

Nepal- A Four Decades Success Story in moving beyond the Micronutrient Targets of the World Fit Children Goals

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Introduction

Nepal's journey towards prevention and control of micronutrient deficiency among children and women began from 1965 with a national survey, focusing on the total goiter rate (TGR). With the survey, Nepal initiated its first nutrition program, Universal Salt Iodization (USI), in partnership with Salt Trading Corporation Limited Nepal in 1973. With the country's commitment to achieve World Fit for Children (WFC) Goal on micronutrient deficiency prevention and control during World Summit for Children in 1990s, Nepal intensified its effort to fight against micronutrient malnutrition during Millennium Development Goal (MDG) Era with implementing following key intervention during the period from 1990 to 2015. This presentation intends to tell the Nepal's success story in the MDG Era.

1988	Establishment of Nutrition Section in Ministry of Health
1990	Nepal made commitment on WFC Goal in MN Deficiency Prevention and Control
1990	Nutrition Program on Prevention, Protection and Promotion of Breastfeeding and IYCF Promotion
1993	National Vitamin 'A' Program (NVAP) focusing on Children 6-59 months
1998	Nepal National Micronutrient Status Survey I
1999	DACAW- GMP; Iodized Salt Social Marketing Campaign
2000	Postpartum Vitamin 'A' dosing (200,000 IU)
2001	Deworming Programme to School Aged Children
2003	Intensification of Iron Folic Acid Supplementation Program
2008	Community based management of acute malnutrition
2009	Nutrition Assessment and Gap Analysis (NAGA)
2009	Community base Infant and Young Child Feeding Promotion and MNP powder distribution
2010	Maternal Infant and Young Children Nutrition (MIYCN) Program
2013	Multi Sector Nutrition Plan I (2013-2017)
2016	Weekly Iron folic acid supplementation program to adolescent girls, 10-19 years
2016	Nepal National Micronutrient Status Survey II
2018-2022	Multi Sector Nutrition Plan II (2018-2022)

Objective/Aim

Nepal's nutrition program made an objective to attain MDG goals -1, 4 and 5 & WFC target in micronutrient through scaling up of national implementation of Universal Salt Iodization, National Vitamin 'A' program and Iron Intensification Program.

