

Case Collection from Multi Sector Nutrition Plan (MSNP) Implementing Districts- Achham and Kapilvastu 2014



Civil Society Alliance for Nutrition, Nepal (CSANN)

Lets Unite together to end all forms of malnutrition



GOOD NUTRITION FOR NEPALESE PEOPLE

Five Storey of Good Nutrition





Civil Society Alliance for Nutrition, Nepal (CSANN) पोषणकालागि नागरिक समाज सञ्जाल, नेपाल (सिसान)



Preface

Civil society has been identified as a major institution that influences planning to implementation level of nutrition related policy and program. Global Scaling-Up Nutrition (SUN) Movement has identified civil society alliance (CSA) as an integral part to foster this movement. As a member country of we had to adopt SUN framework and strategies however there was absence CSA for nutrition in Nepal. In this context, we various organizations who are working in nutrition sensitive and intervention work in society tried to gather within a umbrella and established Civil Society Alliance for Nutrition, Nepal (CSANN) in March 2014. Even in a short period of time it is creating a wave in the nutrition sector through advocacy, capacity building, publications, public hearing and utilization of various media–audio visual and print. CSANN also succeed to prepared advocacy and communication strategy and action plan through wider discussions and interactions with concerned Government officials, CSANN member organizations and other experts to support ‘Scaling up Nutrition’ momentum.

In this context, as a civil society member we have a responsibility to generate evidence and flash out real nutrition situation and the activities of concerned stakeholders – Government and external and internal development partners in our community. These evidences are the mirror of the society by which policy makers may feel the essentiality to prioritize nutrition in one side and general people will be aware about what is happening around them and what the hindering factors for healthy and productive life are. In this context, it is my pleasure to present this nutrition related case study collected by CSANN from Achham and Kapilvastu - piloting districts of Multi-Sector Nutrition Plan (MSNP). The main objective of this case collection and publication is to give information about nutritional related condition where Government has implemented (MSNP) as a piloting district.

I express my sincere thank to Mr. Giri Raj Subedi, Chief, Nutrition section, DoHS and Mr. Radha Krishna Pradhan, Program Director, NPC, and other Government Officials for their valuable input to this case study. I would like to express special thank to Save the Children for providing financial and technical support I am also thankful to the member organizations of CSANN, experts and all other organizations and individuals who have provided advices, suggestions and all other direct and indirect support during this preparation of this case study.

Dr. Uma Koirala
President

Table of Content

Part 1: Case Studies from Achham

1. Mithu’s children are winning against malnutrition.....	2
2. The first baby itself is malnourished.....	4
3. “I’ll give birth to baby in a health post!”.....	5
4. “I won’t repeat the mistakes now”.....	6
5. Laxmi devoted on serving the villagers.....	7
6. Nutritious food is around our homes itself.....	8
7. Homemade food nowhere, readymade food everywhere.....	9
8. Malnutrition getting severe in Achham.....	10
9. Multi-Sector Nutrition Plan in Achham.....	11
10. Malnutrition due to Desolation and Malpractice.....	12

Part 2: Case Studies from Kapilvastu

1. “My twins suffered from malnutrition due to lack of nutritious food” -Mina.....	14
2. The story of Indrawati who hid the iron pills.....	15
3. Sita didn’t go to health post to for Ante natal checkups.....	16
4. I feel pained to see the malnourished children.....	17
5. Draupati, bringing change in the community.....	18
6. Schools are joining hand to eliminating malnutrition.....	19
7. Kapilvastu, sufferer of malnutrition.....	20
8. Banskhor VDC of Kapilvastu woring against malnutrition.....	21
9. Multi-Sector Nutrition Plan in Kapilvastu.....	22
10. Kapilvastu district- with high rate of child marriage.....	23

Nutritional Status of Children Under five years of age

Nutritional Status	Total	Residence		Ecological zone			Development region				
		Urban	Rural	Mountain	Hill	Terai	Eastern	Central	Western	Mid-western	Far-western
Children <5 years who are stunted (moderate or severe) (%)	41	27	42	53	42	37	37	38	37	50	46
Children <5 years who are wasted (moderate/severe) (%)	11	8	11	11	11	11	10	12	10	11	11
Children <5 years who are underweight (moderate/severe) (%)	29	17	30	36	27	30	25	30	23	37	33

Source: Nepal Demographic Health Survey, 2011



Part: 1
Case Studies from Achham

1. Mithu's children are winning against malnutrition

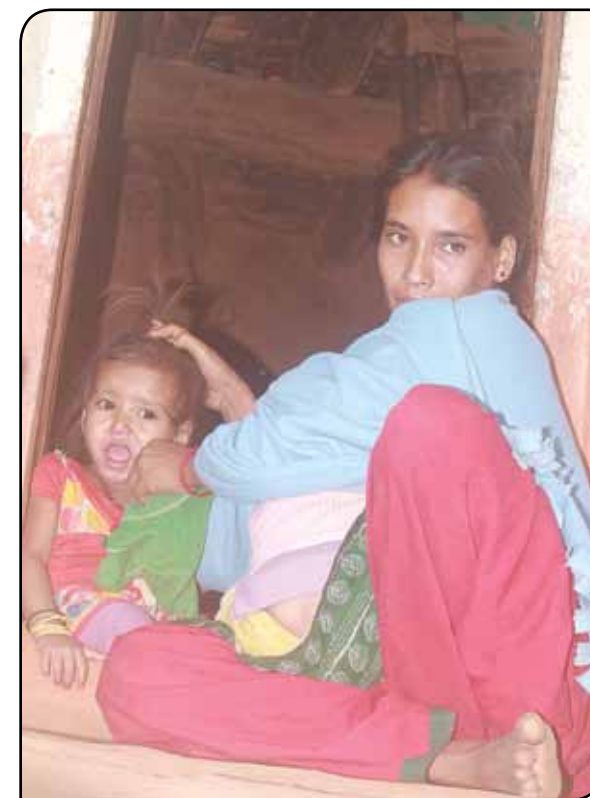


A 30 years old Mithu Bhul, who hardly could write her name, is a mother of three children. The responsibility of arranging foods for three children, herself and mother-in-law is also on her shoulder. Her husband has gone to India for earning and has no certainty of leaving and returning home. Instead of supporting for household expenses, he only adds one more child when he comes home after one or two years. She has to sustain for the whole year depending on the product of a small steep-land which is not enough to feed the family even for a month. To feed the family for the next eleven months, she has to work either in the other's field or as a daily wage laborer.

During pregnancy, she has to carry heavy load; carrying of stones, sands, gravels and digging up of field as a routine work. Mithu goes out to work as a wage laborer early morning even before sun raises and returns to the home only after the setting of sun. Mother-in-law- Parvati Bhul used to give her a meager lunch wrapping in her *majetro* (shawl) with which lunch she has to work for whole day. Even though Mithu lives nearby the headquarters Mangalsen; any facilities coming to the headquarters could not reach her. Mithu has to live struggling life to raise her children in Dalit settlement area of Khati-4, Mangalsen.

She got pregnant second time without fostering the first son child well. The third child came in her womb when the second child was not grown up well. During this time, enough breastfeeding to

the children is a matter of impossibility and how could the mother make her children healthy as she was compelled to work as wage laborer in order to feed her family. After seeing the children becoming weak gradually, the villagers started gossiping that they are caught by gods, and suffered from curses. Soon this news spread round the village. The rumor was also spread out that the children were suffered as the husband brought the disease from India. As friends have started backbiting



on the children even in the working field, Mithu started thinking of what to do and how to do. The news reached Laxmi, the health volunteer of the village area.

After collecting a donation of NRs 500, Mithu went to the district health post, Mangalsen with Female Community Health Volunteer (FCHV) Laxmi. After examination, the health post officials informed her that all three children were malnourished - the youngest one was in critical situation and all of them needed immediate regular medical treatment and nutrition rehabilitation. She had no idea how to supplement the children with sufficient food. She never had attended the meeting of mothers group organized in the village by health volunteer which is one of the strong source of information and a platform of discussing all the issue related to their life. Her mother-in-law who would attend such meeting occasionally didn't know about all these things and never shared what were discussed in the meeting with Mithu.

