

Annual Report 2024/25



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Development Center (PHRD Nepal)**

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Minbhawan Marg, New Baneshwor, Kathmandu, Nepal
Telephone: +977-1-4790720
Email: info@phrdnepal.org.np
Web: <https://www.phrdnepal.org.np>

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Staff of PHRD Nepal

Technical Team

Dr. Janak Thapa	Executive Director
Prof. Dr. Abhinav Vaidya	Research Advisor
Dr. Deependra Kaji Thapa	Research Advisor
Mr. Raj Kumar Sangroula	Program Manager
Ms. Pragya Pokharel	M & E Manager
Ms. Santoshi Giri	Program Manager
Ms. Salina Thapa	Sr. Research Officer
Ms. Pabitra Balampaki	Sr. Research Officer
Mr. Sushant Luitel	SBC Officer
Ms. Bijita Thapa	Project Officer
Ms. Sarita Singh	Project officer
Ms. Alina Thapa	Program Officer
Mr. Bikesh Basnet	Program Officer
Mr. Binod Pokhrel	Program Officer
Mr. Biplab Aryal	Program Officer
Ms. Laxmi Gurung	Program Officer
Mr. Ram Hridya Sah	Program Officer
Ms. Sabita Budhathoki	Program Officer
Mr. Suraj Oli	Program Officer
Ms. Sushmita Pandey	Program Officer
Mr. Suvash Lamichhane	Program Officer
Mr. Trilok Bikram Jasraj	Program Officer
Mr. Upendra Karki	Program Officer

Administrative Team

Ms. Jibika Siwakoti	Admin/ Finance Manager
Mr. Sudhan Khadka	Admin/ Finance Officer
Ms. Goma Poudel	Support Staff

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Message from Executive Director

I am truly honored to present this year's annual report of the Nepal Public Health Research and Development Centre (PHRD Nepal), as we celebrate a significant milestone, nine years of dedicated service in public health research and development.



Since our establishment in 2016 by a group of committed and visionary public health professionals, PHRD Nepal has grown into a well-recognized, independent, non-political, and non-governmental organization. Our core mission has remained constant: to strengthen Nepal's health system through high-quality research and impactful public health initiatives. The fiscal year 2081/082 marks our completion of nine year and a step towards a decade, a moment of reflection and pride as we look back on our sustained progress, innovation, and institutional evolution.

PHRD Nepal continues to be guided by evidence-based practices and well-informed public health policies aimed at sustainable development. Over the past year, our efforts have not only surpassed earlier achievements but also set ambitious new benchmarks in public health delivery, research, and systems strengthening.

As Nepal's federal structure evolves, PHRD Nepal remains committed to empowering all levels of government and ensuring equitable health service delivery through high-quality research with strategic interventions to improve public health governance and community-level health outcomes. Over the past nine years, we have focused on areas such as research, health systems, maternal and neonatal health, child health, nutrition, immunization, ASRH, NCDs, environmental health and science, health and sanitation, policy, disaster preparedness, nutrition, occupational health, WASH and different other cross cutting issues.

Beyond these accomplishments, the fiscal year 2024/25 was marked by consistent growth across multiple domains, reaffirming our commitment to excellence and institutional development. It stands as a historic period for PHRD Nepal, bringing us closer to our vision of being a nationally recognized and accredited institution in public health. In 2024/25, we achieved major milestones, including leading national evaluation studies, shaping key health policies, and implementing international projects across all provinces and districts. Our cross-sectoral impact and institutional growth reflect our readiness to lead in Nepal's public health landscape.

As we proudly commemorate the completion of 9th anniversary, I extend my sincere gratitude to our Executive Committee, our dedicated General Members, and our development partners for their continuous collaboration and support. I would also especially acknowledge the invaluable support from the Government of Nepal, the Department of Health Services, the Curative Service Division, the National Public Health Laboratory, and the Social Welfare Council. Your partnership has been foundational to our journey.

I would also like to express my heartfelt appreciation to our hardworking technical team members: Mr. Deependra Kaji Thapa, Ms. Pragya Pokharel, Mr. Raj Kumar Sangroula, Ms. Jibika Siwakoti, Ms. Salina Thapa, Ms. Pabitra Balampaki, Mr. Sushant Luitel, Ms. Bijita Thapa, Mr. Sudhan Khadka, and all the program officers, personnel, interns, and research staff. Your relentless dedication has been central to fulfilling our mission and producing this annual report.

As we look to the future, we remain committed to fostering innovation, equity, and excellence in public health research and systems development. We look forward to continued collaboration with all our partners and stakeholders in the years ahead.

Thank you!

Dr. Janak Thapa

Executive Director

About PHRD Nepal

Nepal Public Health Research and Development Center, simply known as PHRD Nepal, is a not-for-profit, non-political, independent, 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 the Social Welfare Council (SWC) in 2016.

The governing core principles of PHRD Nepal are - high regard for human rights 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. To establish the centre 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 the Government of Nepal. PHRD Nepal is committed to strengthening the health system in the new federal structure of Nepal through various public health actions and efforts through high-quality research. For it aims to strengthen the local government for delivering high-quality basic health services.

