more budget allocation for nutrition activities, budget utilisation remains insufficient to achieve nutrition goals.
- Vertical coordination among key actors at different levels of government remains a challenge for effectively implementing the MSNP.

3. What are the remaining gaps and barriers in the decentralised MSNP implementation?

2 | METHODS

2.1 | Study area selection

This study formed part of the overall *Suaahara II* evaluation and thus included both *Suaahara II* intervention and non-intervention (comparison) areas, following the study area sampling approach of overall evaluation (supplement paper 5, this issue) (Table 1). Nepal's three main agro-ecological zones, the *terai* (plains), the hills and the mountains, are represented by the selected areas and each represent distinct socio-cultural characteristics. Two municipalities per district were also selected to conduct community-level focus group

TABLE 1 Study areas in Nepal.

National	Province (geographic zone)	Intervention/ Comparison	District
Kathmandu	Bagmati Pradesh (upper hills/ lower mountains)	Intervention	Sindhupalchowk
		Comparison	Ramechhap
	Gandaki Pradesh (<i>terai</i>)	Intervention	Rupandehi
		Comparison	Chitwan
	Lumbini (mountains)	Intervention	Darchula
		Comparison	Jumla
	Sudurpaschim (hills)	Intervention	Syangja
	Karnali (hills)	Comparison	Tanahun

discussions (FGDs) with multi-sector nutrition actors and were selected to represent one municipality receiving *Suaahara* CORE and one CORE+ intervention in each district.

2.2 | Participant sample

Participants were purposively sampled based on their role as a multi-sectoral nutrition actor in Nepal at the respective government level. Key stakeholders from each government level from the following sectors were invited to participate in the primary data collection: nutrition, agriculture, livestock, health, planning, education, water sanitation and hygiene (WASH), and gender equality and social inclusion (GESI). *Suaahara II* staff were also sampled. External nongovernmental nutrition actors were identified at the national and provincial levels, including those from international donor agencies and the private sector. At the municipal level, key nutrition planning and programming stakeholders were sampled, such as the *Suaahara II* municipal nutrition facilitator, as well as community members, who were target recipients of *Suaahara II* programming.

2.3 | Data collection

This study used both primary and secondary data sources. From December 2021 to February 2022, data were collected by experienced Nepalese qualitative researchers. Training for these researchers took place in Kathmandu and covered background in *Suaahara II*, interview guides, sampling, and best practices for qualitative research, data management, ethics, and transcription. Research teams were organised and the designated team leaders frequently checked-in with one of the authors throughout the data collection period to ensure data quality.

2.4 | Primary data collection

Primary data collection activities included key informant interviews (KIIs), group interviews (GIs), and FGDs (Table 2). GIs, extractive in nature, were conducted with fewer individuals (approximately 2–3) per interview, with an aim to elicit information from participants without encouraging discussion. FGDs, participatory in nature, were conducted with approximately 5–9 individuals per discussion, with an aim to encourage a facilitated discussion among participants. Fewer

interviews and FGDs were conducted in comparison areas as *Suaahara II* staff do not operate in these areas.

Specific question guides were developed for each stakeholder category based on their role and level of government. These guides followed a semi-structured approach to ask relevant questions about the participants' experience and perception of implementing MSNP activities and their coordination with other stakeholders to facilitate this implementation, and to assess their engagement and perspective of *Suaahara II*'s effectiveness in strengthening nutrition governance. (Table 3).

2.5 | Secondary data collection

Secondary data were collected and analysed, including a desk review of key documents and *Suaahara II* monitoring data. Two researchers reviewed 42 relevant nutrition planning and policy documents at the national (1), provincial (11) and municipal (30; intervention (13) & comparison (17)) levels. These included provincial, municipal and ward NFSSC meeting minutes (26), annual policy, programme, and budget reports (14), and other nutrition meeting minutes (2). *Suaahara II* monitoring data informed budget allocation and utilisation figures in intervention areas. Budget allocation and utilisation documents from the most recent fiscal year were retrieved, as were the most recent version of other documents. Data collected from secondary sources were triangulated to validate qualitative data and to interpret results and discussions.