The health officials counseled her about how to nourish the children and how homemade food can be used for making all three children healthy. Now, following the same method she feeds her children preparing from whatever is there in her kitchen. Food ingredients like soya beans, French beans, wheat, maize, rice, lentils are used to make *lito* (homemade porridge) and served to the children. Her mother-in-law Parvati is also ready for feeding homemade porridge to

the grandchildren. Parvati says, *“The children love to eat homemade porridge than given from the hospital. Though my son didn't look after me, my grandchildren will take care of me tomorrow. They will do so if I take care of them the best way I can!”* Now, Mithu has got a confidence that she can raise her children well.

Actually, Mitthu's children could not become healthy as she had no proper and enough food to eat well and worked more than her body could bear during pregnancy. Due to lack of sufficient

nourishing food, ignorance about good food behaviour and lack of time to care herself and children, her pregnancy was not healthy, her breast milk got insufficient to feed her children. She even failed to fed proper complimentary diet to her children. As a result, the children gradually became malnourished. Now, All three children including five years old son and both the daughters -three and half years old and two years old, are under treatment for malnutrition. The youngest daughter is still under the care of health worker while the elder ones are recovering slowly.



Proteinous food items for growth and maintainance of body

2. The first baby itself is malnourished



My name is Janaki Lohar. I live in Ward No. 7 of Bardadevi VDC of Achham district. I am 20 years old. Three years ago, I got married at the age of seventeen. My birth place is Darnau of the same district, Achham. There were seven members in our family. I have also studied up to class 10. I

was bound to marry in early age even though I had known that early marriage should not be done. My family consists of 4 person - me, my husband, mother-in-law and my son. My mother-in-law is aged and cannot do much work. My husband has not studied much. He was in India in search of job. After working for some time in India, he returns to home again and involve in agricultural work.

Now, I have a sixteen month old son. This son is once been diagnosed as malnourished. He became well after treatment however again he suffered from malnutrition. Some of my classmates are studying in Surkhet, some are in Dhangadi while others are in Kathmandu. When I knew that I was pregnant, I used to remember them. I thought that if I had not been married that young, I would have also been studying like them. But what could I do? The study could not be continued due to the weak financial condition of the house. I could not re-appear the SLC examination once I failed it. Mother-in-law cannot do work as she is old. The land we have is not enough to feed us even for two months, so I have to work as a daily laborer. I had to work even when I was pregnant. I knew that diet including meat, beans, fishes, green vegetables, fruits, etc. is important in pregnancy but I could not get them to eat. The doctor at the nearby health post of Jaigarh also told me to eat green vegetables, fruits, meat, fish and cereals

during my visit. I was given iron tablets to take regularly. Getting married at early age and bearing baby at early age is physically hard. But, I had no any way out. My mother-in-law was very happy as I had given her a grandson. She tried her best to ease my workload but there was no alternative of joining hand to mouth without doing work in the field.

I worked very hard to manage requirements during and after the delivery thinking that I cannot do work after delivery. I did not eat as the doctor said. I gave birth to my baby in the Jaigarh health post and he is named as Rohit. After a month of delivery, I returned to my regular work as before. I used to leave my son with my mother-in-law and go for the work for a whole day. If she brought him to me, I could breastfeed him during the day time otherwise he would fed only twice a day. My son began losing weight. The health worker sister measured my baby's arm with a tape and told me to take him to the hospital as he is suffering from malnutrition. Then, I took him to the Bayalpata hospital. Doctors advised me to feed the baby three times a day and also advised to feed him porridge. The baby gradually became well. It has been a month he left eating porridge. I knew that he has become malnourished. So, I will take him to the hospital again.

3. "I'll give birth to baby in a health post!"



My name is Kausi Saud. I am twenty-four years old. Now, I am 9 months pregnant. My first baby son has become 4 and ½ years old. I have come to Bardadevi after getting married from Bajhkot of Achham at the age of 18. My husband works

in the field as a plougher. There are 6 members in my family. I also go to work in the field. I did not go to school before marriage. I have basic skill of reading and writing by joining adult literacy class after marriage. I did not go to the health post for the check up in my first pregnancy. I went to the hospital only after the village sisters asked me to go when I felt sick due to heavy work load. At the time I was 7 months pregnant. The doctor scolded me for coming late for a checkup. The medicines given by him would also be forgotten to take while going to work in the field.

My son was born. At the time of birth, he was very thin. The health volunteer taught me to feed mother's milk more and not to feed milk of cow and buffalo till 6 months. But my milk was not sufficient for him as it would not come much. My husband and all members in the family were happy as the first child born was son. No tasty and nourishing food was there for me. I would feel that getting to take rest was simply not possible. I had to go to work on the field. My son has become four years of age. The health worker gave me the porridge saying that the child is about to suffer from malnutrition. The child got better after feeding that porridge. Now, I am pregnant again and going to have my second baby.

Nowadays, I go to the health post for regular check up. I use to consult with the health workers when I feel uneasy. "*What is written in one's destiny is to be borne*". Going to work in the field

is my compulsion. Now, I am trying not to do any negligence as it was done before. I eat a variety of foods as possible as available and always measure my weight whenever I visit the Jaigarh health post. The doctor always asks whether I take my iron pills regularly or not? I think that all this is for me and my baby. I regularly attend the meeting organized for pregnant women in the health post. This time, I thought to have delivery only in the health post. In the village, so many children have been malnourished. The first son of mine was about to be malnourished. Whatever happened to the first child should not happen to the second one. This is my pray to the God.

Main Instructions Related to Breastfeeding for nutrition in infancy and childhood:

- to feed the mother's milk (colostrum) within an hour of birth
- to feed the child only mother's milk from birth to till 6 months
- to feed enough nutritious and additional safe solid & semi solid foods to the child completing 6 months, continue breastfeeding until 2 years of age.

4. “I won’t repeat the mistakes now”



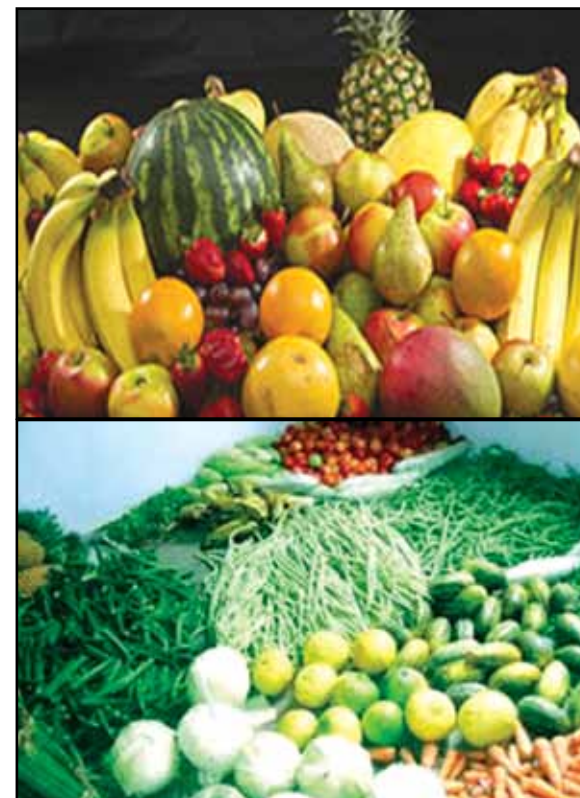
I am 25 years old Shanti Saud. I got married seven years ago and I have a 5 years old son. Now, I am 7 months pregnant. My family consists of eight members. Elderly father-in-law and mother-in-law are there. My husband has been to India for work. He comes home once in a year. His income

is not so good. It is not enough to feed for the year round since there is a little land. Therefore, I have to go to work as a wage laborer. I had my first baby in the Jaigarh health post. My baby was malnourished as I was a young mother and didn’t know about the proper diet. I did not obey the health worker’s advice for taking iron pills regularly and not doing the work that makes difficulty to the body. I used to eat whatever food was there in the home. No attention was given on eating appropriate and nourished food. As a result, my son became very weak. I felt bad.

