

**FEATURE ARTICLE:** Improved Nutrition,  
Water and Sanitation in Bardiya Page 3.

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# PROJECT UPDATES



## RELIEF PROJECT

CANADIAN FOODGRAIN BANK  
ADRA CANADA  
(PRAYAS NEPAL)

The RELIEF project conducted home garden training in Dhading's Gangajamuna and Khaniyabas Rural Municipality in January. Thirty-eight farmers from various groups participated, learning to integrate vegetables, fruits, beekeeping, goat rearing, mushroom cultivation, and medicinal plants. The training also covered eco-friendly practices like biofertilizer production. This initiative aims to enhance nutrition, promote dietary diversity, and create income opportunities by enabling farmers to sell surplus produce.



## DISASTER RISK MANAGEMENT ADRA

In January 2025, in coordination with the Social Welfare Council Minister Nawal Kishor Sah, Minister of Women, Children, and Senior Citizens, we provided warm blankets to marginalized communities in Saptari affected by the cold wave. This initiative aimed to protect vulnerable families from harsh weather conditions, ensuring their well-being as many were unprepared for the cold weather.



## GOAL II PROJECT GOVERNMENT OF AUSTRALIA ADRA AUSTRALIA (RUDAS NEPAL, FIRDO NEPAL)

Representatives from the Australian Embassy and ADRA Australia attended the final review of the GOAL-II project, 2019 - 2025. The final review workshop took place in December in Pokhara. Partners, and participants reflected on achievements, challenges, and future recommendations. The project team shared highlights and insights from across the duration of the project and were commended for the impact of the project.

## HSS-MNCH/N ADRA INTERNATIONAL (BWSN)

We reached out to the indigenous Musahar community in Pipara Rural Municipality, to support maternal and newborn health. Women in this community have limited access to essential maternal care due to factors like poverty, lack of nearby healthcare facilities, and cultural barriers, leading to high mortality rates. Through collaboration with local health workers and mothers' groups, we provided health education on the critical first 1,000 days of life, nutrition, and family planning. Regular follow-ups helped drive positive changes, while the local government supported malnourished pregnant women with nutrition packages.

## PROJECT UPDATES



## UNITED FOR EDUCATION ADRA KOREA, ADRA JAPAN AUSTRALIA

The families of two sponsored students were struggling with poverty and limited job opportunities. Coming from marginalized communities, they faced hardships in securing daily meals. We were able to provide them each with buffalo for livelihood support. This support will improve their income, ensuring a stable livelihood and better living conditions. The UFE sponsorship helps provide essentials such as uniforms, books and supplies for the children's education paving the way for a brighter and more secure future.



## TERAI PROJECT JERSEY OVERSEAS AID ADRA UK (INDRENI, FORWARD NEPAL)

The TERAJ Project conducted 70 sessions on Total Mixed Ration (TMR) for better cow feed management at the household level. Through the farmer field school approach, a learning-by-doing method where farmers engage in discussions, demonstrations, and problem-solving, farmers learned cost-effective feed-mixing techniques to prepare nutritious feeds, improving efficiency, increasing forage consumption, and enhancing digestion. This leads to better health, increased milk supply, and improved livelihoods for farmers.



## EARTHQUAKE RECOVERY HEALTH CAMPS

UN (JOINT RECOVERY ACTION PLAN),  
UK AID, UNFPA, ADRA SWITZERLAND

From August 2024 to January 2025, we conducted 28 Sexual and Reproductive Health (SRH) outreach camps, providing essential services to earthquake-affected communities in Jajarkot and West Rukum. The camps served 8,631 people (544 men, 8,087 women) with general checkups, RH morbidity screening, family planning, treatment, counseling, and referrals. The program offered a complete package for case management, from screening to surgery of referred cases, including transportation, hospital care, and post-operative services for pelvic organ prolapse and fistula cases.

## UNFPA PROJECT UNFPA, (ADRA)

We conducted capacity-building interventions for health service providers on sexual and reproductive health and health governance, and established waste care management systems in selected hospitals. We also implemented a health commodity supply chain management system through technical assistance, training, and monitoring.

## SAMVARDHAN PROJECT

EUROPEAN UNION, AUSTRIAN DEVELOPMENT COOPERATION,  
ADRA AUSTRIA  
(ANSAB, BEE GROUP, FECOFUN)  
EU delegates and ADRA Nepal's Country Director visited Bardiya and Banke districts to see the project's work. They engaged with user groups, schools, and local authorities, observing initiatives in sustainable forest management, climate-resilient farming,

and enterprise development. Highlights included capacity building and sustainable resource utilization. They observed the project's positive impact on livelihoods, biodiversity conservation, and the empowerment of marginalized communities.





