Country overview

Malnutrition burden

Nepal is on course to meet the global target for under-five overweight, but is off course to meet the targets for all other indicators analysed with adequate data. There is insufficient target data to assess Nepal’s progress for female obesity.

Nepal experiences a malnutrition burden among its under-five population. As of 2016, the national prevalence of under-five overweight is 1.2%, which has decreased slightly from 2.1% in 2014. The national prevalence of under-five stunting is 36%, which is greater than the developing country average of 25%. Nepal’s under-five wasting prevalence of 9.6% is also greater than the developing country average of 8.9%.

In Nepal, 65.2% of infants under 6 months are exclusively breastfed. Nepal’s 2015 low birth weight prevalence of 21.8% has decreased from 27.2% in 2000.

Nepal’s adult population also face a malnutrition burden. 35.1% of women of reproductive age have anaemia, and 11.7% of adult men have diabetes, compared to 9.5% of women. Meanwhile, 5.4% of women and 2.7% of men have obesity.


Notes: Data on the adult indicators are based on modelled estimates.

Progress against global nutrition targets 2019

Under-five stunting
- Some progress

Low birthweight
- Some progress

Under-five wasting
- Some progress

Exclusive breastfeeding
- No progress or worsening

Under-five overweight
- On course

Adult female obesity
- No data

WRA anaemia
- Some progress

Adult male diabetes
- No progress or worsening


Notes: WRA = Women of a reproductive age; NA = not applicable. The methodologies for tracking differ between targets. Data on the adult indicators are based on modelled estimates.
**Child (under-five) nutrition status**

**Coexistence of wasting, stunting and overweight**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wasting only</td>
<td>13.2%</td>
</tr>
<tr>
<td>Stunting only</td>
<td>18.5%</td>
</tr>
<tr>
<td>Overweight only</td>
<td>11.4%</td>
</tr>
<tr>
<td>No wasting, stunting or overweight</td>
<td>6.5%</td>
</tr>
</tbody>
</table>


Notes: Percentage of children under-five years of age who experience different and overlapping forms of malnutrition.

**Low birth weight**

No data


---

**Prevalence of under-five stunting**

**Stunting at subnational level**

**Stunting at 5km level**


Notes: 5 km level map shows prevalence at the 5 x 5-km resolution. Prevalence is the 2017 estimated prevalence, based on a model using a range of surveys between 1998-2018. See source paper for full methods.
Child (under-five) nutrition status over time

Wasting by sex

![Wasting by sex chart](chart1)

Stunting by sex

![Stunting by sex chart](chart2)

Overweight by sex

![Overweight by sex chart](chart3)

Wasting by location

![Wasting by location chart](chart4)

Stunting by location

![Stunting by location chart](chart5)

Overweight by location

![Overweight by location chart](chart6)

Wasting by income

![Wasting by income chart](chart7)

Stunting by income

![Stunting by income chart](chart8)

Overweight by income

![Overweight by income chart](chart9)
Wasting by mother’s education

Stunting by mother’s education

Overweight by mother’s education

Wasting by age

Stunting by age

Overweight by age

Infant and young child feeding over time

Exclusive breastfeeding by sex

Continued breastfeeding at 1 year by sex

Minimum acceptable diet by sex

Intro. to solid, semi-solid, soft foods by sex

Exclusive breastfeeding by location

Continued breastfeeding at 1 year by location

Minimum acceptable diet by location

Intro. to solid, semi-solid, soft foods by location

Exclusive breastfeeding by income

Continued breastfeeding at 1 year by income

Minimum acceptable diet by income

Intro. to solid, semi-solid, soft foods by income
Exclusive breastfeeding by mother’s education

Continued breastfeeding at 1 year by mother’s education

Minimum acceptable diet by mother’s education

Intro. to solid, semi-solid, soft foods by mother’s education

Exclusive breastfeeding by age

Continued breastfeeding at 1 year by age

Minimum acceptable diet by age

Intro. to solid, semi-solid, soft foods by age


Infant and young child feeding

Wealth quintiles (%)

Urban/rural (%)

Child and adolescent (aged 5-19) nutrition status

Underweight by sex

Overweight by sex

Obesity by sex

Sources: NCD Risk Factor Collaboration.
Adult nutrition status

**Diabetes by sex**

Sources: NCD Risk Factor Collaboration.

