



POLICY BRIEF ON CHILD MALNUTRITION IN NEPAL

INTRODUCTION

Analysis of different studies show that child malnutrition is a critical issue that profoundly affects the health and development of children. Malnutrition encompasses both undernutrition, including wasting, stunting, and micronutrient deficiencies, and overnutrition, such as obesity. Malnutrition contributes to nearly half of all deaths in children under five years of age worldwide¹.

According to a WHO report from 2020, approximately 149 million children under the age of five worldwide are stunted, 45 million are wasted, and 340 million suffer from micro-nutrient deficiencies. An estimated 45 million children suffered from wasting, which increases the risk of death by 11 times. Similarly, over 148 million children under five were affected by stunting. Globally, 37 million children under five were overweight.

SOME FACTS RELATED TO CHILD MALNUTRITION IN NEPAL²

25% of children under age 5 are stunted, **8%** are wasted, **19%** are underweight, and **1%** are overweight.

55% of children under age 2 are breastfed within 1 hour of birth, and **56%** of children under the age of 6 months are exclusively breastfed.

48% of children aged 6–23 months receive meals with a minimum dietary diversity, **82%** receive meals at the minimum frequency, and **43%** are fed a minimum acceptable diet.

43% of children aged 6–23 months consume sweet beverages and **69%** consume unhealthy foods³.

43% of children aged 6–59 months and **34%** of women aged 15–49 are anaemic.

10% of women aged 20–49 and **27%** of adolescent girls aged 15–19 are of short stature. In addition, **26%** of adolescent girls are underweight. The prevalence of overweight or obesity is **35%** among women and **6%** among adolescent girls.

56% of women aged 15–49 consume meals with a minimum dietary diversity, **54%** consume unhealthy foods, and **66%** consume sweet beverages.

¹ <https://www.who.int/news-room/fact-sheets/detail/malnutrition>

² Ministry of Health and Population, (2023). Nepal Demographic and Health Survey 2022. Kathmandu: Government of Nepal.

³ The American Heart Association defines unhealthy food as highly processed items, including fast foods and snack foods.

