Annual Report
2018/19

Nepal Public Health Research and Development Center (PHRD Nepal)

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Message from Executive Director

It is my immense pleasure to release this annual report of Nepal Public Health Research and Development Centre (PHRD Nepal) which has completed its gratifying 4 years of service in research and development with its entrenched vision.

PHRD Nepal is an independent, autonomous, non-political, Non-governmental Organization established in 2016 AD by a group of young and energetic public health experts with a mission to strengthen health system through various public health actions and efforts through high quality research. It is accelerating towards its vision to ensure evidence-based public health practices guided by evidence-informed policies and guidelines for sustainable development in health. The fiscal year 2075/076 (2018/2019), the 4th year of its inauguration was laudable both in terms of project action as well as its institutional advancement. PHRD Nepal is committed more than ever to strengthen the health system in new Federal structure through high quality research and actions. It also works to strengthen local government for delivering high quality health services. The thrust area of the organization is to conduct research on health system, work on areas of Non-Communicable Diseases, Health Policy, Disaster Prevention and Management, Maternal, Neonatal and Child Health, and Nutrition, Coordination, Advocacy and Communication.

PHRD Nepal achieved some legendary milestones in the fiscal year 2075/76 despite the overwhelming situation of country in the course of implementation of the federal system. In this fiscal year, we put our efforts on providing Technical support to Curative Service Division for development of Emergency Health Service (EHS) package in Partnership with WHO. PHRD Nepal also carried out detailed End line Survey of 'Maternal and Child Health Promotion Project' in prioritized 8 project intervention VDCs and 4 Control VDCs of Lamjung district in partnership with Human Development and Community Services (HDCS).

This fiscal year remained fruitful in maintaining its usual cadence of improvement in other disciplines as well. PHRD Nepal in coordination with UNICEF Nepal carried out Evidence Based Maternal Neonatal Child Health Bottleneck Analysis and Strategic Action Plan project which was carried out in 25 local units of Province-2, Karnali Province and Sudurpaschim Province to support better maternal, neonatal and child healthcare (MNCH) planning and budgeting. Similarly, in Partnership with UNFPA Nepal, PHRD Nepal carried out a study "Prevalence, trends and determinants of post abortion contraception use in selected districts of Nepal" whose main objective was to assess prevalence, trends and correlates of post abortion contraception use in Nepal and identify the means to improve FP uptake in Nepal.

Overall, this fiscal year proved to be worthwhile; and has set a landmark for further endeavor towards our mission to institutionalize PHRD Nepal as an accredited organization. In this felicitous occasion of stepping into the 5th year, I express my deepest gratitude to all members of the Executive Committee, the General Members, the development partners including the concerned ministries and department, Government of Nepal and Social Welfare Council for their kind support. I would also like to extend my appreciation to all staffs, Mr. Niraj Giri, Mr. Raj Kumar Sangroula, Ms. Santoshi Giri, Mr. Dinesh Rupakheti, Mr. Dip Narayan Thakur, Ms. Mina Maden Limbu, Ms. Saimona Karki, Ms. Jibika Siwakoti, and Ms. Shristi Neupane for continuously, enormously working hard for publishing this annual report.

We look forward to continue cooperation with all in our future endeavors. Thank you!

PHRD Nepal at Glance

Nepal Public Health Research and Development Center, simply known as PHRD Nepal is a not-for-profit making, non-political and Non-Governmental Organization (NGO), organization with a vision to ensure evidence based public health practices guided by evidence informed policies and guidelines for sustainable development in health. It is legally registered a as a company under the Office of the Company Registrar and Social Welfare Council (SWC) in 2016.

The governing core principles of PHRD Nepal are - high regard to human right and subjects, stewardship, integrity, team work, accountability, national as well as international networking and partnerships and collaboration.

PHRD Nepal aims to prioritize public health action and research areas; facilitate interventions in collaboration with national and international partnerships with different national and international organizations.

PHRD Nepal works in broader field of health and other cross cutting issues focusing on marginalized and disadvantaged group in coordination and partnership with unilateral, bilateral agencies, UN agencies and Government of Nepal.

We are passionate about delivering quality service backed up by innovation through experimentation.

PHRD Nepal is committed to strengthen the health system in new federal structure of Nepal through various public health actions and efforts through high quality research. For which, it aims to strengthen the local government for delivering high quality basic health services.