**Overweight by sex**

**Obesity by sex**

Raised blood pressure by sex

Sources: NCD Risk Factor Collaboration.

**Anaemia in WRA**

Source: WHO Global Health Observatory.
Notes: WRA = women of reproductive age.

**Sodium intake (grams per day)**

Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation.
Dietary needs

Consumption of food groups and components, 2016

<table>
<thead>
<tr>
<th>Food Group</th>
<th>Midpoint of TMREL</th>
<th>0%–20% of TMREL</th>
<th>20%–60% of TMREL</th>
<th>60%–100% of TMREL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calcium</td>
<td>1.3g</td>
<td>13g</td>
<td>250g</td>
<td>1.3g</td>
</tr>
<tr>
<td>Fruit</td>
<td>250g</td>
<td>250g</td>
<td>60g</td>
<td>20g</td>
</tr>
<tr>
<td>Legumes</td>
<td>60g</td>
<td>60g</td>
<td>485g</td>
<td>20.5g</td>
</tr>
<tr>
<td>Milk</td>
<td>485g</td>
<td>485g</td>
<td>20.5g</td>
<td>0.3g</td>
</tr>
<tr>
<td>Polyunsaturated fat</td>
<td>11%</td>
<td>11%</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>Processed meat</td>
<td>2g</td>
<td>2g</td>
<td>22.5g</td>
<td>2g</td>
</tr>
<tr>
<td>Red meat</td>
<td>22.5g</td>
<td>22.5g</td>
<td>22.5g</td>
<td>22.5g</td>
</tr>
<tr>
<td>Saturated fat</td>
<td>22.5g</td>
<td>22.5g</td>
<td>22.5g</td>
<td>22.5g</td>
</tr>
<tr>
<td>Sodium</td>
<td>22.5g</td>
<td>22.5g</td>
<td>22.5g</td>
<td>22.5g</td>
</tr>
<tr>
<td>Sugar-sweetened beverages</td>
<td>22.5g</td>
<td>22.5g</td>
<td>22.5g</td>
<td>22.5g</td>
</tr>
<tr>
<td>Trans fat</td>
<td>22.5g</td>
<td>22.5g</td>
<td>22.5g</td>
<td>22.5g</td>
</tr>
<tr>
<td>Vegetables</td>
<td>360g</td>
<td>360g</td>
<td>360g</td>
<td>360g</td>
</tr>
<tr>
<td>Whole grain</td>
<td>360g</td>
<td>360g</td>
<td>360g</td>
<td>360g</td>
</tr>
</tbody>
</table>

Sources: Global Burden of Disease, the Institute for Health Metrics and Evaluation.
Notes: TMREL = theoretical minimum risk of exposure level. Men and women aged 25 and older.

Intervention coverage

<table>
<thead>
<tr>
<th>Coverage/practice indicator</th>
<th>Total (%)</th>
<th>Boy (%)</th>
<th>Girl (%)</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 0-59 months with diarrhoea who received zinc treatment</td>
<td>18</td>
<td>20</td>
<td>15</td>
<td>2016</td>
</tr>
<tr>
<td>Children 6-59 months who received vitamin A supplements in last 6 months</td>
<td>82</td>
<td>82</td>
<td>83</td>
<td>2016</td>
</tr>
<tr>
<td>Children 6-59 months given iron supplements in past 7 days</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>2016</td>
</tr>
<tr>
<td>Women with a live birth in the five years preceding the survey who received iron tablets or syrup during antenatal care</td>
<td>91</td>
<td>NA</td>
<td>NA</td>
<td>2016</td>
</tr>
<tr>
<td>Household consumption of any iodised salt</td>
<td>95</td>
<td>NA</td>
<td>NA</td>
<td>2016</td>
</tr>
</tbody>
</table>

Notes: NA = not applicable. Data is compiled using STATcompiler and taken from country Demographic and Health Surveys for 2005-2018.
Determinants

Undernourishment

Food supply

Gender-related determinants

Female secondary education enrolment (net, % population)

Drinking water coverage (% population)

Sanitation coverage (% population)

Sources:

Notes: *0 = low inequality, 1 = high inequality.
Resources, policies and targets

Development assistance

Sources: Development Initiatives based on OECD Development Assistance Committee (DAC) Creditor Reporting System (CRS).