But this time I am going for regular health checkups. I do eat a nutritious diet and never forget to take my iron pills twice a day, in the morning and evening. I am taking beans, lentils, green vegetables, fruits, meat and fish in my diet. I left doing heavy work. I consult the doctor if I have any problem. The Jaigarh health post is at the distance of only half an hour. So, I go there often. According to the doctor, the condition of my womb is normal till the time. There is consent of the family to go to the health post for delivery of the child. When the first child was born I could not breastfeed him regularly but this time I won’t let that happen.

My husband is coming back home from India soon. I have requested him to stay here and take

care of me and my baby. He too has agreed it. I am taking all precautionary measures so that my newborn child will not be malnourished. I am thinking to consult with my husband for not having more than two children.



Food items required for increasing immunity power and regular functioning of body system

5. Laxmi devoted on serving the villagers



Thirty-eight years old Laxmi Bhul is a Female Community Health Volunteer (FCHV). Her daily routine includes providing counseling services to the 85 households located in ward 4, Khati village of Mangalsen. She carries her backpack and disseminates information about women, children and general health issues by visiting each and every door of the household. Working as a health worker for the past 14 years, Laxmi is a focal point specially for improving women's health in the Khati village. When asked, what is the duty of a health worker then? She told *I do tell the women, "Have vaccination, take iron pills, take deworming medicines, go to the health post when you are pregnant, take your medicines regularly and many other whatever people want to know"*. Laxmi suggests to the pregnant women, *"The baby should be taken care of even when it is in the womb, if care is taken earlier, only then it could give good results later. Therefore, you should not do careless. You need to avoid being careless in*

terms of health. Pay attention to your diet and the work load."

Even though there are only 85 households in the Khati village of Mangalsen, the population of there is quite high. It is considered to be a common practice to live 3-4 members in each household. The village which is pervaded by the custom of *Chhaupadi* is slowly moving towards change. Though the custom of *Chhaupadi* is not there as it was before, it has not been eradicated completely even today. In the beginning, a custom of keeping *Chhaupadi* was very high in the belief that the God would be angry if not done so. But now it is less in practice. She said, *"Earlier, the delivery was done even in cow sheds but now very few women give birth to their babies there. Now most of the women go for delivery in the health posts."*

Eliminating the custom called '*kodhbarne*' (a harsh custom of keeping the child delivering woman at the shed, only providing a coarse loaf of bread to eat, giving a very little water to drink, etc.) has become very difficult task to the health workers. Moreover, Laxmi has an experience of the great difficulty to eliminate custom of cutting the umbilical cord with bamboo and metal knives. That was a big challenge that she faced. The customs of bathing the newborn child, not breastfeeding the mother's first milk (colostrums) have been changed by the effort of the health worker. Laxmi says, *"The newborn babies were not allowed to wear clothes until they are of 12 days. Now, the babies are worn clothes right after the birth"*. Laxmi knows very well that the children should not be a victim of malnutrition

if the baby and the mother get proper care at the time of pregnancy and child delivery. That is why, she also monitors whether the children have taken *balvita* (nutrient supplement) or not by house to house visit.

In spite of all these efforts, two children were severely malnourished in a household just few meters below her home. This incident made her feel very bad. She shares her emotions by saying, *"I worked so hard without saying day or night and suggesting them. I have worked so many nights but I felt sad to find the children nearby my house have suffered from malnutrition and required to admit in the hospital."* The only one goal in Laxmi's life is that no malnourished children should be found in the village. But, she sometimes feels exhausting with the carelessness of men. It's very difficult for her to make people understand that the food found in the household can be used as nourishing food for the children. Even if the women have accepted it somehow the men would not pay attention on it and thus less nutritious food products have been entered the market.

Child marriage is another major problem of Achham district. Early marriage and early pregnancy can have the possibility of children being malnourished to a greater extent. She tries to create awareness about the negative effects of early marriage and thus talks about it in every household she visits. She said, *"My daughter is 22 years old and she hasn't married yet!"* Laxmi believes that her daughter will set an example in the village when she got married only after higher study so that it will contribute to lower the number of child marriages.

6. Nutritious food is around our homes itself



My name is Parvati Bhul. I am 50 years old. I live in Khati-4, Mangalsen. I have two sons and a daughter. My eldest son and his wife stay in India. My youngest son has also gone to India for earning and comes home occasionally. He does not earn well. Right now, we have 6 members in our family including me, my youngest daughter-in-law, my daughter and three grandchildren. The food crops grown on our land cannot support even

for a month. We have to depend on my daughter and daughter-in-law to feed our family. I am old so can't work much. My daughter-in-law had to work hard even during her pregnancy. She could not get to eat well too. This time, I did not let her follow the *kodhbarne* custom after her delivery. I let her eat what was available there. There was no food in the house. Sometimes, my daughter-in-law would sleep only by drinking water.

As soon as waking up in the morning, she used to go straight to work. If I take my grandchildren to the workplace of daughter-in-law, they could be breastfed, otherwise they would remain unfed. Due to our financial obligation both my grandchildren and daughter-in-law became so weak. My daughter-in-law also became weak and the children suffered from malnutrition. Two of them were also required to admit in the hospital. I had no hope that they would survive. When the doctor told me to take the children home after their treatment, I had a long breath of relief with thought that my grandson and granddaughter have survived.

I realized that the medicines could be found at our surrounding. The children loved eating the porridge of cereals which I prepared in the home than the porridge given from hospital. After I started feeding porridge to my grandchildren, their health gradually got improved. Earlier, we used to cook food by searching rice, and buy soybeans by selling lentils and green vegetables. But now we feed porridge (*lito*) by grinding cereals such

as wheat, black lentils, maize, soybeans, yellow peas, etc. and make porridge of it and then feed the children. While feeding this, children also enjoy having it.

Whenever foods are bought with the earned money by doing labor, we do eat curry buying and preparing from the same beans and peas those are available in our home also. *Why should we feed porridge of market if the foods that are available in the home ?*– Parvati says *I had no knowledge before but now I knew. The children enjoy the porridge of the house. I feel satisfied. I was worried that how I can raise my children after my husband's death. Now, I came to know about the types of nutritious and non-nutritious foods. Therefore, I feed only the nutritious foods to my grandchildren and protect them from being suffered from diseases*, she added.



Vegetables being grown on roof of home

7. Homemade food nowhere, readymade food everywhere

These days we could easily find ready to eat noodles, cheeseballs, chips and biscuits in the hands of little children. Not only around the headquarters of Achham district Mangalsen, the wrappers of noodles and biscuits are also found spreading in the remote part of villages too. The noodles and biscuits are slowly replacing local food items like roasted maize, peas, wheat, rice, millet etc found in the villages. The practice of taking less nutritious food from the market to home is increasing by selling not only the homegrown vegetables but also the major food items like rice, maize, millet, wheat, milk and curd. The President of Chamber of Commerce Achham, Mr Chandra Prasad Dhungana says, *“If these noodles and biscuits are made as readily available as they are now, then the possibility of taking noodles and biscuits will surely grow up replacing the major meals of the day.”*

It is natural that the children get attracted to the new thing and the foods that sweeten tongues, have good taste and flavor in attractive packet. The children obviously get attracted towards noodles, chips, cheeseballs and biscuits. But the children and parents both are not conscious enough about the harmful effects of eating noodles and biscuits.

In the name of quick and easy way, the habit of giving those ready to eat food to the children is increasing day by day.

