

Annual Report 2019/020



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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 5 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 2076/77, the 5th 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, Occupational Health, Coordination, Advocacy and Communication.

PHRD Nepal achieved some legendary milestones in the fiscal year 2076/77, 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, Curative Service Division (CSD), and Nursing and Social Security Division (NSSD), DoHS initiated to prepare Standards and Operating Procedures for Anti-Microbial Resistance (AMR) and Telemedicine Program Guideline and a Home based Health Service Standard development respectively where PHRD Nepal was selected as technical partner (consultant) for preparing final draft of the document. And in Partnership with, Save the Children Nepal, PHRD Nepal carried out a study "Understanding the Barriers and Enablers to Continue Quality Care Services for Management of Possible Severe Bacterial Infection (PSBI) by Private Sectors Providers of Kavre Nepal: A Qualitative Study" whose main objective was to explore the barriers and enablers for private providers in assessing and treating the sick young infants, during and after the pilot implementation. Australian Award grant to support the underprivileged Mushahar community in the Karjanha Municipality of the Siraha District in southeast Nepal. PHRD Nepal used the funds to provide materials and orientations to build awareness on hygiene and sanitation in order to help the community cope with the COVID-19 pandemic. Likewise, PHRD Nepal conducted an End Line Evaluation of Comprehensive Programing to Address and Respond Gender Based Violence (GBV) in Nepal and worked as a technical facilitator for developing health policy of Godaita Municipality, Sarlahi, Province 2. And in Partnership with KOICA Nepal, PHRD Nepal carried out Insuree Satisfaction

Survey and Policy Research for Suggesting Improvement in Enrollment Rate in National Health Insurance Program (NHIP) in 3 districts of Nepal- Jhapa, Palpa and Kailali to examine public awareness level and satisfaction status of insuree in NHIP. Nevertheless, we also celebrated International Universal Health Coverage Day on 12 December.

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. Deependra Kaji Thapa, Mr. Dipak Chaulagain, Mr. Raj Kumar Sangroula, Ms. Santoshi Giri, Ms. Saimona Karki, Ms. Jibika Siwakoti, Ms. Salina Thapa, Ms. Ishwora Dhakal and Ms. Arati Shrestha for continuously, enormously working hard for publishing this annual report.

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

Thank you!

Janak Thapa

Executive Director

PHRD Nepal



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 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.

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

Partner	 for every child
Timeline	<i>March-December, 2019</i>
Project area	<i>Province 2, Karnali</i>
Status	<i>Ongoing</i>

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 in MNCH indicators overtime including

