Key Health & Nutrition Indicators

- **Anaemia Women, 15-49**: 40.8% (2016)
- **Low birth weight**: 24.2% (2014)
- **Exclusive Breastfeeding**: 88.1% (2016)
- **Overall U5 Stunting**: 36.8% (2016)
- **Severe U5 Stunting**: 12.0% (2016)
- **Overall U5 Wasting**: 9.7% (2016)
- **Severe U5 Wasting**: 1.8% (2016)
- **Anaemia U5**: No data
- **Vitamin A Deficiencies**: 52.7% (2016)
- **Vitamin A Supplementation full coverage**: 16.9% (2016)

**National Context of Acute Malnutrition**

- **GAM prevalence**: 9.7% (2016)
- **SAM prevalence**: 1.8% (2016)

**National SAM Management Policies and Strategies**

- **National multi-sectoral nutrition plans**: Yes
- **Inpatient care**: Yes
  - Year started: 2009
- **Outpatient care**: Yes
  - Year started: 2009
- **Community based case management**: Yes
- **SAM management part of national multi-sectoral plans**: Yes
- **SAM management integrated in national health policies**: No
  - National health policy (2014) does not include SAM management
- **SAM management national guidelines in place**: Yes
- **Latest SAM management guidelines incorporates WHO 2013 recommendations**: Yes
- **SAM in pre-service training curricula**: Yes

**REMARKS**

- To improve nutritional care service utilisation, a total of US$ 36,281,400 (NPR 3,768,914,000) was made available.
- **Current national SAM treatment coverage target**: “Increase of the coverage by 35 districts by 2017”
- **Current national wasting target**: “Percent prevalence of wasting among children under 5 years of age reduced below 5% by 2017”
- **Current national stunting target**: “Reduce stunting to below 29% by 2017”

**SAM Financing**

- **Domestic funding for SAM treatment programmes**: Yes
- **Domestic funding for SAM treatment supplies**: Yes
Status of National SAM Management Programme

<table>
<thead>
<tr>
<th></th>
<th>PILOT</th>
<th>SCALING UP</th>
<th>PROGRAMMING AT SCALE</th>
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</thead>
<tbody>
<tr>
<td>Inpatient care</td>
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<td></td>
</tr>
<tr>
<td>Outpatient care</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Community case management</td>
<td>X</td>
<td></td>
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</tr>
</tbody>
</table>

**Geographical Coverage**

% of Facilities Offering SAM Treatment, by Year, 2010-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Inpatient Care</th>
<th>Outpatient Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>National Program Target</td>
<td>Currently Covered (Number, Percentage)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>NATIONAL PROGRAM</td>
</tr>
<tr>
<td></td>
<td>Program Target</td>
<td>(NUMBER)</td>
</tr>
<tr>
<td>2012</td>
<td>4,141</td>
<td>75</td>
</tr>
<tr>
<td>2013</td>
<td>4,141</td>
<td>127</td>
</tr>
<tr>
<td>2014</td>
<td>4,141</td>
<td>208</td>
</tr>
<tr>
<td>2015</td>
<td>4,141</td>
<td>36,093</td>
</tr>
</tbody>
</table>

**REMARKS**
- Nepal began a CMAM pilot in 2009 in 3 districts, and added a further 2 districts in 2010. An evaluation in 2012 found that CMAM was a strong component of the national Multi-Sectoral Nutrition Plan (MSNP) and the national health sectoral nutrition program to manage severe acute malnutrition in Nepal. Based on the national plan, it was expanded from five pilot districts to the current 32 districts.
- **ACRONYMS**
  - CMAM: Community-based Management of Acute Malnutrition
  - ECD: Early Childhood Development
  - GAM: Global Acute Malnutrition
  - HF: Health Facilities
  - IMR: Infant Mortality Rate
  - IMAM: Integrated Management of Acute Malnutrition (see CMAM)
  - IYCF: Infant and Young Child Feeding
  - SAM: Severe Acute Malnutrition
  - U5: Under-Five Years

**Key SAM Treatment Performance Indicators**

- **NUMBER OF CHILDREN ACCESSING SAM MANAGEMENT SERVICES** (ADMISSION BY YEAR)
- **TREATMENT OUTCOMES** (CURED, DEFAULTER, DEATH AND NON-RESPONDERS BY YEAR)

<table>
<thead>
<tr>
<th>Year</th>
<th>Cured</th>
<th>Defaulted</th>
<th>Died</th>
<th>Non-Responders</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>90.8%</td>
<td>8.8%</td>
<td>0.4%</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>99.9%</td>
<td>0.4%</td>
<td>0.1%</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>98.8%</td>
<td>1.2%</td>
<td>0.2%</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>99.5%</td>
<td>0.2%</td>
<td>0.1%</td>
<td></td>
</tr>
</tbody>
</table>

**REMARKS**
- Factors contributing to the good performance of CMAM in Nepal as follows:
  - National commitment: CMAM is a priority agenda of the government and a strong component of the Multi-Sector Nutrition Plan and national health sector strategy.
  - CMAM has a strong community outreach component, utilizing the government health infrastructure up to the community level.
  - Care and treatment of SAM is integrated with other health and nutrition services including the Integrated Management of Childhood Illnesses and infant and young child feeding interventions, as well as nutrition-sensitive interventions such as WASH and ECD.