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A Review of Nutritional Rehabilitation Homes on Child Malnutrition Management and Household socio-economic Well-being in Nepal

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Abstract

Background

Childhood malnutrition remains a persistent public health challenge in Nepal, particularly among rural and marginalized populations. Nutritional Rehabilitation Homes (NRHs) and Outpatient Therapeutic Centers (OTCs) have been established to address severe and moderate acute malnutrition (SAM/MAM), yet questions persist regarding long-term sustainability of recovery.

Objective

This review comprehensively examines outcomes of nutritional rehabilitation for children in Nepal, focusing on clinical efficacy, socioeconomic determinants, and post-discharge well-being.

Methods

A narrative literature review was conducted using Google Scholar, Scopus, and Nepal Journals Online (NEPJOL). Twenty-one studies published between 2000 and 2026 were synthesized thematically.

Results
Clinical outcomes in Nepalese NRHs meet international standards, with mean weight gains of 4-7 g/kg/day and case fatality rates between 4-9%. However, a significant "sustainability gap" exists, with poor post-discharge follow-up and limited translation of facility-based gains into long-term recovery. Household socioeconomic status, maternal health literacy, and food security strongly influence outcomes. Emerging evidence supports integrated models combining nutritional treatment with psychosocial stimulation and community-based multisectoral interventions.

Conclusion
While nutritional rehabilitation programs in Nepal achieve short-term clinical success, long-term sustainability remains inadequate. Future interventions must address underlying household determinants and integrate nutrition-specific with nutrition-sensitive approaches. Research gaps include longitudinal follow-up studies, economic evaluations of integrated models, and implementation research within Nepal's federalized health system.

Keywords: child malnutrition, nutritional rehabilitation, severe acute malnutrition, Nepal, NRH, OTC, health and wealth

1. Introduction

The persistent challenge of childhood malnutrition in Nepal is due to the intersection of clinical, social, and economic factors. Despite significant management and reduction of nutritional deficiency over the past two decades, prevalence rates remain high particularly in rural and marginalized populations (Nepal et al., 2011). In response, the government, alongside international and non-governmental partners, has established a network of nutritional rehabilitation homes (NRHs) and outpatient therapeutic centers (OTCs) delivering specialized care for severe and moderate acute malnutrition (SAM/MAM). These facilities aim not only to restore health but also to link clinical recovery with long-term well-being through caregiver education (Paudel et al., 2020).

Assessing the success of nutritional rehabilitation requires moving beyond anthropometric outcomes to encompass broader determinants of child development. Nutritional status directly influences cognitive development, educational attainment, and future economic productivity (Moock et al., 1985). Within Nepal's agrarian context, household economic capacity to provide diverse diets alongside the human capital generated by healthy children constitutes a critical dimension of recovery (Kumar et al., 2018). Increasingly, sustainable gains depend on integrating clinical services with socioeconomic empowerment initiatives, including partnerships with women's rights organizations and private non-profits (Banskota et al., 2025; Shrivastav et al., 2025). Synthesizing evidence from 21 peer-reviewed studies and grey literature, this review adopts a thematic approach to examine nutritional rehabilitation outcomes across Nepal's diverse geographic regions, including the Terai, hill districts, and urban centers such as Kathmandu and Pokhara. Applying the UNICEF conceptual framework, it examines clinical frameworks and epidemiological determinants while emphasizing that true rehabilitation extends beyond discharge weight gain to encompass post-discharge thriving a function of maternal health literacy, household food expenditure, and healthcare accessibility (Kolsteren et al., 1997). The review also considers innovative care models, particularly those combining nutritional treatment with psychosocial stimulation to address children's holistic needs (Roch et al., 2023), while acknowledging emerging challenges such as the double burden of malnutrition in transitioning urban contexts (Hamann et al., 2023). By evaluating these multidimensional factors and identifying critical research gaps, this review

aims to inform future policy and programmatic interventions designed to enhance both the health and long-term economic potential of Nepal's children.

1.1 Objectives

General Objectives

The objective of this review is to comprehensively examine the outcomes of nutritional rehabilitation for children in Nepal, with a focus on clinical efficacy, socioeconomic determinants, and long-term well-being.

Specific Objectives

- To define and conceptualize key terms related to malnutrition and rehabilitation in the Nepalese context.
- To apply the UNICEF framework to analyze the immediate, underlying, and basic causes of malnutrition.
- To synthesize empirical evidence from Nepal and comparable global contexts on rehabilitation outcomes.
- To identify research gaps and propose a conceptual framework for evaluating post-discharge sustainability.

