

CLOSING SOCIAL EQUITY GAPS IN NUTRITION IN NEPAL



Photo: Dharma Raj Bajracharya/JHUCCP



Photo: Suaahara Program/JHUCCP

2. Additional interventions for DAG VDCs

Suaahara's core package of interventions is delivered district-wide to all 1000 days households. In addition, DAG VDCs are provided with tailored interventions to improve food insecurity, strengthen nutrition services, and enable optimal MIYCN behaviors. This includes: provision of chicks and seeds and training on homestead gardening and poultry raising; revitalized nutrition services at outreach clinics; and community discussion and reflection sessions on health and nutrition.

3. Specific strategies to reach DAG households

Suaahara also prioritizes DAG households in all activities and uses specific strategies to reach 1000 days women and children at the household level. For example, DAG households receive prioritization for home visits and key life events (e.g. celebration of pregnancy, child birth, and traditional rice feeding events when the child is six months old) and very needy households are provided with materials to build chicken coops and latrines.

Box 2: GON's seven DAG indicators

- ▶ households with food sufficiency <3 months per year
- ▶ concentration of marginalized households
- ▶ access to primary schools
- ▶ access to health posts
- ▶ participation of Dalit and Janjati in local-level planning, execution, and decision-making
- ▶ prevalence of gender discrimination
- ▶ prevalence of vulnerable households

Recommendations for Equity and Social Inclusion

Suaahara provides encouraging evidence that carefully targeted interventions by nutrition programs to address inequities can narrow gaps in nutrition-related exposure, knowledge, and practices in vulnerable groups. Furthermore, this is feasible even in large scale programs.

Mapping and targeting of disadvantaged areas allows frontline workers to identify and provide appropriate messages, counseling, support, and follow up to achieve optimal MIYCN practices for everyone. Ongoing monitoring and evaluation of coverage is imperative so program improvements can address any gaps in reaching DAG households.

In general, increasing exposure and knowledge are simpler than achieving behavior change. Disadvantaged households also face additional barriers to adopting optimal MIYCN practices. Future programs should build off lessons learned from *Suaahara* and expand efforts to test new innovative, intensive and multi-level approaches targeted at the most vulnerable to help close the nutrition gap for disadvantaged women and children.

1. *Nepal Demographic and Health Survey, 2011* Population Division, Ministry of Health Government of Nepal, Kathmandu.
2. *Suaahara* conducted a household-level survey of 480 pregnant women and mothers of children under two in four intervention and four matched non-intervention districts from November 2014 to January 2015. The survey equally sampled equal numbers of women from disadvantaged groups (DAG) and non-disadvantaged group (DAG) women. Results can be found in the *Suaahara* Process Evaluation: Program Exposure and Adoption of Practices, 2015 that can be accessed at: http://pdf.usaid.gov/pdf_docs/pa00kwxg.pdf.
3. Process Evaluation Study, Study on Examining the GESI Factors that Enable or Prevent Women from Practicing Improved Health and Nutrition Behaviors in the Household, and Annual Outcome Monitoring Data.

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Program Information

Suaahara is a USAID-funded five year (2011-2016) project led by Save the Children in partnership with Helen Keller International, JHPIEGO, Johns Hopkins Bloomberg School of Public Health Center for Communication Programs, Nepal Water for Health, Nutrition Promotion and Consultancy Services, and Nepali Technical Assistance Group.

The project harnesses local, national and global expertise and experience to address the causes of under-nutrition in 41 out of the 75 districts in Nepal by uniquely integrating nutrition with agriculture, sanitation, and health care interventions. It works to influence behavior of individuals and communities through community-based behavior change programming with a focus on gender and social inclusion, in order to improve the nutritional status of pregnant and lactating women and children under two.

For further information :
Save the Children Nepal Country Office, Shambhu Marg, Sinamangal, Kathmandu, Nepal, Tel: +977-1-4468128
post.nepal@savethechildren.org, www.nepal.savethechildren.net

U.S. Agency for International Development, G.P.O. Box 295, Brahma Cottage, Maharajgunj, Kathmandu, Nepal
Tel: +977-1-4234000, usaidnepal@usaid.org, www.usaid.gov/nepal



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Photo: Suaahara Program/Save the Children



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Equity & Social Inclusion in Nepal

In Nepal, there is great disparity in nutrition outcomes by geographic location, gender, caste and ethnicity. Children from disadvantaged groups (DAGs) are more likely than other children to be stunted (short for their age) indicating chronic malnutrition (see Box 1). In recent years the Government of Nepal (GON) has made Equity and Social Inclusion a key priority for development plans and programs. In particular, the GON has prioritized DAGs, defined as women, indigenous ethnic groups, Dalit, Madhesi, Muslim, persons with disabilities, elderly, and people living in remote areas, who have been systematically excluded over a long time.

