

# 2014

## Field Visit Report



### Team Members:

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**Date of visit: 17 to 19 June, 2014**

**Civil Society Alliance on Nutrition, Nepal (CSANN)**

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## **Background**

Saptari district has high burden of acute malnutrition affecting more than 16,000 children per year. Similarly chronic malnutrition and underweight is also of major concern together with poor water (quality more than access) and sanitation. The district has presence of Community Based Management of Acute Malnutrition, Nutrition Rehabilitation Home, School Health and Nutrition and Golden Thousand Days projects.

The exploratory visit of Civil Society Alliance on Nutrition in Nepal (CSANN) was held from 17 to 19 June 2014. The team included 8 members which include CSANN Co-chair, board members, I/NGOs representation and journalist. Community, Health Facilities, Nutrition Rehabilitation Home and District Line Agencies were visited during the period. The visit was initiated by CSANN and jointly supported Save the Children and ACF.

## **Objectives**

The main purpose of the visit was to understand the nutrition architecture in the district and to observe the programmatic activities on-going in the field. The visit helps to explore the possibility, need and demand of establishing CSO alliance at district level to bring the nutrition issues from grass root level and advocate at the district and national level. This visit helps the CSANN EC members to know the nutrition scenario of district and advocate on issues to improve the fight against under nutrition. The visit also gives the opportunity to coordinate and interact with Civil Society Organization (CSOs) and Nutrition and Food Security Steering Committee.

## Major Findings with Recommendation

The team visited six different sites and organizations. They are listed below:

- Hanuman Nagar VDC, Health Post
- Interaction with CSOs - Red Cross Society
- District Development Committee, Siraha
- Pansera VDC, Sub Health Post
- Nutrition Rehabilitation Home, Rajbiraj
- District Public Health Office, Saptari
- Interaction with LDO, Saptari
- Mushar Community, Bhaluwa - Sunsari.

### 1. Hanuman Nagar VDC, Health post, Saptari (Community situation)

- The boy child is given more priority than girl child resulting in high birth rate in family, causing poor feeding and caring practices. The record of severe case also shows that 2/3<sup>rd</sup> of the case admitted are girls. The malnutrition is common among the children of 6 months to 5 years of age group. Most of the parents are involved in daily wages work “Jyala-Majduri”, and the children are not given much priority and time because of workload.
- There is no problem of local food production, only the lacking is the awareness about food consumption and sanitation. The insecticide and fertilizers used market products are more readily acceptable than local food grown in their own land. There is need of awareness about the local food consumption.
- The educational status is not good as only about 50% are literate. Though, educated people know the importance of nutrition throughout the life but there are many factors affecting to apply knowledge in the day to day life. People know that pregnant women should be fed priorly than others in the family but due to cultural factor, pregnant daughter in laws consume leftover food, so there is big question mark on “Is the leftover food sufficient for the getting the dietary requirements of the mother and the growing fetus?”
- The people easily invest to buy medicine but hesitate to buy and consume nutrient rich fruits and vegetables.

- Interaction with Mr. Tara Nanda Jha (Health Post In-charge), Ms. Raj Kumari Chaudhary (Nutrition focal person) and Ms. Anita Kumari Yadav.



*Mr. Tara Nanda Jha expressing his view*

### Local government – Budget allocation

- Health issues never get the priority during the VDC council meeting. Only construction and hardware parts are given more emphasis.
- Advocacy and campaigning is needed to influence the local government to allocate budget on health and nutrition.

- **Major causes of malnutrition** - introduction of market/junk food, parent don't have enough time to care and feed their children properly, late introduction of complementary food to children and lack of knowledge and skill to prepare balanced diet, pregnancy with no birth spacing results inadequate breast milk to the baby. In addition, food habit of taking only rice and potato and food taboos on the consumption of green leafy vegetables are highly prevalent in the area.
- The “Golden 1000 Days” programme has one coach in each ward. The coach facilitates the group to identify needs. Some of the major identified needs are toilet facility, health education about ANC checkups and nutrition education for the pregnant.
- Interpersonal counseling and “Door to Door” campaigning is important in the community.



*A mother with her neonate baby girl*

The health post provides “Nyano Jhola” to newly born baby and ensures the child breast fed within 1 hour of birth.

### Some facts:

- Reproductive aged women don't have decision making role in the household. Most of household decisions are taken by mother and father in laws and husband.
- Women don't have access to money and decision to expenses.
- The women don't talk with their partner about their reproductive health.
- After delivery, mothers are not allowed to eat meat, fish and green leafy vegetables (up to 6 days).



## 2. Red Cross Society, Saptari (Interaction with Civil Society Organizations)



*Interaction with Civil Society Organizations at Red Cross Society*

### **Major Recommendation**

Alliance establishment has been recommended at the district as the common platform needed to raise the unheard nutrition related voice. There are many advocacy issues in the district such as food adulteration, use of “carbide” in fruit ripening. The CSANN at national level will brought the community and district issues raised by district CSANN to the policy level.

