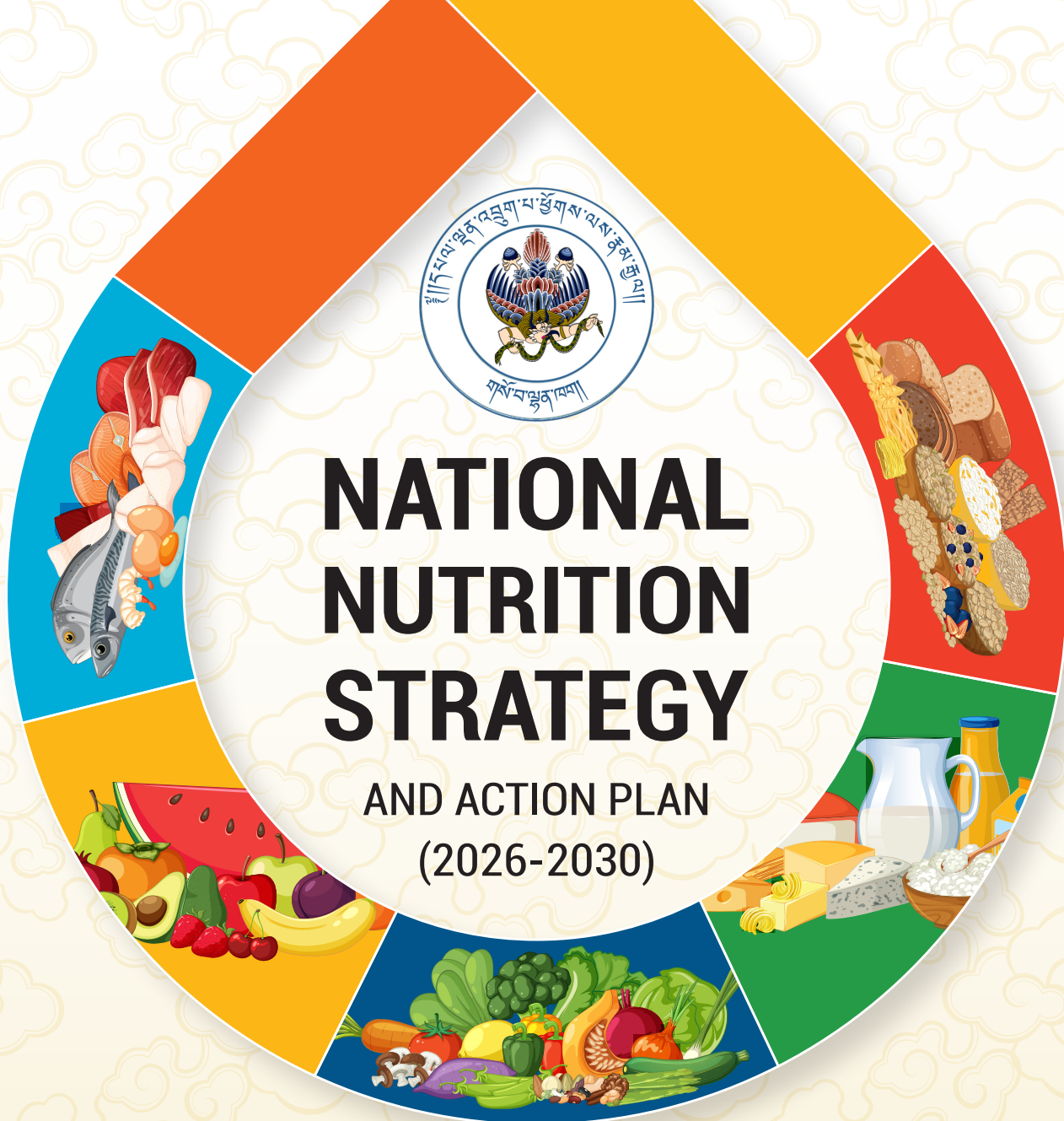




NATIONAL NUTRITION STRATEGY

AND ACTION PLAN
(2026-2030)



NUTRITION PROGRAM
DEPARTMENT OF PUBLIC HEALTH
MINISTRY OF HEALTH
ROYAL GOVERNMENT OF BHUTAN

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MINISTRY OF HEALTH
ROYAL GOVERNMENT OF BHUTAN





“As a country, we must continue to focus on the
pursuit of higher standards. Whatever we do,
we have to strive for excellence.

As I always say, good is not good enough.”

- His Majesty's address at the 11th Royal University of Bhutan Convocation,
8th June 2016.



TABLE OF CONTENTS

List of Abbreviations	i
Foreword	v
Executive Summary	vii
CHAPTER 1	1
National Context and Rationale	1
CHAPTER 2:	5
Situational Analysis	5
Undernutrition	6
Micronutrient Deficiencies	7
Overweight and obesity	10
Determinants of Malnutrition	13
Conceptual Framework for understanding the drivers of malnutrition	13
Immediate Determinants:	14
Underlying Determinants	17
Enabling Determinants	20
CHAPTER 3	25
Achievements and Challenges of the NNSAP 2021-2025	25
Achievements	26
Challenges	28
CHAPTER 4	31
Purpose of NNSAP 2026 – 2030 and development process	31
Purpose of the NNSAP 2026-2030	32
Development process of the NNSAP 2026-2030	32
CHAPTER 5	35
Vision, Mission and Guiding Principles	35
Cross Cutting Principles	40
CHAPTER 6	43
Alignment with National Policies and Global Strategic Framework	43
National Policy Alignment	44
Thirteenth Five Year Plan (2024–2029)	44
The Health Sector’s “Healthy Drukyl” Thirteenth Five Year Plan (2024–2029)	45
National Health Policy	46

International Commitments	47
CHAPTER 7	49
Strategic areas and implementation	49
Strategic Priority 1: Improve maternal, infant and young child nutrition [MIYCN]	50
Strategic Priority 2: Improve the nutritional status of school aged children and adolescents.	52
Strategic Priority 3: Promote healthy food environment and diversified diets	53
Strategic Priority 4: Strengthen food systems for nutrition security, water, sanitation and hygiene (WASH)	55
Strategic Priority 5: Strengthen clinical nutrition and dietetics	56
Strategic Priority 6: Nutrition during emergencies	57
Strategic Priority 7: Strengthen governance and partnership in support of nutrition	58
Strategic Priority 8: Monitoring, evaluation and research on nutrition situation and related interventions	59
Implementation	60
Key implementing ministries and agencies	60
Capacity Building	61
CHAPTER 8	63
Monitoring, Evaluation, and Learning (MEL)	63
Purpose	64
MEL Objectives	64
Key Indicators	64
Review and Learning Processes	66
Learning and Adaptation	66
CHAPTER 9	69
Costing and Financing	69
Indicative Budget by Strategic Priority	70
Sources of Financing	71
CHAPTER 10	73
Action Plans	73
References	93
List of contributors	95

LIST OF ABBREVIATIONS

AICU	Adult Intensive Care Unit
AMCHP	Accelerating Maternal and Child Health Program
RRCO	Regional Revenue & Customs Office
ANC	Antenatal Care
BFDA	Bhutan Food and Drug Authority
BIA	Bioelectrical Impedance Analyzer
BICMA	Bhutan InfoComm and Media Authority
BLDC	Bhutan Livestock Development Corporation
BMS	Breast Milk Substitute
BNF	Bhutan Nuns Foundation
BQPCA	Bhutan Qualifications and Professionals Certification Authority
BSB	Bhutan Standards Bureau
C4CD	Care for Child Development
CBF	Competency Based Framework
CCAA	Competition & Consumer Affairs Authority
CNR	College of Natural Resources
CoEN	Centre of Excellence for Nutrition
CSOs	Civil Society Organizations
DAMC	Department of Agricultural Marketing & Co-operatives
DHIS	District Health Information System
DoA	Department of Agriculture
DoL	Department of Livestock
DoPH	Department of Public Health
DRC	Department of Revenue and Customs
ECCD	Early Childhood Care and Development
EENC	Early Essential Newborn Care
EHP	Environmental Health Program
ePIS	electronic Patient Information System
FAO	Food and Agriculture Organization
FBDG	Food Based Dietary Guidelines
FCBL	Food Corporation of Bhutan Limited
FCS	Food Consumption Scores
GNH	Gross National Happiness

HFSS	High in Fat, Sugar, Salt
HMIS	Health Management & Information System
HPRCD	Health Promotion and Risk Communication Division
IFA	Iron Folic Acid
IMNCI	Integrated Management of Neonatal and Childhood Illness
JDWNRH	Jigme Dorji Wangchuck National Referral Hospital
KGUMSB	Khesar Gyalpo University Medical Sciences of Bhutan
KMC	Kangaroo Mother Care
LG	Local Government
LSRDP	Lifestyle Related Disease Program
MIYCN	Maternal, Infant, and Young Child Nutrition
MMS	Multiple Micronutrient Supplements
MNPs	Micronutrient Powders
MNT	Medical Nutrition Therapy
MoAL	Ministry of Agriculture and Livestock
MoESD	Ministry of Education and Skills Development
MoF	Ministry of Finance
MoICE	Ministry of Industry, Commerce and Employment
MoIT	Ministry of Infrastructure and Transport
MSTF	Multi Sectoral Task Force-Community Based Support System
CBSS	
NCD	Non Communicable Diseases
NCDD	Non Communicable Disease Division
NHS	National Health Survey
NICU	Neonatal Intensive Care Unit
NNSAP	National Nutrition Strategy and Action Plan
NMS	National Medical Service
NNTF	National Nutrition Task Force
NSB	National Statistics Bureau
OAG	Office of Attorney General
PHC	Primary Health Center
PLW	Pregnant and Lactating Women
RCDC	Royal Centre for Disease Control
RCSC	Royal Civil Service Commission

RGoB	Royal Government of Bhutan
RMNHP	Reproductive maternal neonatal health program
SAARC	South Asian Association for Regional Cooperation
SAP	School Agriculture Program
SAEP	School Agriculture and Environment Program
SBCC	Social and Behavior Change Communication
SDG	Sustainable Development Goal
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WaSIS	Water and Sanitation Information System
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization



KIRK
HUMANITARIAN

UNIMMAP

**Multiple
Micronutrient
Supplement for
Pregnant Women**

**WHO/UNICEF
Formulation**

180 Tablets / Made in USA

Supp
Serving Size
Amount Per
Vitamin A (10,000 IU)
Vitamin C (1,000 mg)
Vitamin D (10,000 IU)
Vitamin E (100 IU)
Vitamin K (100 mg)
Vitamin B1 (10 mg)
Vitamin B2 (10 mg)
Vitamin B3 (10 mg)
Vitamin B5 (10 mg)
Vitamin B6 (10 mg)
Vitamin B12 (100 mcg)
Folate (10 mg)
Vitamin H (10 mg)
Iron (100 mg)
Iodine (100 mcg)
Zinc (10 mg)
Selenium (100 mcg)
Copper (100 mcg)
*Daily values are based on the following:



དཔལ་ལྷན་འབྲུག་གཞུང་།
གསོ་བ་ལྷན་ཁག ཐིམ་ཕུ།

**Royal Government of Bhutan
Ministry of Health, Thimphu**

"A Nation with the Best Health"



སློན་པོ། MINISTER

FOREWORD

Nutrition is fundamental to the health, well-being and development of our people and is central to building a healthy, productive and resilient nation. Bhutan has made important progress in improving nutrition, including reductions in childhood stunting, improvements in breastfeeding practices, strengthened school feeding programs and expansion of micronutrient interventions. These achievements demonstrate what can be accomplished through sustained commitment, strong partnerships and coordinated action across sectors.

However, significant challenges remain, with undernutrition and micronutrient deficiencies persisting alongside rising overweight, obesity and diet-related non-communicable diseases. Limited dietary diversity and changing food environments, call for renewed and sustained action.

The National Nutrition Strategy and Action Plan 2026–2030 provides a renewed framework to accelerate progress and address the multiple and interconnected determinants of malnutrition. Building on the achievements and lessons of the 2021–2025 strategy, it adopts a multi-sectoral and life-course approach, recognizing that improving nutrition is a shared responsibility across health, education, agriculture, food systems, local governments, the private sector, civil society and communities.

The Royal Government remains committed to creating an enabling policy environment, mobilizing resources and strengthening coordination and accountability to advance the national nutrition agenda. Together, we can accelerate progress towards a healthier, more resilient population and contribute to the broader development aspirations of Bhutan.

Lyonpo Tandin Wangchuk
Minister for Health
Royal Government of Bhutan



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EXECUTIVE SUMMARY

Introduction

Malnutrition remains a major public health and development challenge in Bhutan, with the country facing a triple burden of undernutrition, micronutrient deficiencies, and rising overweight and obesity. While Bhutan has made notable progress over the past decade, malnutrition continues to affect children, adolescents, women, and adults, undermining health, cognitive development, productivity, and national development goals. Rapid urbanization, changing food environments, and increasing consumption of ultra-processed foods are further accelerating nutrition-related challenges.

Bhutan has achieved important gains through previous nutrition strategies and programs. Between 2010 and 2023, stunting among children under five declined significantly from 33.5% to 17.9%, while exclusive breastfeeding rates increased from 51.4% in 2015 to 69.4% in 2023. The country also strengthened school feeding programs, introduced rice fortification in schools, expanded micronutrient supplementation, and launched Multiple Micronutrient Supplements (MMS) for pregnant and lactating women.

Despite these achievements, important challenges remain. Anemia continues to affect a large proportion of children, adolescent girls, and women of reproductive age, while wasting among children has remained stagnant. At the same time, overweight, obesity, and diet-related non-communicable diseases are increasing steadily. Geographic barriers, food insecurity, limited dietary diversity, climate-related vulnerabilities, shortages of trained nutrition professionals, and weak multi-sectoral coordination continue to hinder progress.

The National Nutrition Strategy and Action Plan 2026–2030 builds on the lessons and achievements of the previous National Nutrition Strategy and Action Plan (NNSAP) 2021–2025. Guided by the philosophy of Gross National Happiness (GNH), the strategy adopts a multi-sectoral and life-course approach to address the immediate and underlying determinants of malnutrition. It focuses on strengthening nutrition services, promoting diversified and healthy diets, improving food systems, enhancing governance and coordination, and strengthening nutrition monitoring and research to achieve sustainable improvements in nutrition outcomes for all Bhutanese.

Strategic Objectives

The National Nutrition Strategy and Action Plan 2026–2030 will guide Bhutan's national response to malnutrition through integrated nutrition-specific and nutrition-sensitive interventions. The strategy seeks to:

- Improve maternal, infant, and young child nutrition (MIYCN).
- Improve the nutritional status of school-aged children and adolescents.
- Promote healthy food environments and diversified diets.
- Strengthen food systems, water, sanitation, and hygiene (WASH) for nutrition security.
- Strengthen clinical nutrition and dietetic services.
- Improve nutrition preparedness and response during emergencies.
- Strengthen governance, partnerships, and multi-sectoral coordination for nutrition.
- Enhance nutrition monitoring, evaluation, research, and evidence generation.

Key Interventions

The National Nutrition Strategy and Action Plan 2026–2030 proposes a broad range of coordinated interventions across sectors to address the immediate, underlying, and enabling determinants of malnutrition. Key interventions include:

- Strengthening maternal and child nutrition services, including promotion of exclusive breastfeeding, improved complementary feeding, growth monitoring, and micronutrient supplementation.
- Strengthening Multiple Micronutrient Supplements (MMS) for pregnant and lactating women and strengthening home fortification programs for children.
- Scaling up fortified rice and nutritious school feeding programs in schools and institutions.
- Promoting healthy diets and behavior change communication to reduce excessive consumption of salt, sugar, and ultra-processed foods.
- Strengthening food systems through improved local food production, market access, food affordability, and support to smallholder agriculture.

- Improving WASH services to reduce infection-related malnutrition.
- Enhancing clinical nutrition and dietetic services in health facilities.
- Establishing stronger nutrition governance, multi-sectoral coordination mechanisms, and accountability systems.
- Integrating nutrition indicators into national information systems and strengthening nutrition surveillance, research, and evidence-based policymaking.
- Strengthening nutrition preparedness and response during emergencies and climate-related disasters.

Expected Outcomes

The strategy aims to achieve measurable improvements in nutrition outcomes across vulnerable population groups. Expected outcomes include:

- Increase exclusive breastfeeding rates among infants aged 0-5 months from 69.4% to 90%.
- Reduce stunting among children under five from 17.9% to 15%.
- Reduce wasting among children under five from 5.1% to 4%.
- Halt the rise of childhood overweight and obesity.
- Reduce anemia among children aged 6-59 months from 44.7% to 31%.
- Reduce anemia among adolescent girls from 36.5% to 18%.
- Reduce anemia among pregnant women from 33.3% to 25%.
- Reduce anemia among non-pregnant women from 40.9% to 28%.



CHAPTER 1: NATIONAL CONTEXT AND RATIONALE

Bhutan is a landlocked Himalayan kingdom bordered by China to the north and India to the south, east, and west. The population, estimated at 777,224 (1) residing across 20 Dzongkhags (districts) and 205 gewogs (sub-district blocks), has historically been mostly rural, with livelihoods dependent on subsistence agriculture. However, rapid urbanization over the last two decades has caused a dramatic shift. Between 2000 and 2024, Bhutan nearly doubled its urban population, going from representing about a quarter of the overall population to 45% (1). This trend is directly relevant to the issue of malnutrition because food security and undernutrition are more prevalent in rural areas, while over nutrition driven by higher consumption of ultra-processed foods and less physical exercise is more prevalent among urban residents. Thus, the ongoing nutritional transition is closely linked to the country's broader demographic changes.

As of 2019, the agri-food sector is the biggest employer in the country, providing direct employment for over 58% of the population, though it only contributes 13.42% of GDP (2). This means rural poverty remains a serious concern. In 2022, the rural poverty rate stood at 17.5%, compared to 4.2% (3) in urban settings. Rural communities experience systemic disadvantages including limited access to quality education, healthcare, and stable employment opportunities. In addition, challenging terrain and geographic isolation restrict mobility and access to markets and essential services, further entrenching cycles of poverty and inequality. It is notable that rural areas contain a high proportion of vulnerable populations, including elderly and children,

Nutrition is integral to achieving Bhutan's Gross National Happiness goals, influencing health outcomes, social cohesion, productivity, and the country's broader demographic transition.

while working-age adults migrate to urban areas for work.

