

Scaling Up Nutrition (SUN) Annual Report 2016

A SUMMARY BY HERD

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About Scaling Up Nutrition (SUN) Movement

The Scaling up Nutrition (SUN) is a collaborative process that had begun in 2009 with the development of the SUN Framework, and has evolved into a Movement that is stimulated and reinforced by political interest in nutrition among leaders of governments and development partners. The SUN Movement has been working in response to both the injustice and the impact of malnutrition since its inception in 2010. It has been committed to scale-up nutrition for every child through the collective effort led by governments uniting with thousands of organizations, businesses and committed individuals. The SUN Movement now includes over 2,000 civil society groups, over 300 businesses, donors, scientists, UN agencies, and citizens and has been driving national actions, energizing cross-sector collaboration and putting nutrition on political agendas.

Globally, the SUN Movement is building linkages with key partnerships and alliances recognizing the crucial connections between good nutrition, sustainable food systems, women's empowerment, health care, water and sanitation and education. Official partnerships have been established with Sanitation and Water for All and Women Deliver – along with collaboration with Every Woman, Every Child, the Global Partnership for Education, the Zero Hunger Challenge, the Global Panel for Agriculture and Food Systems on Nutrition, the NCD Alliance, the Early Childhood Development Action Network and the EAT Forum. In 2012 when SUN began, there were roughly 165 million stunted children. The figures in September 2016 suggested that the number has declined to 152 million. Dramatic reductions in stunting are being recorded in Bangladesh, Nepal, Lesotho, El Salvador, and many other countries.

An Introduction to Malnutrition

Malnutrition is part of a vicious cycle that includes poverty and disease. It is a condition which occurs when there is a deficiency of certain vital nutrients in a person's diet. The deficiency fails to meet the demands of the body leading to effects on the growth, physical health, mood, behavior and other function of the body and it commonly known to affect the children and the elderly people. Globally, malnutrition is found to be the most important cause of illness and death affecting large populations of children and pregnant women.

Lack of sufficient and adequately nutritious and safe food, are not solely responsible for malnutrition. It is caused by a host of intertwined factors like linking health-care and, education, sanitation and hygiene, access to food and resources, women's empowerment and more. Proper food and nutrition is a fundamental right to every woman, man and child. Scaling up Nutrition is a global push for action and investment to improve maternal and child nutrition.

Almost half of the children, below 5 years of age die due to malnutrition. And for the children who survive, the long term effects of malnutrition are devastating and if not addressed accordingly it is likely to result in diminished cognitive and physical

development; reduced productive capacity and poor health. In fact, stunted children have an increased risk of becoming overweight or obese later in life. Good nutrition lays a strong foundation on the children's chances of survival and development throughout their lives. Thus the first 1000 days from a mother's pregnancy to her child's second birthday is vital in determining the child's future. Poor nutrition during this period leads to irreversible consequences such as stunted growth and impaired cognitive development. Governments need to turn their attention to implementing the Sustainable Development Goals, as many of these SDGs contain indicators related to nutrition.

Global Trends

Currently, the coverage of nutrition-specific intervention is poor in most parts of the world where they are needed the most. The state of major underlying determinants of nutrition (i.e. food security, women's status, poverty, equity, access to adequate health care services, water and sanitation) is poor among the vulnerable populations. Despite the drastic progress made in uplifting the nutritional status globally, the problem of malnutrition is still severe and threatens the well-being of the people as well as the economic growth and development of nations.

Financial Burden

Malnutrition presents a significant threat to human health and today the world faces a double burden of malnutrition that includes both under nutrition and over nutrition, particularly in developing countries. The World Health Organization (WHO) estimates that reduced school attendance of stunted children results on reduced earnings capacities equal to an average of 22% loss of yearly income in adulthood. At the macro level, the economic consequences represent yearly losses of GDP by around 10%. In Asia and Africa, the annual GDP losses from low weight, poor child growth, and micronutrient deficiencies average 11%. Economists estimate that investing in nutrition has the potential to help break the poverty cycle and stimulate economic development. It is predicted that every dollar invested in nutrition can yield a return of 16 dollars.

STAGGERING STATS

- ✓ Approximately 2 billion people experience micronutrient malnutrition
- ✓ About 45% of all mortalities under the age of 5 are due to malnutrition
- ✓ 1.9 billion Adults are estimated to be overweight or obese
- ✓ 156 million children under 5 are too short for their age (stunted), 50 Million do not weigh enough for their height (wasted) and 41 million are overweight, none of these children are growing healthy
- ✓ 749 million people are estimated to be calorie deficient
- ✓ 1 in 12 million people are estimated to be calorie deficient
- ✓ In 14 countries, less than half of all children under 5 escape both stunting and wasting

Estimates show that, **an additional \$7 billion needs to be mobilized over the next 10 years for reducing the stunting in children and anemia** in women as per the World Health Assembly nutrition targets. This is in addition to the \$3.9 billion the world currently spends on nutrition annually. This investment would yield a significant return of an estimated 2.2 million lives saved and 50 million fewer cases of stunting in 2025 compared to that in 2015. Governments, donors, civil society, business, United Nations agencies and innovative finance mechanisms must continue to make their current spending work better for improving people's nutrition, while mobilizing the additional resources needed to meet the World Health Assembly targets.

