



Health Foundation Nepal Annual Progress Report 2019

Prepared by- Madan Raj Bhatt, Executive Director

Introduction

Health Foundation Nepal (HFN) is a vibrant movement made up of people who are committed to improving the health and well-being of the most underserved people of Nepal. It is a nonpartisan, apolitical organization that works in partnership with local community-based organizations to provide health care services through the integrated health approach. HFN is registered as a non-profit organization in the USA and Nepal. With the aim of promoting health of Nepali people, HFN has been working in different communities of Nepal since the establishment in 2013. The working principles of HFN include equity, social justice, community participation, inter-sectoral coordination and appropriate technology.

HFN has been implementing different projects particularly on under five child nutrition, women of reproductive age (WRA), pregnant and lactating mothers, people suffered and affected by mental health problems and non-communicable diseases (NCDs), digital and health literacy for public school students and teachers, health point water supply system and health system strengthening. HFN has also been implementing different health research projects in partnership and collaboration with national and international organizations. HFN has been closely working with Government of Nepal (GoN), External Development Partners (EDPs) and local organizations. HFN has also been implementing internship program to train fresh graduates on community based public health programs and health research; strengthen innovations and advance the community work.

The key objectives of HFN are to:

- ensure accessibility and availability of quality health care services to individuals of all age group;
- provide practical solutions - which are based on scientific evidences, on health and education to promote health and well-being of the community people and
- generate evidences to inform public health programs and policies, with special focus on existing and emerging public health problems.



HFN Service Providers and Beneficiaries

HFN has adopted public private NGO partnership (PPNP), multi-sectoral and community centered approaches. All the programs initiated by HFN are comprehensive, community based and multisectoral in nature.

Nutrition, Maternal and Child Health Program

HFN implements different behavior change communication (BCC) activities in project communities and provides clinical care, support and facilitated referral services to promote health and nutrition among mothers and under five children.

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HFN reached to 887 community peoples and 788 school adolescents with health messages on Nutrition and Maternal, Child Health in last fiscal year (Jan to Dec 2019). In addition, HFN also delivered health messages on Family Planning (FP); Healthy Timing and Spacing of

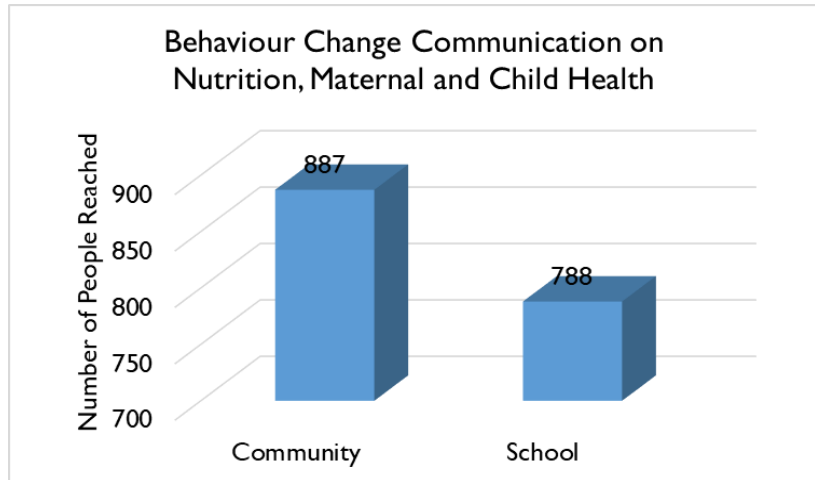
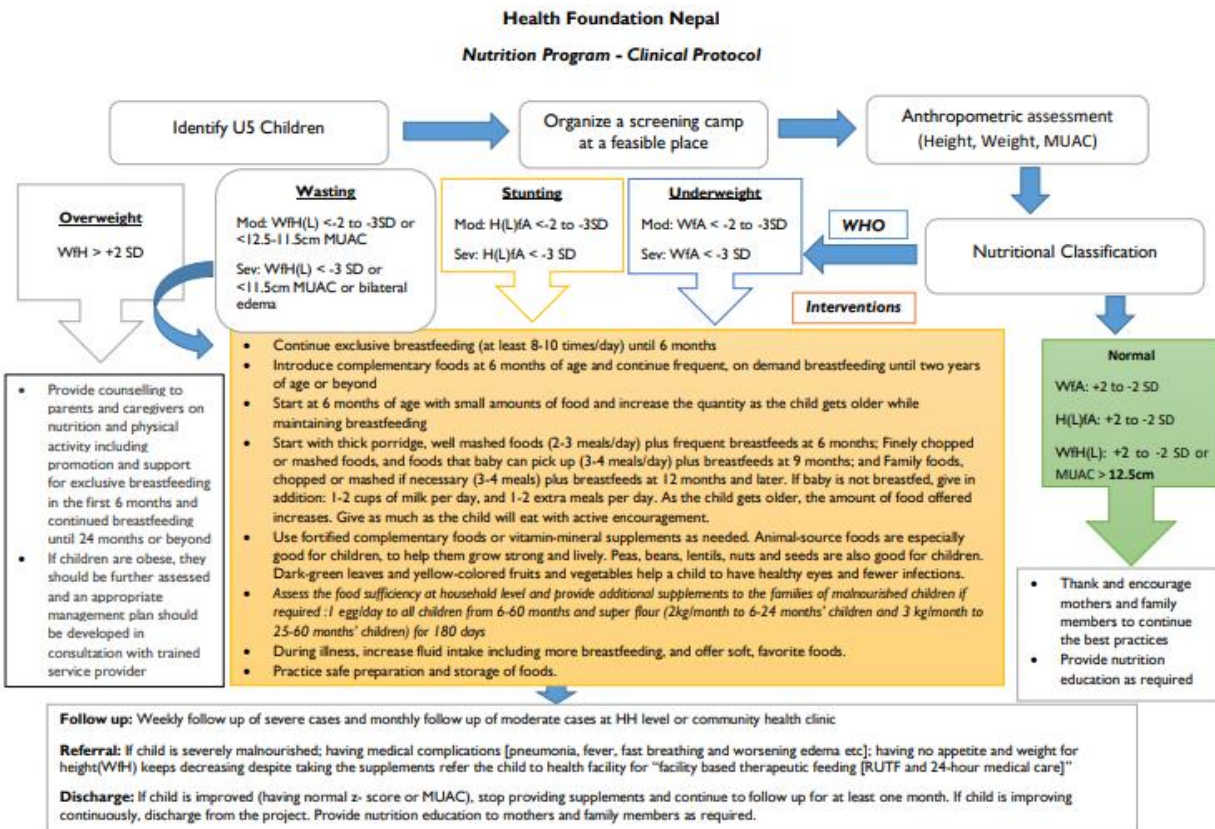


