

Nutrition Policy & Strategy

On-going Nutrition Programs



Provision in federal constitution

Fundamental rights;

- Right to health
- Right to food sovereignty
- Right of child
- Women's rights

National Nutrition Policy and Strategy

Overall objective:

To reduce child and maternal mortality through nutritional interventions

Specific objectives:

- Reduce general malnutrition among children and women, i.e. stunting, underweight, wasting, low BMI
- Reduce Iron Deficiency Anemia among children, children under age 2 year and pregnant women
- Maintain and sustain Iodine Deficiency Disorders and Vitamin A Deficiency control activities
- Improve maternal nutrition
- Align with multi-sectoral nutrition initiative
- Improve Nutrition related behavior change and communication
- Improve Monitoring and Evaluation for Nutrition related Programmes/Activities

Strategies

Strategies

- Protect, promote and support optimal feeding practice of children through IYCF expansion, increasing coverage of GM
- Reduce IDA through iron tablet supplementation to pregnant, adolescents, MNPs distribution to children, preschool and school deworming and flour fortification
- Increase accessibility and Social Marketing of 2-Child Logo iodized packet salt

- Bi-annual mass supplementation of VA to under 5 years children
- Gradual expansion of the School Health and Nutrition activities in all districts
- BCC for changing dietary practices for improved maternal and child nutrition practices
- Expansion of Community as well as facility based Management of Acute Malnutrition through IMAM and rehabilitation homes

Nutrition in Health Policy 2071

- Problem and challenges
 - Under-nutrition in half of the under 5 year children and WRA is a challenge for the nation despite its concerted efforts
 - Increasing obesity in the urban area
- Policy
 - Malnutrition will be reduced by promotion for use of quality and healthy diet and ensuring food security

Health policy 2071

Strategies

- Community based nutrition education for special emphasis on promotion, production and use of locally available foods
- High priority will be given to implementation of updated MSNP related programs and interventions
- Regular coordination with MoAD for enhancing food sovereignty considering the direct linkage between food security and nutrition
- Promotion of home nutrition garden under community health program and strategies to daily intake of 400 gm of green vegetables and fruits

Health policy 2071

Strategies

- Discouragement for the use of junk, processed foods, alcohol and beverages and monitor the quality of food at hotel and restaurants through sanctioning a post of public health inspector
- Strategic collaboration with concerned stakeholders for discouraging the use of hazards and chemicals used in agriculture and livestock and which are detrimental for human health
- Reduce the burden of food/diet borne non-communicable diseases and obesity

National Nutrition Program (Major Programs)

Nationwide

1. Growth Monitoring and counseling
2. Prevention and control of Iron Deficiency Anemia (IDA)
3. Prevention, Control and Treatment of Vitamin A deficiency (VAD)
4. Prevention of Iodine Deficiency Disorders (IDD)
5. Control of Parasitic Infestation by deworming
6. Flour fortification via large roller mills

At scale up

1. Infant and Young Child Feeding (IYCF)
2. Integrated Management of Acute Malnutrition (IMAM)
3. Integrated IYCF and Baal-vita community Promotion Program (IYCF-MNP)
4. School Health and Nutrition Program
5. Vitamin A Supplementation to address the low coverage in 6-11 months children
6. Activities via Multi-sectoral Nutrition Plan (MSNP)

At small scale

1. Maternal and Child Health Nutrition (MCHN) Program–6 districts

Infant and Young Child Feeding (IYCF) programme

Current status

- Program has been scaled up in 60 districts
- Implementation supported by:
 - SUAAHARA
 - UNICEF (IYCF-MNP, IYCF-CCG)
 - Agriculture & Food Security Project
 - Save the Children

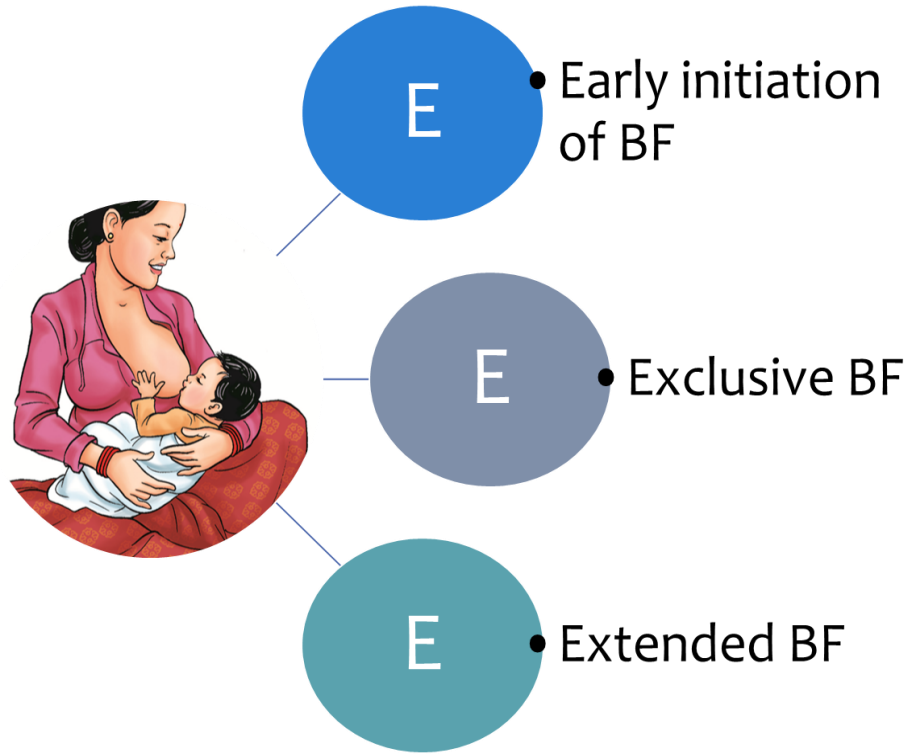
Issue/Challenge

- Counseling
- Follow-up and Monitoring

Note: Training days, beneficiaries, contents need to be standardized



IYCF practices: Breastfeeding and Complementary Feeding



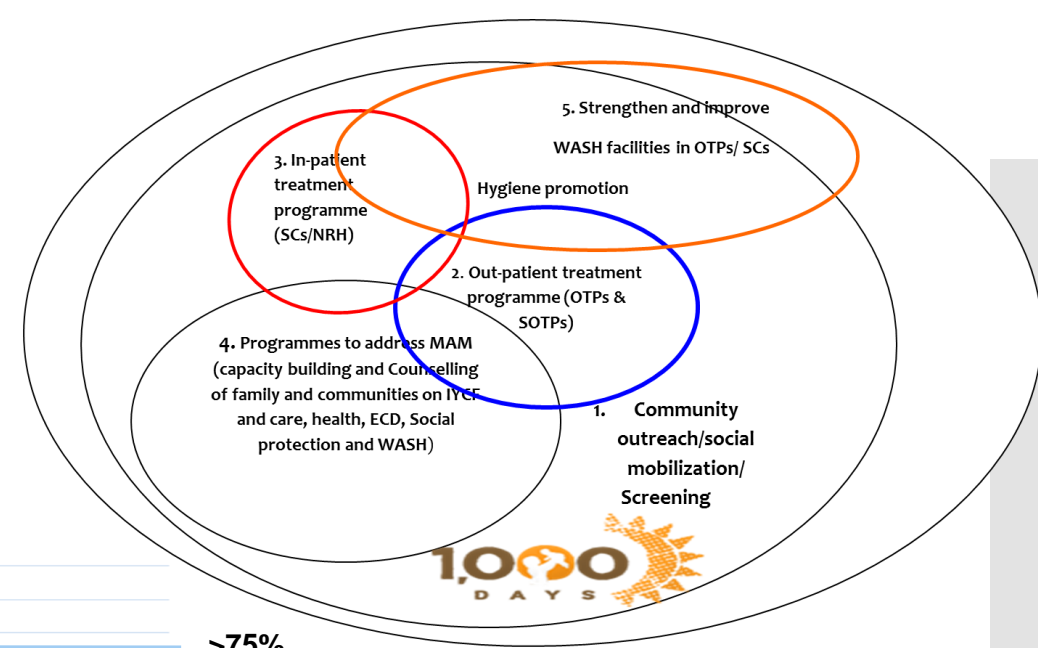
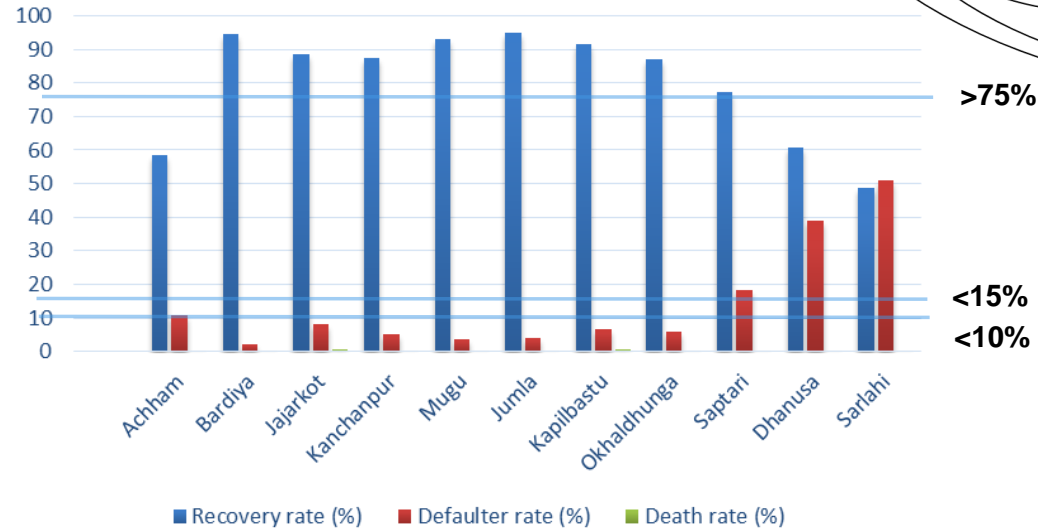
- Age specific**
- F** = Frequency
 - A** = Amount
 - T** = Texture
 - V** = Variety
 - A** = Active feeding
 - H** = Hygiene

