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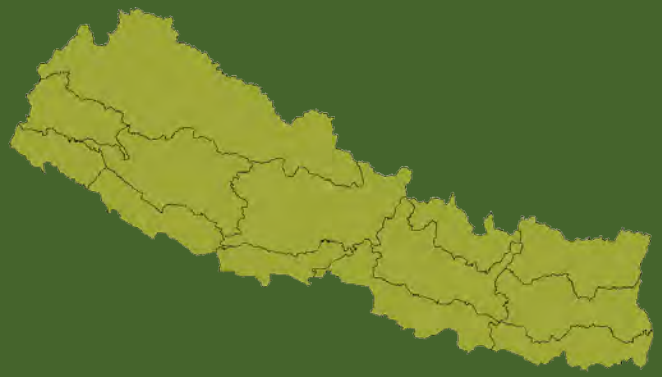
Strengthening Partnerships, Results, and Innovations in Nutrition Globally

SNAPSHOTS OF NUTRITION IN NEPAL



These subregional snapshots have been constructed as part of the "Pathways to Better Nutrition" case study evaluations implemented by the U.S. Agency for International Development (USAID)-funded SPRING Project. Using key indicators and objectives named in the 2012 Multi-Sector Nutrition Plan (MSNP), these snapshots present the diversity of factors affecting malnutrition in the country. These snapshots can be interpreted as a set, assessing what objectives or set of constraints are most pressing in each subregion. The contextual factors that will affect subnational implementation of national nutrition policy may vary across regions.

ABOUT SPRING

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is a five-year USAID-funded Cooperative Agreement to strengthen global and country efforts to scale up high-impact nutrition practices and policies and improve maternal and child nutrition outcomes. The project is managed by JSI Research & Training Institute, Inc., with partners Helen Keller International, The Manoff Group, Save the Children, and the International Food Policy Research Institute.

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SPRING
JSI Research & Training Institute, Inc.
1616 Fort Myer Drive, 16th Floor
Arlington, VA 22209 USA
Phone: 703-528-7474
Fax: 703-528-7480
Email: info@spring-nutrition.org
Internet: www.spring-nutrition.org

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‘SNAPSHOTS OF NUTRITION’ READER’S GUIDE

These snapshots are intended to present the diversity of factors affecting malnutrition in the country based upon the dimensions outlined by Nepal’s Multi-Sector Nutrition Plan (MSNP). Best read alongside other evidence from SPRING’s ‘Pathways to Better Nutrition’ (PBN) Case Study Series, the snapshots can be used in the following ways:

•By nutrition program planners in Nepal to help inform what weaknesses are, and are not, modifiable in their subregion; what new interventions to plan and advocate for in next year’s workplan; and what aspects of current interventions may need revision in order to meet the 2017 MSNP targets.

•By nutrition policy makers in Nepal at the national and local level to prioritize plans and funding for activities tailored to improve the indicators furthest from the national average or MSNP targets.

•By nutrition monitoring and evaluation officers both in Nepal and elsewhere to use as a data point to work from in planning their evaluation of the effectiveness of the MSNP from 2013 onward.

Snapshots of Nutrition in Nepal: Central Hill Subregion

SUMMARY OF KEY MSNP INDICATORS* FOR CENTRAL HILL SUBREGION

Key Indicator	Level in Central Hill	MSNP National Target (2017)
Completion of primary education[1]	40.2%	(increased)
Low birthweight (<2.5kg)[1]	18.3%	(reduced)
Stunting, children under 5 years[1]	31.3%	29%
Underweight, children under 5 years[1]	22.5%	20%
Underweight, non-pregnant women[1]	11.5%	15%
Wasting, children under 5 years[1]	10.3%	5%
Outcome Indicator		
3 IYCF practices, children 6–23 months[1]	36.0%	(increased)
Access to SAM services	unavailable	(increased)
Any anemia, children 6–59 months[1]	40.2%	(reduced)
Any anemia, WRA[1]	19.5%	(reduced)
ARI in past 2 weeks, children under 2 years[1]	3.8%	(reduced)
Daily workload, women[2]	6.9 hours	(reduced)
Diarrhea in past 2 weeks, children under 2 years[1]	11.2%	(reduced)
Early initiation of breastfeeding[1]	40.3%	(increased)
Indoor smoke exposure, children under 5 years	unavailable	(reduced)
Indoor smoke exposure, WRA	unavailable	(reduced)
Iodine Deficiency, children 6–23 months	unavailable	(reduced)
Vitamin A deficiency, children 6–23 months	unavailable	(reduced)

*The MSNP names several outcome level activities, only those named as an indicator are listed here.

IYCF = Infant and Young Child Feeding; SAM = Severe Acute Malnutrition; ARI = Acute Respiratory Infection.

Daily workload is defined as the weekly number of hours spent on household or employment per week, divided by 7.

Sources: [1]Nepal MoHP, New ERA, ICF International Inc. (2012); [2] Nepal CBS (2012b); [3] Government of Nepal NPC (2012).

DESCRIPTION OF CENTRAL HILL CHARACTERISTICS (IN COMPARISON TO OTHER SUBREGIONS)

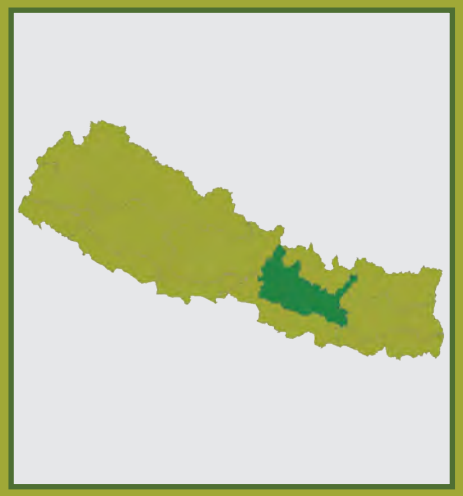
Location:
Peri-Urban

Households in lowest national wealth quintile*:
Above average (20%)

Percentage of households on paved road:
Above average (80%)

Households receiving remittances:
Below average (37%)

Literacy rate for women of reproductive age:
Above average (76%)



Notes:

Location definitions are derived from the number of population living in the following categories: >500 persons per sq. km.=Urban, 500< persons per sq. km. >300=Peri-Urban, <300 persons per sq. km.=Rural. Source: Nepal CBS (2012a).

***Considered a measure of poverty. Source: Nepal MoHP, New ERA, and ICF International Inc. (2012).**

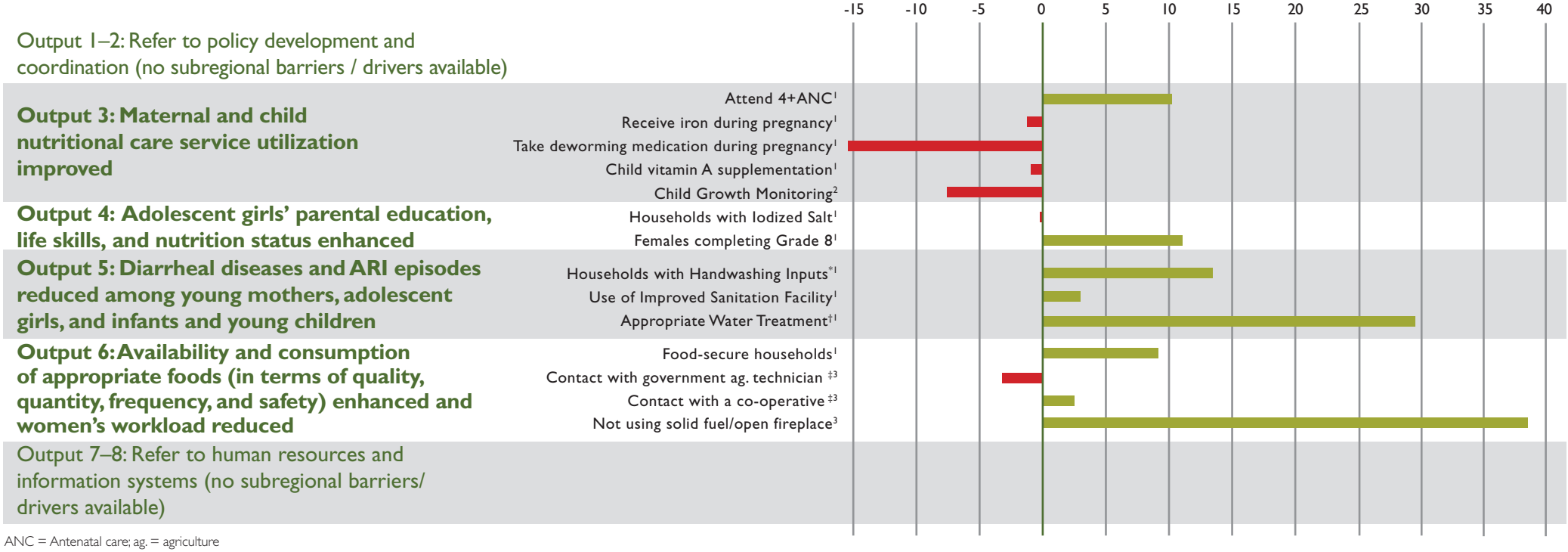
Remittances are defined as any money received by individuals not living in the household. Source: Nepal CBS (2012b).

Literacy rates are compared to national average.

Source: Nepal MoHP, New ERA, and ICF International Inc. (2012).

IDENTIFIED BARRIERS AND DRIVERS OF BETTER NUTRITION, BY SELECTED MSNP OUTPUT AREAS

Drivers and Barriers are organized by the bolded outputs. Difference from national average (percentage points), except where noted below.



ANC = Antenatal care; ag. = agriculture

* Households having an observed place for handwashing with soap and water. † Includes boiling, bleaching, straining, filtering, and solar disinfecting. ‡ Among agricultural households, in the past 12 months. § Defined as receiving seeds, fertilizer, or credit from a co-operative (agricultural savings and credit association) in the past 12 months. Among agricultural households.

Sources: [1]New ERA, and ICF International Inc. (2012); [2]Nepal MoHP (2012); [3]Nepal CBS (2012b).

HOUSEHOLD CONSUMPTION OF MICRONUTRIENT-RICH FOODS (PAST 7 DAYS), AND SOURCE (PAST 12 MONTHS)

	Household Consumption (past 7 days)	In the last 12 Months, % of Households that have obtained this type of food, by source		
		Produced	Purchased	In Kind
Vitamin A-rich fruits & vegetables*	85.4	37.4	87.0	46.5
Eggs	60.7	17.1	79.8	3.1
Dairy	78.3	16.5	78.2	18.1
Meats	74.0	18.8	96.1	12.5

*Includes leafy green vegetables, papayas, mangos, and colocassia. **Source:** Nepal CBS (2012b).

Sources

Government of Nepal National Planning Commission (NPC). 2012. "Multi-Sector Nutrition Plan: For Accelerating the Reduction of Maternal and Child Under-Nutrition in Nepal, 2013-2017 (2023)". Government of Nepal.

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Snapshots of Nutrition in Nepal: Central Mountain Subregion

SUMMARY OF KEY MSNP INDICATORS* FOR CENTRAL MOUNTAIN SUBREGION

Key Indicator	Level in Central Mountain	MSNP National Target (2017)
Completion of primary education[1]	33.1%	(increased)
Low birthweight (<2.5kg)[1]	22.6%	(reduced)
Stunting, children under 5 years[1]	45.5%	29%
Underweight, children under 5 years[1]	34.7%	20%
Underweight, non-pregnant women[1]	14.9%	15%
Wasting, children under 5 years[1]	7.9%	5%
Outcome Indicator		
3 IYCF practices, children 6–23 months[1]	25.5%	(increased)
Access to SAM services	unavailable	(increased)
Any anemia, children 6–59 months[1]	33.1%	(reduced)
Any anemia, WRA[1]	19.2%	(reduced)
ARI in past 2 weeks, children under 2 years[1]	10.5%	(reduced)
Daily workload, women[2]	8.3 hours	(reduced)
Diarrhea in past 2 weeks, children under 2 years[1]	12.8%	(reduced)
Early initiation of breastfeeding[1]	42.8%	(increased)
Indoor smoke exposure, children under 5 years	unavailable	(reduced)
Indoor smoke exposure, WRA	unavailable	(reduced)
Iodine Deficiency, children 6–23 months	unavailable	(reduced)
Vitamin A deficiency, children 6–23 months	unavailable	(reduced)

*The MSNP names several outcome level activities, only those named as an indicator are listed here.

IYCF = Infant and Young Child Feeding; SAM = Severe Acute Malnutrition; ARI = Acute Respiratory Infection.

Daily workload is defined as the weekly number of hours spent on household or employment per week, divided by 7.

Sources: [1]Nepal MoHP, New ERA, ICF International Inc. (2012); [2] Nepal CBS (2012b); [3] Government of Nepal NPC (2012).

DESCRIPTION OF CENTRAL MOUNTAIN CHARACTERISTICS (IN COMPARISON TO OTHER SUBREGIONS)

Location:
Rural

Households in lowest national wealth quintile*:
Below average (19%)

Percentage of households on paved road:
Below average (31%)

Households receiving remittances:
Above average (60%)

Literacy rate for women of reproductive age:
Below average (62%)

Notes:

Location definitions are derived from the number of population living in the following categories: >500 persons per sq. km.=Urban, 500< persons per sq. km. >300=Peri-Urban, <300 persons per sq. km.=Rural. Source: Nepal CBS (2012a).

