

Nepal

Nutrition Analysis

August 2013



REACH

ACCELERATING THE SCALE-UP OF FOOD AND NUTRITION ACTIONS



World Food Programme



Food and Agriculture Organization of the United Nations

unicef



World Health Organization



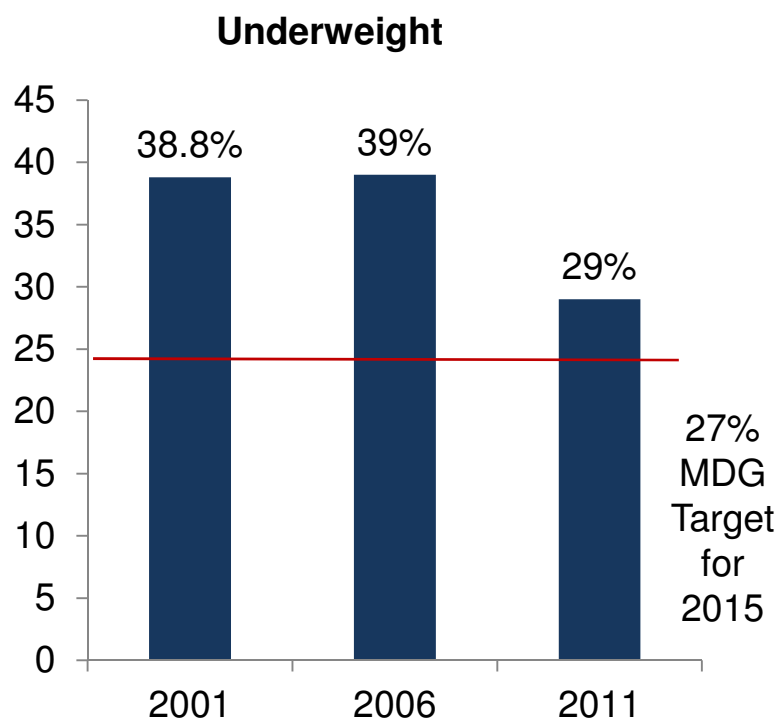
Nutrition Situational Analysis

Key messages on child under nutrition trends in Nepal

- ✓ 3.2 million children <5 years comprise 11% of the total population
- ✓ Nepal is 2% points away from achieving the MDG for prevalence of underweight among under five children; Stunting and wasting are still a challenge
- ✓ Reduction in severe stunting but severe wasting prevalence shows no improvement
- ✓ As of 2011, Central Nepal has the largest number of severely stunted and wasted children
- ✓ Largest number of stunted children in Central region but stunting prevalence high in Mid and Far Western regions
- ✓ Central region has the highest prevalence of wasting in the country and has the largest number of children suffering from it

Nepal is 2 percentage points away from achieving the MDG for prevalence of underweight among under five children; Stunting and wasting are still a challenge

For Children < 5 in Nepal (2011)

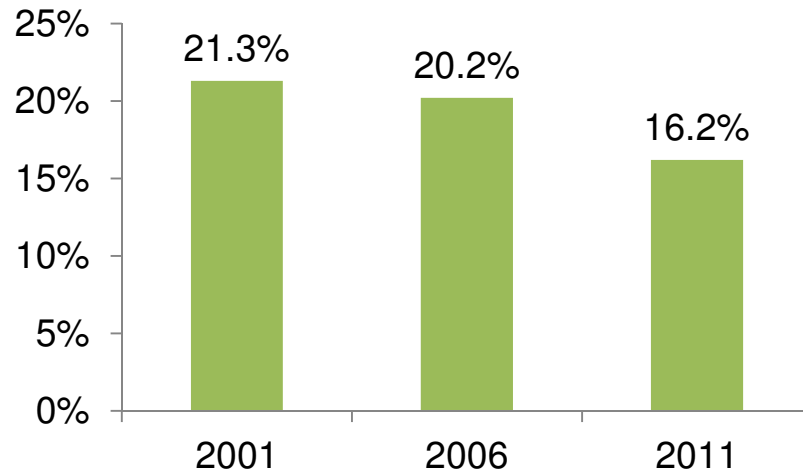


Source: NDHS 2011, WHO conversion tool

Reduction in severe stunting but severe wasting prevalence shows no improvement

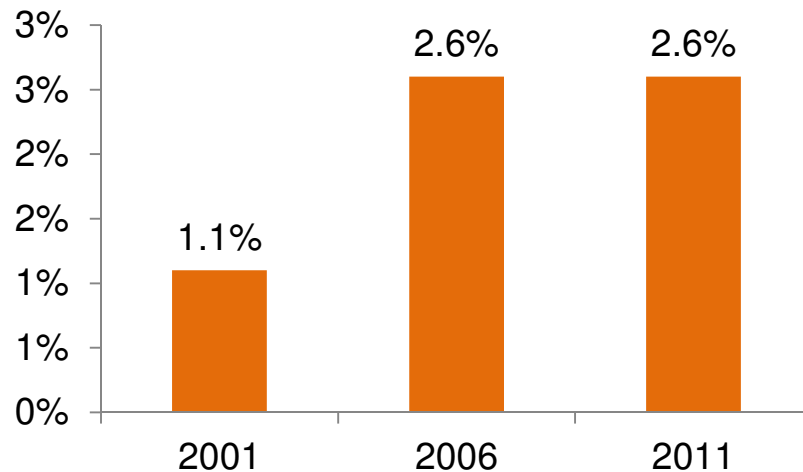
For Children < 5 in Nepal (2011)

Severe Stunting



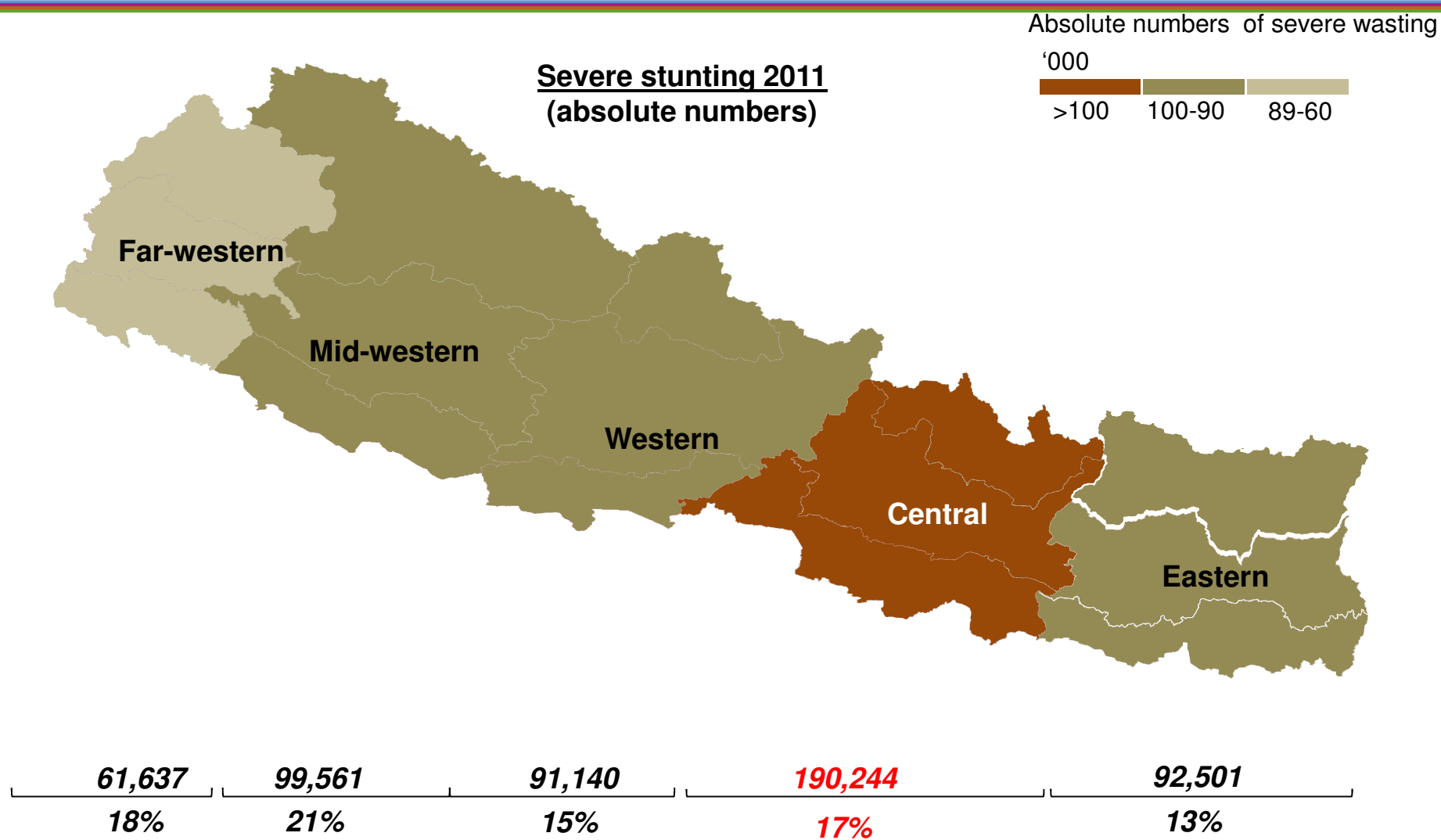
Severe stunting decreased nearly 4 percentage points from 2006-2011

Severe Wasting



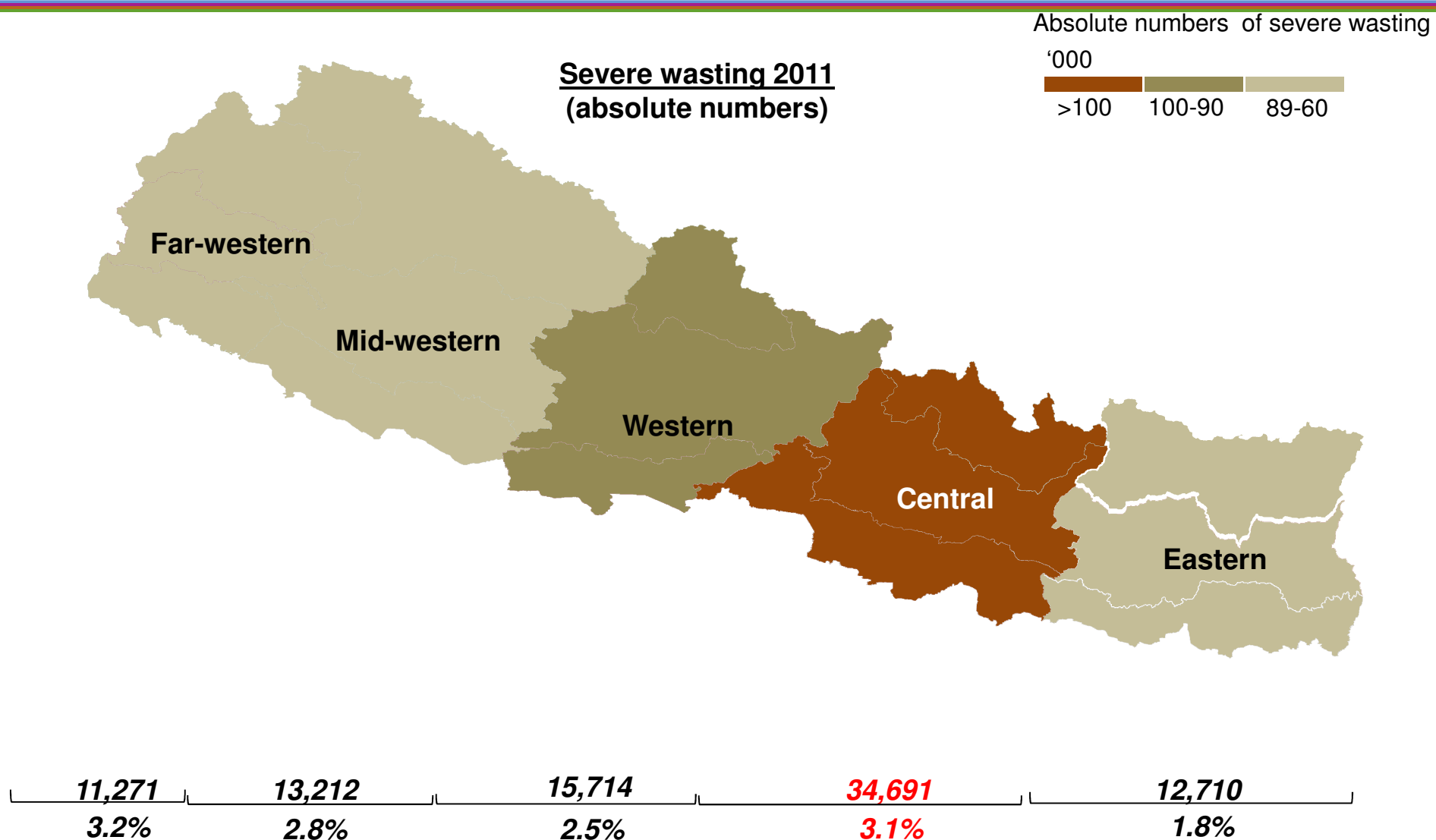
Severe wasting has remained unchanged between 2005-2011

Central Nepal has the largest number of severely stunted children



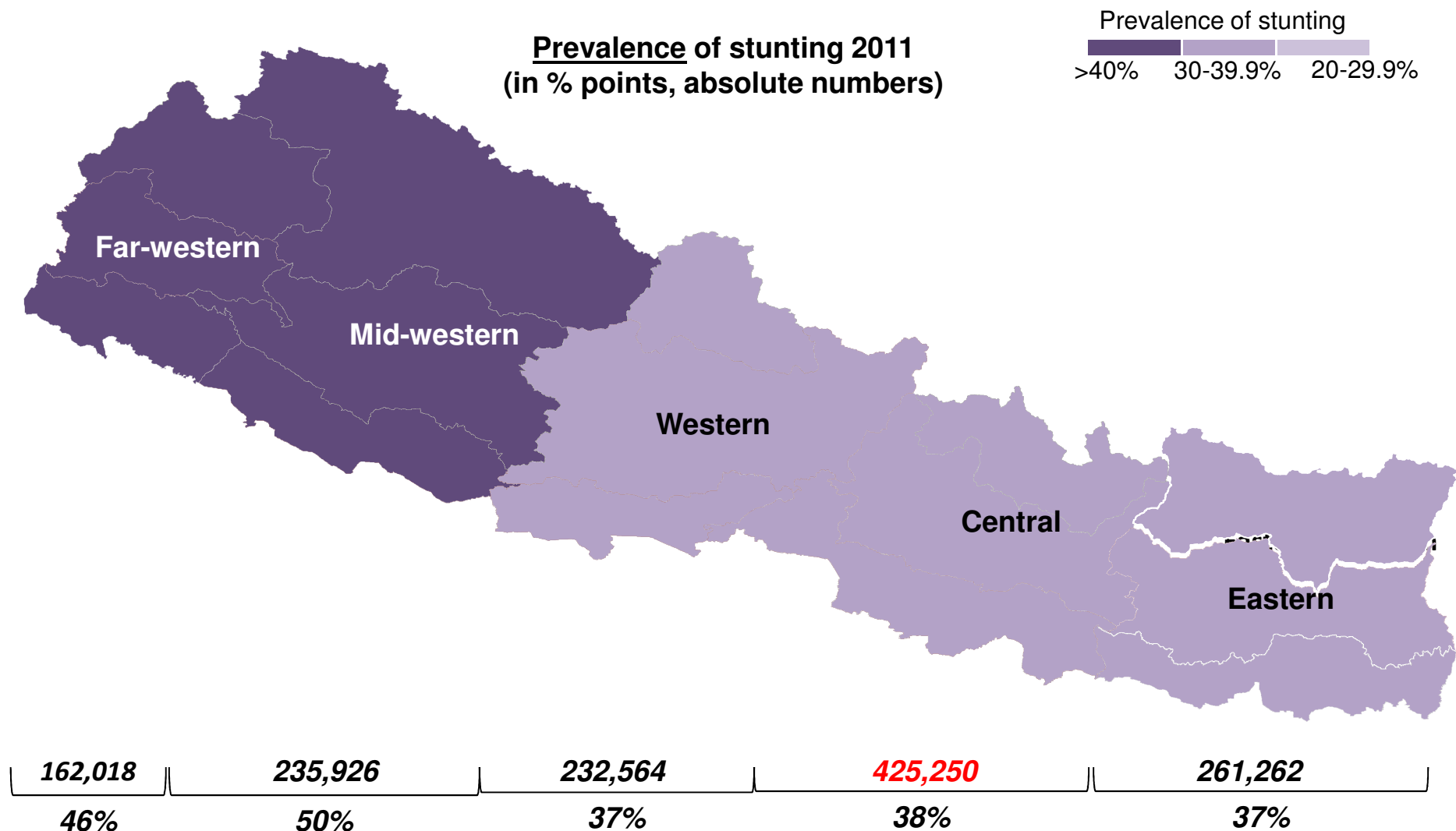
Source: Census 2011 population projection, Estimated Target Population (2011-12), DoHS, Kathmandu, NDHS 2011