**Appropriate IYCF
Practices: 24% (NDHS 2011)**

Integrated Management of Acute Malnutrition (IMAM) programme

Previously known as Community based Management of Acute Malnutrition (CMAM) Programme

IMAM manages acute malnutrition in children age 6-59 months through inpatient and outpatient services at the community level

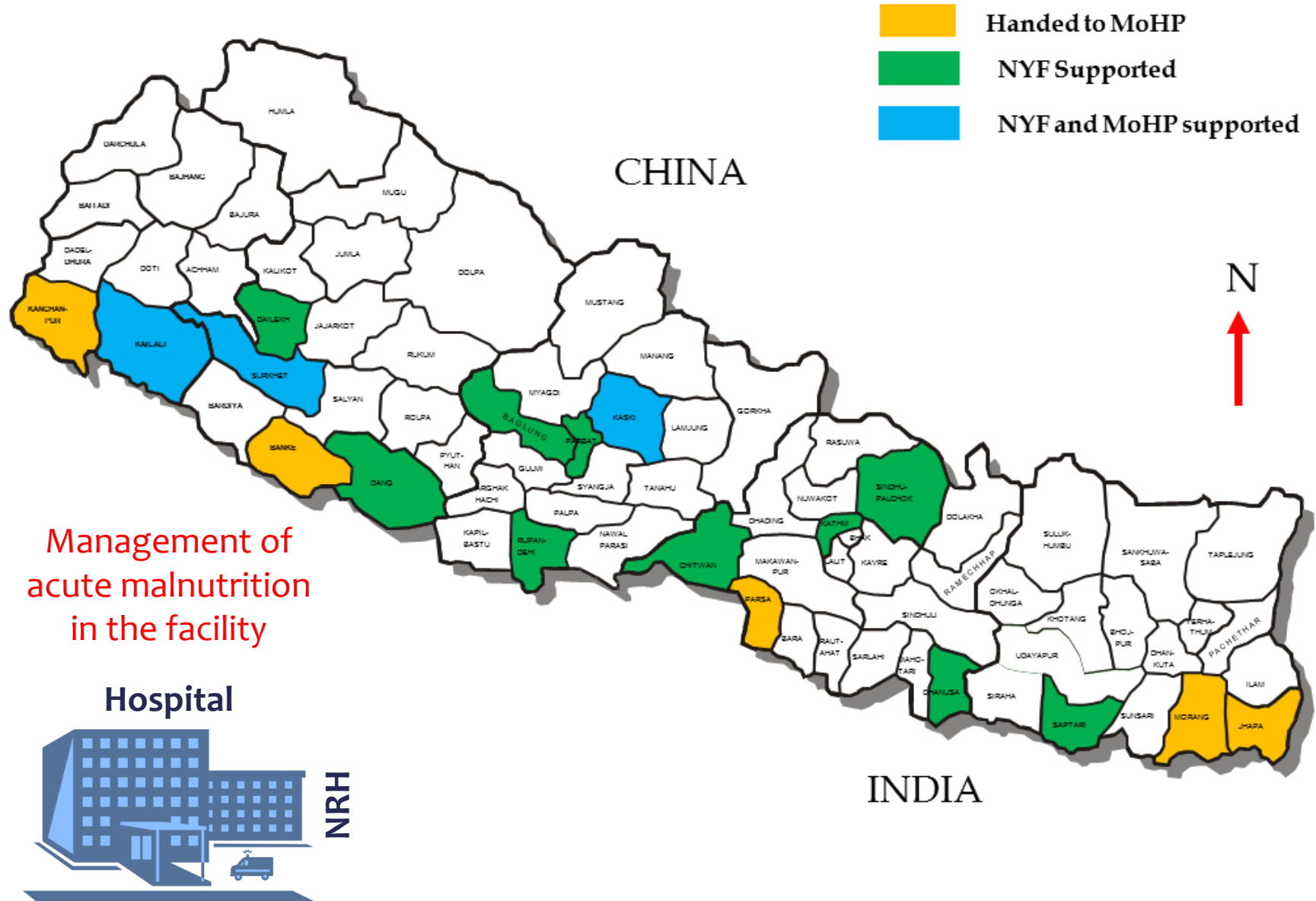


Issue/Challenge

- Policy issue (management of SAM): RUTF Vs local food
- Procurement of RUTF

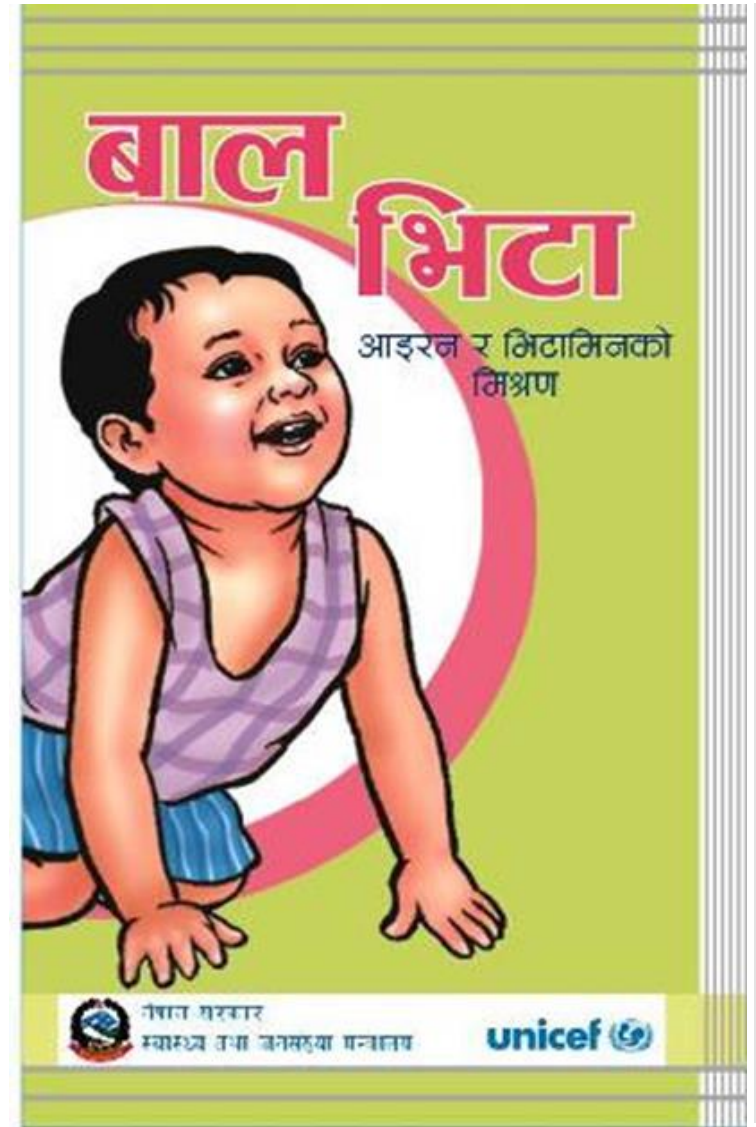
IMAM Program began in 2007/8 and in 2013/14, the program covered 11 districts.