Figure 1 Behavior Change Communication on Nutrition, Maternal and Child Health



Note: WfA: Weight for Age; H(L)/fA: Height or Length for Age; WfH(L): Weight for Height or Length; SD: Standard Deviation; MUAC: Mid Upper Arm Circumference; U5: Under five; WHO: World Health Organization; RUTF: Ready to Use Therapeutic Foods; Super flour: 2 part: soybean (50%), 1 part: wheat (25%) and 1 part: Maize (25%)

Figure 2 HFN Nutrition Program -Clinical Protocol 2019

Pregnancy (HTSP), Gender based violence, health seeking behaviors, safe motherhood practices and child caring practices [Fig 1]. HFN prepared and utilized clinical protocol on nutrition (2019) to assess the nutritional status of under-five children following national and WHO standards [Fig 2].

HFN conducted nutrition screening clinics in selected project communities in Dang following nutrition protocol and national standards. Nutrition status of 410 under-five children was assessed by trained service providers during Jan to Dec 2019. Monthly outreach clinics were organized to reach to the targeted communities. Socioeconomic condition and health seeking behavior of participating

individuals were also assessed during the screening sessions. It was found that more than 96% of under five children were normal. Among malnourished children, 2.2% were found severely

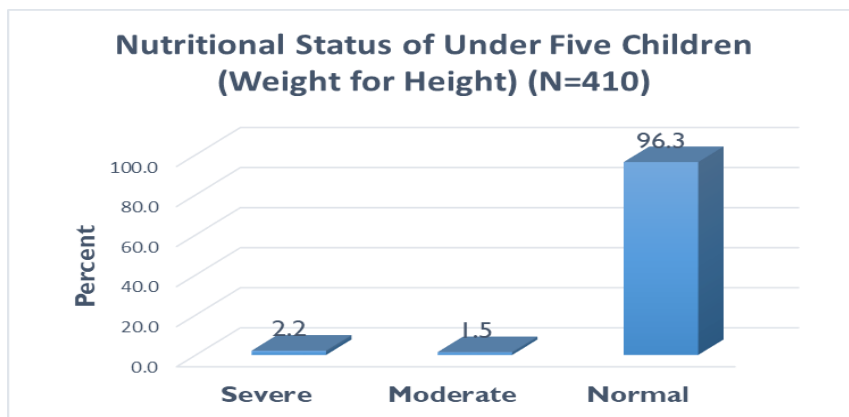


Figure 3 Nutritional Status of Under Five Children in Dang District

malnourished and 1.5% were found moderately malnourished [Fig 3]. Severely malnourished children were referred to nutrition Centre at district supported by USAID. All the malnourished children were followed up as per protocol and provided care and support including home visits. Project staff were engaged with Female Community Health Volunteers (FCHVs), Health Mothers Groups (H-MGs), School Teachers and Students to plan and execute the project activities. HFN also worked closely with district and municipal level partners and government agencies.

Community Based Mental Health Program

HFN implemented community based mental health program in selected communities in Ghorahi Sub-Metropolitan City, Dang, Nepal. The key activities of community based mental health program included construction of building for psychiatric rehabilitation, capacity building of service providers, screening of mental health status (depression and anxiety) among pregnant and post-partum mothers and community and school based BCC activities

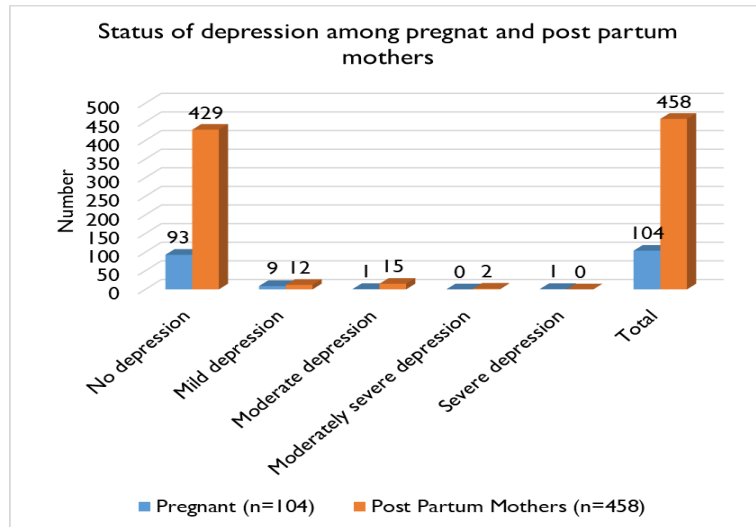


Figure 4 Status of depression among pregnant and post-partum mothers in Dang

HFN organized mental health screening camps (clinics) for pregnant and post-partum mothers in selected communities in Dang. Trained Psychosocial Counselor(s) were mobilized to assess the mental health status. Altogether 562 (104 pregnant and 458 post-partum) women were screened during Jan to Dec 2019. Out of them, no depression was found among 93 pregnant (89%) and 429 post-partum (94%) women. Moderately severe and severe depression was found among 2 post-partum mothers and 1 pregnant mother respectively. Rest of mothers had either mild or moderate depression (Fig 4). Similarly, no anxiety was found among 81 pregnant (78%) and 397 post-partum (87%) women. Severe anxiety was found among 3 post-partum mothers (Fig 5).

