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THE NATIONAL NUTRITION SURVEY  
AND  
NUTRITION PLANNING IN NEPAL

A REPORT BY

NEW TRANSCENTURY FOUNDATION  
(James M. Pines, Consultant)

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## CONCLUSIONS AND RECOMMENDATIONS

### Conclusions

1. The Simplified Assessment Methodology gives AID and developing countries a valuable tool for increasing awareness of malnutrition problems and planning to alleviate them.
2. The Nepal Survey responded to a need clearly perceived by donor agencies and nationals interested in nutrition, making it an integral part of a continuing nutrition advocacy process.
3. USAID/Nepal contributed substantially to CDC's orderly and efficient conduct of the Survey, by meeting liaison and logistics responsibilities effectively.
4. CDC planning minimized operating problems and encouraged Nepalese support of the Survey.
5. The Nepal Survey a) increased awareness of, and concern about, malnutrition, b) improved sectoral consideration of nutrition in project planning, and c) encouraged initiation of a nutrition surveillance system.
6. The Nepal Survey did not lead to effective organization for, and practice of multisectoral nutrition planning.
7. Effective presentation and wide dissemination contributed greatly to Survey impact in Nepal.
8. Survey impact might have been greater if the Mission had continued to have a person with time to give primary attention to encouraging nutrition planning and arranging training for Nepalese likely to be involved in it.
9. Although Health Sector activities in Nepal integrate nutrition-related interventions effectively, there is little collaboration among sectors at national or local levels.
10. Although Nepalese absorptive capacity for nutrition-related activities is already overtaxed, encouragement of multisectoral thinking about nutrition problems, without adding to costs or staff requirements, would be useful.

## Recommendations

1. USAID/Nepal should be assigned a person with primary responsibility, and sufficient time to, a) assist dissemination of national and community nutrition planning methods, b) encourage communication and collaboration among sectors in relation to nutrition problems, c) arrange training in nutrition planning for Nepalese in key nutrition-related roles, and d) identify needs and arrange for consulting assistance to Nepal in organization of nutrition planning, application of nutrition planning techniques at community level, and nutritional review of rural development proposals.
2. Community nutrition planning in Nepal should emphasize identification of areas and communities without potential for nutritional self-sufficiency, to sharpen focus of welfare and subsidy efforts.
3. National nutrition planning in Nepal should avoid preparation of a National Nutrition Plan or related projects, but should emphasize improved representation of nutritional concerns in national decisions.
4. USAID should encourage and support a national seminar in Nepal, to build nutrition-related communication and collaboration among sectors and to provide a common language and methodology for addressing nutrition goals.
5. AID/W should provide AID/Nepal with training materials suitable for encouragement of, and skill development in, community nutrition planning.
6. USAID/N should encourage the Nepalese to design the pending Rural Poverty Survey and other studies in ways that provide information relevant for monitoring nutrition status and identifying the determinants of malnutrition.
7. USAID/N should explore possibilities for Peace Corps support of the Planning Commission's Subcommittee on Nutrition by provision of staff.
8. USAID/N should explore, with the Home and Panchayat Ministry, the feasibility of initiating some pilot attempts to do community nutrition planning in the Rapti Zone Project or elsewhere.
9. USAID/N should review the Area Appraisal Surveys now being done by the Food Research Laboratory of the Ministry of Agriculture, for possible use in community nutrition planning and as a model for simple community data collection in the future.

PERSONS INTERVIEWED

HMG of Nepal

- Baidya, Dr. B. N. - Deputy Chief of Planning Cell,  
Ministry of Health
- Joshi, Dr. N. D. - Director General of Health
- Khadka, B. B. - Joint Secretary, Ministry of Agriculture
- Khan, Dr. I. H. - Chief of Food Research Laboratory  
Ministry of Agriculture
- Nepali, S. B. - Director General of Agriculture Department  
Ministry of Agriculture
- Panda, Dr. B. R. - Chief, FP/MCH Project
- Shrestha, G. R. - Deputy Chief, Nepal Food Corporation