Out migration is another national trend presenting a challenge to the government. An estimated 64,000 Bhutanese live abroad (4), including many educated former civil servants. This "brain drain" has disproportionately affected the health and education sectors, creating barriers to the effective implementation of national strategies.

Nevertheless, Bhutan remains firmly guided by its visionary development philosophy of Gross National Happiness (GNH), built on four pillars:

1. Sustainable and equitable socio-economic development
2. Environmental conservation
3. Preservation and promotion of culture
4. Good governance

Nutrition is integral to achieving GNH goals, influencing health outcomes, social cohesion, and productivity and the government has committed considerable resources in the 13th FYP to improve the nutritional status of the population.







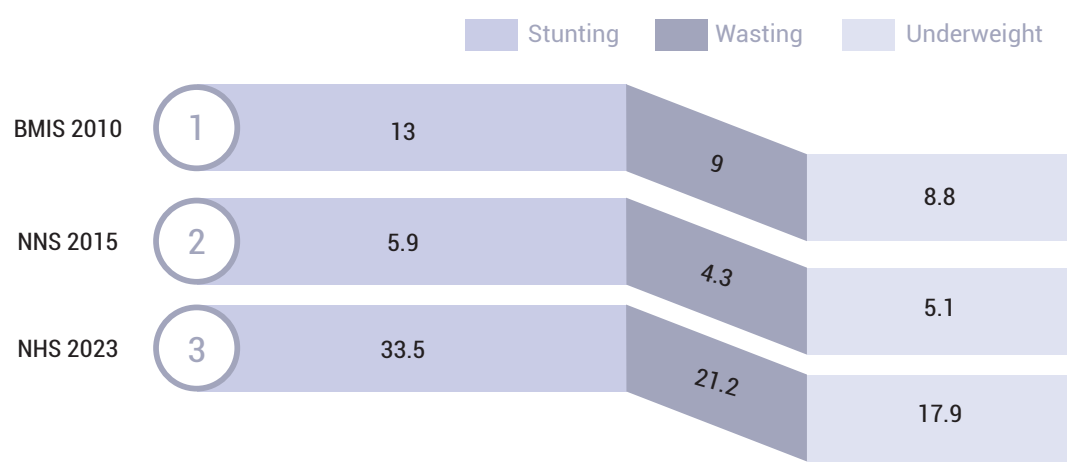
CHAPTER 2: SITUATIONAL ANALYSIS



UNDERNUTRITION

Normal physical and cognitive development requires adequate intake of both macronutrients and micronutrients such as vitamins and minerals. Inadequate intake of these different kinds of nutrients result in different forms of malnutrition and are tracked using different indicators. Figure 1 shows key nutrition indicators among children under age five, including stunting (height-for-age <2 SD of z-scores), wasting (weight-for-height <2 SD of z-scores) and underweight (weight-for-age <2 SD of z-scores).

According to the National Health Survey (NHS) 2023, stunting, an indicator of chronic malnutrition, has been nearly halved between 2010 and 2023 (33.5% to 17.9%), while the prevalence of underweight among children has decreased at a slower pace (13% in 2010 to 8.8% in 2023) and wasting, an indicator of short-term malnutrition and food insecurity, has plateaued at around 5% (5).



— Figure 1: Trends in key nutrition indicators for children under five years of age —

Stunting was most prevalent (20.3%) among children aged 24 to 35 months, and was slightly more common among boys (18.5%) than girls (17.2%) (5). It was also higher among children whose mothers had no education (23.5%) compared to children whose mothers held certificates or diplomas (15.2%) and children from the lowest household income quintile (21.1%) compared to children from middle income quintile (16.1%). The prevalence of stunting was almost equal among urban children (18.0%) and rural children (17.9%). The World Health Organization classifies stunting prevalence of 10–20% among children under five as a medium public health concern, highlighting the need to address chronic undernutrition during early childhood and pregnancy.

The prevalence of underweight was highest among children aged 48-59 months (9.9%) and lowest in children aged 36-47 months (7.5%). There was only a slight difference in prevalence between sexes or by urban-rural residence. However maternal education was an important factor: the prevalence was highest among children whose mothers have no education (11.5%) compared to only 6.3% among children whose mothers had a Bachelor's, Master's, or PhD education.

Wasting (weight-for-height) in children is a symptom of acute malnutrition, usually a consequence of insufficient food intake or a high incidence of infectious diseases, especially diarrhea. Wasting impairs the functioning of the immune system and can lead to increased severity and susceptibility to infectious diseases, and an increased risk of death (6). Nationally, the NHS 2023 found wasting among 5.1% of children, which the WHO classifies at the lower end of "medium" public health significance (6).

Wasting was highest among children aged 0-11 months at 5.9% and lowest in children aged 36-47 months at 4.2%. The prevalence was slightly higher in females (5.4%) compared to males (4.9%). Undernutrition was highest among children whose mothers had a lower secondary education (7.1%) compared to children whose mothers had a Bachelor's, Master's, or PhD education (2.6%). While the prevalence of wasting was equal in both urban and rural areas at 5.1%, unsurprisingly, income was an important differentiator: 7.2% of children from the lowest income quintile were wasted compared to only 3.3% in the middle-income quintile (5).

MICRONUTRIENT DEFICIENCIES

Micronutrients are needed in small amounts and play critical roles in hormone and enzyme production, and deficiencies can result in anemia, blindness, birth defects, growth retardation, reduced mental development, and poor health outcomes. These deficiencies, often referred to as "hidden hunger", impose considerable economic costs at individual, community, and national levels, affecting approximately two billion people globally. Vitamin A, zinc, iron, and iodine deficiencies are of particular public health concern due to their high prevalence and vital roles in growth and development.

A demonstration of Bhutan's commitment to addressing the micronutrient deficiencies was highlighted by the assessment of micronutrient deficiencies during the NHS 2023. The survey measured deficiencies in vitamin D, ferritin, folate, vitamin B12, calcium, vitamin B2, vitamin B1 and vitamin A among adolescent boys and girls (10-19 years) and women aged 15-49 years.

Results are shown in Figure 2 below. The most serious deficiencies include Vitamin D, Ferritin, Folate, Vitamin B12 and Calcium. Studies conducted at referral hospitals reported a high prevalence of infantile beriberi in children under 6 months with a high mortality rate. This was attributed to thiamine deficiency as a result of poor

maternal nutrition. Multiple micronutrient supplements (MMS) were introduced for pregnant and lactating women (PLW) in 2024 to address the burden of micronutrient deficiencies among PLW and infantile beriberi among breastfed children.

Previous studies conducted in 2014, after outbreaks of peripheral neuropathy in boarding schools, found high deficiencies of vitamin B1 (>90%) and B12 (64%) in that boarding school population. Other studies also reported outbreaks of glossitis linked to riboflavin deficiency (vitamin B2) (7, 8). In response, rice fortified with eight micronutrients (vitamins A, B1, B3, B6, B9, B12, iron, and zinc) was introduced into government feeding schools in 2017.

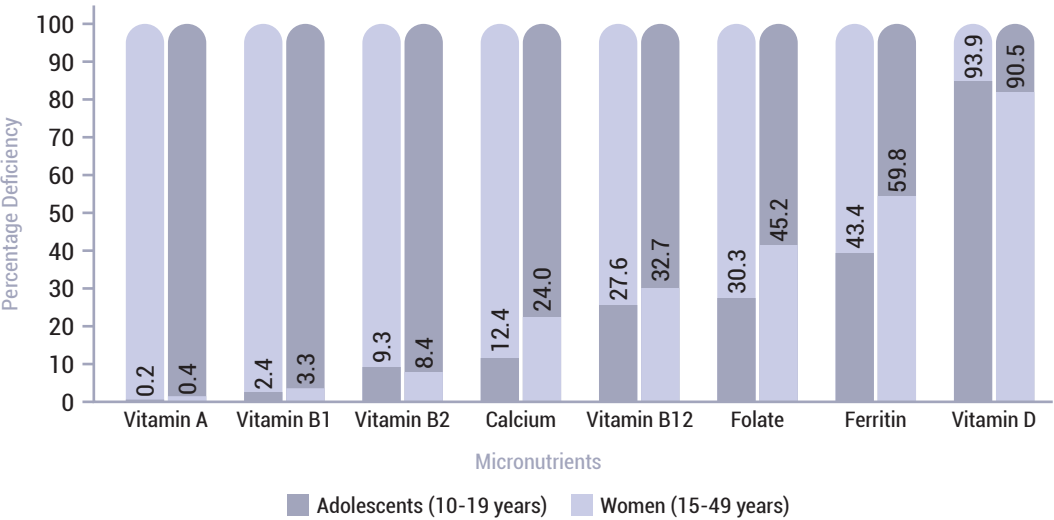


Figure 2: Micronutrient deficiency or insufficiency by two target groups
— [Bhutan NHS 2023] —

Programmatic assessments conducted in a few schools after the introduction of fortified rice reveal improvements in the micronutrient status of school-going children who were provided with fortified rice (Government schools) as presented in Figure 3. However, deficiencies persist among school going children who were not provided with fortified rice. Thus, there is an urgent need to expand the coverage of fortified rice in other institutions with feeding programs.

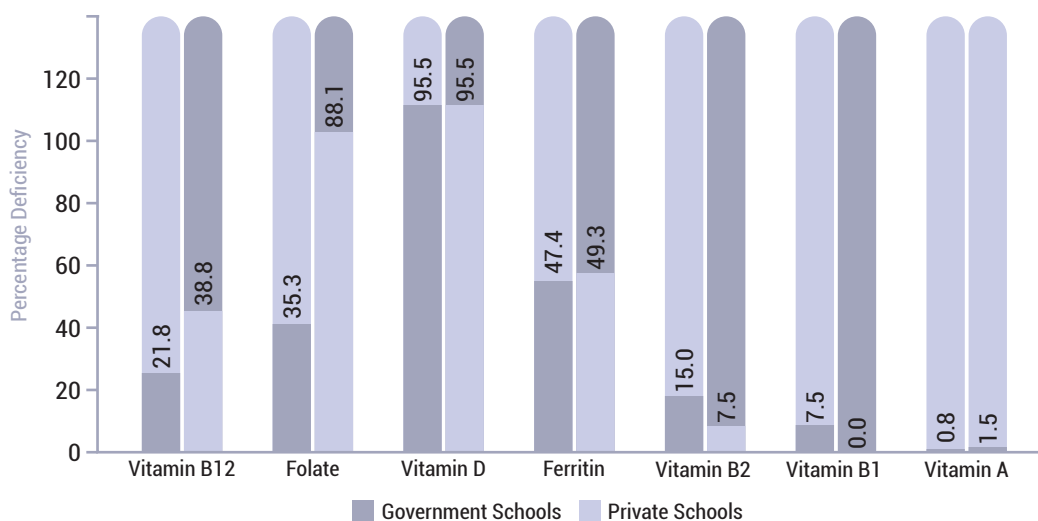
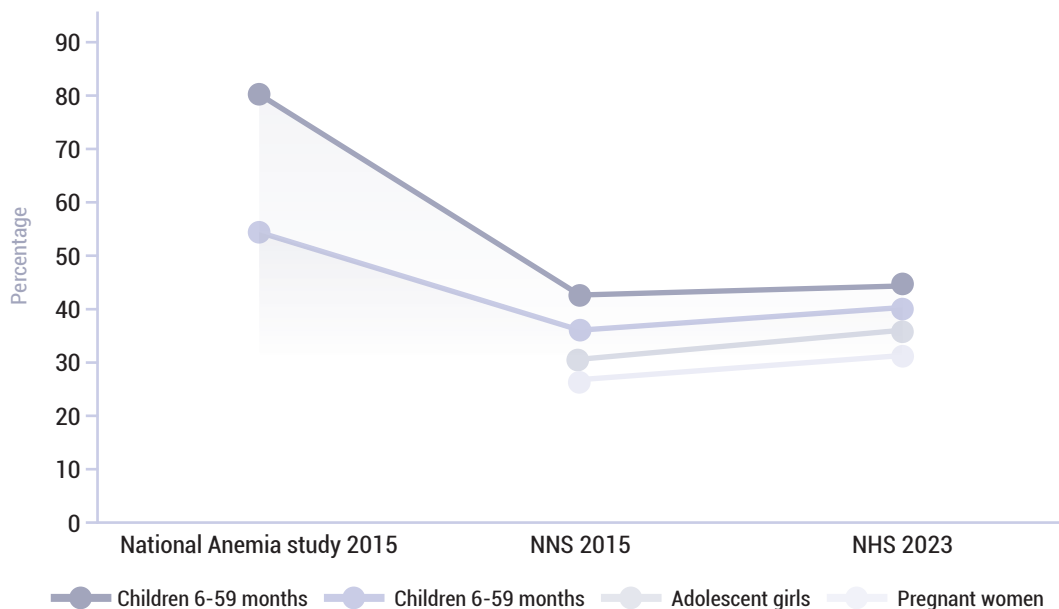


Figure 3: Programmatic assessment of micronutrient deficiency among
— children in selected schools —

Anemia, measured using hemoglobin concentration (g/L) adjusted for elevation and defined according to WHO age cutoffs, was included in the NHS 2023 and found 44.7% of children aged 6-59 months were anemic. A 2017 study among children of the same age admitted to the pediatric ward of National Referral Hospital in Thimphu found that 58.4% were anemic: Mild, moderate and severe anemia was 65%, 22.8% and 12.2% respectively (9), which underscores the relationship between malnutrition, infections and disease.

While anemia prevalence declined substantially between 2003 and 2015, no further reduction in anemia has been observed despite interventions such as the introduction of point of use fortification with micronutrient powders for children 6–23 months in 2019. The recent national blood lead level survey of Bhutan found that three out of every four children and three out of every five pregnant or breastfeeding women had elevated blood lead level ($> 3.5 \mu\text{g/dl}$).

Lead exposure, even at low levels, can disrupt hemoglobin synthesis by interfering with enzymes involved in heme-production, thereby reducing red blood cell formation and leading to anemia. Chronic lead toxicity also lowers hemoglobin levels, impairing oxygen transport and contributing to fatigue, weakness, and developmental issues, especially in children.



— Figure 4: Trends of anemia in different age groups —

The NHS 2023 also measured the median Urine Iodine Concentration (UIC) among school age children aged 6–12 years and women of reproductive age (15–49 years) and found it at 119 µg/L, above the 100 µg/L threshold that WHO/UNICEF/ Iodine Global Network consider “adequate.” However, it is important to highlight that median UIE is dropping from 183 µg/L in 2010 and 291 µg/L in 2001. The NHS 2023 also found that 95% of 11,626 sampled households had salt iodized at the recommended >15 ppm of iodine level which is a 4% drop from the 99% of households found in the 2015 NNS and so continued IDD elimination efforts are required.

OVERWEIGHT AND OBESITY

Non-communicable diseases (NCDs) have overtaken infectious, maternal and neonatal diseases as the top causes of premature mortality. According to a World Bank report, the total disease burden as measured by disability-adjusted life years (DALYs) associated with NCDs (including cardiovascular diseases, chronic respiratory diseases, cancers, and diabetes) increased from 23% in 1990 to 62% in 2019 and they are currently estimated to account for 69% of Bhutan's disease burden and 71% of deaths (10).

Notably, hypertension affects 30.2% of the population aged 15–69 years and there has been a sharp increase in elevated blood glucose levels, a key driver of diabetes, with prevalence rising from 1.9% in 2019 to 5.8% in 2023. Additionally, 20.9% of adults have elevated blood cholesterol, and cardiovascular diseases affect 4.5% of individuals aged 15 to 69 years.

Being overweight (BMI 25–29.9) and especially obese (BMI ≥30) is a well-established risk factor for many non-communicable diseases (NCDs). These key indicators were measured among adults aged 15–69 years in the 2023 NHS, the 2019 STEPS Survey and the STEPS 2014. Obesity has shown a steady increase, doubling between 2014 (6.2%) and 2023 (12.5%). Overweightness increased from about a quarter of the population in 2014 to a third in 2019 and has remained relatively steady at that level in 2023 as shown in Table 1 (5, 11).

Table 1: Overweight and obesity trends among people aged 15 - 69 years

Indicator	STEPS 2014	STEPS 2019	NHS 2023
Overweight among people aged 15-69 years	26.7	33.8%	33.3%
Males			33.6%
Females			33.1%
Obesity among people aged 15-69 years	6.2%	11.4%	12.5%
Males			8.6%
Females			16.9%
Mean BMI	24 kg/m ²	24.9 kg/m ²	25 kg/m ²

The mean body mass index of the people (15–69 years) was 25 kg/m². Women and the population residing in urban areas had significantly higher mean BMIs compared to men and those residing in rural areas. In terms of age, those aged 40–54 were most likely to be overweight (43.5%) and obese (17.5%) compared to those aged 15–24 (14.2% overweight and 4.4% obese) and even of those aged 55–69 years (37.9% overweight and 15.5% obese).