2.6 | Data management and analysis

Audio recordings of each interview were transcribed into Nepali by the data collection team and were translated into English. A single codebook was developed that included deductive codes (established themes in the literature and predetermined themes stemming from the research questions) and inductive codes (developed from a preliminary review of the data) to guide thematic qualitative analysis (Guest et al., 2012) using NVIVO software (QSR International Pty Ltd, 2020). Three researchers established inter-rater reliability before coding the data to ensure codes were consistently and reliably applied, and then they completed the full coding and analysis of the qualitative data. The authors intentionally utilise words of salience, such as “most”, “several”, “few” to signify the prevalence of themes across the data.

TABLE 2 Total number of data collection activities by government level.

	National	Provincial		Municipal + Community		Total
		Intervention	Comparison	Intervention	Comparison	
Key informant interview	16	27	5			48
Group interview				16	7	23
Focus group discussion				16	14	30

TABLE 3 Description of themes covered during primary data collection.

Theme	Relevant instrument
Background: Respondents' role with respect to the MSNP or engaging in nutrition-related activities.	Intervention and comparison areas KII; GI; FGD
MSNP implementation in Nepal: Strengths, weaknesses, barriers, and areas for improvements to the MSNP design and implementation.	Intervention and comparison areas KII; GI; FGD
Nutrition budgeting: multi-sector budget allocation and utilisation for nutrition, particularly budgets driven by community demand and from multi-sector perspective.	Intervention and comparison areas KII; GI; FGD
Nutrition priorities: emerging or existing priorities for nutrition programming in Nepal, and identify remaining gaps or challenges for multi-sector coordination for nutrition.	Intervention and comparison areas KII; GI; FGD
Federalism: effect of federalism on MSNP implementation and multi-sector coordination for nutrition programming.	Intervention and comparison areas KII; GI; FGD
Engagement with Suaahara: Awareness of <i>Suaahara's</i> roles, objectives, and operations in Nepal; respondents' engagement with Suaahara; perceptions of <i>Suaahara's</i> strengths, weaknesses, impact, and areas for improvement.	Intervention areas KII; GI; FGD
Awareness of Suaahara: Awareness of <i>Suaahara's</i> roles objectives, and operations in Nepal.	Comparison areas KII; GI; FGD

2.7 | Research ethics

This study was approved by the Nepal Health Research Council before data collection. All participants provided written informed consent for their voluntary participation and audio recording. All data have been deidentified/anonymized during analysis and reporting.

3 | RESULTS

3.1 | Decentralised implementation of the MSNP: Current status

The first research question asked: What is the status of decentralised implementation of Nepal's MSNP? Most stakeholders across government levels noted good horizontal coordination to implement the MSNP, as the design of the MSNP intentionally convenes multi-sector stakeholders to advance policies and programming to address nutrition gaps and promote good nutrition practices. Most stakeholders in comparison and intervention areas also noted, however, variable strength in vertical coordination to implement the MSNP. Specifically, municipal and district level actors indicated strong coordination to implement nutrition activities at the municipal levels, whereas most other stakeholders described weak vertical coordination between national and provincial, and provincial to municipal levels.

Mechanisms to facilitate multi-sector coordination to implement MSNP, such as NFSSC, were found to vary in their effectiveness both by level of government and area. For example, several stakeholders across government levels observed that NFSSC meetings were sometimes ineffective, due to limited encouragement and poor communication across sectors to facilitate linkages with multi-sector actors or make plans to implement joint activities that promote nutrition. One stakeholder explained,

"We go to the [NFSSC] meeting, discuss, and what we agreed [to] is lost. And then again, we are asked [to attend]... And again, we go. But thereafter, we stay idle. That's what is happening. If you are working on WASH, you need to work with us directly" (Intervention, Province, WASH).

