

## 3.6 Malnutrition in Kalikot: Impact on Children

### Background

Kalikot is one among the 10 districts that fall under Province no. 6. From the perspective of area, this district in the Karnali zone is the smallest and Nepal's youngest remote hilly district. Known as a sacred land since ancient times, this district is 738.8 kilometers away from the capital Kathmandu. The road network from Dahikhola to Nagma of the Kalikot border is 75 kilometers. The neighbouring districts of Kalikot include Jumla in the east, Achham in the west, Bajura and Mugu in the north and Dailekh and Jajarkot in the south. From the economic perspective, this is very poor. Manma is the district headquarters of Kalikot.

As envisaged by the Constitution of Nepal (2015), quality health service is the inherent right of the every Nepali citizen. To ensure this, various programmes under the Nepal Health Service Act, 2053 B.S., Nepal Health Service Regulations, 2055 B.S., Nepal Medical Council Act, 2020, Nepal Medical Council Regulations, 2024, National Health Policy, 2048 have been implemented. However, even with the introduction of the National Health Policy, 2071, the children here are suffering from malnutrition after being deprived of nutritious food. Many have also died of malnutrition.

The government has announced accessible and free health service. Likewise, the government has committed itself to the sustainable development goals, and other UN and international declarations related to health. The Ministry of Health and Population developed and implemented the Nepal Health Sector Programme 2004-2010 but it has not been able to make any significant progress in maternal and child health. In the millennium development goals, Nepal reached near to the target of child health and maternal health. The NHSP-II has been implemented at the joint initiative of the government and donor agencies, but that too has not shown any satisfactory results.

Various programmes are being carried out with the important goal of uplifting the overall living standard of the people of Kalikot by providing them quality health services through effective enforcement of the existing policies and programmes of the country. However, due to the achievements are not as much as targeted due to the unique situation and existing geographical, social and economic situation of the district.

The rate of malnutrition in the children of Karnali was 1.7 per cent the previous year and is found to have increased

to 2.2 per cent this year. Especially the mothers not aware about the importance of monitoring the weight of the child and the health workers too failing to providing them with such information has been contributing to the rise in the problem.

### **Importance of the Study**

The problem of malnutrition in the remote Karnali zone is becoming complex by the day. Though government and non-government offices have been organising dozens of food security and nutrition programmes in Kalikot, Humla, Jumla, Dolpa and Mugu in this region, it has not been able to make any impact. Every year, the government and non-government organisations spend millions of rupees but malnutrition has not minimized. Due to lack of nutritious food and awareness, the number of children in the remote falling victim to malnutrition is rising.

In Karnali, the government's thematic offices are running nutrition and security programmes for children. Non-government organisations continue to run dozens of programmes. Every year, the trend of running new projects in different names continues. But instead of the problem going down, the children of Karnali are falling into the trap of malnutrition. Hence a huge amount of money being spent is going waste. And the dangerous form of malnutrition in the district has become a matter of concern for all.

With anti-malnutrition programmes limited to the district headquarters and comparatively urban locations, the new born and children in the remote parts are left to die. And the progress of the area where a large amount of fund is being spent is also not satisfactory.

Citizens living in majority of the human settlements in the financially poor and socially backward Karnali cannot feed themselves throughout the year. For those who find it difficult to make the daily ends meet, nutritious food is mere

imagination. However, it's been long that the nutrition increment monitoring, maternal, infant and childhood nutrition, agriculture and food security project, multi-sector nutrition plan, acute malnutrition integrated management programme, iron tablet distribution to adolescent girls, golden thousand days media campaign and sarbottam lito distribution programme are being implemented. And huge funds are being spent for these programmes. However, nobody has the exact figure about the money spent here.

It is unfortunate that even though dozens of projects and campaigns are organised to minimize malnutrition their impact is nowhere to see. Apart from feeding some staffers, the projects have not been able to make any progress, according to the local people. And majority of the government programme has not been able to reach the remote areas

The non-government organisation projects are found to be focused on only making the donor happy rather than operating as per the local need. It is due to this reason that the programme organised against malnutrition in Karnali are not effective.

It has been long since the civil society leaders suggested that the projects need to be village-focused as only funds have been spent in the name of campaign and programme but it has not been able to reach the target group. But that suggested has not been accepted. As a result the attention of the stakeholder agencies needs to be drawn towards providing treatment and care to malnourished children and to put an end to the situation of children falling victim to it. It could be a big achievement if the study is able to make the concerned understand the reality.