***Considered a measure of poverty. Source: Nepal MoHP, New ERA, and ICF International Inc. (2012).**

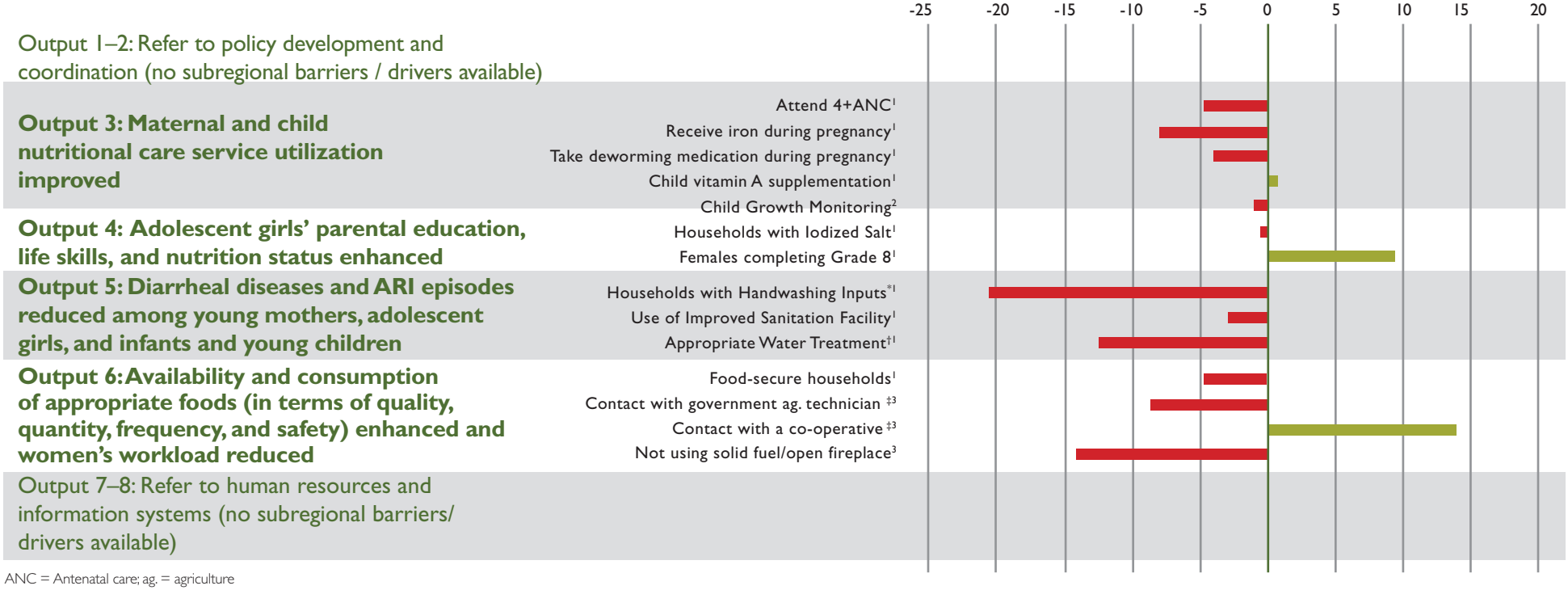
Remittances are defined as any money received by individuals not living in the household. Source: Nepal CBS (2012b).

Literacy rates are compared to national average.

Source: Nepal MoHP, New ERA, and ICF International Inc. (2012).

IDENTIFIED BARRIERS AND DRIVERS OF BETTER NUTRITION, BY SELECTED MSNP OUTPUT AREAS

Drivers and Barriers are organized by the bolded outputs. Difference from national average (percentage points), except where noted below.



ANC = Antenatal care; ag. = agriculture

*Households having an observed place for handwashing with soap and water. †Includes boiling, bleaching, straining, filtering, and solar disinfecting. ‡Among agricultural households, in the past 12 months. §Defined as receiving seeds, fertilizer, or credit from a co-operative (agricultural savings and credit association) in the past 12 months. Among agricultural households.

Sources: [1]New ERA, and ICF International Inc. (2012); [2]Nepal MoHP (2012); [3]Nepal CBS (2012b).

HOUSEHOLD CONSUMPTION OF MICRONUTRIENT-RICH FOODS (PAST 7 DAYS), AND SOURCE (PAST 12 MONTHS)

	Household Consumption (past 7 days)	In the last 12 Months, % of Households that have obtained this type of food, by source		
		Produced	Purchased	In Kind
Vitamin A-rich fruits & vegetables*	85.3	81.4	57.1	79.5
Eggs	38.5	50.0	73.7	15.4
Dairy	53.2	30.8	38.5	62.2
Meats	66.7	50.6	99.4	32.1

*Includes leafy green vegetables, papayas, mangos, and colocassia. **Source:** Nepal CBS (2012b).

Sources

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Snapshots of Nutrition in Nepal: Central Terai Subregion

SUMMARY OF KEY MSNP INDICATORS* FOR CENTRAL TERAI SUBREGION

Key Indicator	Level in Central Terai	MSNP National Target (2017)
Completion of primary education[1]	46.7%	(increased)
Low birthweight (<2.5kg)[1]	10.4%	(reduced)
Stunting, children under 5 years[1]	40.5%	29%
Underweight, children under 5 years[1]	32.0%	20%
Underweight, non-pregnant women[1]	26.4%	15%
Wasting, children under 5 years[1]	13.9%	5%
Outcome Indicator		
3 IYCF practices, children 6–23 months[1]	8.8%	(increased)
Access to SAM services	unavailable	(increased)
Any anemia, children 6–59 months[1]	46.7%	(reduced)
Any anemia, WRA[1]	42.6%	(reduced)
ARI in past 2 weeks, children under 2 years[1]	4.2%	(reduced)
Daily workload, women[2]	7.5 hours	(reduced)
Diarrhea in past 2 weeks, children under 2 years[1]	16.7%	(reduced)
Early initiation of breastfeeding[1]	31.3%	(increased)
Indoor smoke exposure, children under 5 years	unavailable	(reduced)
Indoor smoke exposure, WRA	unavailable	(reduced)
Iodine Deficiency, children 6–23 months	unavailable	(reduced)
Vitamin A deficiency, children 6–23 months	unavailable	(reduced)

*The MSNP names several outcome level activities, only those named as an indicator are listed here.

IYCF = Infant and Young Child Feeding; SAM = Severe Acute Malnutrition; ARI = Acute Respiratory Infection.

Daily workload is defined as the weekly number of hours spent on household or employment per week, divided by 7.

Sources: [1]Nepal MoHP, New ERA, ICF International Inc. (2012); [2] Nepal CBS (2012b); [3] Government of Nepal NPC (2012).

DESCRIPTION OF CENTRAL TERAI CHARACTERISTICS (IN COMPARISON TO OTHER SUBREGIONS)

Location:
Urban

Households in lowest national wealth quintile*:
Below average (9%)

Percentage of households on paved road:
Above average (72%)

Households receiving remittances:
Above average (57%)

Literacy rate for women of reproductive age:
Below average (42%)

Notes:

Location definitions are derived from the number of population living in the following categories: >500 persons per sq. km.=Urban, 500< persons per sq. km. >300=Peri-Urban, <300 persons per sq. km.=Rural. Source: Nepal CBS (2012a).

***Considered a measure of poverty. Source: Nepal MoHP, New ERA, and ICF International Inc. (2012).**

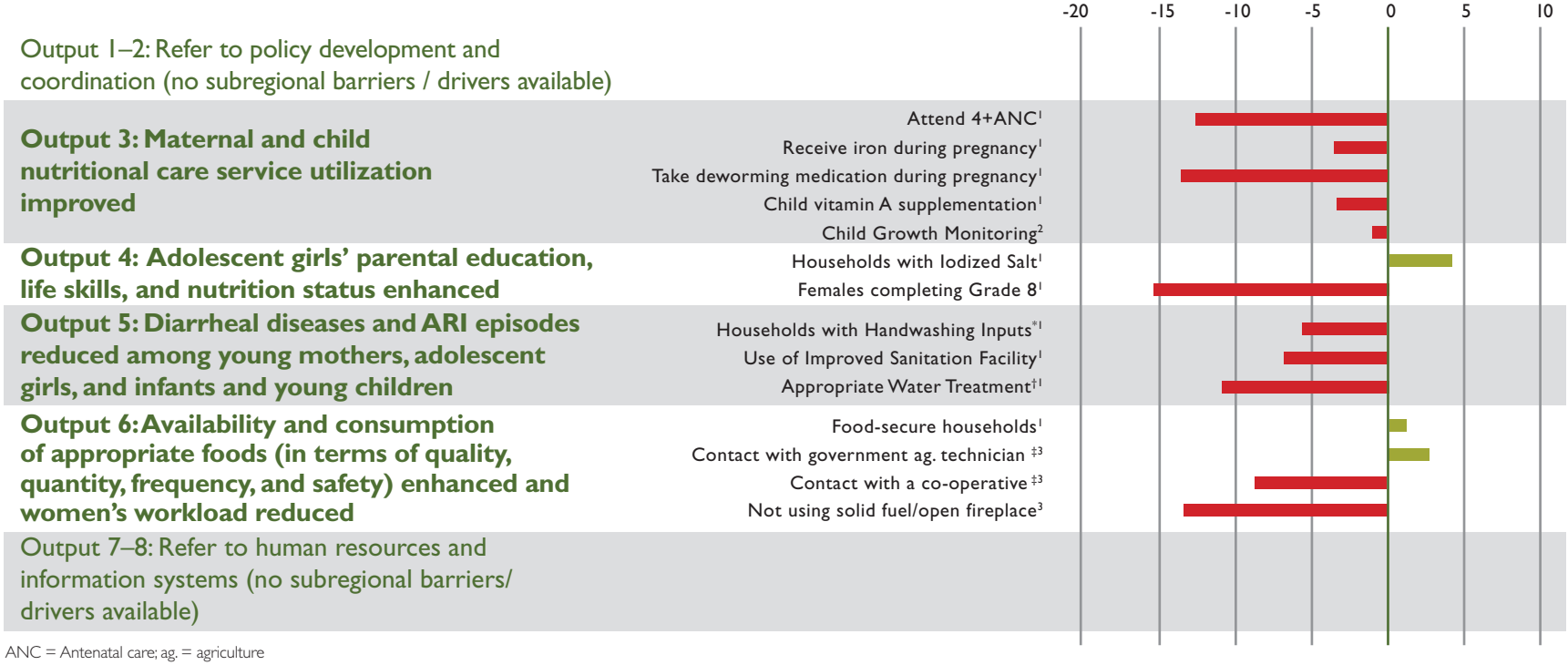
Remittances are defined as any money received by individuals not living in the household. Source: Nepal CBS (2012b).

Literacy rates are compared to national average.

Source: Nepal MoHP, New ERA, and ICF International Inc. (2012).

IDENTIFIED BARRIERS AND DRIVERS OF BETTER NUTRITION, BY SELECTED MSNP OUTPUT AREAS

Drivers and Barriers are organized by the bolded outputs. Difference from national average (percentage points), except where noted below.



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Sources: [1]New ERA, and ICF International Inc. (2012); [2]Nepal MoHP (2012); [3]Nepal CBS (2012b).

HOUSEHOLD CONSUMPTION OF MICRONUTRIENT-RICH FOODS (PAST 7 DAYS), AND SOURCE (PAST 12 MONTHS)

	Household Consumption (past 7 days)	In the last 12 Months, % of Households that have obtained this type of food, by source		
		Produced	Purchased	In Kind
Vitamin A-rich fruits & vegetables*	81.1	56.4	95.6	57.1
Eggs	33.6	11.5	68.6	1.4
Dairy	82.6	29.2	86.1	16.1
Meats	66.4	12.7	93.0	14.2

*Includes leafy green vegetables, papayas, mangos, and colocassia. **Source:** Nepal CBS (2012b).

Sources

Government of Nepal National Planning Commission (NPC). 2012. "Multi-Sector Nutrition Plan: For Accelerating the Reduction of Maternal and Child Under-Nutrition in Nepal, 2013-2017 (2023)". Government of Nepal.

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Snapshots of Nutrition in Nepal: Eastern Hill Subregion

SUMMARY OF KEY MSNP INDICATORS* FOR EASTERN HILL SUBREGION

Key Indicator	Level in Eastern Hill	MSNP National Target (2017)
Completion of primary education[1]	42.3%	(increased)
Low birthweight (<2.5kg)[1]	21.7%	(reduced)
Stunting, children under 5 years[1]	45.5%	29%
Underweight, children under 5 years[1]	28.6%	20%
Underweight, non-pregnant women[1]	11.8%	15%
Wasting, children under 5 years[1]	10.5%	5%
Outcome Indicator		
3 IYCF practices, children 6–23 months[1]	34.8%	(increased)
Access to SAM services	unavailable	(increased)
Any anemia, children 6–59 months[1]	42.3%	(reduced)
Any anemia, WRA[1]	26.1%	(reduced)
ARI in past 2 weeks, children under 2 years[1]	2.3%	(reduced)
Daily workload, women[2]	8.5 hours	(reduced)
Diarrhea in past 2 weeks, children under 2 years[1]	10.8%	(reduced)
Early initiation of breastfeeding[1]	50.2%	(increased)
Indoor smoke exposure, children under 5 years	unavailable	(reduced)
Indoor smoke exposure, WRA	unavailable	(reduced)
Iodine Deficiency, children 6–23 months	unavailable	(reduced)
Vitamin A deficiency, children 6–23 months	unavailable	(reduced)

*The MSNP names several outcome level activities, only those named as an indicator are listed here.