#### **Next Step:**

- The TOR for district alliance will be prepared and circulated.
- ACF take the responsibility to prepare stakeholder mapping matrix and facilitate the alliance establishment process by 15 July, 2014.
- The members for alliance include NGOs from multi sectors, academia media and others contributing on nutrition.
- The CSANN EC member will represent the event during the formation of EC at district level.
- Wider alliance joint meeting will be organized on annual basis

### **3. District Development Committee, Siraha and Saptari Districts**

**“The Nutrition and Food Security Steering Committee (NFSSC)”** has been formed at the districts under the chairpersonship of LDO. The Ministry of Local Development circulated letter to form the committee and Golden 1000s days programme has supported. One day orientation was given but the committee needs to strengthen for its active functioning. Regular meeting and discussion is needed. The steering committee has authority to approve and provide technical support on implementation of nutrition related activities in the district but there isn't any functional activities performed by the committee.



*Interaction of CSANN team with Mr. Bijay Raj Subedi*

#### **Major Recommendation**

- The multi sector coordination platform has been established in the district but there is need to strengthen and make it functional. The committee should act as Project Advisory Committee on implementing nutrition programme in the district.
- The alliance should include different groups available at the community such as mother group, child/youth club, citizen awareness forum, single women group, farmer group, dalit network and community based organization.
- The alliance need to coordinate and represent in the steering committee.
- Open Defecation is highly prevalent in the community. Therefore it should be focused.
  - Interaction with Mr. Bijay Raj Subedi (Local Development Officer), Siraha
  - Interaction with Mr. Indra Dev Yadav (Planning, monitoring and administrative Officer), Siraha

#### 4. Sub health post, Pansera, Saptari

##### **Major Recommendation**

- The health workers need to manage time on routinely basis to visit at community for counseling and health education.
- The regular Female Community Health Volunteer meeting, Mothers' Group meeting and discussion on health issues.
- The breastfeeding need to give important during counseling to mothers
- Counseling on local food consumption
- The school going children are found to consume mostly biscuit and noodles in lunch. Therefore school nutrition program should be focused.
- The sanitary condition is poor. Only 10% household has access to toilet. Out of about 1000 Households, only 46 have toilet. Open Defaecation Free campaign should be focused.
  - Discussion with Mr. Bijay Kumar Chaudhary (In charge) Sub health post, Pansera, Saptari

## 5. Nutrition Rehabilitation Home (NRH), Rajbiraj, Saptari

### About the Centre

The NRH, Saptari is semi government and Nepal Youth Foundation is supporting. The government has a plan to run the center independently from next fiscal year.

NRH provide the services free of cost and provide services to children up to 14 years old. The center admits the children for 15 to 30 days based on the degree of severity of malnutrition as follows:

- Less than -2 SD, 15 to 20 days
- Less than -3 SD, Minimum 25 days

### Scenario

The present data shows that 17 boy children are 1 girl child has been admitted in the center. The reason may be the parent are not serious about their girl children and don't want to bring them to center for treatment. About 180-190 cases are registered annually. In past 3 years, 471 cases has been registered and about 60% and 40% are found to be the group of less than -3 SD and less than -2 SD respectively. The institute has succeeded in 80% cases. Most of the malnourished children admitted are from farmer and middle class family and about 75% cases have their father to abroad.



*Interaction of CSANN team with NRH members*

### Root causes of Malnutrition which needs advocacy and Campaigning

- Lack of awareness;
- Carelessness;
- Large family size;
- Male member of Households are abroad so parent is not giving quality time to children.
- Mal practice of exchanging agricultural products with market products such as noodles and biscuits.
- Preferences to junk foods.
- Food taboos (e.g. green leafy vegetables causes cold to young children)
- Food habits – prefer to take rice and chilies



*Ms. Laxmi Jha (Nutrition Section Manager), NRH, expressing her opinion*



## **6. District Public Health Office, Rajbiraj, Saptari**

### **The main stakeholders on nutrition in the district:**

- Government Agencies
- ACF– Community Based Management of Acute Malnutrition
- Save the Saptari on support of Save the children – School Health and Nutrition
- Golden Thousand Days



*Mr. Bijay Kumar Jha (senior district public health administrator), DPHO, Rajbiraj, Saptari*

### **Major Recommendation**

- “Prevention, Promotion and Treatment” need to go together for effective result and outcome. Treatment should be decreased gradually and prevention should be increased. Promotion and Prevention part is lacking so IYCF should be implemented in the district which is not yet.
- Intervention should hit on root causes of malnutrition. Poor maternal services, early marriage causing early pregnancy result on poor health and nutritional status of both mother and child. The intervention should focus on these issues
- Nutrition awareness among parents and pregnant is most important.
- After phase out of projects, impact study and regular follow up activists-should be planned.
- The local food production and availability is high. The area has good production of *rahar* and *mung* pulses. In spite of being food secured area; the people don’t have adequate knowledge on balanced diet. Changes need to be brought on food habit/eating pattern.
- Alliance should come and function as “Watch-dog agency”.

Discussion with Mr. Bijay Kumar Jha (senior district public health administrator), DPHO, Rajbiraj, Saptari

Discussion with Mr. Suresh Raut (Local Development Officer), Saptari

## **7. Community visit**



*Glimpse of community visit- Mushar community*

## **Next Step**

The visit team will share the report and findings with recommendation to executive committee on following CSANN EC meeting and possible action will be taken after the decisions came from the meeting.

### Field Visit Team



### Term of Reference – Field visit



TERMS OF  
REFERENCE\_Saptari.