Voluntary Agencies and UN

- Boulden, Ms. Linley - Nutrition Officer, UNICEF
- Childs, Mr. Arnold - Director, World Food Program in Nepal
- Eggers, Ms. Ruth - Program Officer, Integrated Hills Development  
Project (SATA-Swiss Aid)
- Friedericks, Dr. Carl - Director, United Mission to Nepal
- Kranz, Ms. Miriam - Director of Lagankhel Community Health  
Program (United Mission)
- Kuloy, Mr. H. J. - UNICEF Representative

USAID and Contractors

- Babylon, Mr. John - USAID Economics Officer
- Butterfield, Mr. Samuel H. - USAID Director
- Carlaw, Dr. Raymond W. and staff - Berkeley (Univ. of California)  
Family Planning Team

USAID and Contractors Cont'd

Coles, Mr. Julius E. - USAID Assistant Director  
Daurio, Mr. John - Peace Corps Staff Officer  
Freeman, Dr. Wayne - International Agricultural Development  
Services (IADS)  
Oldham, Dr. William B.-Director, USAID Health and Family  
Planning Division  
Pickett, Mr. Douglas - Peace Corps Director  
Rana, Mr. Bikram - Technician, H/FP  
Smith, Dr. Duane - Management Services for Health (MSH) Team  
Sumar, Amrit Kumar - New ERA (Survey Contractor)  
Wilson, Mr. John R. - Director USAID Agriculture and Nutrition  
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## The National Nutrition Survey and Nutrition Planning in Nepal

This Report explores consequences and impact of the AID-supported National Nutrition Status Survey ("The Survey") conducted in Nepal by Communicable Disease Center (CDC) and His Majesty's Government (HMG) from January through May in 1975. At USAID/Nepal request, the Report also suggests several actions the Mission and AID/W can take to increase the Survey's impact and further nutrition planning in Nepal.

### The Survey

The Nutrition Office (then TA/N) initiated the Survey primarily to test a new method for simplified, low-cost, rapid assessment of nutrition status, and included no activities intended primarily to assure specific consequences. The now-proven method gives AID and developing countries a valuable tool for increasing awareness of nutrition problems and planning to alleviate them. Nepal illustrates well the survey's possible contributions and also its limitations. The suggestions below for follow-up activities to accompany future surveys do not detract from the very satisfactory consequences produced to date by the Nepal Survey. Comparison of this Report with the earlier TransCentury Report on the Liberia Survey's negligible effects should give AID adequate basis for deciding where and how to use the new tool.

a) History - The Nepal Survey grew from a clearer perceived need, and had a much larger potential constituency, than existed in Liberia. Awareness that food problems were becoming critical, uneasiness with the sampling in a recent WHO survey ("The Pourbaix Survey") that showed very high third-degree malnutrition, concern for a baseline from which to evaluate a proposed high-lysine corn project (never implemented), and dissatisfaction with delay in reporting of a National Food Consumption Survey (data still unprocessed), all contributed to the interest of HMG and donor agency staff. Minutes of a pre-survey meeting on November 2, 1973, show that the Survey was an integral part of a continuing "nutrition advocacy" process already underway, with UN impetus, in Nepal. A "Committee for Program Formulation on Nutrition Policy" meeting in January, 1974, also reflected strong desire for current definitive information about the Country's nutrition problems. The Survey did not start the building of nutrition awareness, though accelerating it greatly.

Survey planning avoided some of the problems that occurred in Liberia. Despite some indifference to a "Washington Project" and absence of a good institutional base for nutrition, the Mission accepted responsibilities for liaison and most logistics, providing staff time and resources sufficient to fulfill them. Dr. Janet Splitter, a contract hire fortuitously available, worked effectively on planning and during the Survey, though she was not a Mission "Nutrition Officer" as usually understood. An early visit by Dr. Frederick Trowbridge of CDC, though creating some disappointment

when he did not become Survey Director, provided a good base for more detailed planning by Dr. Edward Brink, who did. The two visits helped avoid the impression of contractor proprietorship complained of in Liberia and dispelled possible resentment of an "outside" standard or Reference. The Survey included an "optimum" Nepalese group for comparison. Involved Nepalese recognized that the survey was not all "theirs," but now appear satisfied that it was not all "CDC's" or "AID's" either. Coordination with UN agencies generated their collaboration in the Survey, though a UNICEF Representative complained that communication diminished after data collection started.

