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FEATURE ARTICLE: Making Strides in Better Nutrition in Madhesh Province.
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Read This Online

PROJECT UPDATES



Thank you to our donors, partners, government bodies, ADRA Network, staff and volunteers who work with us to bring relief and lasting change to people.

EMERGENCY RESPONSE

ADRA NETWORK,
(ENRUDEC)

We reconstructed three birthing centres in Bajhang, Doti and Ja-jarkot that were damaged in multiple earthquakes. Residents in these remote hill areas can once again access health services and birthing facilities locally instead of making very long trips to more distant health posts.

HEALTH REFORM PROJECT

GOVERNMENT OF JAPAN, YAMAHA, LION FUND, TERUMO, ADRA JAPAN
(ENRUDEC)

The project provided a Yamaha Clean Water System to Dhakela in Bardiya. We also provided supplies to the Outreach Clinics and Nutrition Care Centers (NCC) of Barbardiya and Madhuwan Municipalities. Training in Integrated Management of Acute Malnutrition, and Growth Monitoring was provided to over 200 NCC service providers, and 424 Female Community Health Volunteers received refresher training.



UNFPA SUPPLIES PROJECT

UNFPA

We conducted TOT (Training of Trainers) on Forecasting and Quantification for Health Managers. The participants will go on to train others and effectively forecast and quantify the health commodities (medicines and equipment) in their Palikas across the Madhesh Province. Improving logistics is an essential part of system strengthening.

WISH II PROJECT

ADRA UK
(BWSN)

We operated reproductive health camps in underserved areas of Madhesh province. The health camps provided the opportunity for women to receive checkups, screening for cervical cancer and uterine prolapse, family planning services, counseling, and food and nutrition advice for their families.



PROJECT UPDATES



TERAI PROJECT

JERSEY OVERSEAS AID WITH ADRA UK
(INDRENI, FORWARD NEPAL)

The TERA project organized a 5-day embryo transfer training for the Nepal government technicians involved in breed improvement. This training creates and develops the expertise in-country, enabling the specialist method used in cattle breeding globally, to be used here in Nepal. In addition to the training, the project handed over 50 Jersey cattle embryos to the Secretary of the Ministry of Agriculture and Livestock Development.



UNITED FOR EDUCATION

ADRA KOREA, ADRA JAPAN
PRIVATE DONORS - AUSTRALIA

Recently, 23 of our sponsored students finished their Grade 12 exams successfully completing their secondary education. We continue to work with 17 schools to support around 225 students with uniforms and school supplies. These contributions help to ease the financial pressure and encourage school attendance.



GOAL II PROJECT

GOVERNMENT OF AUSTRALIA
ADRA AUSTRALIA
(RUDAS NEPAL, FIRDO NEPAL)

Last year the project opened a vegetable distribution center in Pyuthan, which was extremely successful. It provided a place for the local farmers to bring their produce and receive a fair price. We have opened a similar distribution center in Rolpa helping producers from that district to sell to the major markets. Now closed during the off-season, both markets will reopen again, enabling farmers to sell their produce commercially, consistently, and at a fair rate.



RELIEF PROJECT

CANADIAN FOODGRAIN BANK
ADRA CANADA
(PRAYAS NEPAL)

The project, still in its early stages is conducting training for project staff, undertaking preparatory work including the Inception Workshop with local government, and the formation/reformation of farmer groups. We also hosted donors from CFGB on a Learning and Educational Trip.

SAMVARDHAN PROJECT

EUROPEAN UNION, AUSTRIAN DEVELOPMENT COOPERATION
WITH ADRA AUSTRIA
(ANSAB, BEE GROUP, FECOFUN)

We have been working with Farmer Groups in Bardiya and Banke to provide technical expertise and field schools for improved farming techniques for wildlife-resistant crops. We are also working with Community Forest User Groups to develop their Operational Plans for their Community Forests.



"It's an honour to be elected and work with so many great leaders in the development sector to advance our shared goals and support AIN as an effective learning and collaboration platform."

Tom Pignon



AIN STEERING COMMITTEE

ADRA is pleased to be on the AIN Steering Committee. ADRA Nepal Country Director Tom Pignon was recently voted by AIN's membership to be part of the 11-strong committee for a two year period. AIN, the Association of International NGOs Nepal, formed in 1996, has a membership of 112 international NGOs and works with other stakeholders to "accelerate the strengthening of civic space and engagement, development and humanitarian support and contribute to Government of Nepal's development efforts."