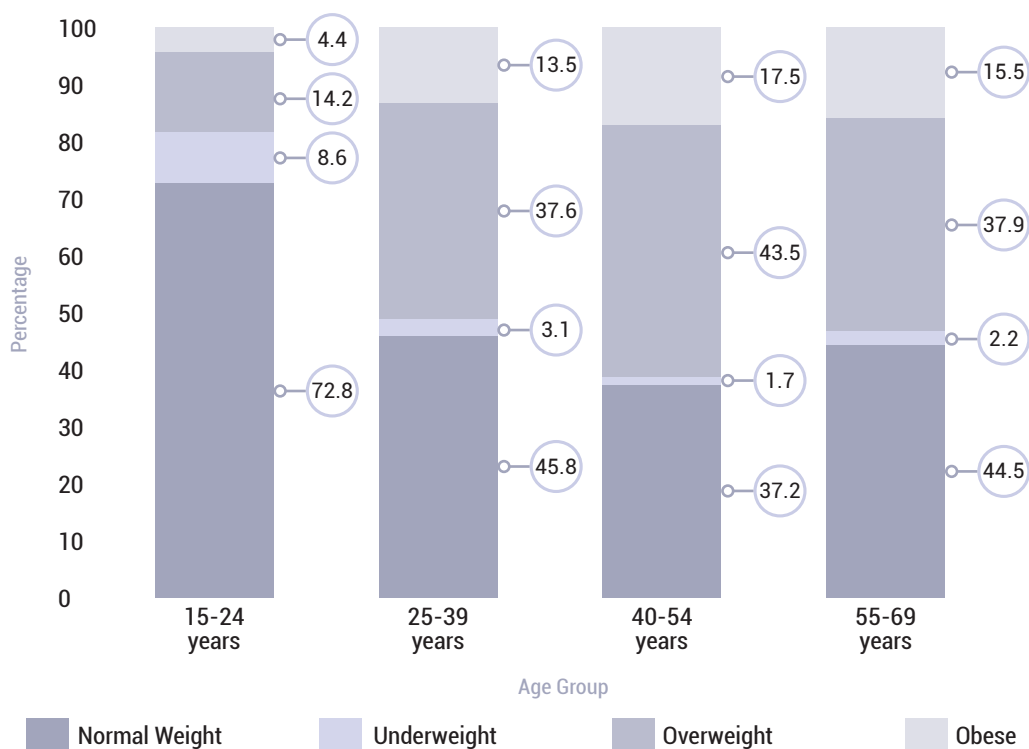


Figure 5: Prevalence of overweight and obesity among people aged 15-69, NHS 2023

The NHS 2023 also revealed notable disparities across districts. Trashiyangtse (39.7%), Trongsa (39%) and Tsirang (38.1%) recorded the highest percentage of overweight individuals whereas Bumthang (24.9%) and Gasa (29.1%) in the northern regions reported the lowest proportion of adult overweight.

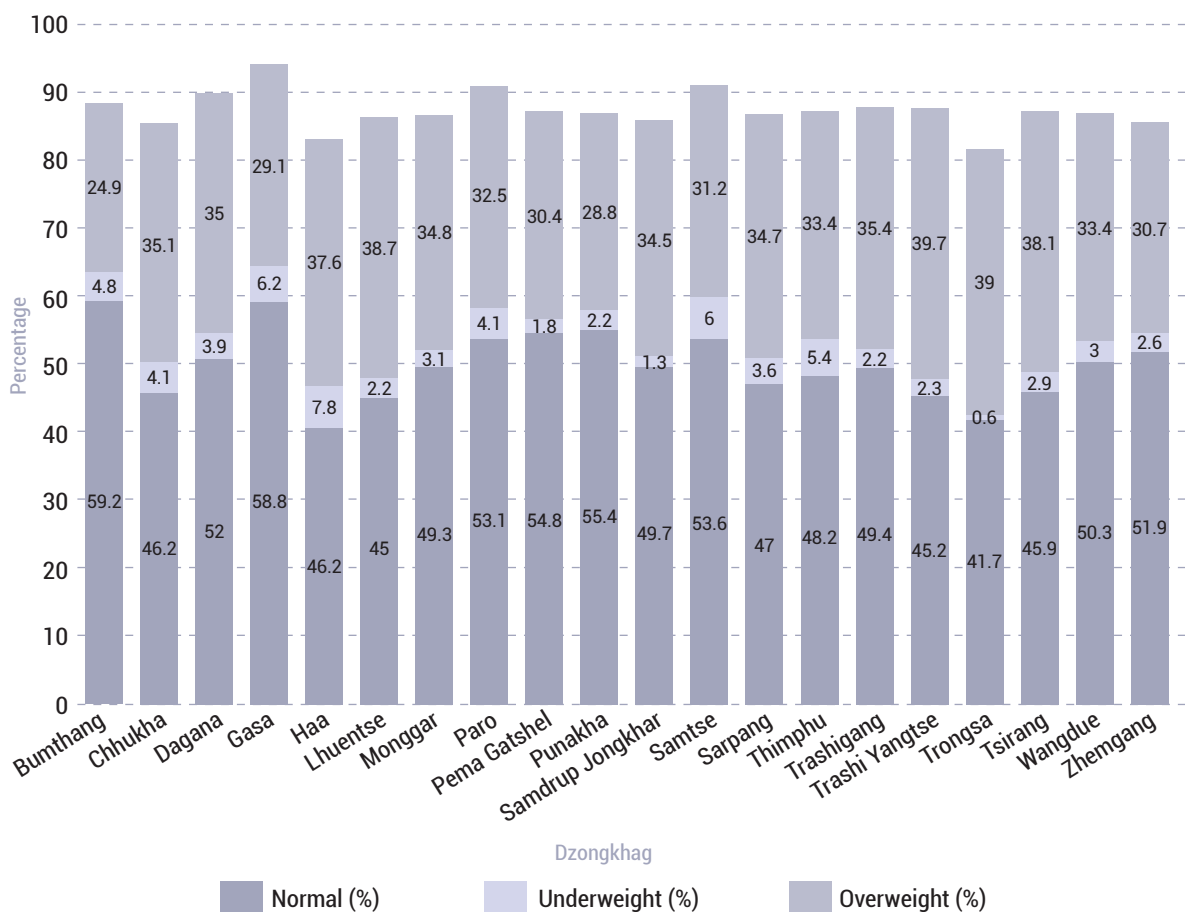


Figure 6: Prevalence of overweight and obesity among people aged 15-69
—by districts, NHS 2023—

DETERMINANTS OF MALNUTRITION

Conceptual Framework for understanding the drivers of malnutrition

The causes of these three forms of malnutrition are multi-causal, complex and often reinforcing. To untangle and tease out priority determinants, it is helpful to utilize a conceptual framework, like UNICEF's (12) shown in Figure 7 presented in next page.

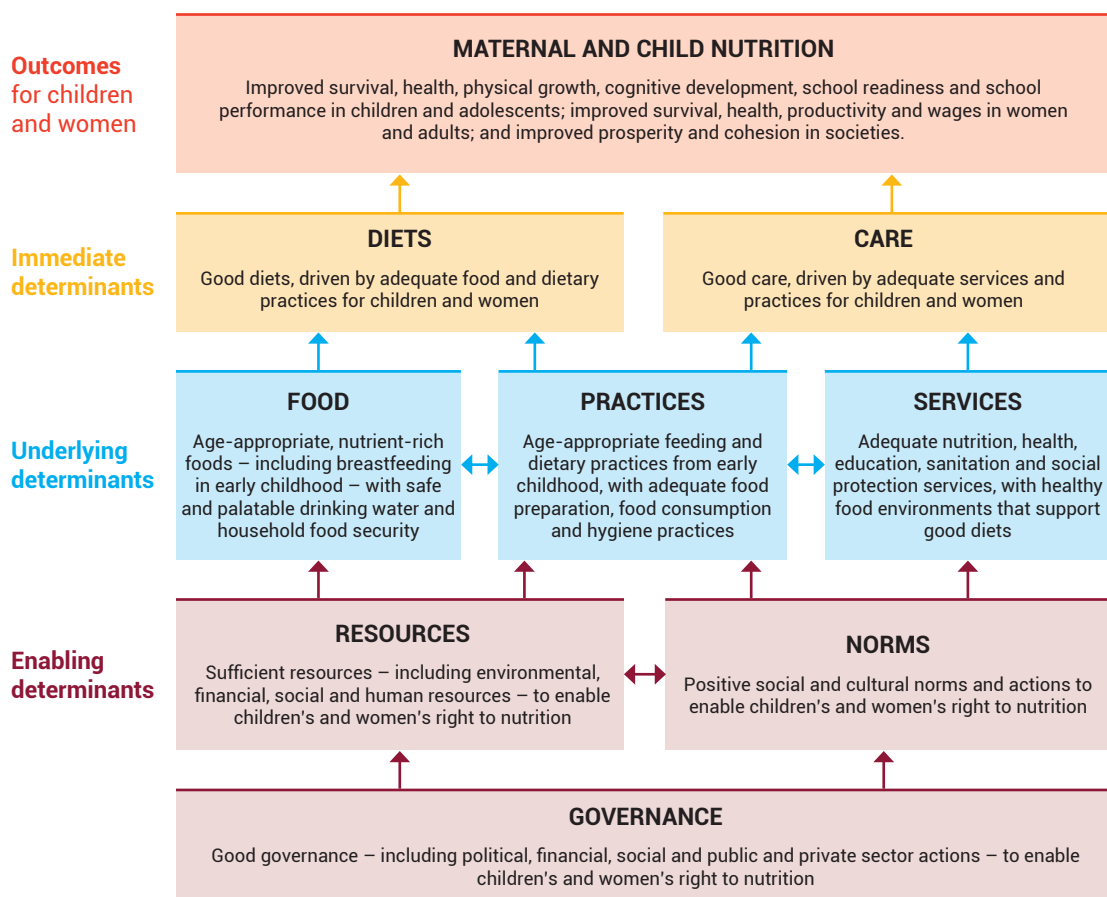


Figure 7: UNICEF Conceptual Framework on the Determinants of
— Maternal and Child Nutrition, 2020 —

IMMEDIATE DETERMINANTS:

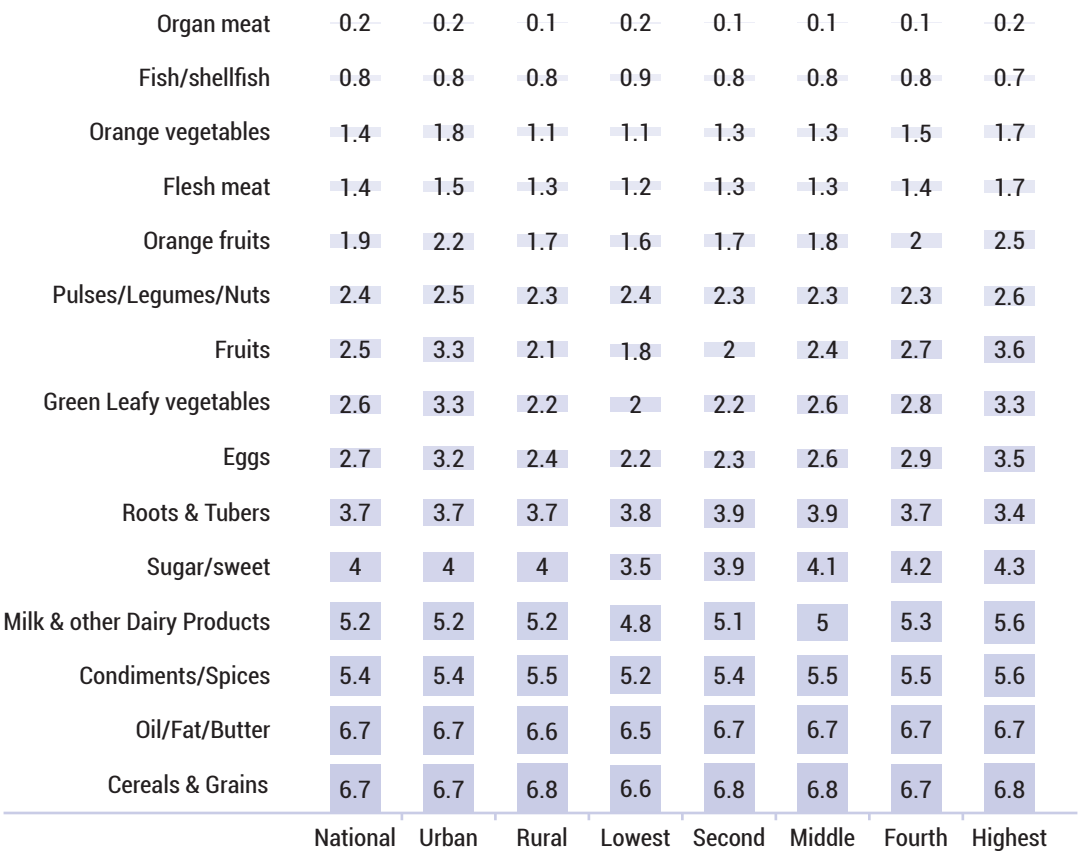
Diets and Care

Dietary quality and infant and young child feeding practices are critically important to improving nutrition. Bhutan is undergoing a dietary transition from traditional diets with high levels of whole grains (red rice, buckwheat, barley and maize), dairy and home-grown vegetables such as chilies, tubers and gourds, etc. to increased consumption of processed foods high in sugar, salt, and unhealthy fats that are fueling all forms of malnutrition - undernutrition, micronutrient deficiencies, overweight and obesity. Inexpensive, shelf-stable, processed foods helped Bhutanese deal with seasonal food insecurity that traditionally limited dietary diversity, however these nutrient-poor processed foods provide “empty calories” that may be worsening all three forms of malnutrition.

Bhutanese diets are still relatively monotonous and rely heavily on staple foods such as rice and potatoes, while consumption of fruits, vegetables, pulses, and animal-source foods remains low. Data from the NHS 2023 as shown in Figure 8 below, reveal that nutrient-rich foods like fish, meat, and orange vegetables are consumed fewer than 2.5 days per week on average.

The survey also found that both urban and rural households exhibit nearly daily consumption of cereals and grains, with urban households averaging 6.7 days per week and rural households averaging 6.8 days per week. However, rural households exhibit much lower dietary diversity than urban households, and consumption of pulses, legumes, flesh meat, fish and shellfish and eggs were higher among urban populations.

This corresponds with the findings that 75.6% of the population consumes less than five servings of fruits and vegetables on an average per day which was 86.4% as per the 2019 STEP survey.

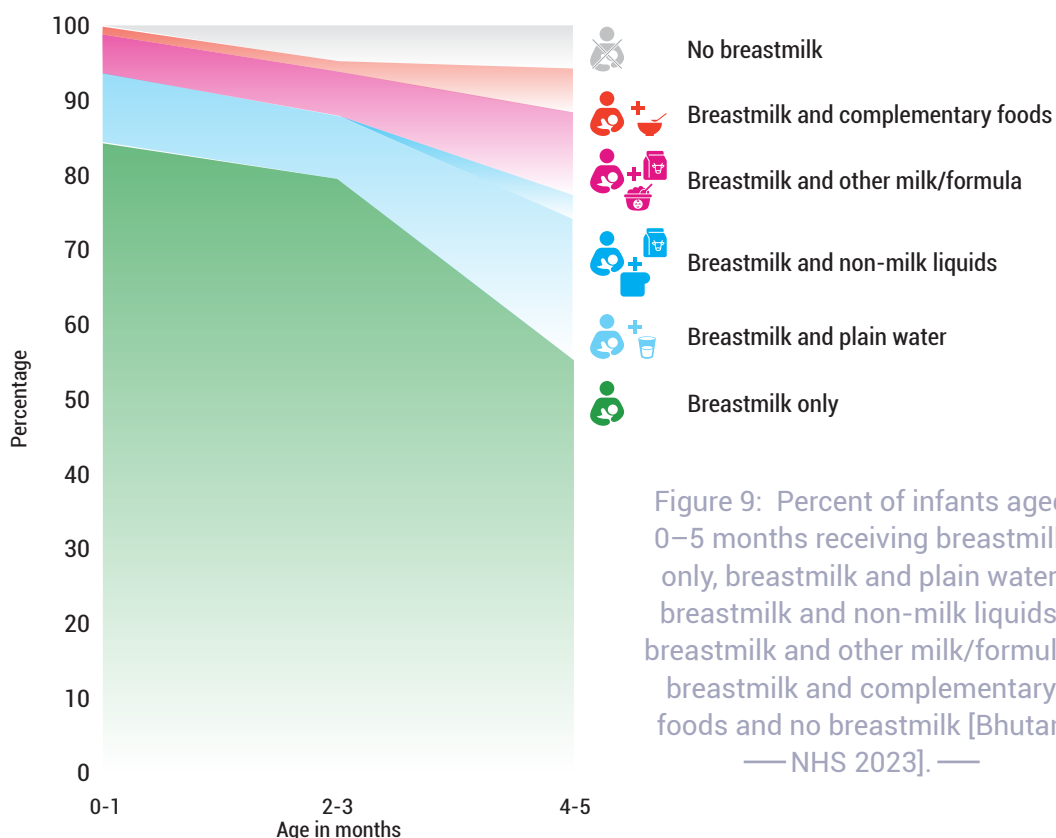


— Figure 8: Household dietary diversity, National Health Survey 2023 —

The Global School-based Health Survey 2016 found that 40% of adolescents drank sugary carbonated beverages daily, and 32% consumed fast food at least four times per week. Evidence from a MoESD/ MoH/ WFP qualitative study among school children and adolescents confirmed that ultra-processed “junk” foods were becoming entrenched in the food culture, not just as “snacks” but also consumed frequently during main meals (13).

When it comes to Maternal, Infant and Young Child Nutrition (MIYCN) practices, there are some gains in breastfeeding practices, but there is room for improvement. Exclusive breastfeeding for infants under six months has increased from 51.4% in 2015 to 69.4% in 2023, yet 4.2% of infants are never breastfed and early introduction of water, milk, formula, and foods continues.

As shown in Figure 9 below, 84.1% of newborns are breastfed at 0–1 months, dropping to 79.6% at 2–3 months, and only 55.4% at 4–5 months. At 4–5 months, a notable 18.8% received breast milk and plain water, 11.4% were given breast milk and non-milk liquids, and 5.8% were fed breast milk and solid, semi-solid, or soft foods, with another 5.8% not being breastfed at all (5).



Recent data about complementary feeding practices for infants aged 6–24 months are scarce, but a 2016 analysis found that only 63% of the infants between the ages of 6 and 23 months received the minimum frequency of complementary feeds and only 18% of children aged 6–23 months were fed the minimum dietary diversity (14, 15).

Child illness, including diarrheal diseases and acute respiratory infections (ARIs) may also further exacerbate nutritional deficiencies and hinder child development. Malnutrition increases susceptibility to these infections, while recurrent infections undermine children's nutritional status by increasing nutrient requirements and reducing nutrient absorption. The 2023 NHS measured the prevalence of these infections among children under five and found that only 2.5% exhibited symptoms of acute respiratory infection (ARI) in the 2 weeks before the survey, while 36.4% had a fever, and 17.7% experienced diarrhea.

Poor maternal nutrition before and during pregnancy restricts fetal growth and increases the likelihood of preterm delivery, both of which increases the risk of low birth weight (LBW) and its sequelae including child stunting and wasting. As mentioned above, anemia, a risk factor for LBW, remains high among both non-pregnant and pregnant women (40.9% and 33.3% respectively)

The 2023 NHS found that 6.9% of babies born had a low birth weight (LBW weighing <2500 g) with a notable disparity between urban areas (4.9%) and rural areas (8.4%) (5). LBW was especially high for older mothers aged 36–49 (10.9%) compared to mothers younger than 20 years (2.5%) (5). Poor maternal nutrition before, during, and after pregnancy perpetuates an intergenerational cycle of stunting and undernutrition.

