Regional Conference on Scaling Up Care for Children with Severe Wasting in South Asia

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Kathmandu

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Outlines

• Nepal at a Glance
• Nepal’s Status Against WHA Global Nutrition Targets
• Nutrition Situation of Nepal
• National Policy Response to Maternal and Childhood Undernutrition
• National Nutrition Specific Programme
• Health Sector Institutional Framework
• Key Milestones Towards SAM Management
• Challenges
• Opportunities to Improve Care for Severely Wasted Children
• Key Lesson Learned
• Next Steps
• Key changes foreseen in the short to medium term
Nepal: A Diverse and Beautiful Country

**Area:** 147,181 square km

**Altitude** ranging from 70 m to 8848 m (Mt Everest) amidst a width of 193 km

**3 Ecological Regions:**
- Mountain (16 districts)
- Hill (39 districts)
- Terai (20 districts)

**7 provinces, 744 local bodies:** (4 metropolitan cities, 13 sub-metropolitan cities, 246 municipalities and 481 rural municipalities)

**Diversity:** 10 Religions, 125 Caste/ethnic groups and 123 Languages

**Total population:** 26.5 million

**U-5 population:** 3.5 million
<table>
<thead>
<tr>
<th>SN</th>
<th>World Health Assembly (WHA) 2025 Global Targets</th>
<th>Status (Base year 2011)</th>
<th>WHA Target for Nepal (Not Set Yet Nationally)</th>
<th>Nepal’s Current Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Achieve a 40% reduction in the number of children under - 5 who are stunted</td>
<td>40.5%</td>
<td>25%</td>
<td>35.8% (NDHS 2016)</td>
</tr>
<tr>
<td>2a</td>
<td>Achieve a 50% reduction of anemia in women of reproductive age</td>
<td>35%</td>
<td>18%</td>
<td>40.8% (NDHS 2016)</td>
</tr>
<tr>
<td>2b</td>
<td>Achieve a 50% reduction of anemia in children</td>
<td>46.2%</td>
<td>23.1%</td>
<td>52.7% (NDHS 2016)</td>
</tr>
<tr>
<td>3</td>
<td>Achieve a 30% reduction in low birth weight</td>
<td>12.1%</td>
<td>8%</td>
<td>24.2% (MICS 2014)</td>
</tr>
<tr>
<td>4</td>
<td>Ensure that there is no increase in childhood overweight</td>
<td>1.4%</td>
<td>≤1.4%</td>
<td>1.2% (NDHS 2016)</td>
</tr>
<tr>
<td>5</td>
<td>Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%</td>
<td>69.6%</td>
<td>&gt;50%</td>
<td>66.1% (NDHS 2016)</td>
</tr>
<tr>
<td>6</td>
<td>Reduce and maintain childhood wasting to less than 5%</td>
<td>10.9%</td>
<td>5%</td>
<td>9.8% (NDHS 2016)</td>
</tr>
</tbody>
</table>

Nutrition Equity analysis

Wasting Prevalence of Children under 5 years and Inequity (NDHS 2016)
Trends of Stunting and Wasting of Children Under Five Years (%)
National Policy Response to Maternal and Childhood Undernutrition

- National Nutrition Policy and Strategy 2004
- National Emergency Nutrition Policy - 2008
- Multi-Sectoral Nutrition Plan (MSNP) 2012
- National SMART Survey Guideline – 2013
- Strategy for Infant and Young Child (IYCF): Nepal 2014
- Post Disaster Need Assessment (PDNA)- 2015
- Nepal Integrated Management of Acute Malnutrition (IMAM) Guideline 2017
Multi-Sectoral Nutrition Plan (MSNP)

Goal: Improve Maternal and Child Nutrition, which will result in reduction of maternal, infant and young child undernutrition, in terms of maternal BMI and child stunting by one-third