The small shops opened around the school premises have also been promoting above mentioned junk foods. Even many educated people have no idea about these things – what is good to eat and what are the harmful things around us that we are practicing to eat. A teacher coming to the District hospital to treat his four and half years old malnourished son has also kept *chauchau* (instant noodles) in the hand of three years old daughter. Seeing this, the health supervisor Chakra Bahadur Bista advised the teacher about the effects of junk food on children's health. He said, *“We educated people ourselves go to the houses as guest taking junk foods like lays, kurkure chips, instant noodles, spicy mixes, biscuits, chocolates as gifts. Moreover, the sad news is that even in the programs against malnutrition, we mostly use junk foods as snacks itself.”*

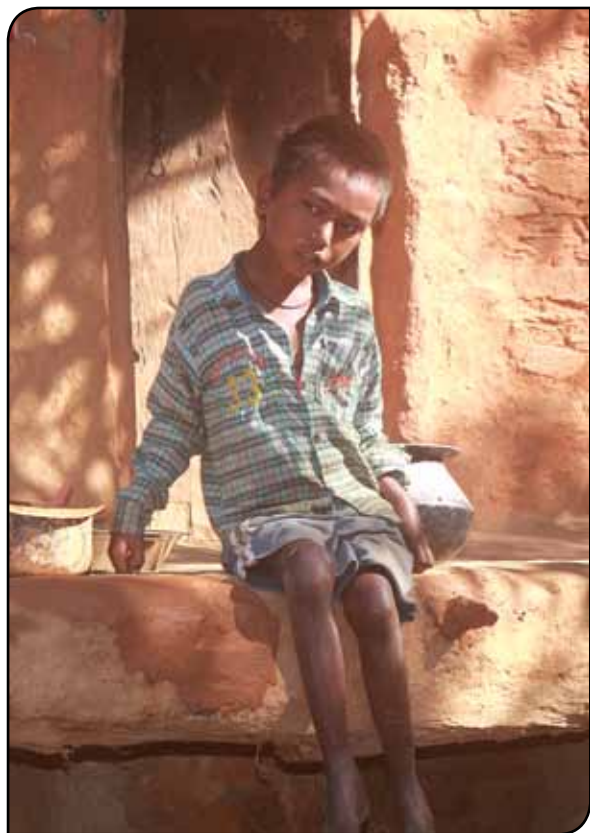
Production of locally consumed food in agricultural land is in decreasing trend. The level of doing more production by utilizing the land as before has been gradually decreasing now due to the easy availability of various foods in the markets without any physical labor. Children are bearing its adverse effects. Currently, local food items made of rice, wheat, maize, millet are not prepared in homes anymore. Mr. Chandra Prasad Dhungana says, *“In these days there can be seen the parents”* increasing practice of buying and giving instant noodles, biscuits, and chocolates for their children.

Nutrient content of different food items

S. N.	Food	Protein Grams	Fat Grams	Minerals mg	Fibres mg	Energy Calorie	Calcium mg	Iron mg
1	Barley (जौ)	11.5	1.3	1.2	3.9	336	26	1.7
2	Buckwheat (फापर)	10.3	2.4	2.3	8.6	323	64	15.5
3	Porso millet (कागुनो)	12.3	4.3	3.3	8.0	331	31	12.9
4	Fox tail Millet (चिनो)	7.3	1.3	2.7	3.6	328	14	3.9
5	Shorgum (जुनेलो)	7.6	2.4	1.0	0.6	357	17	3.6
6	Rye (उवा-कालो)	10.4	1.7	2.3	2.5	340	20	7.5
7	Wholemeal Flour (अँटा)	12.1	1.7	2.7	1.9	341	48	4.9
8	White Flour (मेदा)	11.0	0.9	0.6	0.3	348	23	2.7
9	Millet (कोदो)	7.8	1.2	2.9	3.7	322	288	49.2
11	Maize (मकै)	11.1	3.6	1.5	2.7	342	10	3.3
12	White Rice (चामल)	6.8	0.5	0.6	0.2	345	10	0.7

Source: Food Composition Table, Department of Food Technology and Quality Control, 2061

8. Malnutrition getting severe in Achham



Achham, a district struggling with poverty and food shortage, is in the 69th position of human development index. In Achham predominated with the harsh practice like *chhaupadi* custom, many other unscientific traditions and customs have also been prevailed. Lacking of necessary nutrition and development of other infrastructure, many children are suffering from malnutrition.

Custom of early marriage- mostly in teenage, early pregnancies and lack of health care during pregnancy are some of the reasons contributing for increasing rate of malnourished in Achham.

According to District Health Office, in between the period of 2010 to July 2014, three thousand four hundred children were admitted for the treatment of malnutrition, among them two thousand and eight hundred children had completely recovered whereas, remaining are still in the treatment process. According to the data of District health office Achham, one percent of children die because of the malnutrition. *"In Achham, 45% of children are malnourished while 15% women do deliver under necessary care from a trained health worker"*. Social Development Officer of District Development Committee Mr. Khadga Bahadur Bista says, *"The problem of stunting has been continuously increasing. The women access to health institution has been slightly increasing for the last few years. However, this is not fully sufficient. The problem of malnourishment has increased in Achham due to lack of proper food, least access to health services, inadequate supply of pure drinking water and awareness among the people. Moreover, there is a condition that children have to suffer from other health problems due to polluted drinking water and poor hygiene."*

Achham is an 'open defecation free zone' district, though. Gyan Parakash Poudel, Head of Sub-Division of District Water and Sanitation, has mentioned that the problem of waterborne diseases like diarrhea and dysentery were decreased after the district has become Open Defecation Free

Zone. People of Achham are living their life below the poverty line. Rather than getting healthy and nutritious diet, pregnant women of Achham have to work whole day eating coarse and dry bread. Malnutrition is increasing also due to the reason that pregnant women do not regularly take the iron pills that health workers have distributed them visiting their houses.

Young children have been suffered from malnutrition as the homemade foods are not used properly. Parwati Bhul of Khati village-4 Mangalsen says, *"Previously, we were unaware that the porridge prepared from cereals like soya, corn, beans and so on are very nutritious for children. So, I never fed my grandchildren; as a result they were suffered from malnutrition. Doctor gave us the sample of the lito (porridge made with a mixture of roasted cereals) when children were taken in the hospital for health check up. The son child got recovered after feeding lito. Later, the FCHV also taught us to make a lito. After that, we started feeding homemade lito preparing from corn, soybeans, wheat, cereals, etc. The homemade lito is more tasty and beneficial than the lito bought from the market. My grandsons and granddaughters enjoy eating this."*

Multi-Sector Nutrition Plan has been implemented in Achham too in order to eradicate malnourishment. Four VDCs of Achham viz. Siudi, Soket, Barla and Kalekaanda have been taken as model VDCs in Achham. In partnership of different organizations and institutions, "Suhaara Program" has been implemented in all 75 VDCs of Achham districts.

9. Multi-Sector Nutrition Plan in Achham

To tell that there is a problem is not enough. Recognition of the problem is one aspect of it while the effort to be done for solution of its problem is another important aspect. Focusing on this matter, the Multi Sector Nutrition Plan (MSNP) is implemented in Achham by Nepal government. Though made a buzz word, Multi Sector Nutrition Plan is slowly taking its pace from the last two years. This approach is running in 4 VDCs of Achham as model VDCs with the objective to work in community to eradicate malnutrition by joint effort of various concerned ministries¹ of government.

As the structure of MSNP, there is District Nutrition and Food Security Committee organized under the presidency of Chairman of District Development Committee where District Public Health Officer represents as Member-secretary. This Committee which includes District Education Office, Agricultural Development Office, District Drinking Water and Sanitation Sub-division Office, District Livestock Service Office, Women and Children Office and seven government offices and non-government institutions as well as private sectors is moving ahead with a goal of

scaling up nutrition service to all with especial focus on women and children by eliminating malnutrition in the district. All these government organizations are responsible to conduct various programs focusing on nutrition their own districts and communities. Though prepared activities have also been carried out accordingly, the program could not move ahead as it had to for the achievement of nutrition goal.