MAKING STRIDES IN BETTER NUTRITION IN MADHESH PROVINCE

The HSS-MNCH/N project takes on the challenge of Malnutrition.

by Sujit Kumar Sah

Monitoring and Evaluation Manager, ADRA Nepal



In Nepal, the nutritional status of children under age 5, according to the three anthropometric indices show 25% are stunted, 8% are wasted, and 19% are underweight (NDHS 2022). This is particularly concerning in Madhesh province, where 29 % of under 5 years children are stunted which is the second highest among all provinces and wasting rates reach 17.8% (NMICS 2019), along with lower education levels and higher rates of child marriage (NDHS 2022). Social factors like caste also play a role, with a study showing Dalit children experience higher rates

of both stunting and wasting than non-Dalit children.¹ A study also reveals that 14% of children in Madhesh Province are suffering from severe malnutrition.² Malnutrition in Madhesh Province is a complex issue with many contributing factors. It has a cascading effect, impacting women, men, boys, and girls differently, often along socio-economic and cultural lines. Madhesh province faces seasonal disasters due to the

¹ Kafle T, Singh G, Singh S, Kafle T. Nutritional Status of Dalit Children: A Comparative Study with Non-Dalit Children in Eastern Terai of Nepal. *Birat J Health Sci*. 2017 May 9;2:117.

² STUDY: 14% children in Province 2 malnourished [Internet]. [cited 2022 Nov 1]. Available from: <https://kathmandupost.com/national/2018/02/24/study-14-pc-children-in-province-2-malnourished>

nature of its soil, topography and soil erosion caused by deforestation in the Churiya Hills.

The Terai region of Nepal, while being the breadbasket of the country, faces a paradox of malnutrition. Despite its agricultural abundance, Terai has the highest rates of wasting among its three ecological regions, potentially due to poor sanitation as well as the lowest percentage of children aged 6-23 months receiving the minimum recommended diet (NPC-NMPI 2018)."

Children born to young and underweight mothers are more at risk of being malnourished, which points to maternal factors as key determinants of child wasting and stunting, with 52% of women in the reproductive age group and 46% of pregnant women being anaemic (NDHS 2022). Social and gender norms further contribute to poor adolescent nutrition, with anaemia in girls aged 10–19 years (21%) twice as prevalent as in boys (Nepal National Micronutrient Status Survey, 2016). Poverty and seasonal food insecurity contribute to constrained access to healthy diets by women, adolescent girls and young children. Several misconceptions were found about the consumption of nutritious foods, such as having a nutritious diet while pregnant causes a big problem during delivery due to having a larger baby, or avoiding some kinds of food during pregnancy/lactating period is good for the child's health. In addition, there is a lack of knowledge about preventive actions and low awareness of the

services available in healthcare facilities. There are other negative individual, family, socio-cultural, and religious beliefs associated with the occurrence of nutrition conditions among women and children which act as barriers to health service use.

HSS/MNCH-N Project: Addressing Malnutrition in Madhesh

The "Health System Strengthening for Maternal, Newborn, and Child Health/Nutrition" (HSS/MNCH-N) Project, supported by ADRA International and ADRA Netherlands and implemented with partners BWSN from 2022-2025, aims to increase access to maternal, newborn, and child health and nutrition services, improve health-seeking behaviors, and strengthen community-facility linkages. ADRA advocates for women and children, recognizing their health risks and the opportunity for lasting health improvements for themselves and their communities. Additionally, promoting men's engagement in health and shared health decision-making to strengthen households.

Approach: Strengthening Local Health Systems and Community Engagement

The HSS/MNCH-N project focuses on Health System Strengthening (HSS) and actively engages communities to ensure sustainable progress towards the Sustainable Development Goals. The project centers on enhancing local government services at health facilities, addressing critical

health needs, improving service delivery, and increasing utilization rates. Community-based interventions ensure that marginalized groups receive essential maternal and child health and nutrition services, equipping health facilities and providers to meet community needs.

