

Annual Report 2020/21



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Message from Executive Director

It is my immense pleasure to release this annual report of the Nepal Public Health Research and Development Centre (PHRD Nepal) which has completed its gratifying 6 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 2077/78, the 6th 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 Federal structure through high quality research and actions in collaboration with national and international partnership. It aspires to work to strengthen local government for delivering high quality health services. We are committed to strengthen the health system considering it as a demand of the time through various public health actions and high-quality research. The thrust area of the organization is to conduct research on health system, work on areas of Nutrition, Maternal neonatal and child health (MNCH), Non-Communicable Diseases, Health Policy, Mental Health, Disaster Prevention and Management, Occupational Health, Coordination, Advocacy and Communication.

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 6th year, I express my deepest gratitude to all members of the Executive Committee, the General Members, the development partners including the concerned ministries and departments, Government of Nepal, and Social Welfare Council for their kind support. I would also like to extend my appreciation to all staffs, Dr. Deependra Kaji Thapa, 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 continuing cooperation with all in our future endeavors.

Thank you!

Executive Summary

Since its inception, PHRD Nepal has taken initiatives to advocate the relevant public health issues at national and local level. In the fiscal year 2020/21, we have carried out number of initiatives providing technical support to different divisions and centers of Department of Health Service (DoHS) including Curative Service Division (CSD), Nursing and Social Security Division (NSSD) and Family Welfare Division (FWD). PHRD Nepal has completed developing Facilitator's Guide for orientation program on STP of EHSP 2078 and has handed Terms of Reference (ToR) of Health Facilities (HFs) and Standard Treatment Protocol (STP) of Gastro- Enterology, Nephrology and Psychiatry documents to CSD. Likewise, PHRD Nepal provided consultancy service to WHO Nepal on Health Financing Mechanism including Free Schemes for SRH Services in Nepal – An overview to address health financing challenges and gaps for SRH services particularly FP, SAS and PAC. Consequently, in coordination with CSD and WHO Nepal, we have developed Standard Treatment Protocol (STP) of Emergency Health Service Package (EHSP) 2078. On the other, PHRD Nepal provided technical facilitation in The Open University's stakeholder engagement for delivering contextualized learning on Antimicrobial Resistance (AMR) in Nepal. PHRD Nepal has involved in Baseline and Endline Surveys on measuring weight of under 5 children from Jajarkot, Mahottari, Kavre and Dolakha districts in partnership with Save the Children where the children from the selected municipalities were supported with super cereal. We provided technical support in preparing the data set for baseline surveys. With the support from World Alliance for Breastfeeding Action (WABA), we managed World Breastfeeding Week 2020 Celebration program that included interaction with Health workers, FCHVs and health science students through Webinar, Panel and discussion. PHRD Nepal also carried out 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 by mobilizing local enumerators from those selected districts. We also celebrated International Universal Health Coverage Day. 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, in partnership with Save the Children Nepal, 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.

Likewise, in previous year, PHRD Nepal has worked with UNICEF Nepal on Evidence Based Maternal Neonatal Child Health Bottleneck Analysis and Strategic Action Plan project in 25 local units of Province-2, Karnali Province and Sudurpaschim Province. And has carried out 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). Similarly, we have prepared Standards and Operating Procedures for Anti-Microbial Resistance (AMR) and Telemedicine Program Guideline and a Home-based Health Service Standard development in coordination with NSSD and CSD. 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" to explore the barriers and enablers for private providers in assessing and treating the sick young infants, during and after the pilot implementation. We also had put our efforts on providing technical support to CSD for development of Emergency Health Service (EHS) and Basic Health Service (BHS) package in Partnership with WHO 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, teamwork, 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



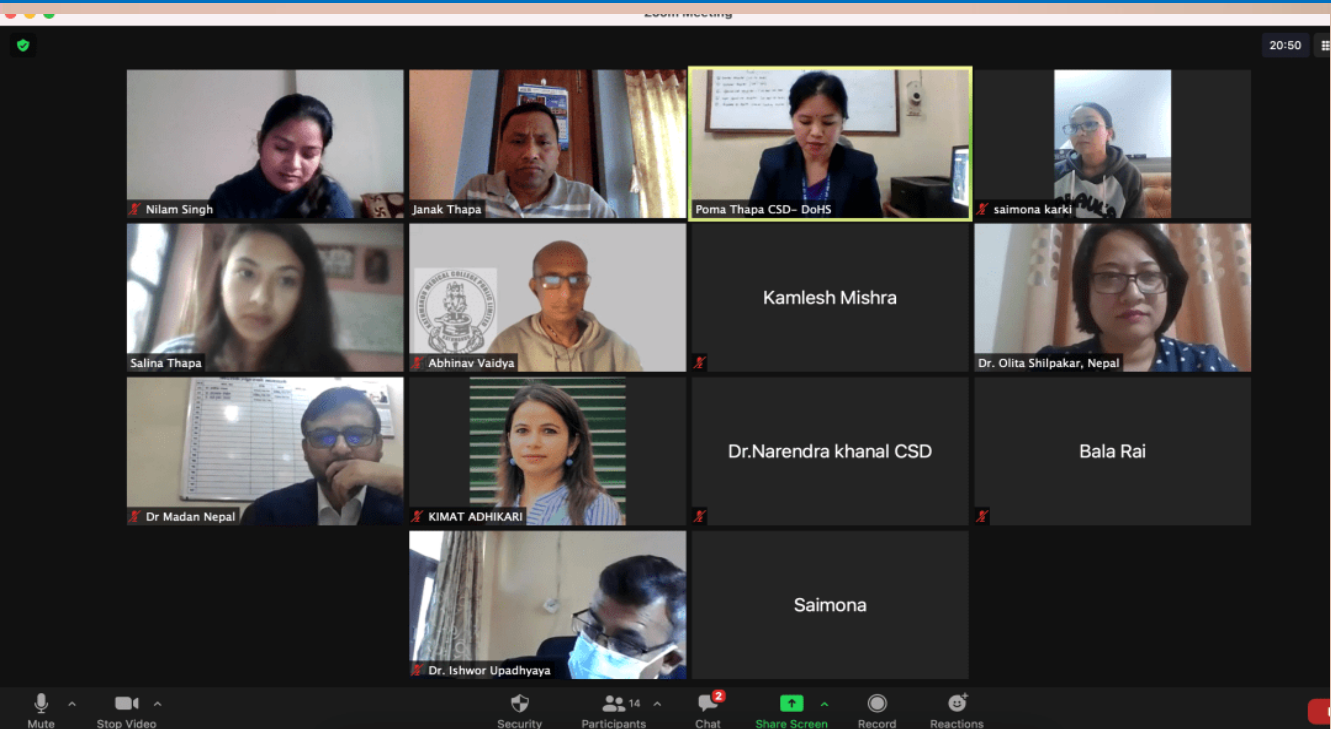
Vision: To ensure evidence-based public health practices guided by evidence-informed policies and guidelines for sustainable development in health