2. Conceptual Review

2.1 Malnutrition

Malnutrition is a multifaceted public health problem that encompasses deficiencies, excesses, or imbalances in a person's intake of energy and nutrients. According to the World Health Organization, undernutrition includes stunting, wasting, underweight, and micronutrient deficiencies (World Health Organization, 2024). While this biomedical definition emphasizes physiological outcomes, several scholars argue that malnutrition cannot be fully understood without considering its broader social determinants. In the Nepalese context, malnutrition is understood not only as a clinical deficiency of nutrients but as a complex sociological phenomenon crossing with poverty, geography, and cultural perceptions (Nepal, 2011). It displays in two primary acute forms, Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM), which are the targets of specialized rehabilitation efforts. However, focusing exclusively on clinical classifications may overlook the structural conditions that contribute to malnutrition in the first place. These conditions significantly increase the risk of infection, impaired growth, and mortality among children under five years of age. Malnutrition is both a consequence and a driver of socioeconomic disparities, creating an intergenerational cycle of poor health and poverty.

2.2 Nutritional Rehabilitation Homes (NRHs)

These are residential, facility-based units, often attached to major hospitals such as the Pokhara Academy of Health Sciences, where children with medical complications from SAM receive intensive therapeutic feeding and medical monitoring (Paudel et al., 2020; Rauniyar et al., 2023). The rehabilitation process generally includes therapeutic feeding with energy-dense diets such as F-75 and F-100 formulations, management of infections and metabolic complications, and continuous anthropometric monitoring. The NRH model addresses immediate physiological needs while simultaneously providing caregivers with practical training in food preparation and hygiene, aiming to link clinical recovery and long-term home-based care. However, several studies have noted that facility-based rehabilitation programs primarily address the immediate physiological consequences of malnutrition, while the underlying socioeconomic determinants of malnutrition often remain unresolved. In addition, prolonged inpatient treatment may carry out indirect economic burdens on families, as

caregivers are required to remain in the facility for extended periods. Although NRHs incorporate caregiver education on nutrition, hygiene, and food preparation, the extent to which this training translates into sustained improvements in home-based feeding practices remains insufficiently documented.

2.3 Outpatient Therapeutic Centers (OTCs)

In contrast to NRHs, OTCs provide a decentralized, community-based model for treating children with SAM who do not have medical complications. They rely on the distribution of Ready-to-Use Therapeutic Foods (RUTF) and regular monitoring by health workers and Female Community Health Volunteers (FCHVs), making them crucial for reaching populations in remote areas (Dirghayu et al., 2024; Dirghayu et al., 2023). While UNICEF and the WHO advocate for community-based management to expand treatment access in remote areas, its success is contingent on several factors. Evidence shows that recovery rates can match facility-based care, provided protocols are strictly followed. However, effectiveness is often hampered by caregiver compliance, supply chain gaps, and overburdened health workers. Ultimately, while these programs significantly improve reach, they require robust logistics and sustained support to be truly successful.

2.4 Health and Wealth

This concept refers to the multidimensional nature of well-being in Nepal. "Health" includes anthropometric measurements (weight gain, MUAC) and clinical stability. "Wealth" includes both the household's economic capacity to provide diverse diets and the long-term human capital (cognitive development, educational attainment, economic productivity) generated by healthy children (Moock et al., 1985). Recent research in low- and middle-income countries reinforces the link between child nutrition and long-term gains in academic performance and labor productivity (Kumar et al., 2018). However, scholars note that these benefits are often mediated by socioeconomic status, education quality, and market opportunities. Ultimately, while nutrition is a cornerstone of human capital, its full economic potential is realized only when paired with supportive social and institutional environments.

3. Theoretical Review / Theoretical Framework

The UNICEF framework categorizes the causes of malnutrition into three levels which is listed below. This framework is widely applied in nutrition research and policy because it recognizes that malnutrition results from complex interactions between biological, social, and economic factors.

3.1 Immediate Causes

Immediate causes refer to factors directly affecting the nutritional status of a child, primarily inadequate dietary intake and disease. This is addressed by the clinical work of NRHs and OTCs through therapeutic feeding and medical treatment of comorbidities (Solanki et al., 2019; Rauniyar et al., 2023). Although stabilization programs work, they often miss the structural drivers of malnutrition. The UNICEF framework therefore emphasizes combining clinical care with public health strategies to achieve lasting nutritional outcomes.