Addressing Community Needs through Social and Behavior Change (SBC)

The project employs nutrition social and behavior change communication (SBCC), combining interpersonal communication, social change, community mobilization, mass media, and advocacy to support individuals, families, and communities. Creating public awareness, promoting best practices, and fostering health-seeking behaviors are crucial to improving malnutrition outcomes. ADRA's gender-sensitivity training engages whole families to lay the foundation for behavior change. Additionally, 770 Nutrition Care Providers and Female Community Health Volunteers (FCHVs) have been trained and they deliver nutrition-related messages, and counter misconceptions in the community.

Empowering Communities Through Targeted Outreach

Community Health Facilitators and Care Group volunteers play a crucial role in community-based interventions, conducting orientations for FCHVs and engaging pregnant and breastfeeding

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Human - wildlife conflict is a multifaceted problem where it can range from issues such as poaching, to crop damage, or policy related issues around compensation for wildlife attacks on farm animals and humans. Animals often wander outside the boundary of the national parks and interactions are part of the daily life of the surrounding communities.



Planting Mentha between crop seasons provides a wildlife-resistant income boost.

Mentha Cultivation

One of the many activities of the Samvardhan project is improving the production of mentha. The project is providing technical assistance to improve cultivation practices, the use of quality saplings, land preparation and linkages with markets to get the optimum price from different market actors or agents. Mentha provides an additional income to farmers as an extra crop cultivated on the fallow land between harvesting main season crops and planting new crops. The Janasaktri Krishak Group is cultivating a mentha crop on over one hectare of land and will process it to produce 120 Kg of oil. The oil is valuable as an essential oil and the group expects to generate an average of NPR. 21,600 per farmer, depending on the area of land they cultivate. Mentha also helps to improve the soil health as it helps stubble and residue to decompose hereby increasing the organic matter in the soil. It is especially useful in the Bardiya area as it is a wildlife resistance crop, and is undamaged by wildlife.

Samvardhan Project is funded by the European Union, Austrian Development Cooperation and ADRA Austria. It is implemented with partners ANSAB, BEE Group and FECOFUN.

FARMER FIELD SCHOOLS

A Successful Approach for Learning by Dr. Anil Chandra Neupane, Project Manager, ADRA Nepal.

In 1989, the Food and Agriculture Organization introduced the Farmer Field School (FFS) approach for integrated pest management in rice. The International Livestock Research Institution (ILRI) later applied this approach to livestock projects in 2001. FFS is a practical learning method that focuses on techniques and technologies to address farmers' issues. Farmers in FFS engage in interactive discussions and collaborative problem-solving, meeting regularly to share challenges and experiment with solutions on their farms. An ideal FFS group consists of 15 to 25 farmers.

In the Lumbini project area, smallholder dairy farmers faced challenges such as inadequate knowledge of improved production practices, poor quality feed, infertility, repeat breeding, mastitis, and low-yielding breeds. The TERAJ project team created a FFS curriculum addressing balanced feed preparation, year-round forage management, straw treatment using urea technology, parasite treatment, disease management, and improved shed management. A total of 1,634 smallholder farmers, including 1,393 women, participated in these FFS sessions.

Training focused on balanced feed preparation using local ingre-



dients. Practical demonstrations were conducted on making balanced feed, producing nutritious forage and fodder, and treating straw with urea to enhance its palatability and protein content. Additional training included upgrading mud floors to cemented floors, proper urine collection, parasite control, and teat dipping for mastitis management. Farmers also learned about calf, heifer, and milking management, as well as breed improvement.

To measure progress, various data recording formats were developed. Over a month, milk production was monitored, showing a 13% increase in milk yield per animal. Farmers noted a reduction in disease and parasite infestation, resulting in healthier animals. They started prioritizing good breeds and semen for breed improvement, becoming aware of inbreeding issues.

FFS empowered smallholder farmers both socially and technically. They now consult private veterinary technicians and utilize local government livestock services for forage seeds, medicine, and veterinary and artificial insemination services. Farmers share their experiences and knowledge, effectively managing their farms for commercial dairy production. The success of FFS in livestock production suggests that it is a viable model for NGOs, INGOs, the private sector, and government stakeholders to support sustainable development in the dairy sector.

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women, mothers-in-law, men, and religious leaders. Door-to-door screening campaigns have provided nutritional counseling and screenings to over 5,000 pregnant and breastfeeding mothers and 4,500 children.

Identifying Malnutrition Cases

The project has identified and referred 217 cases of Severe Acute Malnutrition and 902 cases of Moderate Acute Malnutrition.