Nutrition Rehabilitation Homes (NRHs)

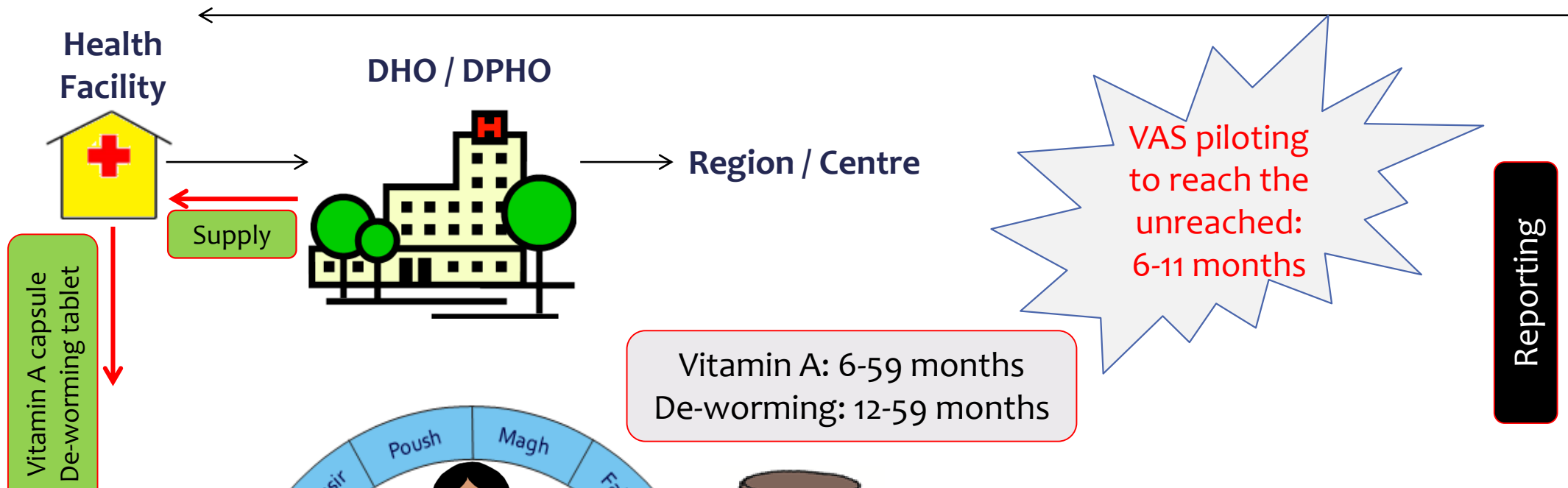


Micronutrient deficiencies control programmes

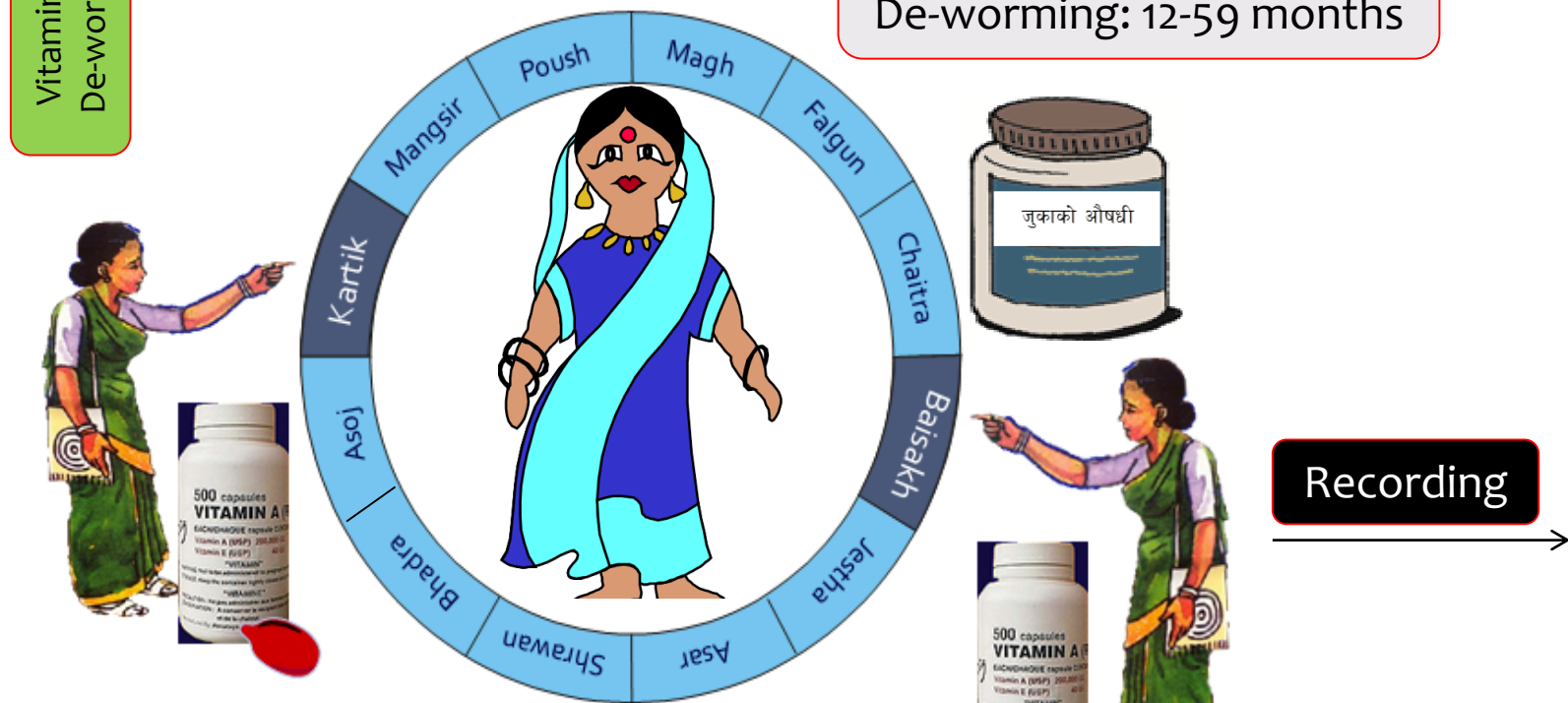
1. National Vitamin A Programme
2. Intensification of Maternal & Neonatal Micronutrient Programme (IMNMP)
3. Iodine Deficiency Disorder (IDD) Control Programme
4. Integrated IYCF and Baal Vita Community Promotion Programme
5. Flour fortification Programme
6. Fortified flour distribution programme