Methods

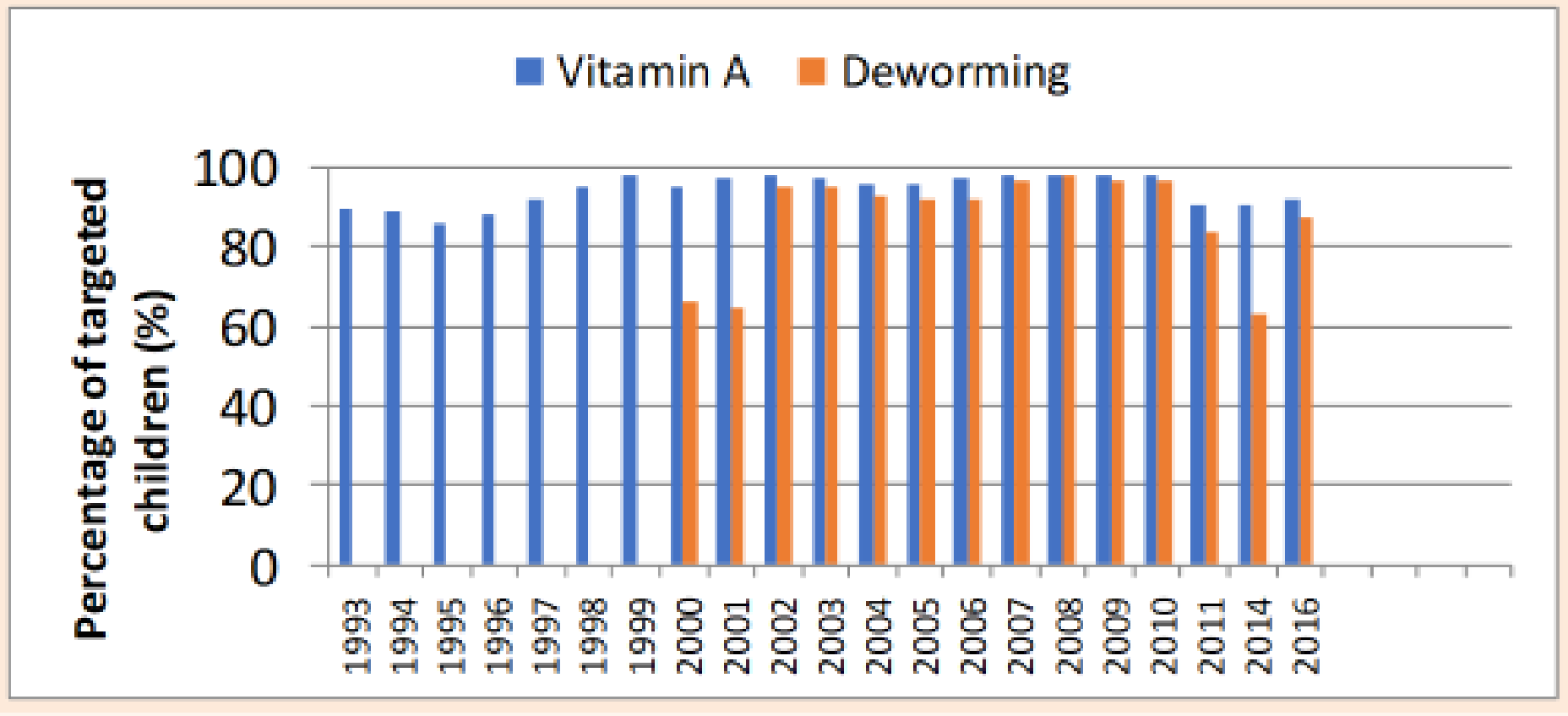
Nepal began with USI program in 1973, followed by biannual vitamin 'A' supplementation program to the preschool children in 1993 and iron intensification program to pregnant women in 2004. Key program strategies followed are phased implementation approach, bringing the service closer to the community by mobilization of community based health workforce female community health volunteers with 'task shifting approach', public private partnership, multi sectoral community mobilization, strong program monitoring and continuous support from development partners.