Health System Strengthening

The project has strengthened 34 health facilities, including establishing OTC/ITC and Nutrition Care Centers, equipped with essential tools to conduct nutritional assessments and growth monitoring.

The HSS-MNCH/N project demonstrates how Health System Strengthening initiatives, combined with community engagement, effective counseling, routine screenings, and a well-trained workforce, can significantly reduce maternal and child morbidity, mortality, and malnutrition while enhancing overall community health. Malnutrition and inadequate health services not only threaten individual well-being but also hinder economic productivity and social stability. Addressing these challenges requires coordinated efforts among local governments, NGOs, and international agencies to ensure sustainable improvements.

EDUCATING IN PARTNERSHIP

"In our school, most of the students are from poor backgrounds and many are from marginalized groups. Some students have only a single parent and others are without parents and have migrated here from remote areas of Kavre district. Our SMC committee work to identify needy students according to set criteria and provide them with the ADRA sponsorship."

"I am grateful to ADRA Nepal and their donors from Korea, Japan and Australia. Many more students are encouraged to finish school and are passing out +2 level and going on to further education or employment."

Prem Raj Sharma, Principal, Shree Ganesh Bharati Secondary School.

PARTNERSHIPS

DONOR SPOTLIGHT: CFGB

The Canadian Foodgrain Bank has partnered with ADRA in Nepal since 2015. The organization raises funds in Canada through private donations and is a long-term partner with the Government of Canada. CFGB staff, supporters and donors visited Nepal on a Learning and Educational Trip and we took them to Dhadhing where the RELIEF Project was just starting up. They learnt about the food security challenges faced by remote communities who are mainly subsistence farmers, and were also able to see the improvements that external support can provide.

Donors Steve and Jeanette Tomtene operate a large grain farm in Saskatchewan, Canada, and have been supporting CFGB for over 20 years. They designated a field and donated their time to plant it. Local companies often donated fertilizers and other inputs and community members

would come together and harvest it. The Tomtenes donate the profit from the harvest to CFGB, which ranges from CAD\$15,000-30,000 depending on the yield, crop and prices. When asked what drives their generosity, Steve responded, "I understand the need around the world and this is something our community can do. With the match funding provided by the government to CFGB, our donation is then doubled or sometimes tripled! It is also good for our community to work on something together. It's very special to be here to understand how this makes an impact."



Steve and Jeanette Tomtene
Tomtene Seed Farm, Saskatchewan

Abi and Ellie joined us as volunteers for two months through ADRA UK and their partnership with Newbold College. "Volunteering in Nepal has been an eye-opening experience into a unique culture. Our visits to the TERAI and RELIEF projects allowed us to witness ADRA's impactful work. It's been a humbling experience seeing the resilience and determination of communities, especially in those areas devastated in the 2015 earthquake. We are grateful to have played a small part in their story."