UNDERLYING DETERMINANTS

Agriculture, Practices, and Services

Challenges related to diets and diseases described above in turn stem from underlying causes related to food and the food system, personal practices and behaviors and service delivery in the health, WASH, education and agriculture sectors.

Food and Agriculture

Availability and access to high quality, locally grown food is also a challenge, especially given the country's high altitude, steep mountainous terrain, and reliance on subsistence agriculture. Seasonality is a major challenge and without adequate transport and storage infrastructure, obtaining fresh fruits and vegetables year-round is difficult for many communities.

Food insecurity, though moderate at the national level, continues to affect vulnerable households. In 2023, 5.1% of households were food insecure, and 3.7% reported "borderline" Food Consumption Scores (FCS). But FCS and food security measures

of availability of staple foods alone does not account for diet quality, especially for young children who have unique nutrient needs. Sourcing nutritious diets is challenging for many more Bhutanese.

The Bhutanese agricultural sector is currently grappling with several challenges to provide affordable, safe and nutritious food for all (2). For example, less than 20% of arable land is irrigated and almost 30% of arable land is currently left fallow. Crops and livestock are often lost to wildlife, pests and disease and post-harvest losses during harvesting, storage, and transportation further compound the food availability problem.

Access to Functional Markets

Market access plays a critical role in shaping nutrition outcomes in Bhutan, particularly in rural and remote areas. Weak connectivity and underdeveloped food systems limit the availability, affordability, and diversity of nutritious foods.

In rural regions, inadequate transportation infrastructure prevents many households from reaching markets. According to the Asian Development Bank's 2024 Country Partnership Strategy, the average rural household is a 45-minute walk from the nearest paved road, compared to just 8 minutes for urban households. Over half of rural households are situated more than an hour from a motorable road, and 12% require a full day's walk to access basic services. This geographic isolation restricts dietary diversity, leaving communities reliant on staples such as rice and potatoes, while consumption of fruits, vegetables, and animal products remains limited. Inadequate storage and transport facilities also cause significant post-harvest losses, further reducing food availability.

Affordability compounds these challenges. On average, a nutritious diet costs at least Ngultrum (Nu) 436 per day for a five-person household (Nu 13,285 monthly), which is 4.4 times more than a diet that meets only energy needs. In 2022, WFP estimated that nationally at least 27% of households cannot afford a diet that meets their nutrient needs (16). This is due to high transport costs and limited market competition that inflate food prices. Farmers in remote areas face barriers in marketing surplus produce, reducing household income and the ability to purchase diverse, nutritious foods. Currently, only 15% of Bhutan's agricultural output is commercially marketed.

These barriers directly impact health outcomes. Dietary monotony and micronutrient deficiencies contribute to persistent undernutrition, while shifts in consumption are driving new risks. Among school-aged children (13–17 years), 40% consume soft drinks at least once a week, and 32% eat fast food four or more times per week, patterns linked to poor market availability of healthier options. This contributes to the rising prevalence of overweight and obesity alongside undernutrition.

Other Risky Practices and Behaviors

Suboptimal food consumption or feeding practices discussed above or often driven by cultural and social norms. Practices such as colostrum avoidance, pre-lacteal feeding, overconsumption of rice, potatoes, chilies, and suja/butter tea, (high in fat and salt) are all grounded in traditional Bhutanese culture. Traditional beliefs and concerns about exclusive breastfeeding, as well as the perceived unsuitability of certain foods like vegetables or meat for young children, also influence feeding behaviors. While these can be tempered by information and education, customs and social norms take time to change.

High rates of alcohol and especially areca nut (known locally as “doma”) consumption among women in Bhutan may represent another behavioral determinant of malnutrition. The NHS 2023 found that 26.3% of women of reproductive age reported current consumption of alcohol (compared to 41.6% of men.) Pregnancy status was not asked during the survey so it is impossible to estimate the extent of consumption during pregnancy, but traditionally pregnant women are known to drink homemade rice wine called “changkey” and distilled alcohol drink (“ara”).

A 2017 study of alcohol consumption among patients at ANC services in Thimphu found that about a quarter of pregnant women had consumed alcohol in the previous month, ranging from 29.6% among those attending their 2nd ANC visit during the 2nd trimester, to 17.9% among those attending their 3rd ANC visit during their final trimester (17). Doma is even more prevalent in Bhutan and is consumed almost equally by men (60.7%) and women (58.6%). It is also unclear the extent to which these are consumed during pregnancy, but one small study among epileptic women of reproductive age, found that 53% of pregnant women were using Doma (18). Various studies have established a link between prenatal consumption of “doma” (19) and alcohol (20) with adverse outcomes such as preterm delivery, stillbirth, miscarriage and low birth weight.

Services (Health, Water, Education, Agriculture)

Access to high-quality health services such as antenatal care, delivery and postnatal care, well-child and elderly care services is a vital determinant of nutritional outcomes. In Bhutan, health facilities contribute to malnutrition prevention through nutrient supplementation, routine growth monitoring, screenings for risky pregnancies, weight monitoring, counselling, and timely treatment of illnesses that compromise nutrient absorption (i.e. deworming prophylaxis and malaria treatment).

Despite significant progress in expanding basic healthcare services across Bhutan, geographic challenges continue to limit access, particularly in remote and rural areas. These access disparities are closely associated with higher rates of malnutrition, including stunting and anemia, especially in the country's eastern and less connected regions.

Coverage of antenatal care (ANC) is high (98.5% of women aged 15–49 receive care), but only 38% of women complete the recommended eight visits (5). Geographic inequities persist: 72.9% of the population lives within 30 minutes of a health facility, but in districts such as Pema Gatshel, Dagana, Lhuentse, and Mongar, households face travel times of one to three hours or more. Other service-related barriers to poor MIYCN outcomes include staff shortages and inconsistent implementation of the Baby-Friendly Hospital Initiative and post-cesarean delays in breastfeeding initiation.

Factors that contribute to the incidence of diarrhea include inadequate sanitation, unsafe drinking water, and poor hygiene. Water, sanitation, and hygiene (WASH) access also varies. Nationally, 63% of the population has access to safely managed drinking water, and 83.8% has basic sanitation services. However, water supply remains inconsistent across regions.

Overall, 87.8% of households report having 24-hour water availability, yet significant disparities exist. For instance, in Tsirang District (Central-South), only 78.7% of households have uninterrupted water supply, compared to 99.6% in Gasa District (northern region).

ENABLING DETERMINANTS

Governance, Resources, and Environment

Bhutan's nutrition outcomes are shaped by environmental factors related to governance, resources and norms as well as structural inequities that influence the proximate determinants of malnutrition.

Geography is an important factor that compounds nutritional inequities. According to the Asian Development Bank (2024), rural households are on average a 45-minute walk from the nearest paved road, compared to just 8 minutes in urban areas (21). More than half of rural households live over an hour from a motorable road, and 12% require a full day's walk to reach basic services (21). These barriers limit both food access and health service utilization, entrenching rural nutritional disadvantage.

Climate change and environmental degradation further threaten food and nutrition security. Erratic rainfall, floods, and landslides undermine agricultural productivity, particularly for the population engaged in subsistence farming. Indoor air pollution from household fuel use and pesticide exposure (affecting 21% of farmers) contributes to respiratory illnesses and metabolic risks, while water contamination drives parasitic infections.

Pollution and Toxins: Air pollution from household solid fuel use and vehicle emissions contributes to respiratory illnesses that weaken children's immune systems. Exposure to heavy metals and pesticides reported in 21% of farmers undermines neurological and metabolic development. Water contamination from poor waste management increases parasitic infections, further contributing to undernutrition.

Structural Inequalities and Nutrition

Malnutrition in Bhutan reflects broader structural inequalities shaped by geography, socioeconomic status, and unequal access to services. Regional disparities are stark: stunting affects 29.1% of children in the east, compared to 16.2% in the west.

Low agricultural productivity, weak storage and processing systems, and limited market integration reduce the availability of diverse, affordable foods. Increasing reliance on imported, nutrient-poor foods has introduced a triple burden of malnutrition, with overnutrition emerging alongside persistent undernutrition.

Improving market access both in terms of infrastructure and affordability is essential to strengthening food systems, improving dietary quality, and reducing malnutrition. Tackling these challenges requires a holistic, multi-sectoral approach that addresses the root causes of nutritional inequality, integrates gender considerations, and promotes inclusive and sustainable development.

Gender-based disparities in Bhutan have contributed to malnutrition, affecting women's health and perpetuating intergenerational undernutrition. As per the 2021/22 Human Development Report, Bhutan's GII is 0.421, ranking 98th out of 191 countries. However, this improved to 0.278 in 2025, placing Bhutan at 71st globally and signaling progress. Another important underlying driver of malnutrition is maternal education and literacy. While female literacy relative to male literacy in Bhutan is 63.9% versus 79.2%, the literacy rate among youth aged 15–24 was 98% for both females and males.

In 2023, the female-to-male ratio of tertiary (university) students was 0.99, suggesting a near-balanced enrollment, with only slightly fewer females than males. These considerable gains in female education offer hope that gender parity has been achieved among younger cohorts and will contribute to improved health and nutrition in future generations. The following are some additional indicators of female empowerment related to malnutrition, some improving and some worsening over time:

- Early marriage: % of women (ages 20–24) who were married or in a union before the age 18 went from 25.8% in 2010 to 9% in 2023 (5, 22).
- Unpaid housework: Women aged >15 years spend 15% of their time on unpaid care and domestic work—nearly three times that of men (5.9%) (5).
- Violence against women: The percent of women (aged 15–49) reporting that they experienced physical and/or sexual violence by a current or former intimate partner in the previous 12 months increased from 8.6% in 2018 to 10.8% in 2023 (22).
- Insufficient maternity protection policies only civil servants receive six months of paid maternity leave, while there is no legal mandate for women employed outside that sector.



Disability

Bhutan's National Nutrition Strategy and Action Plan (NNSAP) identifies persons with disabilities as a priority group at increased risk of malnutrition. An estimated 6.8% of the population aged five and above lives with a disability, with the majority residing in rural areas where access to services is often limited. In response, the government is working to better integrate disability considerations into its nutrition and broader development strategies.



Despite these efforts, persons with disabilities face persistent challenges, including physical and logistical barriers to health and nutrition services, limited access to tailored nutrition education, and social stigma. While national data on the nutritional status of people with disabilities is limited, international evidence points to a heightened risk due to feeding difficulties, increased nutrient needs, and exclusion from mainstream services.





CHAPTER 3: ACHIEVEMENTS AND CHALLENGES OF THE NNSAP 2021-2025



The 2021-2025 National Nutrition Strategy and Action Plan (NNSAP) served as Bhutan’s central framework for addressing malnutrition. It framed nutrition as a human right and development enabler, with nutrition specific and nutrition sensitive interventions that target both the immediate and root causes, with a particular focus on vulnerable groups including infants, school-age children, women of reproductive age and the general population. The strategy emphasizes coordinated action across sectors through a multi-sectoral National Nutrition Task Force (NNTF) and collaboration among government ministries, non-governmental organizations, and local authorities. Through an integrated approach combining direct nutrition interventions, food security measures, and school-based nutrition education the NNSAP aimed to build long-term resilience and improve national nutrition outcomes.

ACHIEVEMENTS

The table below presents a comparative assessment of selected outcomes and indicators outlined in the National Nutrition Strategy and Action Plan (NNSAP) 2021–2025, benchmarked against data from the Fifth National Health Survey (NHS) 2023.

Table 2: Achievement and challenges of NNSAP 2021-2025

Outcome No	Indicator	Target (2023)	Achievement	Status
1	Prevalence of stunting under five (0-59 months)	18%	17.9%	Met
	Prevalence of wasting under five (0-59 months)	<5%	5.1%	Not met
	Prevalence of anemia among children 6-59 months	31%	44.7%	Not met
	Prevalence of exclusive breastfeeding children under six months of age	57%	69.4%	Met
	Prevalence of children 6-23 months receiving a minimum acceptable diet	22%	-	No data
	Prevalence of childhood overweight and obesity	2.4%	-	No data

2	Proportion of schools implementing micronutrient supplementation and deworming program	80%	100%	Met
	Proportion of schools achieving "good dietary diversity score"	80%	-	No data
	Proportion of school children who are overweight/obese	<7%	-	No data
	Proportion of monastic institutions and nunneries implementing nutrition advocacy package (dietary guidelines, food baskets)	90%	-	No data
3	Prevalence of anemia in adolescent girls (10-19 years)	18%	36.5%	Not met
	Prevalence of anemia among women of reproductive age	28%	40.9%	Not met
4	Raised fasting blood sugar among adults (15-69 years)	No rise	1.9% (2019) 5.8% (2023)	Not met
	Mean salt intake in the population	7.6 g/day	8.5 g/day	Not met
	Prevalence of adult obesity	No rise	11.4% (2019) 12.5% (2023)	Not met
5	Proportion of health facilities (with nutritionist/dietitian) implementing essential nutrition care package	100%	100%	Met
	Proportion of health facilities implementing the food service system guidelines	100%	100%	Met
6	Minimum number of National Nutrition Task Force meetings conducted annually	2	Discontinued	Not met
7	Number of national level surveys conducted to inform on the policies and interventions	1	1	Met

The analysis reveals mixed progress in achieving the NNSAP 2021-2025 nutrition targets. While certain indicators, such as exclusive breastfeeding, have surpassed expectations, others including anemia prevalence and obesity rates highlight persistent challenges. Findings from the 5th National Health Survey 2023 provide critical evidence to inform policy direction, prioritize high-impact interventions, and strengthen coordination among stakeholders.

These findings underscore the need for stronger monitoring mechanisms, routine and reliable data collection, as well as enhanced inter-sectoral coordination to support timely, evidence-informed decision-making. Moreover, the absence of data at the process level highlights a critical blind spot. Addressing this gap is essential for triangulating information and identifying operational bottlenecks that have constrained the achievement of intended outcomes.

CHALLENGES

Despite nutrition being recognized as a national priority, weak multi-sectoral coordination and heavy reliance on external partners may limit sustainability. Program implementation is constrained by shortages of trained nutrition professionals, heavy workload and limited capacity. Data gaps remain a concern, as routine health information systems lack comprehensive nutrition indicators, and national surveys are infrequent, restricting timely decision-making. Financial allocation for nutrition is insufficient, with donor dependency posing risks to program continuity.

At the community level, suboptimal infant and young child feeding practices, high salt and sugar consumption persists, contributing to both undernutrition and the rise of diet-related non-communicable diseases. The coexistence of stunting, anemia, overweight, and obesity highlights the growing double burden of malnutrition, which current strategies are not fully equipped to address. Furthermore, Bhutan's reliance on food imports, coupled with vulnerability to climate change, disasters, and global price shocks, threatens food and nutrition security, particularly among the most vulnerable populations.







CHAPTER 4: PURPOSE OF NNSAP 2026 – 2030 AND DEVELOPMENT PROCESS



PURPOSE OF THE NNSAP 2026-2030

The purpose of this National Nutrition Strategy and Action Plan 2026-2030 is to guide the national response to malnutrition. This document builds on the achievements of the NNSAP 2021-25 and incorporates findings from a review of that work and important policy updates and priorities laid out in the Food and Nutrition Security Policy 2023 and the 13th Five Year Plan.

The strategy incorporates results from the 2023 National Health Survey and was formulated by an extensive multi-sectoral multi-agency consultation process. The purpose of this NNSAP 2026-2030 is to guide the national response to malnutrition, to create an enabling environment for action on nutrition and to focus and prioritize effective actions and coordination.

Given that much of the nutrition situation has remained unchanged, the strategic areas are similar although the conceptualization of these has evolved in some areas.

DEVELOPMENT PROCESS OF THE NNSAP 2026-2030

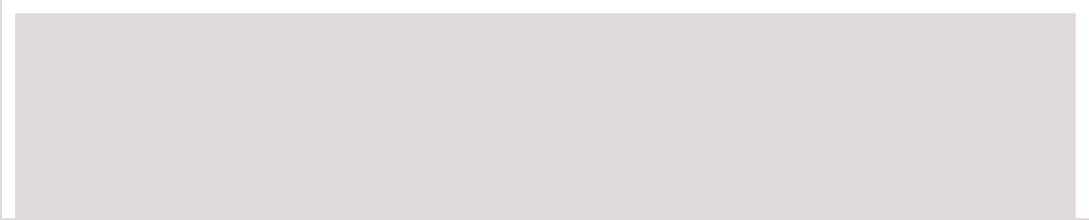
The NNSAP 2026–2030 was developed through a highly inclusive, participatory and a consultative process with the representation from key agencies, including Ministry of Health, Ministry of Education and Skills Development, Ministry of Agriculture and Livestock, National Medical Services, Khesar Gyalpo University of Medical Sciences of Bhutan, Dzongkhag officials and the Royal University of Bhutan, WHO, UNICEF, FAO and WFP.

A series of workshops were held to reach agreement on priorities for the next five years. This collaborative approach enabled the adoption of a multi-dimensional strategy that expands the scope of action to more effectively address the health and nutrition aspects of food system transformation, while ensuring it could be realistically operationalized.