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

Mission: Strengthen the 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.

Our Focus Areas

- Health Research
- Maternal, neonatal, and child health
- ASRH
- Water, Sanitation, and Hygiene
- Nutrition
- NCD
- Health Policies and Guidelines
- Health System Strengthening
- Disaster Prevention and Management
- Health Advocacy

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

1. Strength of PHRD Nepal

PHRD Nepal continues to show strong work and success in improving public health across the country. Our core strengths stem from a holistic approach that integrates research, policy formulation, capacity strengthening, and systematic evaluation within the health sectors. Some of the notable strengths of PHRD Nepal include:

1. Evidence-Based Research: PHRD Nepal ensures health policies and programs are guided by accurate data, not assumptions, through systematic collection and analysis of data on different health issues. This leads to more effective, targeted, and trustworthy public health interventions, helping to address real needs and improve outcomes.

2. Expertise in Survey Management: PHRD Nepal is highly proficient and skilled in managing large-scale national surveys, ensuring the precise data collection and analysis to inform evidence-based decisions. We employ advanced tools, i.e., CAPI tools and methodologies, to improve the efficiency and quality of the data collection process. Recently, it has completed a national-level survey, i.e., Nepal Multiple Indicator Cluster Survey- NMICS 2024.

3. Policy Development and Implementation Support: PHRD plays a pivotal role in developing different national-level and local-level policies and guidelines. Since its establishment, it has developed more than 20 health-related national and local-level policies and guidelines. Some of them are: Basic Health Service Package, Emergency Health Service Package, School Health and Nutrition- Training Guideline, Health and Nutrition Policy development in Balara Municipality, Hariपुर Municipality, and many more. Recently, the Mental Health RRT Guideline has been developed in partnership with EDCC, DoHS.

4. Program Evaluation and Monitoring: PHRD Nepal is continuously conducting the evaluation and monitoring of the different health-related projects and programs in Nepal. For evaluation and monitoring, PHRD Nepal uses different frameworks, like the OECD-DAC framework, which helps to ensure programs meet their goals and identify challenges early. By tracking its objectives, activities, and performance, PHRD provides evidence-based recommendations to enhance program effectiveness and resource use. This focus on accountability and learning improves health interventions and supports better decision-making, leading to stronger health outcomes for communities in Nepal.

5. Community Engagement and Advocacy: PHRD Nepal ensures that public health programs and projects are based on the real needs and actual needs of the people. By

working closely with communities, people, and stakeholders during the research, PHRD builds trust, promotes participation, and gathers their valuable insights, which shape more inclusive and culturally appropriate outcomes. Through advocacy, the organization raises awareness, influences policies, and pushes for equitable access to healthcare, especially for marginalized and underserved groups.

PHRD takes an interdisciplinary approach to tackle complex health issues in a holistic way, combining expertise in governance, evidence generation, policy development, and capacity building. By emphasizing national-level surveys and policy work, PHRD ensures its efforts align with the national health agenda, making its interventions more relevant and impactful.

2. Project List

1. Nepal Multiple Indicator Cluster Survey

Background:

Partner	UNICEF Nepal, NSO
Timeline	Aug 2024- May 2025
Project area	All over Nepal
Status	Completed

The Multiple Indicator Cluster Survey (MICS), developed by UNICEF, is a global initiative that collects key data on the well-being of women and children, supporting

progress toward goals like the SDGs. Since 1995, MICS has expanded to cover over 250 indicators across areas such as health, nutrition, education, and water and sanitation. The seventh round includes new modules on reproductive health and inclusive education.



In Nepal, NMICS was previously conducted in 2010, 2014, and 2019. The 2024 NMICS (Round 7) will survey 12,960 households across 540 clusters nationwide. UNICEF has called for proposals (LRPS-2024-9189286) for data collection, and PHRD Nepal has expressed interest in supporting implementation. Established in 2016, PHRD Nepal specializes in public health research. In collaboration with UNICEF and the National Statistical Office (NSO), PHRD Nepal has participated in planning meetings and developed this inception report to outline the proposed methodology and work plan. Key responsibilities of PHRD include the recruitment of enumerators, conduct survey training and implementing quantitative data collection.

Objectives:

The objective of the MICS was to provide comprehensive data for monitoring progress toward national and global goals related to child welfare, while also serving as a key source of information for monitoring and reporting the Sustainable Development Goals (SDGs). The PHRD Nepal objective was to provide thorough support to NSO for the field survey data collection activities of NMICS7.

The specific objectives are:

- Organize the survey training and workshops related to NMICS7.
- Collect the primary data at the household level as guided by the NMICS tools.
- Provide the data collectors to NSO as per the field enumeration plan developed by the NSO.

Major Activities:

- Survey planning and preparation in collaboration with NSO and UNICEF Nepal.
- Recruitment of enumerators and measurers.
- Conduction of training for enumerators and measurers separately.
- Monitoring and supervision of the survey by the NSO, GoN, and PHRD Nepal simultaneously.
- Manage the fieldwork and data collection, and ensure the quality of collected data.
- Submission of training and final field completion report.

