



Reducing Child Malnutrition through Social Protection in Nepal

Child Malnutrition in Nepal

Nepal is one of the poorest countries in South Asia with 54% of the country's population living on less than \$1.25 per day and three and a half million people being moderately to severely food insecure.¹ Food insecurity has a direct effect on women and children at the household level.

Child malnutrition is caused by a combination of factors, such as inadequate food intake, childhood diseases and other gastrointestinal parasites, and improper care during illness.² Severe malnutrition in developing countries has long-term consequences to a child's cognitive development and human productive potential as an adult.

Malnutrition makes children more susceptible to illness and is considered a common cause of child mortality, with maternal and child undernutrition estimated to be the underlying cause of 3.5 million deaths annually.³ The 2006 Demographic and Health Survey also shows child mortality rates in Nepal to be directly correlated with the mother's educational level, with child under-5 mortality being seven times higher for children born to mothers with no education (compared to mothers with a high school education or higher).⁴ In Nepal, 42% of deaths of children under 5 years of age are caused by malnutrition, with diarrheal disease being the biggest contributor to mortality at 15.6% followed by lower respiratory infections at 9.1%.⁵ Inadequate child nutrition results in vulnerability to illness and exposes children to a higher risk of death.

Despite the reduction in the proportion of underweight children from 43% to 40% in the last 3 years in rural Nepal, there is a significant increase in the proportion of children having inadequate nutrition. Stunting (height-for-age) of children under-5 is high at 49%,⁶ reflecting chronic nutritional deficiency. Unless efforts to curb malnutrition are scaled up, the Millennium Development Goal target of reducing stunting for children under 5 years of age by 50% (from 60% in 1990 to 30% in 2015)⁷ might be difficult to achieve if prevailing trends persist.

Social Protection Measures for Children

The Government of Nepal has various mechanisms in place to combat malnutrition. Since 1996, the government has implemented the Agriculture Perspective Plan to ensure food security and provide transport subsidies to supply food in remote districts. Programs to improve nutrition in the country have been implemented with the United Nations World Food Programme to distribute mid-day meals at school and UNICEF to provide nutritional support in selected

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districts. However, with the rise in food prices and the financial crises, it has been more difficult to move out of poverty and improve nutritional health in the country.

Investing in child nutrition and health is an efficient and sustainable way of reducing child poverty. Poor child health results in an estimated loss of 3% of the country's gross domestic product. Studies have shown that while children from well-nourished populations are relatively similar in weight and length at birth with children from developing countries, the growth begins to decline and falter up to 3 years of age.⁸ This shows the importance of early intervention in the first 2 years of life, the critical period wherein early intervention can still prevent malnutrition and its consequences.

Social protection mechanisms and safety net programs, such as cash and food-for-work vouchers, school meals, social transfers, and insurance, have been implemented to improve children's well being. In 2009, the government introduced a new cash transfer scheme for indigenous people, which also benefits children from 10 ethnic groups, and a "child protection grant" was introduced in 2010 to improve cash availability in rural households, enabling them to purchase more food and improve the children's nutritional diet. An exploratory survey carried out by UNICEF and WFP prior to the introduction of the child grant revealed that households were willing to spend about 40% of the money on supplementary food for children, 30% on education, and 11% on health care.

Government cash transfers are under the auspices of the local bodies in Nepal, with technical backstopping from the Ministry of Local Development. However, with the increasing volume of these cash transfers, the government recently established the National Steering Committee on Social Protection to more effectively plan the country's social protection agenda. The child grant of NRs200 per month (about \$2.66)⁹ is to be provided to children under 5 years of age in the five Karnali districts—Dolpa, Humla, Jumla, Mugu, and Kalikot—and children from poor Dalit households nationwide.¹⁰ In 2009, total government spending on child protection, including scholarships and food-for-education program, amounted to about NRs2 billion; about NRs745 million (\$9.7 million) benefited about 400,000 children in child grants.¹¹ These social protection measures are intended to reduce child malnutrition.

Grant Assistance for Child Protection

The Japan Fund for Poverty Reduction (JFPR) is extending a \$2 million grant to create capacity within the Government of Nepal and help social protection programs become more inclusive and equitable. The intended outcome is the enhanced execution of social

protection programs. The grant assistance aims to strengthen the planning, delivery, and monitoring systems and processes around the government's child grant, which is expected to contribute to reduction of child malnutrition in project districts. The project is mainly focusing on the five districts of the Karnali zone, which has the lowest socioeconomic indicators in the country. The program outreach will cover at least 70% of the communities in the project districts, and at least 80% of the mothers will be provided orientation on Infant and Young Child Feeding (IYCF) and care practices.¹²

The components of the project include (i) capacity building for central and local government officials and increasing their understanding in the design of social protection programs; (ii) strengthening local government capacity in implementing and monitoring social protection programs; and (iii) linking the government's child grant to children's nutrition. The first component will support the National Steering Committee on Social Protection to finalize a National Social Protection Framework. The second component will support the development of a management information system to strengthen the systems and processes for beneficiary registration and monitoring of the delivery of the child grant. The third component seeks to promote the utilization of the child grant on children's nutrition by implementing the IYCF training. The JFPR grant will support the training of health workers and female community health volunteers, orientation and counseling for mothers, demonstration of locally sourced energy foods, and various awareness-raising activities.

As part of the project's knowledge sharing approach, it will establish a surveillance system to document the coverage of the child grant, monitor and document recipient households, and use the data to ensure effective delivery mechanisms and improved IYCF training. Overall, the project will enhance the execution of social protection programs, contributing to more equitable social outcomes.

The grant assistance contributes to the Country Partnership Strategy for Nepal of the Asian Development Bank (ADB) under its two pillars:¹³ (i) inclusive social development, by strengthening social protection systems and improving access to basic social and financial services; and (ii) governance and capacity building, by strengthening local governance and monitoring effectiveness of public service delivery. The project further contributes to ADB's Strategy 2020 in promoting broader access to opportunity by expanding human capacity through investment in education, health, and social protection. It is further aligned with the government's development strategy and social protection agenda.

Endnotes

- ¹ United Nations. 2010. *Nepal Millennium Development Goals Progress Report*. Kathmandu.
- ² N. Sah. 2004. Determinants of Child Malnutrition in Nepal: A Case Analysis from Dhanusha, Central Terai of Nepal. *Journal of Nepal Research Council*. Vol. 2. pp. 50–54.
- ³ International Bank for Reconstruction and Development. 2010. *What Can We Learn from Nutrition Impact Evaluations? Lessons from a Review of Interventions to Reduce Child Malnutrition in Developing Countries*. Washington, DC.
- ⁴ ADB. 2011. *Proposed Grant Assistance Nepal: Reducing Child Malnutrition through Social Protection*. Manila.
- ⁵ M. Blössner and M. de Onis. 2005. Malnutrition: Quantifying the Health Impact at National and Local Levels. Geneva: World Health Organization *WHO Environmental Burden of Disease Series*. No. 12.
- ⁶ Endnote 1.
- ⁷ Endnote 4.
- ⁸ Endnote 3.
- ⁹ According to the grant assistance report, the child grant of NRs200 per month is not an insignificant amount considering the poverty line of NRs642.30 per month (in 2003 Nepalese rupees), or the equivalent of NRs1,084 in current prices (using gross domestic product deflator to adjust for inflation).
- ¹⁰ Endnote 4.
- ¹¹ ADB. 2011. *Nepal Country Report*. Manila.
- ¹² Endnote 4.
- ¹³ ADB. 2009. *Nepal: Country Partnership Strategy, 2010–2012*. Manila.

About the Asian Development Bank

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