### **Objective of the Study**

The major objective of this study is to make public the impact of malnutrition

on children in Kalikot and other parts of Karnali zone. Apart from this, another objective of the study is to draw the attention of the concerned authorities towards the devastating state of affairs.

### **Methodology of the Study**

Primary and secondary sources have been used in the development of this study. The primary sources include interview with the stakeholders, inquiry, meeting and collecting information and data from local health institutes and health workers. The secondary sources are the INSEC online, Prachi, local media etc.

### **Limitation of the Study**

Since the study is an effort to look into the impact of malnutrition on the children of Kalilot, it does represent all the children.

### **Situation of Malnutrition**

According to the District Health Office, Kalikot, 63 per cent of the children in the district suffer from malnutrition. Even though various government/non-government projects are in operation, the rising impact of malnutrition on children has not stopped. Likewise, a programme organised in Humla with support of UNICEF had found that of the 4,223 children screened 1,379 children or 32.56 per cent were found malnourished.

In Mugu, 61 per cent of the children are malnourished. According to the annual data of the District Health Office, Mugu, the problem of malnutrition is higher in children between three months to five years of age. Likewise, 11 per cent children in Dolpa and nine per cent in Jumla are malnourished. Campaigns for nutrition are being carried out in these districts, but the children are yet to be free of malnutrition.

This fiscal year, three girl children died due to malnutrition in Kalikot. Last

April, 14-months-old girl Sushila Yogi of Koligaon in Sipkhana, Raskot municipality-2, one-year-old Kopila Farsal of Baddala in Raskot municipality-5 and Mansara Chadara of Rachuli in Tilagufa municipality-10 died. They died of malnutrition for lack of nutritious food, according to focal person of the nutrition programme at the District Health Office, Katak Mahat.

### **Reasons of Malnutrition**

The major reason of malnutrition in Karnali is lack of nutritious food. On the other hand, not paying attention to nutritious food, lack of sanitation and public awareness are also contribution to the malnutrition in children. Many locals are unaware about the importance of food and fruits like millet, maize, buckwheat, soybeans, barley, apple and walnut. The news media too publish/disseminate news to say as if only rice is food, and the government as well as non-government agencies have also failed to give importance to locally produced cereal and fruits, thereby leading to rise in malnutrition. Kishore Kumar Rawal, working in the rural health sector, also states that failure to give importance to local produce and the policy to emphasize imported rice are the major reasons for malnutrition. 'Lack of proper food habits is the reason behind the state of malnutrition taking a serious form,' Rawal says, "This can be reduced by using the local products." News about rice not reaching Karnali and the Karnali residents deprived of rice get priority in the media but if news about the importance of relatively healthier local crops, vegetables and fruits are disseminated then the locals could be sensitized and contribute to minimizing malnutrition.

The local health posts have been operating OPD service for treatment of the acute form of malnutrition that is found in the children in Karnali. In the first phase, the government has set up the OPD centres for treatment of acute mal-

nutrition in 50 health posts of the zone. The government and non-government organisations are also running various programmes to bring down malnutrition by distributing chicken to pregnant women and sarbottam pitho etc to the infants.

### **Right to Food and Malnutrition in Kalikot**

It is the fundamental right of every human to get sufficient food to live and to live a healthily life. It is the duty of the State to provide quality nutritious food to its citizens and provide food as per their physical needs. But forget nutritious food, the number of people dying for not being able to eat enough in remote districts like Kalikot is on the rise.

Right to food means entitlement to appropriate nutritious and health food as per human needs. According to the World Health Organisation, every human must eat at least three times in 24 hours. The United National Food and Agriculture Organisation (FAO) says that consumption of food with less than 1,800 kilocalories a day is a state of hunger.

The population of Kalikot is 136,948 spread over in 82 wards under nine local level government units. The major livelihood of the people is agriculture. Based on the population, the district requires 27,050 metric tons of food but the district produces only 14,479 metric tons, according to data from the Agriculture Development Office, Kalikot. Accordingly, 12,571 metric tons of food is deficit every year, according to the annual report for 2017/18 by the Office.

On the one hand, there is stock of rice in the godowns of the district food corporation while the rice cannot be reached to the villages suffering from hunger due to problem of transportation. The local food depots that were destroyed during the Maoist insurgency are yet to be restored thereby depriving the people of the rice provided by the government to the people as a grant. Likewise, the food

distributed in this district is of medium quality. The rice available in few places are easily accessed by the influential but majority of the ordinary people return empty-handed. The food to be distributed at various locations of the district remains in stock for around six months, which also depletes the quality of the product.