CHAPTER 5: VISION, MISSION AND GUIDING PRINCIPLES



VISION

A nation free from all forms of malnutrition

MISSION

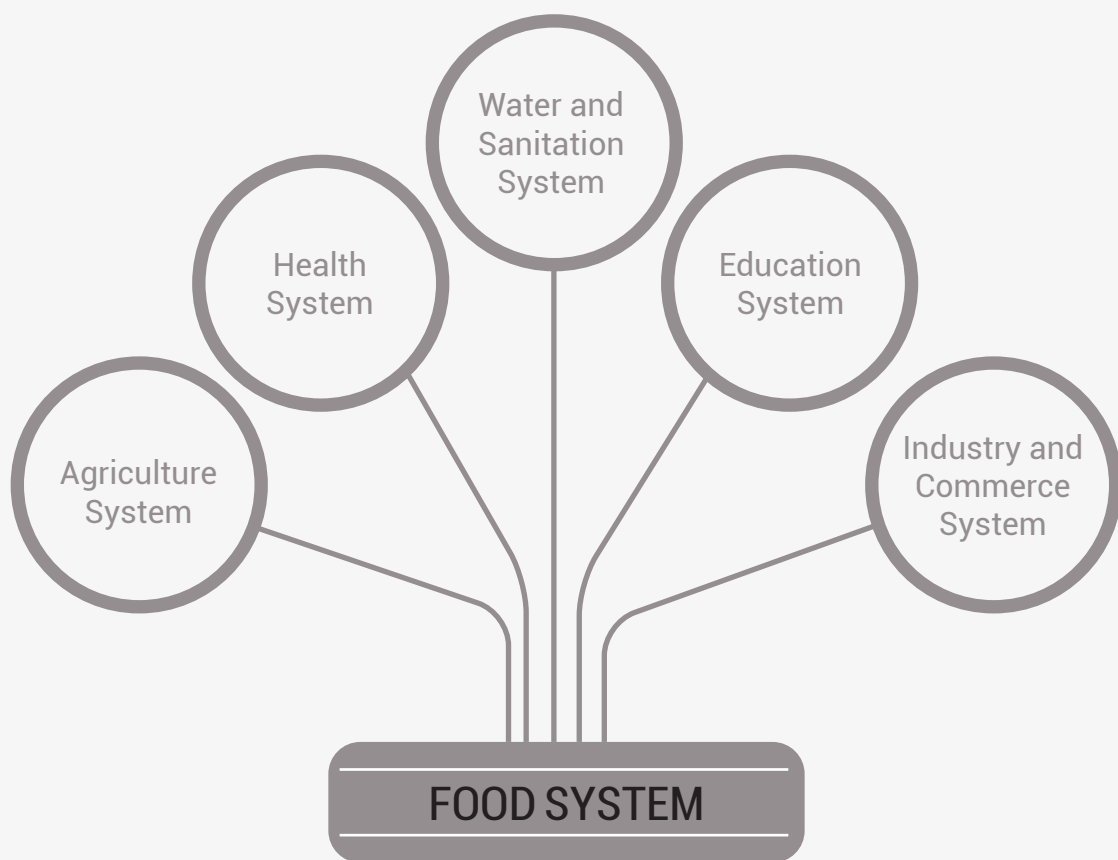
To improve nutrition outcomes through equitable, multi-sectoral, and evidence-based interventions that promote healthy diets, resilient food systems, and quality nutrition services across the life course

Guiding Principles

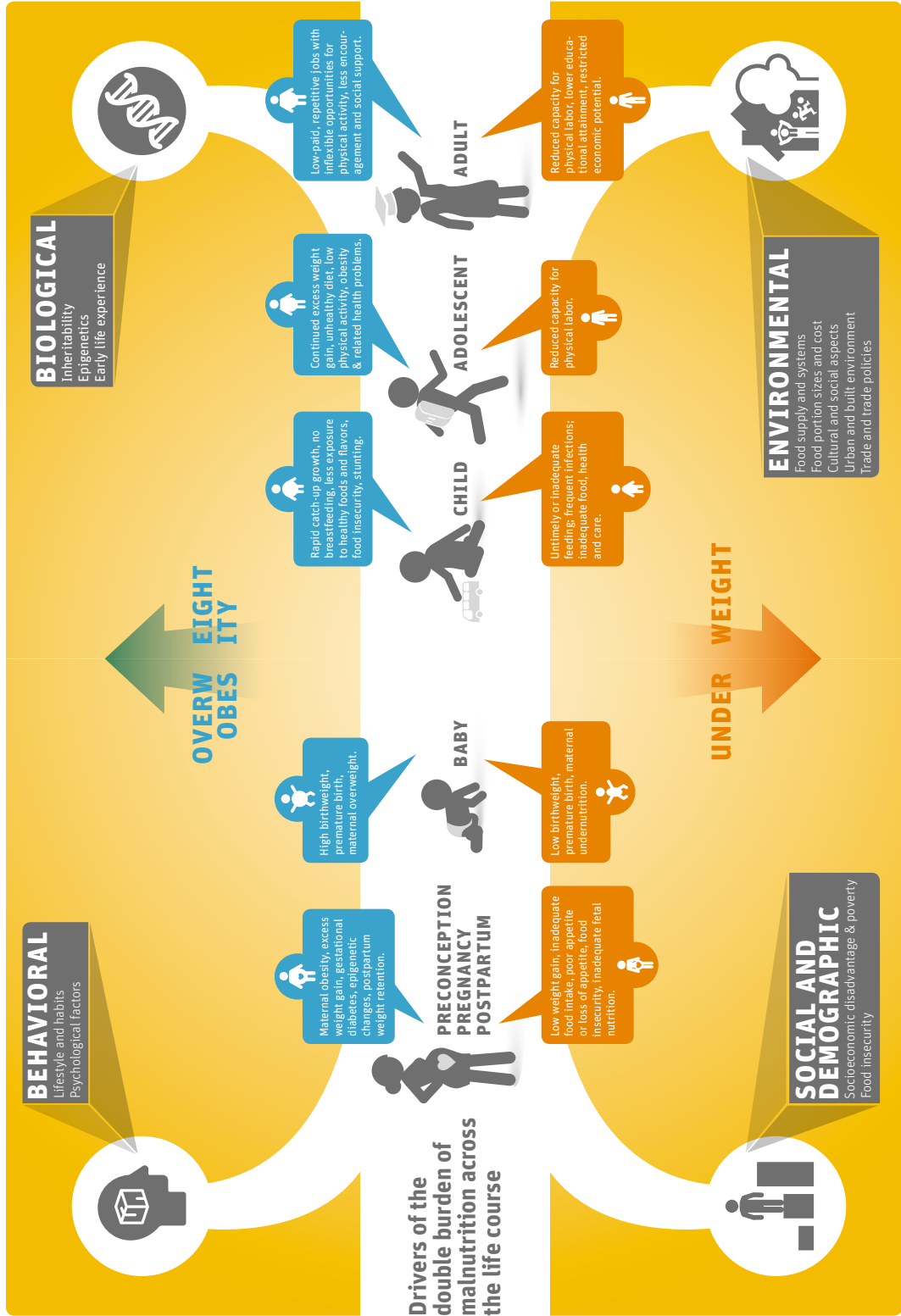
Multi-sectoral collaboration – engaging health, education, agriculture, and other key sectors.

Tackling a challenge as complex as malnutrition requires a systems approach that mobilizes key sectors: food and agriculture, industry/commerce, health, water and sanitation and education. This whole-of-government and society approach, shown in Figure 10 below, recognizes the deep interconnections among these systems and rejects the outdated notion that malnutrition cannot be solved by isolated interventions or the efforts of just one or two ministries.

The strategy will be implemented through coordinated efforts among all these key ministries including Health, Agriculture and Livestock, Education, Water and Sanitation, and Industry and Commerce as well as local governments, NGOs, civil society, and international organizations. Consultations with all these Ministries were undertaken as part of the development of the NNSAP.



— Figure 10: A Multi-Sector Food Systems Approach to —
addressing malnutrition



— Figure 11: Life Course Approach —

Evidence-based decision-making – using data and research to guide policies and programs.

Bhutan's agenda addresses all forms of malnutrition, undernutrition, micronutrient deficiencies, and rising overweight and obesity alongside their immediate and structural causes based on careful analysis of data and evidence presented in the situation analysis section of the NNSAP. Prioritization of sub-groups, regions and determinants of malnutrition are based on data, and policies, programs and other interventions were likewise prioritized based on evidence about their effectiveness.

The NNSAP will also incorporate a robust monitoring and evaluation system with a unified results and accountability framework. This approach enables real-time tracking of progress and adaptive planning to address emerging gaps and improve program effectiveness.

Equity and inclusion – ensuring all Bhutanese, regardless of geographic location, socio-economic status, or gender, have access to adequate nutrition.

Bhutan positions nutrition as a fundamental human right and a key driver of social equity, cognitive development, and economic productivity for all. As such the NNSAP 2026–2030 is mindful to address some typical areas of inequity to avoid. Gender inequities in terms of education, workload and decision-making described above, have improved somewhat, but continue to affect women's nutritional status. Policies and interventions to eliminate malnutrition in all its forms must be developed considering these realities.

Persons with disabilities are also at increased risk of malnutrition. An estimated 6.8% of the population aged five and above lives with a disability, with the majority residing in rural areas where access to services is often limited. In response, the government is working to better integrate disability considerations into its nutrition and broader development strategies.

Continued investments in gender-responsive, disability-inclusive policies and programs, assistive technologies, and accessible food systems will be essential to achieving equitable nutrition outcomes for all.

Environmental & Cultural Sustainability – integrating environmental and cultural considerations in nutrition interventions.

The strategy promotes supporting a sustainable local food system and consumption of healthy wholesome foods, in line with traditional Bhutanese diets. It supports smallholder agriculture, local food procurement by public institutions, and behavior change communication to reduce reliance on unhealthy, processed imported foods which is healthier and will foster long-term resilience.

CROSS CUTTING PRINCIPLES

To ensure the action plan's relevance, effectiveness, and long-term impact, four foundational principles: sustainability, coherence, flexibility, and accountability must guide both its design and implementation.

These cross-cutting principles serve as essential levers for enhancing the efficiency and success of the action plan:

Sustainability:

Sustainability ensures that the outcomes achieved through the nutrition plan are maintained over time. It emphasizes continuity across institutional and programmatic cycles, promoting long-term improvements that endure beyond short-term interventions. Embedding sustainable practices helps secure lasting gains in nutrition and health for current and future generations.

Coherence:

Coherence calls for logical alignment and synergy among all actions and interventions within the plan. This requires harmonized, complementary, and coordinated efforts across sectors and stakeholders. A coherent approach minimizes duplication, enhances efficiency, and ensures that all contributions reinforce one another toward shared nutrition goals.

Flexibility:

Flexibility ensures that the plan remains responsive and adaptable in the face of changing circumstances, emerging priorities, and unforeseen challenges. By allowing for timely adjustments, the plan can maintain its relevance and effectiveness within Bhutan's dynamic social, economic, and environmental contexts.

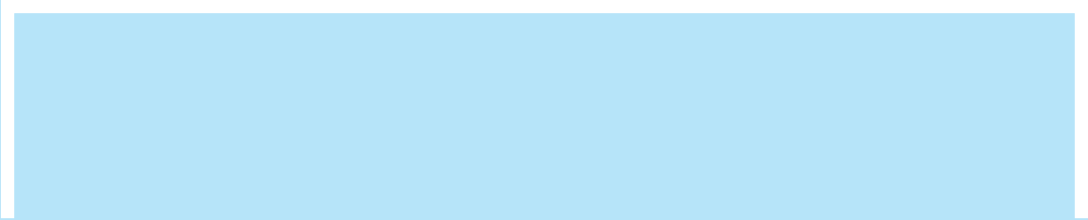
Accountability:

Accountability reinforces the responsibility of all implementing partners to deliver on their commitments and transparently report progress. This principle fostered trust, strengthened collaboration, and promoted the efficient use of resources, ensuring that each stakeholder was held answerable for their role in the plan's success.

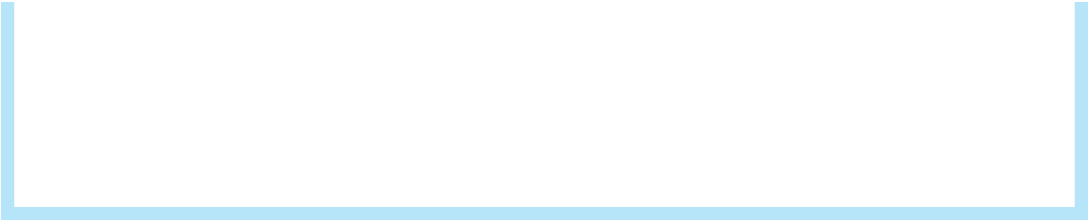
Collectively, these principles lay the foundation for a robust and resilient nutrition ecosystem in Bhutan that is inclusive, results-oriented, and strategically and politically aligned to drive sustained improvements in nutritional outcomes nationwide.







CHAPTER 6: ALIGNMENT WITH NATIONAL POLICIES AND GLOBAL STRATEGIC FRAMEWORK



NATIONAL POLICY ALIGNMENT

The National Nutrition Strategy and Action Plan 2026–2030 aligns with the country's overarching development philosophy of **Gross National Happiness (GNH)** and the priorities set out in some other key national policies, as follows:

- Thirteenth Five Year Plan (2024 - 2029)
- The Health Sector's "Healthy Drukyl" Thirteenth Five Year Plan (2024–2029)
- National Nutrition Strategy and Action Plan (2021-2025)
- Multi-sectoral Action Plan for the Prevention and Control of Non-Communicable Diseases (2026–2030)
- Food and Nutrition Security (FNS) Policy 2023
- National Health Policy

THIRTEENTH FIVE YEAR PLAN (2024–2029)

Bhutan's 13th Five Year Plan (2024–2029) charts a decisive course toward becoming a high-income Gross National Happiness (GNH) society, balancing economic growth with social equity and environmental sustainability. The plan prioritizes four national objectives:

- strengthening food self-sufficiency and nutrition security
- reducing poverty and inequality,
- diversifying the economy through infrastructure and private sector growth, and
- safeguarding environmental resilience.

These priorities reflect Bhutan's dual commitment to modern development and preservation of its unique values and ecosystems.

Some key targets include:

- **Food and Nutrition:** Reduce dependence on imports and improve school and community-based nutrition programs.
- **Poverty & Inequality:** Cut national poverty and reduce multidimensional poverty indicators, with a focus on rural households.
- **Gender:** Achieve near parity in education and workforce participation while addressing unpaid care work and gender-based violence.
- **Infrastructure:** Ensure nationwide road connectivity, expand digital infrastructure, and improve access to reliable energy.
- **Climate:** Enhance disaster preparedness, expand renewable energy generation, and reinforce Bhutan's global leadership in sustainability.

Overall, the 13th FYP consolidates Bhutan's progress from earlier plans while shifting toward a more **resilient, inclusive, and knowledge-driven economy**. It emphasizes food systems transformation, human capital development, and green growth as the foundation for long-term prosperity.

Cross-cutting GNH principles and the Sustainable Development Goals (SDGs) anchor the 13th FYP, with a strong focus on equity, resilience, and human capital. By fostering food systems transformation, reducing multidimensional poverty, and promoting green growth, the plan aims to secure long-term prosperity and well-being for all Bhutanese, while reinforcing Bhutan's role as a global leader in sustainable, values-based development.

The Health Sector's "Healthy Drukyl" Thirteenth Five Year Plan (2024–2029)

The Healthy Drukyl Program, launched by the Ministry of Health, is an initiative under 13th FYP, aiming to ensure good health and well-being of the Bhutanese population with universal health coverage at its heart. The program promotes healthy lifestyles, preventive health, and maternal and child well-being, while strengthening the health workforce and service delivery systems to reach communities across the country.

The Ministry of Health leads this program in collaboration with various stakeholders, including the National Medical Service (NMS), The PEMA, Royal Centre for Disease Control (RCDC), and local governments.

The Program's Primary goal is: "By 2029, more Bhutanese enjoy improved health and wellbeing." This goal is supported by seven specific outputs:

- ① More Bhutanese practice healthy lifestyle
- ② Control and elimination of priority diseases achieved
- ③ Quality health and health-related services and products improved
- ④ Adequacy and competency of health workforce ensured
- ⑤ Innovative governance and sustainable health financing systems are in place
- ⑥ Regulatory, monitoring, and health security system strengthened
- ⑦ Information and technology harnessed to enhance health systems efficiency

NATIONAL HEALTH POLICY

The National Health Policy emphasizes achieving universal health coverage (UHC) and ensuring equitable, high-quality health services across the country. The policy builds on Bhutan's tradition of providing free health services, while adapting to new challenges such as non-communicable diseases (NCDs), climate change, emerging infectious diseases, and malnutrition. It reinforces the country's guiding philosophy of Gross National Happiness (GNH), integrating health as a critical dimension of overall wellbeing and sustainable development.

Nutrition is recognized as a cross-cutting determinant of health, with the policy explicitly linking poor nutrition to high rates of stunting, wasting, micronutrient deficiencies, and rising overweight and obesity. The policy calls for stronger multi-sectoral collaboration particularly among health, education, agriculture, and social protection sectors to address the triple burden of malnutrition. It stresses the importance of nutrition-sensitive interventions such as ensuring food diversity, promoting breastfeeding and optimal infant and young child feeding (IYCF), and improving access to safe water and sanitation.

The policy also prioritizes the prevention of diet-related NCDs, acknowledging the growing consumption of ultra-processed and imported foods. Measures include promoting healthy school meals, regulating marketing of unhealthy foods to children, and advocating for locally produced, diverse diets. Bhutan's School Health and Nutrition Program and dietary guidelines are positioned as key platforms to instill lifelong healthy eating habits.

Finally, the policy underscores the importance of equity in nutrition outcomes, highlighting gender, geographic, and socioeconomic disparities. Rural and remote populations, as well as women (particularly pregnant and lactating mothers), are identified as most vulnerable. To address these inequities, the policy promotes community-based approaches, capacity-building of health workers in nutrition counseling, and integration of nutrition indicators into monitoring and evaluation frameworks. By aligning nutrition with UHC and national development priorities, the policy places improved diets and food security at the heart of Bhutan's strategy for health and wellbeing.

Food and Nutrition Security Policy 2023

The FNS 2023 focuses on preventing and reducing all forms of malnutrition, while tackling the inequalities that drive them. Eleven priority actions emphasize availability, accessibility, and utilization of healthy foods and promotion of diverse, healthy diets, to address undernutrition, micronutrient deficiencies, and obesity. At the same time, the policy seeks to boost rural incomes, strengthen food self-sufficiency, and reduce import dependence. In short, nutrition is positioned as both a public health imperative and a driver of national prosperity.

INTERNATIONAL COMMITMENTS

Bhutan's nutrition agenda is well-aligned with the Sustainable Development Goals (SDGs) and global nutrition targets. National indicators and strategic results areas are mapped to these commitments, reinforcing Bhutan's leadership in rights-based, inclusive nutrition governance.

Bhutan is a signatory to key global and regional nutrition frameworks, including:

- United Nations Decade of Action on Nutrition (2016–2025)
- Scaling Up Nutrition (SUN) Movement
- WHO Global Strategy for Infant and Young Child Feeding
- ICN2 Framework for Action
- SAARC Regional Action Framework on Nutrition
- Roadmap 2023-2030 for the Global Action Plan for Prevention and Control of NCDs 2013-2030.
- Global Nutrition Targets 2030

These commitments provide benchmarks and guidance for national implementation and monitoring.