Our Focus Areas

- Maternal, Neonatal and Child Health
- Adolescent Sexual and Reproductive Health
- Health Policies and Guidelines
- Health System Strengthening
- Nutrition
- Health Research
- Communicable diseases and NCDs
- Disaster Prevention and Management
- Water Sanitation and Hygiene
- Health Advocacy
- Health Infrastructure
- Health Information Communication and Technology

Vision, Mission and Goal

Vision: To ensure evidence-based public health practices guided by evidence-informed policies and guidelines for sustainable development in health

Mission: Strengthen health system through various public health actions and efforts through high quality research.

Goal: To prioritize public health action and research areas, facilitate interventions in collaboration with national and international partnerships

1. Improving Maternal Newborn and Child in Prioritized Municipalities

(Prioritized 25 municipalities of province 2, Karnali Province and Sudurpaschim Province)

Under this project, 'Improving Maternal Newborn and Child in prioritized municipalities' following activities are carried out.

A. Evidence Based Maternal Neonatal Child Health Bottleneck Analysis and Strategic Action Planning
B. Municipality level Quality Assurance Committee Formation and Orientation
C. Technical assistance to government for supporting MNCAH (Family Welfare Division)
D. Review of MNCH Bottleneck Analysis and Quality Improvement (QI) scoring in Mugu district

Partner	unicef for every child
Timeline	*March-December, 2019*
Project area	*Province 2, Karnali Province, Sudur Paschim Province*
Status	*Ongoing*

A. Evidence Based Maternal Neonatal Child Health Bottleneck Analysis and Strategic Action Planning

Background: Nepal has now restructured into federal system with structural and functional changes. There are 761 governments that include 753 local governments. Basic health provision is now the responsibility of local government based on Constitution of Nepal 2015.

The Investment Case (IC) is a strategic and evidence-based problem-solving approach to support improved maternal, neonatal and child healthcare planning and budgeting.

In real field scenario the capacity of local government in evidence-based planning particularly for health is limited. They more often focus on curative components of health services.

Besides that, health indicators of Nepal suggest that there has been tremendous improvement

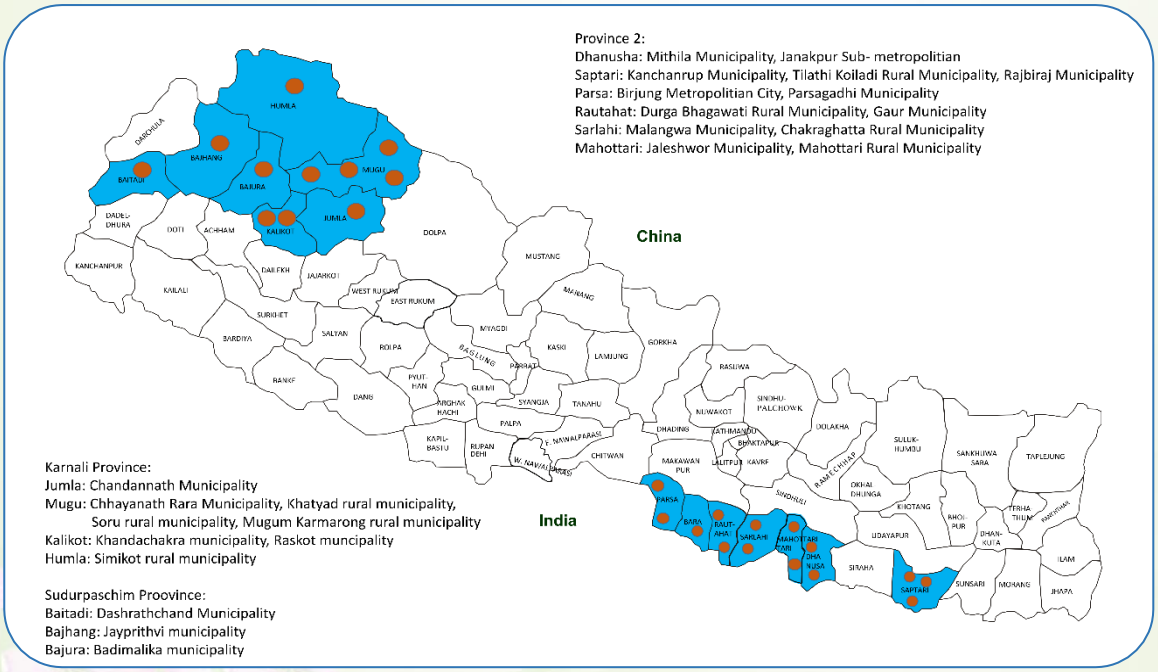

Figure 1. Map showing project areas

in MNCH indicators overtime including nutritional indicators but still a lot more needs to be done in order to meet the Sustainable Development Goals (SDGs) 2030; to which the Government of Nepal (GoN) is a signatory. After Nepal has entered into a new "Federal Democratic Republic State", municipalities have the accountability to ensure health and education as its priority.