IYCF = Infant and Young Child Feeding; SAM = Severe Acute Malnutrition; ARI = Acute Respiratory Infection.

Daily workload is defined as the weekly number of hours spent on household or employment per week, divided by 7.

Sources: [1]Nepal MoHP, New ERA, ICF International Inc. (2012); [2] Nepal CBS (2012b); [3] Government of Nepal NPC (2012).

DESCRIPTION OF EASTERN HILL CHARACTERISTICS (IN COMPARISON TO OTHER SUBREGIONS)

Location:
Rural

Households in lowest national wealth quintile*:
Above average (34%)

Percentage of households on paved road:
Below average (23%)

Households receiving remittances:
Below average (42%)

Literacy rate for women of reproductive age:
Above average (74%)

Notes:

Location definitions are derived from the number of population living in the following categories: >500 persons per sq. km.=Urban, 500< persons per sq. km. >300=Peri-Urban, <300 persons per sq. km.=Rural. Source: Nepal CBS (2012a).

***Considered a measure of poverty. Source: Nepal MoHP, New ERA, and ICF International Inc. (2012).**

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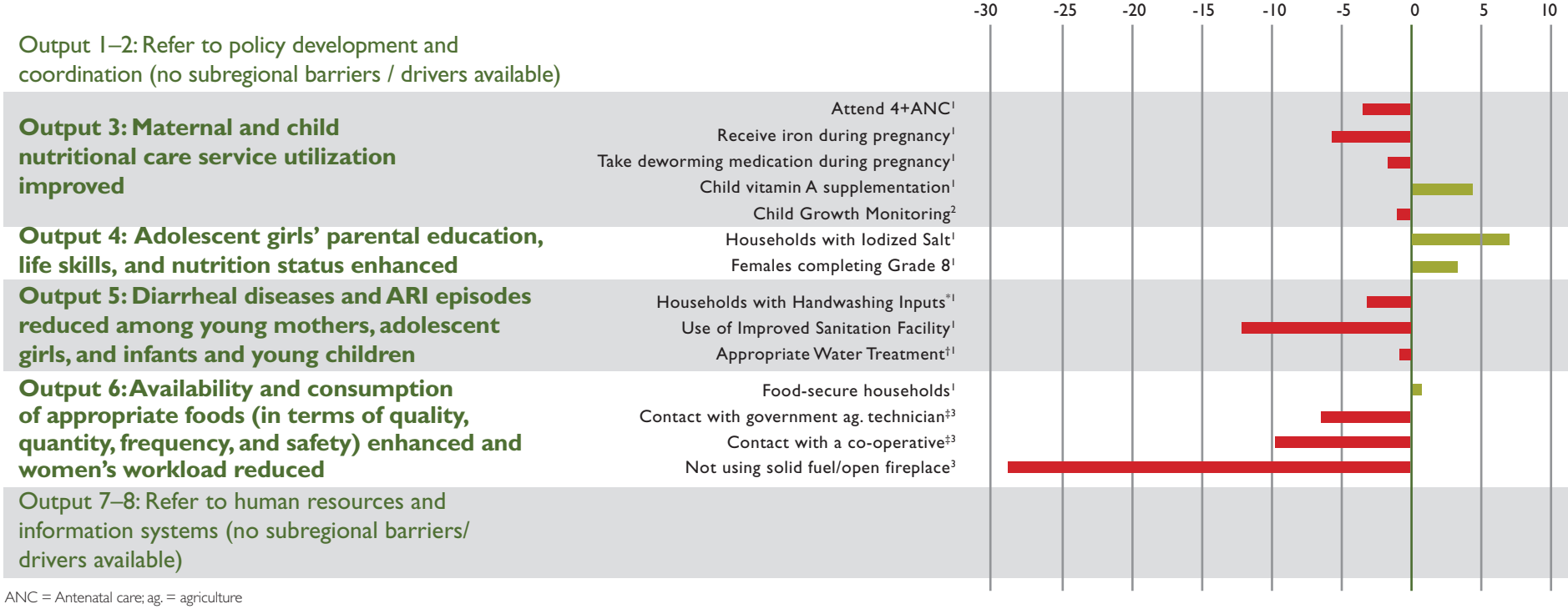

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HOUSEHOLD CONSUMPTION OF MICRONUTRIENT-RICH FOODS (PAST 7 DAYS), AND SOURCE (PAST 12 MONTHS)

	Household Consumption (past 7 days)	In the last 12 Months, % of Households that have obtained this type of food, by source		
		Produced	Purchased	In Kind
Vitamin A-rich fruits & vegetables*	88.7	95.8	63.2	58.3
Eggs	31.5	66.0	28.0	4.2
Dairy	64.4	61.1	23.8	36.6
Meats	73.8	79.4	98.6	22.2

*Includes leafy green vegetables, papayas, mangos, and colocassia. **Source:** Nepal CBS (2012b).

Sources

Government of Nepal National Planning Commission (NPC). 2012. "Multi-Sector Nutrition Plan: For Accelerating the Reduction of Maternal and Child Under-Nutrition in Nepal, 2013-2017 (2023)". Government of Nepal.

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Snapshots of Nutrition in Nepal: Eastern Mountain Subregion

SUMMARY OF KEY MSNP INDICATORS* FOR EASTERN MOUNTAIN SUBREGION

Key Indicator	Level in Eastern Mountain	MSNP National Target (2017)
Completion of primary education[1]	51.3%	(increased)
Low birthweight (<2.5kg)[1]	21.9%	(reduced)
Stunting, children under 5 years[1]	45.0%	29%
Underweight, children under 5 years[1]	23.5%	20%
Underweight, non-pregnant women[1]	10.0%	15%
Wasting, children under 5 years[1]	15.0%	5%
Outcome Indicator		
3 IYCF practices, children 6–23 months[1]	32.9%	(increased)
Access to SAM services	unavailable	(increased)
Any anemia, children 6–59 months[1]	51.3%	(reduced)
Any anemia, WRA[1]	26.5%	(reduced)
ARI in past 2 weeks, children under 2 years[1]	2.1%	(reduced)
Daily workload, women[2]	10 hours	(reduced)
Diarrhea in past 2 weeks, children under 2 years[1]	10.8%	(reduced)
Early initiation of breastfeeding[1]	52.5%	(increased)
Indoor smoke exposure, children under 5 years	unavailable	(reduced)
Indoor smoke exposure, WRA	unavailable	(reduced)
Iodine Deficiency, children 6–23 months	unavailable	(reduced)
Vitamin A deficiency, children 6–23 months	unavailable	(reduced)

*The MSNP names several outcome level activities, only those named as an indicator are listed here.

IYCF = Infant and Young Child Feeding; SAM = Severe Acute Malnutrition; ARI = Acute Respiratory Infection.

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DESCRIPTION OF EASTERN MOUNTAIN CHARACTERISTICS (IN COMPARISON TO OTHER SUBREGIONS)

Location:
Rural

Households in lowest national wealth quintile*:
Above average (37%)

Percentage of households on paved road:
Below average (2%)

Households receiving remittances:
Above average (68%)

Literacy rate for women of reproductive age:
Above average (76%)

Notes:

Location definitions are derived from the number of population living in the following categories: >500 persons per sq. km.=Urban, 500< persons per sq. km. >300=Peri-Urban, <300 persons per sq. km.=Rural. Source: Nepal CBS (2012a).

***Considered a measure of poverty. Source: Nepal MoHP, New ERA, and ICF International Inc. (2012).**

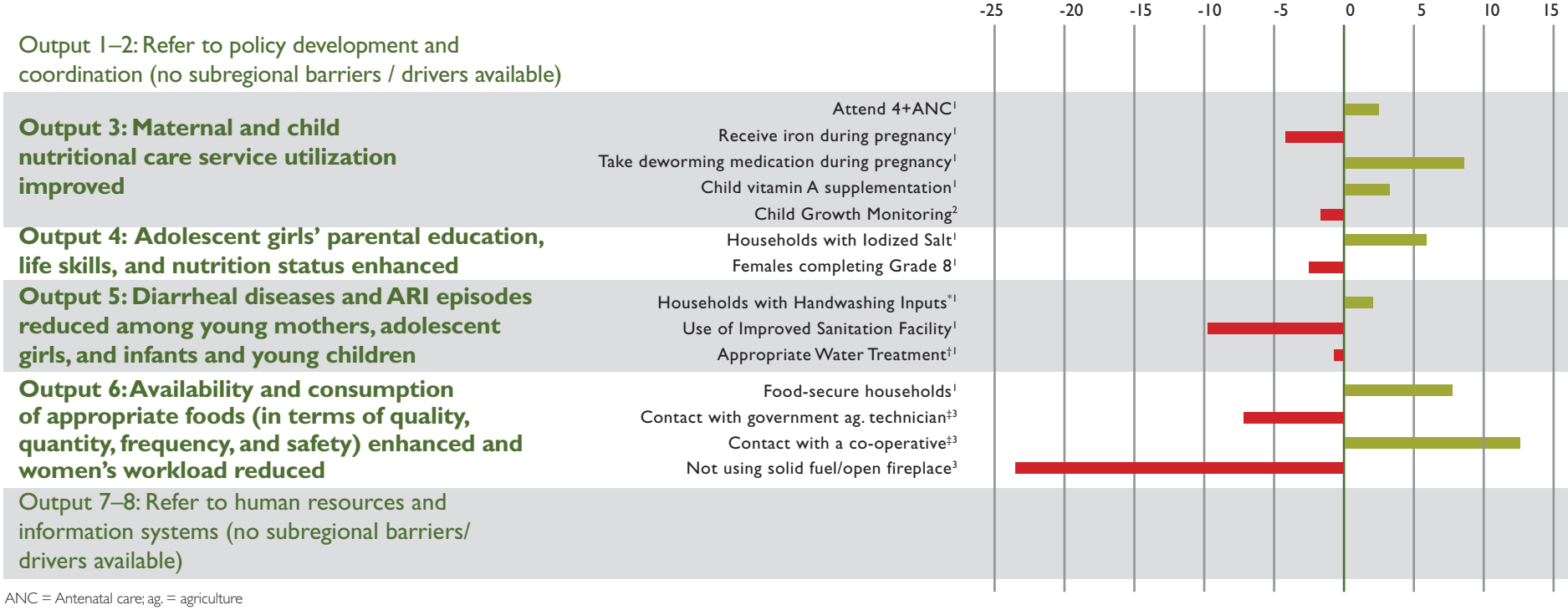
Remittances are defined as any money received by individuals not living in the household. Source: Nepal CBS (2012b).

Literacy rates are compared to national average.

Source: Nepal MoHP, New ERA, and ICF International Inc. (2012).

IDENTIFIED BARRIERS AND DRIVERS OF BETTER NUTRITION, BY SELECTED MSNP OUTPUT AREAS

Drivers and Barriers are organized by the bolded outputs. Difference from national average (percentage points), except where noted below.



ANC = Antenatal care; ag. = agriculture

*Households having an observed place for handwashing with soap and water. †Includes boiling, bleaching, straining, filtering, and solar disinfecting. ‡Among agricultural households, in the past 12 months. §Defined as receiving seeds, fertilizer, or credit from a co-operative (agricultural savings and credit association) in the past 12 months. Among agricultural households.

Sources: [1]New ERA, and ICF International Inc. (2012); [2]Nepal MoHP (2012); [3]Nepal CBS (2012b).

HOUSEHOLD CONSUMPTION OF MICRONUTRIENT-RICH FOODS (PAST 7 DAYS), AND SOURCE (PAST 12 MONTHS)

	Household Consumption (past 7 days)	In the last 12 Months, % of Households that have obtained this type of food, by source		
		Produced	Purchased	In Kind
Vitamin A-rich fruits & vegetables*	82.4	89.8	74.1	55.6
Eggs	42.6	69.4	38.0	2.8
Dairy	54.6	43.5	40.7	27.8
Meats	69.4	68.5	98.1	14.8

*Includes leafy green vegetables, papayas, mangos, and colocassia. **Source:** Nepal CBS (2012b).

Sources

Government of Nepal National Planning Commission (NPC). 2012. "Multi-Sector Nutrition Plan: For Accelerating the Reduction of Maternal and Child Under-Nutrition in Nepal, 2013-2017 (2023)". Government of Nepal.

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Snapshots of Nutrition in Nepal: Eastern Terai Subregion

SUMMARY OF KEY MSNP INDICATORS* FOR EASTERN TERAI SUBREGION

Key Indicator	Level in Eastern Terai	MSNP National Target (2017)
Completion of primary education[1]	49.5%	(increased)
Low birthweight (<2.5kg)[1]	18.1%	(reduced)
Stunting, children under 5 years[1]	31.4%	29%
Underweight, children under 5 years[1]	24.0%	20%
Underweight, non-pregnant women[1]	19.3%	15%
Wasting, children under 5 years[1]	8.0%	5%
Outcome Indicator		
3 IYCF practices, children 6–23 months[1]	25.1%	(increased)
Access to SAM services	unavailable	(increased)
Any anemia, children 6–59 months[1]	49.5%	(reduced)
Any anemia, WRA[1]	44.9%	(reduced)
ARI in past 2 weeks, children under 2 years[1]	7.6%	(reduced)
Daily workload, women[2]	7 hours	(reduced)
Diarrhea in past 2 weeks, children under 2 years[1]	12.1%	(reduced)
Early initiation of breastfeeding[1]	46.8%	(increased)
Indoor smoke exposure, children under 5 years	unavailable	(reduced)
Indoor smoke exposure, WRA	unavailable	(reduced)
Iodine Deficiency, children 6–23 months	unavailable	(reduced)
Vitamin A deficiency, children 6–23 months	unavailable	(reduced)

*The MSNP names several outcome level activities, only those named as an indicator are listed here.