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. Development on Facilitator's Guide on Standard Treatment Protocol of Emergency Health Services Package 2078

Background:

For the effective implementation of Standard Treatment Protocol (STP), Curative Service Division is planning to organize orientation sessions for health workers at different levels of hospitals and health facilities. A detailed facilitator's guide is required to ensure the quality of orientation sessions. Therefore, Nepal Public Health Research and Development Center (PHRD Nepal) has developed a facilitator's guide to conduct orientation program on Standard Treatment Protocol of Emergency Health Services Package 2078 with the technical and financial support of Curative Service Division (CSD).

Partner	<i>Curative Service Division (CSD), DoHS</i>
Timeline	<i>April- June 2021</i>
Project area	<i>Kathmandu based</i>
Status	<i>Completed</i>

Objectives:

- To develop facilitator's guide to conduct orientation program on STP of EHSP 2078.
- To help facilitators conduct 3 days orientation program based on STP.
- To bring uniformity in the program.
- To sensitize participants about the STP and encourage them to use it.
- To encourage HF to implement STP.
- To sensitize all related stakeholders about STP for necessary coordination and resource mobilization.

Methods and activities:

Step 1: Pre-planning meeting organized with key government officials like MoHP, NHTC's key personnel, key officers from concern divisions, PHRD Nepal and WHO personnel for the modality of Learning Resource Package of STP of EHSP 2078.

Step 2: Consultative meeting done with the Technical Working Group (TWG) at Curative Service Division. Feedback and suggestion adjusted as provided by TWG.

Step 3: Preparation and consultation meetings/virtual with MoHP, DoHS, WHO personnel and subject expert on facilitator's guide to conduct orientation program on STP of EHSP 2078.

Step 4: Consultation meeting on the first draft of the facilitator's guide to conduct orientation program on STP of EHSP 2078 with key representatives of NHTC, DoHS, MoHP, WHO, PHRD Nepal, and subject experts.

Step 5: A finalization workshop on the final draft of the facilitator's guide to conduct orientation program on STP of EHSP 2078 with the presence of senior management team at MoHP, NHTC, DoHS, WHO, PHRD Nepal, and subject expert. Likewise, the facilitator's guide submission and STP of EHSP 2078 process for endorsement.



2. Terms of Reference (ToR) of Health Facilities (HFs)

Background:

As our health care is under increasing pressure to provide quality, affordable and accessible health care services where the role of Health Facilities and health workers plays a crucial role. Curative Service Division (CSD) initiated the process to prepare a Terms of Reference (ToR) for all level of Health Facilities (HFs) under the reference of Public Health Regulation 2077 and other legal documents. So, to bring uniformity in health facilities, a detailed ToR of HF with brief job description of health workers was prepared by conducting series of consultative meetings with key stakeholders of different divisions and centers of Department of Health Service (DoHS) where PHRD Nepal facilitated during the process.

Partner	<i>Curative Service Division (CSD), DoHS</i>
Timeline	<i>April- June 2021</i>
Project area	<i>Kathmandu based</i>
Status	<i>Completed</i>

Objectives:

- To develop Term of Reference (ToR) of various levels of health facilities on the basis of Public Health Regulation 2077.

Methods and activities:

Step 1: Pre-planning meeting organized with key government officials like MoHP, DG, key officers from concern division, and PHRD Nepal team.

Step 2: Consultative meetings done with the Technical Working Group (TWG) at Curative Service Division. Feedback and suggestion will be adjusted as provided by TWG.

Step 3: Preparation and consultation meetings/virtual with MoHP, DoHS, and subject experts on a Term of Reference (TOR) of various level health facilities.

