

Nepal

Overview of Childhood Under-nutrition

Whilst Nepal has made promising health gains despite unstable political environment by achieving many of the health indicators in the country's 10th five year planning period such as in reducing child and maternal mortalities, the country remains one of the most undernourished in the world today. The 2006 Nepal Demographic and Health Survey (NDHS) survey found 45% and 43% of children below the age of 5 years to be underweight and stunted, respectively (**Figure 1**).

These levels represent a marked decline in the level of stunting over the last 5 years, a modest decline in the level of children underweight, but a very small increase in the level of wasting over the same period. With such minimal improvements in child nutrition, achieving the Millennium Development Goal of a 50 percent reduction in the prevalence of underweight children under 5 years of age by the year 2015 will continue to be a challenge for Nepal.

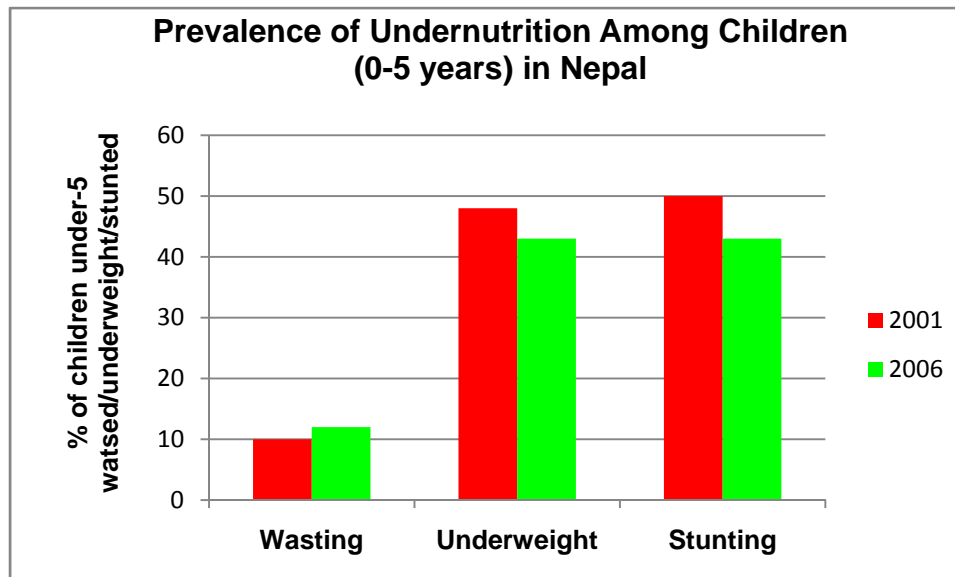


Figure 1 Trend in children nutrition status

Although the problem of undernutrition is pervasive across all of Nepal, national aggregates mask very wide disparities across Socio-economic groups and ecological regions. For example, almost 54% of children under five years old from household in the poorest quintile were found to be underweight compared to around 24% in the wealthiest quintile (NDHS 2006). Only 37% of children from the Eastern region of Nepal were underweight compared to 53% from the Mid-western region.

Micronutrient Deficiencies:

There is paucity of comprehensive data about the state of micronutrient nutrition in Nepal. The most recent national micronutrient status survey was conducted in 1998

which found low prevalence of night blindness (0.24%) and Bitot's spots (0.33%) Nonetheless, the prevalence rate of low serum retinol levels (<0.70 micromoesl/L) among preschool children (32.3%) indicating a chronic inadequacy of vitamin A intake. Iodine deficiency disorders were also found to be of public health significance with an overall total goiter rate of close to 40% about 32% of preschool. The recent NDHS (2006) revealed that anemia levels in children and women are high in Nepal. Nearly one in two (48 percent) Nepalese children 6-59 months old were reported to be anemic, with 26 percent mildly anemic, 22 percent moderately anemic, and less than 1 percent severely anemic.

Causes of Undernutrition

Low birth weight is one of the key causes of undernutrition in Nepal, where about 34% of the children are born with low birth weight (LBW). The high levels of LBW can largely be attributed to poor maternal nutrition, for example, almost a 25% of the women in Nepal have a body mass index below normal and the prevalence of anemia among pregnant women is about 36%.

Sub-optimal infant and young child feeding (IYCF) practices are also of concern. Contrary to WHO's recommendations, only about half (53 %) of children under 6 months are exclusively breastfed in Nepal. About three out of five children (57%) are fed according to recommended IYCF practices; that is, they are given milk or milk products and foods from recommended food groups and are fed at least the recommended minimum number of times. Nearly all children 6-23 months are breastfed or given milk products, about three in five children are given the recommended number of foods (food from three or more groups for breastfed children), and more than four in five children (82 percent) are fed at least as often as is recommended. Poor accesses to safe drinking water and sanitation, household food insecurity have also been reported as important causes of childhood undernutrition in Nepal.

Policy and Programmatic Responses to Malnutrition

In 2007, the Government of Nepal (GON), through the Department Child Health in Development of Health Services (CHD), drafted the National Nutrition Action Plan which advocated a comprehensive, integrated and inter-sectoral strategy for addressing malnutrition. However, the document was not finalized. Recently and upon the request of the CHD, a joint (Government of Nepal and development partners) nutrition assessment and gap analysis in the recommended plan has been initiated. The analysis will, among other things, identify the current knowledge and programmatic gaps, and identify, recommend and prioritize appropriate interventions and approaches that could be effectively scaled-up to address the problem of under-nutrition nationally.

The GON has made concerted efforts to address the problem of undernutrition in the country. Some of the nutrition interventions which are being implemented with various degrees of success include; the National Program for mid-day meal program – (the mid-day meal program may be valuable for promoting education and attendance but as a nutrition intervention it does not have much value in reducing malnutrition); Vitamin A Supplementation program; National Iodine Deficiency Disorders Control Program; iron and folate supplementation for pregnant and lactating women.

Institutional arrangements for Nutrition

The Department of Child Health in the Department of Health Services is the custodian of the National Nutrition Policy and under whose auspices the child health nutrition is implemented. The *Female Community Health Volunteers* (FCHV) and *Village health Workers* (VHW) are the main implantation agents of nutrition supplements including Vitamin A and are responsible for, among other duties, mobilizing communities to support administration of Vitamin A.

Other ministries which have had nutrition-related sectoral plans include Agriculture, Education, and Women and Children Welfare. Since GON has not yet nominated a lead ministry for nutrition intervention, all these action plans have also remained largely on paper without serious attempts to implement.