Nutrition is also embedded in sectoral strategies for education, agriculture, social protection, and water, sanitation and hygiene (WASH). The Strategy contributes directly to Bhutan's commitments under the Sustainable Development Goals (SDGs) particularly SDG 2 (Zero Hunger), SDG 3 (Good Health and Well-being), SDG 4 (Quality Education), and SDG 6 (Clean Water and Sanitation).



CHAPTER 7: STRATEGIC AREAS AND IMPLEMENTATION



The nutrition agenda for the next five years is shaped around the following strategic areas:

- ① Improve maternal, infant and young child nutrition [MIYCN]
- ② Improve the nutritional status of school aged children and adolescents
- ③ Promote healthy food environments and diversified diets
- ④ Strengthen food systems for nutrition security, water, sanitation and hygiene (WASH)
- ⑤ Strengthen clinical nutrition and dietetics
- ⑥ Nutrition during emergencies
- ⑦ Strengthen governance and partnership in support of nutrition
- ⑧ Monitoring, evaluation and research on nutrition situation and related interventions

STRATEGIC PRIORITY 1:

Improve maternal, infant and young child nutrition [MIYCN]

Despite substantial progress in improving maternal, infant, and young child nutrition, Bhutan continues to face persistent challenges that limit further gains. Suboptimal maternal nutrition, inadequate dietary diversity, and poor adherence to micronutrient supplementation contribute to a high burden of anemia among women and children.

While breastfeeding is widely practiced, early initiation and exclusive breastfeeding are not universal, and complementary feeding practices remain inadequate, particularly with respect to dietary diversity and meal frequency. In addition, growth faltering and micronutrient deficiencies are not always identified and addressed early, and increasing exposure to inappropriate marketing of breast-milk substitutes threatens optimal infant feeding practices.

Geographic barriers, disparities in service quality, and varying levels of caregiver knowledge and practices have contributed to inequities in nutrition outcomes across the country. Bhutan has established a strong primary health care system, but opportunities remain to further strengthen the quality of nutrition services across the continuum of care from pregnancy through early childhood and to improve the consistency of counselling, follow-up, and community engagement. Ensuring adherence to global recommendations and improving coordination between health facilities, frontline workers, and communities will be critical to translating service coverage into measurable improvements in nutrition outcomes.

This strategy seeks to address these challenges by strengthening the health system to deliver high-quality, evidence-based nutrition interventions for women, newborns,

infants, and young children. It will focus on improving service quality and continuity of care, enhancing caregiver knowledge and practices, and reinforcing systems for monitoring, regulation, and accountability. Through a coordinated and life-course approach, Bhutan aims to accelerate progress in reducing all forms of malnutrition and ensuring that every child has the opportunity to survive, grow, and reach their full developmental potential.

Key Interventions:

- Strengthen the quality and coverage of routine antenatal and postnatal care services, including maternal nutrition assessment, counselling, and supplementation.
- Scale up and institutionalize World Health Organization-recommended Early Essential Newborn Care (EENC) and Kangaroo Mother Care (KMC) practices in all health facilities.
- Protect, promote, and support early initiation of breastfeeding, exclusive breastfeeding for the first six months, and continued breastfeeding up to two years and beyond.
- Improve complementary feeding practices for children 6–23 months through counselling and promotion of nutrient-dense, safe, and locally available foods.
- Improve coverage and adherence to maternal and child micronutrient interventions, including multiple micronutrient supplements (MMS), iron and folic acid, and multiple micronutrient powders (MNPs).
- Sustain high coverage and quality of Vitamin A supplementation and deworming services for children aged 6–59 months.
- Strengthen growth monitoring, promotion, and individualized nutrition counselling through health facilities and community-based platforms.
- Enforce and monitor compliance with the International Code of Marketing of Breast-milk Substitutes.
- Strengthen implementation of Communication for Development and Community Engagement (C4D/C4CD) and early childhood development interventions to improve infant and young child feeding and caregiving practices.

STRATEGIC PRIORITY 2:

Improve the nutritional status of school aged children and adolescents.

Bhutan has made significant investments in school and monastic feeding programs. However, challenges remain in ensuring that all children and adolescents have access to safe, diverse, and nutritionally adequate meals. In many institutions, meals are still dominated by a limited range of foods, with insufficient inclusion of fruits, vegetables, and other nutrient-rich items.

Variations in kitchen infrastructure, food storage facilities, and water, sanitation, and hygiene conditions can affect food safety and the overall quality of meals. In addition, cooks and food handlers may have limited training in nutrition and safe food preparation, while opportunities to link school feeding with practical nutrition education and local food production have not been fully realized.

Food fortification initiatives, including fortified rice, edible oil, and adequately iodized salt, have the potential to address common micronutrient deficiencies, but their integration into institutional feeding programs needs to be strengthened. Similarly, programs such as the School Agriculture and Environment Program and school gardening initiatives offer valuable opportunities to improve dietary diversity, build life skills, and foster healthy eating habits, but their implementation and scale vary across institutions.

This strategy will address these challenges by strengthening the nutritional quality of meals provided through ECCD centers, schools, and monastic institutions, while improving the systems and capacities required to deliver them effectively. It will promote the use of fortified foods, enhance food safety and kitchen infrastructure, and build the skills of cooks and staff to prepare nutritious meals.

The strategy will also leverage school gardens, practical learning programs, and social and behavior change approaches to improve nutrition knowledge and encourage healthy food choices among children and adolescents. Through these coordinated efforts, Bhutan aims to create supportive learning environments that contribute to better nutrition, health, and educational outcomes for all children and young people.

Key Interventions:

- Provide nutritious and age-appropriate meals for children attending Early Childhood Care and Development (ECCD) centers.
- Strengthen and expand school and monastic feeding programs to provide safe, diverse, and nutritious meals that meet the dietary needs of children and adolescents.
- Scale up food fortification initiatives, including fortified rice, edible oil, and iodized salt, within school and monastic feeding programs.
- Upgrade kitchen infrastructure, equipment, and water, sanitation, and hygiene (WASH) facilities in schools and monastic institutions to support safe food preparation and storage.
- Build the capacity of cooks, food handlers, and relevant staff to prepare and serve healthy, safe, and nutritious meals.
- Integrate kitchen gardening into the curriculum and daily activities of schools and monastic institutions to enhance nutrition education and improve access to fresh produce.
- Strengthen and expand the School Agriculture and Environment Program (SAEP) to support practical learning on food systems, nutrition, and environmental sustainability.
- Promote dietary diversification through school feeding programs, school gardens, nutrition education, and social and behavior change interventions.
- Strengthen and sustain high coverage of school-based micronutrient and child health interventions, including Vitamin A supplementation, iron supplementation, and deworming.

STRATEGIC PRIORITY 3:

Promote healthy food environment and diversified diets

Bhutan is experiencing a rapid nutrition transition, with increasing consumption of processed foods and a growing burden of overweight, obesity, and diet-related non-communicable diseases. At the same time, access to safe, nutritious, and affordable foods remains uneven, particularly in remote areas where agricultural diversity and market access are limited. Although Bhutan has made progress in food fortification, food safety, and nutrition policy, further efforts are needed to improve the nutritional quality of the food supply and address concerns such as trans fats, excessive salt, sugar, and unhealthy fats.

While the Bhutan Food and Drug Authority has strengthened food safety oversight, continued improvements are needed to ensure compliance with food hygiene, storage, and nutrition-labelling standards. Public awareness of healthy diets remains variable,

and the capacity of health workers to provide nutrition counselling for the prevention and management of diet-related non-communicable diseases needs to be enhanced. Foodborne disease surveillance and response systems also require strengthening to promptly detect and manage food safety incidents.

This strategy will address these challenges by promoting diversified and climate-resilient food production, strengthening food regulations and safety systems, and improving public awareness and nutrition counselling services. Through a coordinated food systems approach, Bhutan will create healthier food environments and support healthier diets to reduce all forms of malnutrition and diet-related diseases across the life course.

Key Interventions:

- Promote the production, availability, affordability, and consumption of safe, nutritious, and diversified foods by supporting climate-resilient and sustainable agriculture, targeted subsidies, and food fortification initiatives.
- Review and update Bhutan's Food-Based Dietary Guidelines (FBDGs) and develop evidence-based regulations and standards to eliminate industrially produced trans fats, limit high fat, sugar, and salt (HFSS) content in pre-packaged foods, and prevent contamination from hazardous substances such as lead.
- Strengthen food safety and quality assurance systems through improved licensing, inspection, and enforcement of hygiene, storage, and nutrition labelling standards for food businesses in accordance with the requirements of the Bhutan Food and Drug Authority.
- Implement comprehensive social and behavior change communication (SBCC) and digital media campaigns to promote healthy eating, dietary diversification, and informed food choices across the population.
- Strengthen the capacity of healthcare workers to provide nutrition assessment, counselling, and dietary management for the prevention and control of non-communicable diseases (NCDs).
- Strengthen foodborne disease surveillance, outbreak investigation, and emergency response systems to promptly detect and manage food safety incidents.

STRATEGIC PRIORITY 4:

Strengthen food systems and WASH for nutrition security

Bhutan continues to face challenges in ensuring a stable and sustainable supply of diverse and nutritious foods throughout the year. Agricultural production is constrained by limited arable land, climate variability, wildlife conflict, labor shortages, and dependence on seasonal farming systems. As a result, the availability and affordability of fruits, vegetables, legumes, and animal source foods remain inconsistent, particularly in remote areas. Weak post-harvest management, limited cold chain and agro-processing capacity, and gaps in market connectivity also contribute to food loss and reduced access to fresh and nutritious foods.

Although efforts have been made to strengthen food production and food safety systems, value chains for dairy, poultry, fisheries, and livestock products remain underdeveloped, limiting local production and distribution. In addition, dependence on imported food commodities highlights the need for stronger food fortification and import control systems to ensure food quality and nutritional standards. Challenges related to safe drinking water, sanitation, and hygiene practices also continue to affect nutrition and health outcomes, particularly among vulnerable populations and rural communities.

This strategy will address these challenges by promoting climate-resilient and nutrition-sensitive agriculture, strengthening food value chains and market systems, and improving infrastructure for irrigation, storage, processing, and food distribution. It will also reinforce food safety, water quality monitoring, and WASH systems while building the capacity of local governments and communities to support sustainable food and nutrition security. Through an integrated multi-sectoral approach, Bhutan aims to improve year-round access to safe, nutritious, and locally produced foods while enhancing resilience to climate and public health risks.

Key Interventions:

- Increase the production and productivity of cereals, fruits, vegetables, legumes, mushrooms, and animal-source foods through climate-resilient, sustainable, and nutrition-sensitive agriculture and livestock practices.
- Strengthen dairy, poultry, fisheries, and livestock value chains to increase the production, collection, and distribution of milk, eggs, meat, and fish.
- Expand sustainable irrigation systems and protected cultivation technologies, including greenhouse and urban farming, to support year-round production of nutrient-rich foods.
- Strengthen post-harvest handling, storage, cold chain infrastructure, and agro-processing capacity to reduce food loss and improve the availability of perishable foods.

- Strengthen market linkages between producers and schools, monastic institutions, health facilities, and other public institutions to promote local procurement of nutritious foods.
- Strengthen food fortification and food import control systems to increase the availability of fortified foods and ensure the safety and quality of imported food commodities.
- Improve access to safe drinking water and strengthen water quality monitoring and surveillance systems in both urban and rural areas.
- Build the capacity of local governments and relevant stakeholders and implement community and institutional awareness programs to improve water, sanitation, and hygiene (WASH) practices.

STRATEGIC PRIORITY 5:

Strengthen clinical nutrition and dietetics

Bhutan's health system has made progress in integrating nutrition into patient care; however, specialized clinical nutrition services remain limited due to shortages of trained dietitians, limited professional development opportunities, and uneven service availability across health facilities. The growing burden of non-communicable diseases and complex medical conditions has increased the need for specialized Medical Nutrition Therapy and advanced nutrition support services.

Standardized protocols and guidelines for therapeutic diets, enteral and parenteral nutrition, and inpatient food services are not implemented across hospitals. In addition, limited capacity of hospital food service staff and gaps in monitoring and quality assurance systems affect the quality and consistency of clinical nutrition care.

This strategy will address these challenges by strengthening the clinical nutrition workforce, expanding specialized dietetic services, and institutionalizing standardized, evidence-based nutrition care across the health system. It will also strengthen training, supervision, therapeutic food services, and the use of innovative technologies to improve patient outcomes and quality of care.

Key Interventions:

- Develop and implement a national dietetics workforce development plan to strengthen the recruitment, deployment, retention, and continuing professional development of clinical dietitians.
- Build the capacity of newly recruited dietitians through structured clinical attachment programs, mentorship, and competency-based training.
- Develop and institutionalize standardized Medical Nutrition Therapy (MNT) protocols for priority clinical conditions, including critical care, oncology, infectious diseases, renal diseases, pediatric critical care, and perioperative care.

- Develop and implement national guidelines for enteral and parenteral nutrition support.
- Expand the provision of enteral nutrition services in hospitals with dietitians and establish parenteral nutrition services in referral hospitals.
- Revise and update inpatient food service guidelines to ensure the provision of safe, nutritious, and therapeutic diets for hospitalized patients.
- Strengthen the capacity of hospital cooks and food service staff to prepare and deliver therapeutic diets in accordance with clinical nutrition standards.
- Ensure the provision of specialized clinical dietetic services across health facilities to improve patient outcomes and support the management of complex medical conditions.
- Promote the adoption of innovative technologies, digital tools, and nutrition products to enhance the quality and efficiency of clinical nutrition services.
- Strengthen monitoring, quality assurance, and supportive supervision systems to ensure adherence to clinical nutrition standards and continuous improvement in service delivery.

STRATEGIC PRIORITY 6:

Nutrition during emergencies

Bhutan is vulnerable to emergencies and disasters, including climate-related events, disease outbreaks, landslides and floods, all of which can disrupt supply chains and threaten food and nutrition security. Although broader emergency preparedness and response systems are in place, nutrition-specific preparedness and response mechanisms remain limited, with insufficient integration of nutrition considerations into multisectoral emergency planning and response frameworks.

Ensuring that frontline workers are adequately equipped to prevent, detect, and respond to nutrition-related needs during crises is critical. Geographic barriers and difficult terrain can further affect the timely delivery of essential nutrition services and commodities, especially in remote communities. In addition, limited preparedness of logistics and supply chain systems may disrupt the availability, storage, and distribution of food and nutrition supplies during emergencies and public health crises.

This strategy will address these challenges by strengthening nutrition preparedness and response systems within the broader national emergency framework. It will support the development of comprehensive guidelines, strengthen nutrition risk assessment and frontline response capacity, and improve emergency logistics and supply chain preparedness, including strategic food reserves and standard operating procedures for nutrition commodities. Through these efforts, Bhutan aims to build a resilient system

capable of ensuring timely, coordinated, and effective nutrition responses during emergencies while protecting the nutritional wellbeing of vulnerable populations.

Key Interventions:

- Develop and operationalize a comprehensive national guideline for nutrition in emergencies, aligned with the broader emergency preparedness and response plans of the health sector and other relevant sectors.
- Conduct nutrition risk and vulnerability assessments to identify high-risk dzongkhags and communities, and strengthen the capacity of frontline workers to prevent, detect, and respond to nutrition needs during emergencies.
- Strengthen logistics and supply chain preparedness by maintaining strategic food reserves under the National Food Security Reserve and developing standard operating procedures for the procurement, storage, and distribution of nutrition commodities during emergencies.

STRATEGIC PRIORITY 7:

Strengthen governance and partnerships in support of nutrition

There has been an increasing recognition of the importance of nutrition for national development, sustaining high-level political commitment, financing, and coordinated action for nutrition remains a challenge. Nutrition programs are implemented across multiple sectors, but gaps in coordination, resource mobilization, and accountability can affect the efficiency and impact of interventions.

There is also a growing need to strengthen nutrition-sensitive public policies that support healthier diets and protect vulnerable populations. Emerging challenges, including the rising burden of diet-related non-communicable diseases, highlight the importance of stronger policy measures, healthier food environments, and expanded maternity protection across all sectors.

This strategy will address these challenges by strengthening advocacy, partnerships, and multi-sectoral governance mechanisms to sustain political commitment and mobilize resources for nutrition. It will also promote joint monitoring, accountability, innovation, and the scale-up of high-impact interventions to accelerate improvements in nutrition outcomes nationwide.

Key Interventions:

- Strengthen high-level advocacy and partnership engagement to mobilize domestic and external resources and sustain political commitment for the national nutrition agenda.
- Advocate for and support the adoption of nutrition-sensitive public policies, including taxation of unhealthy foods and beverages and the

expansion of maternity protection measures, including adequate paid maternity leave across all sectors.

- Strengthen multi-sectoral governance, coordination, and accountability mechanisms through regular joint monitoring and periodic review of implementation progress.
- Promote the identification, piloting, and scale-up of innovative and high-impact interventions to accelerate improvements in nutrition outcomes across the population.

STRATEGIC PRIORITY 8:

Monitoring, evaluation and research on nutrition situation and related interventions

Bhutan has made commendable progress in strengthening health information systems, but gaps remain in the availability, quality, and use of nutrition data for timely decision-making and program improvement. Nutrition indicators are not yet fully integrated across routine information systems, limiting real-time monitoring and coordinated analysis of nutrition outcomes and service delivery. In addition, there is a need to strengthen surveillance systems to sustain achievements such as the elimination of iodine deficiency disorders and to better monitor emerging nutrition challenges.

Limited operational research, program evaluations, and in-depth analyses of existing national datasets have also constrained the generation of actionable evidence on dietary patterns, nutritional status, and key determinants of malnutrition. While valuable data are collected through national surveys and programs, findings are not always systematically translated into policies, technical guidance, and program improvements. Strengthening the culture of evidence generation and utilization across sectors remains an important priority.

This strategy will address these challenges by strengthening nutrition information systems, surveillance, research, and knowledge translation mechanisms. It will promote the integration of nutrition indicators into digital health platforms, strengthen monitoring and evaluation systems, and support operational research and evidence generation to guide policy and program decisions. Through improved data use, regular dissemination, and evidence-informed planning, Bhutan aims to enhance the effectiveness, accountability, and impact of nutrition interventions nationwide.