Early anticipation of and response to, potential transport and staffing problems also reduced contractor friction with USAID and Nepalese Agencies. Contracts for helicopter service and for ex-Peace Corps Volunteers proved better than the uncertain transportation arrangements and "one-shot" recruiting of in-service PCV's done in Liberia. A letter to panchayats (local government units) included in the sample helped build survey acceptance among nationals.

Mission files on the Survey show a remarkable scarcity of frustration and complaints. While questions of seasonal bias and validity of data were raised, the Survey produced the first representative picture of malnutrition in Nepal, under extremely challenging time constraints and physical conditions. There is no indication that the data are poorer than those collected under difficult field conditions anywhere. Field collection from January through May, 1975,

with delivery of a Report in September, established that the Simplified Assessment Methodology does indeed reduce cost and accelerate completion of the initial problem description step in national nutrition planning.

b) Results - The Nepal Survey has produced more favorable outcomes than would reasonably be anticipated from such an activity, where neither AID/W or the Mission initiated substantial follow-up efforts. It is not reasonable to expect a Survey alone to produce full-blown nutrition planning and related project activity in a country. Some evidence of increased awareness of, and concern about, malnutrition problems, more informed consideration of malnutrition in sectoral activities, and the beginning of a nutrition surveillance system, all of which occurred in Nepal, would be an excellent return on future Survey investments. The absence of multi-sectoral nutrition planning in Nepal suggests other activities, following a Survey, that would encourage it elsewhere when future surveys are done.

Effective presentation and wide dissemination contributed heavily to Survey impact in Nepal. The Survey Director presented results at a well-attended seminar in September, 1975, and both the Mission's Health/Population and Agriculture/Nutrition Offices passed more than 200 copies around with a zeal not encountered in Liberia. Although HMG understandably gave little publicity to the disturbing evidence of widespread stunting revealed at the Survey seminar, later conduct suggests that the message was absorbed. Health, Agriculture, UN agency, and other staffs now evidence considerable awareness of the

malnutrition condition and report similar attitudes in the Planning Commission and other higher levels of Government. Dr. Irwin Hornstein (AID Nutrition), who joined in the first four days of the consulting visit and had visited Nepal late in 1973, noted striking change in knowledge and concern about malnutrition, a view shared by Mission and UN people interviewed. Few countries now match Nepal in "awareness" of malnutrition problems that goes beyond the typical "food problem" concerns common all over the developing world.

The Survey is now the keystone of literature on nutrition status in Nepal. It was immediately incorporated into a WHO Summary of nutrition data available in Nepal, with favorable comment. It influences discussions about goals and provides a base for planning how to reach them. The Government's AID-supported Family Planning, Integrated Basic Health Services, and Rapti Zone Rural Development activities, for example, all exhibit response to Survey findings. Detailed planning may require further data collection (e.g., on goiter incidence, caste differences) and the Survey says little about determinants of malnutrition, but it is a near-definitive initial guide for nutrition planning. As a UNICEF nutrition officer put it, "observers of apparently healthy children can no longer deny existence of problems." The UNICEF Representative said he had used the Survey effectively in "high discussions" with the Planning Commission and Finance Ministry.

The CDC Director emphasized early that the Survey should provide a base for continued nutrition surveillance. It will be a long time before Nepal's limited resources and difficult physical conditions allow routine collection of heights and weights, but Integrated

Basic Health Services includes first steps toward monitoring of arm circumference and UNICEF has already distributed more than 20,000 measuring tapes. Though not ideal for assessing project impact, this should be adequate to detect major changes in local nutrition status. National monitoring of aggregate food production receives much attention in Nepal, but disaggregated information on changes in nutrition status has been unavailable to date. More complicated routine project evaluation techniques in nutrition are premature for Nepal, though useful in special studies.

Nutrition planning in Nepal received some impetus from the Survey, but not enough to germinate seeds planted in very difficult soil. The Planning Commission named a Sub-Committee on Nutrition, that still meets irregularly, but nobody interviewed could recall anything it has said or done. Some meetings to initiate a "Nutrition Cell" in the Department of Health yielded little. A WHO-sponsored "external push" for formation of an Inter-Ministerial Nutrition Project Committee, coinciding with delivery of Survey results, had little impact and proposed "nutrition focal points" in Education and in the Ministry of Home and Panchayat never materialized. Project proposals outlining dozens of interventions appeared, but were not funded. They reflect what UNICEF, at a November 5, 1974, meeting, described as "convergence of services rather than integration," meaning that individual sectors were thinking separately about nutrition but were not yet ready to plan together. They are still not ready.

