

# ANNUAL REPORT 2021/022



Nepal Public Health Research and Development Centre  
(PHRD Nepal)

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It brings me the utmost pleasure to present the annual report of the Nepal Public Health Research and Development Center for the fiscal year 2021–2022.

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 toward its vision to ensure evidence-based public health practices guided by evidence-informed policies and guidelines for sustainable development in health. The fiscal year 2078/79, the 7th 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, Strategy, Standard, Training Manual, WASH, Disaster Prevention and Management, Maternal, Neonatal and Child Health, and Food and Nutrition, Occupational Health, Coordination, Advocacy and Communication.

PHRD Nepal achieved some legendary milestones in the fiscal year 2078/79, we put our efforts on **Research/ Study**

1. *Formative Research, baseline, water quality test, Gloves rinse water quality test and end-line survey in Schools and Health Care Facilities of Siraha district.*
2. *BISWASH Building Trust and Confidence among NTD Affected and Vulnerable Population (BISWAS)” Project.*

3. *Endline survey on school mental health in Shalyan, Gorkha and Kailali and promotion landscape analysis of health care integration in LMICs.*

4. *Evaluation of School mental Health Program.*

PHRD Nepal in coordination with Curative Service Division (CSD), National Public Health Laboratory (NPHL) and Nursing and Social Security Division (NSSD), DoHS initiated to prepare the **Policy, Strategy, Standards and regulation.**

1. *Develop the Health policy for Haripur municipality, Sarlahi in the partnership of Save the Children and RWUA.*
2. *Conduct the provincial level Policy Dialogue on Universal Health Coverage and MTOT on STP-EHSP in the partnership of Curative Service Division and WHO.*
3. *Standard of Eye, ENT and Oral Health and Strategy for Blood Disorder with the partnership of Curative services division.*
4. *Developed the National Invitro Diagnostic list.*

**Similarly, we give the best effort to conduct some international project:**

1. *Surveillance and monitoring of AMR in provincial hospital Janakpur, NPHL, CVL and Bharatpur NAD center.*
2. *Hospital Acquired Infections (HAI) surveillance in Paropakar maternity and Women’s Hospital.*
3. *Landscape qualitative analysis of health care integration in LMICs.*
4. *Stakeholder engagement for delivering contextualized learning on AMR in Nepal.*

This fiscal year remained fruitful in maintaining its usual cadence of improvement in other disciplines as well. 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 7th 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, Department of health services, Curative Service division, National Public Health laboratory and Social Welfare Council for their kind support. I would also like to extend my appreciation to all staffs, Dr. Deependra Kaji Thapa, Ms. Anjalina Karki, Mr. Raj Kumar Sangroula, Ms. Santoshi Giri,

Mr. Dipak Chaulagain, Ms. Salina Thapa, MS. Arati Dhoju Shrestha, Ms. Pabitra Balampakai, Ms. Sumitra Pyakurel, Ms. Jibika Siwakoti, Mr. Chiranjibi Nepal and Mr. Nabraj Bhattarai for continuously, enormously working hard for achieving the organizational goal and publishing this annual report.

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



## PHRD Nepal at Glance

Nepal Public Health Research and Development Center, simply known as PHRD Nepal is a not-for-profit making, non-political and Non-Governmental Organization (NGO), with a mission 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. To establish the center for excellence in public health advocacy and evidence-based intervention.

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.



## Vision, Goal and Mission





# 1. Formative Research, Baseline, Water Quality Test, Gloves Rinse Water Quality Test and End-line Survey in Schools and Health Care Facilities

<b>Partner</b>	<i>Water-Aid Nepal</i>
<b>Timeline</b>	<i>October 2021- July 2023</i>
<b>Project area</b>	<i>Madhesh Province – Siraha district</i>
<b>Status</b>	<i>Ongoing</i>



## Background:

WaterAid Nepal, in partnership with JICA and Government of Nepal is launching WASH and hygiene behavior change programme in schools and HCFs in Siraha district. The project aims to improve hand hygiene practices of students in schools and health workers in Health Care Facilities in municipalities of Siraha District, ultimately contributing to reduce the spread of WASH borne diseases and support in preventing infectious diseases. The project on the one hand aims to strengthen the service delivery by

ensuring access to inclusive WASH facilities in schools and health facilities, and on the other hand improve hygiene behaviors of target beneficiaries which included school students, health staff, patients, and visitors. The project was implemented closely with local government (municipality/ward offices), School Management Committee, school authority including teachers, health facility operation and management committee.

## Objectives:

- Conduct the situation analysis survey to assess the access and use to water, sanitation and hygiene status and its infrastructure in schools and HCFs.
- Conduct formative research to understand the hygiene practices, behavioral determinants, barrier, and motives to practices behavior and gap for intervention to change hygiene behavior.
- Conduct water quality as per the NDQS parameter.
- arrangements to ensure sustainability) and to assess the hygiene practices among primary target populations in schools and HCFs.
- Conduct end line survey to assess the effect of the intervention using WAN's evaluation policy and standards. Conduct baseline survey to examine the WASH status (access, inclusiveness, functionality, improved ladder and operation and maintenance (O&M), institutional

## Major Activities:

- The scope of work for the assignment includes conducting formative research (together with water quality testing) for exploring the existing status of WASH status in schools and health facilities which provided background information as well as necessary inputs for designing the project. Baseline and endline surveys will be primarily focused on measuring project indicators as per the M&E framework of the project. The consulting firm will develop detail research protocol for each of the study, develop study methodology, design data

collection tools, implement the fieldwork (data collection), data analysis and write report.