Central Nepal has the largest number of severely wasted children



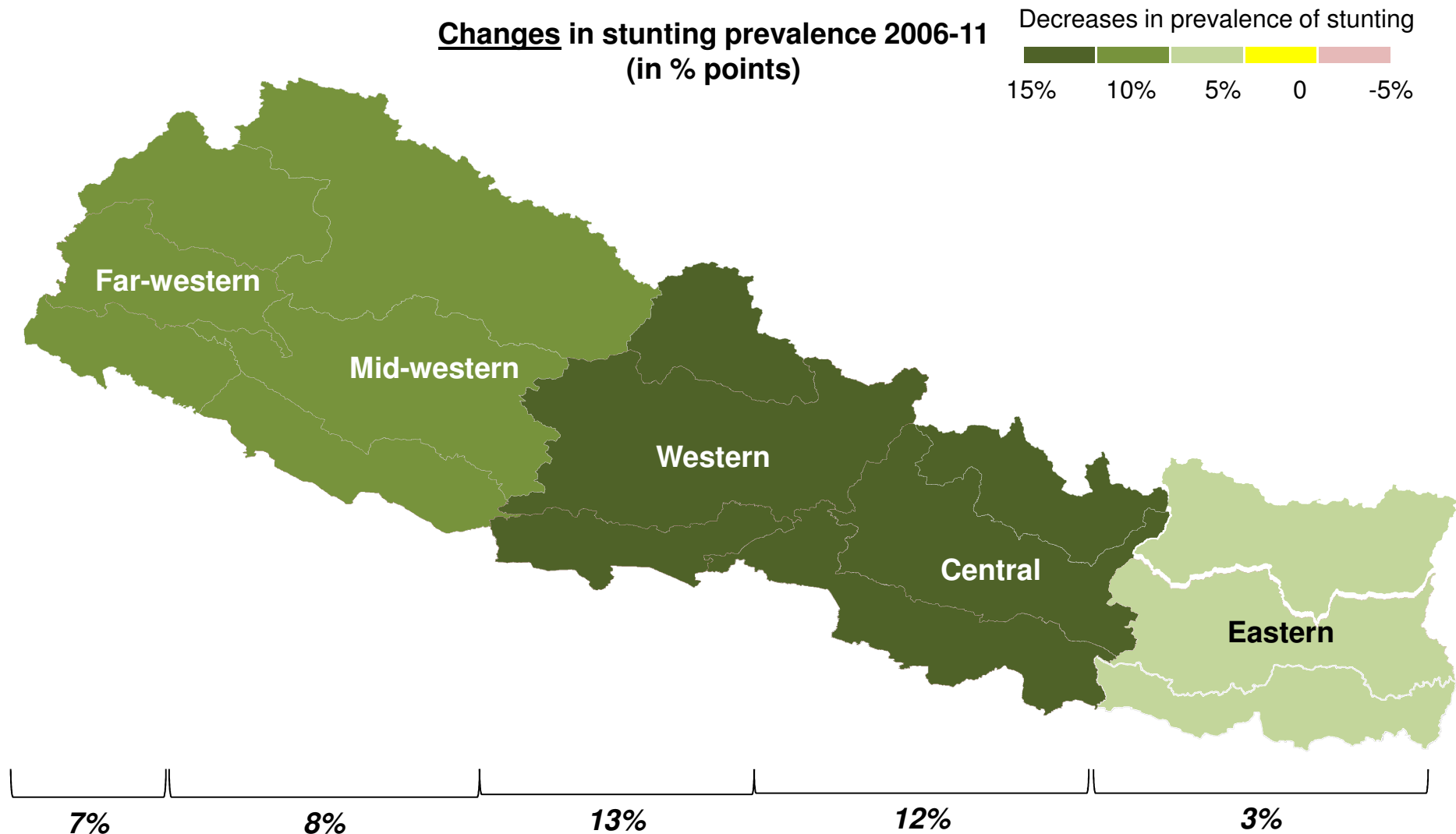
Source: Census 2011 population projection, Estimated Target Population (2011-12), DoHS, Kathmandu, NDHS 2011

Largest number of stunted children in Central region but stunting prevalence high in Mid and Far Western regions



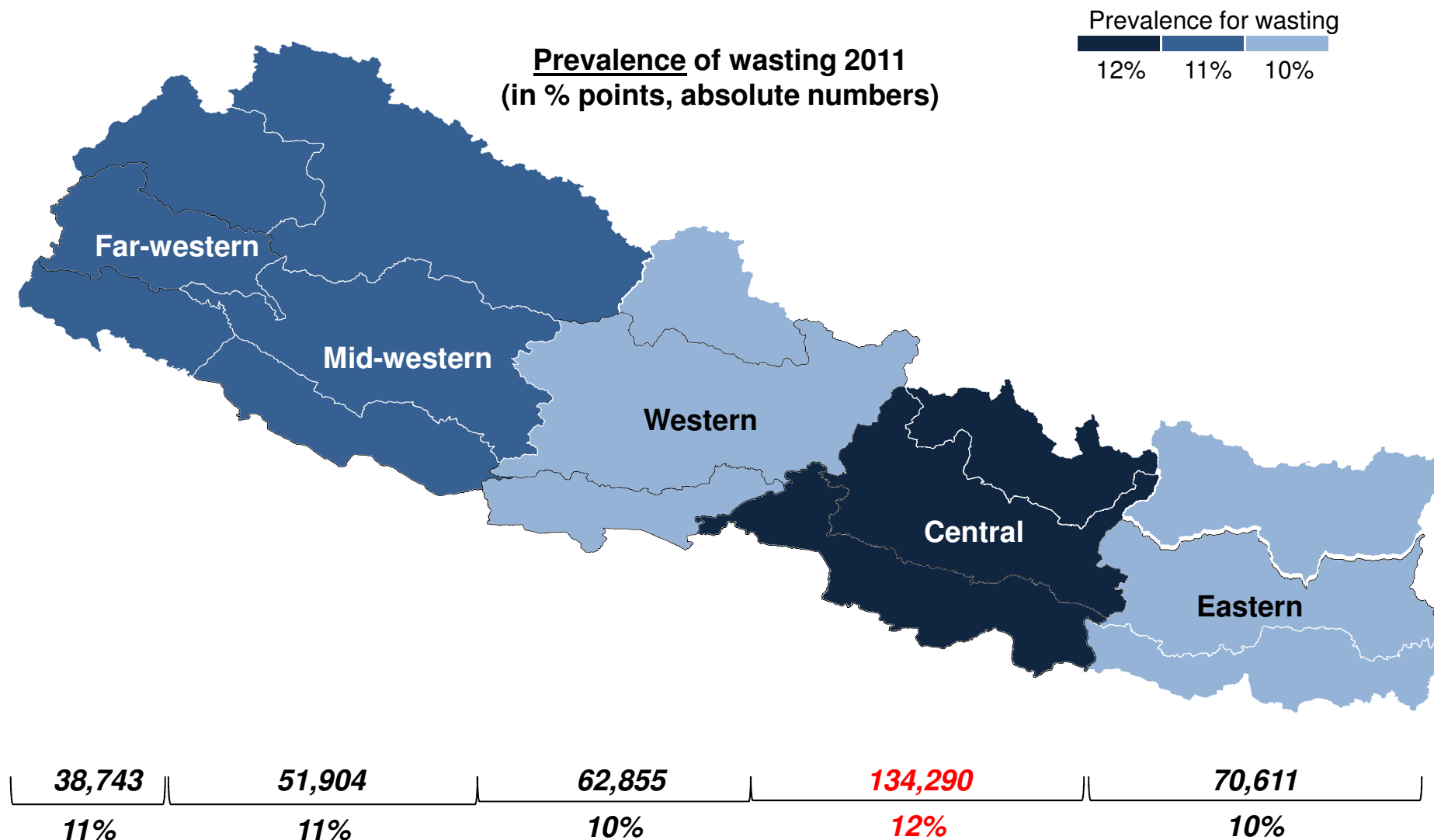
Source: Census 2011 population projection, Estimated Target Population (2011-12), DoHS, Kathmandu, NDHS 2011

Central & Western regions have experienced the largest decrease in prevalence of stunting since 2006



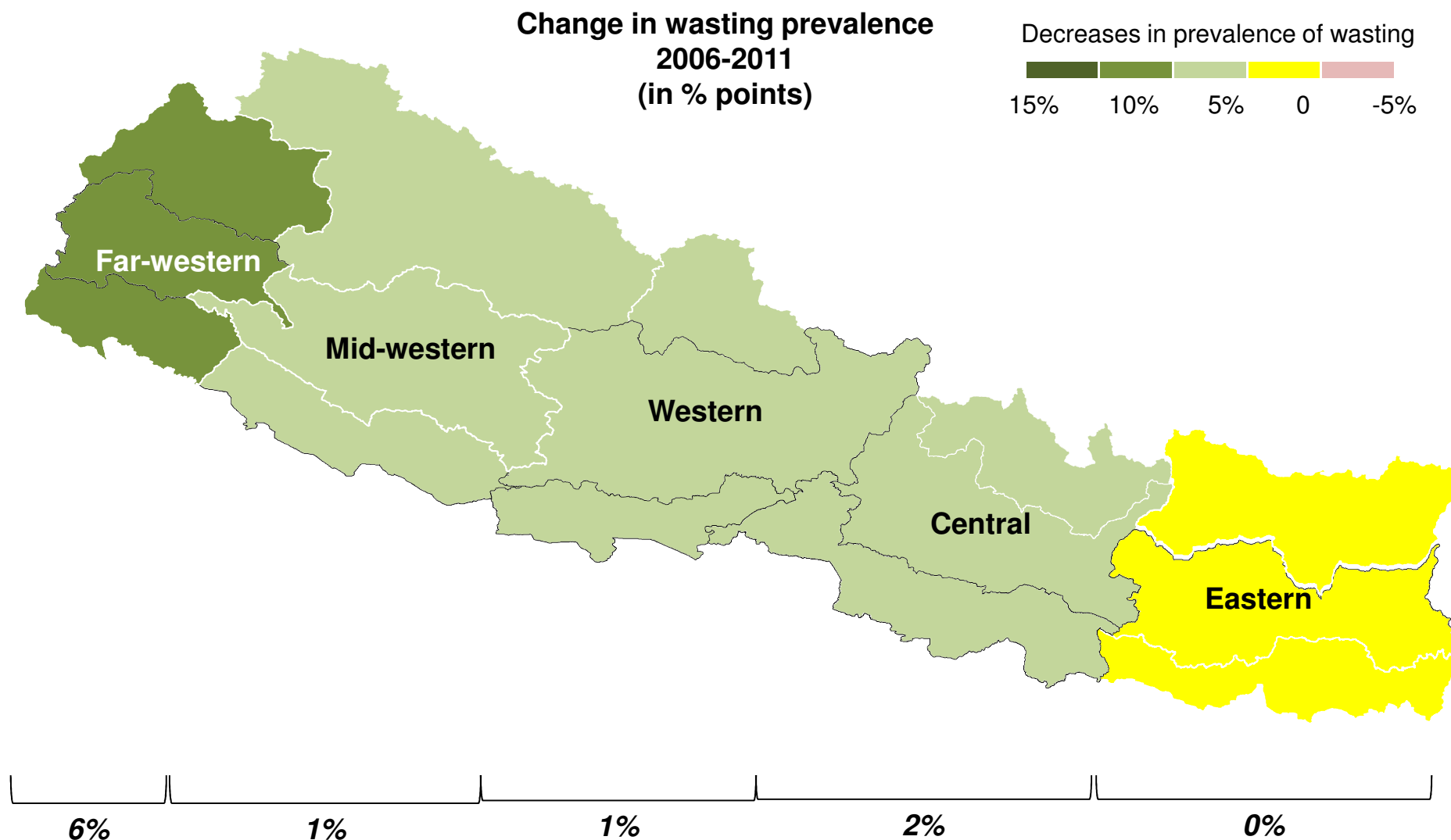
Source: Census 2011 population projection, Estimated Target Population (2011-12), DoHS, Kathmandu, NDHS 2011

Largest number of children suffering from wasting in the Central region; It also has the highest prevalence of wasting in the country



Source: Census 2011 population projection, Estimated Target Population (2011-12), DoHS, Kathmandu, NDHS 2011

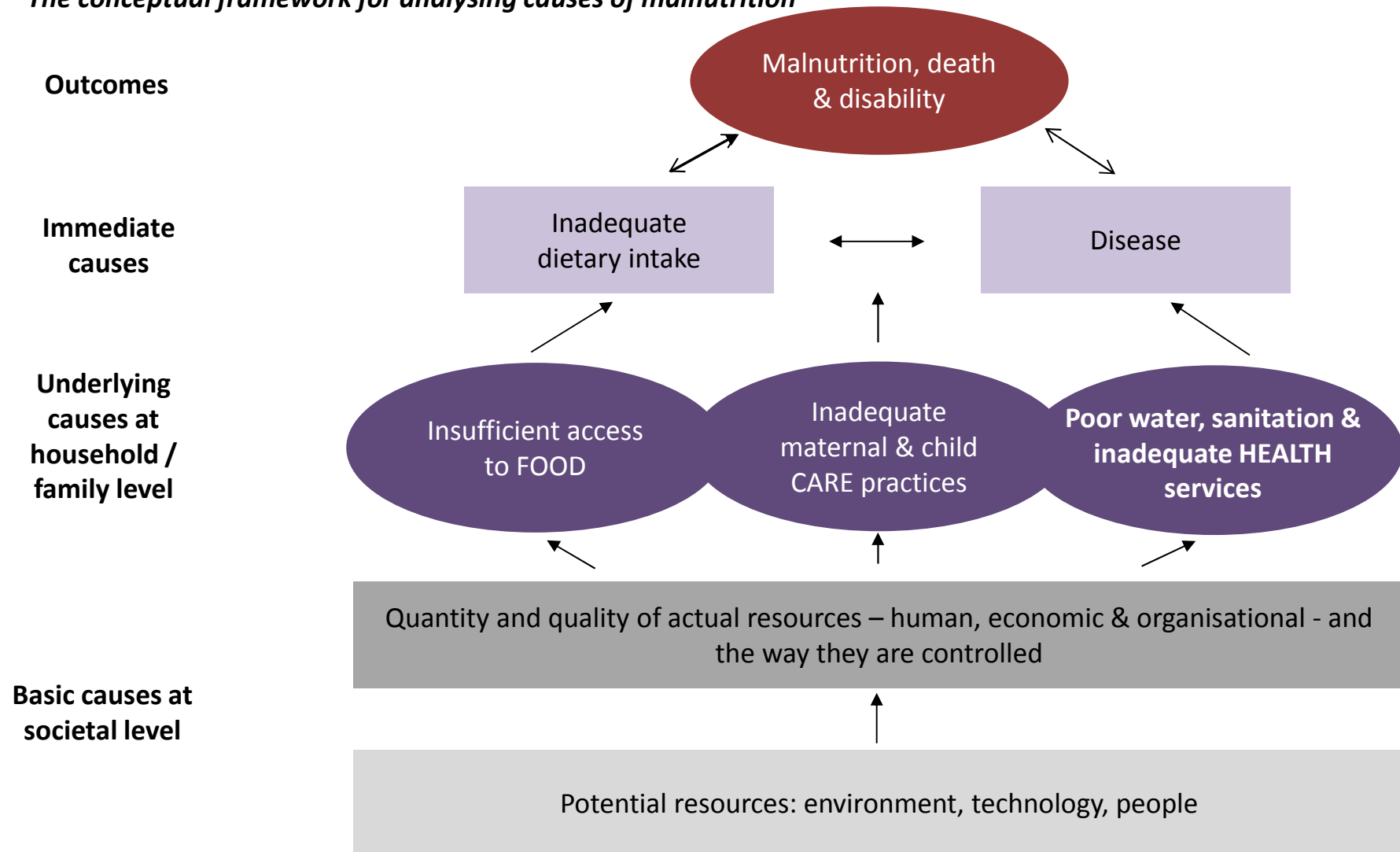
The Far-western region has seen nominal decrease in the prevalence of wasting while wasting levels in the Eastern region remain unchanged



