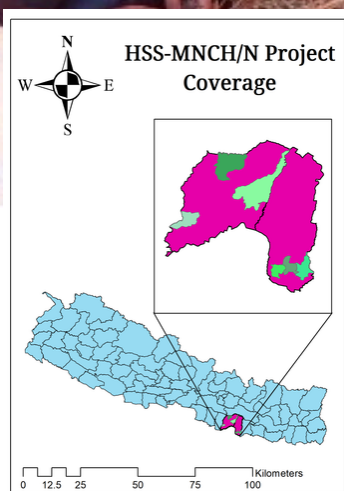


HEALTH SYSTEM STRENGTHENING
MOTHER, NEWBORN & CHILD HEALTH /
NUTRITION PROJECT

PROJECT REPORT



SARLAHI AND MAHOTTARI DISTRICTS

PROJECT SUMMARY



The Maternal, Newborn, and Child Health and Nutrition (MNCH/N) accelerator endeavors to improve health outcomes in Madhesh Province, Nepal, focusing on pregnant and lactating women, young children, and marginalized communities in Sarlahi and Mahottari districts. **Despite progress, maternal and newborn mortality rates remain high in Madhesh, attributed to inadequate health infrastructure, low service utilization, and cultural barriers.**

Employing a Health and Community System Strengthening approach, the project integrates innovative strategies, such as Human Centered Design (HCD) and Social and Behavior Change (SBC) activities, to enhance awareness and practices related to MNCH/N services.

Supply-side interventions aim to **bolster health facility capacity for essential care**, while demand-side strategies include SBC activities and community engagement, particularly targeting marginalized groups.

The project's priority actions involve

- workshops to enhance data systems
- emergency obstetric and newborn care training,
- implementation of MNCH Quality of Care Standards,
- quality improvement training, community engagement to address equity gaps,
- collaboration with local authorities for free referral care,
- and initiating a Community Scorecard for accountability and feedback.

Budget: US\$ 393,151
Timeframe: 2023 - 2025
Direct Beneficiaries: 31,777



COMMUNITY INTERVENTIONS

WORKING IN THE COMMUNITY INCREASED DEMAND SIDE AND WITH THE HEALTH SERVICES IMPROVED SERVICES.

Counselling provided by Community Facilitators to pregnant women, lactating mothers, and caregivers of malnourished children at health facilities increased awareness of key maternal, child health, and nutrition messages. This contributed to positive changes in daily health, hygiene, and nutrition practices at the household level.

Regular nutritional assessments conducted by Community Facilitators at immunization clinics, health facilities, and Outpatient Therapeutic Care (OTC) centers supported early detection of children with Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM). These activities also reinforced Antenatal Care (ANC), Postnatal Care (PNC), and institutional delivery services. Identified SAM cases were referred to OTC centers for treatment, where children received appropriate care. Health facilities began routinely incorporating child nutritional assessment data into their monthly reports submitted to municipalities and subsequently entered into the national Health Management Information System (HMIS).

Beyond door-to-door screening, the project implemented multiple community-level interventions to reach targeted beneficiaries. Care Group Volunteers were mobilized to conduct household visits, disseminating maternal, child health, and nutrition information to pregnant and lactating mothers. Volunteers also identified and referred malnourished children and their caregivers to appropriate services, ensuring timely referral and follow-up.

Female Community Health Volunteers (FCHVs) were mobilized at the household level, and regular meetings were conducted with Health Mother Groups and Health Facility Operation and Management Committees. The project supported day celebrations, orientations for pregnant and lactating women, and male engagement sessions. In addition, health and nutrition messages were broadcast through FM/radio to promote appropriate practices during pregnancy and lactation. **These messages addressed adequate nutrition, access to healthcare, myths and misconceptions related to food, harmful traditional practices such as early childbirth, birth spacing, dietary diversity, and key infant and young child feeding practices, including colostrum feeding, exclusive breastfeeding, continued breastfeeding, and appropriate complementary feeding.**



The Nutrition Section of the Family Welfare Division, Ministry of Health and Population, supplied Ready-to-Use Therapeutic Food (RUTF) at the health facility level, which significantly strengthened the continuity of care for children with SAM and MAM. During temporary supply gaps, health posts referred affected children to nearby OTC or Inpatient Therapeutic Care (ITC) centers. Continuous coordination with Municipal Health Section Chiefs supported a more reliable and uninterrupted supply chain.