Results

Result Area -1 : Vitamin 'A' Deficiency Prevention and Control

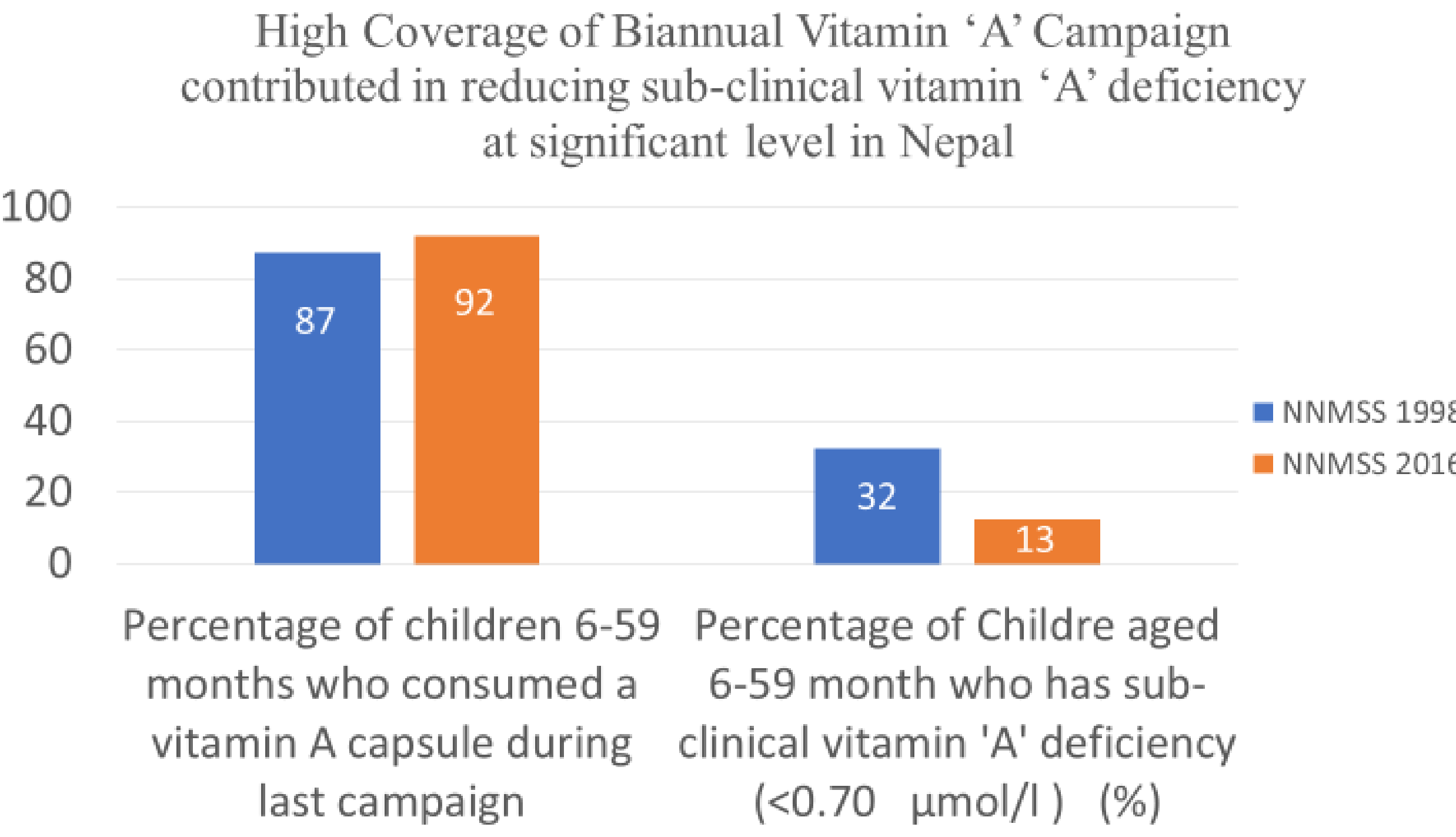
National Vitamin 'A' Program's Response

Consistent High Coverage of Biannual Supplementation