Notes: ODA = official development assistance. Amounts based on gross ODA disbursements, constant 2017 prices. Figure includes ODA grants and loans, but excludes other official flows and private grants.

---

0 1 2
% of Total ODA

0 10 20 30 40
ODA, US$ millions

2008 2011 2014 2017

Basic nutrition ODA received
% of total ODA
### National policies

<table>
<thead>
<tr>
<th>Policy</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory legislation for salt iodisation</td>
<td>Yes</td>
</tr>
<tr>
<td>Sugar-sweetened beverage tax</td>
<td>No</td>
</tr>
<tr>
<td>Food-based dietary guidelines</td>
<td>Yes</td>
</tr>
<tr>
<td>Policy to reduce salt consumption</td>
<td>No</td>
</tr>
<tr>
<td>Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs</td>
<td>Yes</td>
</tr>
<tr>
<td>Operational, multisectoral national NCD policy, strategy or action plan</td>
<td>Yes</td>
</tr>
<tr>
<td>Operational policy, strategy or action plan for diabetes</td>
<td>Yes</td>
</tr>
<tr>
<td>Policy to reduce the impact on children of marketing of foods and beverages high in saturated fats, trans-fatty acids, free sugars or salt</td>
<td>No</td>
</tr>
<tr>
<td>Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats</td>
<td>No</td>
</tr>
</tbody>
</table>


Notes: NA = not applicable; NCD = non-communicable disease.
<table>
<thead>
<tr>
<th>Target</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stunting</td>
<td>Yes</td>
</tr>
<tr>
<td>Anaemia</td>
<td>Yes</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>Yes</td>
</tr>
<tr>
<td>Child overweight</td>
<td>Yes</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>Yes</td>
</tr>
<tr>
<td>Wasting</td>
<td>Yes</td>
</tr>
<tr>
<td>Salt intake</td>
<td>Yes</td>
</tr>
<tr>
<td>Overweight adults and adolescents</td>
<td>Yes</td>
</tr>
<tr>
<td>Multisectoral comprehensive nutrition plan</td>
<td>No</td>
</tr>
</tbody>
</table>

Economics and demography

Poverty rates (%) and GDP (PPP$)

Notes: PPP = purchasing power parity.

Under-five mortality (per 1,000 live births)

Source: UN Inter-agency Group for Child Mortality Estimation 2018.

Government revenues ($m)

Sources: IMF Article IV staff reports (country specific) and IMF World Economic Outlook Database (April 2019).

Income inequality

<table>
<thead>
<tr>
<th>Gini index score</th>
<th>Gini index rank</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>42</td>
<td>2010</td>
</tr>
</tbody>
</table>

Sources: World Bank 2019.
Notes: 1 Perfect equality, 100 = perfect inequality. 2 Countries are ranked from most equal (1) to most unequal (159).

Population

<table>
<thead>
<tr>
<th>Year</th>
<th>Population (thousands)</th>
<th>Under-five population (thousands)</th>
<th>Rural (%)</th>
<th>&gt;65 years (thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>28,088</td>
<td>2,708</td>
<td>80</td>
<td>1,654</td>
</tr>
</tbody>
</table>

Sources: World Bank 2019, UN Population Division Department of Economic and Social Affairs 2019.

Population density of health workers per 1,000 people

<table>
<thead>
<tr>
<th>Health worker</th>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>2014</td>
<td>0.6</td>
</tr>
<tr>
<td>Nurses and midwives</td>
<td>2014</td>
<td>2.04</td>
</tr>
<tr>
<td>Community health workers</td>
<td>2004</td>
<td>0.68</td>
</tr>
</tbody>
</table>

Sources: WHO’s Global Health Workforce Statistics, OECD, supplemented by country data.