3.2 | Suaahara II's role in decentralised implementation of the MSNP

The second research question asked: How have *Suaahara II* interventions contributed to decentralised implementation of Nepal's MSNP? Almost all stakeholders referenced *Suaahara II's* positive contribution to improving horizontal and, to an extent, vertical coordination to implement and prioritise the MSNP. Several provincial and municipal stakeholders noted that *Suaahara II* provided technical support to areas where relevant capacity was lacking. For example,

"When we look at the Suaahara programme through the health sector, they have supported immensely with technical support. In theory, we brought it, but all the technical support in coordinating and implementing was done by them. They gave us trainings, plans and programme designs, or we created them together. They have played a major role" (Intervention, Province, NFSSC Member, Health).

Notably, stakeholders from intervention areas described *Suaahara II's* staff as key participants of NFSSC meetings; they facilitate and motivate more coordination among multi-sector actors at the provincial and municipal levels. *Suaahara II* staff communicated

upcoming nutrition-related activities and actively identified opportunities for multi-sector stakeholders to collaborate beyond the meetings. They were also vocal in encouraging more frequent meetings at the province level for stakeholders to continue multi-sector collaboration and coordination. *Suaahara II* staff were integral in strengthening the effectiveness of NFSSC meetings.

Community-level stakeholders attributed their own increased awareness to their participation in *Suaahara*-led trainings and activities. One FCHV shared, "*The making of jaulo (rice porridge with mix vegetables) from time to time is happening because of Suaahara. It's not been given to us from the [government health sector]. It is only happening because Suaahara has been providing these trainings*" (Intervention, Municipality, FCHV). All stakeholders from intervention areas referenced other *Suaahara II* activities, including training to prepare *jaulo*, breastfeeding counselling, vegetable seedling distribution and homestead food production trainings, and forming community-level nutrition groups. A community-level stakeholder shared, "*When we did not know how to prepare a balanced diet in the village, Suaahara came here and taught us*" (Intervention, Municipality, GESI).

According to many stakeholders, the GoN overly relied on *Suaahara II* and NGOs with similar goals to promote nutrition awareness and facilitate MSNP implementation at the municipal level, suggesting potential threats to the sustainability of *Suaahara II*'s impact if government counterparts are not sufficiently capacitated to continue implementing activities. For example, the GoN relied on *Suaahara II* to conduct awareness activities, advocate with non-health sectors, and implement activities including reaching targeted groups. One stakeholder shared, "*Suaahara has supported the government and has been doing what government should be doing*" (Intervention, Province, Planning Commission). A *Suaahara II* staff member shared,

"Sometimes we feel that we have made [the government] a little dependent. When I went for a field visit, I have observed that the coordination committee also calls it the Suaahara coordination committee" (National, Suaahara staff).

While municipal stakeholders in comparison areas did not directly engage with nor benefit from *Suaahara* interventions, they were aware of *Suaahara II*'s role in improving awareness and action for advancing multi-sectoral nutrition programming and implementing the MSNP. Comparison area stakeholders at the province and municipal levels shared their desire to emulate *Suaahara II*'s approach for facilitating multi-sector coordination for nutrition and to strengthen the capacity of multi-sector stakeholders in their province to promote nutrition awareness and activities. In addition, they wanted *Suaahara II* activities to directly support them to design and implement nutrition activities. For example, a stakeholder shared, "*Our objective is to make a completely nourished province... Our vision is to make nutrition-centred work areas with the help of Suaahara*" (Comparison, Province, Health).

3.3 | Demand for nutrition funding and Suaahara II's role

The first subquestion to research question 2 asks: Are communities demanding more funding for nutrition? What has been the influence of *Suaahara II* on this? Provincial and municipal level stakeholders in intervention areas attributed increased demand for nutrition budgets to *Suaahara II*. Perspectives from comparison areas varied: some stakeholders noted nutrition was increasingly a priority whereas others were more focused on allocating budgets to infrastructure development. Participants from intervention municipalities noted that *Suaahara II* programming was so well received that there is strong motivation to replicate and continue certain *Suaahara II* activities under the municipal budget. Certain programmes, such as healthy baby competitions, have already been included in some municipal red book joint programming according to secondary sources.