Dr. Janet Splitter, who left soon after, predicted correctly (reporting in September, 1975) that the dominance of expatriates and

under-representation of Agriculture and Education ministries had made the multi-sectoral committee unlikely to last. The Planning Commission's SubCommittee, which has at least survived, offers a fragile organizational base for initiating the limited, but vital, nutrition planning feasible in Nepal.

The beginning of a multi-sectoral approach to nutrition problems might have emerged in Nepal, had Mission staff included a person with responsibility and time for trying to bring sectors together to think, and act, in relation to nutrition goals. The Agriculture and Nutrition Office, where the National Survey was lodged, has had neither mandate or staff sufficient to support nutrition planning. Family Planning and Integrated Basic Health Services work, on immunization and on education about rehydration and local weaning food mixtures, constitutes an impressive attack on infant malnutrition, but Mission staff and involved Nationals acknowledge that links with agriculture, for example, are minimal.

Such links will often have limited consequences in Nepal, because scarce resources and difficult conditions constrain improvement. These limitations make it even more important to avoid the common over-optimistic assumption, implicit in Nepal's production policies, that elimination of aggregate "food deficits" will automatically resolve individual panchayat and ward level nutrition problems.

Failure of post-Survey attempts to encourage nutrition planning reflects absence of a USAID "push", though UN agencies tried hard to

build on the Survey foundation. It also reflects the problems of stimulating effective collaboration among government agencies, with Nepal probably more difficult than most countries in this respect. Perhaps most important, absence of a multisectoral approach to nutrition problems in Nepal evidences the failure of nutrition planners to convey effectively what their methods can contribute and how they work. Little attempt, by AID or others, to disseminate the approach occurred and applicability of what was transmitted, for Nepal, received little attention.

The National Nutrition Survey and other activities make Nepal a reasonably promising place for introduction of some useful insights identified as part of "nutrition planning". The country's limited resources, formidable physical conditions, and already overtaxed bureaucracies make a separate "Nutrition Program" impossible. There are, nevertheless, some useful steps, suggested below, that can make more effective nutritionally the ambitious integrated rural development and other activities of HMG and supporting donors.

### Nutrition Planning in Nepal

#### A. National Nutrition Planning

It will take far more than national nutrition planning to alleviate Nepal's desperate food problems. Food crops receive priority attention, but the already precarious balance between population and food cannot improve for perhaps a generation. National nutrition status depends more on rice policy than on all the interven-

tions nutrition planners might recommend, and few new recommendations can be carried out anyway. Transport constraints preclude dramatic action to improve nutrition, other than what is already contemplated for the health system. Introduction of PL 480 Title II, for example, is properly opposed by many Nepalese officials, because of high cost, dangers of dependence, and burdens of administration.

There is still need for more effective nutrition advocacy at national level, to make the best, nutritionally, of an admittedly limited national potential for nutrition improvement. Nutrition advocacy would involve, for example, more effective use of the Survey and later information to influence rice policy, so that domestic nutrition consequences of export receive more consideration. It would press for better assessment of nutritional aspects of investment policies, (e.g., to discourage Finance Ministry support of nutritionally inefficient biscuit factories), and emphasize attention to nutritional criteria in selecting beneficiaries for extension services and ultimate disposition of increased nutrient production. Nutrition seems under-represented in decision-making processes that affect it vitally and USAID help in improving this situation could reinforce activities supported in various sectors.

Some National nutrition review and coordination would also be useful and feasible in Nepal. The Planning Commission's Nutrition sub-Committee might find a role and the political power to carry it out, if it could, for example, assess nutritional implications of Nepal Food Corporation distribution practices. Avoiding inconsistency

and duplication in preparation of nutrition education materials, identifying areas that cannot achieve nutritional adequacy in the foreseeable future (and therefore require welfare or migration rather than development), and guiding the Ministry of Home and Panchayat in local nutrition planning, also offer good potential for a well-established and informed subcommittee. Orchestrating food-related activities of national and U.S. voluntary agencies would also be useful.