# IMPROVED NUTRITION, WATER AND SANITATION IN BARDIYA DISTRICT

The work of the Health Reform Project across Bardiya.

by Rashmi Dhungana  
ADRA Nepal



Screening for malnutrition

Nepal faces a dual burden of malnutrition, i.e., persistent undernutrition with increasing overnutrition. Despite significant progress in decreasing the prevalence of child stunting (from 57% in 2001 to 25.8% in 2022), high-spectrum challenges persist. An estimated 8 percent of children are acutely malnourished. Similarly, deficiencies in iron, vitamin A, and iodine are very common and have a significant impact on children and women of reproductive age. According to the District Water and Sanitation Office, 89% of house-

holds remain without access to safe drinking water, relying on hand pumps that often draw water contaminated with high levels of iron and arsenic.

Although the district promotes the use of toilets, around 40% of households lack proper maintenance of sanitation and hygiene.

Bardiya District is a rural and marginalized area in Nepal, facing significant nutrition and water sanitation challenges. These issues reflect broader national trends, where malnutrition and

inadequate water, sanitation, and hygiene (WASH) services remain pressing concerns.

Recognizing the critical link between WASH and nutritional outcomes, the Health Reform Project was initiated by the Ministry of Foreign Affairs Japan/ADRA and implemented by ENRUDEC Banke. This project aims to enhance the nutrition and WASH status of Bardiya's residents. Spanning from March 2023 to February 2026, it seeks to improve awareness and understanding of nutrition and WASH by creating an environment where nutrition-related facilities provide quality services. It also ensures access to drinking water that meets WHO standards through a water purification system. The project focuses on four key thematic areas: governance strengthening, infrastructure improvement, capacity building, and awareness campaigns.

## Governance Strengthening

The project emphasizes the activation and reformation of Nutrition Care Centers (NCCs) to meet the criteria outlined in Nepal's National Guideline for Nutrition-Friendly Health Facility (NFHF). The project ensured

that 120 NCC members received orientation on nutrition and WASH. One NCC (Sano Shree Municipal Hospital, Madhuban Municipality) was declared a nutrition-friendly service site, while seven others are in the process of declaration through continuous project support.

All eight municipalities in Bardiya District have prepared action plans to enhance nutrition services with technical support from the Health Reform Project. The project has played a crucial role in establishing and revitalizing Nutrition Care Committees (NCCs) in eight sites, each consisting of 15 members. It has also supported the activation of Health Mothers' Group meetings, engaging 837 Female Community Health Volunteers (FCHVs) across Bardiya District.

Two Water and Sanitation Committees have been formed and officially registered with the municipality to oversee the sustainable operation of the water supply system developed through the HRP.

## Infrastructure Improvement and Development

To ensure access to safe drinking water, the project, in collaboration with Yamaha Motor Co., Ltd., installed the Yamaha Clean Water System (YCW) in Dhakela (Ward 9) and constructed an overhead water tank in Bijaynagar (Ward 11), Barbardiya

Municipality. These systems supply approximately 8,000 liters of drinking water daily, benefiting around 1,200 residents of Dhakela and 2,000 residents of Bijaynagar. Additionally, the project has equipped 78 NCCs and 209 outreach centers (ORCs) in Bardiya with essential amenities to establish nutrition corners. These centers are on track to being declared nutrition-friendly facilities.

## Capacity Building

A total of 160 nutrition care providers have enhanced their knowledge through Growth Monitoring and Promotion-Quality Improvement (GMP-QI) training, equipping them with skills in nutritional assessment and management. Additionally, 50 nutrition service providers have received training on Integrated Management of Acute Malnutrition (IMAM) to strengthen their ability to address severe malnutrition cases.

Furthermore, 453 FCHVs participated in Maternal, Infant, and Young Child Nutrition (MIYCN) refresher training, reinforcing their ability to deliver critical

nutrition education and support. Likewise, 837 FCHVs received daily-use bags and basic medical supplies as part of project support. Complementing these efforts, 143 NCC staff benefited from onsite coaching and clinical mentoring, improving service delivery and hands-on application of nutrition care strategies. These initiatives collectively enhance the quality and reach of nutrition services in the community.

## Awareness Campaigns

Raising community awareness about nutrition and WASH has been a key focus of the project. This has been achieved through the development and dissemination of targeted Information, Education, and Communication (IEC) materials. Efforts include the production of 1,500 copies of the seventh edition of the Manjari newsletter, which have been distributed among various stakeholders.

