Application of Ottawa Charter to Poor Nutrition at the National Level in Nepal

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Ottawa Charter (1986) encompasses a holistic approach to health promotion. Principles of this charter are relevant in Nepalese context and hence adopted in its national plans and policies. This paper discusses activities implemented concerning nutrition in Nepal in line with principles of this charter; segregating them into its five areas of action (WHO, 1986).

1. Build healthy public policy: Nepal has focused on health promotion since inception of National Health Policy (1934). National nutrition plans and policies have been established and revised (WHO, 2008). National Plan of Action on Nutrition was implemented in 1998, and a national nutrition coordination committee formed (WHO, 2005). Infant and Young Child Feeding (IYCF) strategy was adopted in 2005. Interim plan of Nepal (IPoN) 2007-2010 concentrates on food security through increased public food distribution at cheaper prices, food coupons for regions with food insecurity, at least 100 days' employment in a year to families in such regions, promoting rights of farmers and achieving self-reliance in food production (Government of Nepal, 2007). However, implementation of these policies is weak and effective monitoring and evaluation mechanism is lacking (WHO, 2008).

2. Create supportive environments: Department of Food Technology and Quality Control is established under Ministry of Agriculture; which has various divisions: Food Quality Control Division, Food Technology Development and Training Division and Central Food Laboratory (Ministry of Agriculture, Nepal, 2011). IPoN emphasizes on increasing national food standard to meet international standards, improving food processing and preservation technology, research on food production according to geo-environmental situation, development of road transport, cold storage in remote areas, and increasing rural employment through agriculture, forestry, water resources, cottage industry and tourism (Government of Nepal, 2007). Sustainable Soil Management Programmes are implemented. Government subsidies are provided on transport of food materials to remote areas (Ministry of Agriculture, Nepal, 2011).

3. Strengthen community action: Nearly 50,000 Female Community Health Volunteers (FCHVs) are actively working for health promotion. They distribute vitamin A capsules, iron, deworming and zinc tablets, oral rehydration solutions, initiate behaviour change communication for changing dietary practice and participate in nutrition and breast feeding week activities. Advocacy for increased home production, consumption, and preservation of vitamin A rich foods at community level is ongoing (Government of Nepal, 2008). Government initiated Decentralized Action for Children and Women program in 1999 which focuses on strengthening community action and includes breast feeding promotion as part of community based growth monitoring (WHO, 2010).

Develop personal skills: FCHVs and community mobilizers are provided basic training on nutrition-Protein Energy Malnutrition and micronutrient deficiency; Community Based Integrated Management of Childhood Illness (CB-IMCI) and IYCF (Government of Nepal, 2008). They are trained again in nutrition under Multi Micronutrient Training and distribute multi micronutrient powders to community along with providing nutrition education. However, as volunteers, their level of motivation cannot be ascertained in long run; work efficiency of some is questionable since many are illiterate and elderly FCHVs cannot work actively and hence appropriate exit strategy needs to be developed (Shrestha and Mathema, 2010). Mass media campaigns are conducted on nutrition including home-made complementary foods, iodine preservation at household levels and kitchen gardening (Government of Nepal, 2008).

Reorient health services: Multi sectoral approach among various sectors is in place. Integration of activities such as Expanded Program on Immunization, CB-IMCI, maternal and family health into nutrition plans are carried out. IYCF counselling and CB-IMCI training are provided to all levels of health workers (Government of Nepal, 2008).

To conclude, there have been tremendous efforts on implementation aspects of Ottawa Charter in Nepal. However, monitoring and evaluation needs improvement (Latief D, 2006) and national nutrition surveillance system needs strengthening (WHO, 2010).

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