Likewise, this year agriculture production could not take place due to drought in Palata rural municipality (erstwhile Khin Dhaulagoha). Due to this there has been a food crisis since the last of July 2017. Though the crisis has increased the government has not been able to transport rice in the village depots. Drought has invited many problems in area north-west from district headquarters Manma including Dhaulagoha, Khin, Thirpu, Ramnakot, Nanikot and Badalkot ward no 4 to 9. The crisis could not be resolved by the end of the year. As a result, around 35,000 people were directly affected.

### **Problem**

1. As per the norms and spirit of the constitution, quality nutritious food and easy access to health service has not been provided to citizens of all regions, level, groups and communities.
2. Despite continuous effort of the State, around half of the children below five years of age and women of reproductive age are suffering from low nutrition.
3. Climate change, increasing food insecurity and natural disaster creating problems of human health, decreasing use of local organic food products and excessive use of imported chemical-laced food has been worsening the problem.
4. People's access to quality food, proper use of nutritious food, essential drugs and equipment not produced at the national level and distribution system not effective and pro-people.

### **Efforts to Minimize Acute Malnutrition and Stakeholders' Opinion**

Integrated Management of Acute Malnutrition has been implemented as an effort to minimize malnutrition, according to the District Health Office. Presently, the OPD service centres in the district has been increased with addition of two lately, said District Hospital, Kalikot Chief Kaushal Ali. 'The OPD centres are operational in Dhaulagoha, Syuna, Mehelmudi Raku, Kumalgaon, Ranchuli, Gela health post and the district hospital', he said. From the perspective of food and nutrition security, Kalikot is very sensitive and backward. Conservative food habits, faith on conservative traditions, lack of access to health services, poverty, gender-based discrimination, low awareness level has led to the presence of acute malnutrition in the golden thousand days mother and children.

Considering this even though the government of Nepal is running various programmes like agriculture and food security project, multi-sectoral nutrition programme, acute malnutrition integrated management programme, child nutrition cash grant the results are not as much as expected, says nutrition focal point at the District Health Office Katak Bahadur Mahat.

### **Nutrition-related Programme**

Various initiatives including to bring down malnutrition caused by lack of protein power in children below 5 years and women of reproductive age by 50 per cent in compared to 2000, anemia in children below five and women of reproductive age by 40 per cent, eliminate the abnormalities caused by Iodine deficiency, abolish the lack of Vitamin 'A', bring the infection of worms in children and pregnant women to less than 10 per cent, rate of low weight in birth to less than 12 per cent, and improve the health and nutrition of school-going children through

school health programme have been carried out to wipe out malnutrition.

The nutrition programme is a prioritized programme from the perspective of public health. Malnutrition has immediate and long-term impact while it also invites other health problems. In Nepal, children are found to be malnourished due to lack of protein power, vitamin 'a', iodine and iron. Though malnutrition affects all age groups, the children below five, pregnant and lactating mothers are more vulnerable to it.

According to the Nepal Demographic and Health Survey 2011, in Nepal 41 per cent are stunted (height not pursuant to age) and 29 per cent are low weight (weight not pursuant to age) and 11 per cent are frail. So this programme was implemented by targeting the vulnerable groups. Under this programme, activities like monitoring the growth of children, distributing iron tablets, vitamin 'a' and deworming tablets to pregnant and lactating women and advice on nutrition are carried out. This programme runs under the nutrition activities that are carried out to bring down the infant mortality rate, mortality rate below five years and maternal mortality rate in the millennium development goals.

### **Multi-sectoral Nutrition Plan**

The goal of this plan is to increase the capacity of the National Planning Commission and concerned chief thematic ministries for formulation, implementation and monitoring of the multi-sectoral nutrition plan to achieve the set goals (specially to develop human capital by improving the maternal-child nutrition and health of the poor section of the society) to ensure that malnutrition is not longer an obstacle to human capital and overall socio-economic development and to orient the overall nation towards minimizing acute malnutrition. According to this goal and objectives, the multi-sectoral nutri-

tion plan has been enforced from this fiscal year in Kalikot that remains insecure from the perspective of nutrition and food. The state of low nutrition, acute nutrition in children and maternal nutrition is very disturbing. According to a study of UNICEF Nepal, in every 10 children 6 are stunted, four are feeble and three are underweight. Considering this serious situation, the multi-sectoral nutrition programme has been implemented with the objectives and target to put an end to it.

