LEAP 3 Baseline Report: Nutrition and Resilient Livelihood (NRL) Technical Programme (FY 2021 – FY 2025)

Research Brief

Background

The Strategic Goal for World Vision International Nepal's (WVI Nepal) Country Strategy (2021-2025) is 'to improve the well-being of 0.8 million children, in particular, the most vulnerable ones, to be protected from violence, well-nourished, able to access quality and inclusive education and to experience positive and peaceful relationship in their families and communities.' This expects the priority of WVI Nepal to work on three technical programmes (TPs): Protection and community engagement and sponsorship programmme (PCESP), Inclusive Quality Education (IQE), and Nutrition and Resilient Livelihood (NRL) for the well-being of the child. Among the three TPs of WVI Nepal, the baseline study of the TP named 'Nutrition and Resilient Livelihood (NRL)' covered the entire 22 project implementing area programs (APs), with the representative number of beneficiaries from each project model.

Center for Research on Education Health and Social Science (CREHSS) carried out this baseline survey for WVI Nepal from July to September 2021.

Objectives:

The overall objective of the baseline was to establish the base value for each indicator that provides the basis for setting the target and measuring impact over the project period, which can be communicated to governments, donors, and beneficiaries.

Methodology:

The baseline study was conducted across the 22 APs where WVI Nepal intervention has been planned for the current strategic cycle (FY 21-25). This study adopted mixed methods, i.e., quantitative and qualitative methods. As a part of the quantitative method, a cross-sectional survey including household survey and caregiver/mothers survey were conducted. In addition, anthropometric measurement of under-five children was also performed (height, weight, and age were captured). A total sample of 10785 households (HHs) was covered from the 22 APs of 12 districts. Among them, a caregiver's survey was conducted among the selected 9 APs of 5 districts which covered a total of 1940 mothers/caregivers of under-five children. Similarly, a total of 1604 children aged 6-59 months were covered for the anthropometric assessment to determine their overall nutritional status.

A total of 64 KIIs were done from the relevant stakeholders and beneficiaries to gather qualitative information.

The nutritional status-related data collected through anthropometric measurement was analyzed using WHO anthro-analysis software. All other quantitative data were cleaned in excel and analyzed using SPSS software version 26, whereas thematic analysis was performed for qualitative data to supplement/ triangulate the quantitative findings. Bivariate (Chi-square test) and multivariate analysis (binary logistic regression) were performed with some of the goal level indicators.

Key Findings

Background characteristics: Two-fifths of the HH's respondents (40%) were Brahmin/Chhetri, followed by Janajati/Aadhibasi (30%), Dalit (24%), and Muslim (6%). Half of the HHs (54%) belonged to RC's family, and two-fifth of them (40%) had vulnerable children (VC). More than half of the HH's main source of family income was agriculture/livestock (57%). Almost three-fifths of the HHs (59%) were non poor in terms of the Multidimensional Poverty Index (MPI).

Slightly above two-fifths of the surveyed mothers/ caregivers (41%) had children aged 6-23 months. More than half of the mothers were aged 25-34 years (54%), followed by youth aged 15-24 (30%) and 35 years and above (16%). More than half of them (56%) were illiterates. More than one-third of mothers (35%) were Janajati/Adhibasi followed by Dalit (30%), Muslim (20%), and Brahmin/Chhetri (16%). More than three-fifths of the mothers (63%) belonged to RC families. Similarly, almost two-fifths of the mothers (39%) had agriculture/livestock as the main source of family income. The representation of the mothers was equal from both the poor and non-poor HHs (50% each).

Goal level indicators

Overall more than a fifth of the children were underweight (21.1%, Z-score=< -2SD), more than one-third of the children were stunted (34.3%), and more than one-tenth of the under five children were wasted (14.6%). The prevalence of under-nutrition, underweight, stunting, and wasting was higher in male children (male vs. female: underweight: 24.4 vs17.4, stunting: 37.5 vs. 13.8, and wasting: 14.9 vs. 14.1). Overall, slightly above two-fifths of the HHs (42%) were poor (ranked in-MPI). The significantly higher percentage ($p<0.001$) of the HHs (73%) belonging to the Dalit caste, having the MVC (79%), and HHs which had unskilled labor work (72%) as the primary source of income were ranked as poor. Multivariate analysis showed that the variables such as area program, caste/ethnicity, and source of income were significant predictors for having multidimensional poverty.

Overall more than half of the HHs (53%) had experienced food insecurity.