Study team:

SN	Name
1	Dr. Janak Thapa, Team leader
2	Mr. Sushant Luitel, Survey Expert
3	Ms. Pragya Pokharel - MNER
4	Ms. Pabitra Balampaki- Research Officer
5	Ms. Jibika Siwakoti- Admin/Finance

2. Baseline Survey of Adolescents' SRHR Improvement in Bardiya District (Phase II)

Background:

Partner	PLAN International
Timeline	June 2024- August 2024
Project area	Bardiya
Status	Completed

Adolescents in Nepal, especially in Bardiya District, face growing SRHR challenges like early marriage and poor access to youth-friendly services. To guide future

programming, Plan International conducted a baseline study in five Bardiya municipalities. Using a mixed-methods cross-sectional approach, data were collected from 711 youth (aged 10–24) and 100 parents via LQAS and CAPI. Additionally, 20 KIIs, 15 FGDs, and visits to 21 schools and 19 health facilities were conducted. Quantitative data were analyzed using SPSS and qualitative findings through thematic analysis with triangulation.



Objectives:

The objective of the study was to:

- Establish a baseline value of different indicators agreed upon in the project's document.
- Solicit recommendations from the relevant stakeholders to guide the program

Major Activities:

- Relevant national and international literature reviewed
- Development of the inception report and study tools
- Finalization of the methodology and study tools
- Planning of fieldwork, training, and finalization of enumerators
- Training of enumerators
- Conduction of fieldwork
- Cleaning and analysis of data
- Submission of draft and final report

SN	Name
1	Dr. Janak Thapa, Team Leader
2	Ms. Pragya Pokharel, Data Analyst
3	Ms. Pabitra Balampaki, Field Coordinator
4	Mr. Sushant Luitel, Supervisor

3. Bottleneck Analysis on Improving Infant and Young Child Feeding Practices Together with Dietary Quality of Children Aged 6-23 Months Through Home Fortification Initiatives in Nepal

Background:

The Government of Nepal, in partnership with UNICEF and US CDC, launched an

Partner	UNICEF Nepal
Timeline	Aug 2024- Dec 2024
Project area	Each district of the seven Provinces
Status	Completed

integrated approach to reduce anemia among children aged 6–23 months by promoting Infant and Young Child Feeding

(IYCF) practices and distributing Multiple Micronutrient Powders (MNP). In 2019, training on community-based IYCF and MNP was included in the Comprehensive Nutrition Specific Initiative (CNSI) and aligned with the Multi-Sector Nutrition Plan (2018–2022), reaching all 753 local levels. Since then, health workers and volunteers have been trained nationwide. However, anemia prevalence remains high at 66%, with only 21% of children receiving one MNP cycle and just 3% completing all three. A survey across 14 municipalities in seven districts explored key barriers to MNP distribution and use. Using the Tanahashi model and the MoRES Ten Determinants



framework, a bottleneck analysis was conducted to identify gaps and recommend actions to improve IYCF practices and MNP coverage and compliance.

Objectives:

The primary objectives of the survey were to conduct a bottleneck analysis to improve community promotion of infant and young child feeding practices and MNP coverage and compliance, and to develop key recommendations to enhance coverage, acceptance, and utilization of MNP, as well as optimal IYCF and hygiene practices for children aged 6-23 months.

The Specific objectives of the survey were:

- Map out both period and point coverage of the MNP programme in the targeted areas.
- Identify factors (boosters/enablers and barriers) that affect the uptake of MNP services.
- Identify factors (boosters/enablers and barriers) affecting the utilization of MNP for home fortification.
- Identify factors (boosters/enablers and barriers) for optimal IYCF and hygiene practice.
- Examine the health system's effectiveness in promoting infant and young child feeding practices and improving the children's diet quality through home fortification at the family level.
- Develop in collaboration with the MoHP and provincial health directorates specific recommendations/ action plans to improve acceptance and coverage of MNP among children aged 6-23 months.

Major Activities:

PHRD Nepal conducted a comprehensive activity that was aligned with the survey objectives and methodology.

- Conducted a thorough desk review to assess the challenges and successes in utilizing MNP, IYCF, and hygiene promotion, covering global, national, and local contexts to provide a robust background for the survey.
- Analysis focused on key Tanahashi assessment areas to evaluate barriers and identify gaps in achieving desired outcomes.
- Encompassed detailed planning, qualitative and quantitative data collection, data analysis and interpretation, and workshops to validate findings and recommendations with stakeholders.
- Submission of a comprehensive report in hard and soft copies and raw data in an accessible format.

Study team:

SN	Name
1	Ms. Pragya Pokharel, Team Leader
2	Dr. Janak Thapa, Research Advisor
3	Ms. Salina Thapa, Data Analyst

4. Consultancy Service Data Collection of the ACTIVE Project's Survey

Background:

VSO, an international development organization active in Nepal since 1964, works to uplift marginalized groups, especially women and girls, through community, national, and international volunteering. Its

Volunteering for Development approach promotes inclusive public services and accountability.