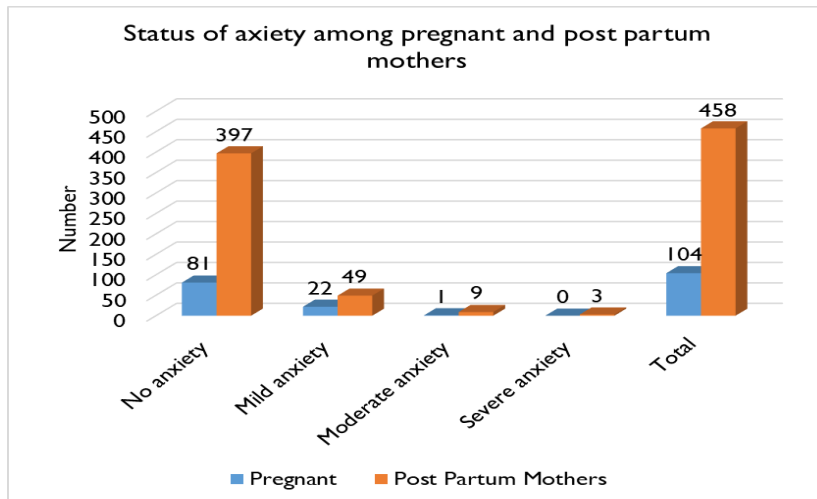


Figure 5 Status of Anxiety among pregnant and post-partum mothers

Psychosocial counseling was done among 106 community peoples which included individual counseling, family counseling, couple counseling, relaxation exercises and psychosocial care. Counselors mainly focused on providing emotional and

psychosocial support to the clients. Clients with moderate and severe anxiety and depression were referred to higher centers where specialized care (services from Psychiatrist) was available. Standard clinical protocol (Fig 6) was used to implement the community mental health program. Two Psychiatrists (One based in Kathmandu and one in the USA) and a Psychologist (based in Kathmandu) provided technical assistance to the counselors and front line staff as necessary.

HFN conducted different BCC activities on mental health reaching to 404 peoples (female - 359 and male - 45) with mental health education, information and communication during last year. Similarly, HFN conducted health literacy sessions on mental health reaching to 864 adolescents from different public schools in Dang. The basic topics for the literacy sessions included mental health, mental disorder, psychosocial problems, common symptoms, causes and remedial measures. HFN conducted series of meetings with district and municipal stakeholders, community

leaders, school teachers, health mothers group (HMGs) and female community health volunteers (FCHVs) to reach to target audiences.

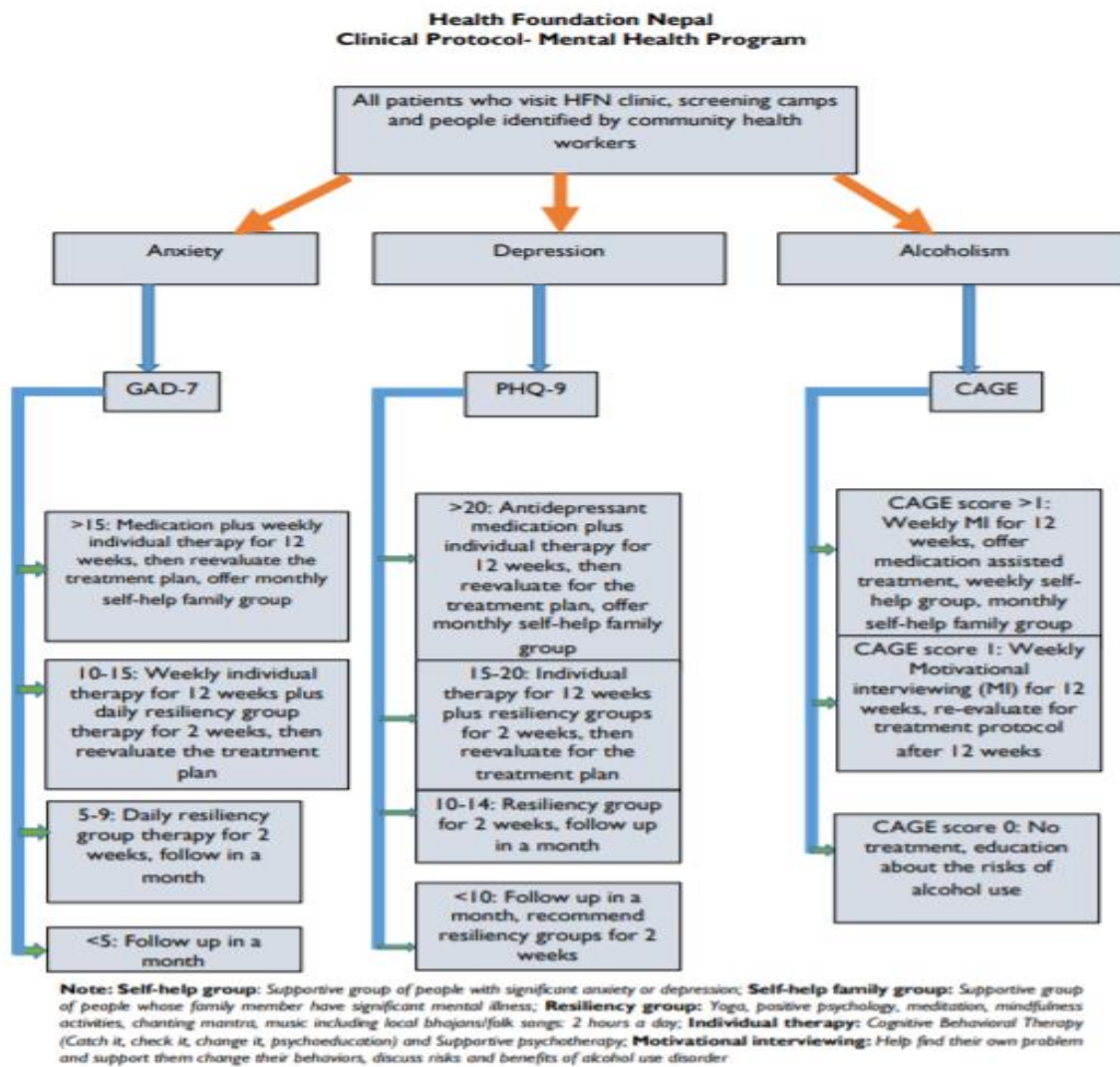


Figure 6 HFN Clinical Protocol on Mental Health 2019

HFN provided technical assistance to Movement for Inspiration Nepal (MOFIN) and Ghorahi Sub Metropolitan City to conduct inter-sectoral meetings on mental health. HFN conducted coordination meetings with other partners (KOSHISH, TUTH, PAHS, Chhahari, TPO, MHPSPC etc.) working in mental health at national level. HFN closely

worked with EDCD and provided technical assistance to prepare national procedure on tele mental health.

