

Stories of Change in Nutrition

A RESEARCH SUMMARY JULY 2016

Country Brief

Nepal



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Background

During the 1990s Nepal had some of the highest rates of undernutrition globally. More recently the country has transitioned into a global nutrition success story, **achieving the fastest reductions in child stunting worldwide**. Given the multiple short- and long-term consequences related to undernutrition, learning lessons from Nepal's success to date in reducing undernutrition is important both for Nepal and for other countries facing similar nutritional challenges.

This brief summarises the findings from a research study – **Stories of Change in Nutrition in Nepal** – which is about how Nepal rapidly reduced undernutrition among children under 2 years of age and their mothers. This Nepal study specifically aims to answer three questions: 1) What were the drivers of reductions in maternal and child undernutrition? 2) What were the key policies and programs in Nepal behind these drivers? and 3) What challenges and opportunities face Nepal to further reduce undernutrition (including those related to the Multi-sector Nutrition Plan)?

Drivers of Change

Understanding Nepal's reductions in maternal and child undernutrition requires close examination of both nutrition-specific factors (such as infant and young child feeding (IYCF) practices) and nutrition-sensitive factors (such as wealth, education, access to health care, and water, sanitation, and hygiene (WASH) facilities). Based on analysis of national level quantitative data collected since the mid-1990s, the findings show that four main determinants are responsible for Nepal's great progress in reducing maternal and child undernutrition:

- 1 Greater access to health services
- 2 Improved coverage and use of sanitation facilities
- 3 Rapid improvements in education (particularly among women)
- 4 Increased wealth and asset accumulation

To gain a little more insight into these factors, interviews were conducted with mothers to gain their perspectives on nutrition related changes in their communities. These interviews highlighted that mothers received antenatal care checkups (although this was much more common among mothers who gave birth recently rather than ten to fifteen years ago), with similar patterns for iron supplementation during pregnancy and giving birth in a hospital or clinic. Major changes noted by mothers regarding community development included improvements in housing, income generation opportunities, education, and water and sanitation facilities.

It is likely that increased public investments, improved provision of public services and an increasing role for the NGO sector in public service delivery facilitated these changes.

The Role of Policies and Programmes

Nutritional improvements have evidently stemmed from changes in multiple economic and social sectors and it is likely that **increased public investments, improved provision of public services and an increasing role for the NGO sector in public service delivery** facilitated these changes.

Health Services

There has been a decentralisation of health services and a sustained effort to improve access to these services in Nepal, alongside a steady increase in public expenditure on health. **A key factor was the expansion of Nepal's Female Community Health Volunteers (FCHVs).** The range of goods and services these volunteers provide continues to grow and spans treatment of child illness, vitamin A distribution, family planning, care for pregnant women and newborn babies. Although iron and folic acid supplementation for pregnant and lactating women has been routine since 1998, coverage was limited. In 2003, the Intensification of the Maternal and Neonatal Micronutrient Program addressed some of the coverage constraints by establishing community-distribution of supplements via health workers and FCHVs. The 2005 introduction of the Safe Delivery Incentive Program, which provides cash to women giving birth in a health clinic and gives incentives to health workers for attending deliveries, is another example of how health initiatives have expanded and specifically been designed to overcome the widespread problem of physical isolation in Nepal, as well as cultural barriers that women face in accessing health services, especially during pregnancy.

Water and Sanitation

While water and sanitation policies have been in place for decades, toilet construction and use made very slow progress. In the 2000s, Nepal saw **renewed public and NGO efforts to expand toilet use and hygienic behaviours.** After a successful pilot of the community-led total sanitation approach, a wide range of NGO and development partners scaled-up these activities as a sustainable way to trigger communities into building and using basic toilets (as opposed to the traditional approach of providing costly hardware support). There was also increasing recognition that a similar

approach was needed for schools, particularly for improving attendance by girls, leading to the adoption of school-led total sanitation. By the end of 2015, 27 of Nepal's 75 districts were declared open defecation free. However, improvements in water supply have been more limited, which is an important issue for less remote and more densely populated areas.

Education

In 1990, following the World Conference on Education for All, the Government of Nepal adopted a National Plan of Action, which included gender parity as a goal. Since then, the government has increasingly devoted more financial resources to this sector and **improvements in women's educational attainment have been rapid and sustained.** From 1996 to 2011, the average years of schooling among women of reproductive age increased from 1.2 to 3.9.

Wealth and assets

In Nepal, between 1995 and 2010, the proportion of people living below the poverty line fell from 42% to 25% and overseas emigration and resulting remittance flows are widely thought to be the single largest driver of this income growth. In particular, the 2000s saw a shift in emigration destinations, with growing numbers of men (and some women) emigrating to more lucrative employment positions in the Gulf, rather than to neighboring India. Income is also likely related to food security, but the relationship between income and food and nutrition security is neither linear nor always positive. Another important factor is that ownership of certain assets may influence not only wealth status but also access to information, which may also influence nutrition.