1. National Vitamin A Programme



12-23 months: ½ tab i.e. 200 mg
24-59 months: 1 tab i.e. 400 mg



Recording

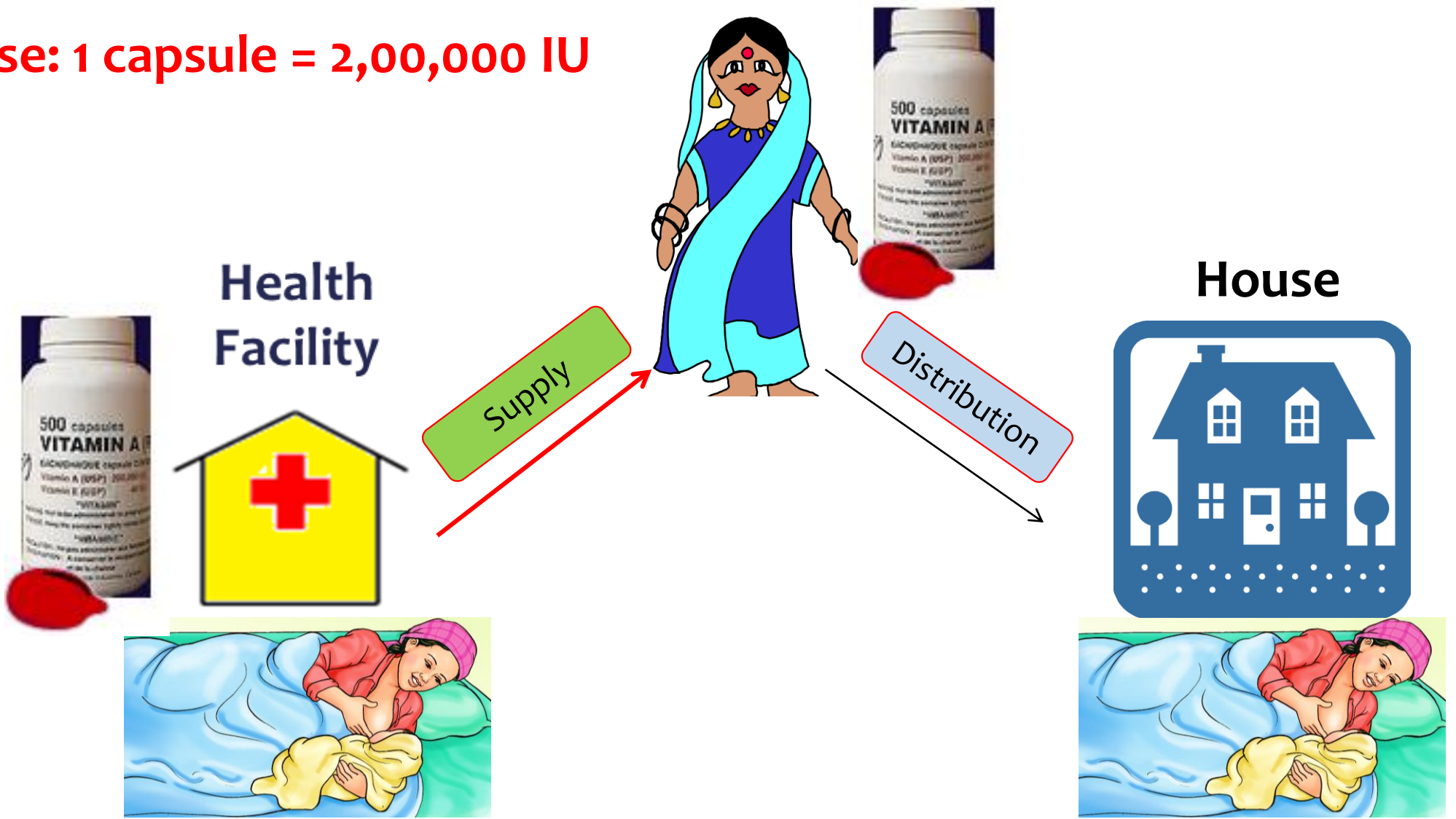
राष्ट्रिय भिटामिन "ए" कार्यक्रम रजिष्टर

(महिला स्वास्थ्य स्वयं सेविकाले भर्नाका लागि)

नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
स्वास्थ्य सेवा विभाग
बाल स्वास्थ्य महाशाखा
पोषण शाखा