HFN supported Movement for Inspiration Nepal (MOFIN) Dang to construct a building for mental health rehabilitation.

HFN also received financial support from America Nepal Medical Foundation (ANMF) to construct this building. An agreement - Memorandum of Understanding (MoU) was signed between HFN and MOFIN to implement mental health rehabilitation program from



Newly constructed mental health rehabilitation centre at Kuirepani, Dang

early 2020. Clinical component of the program will be managed by HFN and administrative aspects will be managed by MOFIN in close coordination with government and non-government agencies.

HFN provided 1-day orientation on Depression, Anxiety, Bipolar, Schizophrenia and post-traumatic stress disorder to 70 participants from all over Dang district and beyond including Physicians, Nurses, Health Assistants and Senior Auxiliary Health Workers. HFN also provided 5-days training to Public Health Nurse on Psychosocial counseling in close coordination with National Health Training Centre (NHTC) and Epidemiology and Disease Control Division (EDCD). HFN's key mental health staff (five) working in Nepal completed eight weeks' mental health online course on "Recovery and Rehabilitation from Serious Mental Illness" and all the participants were certified. The training course was designed and directed by mental health experts from HFN USA.

Non-Communicable Disease (NCD) Program

HFN continued implementing NCD Nepal study in selected communities of Ghorahi Sub Metropolitan City, Dang. This is a longitudinal cohort study which aims to understand the epidemiology of NCDs and how they relate to socio-demographic, lifestyle, dietary and cultural factors and document incident NCDs and mortality. HFN also assessed the effectiveness of management of common NCDs and associated cost.

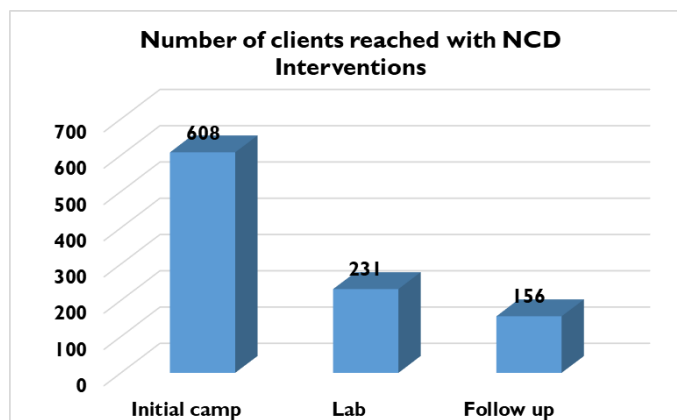


Figure 7 Status of clinical care on NCDs in 2019

HFN conducted initial camps (outreach clinics) on NCD as per protocol reaching to 608 clients during Jan to Dec 2020. Lab investigation was done among 231 clients and 156

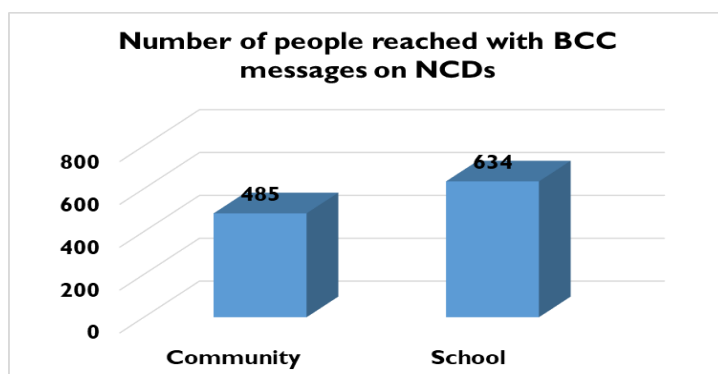


Figure 8 Status of BCC interventions in 2019

clients were followed up during the period (Fig 7). HFN mobilized trained physicians, Health Assistants (HAs), project staff and volunteers to plan and implement these camps. National reference laboratory (NRL), Butwal supported to implement laboratory related activities.

HFN has been providing continuity of care for people with established NCD with a special focus on management of hypertension, diabetes, hyperlipidemia, tobacco use using evidence-based therapies; and referring people with advanced disease to appropriate higher level of care. HFN conducted BCC events to raise community

awareness on NCD in project communities. Altogether 485 community people were reached with BCC messages during last year. Similarly, HFN conducted health literacy sessions on NCDs reaching to 634 adolescents from selected public schools in Dang (Fig 8).

HFN collaborated with Epidemiology and Disease Control Division (EDCD) to provide “Package of Essential Non-Communicable Diseases (PEN)” training to clinical staff working in Dang. Health Program Coordinator and Health Assistant were certified to manage community based non-communicable diseases in the project communities.

Health and Computer Literacy Program

HFN has been implementing computer and health literacy program in selected public schools in project implemented districts in Nepal.

HFN implemented computer literacy program in selected 24 public schools of Chitwan district where access to computer education was not available. The key



HFN Country Director with beneficiaries of Computer Literacy Project in Chitwan

objective of the program was to provide computer knowledge and skills to primary and secondary level school students. HFN supplied computers and supplies to establish computer lab in each participating school. Basic software and teaching learning materials were also provided to each participating school. HFN mobilized a ‘computer instructor’ to conduct and manage computer literacy sessions. HFN also provided

technical assistance to develop video tutorials on basics of computer use, plan sessions, assess knowledge and skills of students and conduct periodic meetings with school teachers and members of management committees. HFN also supplied additional computers to selected schools based on their need.