## 2. Building Trust and confidence among NTD Affected Vulnerable Population (BISWAS) Project.

(Project implemented area: Jhapa, Morang and Sunsari)

Partner	<b>FAIR MED</b> Gesundheit für die Ärmsten
Timeline	<i>October 2021- January 2022</i>
Project area	<i>Jhapa, Morang and Sunsari</i>
Status	<i>Completed</i>



## Background:

The project is focused on NTD and MNH, with Disability Inclusive Development (DID) and Gender Equity and Social Inclusion (GESI) as cross-cutting themes. The project aims to improve health and well-being of communities strengthening local health system in integrating NTD and MNH services by working closely with local government, and promoting health-seeking behavior, educating, empowering, and mobilizing the communities and existing local groups. The project is expected to contribute to Nepal's efforts to eliminate and control the major endemic NTDs by increasing treatment and care of people affected by NTDs and disabilities. In addition, it will contribute to improve MNH. The project has both service strengthening (supply side) and community mobilization and awareness raising (demand side) interventions. The project will be carried out in close coordination with federal (MoHP and EDCC), provincial (Provincial Health

Directorate), and local (municipalities) authorities. The primary beneficiary of the project includes the NTD affected persons; PWDs and their families; pregnant, lactating mothers with neonates; FCHVs; HFOMC members; health workers; and municipal authorities. The general program will cover all the municipalities and rural municipalities of the three project districts to strengthen the service delivery by supporting policy and strategic needs, advocacy and lobbying for evidence-based planning and management in NTDs and MNH services. The targeted interventions was implemented in the selected 25 municipalities/rural municipalities (10 in Jhapa, 7 in Morang and 8 in Sunsari) with higher burden of NTDs, where the project will identify clusters with poor, marginalized, and hard-to-reach communities and implement programs in collaboration with local government.

**Table 1: Goal, purpose and objectives**

Goal	To improve the health and well-being of communities, leaving no one behind in targeted municipalities of Province 1
Purpose	To strengthen integrated health service provision and utilization in targeted municipalities of Province 1
Objective 1	To strengthen the management capacity of health staff and authorities for an integrated, equitable and accountable local health system
Objective 2	To improve the quality of integrated community health services
Objective 3	To empower and enable communities for their health rights and Service Utilization Practice
Objective 4	M&E and Knowledge management strengthened for effective and efficient project management

## Scope of Work:

The baseline study was collected, analyzed, and report different information at individual, household, community, health facility, and rural/municipality level line agencies. The collected information included outputs and outcome indicators, as well as knowledge,

attitudes, and practices of beneficiaries. The design and implementation of baseline study were considered the strategic direction and other relevant FAIRMED policies, following high ethical standards and data quality.



The baseline survey consultants were primarily responsible for the following aspects of the

1. *Development of baseline methodology*
2. *Study tools development and finalization*
3. *Orientation training to field researchers and enumerators*

assessment:

4. *Data analysis and report writing*
5. *Data collection*

#### Key Activities:

- Preparation of Provincial NTDs profile in collaboration with Province 1 government
- Development of guidelines and protocols for onsite coaching, Routine Data Quality Assurance (RDQA), Self-Applied Technique for Quality Health (SATH) and Community Health Scoreboard (CHSB) for health workers, FCHVs and community in NTD and MNH services and skills
- Development of NTD training package in collaboration with Province Health Office for rolling out in Province 1
- Support PWD for accessing basic health services including NTD and reproductive health and socioeconomic support services (Vocational training to person with disability [PWDs], income generation support, Assistive devices for PWD, etc.)
- Capacity building of medical doctors, health workers on identification and management of leprosy drug reaction.
- Training of health workers on identification and management of major NTDs.
- Formation and training of self-help group of people with disability, leprosy and lymphatic filariasis on selfcare.
- Support to the Province/Municipalities for COVID-19 response
- Sensitization of community, locally active community groups on the vulnerability to NTDs, stigma reduction, MNH issues, government disability provision and social health insurance
- Training of FCHVs on NTDs, MNH, DID and effective health messaging.
- Train and mobilize school students on common NTDs.



### 3. Monitoring Local Level Capacity Strengthening to Address Child, Early, and Forced Marriage (CEFM) in Madhesh Province, Nepal

<b>Partner</b>	<i>Johns Hopkins Center for Communication Programs (JHCCP), Breakthrough ACTION Nepal, R-CEFM Project Bardibas, Mahottari</i>
<b>Timeline</b>	<i>July 22- November 22</i>
<b>Project area</b>	<i>Sarlahi and Rautahat</i>
<b>Status</b>	<i>Ongoing</i>