Several stakeholders shared that lack of skilled human resources for programme design and implementation contributes to low budget utilisation for nutrition programming, which were validated with budget data. Sometimes, infrastructure programming, compared to nutrition or health programmes, continues to be prioritised when allocating and utilising budgets for "development". A private sector stakeholder observed,

"...There is no budget code for nutrition. The next thing is that nutrition is not prioritised. The government might say that we don't need nutrition, but we need roads" (National, Private Sector).

Additionally, several municipal stakeholders in intervention areas had requested that *Suaahara II* expand their budgets to enable the municipality to implement their designed nutrition programmes.

3.4 | Federalism: Influence on Suaahara II's nutrition governance work

The second sub-question to research question 2 asked: How has federalism contributed to or affected *Suaahara II*'s ability to achieve its nutrition governance goals? The government's structural changes through federalism, particularly the previous Village Development Committees' (VDC) combining to form municipalities, spurred personnel changes and altered the chain of command between province and municipal level actors. A stakeholder explained, "*The current situation is not the same as before the federal structure in the district. After federalism, the channel has fragmented from upper level. The information we used to get from grass-root level is now ruptured*" (Intervention, Province, Agriculture).

Additionally, study participants highlighted the lack of a formal mechanism to facilitate effective vertical coordination among the three levels of government. They also noted that roles and responsibilities between the three tiers of government are still being negotiated, which creates uncertainty over who should be overseeing

and managing whose work. Many national and provincial stakeholders reported limited authority or ability to directly coordinate with municipal level stakeholders and that there was a perceived lack of motivation among municipal level actors to engage or coordinate with provincial stakeholders. Many provincial actors indicated that municipal actors do not always coordinate with them and that they operate independently to develop or implement their own policies and programmes. One stakeholder explained,

"Few people coordinating is a different thing. Institutional coordination, which is required, has not happened yet. [Maybe] because provincial and local bodies have not fully come into operation...Provinces should play the role of mediator between local body and federal state, and coordinate between them... A lot of times, works are discussed from lower-level to the higher authorities, which instead should have been directed from upper-level. The coordination is yet to reach such level" (Intervention, Province, Health Sector Staff).

Additionally, several stakeholders observed a misalignment between policies developed at the municipal level compared to those at the province and national levels. One stakeholder explained, "Some of the municipalities have formulated their own health policy, which is seemingly contradicting with the federal policy" (Intervention, Province, Health). Others observed that while municipal actors may develop nutrition-related policies, there is effectively limited implementation and ability for oversight.

3.5 | Decentralised implementation of the MSNP: Remaining gaps and barriers

The third research question asked: What are the remaining gaps and barriers in decentralised MSNP implementation? Vertical integration of MSNP implementation remained hindered by limited technical and staff capacity at all government levels. Particularly at the provincial and municipal levels, there were limited technical and human resources available to effectively coordinate and implement the MSNP. One stakeholder observed, "There is a lack of [municipal] staff based on roles and responsibilities. How can the two, three or four staff handle this huge number of programmes?" (National, *Suaahara* staff).

Limited technical capacity at the municipal level was an additional barrier to effective implementation. Current municipal actors did not spend enough time in their position nor have been properly trained, as explained by a donor partner, "I have heard discussion that [staff at the municipal level] are all new, they need to be provided with more modern trainings and orientation on this, and how it can be taken be done functionally" (National, Donor Partner). The COVID-19 pandemic exacerbated these issues when staff positions remained vacant and training activities were suspended during the pandemic.

Several stakeholders noted that MSNP implementation approaches were not effective for reaching and benefitting the most

vulnerable persons. A *Suaahara II* staff explained, "There are lots of equity gaps between the rich and poor...The targeted approach needs to be followed, but it is lacking in the implementation and design" (National, *Suaahara II* staff).