Capacity building sessions for teachers were also organized to enhance their knowledge and skills. HFN trained school teachers from participating school on basics of computer education.



HFN Computer Instructor providing training to School Teachers in Chitwan

Damaged parts of computers were replaced (as necessary) to ensure the smooth implementation of the program. HFN assessed knowledge and skills of students from 14 participating schools and provided necessary feedbacks. HFN reached to more than 600 target beneficiaries of computer literacy program in 2019. HFN started Peer Assisted Educational Enrichment and Mutual Mentoring (PREM) Program in selected school (s) in Chitwan. This is very helpful to enhance different life skills (e.g. academic, problem solving etc.) including personal development and career planning.

HFN implemented health literacy program in selected public schools in Dang and Chitwan. Altogether, HFN reached to more than 1000 adolescents with different health messages during last reporting period. HFN also provided technical assistance to implement health literacy program in Manglodaya high school, Thankot, Kathmandu. Evaluation of Computer Literacy program was done among all the participating schools

through standard checklist and necessary modifications were done to strengthen the program.

Health Point Water Project

HFN, with financial and technical support from CMF, completed establishment of hot water system at Talladehi Health Post (HP) Baitadi in 2019. Quality of health services enhanced and the birthing centre became fully functional after the establishment of hot water supply system. Local people are utilizing primary health care services including maternity services from this HP.

HFN also conducted feasibility study in selected two health facilities [Bageshwori Health Post, Nuwakot and Kabhre

Health post, Dang] in 2019. The situation of health service including water supply system was assessed. It was found that physical facilities and trained human resources were available to provide basic health care services including maternity care but water supply system was not functional. HFN with the support from CMF conducted monitoring visit to Bageshwori HP, Nuwakot and also assessed status of Kavre HP to explore actual need and potential resources. It was found that local GoN has a plan to provide financial support to Kavre HP in 2020 but Bageshwori HP didn't have any committed funding source to strengthen the water supply system. Therefore, HFN with support from DTH (technical agency) prepared a proposal and submitted to CMF for implementing water supply project at Bageshwori HP Nuwakot in 2020.



Talladehi Health Post, Baitadi

Community Health Clinic

HFN provided primary health care services from a static community health clinic at Jajaragaun, Dang. Altogether 550 clients were served by the clinic (static site) in 2019. HFN clinical staff also provided outreach clinical services on NCDs, Mental Health and MCH and Nutrition. The clinical staff included one physician, two health assistants, one staff nurse and two psychosocial counselors. HFN constructed additional block to strengthen the services from the static site/clinic in 2019.

HFN in coordination with Laxmi Pratishtan provided primary health care services to 1400 individuals of Chepang community through Kanda Clinic (Chitwan). The clinic was headed by Health Assistant. Outreach sessions including BCC activities were also conducted in Chepang Communities in Chitwan. HFN conducted specialized outreach clinic on oral health in close coordination with BR Dental Hospital (Dang). Altogether 129 clients received oral health care services from trained doctors and clinical staff. The team also extracted mobile tooth and necrosed pulp of 30 people during the camp. Oral health literacy sessions were also conducted by clinical team members reaching to 250 school adolescents, teachers and community people in Dang.



HFN Staff at Community Health Clinic in Dang

Strengthening GoN Health System

Health Foundation Nepal provided technical support to Chandragiri Municipality (Kathmandu) to conduct Social audit of health program implemented by Tinthana and Naya Naikap Health Posts. Health governance and Accountability Experts from Health

Foundation Nepal facilitated the audit process. Qualitative and quantitative data were collected from community and HPs and key findings were shared to the participants during mass meeting. Altogether 137 persons attended the program. The key stakeholders

representing Health Facility Operation and Management Committee members, Health Post staff and Females Community Health Volunteers, Health Mother Group Members, community leaders and health coordinators from municipality were



Participants of Social Audit Program in Kathmandu

present in the meeting. Duty bearers from municipality and HPs committed to improve physical infrastructure of the health facility including quality of care. They also committed to allocate adequate budget to plan and execute health program. An annual plan of health sector was developed to address the key issues observed during the social audit process.

HFN provided technical assistance to EDCD to prepare mental health strategies related to mental health promotion, treatment and rehabilitation including tele mental health services.

Health Foundation Nepal provided technical support to Thankot Health post and Thankot Primary hospital, Kathmandu to celebrate World Breastfeeding Week with the slogan "Empower Parents, Enable Breastfeeding". In Thankot health post total of 40 people participated in the program whereas in Thankot primary hospital total numbers of participants were 47. The majority of participants were mother of less than 2 years'

child and others being FCHVs, community people, health post and hospital staffs and HFN experts and public health interns. Public health experts from Health Foundation Nepal shared the public health importance of breast feeding. HFN also supported government to celebrate breast feeding week in project communities in Dang in close coordination with Ghorahi Sub-metropolitan and other partners. HFN also supported government to implement May Measurement Month, especially in Sudur Pashchim Province, Nepal. All the activities under health system strengthening were financially supported by Government of Nepal and local health facilities.

HFN participated in quarterly and annual review meetings of Ghorahi Sub-Metropolitan City, Dang and shared the HFN's ongoing interventions and outputs with the stakeholders.

HFN participated in various activities on mental health, MCH, Nutrition and family planning and non-communicable diseases organized by government and non-government organizations. HFN also supported Government of Nepal to implement national programs (Vitamin A, FP day etc.) in different project communities.



Participants of Consultative Meeting on Procedure for Tele-Mental Health

Health Research

HFN adopted dual model of implementing projects and conducting research to generate fresh evidences. Following were the major research projects implemented by HFN in 2019.

Non-communicable Diseases in Nepal: NCD Nepal study was a longitudinal cohort study to understand the epidemiology of NCDs and how they relate to socio-demographic, lifestyle, dietary and cultural factors and document incident NCDs and mortality. This study will be continued in 2020 as well.