VSO has implemented the *ACTIVE* project (Active Citizenship through Inclusive Volunteering and Empowerment), funded by FCDO, which aimed to foster inclusive, resilient, and gender-equitable societies by promoting agroecology, Right to Food advocacy, health system strengthening, inclusive education, and youth leadership. It worked with CSOs and government bodies in selected municipalities of Bara and Rautahat (Madhesh Province) and Surkhet (Karnali Province).



PHRD Nepal provided the consultancy services for the “*Data Collection of the ACTIVE Projects’ Survey*”.

Objective:

The objective of this assignment was to collect and upload primary quantitative data from 587 respondents using the KoBo Toolbox platform, ensuring data accuracy and timeliness.

- To train enumerators on the effective use of the KoBO Toolbox for data collection and management.
- To conduct structured interviews with 587 respondents

Activities:

- Submission of inception report including survey design and associated planning, logistics, quality assurance, child protection measures, do no harm management information, including gender equality and social inclusion analysis.

- Detailed work plan incorporating all relevant tasks and milestones from start to completion of the assignment.
- Conducted the orientation training for field enumerators.
- Collection of primary quantitative data of 587 respondents in KoBo Toolbox
- Submission of a brief field completion report with key field reflection

Study team:

SN	Name
1	Ms. Pragya Pokharel, Team Leader
2	Mr. Sushant Luitel, Field Coordinator

5. Final Evaluation of Promotion of Child Mental Health and Psychosocial Well-being in the Community

Background:

CMC-Nepal and CBM-Global launched the PCMHP project in 2021 in Siraha and Dhanusa

Partner	CMC Nepal
Timeline	Oct 2024- Dec 2024
Project area	Dhanusha and Siraha
Status	Completed

districts to enhance the psychosocial well-being of children, especially those with disabilities. Implemented in three municipalities, the project ends in December

2024. PHRD Nepal conducted the final evaluation of the PCMHP project. The evaluation was conducted in Dhanauji Rural Municipality of Dhanusha district and Lahan and Dhangadimai Rural municipalities of Siraha district.

The evaluation used a phenomenographic approach to explore the participants' perceptions and experiences, focusing on behaviors. The evaluation followed OECD-DAC

criteria emphasizing independence, credibility, participation, transparency, and utility. It assessed effectiveness, relevance, efficiency, impact, sustainability, coherence, disability inclusion, and synergies, aiming to inform stakeholders and guide decision-makers. Evaluation guidelines were



developed in collaboration with CMC Nepal and the project team. A total of 47 qualitative data points were collected, 9 of which were FGDs and 12 IDIs, and 26 KIIs. The participants for the KIIs, IDIs, and FGD were selected purposively, who were directly engaged with the project, without repeating the same participants, in close coordination with the CMC Nepal PCMHP team of Madhesh Province.

Purpose:

- To assess the efficiency, effectiveness, impact, and sustainability of the project.
- To determine the relevance and fulfilment of objectives and to accumulate information that is credible and useful, enabling the provision of lessons and recommendations regarding any improvements to be included in the future development of the project future



Activities:

- Designed and finalized the Overall methodology, digitalization of tools.
- Conducted the orientation training for field enumerators.
- Data cleaning, coding, and analysis of the data.
- Evaluated the PCMHP based on the OECD-DAC framework.
- Developed the report and submitted it to the donor agency.

Study team:

SN	Name
1	Dr. Janak Thapa, Team Leader
2	Ms. Pragya Pokharel, Data Analyst
3	Ms. Pabitra Balampaki, Supervisor

6. Endline Evaluation SUNITA-Project (Implementation project)

Background:

Partner	INF Nepal
Timeline	Nov 2024- March 2025
Project area	Kaski, Lamjung, Rukum West, Surkhet
Status	Completed

The three-year Sunita Project is a joint initiative by INF Nepal through FCDO, to improve access to palliative

care in rural Nepal, especially in Kaski, Rukum West, Lamjung, and Surkhet. The project follows WHO’s Public Health Strategy and supports Nepal’s National Strategy for Palliative Care, aiming to reduce poverty and gender inequality through accessible, affordable, and community-centered care. It integrates services across all levels of healthcare, from specialist care at Green Pastures Hospital to primary care in health posts, with training support from the Gurkha Welfare Trust. The initiative also emphasizes the role of informal carers and compassionate communities. Collaborating with FCHVs, SHGs, DPOs, and families, the project uses SPICT-LIS assessments to identify care needs. Originally targeting 20,000 families,



it exceeded expectations by reaching over 82,000 beneficiaries, helping reduce school dropouts and catastrophic health expenditures. Despite challenges, the project contributes to strengthening Nepal’s palliative care system, especially in remote areas. PHRD Nepal had conducted both midline and endline evaluations of the Sunita Project. The final endline evaluation was conducted on Kaski, Lamjung, Rukum West, and Surkhet. The endline evaluation used a qualitative phenomenographic approach to understand participant experiences and the Sunita Project’s impact. It followed OECD-DAC criteria and collected data through 34 KIIs, 2 IDIs, 4 FGDs, 8 site observations, and 5 case stories. Data were transcribed, coded, and thematically analyzed. Ethical standards, including informed consent, safeguarding, and confidentiality, were strictly maintained, with tools developed in consultation with the project team to ensure quality and reliability.