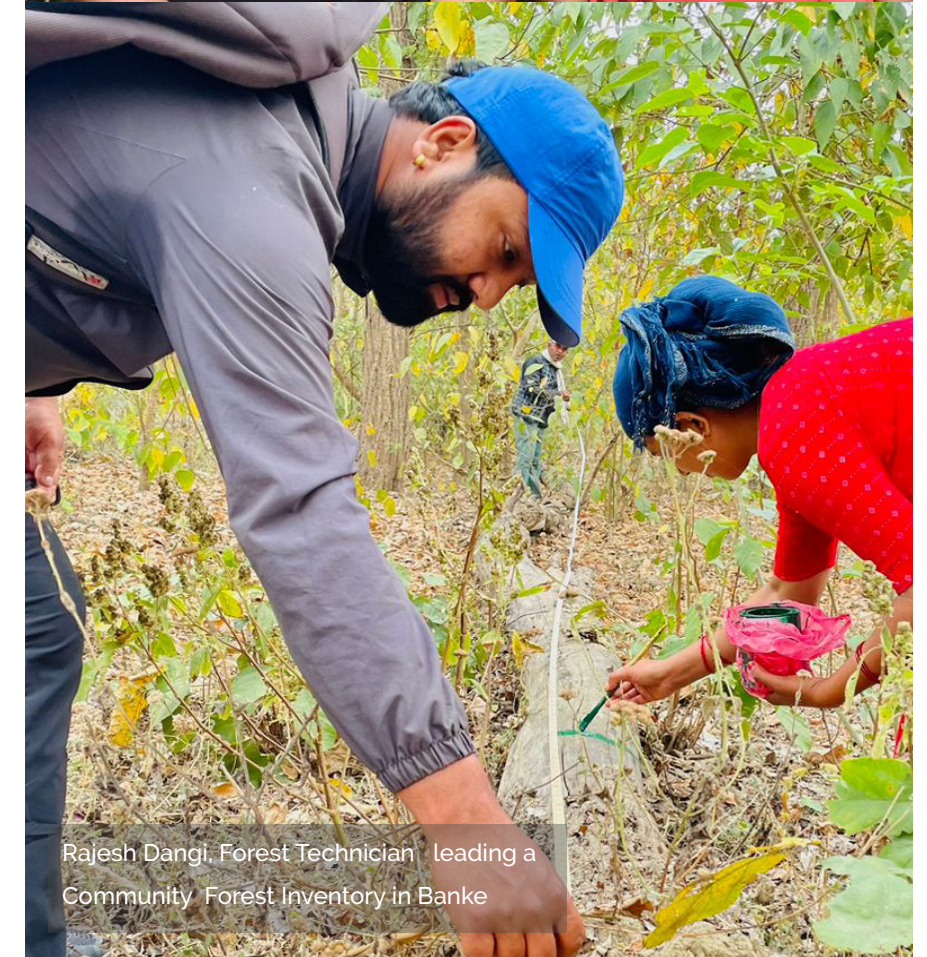
"During the forest inventory process with a Community Forest User Group in Bardiya, we were measuring trees when a tiger walked past us only 15 meters away, it looked at us, had a drink from the canal, and walked on. It was incredible." (Bhupal Nath Yogi)

ANSAB: THE FOREST GUYS

Deepraj Bhusal, Biodiversity Specialist, Bhupal Nath Yogi, and Rajesh Dangi, Forest Technicians, are from ANSAB, an organization dedicated to protecting biodiversity and building prosperous communities. They are working with ADRA on the Samvardhan project in Bardiya and Banke districts to help CFUGs develop their Operational Plan and provide technical support for sustainable forest management. It is clear to see that they are all passionate about wildlife, forestry, and community development. "ANSAB focuses on the future impact we can make and strives to understand the unique dynamics of an area." Deepraj Bhusal.



Bhupal Nath Yogi and Deepraj Bhusal



Rajesh Dangi, Forest Technician leading a Community Forest Inventory in Banke



Abi Davison and Ellie



Ambote Gurung Gaaun Homestay

Nestled in a beautiful location in a Gurung community in North Dhad-ing, the homestay offers guests a peaceful and serene experience. The concept was first initiated



ed by an ex-army officer who was inspired by the successful homestays he encountered during his service. He motivated the local people to establish this venture and with support from the municipality and various I/NGOs, the homestay initiative quickly gained momentum. The homestay is spread across 17 homes, with a capacity to host up to 45 guests. It is surrounded by beautiful gardens and has a kitchen serving organic locally produced food. Families running the homestay are members of our farmer groups in the RELIEF project. For more information contact: 9864488610.



Samsana's Story

Samsana, 21, from Mahottari married at 20 and soon became pregnant. Despite having 10 family members, she navigated her pregnancy alone. Her husband worked as a daily wage laborer in India, leaving her to manage with limited resources and food insecurity. Throughout her pregnancy, Samsana focused on sustaining her family, often sacrificing her own needs. She managed only one prenatal check-up due to financial constraints. At seven months pregnant, she gave birth to twins, Amana and Khatma, through surgery. The twins were born with low birth weights and faced frequent illnesses. Samsana sought help from the Aurahi Health Post

where ADRA and partners BWSN were providing a free service. Her twins, then 6 months, were identified as severely acutely malnourished (SAM). Samsana was taught about balanced diets, given supplementary foods and encouraged to continue breastfeeding. She also received guidance on providing complementary foods to her children and cooking methods to maximize nutrition from locally available ingredients. She received information on all crucial steps to ensure her twins' well-being. At each health post visit, the twins showed progress and have moved from severe to moderate acute malnutrition and continue to improve their trajectory.