#### Background

The law of Nepal has restricted the marriage before 20 years. However, child, early, and forced marriage (CEFM) remains a common practice in many regions of Nepal. According to the 2016 Nepal Demographic and Health Survey (NDHS), 40% of women aged 20-24 married before age 18.2 While other provinces in Nepal have demonstrated reductions in child marriage in recent years, such change has been less pronounced in Madhesh Province. Secondary analyses of the NDHS from 2016 suggest that a higher percentage of women 20-24 years of age were married before age 15, age 18, or age 20 in Madhesh Province than at the national level. Nepal made progress in its commitments and actions to end CEFM. Most recently, the Government of Nepal (GON) committed to ending child marriage by 2030 as part of the Sustainable Development Goals (Target 5.3; Girls not Brides, 2019). At the federal level, the 2015 National Strategy for Eliminating Child Marriage, has been

endorsed that recognizes the multi-faceted drivers and consequences of CEFM and calls for an integrated approach across ministries. The Children's Act 2018 addresses rights and responsibilities related to CEFM. Within the context of federalism, Madhesh Province has emerged as a frontrunner in public commitments to address and reduce CEFM. Provincial government has recently demonstrated increased political will to address the issue of child marriage and girls' education. In addition to increased enforcement of the age of child marriage laws and has launched a "Save a Girl, Educate a Girl" Campaign. Likewise, many local government has been implementing several initiatives to retain the girl's student is school and providing different schemes to continue their further education and discouraging CEFM. While these efforts are laudable, much remains to be done in Madheh Province to address the underlying causes of CEFM and to eliminate the practice.

#### Objectives:

- To strengthen the institutional and technical capacity of the Government in Madhesh Province.
- To design, implement, monitor, evaluate, and coordinate effective SBC activities and
- child protection (CP) system strengthening using a community-based, multi-sectoral, and data-driven approach

### Major Work:

- Development of methodology
- Study tools development and finalization
- Orientation training to field researchers and enumerators
- Data collection, translate and transcribe.
- Data thematic analysis and report writing



## 4. End-line Evaluation of School Mental Health Program (SMHP) 2018-2021

<b>Partner</b>	<i>Centre for Mental Health and Counselling- Nepal (CMC-Nepal), Kathmandu</i>
<b>Timeline</b>	<i>October 2021- 31st December 2021</i>
<b>Project area</b>	<i>Gorkha, Kailali and Salyan</i>
<b>Status</b>	<i>Completed</i>





## Background:

Centre for Mental Health and Counselling – Nepal (CMC – Nepal) has been implementing “School Mental Health Programme (SMHP)” since 2005 which aims to contribute for enhancing the quality learning of school going children and adolescents through the promotion of psychosocial wellbeing of children. From 2018 to 2021, the project supported by Felm Finland, has been implemented in 25 schools in Salyan, 25 schools in Kailali, 10 schools in Gorkha and 10 schools in Rasuwa districts of Nepal in 2018-2019, and 70

schools in Gorkha, Salyan, and Kailali districts in 2020-2021. The project focused on creating safe and inclusive child friendly learning environment at school following three approaches: promotive, preventive, and curative interventions. The project primarily focused oclassroom based promotional activities, child protection, life skill education, positive disciplinary approach, individual student counselling, parental counselling, and effective parenting.

## Objectives:

- Provide an independent assessment of the progress made towards achievement of the program objectives, its outcome and impact on the lives of beneficiaries – i.e. students, teachers and parents.
- Assess the effectiveness, efficiency and relevancy of the SMHP activities and changes brought by the project interventions.
- Provide recommendations in areas of improvements for learning and future intervention.
- Assess the results of project intervention before COVID and during COVID pandemic situation.

## Methods and activities:

- Develop evaluation methods, tools, sample size, evaluation planning and share it to the CMC and incorporate the feedback in process of finalization
- Conduct data collection – both quantitative and qualitative following evaluation methods and tools
- Compile the collected data – Data transcribing, cleaning, coding, and editing; and analyse the data
- Share the first draft of report to CMC, incorporate feedback and
- Finalized and submit the final report in the standard to CMC.

## Major Findings

Improved attendance i.e. the total attendance rate of sample schools was 80.7%, which was higher among 2020-21 phase schools (82.1%) compared to 2018-19 phase schools (76.8%). The attendance rate in classes where the promotional boards are practiced was much higher (82.7%) than in classes where there was no promotional board practiced (69.4%). The drop out among all the sample schools was 3.4%, which was lower than the national average of 3.9%. The learning

achievement in 2020-21 schools increased from 45.0% in baseline to 60.4% in end line, and in 2018-19 schools it increased from 58.8% in baseline to 60.1% in end line. The learning achievement figures during the end line were significantly higher than the national figure of 47%. The counseling service has helped to improve trust with teacher and encouraged sharing of feelings. It has also improved the coping capacities/resilience during covid-19 pandemic.



## 5. Evaluation of Quantitative Impact Research on Suaahara

<b>Partner</b>	<i>HELLEN KELLER, Nepal</i>
<b>Timeline</b>	<i>January 2021- August 2021</i>
<b>Project area</b>	<i>Dhulikhel, Mahottari, Jajarkot, Dholakha</i>
<b>Status</b>	<i>Completed</i>

## Background:

Helen Keller International (HKI) is conducting an independent endline impact evaluation of the Suaahara project in April – December 2022. The endline survey includes a quasi-experimental design where data has been collected from four intervention ((Darchula, Syangja, Rupandehi, and Sindhupalchowk) and four control (Jumla, Tanahu, Chitwan, and Ramechhap) districts employing a multi-stage cluster sampling. From the 8 districts, a total of 2480 households and

mothers' questionnaires, 953 grandmothers' questionnaires, 53 Household Food Production (HFP) panel data, 40 health facility survey and 120 FCHVs survey were completed. For data collection, the survey planned to use an android version of the ODK programming for Computer Assisted Programming Interview (CAPI). The research firm New Era has collected the field data.