Several provincial stakeholders explained that many MSNP programmes benefit community elites and do not reach the most vulnerable, raising speculation that these activities end up targeting higher socioeconomic families. Several NFSSC stakeholders in this study suggested that despite well-meaning intention, marginalised persons, such as women or Dalits, are rarely included in decision-making processes. For example, one stakeholder said,

"We are the ones who do it all. There are programmes, which are done with our decisions rather than women/ Dalits' demands... To be honest, I don't think we have conducted programmes after discussing with women/ Dalits. There are not many targeted programmes in the palika. There should be but...there isn't" (Intervention, Municipality, NFSSC Member).

4 | DISCUSSION

The findings suggest that the MSNP is currently being implemented across Nepal with varying levels of effectiveness, particularly that horizontal coordination among multi-sector actors is stronger than vertical coordination. Mechanisms such as the NFSSC also vary in their effectiveness to serve as an entry point for fostering multi-sectoral coordination.

While Khatri et al. (2015) observed horizontal and vertical coordination to implement the MSNP as "weak", our findings suggest that horizontal coordination, and to some extent vertical coordination, have strengthened since 2015, in part due to *Suaahara II*'s continued engagement with multi-sector stakeholders to facilitate this coordination and their prioritisation of MSNP implementation. Aligning with previous research (Khatri et al., 2015), our results indicate that *Suaahara II*'s interventions led to increased awareness of nutrition-related activities among participants. *Suaahara II* was particularly strong in reaching municipal and community-level multi-sectoral nutrition actors compared to government assistance efforts. The longstanding and extensive network *Suaahara II* established at the municipal level enabled the programme to better engage with community level nutrition actors, particularly compared to government assistance efforts. Finally, study participants from comparison areas who did not engage in nor benefit from *Suaahara II* interventions were aware of *Suaahara II*'s role in nutrition-related programming and wanted to emulate its model in their own provinces, underlining *Suaahara II*'s effectiveness as a nutrition implementor throughout Nepal.

In intervention areas, study participants reflected an increase in demand for nutrition budgets, compared to varying responses from participants in comparison areas, suggesting a positive impact of *Suaahara II*'s influence on raising awareness of the importance of

nutrition. Certain *Suaahara II* interventions have already been adopted by government programming, suggesting a government commitment to continue ownership over nutrition-related programming. Several stakeholders did request *Suaahara II* to expand their budgets to continue nutrition-related programming, highlighting stakeholders may perceive *Suaahara II*'s nutrition budgeting as more effective than that of the respective government budgets. However, in all areas, budget utilisation remains insufficient to achieve nutrition needs.

Before federalism, key barriers to vertical coordination included uncertainty over MSNP ownership, a lack of elected representatives at the district and former VDC levels, and vacant regional-level positions that stretched the bandwidth of government staff, which effectively deprioritized the MSNP (Khatri et al., 2015). Our findings suggest that these challenges continued to persist and that the shift to federalism exacerbated these types of challenges for vertical coordination to implement the MSNP, particularly between the municipal and provincial levels.

Finally, our study highlights the remaining gaps and barriers to effective MSNP implementation. Strengthening vertical coordination for MSNP implementation remains a particular challenge due to insufficient and limited technical and staff capacity at all government levels. These findings are similar to those reported by Manandhar et al. (2020), who found insufficient technical capacity at the municipal level hindered effective budgeting processes to ensure adequate budgets were allocated and utilised for nutrition programming. Additionally, our results suggest that the MSNP activities are not adequately reaching nor benefitting the most vulnerable persons, and often exclude such persons from decision-making processes. This finding echoes Pokharel and Pradhan (2020), who found that women and marginalised groups are disproportionately excluded from meaningfully participating in local governance mechanisms and activities in Nepal. These represent key gaps and barriers that should be addressed to improve the effectiveness of MSNP implementation.