3.2 Underlying Causes

Household food insecurity, inadequate care practices for mothers and children, unhealthy household environment, and lack of health services. This is reflected in the literature's focus on maternal health literacy, household food expenditure, and access to sanitation (Kumar et al., 2018; Dirghayu et al., 2023; Osguei et al., 2018). In Nepal, studies have demonstrated that maternal health literacy, access to safe drinking water, sanitation

facilities, and food diversity are strongly associated with child nutritional outcomes. Therefore, effective nutritional rehabilitation requires interventions that extend beyond clinical treatment and address household-level determinants of health. The impact of nutritional interventions is context-dependent, often mediated by income, geography, and cultural practices. Clinical treatment alone may have limited long-term success if underlying household determinants are ignored. Therefore, rehabilitation programs must be integrated with broader community efforts to improve maternal knowledge, food security, and sanitation.

3.3 Basic Causes

Structural factors such as poverty, lack of women's empowerment, and the political and ideological context. This aligns with the discussion of rights-based approaches, women's groups, and socioeconomic disparities across ecological zones (Shrivastav et al., 2025; Acharya et al., 2018).

By applying the UNICEF framework, this study conceptualizes nutritional rehabilitation as an intervention that primarily addresses the immediate causes of malnutrition while simultaneously interacting with underlying and structural determinants that influence long-term recovery.

4. Methodology

This literature review was conducted to examine the outcomes of nutritional rehabilitation for children in Nepal. The review followed a narrative approach, synthesizing evidence from peer-reviewed studies, government reports, and grey literature published between 2000 and 2026.

A systematic search of electronic databases was conducted, including Google Scholar, Scopus, and the Nepal Journals Online (NEPJOL) database. The search utilized combinations of keywords such as: "Nepal," "child malnutrition," "severe acute malnutrition (SAM)," "nutritional rehabilitation home (NRH)," "therapeutic feeding," "RUTF," and "child development."

Inclusion Criteria: Studies were included if they: (a) were conducted in Nepal, (b) focused on children under 18 years (with priority given to under-5 populations), (c) addressed nutritional rehabilitation, its determinants, or its outcomes, and (d) were published in English. Both quantitative and qualitative studies were considered.

Screening and Synthesis: An initial search yielded approximately 48 records. After removing duplicates, titles and abstracts were screened for relevance. Full-text articles were then assessed, resulting in a final selection of 21 studies. Key data including author, year, setting, population, and main findings were extracted and organized thematically. The findings were synthesized using a thematic approach, grouping studies into categories such as clinical frameworks, epidemiological determinants, and socioeconomic correlates to identify patterns, debates, and research gaps in the existing literature.

5. Empirical Review

5.1 World Context

Globally, the management of acute malnutrition has evolved around standardized protocols. The World Health Organization (WHO) guidelines, involving F-75 and F-100 milk-based diets for stabilization and Ready-to-Use Therapeutic Foods (RUTF) for rehabilitation, are considered the gold standard for achieving rapid weight gain in SAM cases (Solanki et al., 2023). These protocols are designed to provide a precise balance of macronutrients and micronutrients required for catch-up growth.

However, the international literature also highlights challenges with this model. The reliance on imported RUTF is frequently cited as a problem due to high costs and supply chain

vulnerabilities, particularly in low-income countries. This has led to global interest in the development and use of Indigenously Prepared Therapeutic Foods (IPTF) made from locally available ingredients, which offer advantages in terms of cultural acceptability, lower cost, and sustainability (Joshi et al., 2020).

Furthermore, a growing body of international research emphasizes the importance of holistic care. Studies have demonstrated that malnutrition severely impairs cognitive and motor development, leading to long-term deficits. Consequently, there is a global shift toward integrating psychosocial stimulation and Early Childhood Development (ECD) interventions with nutritional treatment to address the holistic needs of the child and improve long-term developmental outcomes (Roch et al., 2023).

5.2 Nepal Related Empirical Studies

Research from Nepalese NRHs confirms the effectiveness of international protocols in the local context. A retrospective study at the Pokhara Academy of Health Sciences found a mean weight gain of 4.7 g/kg/day among children with SAM, meeting international targets, with a statistically significant difference between weight at admission and discharge (Paudel et al., 2020). Similarly, in Madhesh Province, the mean weight increment was 1.14 kg over an average stay of approximately 20 days (Rauniyar et al., 2023). Studies have also validated the use of IPTF in Nepal; research at the Rapti Subregional Hospital demonstrated that locally made foods from maize, soya, and ghee are highly effective in promoting weight gain and recovery in children with both SAM and MAM (Joshi et al., 2020). Across Nepalese NRH studies, average weight gain ranges between 4–6 g/kg/day, meeting international standards but falling below the optimal recovery target suggested by WHO guidelines. Case fatality rates in Nepalese rehabilitation projects, reported between 4% and 9%, are within acceptable international standards (Kolsteren et al., 1997).