Strategic Objective (SO) 1. National Planning Commission
Result (R) 1.1. Multi-sectoral commitment and resources for nutrition are increased
R 1.2. Nutritional information management and data analysis strengthened
R 1.3 Nutrition capacity of implementing agencies is strengthened

SO 2. Ministry of Health and Population
R 2.1 Maternal Infant Young Child MIYC micronutrient status improved
R 2.2 MIYC feeding improved
R 2.3 IYC Malnutrition better managed
R 2.4 Nutrition related policies, standards and acts updated

SO 3. Ministry of Physical Planning and Works
R 3.1 All young mothers and adolescent girls use improved sanitation facilities
R 3.2 All young mothers and adolescent girls use soap to wash hands
R 3.3 All young mothers and adolescent girls as well as children under 2 use treated drinking water

SO 4. Ministry of Education
• R 4.1 Adolescent girl's awareness and behaviours in relation to protecting foetal, infant and young child growth improved
• R 4.2 Parents better informed with regard to avoiding growth faltering
• R 4.3 Nutritional status of adolescent girls improved
• R 4.4 Primary and secondary school completion rates for girls increased

SO 5. Ministry Local Development/ Social Protection
R 5.1 Nutritional content of local development plans better articulated
R 5.2 Collaboration between local bodies' health, agriculture, and education sector strengthened at DDC and VDC level
R 5.3 Social transfer programme corroborated for reducing chronic under nutrition
R 5.4 Local resources increasingly mobilized to accelerate the reduction of MCU

SO 6. Ministry of Agriculture and Cooperatives
R 6.1 Increased availability of animal foods at the household level
R 6.2 Increased income amongst young mothers and adolescent girls from lowest wealth quintile
R 6.3 Increased consumption of animal foods by adolescent girls, young mothers and young children
R 6.4 Reduced workload of women and better home and work environment

The intergenerational transmission of growth failure: When to intervene in the life cycle
- Child growth failure/death
- Low Birthweight baby
- Early pregnancy
- Low weight & height in teenagers
- Small adult woman
- Small adult man
Health Sector Institutional Framework

• Ministry of Health (MoH)/Policy Planning and International Cooperation Division (PPICD)
• Department of health Services (DoHS)/Child Health Division (CHD)/Nutrition Section
• Regional Health Directorate (RHD)
• District (Public) Health Offices (D(P)HO)
• Primary Health Care Center (PHCC)
• Health Post (HP)
• Female Community Health Volunteer (FCHVs)
• Mothers’ Group
### 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. Maternal Infant and Young Child Nutrition (MIYCN)
2. Integrated Management of Acute Malnutrition (IMAM)
3. Micronutrient Powder (MNP) distribution linked with IYCF
4. School Health and Nutrition Program
5. Vitamin A Supplementation to address the low coverage in 6-11 months children
6. Multi-sectoral Nutrition Plan (MSN

### At small scale: Maternal and Child Health Nutrition (MCHN) Program–6 districts
Orientation workshop with potential partners on community based management of acute malnutrition (CMAM) in Oct 2007

Feasibility study of CMAM in Dec 2007

National stakeholder meeting on finalization CMAM protocol and implementation framework in Mar 2008

Approval of Emergency Nutrition Policy including CMAM Pilot in Jun 2008

CMAM baseline survey in 5 districts in 2008

National pilot planning meeting of CMAM in Jan 2009

MToT training of CMAM in Feb 2009

Piloting of CMAM in 5 districts since Mar 2009 to Sep 2010

CMAM pilot evaluation in during Jul-Dec 2011

Scale up of IMAM in additional 7 Districts in 2016

Implementation of IMAM in earthquake affected 14-priority districts in May 2015

National scale up in additional 6 districts from 2012

Revision and endorsement of National IMAM Guideline in 2016/2017

A study conducted on integration of SAM management into national health system in 2016

Planning to scale up IMAM programme in additional 12 districts in 2017 to reach put to all 28 MSNP districts