IYCF = Infant and Young Child Feeding; SAM = Severe Acute Malnutrition; ARI = Acute Respiratory Infection.

Daily workload is defined as the weekly number of hours spent on household or employment per week, divided by 7.

Sources: [1]Nepal MoHP, New ERA, ICF International Inc. (2012); [2] Nepal CBS (2012b); [3] Government of Nepal NPC (2012).

DESCRIPTION OF EASTERN TERAI CHARACTERISTICS (IN COMPARISON TO OTHER SUBREGIONS)

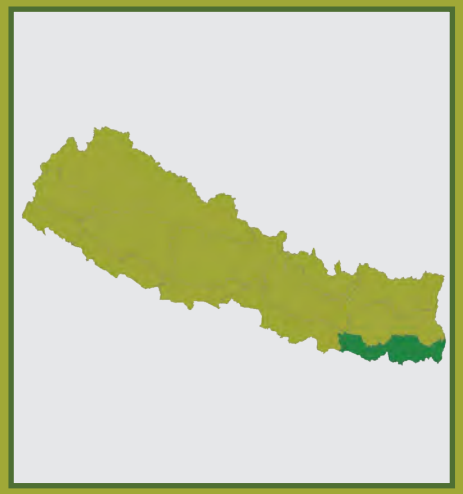
Location:
Urban

Households in lowest national wealth quintile*:
Below average (4%)

Percentage of households on paved road:
Above average (81%)

Households receiving remittances:
Above average (61%)

Literacy rate for women of reproductive age:
Above average (71%)



Notes:

Location definitions are derived from the number of population living in the following categories: >500 persons per sq. km.=Urban, 500< persons per sq. km. >300=Peri-Urban, <300 persons per sq. km.=Rural. Source: Nepal CBS (2012a).

***Considered a measure of poverty. Source: Nepal MoHP, New ERA, and ICF International Inc. (2012).**

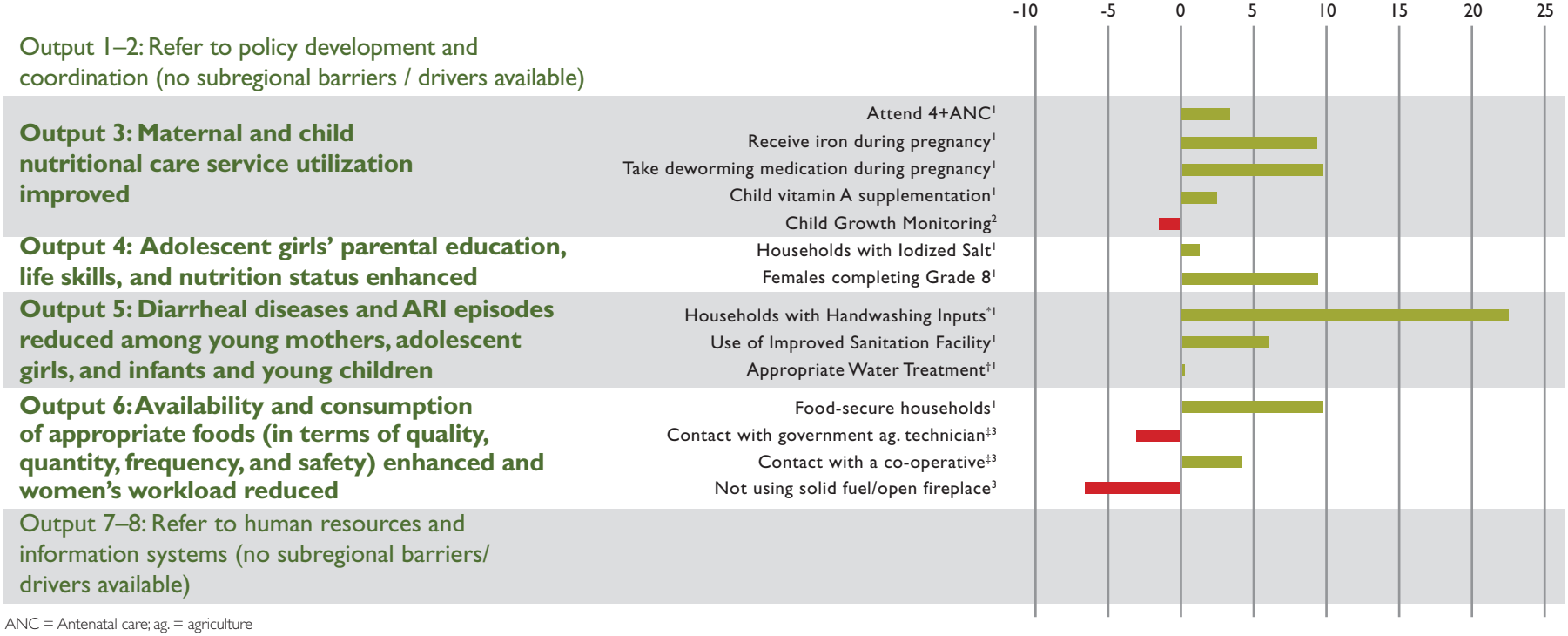
Remittances are defined as any money received by individuals not living in the household. Source: Nepal CBS (2012b).

Literacy rates are compared to national average.

Source: Nepal MoHP, New ERA, and ICF International Inc. (2012).

IDENTIFIED BARRIERS AND DRIVERS OF BETTER NUTRITION, BY SELECTED MSNP OUTPUT AREAS

Drivers and Barriers are organized by the bolded outputs. Difference from national average (percentage points), except where noted below.



ANC = Antenatal care; ag. = agriculture

*Households having an observed place for handwashing with soap and water. †Includes boiling, bleaching, straining, filtering, and solar disinfecting. ‡Among agricultural households, in the past 12 months. §Defined as receiving seeds, fertilizer, or credit from a co-operative (agricultural savings and credit association) in the past 12 months. Among agricultural households.

Sources: [1]New ERA, and ICF International Inc. (2012); [2]Nepal MoHP (2012); [3]Nepal CBS (2012b).

HOUSEHOLD CONSUMPTION OF MICRONUTRIENT-RICH FOODS (PAST 7 DAYS), AND SOURCE (PAST 12 MONTHS)

	Household Consumption (past 7 days)	In the last 12 Months, % of Households that have obtained this type of food, by source		
		Produced	Purchased	In Kind
Vitamin A-rich fruits & vegetables*	82.4	64.9	96.7	52.3
Eggs	34.3	26.2	62.4	1.1
Dairy	75.1	33.3	81.0	15.8
Meats	69.5	29.4	93.9	19.0

*Includes leafy green vegetables, papayas, mangos, and colocassia. **Source:** Nepal CBS (2012b).

Sources

Government of Nepal National Planning Commission (NPC). 2012. "Multi-Sector Nutrition Plan: For Accelerating the Reduction of Maternal and Child Under-Nutrition in Nepal, 2013-2017 (2023)". Government of Nepal.

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Nepal Central Bureau of Statistics (CBS). 2012b. Nepal Living Standards Survey 2010-2011: Third Round. Kathmandu, Nepal: Nepal Central Bureau of Statistics.

Snapshots of Nutrition in Nepal: Far-Western Hill Subregion

SUMMARY OF KEY MSNP INDICATORS* FOR FAR-WESTERN HILL SUBREGION

Key Indicator	Level in Far-Western Hill	MSNP National Target (2017)
Completion of primary education[1]	40.9%	(increased)
Low birthweight (<2.5kg)[1]	23.7%	(reduced)
Stunting, children under 5 years[1]	57.5%	29%
Underweight, children under 5 years[1]	39.7%	20%
Underweight, non-pregnant women[1]	23.4%	15%
Wasting, children under 5 years[1]	7.9%	5%
Outcome Indicator		
3 IYCF practices, children 6–23 months[1]	29.8%	(increased)
Access to SAM services	unavailable	(increased)
Any anemia, children 6–59 months[1]	40.9%	(reduced)
Any anemia, WRA[1]	28.8%	(reduced)
ARI in past 2 weeks, children under 2 years[1]	7.4%	(reduced)
Daily workload, women[2]	8.2 hours	(reduced)
Diarrhea in past 2 weeks, children under 2 years[1]	13.1%	(reduced)
Early initiation of breastfeeding[1]	53.6%	(increased)
Indoor smoke exposure, children under 5 years	unavailable	(reduced)
Indoor smoke exposure, WRA	unavailable	(reduced)
Iodine Deficiency, children 6–23 months	unavailable	(reduced)
Vitamin A deficiency, children 6–23 months	unavailable	(reduced)

*The MSNP names several outcome level activities, only those named as an indicator are listed here.

IYCF = Infant and Young Child Feeding; SAM = Severe Acute Malnutrition; ARI = Acute Respiratory Infection.

Daily workload is defined as the weekly number of hours spent on household or employment per week, divided by 7.

Sources: [1]Nepal MoHP, New ERA, ICF International Inc. (2012); [2] Nepal CBS (2012b); [3] Government of Nepal NPC (2012).

DESCRIPTION OF FAR-WESTERN HILL CHARACTERISTICS (IN COMPARISON TO OTHER SUBREGIONS)

Location:
Rural

Households in lowest national wealth quintile*:
Above average (59%)

Percentage of households on paved road:
Below average (30%)

Households receiving remittances:
Above average (56%)

Literacy rate for women of reproductive age:
Below average (55%)

Notes:

Location definitions are derived from the number of population living in the following categories: >500 persons per sq. km.=Urban, 500< persons per sq. km. >300=Peri-Urban, <300 persons per sq. km.=Rural. Source: Nepal CBS (2012a).

***Considered a measure of poverty. Source: Nepal MoHP, New ERA, and ICF International Inc. (2012).**

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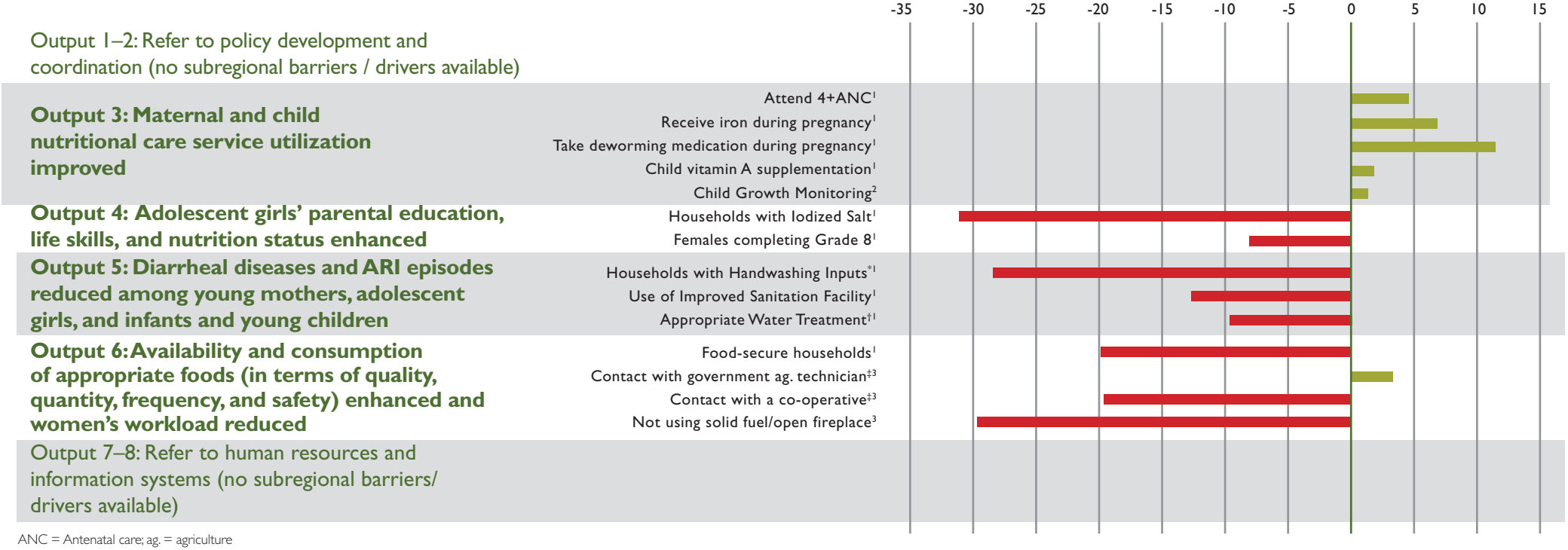
Source: Nepal MoHP, New ERA, and ICF International Inc. (2012).

IDENTIFIED BARRIERS AND DRIVERS OF BETTER NUTRITION, BY SELECTED MSNP OUTPUT AREAS

Drivers and Barriers are organized by the bolded outputs. Difference from national average (percentage points), except where noted below.



ANC = Antenatal care; ag. = agriculture

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Sources: [1]New ERA, and ICF International Inc. (2012); [2]Nepal MoHP (2012); [3]Nepal CBS (2012b).