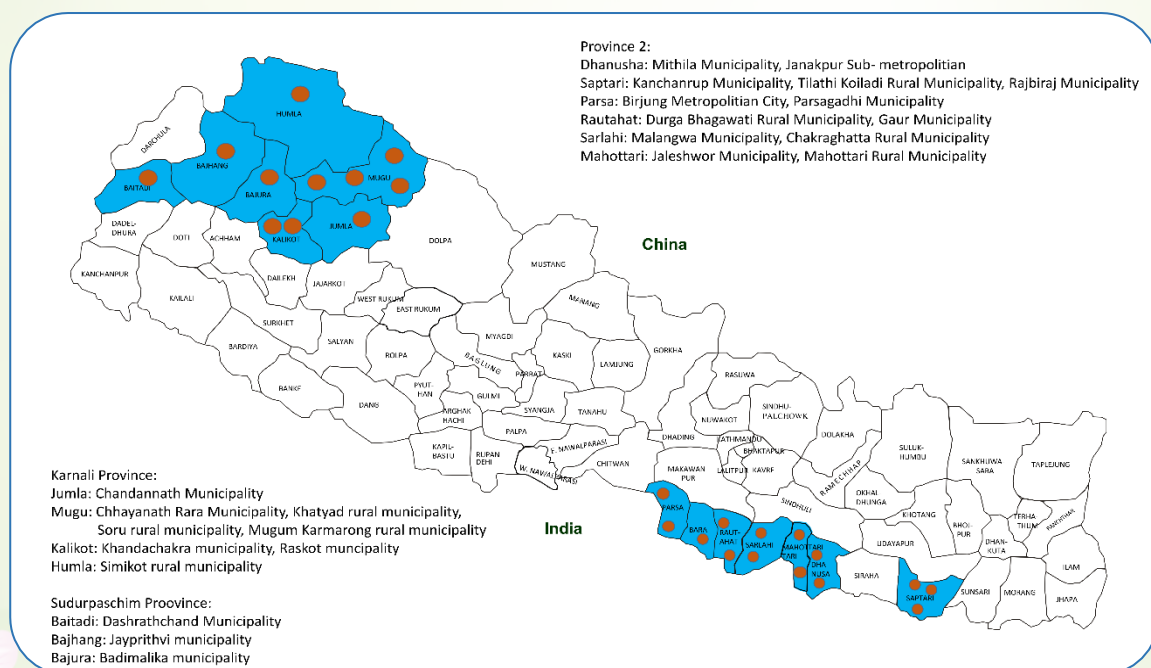


Figure 1. Map showing project areas

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



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. End line 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, Borletar 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 indicators: 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 fund¹ 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.



4. Telemedicine Program Guideline Development



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Background

In the field of e-health, tele-medicine is an important component to provide medical services at remote areas. Tele-medicine is like video conference, telecommunication used to deliver health services at remote areas, such as health assessments, consultations etc. It involves distance medical diagnosis, clinical management even the treatment and education for patients. Tele-medicine which literally means “healing at a distance” with uses of information communication technology to improve patients outcomes by increasing access to care and medical information.

In 2010, the Ministry of Health and Population (MOHP) started rural telemedicine program in two remote district hospitals of Nepal which was expanded up to 20 districts. Before the MOHP the Health Net project initiated telemedicine program at 2004, in same year different organization like Om hospital, wireless network provides telemedicine services in different areas of health care like dermatology, pathology etc.

Partner	Curative Service Division (CSD), Department of Health Services (DoHS), MoHP
Timeline	<i>November 2019- February 2020</i>
Project area	<i>Kathmandu based</i>
Project beneficiaries	<i>Policy Makers</i>
Status	<i>Completed</i>

Objectives:

- To develop standards and operating procedure for telemedicine program

Methods:

In depth desk review and consultative workshops.

Major Activities

- Review of national policies, acts, regulations
- Review of international literature and practices
- Consultative meetings with service providers, stakeholders and Technical Working Group
- Interactive workshop



5. Home based Health Service Standard Development



Background

Public Health Service Act 2075 legalize (Clause 24) that health service can be provided door to door (home based) and should be standardized and monitored by local government. The practice of home based health services are increasing. However, there is no standard or guideline for regulating these mushrooming home based health services. The Public Health Act 2075 (clause 64) gives right to federal level for preparing regulating documents for the country to regulate health services.

In this regard, Nursing and Social Security Division of Department of Health Services initiated to prepare Standards and Operating Procedures for Home based health services. PHRD Nepal was selected as technical partner (consultant) for preparing final draft of the document.

Partner	<i>Nursing and Social Security Division(NSSD), Department of Health Services (DoHS), MoHP</i>
Timeline	<i>November 2019- February 2020</i>
Project area	<i>Kathmandu based</i>
Project beneficiaries	<i>Policy Makers</i>
Status	<i>Completed</i>