The foregoing emphasizes that national nutrition planning in Nepal need not involve a "National Nutrition Plan" or new program. It contemplates a more systematic effort to link agricultural policies to nutrition goals and to guide sectoral planning in nutritionally favorable directions. This guidance, which will also improve nutrition-related linkages among sectors, involves no more than encouragement of agreement on nutrition goals and sharing of a simple approach for pursuing them at community level.

B. Community Nutrition Planning - Community, in Nepal, may mean extended family, ward, panchayat, caste group, or any other collection of people for whom a common attack on nutrition problems makes sense. Nepal is often described as a checkerboard of isolated, different people and conditions. Many of the "squares" present distinct diagnoses and suggest unlike responses for improving nutrition. The simple distinction between those with adequate nutrients available and those without illustrates the point. High prevalence of goiter

or large landless population would be other distinguishing features. National policies provide the framework that conditions and limits nutrition status of these groups, but there is room within it for local variation to maximize nutrition improvement within the constraints.

This theoretical structure has relevance for Nepal, despite the present inadequacies of the panchayat and other delivery systems. It is clearly important for the contemplated Rapti Zone Project and other rural development activities that now implicitly assume that, if everything else works, nutrition will "take care of itself." Until some approach to community nutrition planning is fully understood, organizational problems of making it effective may be deferred.

Nepal might well decide that the nutritional outcomes of activities in Health and Family Planning are all that can be achieved in the country's present difficulties. These activities will undoubtedly produce important impact on nutrition, but alone can improve only modestly the status of those most deprived. Where food shortages are most acute, for example, rehydration and immunizations may prevent serious malnutrition, but cannot produce adequate nutrition status. The elements of local weaning mixtures, which could strengthen impact, may not be continuously available, unless prior attention is given to local production, trade, and distribution. Environmentally caused absorption problems also limit potential of health activities.

Any nutrition goal beyond the important, but limited, impact of Health and Family Planning requires local linking of agriculture, distribution and other activities that is best achieved by simple community nutrition planning. Several methodologies exist, but all involve adaptation of national nutrition planning techniques (e.g., food balance, nutrient flow analysis) to local situations.

This approach will, for example, force attention to more realistic assessment of the nutrition potential of particular groups. Only continued welfare subsidies or assistance in migration will save some people. The hard decisions required will be better if based on review of feasible nutrition improvement. Emphasis on local nutrition planning will also make it more likely that interventions in communities with better potential produce favorable nutrition results.

The way of thinking about local nutrition problems proposed here does not imply additional staff or program expenditures. Data already being collected by those working at panchayat and ward level, though limited, can support nutrition planning and suggest modifications and linking of activities to increase nutrition impact. Improving nutrition in Nepal depends primarily on making nutrition goals an explicit part of the diverse sectoral activities proposed and underway, not on starting new ones.

### C. Next Steps

Review of the Nepal Survey experience confirms Recommendations of the TransCentury Report on the Liberia Survey. This Report therefore deals primarily with actions that might be taken to improve

nutrition planning in Nepal and, as a consequence, broaden impact of the Survey. They apply specifically the more general Recommendations of the Liberia Report. Suggestions made here seek only to continue the modest, but significant, integration of nutrition goals into Nepalese development already begun. They are made with humility in the face of the tremendous problems confronting the country and the demands of existing development activity.

Nutritional progress in Nepal would benefit from assignment to the Mission of a person with primary responsibility, and time, to encourage it. Present good communication about nutrition between the USAID's Health/Family Planning and Agriculture/Nutrition offices offers promising opportunities for a nutrition planner, though neither office is presently able to pursue adequately the broader approach to nutrition encouraged by AID's Nutrition Office.

A nutrition officer would pursue both organizational and technical matters. Promotion, guidance and encouragement of the Planning Commission's Nutrition Subcommittee, the Ministry of Home and Panchayat, and other agencies to build a nutrition planning organizational structure requires continued attention, but could produce excellent payoff from modest efforts. Despite the intricacies of Nepalese politics and bureaucracies, there exists a fair base for bringing nutrition more into the mainstream. United Nations activities will reinforce the process.