Four VDCs including Siudi, Sokat, Kalekanda and Barala have been promoted ahead as model VDCs. In these VDCs, the health office identifies malnourished children through local health institute. Health workers assess nutritional status by measuring arms of children with the help of MUAC tape and refer to the health institutes immediately if they are diagnosed as malnourished. District Education Office through the channel of local schools gives information to the students about nutritious food, what is non-edible things, how to obtain nutrition, etc. and makes school management committee, teacher parent association aware on nutrition.

District Agriculture Development Office distributes seeds produced in the community, promotes the nutritious agriculture food production. While, District Live Stock Service Office makes the community aware on how meat

can be beneficial for the body and this office also helps the community in rearing chicken, pigs, goats or other livestock. District Drinking Water and Sanitation Sub-division Office spreads awareness by giving information such as how to use clean water, how to use toilet and how to be safe from waterborne diseases. Similarly, Women and Children Office operates activities of empowerment for women by encouraging the pregnant women to go to the health post through mother's group, give focus to eat and feed nutritious foods etc.

District Development Committee through VDCs makes integrated plan in the community. In this plan, it carries out the activities keeping nutrition under priority such as to allocate budget, to determine programs, to identify resource and materials in the local level of VDC.

This way, government offices through its own programs facilitate private sector as well as non-governmental institutions in the works that can be done jointly to address malnutrition effectively.

10. Malnutrition due to Desolation and Malpractice

Achham, once this word is heard, another synonymous word comes into the mind of people, that is, *Chhaupadi*. Yes, the *chhaupadi* custom has been bringing about a great pain to the women of Achham. Many people got rid of this pain while many others have been struggling yet. Women are kept away from the house constructing a separate *chhau* (shed) during the period of menstruation. They are given to eat a coarse food. Nobody is allowed to touch. The women of Achham are bound to observe *chhaupadi* following conventional belief that if one touches then that is a sin. Not only to the unmarried girls but *Chhaupadi* is compulsory to the married women too. Women having breastfeeding child are also compelled to stay at *chhaupadi* along with baby. They have a compulsion to stay in dirty place, instead of having food on time; they have to eat lesser than other times and should eat coarse food. As a result, the quantity of mother's milk gets lowered and thus the child also could not be fed sufficiently. There is a high risk of infectious diseases during *chhaupadi*.

Another malpractice that jointly comes with *chhaupadi* is custom of '*kodh barne*.' This custom includes getting delivery in the shed, staying there for eleven days after delivery, eating a little coarse food, being in the shed so that they

could not be seen by men. Due to these kinds of compulsions, women knowingly take a little food during delivery time. When taken a little food and soup, they need not to go out for urination and defecation frequently. It is an evident that the child and mother lacks nutrition and eat less so both - child and mother become malnourished.

Mithu Bhul of Khati village-4 Mangalsen has also stated that *chhaupadi*. *Kodh barne* custom had not been required to observe for her but she was obliged to go for *chhaupadi* with her breastfeeding baby. Mithu says, '*I sometimes feel that isn't chhaupadi the main reason for my children becoming malnourished.*' Janaki Lohar of Bardadevi has the similar kind of experience. She had to observe *chhaupadi* custom along with her breastfeeding child.

Similar to *chhaupadi*, another malpractice is also there in Achham and that is child marriage. Though the custom of marrying and sending daughter before menstruation is gradually declining, the practice of doing daughter's marriage at the tender age of 15/16 years has not been fully abolished yet. Health of mother obviously falls under risk while giving birth to a baby in the early age, also there is a high possibility of child becoming malnourished. District Public Health Office supervisor Chakra Bahadur Bista said, '*Until and unless child marriage is not completely eradicated, it is not easier to fight against malnutrition*'.





Part: 2

Case Studies from Kapilvastu

1. “My twins suffered from malnutrition due to lack of nutritious food” -Mina



I am 33 year old Mina Kahar from Patariya VDC. I have four children. The eldest son is 13 years old and the second is 7 years old daughter. I got married at the age of 18. I had my first child after 2 years of my marriage. My husband works as a laborer in Butwal. He sends money to home once in a blue moon. He has a habit of drinking *raksi* (homemade alcohol). I am rearing my children by

doing labor. I have to work hard than my body can bear. We do not have our own land. My family is depended on wage labor. I alone could not improve the economic condition. I could not get nutritious food during pregnancy. I occasionally used to take the iron pills given from the health post Due to the workload, I sometimes lost and sometimes would get forget to take them.

I gave birth to twins. They are now 21 months old. I felt that having twins is very difficult. I already had two children before. During my pregnancy I had to do much more hard works. I had no adequate food to eat well. In this situation, I had twins, a boy and a girl. Even after two days of delivery, I could not breastfeed my babies as my milk did not secrete. The villagers saved my twins by giving them buffalo's milk.

I fed them whatever was there in the home. Slowly, they started getting weak. They started getting weak with weight loss. I had no idea what was happening. I was in dilemma as I did not know what I had to do. Then on Saturday, the 29th of Kartik, a group of health workers from Kathmandu examined my twins and told me that my children were malnourished. I knew that due to insufficiency of nutritious food, the children get suffered from malnutrition. I did not know well that children should be fed nutritious foods. I used

to give whatever was available in the home. My children got malnourished as a result of the lack of knowledge and weak economic condition of my house. Then I knew that children should be fed with green vegetables, cereals, lentils, homemade porridges and fruits. The doctor also gave some medicines. Now, I have promised myself that I will take proper care of children and will not let them get malnourished again.



2. The story of Indrawati who hid the iron pills



What do you think is the age of the women shown in this picture? Is it 30, 35 or 40? Our guess can be wrong because the women in the picture Indrawati Tharu herself does not know her own age. Her female neighbor who was accompanying her asked her to remember her own age and then only she said 35 years, guessing a bit. Perhaps,

that might be the age of the mother of 3 children, Indrawati. This story is of Indrawati, a resident of Souhasa of Patariya village of Kapilvastu will touch everyone's heart.

She neither has her own land nor does she have her husband with her. Her husband is compelled to work in a brick factory even in the extremely hot climate of Terai. So, he comes home only occasionally. Her eldest daughter has recently got married. The responsibility of solving the problem of hand to mouth of remaining two daughters is entirely on Indrawati's shoulder. Moreover, on the one hand, she was struggling to support her 10 year old school going son, on the other, another misfortune struck in her life; her 4 year old youngest daughter is diagnosed with malnutrition twice. But, Indrawati was completely unknown about what is malnutrition and what does it cause by. She went taking her daughter to the nearby Souhasa sub-health post as the villagers said that she got suffered from 'Sukhandi.' Incharge of Sub-health post Nathuram Chaudhary immediately gave medicine of RUTF saying that she was suffering from malnutrition. *'Some people would say 'amerikhi' while others say it 'Sukhandi' but I had no idea. My daughter went becoming weak. She also left eating milk. Therefore, I went to the health post. Doctor said it malnutrition'* Indrawati said.

Indrawati herself was very weak as she had to become mother in early age while her last pregnancy was even worse since she had to work hard to support her family. She recalls how helpless she was as she had to work hard all day to earn just for bread and on the other, she had a baby within her womb. She had visited the health post four times in her pregnancy but did not take the iron pills regularly. She says, *"I had to go to work early in the morning and work till late. My body would get tired of doing work. I could not pay attention to take iron pills. I don't know how many times I forgot to take them. And I would throw the remaining ones away when the health worker would come for monitoring"*.

Indrawati said, *'Doctor would advise to eat green vegetables, fruits or cereals during pregnancy, since nothing is there in the home, then from where to bring it.'* She says, *'At the time when it becomes hard to get thin dal and rice, from where to bring green vegetables, fruits and cereals?'* Indrawati knew the reason only very late that the lack of proper diet during her pregnancy is the reason behind her daughter's proneness to malnutrition. Even though the child had been cured once, she again suffers from it. After the second occurrence, Indrawati has promised to work on it and never repeat the mistake again.