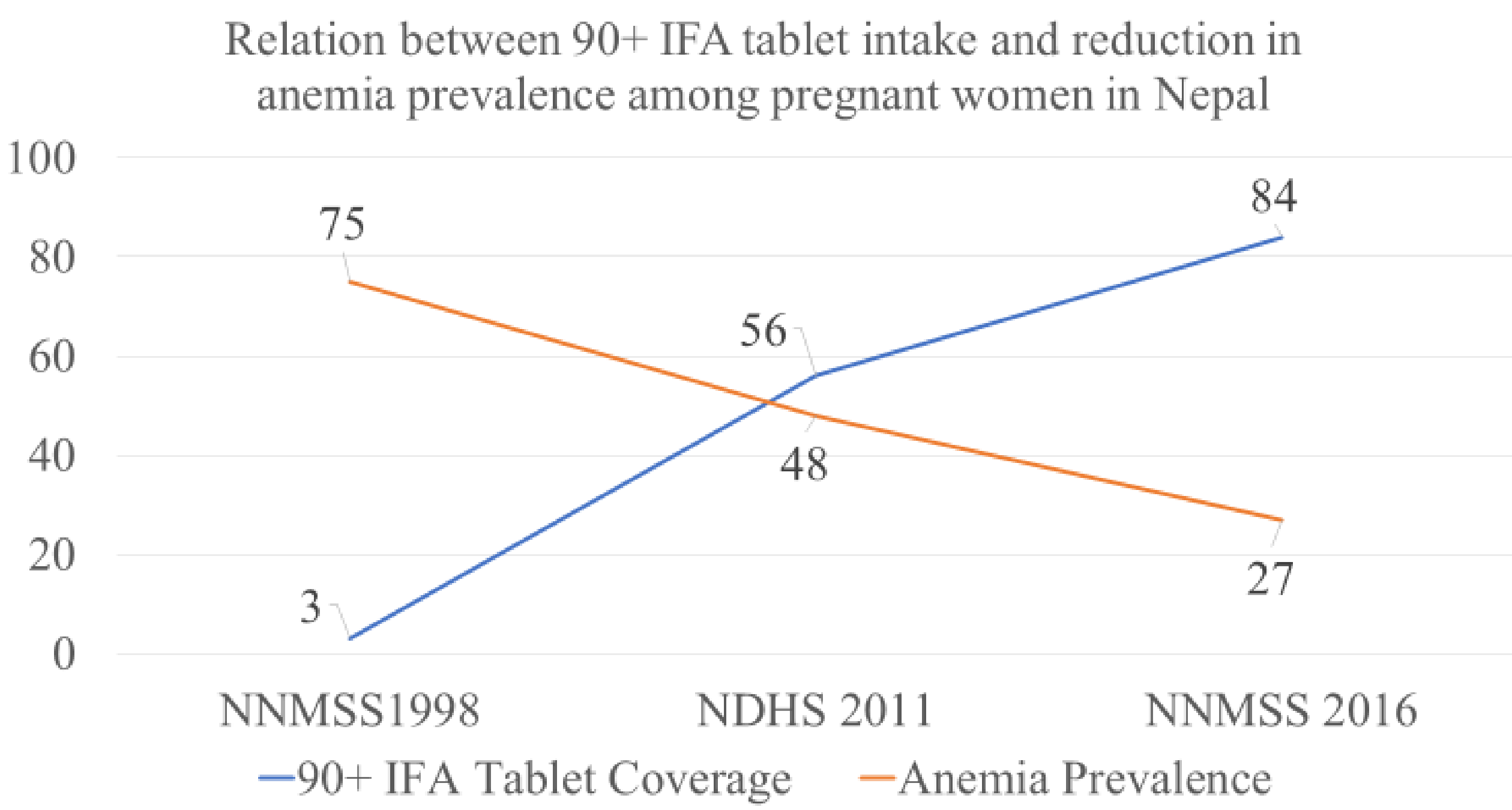
• Consistent high coverage of Vitamin 'A' Capsule at around 90 percent.

Source: (1) Vitamin 'A' Coverage Mini Surveys (1993- 2010), (2) National Surveys – NDHS 2011, NMICS 2014 and NNMSS 2016