HOUSEHOLD CONSUMPTION OF MICRONUTRIENT-RICH FOODS (PAST 7 DAYS), AND SOURCE (PAST 12 MONTHS)

	Household Consumption (past 7 days)	In the last 12 Months, % of Households that have obtained this type of food, by source		
		Produced	Purchased	In Kind
Vitamin A-rich fruits & vegetables*	85.6	94.4	54.2	79.6
Eggs	13.4	22.2	29.2	3.2
Dairy	83.3	74.5	15.7	41.2
Meats	33.8	23.6	94.9	38.4

*Includes leafy green vegetables, papayas, mangos, and colocassia. **Source:** Nepal CBS (2012b).

Sources

Government of Nepal National Planning Commission (NPC). 2012. "Multi-Sector Nutrition Plan: For Accelerating the Reduction of Maternal and Child Under-Nutrition in Nepal, 2013-2017 (2023)". Government of Nepal.

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Snapshots of Nutrition in Nepal: Far-Western Terai Subregion

SUMMARY OF KEY MSNP INDICATORS* FOR FAR-WESTERN TERAI SUBREGION

Key Indicator	Level in Eastern Terai	MSNP National Target (2017)
Completion of primary education[1]	60.4%	(increased)
Low birthweight (<2.5kg)[1]	25.3%	(reduced)
Stunting, children under 5 years[1]	31.5%	29%
Underweight, children under 5 years[1]	24.7%	20%
Underweight, non-pregnant women[1]	23.7%	15%
Wasting, children under 5 years[1]	15.2%	5%
Outcome Indicator		
3 IYCF practices, children 6–23 months[1]	22.2%	(increased)
Access to SAM services	unavailable	(increased)
Any anemia, children 6–59 months[1]	60.4%	(reduced)
Any anemia, WRA[1]	41.9%	(reduced)
ARI in past 2 weeks, children under 2 years[1]	11.0%	(reduced)
Daily workload, women[2]	6.7 hours	(reduced)
Diarrhea in past 2 weeks, children under 2 years[1]	8.8%	(reduced)
Early initiation of breastfeeding[1]	54.3%	(increased)
Indoor smoke exposure, children under 5 years	unavailable	(reduced)
Indoor smoke exposure, WRA	unavailable	(reduced)
Iodine Deficiency, children 6–23 months	unavailable	(reduced)
Vitamin A deficiency, children 6–23 months	unavailable	(reduced)

*The MSNP names several outcome level activities, only those named as an indicator are listed here.

IYCF = Infant and Young Child Feeding; SAM = Severe Acute Malnutrition; ARI = Acute Respiratory Infection.

Daily workload is defined as the weekly number of hours spent on household or employment per week, divided by 7.

Sources: [1]Nepal MoHP, New ERA, ICF International Inc. (2012); [2] Nepal CBS (2012b); [3] Government of Nepal NPC (2012).

DESCRIPTION OF FAR-WESTERN TERAI CHARACTERISTICS (IN COMPARISON TO OTHER SUBREGIONS)

Location:
Rural

Households in lowest national wealth quintile*:
Below average (10%)

Percentage of households on paved road:
Average (61%)

Households receiving remittances:
Above average (62%)

Literacy rate for women of reproductive age:
Above average (69%)

Notes:

Location definitions are derived from the number of population living in the following categories: >500 persons per sq. km.=Urban, 500< persons per sq. km. >300=Peri-Urban, <300 persons per sq. km.=Rural. Source: Nepal CBS (2012a).

***Considered a measure of poverty. Source: Nepal MoHP, New ERA, and ICF International Inc. (2012).**

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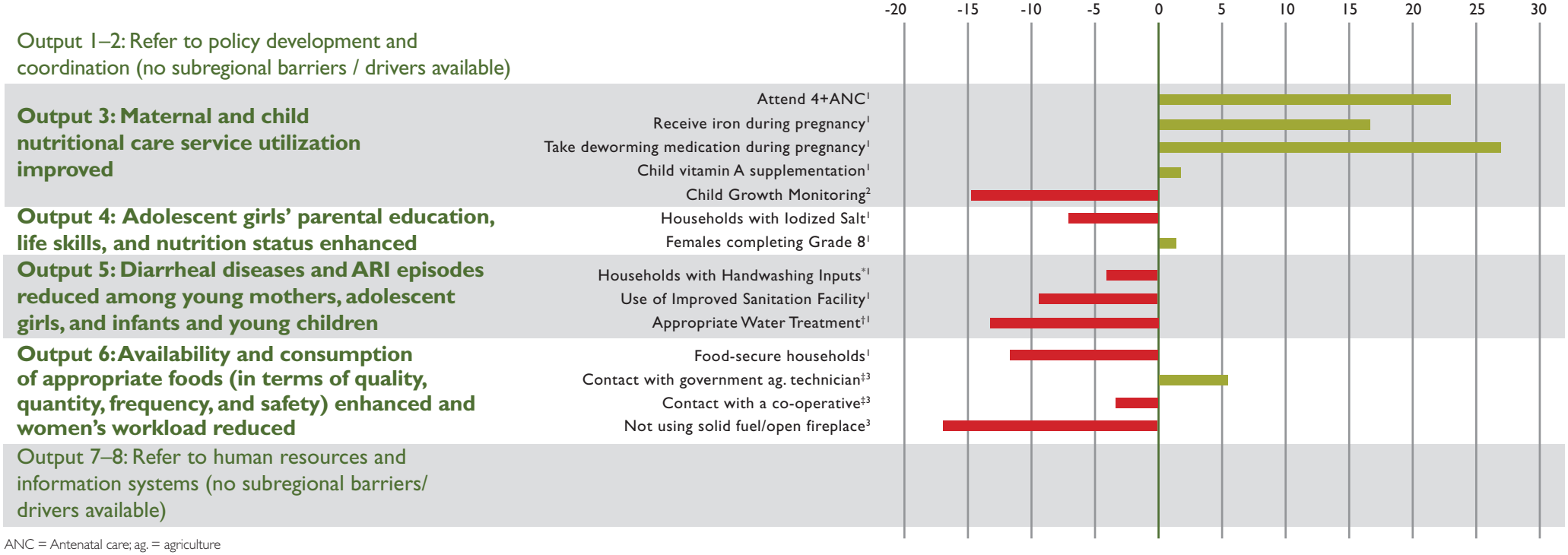
Literacy rates are compared to national average.

Source: Nepal MoHP, New ERA, and ICF International Inc. (2012).

IDENTIFIED BARRIERS AND DRIVERS OF BETTER NUTRITION, BY SELECTED MSNP OUTPUT AREAS

Drivers and Barriers are organized by the bolded outputs. Difference from national average (percentage points), except where noted below.



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HOUSEHOLD CONSUMPTION OF MICRONUTRIENT-RICH FOODS (PAST 7 DAYS), AND SOURCE (PAST 12 MONTHS)

	Household Consumption (past 7 days)	In the last 12 Months, % of Households that have obtained this type of food, by source		
		Produced	Purchased	In Kind
Vitamin A-rich fruits & vegetables*	86.0	94.3	80.3	74.1
Eggs	21.9	39.9	46.9	1.3
Dairy	67.5	46.9	50.4	35.5
Meats	55.3	39.9	96.1	23.7

*Includes leafy green vegetables, papayas, mangos, and colocassia. **Source:** Nepal CBS (2012b).

Sources

Government of Nepal National Planning Commission (NPC). 2012. "Multi-Sector Nutrition Plan: For Accelerating the Reduction of Maternal and Child Under-Nutrition in Nepal, 2013-2017 (2023)". Government of Nepal.

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Snapshots of Nutrition in Nepal: Mid-Western Hill Subregion

SUMMARY OF KEY MSNP INDICATORS* FOR MID-WESTERN HILL SUBREGION

Key Indicator	Level in Mid-Western Hill	MSNP National Target (2017)
Completion of primary education[1]	36.0%	(increased)
Low birthweight (<2.5kg)[1]	24.7%	(reduced)
Stunting, children under 5 years[1]	51.7%	29%
Underweight, children under 5 years[1]	37.1%	20%
Underweight, non-pregnant women[1]	18.6%	15%
Wasting, children under 5 years[1]	13.7%	5%
Outcome Indicator		
3 IYCF practices, children 6–23 months[1]	17.5%	(increased)
Access to SAM services	unavailable	(increased)
Any anemia, children 6–59 months[1]	36.0%	(reduced)
Any anemia, WRA[1]	22.5%	(reduced)
ARI in past 2 weeks, children under 2 years[1]	7.6%	(reduced)
Daily workload, women[2]	8.5 hours	(reduced)
Diarrhea in past 2 weeks, children under 2 years[1]	14.1%	(reduced)
Early initiation of breastfeeding[1]	46.0%	(increased)
Indoor smoke exposure, children under 5 years	unavailable	(reduced)
Indoor smoke exposure, WRA	unavailable	(reduced)
Iodine Deficiency, children 6–23 months	unavailable	(reduced)
Vitamin A deficiency, children 6–23 months	unavailable	(reduced)

*The MSNP names several outcome level activities, only those named as an indicator are listed here.

IYCF = Infant and Young Child Feeding; SAM = Severe Acute Malnutrition; ARI = Acute Respiratory Infection.

Daily workload is defined as the weekly number of hours spent on household or employment per week, divided by 7.

Sources: [1]Nepal MoHP, New ERA, ICF International Inc. (2012); [2] Nepal CBS (2012b); [3] Government of Nepal NPC (2012).

DESCRIPTION OF MID-WESTERN HILL CHARACTERISTICS (IN COMPARISON TO OTHER SUBREGIONS)

Location:
Rural

Households in lowest national wealth quintile*:
Above average (56%)

Percentage of households on paved road:
Below average (25%)

Households receiving remittances:
Below average (49%)

Literacy rate for women of reproductive age:
Below average (64%)

Notes:

Location definitions are derived from the number of population living in the following categories: >500 persons per sq. km.=Urban, 500< persons per sq. km. >300=Peri-Urban, <300 persons per sq. km.=Rural. Source: Nepal CBS (2012a).

***Considered a measure of poverty. Source: Nepal MoHP, New ERA, and ICF International Inc. (2012).**

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Literacy rates are compared to national average.

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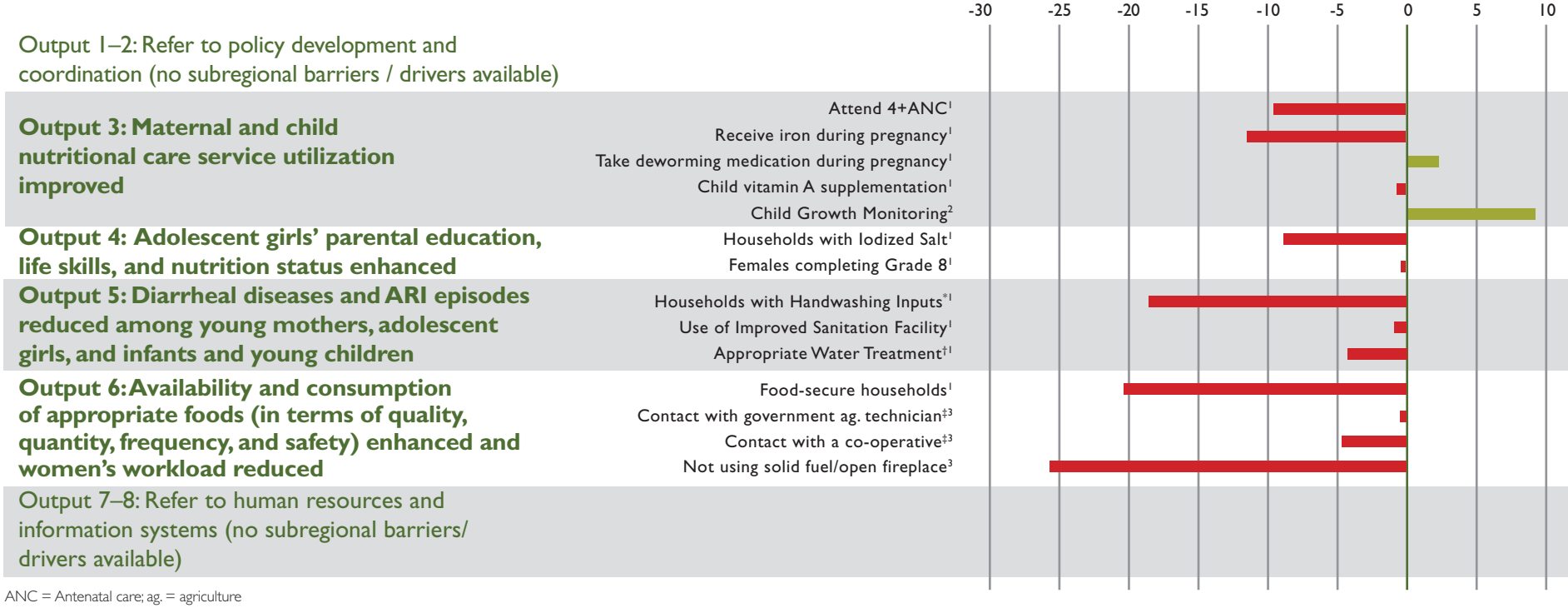
IDENTIFIED BARRIERS AND DRIVERS OF BETTER NUTRITION, BY SELECTED MSNP OUTPUT AREAS

Drivers and Barriers are organized by the bolded outputs. Difference from national average (percentage points), except where noted below.