Purpose:

The purpose of the endline evaluation is:

- To establish the project achievement against agreed indicators in the approved log-frame at project completion
- To capture key learnings applicable to the three questions posed in the Collaborative Learning Plan
- To capture key learnings applicable to the attached Gender Equity Self-Assessment and
- To make recommendations to assess the extent to which project outcomes are sustainable

Major Activities:

- Development and finalization of the inception report, methodology, and data collection tools
- Finalization of the data collection schedule
- Data collection was conducted by core team members
- After completion of data collection in Kaski, the team was divided into two, and the data collection was conducted in parallel at the remaining site.
- The collected data was transcribed and analysed
- The final report was developed, and it was disseminated as per the timeline.

Study team:

SN	Name
1	Dr. Janak Thapa, Team Leader
2	Ms. Pragya Pokharel, Data Analyst
3	Ms. Pabitra Balampaki, Researcher
4	Ms. Salina Thapa, Researcher
5	Mr. Sushant Luitel, Researcher

7. Impact Evaluation of HSRI/ MRF Project Training Programme

Background:

Partner	Phase Nepal
Timeline	Oct 2024- Dec 2024
Project area	Kathmandu, Sindhupalchowk, Nawalparasi West, Mugu, and Dhanusha
Status	Completed

PHASE Nepal, a Kathmandu-based NGO, provided training to HFOMC members and FCHVs in four provinces as a part of a four-year research project on Nepal’s health

system transition under federalism. Collaborating with UK universities and the Manmohan Memorial Institute of Health Sciences, the project received funding from the UK’s HSRI (2020–2024) and the Medical Research Foundation (2024–2025). It involved

policy-makers at all levels of government and community health workers to analyze the impact of federalism on health systems. PHRD Nepal conducted the “Impact Evaluation of HSRI/ MRF Project Training Programme”.



OECD- DAC criteria was used to evaluate the training. The mixed-method was used for data collection, where quantitative data were collected through a trainee (i.e., FCHV and HFOMC) survey, qualitative data through KIIs with project partners, project staff, local level health section chief, health facility in-charge, and FGDs with FCHVs and HFOMCs. The quantitative survey was conducted with 225 FCHVs and 107 HFOMC members, and for the qualitative work, 6 FGDs and 18 KIIs were conducted.

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 Activities:

- Development of methodology
- Study tools developed and finalized
- Orientation training for field researchers and enumerators
- Data collection, translation, and transcribe.
- Data thematic analysis and report writing

Study team:

SN	Name
1	Dr. Janak Thapa, Team Leader
2	Ms. Pragya Pokharel, Data Analyst
3	Mr. Bikesh Bajracharya, Health Financing Expert
4	Ms. Pabitra Balampaki, Field Coordinator



8. Baseline Survey of Breaking Barriers for Girls' SRHR (BBaGS) in Dolpa District

Background:

Plan International Nepal, in collaboration with the German Federal Ministry for Economic

Partner	Plan International Nepal
Timeline	Nov 2024- Feb 2025
Project area	Thulibheri and Tripurasundari Municipalities of the Dolpa district
Status	Completed

Cooperation and Development (BMZ), is implementing the *Breaking Barriers for Girls' SRHR*

(BBaGS) project in Dolpa district of Karnali Province from September 2024 to August 2027.

The project targets Thulibheri and Tripurasundari municipalities, focusing on improving the sexual and reproductive health and rights (SRHR) of adolescents, especially girls, in a district where 30% of the population is aged 10 to 24. Dolpa faces significant SRHR challenges, including 203 reported teenage pregnancies, a low contraceptive prevalence rate of 21%, and harmful practices like abduction and marriage. The BBaGS project aims to empower girls to make informed SRHR decisions and reduce teenage pregnancies through five key objectives: increasing SRHR awareness among adolescents, strengthening girls' decision-making agency, enhancing support from families and local authorities, improving SRH service delivery, and building the capacity of implementing partners. The primary target groups include school-aged youth (13–24), newly married couples, new parents, including those with disabilities and key community members such as parents, caregivers, community leaders, mothers' groups, school management committees (SMCs), parent-teacher associations (PTAs), and students. The project will work directly with 20 schools and 10 health facilities, while integrating water, sanitation, and hygiene (WASH) as a cross-cutting component to support overall health and well-being.



Objectives:

The primary objective of the baseline survey was to conduct a baseline survey that establish baseline values for various indicators outlined in the project proposal. This survey involved setting or revising targets for these indicators and creating a benchmark to measure progress at the end of the project. Additionally, the baseline survey was conducted to gather recommendations from relevant stakeholders to inform and guide the programming effectively.

