Nepal’s Successes on Micronutrients and Progress on Multi-sectoral Nutrition Planning with a Vision to Decentralize Scale-Up of Nutrition

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Nepal's Context

- Geographically, ethnically and socio-economically diverse
- Marked improvement in health indicators
- Growing economic disparity
- Movement toward decentralization and integration
Nepal is on Track to Reach MDG4 for Reducing Child Mortality

- Nutrition is one of the components to bring down child mortality
- Strong community-based programs through FCHVs

![Mortality Trend and MDG Goal (Under 5, Infant and Neonatal)](chart.png)
Nepal Successes: A Strong Micronutrients Programme

- Sustained High Vitamin A Supplementation and De-worming to Children
- Household Use of Adequately Iodized Salt (>15 ppm) Nearing 90% Universal Salt Iodization Target
- Increased Iron Folic Acid and Deworming Coverage Targeted Towards Anemia Reduction
MDG Nutrition Target: Underweight Good Progress

Remaining Challenge: High Stunting and Marked Inequity
Marked Disparity Across the Regions

Child Stunting High in Mid/Far West Mountain/Hills

Percentage of children under 5 years who are classified as moderately or severely stunted

Ecological Regions:
- Mountains
- Hills
- Terai

Far-western: 58%
Mid-western: 67%
Western: 49%
Central: 53%
Eastern: 56%

>40% : very high prevalence
Latest Developments & Progress To Address the Remaining Challenges

Evidence-based Multi-sectoral Nutrition Planning

Decentralized Implementation to Scale Up Essential Nutrition Actions
Nutrition Assessment and Gap Analysis (2009-2010)

- Identified strengths, weaknesses, and gaps;
- Need for a national nutrition architecture; and
- A multi-sectoral approach through an agreed nutrition determinants model.

Build the National “Nutrition Architecture” (2010-2011):

- NPC led National Nutrition Steering Committee revitalized;
- High Level Nutrition and Food Security Steering Committee chaired by the Vice Chair of the NPC; and
- Technical working group to guide multi-sectoral nutrition review, planning, implementation and monitoring.
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<td>• Nutrition reviews by sector: Health; Agriculture, Education, Physical Planning and Works, and Local development</td>
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<td>• Defined scope: Global and national evidences for ‘what works’: essential nutrition specific interventions through the Health sector &amp; nutrition sensitive interventions through other sectors</td>
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<td>• Systematic consultation: through Reference Group Meetings by sector at key stages and All Reference Group Meetings to identify the cross-sectoral linkages</td>
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<th>Costed Multi-sectoral Nutrition Plan of Action (Ongoing)</th>
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<td>• Clear leadership: the NPC and involving all key sectors</td>
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<td>• Focused: on the first 1,000 days of life and stunting reduction</td>
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<td>• Addressing the immediate, underlying and basic factors:</td>
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<td>• women and children’s access to health and nutrition;</td>
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<td>• safe water &amp; sanitation; and</td>
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<td>• education and inequity.</td>
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<td>• Emphasis on decentralized implementation: initially in selected districts (2012-2014)</td>
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<td>• Vision to gradually scale up: to all other districts BY 2016 (A new approach: learning by doing)</td>
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Multi-sectoral Nutrition Planning Framework

Strategic Objective (SO) 1. National Planning Commission
Result (R) 1.1. Multi-sectoral commitment and resources for nutrition are increased
R 1.2. Nutritional information management and data analysis strengthened
R 1.3 Nutrition capacity of implementing agencies is strengthened

SO 2. Ministry of Health and Population
R 2.1 MIYC micronutrient status improved
R 2.2 MIYC feeding improved
R 2.3 SAM better managed
R 2.4 Diarrhoea adequately treated

The intergenerational transmission of growth failure: When to intervene in the life cycle

Child growth failure/death
Low Birthweight baby
Early pregnancy
Low weight & height in teenagers
Small adult woman
Small adult man

SO 3. Ministry of Education
• R 3.1 Adolescent girl's awareness and behaviours in relation to protecting foetal, infant and young child growth improved
• R 3.2 Parents better informed with regard to avoiding growth faltering
• R 3.3 Nutritional status of adolescent girls improved
• R 3.4 Primary and secondary school completion rates for girls increased

SO 4. Ministry Local Development/ Social Protection
R 4.1 Nutritional content of local development plans better articulated
R 4.2 Collaboration between local bodies’ health, agriculture, and education sector strengthened at DDC and VDC level
R 4.3 Social transfer programmes corroborated for reducing chronic under nutrition
R 4.4 Local resources increasingly mobilized to accelerate the reduction of MCU

SO 5. Ministry of Agriculture and Cooperatives
R 4.1 Increased availability of animal foods at the household level
R 4.2 Increased income amongst young mothers and adolescent girls from lowest wealth quintile
R 4.3 Increased consumption of animal foods by adolescent girls, young mothers and young children
R 4.4 Reduced workload of women and better home and work environment

SO 3. Ministry of Education
Areas Where Focused Attention and Support is Required

Cross-Cutting Components
- **Continuous Advocacy to Sustain National Commitment**
  - Sensitization and Advocacy at national and sub-national levels to maintain commitment to approve and scale up nutrition
  - Advocacy to increased budget allocation for nutrition

- **Capacity building**
  - In-depth capacity assessments needed for all sectors (building on NAGA findings)
  - Multiple level capacity development strategy at Community, District and Centre
  - Scale up district models will greatly influence capacity building approach – economies of scale must be sought

- **Monitoring and evaluation**
  - Multisectoral Nutrition Information System (NIS) including a set of core indicators by sector for the MOLD to track progress
  - Build in evaluation for the initial phase: Base- and End-line survey

- **Resource Mobilization**
  - The multi-sectoral nutrition package is being costed and prioritized for each sector (using Nepal based costing - Ingredient Method)
  - Mobilization of resources initially in the selected model districts and to scale up gradually to the remaining districts
Thank You