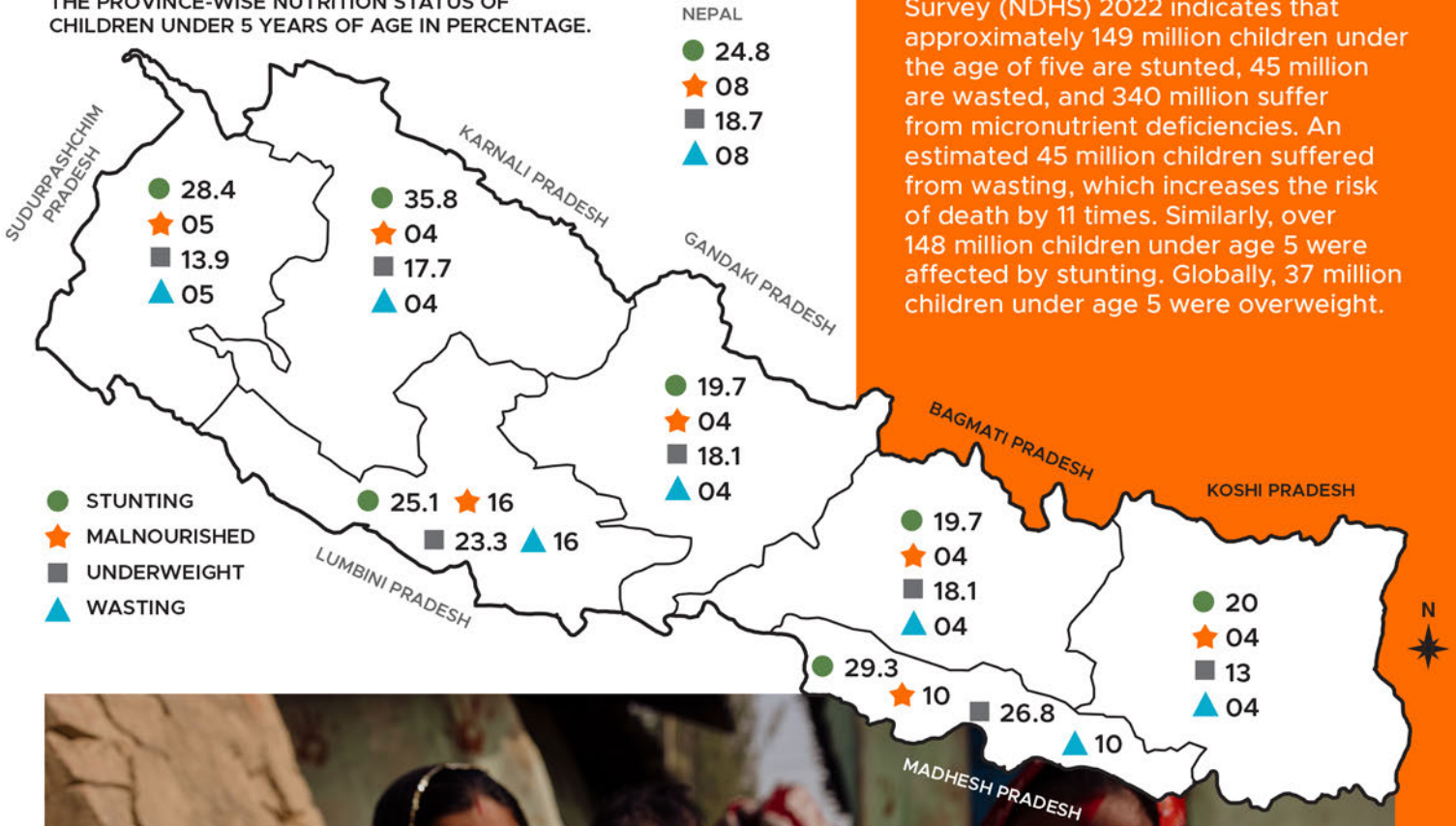
OVER THE PAST TWENTY YEARS, THE STATE OF CHILD NUTRITION IN NEPAL IS ILLUSTRATED IN FOLLOWING TABLE.

Indicators in percentage	2001	2006	2011	2016	2022	2030 (SDG target)
Stunting rate in children under five	57	49	41	36	25	15
Wasting rate among children under five	11	13	11	10	8	4
Prevalence of underweight among children under five	43	39	29	27	19	10

GLOBAL OVERVIEW OF CHILD MALNUTRITION

The Nepal Demographic and Health Survey (NDHS) 2022 indicates that approximately 149 million children under the age of five are stunted, 45 million are wasted, and 340 million suffer from micronutrient deficiencies. An estimated 45 million children suffered from wasting, which increases the risk of death by 11 times. Similarly, over 148 million children under age 5 were affected by stunting. Globally, 37 million children under age 5 were overweight.

THE PROVINCE-WISE NUTRITION STATUS OF CHILDREN UNDER 5 YEARS OF AGE IN PERCENTAGE.