Major Activities:

- Development and finalization of the inception report and methodology
- Study tools development and finalized
- Orientation training for enumerators
- Data collection.
- Cleaning of the quantitative data, including transcribing and translation of data
- Data analysis of both qualitative and quantitative data and its triangulation
- Submission of draft report and final report after incorporating the feedback

Study team:

SN	Name
1	Dr. Janak Thapa, Team Leader
2	Ms. Pragya Pokharel, Data Analyst
3	Mr. Sushant Luitel, Field Coordinator

3. Policies and Guidelines

9. Eye, ENT, and Oral Health Screening Guideline for School Health Nurses

Background:

Partner	CSD, DoHS
Timeline	Nov 2023- July 2024
Status	Completed

PHRD Nepal in partnership with Curative Service Division, Department of Health Service, Nepal had developed the Eye, ENT, and Oral Health Screening

Guideline for School Health Nurses.

Objectives:

- To provide eye, ear, nose, throat, and oral health screening services to students in accordance with prevailing laws, this document outlines simple, systematic, and effective procedures for school nurses working in government, community, and local-level health services



Major Activities:

- Interaction with different institution experts and subject experts
- Interaction with the Technical Working Group (TWG)
- Consultation with key personnel of MoHP, DoHS, CSD, and different sectors' subject experts
- Finalization of the screening guideline for School Health Nurses.

Study team:

SN	Name
1	Dr. Janak Thapa
2	Mr. Sushant Luitel

10. Mental Health _RRT Guideline

Background:

Following Sub-section 4 of the Public Health Service Act, 2075, and the Basic Health Services Strategy 2077, proper healthcare includes the provision of basic mental health services and social care through health institutions. These strategies emphasize the immediate response to psychiatric and mental health issues that may arise from natural disasters and other emergencies.

Given the impact of emergencies, it is essential to deploy rapid response teams and emergency medical groups that coordinate closely with frontline healthcare providers. The Ministry of Health and Population has developed this procedure under the authority granted by Article 64 of the Public Health Service Act, 2075.

Objectives:

The purpose of this guideline is to mobilize a Rapid Response Team (RRT) to provide timely psychological support during emergencies such as PTSD, acute stress, and mental health crises. It aims to ensure coordination at the federal, provincial, and local levels for effective mental health response and reporting. The guideline emphasizes integrating mental health into the public health system and preparing healthcare providers, including school nurses, for emergency mental health interventions. It is based on national documents from 2077 and highlights the importance of addressing both immediate psychological shock and long-term mental health impacts.

Major Activities:

- Interaction with the Technical Working Group (TWG)
- Interaction with different institution experts and subject experts
- Consultation with key personnel of MoHP, DoHS, EDCD, and different sectors' subject experts
- Finalization of the Mental Health RRT guideline and submission to EDCD, DoHS

Study team:

SN	Name
1	Dr. Janak Thapa
2	Mr. Sushant Luitel
3	Ms. Bijita Thapa

11. Development of Comprehensive Sexuality Education (CSE) Knowledge Package for Grades 9 and 10 of Public Schools

Background:

Partner	RKJS, Plan International
Timeline	Aug 2024- Sep 2024
Project area	Bardiya
Status	Completed

Radhakrishna Tharu Jana Sewa Kendra (RKJS), established in 1996 in Bardiya, Nepal, is a non-profit organization working to promote social justice and human rights for marginalized and

vulnerable groups. It focuses on community empowerment, child rights, governance, disaster management, and more, partnering with organizations like ActionAid, Plan International Nepal, and UNDP.

RKJS is currently implementing the “Adolescents Sexual and Reproductive Health and Rights (ASRHR) Phase II” project (March 2024 – December 2026) in five municipalities of Bardiya, with support from Plan International Nepal and KOICA. The project aims to improve awareness, services, and community engagement related to adolescent SRHR, reduce early marriage and teen pregnancy, and promote sustainable change. Target groups include adolescents (Grades 6–10), parents, schools, health providers, and local governments.

Objectives:

- To develop a comprehensive, age-appropriate, and culturally sensitive CSE knowledge package for Grade 9 and 10 students, aligning with national education standards and international best practices.

Major Activities:

- Development and submission of the inception report
- Conduct needs assessment
- Develop the curriculum with detailed lesson plans for grades 9 and 10 covering all aspects of CSE
- Finalization of developed materials and handing it to RKJS

Study team:

