

3. Nutrition situation in NMA countries

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A. Cross-country assessment

The situation of the food and nutrition situation varies among NMA countries. Available data show that Ethiopia and Nepal have more problems with food insecurity, ranking lower on food affordability, availability, quality and having higher percentage of undernutrition. Pakistan has a relative better food security situation, but the double burden of under and overweight. Peru has again a higher ranking of food security, and problems with overweight. Food security ranks are not available for Kyrgyzstan, but the nutrition statistics make the country comparable with Peru. Important: These country statistics don't reflect regional differences within each country, which can strongly differ from country averages!

NMA Countries	Food affordability (Rank)*	Food availability (Rank)*	Food quality & safety*	Vitamin A deficiency in pre-school children	Stunted children below 5 years old	Women with Anemia in reproductive age	Adult overweight
Ethiopia	86	88	97	46%	44%	19%	8%
Nepal	89	82	75	32%	41%	36%	9%
Pakistan	77	74	64	13%	45%	51%	24%
Peru	50	56	53	15%	18%	19%	48%
Kyrgyzstan	-	-	-	26%	18%	33%	47%

* lower number is more favorable

Sources: [Food Security Index](#) and [Global Nutrition Report](#)

The rise of obesity in all NMA countries and the persistent undernutrition places a great emphasis on the centrality of food systems and consumption habits as drivers for favorable nutrition outcomes. Yet, the design of sound food systems and efforts to change eating habits must respond to the different contexts. For instance, there are especially important differences in regard to the nutritional situation between rural and urban areas, but also between men, women and children within individual households. For many developing countries, the following is true – in general:

- People from urban areas with above average incomes tend to eat too much, and become obese. They often eat too much processed food (high in sugar, fat and calories) and too few fruits and vegetables.
- Self-subsistence farmers in rural areas tend to have too much staple food based diet (rice, maize, root crops) and consume therefore too little other foods that contain essential nutrients (animal products and fruit and vegetables). They often develop micro-nutrient deficiencies (e.g. anaemia) which are not always visible but reduce resistance to diseases. Most affected are pregnant and lactating women and small children.
- Small children (below 5 years) often do not get the right diet, e.g. they get too much watery foods (porridge, soup), which does not supply them adequately with calories and in regard to different micro nutrients. Consequently, they suffer from different types of malnutrition and their consequences (e.g. reduced brain and body development, reduced resistance to diseases).



Further information

- [IFPRI indicators for nutrition-friendly and sustainable food systems](#)
- [GFRAS, 2013, The Integration of Nutrition into Extension and Advisory Service](#)

B. Nepal

Over the last 15 years, Nepal has made significant progress in poverty reduction; poverty rates fell from 45% in 1995-96 to 25% in 2010-11. In spite of this, food and nutrition security remains a big challenges for the country. The Nepal Thematic Report on Food Security and Nutrition (2013) found that one in five households had an inadequate diet based on the Food Consumption Score, and one in four households were considered food poor. Wide disparities exist in health and nutrition indicators across different ecological zones, regions, and sub-regions. The same is true for urban versus rural areas and between the wealth quintiles. The mid and far west regions have chronic food deficits. The Government of Nepal has made a commitment to accelerate combating malnutrition through SUN (2011) and developed a Multi-Sector Nutrition Plan (MSNP 2013-17) with a shared understanding of many factors that impact nutrition and looking into both nutrition sensitive and specific approaches.

Further information

- [Nepal Demographic and Health Survey 2011](#)
- [Food composition table of Nepal 2012](#)
- [Nepal Thematic Report on Food Security and Nutrition 2013](#)
- [Nepal Agriculture Development Strategy 2015 – 2035](#)
- [Nepal Multi-Sector Nutrition Plan 2013 – 2017](#)
- [SPRING nutrition program in Nepal](#)
- [SUN overview page for Nepal](#)
- [SUN progress report for Nepal](#)

C. Kyrgyzstan

Kyrgyzstan is a mountainous country (93% of land mass are mountains) and roughly two-third of the population lives in rural areas and is dependent on agriculture. In August 2015, the country joined the EurAsian Economic Union (Russia, Belarus, Kazakhstan, Armenia), with the hope to improve market access also for agricultural produce. Yet, no real changes are visible, with farmers still facing difficulties in selling their produce, and being confronted with lacking market information and limited knowledge in regard to good agricultural practices. Thus, the income and nutritional status, including diversified diets, are remain a big challenge most remote areas of the country.