In course of implementing the multi-sectoral nutrition plan, the joint team of seven offices of the district-level nutrition and good security directive committee organized the following programmes in Nanikot, Badalkot, Khina and Dhaulagoha VDCs.

Nepal is a member of international nutrition movement and based on widely accepted indicators Nepal is commitment to improve the situation of nutrition of its citizens. Like the analysis of the reasons carried out earlier, many inter-related factors are responsible for nutrition deficiency in Nepal and which requires extensive reforms from various sectors to resolve it.

This plan has been developed as an effort to adopt a multi-sector approach to the issue of nutrition and then address it in a series and coordinated manner. Since the past efforts were focused on specific areas, not mutual related and scattered, the expected result could not be achieved. The difference between the present nutrition plan and the past plans is that the former is more target centered and it emphasizes on a coordinated effort of all concerned sectors. It has tried to expedite the process of minimization of nutrition deficiency in mother and child, which is measured by the stunted growth in children. Stunted growth is regarded as a good indicator of what would be the quality of human capital of the future generation. This process of stunted growth starts

from pregnancy and continues until the child is two years old. During this time, the brain and immune system will also be developing.

Any obstruction in the growth during this period leads to deteriorating in the individual's knowledge gaining capacity, productivity, work execution, sickness in various other stages of life, with very negative consequences. In the experience of other countries, children below two years can be stopped from experiencing stunted growth within a decade. In addition to laying emphasis on mother and child nutrition, the present action plan also address the nutrition-related needs of other age, social group and overall people. It is expected to make the entire nation alert and inspired in the act of achieving an acceptable nutrition standards through effective co-relations and coordination among various sectors in the utilization of available resources.

This goal shall be achieved by expanding basic programme of both nutrition focused and nutrition sensitive kind. The nutrition focused programme are basically disseminated through the health sector and other programmes from the education, agriculture, drinking water and sanitation sectors in coordination with the social security programme and collaboration with the local bodies. All these programmes make an effort to influence the serious vulnerability to physical growth i.e. from the stage of stunted growth (i.e. from pregnancy to two years old).

### **Agriculture and Food Security Plan**

The major goal of this programme is to bring improvement in the food and nutrition security at the family level as well as in the pregnant, lactating mothers and children below two years in the concerned VDCs where the programme is implemented. In the districts where the programme has been enforced, effort has

been made to wipe out malnutrition by running the agriculture and food security project as per the goal and objectives to bring food and nutrition security behavioral change, so as to improving the food habits of the pregnant, lactating and children between 6 and 23 months in the targeted VDCs of the district.

The Agriculture and Food Security Project is a prioritized project run by the Government of Nepal with the grant assistance of the Global Agriculture and Food Security Programme established with the support of multi-donors. This project will be carried for five years from 2013 to 2018. This project has been implemented in 19 mid-hill and high-hilly districts that are vulnerable in terms of food security in mid-west and far-western region of Nepal.

World Bank has been playing the role of a supervisor in plan formulation, implementation and evaluation of the project that will run with the supportive role of the Livestock Development Ministry and the Ministry of Health and Population and the major implementing role of the Ministry of Agriculture Development of the Government of Nepal. In addition to this, the UNFAO has been providing technical support for effective implementation of the project.

The major goal of this project is to improve the food and nutrition status as well as livelihood of the poor families and individuals who are vulnerable from the perspective of food and nutrition in the project area. The project also plans to improve overall food and nutrition security of the targeted groups by bringing changes to their habit relating to food nutrition, increasing availability and access of food and nutritious food through enhancement of production and productivity of agriculture and livestock products.

Of the four sections of this project, the third section 'to improve the situation of food and nutrition security' will be

enforced by this project by increasing the awareness about the importance of nutrition in the farmers through community level training on behavioral change and communications and nutrition education, and bringing reforms in food habits and care practices of the household. This will be carried out through community level nutrition garden, domestic poultry, preparing nutritious food or delicacies at the local level, and proper use of locally available plants and animal food products.

Also, food and nutrition habit change programme has been implemented in order to improve the food habits and care practices of the pregnant, lactating mothers and children below 2 years, promote diversity in food and increase nutritious food for the target groups, and from the perspective of food and nutrition security. This project focuses on participation of women, dalit, janjati and the poor groups and their capacity building. Also, methods to minimize the workload of women will be promoted. Under this section, there are programmes to promote work load minimizing technologies through the small grants programme provided in a competitive way to health mother groups for decreasing the workload of women and improving the families' livelihood.