Step 4: Consultation on the first draft of the Term of Reference of various health facilities with DoHS, MoHP, Management Division, PHRD Nepal, and subject experts.

Step 5: Consultative meeting on the final draft of Term of Reference done in presence of the senior management team at MoHP, DoHS, MD, NHPL, NHTC, PHRD Nepal, and expert.



3. Standard Treatment Protocol (STP) Development of Gastro-Enterology, Nephrology and Psychiatry

Background:

In the new Federalized structure, Standard Treatment Protocol was deemed necessary for smooth delivery of health services where Curative Service Division initiated the process of developing STP. PHRD Nepal developed a Standard Treatment Protocol (STP) of Gastro-Enterology, Nephrology and Psychiatry with the technical and financial support of Curative Service Division (CSD). During this process, we collaborated with all relevant stakeholders and conducted consultative meetings to enrich the document in terms of quality.

Partner	<i>Curative Service Division (CSD), DoHS</i>
Timeline	<i>March- May 2021</i>
Project area	<i>Kathmandu based</i>
Status	<i>Completed</i>

Objectives:

- To develop Standard Treatment Protocol (STP) of Gastro-Enterology, Nephrology and Psychiatry.

Methods and activities:

Step 1: Pre-planning meeting organized with key personnel of division like CSD, DoHS and PHRD Nepal team.

Step 2: Consultative meetings done with the Technical Working Group (TWG) - MoHP, concerned Association and Society Members at Curative Service Division. Feedback and suggestion adjusted as provided by TWG members.

Step 3: Preparation and consultation meetings/virtual with subject experts on respective STPs.

Step 4: Consultation on the draft STP document prepared by specialist of Psychiatry, Gastro-enterology and Nephrology with CSD experts and representatives of DoHS, MoHP, Management Division, and PHRD Nepal.



4. Health Financing Mechanism including Free Schemes for SRH Services in Nepal – An overview

Background:

Sexual and Reproductive Health (SRH) is one of the priority programs of the Ministry of Health and Population with the aim to foster equitable access to and utilization of the services throughout the country to improve the health status of people. Nepal has been expanding family planning and comprehensive Abortion services through additional training programs to the health workers and increasing the numbers of safe abortion sites. Regardless of these efforts from government, women in Nepal are still struggling for free essential SRH services (family planning, SAS and PAC).

PHRD Nepal has provided technical support to carry out this study to identify the financial gap for essential SRH services particularly FP, SAS and PAC and assemble relevant information to make recommendations for strengthening health financing mechanism to improve access to good quality, affordable SRH services, as mandated by the government.

Partner	<i>WHO Nepal</i>
Timeline	<i>November 2020-April 2021</i>
Project area	<i>Kathmandu based</i>
Status	<i>Completed</i>

Objectives:

- To assess the health financing arrangements for SRH essential services in public, private and NGO sector and how it affects utilization and health seeking behavior.
- To assess the cost associated to access SRH services from different sectors in Nepal to identify the financial gap
- To recommend the measures to be taken by different sectors, based on best practices in the low and middle-income countries, to ensure that women can access and avail the quality SRH services without facing any financial burden for the available free SRH services as mandated by the government

Methods and activities:

- Desk review of SRH documents- Available Literatures- Best Practices in LMICs, HMIS Reports, Survey Reports (General Information on SRH services, Policy Bottlenecks, Macroeconomic situation, Trend of service coverage and utilization, Government and non-governmental spending in SRH)
- Key Informant Interviews (KII) - Financial arrangements in SRH (Revenue Collection, Pooling and Purchasing, Policy Gaps) with concerned stakeholders of private, public and NGO sectors.
- Client Interviews- SAS, FP & PAC clients (Equity and Financial protection, Demand side financing issues, Major Areas of OOP expenditure, Out-of-pocket Expenditure In SRH)



STANDARD TREATMENT PROTOCOL OF EMERGENCY HEALTH SERVICE PACKAGE



GOVERNMENT OF NEPAL
MINISTRY OF HEALTH AND POPULATION

5. Standard Treatment Protocol (STP) of Emergency Health Service Package (EHSP) 2078

Background:

The constitution of Nepal under clause 35 Right relating to health mention 'Every citizen shall have the right to free basic health services from the state, and no one shall be deprived of emergency health services.' As legal provisions are enacted by Federal Parliament, the published Public Health Service Act 2018 and Public Health Service Regulation 2020 act as guiding documents for health facilities to provide emergency health care services. Standard Treatment Protocol (STP) lists the preferred pharmaceutical and non-pharmaceutical treatments for common health problems experienced by people in a specific health system. As such, they represent approach of therapeutically effective and economically efficient prescribing. When implemented effectively, an STP offers advantages to patients (e.g., it provides more consistency and treatment efficacy), providers (e.g., it gives an expert consensus, quality of care standard, and basis for monitoring), supply managers (e.g., it makes demand more predictable and allows for pre-packaging), and health policy makers (e.g., it provides focus for therapeutic integration of special programs and promotes efficient use of funds).

WHO Nepal initiated the process of developing STP in coordination with Curative Service Division (CSD) and with the technical support of PHRD Nepal, STP of EHSP 2078 was developed. During this process, we collaborated with all relevant stakeholders to enrich the document in terms of quality.