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HOUSEHOLD CONSUMPTION OF MICRONUTRIENT-RICH FOODS (PAST 7 DAYS), AND SOURCE (PAST 12 MONTHS)

	Household Consumption (past 7 days)	In the last 12 Months, % of Households that have obtained this type of food, by source		
		Produced	Purchased	In Kind
Vitamin A-rich fruits & vegetables*	85.8	96.5	40.9	72.8
Eggs	25.5	58.9	30.1	1.3
Dairy	66.7	48.4	37.1	47.6
Meats	63.4	69.6	97.8	36.6

*Includes leafy green vegetables, papayas, mangos, and colocassia. **Source:** Nepal CBS (2012b).

Sources

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Snapshots of Nutrition in Nepal: Mid-Western Terai Subregion

SUMMARY OF KEY MSNP INDICATORS* FOR MID-WESTERN TERAI SUBREGION

Key Indicator	Level in Mid-Western Terai	MSNP National Target (2017)
Completion of primary education[1]	56.9%	(increased)
Low birthweight (<2.5kg)[1]	23.9%	(reduced)
Stunting, children under 5 years[1]	43.5%	29%
Underweight, children under 5 years[1]	32.1%	20%
Underweight, non-pregnant women[1]	20.2%	15%
Wasting, children under 5 years[1]	13.2%	5%
Outcome Indicator		
3 IYCF practices, children 6–23 months[1]	24.6%	(increased)
Access to SAM services	unavailable	(increased)
Any anemia, children 6–59 months[1]	56.9%	(reduced)
Any anemia, WRA[1]	49.0%	(reduced)
ARI in past 2 weeks, children under 2 years[1]	12.9%	(reduced)
Daily workload, women[2]	6.8 hours	(reduced)
Diarrhea in past 2 weeks, children under 2 years[1]	14.7%	(reduced)
Early initiation of breastfeeding[1]	45.6%	(increased)
Indoor smoke exposure, children under 5 years	unavailable	(reduced)
Indoor smoke exposure, WRA	unavailable	(reduced)
Iodine Deficiency, children 6–23 months	unavailable	(reduced)
Vitamin A deficiency, children 6–23 months	unavailable	(reduced)

*The MSNP names several outcome level activities, only those named as an indicator are listed here.

IYCF = Infant and Young Child Feeding; SAM = Severe Acute Malnutrition; ARI = Acute Respiratory Infection.

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DESCRIPTION OF MID-WESTERN TERAI CHARACTERISTICS (IN COMPARISON TO OTHER SUBREGIONS)

Location:
Rural

Households in lowest national wealth quintile*:
Above average (21%)

Percentage of households on paved road:
Above average (70%)

Households receiving remittances:
Above average (62%)

Literacy rate for women of reproductive age:
Below average (66%)

Notes:

Location definitions are derived from the number of population living in the following categories: >500 persons per sq. km.=Urban, 500< persons per sq. km. >300=Peri-Urban, <300 persons per sq. km.=Rural. Source: Nepal CBS (2012a).

***Considered a measure of poverty. Source: Nepal MoHP, New ERA, and ICF International Inc. (2012).**

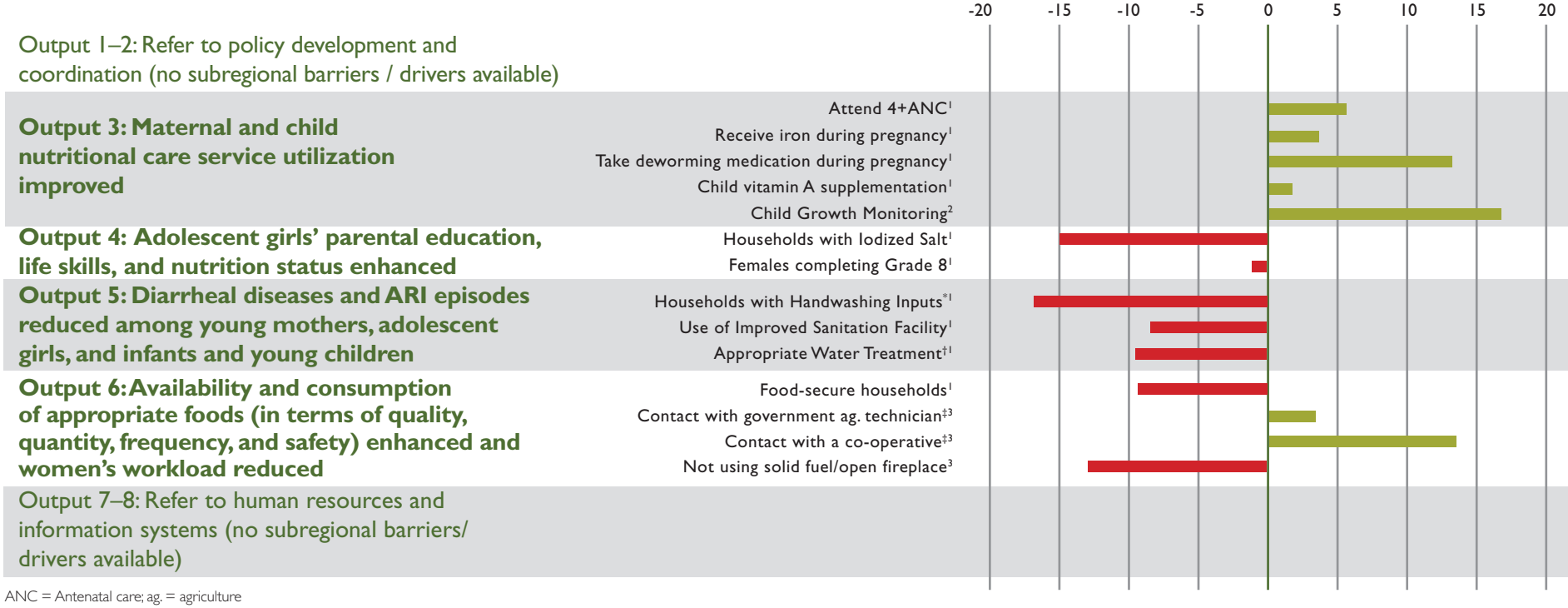
Remittances are defined as any money received by individuals not living in the household. Source: Nepal CBS (2012b).

Literacy rates are compared to national average.

Source: Nepal MoHP, New ERA, and ICF International Inc. (2012).

IDENTIFIED BARRIERS AND DRIVERS OF BETTER NUTRITION, BY SELECTED MSNP OUTPUT AREAS

Drivers and Barriers are organized by the bolded outputs. Difference from national average (percentage points), except where noted below.



ANC = Antenatal care; ag. = agriculture

*Households having an observed place for handwashing with soap and water. †Includes boiling, bleaching, straining, filtering, and solar disinfecting. ‡Among agricultural households, in the past 12 months. §Defined as receiving seeds, fertilizer, or credit from a co-operative (agricultural savings and credit association) in the past 12 months. Among agricultural households.

Sources: [1]New ERA, and ICF International Inc. (2012); [2]Nepal MoHP (2012); [3]Nepal CBS (2012b).

HOUSEHOLD CONSUMPTION OF MICRONUTRIENT-RICH FOODS (PAST 7 DAYS), AND SOURCE (PAST 12 MONTHS)

	Household Consumption (past 7 days)	In the last 12 Months, % of Households that have obtained this type of food, by source		
		Produced	Purchased	In Kind
Vitamin A-rich fruits & vegetables*	81.5	78.4	71.3	63.9
Eggs	29.6	39.8	52.8	2.2
Dairy	59.3	27.8	69.8	26.9
Meats	66.4	41.7	90.7	36.4

*Includes leafy green vegetables, papayas, mangos, and colocassia. **Source:** Nepal CBS (2012b).

Sources

Government of Nepal National Planning Commission (NPC). 2012. "Multi-Sector Nutrition Plan: For Accelerating the Reduction of Maternal and Child Under-Nutrition in Nepal, 2013-2017 (2023)". Government of Nepal.

Nepal Ministry of Health and Population (MoHP), 2012. Annual Report: Department of Health Services, 2067/68 (2010/2011). Government of Nepal Ministry of Health and Population, Kathmandu, Nepal.

Ministry of Health and Population (MOHP) [Nepal], New ERA, and ICF International, Inc. 2012. "Nepal Demographic and Health Survey 2011 Final Report". Kathmandu, Nepal; and Calverton, Maryland, USA. http://dhsprogram.com/pubs/pdf/FR257/FR257%5B13April2012%5D.pdf.

Nepal Central Bureau of Statistics (CBS). 2012a. "National Population and Housing Census 2011". Kathmandu, Nepal: Government of Nepal National Planning Commission Secretariat.

Nepal Central Bureau of Statistics (CBS). 2012b. Nepal Living Standards Survey 2010-2011: Third Round. Kathmandu, Nepal: Nepal Central Bureau of Statistics.

Snapshots of Nutrition in Nepal: Western Hill Subregion

SUMMARY OF KEY MSNP INDICATORS* FOR WESTERN HILL SUBREGION

Key Indicator	Level in Western Hill	MSNP National Target (2017)
Completion of primary education[1]	43.6%	(increased)
Low birthweight (<2.5kg)[1]	15.6%	(reduced)
Stunting, children under 5 years[1]	36.0%	29%
Underweight, children under 5 years[1]	16.8%	20%
Underweight, non-pregnant women[1]	8.3%	15%
Wasting, children under 5 years[1]	8.4%	5%
Outcome Indicator		
3 IYCF practices, children 6–23 months[1]	39.0%	(increased)
Access to SAM services	unavailable	(increased)
Any anemia, children 6–59 months[1]	43.6%	(reduced)
Any anemia, WRA[1]	35.9%	(reduced)
ARI in past 2 weeks, children under 2 years[1]	12.5%	(reduced)
Daily workload, women[2]	7.9 hours	(reduced)
Diarrhea in past 2 weeks, children under 2 years[1]	14.1%	(reduced)
Early initiation of breastfeeding[1]	48.4%	(increased)
Indoor smoke exposure, children under 5 years	unavailable	(reduced)
Indoor smoke exposure, WRA	unavailable	(reduced)
Iodine Deficiency, children 6–23 months	unavailable	(reduced)
Vitamin A deficiency, children 6–23 months	unavailable	(reduced)

*The MSNP names several outcome level activities, only those named as an indicator are listed here.

IYCF = Infant and Young Child Feeding; SAM = Severe Acute Malnutrition; ARI = Acute Respiratory Infection.

Daily workload is defined as the weekly number of hours spent on household or employment per week, divided by 7.

Sources: [1]Nepal MoHP, New ERA, ICF International Inc. (2012); [2] Nepal CBS (2012b); [3] Government of Nepal NPC (2012).

DESCRIPTION OF WESTERN HILL CHARACTERISTICS (IN COMPARISON TO OTHER SUBREGIONS)

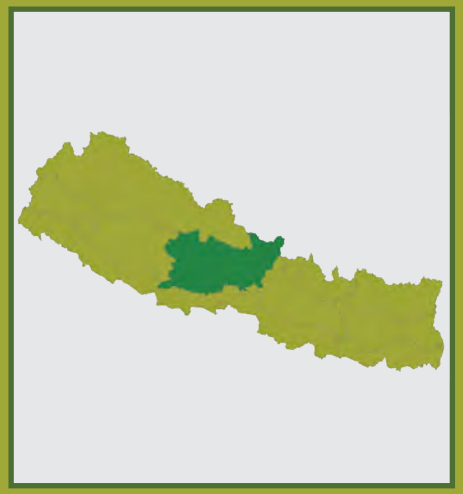
Location:
Rural

Households in lowest national wealth quintile*:
Above average (23%)

Percentage of households on paved road:
Below average (52%)

Households receiving remittances:
Above average (64%)

Literacy rate for women of reproductive age:
Above average (79%)



Notes:

Location definitions are derived from the number of population living in the following categories: >500 persons per sq. km.=Urban, 500< persons per sq. km. >300=Peri-Urban, <300 persons per sq. km.=Rural. Source: Nepal CBS (2012a).