Source: Census 2011 population projection, Estimated Target Population (2011-12), DoHS, Kathmandu, NDHS 2011

Tackling malnutrition required an integrated approach addressing food, care issues and health

The conceptual framework for analysing causes of malnutrition



Source: UNICEF

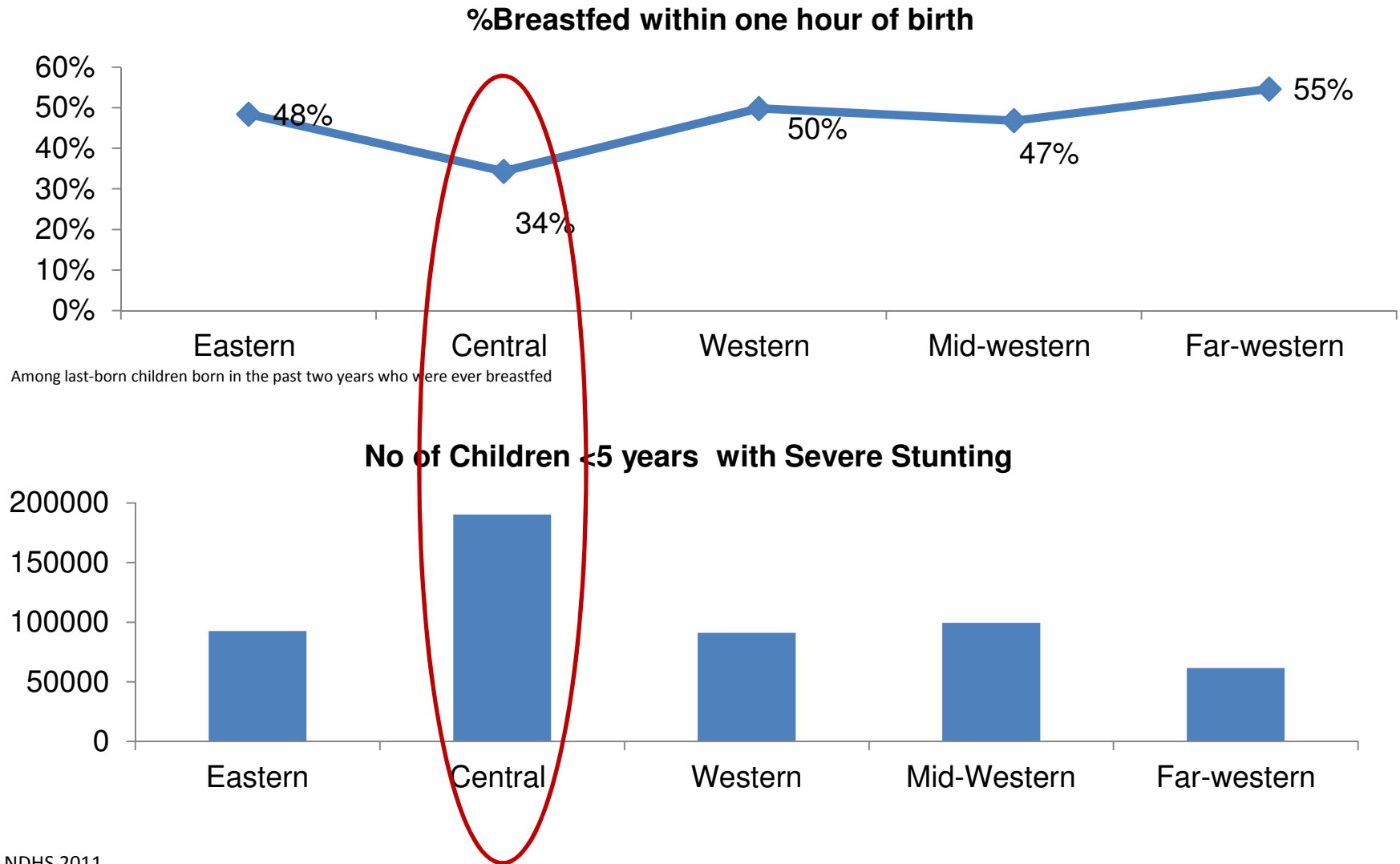


Care Practices

Key messages on care practices and trends

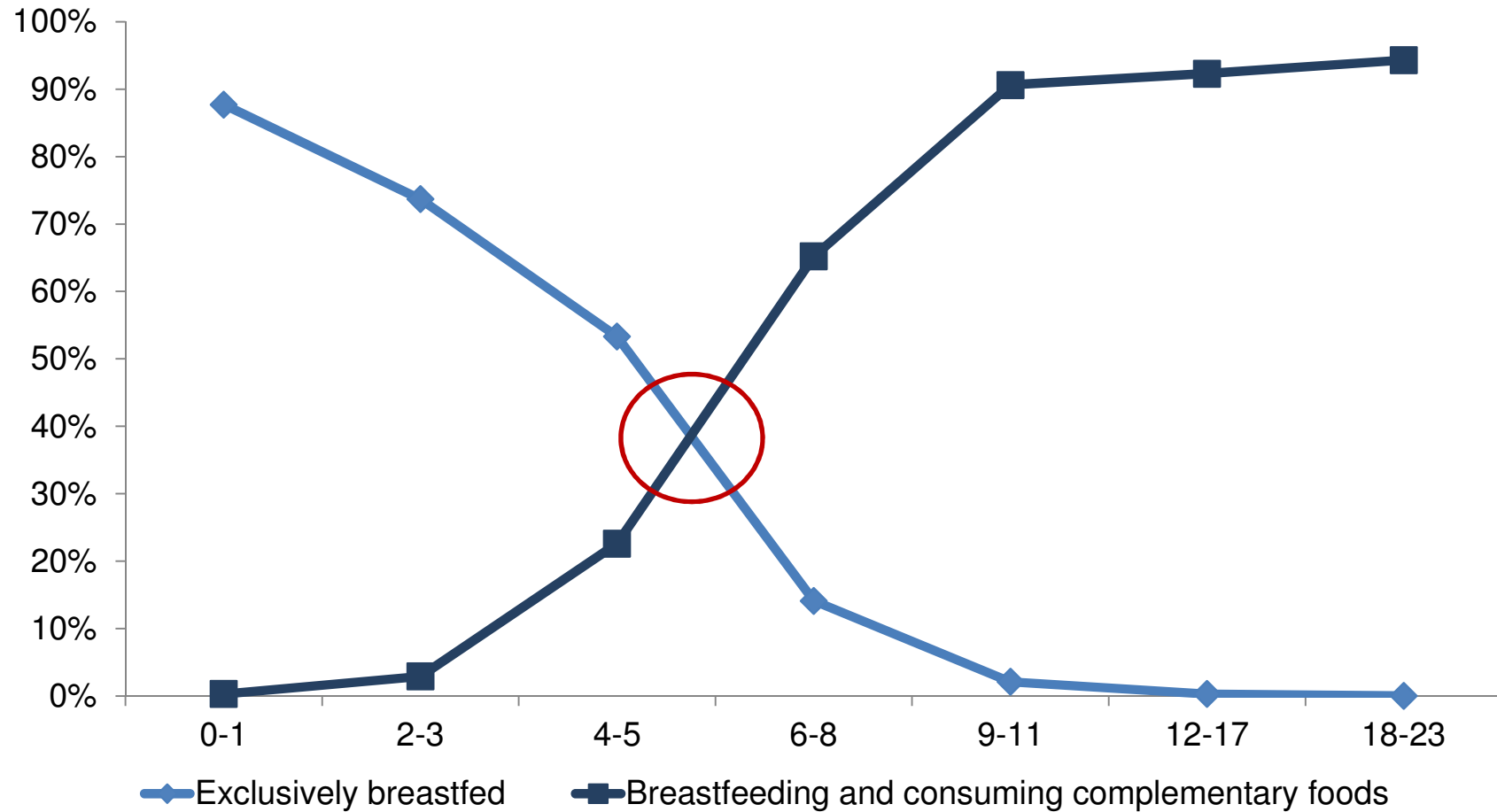
- ✓ Central region has the lowest % of breastfeeding initiation within one hour birth and highest prevalence of stunting
- ✓ Consumption of Complementary foods along with breastfeeding has declined since 2006 across all age groups
- ✓ Central and Mid-Western regions with lowest adherence to 3 IYCF feeding practices, also have the highest prevalence of severe wasting and stunting
- ✓ Central region has seen the biggest drop in children being fed according to all 3 IYCF practices followed by Western and Far-Western region; These are regions with highest prevalence of severe wasting and severe stunting
- ✓ Worsening dietary diversity component is main cause of the drop in children being fed with 3 IYCF practices

Central region has the lowest % of breastfeeding initiation within one hour birth and highest prevalence of stunting



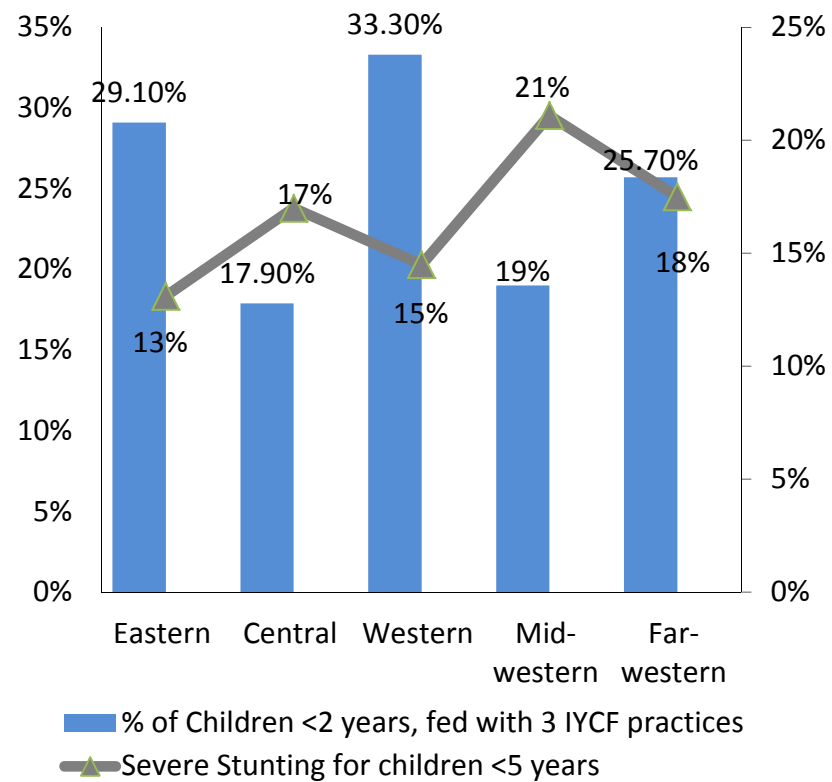
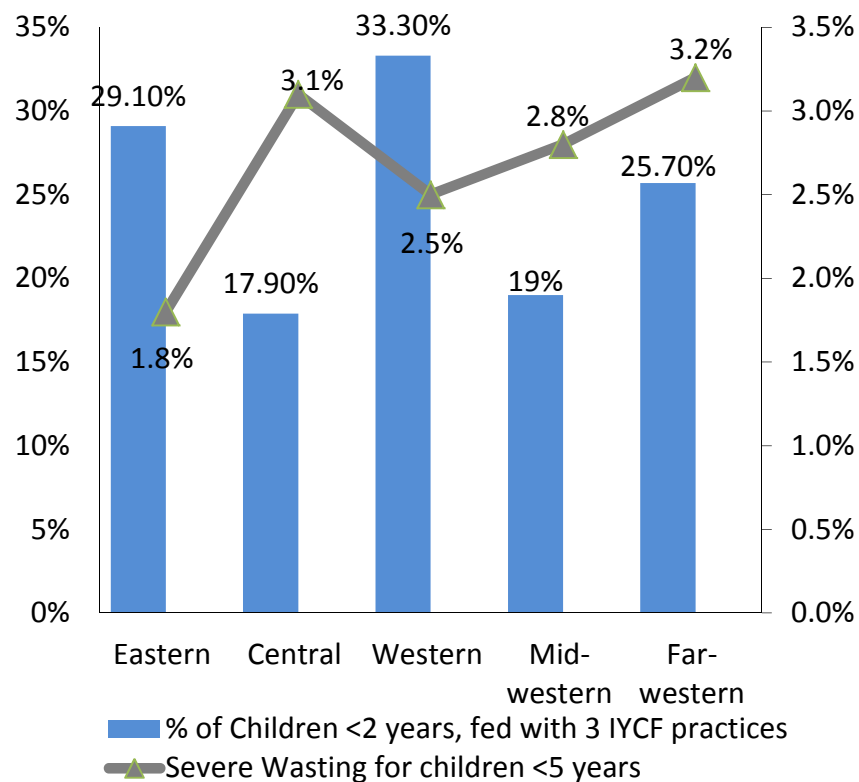
Source: NDHS 2011

Percentage of children (6-23 months) who are initiated on complementary foods rises as the percentage of children exclusively breastfed reduces



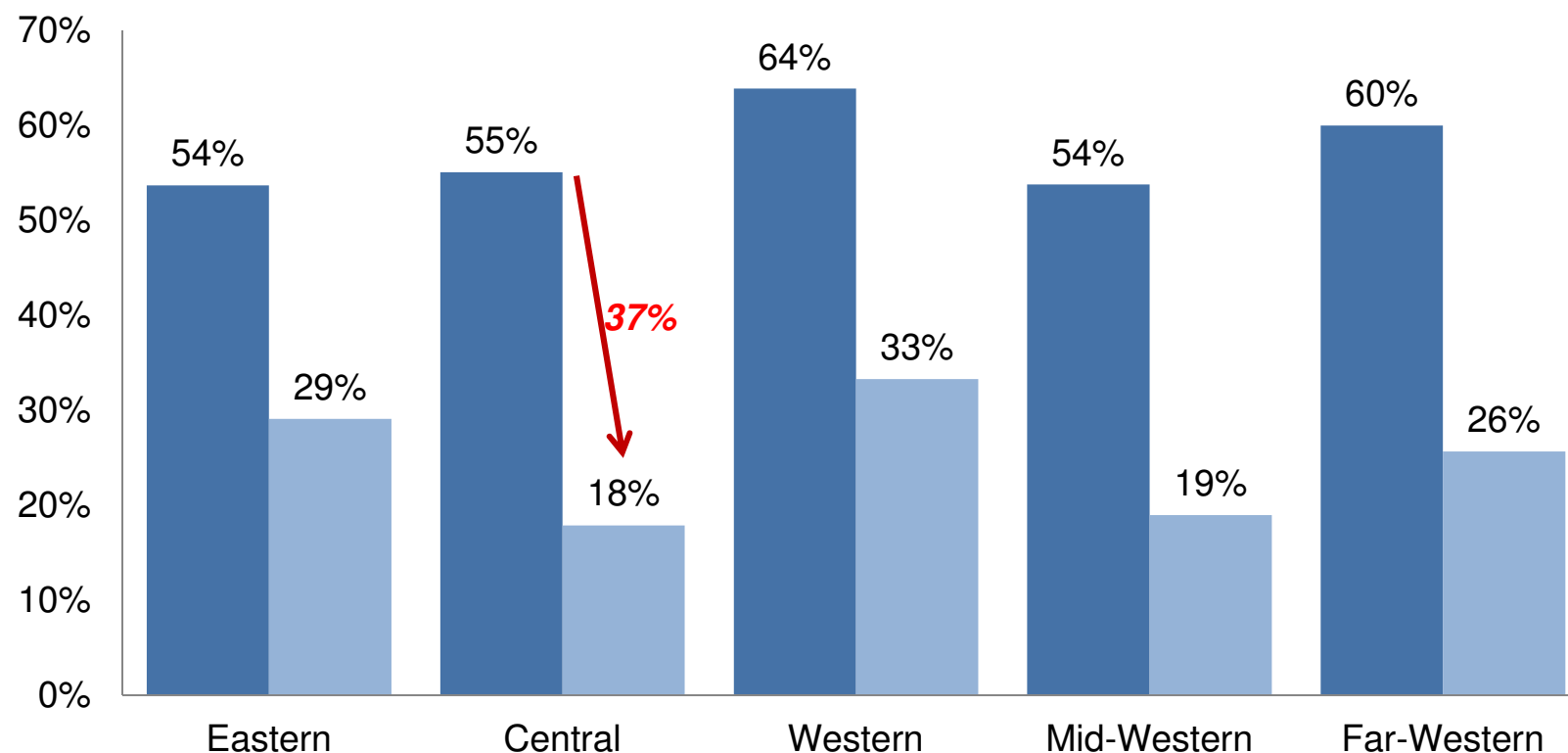
Central and Mid-Western regions with lowest adherence to 3 IYCF feeding practices, also have the highest prevalence of severe wasting and stunting