Partner	<i>Curative Service Division (CSD), Ministry of Health and Population (MoHP), World Health Organization (WHO) Nepal</i>
Timeline	<i>October- December 2020</i>
Project area	<i>Kathmandu based</i>
Status	<i>Completed</i>

Objectives:

- To develop the Standard Treatment Protocol (STP) of Emergency Health Service Package (EHSP).

Methods and activities:

Step 1: A Pre-planning meeting was conducted to start the STP of EHS and mechanism of consultative meetings. The meeting was attended by key government officials from MoHP, Director General of the Department of Health Services, and Directors of the various divisions under the Department, PHRD Nepal and WHO- Nepal.

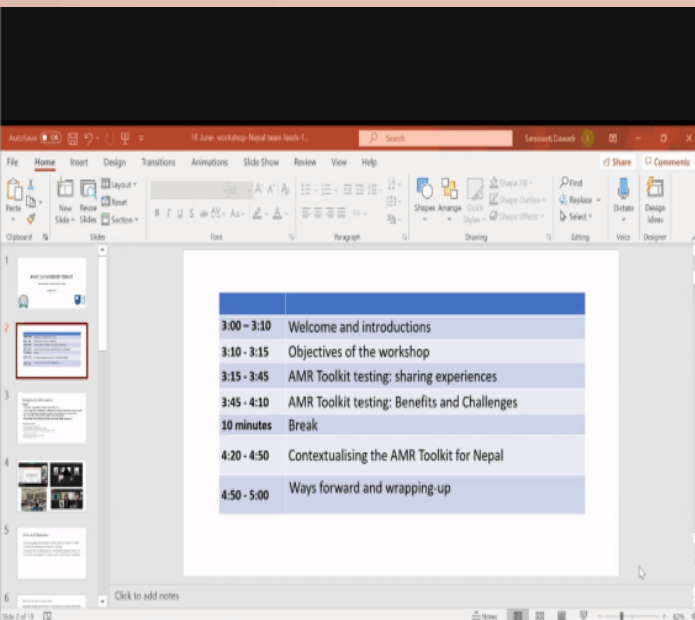
Step 2: A Consultative meeting with Technical Working Group (TWG) at Curative Service Division was conducted. Members of the TWG provided vital feedback and suggestions.

Step 3: Preparation and consultative meetings (physical/virtual) with MoHP, DoHS, WHO, and national and sub-national experts including staffs of emergency departments was performed.

Step 4: A Consultative meeting was done to discuss the first draft of STP with DoHS, MoHP, WHO, PHRD Nepal and subject experts.

Step 5: A High-level consultative meeting about the final draft of STP of EHS was done with senior management team of MoHP, DoHS, WHO, PHRD Nepal and subject experts.





6. The Open University's stakeholder engagement for delivering contextualized learning on AMR in Nepal

Background:

The Open University UK, a leading distance and online education provider has been awarded with a grant (Grant 2, February 2020 – September 2021) to design and deliver an AMR curriculum framework across all 24 Fleming Fund countries that aims to help human and animal health professionals and policy makers make use of information related to AMR and support them in changing their work practices. The grant was handed to PHRD Nepal to facilitate the use of the modules and help understand AMR more clearly and change their work practices. In addition to this, the OU in collaboration with key professionals in Nepal develop a toolkit that enable professionals to implement the knowledge they obtained from modules in their everyday work. The toolkit comprises a collection of three tools with different exercises and activities to help human and animal healthcare professionals to relate online modules developed by Open University UK to their specific work situation and needs.

Partner	<i>Open University UK</i>
Timeline	<i>April- July 2021</i>
Project area	<i>Kathmandu based</i>
Status	<i>Completed</i>

Objectives:

- To develop an understanding of which of the available modules are more relevant within the context of Nepal; and
- To engage with specific workplaces/ networks/communities of practice to gauge their interest in the adaptation and testing of the toolkit;
- To support end-users in the selected workplaces/networks/communities of practice to complete the modules and engage in the reflective activities
- To support the process of the adaptation of the toolkit, working remotely with OU academics based in the UK;
- To facilitate one workshop where representatives from the workplaces/networks/communities of practice (end-users) feedback on the application of the toolkit.

Methods and activities:

- The toolkit comprises a collection of three tools with different exercises and activities to help human and animal healthcare professionals to relate online modules developed by Open University UK to their specific work situation and needs.
- Major activities carried out:
- Review of the toolkit developed by Open University
- Finalization of the toolkit
- Pilot in 4 hospitals and 2 Veterinary Clinics
- Final workshop



7. Base line- Measure weight of under 5 children of Jajarkot, Mahottari, Kavrepalanchowk and Dolakha districts

Background:

Save the Children has been implementing a range of child-sensitive approaches for social protection in different countries. CSSP in Nepal encompasses child grants, scholarship programs, financial, transfer, super cereal distribution, midday meal, including others focusing on the poor, marginalized, and vulnerable families. As a result of the global COVID19 pandemic, the livelihood situation and living standards of the project intervention target groups have been worsened, with the children from those families becoming more vulnerable.

Recognizing the vulnerability of children and their families in the project intervention areas, Save the Children Nepal, under the CSSP project, is distributing the super cereal to around 4200 children under 5 years of age who are receiving child grant benefits from Dalit and poor families. Among these children, Save the Children Nepal would like to measure the weight of 1148 children across different project municipalities thus the survey was handed to PHRD Nepal.