SOME RELEVANT LEGAL AND POLICY ARRANGEMENTS FOR ENSURING CHILD NUTRITION IN NEPAL

- **The Constitution of Nepal** guarantees several fundamental rights directly related to children's nutrition: the right to a clean environment (Article 30), the right to health (Article 35), the right to education (Article 31), the right to food (Article 36), and the rights of children (Article 39). These rights underscore the importance of nutrition for all citizens.
- **The Right to Food and Food Sovereignty Act 2018** prioritizes the establishment of a robust nutrition system. It addresses issues related to nutrition and people's right to food.
- **Nepal Zero Hunger Challenges National Action Plan 2016–2025** aims to ensure the right to food by improving food and nutrition security of people to achieve a society free of hunger and malnutrition by 2025.
- **Local Government Operation Act 2017** outlines the responsibilities of rural municipalities and municipalities regarding basic health and sanitation. It includes the formulation, implementation, and regulation of policies, laws, standards, and action plans related to basic health, sanitation, and nutrition.
- **MSNP III 2024-2030** sets a plan to end malnutrition, build productive human capital, and foster overall socioeconomic development through targeted and tailored approach, social and behavioral change, gender transformative approach and cross-linkages of nutrition governance structures.
- **National Nutrition Strategy 2077** aims to increase access to “nutrition-specific” and “nutrition-sensitive” services to significantly reduce all forms of malnutrition among newborns, children, women and adolescents and improve the nutritional status. National Health Policy 2078 aims to develop and run programs to improve the nutritional status of women and children of different age groups by emphasizing food diversification and balanced diet consumption. It also outlines the focus on school meals and school health programme.
- **Integrated Management of Acute Malnutrition Guideline 2016** envisions to prevent acute malnutrition through early identification, referral, follow up, and linkage of cases to health and nutrition interventions; and treating acute malnutrition to reduce associated morbidity and mortality.



- **The 16th Plan (2081/82-2085/86)** addresses micronutrient deficiencies through strategies such as providing supplements, fortifying foods, and promoting food diversification at the local level.
- **Nutrition-friendly Local Governance (NFLG) Implementation Guideline 2078** focuses on enhancing the nutritional well-being of women, children, and adolescents and integrate nutrition considerations across various sectors.
- **School Sector Development Plan (SSDP) 2016-2023** focuses for nutrition-sensitive interventions and the promotion of school meal programs, guide for incorporating nutrition sensitive contents in school curriculum with an aim to enhance children's nutritional status and contribute to their holistic growth and learning outcomes..
- **The Act Relating to Children 2018**, Clause 13, addresses the Right to Nutrition and Health, affirming every child's fundamental right to adequate nutrition and healthcare services.
- **Child-Friendly Local Governance indicators** 1-6, 9-15, and 20 focus on children's nutrition and health, highlighting their crucial role in promoting the well-being and development of children throughout Nepal.

Factors Contributing to Malnutrition in Nepal



Poverty⁴



Food Insecurity⁵



Access to Health Services⁶



Poor Water, Sanitation, and Hygiene (WASH)⁷



Inadequate Education and Awareness⁸

⁴ World Bank. (2020). Poverty and shared prosperity 2020: Reversals of fortune. Washington, DC: World Bank. Retrieved from <https://www.worldbank.org/en/publication/poverty-and-shared-prosperity>

⁵ Food and Agriculture Organization. (2021). Food security and nutrition in Nepal: Analysis and recommendations. Rome, Italy: FAO. Retrieved from <https://www.fao.org/nepal/resources/reports>

⁶ UNICEF. (2020). Nepal: Nutrition Situation Analysis Report. United Nations Children's Fund.

⁷ UNICEF. (2020). Nepal: Nutrition Situation Analysis Report. United Nations Children's Fund. UNICEF. (2020). Nepal: Nutrition Situation Analysis Report. United Nations Children's Fund.

⁸ Ministry of Education, Science and Technology. (2021). NEPAL: EDUCATION SECTOR ANALYSIS 2021 (2078 BS). Nepal in Data Portal. <https://www.nepalindata.com/resource/social-human-development/> Ministry of Education, Science and Technology. (2021). NEPAL: EDUCATION SECTOR ANALYSIS 2021 (2078 BS). Nepal in Data Portal. <https://www.nepalindata.com/resource/social-human-development/>

Major Programs related to child malnutrition in Nepal

Multi-sectoral nutrition plan III (MSNP III) is implemented in all levels of Government with a focus on nutrition sensitive and nutrition specific interventions.

Outpatient and inpatient therapeutic centers in health institutions for the treatment and management of children under the age of five with acute malnutrition.

Government of Nepal is providing child cash-grant with a sum of NPR 532 for children under 5 years of age in selected 25 districts and for all Dalit children under 5 years of age.