In this scenario, PHRD Nepal and UNICEF Nepal coordinated with 25 local units of Province-2, Karnali Province and Sudurpaschim Province for evidence-based approach for developing strategic action plan for improving the health of children, newborn and mothers

Workshop Modality: The workshop was divided into 2 sessions; formal and technical session. The formal session was hosted by the team from organizer i.e. municipality. Similarly, technical session was facilitated by PHRD Nepal and UNICEF. The workshop was scheduled from 10 AM to 5 PM but was made feasible as per the ease of the organizer and participants. In between, refreshment break, entertainment session, lunch break was also given considering at the situation of the workshop. In average, there were 50-100 participants

Major activities: Team from PHRD Nepal facilitated in all the workshops that was organized by concerned municipalities. The workshop was to develop strategic action plan for three fiscal years by identifying bottlenecks. The major theoretical basis for this analysis was Tanahasi model. Participants of the workshop included Ward chairs, health workers (health facility chief, Auxiliary Nurse Midwife), Female Community Health Volunteers (FCHVs), political representatives, other concerned stakeholders.

Out of 25 (rural) municipalities, facilitation of workshop was done in 24 as one municipality, Kalaiya of Bara, didn't organized the workshop.

B. Municipality level Quality Assurance Committee Formation and Orientation

Background: Health services provided by health facilities as per provision in national standards and protocols should be provided for the people's needs and their rights to be healthy. Such quality of service demands increased participation of people of the community and continuous improvement from service provider sides. There is clear evidence that quality remains a serious concern, with expected outcomes not predictably achieved and with wide variations in standards of health-care delivery within and between health-care systems.

Developing countries need to optimize resource use and expand population coverage, the process of improvement and scaling up needs to be based on sound local strategies for quality so that the best possible results are achieved from new investment. There are key areas that define quality of health care like status of skilled health service providers; drugs, materials and equipment; physical infrastructure, status of local health system; people's satisfaction; standard guidelines and protocols.

In this regard, Nepal Government formulated Quality Health Service Policy – 2009 and later updated it in 2015 as per demand of the time. There are various structures at different level to ensure the quality of health service provided at different levels. After Nepal has been into federal structure with provision of basic health service being responsibility of local government, the need to empower local authorities regarding quality assurance of health service is very important.

Objectives:

- To orient the concerned stakeholders at the municipality level about the health care improvement procedures.
- To explain about different guidelines and policies in ensuring quality health care services.

- To form quality improvement assurance working committee at the municipality level and orient about their roles and responsibilities.

Activities:

In three of the eight municipalities, consultant of UNICEF had already conducted orientation program and formed quality assurance committee as well. In the remaining, PHRD Nepal conducted the orientation program and formed the committee in consultation with municipal authorities.

C. Technical Assistance to Government for Supporting MNCAH (Family Welfare Division)

Our one staff stayed full-time at Family Welfare Division to provide technical assistance to maternal, new born, child and adolescent health related activities of the FWD. He involved in various activities being conducted there and supported technically. Some of them are:

- Free Newborn Care Program Review' slides preparation and its analysis.
- Preparation and regular update of Newborn and IMNCI slides
- Supported in preparation of MNCI Annual Work Plan and Budget (AWPB) and budget entry in TABUCS
- Preparation of annual report FY 2074/75 related to IMCI and newborn program
- Preparation of directory of trained health workers on CB-IMNCI, SNCU and FBIMNCI
- Field visits: to support FB-IMNCI training (twice) and Comprehensive Newborn care (level II) training to Medical Officers (twice) along with collecting data on SNCU and newborn care.

D. Review of MNCH Bottleneck Analysis and Quality Improvement (QI) Scoring in Mugu district

These were the revised activities and based on recommendation from Unicef Nepal and PHRD Nepal project team. Quality of health service is key factor for improvement of maternal newborn and child health. Municipal level Quality Assurance Committee, Health facility level quality improvement team and their state of being functional is core for quality of service. In Mugu district, such committee (except few) is already formed but their functionality remains the issue. They have to perform quality scoring based on tools which are prepared by GoN and guideline in every four months, which is found to be lacking based on field observation and communications with different stakeholders. Also, health workers often find it difficult to carryout quality scoring. This sums to the need of support for health workers at health facility level to perform quality scoring and prepare action plan accordingly.