Despite high clinical success rates, Nepalese studies reveal a critical "sustainability gap." One study found that only one percent of discharged children returned for a follow-up visit after the first two weeks (Kolsteren et al., 1997). This poor follow-up is often rooted in a disconnect between the clinical paradigm of malnutrition and traditional community beliefs. In many communities, chronic malnutrition (stunting) is viewed as a "normal" state, and symptoms may be attributed to supernatural causes, leading families to consult traditional healers first (Kolsteren et al., 1997). Maternal education and health literacy are powerful predictors of follow-up and nutritional status, as educated mothers are more likely to understand links between diet and health (Osguei et al., 2018). However, much of the available evidence on follow-up behavior is derived from relatively small or older studies, indicating a need for more recent and longitudinal research examining the long-term sustainability of nutritional rehabilitation programs in Nepal.

Recent Nepalese studies have explored innovative models to address these barriers. The FUSAM trial investigated the integration of ECD sessions with standard nutritional treatment, finding that combined approaches can significantly enhance both nutritional and developmental outcomes (Roch et al., 2023). Qualitative research in districts like Dhanusha shows that caregivers and health workers have positive attitudes toward combining stimulation with health services, though barriers like increased workload for FCHVs and lack of training remain (Dulal et al., 2022). Large-scale programs like "Suaahara" have demonstrated the effectiveness of community-based, multisectoral interventions, showing significant improvements in antenatal care visits and children's weight-for-height Z-scores (Joshi et al., 2024). The Multi-Sector Nutritional Plan (MSNP) represents a national-level commitment to integrating nutrition-specific and nutrition-sensitive interventions across agriculture, education, and WASH sectors (Jalaludin et al., 2025).

Epidemiological studies in Nepal have identified key predictors of malnutrition. The prevalence of SAM in Lumbini Province was found to be approximately 34.9% (Dirghayu et al., 2024; Dirghayu et al., 2023). Children aged 6-23 months are at highest risk, and factors such as mother's age at childbirth, household income, parental education, and ethnicity play major roles, with children from Madhesi/Terai backgrounds and rural areas overrepresented (Dirghayu et al., 2024; Osguei et al., 2018). The relationship between household wealth and nutritional status varies across ecological zones; while wealth generally correlates with better outcomes, the "double burden" of malnutrition (coexistence of undernutrition and overweight) is emerging in semi-urban areas (Hamann et al., 2023). Research in the Terai has shown a positive association between nutritional status and school enrollment and grade attainment, confirming the link between child health and long-term human capital (Moock et al., 1985).

Studies on healthcare utilization highlight the financial burden on families. Out-of-pocket (OOP) expenditures, particularly at private facilities, remain a major barrier (Acharya et al., 2019. The indirect costs of seeking care, such as lost wages and travel expenses for a mother staying with her child in an NRH for weeks, can be significant. Innovative private-nonprofit partnerships, such as the one between HRDC and B&B Hospital, have shown potential for reducing treatment costs by over 60% while providing comprehensive care for children with complex needs (Banskota et al., 2025).

6. Research Gap

The existing body of literature provides robust evidence for the clinical efficacy of nutritional rehabilitation models (NRHs and OTCs) in Nepal and clearly identifies the socioeconomic and cultural determinants of malnutrition. However, several critical gaps remain.

6.1 Long-Term Follow-up Data

While studies document high recovery rates at discharge, there is a scarcity of longitudinal research tracking children 6-12 months post-discharge. The literature confirms low follow-up rates (Kolsteren et al., 1997), but few studies have qualitatively investigated the specific decision-making processes of caregivers who default on care, or the long-term anthropometric and cognitive status of children who do not return.

6.2 Effectiveness of Integrated Models at Scale

The FUSAM trial (Roch et al., 2023) and "Suaahara" program (Joshi et al., 2024) show promise for integrated nutrition and ECD interventions, but research on the scalability and sustainability of these models within Nepal's federalized health system is limited. Questions remain regarding how to effectively train and support FCHVs to deliver psychosocial stimulation without overburdening them (Dulal et al., 2022).

6.3 Economic Evaluations of Combined Treatments

There is a lack of robust economic evaluations that capture the full range of long-term benefits (cognitive development, educational attainment, future earnings) of integrated nutritional and psychosocial interventions. Traditional metrics like cost per DALY averted may not fully account for these gains, creating a "data gap" that hinders policy advocacy for holistic programs (Roch et al., 2023).