Overall, interventions under the HSS-MNCH/N project resulted in meaningful improvements in community awareness, service utilization, early detection of malnutrition, and coordination across community and health system levels, contributing to sustained positive change in maternal, child, and adolescent health outcomes.

PROJECT OUTCOMES

IMPROVED AWARENESS AND BEHAVIOUR:

- IMPROVED DAILY HYGIENE AND SANITATION PRACTICES.
- BETTER DIETARY DIVERSITY AND NUTRITIONAL INTAKE.
- TIMELY HEALTH-SEEKING BEHAVIOR, SUCH AS REGULAR ANTENATAL CARE (ANC) VISITS, POSTNATAL CARE (PNC), AND IMMUNIZATIONS.

EARLY DETECTION AND MANAGEMENT OF MALNUTRITION:

- MODERATE ACUTE MALNUTRITION (MAM) AND SEVERE ACUTE MALNUTRITION (SAM) CASES ARE IDENTIFIED PROMPTLY.
- SAM CHILDREN ARE REFERRED TO OTCS, WHERE THEY RECEIVE TIMELY TREATMENT AND FOLLOW-UP CARE.
- THE EARLY DETECTION AND MANAGEMENT OF MALNUTRITION HAVE CONTRIBUTED TO REDUCING THE PREVALENCE OF MALNUTRITION IN THE COMMUNITY.

INCREASED COMMUNITY TRUST AND ENGAGEMENT:

- THE PROJECT HAS FOSTERED TRUST BETWEEN THE COMMUNITY AND HEALTH SERVICE PROVIDERS.
- COMMUNITY MEMBERS NOW RECOGNIZE THE IMPORTANCE OF REGULAR HEALTH CHECK-UPS AND NUTRITIONAL ASSESSMENTS, LEADING TO INCREASED ENGAGEMENT WITH HEALTH SERVICES.
- MOTHERS AND CAREGIVERS FEEL SUPPORTED BY COMMUNITY FACILITATORS, ENHANCING THEIR CONFIDENCE IN SEEKING HEALTHCARE FOR THEMSELVES AND THEIR CHILDREN.

ACTIVITY HIGHLIGHTS



Health worker Capacity Building

A wide range of training and orientation programs strengthened service delivery:



GMP-QI training

30 staff

Minimum Service Standards orientation

86



Mental Health Training

25 providers

HMIS Workshops

36 district staff



Nutritious Recipe Training

234

EmONC

27 facilities



MNCH Quality Improvement Rollout

86 officials

Kangaroo Mother Care training

73 nurses



Mental Health Training

25 providers

Birth Preparedness Package and IPCC training

217 FCHVs



NASG Simulation Training

32

Onsite Coaching for SBA-trained nurses

49

ACTIVITY HIGHLIGHTS

Campaign Highlights

Community Volunteer and Farmer Engagement:

Community volunteers and farmers were actively engaged throughout the project.

Training individuals lead to reaching the following:

	Household Visits 15,644	Pregnancy-related visits 1,285
	Referred for Services 1,281	HMIS Workshops 36 district staff
	Cooking Demonstrations 86	Cooking Demonstration Participants 2,186
	Farmers trained on seed production for nutritious foods 101	Additional support to malnourished women and children 200

Community Outreach and Beneficiary Coverage:

Community facilitators screened 8,571 children, identifying :

	SAM Cases 271	MAM Cases 1,285
	Counselling to Pregnant & Lactating women 8,579	Received nutrition counselling 9,805
	Received family Planning Counselling 3,338	

INNOVATION TO INCREASE INSTITUTIONAL DELIVERY AND PPH MANAGEMENT

Nepal faces significant challenges in reducing maternal mortality, with postpartum hemorrhage (PPH) as a leading cause of maternal deaths, particularly in rural and underserved areas. To address this, the introduction of Non-Pneumatic Anti-Shock Garments (NASGs) has emerged as an innovative and effective intervention for stabilizing women experiencing severe bleeding during obstetric emergencies. Implemented under maternal health programs led by the Ministry of Health and Population (MoHP) in collaboration with development partners, NASGs have been piloted in high-risk districts and distributed to birthing centers, primary healthcare facilities, and hospitals.