Among all children in Nepal 6-23 months, %fed with 3IYCF practices, 2011



Central region has seen the biggest drop in children being fed according to all 3 IYCF practices followed by Western and Far-Western region

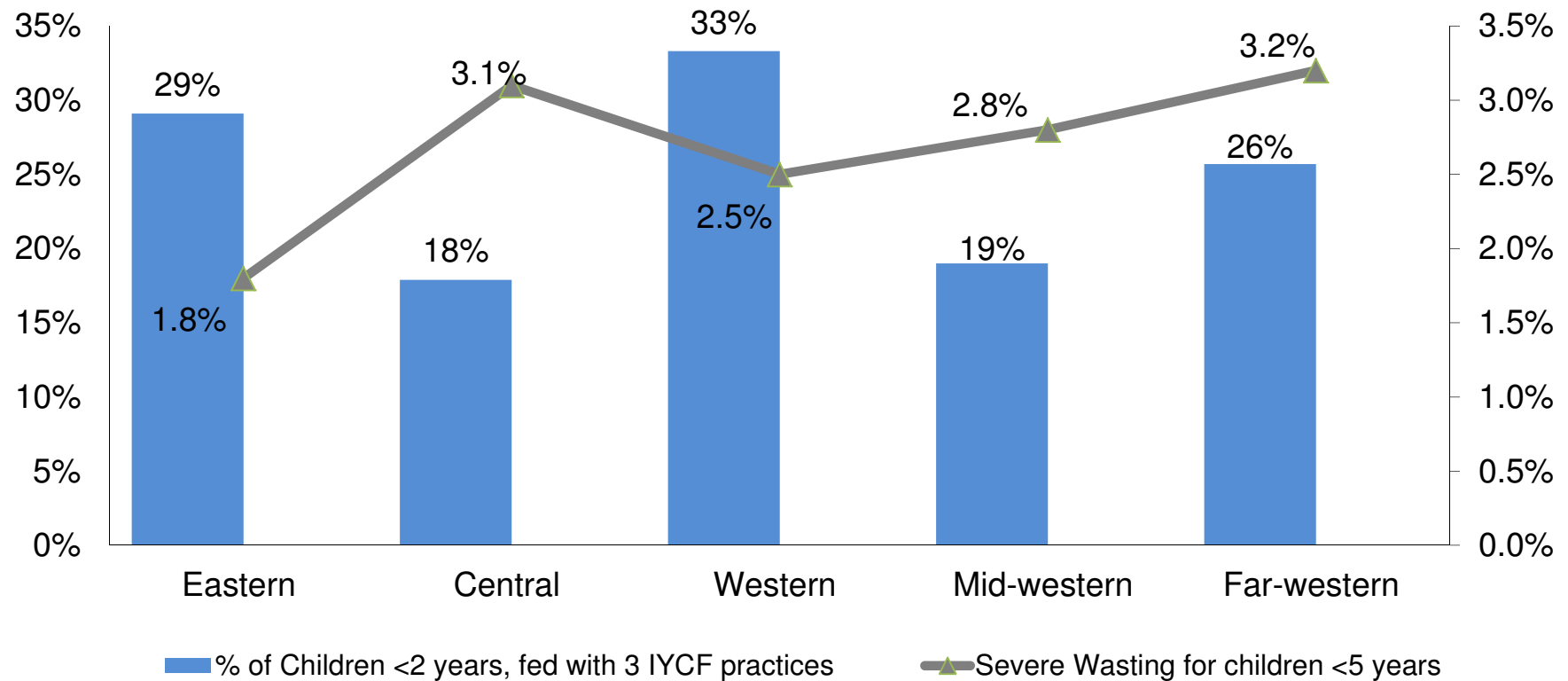
3 IYCF feeding practices Vs severe wasting



■ % of Children <2 years, fed with 3 IYCF practices 2006 ■ % of Children <2 years, fed with 3 IYCF practices 2011

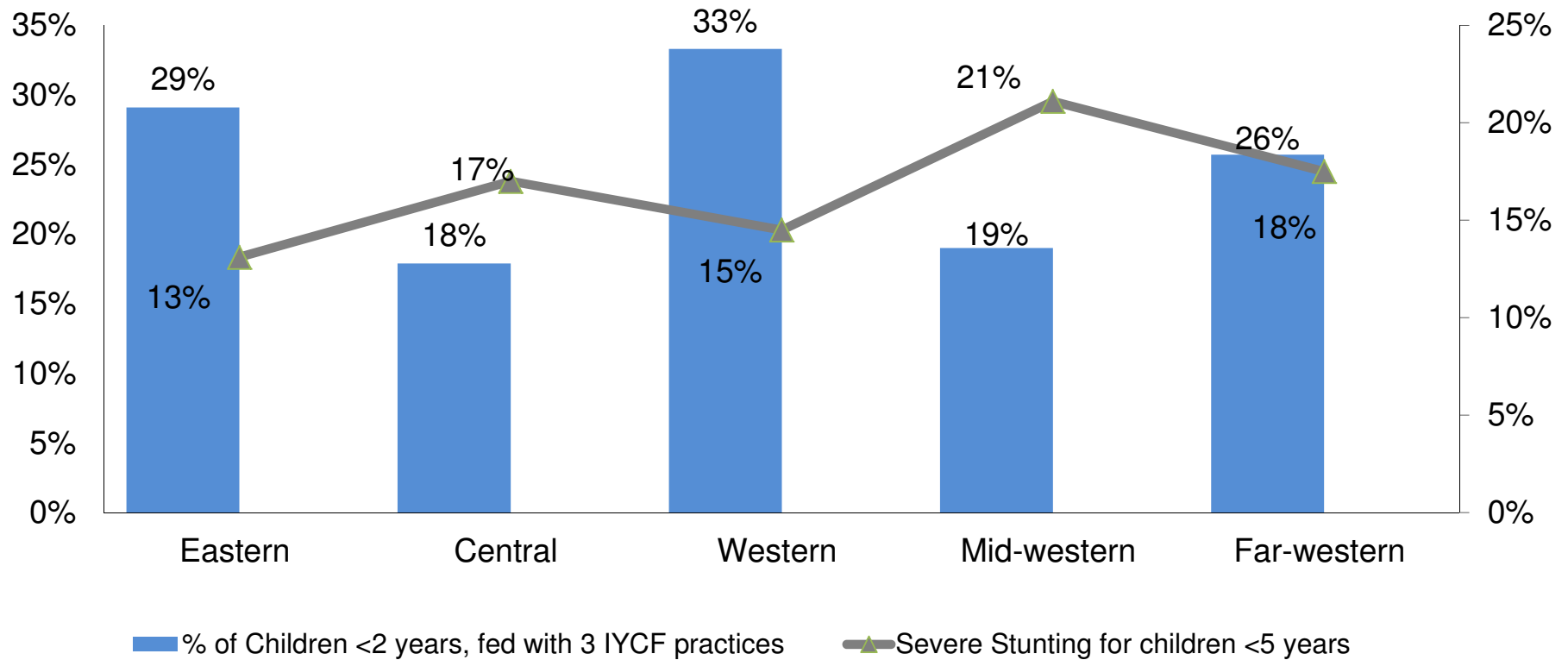
Central & Mid-Western regions are areas with lowest adherence to 3 IYCF practices and highest prevalence in severe wasting

3 IYCF feeding practices Vs severe wasting, 2011



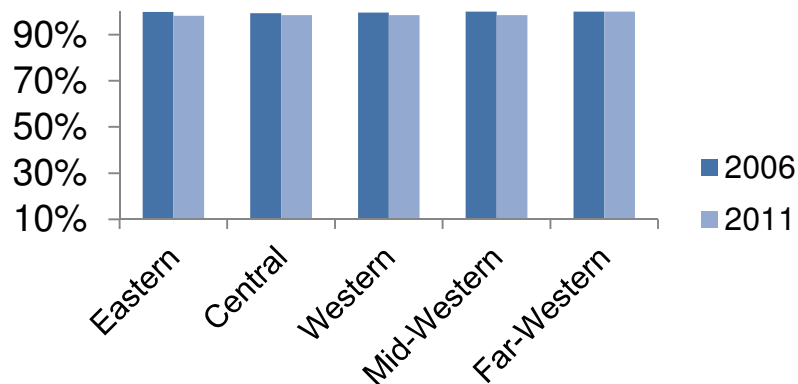
Central & Mid-Western regions are areas with lowest adherence to 3 IYCF practices and highest prevalence in severe stunting

3 IYCF feeding practices Vs severe stunting, 2011

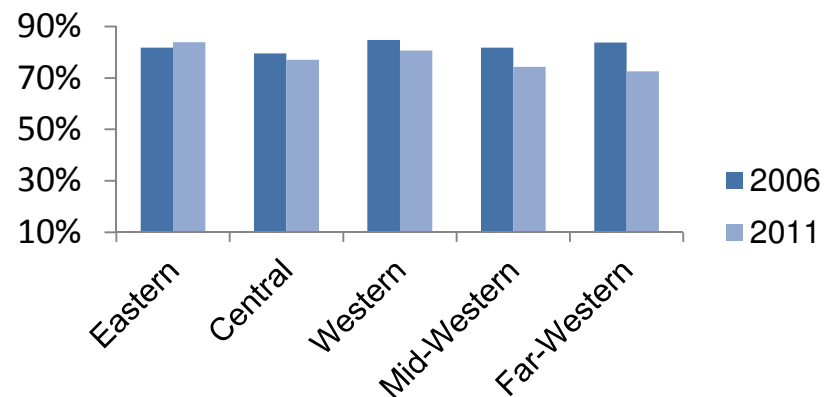


Worsening dietary diversity component is main cause of the drop in percentage of children (6-23 months) being fed with 3 IYCF practices

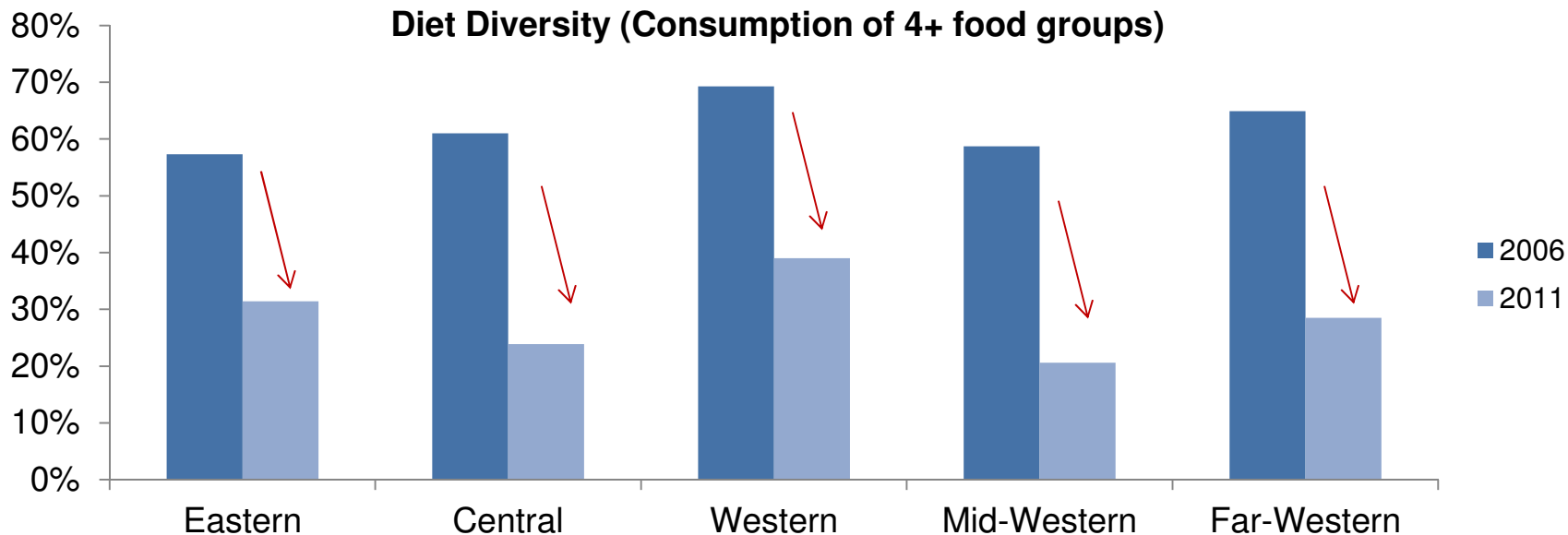
Breast milk, or milk products



Minimum meal frequency



Diet Diversity (Consumption of 4+ food groups)