## Objectives:

- The main objective of the consultancy was to measure the weight of the targeted children (6 to 59 months) in the selected municipalities, including the personal identification of the children – name, date of birth, caregiver name and contact number, and to prepare a data set including the measured weight and other information assessed.

## Methods and activities:

- Training to the researcher
- Documentation of the training and field observation
- Field work and Data collection
- field review



## 6. Develop the Health Policy in Haripur Municipality, Sarlahi, Madesh Province

<b>Partner</b>	<i>RUWA/Save the Children, Nepal</i>	
<b>Timeline</b>	<i>June 2022- September 2022</i>	
<b>Project area</b>	<i>Haripur Municipality, Sarlahi District, Madesh Province</i>	
<b>Status</b>	<i>Ongoing</i>	





## 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 palikas and 6743 wards. 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 Haripur 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 Rural Women Upliftment Association (RWUA), Save the Children and palika itself, PHRD Nepal carried out the activities. The whole process was done with engagement of key stakeholders of Haripur municipality as they are solely responsible to formulate and endorse the health policy.

For the development of Health Policy, PHRD Nepal collected the Focus group discussions and KII with the target group and stakeholders with the help of local supporters in Haripur municipality. Collected data were translated and transcribed. Transcribed data were analyzed and developed the draft health policy of Haripur municipality.

## Objectives:

- To provide technical support to develop the health policy in Haripur Municipality, Sarlahi

## Methods and activities:

- Technical support to develop the health policy in Haripur Municipality.
- 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.
- Finalization of health policy and submission.



## 7. Provincial-level Policy Dialogue on Universal Health Coverage

(Event conducted in Pokhara, Janakpur, Nepalgunj)

<b>Partner</b>	<i>WHO Nepal, Curative Service Division</i>
<b>Timeline</b>	<i>June 2022- December 2022</i>
<b>Project area</b>	<i>Pokhara, Janakpur and Nepalgunj</i>
<b>Status</b>	<i>Ongoing</i>



## Background:

Universal health coverage (UHC) is based on the World Health Organization Constitution of 1948 declaring health a fundamental human right and on the Health for All agenda set by the Alma-Ata declaration in 1978. Nepal is moving toward Universal Health Coverage (UHC) to ensure that all people are able to utilize promotive, preventive, curative, rehabilitative, and palliative health services without any financial hardship. The policy dialogue and advocacy for Universal health coverage have been prioritized as important agenda by the government of Nepal under Nepal Health Sector Strategy (2022-2030),

National Health Policy 2019, 15<sup>th</sup> year plan. The curative Service Division (CSD) has a mandate for technical support in delivery of basic health services and emergency health services.

The Provincial level Universal Health Coverage Policy Dialogue was held in Pokhara, Janakpur, and Nepalgunj from 22 June to 4<sup>th</sup> July 2022 respectively. The presence of Provincial level key personnel to enhance the importance of UHC in the health sector and to understand the role of UHC in minimizing the financial burden for health services utilization.

## Objectives:

- To inform about Universal Health Coverage Framework for Nepal among the Province and Local level stakeholders.
- To discuss the health financing modalities in the context of Nepal.
- To advocate for the importance of UHC with policymakers and planners at all levels of government in upcoming plans in achieving Universal Health Coverage and ultimately SDG.

## Activities:

- Preparation of meetings in the presence of Provincial level key person regarding UHC agendas at the subnational level
- Panel Discussions and PowerPoint presentations regarding UHC agendas at the Provincial level





## 8. ENT, EYE and Oral health Standard

<b>Partner</b>	<i>Curative Service Division</i>
<b>Timeline</b>	<i>February 2022- July 2022</i>
<b>Project area</b>	<i>Kathmandu based</i>
<b>Status</b>	<i>Completed</i>



### Background:

According to the Constitution of Nepal, In Clause (1) of Article (35) it is stated that every citizen has the right to receive basic health services free of charge from the state and Clause (3) it is stated that every citizen is guaranteed equal access in health. In section 6.17 of the National Health Policy-2076, it is desirable to manage and regulate

the development and expansion of nose, ear, throat, eye and mouth health services which are available at health institutions. This standard has been prepared and issued by the Ministry using the authority to make standards given by Section 64.

### Objectives:

- To develop the Standard of ENT, Eye and Oral health standard

### Activities:

- Interaction with different Association, Society, Institution and Subject Expert
- Interaction with Technical Working Group (TWG)
- Consultation with key personnel of MoHP, DoHS, CSD, and different sectors subject expert
- Finalization of the Standard of ENT, Eye and Oral health standard



## 9. Standard Treatment Protocol (STP) of Prosthodontic and Orthodontic

<b>Partner</b>	<i>Curative Service Division (CSD), DoHS, MoHP</i>
<b>Timeline</b>	<i>January 2022- July 2022</i>
<b>Project area</b>	<i>Kathmandu based</i>
<b>Status</b>	<i>Completed</i>





## Background:

Prosthodontics is the dental specialty pertaining to the diagnosis, treatment planning, rehabilitation, and maintenance of the oral function, comfort, appearance, and health of patients with clinical conditions associated with missing or deficient teeth and/or maxillofacial tissues by using biocompatible substitutes. Orthodontics and dentofacial orthopedics is a specialty area of dentistry concerned with the supervision, guidance

and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of mal-relationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex.