Objectives

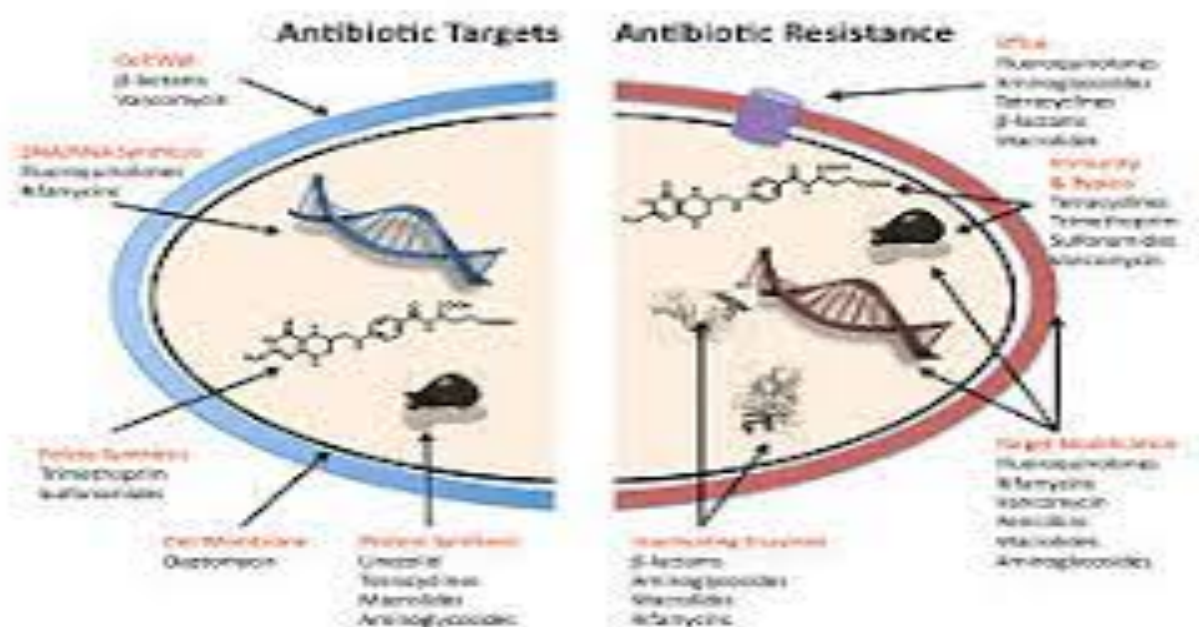
- To develop standards and operating procedure for home based health services

Methods

In depth desk review and consultative workshops.

Major Activities

- Review of national policies, acts, regulations
- Review of international literature and practices
- Consultative meetings with service providers, stakeholders and Technical Working Group
- Interactive workshop



6. Antimicrobial Resistance Guideline (AMR) Development



Background

Antimicrobial resistance is serious public health issue that require concerted action from all sectors. Nepal had dual problem regarding antimicrobials. In one hand, some parts of the country struggle to receive sufficient quantity of drugs including antimicrobials on the other hand, problem of antibiotic overuse is rampant. For the judicious use of antimicrobials and containment of antimicrobial resistance, World Health Organization has developed Global Action Plan on Antimicrobial Resistance, 2015 based on which Nepal also has developed “National Antimicrobial Resistance Containment Action Plan, 2016. Nepal has developed National Antibiotic Treatment Guidelines, 2014. National Health Policy, 2076 also has highlighted on the importance of formulation of action plan/strategies to regulate antimicrobial use and contain antimicrobial resistance.

On the basis of the manded provided by these guiding documents, PHRD Nepal in financial and technical support of Curative Service Division (CSD), Department of Health Services (DoHS), MoHP drafted “Antimicrobial Resistance Containment Guideline 2076” for the hospitals.

Partner	Curative Service Division (CSD), Department of Health Services (DoHS), MoHP
Timeline	<i>December 2019- March 2020</i>
Project area	<i>Kathmandu based</i>
Project beneficiaries	<i>Policy Makers</i>
Status	<i>Completed</i>

Objectives

- To develop standards and operating procedure for Antimicrobial Resistance

Methods

In depth desk review and consultative workshops.

Major Activities

- Review of national policies, acts, regulations
- Review of international literature and practices and national documents including WHO's publications
- Consultative meetings with service providers, stakeholders and Technical Working Group
- Interactive workshop



7. Understanding the Barriers and Enablers to Continue Quality Care Services for Management of Possible Severe Bacterial Infection (PSBI) by Private Sectors Providers of Kavre Nepal: A Qualitative Study



Background:

Following the recommendations from the Maternal and Child Survival Program (MCSP) survey conducted to identify how PSBI among newborns and young infants are being managed in private sectors, a 9 months pilot intervention in Kavre district targeting private service providers at medicine shops/ clinic at already provided antibiotic treatment for sick young infants was carried out. Result showed poor adherence to the pilot protocol. The result were from the service registers maintained by the private providers and the pilot lacked to further understand on why there was poor adherence. Besides, pilot was not able to validate the reported information on treatment, follow up and referral by the private providers with the PSBI clients. Perspectives of the stakeholders (DHO and referral hospitals) on pilot implementation and way forward to engage with the private sectors, that was no the part of the pilot. This qualitative study aimed to fill the above stated key information and learning gaps and compliment learning from the MCSP pilot study.