Key Interventions:

- Strengthen national nutrition information systems by integrating key nutrition indicators into the electronic Patient Information System (ePIS) and developing interactive dashboards to support real-time monitoring and decision-making.
- Strengthen regulatory and surveillance systems to sustain the elimination of iodine deficiency disorders, including restricting the import and sale of

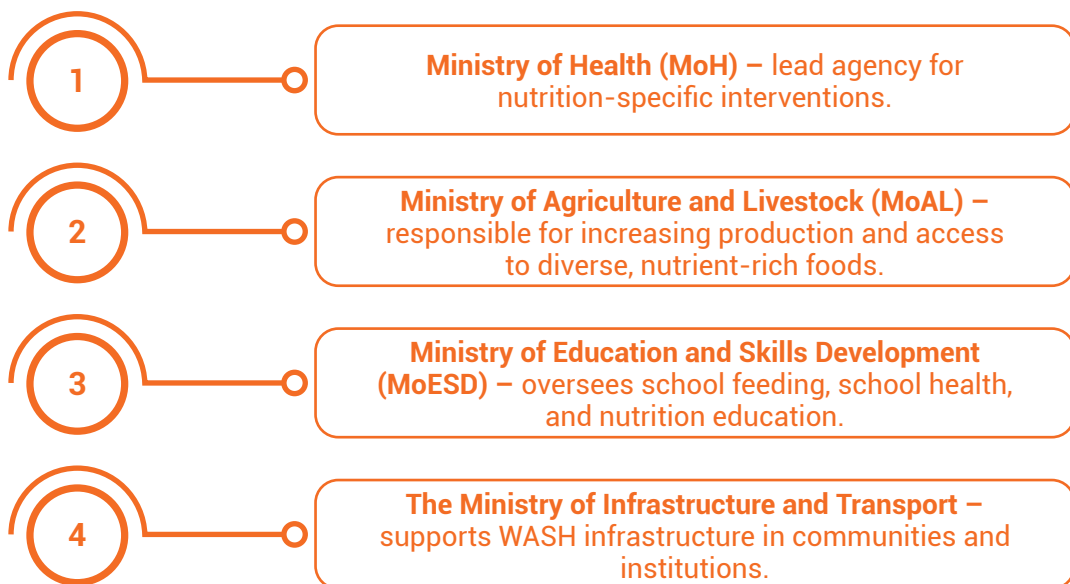
non-iodized salt and establishing sentinel surveillance sites to monitor urinary iodine concentration.

- Conduct secondary analyses of national datasets, including the 2023 National Health Survey, to generate actionable evidence on dietary patterns, nutritional status, and priority determinants of malnutrition.
- Undertake operational research and program evaluations, including assessments of macronutrient intake, infant and young child feeding (IYCF) practices, dietary diversity, and the effectiveness of multiple micronutrient powder (MNP) and multiple micronutrient supplement (MMS) programs.
- Translate research findings into policy briefs, technical guidance, and recommendations to inform evidence-based nutrition policies, strategies, and program design.
- Strengthen the use of data for decision-making through regular dissemination of findings, review meetings, and integration of evidence into planning and resource allocation processes.

IMPLEMENTATION

The implementation of the National Nutrition Strategy and Action Plan 2026-2030 will be led by respective agencies along with their collaborating stakeholders. Monitoring the implementation and related follow up will be coordinated by the Department of Public Health.

Key implementing Ministries and Agencies Include:





Local Governments – integrate nutrition into local plans and ensure community-level delivery.



Civil Society Organizations (CSOs) – complement government efforts through advocacy, service delivery, and community mobilisation.



Development Partners – provide technical and financial support, aligning contributions to national priorities.

CAPACITY BUILDING

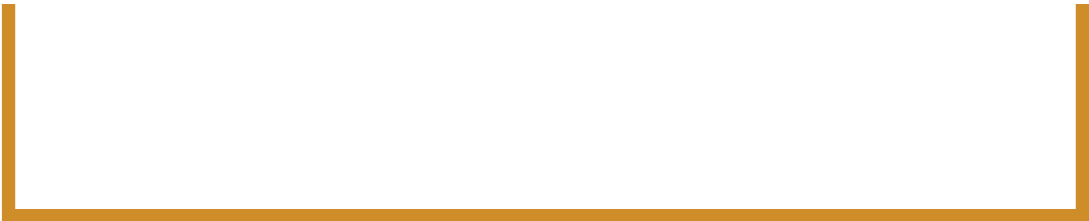
Implementation will require strengthening the capacity of all actors involved in nutrition. Key actions include:

- Training health workers, teachers, agricultural extension officers, and social workers in nutrition-sensitive and nutrition-specific interventions.
- Developing standardized training modules and materials.
- Promoting South–South learning exchanges within the region.





CHAPTER 8: MONITORING, EVALUATION, AND LEARNING (MEL)



A robust MEL framework will track progress toward national and global nutrition targets, assess intervention coverage, and capture lessons learned. Regular reviews and adaptive management will keep the strategy responsive to emerging needs.

PURPOSE

The MEL framework ensures that the National Nutrition Strategy and Action Plan 2026–2030 is implemented effectively, progress is tracked, and lessons learned are incorporated into policy and program improvements. It supports accountability to the Government, development partners, and citizens.

MEL OBJECTIVES

The MEL system aims to:

1. Track progress toward national and global nutrition targets.
2. Assess the coverage, quality, and effectiveness of nutrition-specific and nutrition-sensitive interventions.
3. Facilitate evidence-based decision-making at national, dzongkhag, and community levels.
4. Promote learning and adaptation through regular reviews and evaluations.

KEY INDICATORS

The MEL framework includes:

Impact indicators:

Prevalence of stunting, wasting, underweight, anemia, overweight/obesity.

Outcome indicators:

Exclusive breastfeeding rates, consumption of minimum acceptable diet.

Output Indicators

Coverage of micronutrient supplementation, consumption of fortified foods, school meal compliance with nutrition standards.

Table 3: expected outcomes for NNSAP 2026 - 2030

Outcomes	Indicators	Baseline	Target
Improved infant and young child feeding (IYCF) & Nutritional status	Percentage of infants 0-5 months exclusively breastfeed	69.4%	90%
	Prevalence of stunting among children under five	17.9%	15%
	Prevalence of wasting among children under five	5.1%	4%
	Halt the Prevalence of overweight and obesity among children under five	NA	Halt
Reduce prevalence of anemia across vulnerable life stages	Prevalence of anemia in children aged 6-59 months	44.7%	31%
	Prevalence of anemia in adolescent girls	36.5%	18%
	Prevalence of anemia in pregnant women	33.3%	25%
	Prevalence of anemia in non-pregnant women	40.9%	28%
Improve Food Security	Percentage Increase of production of cereals (paddy, maize, Quinoa, Wheat, Buckwheat) through clean and sustainable production practices	67900MT	26.7%
	Percentage increase of production of diversified vegetables including mushroom and legumes through protected cultivation and urban farming	45900MT	26.4%
	Percentage increase of production of meat (pork, chicken, fish) through sustainable livestock practices	2798MT	46.4%
	Percentage increase in the production and distribution of egg	86 Million	102.3%
	Percentage increase in the production of assorted fruits	41744MT	149%
	Percentage increase in production and collection of milk through improved dairy farming practices	43828MT	68.8%

Review and Learning Processes

- **Six monthly** progress report to the Prime Minister
- **Annual performance reviews** for coordination and to guide resource allocation and planning.
- **Mid-term review** in 2028 to assess overall progress and make strategic adjustments.
- **Endline evaluation** in 2030 to measure achievement of strategic objectives and inform the next strategy cycle.

Learning and Adaptation

The MEL system will foster a culture of continuous learning by:

- Documenting good practices and innovations.
- Sharing lessons through national and regional platforms.
- Integrating community feedback into program design.





CHAPTER 9: COSTING AND FINANCING



The costing of the National Nutrition Strategy and Action Plan 2026–2030 is based on a **results-based budgeting framework**. All interventions identified in the strategy have been costed using:

- Unit cost estimates from recent national program
- Projections of population coverage over the five-year period
- Adjustments for inflation and logistical considerations

The costing covers implementing nutrition interventions across all relevant systems.

Indicative Budget by Strategic Priority

The estimated total cost for implementing the strategy over five years is, distributed across each of the eight strategic priorities as follows:

		Budget estimate (million Nu)
1	Strategic Result Area Improve maternal, infant and young child nutrition [MIYCN]	50.0
2	Strategic Result Area Improve the nutritional status of school aged children and adolescents	578.2
3	Strategic Result Area Promote healthy food environment and diversified diets	41.0
4	Strategic Result Area Strengthen food systems for nutrition security, water, sanitation and hygiene (WASH)	4105.43
5	Strategic Result Area Strengthen clinical nutrition and dietetics	15.0
6	Strategic Result Area Nutrition during emergencies	52.66
7	Strategic Result Area Strengthen governance and partnership in support of nutrition	0.55
8	Strategic Result Area Monitoring, evaluation and research on nutrition situation and related interventions	9.9
TOTAL		4852.74

Sources of Financing

Activities will be embedded directly into annual work plans of ministries and local governments and implementation will be financed through a combination of:

Government allocations:

Dedicated nutrition budget lines in relevant ministries' annual plans.

Development partner contributions:

Aligned with national priorities through joint financing agreements.

Private sector engagement:

Partnerships for food fortification, healthy food supply chains, and public awareness campaigns.

Innovative financing:

Exploring climate and health financing windows, results-based financing, and corporate social responsibility funds.



CHAPTER 10: ACTION PLANS



Strategic Result Area 1: Improve maternal, infant and young child nutrition [MIYCN]				
Sl. No	Action Plan	Output Indicator	Baseline	Target
1	Integrate preconception nutrition services in all hospitals and PHCs	No. of health facilities providing preconception care services	NA	59 hospitals, 193 PHCs and 50 Sub-posts
2	Review and update the national anemia control program	Timeline by which national anemia control is reviewed and updated	NA	Guideline developed by end of FY 2026-2027
3	Train health professionals on anemia control prevention and management guideline	No. of hospitals and PHCs with trained staff on anemia control, prevention and management	NA	59 hospitals, 193 PHCs and 50 Sub-posts
4	Review and update nutrition screening tool for maternal nutrition risk assessment during ANC	Timeline by which National screening tool is developed	NA	Screening tool developed by FY 2026-27
5	Train health workers (doctors, nurses, HAS, Dieticians) on the maternal nutrition risk assessment screening tool	% of health facilities with trained staff	NA	59 hospitals, 193 PHCs and 50 Sub-posts
6	Update and revive PHC based IMNCI package including nutrition	% of Health Facilities where IMNCI is implemented	NA	100%
7	Strengthen the implementation of Multiple Micronutrient Supplementation (MMS) for pregnant and lactating women	Proportion of pregnant and lactating women receiving MMS	NA	≥ 95% of PLW
8	Strengthen the implementation of Early Essential Newborn Care (EENC) and Kangaroo Mother Care (KMC) before, during, and after childbirth to support parents and promote better newborn health outcomes	Proportion of health facilities implementing EENC and KMC	NA	70% of Health Facilities implementing EENC and KMC during antenatal care
9	Conduct mass media campaigns to promote Early Essential Newborn Care (EENC) and Kangaroo Mother Care (KMC)	No. of media campaigns conducted	NA	3 campaigns
10	Strengthen the delivery of Maternal, Infant and Young Child Nutrition (MIYCN) interventions	% of health facilities providing MIYCN counselling and support	100%	100%
11	Incorporate relevant sections of The Code for Breast Milk Substitute (BMS) in relevant bills	Timeline by which relevant provisions of the code are incorporated in bills	NA	by 2028
12	Establish Lactation Management Units (LMUs) in hospitals	% of hospitals (10-bedded and above) with functional LMUs	21%	59 hospitals (100%)
13	Implement and improve compliance of Micronutrient Powders (MNPs) for improving complementary feeding among children aged 6–23 months 1. Revitalize the advocacy on the importance of MNP through various social media channel 2. Develop updated advocacy package on MNP	% of eligible children complying with the MNPs for improving complementary feeding among children aged 6-23 months	90%	90% of eligible children nationwide
14	Strengthen and sustain high coverage of Vitamin A supplementation and deworming services for children aged 6-59 months	Proportion of children aged 6-59 months receiving Vitamin A and deworming services	90	100%
15	Improve quality of growth monitoring for children U5 with appropriate counselling on triple burden of malnutrition	Proportion of health facilities implementing growth monitoring	100	100%
16	Capacity building of health professionals on management of severe acute malnutrition	Proportion of paediatricians trained on management of severe acute malnutrition	NA	90%
17	Strengthen C4CD plus implementation	Proportion of health facilities implementing C4CDplus group sessions	194 PHCs 51 Subposts	100% of the HFs
18	Conduct sensitization for PLW enrolled into the AMCH program on dietary diversity and importance of exclusive breastfeeding	Proportion of sensitization conducted for PLW enrolled into the AMCHP on dietary diversity and exclusive breastfeeding	NA	100%
19	Strengthen Village health workers engagement on increasing the compliance of MMS and MNP	Proportion of VHWs trained and sensitized on the uptake of MMS and MNP	NA	80%
20	Conduct advocacy and sensitization sessions on preconception care to colleges under RUB and vocational institute	Number of advocacy and sensitization sessions conducted on preconception care	NA	2 preconception care advocacy sessions per year
21	Develop advocacy video and pamphlets on 1000 golden days	Advocacy video and pamphlets on 1000 golden days developed and disseminated by 2027	NA	2027

Year					Responsibility	Collaborating partners	Budget (Nu. million)	Means of Verification
1	2	3	4	5				
59 hosp	100 PHCs	94 PHCs	51 subposts		RMNHP, Nutrition program	NMS, KGUMSB, UNICEF, WHO, HPRCD	4.5	Program Report
	x	X			Nutrition program, RMNHP	NMS, KGUMSB, UNICEF, WHO	1	Program Report
	59 hospital	194 PHCs	51 subpost		Nutrition program, RMNHP	NMS, KGUMSB, UNICEF, WHO	4.5	Program Report
	X				RMNHP, Nutrition program	NMS, KGUMSB, UNICEF, WHO	0.6	Program Report
		59 hosp	194 PHCs	51 subposts	RMNHP, Nutrition program	NMS, KGUMSB, UNICEF, WHO	4.5	Program Report
x	x	x	x	x	Child Health Program & Nutrition Program	NMS, KGUMSB, UNICEF, WHO	5	Program Report
X	X	X	X	X	Nutrition program, RMNHP	NMS, UNICEF, WHO, Vitamin Angels	12	ePIS/DHIS 2
	x	x	x	x	RMNHP, Nutrition program	NMS, UNICEF, WHO	0.7	Program Report
		x	x	x	RMNHP, Nutrition program	HPRCD, UNICEF, WHO	0.6	Availability of such messages/ advocacy materials in Mass media/ social medial platforms
x	x	x	x	x	Nutrition program	NMS, UNICEF, WHO	3.3	Program Report
			X	X	Nutrition program	Legal Services, UNICEF, WHO	0.5	Program Report
x	x	x	x	x	Nutrition Program	NMS, KGUMSB, UNICEF, WHO	3.5	Program Report
x	x	x	x	x	Nutrition program	NMS, UNICEF, WHO	2	Program Report
x	x	x	x	x	Nutrition program, RMNHP	NMS, KGUMSB, UNICEF, WHO	1.2	ePIS
x	x	x	x	x	Nutrition program, RMNHP	NMS, KGUMSB, UNICEF, WHO,	1	ePIS
x	X				Nutrition Program	NMS, KGUMSB, UNICEF	1	Program Report
	X	X	X	X	Child Health Program	NMS	1	DHIS2
	X	X	X	X	RMNH program PMU, AMCHP Nutrition Program	NMS, World Bank, UNICEF	0.5	PMU, AMCHP
	X	X	X	X	HPRCD, Nutrition Program	LG, Dzongkhags, UNICEF	1	HPRCD
	X	X	X	X	RMNH program Nutrition Program	MoESD, WHO, UNICEF, WB	0.6	Program Report
		x			RMNH program	Nutrition Program, UNICEF, WB, WHO	1	RMNH program
							50.0	

Strategic Result Area 2: Improve the nutritional status of school aged children and adolescents			
Sl. No	Action Plan	Output Indicator	Baseline
Ministry of Education and Skills Development			
1	Construction and renovation of kitchen and store in schools	No. of schools with kitchen and store meeting the standard	NA
2	Enhance School Agriculture and Environment Programme in schools	No. of schools implementing agriculture program	NA
3	Provision of nutritious day meal for ECCD centres	Proportion of ECCD centre with established nutritious day meal program	NA
4	Ensure availability of quality kitchen items, that ensures smokeless and clean kitchen in all schools	No. of schools issued with kitchen items	49 feeding schools supported under WFP funding
5	Strengthen and sustain high coverage of deworming and iron folic supplementation program	Proportion of schools with deworming and iron supplementation program	100%
6	Conduct nutrition assessment among school going children	Timeline by when the nutrition assessment is conducted	NA
7	Implement National Guideline on Health Promoting Schools and Monastic Institutions	Proportion of schools implementing the health promoting school guideline	NA
Monastic Institutions			
1	Develop and implement food and nutrition guideline for monastic institutions	Timeline by when the guideline is developed	NA
2	Improve kitchen infrastructure and amenities in monastic institutions	Proportion of monastic institutions with improved kitchen facilities	NA
3	Improve Agriculture and Environment Program in monastic institutions	Percentage of monastic institutions implementing agriculture and environment program	NA
4	Develop and implement standard mess management guideline for monastic institutes	Timeline by when the guideline is implemented	NA
5	Supply of fortified Rice, fortified oil and iodised salt in monastic institutes	Proportion of monastic institutes providing fortified foods	NA
6	Capacity development of cooks in monastic institutions	Proportion of monastic institutes with trained cooks	NA
7	Implement National Guideline on Health Promoting Schools and Monastic Institutions	Percentage of monastic institutions implementing the guideline	NA
Royal University of Bhutan			
1	Develop and implement standard mess management guideline for colleges under RUB	Timeline by when the Guideline is developed	NA
2	Supply of fortified Rice, fortified oil and iodised salt in colleges under RUB	Proportion of colleges providing fortified foods	NA

