



HSS-MNCH/N Project

Health System Strengthening for Maternal, Newborns, and Child Health / Nutrition

Project Impact: Increased access to key maternal, newborn and child health and nutrition services and information that will improve health seeking behaviors and strengthen community-facility linkages.

OVERVIEW

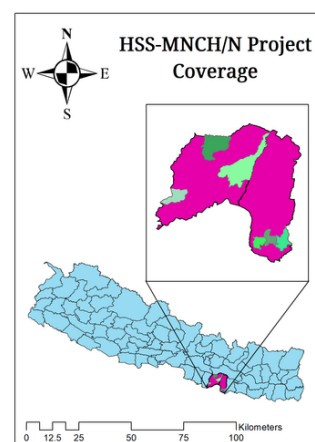
Despite making improvements in nutrition, in Nepal, 25% of children under five are stunted, 8% wasted, and 19% underweight (NDHS 2022), with Madhesh Province facing some of the worst outcomes. Here, 29% of children are stunted, 17.8% are wasted (NMICS 2019), and 14% suffer from severe malnutrition. Contributing factors include poverty, food insecurity, early marriage, low maternal health, and social inequalities such as caste. Harmful beliefs about nutrition during pregnancy and limited access to healthcare information further worsen the situation.

The Maternal, Newborn, and Child Health and Nutrition (MNCH/N) accelerator is an initiative that accelerates progress in improving maternal, newborn, and child health and nutrition outcomes for pregnant/lactating women and young children through Health and Community System Strengthening approaches.

Targeted strategies and interventions address key challenges and bottlenecks in the project intervention areas. The project builds a continuum of care from the household level throughout the health system increasing the quality, access, availability, demand, knowledge, and enabling environment for MNCH/N services and infrastructure in the health.

Supply-side interventions strengthen the capacity of health facilities and health service providers to deliver essential care for pregnant and lactating women and children. Demand-side interventions incorporate community engagement and mobilization interventions with messages and materials focus on rural, poor, and marginalized communities.

Geographical Coverage



Project Details

Geographical Coverage

- Madhesh Province
- Mahottari District: Pipara, Mahottari, and Ekdara Municipalities.
- Sarlahi District: Hariwon, Ishworpur, and Dhankaul Municipalities.

Sectors

- Disability Inclusion, Economic Development, and Gender Equality

Impact

- 54,000 People

Project Period

30 Months
(Aug 2023 – Dec 2025)

Donors

ADRA

Budget

USD 382,000

Implementing Partners

BWSN



PROJECT PARTICIPANTS



Children under
2 years & mothers



Pregnant &
lactating women



Health
Service Providers



School teachers,
children's clubs &
community groups



Female Community
Health Volunteers



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KEY OUTCOMES

- Equitable access to MNCH/N services improved through strengthening Health Facilities and institutional capacities at all levels.
- Utilisation and linkage across the continuum of quality MNCH/N services improved through intersectoral collaboration and sustainable efforts.
- Knowledge of and demand for equitable access to quality MNCH/N care and services increased through Social and Behaviour Change (SBC).
- Access to diverse and nutrient-rich foods by women and children improved through inclusive implementing MSNP-3 at the local level.

KEY STRATEGIC INTERVENTIONS

A. Strengthening Health Systems

(through improving infrastructure, ensuring availability of essential medicines and supplies, enhancing the skills of healthcare providers, and quality improvement).

1. The MNH Accelerator (ENAP and EPMM) roll out.
2. Quality improvement of MNCH/N services through mentorship programs.
3. Capacity building of health service providers and volunteers.

B. Health Governance for minimizing barriers for individuals and reduce out-of-pocket expenditures.

1. Supporting provincial and municipal level MNCH/N related committees.
2. Advocacy and Policy Support: through LG's "7 steps of planning" process to ensure equitable access to services and the integration of MNCH/N into broader health and development agendas.

C. Strengthening Community Systems

for Increasing demand for MNCH/N Services.

1. Community Scorecard : to strengthen accountability and monitor feedback from service users and communities on quality MNCH/N services.
2. The Care Group model: Improving knowledge and behaviours of pregnant and lactating women and children at household level.
3. Functionalization of HFOMC.
4. Social and Behavior Change: to create a demand and public awareness on MNCH/N.

D. Establishment of Multisectoral Linkages.

1. Integrated nutrition-specific and nutrition-sensitive solutions.

APPROACHES

Health System
Strengthening

Capacity
Building

Infrastructural
Development &
Support

Community
Sensitization

Cooking
Demonstrations

ADRA works hard to ensure that our staff and partners operate at the highest standard to deliver quality programs. However, if you have any feedback or concerns with regard to the project, behaviour of staff or any irregularity, we kindly request you to contact us through email: complaint.register@adranepal.org or via toll free number: 1660-01-54251 (for NTC users) and mobile number 9847692456. We will maintain your confidentiality throughout the complaint management process.