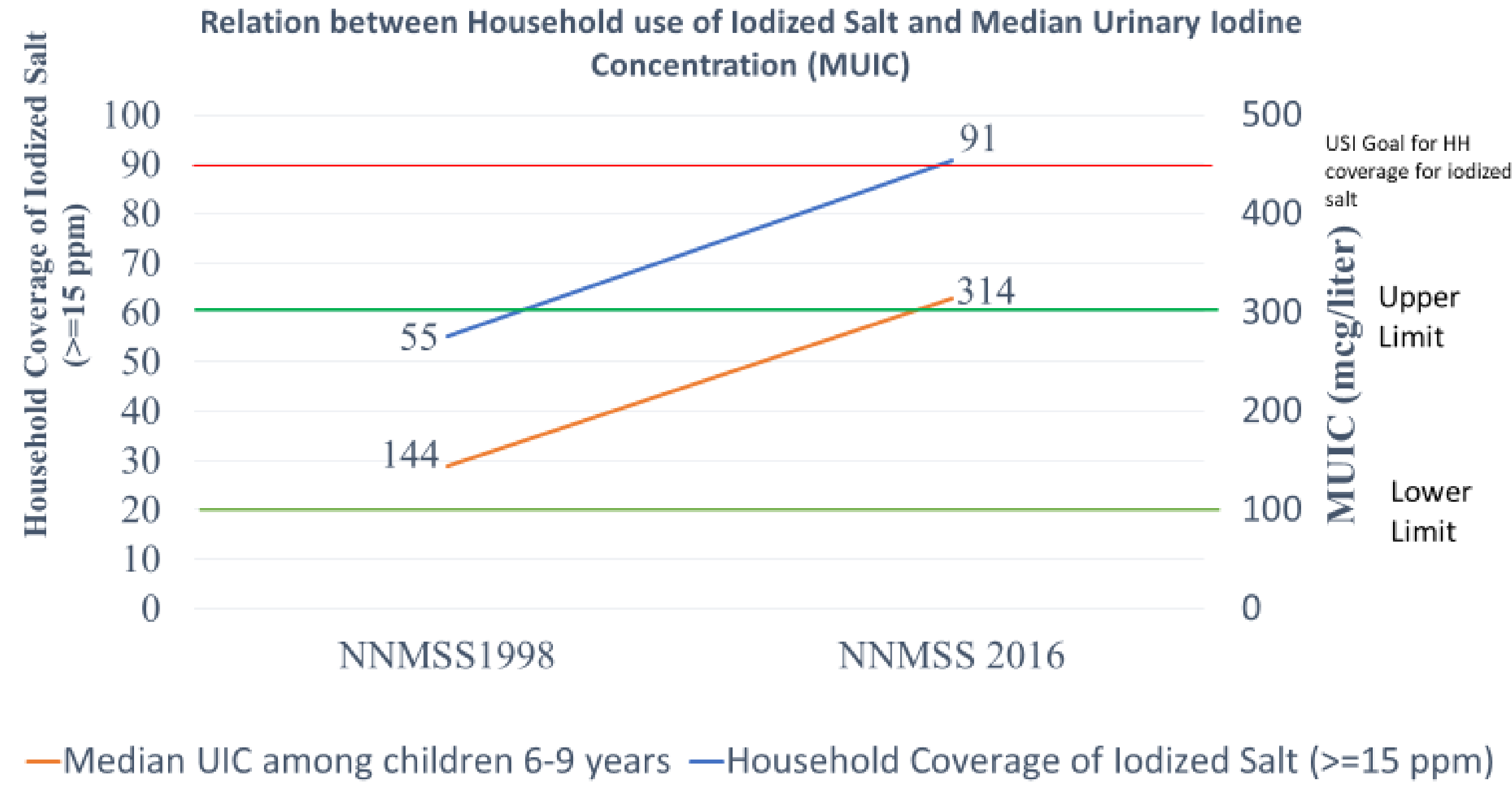
Vitamin 'A' deficiency among children reduced significantly from 1998's level of sub-clinical vitamin 'A' deficiency.

Result Area -2 : Anemia Prevention and Control



Improvement in Iron folic acid (IFA) compliance (at least 90+ IFA tablet) contributed in significant reduction of maternal anemia from 1998's level to 2016 level.

Result Area -3 : Iodine Deficiency Disorder Prevention and Control



Nepal achieved the USI goal of 90 per cent household using iodized salt with optimum iodine nutrition, however, there is increasing challenge of excess iodine intake as reflected by the MUIC >300 mcg/liter.

Conclusions

Despite decade long armed conflict and political transition, Nepal has not only achieved the targets of MDG & WFC on child health status, but also has sustained them primarily because of common vision among the national stakeholders, strong policy framework, public private partnership, decentralized and consistent service delivery, and mobilization of more than 51,470 female community health volunteers with 'task shifting approach' under the leadership of Government of Nepal.



Picture 1: Vitamin A Distribution
Picture 2: Mother Group Meeting
Picture 3: Social Mobilization

Photo courtesy: UNICEF Nepal 2007 /Naveen Paudyal/ FCHVs providing micronutrient related services at community in the Bhaktapur, Kavrepalanchowk and Doti Districts.

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