Target	Year					Responsibility	Collaborating partners	Budget (Nu. million)	Means of Verification	
	1	2	3	4	5					
40 selected schools		x	x	x	x	MoESD	MoESD/Dzongkhag Education Office/Schools	250	MoESD Annual Report	
250 selected schools		x	x	x	x	MoESD	MoESD/Dzongkhag Education Office/Schools	25	MoESD Annual Report	
100%		x	x	x	x	MoESD	MoESD/Dzongkhag Education Office/Schools	200	MoESD Annual Report	
All 467 feeding schools		x	x	x	x	MoESD	MoESD/Dzongkhag Education Office/Schools	50	MoESD Annual Report	
100%		x	x	x	x	MoESD	MoH,UNICEF, WHO, other development partners	2	EMIS	
2027			x			MoESD	MoH, UNICEF, WHO, other development partners	5	Assessment report	
More than 90%		x	x	x	x	ASHP	MoH/Hospitals, WHO, MoESD	10	Program Report	
2027		x				Dratshang Lhentshog	HPRCD,WFP,WHO,UNICEF	1.5	Program Report	
70% monastic institutions			X	X	X	Dratshang Lhentshog, Chedey Lhentshog, BNF	UNICEF WHO WFP DoPH RHP BNF	5	Program Report	
70% monastic institutions			x	x	x	Dratshang Lhentshog & Choedey Lhentshog/BNF	MoAL Dzongkhags	0.5	Program Report	
2028			x			Dratshang Lhentshog & Choedey Lhentshog/BNF	Development partners	1	Implementation Report	
80% of monastic institutes	x	x	x	x	x	Dratshang Lhentshog & Choedey Lhentshog/BNF	WFP, FCB, MOESD, MoAL, and relevant stakeholders	5	Stores record of monastic institutes	
80% of monastic institutes	x	x	x	x	x	Dratshang Lhentshog & Choedey Lhentshog/BNF	UNICEF WHO WFP DoPH RHP BNF	5	Program Report	
90%		x	x	x	x	ASHP	MoH/Hospitals, WHO, MoESD	5	Program Report	
2028			x			RUB	UNICEF WHO WFP DoPH RHP BNF	2	Training reports	
80%	x	x	x	x	x	RUB	UNICEF WHO WFP DoPH RHP BNF	5	Records of relevant institutes	

Strategic Result Area 2: Improve the nutritional status of school aged children and adolescents			
Sl. No	Action Plan	Output Indicator	Baseline
3	Initiate farm to campus cooperative to improve the supply of fruits and vegetables	Number of cooperatives established	NA
4	Develop standard training module for cooks for colleges under RUB	Timeline by which the training module is developed	NA
5	Capacity development of cooks in colleges under RUB	Proportion of colleges with trained cooks	NA



Target	Year					Responsibility	Collaborating partners	Budget (Nu. million)	Means of Verification
1 per college	x	x	x	x	x	RUB	UNICEF WHO WFP DoPH RHP BNF	0.2	Collage annual report
2028			x			RUB	UNICEF WHO WFP DoPH RHP BNF	1	Finalized module
100%		x	x	x	x	RUB	UNICEF WHO WFP DoPH RHP BNF	5	Training reports
								578.2	



Strategic Result Area 3 : Promote healthy food environment and diversified diets					
Sl. No	Action Plan	Output Indicator	Baseline	Target	
					1
1	Develop and disseminate engaging digital content highlighting the benefits of a healthy and diversified diet.	Number of digital content produced and posted on benefits of healthy and diversified diet	Nil	Once a month	x
2	Review & revise Food Based Dietary Guidelines (FBDG)	Timeline by which the guideline is updated	1 outdated version	2028	
3	Develop and implement Guidelines on trans fats and HFSS (High Fat, Sugar, Salt) content in pre-packaged foods	Timeline by when the guideline is developed	NA	2028	
4	Ensure hoteliers, restaurant owners and producers comply with hygiene, storage and food labelling standards	% of restaurants and hotels adhering to the standards	NA	>90%	x
5	Support and create awareness to farmers on adopting climate resilient, sustainable, and organic production practices	Number of districts covered by the awareness program	NA	20	x
6	Facilitate licensing of Food Business as per the BFDA licensing criteria	Numbers of food business licensed annually	113	188	15
7	Develop regulations to control the inflow of lead contaminated materials	Timeline by when the regulatory enforcement is initiated	NA	2027	
8	Capacity development of healthcare workers on dietary intervention for management of NCDs	Percentage of front-line healthcare workers (GDMO, NCD focal persons and HAs) trained on dietary intervention for management of NCDs	70%	95%	x
9	Improve response to foodborne outbreak investigation	Percentage of districts with trained officials	50%	100%	x

Year				Responsibility	Collaborating partners	Budget (Nu. million)	Means of Verification
2	3	4	5				
x	x	x	x	Nutrition Program and HPRCD	MoH	0	Annual report
	x			NCDD	MoICE, BFDA, MoAL, KGUMBS, Other international partners	1	Availability of finalized document
	x			DoPH, BFDA, CCAA	WHO, FAO, WFP	1.5	Availability of finalized document
x	x	x	x	BFDA	Food Business Operators	1	Inspection report
x	x	x	x	MoAL	DoA, DoL, DAMC, FAO, MoF	1.5	Annual report
30	45	60	75	BFDA, BSB	DoL, DoA, MoH	5	Annual report
x				EHP, BFDA, MoH	Legal, MoICE	1	Approved regulatory framework in place
x	x	x	x	LSRDP	KGUMSB, NMS	10	Program report
x	x	x	x	RCDC, BFDA	NMS, Development Partners	20	RCDC Annual report
						41	

Strategic Result Area 4 : Strengthen food systems for nutrition security, water, sanitation and hygiene (WASH)			
Sl. No	Action Plan	Output Indicator	Baseline
1	Increase production of cereals (paddy, maize, Quinoa, Wheat, Buckwheat) through clean and sustainable production practices	Percentage increase from the baseline	67900 MT
2	Promote production of diversified vegetables including mushroom and legumes through protected cultivation and urban farming	Percentage increase from the baseline	45900 MT
3	Increase the production of meat (pork, chicken, fish) through sustainable livestock practices	Percentage increase from the baseline	2798MT
4	Increase the production and distribution of eggs	Percentage increase from the baseline	86 Million
5	Increase the production of assorted fruits	Percentage increase from the baseline	41744MT
6	Increase production and collection of milk through improved dairy farming practices	Percentage increase from the baseline	43,828MT
7	Enhance storage, cold chain, and agro-processing units to strengthen supply chain networks for vegetables, fruits, and other perishable commodities	Number of new storage and processing units established	43 Nos
8	Strengthen market linkages with schools and institutions	Number of schools and institutions linked	331 Nos
9	Increase the area under sustainable irrigation systems	Number of irrigation facilities established	1200
10	Strengthen food import control system for food commodities	Number of food commodities with import control system in place	5
11	Increase the number of fortified foods in the country	Number of fortified foods available in the market	1
12	Improve access to safe and clean water for households, schools, and institutes.	Percentage of households with safely managed drinking-water services (health 13fyp)	63%
13	Build capacity of Local Governments (LGs) and relevant stakeholders on improving WASH in the communities.	Proportion of Local Governments and relevant stakeholders trained on WASH program	25%
14	Conduct WASH awareness sessions for the communities and Institutions	Number of awareness session conducted per district	NA
15	Improve and sustain water quality testing in urban areas of Bhutan	Number of water quality testing conducted	Once a month
16	Improve and sustain water quality testing in rural areas of Bhutan	Number of water quality testing conducted	Twice in a year

Target	Year					Responsibility	Collaborating partners	Budget (Nu. million)	Means of Verification
	1	2	3	4	5				
26.7 %	x	x	x	x	x	DoA, MoAL	Dzo, LGs	235	MoAL report
26.4 %	x	x	x	x	x	DoA, MoAL	Dzo, LGs	804.94	MoAL report
46.4 %	x	x	x	x	x	DoL, MoAL	Dzo, LGs	266	MoAL report
102.3 %	x	x	x	x	x	DoL, MoAL	Dzo, LGs	291	MoAL report
149 %	x	x	x	x	x	DoA, MoAL	Dzo, LGs	625.5	MoAL report
68.8 %	x	x	x	x	x	DoL, MoAL	Dzo, LGs	544	MoAL report
118 Nos	x	x	x	x	x	DAMC, MoAL	DoA, DoL, Dzo, LGs	210	MoAL report
531 Nos	x	x	x	x	x	DAMC, MoAL	DoA, DoL, Dzo, LGs	100	MoAL report
1226	x	x	x	x	x	DoA, MoAL	Dzo, LGs, DoID	905.99	MoAL report
10	x	x	x	x	x	BFDA	Department of Trade, RRCO	60	BFDA report
5	x	x	x	x	x	DoA, MoAL	DoPH, BFDA, RCDC, FCBL	4	MoAL report
90%	x	x	x	x	x	MoIT, MoH, MoESD	Dzo, LG, MoIT, MoESD, Zhung Dratshang	50	WASIS, MoIT
100%	x	x	x	x	x	MoH, MoIT	Dzo, LG, MoESD, Zhung Dratshang	5	MoH
One per district per year	x	x	x	x	x	MoH	Dzo, LGs	2	Program report
Once a month	x	x	x	x	x	DoPH, RCDC	Dzo, LGs, HC, Municipal	1	Program report
Twice in a year	x	x	x	x	x	DoPH, RCDC	Dzo, LGs, HC, Municipal	1	Program report
								4105.43	

Strategic Result Area 5 : Strengthen clinical nutrition and dietetics				
Sl. No	Action Plan	Output Indicator	Baseline	Target
1	Develop and implement standard medical nutrition therapy for AICUs	Percentage of clinical dietitians practicing the standard protocol	NA	100%
2	Develop and implement standard medical nutrition therapy for Oncology care	Percentage of clinical dietitians practicing the standard protocol	NA	100%
3	Develop and implement standard medical nutrition therapy for infectious diseases	Percentage of clinical dietitians practicing the standard protocol	NA	100%
4	Develop and implement standard Medical Nutrition Therapy for Neonates and Infants	Percentage of clinical dietitians practicing the standard protocol	NA	100%
5	Develop and implement standard Medical Nutrition Therapy for pre and post-operative care (ERAS)	Percentage of clinical dietitians practicing the standard protocol	NA	100%
6	Develop and implement standard Medical Nutrition Therapy for Renal diseases	Percentage of clinical dietitians practicing the standard protocol	NA	100%
7	Develop guidelines for Clinical Nutrition (enteral and parenteral nutrition)	Timeline by when the guidelines are developed	NA	2027
8	Expand enteral nutrition practice and infrastructure in hospitals with dietician	Proportion of hospitals with dietician have enteral nutrition services	NA	80%
9	Expand parenteral nutrition practice in referral hospitals	Timeline by when the parenteral nutrition practice is started in regional referral hospitals	NA	2028
10	Revise and update the existing inpatient food guidelines	Timeline by when the guidelines are developed	Old 2019 guidelines	2027
11	Capacity development of cooks in therapeutic meal preparation	Proportion of hospitals with therapeutic cooks	7	70
12	Adopt the latest technologies and products to improve clinical nutrition services	Number of initiatives which produce new products and technologies	NA	2
13	Develop a national dietetics workforce development plan	Timeline by when the workforce plan is developed and finalized	14	2028
14	Ensure the provision of specialized clinical dietetic services to improve patient outcomes (part of CBF) for dietitians	Number of specialist dietitians available	NA	5 (for paediatric ,renal, oncology, critical care and geriatric care)

Year					Responsibility	Collaborating partners	Budget (Nu. million)	Means of Verification	
1	2	3	4	5					
	x	x	x	x	Department of Nutrition & Dietetics, JDWNRH	DOPH, NMS, JDWNRH	0.5	Clinical audit reports	
	x	x	x	x	Department of Nutrition & Dietetics, JDWNRH	DOPH, NMS, JDWNRH	0.5	Clinical audit reports	
	x	x	x	x	Department of Nutrition & Dietetics, JDWNRH	DOPH, NMS, JDWNRH	0.5	Clinical audit reports	
	x	x	x	x	Department of Nutrition & Dietetics, JDWNRH	DOPH, NMS, JDWNRH	0.5	Clinical audit reports	
	x	x	x	x	Department of Nutrition & Dietetics, JDWNRH	DOPH, NMS, JDWNRH	0.5	Clinical audit reports	
	x	x	x	x	Department of Nutrition & Dietetics, JDWNRH	DOPH, NMS, JDWNRH	0.5	Clinical audit reports	
x	x				Department of Nutrition & Dietetics, JDWNRH	DOPH, NMS, JDWNRH	1	Endorsed guidelines	
	x	x	x	x	Department of Nutrition & Dietetics, JDWNRH	DOPH, NMS, JDWNRH	1.5	Program reports	
			x		Department of Nutrition & Dietetics, JDWNRH	DOPH, NMS, JDWNRH	2	Program reports	
		x			Department of Nutrition & Dietetics, JDWNRH	DOPH, NMS, JDWNRH	0.5	Endorsed guidelines	
	x	x	x	x	Department of Nutrition & Dietetics, JDWNRH	DOPH, NMS, JDWNRH	2		
x	x	x	x	x	Department of Nutrition & Dietetics, JDWNRH	DOPH, NMS, Development Partners	2	Clinical audit reports	
	x	x	x		Department of Nutrition & Dietetics, JDWNRH	JDWNRH, NMS, MOH, RCSC	1		
	x	x	x	x	Department of Nutrition & Dietetics, JDWNRH	JDWNRH, NMS, MOH, RCSC	2	Program reports	
							15.0		

Strategic Result Area 6 : Nutrition during emergencies			
Sl. No	Action Plan	Output Indicator	Baseline
1	Develop a comprehensive guideline to respond to nutrition during emergencies aligned with the broader emergency contingency plans of health and other relevant sectors	Timeline by when the guidelines are developed and endorsed	NA
2	Conduct risk and vulnerability assessment to map regions, dzongkhags, and communities at risk for nutrition issues during emergencies	Timeline by when the risk and vulnerability mapping report is available	NA
3	Improve the capacity of the field workers to respond to nutrition during emergencies as part of the mitigation strategy	Percentage of districts with trained focal persons	NA
4	Maintain food reserves at strategic locations as part of the National Food Security Reserves	Percentage of designated stores that maintain the recommended quantity of food reserves as per the national guidelines.	NA
5	Develop the logistics operation manual during emergencies	Timeline by when the logistics operation manual is approved	NA



Target	Year					Responsibility	Collaborating partners	Budget (Nu. million)	Means of Verification
	1	2	3	4	5				
2027		x				DoPH (MOH)	WHO, UNICEF, MoH, MoHA, FCBL, MOAL, WFP, FAO	0.5	Published guidelines
2026-2027		x	x	x	x	DoPH (MOH)	WHO, UNICEF, MoH, MoHA	0.8	Published reports. Nutrition risk map
100%		x	x	x	x	DoPH (MOH)	WHO, UNICEF, MoH, MoHA, (FCBL)	1	Program reports
100%	x	x	x	x	x	FCBL	MoAF, MoH, WHO, WFP, FAO, UNICEF, MoHA		FCBL annual report
2026	x					FCBL	RGoB, DRC/RRCO, DoT, Desuung & RBA, BCTA, Concerned Disaster Management Committee (DMC)	50.36	Logistics Operation Manual for Type III Disaster
								52.66	



Strategic Result Area 7 : Strengthen governance and partnership in support of nutrition				
Sl. No	Action Plan	Output Indicator	Baseline	Target
1	Advocate for the taxation on unhealthy/junk foods	Number of advocacies conducted	0	At least one per year
2	Advocacy on maternity leave across all sectors	Number of advocacies conducted	0	At least one per year
3	Conduct joint monitoring to validate implementation of nutrition activities	Number of joint monitoring visits conducted	0	At least one per year
4	Explore new innovations and high impact interventions to improve nutrition outcomes in the population	Number of innovations and interventions studied	NA	At least one per year



Year					Responsibility	Collaborating partners	Budget (Nu. million)	Means of Verification	
1	2	3	4	5					
x	x	x	x	x	MoF, MoH	MoICE, Parliament, WHO, UNICEF	0.2	Program Report	
x	x	x	x	x	MoLHR, RCSC, MoH	CSOs, private sector, UNICEF	0.15	Program Report	
x	x	x	x	x	NP, DoPH	MoA, MoE, CSOs, Development Partners	0.2	Program Report	
x	x	x	x	x	NP, DoPH	Development partners	0	Program Report	
							0.55		



Strategic Result Area 8 : Monitoring, evaluation and research on nutrition situation and related interventions				
Sl. No	Action Plan	Output Indicator	Baseline	Target
1	Restrict the import and sale of non-iodized and inadequately iodized salts	Timeline by when the regulatory action is implemented	NA	2026
2	Establish surveillance sites to monitor urinary iodine concentration	Timeline by when the surveillance sites are established	NA	2027
3	Conduct secondary analysis of dataset from the NHS 2023	Timeline by when the secondary analysis is completed	NA	2026
4	Develop a nutrition information dashboard to guide nutrition programming	Timeline by when the dashboard is developed	NA	2026
5	Evaluate the performance of MNP and MMS programs	Timeline by when the evaluation is completed	NA	2026
6	Generate policy briefs to guide nutrition programming	Number of policy briefs generated	NA	1 per year
7	Conduct exploratory study to understand the poor dietary diversity and IYCF practices	Timeline by when the assessment is conducted	NA	2028



Year					Responsibility	Collaborating partners	Budget (Nu.million)	Means of Verification	
1	2	3	4	5					
x	x	x	x	x	NP, DoPH	BFDA	0.5	Program Report	
0	x				NP, DoPH	RCDC, WHO/UNICEF	0.5	Program Report	
x					NP, DoPH	UNICEF, DP	0.5	Analysis report	
x					NP, DoPH	HIMS, GovTech	0.5	Availability of functional dashboard	
x					COEN	NP, DOPH, UNICEF, WHO, DP	0.5	Evaluation report	
	x	x	x	x	COEN	NP, DOPH, UNICEF, WHO, DP	0.2	Published policy briefs	
		x			CoEN	NP, DOPH, UNICEF, WHO, DP	0.7	Survey report	
							9.9		





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