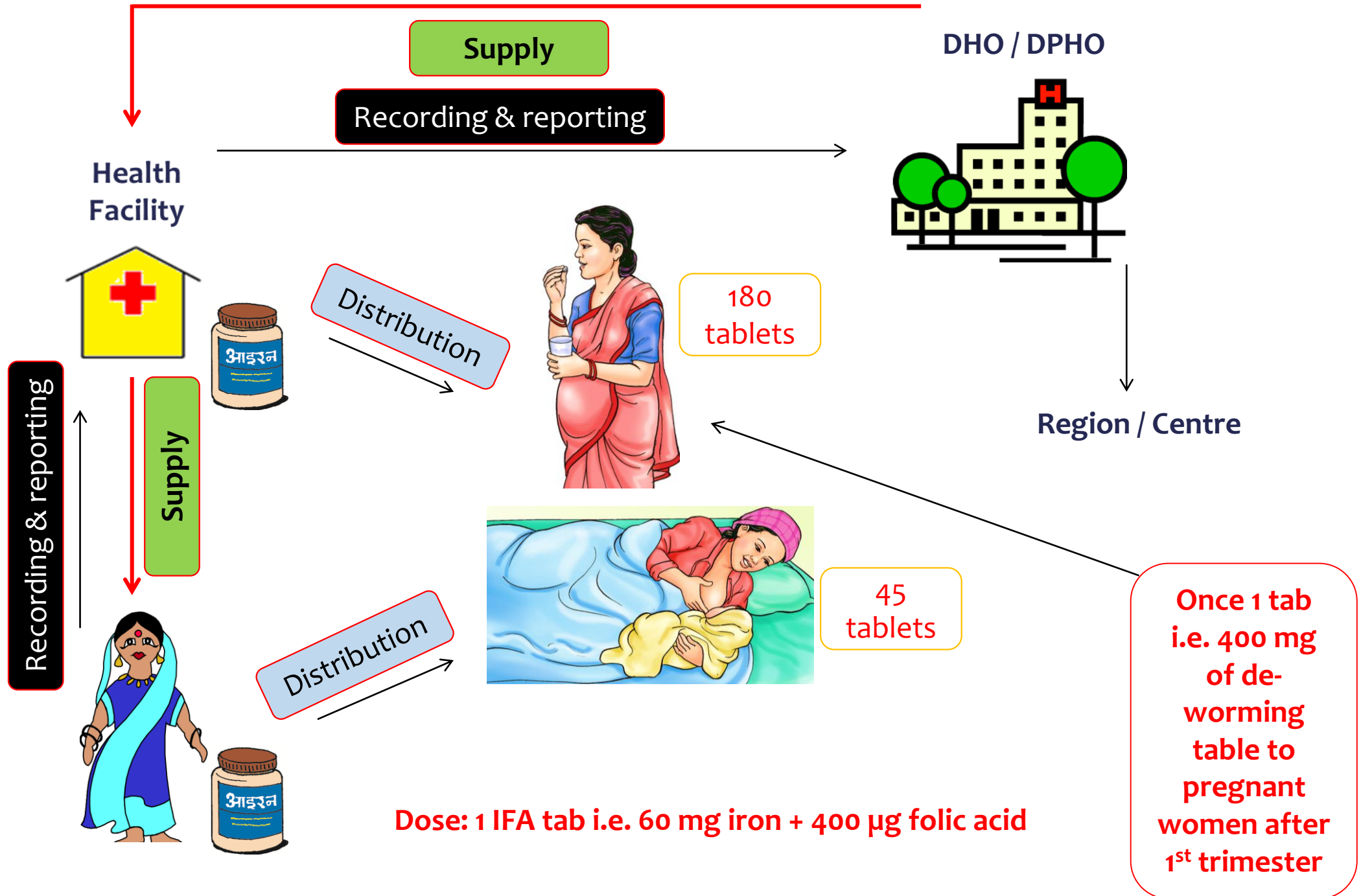
Postpartum Vitamin A

Dose: 1 capsule = 2,00,000 IU



Within 6 weeks of delivery

2. Intensification of Maternal & Neonatal Micronutrient Programme (IMNMP)



3. Iodine Deficiency Disorder (IDD) Control Programme

World fit for children target on micronutrients

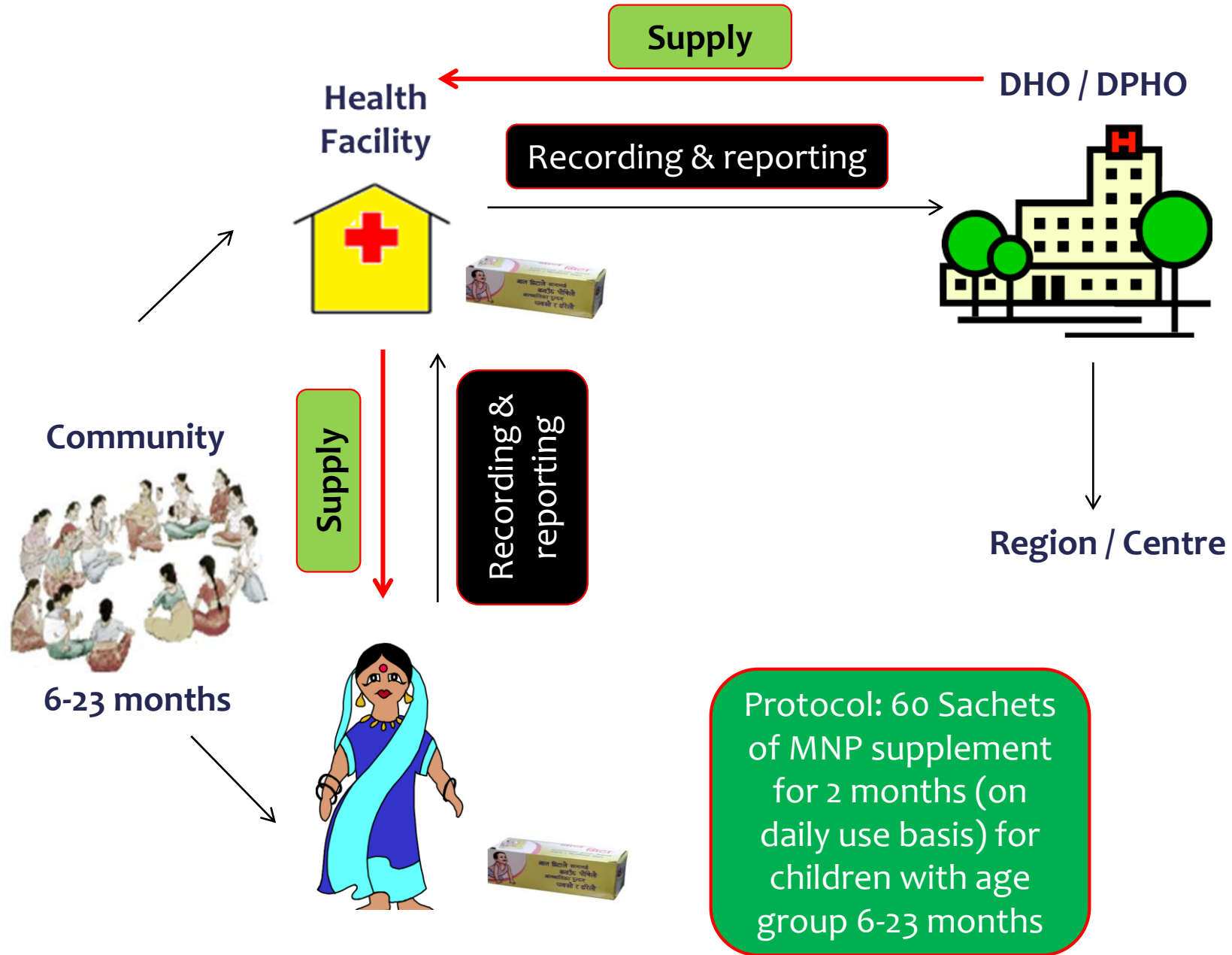
- 90% HH use adequately iodized salt



Iodized Salt Social Marketing Campaign – ISSMaC approach



4. Integrated IYCF and Baal Vita Community Promotion Programme



- | | |
|-------------------------|---------|
| 1. Vitamin A (Retinol) | 400 µg |
| 2. Vitamin C | 30 mg |
| 3. Vitamin D | 5 µg |
| 4. Vitamin E | 5 mg |
| 5. Vitamin (B1) | 0.5 mg |
| 6. Riboflavin (B2) | 0.5. mg |
| 7. Niacin (B3) | 6 mg |
| 8. Pyridoxine (B6) | 0.5. mg |
| 9. Cyanocobalamin (B12) | 0.9 µg |
| 10. Folic acid | 150 µg |
| 11. Iron | 10 mg |
| 12. Zinc | 4.1. mg |
| 13. Copper | 0.56 mg |
| 14. Selenium | 17 µg |
| 15. Iodine | 90 µg |

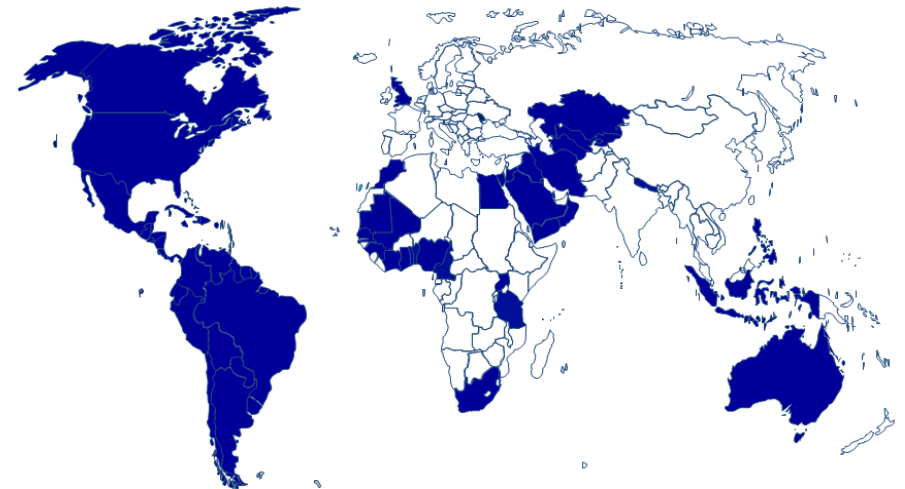
Pilot: Makwanpur, Parsa, Gorkha, Rasuwa, Palpa, Rupandehi

Roll out: Achham, Bardiya, Dadeldhura, Dang, Rukum, Kapilbastu, Sankhuwasabha, Sunsari, Morang

Government of Nepal adopted wheat flour fortification as one of the national strategies to reduce iron deficiency anemia in Nepal.

Nepal Government made flour fortification at roller mills mandatory in August 2011 based on satisfactory voluntary fortification experience.

Nepal has become the first country in South Asia to have mandatory legislation for fortification at roller mills.



6. Maternal & Child Health Nutrition Program



**Pregnant and Lactating
mother
3 kg/month**

**Karnali &
Solukhumbu**

**Distribution of Fortified Flour to Pregnant and
lactating mother & 6 to 23 month children
who visit in HF**

**6-23 months
3 kg/month**

पौष्टिक गुण प्रति १०० ग्राम आहारमा

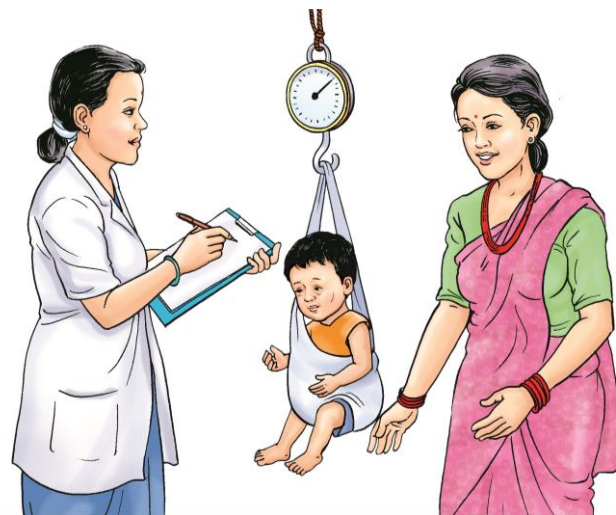
प्रोटीन	:	१४.५ ग्राम
कार्बोहाइड्रेड	:	६४.०० ग्राम
चिल्लो पदार्थ	:	५.०० ग्राम
शक्ति	:	३६० किलो क्यालोरिज
मोईश्चर	:	७.९० %

