Snapshots of Nutrition in Nepal: Parsa District

These district snapshots have been constructed as part of the “Pathways to Better Nutrition” (PBN) case studies implemented by the USAID-funded SPRING project, focusing on three case study districts where SPRING and its partners have done extensive data collection.

Using key indicators and objectives named in the 2012 Multi-Sector Nutrition Plan (MSNP), the snapshots present the diversity of factors affecting malnutrition in the country. These district snapshots are best interpreted in conjunction with other SPRING PBN products, including Factors Affecting Nutrition around Nepal, Sub-Regional Snapshots of Nutrition around Nepal (Pomeroy and Wun 2014).

The snapshots assess what objectives or set of constraints are most pressing in each district.

The contextual factors that will affect subnational implementation of national nutrition policy may vary across regions and districts.

**SUMMARY OF KEY MSNP INDICATORS FOR PARSA DISTRICT**

<table>
<thead>
<tr>
<th>Key Indicator</th>
<th>Level in Parsa District</th>
<th>MSNP National Target (2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion of primary education^5</td>
<td>45.5%</td>
<td>(Increased)</td>
</tr>
<tr>
<td>Stunting, children under 5 years^6</td>
<td>38.5%</td>
<td>29%</td>
</tr>
<tr>
<td>Underweight, children under 5 years^6</td>
<td>34%</td>
<td>20%</td>
</tr>
<tr>
<td>Wasting, children under 5 years^6</td>
<td>15.5%</td>
<td>5%</td>
</tr>
</tbody>
</table>

**Outcome Indicator**

<table>
<thead>
<tr>
<th>Level in Parsa District</th>
<th>MSNP National Target (2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 IYCF practices^7</td>
<td>9%</td>
</tr>
<tr>
<td>Any anemia, children 6-59 months^4</td>
<td>47%</td>
</tr>
<tr>
<td>Any anemia, women of reproductive age^4</td>
<td>43%</td>
</tr>
<tr>
<td>ARI incidence rate among children under 5 years (per 1000)^8*</td>
<td>537.72 (Reduced)</td>
</tr>
<tr>
<td>Diarrhea incidence rate among children under 5 years (per 1000)^8*</td>
<td>416.40 (Reduced)</td>
</tr>
</tbody>
</table>

**DESCRIPTION OF PARSA DISTRICT CHARACTERISTICS (IN COMPARISON TO NATIONAL STATISTICS)**

<table>
<thead>
<tr>
<th>Location^1:</th>
<th>Peri-Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Road Density^2:</td>
<td>Below Average (6 km/100 km²)</td>
</tr>
<tr>
<td>Poverty Headcount^3:</td>
<td>Below Average (29.2%)</td>
</tr>
<tr>
<td>Women’s Literacy Rate^4:</td>
<td>Below Average (44%)</td>
</tr>
</tbody>
</table>

**Notes:**
Location definitions are derived from the number of population living in the following categories: >500 persons per sq km=Urban, >300 persons per sq km=Peri-Urban, <300 persons per sq km=Rural. Source: ^1CBS (2012)
Road density is calculated as the ratio of the total length of road (in km) to the total land area (in km2). Source: ^2DoR (2013/14)
Poverty headcount. Source: ^3CBS and The World Bank (2013)
Women’s literacy rate is for fifteen years and above. Source: ^4UNFCO (2013)

Sources: ^5UNFCO (2013), ^6Intensive Study and Research Center (2014), ^7CBS, NPC, WFP, UNICEF and The World Bank (2014), ^8DoHS (2014), ^9MHS (2013/14) *In a year, a child can have more than one incidence of diarrhea/Acute respiratory infection (ARI).
IDENTIFIED BARRIERS AND DRIVERS OF BETTER NUTRITION, BY SELECTED MSNP OUTPUT AREAS

**Identified Barriers and Drivers by MSNP Output Areas:**

**Outputs 1-2: Refer to policy development and coordination (no district barriers/drivers available)**

**Output 3: Maternal and child nutritional care service utilization improved**
- Attend 4+ANC
- Child growth monitoring
- HH with iodized salt
- HH with access to toilet facility
- HH with improved source of drinking water
- Food poverty prevalence
- Low kilocalorie intake prevalence

**Output 4: Adolescent girls’ parental education, life skills, and nutrition status enhanced**
- Females completing grade ten
- HH with access to toilet facility
- HH with improved source of drinking water
- Food poverty prevalence
- Low kilocalorie intake prevalence

**Output 5: Diarrheal diseases and ARI episodes reduced among young mothers, adolescent girls, and infants and young children**
- Food poverty prevalence
- Low kilocalorie intake prevalence

**Output 6: Availability and consumption of appropriate foods (in terms of quality, quantity, frequency, and safety) enhanced and women’s workload reduced**
- Food poverty prevalence
- Low kilocalorie intake prevalence

**Outputs 7-8: Refer to human resources and information systems (no district barriers/drivers available)**

**Sources:**
8. Nepal HMIS 2013/4 Data – data provided by the HMIS division.
10. DEO 2015 - data provided by District Education Office, Achham.

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