Feasibility of Mental Health Crisis Helpline Services for the Prevention of Suicide: This was a formative cross-sectional study implemented in Kathmandu Valley. The study was conducted to understand availability, effectiveness and feasibility of Mental Health Crisis Helpline Services to address growing burden of mental health problems including suicide among Nepali People. The study assessed knowledge and practices of mental health crisis helpline among general population and also conducted key informants' interviews (KIIs) with key stakeholders, Client exit interviews with clients who received mental health services recently and facility assessments of selected institutions to explore the qualitative information on crisis help lines and mental health services. HFN received NHRC approval and completed data collection. The findings of the study will be disseminated in early 2020.

Evidence based study to demonstrate the outcomes of the Reproductive Maternal Newborn Child and Adolescent Health: This was an evidence based longitudinal study implemented in Sindhuli and Makawanpur districts to demonstrate impact of Reproductive, Maternal, Newborn Child and Adolescent Health (RMNCAH)/IFRC program outcomes. The study was funded by Canadian Red Cross. HFN received NHRC approval and completed qualitative data collection. The study will be completed by April 2020.

Client exit survey clients' satisfaction among women of reproductive age (18-49 years) receiving family planning services in Nepal, 2019

This was a cross sectional study to assess clients' satisfaction of their experiences at government and PSI service network outlets (OK clinics) in 30 districts across the country. The project was funded by PSI Nepal. We assessed family planning clients' satisfaction and perceived quality of care provided from both private OK networks and public HFs in Nepal.

In private OK clinics, client volume based minimum eligibility recommendations outlined in PSI's Reproductive Health Client's Satisfaction Manual was followed. List of OK clinics that had served a minimum of 100 clients during the last project year (125 private OK clinics) was developed. In the second stage, no of OK clinics for each province were chosen in proportion to the total no of clinics. OK clinics were then randomly selected in each province. The study population was women of reproductive age (WRA) 18 to 49 years, who had received family planning services on the day of data collection. The sampling unit was 59 private OK clinics from six provinces (Province 1, 2, 3, Gandaki, 5 and Sudurpaschim) and 60 public HFs of province 2 and 5. Data was collected in Survey CTO application version 2.51.09 which was transferred to Stata 15 for analysis. Bi-variate analysis of independent variables with the satisfaction outcome variable was conducted using Pearson Chi-square test to test for significance. Multiple logistic regression was conducted with high level of satisfaction as the primary outcome variable. A total of 504 private OK clinic clients and 240 public facility clients were included in the study. Ethical approval for the study was obtained from Nepal Health Research Council.

In private OK clinics, 31% of the total clients and in public health facility, 32.9% of the clients reported high satisfaction in all three satisfaction determinants: services met expectation, likely to return and likely to recommend the facility. In both public and private OK clinics, Muslim and Dalit ethnicity were underrepresented in seeking FP

services. Moreover, Muslim client's knowledge on legality of abortion is also the lowest among the ethnic categories with only 15.2% and 10.5% of women in private OK clinics and public HF reporting that abortion is legal in Nepal. Among a total of 240 public facility clients, only 13.7% of them had ever met or participated in the group/individual discussion about family planning method held by OK didis or health educator (OK Network Service Provider) in the past 3 months compared to 71.6% (n=504) from the total private OK clinic clients. From the regression results, we found that Madhesi women were less likely to be satisfied (AOR: 0.41, 95%CI: 0.20-0.86) with the services compared to Dalit clients. Clients who reported that reputation of provider and referral from OK didis as reason for using the particular facility were two times more likely (AOR 2.72, 95%CI: 1.54-7.48) to be highly satisfied with the services compared to those who did not answer "reputation of provider" as the reason for using the particular facility. Similarly, clients who said they were referred by OK didis were 2.37 times (95%CI: 1.16-4.83) more likely to be satisfied.

Clients who paid less than Rs. 100 for the services had 1.95 times (95%CI: 1.08-3.55) higher odds of being highly satisfied compared to those who received service free of cost. Clients who received service from public facility were almost twice (AOR 1.94, 95%CI: 1.03-3.63) as likely to be highly satisfied as those who received services from private facility. Also, clients of province 5 had about four times higher odds (AOR 4.01, 95%CI: 1.65-9.74) of being highly satisfied compared to clients of province 1. Clients who reported feeling of pleased/somewhat pleased- about the opening hour of the HFs (AOR 2.44, 95%CI: 1.23-4.83); the total length of time spent in the facility (AOR 2.72, 95%CI: 1.32-5.61); about the cost of the services (AOR 3.46, 95%CI: 1.74-6.85) had greater odds of being highly satisfied than those reporting who reported being not pleased.

Assessing the Medication Abortion Drug Dispensing Practices among Private Sector Pharmacist and Pharmacy Workers providing services using Mystery Client approach

This was a cross sectional study funded by PSI Nepal covering 30 project districts. The survey used mystery client approach to assess the MA drug dispensing practices of pharmacist and pharmacy workers and compliance with approved standard. Twelve mystery clients were deployed under two scenarios: i) Male mystery client approach pharmacy seeking medical abortion to induce an abortion for his wife within 9 weeks of gestation and ii) female mystery client approach pharmacy seeking medication to induce an abortion for an unmarried friend within 9 weeks of gestation. Standardized and semi structured self-administered questionnaire was used for the survey. Data was collected in Survey CTO application version 271119 which was transferred to Stata for descriptive analysis. Ethical approval for the study was obtained from Nepal Health Research Council (NHRC).

A total of 267 out of 281 (95% response rate) pharmacies were visited by 265 male mystery client and 267 female mystery clients. As the male and female mystery clients visited the pharmacies on different days, two pharmacies were closed during visit by male mystery clients. Out of 267 sampled pharmacies, 14.60% (n=39) of the pharmacies were oriented on harm reduction. 18.7% of the mystery clients were dispensed MA drug by oriented pharmacists which was higher than not oriented category (9.6%). Stock out/drug unavailability was the major reason for referral (53.1%). 21.3% of mystery clients were refused for MA drugs. The major reasons for refusal were unavailability of drugs, not having prescription, need partner and so on. Although around two third (67.5%) mystery clients were offered combi pack by oriented pharmacist; mystery clients in other pharmacies with oriented pharmacist were either offered separate packs (15.0%) or were not shown any MA drug (20%).