Partner	<i>Save the Children</i>
Timeline	<i>December 2020</i>
Project area	<i>Jajarkot, Mahottari, Kavre and Dolakha districts</i>
Status	<i>Completed</i>

Objectives:

- To measure the weight of the targeted children in the selected municipalities, including the personal identification of the children – name, date of birth, caregiver name and contact number.

Methods and activities:

- Measured the weight of the targeted children in the selected municipalities, including the personal identification of the children – name, date of birth, caregiver name and contact number. A data set including the measured weight and other information was prepared and submitted to Save the Children.





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

Background:

Following the policy, Social Health Security Development Committee 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. In this regard, KOICA wanted to conduct such research to address ongoing and upcoming challenges in order to support and strengthen the National Health Insurance Program of Nepal where PHRD Nepal carried out the survey.

Partner	<i>KOICA Nepal</i>
Timeline	<i>March 2020- November 2020</i>
Project area	<i>Jhapa, Palpa and Kailali districts</i>
Status	<i>Completed</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 adopted a cross-sectional study design using mix method which was carried out in three selected districts-Jhapa, Palpa and Kailali. Two local government consisting of both rural and urban municipality were purposively selected in each district. Altogether, 1,211 respondents were interviewed. Out of them, 659 were currently insured and 552 were currently non-insured. 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. STATA was used for further analysis for the descriptive and inferential analysis. Similarly, 16 respondents comprising health enrolment officer and enrolment assistants were interviewed for qualitative data.

Results

Altogether 398 households were taken from Jhapa, 400 from Kailali and 412 from Palpa. Within the respective districts, approximately 39.9% (n=264) were identified as insuree and 24.3% (n=134) as non insuree from Jhapa; Similarly, 32.7% (n=216) were insuree and 33.3% (n=184) were non insuree from Kailali and 26.9% (n=178) insuree and 42.4% (n=234) non-insuree were taken from Palpa for the insuree satisfaction survey. More than 50% of the survey participants were female. The mean age among insuree (SD) was 45 (13.5%) and non-insuree was 41.2 (13.1%). The comprehensive knowledge about health insurance among the insured respondents was higher (55%) than that of non-insured respondents (45%). Majority of the insured (97.4%) and non-insured (95.5%) expressed NHIP scheme covers medicine. More than half of the respondents (insured: 55%, non-insured: 57%) did not know about the services that were not covered by NHIP. Higher percentage of satisfaction was seen among both groups from Kailali and Palpa in comparison to Jhapa. Almost three fourth of both groups responded that they were satisfied with the services they received. Altogether 98% of the insured expressed their intention to renew health insurance membership. Reduced financial burden (71%) and good service (58%) were reported as the most common reasons to continue health insurance membership. Almost eight out of ten currently insured respondents were willing to pay more contribution for increased benefit package.



Recommendations

- Devise the information dissemination strategy to impart comprehensive knowledge using the multiple media such as television, social media. Hence, the local government should be responsible to reach the community.
- Orient and mobilize FCHVs as well to impart the information about insurance program.
- Should be made mandatory for all residents in the country to be members of the health insurance scheme.
- The government should immediately identify the ultra-poor household and pay their insurance membership contribution amount.
- Health system strengthening should go hand in hand with health insurance program to expand the coverage of health insurance program.
- All the level of governments should have focused effect on ensuring all the listed medicines are available throughout the years.
- Government should fulfill all the sanctioned post, deploy the specialist doctors, improve the quality of care etc.
- The insured should be allowed to choose the private health facilities as well to be the primary contact points for utilizing health insurance benefits.



9. World Breastfeeding Week 2020 Celebration



Background:

WBW is celebrated every 1-7 August in commemoration of the 1990 Innocenti Declaration. WBW started in 1992, with annual themes including healthcare systems, women and work, the International Code of Marketing of Breast milk Substitutes, community support, ecology, economy, science, education and human rights. Since 2016, WBW is aligned with the Sustainable Development Goals (SDGs). In 2018, a World Health Assembly resolution endorsed WBW as an important breastfeeding promotion strategy. To protect, promote and support breastfeeding, WABA has granted this award to PHRD Nepal to create an enabling environment for mothers, thus contributing to increase optimal breastfeeding and infant and young child feeding practices through key actions like webinar.

Partner *World Alliance for Breastfeeding Action (WABA)*

Timeline *August 2020- October 2020*

Project area *Kathmandu based*

Status *Completed*

Objectives:

- To create awareness among the health workers about the link of the breastfeeding to the environment.

Methods and activities:

- Coordination with the Civil Society Alliance for Nutrition Nepal.
- Meeting to inform and discuss about the content of webinar with Civil Society Alliance.
- Webinar
- Report Writing



10. End Line Evaluation of Comprehensive Programing to Address and Respond Gender Based Violence (GBV) in Nepal



Background:

Comprehensive approaches have been implemented by Save the Children to address GBV targeting to all levels of socio- ecological model i.e. children and adolescents, families and parents, communities and societies. The program was in partnership with local Non-government Organization (NGOs)- Rastriya Rojgar Prabardhan Kendra (RRPK) to capitalize economic opportunities for adolescent girls and young women, access to self- help groups and other support systems, empowered them with several training, exposures and learning opportunities, enhanced community support systems, strengthened local child protection mechanisms, introduced case management system for GBV survivors and created social and policy environments to prevent and respond to the GBV issues. Therefore, PHRD Nepal carried out an endline evaluation to document the result outcomes and impacts of the project