Mid-day meal program is ongoing at the primary level of community schools throughout Nepal.





Gaps and Challenges in Existing Efforts⁹

- Shortage of human resources particularly at the local level.
- Lack of multi-sectoral and inter-sectoral coordination.
- Limitations of need-based targeted programs.
- Inadequacy of social behavior change interventions particularly on awareness about the importance of balanced diets, especially among school-aged girls.
- Challenges in coordination and collaboration among the three tiers of government and stakeholders.
- Limited public awareness about the importance of balanced diets, especially among school-aged girls.
- Junk and packaged food easily available around school premises.
- Ensuring quality and adequacy of midday meals in school.
- Decline in production and consumption of local traditional nutritious crops.
- Challenges in integrating budgets allocated by development partner organizations into government nutrition programs.
- Issues with program duplication and ineffective resource mobilization.

RECOMMENDATIONS

Federal Government

- The GoN should develop and enforce a comprehensive national nutrition policy that includes clear guidelines for maternal and child nutrition, school feeding programs, and public awareness campaigns on healthy eating habits.
- Effectively integrate the MSNP III into the policies and programs of provincial and local levels.
- The federal government should introduce a specific budget code dedicated to nutrition.
- Establish a systematic and effective monitoring framework or system for nutrition and health-related plans and programs.
- Increase amount of child nutrition allowance and ensuring its nationwide expansion to support families in providing adequate nutrition for children.
- Policies and laws should be developed to encourage the private sector to invest in CSR programs aimed at improving the nutritional status of children.
- Revise the school curriculum to incorporate public health awareness and child nutrition topics.

Provincial Governments

- Make necessary technical and financial arrangement for ensuring effective implementation of nutrition friendly local governance (NFLG) initiative at the local level.
- Ensure incorporation of child nutrition in the annual budget and programmes to be sent to local level.
- Arrange a separate branch or agency with skilled human and financial resources to look into the issue of nutrition at the provincial level.
- Establish and operate a human milk bank in entire provincial and district hospitals of the province and allocate the necessary budget.

⁹ This information is based on interviews with experts and government authorities.

Local Governments

- Ensure adaptation and establish structure envisioned nutrition-friendly local governance guidelines by maintaining coordination between village/ city/ward level children's clubs, networks, management committees, consumer committees, community organizations and non-governmental organizations, development partner agencies.
- Conduct a campaign to reduce malnutrition at the local level by mobilizing the private sector, community organizations, civil society, media, etc.
- Collaborate with civil society, social organizations, and the private sector to share costs and secure additional funds beyond federal government allocations for enhancing social protection and child nutritional programs.
- Promote local food production and ensure access to clean water and sanitation.
- Implement a comprehensive Growth Monitoring and Promotion program that regularly monitors the growth of children under five to detect and address malnutrition early.
- Promote exclusive breastfeeding for the first six months of life.
- Develop and implement a clear policy to prevent the duplication of resources, ensuring more efficient and effective use of funds and assets in relation to nutrition programming.

CSOs

- The CSOs should actively promote exclusive breastfeeding for the first six months of life.
- Engage in ongoing advocacy to ensure the effective implementation of policy and nutrition-related programs through targeted campaigns.
- Coordinate, cooperate and share the knowledge and resources with the local levels to implement the arrangements set by the guidelines for declaring nutrition-friendly local governance.
- Build community awareness actions on good nutrition behavior and practices and raising awareness on harmful effects of junk food.

Media

- Develop and broadcast content in local languages that cater to specific community needs on child nutrition.
- Regularly broadcast nutrition related content including importance of locally available nutritious food practices.
- Prepare public service announcement, testimony, and program to disseminate information about the MSNP III.
- Utilize digital media platforms to run awareness campaigns on child nutrition.
- Collaborate and coordinate with various stakeholders to conduct public hearing, social audits of nutrition interventions and live broadcast the discussion.



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