To ensure widespread visibility:

- 10 acrylic message boards have been placed at NFHF centers, hospitals, and municipal offices.

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- 500 mounted boards have been installed in nutrition corners, antenatal care rooms, and CB-IMNCI service rooms across NCCs and hospitals.
- 25 flex boards featuring key messages on nutrition and WASH have been displayed in public areas.

The materials accurately reflected the real-life experiences of the Bardiya community, with the consent and collaboration of the local government. These initiatives aim to empower individuals with knowledge and foster healthier behaviors.

### Key Outcomes and Transformations at Project Sites

The project has led to significant improvements in Nutrition Care Centers (NCCs) and outreach centers. These facilities are now better equipped with specialized nutrition equipment, upgraded basic amenities, designated focal persons, and multiple trained staff. These enhancements have strengthened service delivery, ensuring that the NCCs function more effectively.

At the district level, there have been notable improvements in key health indicators, including:

- A decline in malnutrition cases.
- Increased frequency of growth monitoring.
- Improved service accessibility.

Communities in Dhakela and Bijaynagar now have better access to clean water, leading to improved overall health and a reduction in waterborne diseases. Increased awareness about nutrition and WASH has fostered healthier household practices, reducing time spent fetching water and improving health outcomes, particularly for children.

Community engagement has also been strengthened through public hearings and community-level activities. Many participants have acknowledged that IEC materials and workshops provided practical knowledge,

leading to better hygiene practices and informed dietary choices.

Several community members, especially mothers, have expressed gratitude for the enhanced services at NCCs and the continued support provided by Female Community Health Volunteers (FCHVs).

The Health Reform Project has played a pivotal role in improving nutrition and water sanitation in Bardiya District, creating lasting impacts on the health and well-being of its residents.



# HEALTH, HOPE AND CLEAN WATER

Anima, 29 lives in Dhakela, Bardiyaha Municipality, Bardiya. with her husband and their 16-month-old baby boy. Anima studied up to grade 9, but family circumstances led her to marry nearby at a young age. After 10 years of marriage, she welcomed her first child. Anima primarily takes care of household chores and her child. She also works on her family's agricultural land during the growing seasons. Her husband is a laborer who works locally as opportunities arise. However, their combined income barely meets the family's basic needs, making it difficult for them to sustain a comfortable livelihood.

Over the past ten years, Anima's community faced a significant scarcity of drinking water. She recalls having to walk 20–25 minutes daily to fetch water. Eventually, her family installed a

tube well at home. While convenient, the water from the tube well had an unpleasant odor. After consuming it, her family, including her child, frequently suffered from diarrhea and fever, creating both stress and financial burdens. Additionally, the water caused noticeable yellow stains on utensils, clothes, and even their teeth.

In September 2023, the Health Reform Project installed a "YAMAHA Clean Water Supply System" in Dhakela village to provide purified drinking water. The system, designed by Yamaha, purifies river water and distributes it through community taps. YCWSS has the capacity to filter and produce 8000 litres of clean water per day, and it operates with automatic filtration mechanisms. All the logistics – sand, gravel, filter media and equipment were imported from Indonesia and Japan.

During an early community meeting, Anima learned about the clean water system and the importance of purified water. Initially, she was skeptical, believing that the water was unfit for drinking because the river was previously used for cattle and waste disposal. However, after seeing others in the village use the purified water, she decided to give it a try. She quickly



noticed significant improvements. The purified water tasted good and did not leave yellow stains on utensils. Anima has since become an advocate for the project. She encourages her neighbors to use the clean water and has requested project staff to expand the service to other streets in the village.

Anima is extremely grateful for access to drinking water. She reports that her child is healthier and no longer suffers from diarrhea, which has eased her caregiving responsibilities and allowed her to manage household tasks more efficiently.

According to Anima, the water is not only safe and pure but also tastes good. The YAMAHA Clean Water System has brought significant improvement to their family's quality of life, and she looks forward to seeing the project benefit even more people.







## SANITARY DAIRY PRODUCTION

**Ensuring sanitation during production, collection and processing for safe and quality milk products in the market.**  
by Sharad Adhikari,  
ADRA Nepal

The TERAJ project provided training in hygienic milk production, collection, and processing for 70 farmer groups. Farmers learned the importance of personal hygiene and maintaining cleanliness in animal care and sheds. They were trained to collect milk using steel cans instead of plastic ones, which have a higher bacterial load. The Nepal Government and private sector have also discouraged the use of plastic cans due to the high chance of milk quality deterioration.