6.4 The "Double Burden" of Malnutrition

Research on the emerging phenomenon of the "double burden" (coexisting undernutrition and overweight/obesity) in Nepal's semi-urban areas is still nascent (Hamann et al., 2023). Although nutritional rehabilitation programs are designed to address acute

undernutrition, rapid catch-up growth combined with changing dietary environments in semi-urban areas may contribute to the emerging double burden of malnutrition. However, limited research has examined whether children recovering from severe wasting are later at increased risk of overweight or poor diet quality. Future studies are needed to explore how rehabilitation programs and nutrition policy should adapt to address this complexity.

6.5 Implementation Research in Federalized Context

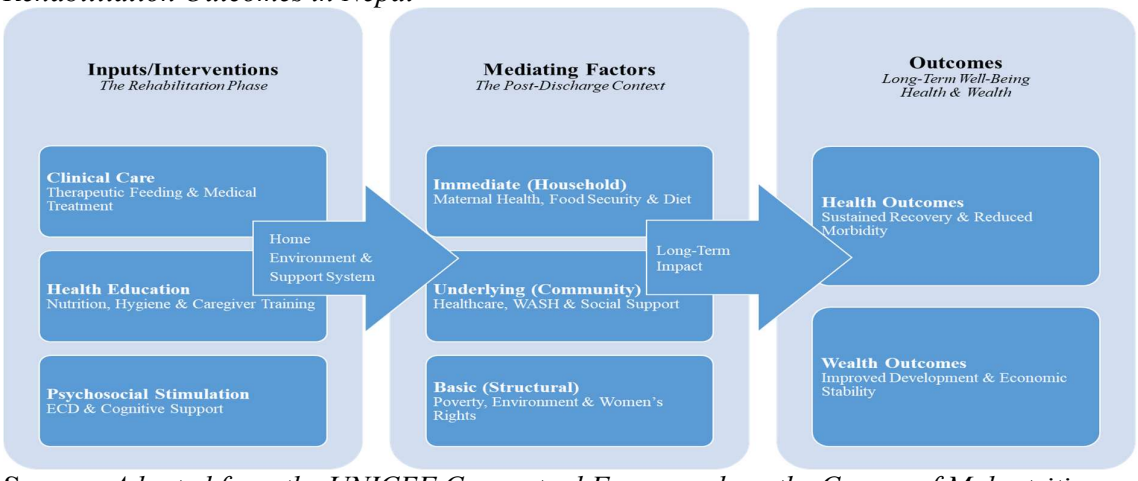
With Nepal's transition to federalism, the role of local governments in managing and funding NRHs and OTCs has become critical. There is a need for implementation research examining how different municipalities are adopting and adapting national protocols, and what factors contribute to successful local management (Dulal et al., 2022).

Together, these gaps highlight the need for more comprehensive evaluations of nutritional rehabilitation outcomes that extend beyond short-term clinical recovery. In particular, limited evidence exists on the sustainability of nutritional improvements after discharge from NRHs and the household-level factors that influence long-term recovery. Therefore, this study aims to evaluate changes in the nutritional status of children admitted to Nutritional Rehabilitation Homes in Nepal and examine the socio-demographic and behavioral factors associated with post-discharge sustainability.

7. Conceptual Framework

Based on the literature reviewed, a conceptual framework was developed to examine the determinants of nutritional rehabilitation outcomes in Nepal. The framework assumes that program inputs such as therapeutic feeding, medical treatment, and caregiver nutrition education provided through Nutritional Rehabilitation Homes lead to short-term clinical recovery, measured through improvements in anthropometric indicators during admission. However, the sustainability of these improvements after discharge is influenced by several mediating factors, including household socioeconomic status, caregiver knowledge, feeding practices, food security, and access to community health support. These mediating factors determine whether children maintain nutritional recovery or experience relapse. Over the long term, sustained recovery contributes to improved child growth, development, and household resilience, creating a positive feedback loop in which healthier children are more likely to achieve better educational and economic outcomes.

Figure 1: *Pathways to Health and Wealth: A Conceptual Framework for Nutritional Rehabilitation Outcomes in Nepal*



Source: *Adapted from the UNICEF Conceptual Framework on the Causes of Malnutrition (UNICEF, 2020).*

8. Conclusion

In summary, the reviewed literature demonstrates that nutritional rehabilitation programs in Nepal, including NRHs and OTCs, are generally effective in achieving short-term clinical recovery among children with acute malnutrition. Evidence also highlights the importance of household, socioeconomic, and cultural factors in shaping post-discharge outcomes. Nevertheless, gaps remain in long-term follow-up, the scalability and sustainability of integrated models, economic evaluation of combined interventions, and the emerging double burden of malnutrition. These gaps underscore the need for research that evaluates both clinical and socio-contextual determinants of sustained nutritional recovery.

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