Partner	<i>Save the Children Nepal</i>
Timeline	<i>July 2020- September 2020</i>
Project area	<i>Godaita Municipality, Sarlahi, Province-2</i>
Status	<i>Completed</i>

Objectives:

The main objective of this end line evaluation is to document the result outcomes and impacts of the project for well-being of adolescent girls, young women and other GBV survivors and share learning and challenges among project partners and stakeholders in the following areas:

- **Relevancy:** How far the project objectives were consistent with the needs of target groups. How relevancy the project interventions addressing the wellbeing of ABYM, AGYW and their families.
- **Effectiveness:** How effective the project addressing the root causes of the

problems/issues (GBV, GBV survivor, domestic violence, poor education of the AGYW, ABYM and their families). How effective the project objectives have been achieved?

- **Efficiency:** Assess how far the project resources have been used in a cost-effective manner in achieving the objectives?
- **Impacts:** Identify and document intended/unintended, positive/negative, direct/indirect effects and changes brought by the project.
- **Sustainability:** What is the likelihood of the project achievements, interventions to continue after phase over of the project?
- **Lessons learned:** Identify lessons learned on the success/failure cases, innovation approaches, and major challenges that can help to inform project team in replication of the approaches and designing and developing new similar projects in future.

Methods and activities:

The study adopted cross-sectional study design using mixed method approach to evaluate the implemented project in terms of relevancy, effectiveness, efficiency, impacts, sustainability, and lessons learned. Individual interview with 159 Adolescent Girls and Young Women (AGYW) , 49 Adolescent Boys and Young Men (ABYM) and 42 community members/parents was conducted for quantitative data while 7 KIIs (one with each Mayor, Ward Chairperson, Local Police, Local Judicial Committee, One Stop Crisis Management Center, District Women and Children Service Center, and District Public Prosecutor's Office) and 6 FGDs (one with each Adolescent Girls and Young Women (AGYW) group, Adolescent Boys and Young Men (AGYM) groups, Ward Child Protection Committees (WCPCs), Community Safe Space (CSS) Management Committee, Community Para Social Workers (CPSWs), and AGYW engaged in economic empowerment interventions) for qualitative data.

Data collection was conducted after obtaining ethical approval from Save the Children, IRB. Data was collected using mobile devices by trained field researchers with tools translated into Nepali language. Pretesting and beta testing were carried out before administering tools in the field. In case, COVID-19 situation persists data was collected via virtual methods like phone and internet media. Thematic analysis adopting both inductive and deductive approach was used for qualitative data analysis. Similarly, quantitative data was exported to SPSS where it was analyzed further based on objectives and indicators.

Achieved Outcomes of the activity

The proportion of AGYW having increased knowledge on all children and women's right was 47.4%. More than half (57.1%) of ABYM considered violence against women as less acceptable (at least 10 domains) and 56.8% parents consider GBV as acceptable (at least 10 domains). More than half of the AGYW and ABYM believed in hiding violence against children but less than a quarter believed in hiding in case of violence against women. In the survey, almost half (48.6%) knew how to prevent, identify and respond to gender-based violence. The key stakeholders also highlighted the increase in awareness regarding the children and women rights in the community

According to more than two-thirds (67.5%) of adolescents, the project had helped to

make community safer for women and adolescent girls. In this COVID-19 pandemic, more than one-third of AGYW and more than a quarter of ABYM were pressurized to get married and the most of them were below 20 years of age. The participation of local stakeholders while addressing certain GBV cases has helped to advocate against the GBV cases. Due to which, there has been gradual increase in the confidence level of the victims and their families. More than three quarters (76.2%) of the ABYM and AGYW had their self-esteem increased after the implementation of the project. Regarding Sustainability of parents' group, more than two-fifth (40.5%) wanted the parents' group to remain active. The stakeholders highlighted the need of such projects in the near future, or the government should institutionalize a project like this in its national plan.

Key Recommendations:

The findings of the study have shown that overall program had good impact among community, adolescent girls and boys. The awareness level of the community especially adolescents have increased. The key stakeholders were also satisfied regarding the awareness level and confidence level that the project has increased among the community members. The findings and success of projects should be incorporated into the long-term plans of the municipality for addressing GBV.





11. Hygiene and Family Planning awareness and Support for Mushar Community of Karjanha Municipality Ward #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 counselling to 14 individuals on how to avoid unwanted pregnancies during the lockdown.

Partner *Australian Award*

Timeline *May 2020- June 2020*

Project area *Mushar Community of Karjanha Municipality, Saptari, Province-2*

Status *Completed*

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.





12. Technical Support to Develop Health Policy

Background:

Nepal recently moved from unitary system to federal system with three tiers of government; federal, provincial and local government. In this context, the local government are solely responsible and have the accountability to ensure health and education as its priority. According to the National Demographic Health Survey-2016, only 65 percent children of the province have received basic vaccination, institutional delivery is 45 percent, women aged 15-19 years, who are currently pregnant are 27 percent in the province. Moreover, children under five who are stunted are 37 percent. All the health indicators in the province 2 are lowest compared to national and other province. With a purpose to identify the Godaita Municipality health issues, their current challenges and to establish a vision for future which in turn helps to establish targets, Health policy of municipality was considered necessary therefore in coordination with Save the Children and palika itself, PHRD Nepal carried out the activities. The whole process was done with engagement of key stakeholders of Godaita municipality as they are solely responsible to formulate and endorse the health policy.