भिटामिन ए	३५० माईक्रो ग्राम
भिटामिन बि १	०.३६ मि.ग्रा.
भिटामिन बि २	०.३६ मि.ग्रा.
नायसिन	६.१ मि.ग्रा.
भिटामिन सि.	१४० मि.ग्रा.
फोलेट	८३ माईक्रो ग्राम
भिटामिन बि १२	०.५२ माईक्रो ग्राम
आइरन	१५.० मि.ग्रा.
क्याल्सीयम	२०० मि.ग्रा.
जिङ्क	८.४ मि.ग्रा.
आयोडीन	१५० माईक्रो ग्राम

Community based growth monitoring programme

Monthly growth monitoring from 0-23 months

Growth monitoring in health facility

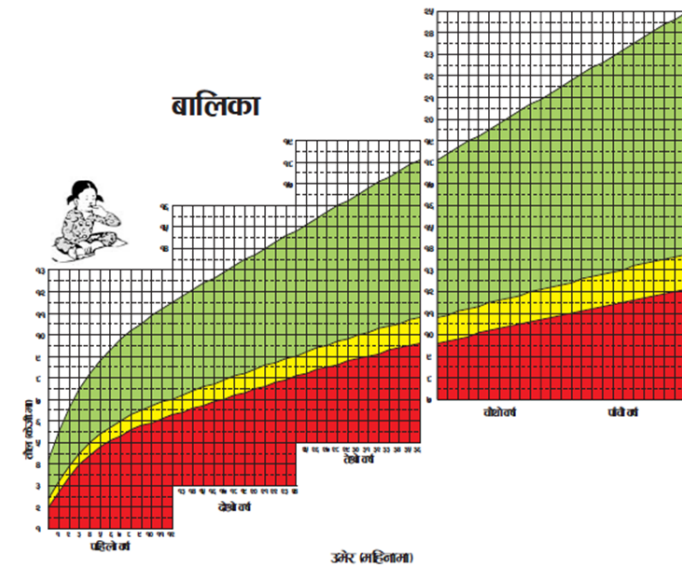


Growth monitoring in outreach clinic

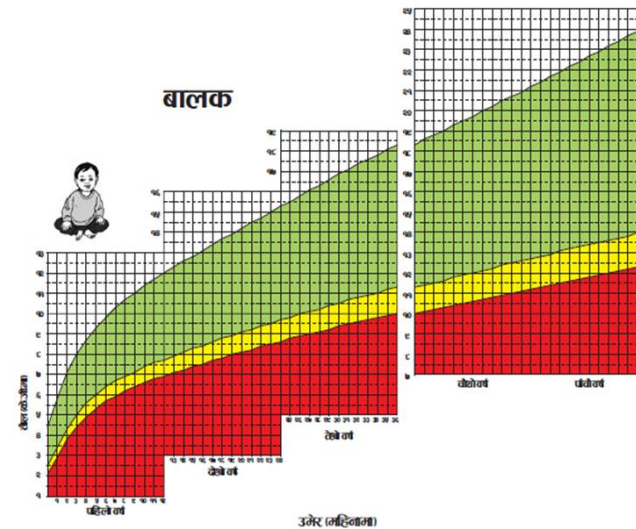
Growth monitoring combined with IYCF

Weigh the child monthly from birth up to 2 years of age from nutrition aspect

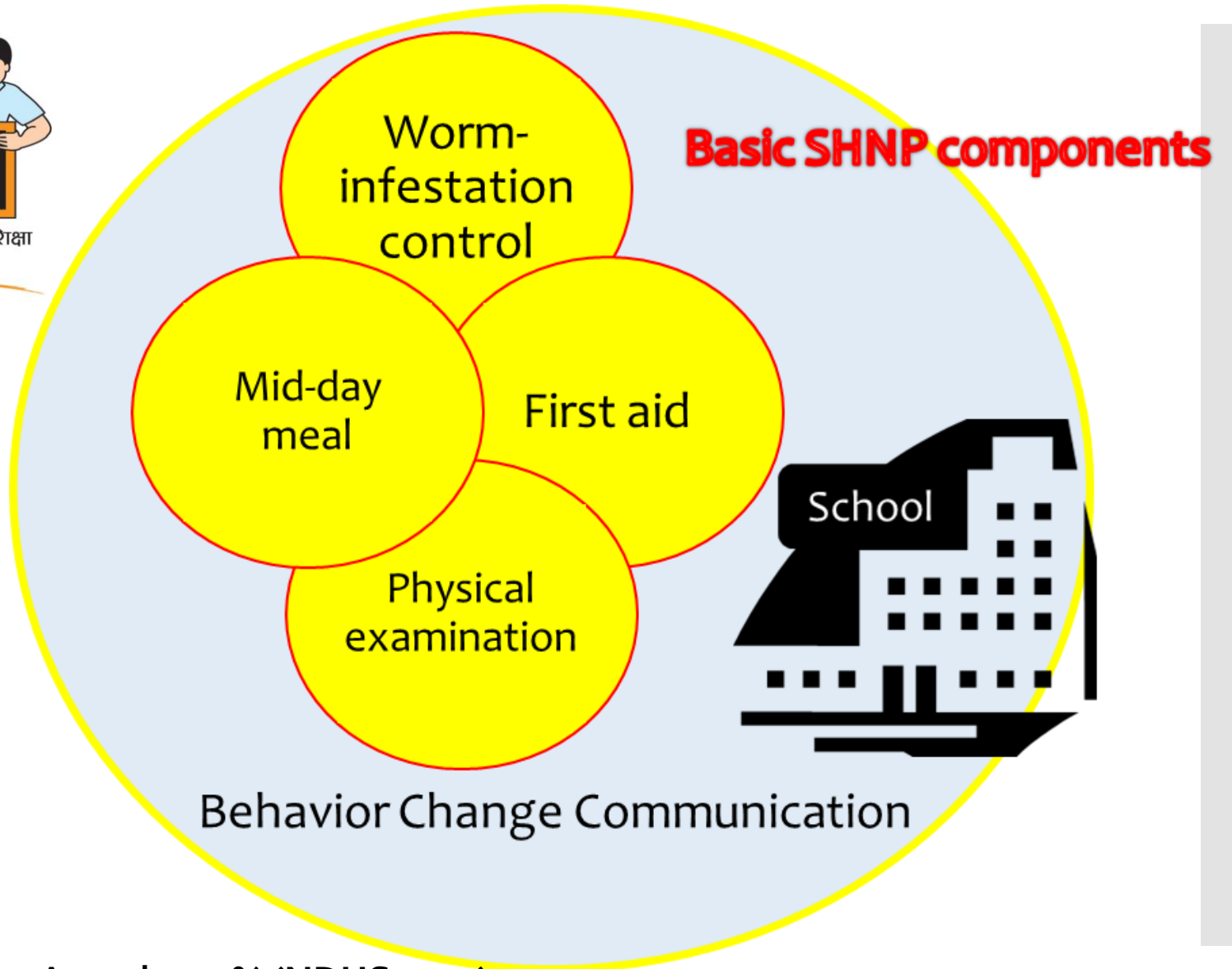
Underweight: 29% (NDHS 2011)



पोषण स्थिति
 रातो अति जोखिम
 पहेलो जोखिम
 हरियो सान्ध्य



School health and nutrition programme (SHNP)–a joint programme of MoHP & MoE



Adolescent Anemia: 39% (NDHS 2011)

Nutrition in Emergency and Nutrition Cluster

Nepal's vulnerability to natural hazards

- Nepal Ranks 11th in terms of earthquake
- 6th to climatic hazards (*UNDP-2004 "Reducing Disaster Risk"*)
- 30th in terms of floods: (*UNDP / Bureau for Crisis Prevention & Recovery-BCPR, 2004*)
- Kathmandu, 21st most vulnerable city of the world
- Nepal lies on Seismic Active Zone and Natural Disaster HOT SPOT: (*World Bank 2005*)



Disasters types in Nepal (Natural Calamity Relief Act 1982)

S.N.	Disaster	S.N.	Disaster
1	Flood	7	Drought
2	Landslide	8	GLOF
3	Earthquake	9	Avalanches
4	Epidemics	10	Windstorm
5	Fire	11	Thunderbolt
6	Hailstone	12	Cold wave