## Objectives:

To develop the Standard Treatment Protocol (STP) of Prosthodontic and Orthodontic

## Activities:

- Interaction with different Association, Society, Institution and Subject Expert
- Interaction with Technical Working Group (TWG)
- Consultation with key personnel of MoHP, DoHS, CSD, and different sectors subject expert
- Finalization of the STP of Prosthodontic and Orthodontic



## 10. National In-vitro Diagnostic List (NIDL)

<b>Partner</b>	<i>National Public Health Laboratory (NPHL)</i>
<b>Timeline</b>	<i>January 2021- July 2022</i>
<b>Project area</b>	<i>Kathmandu based</i>
<b>Status</b>	<i>Completed</i>





## Background:

Using the authority issued under the section 64 of the Public Health Act 2075 and section 9 of sub section 1,2,10 of the Public Health Rules and Regulations, the Ministry of Health and Population has approved the National Diagnostic In-Vitro List (NIDL). The National Public Health Laboratory has been conducting various programs with a vision of developing the National Public Health Laboratory (NPHL) as an excellent center for the diagnosis of diseases by providing quality laboratory services to the general public. The Constitution of Nepal has identified the right to health services as a fundamental right. It's the responsibility of the Government of Nepal to provide accessible and quality health services to the general people. Considering the importance of having an essential diagnostics list for developing nations, WHO released the first edition of the Essential In-vitro Diagnostics list based on the various priority diseases throughout the world, on May 15, 2018, that compliments the WHO Model List of Essential Medicines. The major aim of the list is to build

access to high quality diagnostic services to achieve WHO's three strategic goals: advance universal health coverage, address health emergencies and promote a healthier population.

The NIDL acts as an important tool in identifying diseases at different places throughout the country and establishing laboratories with facilities to diagnose these diseases which eventually improves the health service quality along with the optimum utilization of the essential drugs and prevention and surveillance of epidemics and pandemic and anti-microbial resistance. The NIDL provides an expanded basket of tests at different levels of health care centers hence improving the quality of the health service delivery with evidence- based care, improving health outcomes, and reduction in catastrophic costs. The document also serves as a tool for effective assessment of the disease burden, disease epidemiology, outbreak surveillance, and addressing the microbial resistance issues.

## Objectives:

- To document the National In-vitro Diagnostics List (NIDL) along with the tests and their methods at different levels of laboratories, by studying the diseases in different geographical areas in Nepal

## Activities:

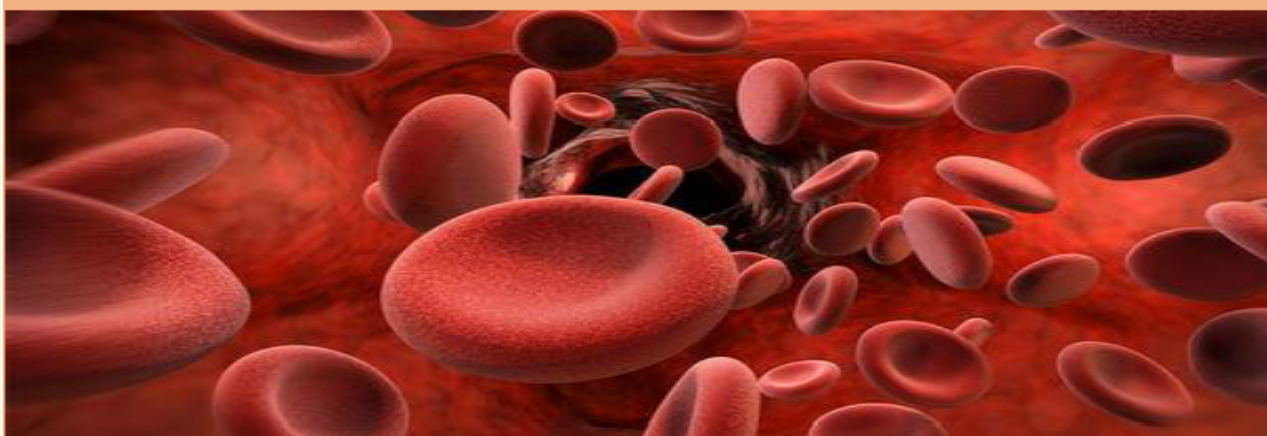
- Interaction with different stakeholder and Subject Expert with Technical Working Group (TWG)
- Consultation with key personnel of MoHP, DoHS, CSD, and different sectors subject expert

## 11. Strategy Development on Blood Related Disorder

<b>Partner</b>	<i>Curative Service Division (CSD), DoHS, MoH</i>
<b>Timeline</b>	<i>December 2021- July 2022</i>
<b>Project area</b>	<i>Kathmandu based</i>
<b>Status</b>	<i>Completed</i>

### राष्ट्रिय रक्तजन्य रोग व्यवस्थापन रणनीतिक योजना

२०७८-२०८७



नेपाल सरकार  
स्वास्थ्य तथा जनसंख्या मन्त्रालय  
स्वास्थ्य सेवा विभाग  
उपचारात्मक सेवा महाशाखा  
टेकु, काठमाण्डौ

The Constitution of Nepal has recognized basic health services as a right of citizens. The National Health Policy 2076 has adopted the policy of developing and expanding an integrated health system by making individuals, families, society, and related agencies responsible for the prevention and control of Non-Communicable diseases. Clause 6.12.4 of the National Health Policy has expressed a commitment to developing appropriate strategies for the prevention and treatment of genetic diseases.

