

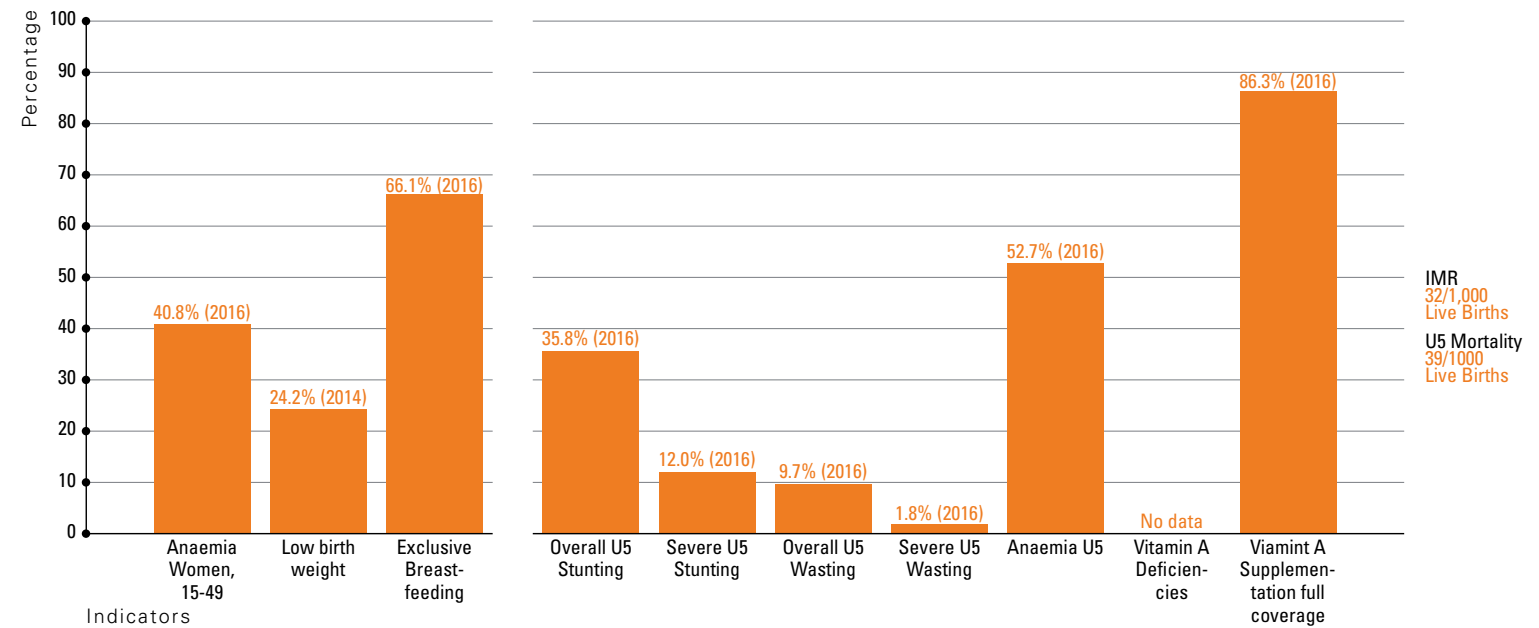


ESTIMATED TOTAL POPULATION: 28,621,706
 ESTIMATED U5 POPULATION: 2,959,101

Country Fact Sheets Nepal

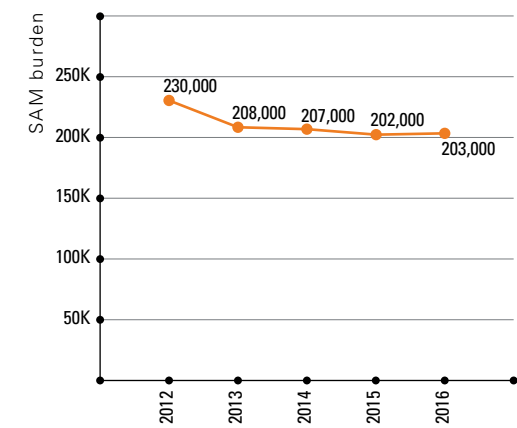


Key Health & Nutrition Indicators



National Context of Acute Malnutrition

ESTIMATED SAM BURDEN



National SAM Management Policies and Strategies

	REMARKS
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.