On January 21, 2013, the Government of the Kyrgyz Republic, by the Presidential Decree, approved the National Strategy of Sustainable Development and Governmental Plans for the period until 2017. These documents mention, in particular, the transition to a «green economy» as one of national priorities. The development of organic agriculture is of strategic importance to enhance food security among producers. The Federation “Bio-KG” got a chance to advocate for a Kyrgyz Organic National Action Plan at respective ministries. There is no policy in Kyrgyzstan specifically on Nutrition but the topic is often combined with food security and health issue. In 2015, the Kyrgyz Government approved the National Program on Food Security for a period of 2015 – 2017 that involves a separate component on nutrition.

Further information

- [Demographic and health survey of the Kyrgyz Republic](#)
- [SPRING nutrition program in Kyrgyzstan](#)
- [SUN overview page for Kyrgyzstan](#)
- [SUN progress report for Kyrgyzstan](#)

D. Pakistan

Pakistan, with an area of 800,000 square kilometers and a population of 180 million people is the most densely populated NMA focus country, with a poverty ratio of 21%. According to the National Nutrition Survey of 2010-11, over 40% of the women are either underweight, overweight/obese, anemic, iodine deficient or zinc deficient while 40.9% stunted of children under 5 years are, 30.3% are underweight; and 16.8% are wasted. Poor sanitation and hygiene practices and unavailability of safe and clean drinking water particularly in rural areas further exacerbate the nutritional status of women and children with increased morbidity and losses of nutrients from the human body.

In Pakistan, nutrition is considered to be a component of the health sector. Therefore, there is no specific department for this particular field and even within the health sector there is no recognized wing that takes explicitly care of integrated aspects of nutrition. Although the Health Departments do prioritize nutrition at the public level, yet there exists no nutrition policy at the government level. On the other hand, many international organizations work on nutrition in Pakistan. Many of these are initiatives to improve the nutritional situation of school children. In general, a major thrust in such initiatives is the rather narrow focus on quantity instead of quality. The latter is crucial to ensure a more balanced diet.

Further information

- [SUN overview page for Pakistan](#)
- [SUN progress report for Pakistan](#)

E. Ethiopia

Despite of progress in recent years to improve the poor nutritional situation within the country, malnutrition is still a predominant challenge in Ethiopia being considered to be a major health problem. The country currently has a consistent set of laws, policies and regulations geared towards ensuring food security (with focus on quantity, less on quality). Besides the country's National Health Policy and other related programs, nutrition is also in the center of attention in the government's second Growth and Transformation Plan, 2015-2020. Ethiopia also joined in 2010 the Scaling Up Nutrition (SUN) movement, which is coordinated by the Ministry of Health. The Ministry, through its Regional Bureaus, is implementing several nutrition related programs focusing mainly on women, babies, and younger children (up to 5 years old).



Further information

- [SPRING nutrition program in Ethiopia](#)
- [SUN overview page for Ethiopia](#)
- [SUN progress report for Ethiopia](#)

F. Peru

In Peru, a special ministry that takes care of social programs, MIDIS, which is also the SUN focal point at government level. With an annual budget of more than 1,100 millions USD for 2015, MIDIS carried out a wide range of social programs, where nutrition is an integral part. Although performance of these programs are generally good, the articulation to agricultural programs is to be reinforced.

All in all, FAO statistics estimate that 2.3 million Peruvians are undernourished. Especially the population in remote and isolated communities that benefit less of the social programs to provide micronutrients are in worse conditions. There is a deficit in calories and iron in the diet of children.



Further information

- [SUN overview page for Peru](#)
- [SUN progress report for Peru](#)