Similarly, four palikas in Mugu district came up with various innovative ideas for improvement of maternal, newborn and child health in respective palikas as mentioned above. Concerned authorities of respective palikas expressed their commitment towards implementing activities that came up as action plan in the workshop. Now, all palikas has allocated budget for health and planned their annual activities for fiscal year 2076/77. To evaluate the process of strategic planning to improve overall health planning process at local level and evaluation of health facilities by QI scores, PHRD Nepal in collaboration with UNICEF Nepal conduct one day BNA review at Palikas and one day QI scoring in each health facilities.

Figure 2. Facilitation of the workshop by Mr. Janak Thapa at Rajbiraj

2. Emergency Health Service Package Development

Background

Article 35(1) of the constitution (2015) requires the state of Nepal to ensure that none will be deprived of emergency health services. Public health service act 2018 includes different articles related to emergency health services. This act is formulated to ensure the constitutional rights related to health. The act has defined emergency health services as primary treatment provided to a person who is at risk of life due to emergency events or accidental condition and make them risk free. A look at these reveals however that it is explicit will of the constitution that good quality emergency health services should be available to all citizens without them facing financial hardship. With regard to what should include these services, under clause 51(h) (6) it is the mandate of the state to define. It is in this pretext, Emergency Health Services Package (EHSP) was developed.

Partner	World Health Organization, Country Office for Nepal
Timeline	*April-September, 2019*
Project area	*Kathmandu based*
Status	*Completed*

- To review existing National and International guidelines regarding emergency health services.
- To support for the development of emergency health services package for each level of health facilities in coordination with national and sub-national experts

Activities

- Consultative Meeting with chiefs of divisions and centers under the Department of Health Services
- Meeting with Technical Working Group
- Meeting with Chief and Health Managers of the Ministry and Department level.
- Residential Workshop on EHSP with Provincial level health facility's (primary, secondary and tertiary) Emergency department health personnel
- Residential Workshop on Managerial and Higher-level consensus Meeting on EHS (Provincial and Federal Hospital Emergency in-charge, Provincial Health Directors of Ministry of Social Development, Directors of Provincial Health Directorate, Emergency Department Heads of Health Science Academy
- Field test validation in Dhanusha and Dolakha

Figure 3. Developmental Workshop for Emergency Health Service Package at Dhulikhel

3. Endline Survey of Maternal and Child Health Promotion Project

Background:

Maternal and Child Health Promotion (MCHP) project which was implemented in eight selected VDCS (Khudi, Chiti, Dhamilikuwa, Chakratirtha, Gilung, Ishaneshwor, Bhorletar and Ramgha) of Lamjung district by Human Development and Community Service (HDCS) with main aim of saving life of children and mothers.

The primary beneficiary population were children aged under five years, pregnant women and women of reproductive age. However, adolescents, female Community Health Volunteers (FCHVs), and facility-based health workers also received direct benefits from the project.

Partner

Timeline *April – May, 2019*
Project area *Lamjung*
Status *Completed*

Objectives:

- Measure achievements of project indictors: collect data to respond to all project indicators
- Explore whether the project was able to reached the most vulnerable women and children
- Explore the sustainability of project achievements.
- Find out the both positive and negative unintended outcomes of the project
- Find out the rationale for best project activities for the best value of money.
- Extract lesson learned and draw concrete recommendations that will guide the planning of successful expansion of the project in future

Methods and activities:

Cross-sectional study was carried out among eight project and four non-project VDCs (Bangre, Banjhakhet, Samibhanjyang and Tarkughat) using mixed method (both qualitative and quantitative). Fathers and mothers of children aged under-five were source of quantitative data whereas Female Community Health Volunteers (FCHVs), Health Workers (HWs), Mothers of children aged under five, ward representative and traditional healer source of qualitative data.

Beside quantitative and qualitative data collection, observation of health facilities, observation of schools, review of project reports, secondary data sources like HMIS and informal interviews with other concerned stakeholders was also carried out.

Figure 4. Field enumerator interviewing a mother from Chiti, Lamjung

What were observed?