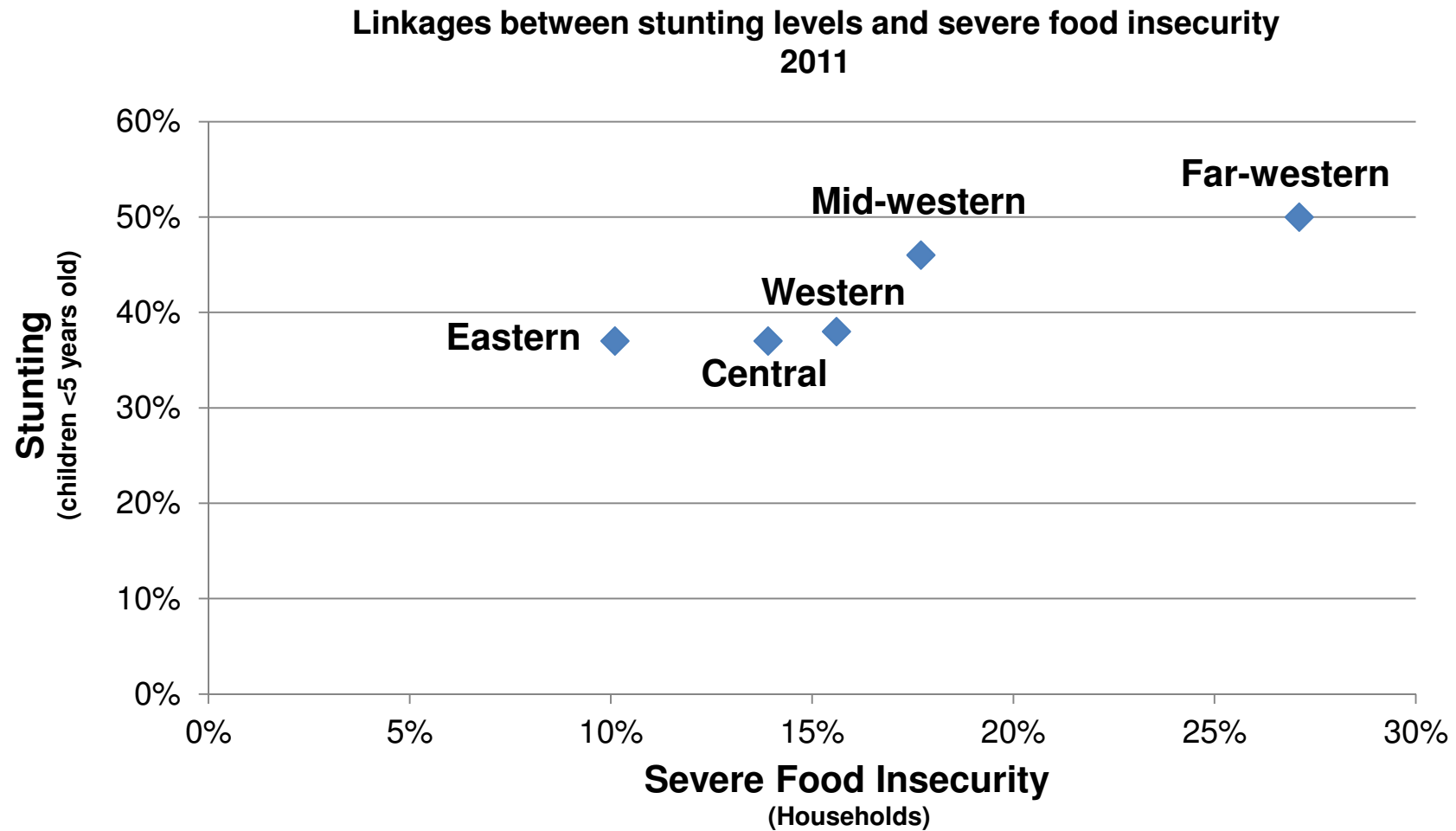


Food Security

Key messages on food security and trends

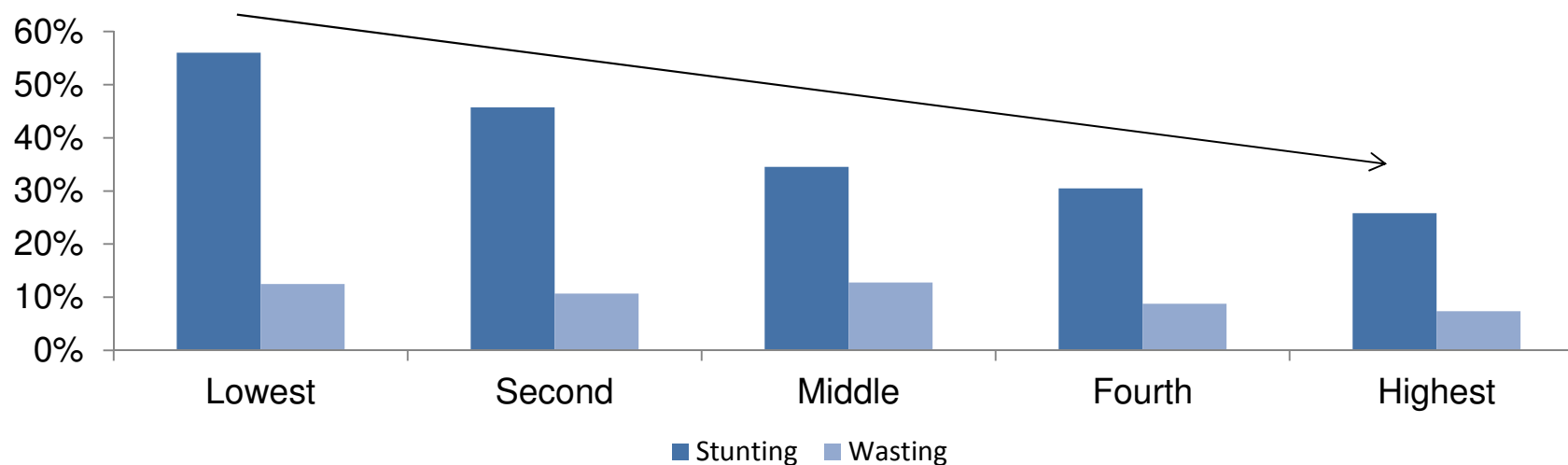
- ✓ Mid-Western, Far-Western regions have highest prevalence of stunting & wasting and are also most severely food insecure
- ✓ Poorest households tend to be the most food insecure and have children that are stunting and/or wasted
- ✓ Reliance on food purchases during lean seasons when food prices are high, compounds or exacerbates chronic food insecurity

Mid-Western, Far-Western regions are most food insecure and also have highest prevalence of stunting & wasting in Nepal



Poorest households tend to be the most food insecure and have children that are stunted and/or wasted

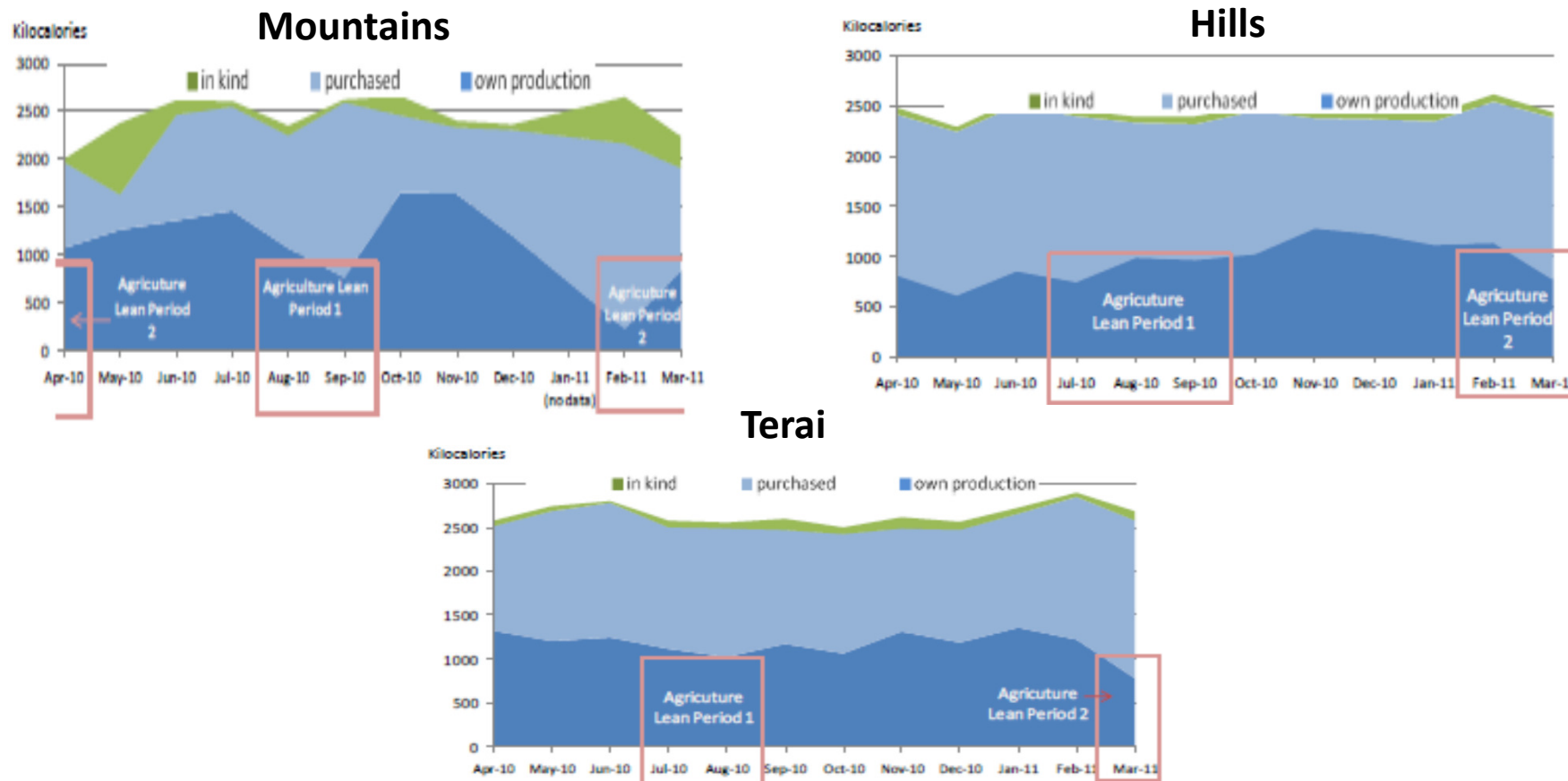
	Q1 (Lowest)	Q2	Q3	Q4	Q5 (Highest)
HH food expenditure >75 on food	67%	65%	62%	59%	46%
Inadequate food consumption (self-perception)	73%	67%	65%	58%	40%



Source: UNICEF, Nepal Thematic Report on Food Security and Nutrition 2013,

Reliance on food purchases during lean seasons when food prices are high, compounds or exacerbates chronic food insecurity

Average monthly kcal consumption by source (2010-11)



- Households consumed the bulk of their own production in the months immediately following the harvest and relied on procured food during other periods, making them particularly vulnerable to food price increases.



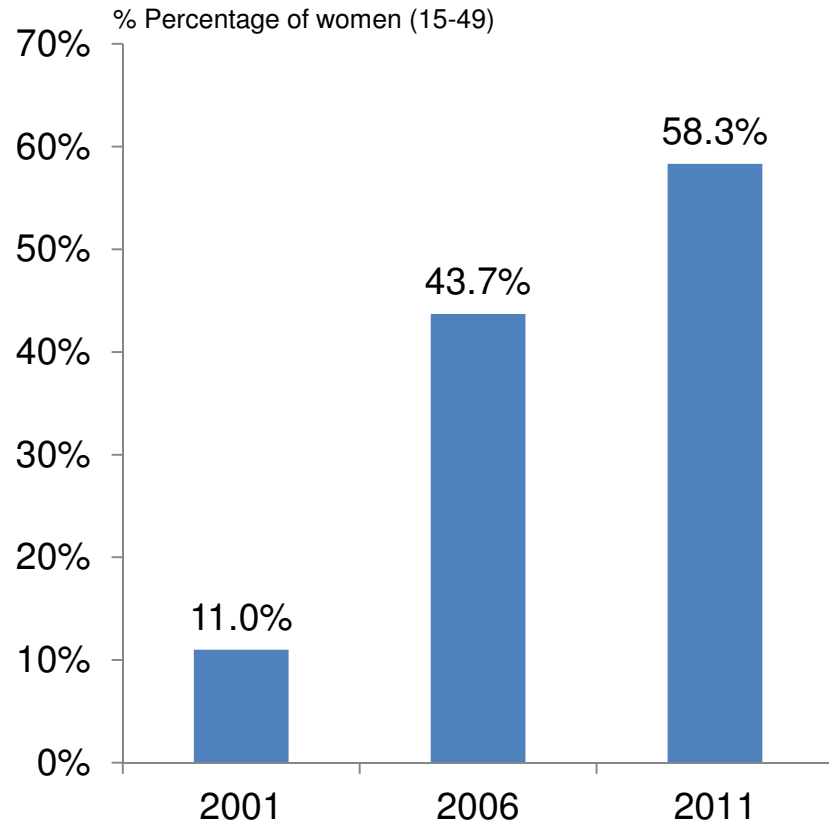
***Health: Services &
Environment***

Key messages on health practices and trends

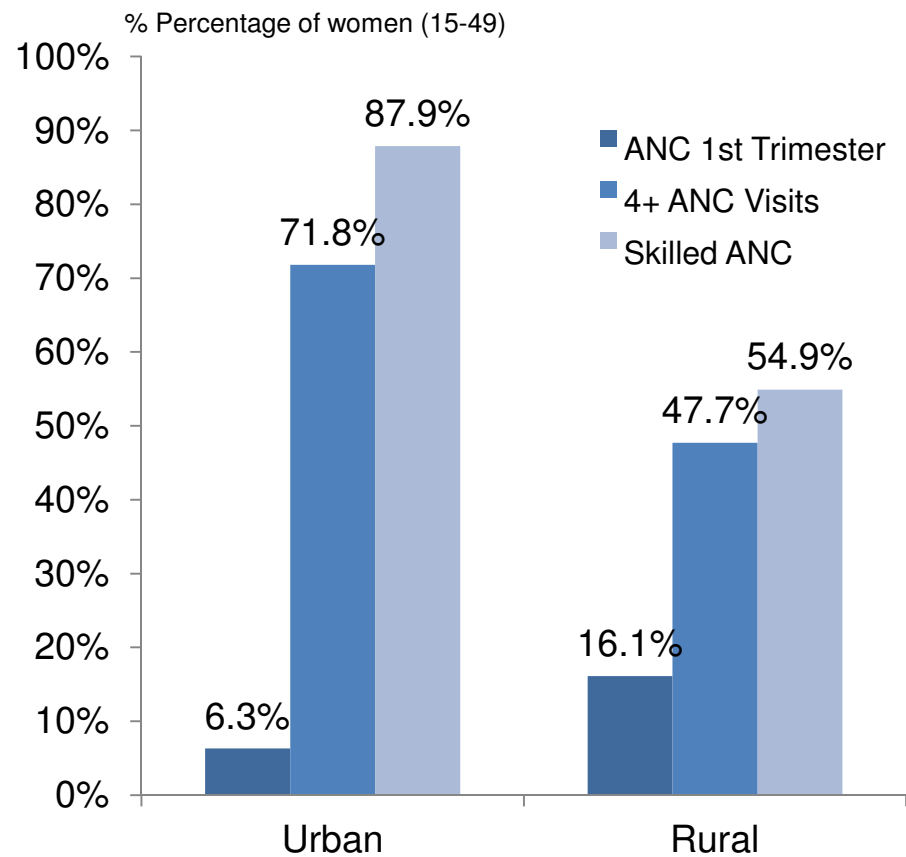
- ✓ Uptake of skilled antenatal care improving though notable disparities persist between rural and urban women
- ✓ The development regions with highest Antenatal coverage also have the lowest prevalence of severe anemia in women aged 15-49 years
- ✓ Vitamin A supplementation among children fairly high; among women rates are on the lower side in every region
- ✓ Increase access to improved water and sanitation nation wide, however a bias towards urban areas
- ✓ Little improvement in household water treatment and hardly practiced in rural households
- ✓ Central region has one of the highest prevalence of diarrhea but lowest treatment utilization

Uptake of skilled antenatal care improving though notable disparities persist between rural and urban women

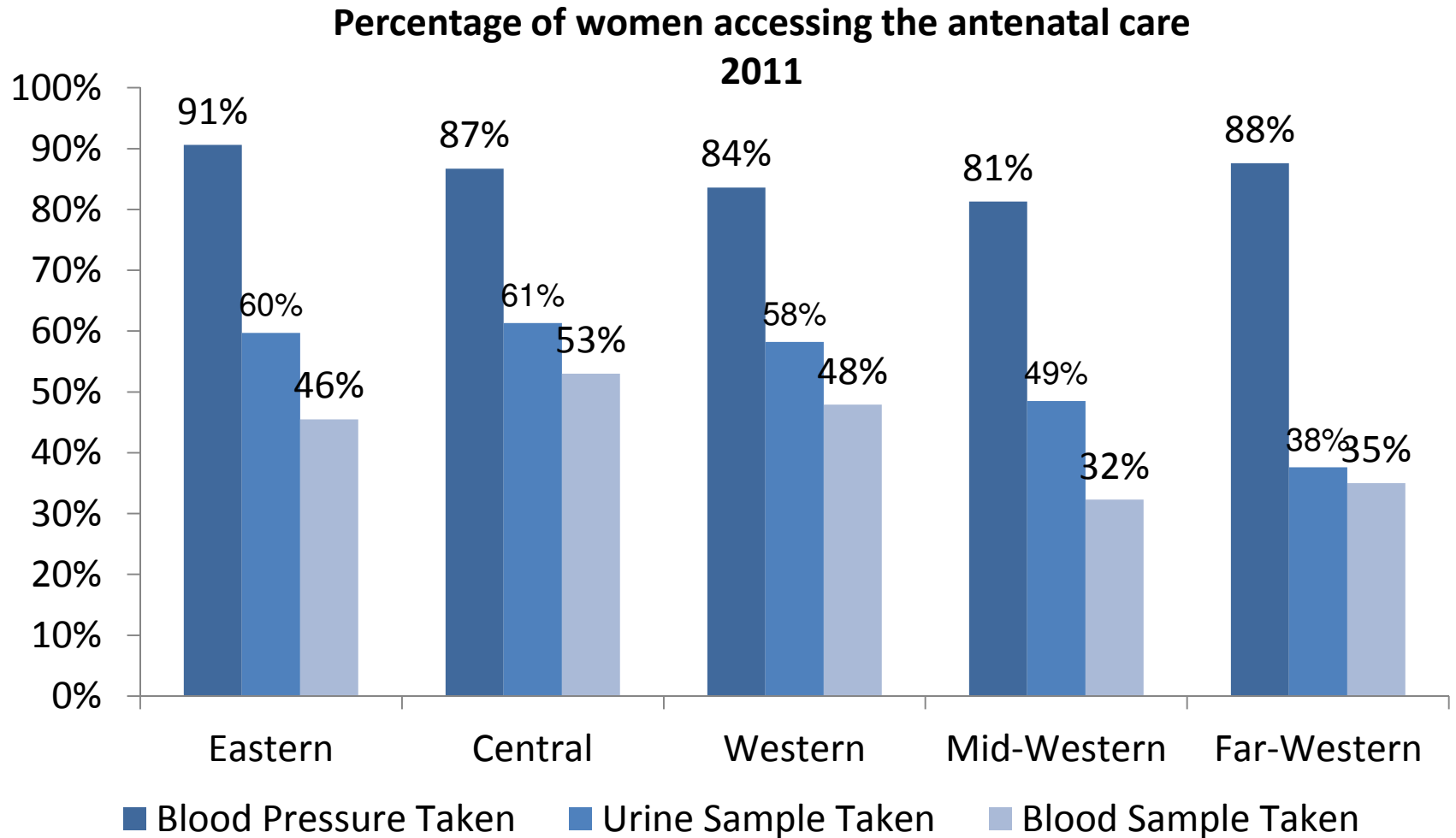
Women receiving ANC from skilled provider drastically increased since 2001 though progress slowed since 2006