Apart from the district-level annual programmes of the child health division, the agriculture and food security project activities are also carried out in 19 districts of the mid and far-western region. Activities under this project must be run by the concerned district as follows.

It is clear that bringing down the existing maternal child and infant nutrition deficiency is not possible with only the health sector working in nutrition. As a result, the government of Nepal has been giving high priority to nutrition service at the national level and running nutrition focused and nutrition sensitive programmes in nutrition and food inse-

cure districts as per the concept of multi-sectoral nutrition plan. In this district too, the agriculture and food security project is being implemented since the past two years and the multi-sectoral nutrition plan from this year.

### **Monitoring Malnutrition Growth**

The percentage of underweight new babies born in the past two years in Kalikot is less in comparison to the percentage of new borns with low weight at birth at the national level. It was 6.2 per cent in 2071/72 B.S. and 6.7 per cent in 2072/73.

In comparison to the past the coverage of monitoring of growth is increasing, according to nutrition focal point at the District Health Office, Kalikot Katak Mahat. According to him, the growth of 62.5 per cent of children below 2 years was monitoring in F/Y 2070/71, 82 per cent in F/Y 2071/72 and 98 per cent children's weight in 2072/73. Likewise, though the average weight has not increased significantly, it is gradually on the rise. The increase in coverage of growth monitoring is a result of the awareness in the families about the need for monitoring. However, they lack knowledge that the same kid should be weighted twice every month.

The rate of malnutrition in the weighted children is found to have been increased by 10 per cent in F/Y 2071/72 B.S. in comparison to F/Y 2070/71. Likewise, the rate of malnutrition in 2073/74 was higher than the rate of 2072/73. An overall institutional assessment of the district in the current fiscal year shows that of the new growth monitored children, Nanikot, Rupsa, Badalkot, Lalu, Ramnakot, Dhaulagoha and Mugraha have more than 20 per cent of low nutrition, Rachuli, Fukot, Thirpur, Mumra, Khina, Manma, Raku, Malkot, Sipkhana, Sukatiya, Mahelmudi, Chilyakha, Kotbada, Danha and Syuna have between 10 to 20 per cent of low nutrition. Likewise,

the VDCs with less than 10 per cent of nutrition deficiency are Bharta, Odanaku, Pakha, Jubitha, Gela, Foimahadev and there are no children with nutrition deficiency in Kumal Gaon and Chhapre.

### **State of Infant and Childhood Nutrition**

Analyzing the state of infant and childhood nutrition shows that both indicators of infant and childhood nutrition increased in the F/Y 2072/73 in compared to 2071/72, which includes the percentage of babies getting full breastfeeding from 0 to 6 months increasing by 6 per cent in compared to the previous year to reach 86 per cent. Likewise, the percentage of those beginning additional and supplementary food from 6 to 8 months increased by 4 per cent in compared to the previous year to reach 80 per cent this year. This shows an expected improvement in the state of infant and childhood nutrition.

### **School Health and Nutrition**

To inform the community about nutrition to help them improve the state of malnutrition, the school health programme was organized from Jestha 1 to 7 at the school level in order to improve the state of school health and nutrition. During this period, a nutrition week was organized in order to adopt positive habits related to nutrition. Students from Grade one to 10 were also provided with alben-dazole tables.

### **Conclusion**

The Constitution of Nepal has established health as fundamental right, according to which every citizen is entitled to free basic health services from the State, not to be deprived of emergency health service, and to be informed about the health treatment. Every citizen will have equal access to health service and access to clean drinking water and sanitation is also mentioned.

But these provisions have not been put into practice in the context of Kalikot. So, the children here are falling victim to malnutrition. To put an end to this problem, the recommended breastfeeding practices should be promoted and community-level campaigns organized to minimize infant malnutrition. Likewise, only breastfeeding from birth to six months should be encouraged with various programmes. This could be done through rally, interaction, mothers group discussion on importance of breastfeeding, information dissemination from local FM radio stations, and radio debate etc.

Also, the importance of locally produced cereals needs to be promoted and used, programmes need to make effective by finding out the reasons for not getting

achievement as per investment, make urban-centered programme remote-centered, and make health centres more active. Furthermore, attention should be paid to food management. Only then, the state of child of Kalikot being forced to give up their lives to malnutrition will come to an end.

#### **Reference Materials**

- District Health Office, Kalikot, data
- District Agriculture Development Office, Kalikot, data
- News reports in various newspapers
- INSEC online
- Nepal Human Rights Year Book 2016 and 2017
- Constitution of Nepal (2015)
- Conversation with stakeholders