3. Sita didn't go to health post to for Ante natal checkups



My name is Sita Tharu. Now, I am 19 years old. My house is in Sohasa, Patariya VDC of Kapilvastu. I got married one year ago and now I am five months' pregnant. I eloped as soon as I failed my SLC. I was a member of the village child club too. While reading in the school, teachers would say not to marry below the age of 20 years. However,

I married in the young age. One has to go to the health post for ante natal care after 3 months and beginning of 4 months of pregnancy but I have not gone to the nearby health post even though I've been 5 months pregnant. Nevertheless, I am taking the iron pills given by the Female Community Health Volunteer twice a day.

I am the eldest daughter-in-law in our family. So, I have a bit more responsibilities. I have been doing tasks from household chores to the field. There is no difference in my food before and after pregnancy. Rather, due to nausea, I don't have interest in eating. Female Community Health Volunteer always advises me to take enough healthy food and green vegetables, soup of cereals, fish, meat, fruits, etc. but being a daughter-in-law, how is it possible to eat alone? In the joint family, everybody should eat the same food whatever is cooked in the home.

I can tell about it to my husband although could not tell to my father-in-law and mother-in-law. My husband is also of my age. He understands me and my problem but cannot help me since he is jobless. As he has to depend upon the father for making expenses, he cannot bring fruits, vegetables, meat and fish for me. I have requested the Female Community Health Volunteer sister to advise my in-laws. I have learnt a lot of things from the meeting organized at health post. I didn't go to the nearby health post for check up

in pregnancy which had become my great mistake.

Now, I go regularly for health check-up. I have seen lots of children suffering from malnutrition in my village. So I became more cautious than before. I use to take nutritious foods available in the home. I will not let my child to be malnourished. I try to include healthy food in my diet as much as possible. Though I made a mistake doing early marriage, I want to correct it by taking care of myself in my pregnancy and giving birth to a healthy child. For that, I will try as much as I can.



Balanced and nutritious food have prime importance during pregnancy

Source: NPCS

4. I feel pained to see the malnourished children



A twenty year old Sita Chaudhary lives in Sohasa of Kapilvastu Now she is nine months pregnant. She got married when she began studying in class 10. Though she had interest in studying, she was compelled to get married. In fact, the ill-fate for Sita was to take birth in the family suffering from food crisis and struggling for the food twice a day. Though she showed her interest to continue

her study in her in-laws house but that remained a mere desire as she became pregnant in three month of her marriage.

Sita goes to the health post for her health check-up regularly. She is regularly having iron pills too. She felt pained when she sees many malnourished children in the village. She says, 'I feel pained when heard that the small children of the community have been malnourished.' So, she is more cautious in her pregnancy. Sita shares, "I include leafy vegetables, beans, meat, fish, carrot, radish in my diet." She added, "Being a daughter-in-law, I have to work even during pregnancy. But being a literate one, I have been able to make my in-laws aware about the pros and cons of heavy work during pregnancy. I tell them that it will impact on the health of the child to be born if I do heavy work on pregnancy."

Observing the self-confidence and wisdom of Sita, even Draupati Yadav, Female Community Health Volunteer is equally excited. Even the head of Patariya Sub-Health Post, Nathuram Chaudhary gives the example of Sita to other pregnant women. He said, 'The carefulness being shown by Sita in food habits and health checkups has helped correct her mistake of her early marriage.' Sita goes to the health post immediately even at the

time of slight abdominal pain. She has the notion that whatever a comfortable condition may there be in the home, one should go to the hospital and health institutions for safe delivery of the baby.



Food habit for healthy life

Source: NPCS

5. Draupati, bringing change in the community



Yes, illiteracy is a hindrance to development of society. Many people do not understand and many others avoid this fact. Those who avoid the facts are the obstacles for social development which only create problems. The rays of hopes along with the problems could also be found in society for development. Sixty years old Draupati Yadav is the focal point for such positive hope.

Draupati Yadav, a resident of Sohasa VDC of Patariya, Kapilbastu is the Female Community Health Volunteer who gives information on

subjects of health and sanitation of women and children visiting 150 families of the village. Visiting door to door, she does counseling for vitamin A, Polio drop, medicine of worms, vaccinations and so on. She teaches when and how to take them. Similarly, she suggests pregnant women to go for regular health check-ups and encourages them to take iron pills on the regular basis. If any new information regarding health arrives in the health post, she visits distributing leaflets, pamphlets, posters, etc. She suggests pregnant women about the food they have to eat and the food they need to avoid, works they should do and the ones to be avoided during the pregnancy. During her door to door visit, she suggests pregnant women to eat leafy vegetables, cereals, fish, meat, fruits, wear loose clothes, and take iron tablets and medicines. She also advises them to go to the meeting of pregnant women and stay neat and clean.

Draupati, even in the age of sixty has been working with enthusiasm. She has been working as a Female Community Health Volunteer since last 20 years and been set as a best example in the village. She shared, *“Some people take my advice all at once, and I have to repeat and request time and again for some people.”* Draupati also distributes new health posters all-around the village to aware the villagers about ongoing health issues. Mr. Nathuram Chaiudhary, the head of Sub-Health Post of Patariya said *“We are thankful to the enthusiasm and effort that Draupati Yadav has been showing even at the age of sixty.”* He

adds that she has set an example for other Female Community Health Volunteers.

In addition, Draupati is too concerned about the health status of children. She visits door to door taking MUAC tape along with her to assess if children are malnourished or not. While assessing, if she found even a small sign of malnutrition in children, she takes them to the health post. The effort and contribution of Draupati Yadav is beyond comparison who worked hard to change the scenario of Sohasa village, which was full of illiteracy and pollution in the past.



Nutrition assessment by measuring MUAC (Mid upper Arm Circumference)

6. Schools are joining hand to eliminating malnutrition



Kapilvastu though known as a district of food store, is facing high risk of malnutrition as implementation of the proper food habit here could not have become effective. Even if solidarity and partnership have been taking place from different sectors for fighting against malnutrition, the important aspect that should not be forgotten is the sector of children's eating behavior. If school going children are given proper education of nutrition, our future generations will not need to struggle against malnutrition as it is now. Saraswati Lower Secondary Community School from Mouwa VDC is setting the same example to prove this.

As soon as the bell of lunch break rings, children do gather in the ground with their Tiffin box. Before having their meal, they wash their hands following the six steps of hand washing. When tiffin boxes are opened, people who visit the school get amused to see that none of the children brings junk food in their lunch box. They bring homemade foods like rice, pulses, bread, vegetable curries, etc. This kind of change has not taken place here easily. It took a lot of efforts to bring this positive change. There are 205 children in the classes from one to six while 26 children of age group between 3 to 5 years come in the basic child development centre. Mostly, the Muslim community resides in the surrounding of the school service sector.

Earlier, children were not regular at schools. Teachers used to visit house to house to request parents to send their children at schools but parents would not send their wards. The school which was established in 2000 AD had been upgraded in Lower Secondary Level after ten years however lower attendance and drop out of student had not been improved as expected and situation of abandoning the school in between also not improved.

To minimize the drop-outs, District Education Office brought a new scheme of providing Rs.12 per student for the day-meal for 210 days by making decision from School Managing Committee. The day meal was cooked in school itself. For a short time this minimized the drop-outs however children of primary level started to

suffer from undernutrition which led to the school on the verge of complete drop-out. It has affected to the school going children. Elder brothers and elder sisters were kept in home in order to take care of their malnourished younger brothers and sisters, acts of spreading 'whim' of suffering from illness if attended the school have been taken place. As a result, the situation of drop-outs increased.

In this situation, Save the Children brought the School Health and Nutrition Program in 2012 AD. This program changed the complete scenario of the school. Principal Mina Giri says, "This is a significant program for making a model and a unique school where only female teachers like us teach. We have known that effective education is only possible when children are healthy." Every month, health check-up is conducted at child development centre for assessing nutrition status of children of primary level. In addition, a class on nutrition is conducted in upper classes. The principal says "98 percent of the children are attending the school regularly these days." She further says "with the influence of the mothers' meeting and Mother Education Program they send their children in the school regularly and also, the small children in the house have been prevented from being malnourished". Principal Giri added, "The rate of avoiding junk foods has been increased not only at school premises but in the homes too". For getting rid of malnutrition, the school has paid a special attention to teach children so that they can discuss it in their homes.