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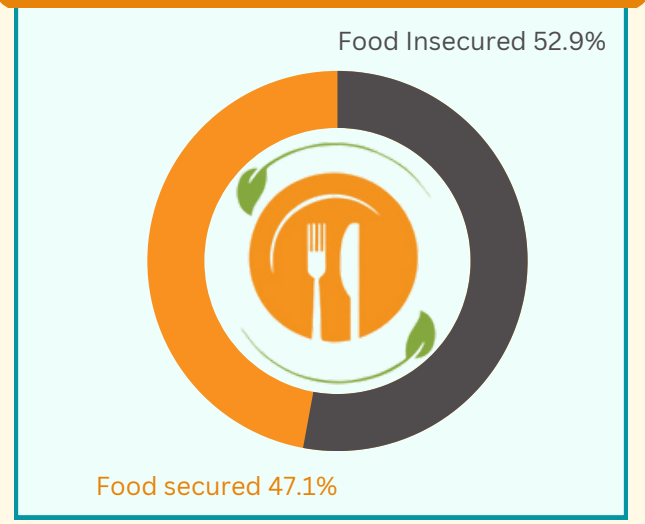
Household facing moderate or severe food insecurity



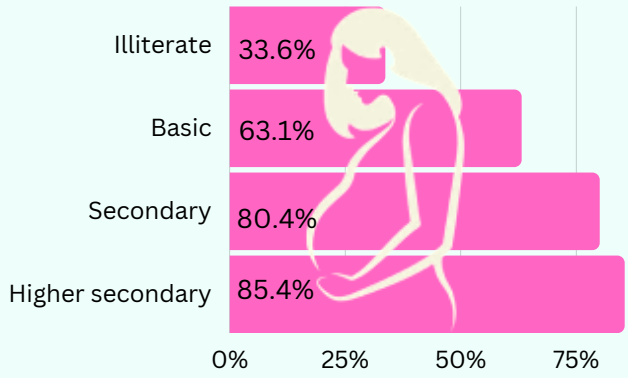
AP-wise analysis showed a wide variation in the HHs' experience of food insecurity ranging from a highest of 88% in Mahottari East (Samsi) to a lowest of 7% in Lamjung. A higher proportion of the HHs belonging to the Dalit caste (63%) and Muslim (59%) compared to other ethnic groups had faced food insecurity. Similarly, HHs ranked as vulnerable (having VC and MVC) were more prone to food insecurity than the better-off HHs. The association of these variables are statistically significant ($p<0.001$). The multivariate analysis supports the findings of bivariate analysis. Respondents from Janajati (aOR=0.75), Muslim (aOR=0.47), and Brahmin/Chhetri (aOR=0.64) were less linking to face moderate/severe food insecurity than respondents from Dalit caste. Households with vulnerable children and most vulnerable children were about 1.4 and 2.6 times more likely to face food insecurity than the better off household.

"Due to poverty, illiteracy, and unemployment, majority of the household are more prone to food insecurity especially those from Dalit and backward community."-Teacher, Mahottari

Outcome 1: Improved maternal and child nutrition: enriching experiences

Overall, half of the under five children (50%) were exclusively breastfed until six months of age. Overall, only two-fifths of the women (41%) had taken a complete dose of 180 or more iron/folate (IFA) tablets during their pregnancy at last birth. Likewise, half of the mothers (51%) reported having four or more antenatal visits (complete ANC) while they were pregnant with their youngest child. This proportion was higher among mothers who had completed higher secondary (85%) and secondary education (80%) than those having basic education (63%) and illiterate ones (34%).

Adequate ANC visits (4+) when they were pregnant with younger child

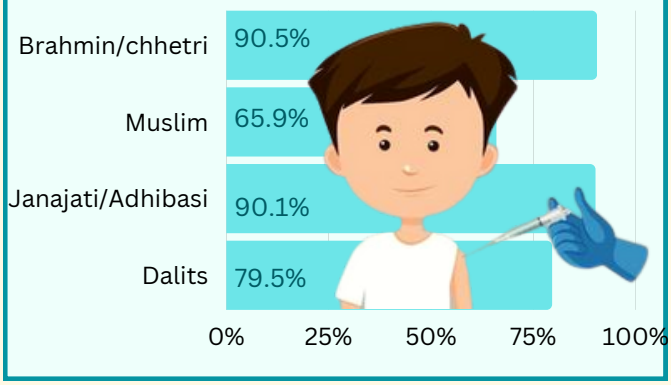


Nearly half of the children (47%) had received minimum dietary diversity (diet having four or more food groups). A higher proportion of the children whose mothers had completed higher secondary education (68%) and whose parents were engaged in service (64%) had received minimum dietary diversity.

Outcome 2: Children are protected from childhood illness (especially diarrhea and pneumonia)

Overall, less than a tenth of the under-five (U5) children (8%) suffered from diarrhea in the last two weeks. The majority of the U5 children had received essential vaccines (82%). Caste/ethnicity-wise analysis showed that a higher proportion of the mothers who were Brahmin/Chhetri (91%) followed by Janajati/Adhibasi (90%), Dalit (80%), and Muslim (66%) had immunized their under five children with essential vaccine.