Partner	<i>Save the Children Nepal</i>
Timeline	<i>March 2020- December 2020</i>
Project area	<i>Godaita Municipality, Sarlahi, Province-2</i>
Status	<i>Completed</i>

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.





13. International Universal Health Coverage Day

Background:

Since 2018, the UHC Partnership (UHC-P) supports the finalization of basic health care service packages and strengthens capacity building regarding health service delivery at all levels. Nepal gears towards addressing equity gaps and focuses on making health services accessible via the introduction of free health care programmes, targeted health package schemes and a safe delivery incentive scheme. The Nepal Health Sector Strategy 2015-2020 provides a road map towards universal health coverage (UHC) and prioritizes health system improvement in human resources for health, public financial management, infrastructure, procurement and health governance. Hence PHRD Nepal celebrated Universal Health Coverage Day with support of WHO.

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

Objectives:

- To raise awareness on various key actions of UHC among participants themselves and other people.

Methods and activities:

- Webinar, Panel discussion, Health worker, FCHVs interaction.



14. 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 month 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 was 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 not 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>

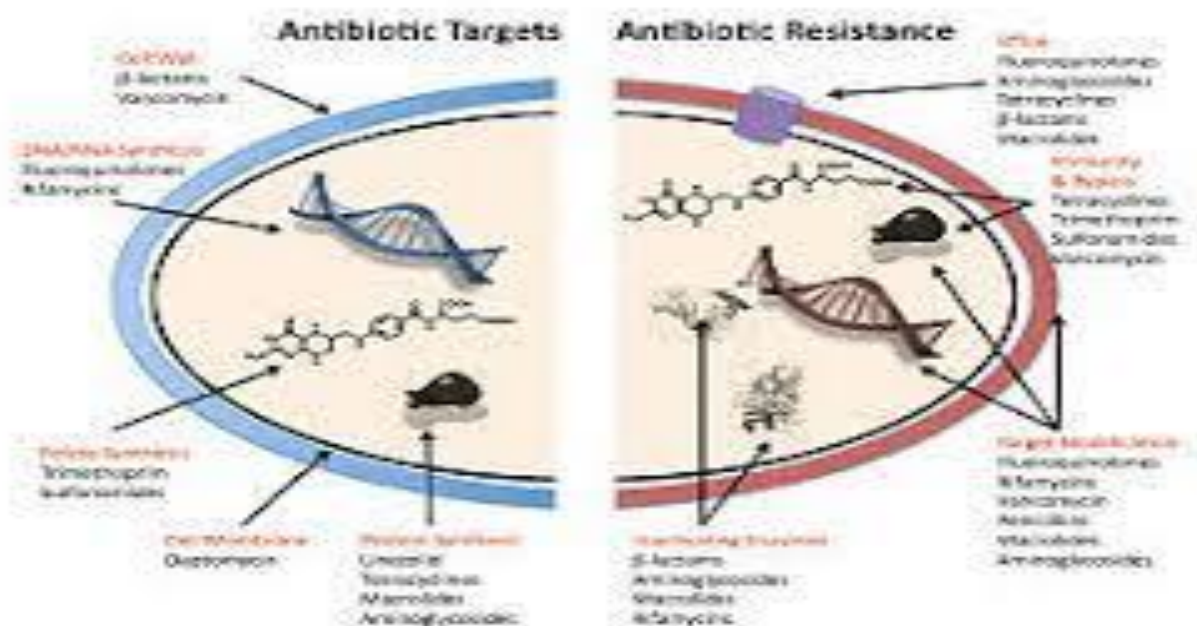
Objectives:

- 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
- In depth Interviews: private service providers, beneficiaries of services, paediatrician of Dhulikhel Hospital
- Data Analysis
- Report Preparation





15. 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. 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	<i>Curative Service Division (CSD), DoHS, MoHP</i>
Timeline	<i>December 2019- March 2020</i>
Project area	<i>Kathmandu based</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





16. 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>
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





17. Telemedicine Program Guideline Development

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 patient 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

November 2019- February 2020

Project area

Kathmandu based

Status

Completed

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



18. 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. In this context, PHRD Nepal conducted an end line survey.

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 reach the most vulnerable women and children
- Explore the sustainability of project achievements.
- Find out 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 drew 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 2. 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 appreciable. Influenced by project, some schools have allocated a room for resting

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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.

Recommendation:

- 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 engages 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.

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.



19. 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 Project area Status

April-September, 2019
Kathmandu based
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.