Partner	<i>Save the Children Nepal</i>
Timeline	<i>December 2019- March 2020</i>
Project area	<i>Kavrepalanchowk, Nepal</i>
Status	<i>Completed</i>

Objectives:

- To explore the barriers and enablers for private providers in assessing and treating the sick young infants, during and after the pilot implementation.
- To understand the experience of coordination between the private providers and referral hospital during implementation and if those relationships maintained since implementation ended
- To understand the perspectives of clients towards the service of private providers for treatment and referral of sick child.
- To identify the barriers in maintaining the service records of sick young infants after the phase out of the pilot intervention
- To explore the suggestion/way forward from relevant stakeholders and private providers in improving the private sector engagement for the quality of care of sick young infants.

Methods and activities:

- Desk Review
- Key Informant Interviews: Stakeholders of MCSP
- Indepth Interviews: private service providers, beneficiaries of services, pediatrician of Dhulikhel Hospital
- Data Analysis
- Report Preparation



8. Hygiene and Family Planning awareness and Support for Mushar Community of Karjanha Municipality Ward No. 6 for enabling them to cope with ongoing COVID-19 Pandemic



Background:

Australian Award grant to support the underprivileged Mushahar community in the Karjanha Municipality of the Siraha District in southeast Nepal. PHRD Nepal used the funds to provide materials and orientations to build awareness on hygiene and sanitation in order to help the community cope with the COVID-19 pandemic. A total of 139 households received sanitation materials such as a bucket with a tap, soaps, soap dishes, and face masks. More than 600 people participated in hygiene awareness orientation. Because the pandemic has affected access to contraceptive devices, PHRD Nepal also provided counseling to 14 individuals on how to avoid unwanted pregnancies during the lockdown.

Partner	<i>Australian Award</i>
Timeline	<i>May 2020- June 2020</i>
Project area	<i>Mushar Community of Karjanha Municipality, Saptari, Province-2</i>
Status	<i>Completed</i>

Objectives:

- Hygiene Promotion Awareness focusing on hand washing behavior through household visits and Family Planning Counselling.

Methods and activities:

Hygiene Promotion Awareness focusing on hand washing behavior through household visits, Support of hygiene materials, Family planning counseling to newly married couples and enabling them to cope with ongoing COVID-19 Pandemic.

Achieved Outcomes of the activity

- A total of 145 households with participation of 619 (Female-346 & Male -273) received message on maintaining proper hygiene with specific focus on hand washing and use of face mask.
- A total of 14 newly married females received family planning counseling to avoid unwanted pregnancy during lockdown period due to limited access to FB devices.
- A total of 139 Musahar Community households received hygiene promotion material support (Bucket with Tap , Soap Case, Soap , facemasks)



9. Technical Support to Develop Health Policy



Background:

Nepal recently moved from unitary system to federal system with three tiers of government. The constitution of Nepal 2015 has envisioned country into seven provinces, 77 districts, 753 paalikas and 6743 wards. Main aspect of the Constitution of Nepal, 2015 is the transfer of power from central/federal to the provincial and local government. Paalika has been considered as smallest electoral unit in Federalism which has several potential opportunities along with challenges on health system. Paalikas have the accountability to ensure health and education as its priority.

According to the National Demographic Health Survey-2016, neonatal mortality rate in the province 2 is 30, whereas the national average is 21; infant mortality rate is 43 in the province while the national average is 32; under-five mortality rate is 52 against the national average of 39. Likewise, the prevalence of anaemia among children aged six months to five years is 58 against the national average of 53; the prevalence of anaemia among women aged between 15 years and 49 years is 59 while the national average is 41. Only 65 percent children of the province have received basic vaccination, while the national average is 78 percent; birth delivery rate in health care facilities is 45 percent while the national average is 57 percent; women aged 15-19 years, who are currently pregnant, are 27 percent in the province but the national average is 17. Moreover, children under five who are stunted are 37 percent while the national average is 36 percent. All the health indicators in the province 2 are lowest compared to other parts of the country which needs a support to the palika to identify their health issues, their current challenges and establish a vision for future which in turn helps to establish targets. This whole process will be carried out with engagement of local government as they are solely responsible to formulate and endorse the health policy.

Partner

Save the Children Nepal

Timeline

March 2020- April 2020

Project area

Godaita Municipality, Sarlahi, Province-2

Status

Ongoing

Objectives:

- To technical support to develop the health policy in Godaita Municipality.