Coverage of essential vaccines among children aged 12 months and above



Overall more than four-fifths of the parents/caregivers/mothers (83%) had appropriate handwashing behavior (handwashing at four or more critical times out of 6). AP-wise analysis showed that the majority of the parents/caregivers in almost all APs (70-90%) had appropriate handwashing behavior, whereas this proportion was lowest in Mahottari East, Samsi (67%). More than three-fifths of the

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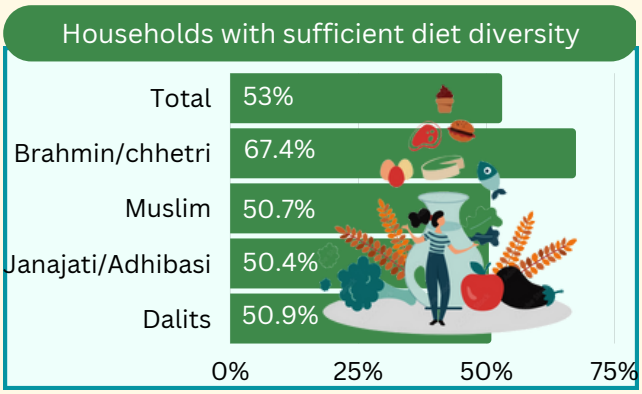
mothers/health center users (61%) reported increased responsiveness of health service providers to communities compared to the previous year.

Outcome 3: Increased families access to improved food security and nutrition

Slightly above half of the respondents/women (51%) in the Ultra Poor Group (UPG) APs were actively engaged in HH-level decision making, the overall TP value (all 22 APs) of this indicator being 54%. It is
praise-worthy to note that a considerably higher proportion of the HHs headed by a female member (89%) than that of a male (22%) had the active engagement of women in HH-level decision making.

Almost two-thirds of the HHs (65%) in all 22 APs, while more than a half HHs (54%) in UPG APs had sufficient diet diversity. Notably, sufficient diet diversity was higher among the HHs belonging to Brahmin/Chhetri (67%) than other castes/ethnic groups.

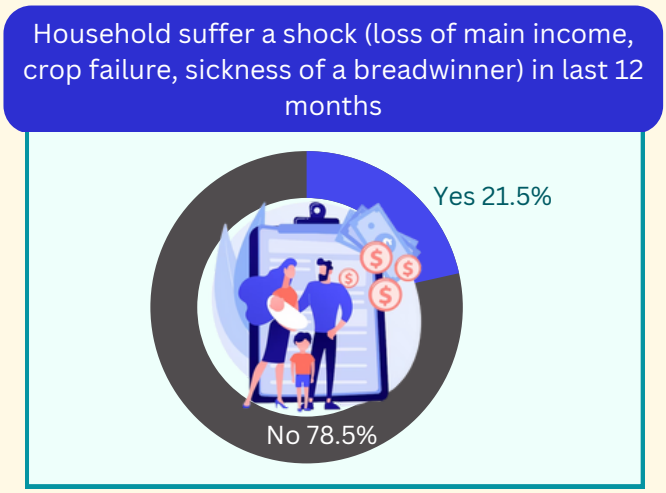


Outcome 4: Improved and established family income adequacy, security, and resilience

More than four-fifths of the respondents/women (84%) from the BSL APs were involved in deciding how to spend their income in the last three months. Contradictory to our finding, qualitative information showed lower access of women in HH decision making as one of the key informants mentioned,

> "In our community, women are prohibited from going outside the house. Meanwhile, letting women work outside the home seems very unusual for us. We are confined to this house, and in case we have to go out, we have to take permission from our guardian or take someone with us. All decisions of our household are taken by our guardians or husbands."- Female Parent, Mahottari

Overall more than one-fifth (22%) of the HHs suffered a shock such as the loss of the main income, crop failure, sickness of a breadwinner in the last 12 months. This proportion was almost two-third (64%) in the BSL area.



Three out of the five HHs (60%) in the BSL area who faced a disaster were able to employ an effective disaster-risk reduction/positive coping strategy. However, the overall TP value (22 APs) of this indicator was 69%. More than two-thirds of the HHs (70%) in the BSL area had the formal means to save money; the overall TP value of this indicator is 60% (all 22 APs). AP-wise analysis showed that the proportion of the HHs with the means to save money ranged from a highest of 88% in Udayapur East to the lowest of 24% in Bajhang West (Kedarsyun).

