

COUNTRY PROFILE ON NUTRITION 01/2021

NEPAL

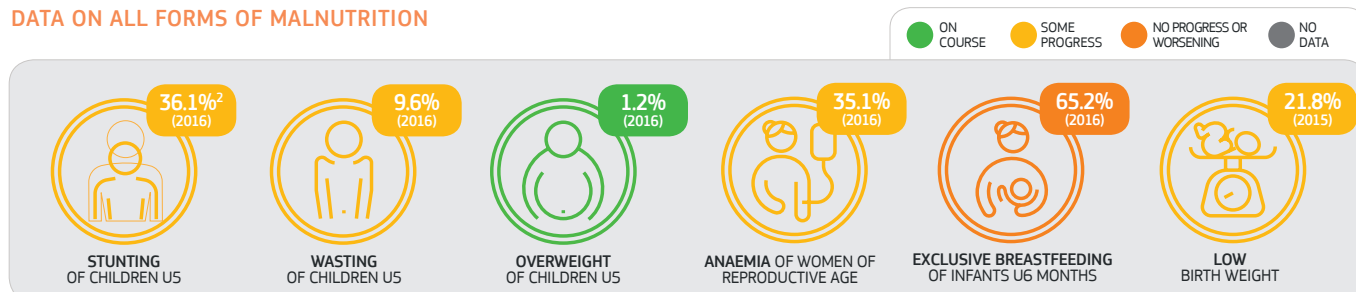
Nutrition situation in Nepal

AT A GLANCE

The population of Nepal is estimated at around 29.1 million¹, with almost 80% living in rural areas. Women have restricted access to education and employment and there are high rates of domestic violence, both of which contribute to Nepal's high levels of gender inequality. Despite being one of the poorest countries in South Asia, Nepal has achieved a comparably impressive rate of stunting reduction in recent years and is potentially on track to meet the World Health Assembly (WHA) target by 2025. However, with only very limited improvement in child wasting, one in every three children still stunted, and no improvement in some regions of the country, much remains to be done. The nutrition equality

gap is widening, with a Dalit child ten times more likely to be stunted than a child born into a less disadvantaged caste. This highlights the role of multi-dimensional poverty as a key driver of malnutrition. More than two thirds of children under two do not receive a minimally adequate diet. The rising prevalence of obesity, which doubled between 2011 and 2016, and the COVID-19 pandemic further exacerbate the high social and economic costs associated with malnutrition in the country. In 2019 Nepal had a Gender Inequality Index value of 0.452 and was ranked at 110 out of 162 countries.

DATA ON ALL FORMS OF MALNUTRITION



NUTRITION GOVERNANCE

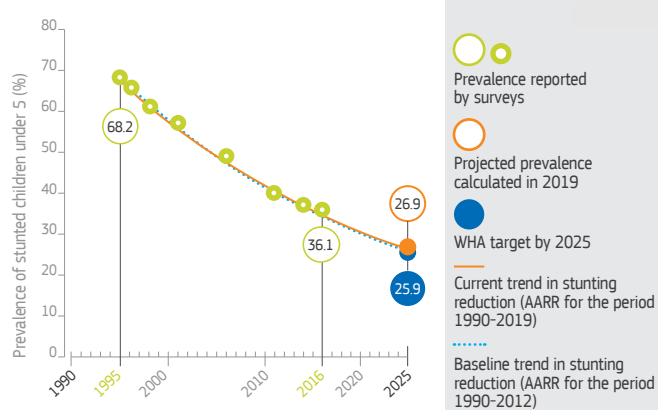
- Nepal joined the SUN Movement in 2011
- Nepal's first Multi-Sectoral Nutrition Plan (MSNP) was launched in 2013, together with a multi-sectoral coordination architecture involving six ministries. Now in its second phase, MSNP-II, (2018-2022) recognises the significance of Nepal's new federal structure for implementation, covers 753 municipalities and is further underpinned by the Constitution of Nepal (2015) as well as the recently approved Right to Food and Food Sovereignty Act (2018).
- MSNP-II is coordinated by the High-Level Nutrition and Food Security Steering Committee, chaired by the Honourable Vice-Chair of the National Planning Commission (the apex advisory body of Government).
- Multi-sectoral coordination committees on nutrition also exist at provincial, municipality and ward levels. These committees generally have a reasonable sectoral representation as well as an encouraging degree of gender balance. Effective implementation of MSNP-II will depend upon the extent to which country's federal system is able to ensure adequate resources and fiscal autonomy to meet development and service delivery mandates and aspirations.