***Considered a measure of poverty. Source: Nepal MoHP, New ERA, and ICF International Inc. (2012).**

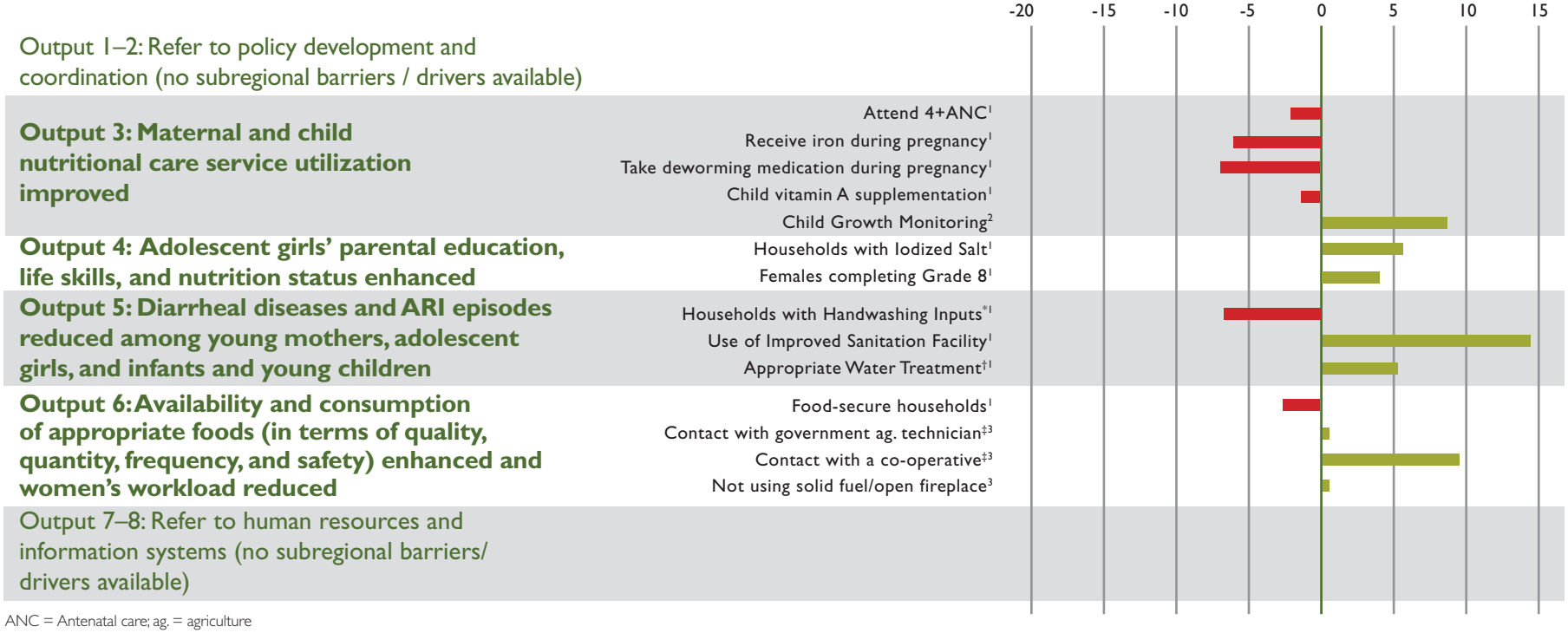
Remittances are defined as any money received by individuals not living in the household. Source: Nepal CBS (2012b).

Literacy rates are compared to national average.

Source: Nepal MoHP, New ERA, and ICF International Inc. (2012).

IDENTIFIED BARRIERS AND DRIVERS OF BETTER NUTRITION, BY SELECTED MSNP OUTPUT AREAS

Drivers and Barriers are organized by the bolded outputs. Difference from national average (percentage points), except where noted below.



ANC = Antenatal care; ag. = agriculture

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Sources: [1]New ERA, and ICF International Inc. (2012); [2]Nepal MoHP (2012); [3]Nepal CBS (2012b).

HOUSEHOLD CONSUMPTION OF MICRONUTRIENT-RICH FOODS (PAST 7 DAYS), AND SOURCE (PAST 12 MONTHS)

	Household Consumption (past 7 days)	In the last 12 Months, % of Households that have obtained this type of food, by source		
		Produced	Purchased	In Kind
Vitamin A-rich fruits & vegetables*	76.8	83.6	63.5	74.7
Eggs	35.0	36.0	61.0	1.9
Dairy	73.8	50.1	47.6	40.0
Meats	63.6	40.3	96.3	21.2

*Includes leafy green vegetables, papayas, mangos, and colocassia. **Source:** Nepal CBS (2012b).

Sources

Government of Nepal National Planning Commission (NPC). 2012. "Multi-Sector Nutrition Plan: For Accelerating the Reduction of Maternal and Child Under-Nutrition in Nepal, 2013-2017 (2023)". Government of Nepal.

Nepal Ministry of Health and Population (MoHP), 2012. Annual Report: Department of Health Services, 2067/68 (2010/2011). Government of Nepal Ministry of Health and Population, Kathmandu, Nepal.

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Nepal Central Bureau of Statistics (CBS). 2012a. "National Population and Housing Census 2011". Kathmandu, Nepal: Government of Nepal National Planning Commission Secretariat.

Nepal Central Bureau of Statistics (CBS). 2012b. Nepal Living Standards Survey 2010-2011: Third Round. Kathmandu, Nepal: Nepal Central Bureau of Statistics.

Snapshots of Nutrition in Nepal: Western Mountain Subregion

SUMMARY OF KEY MSNP INDICATORS* FOR WESTERN MOUNTAIN SUBREGION

Key Indicator	Level in Western Mountain	MSNP National Target (2017)
Completion of primary education[1]	52.7%	(increased)
Low birthweight (<2.5kg)[1]	21.6%	(reduced)
Stunting, children under 5 years[1]	59.5%	29%
Underweight, children under 5 years[1]	42.0%	20%
Underweight, non-pregnant women[1]	22.2%	15%
Wasting, children under 5 years[1]	10.4%	5%
Outcome Indicator		
3 IYCF practices, children 6–23 months[1]	16.0%	(increased)
Access to SAM services	unavailable	(increased)
Any anemia, children 6–59 months[1]	52.7%	(reduced)
Any anemia, WRA[1]	33.1%	(reduced)
ARI in past 2 weeks, children under 2 years[1]	4.5%	(reduced)
Daily workload, women[2]	8.5 hours	(reduced)
Diarrhea in past 2 weeks, children under 2 years[1]	14.9%	(reduced)
Early initiation of breastfeeding[1]	54.2%	(increased)
Indoor smoke exposure, children under 5 years	unavailable	(reduced)
Indoor smoke exposure, WRA	unavailable	(reduced)
Iodine Deficiency, children 6–23 months	unavailable	(reduced)
Vitamin A deficiency, children 6–23 months	unavailable	(reduced)

*The MSNP names several outcome level activities, only those named as an indicator are listed here.

IYCF = Infant and Young Child Feeding; SAM = Severe Acute Malnutrition; ARI = Acute Respiratory Infection.

Daily workload is defined as the weekly number of hours spent on household or employment per week, divided by 7.

Sources: [1]Nepal MoHP, New ERA, ICF International Inc. (2012); [2] Nepal CBS (2012b); [3] Government of Nepal NPC (2012).

DESCRIPTION OF WESTERN MOUNTAIN CHARACTERISTICS (IN COMPARISON TO OTHER SUBREGIONS)

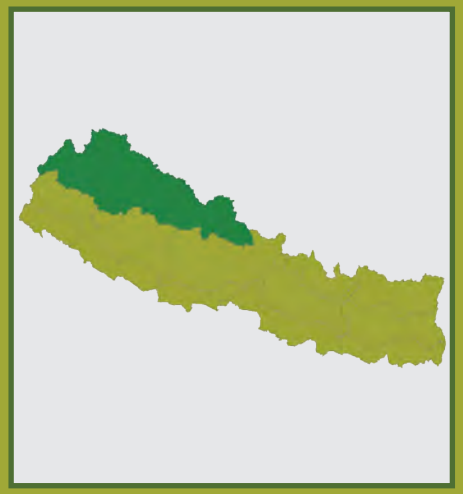
Location:
Rural

Households in lowest national wealth quintile*:
Above average (60%)

Percentage of households on paved road:
Below average (0%)

Households receiving remittances:
Below average (43%)

Literacy rate for women of reproductive age:
Below average (42%)



Notes:

Location definitions are derived from the number of population living in the following categories: >500 persons per sq. km.=Urban, 500< persons per sq. km. >300=Peri-Urban, <300 persons per sq. km.=Rural. Source: Nepal CBS (2012a).

***Considered a measure of poverty. Source: Nepal MoHP, New ERA, and ICF International Inc. (2012).**

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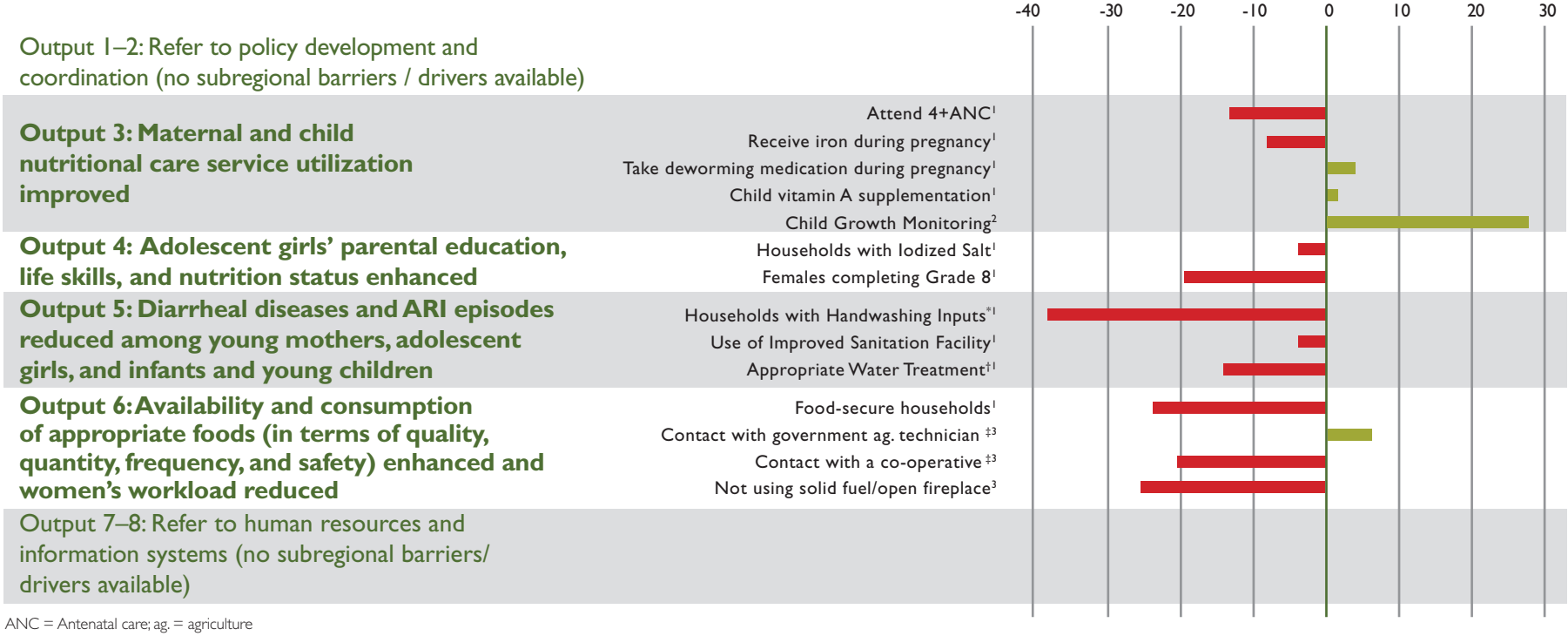
Literacy rates are compared to national average.

Source: Nepal MoHP, New ERA, and ICF International Inc. (2012).

IDENTIFIED BARRIERS AND DRIVERS OF BETTER NUTRITION, BY SELECTED MSNP OUTPUT AREAS

Drivers and Barriers are organized by the bolded outputs. Difference from national average (percentage points), except where noted below.



ANC = Antenatal care; ag. = agriculture

*Households having an observed place for handwashing with soap and water. †Includes boiling, bleaching, straining, filtering, and solar disinfecting. ‡Among agricultural households, in the past 12 months. §Defined as receiving seeds, fertilizer, or credit from a co-operative (agricultural savings and credit association) in the past 12 months. Among agricultural households.

Sources: [1]New ERA, and ICF International Inc. (2012); [2]Nepal MoHP (2012); [3]Nepal CBS (2012b).

HOUSEHOLD CONSUMPTION OF MICRONUTRIENT-RICH FOODS (PAST 7 DAYS), AND SOURCE (PAST 12 MONTHS)

	Household Consumption (past 7 days)	In the last 12 Months, % of Households that have obtained this type of food, by source		
		Produced	Purchased	In Kind
Vitamin A-rich fruits & vegetables*	78.5	88.9	30.6	70.8
Eggs	6.9	16.0	16.0	2.8
Dairy	70.8	73.6	11.1	43.1
Meats	46.5	34.7	91.7	41.0

*Includes leafy green vegetables, papayas, mangos, and colocassia. **Source:** Nepal CBS (2012b).

Sources

Government of Nepal National Planning Commission (NPC). 2012. "Multi-Sector Nutrition Plan: For Accelerating the Reduction of Maternal and Child Under-Nutrition in Nepal, 2013-2017 (2023)". Government of Nepal.

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Nepal Central Bureau of Statistics (CBS). 2012b. Nepal Living Standards Survey 2010-2011: Third Round. Kathmandu, Nepal: Nepal Central Bureau of Statistics.

Snapshots of Nutrition in Nepal: Western Terai Subregion

SUMMARY OF KEY MSNP INDICATORS* FOR WESTERN TERAI SUBREGION

Key Indicator	Level in Western Terai	MSNP National Target (2017)
Completion of primary education[1]	48.8%	(increased)
Low birthweight (<2.5kg)[1]	14.9%	(reduced)
Stunting, children under 5 years[1]	39.9%	29%
Underweight, children under 5 years[1]	34.4%	20%
Underweight, non-pregnant women[1]	21.3%	15%
Wasting, children under 5 years[1]	7.6%	5%
Outcome Indicator		
3 IYCF practices, children 6–23 months[1]	23.0%	(increased)
Access to SAM services	unavailable	(increased)
Any anemia, children 6–59 months[1]	48.8%	(reduced)
Any anemia, WRA[1]	32.7%	(reduced)
ARI in past 2 weeks, children under 2 years[1]	5.3%	(reduced)
Daily workload, women[2]	7 hours	(reduced)
Diarrhea in past 2 weeks, children under 2 years[1]	17.9%	(reduced)
Early initiation of breastfeeding[1]	51.9%	(increased)
Indoor smoke exposure, children under 5 years	unavailable	(reduced)
Indoor smoke exposure, WRA	unavailable	(reduced)
Iodine Deficiency, children 6–23 months	unavailable	(reduced)
Vitamin A deficiency, children 6–23 months	unavailable	(reduced)

*The MSNP names several outcome level activities, only those named as an indicator are listed here.