The problem of communicable, infectious, emerging, and re-emerging diseases and global epidemics are rampant all over the world. Non-communicable diseases includes diabetes, cardiovascular, chronic respiratory, cancer and hereditary diseases. Blood related diseases are also hereditary and can be cured or prevented from complications if diagnosed and treated in time. Among the diseases that can be prevented, Sick cell disease and thalassemia are more common in hemoglobinopathy.

Hemoglobinopathy is a public health problem worldwide. Hemoglobin-related diseases are problem in 71% (195) countries in the world. According to the WHO in 20008, hemoglobin-related disorders are an important problem in 71% of the 229 countries of the world. Every year 330,000 babies are born with these problems. Out of which 83% are affected by sickle cell and 17% by thalassemia. 3.4% of children under five die from hemoglobin-related disorders. Common hereditary blood diseases in Nepal include sickle cell anemia, and thalassemia. Haemophilia is included in detailed Schedule 1. Other blood diseases like different types of anemia (for example Iron deficiency anemia, Aplastic anemia, Vitamin B12 deficiency anemia) Blood Cancer, Thrombotic Disorder, Bleeding and Coagulation Ddisorder, Immuno Deficiency Syndrome etc. It is necessary to identify these diseases in time and treat them according to the prevailing standard protocol by experts. It is necessary to create a registry of these and implement a data-based program nationally.

### Objectives

- To extend services to the local level to ensure access of all citizens to services related to blood-borne diseases
- To improve the quality of prevention, control and treatment management services blood-borne diseases
- To reduce the morbidity and mortality from blood-borne diseases

### 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





## 12. MToT on EHS-STP at Provincial Level Health Worker

<b>Partner</b>	<i>WHO Nepal and Curative Service Division (CSD)</i>
<b>Timeline</b>	<i>November 2021- December 2021</i>
<b>Project area</b>	<i>Kathmandu based</i>
<b>Status</b>	<i>Completed</i>



## Background:

The Constitution of Nepal under the Article 35 Clause 1 mentions 'Every citizen shall have the right to free basic health services from the state and no one shall be deprived of emergency health services.' The Public Health Service Act 2018 formulated to ensure the constitutional rights related to health, has defined "Emergency health services" as the initial and immediate service to be provided as it is necessary to free the lives of the persons from risk, save the lives or organs from being lost, whose lives are in the risky condition upon falling into unexpected incident or emergency condition.<sup>1</sup> Constitutional essence of Emergency health services has been further addressed under Chapter 2 – Rights, Duties of Service Recipients and Responsibilities of Health Institutions, Article 33 of which describes establishment of emergency health service fund, while Article 48 of Chapter 6 describes Emergency health service and

management. Furthermore, in the Chapter 4 of Public Health Regulation 2020, Rule 8 commits that 'every health institution shall immediately provide emergency services to patients that have come for treatment in such institution and, if it is necessary, the patient shall be admitted to the hospital', while Rule 7 ensures that 'if the emergency health services required to treat the patient are not available in a given health institution, the health institution shall immediately provide whatever emergency health services are available, and after providing the reason for additional treatment, the patient shall be immediately referred to the most convenient health institution that provides the required services.' Towards this, the Ministry of Health and Population (MoHP) has approved the emergency health services package and its standard treatment protocol.

## Objectives

- To conduct MToT at provincial level health worker for implementation of EHS-STP across different level of health facilities.

## Major Activities

- Discussions and PowerPoint presentations regarding EHS-STP across different level of health facilities.





# 13. Hospital Acquired Infections (HAI) Surveillance in Paropakar Maternity and Women’s Hospital (PMWH)

Partner	FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS (FIND), Geneva
Timeline	April 2022-December 2023
Project area	Paropakar Maternity Women’s Hospital, Thapathali, Kathmandu
Status	Ongoing



## Background:

Hospital Acquired Infections (HAI) are frequently caused by antimicrobial-resistant pathogens. These are nosocomially acquired infections that are not present or incubating at the time of hospital. These infections include catheter-associated urinary tract infections, central line-associated bloodstream infections, surgical site infections, ventilator-associated pneumonia, hospital acquired pneumonia and Clostridium

difficile infections. This project seeks to implement/improve surveillance capacity for HAI in Paropakar Maternity Women's Hospital (PMWH), Thapathali, Kathmandu. To this aim, surveillance capacity will be established, including whenever possible, the use of digital solutions to facilitate data capture, linkage, reporting, and visualization.