Activities:

- Facilitate and support municipal level in preparing health policy.
- Formation and orientation of municipal level steering committee and technical working group.
- Qualitative information gathering
- Key stakeholder workshop and validation.



10. Insuree Satisfaction Survey and Policy Research for Suggesting Improvement in Enrollment Rate in National Health Insurance Program (NHIP)



Background:

National Health Insurance Policy was launched in 2013 with the aim to increase financial protection of the public by promoting pre-payment and risk pooling in the health sector, mobilize financial resources in an equitable manner, and improve the effectiveness, efficiency, accountability and quality of care in the delivery of health care services.

Following the policy, Social Health Security Development Committee was formed in 2014, which after two years of background work, including feasibility study, launched the Social Health Security Program in 2016, now known as the National Health Insurance Program. It was initially started in three districts viz. Kailali, Baglung and Ilam and now fully expanded up to 49 districts while the basic training has been completed up to 58 districts. However, the insurance program faces various challenges, including population coverage and renewal. Clients/customer/insuree satisfaction is an importance tracer of health sector performance and quality of health care. Hence, there is need of a robust research to identify the factors that motivate the public join the insurance and continue the insurance scheme, insuree satisfaction, awareness of health insurance and identify other factors so that interventions with proper strategies to achieve targets of full coverage or say Universal Health Coverage by 2030. In this regard, Strengthening Health Insurance Support Program from KOICA wants to conduct such research to address ongoing and

upcoming challenges in order to support and strengthen the National Health Insurance Program of Nepal.

Partner	<i>KOICA Nepal</i>
Timeline	<i>March 2020- November 2020</i>
Project area	<i>Jhapa, Palpa and Kailali districts</i>
Status	<i>Ongoing</i>

Objectives:

- To examine public awareness level and satisfaction status of insuree in NHIP.
- To explore reasons for addressing regional disparities in NHIP enrollment/renewal rates and suggest ways for resolving the issues.
- To suggest research findings to complement the existing policy.

Methods and activities:

This survey has adopted a cross-sectional study design using mix method. This survey conducted in three selected districts-Jhapa, Palpa and Kailali. Two local government consisting of both rural and urban municipality were purposively selected in each district. Within the data collection period of 15 days all the COVID-19 precautionary measures were followed. Field researchers used mobile devices preferably android phone for data collection using Kobo collect application.



11. International Universal Health Coverage Day



Background:

Nepal, despite being among the least developed countries and suffering a decade long armed conflict, has achieved improvement in several health indicators. However, A visible disparity in such improvement between rural and urban population and rich and poor exist. Access to health services is not equal across the geography and population. Opportunities for health services are concentrated in the big cities providing access for rich. The gap is ever increasing with the rising privatization and health market. This is time for Nepal to take a rational direction of health system reform with the principle of universal coverage.

Ideally, in light of Universal Health Coverage universe means all citizens of the state regardless his/her socio-economic status, residency, and other socio-demographic features. However, it will not be practical for the country like Nepal to cover the entire population of the country. 'Universe' for the initial phase can be a special sub-population in worst-affected districts by the recent disaster.

Partner	<i>UHC 2030</i>
Timeline	<i>November - December 2019</i>
Project area	<i>Kathmandu based</i>
Status	<i>Completed</i>

Objectives:

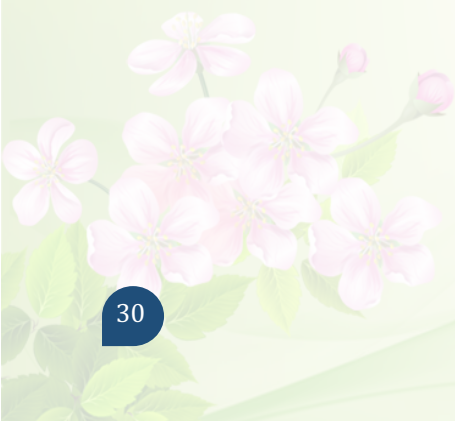
- To conduct an awareness program on various key asks of UHC.

Methods and activities:

- Conducted rally program and a talk program with the aim to raise awareness on various key asks of UHC among participants themselves and other people.

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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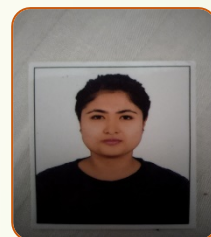
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