Better antenatal care practices observed among pregnant women in urban settings (2011)



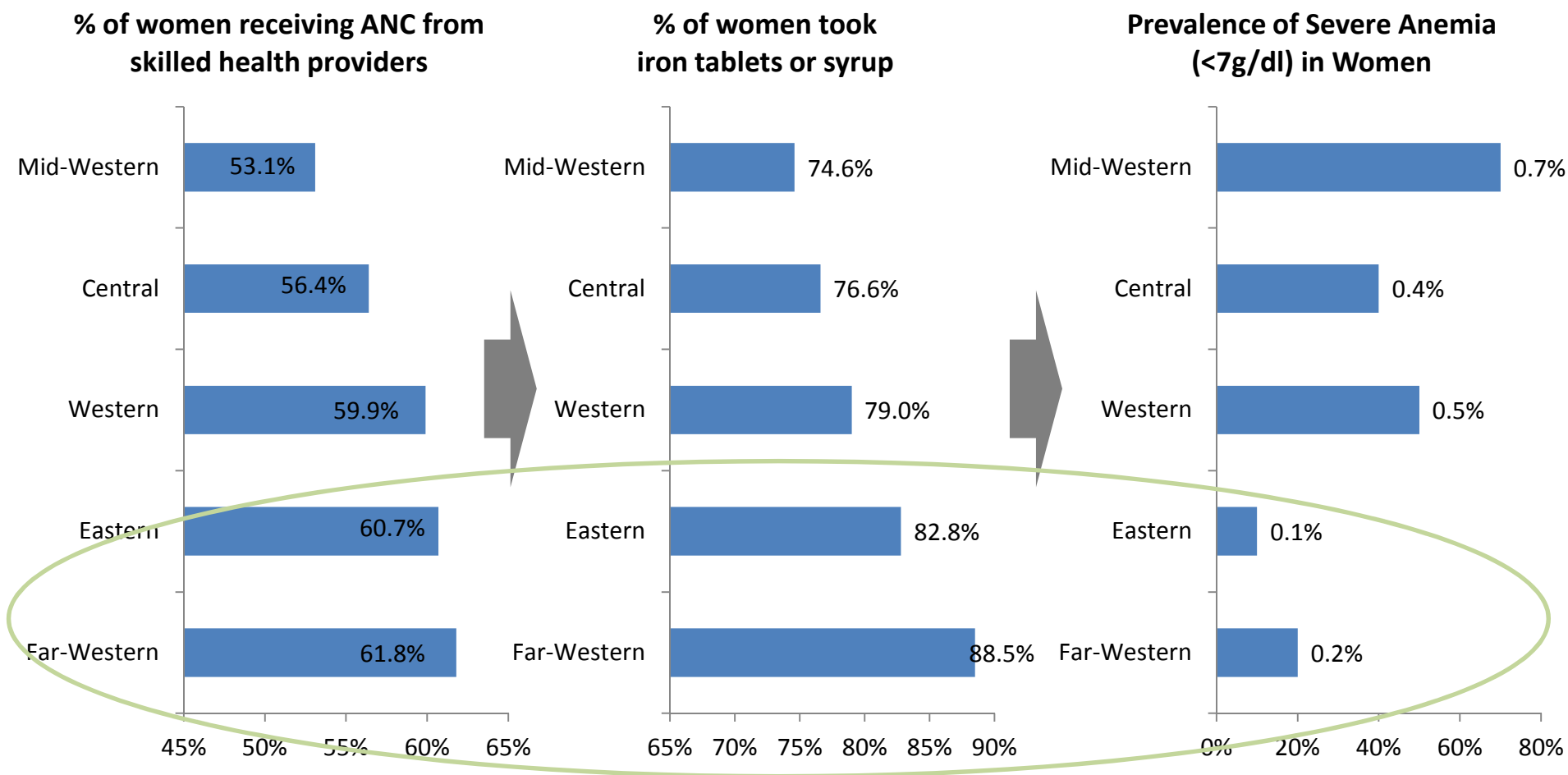
Quality of antenatal care on an upward trend for most of the components



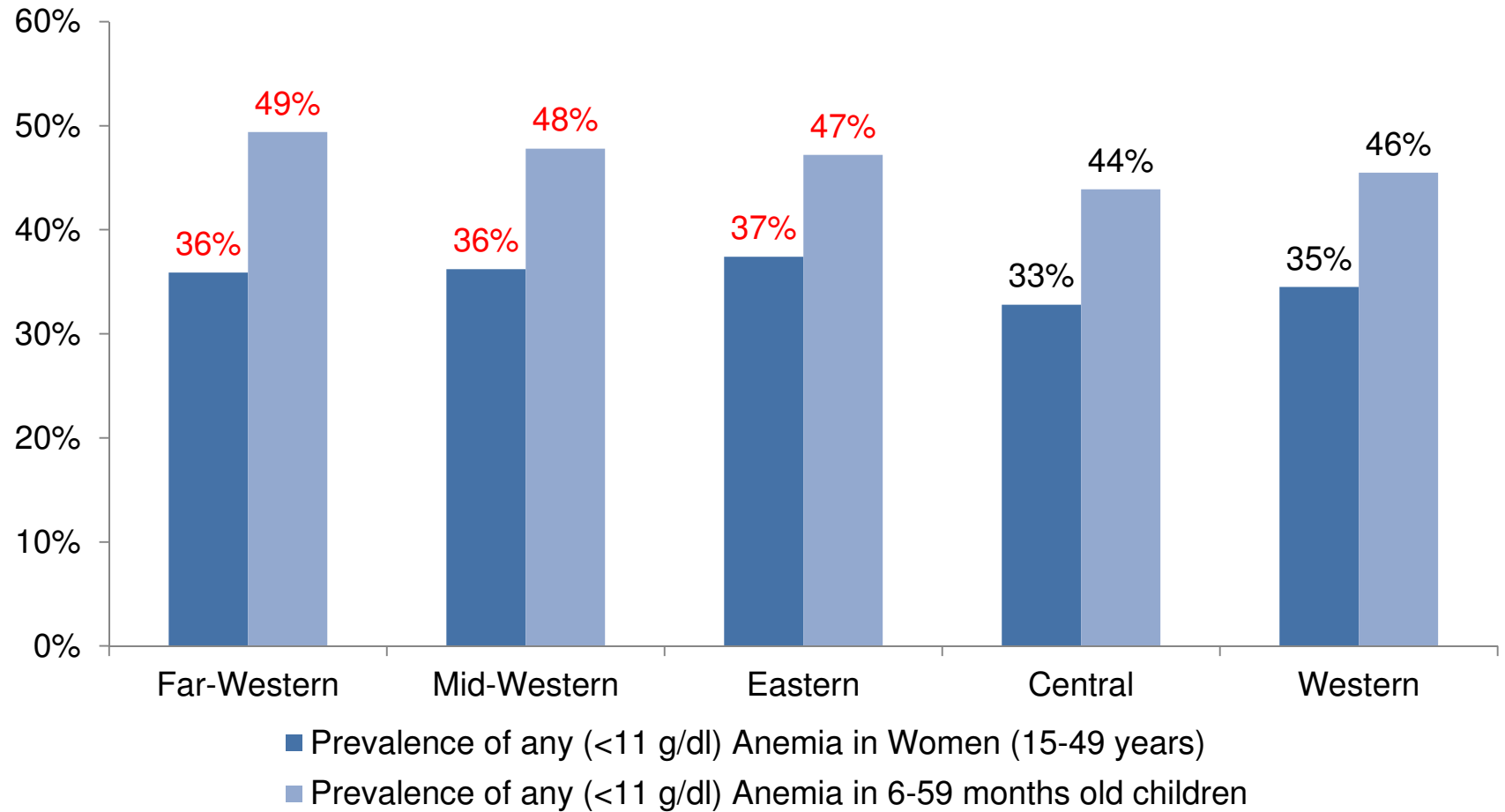
*women (15-49 years) for their most recent birth in the past five years

Source: NDHS 2011

The development regions with highest antenatal coverage also have the lowest prevalence of severe anemia in women aged 15-49 years

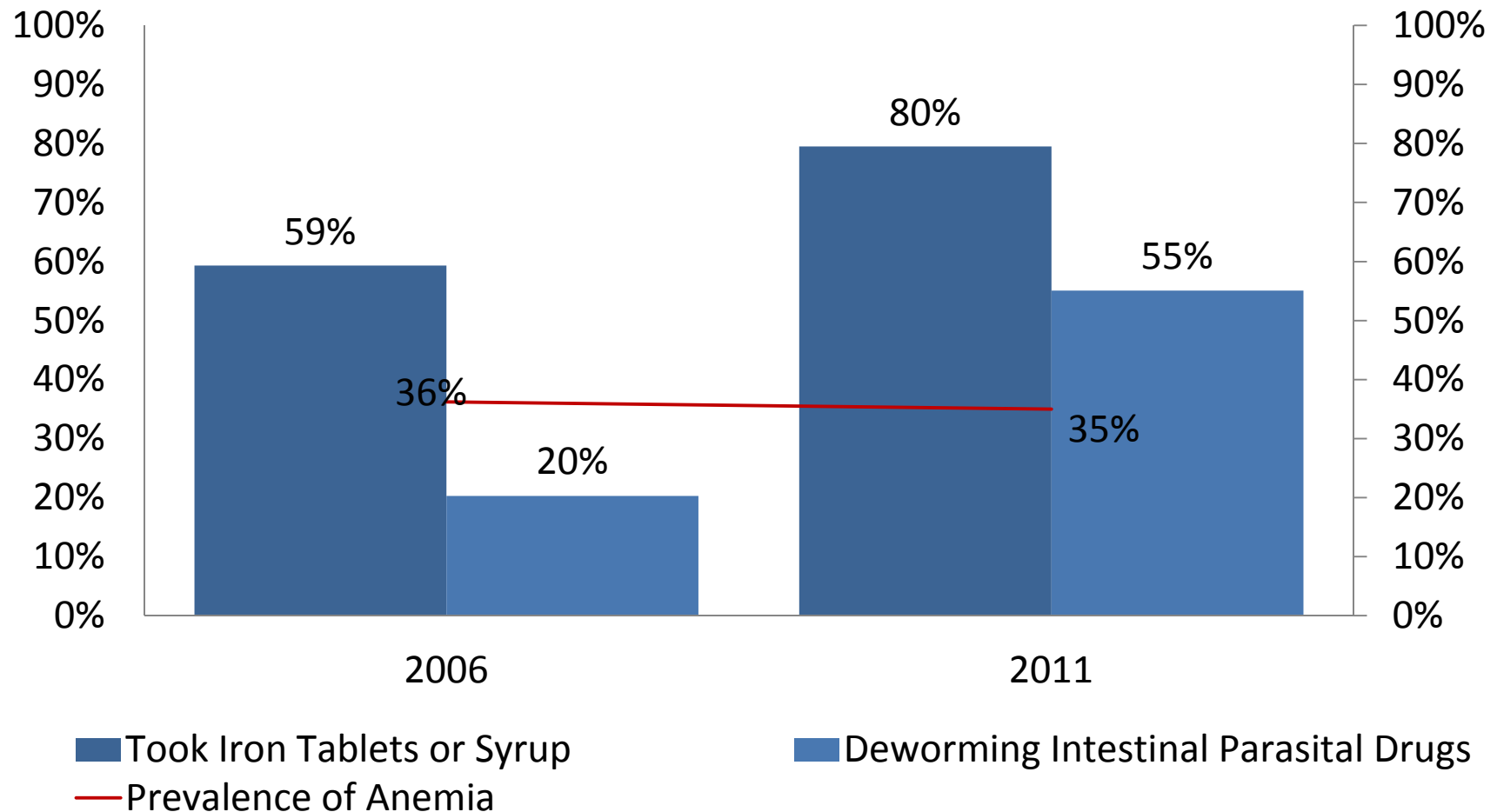


Regions with higher levels of anaemia among women of child bearing age also have higher levels of anaemia among children

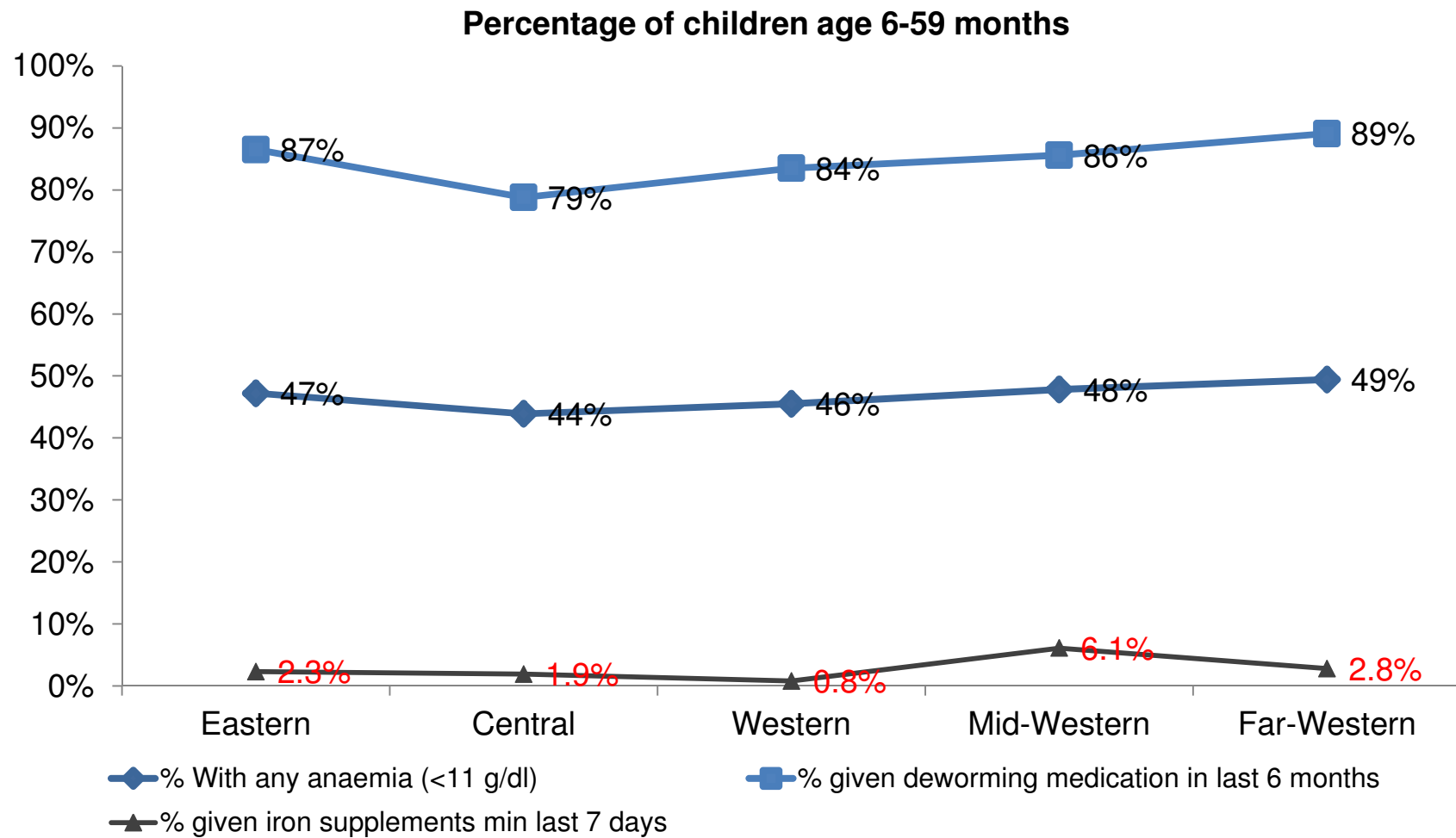


Higher impact in the reduction of prevalence of anemia requires even greater coverage of the preventive measures

