When Phulmaya Tamang, 28, from Rasuwa district, north west of Kathmandu, delivered her first child, she lost a lot of blood and nearly died. Strenuous work and poor diet had left Phulmaya weak and exhausted: “Everyday even when pregnant, I used to break my back working in the fields,” says Phulmaya. With her husband working abroad, Phulmaya was living alone with her in-laws. “My in-laws were very orthodox and restrictive in how I could raise my child. I had to feed my son multi-grained porridge because her mother-in-law insisted that they would spoil his brain. “I look at my son today and feel sad.” Phulmaya reflects that he did not receive the nutrition he needed to have the healthiest possible start in life.

In Nepal, four in 10 children under five years of age do not reach their full potential due to stunting. Stunting, or reduced growth, is the result of both child and maternal under nutrition that leads to not just lost height but impaired brain development – resulting in serious health, social and economic consequences. The USAID-funded Suaahara project, meaning “Good Nutrition” in Nepal, supports the Government of Nepal’s multi-sector nutrition plan. Since 2011, working in 25 districts and expanding to an additional 16, the project teaches simple, vital behavior changes in terms of health, hygiene and nutrition to promote a lifetime of good health for communities, families, mothers and their children – helping produce a healthier generation that reaches its full potential.

In 2013, when Phulmaya got pregnant for the second time, she took a drastic step rarely taken by women in Nepal. She decided to move out from her in-laws’ home and live with her sister. The timing was fortuitous. The Suaahara project was operating in her district and offering women training on how to take care and ensure optimal health and nutritional behavior of their young babies and themselves. The 1,000 days between a woman’s pregnancy and her child’s second birthday is an important period. Good nutrition during this period is crucial to set the stage for a child’s cognitive development, lifelong health and productivity.

Phulmaya was 7-months pregnant when she participated in Suaahara’s training. She learned about the importance of a diverse, nutritious diet and extra meals for expectant mothers, exclusive breastfeeding for timely introduction of complementary foods after six months, hygiene and sanitation, and ante-natal and post-natal health checkups. In addition, project staff helped her put her new knowledge into action by facilitating proper breastfeeding and food preparation demonstrations. “Aun, my second child, is now nine months old and does not fall sick as often as her brother. She loves eating eggs and, contrary to what my mother-in-law said, she is very smart.”

In addition to the training, Phulmaya participates actively in mother’s group meetings facilitated by Suaahara staff and receives one-on-one counseling. During the mother’s group meetings, Phulmaya is able to also listen to a popular radio program, sponsored by Suaahara, called Bhanchin Aama or “Mother Knows Best.” This radio program is used to engage and reinforce behavior change messages among pregnant women and new mothers.

“I want my children to be educated and independent so that they can make their own decisions in life and live life their own way freely,” she shares.

THE HANDSHAKE THAT COULD REFORM HEALTH CARE IN NEPAL

How technical assistance (and persistence) led to real change

On December 1, 2013, the Ministry of Health and Population signed a historic collaborative agreement with the Ministry of Federal Affairs and Local Development (MoFALD). It marks the first time that a formal agreement has been reached between two ministries in Nepal and sets into practice one of the most dramatic and promising reforms to the Nepali health sector in recent memory. After USAID’s Health for Life project brokered a series of high-level meetings and supported the drafting of the national framework, the two ministries agreed to align their activities to achieve common goals by giving greater authority to the community.

For the first time, public health will be integrated into MoFALD’s existing local platform for discussing and planning development in the community, linking it to other sectors such as women’s empowerment, education, and water & sanitation. This is important because not only are local systems more responsive to local needs, they are also more accountable and give the community greater flexibility in allocating resources to where they are needed most. The end result will be better, more equitable health services, particularly for marginalized groups.

Response to the agreement has been overwhelmingly positive. In July 2014 the two ministries signed the implementation guidelines, a major step towards making this collaboration a reality on the ground, a month later the collaborative approach officially became part of Nepal’s national health policy. The MoFALD Secretary commented that the framework and guidelines represent a pioneering effort that should be expanded to other sectors, and the MoHP Secretary stated that the collaboration and decentralization speaks to the health sector’s future in Nepal.