SN	Name
1	Dr. Janak Thapa
2	Mr. Sushant Luitel

4. List of Work Conducted by PHRD Nepal

➤ Research and Study

1. Baseline Study on Maternal, Neonatal, and Child Health in Dhanusha District
2. Priorities Assessment for Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Program, Taplejung District
3. Promoting Country Efforts on HPV Vaccine Program Integration, RSV Vaccine Preparatory Research Study, and MI Perception Study
4. Impact Evaluation SUNITA-Project (Implementation project) – EMMS/INF
5. Baseline Survey of Breaking Barriers for Girls' SRHR (BBaGS) in Dolpa District
6. Impact Evaluation of HSRI/ MRF Project Training Programme
7. Bottleneck Analysis on Improving Infant and Young Child Feeding Practices Together with Dietary Quality of Children Aged 6-23 Months Through Home Fortification Initiatives in Nepal
8. Final Evaluation of Promotion of Child Mental Health and Psychosocial Wellbeing in Community (PCMHP) Feb 2021-Dec 2024
9. Nepal Multiple Indicator Cluster Survey (NMICS) 2024
10. Data Collection of ACTIVE Projects' Survey
11. The World Health Survey Plus (National level Household survey)
12. Post Campaign Coverage Survey for TCV Campaign-2022 in Nepal Programme for Immunization Preventable Diseases WHO CO for Nepal.
13. Baseline Survey of Adolescent SRHR Improvement in Bardiya District (Phase II)
14. Endline Project Evaluation of Integrated Mobilization of People for Active Community Transformation (IMPACT) Project
15. Baseline Survey of Girls Standing Strong (GSS) in Dhanusha and Sindhuli Districts
16. A Study: Transforming Harmful Social Norms for Well-being of Women and Girls
17. Health Right - End Evaluation of "Health Rights: Inclusive Eye and Ear and Hearing Health in Karnali of Nepal"
18. Mid-term Evaluation of SUNITA- Nepal
19. Endline Evaluation of the Mainstreaming of Community Mental Health Program Health System in Nepal
20. Generating Evidence of Climate Change Adaptation and Food Security Impacts of Resilience and Food Security Program (SABAL) in Nepal

21. End-line Evaluation of Working Together for Suicide Prevention Project” in Nepal
22. Formative Research, Baseline, Water Quality Test, Monitoring, and End-line Survey in Schools and Health Care Facilities
23. Endline Survey of Menstruation Health Management Project in Sudurpaschim Province
24. Rapid Assessment of Nutrition Services and Products available through the Private Sector: A Landscaping Exercise (Karnali and Madhesh)
25. Endline Survey of Health and Rights Improvement Project for adolescent Girls through Menstrual Hygiene Management in Bajura District, Nepal (2020-2022)
26. Community Resilience/Disaster Support: COVID-19 Recovery in Nepal (ASTELLAS Project)
27. Monitoring Local Level Capacity Strengthening to Address Child, Early, and Forced Marriage (CEFM) in Madhesh Province, Nepal
28. Surveillance and monitoring of AMR- Administrative Support to FIND project
29. ISWASH Building Trust and Confidence among NTD Affected and Vulnerable Population (BISWAS)” Project
30. Stakeholder engagement for delivering contextualized learning on AMR in Nepal.
31. Baseline survey on “Weight Measurement of 6-59 Months children from Jajarkot, Mahottari, Kavre and Dolakha Districts”.
32. End-line survey on “Weight Measurement of 6-59 Months children from Jajarkot, Mahottari, Kavre and Dolakha Districts
33. Health Financing Mechanism including Free Schemes for SRH Services in Nepal – An overview
34. Insuree Satisfaction Survey and Policy Research for Suggesting Improvement in Enrollment Rate in National Health Insurance Program (NHIP) of “National Health Insurance Support Project.
35. End Line Evaluation of Comprehensive Programming to Address and Respond Gender Based Violence (GBV) in Nepal
36. 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

37. Prevalence, trends, and determinants of post abortion contraception use in selected districts of Nepal
38. Endline Survey: Maternal and Child Health Promotion Project
39. Improving maternal, newborn and child health in prioritized Municipalities: Evidence-based MNCH Strategic Action Plan through Bottleneck Analysis TANAHASI Model workshop.

➤ **Policy and Advocacy**

40. Mental Health _RRT Guideline – EDCD, DoHS
41. Development of Comprehensive Sexuality Education (CSE) Knowledge Package for Grades 9 and 10 of Public Schools
42. Eye, ENT and Oral Health Screening Guideline for School Health Nurse
43. Health and Nutrition Policy Development-Balara
44. Guideline on Integrating Early Childhood Development in maternal, neonatal and child health services
45. School Health and Nutrition – Training Manual
46. Orientation Manual of Health System for Medical Officer
47. Basic Health Service Package (BHS) Development, 2018
48. Emergency Health Service Package (EHS), 2019
49. Standard Treatment Protocol of Emergency Health Service (EHS), 2020
50. Antimicrobial Resistance Guideline (AMR) Development
51. Telemedicine Program Guideline Development
52. Home-Based Health Service Standard Development
53. Improving maternal, newborn, and child health in prioritized Municipalities: Evidence-based MNCH Strategic Action Plan through Bottleneck Analysis workshop.
54. Technical Support to Develop Health Policy in Godaita Municipality, Sarlahi, Province 2
55. Standard Treatment Protocol of various diseases like Psychosis, Nephrology Respiratory
56. Development of the ToR of each health facility

57. Learning Resource Package (LRP) for training manual, resource guide, and participant's manual on the Standard Treatment Protocol (STP) of Emergency Health Service Package (EHSP) development
58. MTOT on EHS-STP at the provincial level, health worker
59. Strategy development on blood-related disorders
60. National Essential In Vitro Diagnostic List (NEIDL)
61. Standard Treatment Protocol (STP) of Prosthodontic and Orthodontic
62. ENT, Eye, and Oral Health Standard
63. UHC Policy dialogue on Universal Health Coverage and MTOT on STP-CHSP
64. Develop the Health Policy in Haripur Municipality, Sarlahi, Madesh Province
65. Early Childhood Development (ECD) Guidelines Development in Health Services
66. Provincial level Policy dialogue on Universal Health Coverage (Event conducted in Pokhara, Janakpur, Nepalgunj)