Steps towards IMAM in Nepal

IMAM is recommended for national scale up by SUN initiative and health sector evidence review

Development of Pilot National Guideline of CMAM June 2008

Approval of Emergency Nutrition Policy including CMAM Pilot in Jun 2008

Feasibility study of CMAM in Dec 2007

A study conducted on integration of SAM management into national health system in 2016

Implementation of IMAM in earthquake affected 14-priority districts in May 2015

National scale up in additional 6 districts from 2012

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CMAM pilot evaluation in during Jul-Dec 2011
SAM Admission Trends in Nepal


Admission Numbers:
- 2009: 3178
- 2010: 5089
- 2011: 6774
- 2012: 6646
- 2013: 8154
- 2014: 10526
- 2015: 11271
- 2016: 11517
CMAM Performance in Nepal

- **Recovery Rate:**
  - Achievement: 87.73%
  - SPHERE Standard: 75%

- **Death Rate:**
  - Achievement: 0.20%
  - SPHERE Standard: 10%

- **Defaulter Rate:**
  - Achievement: 6.64%
  - SPHERE Standard: 15%
Outcomes of Nutrition in Emergency Response and Recovery

Summary of Post Earthquake Nutrition Response and Recovery
(May 2015- Mar 2017)
Challenges and Constraints

• Current transition of decentralization through federal structure.

• Limited resources including human capacity, financial resources and supplies for scaling up IMAM across the country.

• Though SAM treatment is already integrated with national health systems, there is still a long way to integrate at each step.

• Heavy presence of moderate acute malnutrition and maternal malnutrition

• Capacity building of health workers and FCHVs for programme delivery in a regular basis

• Limited resources for emergency to development transition
Opportunities to Improve Care for Severely Wasted Children

• Management of SAM has been integrated fully with national health system.

• Management of SAM has been considered as a major component of Multi-Sectoral Nutrition Plan (MSNP).

• Existence of health and community structure up to the grass root level.

• Provision of relevant indicators for SAM management in HMIS.

• Management of SAM has been fully integrated with CBIMNCI programme.

• MoH has increasingly allocated funds from SWAp for SAM management.

• From 2012, CMAM has been shifted to IMAM integrating with facility as well community based approaches aligning with other interventions such as; IYCF, WASH, ECD etc...
Key Lessons

• Integrating IYCF, WASH and ECD components with IMAM helps to prevent acute malnutrition “prevention of SAM is essential but treatment I urgently needed”.

• Effective intervention of MSNP helps to prevent and manage SAM integrating with key interventions/sectors.

• Stronger community outreach and mobilization of health and community networks supports for ownership and accountability of duty bearers at health facility and community level.

• Step by step expansion of service centers for SAM management has been very effective.

• Collaboration with and supportive role of local government authorities supports for effective management of SAM. E.g. community outreach, case findings, referral, follow ups etc.....

• Screening of 6-59 months children aligning with national vitamin-A program has helps to reach to hard-to-reach communities and increase the coverage.
Next Steps and the future of care for children with severe wasting

6 -24 months:
• Complete alignment of national policies and guidelines inline with WHO guidelines.
• Develop planning framework and policy drives aligning with local government authorities in changed context.
• Gradual scale up to cover all the most vulnerable districts/areas.

Medium term (3-5 years):
• Scale up programme for SAM management in all 75 districts of Nepal.
• Continuation of capacity building of government health system, local government authorities and civil society organizations.
• Advocate to include RUTF in essential drug list and its periodic supply to the health facilities.
• Leverage enough funds from the government for SAM management.
Key changes foreseen in the short to medium term

- Programme for SAM management will be a major component of local government authorities at rural municipalities and municipalities.
- In all 75 districts, SAM management will be a major component of MSNP lead by local government authorities with health sector’s interventions.
- Structural arrangement for MSNP at all levels will drive to plan, implement, monitor and review of SAM integrating with other health and nutrition programme at national and local levels.
THANKS