GAM prevalence	9.7% (2016)
SAM prevalence	1.8% (2016)
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"

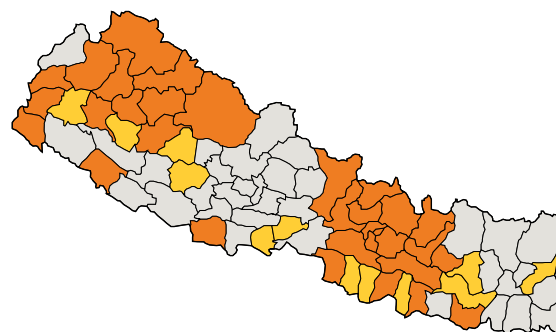
SAM Financing

Domestic funding for SAM treatment programmes	Yes
Domestic funding for SAM treatment supplies	Yes

Status of National SAM Management Programme

	PILOT	SCALING UP	PROGRAMMING AT SCALE
Inpatient care			X
Outpatient care			X
Community case management			X

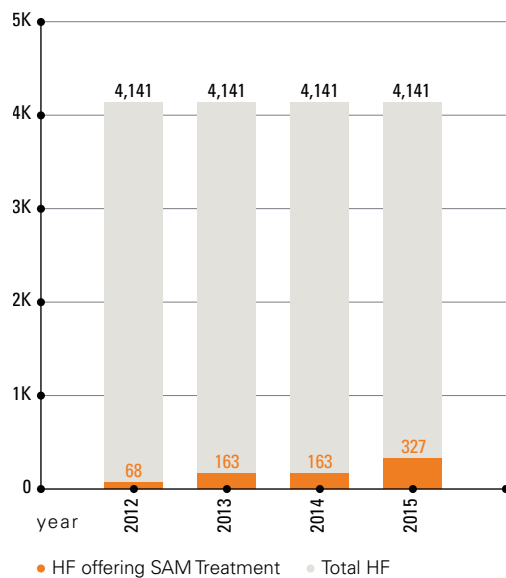
AVAILABILITY OF TREATMENT SERVICES IN SECOND-TIER ADMINISTRATIVE UNIT



- CMAM districts
- Scale up plan in 2017

Geographical Coverage

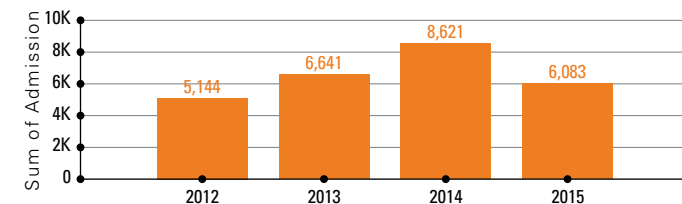
% of Facilities Offering SAM Treatment, by Year, 2010-2015



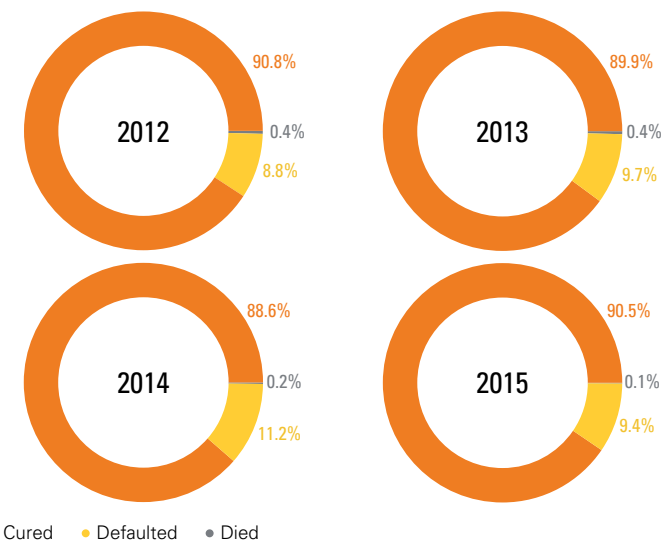
	TOTAL	INPATIENT CARE		OUTPATIENT CARE	
		NATIONAL PROGRAM TARGET (NUMBER)	CURRENTLY COVERED (NUMBER; PERCENTAGE)	NATIONAL PROGRAM TARGET	CURRENTLY COVERED (NUMBER; PERCENTAGE)
District level	75	35	32 (91.4%)	35	32 (91.4%)
Tertiary/secondary level hospitals	127	19	19 (100%)	0	0
Primary health centres/sub-centres	208	35	32 (91.4%)	32	32 (100%)
Others (ECD centres)	36,093	0	0	0	0
Community case management units	3,806	0	0	500	384 (76.8%)

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)



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.

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.