Percentage of women age 15-49 years

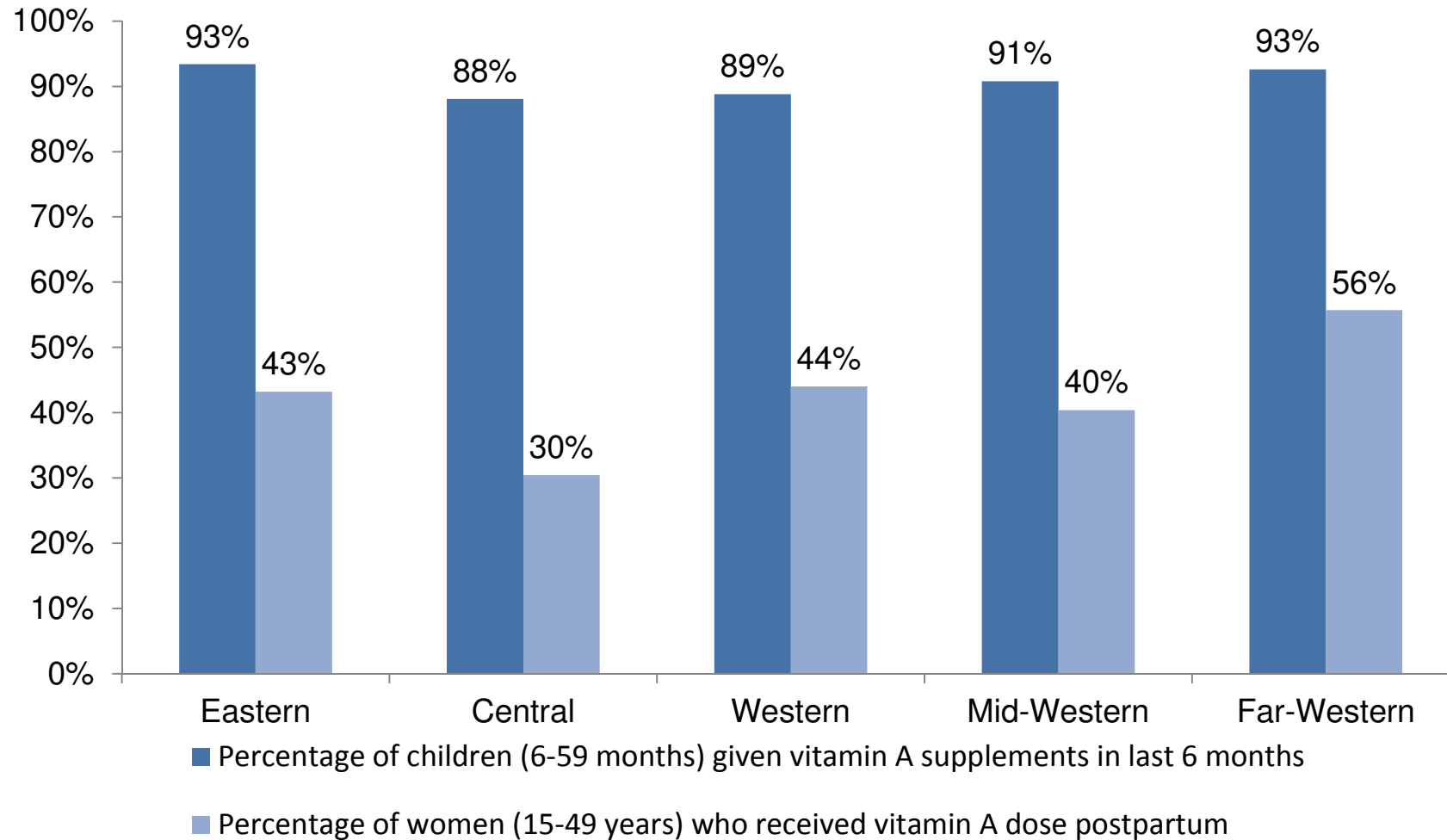


Despite high deworming coverage among young children, high anaemia levels persist; Level of iron supplementation fairly low

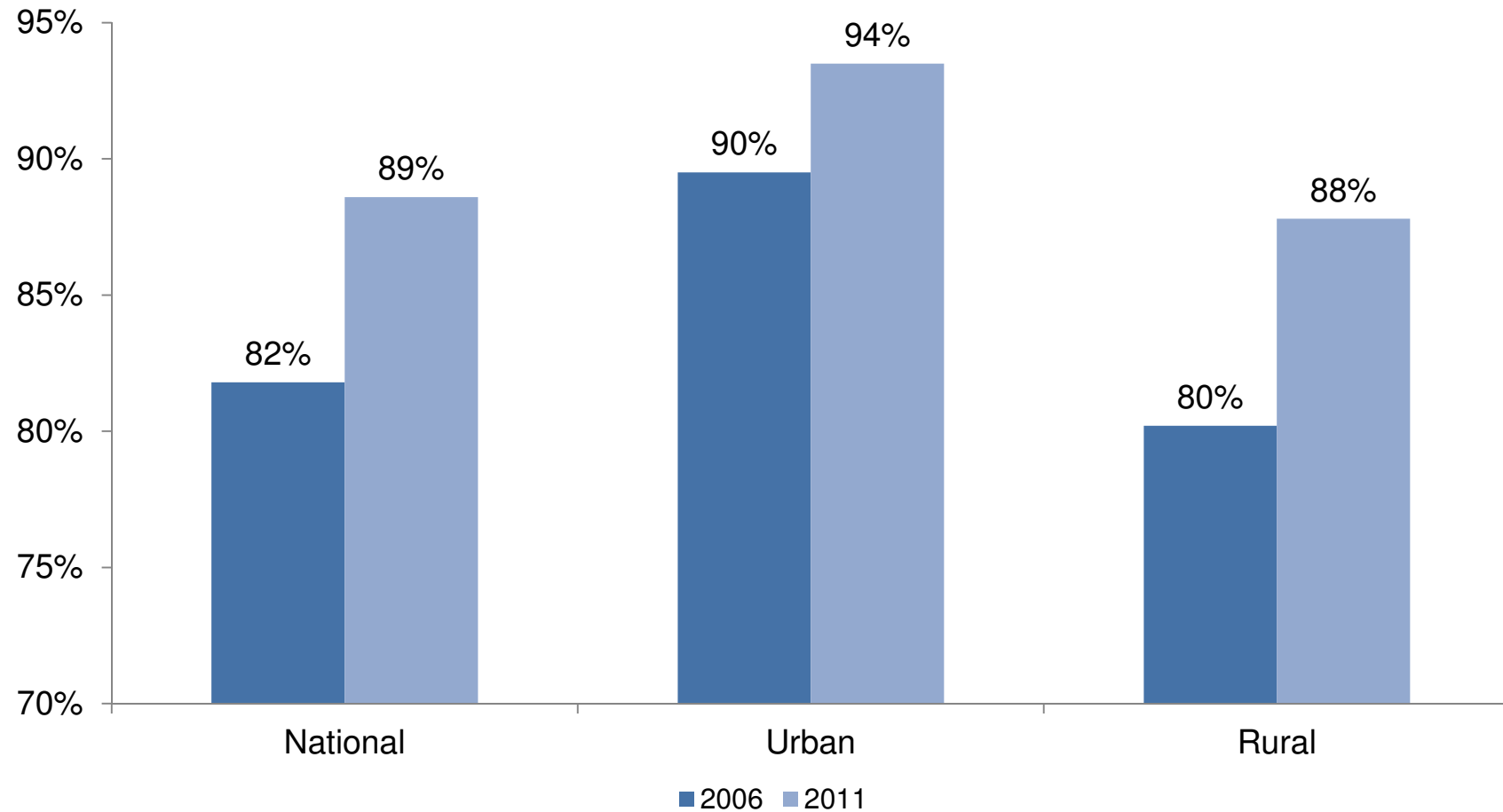


*Data for deworming given for children 12-59 months

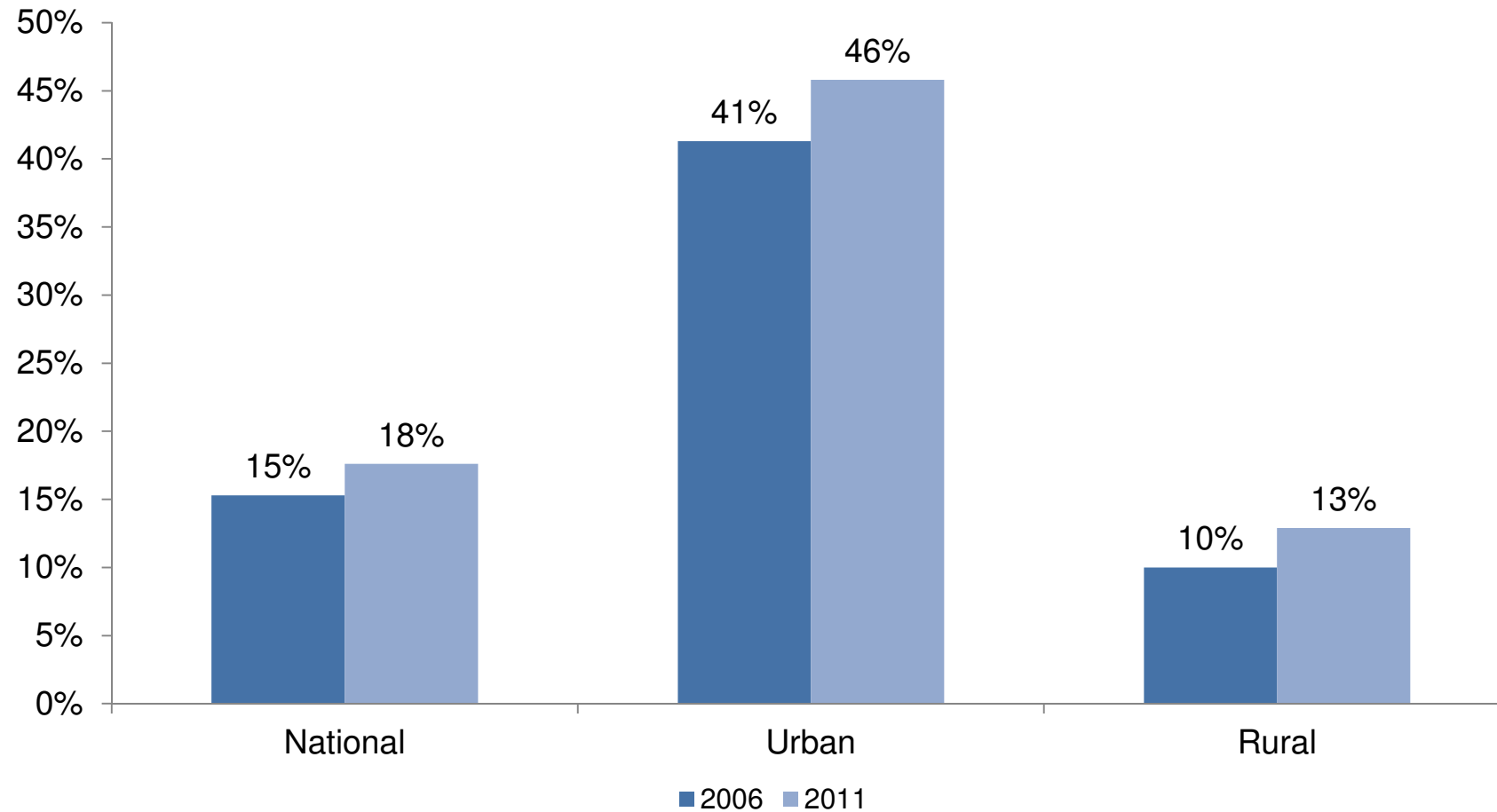
Vitamin A supplementation very high among young children and consistently lower among women post-partum nationwide



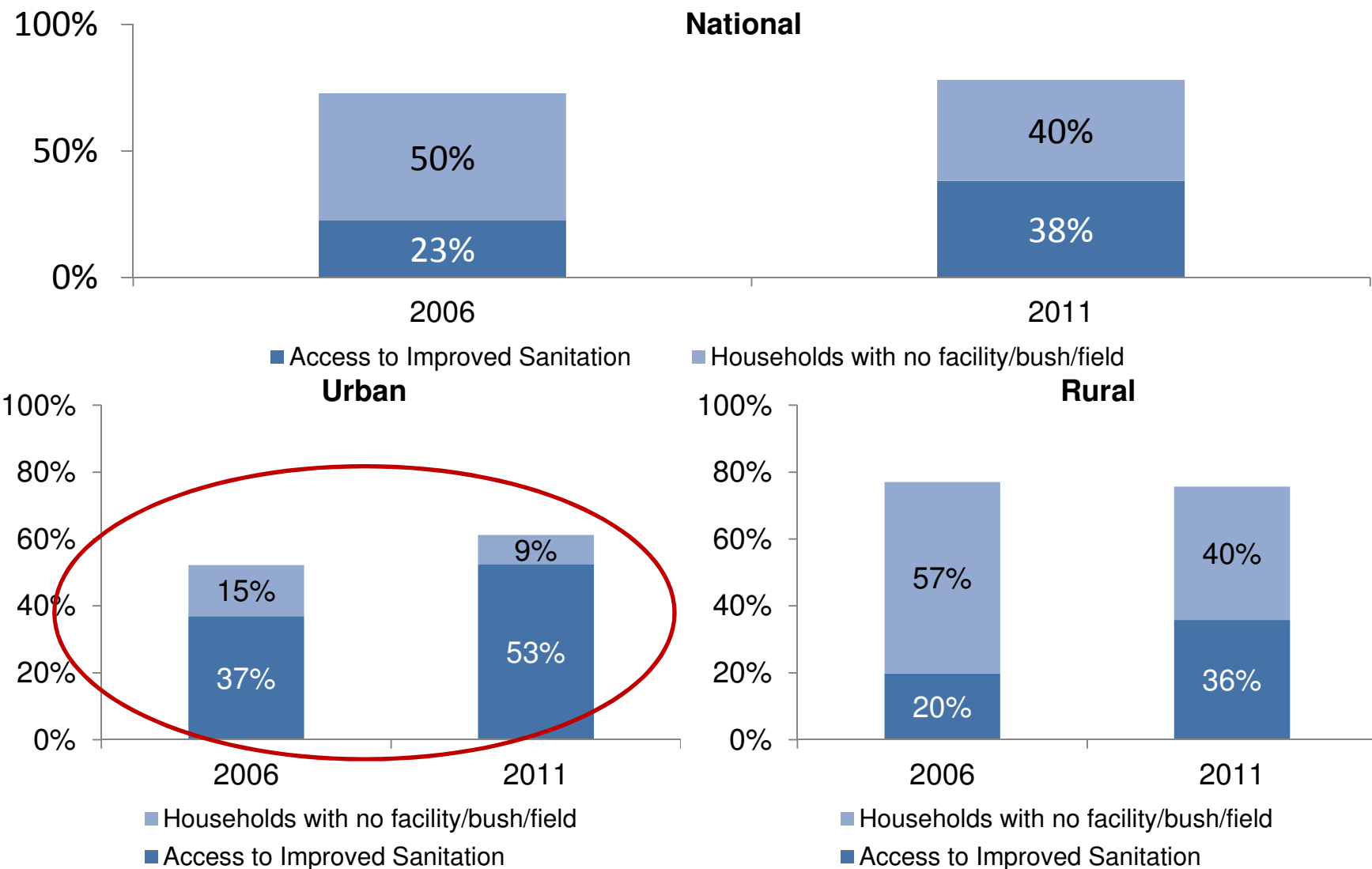
Access to improved water has slightly increased nation-wide with urban-rural gap closing slowly



Little improvement in household water treatment and hardly practiced in rural households