Box 1: Child undernutrition in Nepal by group (2011)¹

- ▶ Children in rural areas are more likely to be stunted than children in urban areas (42% v 27%)
- ▶ The poorest children are more likely to be stunted than the wealthiest children (56% v 26%)
- ▶ Children from severe food insecure homes are more likely to be stunted than food secure children (49% v 33%)

Suaahara's Achievements in Equity & Social Inclusion

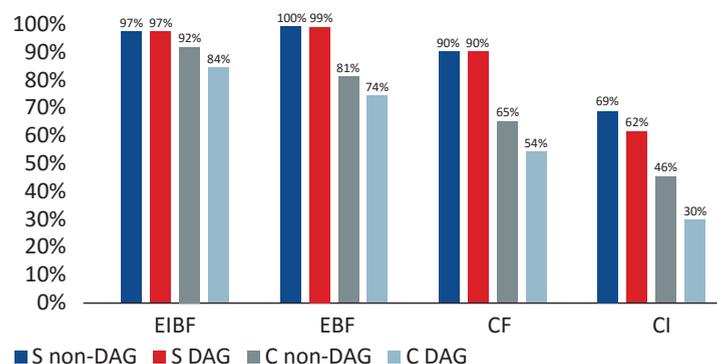
Suaahara has helped to narrow the gap between DAG and non-DAG women in exposure, knowledge, and practices for infant and young child nutrition.

Exposure

There are no gaps in exposure to key infant and young child feeding (IYCF) messages between DAG and non-DAG women in *Suaahara* areas. More DAG women in *Suaahara* areas have heard some of the key messages whereas exposure gaps exist in comparison areas.

Exposure by group to key messages on early initiation of breastfeeding (EIBF), exclusive breastfeeding up to the child is six months (EBF), starting complementary foods at six months (CF), and feeding children during child illness (CI) are displayed in Figure 1.

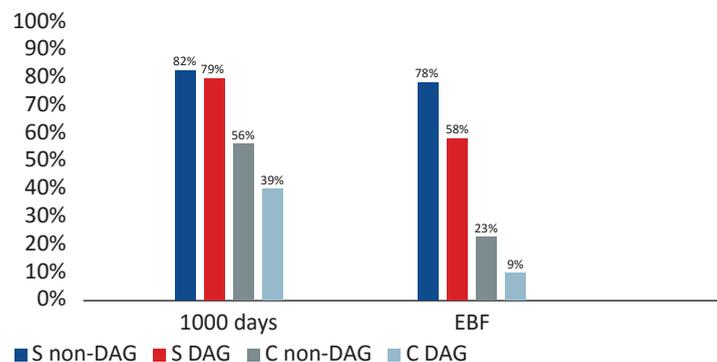
Figure 1: Mother's exposure to key IYCF messages



Knowledge

In *Suaahara* areas the differences in IYCF knowledge between DAG and non-DAG households are smaller than those observed in comparison areas. Differences in accurately defining: the best time to prevent child malnutrition (from conception to age two, the first 1000 days) (1000 days); and exclusive breastfeeding (feeding nothing but breast milk, not even water, for the first 6 months) (EBF) are shown in Figure 2.

Figure 2: Mother's knowledge to key IYCF messages

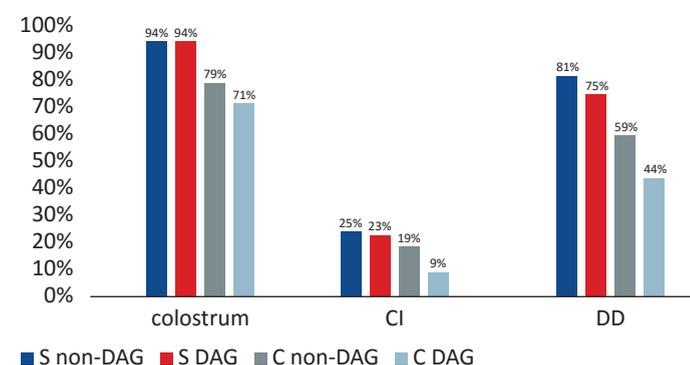


Practices

The differences in child nutrition practices between DAG and non-DAG are also much smaller. A comparison of some key IYCF practices by group are displayed in Figure 3. These

are the practices of giving colostrum to newborns (colostrum), feeding children more food when they have diarrhea (CI), and feeding children a diverse diet with food from at least 4 food groups (DD).

Figure 3: Mother's practice of key IYCF behaviors



Suaahara has numerous data sources³ in addition to the Process Evaluation (the source that is reflected here), for more results see the Fact Sheet on Creating an Enabling Environment for Health and Nutrition.

Suaahara's Equity & Social Inclusion programming

Equity and social inclusion is a key focus of *Suaahara's* Gender, Equity and Social Inclusion cross-cutting strategy. The project provides targeted support to disadvantaged areas and households to help overcome the additional barriers these groups face to improving Maternal, Infant and Young Child Nutrition (MIYCN) behaviors. In *Suaahara* districts, DAGs constitute an average of 25% of households with a pregnant woman or children under two (1000 days households). The key GESI activities are:

1. DAG mapping

Suaahara coordinates with the District Development Committee to identify and map the DAG population for planning and implementation purposes. Seven GON indicators are used to categorize DAGs (see Box 2). Each Village Development Committee (VDC) is ranked according to these indicators and those that reach the threshold are categorized as "DAG VDCs".