Scaling Up Nutrition in Nepal

Statistics reveal that the prevalence of stunting under the age of 5 is 37.4%, the prevalence of wasting under the age of 5 is 11.3%, the prevalence of overweight under the age of 5 is 2.1% and the prevalence of low birth weight is 12.4% in Nepal. The rate of exclusive breastfeeding is only 56.95% for children below 5 months of age. Statistics further suggest that, in Nepal 36.1% of women of 15 to 49 age group have anaemia. The problem is collective to the adult population as well with more than 9.1% of adults having diabetes, 18% being overweight and 3.3% of adults suffering from obesity.

Significant improvements in access to and use of health services, toilet coverage, wealth accumulation and paternal education appear to have made major contributions to Nepal's significant reduction in maternal and child under nutrition. Meanwhile, **Nepal's common results framework, as set out in its Multi-Sector nutritional Plan (MSNP) for accelerating reductions in maternal and child under nutrition 2012-2017, has provided clear guidance for mainstreaming nutrition across relevant sectors, at all levels.** The MSNP focuses on the first 1000 days of life and aims to improve policies, plans and multi-sector coordination at national and local levels as well as practices that promote optimal use of nutrition 'specific' and nutrition 'sensitive' services. Recognizing the importance of ensuring that the MSNP is adapted and utilized at the community level, the Government of Nepal works with the Village Development Committees (VDCs) to improve their ability plan and

2016-2017 NEPAL PRIORITIES

- The National Nutrition and Food Security Coordination Committee has initiated the process of formulating the second MSNP
- The creation of budget code for nutrition in order to track MSNP investments
- There is a need to continue financial tracking for nutrition to ensure that funding for the MSNP increases.
- The recruitment of an institution to carry out the evaluation of the MSNP

implement. In particular, the help VDCs to assess which elements of the overarching MSNP are most relevant to their local context and focus accordingly.

The central level Multi-Sectoral Steering and Coordination Committees are chaired by the National Planning Commission's Vice Chair and Social Sector Member respectively. The decentralized coordination platform of the Steering Committees, at the district and village development levels, have been created and are functional. The National Planning Commission, with support from the National Nutrition and Food Security

Secretariat summons the MSP members regularly, different levels (policy, coordination and planning and implementation levels). Advocacy efforts from the Ward Citizen Forum has led to the development and endorsement of district plans.

NUTRITION ASPECTS THAT REQUIRE LEGISLATIVE ACTION AND POLICY

- Food Safety and food Quality
- Food Labelling and Food marketing
- Consumer Protection
- Nutrition of school age children
- Micronutrients (food fortification)
Breastfeeding (including social policies to enable women to breastfeed, also at work)
- ✓ Water and Sanitation

The Right to Food Act and Food Safety Policy are being drafted and consultations on the Food Security and Sovereignty Policy are in progress. The implementation of the Multi-Sectoral Nutrition Plan is underway. Post-earthquake, emergency responses have been implemented in 14 affected districts, covering all building blocks of nutrition. The MSNP is currently implemented in 16 out of the 28 prioritized districts and the Civil Society Alliance works in 6 districts and at the national level.

In Nepal, the MSNP and the district implementation plans under the MSNP have been budgeted and expenditure reports are available. Governmental and non-governmental stakeholders support the preparation of programmes and budget on a periodic basis. The Government has provided funds to the 16 MSNP districts based on the budgeted district nutrition plan through its Ministry of Federal Affairs and Local Development.

Way Forward

Despite extensive research demonstrating the overwhelming social and economic benefit of improved nutrition, this issue remains a step-child. Nutrition interventions are rarely discussed, much less vigorously pursued, by developing country policy makers. Priority needs to be given on increasing awareness and creating nutrition security.

Nutrition security implies, physical, economic and social awareness to balanced diet, clean drinking water, safe environment, and health care for every individual. Education and awareness are needed to utilize these services. Malnutrition is complex phenomenon and its prevention requires Awareness, Access and Affordability. Women's health,

nutrition, education and decision making through empowerment are important for nation's nutrition security but remain neglected due to societal biases. Country wide diet surveys show that Nepali diets are qualitatively more deficient in vitamins and minerals (hidden hunger) than proteins due to low intake of vegetables, fruits, pulses and food of animal origin.

Nutrition should be clearly stated as an important input and output parameter for judging development and should not be treated as trickle down beneficiary of economic and industrial development. It should not get subsumed under curative or preventive health care in general, where emphasis tends to be on chronic diseases and immunization—important as they are. Without Nutrition, neither communicable nor non-communicable diseases can be prevented and hence it should have an important status as an independent entity. Malnutrition is the worst form of non-communicable disease.

Leadership and efficient governance are required at all levels to ensure synergy through convergence between Programmes/Missions/Acts which impact nutrition directly or indirectly (income, sanitation, drinking water, feeding programmes etc.) run by different departments/ ministries like health, women and child development, agriculture, civil supplies, and others. Planning and execution should be done with community participation and involvement of trained nutrition leaders from the community. There should be greater scientific dialogue and interaction between nutrition scientists and scientists belonging to agriculture, food technology, medicine, public health, and basic sciences as well as social scientists.

Breastfeeding mothers need to be supported with an enabling environment created by all actors. Policies, plans and legislative protection can provide guidance in both formal and informal sectors that can enable the effective protection, promotion and support for breastfeeding. The development of effective approaches to scaling up nutrition depends on the engagement of different sectors of government, as well as the multiple actors who have the capacity to influence people's nutrition.

Despite the global recession, developing countries and donors have recommitted themselves to achieving the MDGs, and most donors confirmed their pledges to increase financing for development. There is now a window of opportunity for the global community to take effective action to reduce global under nutrition, particularly among the youngest and most vulnerable children. The stakes are high and so are the returns and this is the time to act.