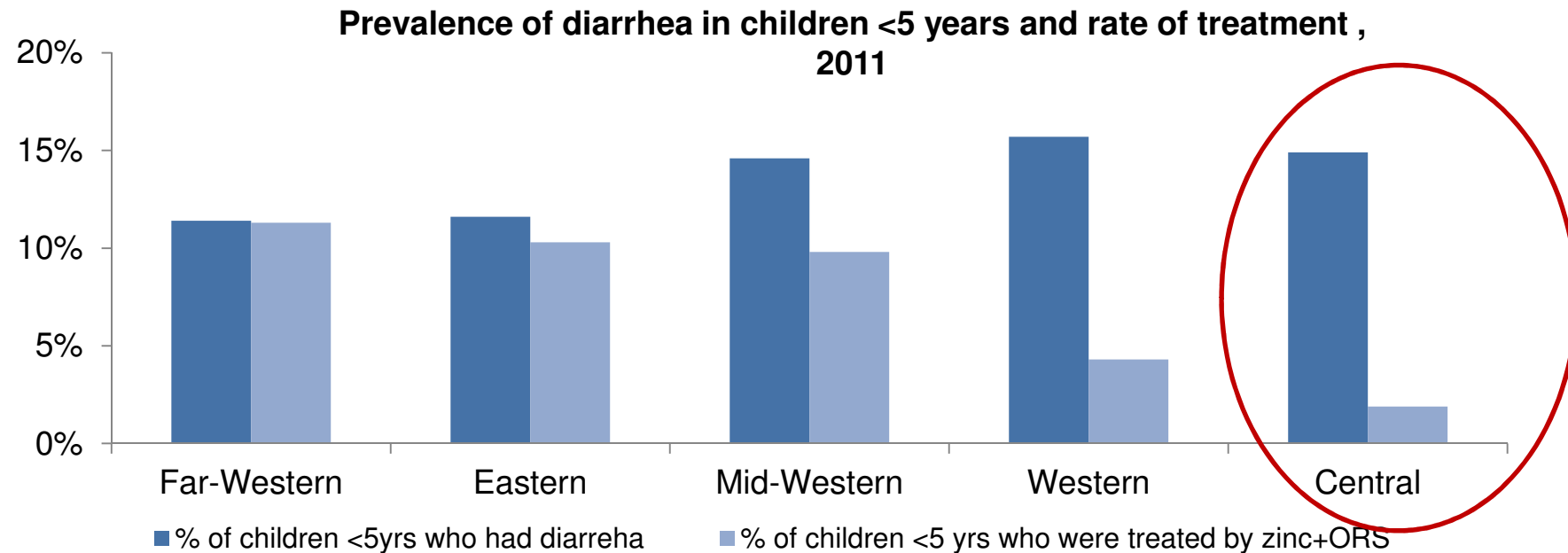


Access to improved sanitation has increased overall, particularly in urban settings



Source: NDHS 2011

Central region has one of the highest prevalence of diarrhea but lowest treatment utilization



- In 2011, less than 10% of children < 5 years old were given ORT for diarrhoea (including zinc and ORS) in 4 out of 5 regions.
- Wide variance in the % of children with diarrhoea who were treated across regions
- Nearly all children with diarrhoea were treated in Far-Western and Eastern regions



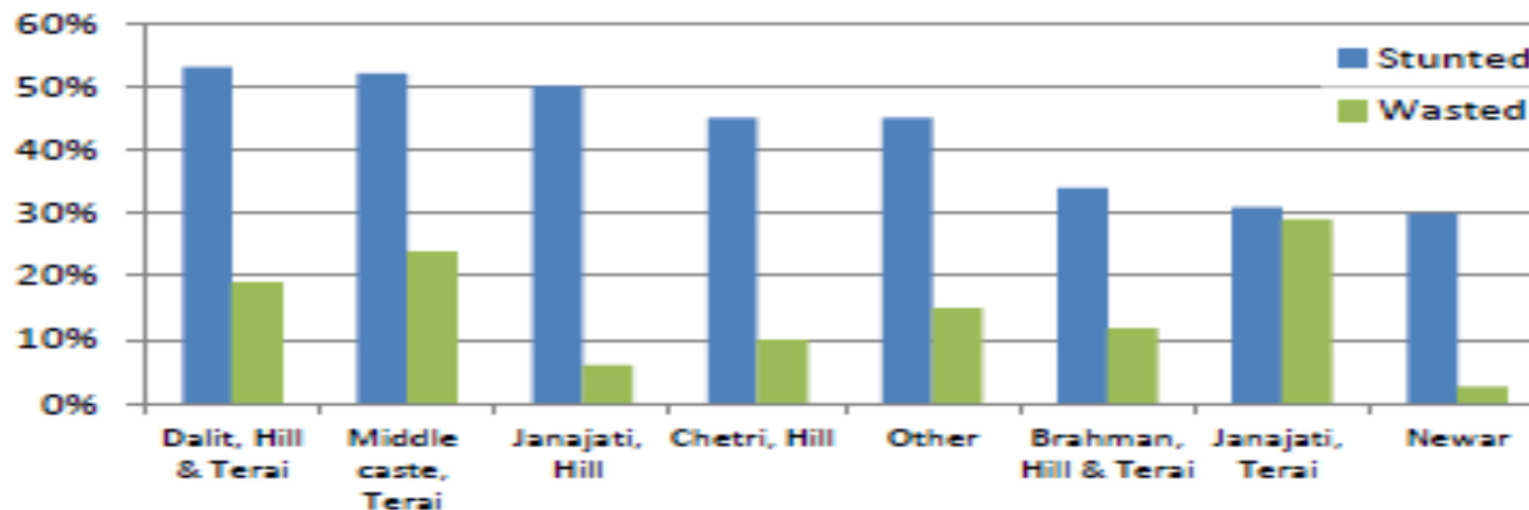
Basic Causes

Key messages on Basic Causes

- ✓ A mother's level of education generally has an inverse relationship with stunting & wasting levels
- ✓ Wasting and stunting are consistently lower among female-headed households
- ✓ Female-headed households that do not receive remittances are more likely to have stunted children
- ✓ The Dalits, Janajatis have some of the highest rates of stunting, wasting and food comprises the largest part of their expenditure

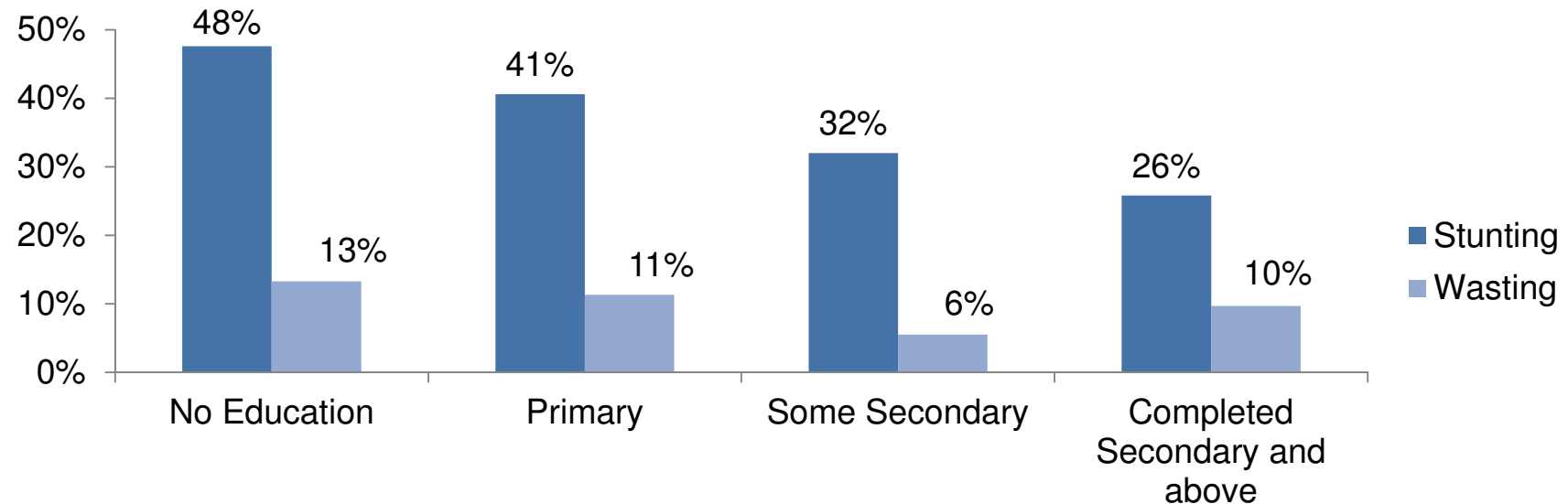
The Dalits, Janajatis have some of the highest rates of stunting, wasting and food comprises the largest part of their expenditure

Caste, ethnic, religious identity and nutrition outcomes, (2010-11)



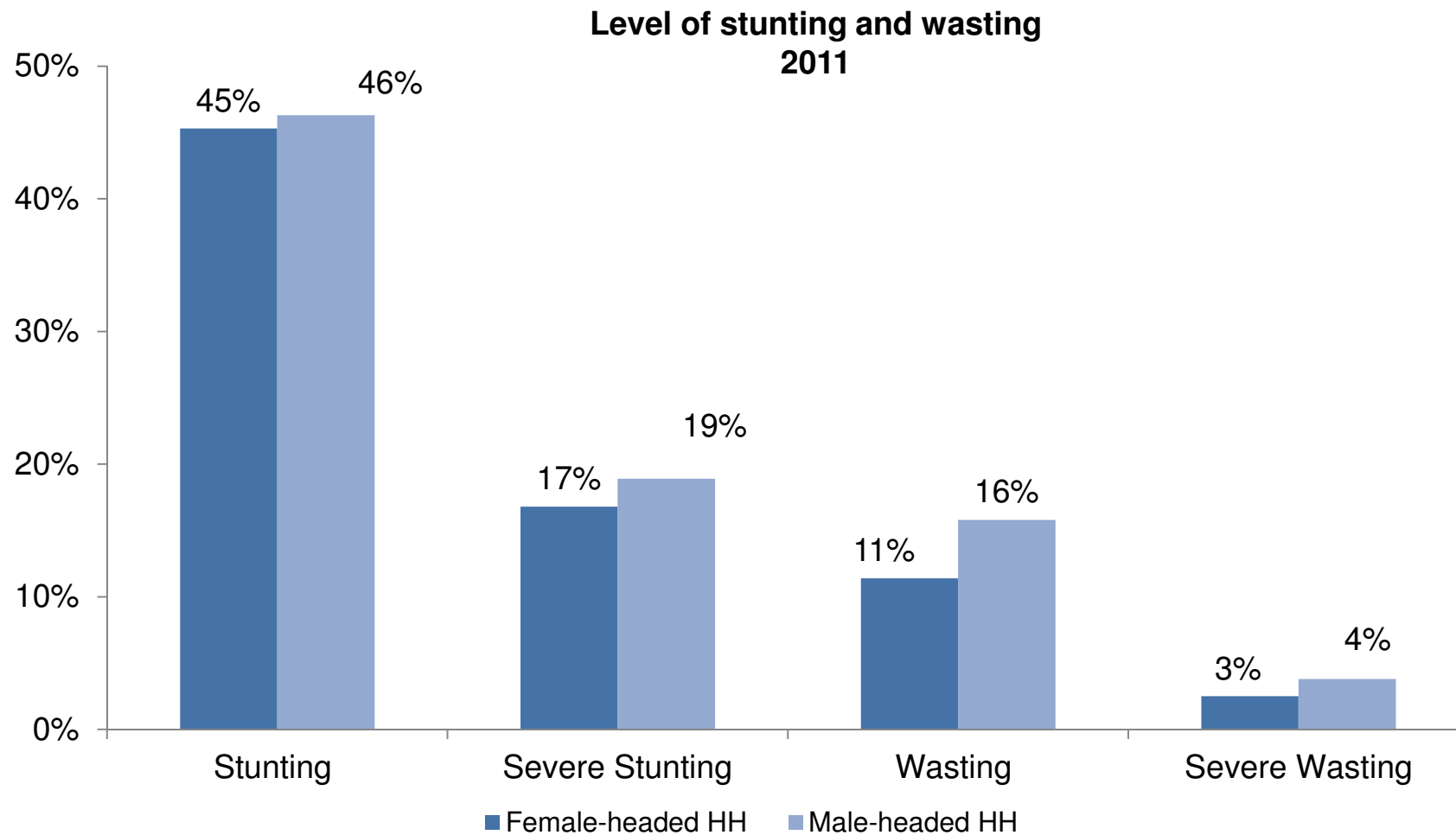
Households' Castes	% of populations from these castes spending more than 75% share of expenditure on food
Hill & Terai Dalit	39%
Hill Janajati	28%
Terai Janajati	25%
Other	26%
Hill Chetri	20%
Terai Middle Caste	20%
Hill & Terai Brahmin	11%
Newar	6%

A mother's level of education generally has an inverse relationship with stunting & wasting levels

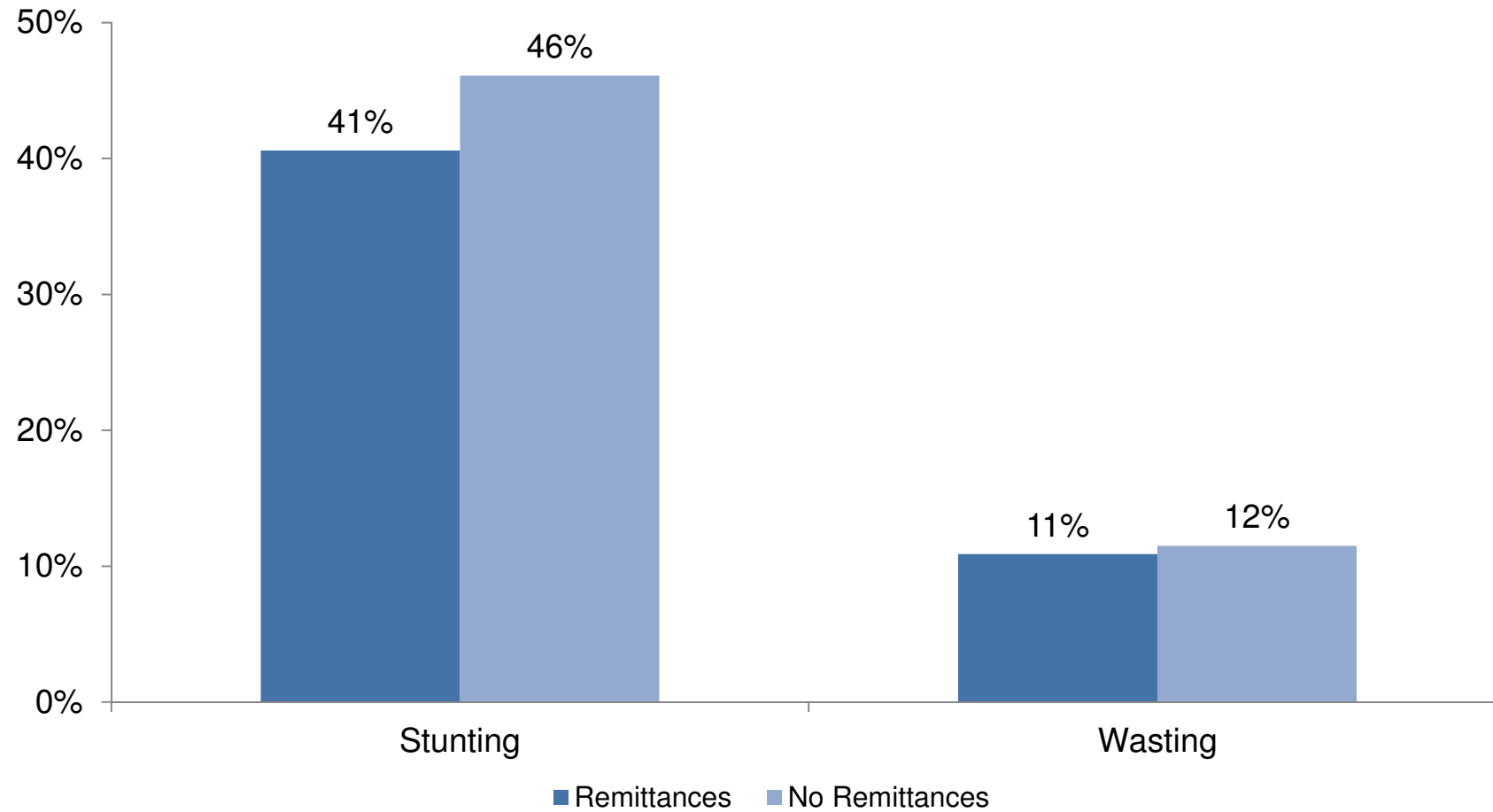


- The prevalence of stunting among mothers with no education is nearly double that of mothers who have completed secondary or higher education
- Wasting is less influenced by the mother's level of education
- Strong relationship between stunting and mother's level of education, indicates that greater efforts should be made to keep girls in school longer

Wasting and stunting are consistently lower among female-headed households



Female-headed households that do not receive remittances are more likely to have stunted children



Key messages

- ✓ *Nepal is 2% points away from achieving the MDG for prevalence of underweight among under five children; Stunting and wasting are still a challenge*
- ✓ *Reduction in severe stunting but severe wasting prevalence shows no improvement*
- ✓ *Central region of Nepal has the largest number of stunted and wasted children*
- ✓ *Mid-Western, Far-Western regions have high prevalence of stunting & wasting and incidentally are also most severely food insecure*
- ✓ *Central region has the lowest % of breastfeeding initiation within one hour birth and lowest adherence to 3 IYCF feeding practices*
- ✓ *Central region has one of the highest prevalence of anemia and diarrhea (in children aged 6-59 months)*