

## ZINC SAVES KIDS: Third YEAR PROGRESS REPORT

### NEPAL

The report highlights the significant progress made during the reporting period June 2012 – June 2013. This period marks the third year of the UNICEF-IZA partnership and the ‘Zinc Saves Kids’ initiative.

IZA funding helped to:

- Integrate the community-based Infant and Young Child Feeding (IYCF) program with UNICEF’s multiple micronutrient powder (MNP)-Baal Vita Program in the six pilot districts
- Expansion of IYCF/MNP-Baal Vita to nine districts including human resource management, capacity building, advocacy, behavior change communication (BCC), social mobilization, monitoring, production of communication materials. The draft implementation plan was elaborated with UNICEF, Ministry of Health and Population (MoHP) and District Public Health Officers (DPHOs). This involved training of more than 16,000 community-level health workers and female volunteers
- Provide 70,277 children 6-23 months with MNP/Baal Vita in the nine expansion districts
- Conduct a strategic review of the zinc for diarrhea program providing recommendations for future improvement.
- UNICEF, WHO and MoHP launched a nationwide training program for health workers on the revised Integrated Management of Childhood Illness (MCI) protocol to increase the use of zinc/ORS for diarrhea treatment. In the public sector 1,594,044 cases of diarrhea were treated with zinc/ORS. This is a coverage of 92%.

## Country Situation

### Key Facts of Nepal:

Country: 147,181 km <sup>2</sup>	GNI per capita: US\$ 700*
Population: approx. 30 million people	Poverty: 25.2%
GDP: 28.96 billion*	Life expectancy: 68 years*
Economic growth: 4.9%*	
Political structure: 14 administrative zones, 75 districts	

\*Worldbank 2012



Chronic malnutrition remains a major concern in Nepal. In line with global observations, linear growth faltering amongst children in Nepal occurs early in life, starting before the birth and continues until around 24-35 months of age although it stabilizes afterwards, losses on physical and brain development are never regained. 46% of children under five years of age are affected by anemia and other micronutrient deficiencies. It is especially high among children aged 6-23 months of age (70%).

The Government of Nepal has identified sub-optimal (IYCF) practices as a major reason for the poor nutrition status of young children. Only 24% of children meet the WHO recommended IYCF practices including continued breast-feeding, minimum frequency and minimum dietary diversity.

To combat malnutrition in early life in 2012 the Government of Nepal launched a multi-sector nutrition plan with one of the objectives being the reduction of stunting which is considered a proxy indicator of zinc deficiency. The plan includes the scaling up of IYCFP in all 75 districts of Nepal.

The poor nutrition status of Nepali children is further aggravated by frequent infections including diarrhea. Diarrhea is the second cause of child death in Nepal. On average a Nepali child has 1.7 diarrhea episodes per year. Zinc in the management of diarrhea is critical for child survival.

## Specific Objectives

- Increase mothers' knowledge and adoption of key IYCF and care practices to ensure that more than 80% of children under the age of two years consume MNPs across all 15 IYCF/MNP program districts through capacity building, increased awareness amongst mothers/caregivers, social mobilization, and monitoring.
- Substantially reduce under-five child deaths and morbidity through increased use of zinc tablets along with low-osmolar ORS through program review, capacity-building efforts, awareness increase, strengthening supply and logistics management, monitoring

## Main Actions and Achievements – MNP Interventions

- Completion of the six 18-month pilot projects testing two distribution channels: a) distribution of MNP through female community health volunteers (FCHV); distribution of MNP via health centers. Pilot districts were: Makwanpur, Palpa, Corkha, Rasuwa, Rupandehi and Parsa
- Hand over of the IYCF/MNP projects in the six pilot districts to MoHP. This included district-level orientation sessions involving 147 health supervisors who were mobilized to train 364 health facility in-charges. They in turn provided orientation to 1,159 community health workers and 4,233 FCHVs
- Early expansion of IYCF/MNP program to nine districts with initial focus on capacity building, supply of MNP and communication. 155 trainers received a 4-day

orientation on the program. Orientation was also given to program partner NGOs and health facility in-charges. The community-level training targeted more than 16,000 people including 6,813 FCHVs; 1,716 health workers; 2,601 traditional healers; 5,150 influential people (teachers, religious leaders, representatives of credit and savings cooperatives, others).

- 130,000 mothers were reached through communication activities and 70,277 children aged 6-23 months received MNP in the nine expansion districts. 93% of these children were from rural areas, 7% from urban districts.
- A baseline survey was conducted in two of the nine expansion districts to analyze the impact of IYCF practices on growth and development and micronutrient status.

## Main Actions and Achievements – Diarrhea

- Since 2010 the public sector zinc/ORS intervention has been expanded to all 75 districts with support of USAID, UNICEF and Micronutrient Initiative (MI). The use of zinc/ORS therapy increased rapidly in the public sector. According to the Health Management Information System 2012 report 92% of the 1,741,643 diarrhea cases among children treated in the public system received the zinc/ORS treatment.
- To increase the use of zinc/ORS in the private sector UNICEF, WHO and MoHP launched a nationwide training program for health workers of the revised Integrated Management of Childhood Illness (MCI) protocol.
- UNICEF in partnership with MI conducted a formative research study on zinc with the objective to develop culturally appropriate messages for promoting zinc supplementation along with ORS for childhood diarrhea treatment to the various ethnic groups. The study was done in four stages:
  - Assessment of knowledge and practices related to diarrhea management among the four major ethnic groups – Dalits, Brahman/Chetri; Janjati; Muslim Findings: no cultural barriers among the four ethnic groups; low utilization of zinc is due to general lack of awareness of zinc for diarrhea treatment; low awareness among mothers that FCHVs are capable of treating diarrhea with zinc and are equipped with zinc tablets; lack of knowledge of zinc's benefits among pharmacists and hence low recommendation for treatment.
  - Share findings of stage 1 and draft BCC plan
  - Development of BCC materials - BCC strategy: divide target group into primary and secondary target groups; tailored messages and materials for each group; ensure radio and TV spots are aired on correct channels at optimal hours; disseminate jingles in local languages
  - Testing of BCC materials

- Program review was carried out to identify gaps and develop recommendations for strengthening the program. Recommendations:
  - Zinc to be classified as over the counter product
  - Improve public-private partnership to create demand and increase coverage and use of zinc for diarrhea management
  - There is a need to prepare integrated public-private sector business plans indicating the demand of zinc and ORS – to be reviewed on an annual basis
  - Marketing campaign targeting private sector outlets to increase zinc distribution along with ORS for diarrhea treatment
  - Strengthen the knowledge of mothers/caregivers through a comprehensive BCC plan
  - Strengthen monitoring and reporting on zinc and ORS
  - Strengthen supply chain management ensuring supplies of zinc/ORS reach community health centers and FCHVs and improve reporting – separate column for zinc in reporting registers

## Main Results

- Integration of IYCF/MNP interventions into existing government health system including orientation and training; reporting; and supply and logistics management
- Orientation and training of more than 16,000 health professionals, FCHVs and others
- 130,000 mothers reached through communication activities
- 70,277 young children received MNP in the nine expansion districts
- BCC materials, reporting forms and MNP have been supplied up to community level through regular government health system

## Outlook

- 2014 end-line impact evaluation IYCF/MNP
- Support the scaling up of IYCF/MNP program by integrating this with Nepal Agriculture and Food Security Programs and other partners
- Support the Government of Nepal in implementing zinc intensification activities for diarrhea treatment
- Promote benefits zinc for diarrhea treatment to private sector