Comparatively, more female mystery clients were informed about complication of MA drug (i.e. excessive bleeding, severe diarrhea and vomiting, severe lower abdominal

pain) in oriented pharmacies than in not oriented category. Only one not oriented pharmacist mentioned about the post abortion family planning (PAFP) and abortion related hanging IEC materials was visible in only one oriented pharmacy shops. Level of privacy both auditory (Mean(SD)= 2.3(0.9)) and visual (Mean (SD)= 2.3(1.0)) were rated less than satisfactory in oriented pharmacies compared to non-oriented pharmacies (audio privacy (mean(SD)=2.7(1.0)) and visual privacy (mean(SD)= 2.6(1.0)).

Internship and Research Fellowship

In 2019, three interns (two public health interns from Manmohan Memorial Institute of Health Sciences, Kathmandu and one public health nurse - intern from Dhulikhel Hospital) joined HFN to complete their internship. They successfully completed the a mutual projects using standard tools and procedures. Interns also supported HFN to implement new research projects and document the project activities.

HFN awarded Doctoral Research Fellowship award to Mr. Prem Basel to pursue his doctoral research at Unit of Health Sciences, Faculty of Social Sciences in Tampere University, Finland. Subject of his research is "Overweight, Pregnancy and Delivery Complications and Mental Health among a Cohort of Pregnant Women in Urban Nepal". Similarly, HFN also provided HFN Annual Research Fellowship Award to Mr. Madhusudan Pokharel to implement a research project on "Feasibility of Mental Health Crisis Helpline Services for the Prevention of Suicide in Nepal". The knowledge and skills gained from both the awardees will be best utilized in addressing the issue of mental health problems in Nepal.

Monitoring, Coordination and Community Participation

HFN introduced health service register and recording tools to systematize service data generated at different service delivery points (SDPs). HFN revised and endorsed screening tools on nutrition, maternal and child health, NCD and mental health. HFN also introduced project planning and reporting tools to systematize project activities. HFN utilized evidences generated by specific project(s), government and non-

government sector to plan and execute project activities in different communities. HFN conducted monitoring visits to different project districts (e.g. Dang, Chitwan, Baitadi, Nuwakot, Sindhuli, Makawanpur, Mahottari, Dhanusa, Kavre, Kailai, Banke).

HFN conducted regular meetings with respective municipalities; Health Offices (e.g. Dang, Nuwakot, Sindhuli, Makawanpur and Baitadi); Movement for Inspiration Nepal (MOFIN), Dang; Epidemiology and



HFN Senior staff with government authorities in Dang

Disease Control Division (EDCD); National Health Training Centre (NHTC); National Health Education Information and Communication Centre (NHEICC) and different national NGOs and other organizations working on health. HFN received needed support and inputs from all the stakeholders. HFN signed Memorandum of Understanding (MoU) with Karma Health and National Reference Laboratory (NRL) to implement NCD project and with MOFIN to implement Mental Health Rehabilitation Program. HFN utilized local leaders and community platforms (FCHVs, HFMO and H-MGs) to increase community participation and also to plan, implement and monitor project activities. HFN revived and mobilized local management committees in project communities. HFN participated in a conference of health scientist in Nepal (2019) and annual meeting of HFN USA along with representative(s) from MoHP.

Human Resource Management

In 2019, HFN recruited and mobilized project specific human resources (staff) to implement different project activities. Altogether 10 regular staff and more than 30 short term staff were mobilized to implement HFN’s regular and short term projects in Nepal. More than 10 subject experts - consultants (Kathmandu based) were mobilized to implement

HFN’s Research Projects funded by different agencies. Job responsibility of individual staff was thoroughly reviewed and updated job descriptions (JDs) were endorsed and supervisor supervisee roles were also defined and executed across the organization.

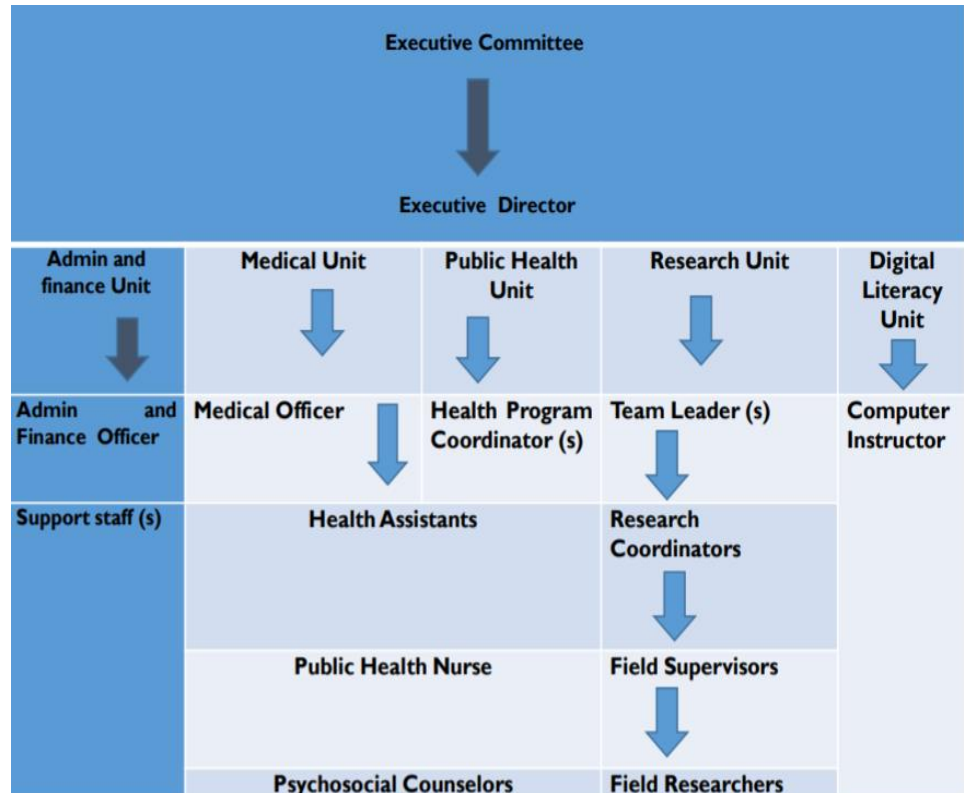


Figure 9 HFN Organogram (2019)