Other Additional Indicators:

Overall, more than three out of five HHs (62%) had alternative and risk diversified sources of income after losing their primary source of income due to the crisis/disaster. Overall only one-fourth of the parents/caregivers (25%) had access to sufficient credit. AP-wise analysis showed that the proportion of the parents/caregivers who had access to sufficient credit ranged from a highest of 56% in Sindhuli West to a lowest of 8% each in Mahottari E (Samsi) and Sarlahi (Haripurwa). More than half of the vulnerable HHs (53%) had received external economic support within the last three months. Only above one-tenth of the HHs (12%) had child participation at the family level. Muslim HHs seemed to less involve their children in decision-making at the family level (7%) than other caste groups (Brahmin/Chhetri and Dalit; 11% each Janajati/Adhibasi;15%).

Overall, more than three-fifths of the surveyed under five-year children (63%) were attended by a skilled birth attendant (SBA) during their birth. SBA attended delivery was highest among Brahmin/Chhetri (80%) and lowest among Muslim caste (48%). Skilled birth attendance during the birth of the U5 children was comparatively lower in the HHs who were ranked as poor (59%) compared to the non-poor HHs (66%). Similarly, only 50 percent of the surveyed mothers

(a half) had delivered their last child at the institution (hospital/health center/nursing home). Overall, more than two-fifths of the under-five children (43%) who suffered from diarrhea were effectively treated in the last two weeks. Similarly, nearly three-four of the under five year children (72%) who had pneumonia in the last two weeks were taken to the provider. An overwhelming majority of the under five children (87%) who were sick with a fever in the last two weeks were taken to the provider.

Conclusions

The status of nutrition and resilient livelihood of the HHs of 22 APs of 12 surveyed districts was assessed to gather the baseline information. Few indicators were found strong such as essential vaccine coverage among the under5 children was high, majority of the parents/caregivers had appropriate handwashing behavior, a higher proportion of the women had been involved in decisions on how to spend their income in the last three months, and the proportion U5 with pneumonia taken provider was also high. However, some of the indicators were not satisfactory. For instance, food insecurity was prevalent among more than half of the surveyed HHs. Similarly, still more than one-third HHs lacked sufficient diet diversity. Less than two-thirds of the HHs who suffered a disaster shock in the past 12 months could recover and bounce back to normal condition. Likewise, yet nearly two-fifths of the HHs lacked alternative and risk diversified sources of income after losing their primary source of income due to the crisis/disaster. Women's involvement in HH-level decision-making and child participation at the family level was unsatisfactory. Overall, exclusive breastfeeding practices of mothers of 6-23 months of children, consumption of a complete dose of 180 or more iron/folate tablets during pregnancy, and four or more antenatal visits for the last child were found substantially poor. Around half of the children were yet to receive minimum dietary diversity.

Most of the indicators which showed poor results were among HHs/mothers/caregivers who/which belonged to the vulnerable group (having vulnerable and most vulnerable children), fell under the poor category in MPI, those which belonged to disadvantaged caste/ethnic groups, specially Dalits and Muslims, and HHs/mothers whose main source of income was labor work (both skilled and unskilled). In terms of the education of the caregivers, most of the indicators were found to show poor results among the mothers who were lliterates and had basic education. Overall, in most of the indicators, the APs which fall in the Terai districts had poor indicators in terms of nutrition and resilient living.

Recommendations

- Following recommendations are drawn based on the findings of the study:
- · Certain target groups such as poor HHs, vulnerable HHs (having VC and MV children), disadvantaged castes/ethnic groups such as Dalit and Muslims, mothers who are illiterate or have only basic education, and HHs whose main source of income is labor (skilled/unskilled) showed poor results in almost all indicators. **Therefore, interventions should be focused among these target groups.**
- Economic status is the major determinant for almost all indicators to show better results. **Thus, income generation interventions in certain needy groups (such as HHs having Dalit and Muslim ethnicity and having the most vulnerable children) are required to eliminate/reduce poverty.**
- Dalit HHs, RC families, and poor HHs had fewer formal means to save money, and Muslim, MVC families and poor HHs had less access to sufficient credit. **Therefore, small & micro enterprises should be promoted, and finance interventions should be focused on saving money and increasing access to credit.**
- Minimum dietary diversity (diet having four or more food groups) was poor especially among U5 children of Rautahat East and West and Sindhuli East AP. **Therefore, special attention should be paid to these APs and among the following groups: younger children (6-23 months) groups, basic educated and illiterate groups, female-headed HHs, Dalit and Muslim caste categories, and poor HHs.**
- Female headed HHs, HHs belonging to Muslims caste/ethnicity, non-RC families, MVC families, unskilled labor HHs and poor HHs had less alternative and risk diversified sources of income than other reference groups. **Thus, alternative livelihood and income generation activities should be centered and focused for them.**
- Our findings showed that children from Muslim HHs and children whose family's major income source was foreign employment had less involvement at family level decision making. **Therefore, they should be prioritized to increase their decision-making participation at the family level through capacity building and GESI interventions.**

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