Nutrition in Emergency and Nutrition Cluster

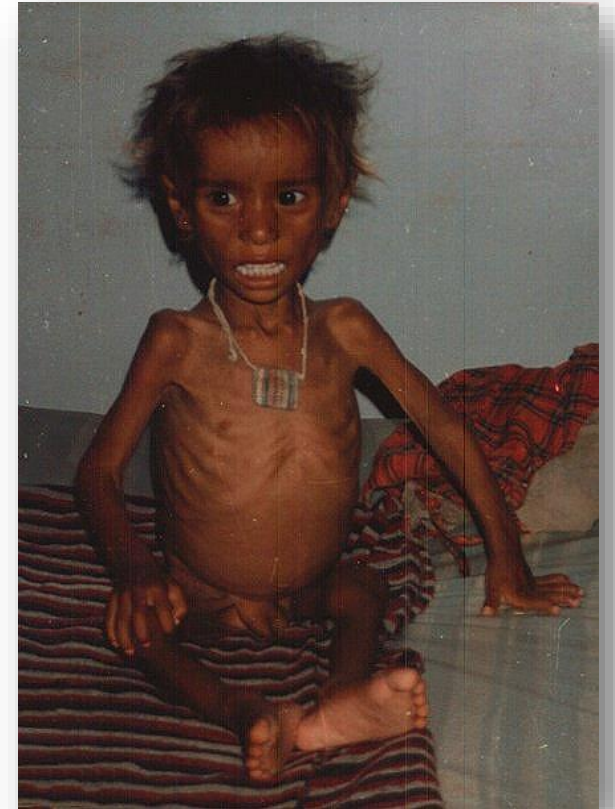
Malnutrition occurring in emergencies

The main nutritional problems of concern in emergencies are:

- acute malnutrition (wasting), especially in young children
- micronutrient deficiencies

Nutrition responses in emergencies

- food responses (*general food distribution, emergency school feeding, food-for-work, supplementary feeding, micronutrient fortification of food and supplementation and therapeutic care*)
- non-food responses (*support for livelihoods, infant and young child feeding and health*)



Major Nutrition Projects

- SUAAHARA: 20+5+16=41 districts
- Sunaula Hajar Din: 15 districts (CDR, EDR)
- Agricultural and Food Security Project: 19 districts (Hill and Mountain districts of FWDR and MWDR)
- Food For Peace (PAHAL)
- SABAL
- UNICEF-EU-GoN Program for MSNP Scale up (Upcoming)

Revision and Development of Policy, Strategy, Guidelines

SN	Activities	Progress Status
1	Health Sector Strategy for Addressing Maternal Under-nutrition	Endorsed, training manual developed
2	Maternal, Infant and Young Child Nutrition (MIYCN) Communication Action Plan: Focusing on the first Golden 1000 Days of Life	Endorsed
3	Emergency Nutrition Contingency Plan for earthquake and for flood emergencies	Finalized
4	Infant and Young Child Feeding Strategy	Finalized, final review on-going
5	National Food Based Dietary Guidelines	Finalized, Nepali translation on-going
6	Integrated Management of Acute Malnutrition Guideline	Final draft is ready (SAM+MAM both included), Nepali translation on-going
7	Development of conceptual framework for Nutrition Surveillance System	First draft in hand
8	2nd Five Years Iodine Deficiency Control Action Plan	Being finalized
9	Revision of National Anemia Strategy	Being finalized
10	Plan of action and Implementation guideline of MIYCN	Being finalized
11	Development of Adolescent Iron Folic Acid Supplementation Guidelines	Being finalized

Gaps and Challenges

- No designated personnel for nutrition at regional and district level
- Institutional strengthening for nutrition and capacity building of health workers at all levels
- Weak nutrition education/counselling in current health and nutrition services
- Changing the behavior of the people to promote consumption of local indigenous food, diet diversity and nutrition-rich food
- Slow scale up and low coverage of evidence based and cost effective interventions viz, IYCF, IMAM, MSNP, IYCF-MNP due to resource gap
- Reducing inequities in nutritional outcomes
- Challenge in coordination
- Weak monitoring and evaluation in different levels
- Nutrition section-inadequate capacity to manage increasing programs (Need of an architecture; NNC)

Health Sector Nutrition Plan: MSNP (2013- 2017)

Results Chain	Descriptive Summary	Indicators of Work Performance
Goal	Maternal, Infant and Young Child (MIYC) nutritional status improved	<p>By the end of 2016,</p> <ul style="list-style-type: none"> • % of women with chronic energy deficiency (measured as BMI) reduced by 15% • % prevalence of stunting among under -5 years children reduced below 29% • % prevalence of underweight among under-5 years children reduced below 20% • % prevalence of wasting among under-5 years children reduced below 5% • % prevalence of anaemia among women (adolescents and reproductive age) and under-5 children
Purpose	Health sector's contribution to Multisectoral efforts to improve nutrition status increased	<ul style="list-style-type: none"> • By the end of 2016, the coverage of three major micro-nutrients, i.e. vitamin A, iron folic acid, and adequately iodized salt are maintained respectively at or above 95%, and 90% for the latter two. • By the end of 2016, the coverage of MIYCN linked with MNP expanded to all 75 districts • By the end of 2014, evaluation report on Child Nutrition Cash Grant and Fortified Blended Supplementary Feeding available. By the end of 2012, Revised Health Sector Nutrition Policy and Strategy in place with costed multi-year implementation plan. • Starting from the year 2013, MoHP allocated budget on nutrition based on the multi-year implementation plan

Outcome 1. Improved Maternal, Infant and Young Child Feeding

Results Chain	Descriptive Summary	Indicators of Work Performance
Output 1	Dietary habits of pregnant women improved	<ul style="list-style-type: none"> • % of mothers who eat three times a day with animal source food at least once a day • % family members who know the benefits of improved dietary habits during pregnancy • % prevalence of low birth weight
Output 2	Initiation of early breastfeeding and exclusive breastfeeding improved	<ul style="list-style-type: none"> • % of children who initiate breastfeeding within the first hour • % of infants exclusively breastfed for 6 months
Output 3	Complementary feeding for young children aged 6-23 months improved	<ul style="list-style-type: none"> • % of infants who begin appropriate complementary feeding at six months • % of children aged 6-8 months who receive complementary foods twice a day with ≥ 4 food groups per day • % of children aged 9-23 months who receive complementary foods three times a day with ≥ 4 food groups per day

5 Outcomes and 18 Outputs

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Outcome 2. Maternal, infant, and young child micronutrient status improved

Output 4	Intake of iron folic acid tablets and de-worming tablets by women during pregnancy and post-partum improved	<ul style="list-style-type: none"> • % of women consuming IFA more than 180 IFA tablets during pregnancy and postpartum • % of women consuming de-worming tablet during pregnancy
Output 5	Increased consumption of fortified cereal flour	<ul style="list-style-type: none"> • % of roller-mills fortifying cereal flour as per national standards • % of HH consuming fortified flour
Output 6	Household consumption of adequately iodized salt improved	<ul style="list-style-type: none"> • % of HH consuming adequately iodized (>15ppm) salt
Output 7	Intake of MNP by 6-23 months children increased	<ul style="list-style-type: none"> • % children aged 23 months who have received total of 180 MNP sachets • % of children aged 23 months who have consumed total of 180 MNP sachets
Output 8	MIYC infections reduced	<ul style="list-style-type: none"> • % prevalence of diarrhoea among under-five children • % of diarrhoea cases treated with zinc and ORT among 6-59 children • % prevalence of presumptive pneumonia with appropriate antibiotics among under-five children • % of MIYC sleeping under Long-lasting Insecticidal Nets (in targeted areas) • % of children immunized against measles • % of mothers who wash hands with soap before preparing complementary foods