7. Kapilvastu, sufferer of malnutrition

The Kapilvastu district of Western Terai is considered as the storehouse of food crops. Kapilvastu lies among the most food producing districts of Nepal, however, as a result of ignorance, poverty, lack of education and practices of harmful traditions in food habit, it has been suffering from problem of malnutrition.

This district has 52 percent literacy rate, in which women literacy is only 35 percent. Kapilvastu district has high rate of child marriage. Women empowerment level is also low so woman cannot go even nearby health institutes alone. Due to the scarcity of pure drinking water, improper use of foods and lack of local peoples' access to the health institutes have given challenges to the movement against malnutrition.

Stunting is seen as a big challenge. District Public Health Office has recorded that 40 percent children have been suffered from stunting. Nutrition focal person of District Public Health Office Bishnu Prasad Poudel says '*Stunting has been seen as the most complex problem. Here prevalence of wasting is 15 percent and 48 percent children below 5 years are anemic. Likewise 37 percent pregnant women are found anemic. These all facts show that the situation of malnutrition in Kapilvastu is precarious.*' Poudel added "*Another causal*

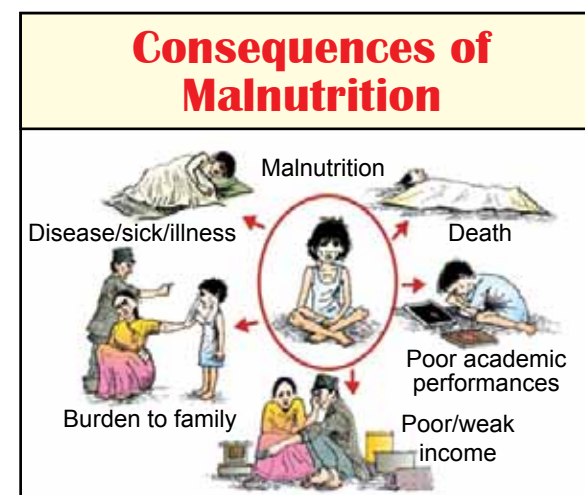
element for inviting risk to the children is not to consider the malnutrition as a disease. Almost 67 children are not in contact from treatment process during the period of two years.

In Kapilvastu, there exist problems of early marriage and malnutrition that is seen in the babies born from the mother of young age. Women take a little food and water at the time of '*sutki*' (after giving birth to child) because of the conservative belief that father-in-law and mother-in-law could not use the toilet which is been used by daughter-in-law. Women and children have low access to health services due to such and the similar reasons. Consequently, children have to lose their lives owing to malnutrition annually. The rate of delivery in health institutes is very low. As a result, there are many examples of death of both mother and children.

There are 48 sub-health posts, 25 health posts and 3 hospitals in Kapilvastu. One thousand one hundred and five (1105) FCHVs are actively working there not only for assessing nutritional status of children and send them in health institutes if diagnosed as malnourished also creating community awareness regarding the nutrition, health and sanitation. Number of physically impaired children is also very high in Kapilvastu but they are not getting treatment for malnutrition. Poudel says, "*The reasons that can make the children physically impaired later are not to take malnutrition as an*

illness, not to bring in the health institutes, not to remain in contact during treatment process though they are brought, etc."

Governmental and non-governmental organizations and institutions are active in preventing malnutrition and providing nutrition to the women and children. The latest example for this is Multi-Sector Nutrition Plan. Government has implemented this program and functioning in five VDCs of Kapilvastu since last two years as a piloting for which non-governmental organizations and institutions working in the community level are also supporting. Similarly School Health and Nutrition Program is also been conducting by local non-governmental organizations in the support of Save the Children.



8. Banskhor VDC of Kapilvastu working against malnutrition

Banskhor VDC of eastern headquarters Taulihawa lying near the border of Rupandehi is moving ahead in collaborative manner against the malnutrition. Total population of this VDC is 11,243, among which 489 are children. Banskhor sub-health post is the main center to provide health services to the village people. FCHVs of all nine wards are equally active. Though none of the organizations working in the area of nutrition has worked in this VDC, Multi Sector Nutrition Plan has been implemented here.

In this VDC, many activities of Multi-Sector Nutrition Plan are running since Ashar, 2071 BS. Under which, various committees have been formed in the community. The Nutrition and Food security Committee, chaired by VDC Secretary includes intellectuals, individuals from health, agriculture and cooperative sectors. Between the period from Shrawan 2071 to Kartik 40 malnourished children have been identified in this VDC. Among them, eight children were found severely malnourished and are under treatment. The meeting of pregnant women takes place once in a month. FCHVs have started giving information about malnutrition by house to house

visit. Village clinic service has started carrying out activities such as measuring weight of the children, measuring MUAC, doing regular health check-up, etc. These are what the activities to be carried out by a sub-health post. Likewise, the thematic groups existing in community offices of education, agriculture, animal service, drinking water and sanitation, women and children have also been nutrition-centered in this VDC.

Forty years old Ram Milan Chaudhary is the president of management committee of Nepal Rastriya Lower Secondary School. Mr. Chaudhary is also the member of VDC level nutrition committee. He said, '*Works of giving information about nutrition to the school children, teaching what types of homemade foods are nutritious and the activity of assessing child's nutritional condition at Child Development Centre has been initiated.*' Mr. Chaudhary said, "*7 children were found malnourished on the first day of MUAC measurement.*"

He added, "*In the past, only few health related organizations used to give information briefly to the villagers on malnutrition but now after the implementation of MSNP, all the organizations and individuals have focused on fighting against malnutrition which has made the campaign*

easier." Mr. Rajendra Yadav, Head, Sub-Health Post at Banskhor said, "*The schools have to teach about nutrition. We request the Agriculture Office to help grow nutritional food in empty fertile land. Discussions take place among group of mothers on the subjects to give sincere attention to pregnant women. The types of discussions have been initiated even in the meeting of Drinking Water Committee, for instance, how malnutrition occurs when polluted water is used or if not adopted good sanitary practices.*"

Banskhor has an obligation now to track acutely malnourished children if there are any and send them to the health post. Various programs have been conducting by the Banskhor such as program for; proper use of food crops grown in the village, adopt good sanitary practices, to get regular health check up by pregnant women, to breastfeed the child properly, to feed the baby other foods besides mother's milk only after the child reach six months, to run programs regularly that encourages feeding the homemade *lito* prepared by locally available food crops, and has made plan of making VDC malnutrition free.

9. Multi-Sector Nutrition Plan in Kapilvastu

We have a pro-verb that *'the nearby place is always neglected,'* likewise, though plenty of cereal and vegetables are produced in Kapilvastu district; peoples here are suffering from pains and difficulties as they are not paying attention towards consuming right type of foods those are available locally at their own household surroundings. However, MSNP has been giving special attention to it. This Plan has been initiated as a model plan in 5 VDCs of Kapilvastu two years ago by National Planning Commission, Nepal. This district consists of 5 electoral constituencies, 3 municipalities and 69 VDCs among which this MSNP have been implemented in Bhawanpur, Udaypur, Banskhor, Sighakhor and Hariharpur VDCs. The activities of forming different committees, advocating, providing training and conduct awareness program about nutrition in the community are going on.

Under this MSNP structure there is a provision of District Nutrition and Food Security Committee under the Chairpersonship of District Development Committee where District Public Health Office acts as Member Secretary. This Committee includes District Education Office, Agricultural

Development Office, District Drinking Water and Sanitation Sub-division Office, District Livestock Service Office, Women and Children Office and other government offices and non-government institutions as well as private sectors. This committee is moving ahead with a goal of giving nutrition service to all the children for eliminating malnutrition from the district.