IYCF = Infant and Young Child Feeding; SAM = Severe Acute Malnutrition; ARI = Acute Respiratory Infection.

Daily workload is defined as the weekly number of hours spent on household or employment per week, divided by 7.

Sources: [1]Nepal MoHP, New ERA, ICF International Inc. (2012); [2] Nepal CBS (2012b); [3] Government of Nepal NPC (2012).

DESCRIPTION OF WESTERN TERAI CHARACTERISTICS (IN COMPARISON TO OTHER SUBREGIONS)

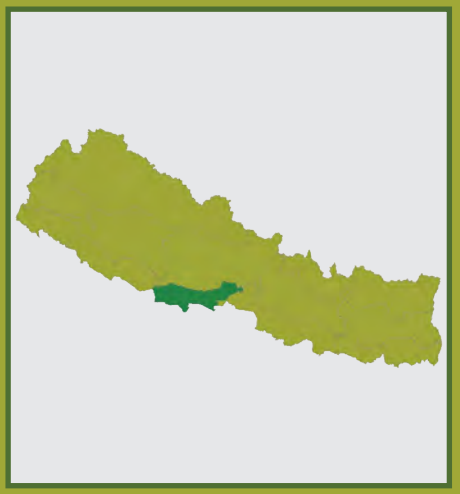
Location:
Peri-Urban

Households in lowest national wealth quintile*:
Below average (3%)

Percentage of households on paved road:
Above average (86%)

Households receiving remittances:
Above average (70%)

Literacy rate for women of reproductive age:
Above average (74%)



Notes:

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Literacy rates are compared to national average.

Source: Nepal MoHP, New ERA, and ICF International Inc. (2012).

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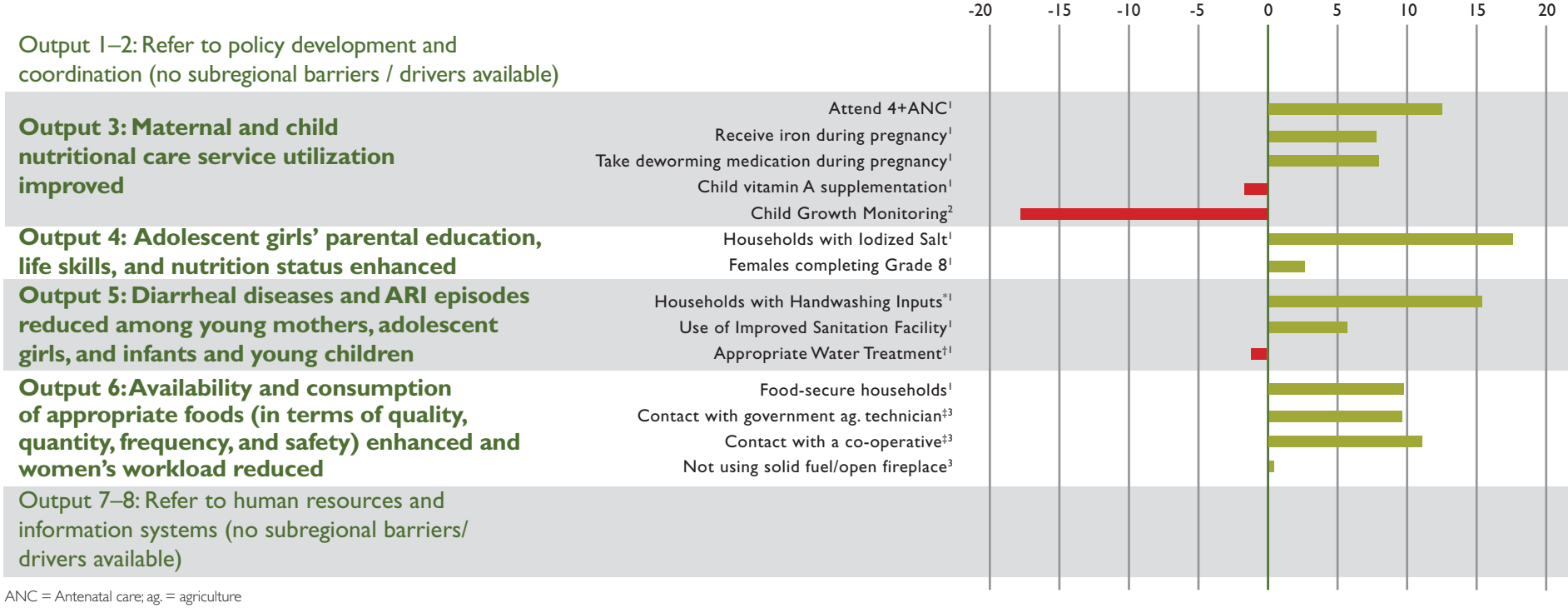

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HOUSEHOLD CONSUMPTION OF MICRONUTRIENT-RICH FOODS (PAST 7 DAYS), AND SOURCE (PAST 12 MONTHS)

	Household Consumption (past 7 days)	In the last 12 Months, % of Households that have obtained this type of food, by source		
		Produced	Purchased	In Kind
Vitamin A-rich fruits & vegetables*	75.7	66.9	93.1	64.1
Eggs	37.7	15.5	76.2	1.2
Dairy	66.4	25.0	78.7	14.1
Meats	68.3	17.8	90.5	24.3

*Includes leafy green vegetables, papayas, mangos, and colocassia. **Source:** Nepal CBS (2012b).

Sources

Government of Nepal National Planning Commission (NPC). 2012. "Multi-Sector Nutrition Plan: For Accelerating the Reduction of Maternal and Child Under-Nutrition in Nepal, 2013-2017 (2023)". Government of Nepal.

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Nepal Central Bureau of Statistics (CBS). 2012a. "National Population and Housing Census 2011". Kathmandu, Nepal: Government of Nepal National Planning Commission Secretariat.

Nepal Central Bureau of Statistics (CBS). 2012b. Nepal Living Standards Survey 2010-2011: Third Round. Kathmandu, Nepal: Nepal Central Bureau of Statistics.

ANNEX I: Selection of Indicators in Nepal Subregion Snapshots

This document provides an explanation of what indicators are included in the SPRING "Pathways to Better Nutrition" (PBN) country subregional snapshots. It also provides the methodology for attachment of indicators to the activities named in the national nutrition plans. While this Annex discusses Nepal specifically, the same methods were used for the snapshots in both case study countries (See SPRING's website for further details on the Uganda PBN Case Study).

Description of Characteristics

The first set of indicators in the snapshots was chosen to give a very brief insight into the variation of context across sub-regions. In consultation with experts, review of situation analyses, and review of the CIA country profiles for Nepal, SPRING found facets of variation that **cannot** be easily modified but **can** affect nutritional status and programming. The following facets appeared to be important:

- Urbanicity[1]
- Poverty level
- Road access
- Remittances received
- Female literacy

Other factors that were considered included religious or ethnic populations; significant differentials in geography; reliance on agriculture for livelihood; and political unrest.

[1] The degree to which a geographical unit is urban – http://www.urbanicity.us/Urbanicity.html

Summary of Key Plan Indicators

The snapshots next provide a summary table of the key indicators for Nepal. The first section is drawn directly from the Purpose Indicators named in Nepal's Multi-Sector Nutrition Plan (MSNP). See the MSNP for the details on these indicators. Generally speaking, the key indicators in this summary table correspond to higher level results in the illustrative results framework in Figure 1 (at end of this document), which SPRING developed to show logical pathways to the key indicators affecting nutrition status in Nepal (and in Uganda; see the Uganda-specific case study work for further details). The indicators in this first summary table line up temporally with "late" outcomes in the framework.[2]

The indicators in the second component of this table are derived from outcome indicators delineated in the MSNP, which mostly correspond to early outcomes in the illustrative results framework in Figure 1 and are health indicators that are proximate determinants of anthropometric measures of malnutrition. In addition, this component includes some health behaviors considered late intermediate outputs and range from individual behaviors (such as daily workload for women) to results that manifest in the environment (access to SAM services, for instance).

[2] Final impacts are on mortality and long-term morbidity, however none of the analyzed national plans address these, and as such they are not included in the snapshots.

Identified Barriers and Drivers of Better Nutrition, by Selected MSNP Output Areas

SPRING has provided a set of indicators to represent the Output areas in the MSNP. These indicators link to specific activities named in the plan to overcome barriers and drive improvement in nutrition. SPRING has defined a methodology for selection that is meant to provide a representative selection of indicators.

Given the correspondence of the MSNP key indicators to late intermediate outputs, early outcomes, and late outcomes in the results framework in Figure 1, SPRING considered activities up to and including early intermediate outputs for inclusion as "drivers or barriers", as they precede, and can potentially affect, the key indicators.

Using this framework as a starting point, SPRING examined the MSNP's logical framework and action plan in each plan to attach indicators to the listed interventions, as one would for a performance monitoring plan (PMP). The team checked the main compendiums for nutrition and nutrition-sensitive indicators to find measurable indicators that could be attached.[3] Some of these sources are:

- WHO infant and young child feeding indicator compendium
- CORE Group essential nutrition actions trilogy
- Measure DHS reproductive health compendium
- USAID review of health systems strengthening measures
- USAID feed the future indicator list
- JMP water and sanitation measures
- UNDP gender-sensitive service delivery indicator guide
- DHS guide to statistics

From the final set of standardized indicators, one to six indicators per output were chosen to represent the barriers and drivers in each subregion. Selected indicators were chosen to provide a diversity of information from both the supply and demand side, and from the individual, household and system level. The final set of indicators was also evaluated by the following criteria:

1. Representativeness of activity for objective theme
2. Global relevance
3. Availability of indicator in existing data collection mechanisms (surveys, HIS, etc.)
4. Variation across subregions

Where possible, SPRING ensured that data availability did not have undue influence over the other criteria. For some, an indicator was disqualified because it was not linked to an activity useful to reporting below national level (for instance the activities in MSNP Outputs 1, 2, 7, and 8).

To get a sense of what barriers and drivers transcended country context, SPRING also conducted a crosswalk of the Nepal implementation plan with the other PBN country, Uganda, for similar action areas. Indicators for activities that overlapped were prioritized for inclusion in the snapshots.

Household Consumption of Micronutrient-Rich Foods, and Source, Table

The final table in the snapshot describes the consumption of foods important for attaining recommended micronutrient levels, as well as the source of these foods, in each subregion. The data on food source cannot be evaluated against the national average as other drivers and barriers would. However, this information is still useful for the planning of nutrition interventions in Output 6 related to consumption of nutritious local foods, access to markets, and/or agricultural production.

Figure 1 below shows generally SPRING's arrangement of some of the key activities proposed over the course of a results framework.

[3] Every attempt was also made to standardize use of indicators for similar activities across the two countries, Nepal and Uganda

Figure 1. Illustrative Results Framework of Nutrition Plan Activities, Outputs, Outcomes, and Impacts

	Inputs	Process	Early Intermediate Outputs	Late Intermediate Outputs	Early Outcomes	Late Outcomes	Impacts
			Increasing Coverage of:	**Increasing Behaviors of:**	**Decreased Prev. of:**	**Decreased Prev. of:**	
Nutrition (Specific) Interventions	Improve political advocacy for nutrition Strengthen commodity delivery/ infrastructure & Human Resources Improve coordination & implementation of policies Strengthen IS and research in nutrition innovation $/Funding Strengthen community involvement Improve government & private sector coverage of nutrition services	Financing Mechanisms Hiring/Training/Retention Policy and Governance Strategies (NPA, other) Community Engagement Changes to Supply Chain Changes to other Service Infrastructure Changes to nutrition & food security surveillance systems Aid interventions aimed at decreasing household shocks Agricultural training on practices and productivity	IFA tablets/ANC	IFA compliance	Maternal Anemia	Stunting/Low Birth Weight	Child Mortality Nutrition-related Morbidity
			Counseling	Exclusive/Appropriate Breastfeeding		Stunting/Underweight	
				Diversified eating	Maternal/Child Anemia	Stunting/Underweight/ Low Birth Weight	
			Zinc	Appropriate treatment of Diarrhea	Diarrhea	Stunting/Underweight	
			Hand washing commodities (soap, tippy tap, latrines)	Use of handwashing commodities	Diarrhea	Stunting/Underweight	
Nutrition (Sensitive) Interventions			Deworming commodities	Appropriate treatment with de-wormer	Diarrhea	Stunting/Underweight	
			Inputs for and knowledge of bio-fortification	Consumption of bio-fortified foods	Maternal/Child Anemia, Micronutrient Deficiencies	Stunting/Underweight/ Low Birth Weight	
			Food secure households		Wasting/Micronutrient Deficiencies	Stunting/Underweight/ Low Birth Weight	
			Food production Food storage	Diet Diversity	Wasting/Micronutrient Deficiencies	Stunting/Underweight/ Low Birth Weight	
	Country Context: Sociodemographics, Epidemiology/nutritional status at baseline, cultural norms, and existing systems						