## Objectives:

- To leverage existing open-source software tools to digitize data collection, aggregation, and analysis for One health surveillance in Nepal.

## Major Activities

- Improved HAI surveillance capacity including
- Conduct baseline assessment of selected hospital including IPC practices
- implement a HAI surveillance system that addresses the gaps identified during the baseline laboratory assessments
- technical assistance for clinicians in the form of mentoring and training including human resources development, training on basic and advanced HAI surveillance procedures
- and, once developed, in the use of the digital tool
- provide technical assistance for clinicians in the form of mentoring and training including human resources development, training on the use of the digital tool
- Conduct an M&E of the software



## 14. Landscape Analysis of Health Care Integration in LMICS

<b>Partner</b>	<i>USAID/SYDANI Group</i>
<b>Timeline</b>	<i>April 2022- March 2022</i>
<b>Status</b>	<i>Completed</i>

### Background:

Health care services in Low- and Middle-Income countries (LMICS) are mostly focused on a specific disease specific which exist in isolation, with no integration of services at primary healthcare level. However, there is paucity of information on the extent of integration in LMICS and a there is a lack of common understanding of the concept of integration. There is a need for a landscape analysis to understand how primary health care can be integrated or is being integrated in LMICS.

Sydani Group Nigeria, in partnership with Momentum Country and Global Leadership

(MCGL) was conducting a landscape analysis of health care integration in Low- and Middle-Income countries (LMICS). The landscape analysis aimed to understand the extent of clinical healthcare integration; explore the benefits and risks to clinical integration; identify barriers and enabling factors for integration; and identify possible solutions or approaches to solving clinical integration challenges in LMICS. As a part of the landscape analysis, Sydani Group was conducting a case study in three countries: Nepal, Madagascar, and Nigeria. PHRD Nepal has conducted this Landscape Analysis of Health Care Integrations in LMICS in Nepal.

### Objectives:

- To conduct qualitative study which includes key informant interviews with key stakeholders involved in policy making, coordination and delivery of healthcare services in Nepal.

### Methods and activities:

- Translate the KII tools to Nepali as needed
- Conduct 15 Key Informant Interviews with: - 1 focal person for coordination of primary health care services (at Immunization Section under the Child Health Division in the Department of Health Service) immunization service providers at provincial hospital , 2 district immunization supervisor and cold-chain assistant at district level hospital 3 local health facility in-charge/health worker involved in immunization service provision 7 Random clients at health facility utilizing immunization services
- Transcribe the interview recordings in the language interview was conducted
- Translate the transcript to English language



## 15. Surveillance and Monitoring of AMR- Administrative Support to FIND Project

<b>Partner</b>	<i>USAID/SYDANI Group</i>
<b>Timeline</b>	<i>April 2022- March 2022</i>
<b>Project area</b>	<i>Provincial Hospital Janakpur and National Avian Diseases Investigation Laboratory (NAL) Chitwan</i>
<b>Status</b>	<i>Completed</i>



## Background:

Antimicrobial resistance (AMR) is a global health emergency. Decades of medical progress are under threat as our ability to treat infectious diseases reliably with antibiotics is compromised. The landmark [AMR Review](#) predicted that within a generation, AMR could be responsible for 10 million deaths every year – with a loss of US\$100 trillion in economic output – unless action is taken to avert the crisis. AMR is not discriminatory, but the burden falls disproportionately on low- and middle-income countries, where health systems are often weak, resources are stretched and just

in case prescribing is common. A simple diagnostic test flagging the presence or absence of a bacterial infection can dramatically cut antibiotic overuse. Rapid tests can reduce the time to pathogen identification and facilitate faster, optimized antimicrobial treatment. Diagnostics also allow for active surveillance of drug resistance, data that can be used to effectively target health interventions and ultimately save costs. They are an essential part of the global effort to avert a post-antibiotic apocalypse.