Objectives



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



20. Improving Maternal Newborn and Child in Prioritized Municipalities

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



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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	March-December 2019
Project area	Province 2, Karnali
Status	Province, Sudur Paschim Province Completed

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 nutritional indicators but still a lot more needs

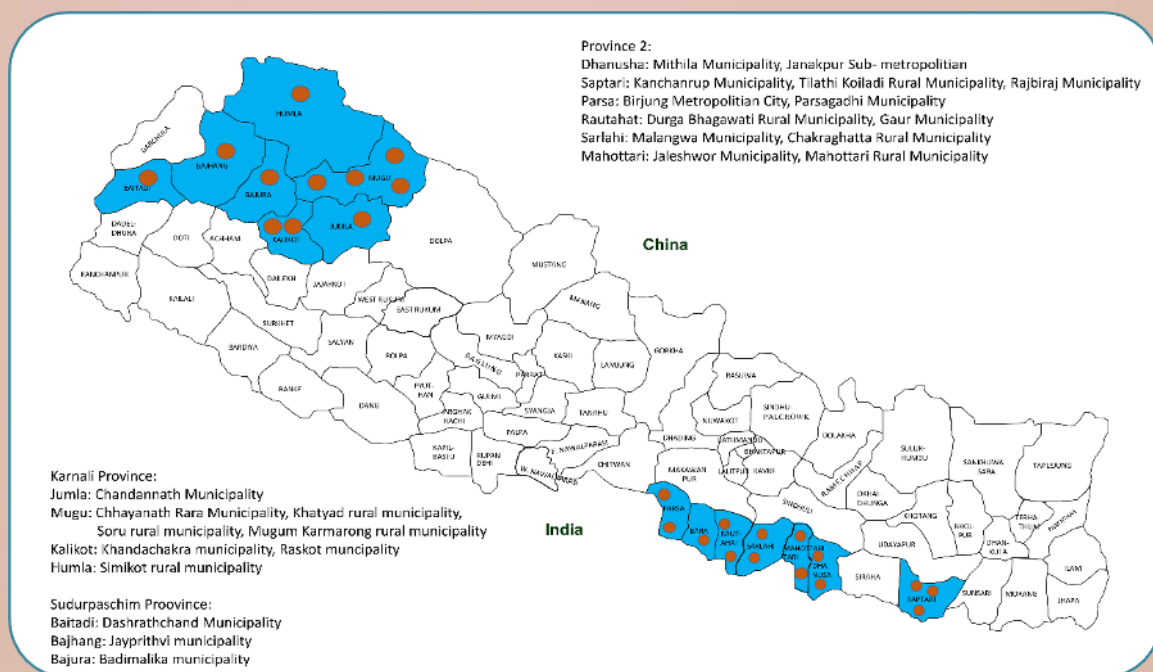


Figure 4. Map showing project areas

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, and 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, newborn, 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 5. Facilitation of the workshop by Mr. Janak Thapa at Rajbiraj

Way forward

- Strengthen regular coordination and collaboration network with three tiers of government and other like-minded organizations (governmental counterparts, I/NGOs, research institutions, academic institutions etc.) for various health related projects.
- Advocacy/ lobbying with different national and international organizations.
- Regular proposal writing and bidding for international projects.
- Conduct short courses related to Proposal, Research, and different health related software.
- Internal capacity building; strengthen capacity development of staff through different training, exposure, and opportunity for relevant tasks.
- Institutional fundraising; solicited and unsolicited

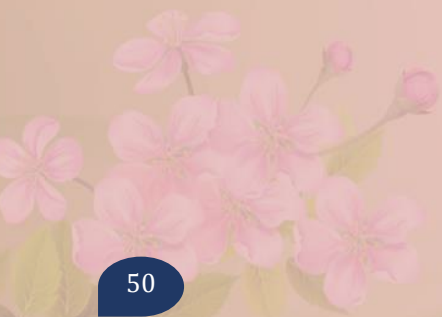


Photo Glimpses



During Dissemination of STP of EHSP 2078



During Facilitator's guide Workshop on STP of EHSP 2078



TOR of HF's Workshop



Dignitaries on dais on TOR of HF's Workshop



High level Consultative Meeting on STP of EHSP 2078



Consultative Meeting on STP of EHSP 2078



Meeting on STP development of Psychiatry



Internal Meeting on Health Financing Mechanism of SRH service



Meeting on STP development of Gastroenterology, Nephrology and Psychiatry



During 5th Annual General Meeting (AGM) at PHRD



KII with FP inspector of Buddhanilkantha Municipality, SRH



Consultative Meeting with Subject Experts on STP of EHSP 2078





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 Orientation Training of Insuree Satisfaction Survey- NHIP



FGD for Health Policy Formation of Godaita Municipality



EHS internal meeting at PHRD Nepal



During BNA workshop, Mithila M



During Field Visit of MNCH Project, Lamjung district, HDCS



Quality Assurance (QI) Scoring of HF's, Mugu district



Functional Committee

Advisors:



Dr. Senendra Raj Uprety



Mr. Achyut
Lamichhane



Mr. Parasu Ram
Shrestha



Dr. Naresh Pratap KC

Executive Director:



Mr. Janak Thapa
(Member secretary)

Member



Mr. Nava Raj Bhattarai

Member



Mr. Niraj Giri

Member



Dr. Olita Shilpakar

Executive Members:



Prof. Dr. Abhinav
Vaidya



Ms. Ami Maharjan



Mr. Ashok Pandey



Mr. Pramodh
Chaudhary



Ms. Manisha Singhal



Ms. Chandana
Rajopadhyaya



Mr. Raj Kumar Subedi



Mr. Shiv Kumar Sah

Staff



Mr. Janak Thapa
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Dr. Deependra Kaji Thapa
(Research Advisor)



Mr. Raj Kumar Sangroula
(Program Manager)



Ms. Santoshi Giri
(Program Manager)



Ms. Saimona Karki
(Program Officer)



Ms. Mina Maden Limbu
(Program Officer)



Ms. Jibika Siwakoti
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