New Partnership

HFN explored new partnership with potential donors, organizations and individuals. HFN implemented short term research projects (equivalent to NRs 7.5 million) with the financial and technical support from IFRC/Canadian Red Cross and Population Service



HFN Research Team in Kathmandu -2019

International (PSI) and health point water project [Baitadi] (equivalent to NRs 1.3 million) funded by CMF. HFN also made serious efforts to initiate partnership with Abbott, Dhulikhel Hospital, Jayanti Memorial Trust, TB Reach Web 7 and other organizations working on different health issues. HFN initiated new partnership with selected municipalities (e.g. Chandragiri -Kathmandu and Suryagadhi- Nuwakot) to implement mutual health projects. HFN also initiated partnership with local universities (e.g. Manmohan Memorial Institute of Health Sciences) to implement mutual project through public health students and interns.

Key project activities planned for 2020

Mental Health Rehabilitation Services: HFN and MOFIN, in close coordination with local, provincial and federal government, will start mental health rehabilitation services from Kuirepani, Dang.

Mental Health Services: HFN will support government of Nepal to initiate mental health services from Rapti Provincial Hospital, Tulsipur, Dang.

Integrated Mental Health Centre: HFN will complete the construction of Integrated Mental Health Centre at Jajaragaun Dang.

Health Screening Clinics: HFN will organize health screening clinics/camps on Nutrition, Mental Health and NCDs in different communities to reach to target population.

Health Research: HFN will plan and execute different research projects (including HFN Annual Health Research Project) in Nepal.

Computer and Health Literacy: HFN will continue technical assistance and support on digital and health literacy in selected public schools in Chitwan and Dang and expand the scope based on local need.

Health Point Water Supply: HFN will implement health point water project in Nuwakot.

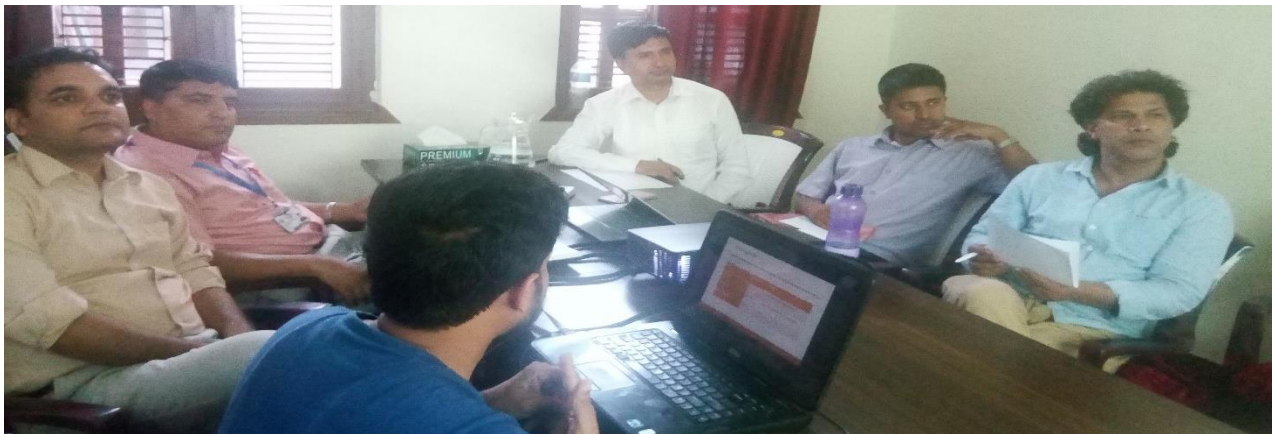
Health System Strengthening: HFN will work on health system strengthening in selected project communities in close coordination with government and stakeholders.

Behavior Change Communication: HFN will work with community people, FCHVs, H-MGs, schools and social groups to positively change the behavior of target population.

New Projects: HFN will continually explore new partnership with potential organizations and individuals to implement health equity projects in Nepal.

Coordination, Collaboration and Linkages: HFN will continue coordination and collaboration with academic institutions, Health and Education Ministry, Hospitals and Health Facilities, Health Offices at federal, provincial and local level, Municipalities and civil societies to strengthen ongoing efforts.

Capacity building of project staff: HFN will explore training opportunities for project staff to enhance their knowledge and skills.



HFN Annual Health Research Inception Meeting in Kathmandu - 2019

Acknowledgement

- Government of Nepal (GoN)
- HFN USA
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- PSI Nepal
- Individual donors and supporters
- Ministry of Health and Population (MoHP), Health Departments, Divisions and Centers
- Ministry of Education
- Social Development Ministries, Provincial Health Directorates and Training Centers
- Local Universities (TU, KU)
- Health Offices
- Municipalities
- Health Facilities and Health Workers
- Public Schools and Teachers
- Female Community Health Volunteers (FCHVs)
- Health Mother Groups (H-MGs)
- Community leaders and supporters



Project beneficiaries

Contact Address

Madan Raj Bhatt, MA, MPH

Executive Director

Health Foundation Nepal

Country Office: Lalitpur Metropolitan City -02, Sanepa Height, Lalitpur

Phone #: +977-9846897433, 9841553606

P.O. Box Number: 4169, Kathmandu, Nepal

Email: healthfoundation.nepal1@gmail.com

Web page : <http://www.healthfoundationnepal.org>

Ranjan Sapkota, MBBS, MS, MCh

President

Health Foundation Nepal

Country Office: Lalitpur Metropolitan City -02, Sanepa Height, Lalitpur

Phone #: +977-9851135495

P.O. Box Number: 4169, Kathmandu, Nepal

Email: healthfoundation.nepal1@gmail.com

Web page : <http://www.healthfoundationnepal.org>