NEPAL: Helping families have healthy children

PROBLEM: Children under five years old in Nepal suffer from one of the highest rates of malnutrition and stunting in the world. Malnutrition doesn’t just hurt children’s physical development, it can slow cognitive development, leading to lifelong problems that make it hard for these children to stay healthy, succeed in school, and lead productive lives as adults.

INTERVENTION: Researchers from the World Bank’s Strategic Impact Evaluation Fund, working closely with the Government of Nepal, tested different approaches for improving nutrition for pregnant women and young children. The pilot program targeted the poorest communities in four of Nepal’s 75 districts: Rautahat, Ramechhap, Sindhuli and Sarlahi.

EVALUATION DESIGN: The evaluation was designed as a cluster randomized control trial. Local communities were randomly assigned to be in one of three groups. In the first group, specially trained local health workers explained appropriate nutrition and feeding for pregnant women and young children at the regular, monthly community meetings. This ran for nine months. In the second group, in addition to the informational meetings, families also received a cash transfer of about U.S. $7 for each pregnant woman and child up to the age of two. This amount represented about 25 percent of average household spending on food in these districts and ran for five months. The third group, the control group, received neither of these programs.

ELIGIBILITY: Pregnant women and mothers with children up to 2 years of age. In total, 2822 women and 2802 children took part in the community meetings; and about half also received the cash transfer.

MEASUREMENT: The research team gathered information on the weight and height for children up to the age of five, health status and cognitive development. They also measured maternal health indicators, food and nutritional intake, and parental time spent with children. Women were asked questions about healthy child development before the program started and then after it ended to test whether their knowledge improved.
Unlike many other childhood diseases, malnutrition is a silent killer: Symptoms are often not obvious until it is too late to reverse the negative consequences.

RESULTS: In communities where health workers spoke about nutrition and healthy child development, women’s knowledge improved. The biggest improvement was seen in communities where women also received the cash transfer. Children in these communities who were younger than two years old when the program started showed improvement in fine and gross motor skills.

TWO YEARS LATER: The research team went back into these communities in late 2016 to test whether improvements continued as the original group of children neared primary school age. The researchers found that in areas where women received cash and information, they were more likely to know about and be implementing appropriate health and nutrition practices. However, gains children showed previously had disappeared.

NEXT STEPS: Researchers are interested in looking at why improving mothers’ knowledge and behavior was not enough to lead to sustained child development gains.

The randomized control trial

Baseline Survey begins August 2013
Midline Survey begins August 2014
Endline Survey begins November 2014

January 2014
September 2014

Informational Intervention January 2014–September 2014
Cash transfers May 2014–September 2014

Community meeting discussions

• The importance of children eating nutritious foods
• The need for pregnant women to eat nutritious foods, take iron supplements and exclusively breastfeed newborns
• General messages on how to reduce malnutrition and why it matters

Nepal statistics on child development

• 46.7 percent of children under the age of 5 are stunted (a sign of chronic malnutrition)
• 15.1 are wasted (a sign of extreme malnutrition)
• 36.3 percent are underweight

Nepal Living Standard Survey 2010/11

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