The knowledge and awareness on MNCH related issues and practices of health service utilization was increased in the end line survey compared to baseline. But there was not much difference in rate of change in project and non-project groups but service seeking was higher in project VDCs.

Project has reached to the vulnerable women and children through mothers' group meeting and disadvantaged community focused 'citizen's voice mechanism' but

participation/engagement of common dalit people was not obvious.

Intervention regarding sanitation and menstrual hygiene at schools was really appreciable. Influenced by project, some schools have allocated a room for resting during menstruation, which is unintended positive outcome.

Equipment supports health facilities and implant training to the selected health workers has played important role in their capacity building.

Emergency health fund[1] in the project VDCs was quite sustainable approach whereas 'Aama suraxa[2]' class had provided best value of money until project phase, in terms of beneficiaries per cost, community involvement and interaction, their perception towards project, increased knowledge of mothers and increased service utilization.

Self-dependency to orient mothers' group in FCHV is still lacking that needs serious capacity building program for them. External facilitators (SM) should focus on capacity building of FCHV more than orienting mothers' group themselves.

Listening toward health specific program and spending quality time for listening was not common. So, study recommended 'Hello Sister'[3] program with integrated SMS technology as better option.

Robust framework which engage all levels and categories of people in knowledge sharing, to ensure continuous knowledge diffusion.

Coordination with local government to support certain amount of money annually for the 'emergency health fund' would help to grow the fund for long term. Also, the survey recommends to formally institutionalize fund considering legal aspect.

Figure 5. Part of survey team at Khudi Health Post.

[1] *Fund established from financial support of the project*

[2] *Modified Health Mothers' Group Meeting in which Social Mobilizer from the project facilitate the meetings*

[3] *Use of phone communication technology to establish connection between mothers and nursing staffs of concerned health facilities.*

Photo credit: Kathmandu Tribune
Source: https://kathmandutribune.com/unsafe-and-illegal-abortions-in-nepal/

4. Prevalence, Trends and Determinants of Post Abortion Contraception use in Selected Districts of Nepal

Background

In Nepal, the legalization of abortion took place in 2002 following National Safe Abortion Policy – permitting abortion up to 12 weeks gestation on request, and for certain medical/legal indications thereafter. By 2016, the Comprehensive Abortion Care (CAC) in Nepal was available in all district hospitals and in half of the Primary Health Care Centers (PHCCs). The government has included counseling on post-abortion contraceptive method as one of the key components of CAC.

Partner	UNFPA
Timeline	*February – April, 2019*
Project area	*Sunsari, Morang, Baglung, Myagdi, Parbat*
Status	*Completed*

Objectives

- To assess prevalence, trends and correlates of post abortion contraception use in Nepal.
- To identify the means to improve FP uptake in Nepal.

Methods

Secondary data analysis using Nepal Demographic Health Survey Dataset in addition with qualitative data analysis of data from field.

Major Findings

- At the population level post abortion contraceptive counselling and use of post abortion contraceptives were low.
- Compared to those who resides in Province 1 the lower likelihood of being counselled on post abortion contraception was observed to those who reside in Province 6.
- The highest rate of post abortion contraceptive use was observed among Newars (46%) whereas the least use was observed among Muslims (13% only).
- The Long Acting Reversal Contraceptive (LARC) use was highest among the client who received services from the hospitals.
- The use of implants was higher than IUDs (13% vs 4% respectively) among post abortion clients.
- The clients who received surgical abortion services used higher rate of long-term post abortion contraceptives (19%) compared to those who used medical abortion services.
- Those who belongs to terai caste groups (Madhesi and Muslims) (>15%) were more likely to use implants than other caste groups. The highest use of IUDs was observed among Brahmins/Chettris (4%) whereas none of Muslims used IUDs.
- Those aged 15-24 years were more likely to use injectables. The clients who received abortion services from health posts (31%) were more likely of receiving injectables compared to those who received services from hospitals (21%).
- Compared to those who received services in first trimester, the significantly lower likelihood of accepting post abortion LARCs was observed among those who received services in second trimester.
- Post abortion contraception program has helped in reducing unintended pregnancies/repeat abortions.
- The repeated abortion was high in the previous years but has decrease significantly in the recent years.
- The most useful post abortion contraception would be implant and IUD but there are some abortion sites where these services are not available.
- LARCs services should be available to all the safe abortion sites. FP Counselling using Balanced Counselling Techniques would be instrumental to address the post abortion contraceptive need.