## Objectives:

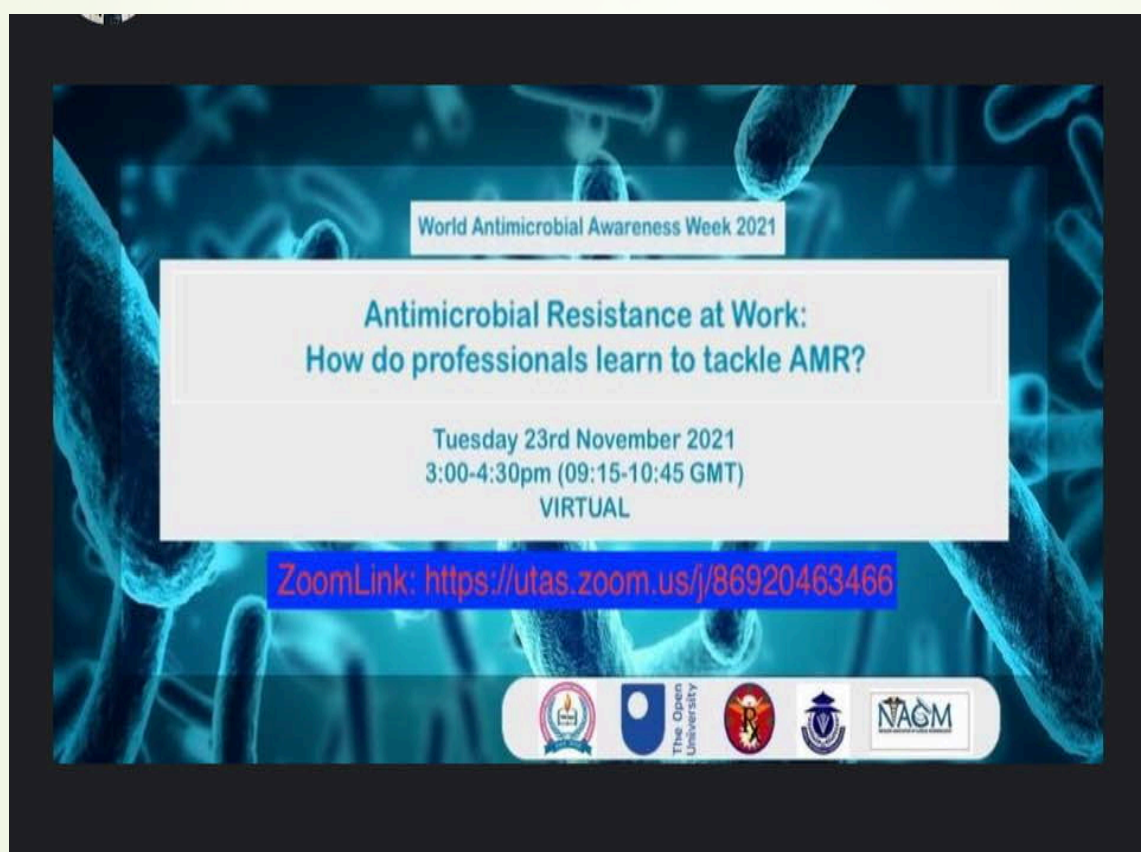
- To enhance the capability of national AMR reference and sites
- Improving AMR surveillance data collation, management, and presentation across sectors.
- Improve and reinforce the link between the laboratory and clinical practice
- To inform optimal design of laboratory networks for improved access and efficiency of testing to inform patient management and AMR surveillance by using network modeling

## Methods and activities

- Organizing Meetings/Workshops/Trainings
- Manage travel for all project stakeholders during official travel to project sites
- Manage payment of all expenses of meeting/workshops, travels, per diem/allowances to participants of meeting/workshop/training
- Conduct quality assurance and quality control training in bacteriology laboratories
- Manage all local financial requirements
- Conduct a meeting/workshop for diagnostic network optimization of animal health

## 16. Stakeholder Engagement for Delivering Contextualized Learning on AMR in Nepal

<b>Partner</b>	<i>Open University UK</i>
<b>Timeline</b>	<i>October 2021- July 2022</i>
<b>Project area</b>	<i>Nepal</i>
<b>Status</b>	<i>Completed</i>



## Background:

Nepal Public Health Research and Development Center (PHRD Nepal) in collaboration with Fleming fund and Open University UK is testing a toolkit on AMR Surveillance program in 4 hospitals and 2 veterinary clinics in order to support the adaptation for contextualized learning in Nepal. The aim of the program is to engage stakeholder in finetuning the toolkit that help health professionals learn about AMR and make significant changes in their work practice.

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.

## Objectives:

- To develop an understanding of which of the available modules are more relevant within the context of Nepal
- 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 were representatives from workplaces, network, communities of practice (end-users) feedback on the application of the toolkit

## Major Work

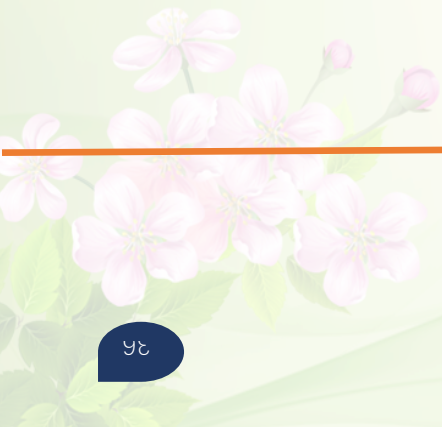
- Review of the toolkit developed by Open University
- Finalization of the toolkit
- Pilot in 4 Hospitals and 2 Veterinary Clinics



## Way forward

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- 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 6<sup>th</sup> AGM meetings with Board Members



During Facilitator's guide Workshop on STP of EHSP 2078



Freezer handover to Janakpur provincial Hospital



FGD with Adolescent Girls



AMR surveillance meeting in NPHL



KII with Director of Provincial Health Direc





Meeting on HAI in PMWH



During policy Dialogue on UHC in Janakpur



Group Discussion during the NIDL workshops



During the finalization of Agenda for policy dialogue on UHC



During the ARM surveillance meeting



Introductory meeting for developments of HP of Haripur Municipality





Panel discussion on UHC



During the TWG meeting of blood disorders strategy development



NIDL Workshops



Group work in health policy development



FGD with focal teachers



Provincial Level MTotT on STP of EHSP



## Functional Committee

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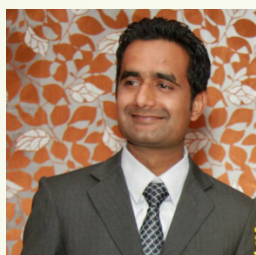
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