Assistant District Education Officer Surya Bhusal said *"District Education Office works to increase public awareness in the community about nutrition through schools of 5 VDCs. We ask the students make tables of nutritious and non nutritious foods; make the children aware whether the food they consume daily are nutritious or not, and we give information about nutrition through school management committee, teacher parent association as well as parents meetings."*

He further added *"We give information to the community of all 5 VDCs on how to keep drinking water clean, impacts of open defecation around the residential areas and about the advantages of maintenance of hygiene and sanitation"*. Prem Prasad Dotel, the head of District Drinking Water and Sanitation Sub-division Office said *'people would not suffer from diseases if sanitation is maintained, pure drinking water is drunk, the*

village and houses become open defecation free zones, toilets are built in all houses use it and malnutrition will not occur if the produced food materials remain unpolluted."

Information officer of District Development Committee Rajan Kumar Pokharel says *"Not only in those 5 VDCs, Secretaries of all other VDCs are also trained to prioritize nutrition while planning integrated plan for their respective VDCs"*. Chairperson of CSANN Kapilvastu Ramendra Singh Rawal says, *"It is as an exemplary work for others that various ministries of government, private and non-governmental institutions are working together against malnutrition in the various level of state – national to community"*.

The voice is raised now that MSNP should be implemented not only in 5 VDCs but should be in all VDCs and Municipalities and make Kapilvastu a healthy and well nourished district which is been suffered from stunting and wasting problem. But the danger dangling there can limit this plan just as a plan because when observed, its pace is not going ahead in the 5 VDCs as effectively as it needed to. Another lagging aspect is that even government offices do not have the proper data of malnourished children in these 5 VDCs.

10. Kapilvastu district- with high rate of child marriage

Kapilvastu district has a high rate of child marriage. The practice of getting married at the age of 13 -16 is still excessively found. According to Ramendra Singh Rawal, the Executive Director of Kalika Community Organization *"The parents think that they become free from the duty only after marrying their daughters in early age since daughters are thought as persons who must go to other's house"* is the reason of not getting successes in abolishing child marriage. On the one hand, parents have a wrong conception regarding their daughter they are born to go other's house and on the other, malpractice of dowry custom has been increasing. Consequently, child marriage is increasing. If higher education is given to the daughter, she needs an educated boy for marriage and the educated son-in-law demands a high dowry. Therefore, parents get their daughters marry at the young age without making them educated. When doing early marriage like this, the teenage girls get pregnant soon but their body would not have become fully developed. So, the child born from such mother has high possibility of being malnourished.

Another malpractice associated with child marriage is 'gaunaa', practice of getting married at early age but the children stay in their own homes for few years after marriage. There is also a malpractice prevalent in Kapilvastu in which father-in-law and mother-in-law do not use the toilet used by their daughter-in-law. Daughter-in-laws do practice to eat less food when they stay at their mother's house after marriage. Likewise, daughter-in-laws eat a little food during 'sutkeri' just after delivery because of the problem of going toilet. Rajendra Yadav, the Head of Banskhor

sub-health post says, *'The malpractice of not using the toilet by father-in-law and mother-in-law that is used by their daughter-in-law greatly encouraging daughter in law to eat less thus fall in undernutrition.'*

Though Kapilvastu is called as a store house of food crops, women of this area are facing problems simply because of various malpractices, tradition and custom. Likewise children are also suffering from vicious circle of malnutrition due to all these practices.



Source: BHORE Nepal

Recommended Dietary Allowances

Group	Particulars	Body weight kg	Net energy Kcal/d	Protein g/d	Visible fat g/day	Calcium mg/d	Iron mg/d	Vitamin $\mu\text{g}/\text{kg}$		Thiamine mg/d	Riboflavin mg/d	Nicotinic acid mg/d	Pyridoxine mg/d	Ascorbic acid mg/d	Free folic acid $\mu\text{g}/\text{d}$	Vit B12 $\mu\text{g}/\text{d}$
								Retinol	β carotene							
Man	Sedentary work	60	2425	60	20	400	28	600	2400	1.2	1.4	16	2.0	40	100	1
	Moderate work		2875							1.4	1.6	18				
	Heavy work		3800							1.6	1.9	21				
Woman	Sedentary work	50	1875	50	20	400	30	600	2400	0.9	1.1	12	2.0	40	100	1
	Moderate work		2225							1.1	1.3	14				
	Heavy work		2925							1.2	1.5	16				
	Pregnant woman	50	+ 300	+15	30	1000	38	600	2400	+0.2	+0.2	+2	2.5	40	400	1
	Lactation															
	0-6 months	50	+550	+25	45	1000	30	950	3800	+0.3	+0.3	+4	2.5	80	150	1.5
	6-12 months		+400	+18				+0.2		+0.2	+3					
Infants	0-6 months	5.4	108/kg	2.05/kg	500	500	350	1200	55 $\mu\text{g}/\text{kg}$	65 $\mu\text{g}/\text{kg}$	710 $\mu\text{g}/\text{kg}$	0.1	25	25	0.2	
	6-12 months	8.6	98/kg	1.65/kg					50 $\mu\text{g}/\text{kg}$	60 $\mu\text{g}/\text{kg}$	650 $\mu\text{g}/\text{kg}$	0.4				
Children	1-3 years	12.2	1240	22	25	400	12	1600	0.6	0.7	8	0.9	40	30	0.2-1.0	
	4-6 years	19.0	1690	30			18		400	0.9	1.0	11		40		
	7-9 years	26.9	1950	41			26		600	2400	1.0	1.2		13	1.6	60
Boys	10-12 years	35.4	2190	54	22	600	34	2400	1.1	1.3	15	1.6	40	70	0.2-1.0	
Girls	10-12 years	31.5	1970	57			19		600	1.0	1.2	13				
Boys	13-15 years	47.8	2450	70	22	600	41	2400	1.2	1.5	16	2.0	100	100	0.2-1.0	
Girls	13-15 years	46.7	2060	65			28		600	1.0	1.2					14
Boys	16-18 years	57.1	2640	78	22	500	50	2400	1.3	1.6	17	2.0	40	100	0.2-1.0	
Girls	16-18 years	49.9	2060	63			30		600	1.0	1.2					14

Source : Gopalan. C, Rama Sastri B.V. and Balasubramanian, S.C., 2004, Nutritive Value of Indian Foods, National Institute of Nutrition, ICMR, Hyderabad.

Messages of Golden 1000 days

The 1,000 days between a woman's pregnancy and her child's 2nd birthday offer a unique window of opportunity to shape healthier and more prosperous futures.

The right nutrition during the first 1,000 days of life can have a profound impact on a child's ability to fight disease, grow, learn and reach their full potential.

Good nutrition from conception through childhood is also important in prevention non-communicable diseases such as heart disease, stroke, high blood pressure, diabetes and even cancer, later in life.

The most critical development of a child occurs during the first 3 months of the pregnancy when many women do not realize they are pregnant. The nutritional status of a woman before she falls pregnant and during her pregnancy is critical in ensuring her children have the best start in life.

Adequate nutrition during pregnancy potentially results in ideal birth weight, reduced infant mortality and improved growth.

The intake of the right amounts of vital nutrients in older children, adolescents and right through to adulthood, can also have a profound positive impact on health.

Micronutrient malnutrition or 'hidden hunger' refers to inadequate dietary quality that results in individuals being deficient in essential micronutrients. Although often not visible, it negatively impacts on health, cognition, function, survival, and ultimately economic well-being.

Globally some 2 billion people are affected by hidden hunger and 306 million children under the age of five who suffer from some form of under-nutrition. The greatest burden is in low-income countries.



CSANN
Civil Society Alliance for Nutrition Nepal

Scaling Up
NUTRITION

Civil Society Alliance for Nutrition, Nepal



For more Information

Civil Society Alliance for Nutrition, Nepal (CSANN) - Secretariat

Maitighar Height, Kathmandu, Nepal

Mail: csannsecretariat@gmail.com

Phone: 977-01-4223477

Website: www.csann.org.np

Facebook page: Civil Society Alliance for Nutrition, Nepal –CSANN

Twitter page: <https://twitter.com/CSANNI>