Example of EU support

The focus of the EU Budget Support operation 'Support to the Multi-Sector Nutrition Plan of the Government of Nepal' (2020 – 2023) is on ensuring the inclusion of disadvantaged rural communities – particularly women, adolescents and children – so that they can be equitably reached with essential public services. With a total financial value of EUR 23.35 million, EUR 3 million goes to complementary measures implemented by UNICEF for the development of national capacities for effective MSNP implementation at all levels. The logic of the support is to ensure inclusive and nutrition sensitive provision of health and education services together with safe drinking water and sanitation facilities and heightened awareness of the significance of nutrition for health and well-being. The programme also helps to diversify agricultural production and livelihoods for increased incomes to enable people all year round to have improved access to a greater variety of locally produced nutritious foods in nearby markets, so as to improve the quality of diet. A key focus for policy dialogue addresses increased coverage of child grants in line with the national vision for a universal child benefit to all children under five.

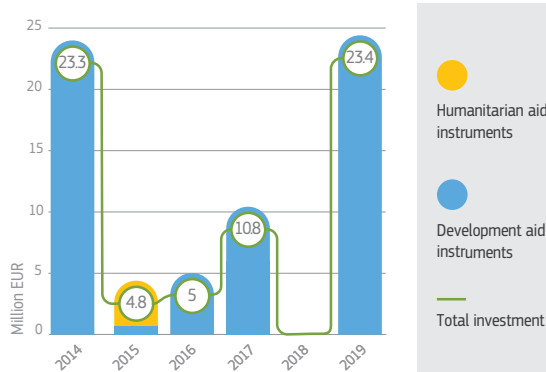
Progress on the two EU pledges for nutrition

TREND, PROJECTION AND TARGETS IN THE PREVALENCE AND NUMBER OF CHILDREN (U5) STUNTED



Within the framework of the Nepal's Multi-Sectoral Nutrition Plan II the Government of Nepal has committed to reduce stunting to 25% by 2025. Nepal has experienced a strong decline in both the prevalence of stunting and in the number of children stunted since the mid-1990s. Recent projections anticipate that Nepal is potentially on track to meet both the government's target and the World Health Assembly (WHA) target by 2025. The rate of decline in the number of children stunted has remained virtually unchanged between 2012 and 2019 (3.10% to 3.04%). If this is maintained, then 730 000 children are expected to be stunted in 2025.

EU FINANCIAL COMMITMENTS TO NUTRITION BETWEEN 2014 AND 2019 – A TOTAL OF EUR 67 MILLION



On the basis of a 2014 commitment for EUR 22.7 million, the EU together with UNICEF have supported both the design and launch of the MSNP through the Partnership for Improved Nutrition project, focusing on 30 prioritised districts. With a shift in modality to budget support via the 2019 commitment for EUR 23.3 million, the scaling up of this approach to all 753 municipalities will be accelerated so that nutrition (with an increasing focus on women's empowerment and gender inequalities) is more effectively integrated into local workplans and budgetary processes. In addition, the Water, Energy, Agriculture Village Livelihood Enhancement project is accelerating efforts to tackle the underlying causes of malnutrition and enhancing resilience among particularly vulnerable communities in the mid-west and far-west.

¹ World Population Prospects <https://population.un.org/wpp/>

² EU Country Profiles on Nutrition draw on the most recent UNICEF/WHO/WB Joint Child Malnutrition Estimates (JME) to ensure consistency. In the case of Nepal the results of a 2019 UNICEF Multiple Indicator Cluster Survey (released December 2020), indicate that stunting prevalence may have fallen to 31.5%, implying that Nepal may now be more firmly on track with respect to the WHA target for stunting reduction. At the same time, this new data suggests that wasting (1.2%), overweight (2.6%) and exclusive breastfeeding (62.1%) may have worsened.