Peter Edmonson, veterinarian, Udderwise-Global Mastitis solution-UK trained dairy cooperatives on bacterial contamination at both the farm and collection center levels, highlighting that unhygienic environments, dirty udders, cows with mastitis, and unclean tools are major sources of bacterial growth. He demonstrated proper washing procedures, emphasizing the use of detergent powder with hot water and rinsing with disinfectants like para-acetic acid to eliminate germs from milking and processing equipment.

These training sessions helped smallholder farmers produce hygienic milk and assist cooperatives in collecting and processing quality milk. It ultimately enhances the overall quality and safety of milk and milk products in the market.

## PARTNERSHIPS

### PARTNERING FOR END-TO-END CARE



The 2023 earthquake in Karnali Province prompted the launch of a collaborative effort known as the Joint Recovery Action Plan (JRAP). Funded by the UK's FCDO, this initiative brought together UN agencies such as UNFPA, government bodies, and NGOs to address the most pressing needs, including WASH, food security, shelter, health and protection in the earthquake-affected districts of Jajarkot and West Rukum.

JRAP played a key role in coordinating efforts among humanitarian partners. Through UNFPA, ADRA Nepal led the health response, organizing 28 sexual and reproductive health camps. Funding from ADRA Switzerland ensured a steady supply of medical equipment, medicines, and other essential resources to strengthen these camps. What set this effort apart was its ability to leverage the strengths of each partner, creating a seamless continuum of care—from

initial health check-ups to surgeries and post-operative support. This comprehensive approach meant that women not only received diagnoses and treatment but also the necessary follow-up care for long-term recovery.

The Nepali government played a crucial role by coordinating efforts down to the municipal level, while UN agencies provided technical guidance for a more effective response. The JRAP framework streamlined the recovery process, ensuring the timely and organized delivery of essential services.

This collaboration highlighted the power of partnerships in disaster response. By synchronizing resources and expertise, the initiative ensured that a wide range of needs were met across the hardest hit areas.

Dr Suman Rawal,  
ADRA Nepal

### BUILDING STANDBY PARTNERSHIPS FOR EMERGENCY RESPONSE

We are expanding our emergency response capabilities to rapidly respond to disasters nationwide. By building a network of partners across the country, we will be able to deploy emergency supplies and respond on the ground within 72 hours. These strategic partnerships, combined with ADRA's National Emergency Management Plan (NEMP), will position us to deliver timely and effective support when disaster strikes.



### PARTNER SPOTLIGHT: ENRUDEC



ENRUDEC is a local NGO focused on working with deprived communities to help them overcome challenges and develop.

We partner with them on the Health Reform Project and asked Drona Raj Uphadiya a few questions.

### Can you tell us about your role in the Health Reform Project at ENRUDEC Bardiya?

My role is to provide technical support to the field staff to ensure the smooth implementation of project activities. I am also responsible for capturing best practices and providing technical assistance for monitoring

### What do you enjoy most about your job?

I enjoy ensuring that project activities run smoothly. I also love capturing best practices, learning from real experiences, and sharing insights to improve the project's outcomes. Mostly, it's fulfilling to see my work benefiting communities. I love seeing how a small approach from our side can change lives.

### Can you share an experience that made an impact on you?

One experience that had a lasting impact on me was after the new water system was installed, I visited the area to observe its use and speak with the community members. The joy and relief on their faces when they finally had access to clean, safe drinking water was unforgettable. It was a powerful reminder of how something as basic as clean water can transform lives. Not only did it improve their health, but it also reduced the time and energy spent fetching water from distant, unsafe sources.

[www.enrudec.org](http://www.enrudec.org)



# IMPROVED SANITATION AND MEDICAL WASTE MANAGEMENT IN HOSPITALS

by Sujit Kumar Sah,  
ADRA Nepal

Effective medical waste management is critical for hospital safety and environmental protection. Hospitals generate various types of waste, including infectious and hazardous materials, which require proper handling to prevent infections and ecological harm. Improper disposal remains a major public health concern, with some facilities resorting to burning waste, exacerbating air pollution and climate change. While structured waste management systems have gained focus in recent years, challenges persist due to inconsistent segregation, treatment, and disposal practices.

Healthcare activities, such as immunizations, diagnostics, treatments, and surgeries, generate significant waste, which, if improperly managed, can pose health risks. The World Health Organization (WHO) estimates that only 15% of hospital waste is hazardous, but without proper segregation, all hospital waste can become dangerous. Medical waste management aims to minimize waste, ensure proper segregation at the source, and provide safe collection, transportation, treatment, and disposal, while promoting sustainability.