While this study benefitted from a large and robust sample size that avoided selectivity bias and multiple data sources that enabled triangulation, several data limitations should be noted. Eleven invited stakeholders were unavailable to participate in the study due to COVID-19. The research team prioritised collecting data based on respondent role and respective level of government, and thus comparisons by certain types of socio-demographic variables could not be made with this sample. Response bias may have influenced the qualitative data. The research team took steps to mitigate response bias, including to articulate to participants that their responses would be kept confidential and reported only in the aggregate, and data were only collected and analysed by independent evaluators.

5 | CONCLUSIONS

These findings suggest that *Suaahara II* has effectively strengthened coordination among multi-sector nutrition actors to implement the MSNP, an improvement since 2015 (Khatri et al., 2015). *Suaahara II* has effectively navigated and adapted to the shift to federalism,

leveraging existing networks to strengthen implementation of nutrition-focused activities at the municipal level. Although there is evidence of *Suaahara II*'s positive influence on nutrition governance, challenges remain for the effective implementation of MSNP and continuation of nutrition-focused activities post-*Suaahara II*. The shift to federalism hindered vertical coordination of MSNP implementation, resulting in insufficient human resources and technical capacity due to vacant positions at the provincial and municipal levels to sufficiently coordinate with respective actors, plan and implement nutrition-related activities, and adequately budget for nutrition programming (Manandhar et al., 2020). Additionally, NFSSCs vary in their effectiveness to strengthen horizontal and vertical coordination to implement MSNP activities. Finally, government ownership over nutrition activities and facilitating multi-sector coordination to implement the MSNP is weak and threatens the sustainability of *Suaahara II*'s outcomes on nutrition governance.

Based on these findings, future programmes should aim to further strengthen nutrition governance. First, programmes should target capacity building efforts to strengthen key actors' technical ability to design and implement nutrition-related activities and promote nutrition awareness and programming within their respective sectors. Second, formal reporting mechanisms should be established, which can also promote accountability of vertical implementation of MSNP activities. Additionally, the roles and expectations of key actors should be established and clarified to enable stronger vertical coordination. Third, similar programmes should continue to work with government stakeholders to ensure stronger government ownership over MSNP activity design, budgeting, funding, and implementation, particularly at the local level. And finally, similar programmes should intentionally target underrepresented stakeholders into activity design, planning, implementation, and assessment, monitoring, and review for accountability measures, and to promote their voice in decision-making around nutrition governance.

Future studies could look at whether and to what extent *Suaahara*'s outcomes were sustained. Future nutrition and health programmes could build on *Suaahara*'s programming approach, particularly for facilitating and strengthening multi-sector coordination in other districts/municipalities. Future nutrition and health programmes should address the gaps identified in our study, such as facilitating a mechanism for vertical coordination, to improve nutrition governance in Nepal, and to explore how to engage multisector actors in establishing commitments for nutrition.

AUTHOR CONTRIBUTIONS

Sarah Eissler and Shraddha Manandhar designed the study and data collection tools, with feedback from Bishow Neupane and Pooja Pandey Rana. Shraddha Manandhar and Kavita Sah led the hiring and training of the research team and managed the primary data collection and conducted data quality checks with the research team, with support from Sarah Eissler. Sarah Eissler, Shraddha Manandhar, and Kavita Sah analysed the primary qualitative data. Shraddha Manandhar and Kavita Sah analysed the secondary data. Sarah Eissler, Shraddha Manandhar, and Kavita Sah wrote the first

draft of the paper. Bishow Neupane, Pooja Pandey Rana, and Kristine Garn provided critical input to the manuscript. All authors reviewed manuscript drafts, provided comments, and approved the final draft.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest. Pooja Pandey Rana, Bishow Neupane and Kristine Garn were members of the programme implementation team that designed and implemented the interventions discussed in this article. They reviewed the manuscript and provided an interpretation of the results, but the final decisions for the content were made by the primary authors from the evaluation team (Sarah Eissler, Shraddha Manandhar, and Kavita Sah).

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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