An important commonality across these policies and programs is addressing service delivery constraints in a country where many households are extremely isolated

◀ Nepali mother shows her household's newly constructed flush toilet.





◀ Young Nepali girl walks to school wearing her school uniform.

geographically and socially, and many women and girls are disempowered. Also striking is that **many different actors played a part**, including different levels of government, multilateral and bilateral development partners, a wide range of NGOs, and communities themselves (often through volunteer organisations). Often by **working in partnership** with each other, these stakeholders were able to achieve more than what one stakeholder might have accomplished alone.

Multi-sectoral approach to nutrition

The government of Nepal has – in more recent times – made a more concerted effort to adopt a more explicit multi-sectoral approach to addressing malnutrition. Following a Nutrition Assessment Gap Analysis, the evidence-based recommendations were used to create and adopt the Multi-Sectoral Nutrition Plan (MSNP) in 2011. The MSNP serves as a national roadmap for addressing undernutrition by engaging various ministries including health, education, urban development, agriculture, and local development and for mobilising resources and aligning diverse projects and programs for nutrition.

The MSNP marks nutrition as major government priority and many stakeholders are now aware of the importance of nutrition. The bringing together of multiple-sectors for a common goal of addressing the persistent and complex burden of undernutrition, as well as the MSNP's focus on community level needs and efforts to avoid being merely a national level document. However, several **MSNP challenges should be addressed for it to have maximum benefit**. Role clarification and accountability mechanisms, particularly for how non-health sectors should engage with nutrition, is needed and tough debates should be had and decisions made on whether the goal is coordinated action or sectoral actions all aligned for nutritional impact. Addressing

implementation challenges, gaps in leadership and capacity, and political barriers are also now urgent.

Further challenges

Despite Nepal's remarkable improvements, the present situation remains inadequate, and there are many challenges to achieving further reductions in undernutrition. Despite rapid expansion of toilet ownership, at least half of Nepali households still practiced open defecation in 2011, and many continued to be without access to piped water. Not only are there supply and demand constraints for each of the sectors identified, but mothers noted some key additional development hurdles including lack of job opportunities and poor road and transportation conditions that should be addressed urgently. In addition, Nepal will continue to be confronted with other nutritional challenges including anaemia, overweight and obesity, and food hygiene and food safety. Data availability needs to be addressed and factors such as women's empowerment or agricultural growth and food security could not be assessed, given data limitations. Finally, Nepal will need to scale up nutrition-related policies and programs and continue working to find new and perhaps creative ways to **ensure that policies are translated into actions** so that no one remains beyond the reach of these important plans. The MSNP is a great step forward and nutrition has momentum as a prioritised agenda item domestically and internationally, but the next step will be to address challenges of limited resources and role ambiguity, to further closing both horizontal and vertical gaps, and to harmonise donor activities.

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Recommendations for the Nepal nutrition community

- Expand coverage of existing high-impact interventions across health, nutrition, education, water and sanitation, agriculture and food security, infrastructure, and so so that the most disadvantaged are reached and inequities reduced.
- Learn lessons from the experiences of other countries in the region and globally regarding how to create optimal enabling environments for effective implementation of evidence-based programs and policies for nutritional gain.
- Address data gaps, such as the lack of nationally-representative data on micronutrient deficiencies or the lack of a publicly-available dataset for both agriculture and nutrition indicators. This would allow better identification of drivers of nutritional change.
- Prioritise evidence-generation with rigorous impact evaluations and research studies relating to nutrition in Nepal.
- Evaluate the Multi-Sectoral Nutrition Plan and related programs so that weaknesses in policy and program design and implementation can be addressed. Address challenges relating to human resources and institutional capacity for nutrition.
- Acknowledge and resolve remaining challenges to effective implementation of the MSNP. These include ambiguities in ownership and tasks and the lack of harmonisation among donor, development partner, and government activities. Reasonable, realistic expectations for each actor should be established and accountability mechanisms put in place.
- Continue strong collaborations between government and non-government stakeholders to invest in scaling up nutrition-specific and nutrition-sensitive policies and programmes.
- Prioritise other existing and emerging nutritional burdens including anemia, micronutrient deficiencies, overweight and obesity, and food hygiene and food safety.

Credits

This summary is taken from the forthcoming research by Kenda Cunningham, Akriti Singh, Derek Headey, Pooja Pandey Rana and Chandni Karmacharya

Further reading

www.transformnutrition.org/stories_of_change
<http://nourishingmillions.ifpri.info>

Stories of Change in Nutrition

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Stories of Change in Nutrition are a series of structured case studies in 6 countries: Bangladesh, Nepal, Odisha (India), Ethiopia, Senegal and Zambia. These 'stories' aim to improve our understanding of what drives impact in reducing undernutrition, and how enabling environments and pro-nutrition policy and implementation processes can be cultivated and sustained.

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