In 2024, ADRA and UNFPA supported the establishment of a medical waste management system in four hospitals across Madhesh and Sudurpaschim provinces: Gaur Provincial Hospital, Kuadana Community Hospital, Bajhang District Hospital, and Kolti PHC/Hospital. A rapid assessment underscored the need for a structured waste management system involving segregation, disinfection, transportation, treatment, and disposal. The rising number of patients—7,000–8,000 annually per hospital—has led



State of hospital waste management before intervention.

to increased waste generation, highlighting the need for an efficient waste management system.

## Orientation and Observations

An orientation program for hospital staff, including assistants, paramedics, and nursing staff, focused on improving waste management practices. Staff observed waste management in areas like the Emergency Ward, Labor Room, and Treatment Areas, identifying several issues:

1. Inconsistent Waste Segregation: Areas like the Emergency and Labor Rooms had mixed infectious and non-infectious waste, and some waste bins were not color-coded correctly.
2. Improper Labeling: Many bins, especially in medicine trolleys and laboratories, lacked proper labels, leading to improper disposal.
3. Hygiene Issues: Some areas, including the Emergency Ward, were dusty and unclean, which could spread infections.
4. Mismanagement in Treatment Areas: Waste was not segregated before being sterilized, risking contamination during treatment.

## Coaching and Mentoring for Corrective Action

Onsite coaching and mentoring were provided to hospital staff to address gaps in waste management. These sessions focused on waste minimization, proper labeling, segregation, storage, cleaning, placenta pit usage, and safe transportation and treatment. Following the coaching, improvements were seen in many departments, although challenges persisted in the OPD, where color-coded bins were still not used consistently. Actionable steps included ongoing staff training, ensuring proper disposal bins, and implementing regular audits. Issues with improper disposal in Sample Collection Rooms and Laboratories, as well as misuse of placenta pits, were also addressed.

## Key Outcomes

With the implementation of the waste management system, hospitals saw improvements in waste segregation, infection control, and waste treatment. These improvements contributed to a reduction in hospital-acquired infections, environmental protection, and compliance with regulations. The optimized waste segregation reduced costs, protected public health, and minimized environmental impact through recycling and waste reduction. Additionally, better waste management improved staff safety by reducing exposure to hazardous materials.



## Best Practices and Summary

The involvement of multiple stakeholders, including UNFPA, ADRA, hospital staff, and local authorities, ensured increased visibility and ownership of the project. Repairing and maintaining infrastructure, along with constructing new waste management systems, improved service quality and reduced disease risks.

While infrastructure improvements are essential, training, coaching, and mentoring are crucial for establishing sustainable waste management practices. These efforts have strengthened hospitals' waste management systems, improving knowledge on waste segregation, infection prevention, and autoclaving, and have had a positive impact on the environment. Expanding these initiatives to more hospitals will further improve sustainable waste management in healthcare.





# EMPOWERING EMERGENCY RESPONSE TEAMS

ADRA Nepal Hosts ADRA Asia's ERT Training and SIMEX



ADRA Nepal proudly partnered with ADRA Asia to host the Emergency Response Team (ERT) Training and Simulation Exercise (SIMEX) in Kathmandu. This 9-day intensive event brought together 30 participants from 18 countries across Asia to strengthen disaster preparedness and response capacity, a mission central to ADRA's humanitarian work.

The training combined theoretical learning and practical exercises to equip participants with critical skills for real-life emergencies. Key sessions covered International Humanitarian Law (IHL), safety and security pro-

ocols, working with refugees in collaboration with UNHCR, ADRA's Emergency Response Management System (ERMS), international humanitarian standards (SPHERE), and medical emergency management in collaboration with Scheer Memorial Adventist Hospital. Facilitated by regional and global experts, these interactive sessions emphasized ethical, safe, and coordinated humanitarian responses.

**A major highlight was the SIMEX, where participants applied their knowledge in a realistic, high-pressure disaster simulation.**

This hands-on exercise tested participants' ability to make rapid decisions, coordinate effectively, and manage complex emergencies, mirroring real-world crises.

This training has formed a regional pool of trained humanitarian responders, ready to be deployed in future disasters to respond swiftly, efficiently, and compassionately. It also empowered local staff and church volunteers to lead responses in Nepal, a country highly vulnerable to earthquakes and other hazards.



Training by ADRA International



Medical emergency training



SIMEX - A team interviewing "refugees".

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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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