Emergency Response

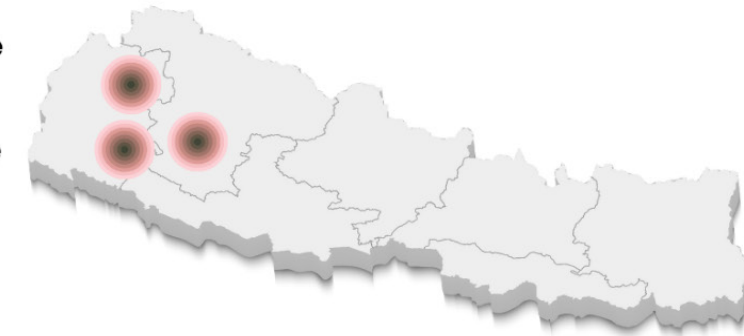
ADRA Nepal 2023 - 2024

Justice.
Compassion
Love

**Bajhang Earthquake
(6.3)**

**Jajarkot Earthquake
(6.4)**

**Doti Earthquake
(6.6)**



9000+
Beneficiaries



1,010 EMERGENCY
SHELTER KITS

250

Talkot Rural Municipality

650

Barekot Rural Municipality

110

Nalgad Municipality

7,500+ SERVED THROUGH
INTEGRATED
REPRODUCTIVE
HEALTH CAMPS.



Bajura
Doti
Jajarkot
West Rukum

500 WINTERISATION
KITS

250

Junechandi Rural Municipality

250

Nalgad Municipality

3 HEALTH FACILITIES
RECONSTRUCTED



Rajada Birthing Facility, Bajhang
Dandakot Birthing Facility, Jajarkot
Daud Birthing Facility, Doti

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ADRA'S HEALTH STRATEGY

We sat down with ADRA International Director for Health, Nutrition and WASH, Josue Orellana and asked him a few questions.

What challenges are ADRA and the humanitarian/development sector facing globally? We have a changing global landscape with the issues we have faced for a long time such as poverty and disease, but on top of this, we also have emerging issues, which are increasing, such as humanitarian crises like conflict. This creates a tension for intervention as it is more difficult to operate safely in these areas. There are many forgotten humanitarian crises around the world. People know about Gaza and Ukraine, but there are many others that don't appear in the news and there is less funding for them. So, while we want to and need to intervene, the lack of funding limits our intervention and ability to help.

Another challenge is the double burden of disease. While progress has been made in many areas, we still have malaria and malnutrition, but we also have the emerging issue of non-communicable diseases. These were formerly diseases of the developed world, but now they are strongly emerging in developing countries. We find households with cases of both malnutrition and high blood pressure, or malaria and diabetes. Non-communicable diseases account for three-quarters of deaths in the developed world, and if cases in developing countries continue to rise we have an entirely new health crisis. Most donors are not yet picking up on this and where they have, the focus has been on medical treatment, testing, and laboratories. While these are useful and essential, they will not stop the increase in cases. There is a neglect on prevention and lifestyle interventions.

What is on the agenda for ADRA's global health strategy? ADRA, like other organizations, is focusing on the triple nexus – which is bridging humanitarian responses into development and ensuring resilience is an underlying concept in everything we do. In health we will continue with the vital interventions we do in tackling malnutrition, providing family planning services, etc. across the world, however, we are also looking into non-communicable diseases and have started to invest in creating a new model for this. We are working with the GC health department and Loma Linda University which are both leaders in a lifestyle approach to NCDs.

"We know that preventing heart disease, diabetes, and other NCDs is possible, and we are ready to do this."

The model we are looking at is bringing social and behavioral change to people. The Adventist church has a strong history of health work and health promotion, and many members practice healthy living for the benefit of fewer non-communicable diseases and longer active lives. This is something that is relevant to the whole world now. Another priority going forward is global health security – that is being better prepared to respond to pandemics and epidemics. In this work, our role is to strengthen health systems to be better prepared to respond to health threats.

Josue originally trained and worked as a medical doctor before joining ADRA. He has worked with ADRA in Bolivia, Mongolia and Nepal.

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ADRA



ADRA Nepal is confident about the quality of our programs and the conduct of our staff, partners and stakeholders, however if you have any concerns or comments please contact us through our confidential phone numbers: 1660-01-54251 (Toll Free NTC only), 9847692456 (all users, free call back) Mon - Fri 9AM-5PM.

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