





HEALTH REFORM PROJECT

Through Improved Nutrition and Water Sanitation Status in Bardiya District

Project Introduction

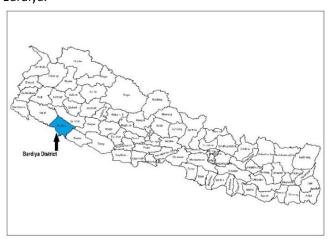
Nepal, situated in South Asia, is among the least developed countries with low income, as per the 2022 Multidimensional Poverty Index report. Around 17% of the population still lives in poverty. Despite Nepal's commitment to sustainable development goals by 2030, there are still a range of challenges remaining in nutrition, water, sanitation and hygiene sectors. Recent findings on child nutrition show a wide gap to achieve the SDG targets by 2030. A quarter of children under age 5 are stunted and around one out of five children is suffering from the burden of being underweight. Status of wasting among under age 5 seems to be stagnant since 2016. Surprisingly, more than half of the children under age 2 are not exclusively breast fed, resulting in 43% of children aged 6-

Project Coverage Area	Lumbini Province, all 8 Local Government of Bardiya District
Thematic Areas	Nutrition, Water, Sanitation and Hygiene
Project Timeline	36 months (March 2023 to February 2026)
Project Beneficiaries	Children under 5 years of age including mothers, Pregnant Women, Health Service Providers, Female Community Health Volunteers, and targeted population for WASH interventions
Funding Agency	MoFA Japan and ADRA Japan
Implementing Organization	ADRA Nepal and Environment and Rural Development Center

59 months are anemic in the country. Approximately one third of pregnant women suffer from mild to severe anemia. Despite ongoing efforts to reduce malnutrition rates, this remains a significant public health concern in Nepal.

According to a multi-dimensional indicator survey, 75% of Nepal's water sources are contaminated with E-Coli, affecting the poorer communities and households using such sources. The vulnerability to infections from these contaminated water sources is high (90%) among poor communities. Recent survey (NDHS) revealed that rural population like Bardiya district lacking access to appropriate drinking water. Only 25% have access to drinking water treated with appropriate methods. In addition, 27% of total population lack access to essential basic sanitation facilities and only about 1 in every 4 persons does not have access to basic hand washing facilities.

The Multi-dimensional Poverty percentage in Lumbini Province stands at 18.2, surpassing the national status (17.4). Bardiya exhibits a higher percentage of muti-dimensional poverty (32.3) and lower Human Development Index (0.466) in comparison to other districts of Lumbini Province. Bardiya is a densely populated district in Lumbini province, where child malnutrition has been prominent public health challenges over an extended period. According to NDHS, about 6.4% of rural dwellers use drinking water from unprotected dug well or unprotected spring, whereas 17% of population living without drinking water in their premises in rural population like Bardiya.



Bardiya encompasses a diverse population, including the Tharu community as major and indigenous groups. The Tharu community, especially women, people with disabilities and marginalized groups are deprived from opportunities of health, education, and livelihood supports. With the financial assistance from Ministry of Foreign Affairs Japan, the Health Reform Project in partnership between ADRA and ENRUDEC will be implemented in all 8 local governments of Bardiya district. Project aims to reform the health status of residents of district by contribution to the health status of women and children in the district by improving the nutrition status including water, sanitation and hygiene environment throughout the 3 years of period.

Project Goal

To reform the health status of residents of target district by improving the nutrition status and water sanitation environment.

Contribution in Sustainable Development Goals







Expected Outcome

Outcome 1: Municipal governance on nutrition and water sanitation will be strengthened.

Outcome 2: Understanding and awareness of nutrition and WASH among residents will be improved, and residents will voluntarily promote the improvement of nutrition and WASH in their communities

Outcome 3: Nutrition-related facilities will be able to provide quality services and residents can receive better nutrition services that are comprehensive and sustainable.

Outcome 4: Availability and accessibility of drinking water that meets WHO standards for water quality and minimum water quantity

Outcome 5: The introduced water purification system and overhead water tank will be properly maintained and managed by the residents.

Major Activities

Strengthening Governance and Management

- Annual Review and Planning Workshop for integrated nutrition and WASH program in municipalities
- Orientation to NCC (Nutrition Care Center/ Health Facility) management committees on childhood nutrition Program including WASH
- Advocacy Workshop for Integration of WASH and Nutrition in Lumbini Province

Infrastructural Development and Support

- Infrastructural upgrading of NCC (Nutrition Care Center) and equipment support to NCCs and Outreach Clinics
- Nutrition-Friendly Health Facility Initiative
- Installation of YCWSS (Yamaha Clean Water Supply System) in target community
- Installation of RCWSS (Rural Clean Water Supply System) in target community
- Development and Installation of IEC/BCC infrastructure in communities and health facilities

Capacity Building

- Capacity building training for health workers on nutrition specific services including Integrated Management of Acute Malnutrition (IMAM)
- Training to FCHVs on Maternal, Infant and Young Child Nutrition (MIYCN)
- Training to health workers on Growth Monitoring and Promotion including Quality Improvement
- Community-Based Integrated Management of Newborn and Childhood Illnesses (CB-IMNCI) Refresher Training for health workers
- Community-Based Integrated Management of Newborn and Childhood Illnesses (CB-IMNCI) Refresher Training for FCHVs
- Operation and Management Training to WSCs (Water and Sanitation Committees) in 2 target communities
- Nutrition program focused onsite coaching and mentoring

Community Sensitization

- CHAST approach and Care Group Approach' in schools and communities for promotion of hygiene and sanitation
- Commemoration of WASH & health campaigns
- Development and distribution of IEC materials (acrylic message boards, posters, pamphlets, and job aids) in health facilities and communities
- Health Mothers' Group (HMG) reactivation initiative
- Development of Bal Swasthaya Manzari Magazine in collaboration with Family Welfare Division

Project Approaches	
Gender and Social Inclusion	Value for Money
Addressing the impact of COVID-19	Financial Management

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ADRA Nepal

Sanepa, Lalitpur, Nepal P.O. Box 4481, Ktm, Nepal | Tel:. +977-01-5455913/14 Fax: +977-01-5455251 Email: info@adranepal.orgwww.adranepal.org





