



# Health Reform Project

**Project Impact: To reform the health status of residents of Bardiya district through improved nutrition and WASH.**

## OVERVIEW

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 the nutrition, water, sanitation, and hygiene sectors. Recent findings on child nutrition show a wide gap to achieve the SDG targets by 2030.

In the current context, 25% (2022) of infants under 5 years old are affected by stunting and 19% (2022) are underweight. In addition, 43% of infants under 5 years, 66% of infants 6-23 months, and 33% of pregnant women (2022) are considered anemic. Although the rates are improving, preventive measures in child and maternal malnutrition continues to be a major challenge.

### Geographical Coverage



In the Water, Sanitation, and Hygiene (WASH) sector, 71% of all water sources and 91% of those used by the poorest people are contaminated with E. coli. Although the government has claimed that national water supply coverage is around 91% (2019/20), but the situation according to UNICEF report is only 25% of water systems functioning, nearly 40% in need of major repair and maintenance. The Multi-dimensional Poverty percentage in Lumbini Province stands at 18.2, surpassing the national status (17.4). Bardiya exhibits a higher percentage of multi-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 a prominent public health challenge over an extended period. According to NDHS 2022, 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 basic 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 Details

### Geographical Coverage

- Lumbini Province
- All 8 Local Governments of Bardiya District

### Sectors

- Health

### Sub-Sectors

- Nutrition
- Water, Sanitation, and Hygiene

### Project Period

36 Months  
(March 2023 – February 2026)

### Donors

MoFA/ADRA Japan

### Implementing Partners

ENRUDEC



## BENEFICIARIES



Children Under  
5 years including  
mothers



Pregnant  
and Lactating  
Women



Health  
Service  
Providers



Female Community  
Health Volunteers



Targeted  
Population for  
WASH Interventions



### Health Reform Project Office

Gulariya-6, Santoshi Tole  
Bardiya Nepal



### Adventist Development and Relief Agency

#### Nepal Country Office

Bakhundol, Lalitpur  
+977-01-5455913/14  
info@adranepal.org  
www.adranepal.org



## PROJECT OUTPUTS



### Intermediate Outcomes

**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 Programs including WASH.
- Advocacy Workshop for Integration.

### 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 on-site coaching and mentoring.

### 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 the target community.
- Installation of RCWSS (Rural Clean Water Supply System) in the target community.
- Development and Installation of IEC/BCC infrastructure in communities and health facilities.

### Community Sensitization

- CHAST approach and Care Group Approach' in schools and communities for the 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 the Family Welfare Division.

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](mailto: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.



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