Organization and action thereafter will benefit from USAID support of training and materials dissemination useful in preparing Nepalese,

from various sectors, to practice some simple nutrition coordination and planning. Dr. I. H. Khan, Chief of Agriculture's Food Research Laboratory, attended an MIT Workshop and, though far from influencing major decisions, reflects well the value of broader orientation to nutrition. A larger nucleus of motivated and skilled Nepalese could eventually exercise nutritionally favorable influence in many ways.

The foregoing organizational and training goals can best be served by USAID support (under \$10,000) of Dr. Khan's proposal for a National Nutrition Seminar in Nepal. This should, a) sensitize further the nutrition-related sectors, b) improve nutrition-related communication among them, and c) provide a common language and analytical framework for collaborative nutrition planning. Similar "multisectoral" gatherings in (e.g.) Ghana, El Salvador, and Bolivia have produced measurable impact on nutrition work in those countries.

Though a Seminar would necessarily involve review of the National Nutrition Survey and discussion of current development activities, inclusion of skill training is critical. The techniques of nutritional review (analyzing nutrition consequences of sector activities) and community nutrition planning (linking local interventions to achieve community nutrition goals), for example, offer a common language and approach now lacking in Nepal. Some sectors already include nutrition-related activities and considerations in their work, but all seem unclear about how separate efforts should be combined for greater effect. Coordination of voluntary agency activities could also benefit

substantially from shared understanding of nutrition planning methods for distinguishing areas and communities without potential for nutritional self-sufficiency.

The Nepal Seminar should avoid reference to a National Nutrition Plan or design of a model National Nutrition Project. The Country context makes such ambitions unrealistic and unnecessary. Improved representation of nutritional concerns in national decisions and better integration of nutrition-related sectoral work in communities are feasible, useful outcomes that merit USAID support.

A USAID nutrition officer might also assist, or arrange consulting help, to assure that Mission-supported and other "non-nutritional" studies seek information relevant for monitoring nutrition status and identifying determinants of malnutrition. The pending Rural Poverty Survey and detailed design work on the Rapti Zone Project illustrate such opportunities.

Without initiating a formal and separate USAID Nutrition Project, the Mission could support Nepalese nutrition planning by exploring possibilities for Peace Corps collaboration. While Dr. Khan, for example, is not directly involved in nutrition planning, a qualified Peace Corps Volunteer could give him moral support and technical help that would contribute to building a better information base for multi-sectoral nutrition work. If the Planning Commission's Nutrition Subcommittee begins to move, a Volunteer could furnish the staff support so often missing in multisectoral groups. Experience with

AID-supported "Intermediate Nutrition Planners" in Cameroon and El Salvador suggests that a young American professional magnifies impact of even an individual nutrition advocate. Assignment of Volunteers requires considerable review, discussion, and formalities, but merits exploration.

Integration of nutrition goals into rural development planning also needs attention in Nepal. The USAID Rapti Zone Project and other rural development work supported by Swiss aid and by IBRD, for example, all involve nutrition-related activities, but none includes community nutrition planning. In simplest terms, this means asking "What are some feasible nutrition goals for this group and what will it take to achieve them?" This approach forces attention to nutrient leakages, limits of nutrition impact from planned activities, and linkages and modifications likely to increase impact without detriment to other goals.

Initiation of community nutrition planning does not imply elaborate new data collection. Available data, however limited, provides some guidance for identifying nutrient leakages, and for balancing and linking interventions. Dr. Khan is already testing an Area Appraisal Survey instrument that may be useful for arraying and analyzing existing information for community nutrition planning, though intended for collection of new data.

As the USAID and Nepal join in major rural development efforts and continue their promising work in health and family planning, it will serve them well to look more carefully at nutrition planning.

The channeling of nutrients to those who need them most rarely occurs without collaboration among sectors. However limited existing delivery and coordination systems are, they will benefit from introduction of simple techniques for identifying actions in separate sectors that, combined, increase the nutrition impact of all. Agricultural extension workers, teachers, health auxiliaries, panchayat development officers, cooperatives, and the National Development Service are all potential practitioners of community nutrition planning and worth exploration.

For the USAID to encourage a more systematic look at nutrition goals, and how to achieve them, is not an unrealistic counsel of perfection. It is, rather, a critical step for improving the likelihood that current and planned activities will eventually reduce malnutrition in Nepal.