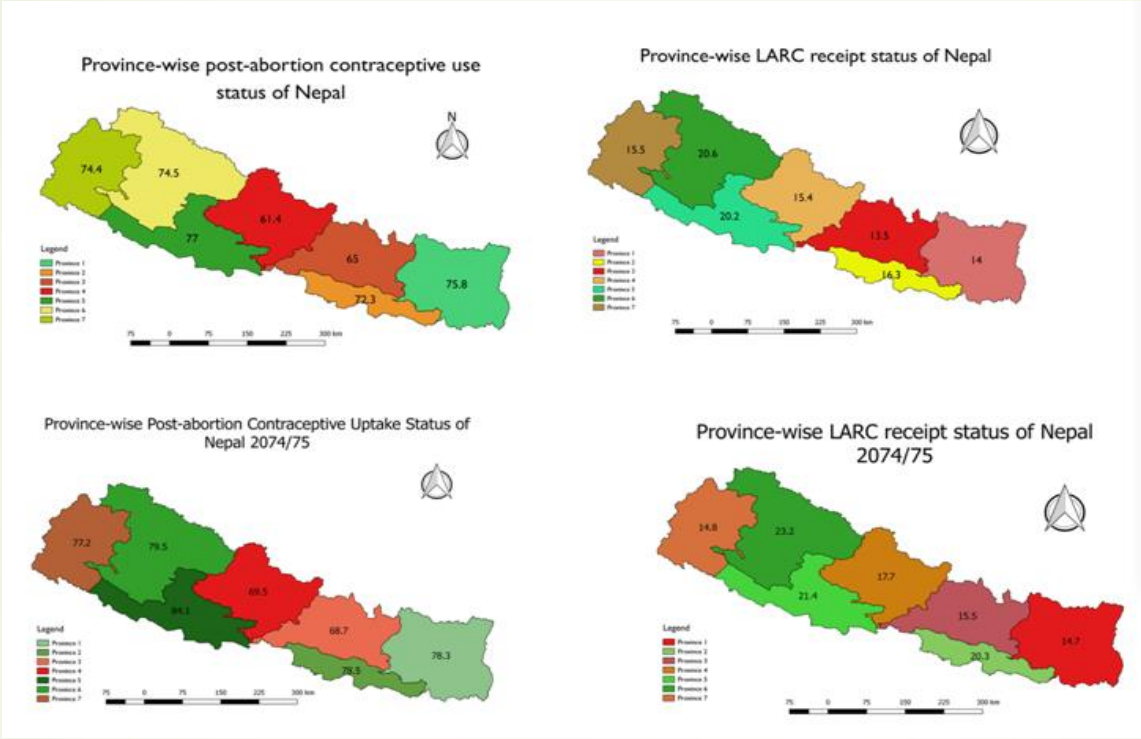

Figure 6. Province-wise distribution of post abortion contraception and LARCs, FY73/74 and FY74/75

Key Recommendations:

- Integration of safe abortion programme with other programme would be an effective approach on creating awareness on safe abortion services including post abortion contraception to marginalized population.
- Quality Family Planning counselling focusing on healthy timing and spacing would be instrumental for clients who have had on incomplete abortion.
- Training health workers on effective counselling and provision of high quality FP counselling is essential.
- For second trimester clients, the same providers who provide safe abortion services should counsel the clients.

"You cannot have maternal health without reproductive health. And reproductive health includes contraception and family planning and access to legal, safe abortion." - *Hillary Clinton*

Way forward

- Regular coordination and collaboration with three tiers of government of Nepal for various health related projects.
- MoU with different national and international colleges and Universities to stimulate and facilitate the development of collaborative programs.
- Regular proposal writing and bidding for international projects.
- Celebration of major national health events in coordination with Department of Health Services.
- Conduct short courses related to Proposal, Research and different health related software.
- Conduct school health program on various health issues like adolescent health, menstrual hygiene, communicable and non-communicable diseases.

PHRD Nepal staffs with Executive Director

Photo Glimpses

During the EHS field visit in Charikot

During BNA workshop, Mithila Municipality

Participants of BNA workshop, Mithila M.

Group Work BNA workshop, Mithila M.

Group Work BNA workshop, Mithila M.

EHS workshop at DHulikhel

During BNA workshop, Dashrathchand M.

BNA workshop covered by News media

EHS internal meeting at PHRD Nepal

During BNA workshop, Mithila M

Group work of BNA workshop, Jumla

Group presentation at workshop, Raskot

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