5 Outcomes and 18 Outputs

Outcome 3. Infant and young child malnutrition adequately managed

Output 9	All children 6-59 months take Vit A capsules and children aged 1-5 years take Vit A capsules with albendazole twice a year	<ul style="list-style-type: none"> • % children 6-59 months receiving vitamin A capsule semi-annually • % of children 13-59 months receiving de-worming tablets semi-annually
Output 10	Increased identification of malnutrition through the monitoring of the nutritional status of Children aged 0-36 months	<ul style="list-style-type: none"> • % of children under three years of age monitored for weight-for-age, weight-for-height, height-for-age, and Mid-upper Arm Circumference (MUAC)
Output 11	Reduction of severe acute malnutrition in children aged under-five	<ul style="list-style-type: none"> • % of children with severe acute malnutrition treated, including Ready to Use Therapeutic Food (RUTF) as per national guidelines
Output 12	Reduction of moderate malnutrition in children aged under-five	<ul style="list-style-type: none"> • % of children with moderate acute malnutrition treated, including Ready to Use Supplementary Food (RUSF) and feeding counselling, as per national guidelines • % of children with moderate under-weight provided with feeding counselling as per national guidelines

5 Outcomes and 18 Outputs

Outcome 4. Health Sector nutrition related acts, regulations, policies, strategies, and standards updated

Output 13	National Nutrition Policy and Strategy revised and updated	<ul style="list-style-type: none"> • By the end of 2012, MoHP endorsed revised National Nutrition Policy and Strategy in place • By the end of 2012, costed multi-year health sector nutrition plan developed in accordance with revised policy and strategy
Output 14	Develop Comprehensive Nutrition Training Package	<ul style="list-style-type: none"> • By the end of 2012, Comprehensive Nutrition Training Package endorsed by MoHP • By the end of 2016, health workers and volunteers utilize Comprehensive Nutrition Training Package
Output 15	Proper regularization of salt production, distribution, and monitoring	<ul style="list-style-type: none"> • By the end of 2012, regulation governing salt production, distribution and monitoring (based on the Salt Act 2049BS) is enacted by the Council of Ministers

5 Outcomes and 18 Outputs

Outcome 5. Institutional strengthening and capacity development for improved contribution of health sector to MSNP

Output 16	Revision of institutional arrangement at all levels in line with MNSP, including establishment of National Nutrition Centre (NNC) under MoHP	<ul style="list-style-type: none"> • By the end of 2012, Organization and Management (ONM) assessment carried out across all levels • Starting from 2013, NNC included in MoHP's AWPB • By the end of 2013, institutional capacity assessment report of NNC available
Output 17	Capacity development of health personnel (including FCHVs) on nutrition across all levels	<ul style="list-style-type: none"> • % improvement in knowledge and skills on maternal, newborn and child nutrition among health personnel across all levels • % of delivery attended by Skilled Birth Attendants
Output 18	Health staff contribute to and collaborate with other sectors for reducing maternal and child under-nutrition	<ul style="list-style-type: none"> • Representation and participation of health personnel in management, planning, monitoring, and advocacy platforms at all levels

Proven Strategies on Prevention and Control of Micronutrient Deficiencies

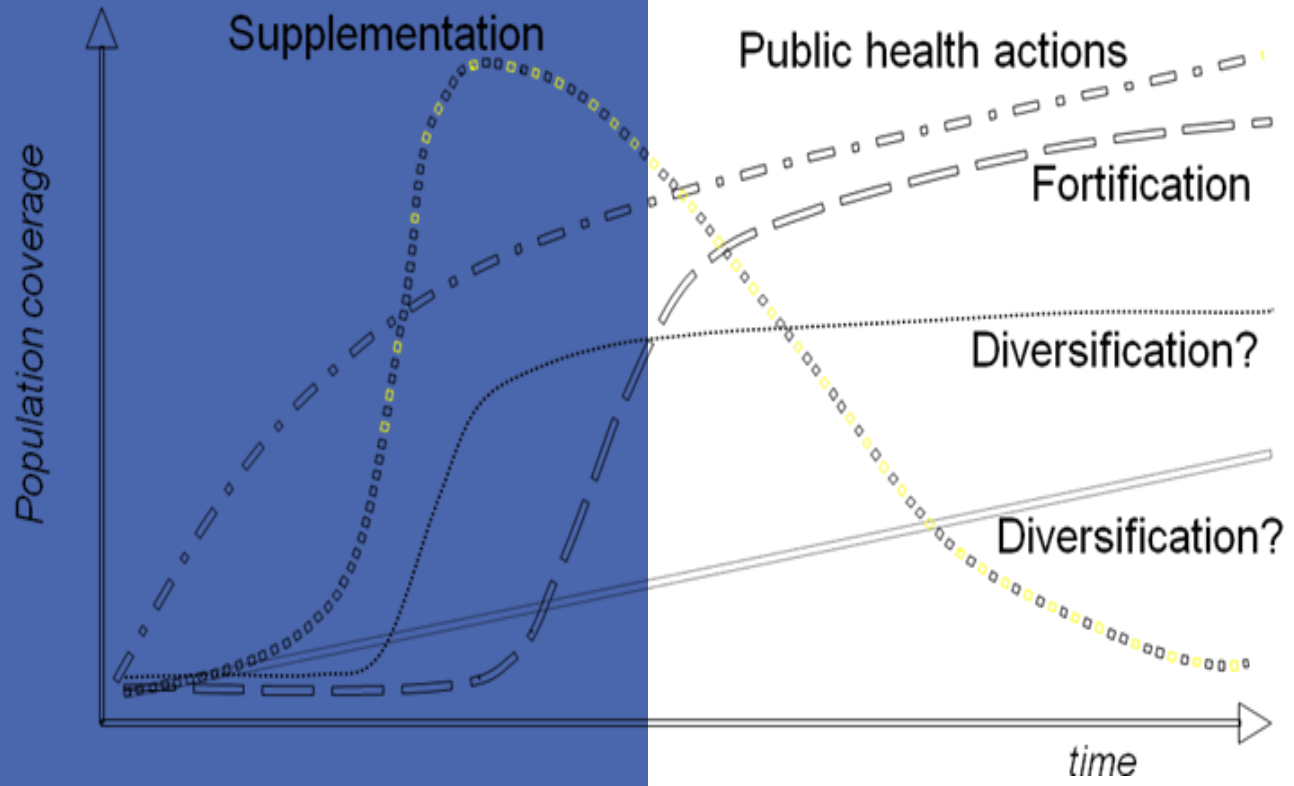
A. Food-based strategies :

1. **Dietary Diversification (Longer term):** Promotion of diverse or nutrient-dense, animal source foods production;
2. **Food Fortification (Medium to long-term)** with essential micronutrients (Iron folic acid and Vit A in flour, iodine in salt, and home fortification of complementary foods with MNPs).

B. Non-Food Based strategies:

3. **Micronutrient supplementation (Short to medium term)** (Vitamin A supplementation and deworming to children 6-59 months, iron folate supplementation to pregnant women, zinc in management of diarrhea etc).
4. **Public Health measures, Nutrition Education, Behavior Change Communication and (Continuous Longer term)** Optimal breastfeeding and complementary feeding, and effective public health services and food safety measures Infection Prevention, Hygiene, Sanitation, Immunization etc.

Poor Diet quality is a major issue: requiring A package of Short, medium and long range interventions



Supplementation:

- Sustain high twice yearly vitamin A Supplementation and De-worming to Children (over 90%)
 - Reduce inequity:
 - 6-11 months – low coverage at 55%
 - Poor urban areas below 80%
- Improve coverage (80+%) and compliance (above 50%) of Iron Folic Acid supplementation and deworming for adolescent girls and pregnant women
 - Early introduction of IFA (first two months) – protective of neonatal and child mortality
 - Improve Pre-conception iron and folic acid status

Fortification

- Achieve Universal Salt Iodization of 90% households using adequately iodized salt (>15 ppm)
 - Focus: Eastern Hill - 53.5%, and Mid/Far West Hills- 38%
- Other food fortification initiatives – flour + others? (based on outcome of MNS survey)

Dietary Diversification – integrated approach

- Improve uptake of essential nutrients in pregnant and lactating women and children 6-23 months of age
 - Develop improved recipes using locally available foods – based on TIPS, for promotion and demonstration during MIYCF counseling sessions
 - Simultaneously: Micronutrient powders to children or SFP to mothers with MAM babies (?) integrated with MIYCF and care, including hygiene and sanitation





**THANK
YOU**