These garments reduce blood loss, maintain vital organ perfusion, and are particularly beneficial in areas with delayed access to advanced healthcare. Capacity-building efforts have trained health workers, including midwives and nurses, in the proper use of NASGs, with support from local and international organizations for regular skill upgrades. Community-level interventions involve sensitising Female Community Health Volunteers (FCHVs) and engaging families through awareness campaigns. **This initiative aligns with Nepal's commitment to achieving Sustainable Development Goal 3 by significantly reducing maternal mortality.**

IMPACT

The project significantly enhanced maternal, newborn, child health, and nutrition outcomes. Pregnant and lactating women adopted better hygiene, dietary diversity, and timely health-seeking behaviors, such as regular antenatal and postnatal visits. Early detection and effective management of malnutrition reduced MAM and SAM cases, while strengthened trust between communities and health service providers increased service utilization. Families were empowered with knowledge and resources, fostering preventive health behaviors and contributing to long-term improvements in maternal and child health and nutrition outcomes across Mahottari and Sarlahi districts.



CARE GROUPS

ESTABLISHING CARE GROUPS WAS KEY TO SHARING HEALTH AND NUTRITION INFORMATION IN HARD TO REACH COMMUNITIES.

A care group volunteer is part of a group of 10 community-based volunteers who act as health educators. A total of 3 groups, each composed of 10 members, have been formed—one in each of the following municipalities/rural municipalities: Harion, Ishwarpur, and Dhankaul in the Sarlahi district. The establishment of a group of 10 care group volunteers in each working local government, comprising local girls and women from the same communities, is a strategic and impactful initiative that will greatly benefit the women and families within these local governments.

These care group volunteers, being members of the same communities, possess an intimate understanding of the unique social contexts, challenges, and needs that women and families face. Their familiarity with the communities' customs, norms, and resources can inform the design and delivery of services, ensuring they are culturally appropriate and accessible to the target population. They are well-positioned to identify and reach the most marginalized and hard-to-reach individuals within their communities. By leveraging the unique strengths and insights of these care group volunteers, the program can tailor its interventions to address the specific needs and barriers faced by women in these communities.



OUTCOMES



Effectiveness and Outcomes: The project made a substantial contribution to improved MNCHN service availability, utilization, and community practices. Health facility readiness was enhanced through establishment of nutrition corners, provision of essential equipment, and implementation of minimum service standards and quality improvement mechanisms. Capacity-building initiatives for health workers, FCHVs, Care Group Volunteers (CGVs), and HFOMC members strengthened the quality of maternal, newborn, and nutrition services, including emergency obstetric and newborn care and Kangaroo Mother Care (KMC).

At community level, expanded volunteer networks, extensive household outreach, and structured counseling and referral systems significantly improved awareness of maternal and newborn danger signs, antenatal and postnatal care utilization, birth preparedness, and early detection and referral of child malnutrition. Community trust in health facilities improved, supported by better service availability, trained providers, and responsive referral mechanisms.

EXAMPLES OF COMMUNITY INTERVENTIONS

COOKING DEMONSTRATIONS

IMPROVING NUTRITION IN HARD TO REACH, LOW LITERACY COMMUNITIES



Nutrition is often difficult to understand and put into everyday practice, especially where literacy is low. Community-level nutrition education should be designed to help families with limited resources to make food choices that will improve their diet and health, by providing hands-on learning activities, demonstrations, and discussions. Demonstrations and cooking practices is a powerful tool to help families plan and prepare nutritious meals, select vegetables and fruits and other foods that are in season, process available surpluses, handle food safely and learn about the nutritional needs of family members. A well-nourished child is much more likely to recover from a serious illness than a malnourished child. Poor nutrition at even one stage of the life cycle can adversely affect the health not just of the person concerned, but also of future generations.

Cooking demonstrations and nutrition recipe preparation events were conducted in the communities of Mahottari RM, Pipra RM, and Ekdara RM, covering 1,114 women from 38 sites. Similarly, community facilitators were mobilized for the nutritional assessment of children who visited RH camps with their mothers or family members. Display of the Four Food Groups (Harek Baar Khana Chaar) and cooking demonstrations of Paustik Lito, Paustik Jaulo, and Daal ko Soup were done with the support of FCHVs. Demonstration and counseling on the importance of the Four Food Groups were conducted by community facilitators for mothers in the community. Items from the four different food groups—cereals, legumes, meat and dairy products, and vegetables and fruits—were demonstrated based on local availability of food and its nutritional value. Nutrition recipes for the preparation of Poshilo Pitho, Kheer, and others were explained, and participants were taught how to prepare and feed these to their children.