➤ **Disaster Preparedness**

67. Health and Nutrition Disaster Contingency Plan

➤ **International Program**

68. Hospital-Acquired Infections (HAI) Surveillance in Paropakar Maternity and Women's Hospital (PMWH)
69. International Universal Health Coverage Day Celebration
70. COVID-19 response program
71. World Breastfeeding Week 2020
72. Landscape Analysis of Health Care Integration in LMICs

5. Way Forward

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

6. Gallery



Inauguration of NMICS Training



With some of the trainees of NMICS



Field Visit to School for CMC PCMHP Project



Mock sessions during BNA training



Conduction of FCHV meeting during survey



Kickoff meeting with FIND and PMWH team



Data Collection



Health facility assessment for Survey



PHASE Finding Presentation at Surkhet



PHASE Finding Presentation at Dang



PHASE Presentation at MoHP, Nepal



BNA Training Conducted at PHRD Nepal



Training for Active Project data collection



Height measurement of a child during NMICS

ASRHR Friendly Health Facilities at Bardiya



NMICS Monitoring



CBIDS guideline finalization workshop



Workshop for the Case definition of diseases for the SPEED program



NMICS Tools finalization workshop



NMICS Meeting With UNICEF, NSO and PHRD Nepal



Key Informant Interview with One of the Participants



Mock sessions during the PHASE data collection orientation



Glimpse of NMICS orientation



Glimpse of the NMICS orientation day



Meeting at CSD for guideline development



Safeguarding Session by Action for Nepal, Mr. Gaurab Archarya



Safeguarding Session at BBaGS enumerator orientation at Dolpa



NMICS Data Collection



NMICS Training by Mr. Krishna Tuladhar of NSO



CBIDS Guideline development meeting



Data Collection in the field



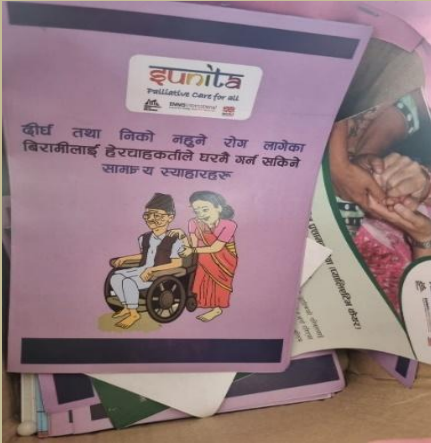
Field Monitoring at Kailali



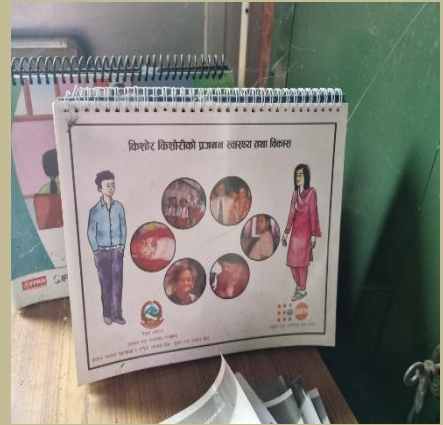
Sunita Project Therapy Room



Dr. Janak Thapa presenting the findings



Sunita IEC Materials



ASRRH IEC Materials

7. Functional Committee

Advisors:



**Dr. Senendra Raj
Uprety**



**Mr. Achyut
Lamichhane**



**Mr. Parasu Ram
Shrestha**



Dr. Naresh Pratap KC

Executive Director:



**Dr. Janak Thapa
(Member
secretary)**

Executive Members:



**Prof. Dr. Abhinav
Vaidya**



Dr. Olita Shilpakar



Mr. Ashok Pandey



**Mr. Pramodh
Chaudhary**



Dr. Deependra Kaji Thapa



Mr. Raj Sangroula



Ms. Salina Thapa

Staff



Dr. Janak Thapa



Dr. Deependra Kaji Thapa



Ms. Pragma Pokharel



Ms. Salina Thapa



Ms. Pabitra Balampaki



Mr. Sushant Luitel



Ms. Jibika Siwakoti



Mr. Sudhan Khadka



Mr. Raj Kumar Sangroula



Mr. Bikesh Basnet



Mr. Binod Pokhrel



Mr. Biplab Aryal



Ms. Laxmi Gurung



Mr. Ram Hridya Sah



Ms. Sabita Budhathoki



Mr. Suraj Oli



Ms. Sushmita Pandey



Mr. Suvash Lamichhane



Mr. Trilok Bikram Jasraj



Mr. Upendra Karki



Ms. Alina Thapa



Ms. Bijita Thapa



Ms. Sarita Singh



Ms. Goma Poudel

Nepal Public Health Research and Development Center (PHRD Nepal)

Min Bhawan Marg, New Baneshwor, Kathmandu, Nepal

Phone: +977-1-4790720, 9851196386

Email: info@phrdnepal.org.np

Web: www.phrdnepal.org.np