COOKING DEMONSTRATIONS WERE CONDUCTED ACROSS COMMUNITIES GRAPPLING WITH HIGH RATES OF MALNUTRITION AND LIMITED NUTRITIONAL KNOWLEDGE.

EXAMPLES OF HEALTH SYSTEM STRENGTHENING

CAPACITY BUILDING FOR HEALTH STAFF, AUTHORITIES AND VOLUNTEERS WAS KEY TO THE SUCCESS OF THIS PROJECT.



Two workshops on **ENAP (Every Newborn Action Plan)** and **EPMM (Ending Preventable Maternal Mortality)** Metrics and HMIS (Health Management Information System) Indicators were held to discuss how data systems could be improved to help end preventable maternal and newborn deaths. The objectives of the workshop were: to review the current ENAP and EPMM metrics and HMIS indicators; to identify gaps and challenges in the existing data systems; and to develop recommendations for improving data systems to support the goals of ending preventable maternal and newborn deaths.

The workshops, while highly productive, also shed light on persistent challenges, including the recurring issues of incomplete and irregular reporting, a critical shortage of trained HMIS personnel, and the lack of essential data tools and infrastructure, particularly in remote areas. To address these systemic issues, the workshop build the capacity of the concerned officials and the recommendation included, emphasizing the need to strengthen HMIS reporting mechanisms through standardized protocols and regular audits, invest in comprehensive capacity building programs for health staff, among others.

A rollout of Quality Improvement Training Manual on the MNCH Quality of Care Assessment and Improvement Tool to build the capacity of health care workers on Quality Improvement methodology and approaches took place. A total of 5 events were completed.

In all the mentioned municipalities/rural municipalities, the minimum service standard score for health facilities was assessed, with scores ranging from 39% to 69%, and most facilities scored between 50% and 55%. An action plan was developed for improvement with the involvement of municipality/rural municipality and health facility representatives.

The Quality-of-Care Assessment and Improvement Tool is a crucial step in building the capacity of healthcare workers on quality improvement methodologies and approaches. The focus was on upgrading the skills of health service providers using maternal, newborn, and child health-related indicators and minimum service standard tools. This approach was useful for healthcare professionals to enhance their knowledge and skills to assess and improve the quality of care provided to mothers, newborns, and children.

AWAKENING IN THE MUSAHAR COMMUNITY

BREAKING THE NORMS IN SMALL, HARD TO REACH COMMUNITIES.

In a small Musahar settlement of Pipra Rural Municipality, Mahottari, 19-year-old Sabita was seven months pregnant. She worked long hours every day and had never imagined going to a hospital, her mother had given birth at home, and the community believed hospitals were for the rich.

One day, health workers from the MNCH/N Project visited the settlement. They explained that free delivery services and ambulances were available, but the women were afraid: "Doctors scold us, ask for money, and look down on people like us." Sabita stayed silent, torn between hope and fear. That night, Sabita went into labour. Despite the pain and offers of help, no one dared take her to a hospital. She gave birth to a fragile daughter, who died within a day due to a lack of care. Her mother whispered, "This is our fate." The tragedy shook the community, leaving grief, but also a spark of awareness.

Health workers returned and held mothers' group meetings, speaking simply about women's rights, hospital services, and free care. Slowly, the women's fear began to fade. Some went for checkups, others sought help for the first time.

Sabita's loss was heartbreaking, but it awakened the community to a new reality: maternal care is a right, not a privilege. Today, change has begun. Women are learning, speaking up, and taking charge of their health, ensuring that no other woman should suffer as Sabita did.



WITH THANKS

TO THE TEAM BEHIND THIS PROJECT



Thanks to the project team spanning multiple organisations as donors, managers and implementors.

ADRA International
ADRA Netherlands
ADRA Nepal
(Sujit Kumar Sah, M&E Manager
Nirmal Kushwaha Project Officer,
Sanjeeb Hujdar Finance Manager)
BWSN Staff

PHOTOS



