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Overcoming Mental Health problems and scaling up Mental Health Services



Reducing Malnutrition



Empowering children of challenging backgrounds



HEALTH FOUNDATION
NEPAL



Adequate health literacy



Partnering with Government entities



Providing comprehensive, multidimensional, and longitudinal clinical care



Serving Health service to rural

Abbreviations and Acronyms

COVID	Corona Virus Disease
ED	Executive Director
EDPs	External Development Partners
EPI	Expanded Program on Immunization
FCHVs	Female Community Health Volunteers
FM	Frequency Modulation
GAD	General Anxiety Disorder
GoN	Government of Nepal
HFN	Health Foundation Nepal
ICT	Information and Communication Technology
IMU	Information Management Unit
LMICs	Low and Middle-Income Countries
MOFIN	Movement For Inspiration Nepal
MoHP	Ministry of Health and Population
NIMH	Nepal Institute of Mental Health
NPL	National Path Lab
NCDs	Non-communicable Diseases
PHQ	Patient Health Questionnaire
PPE	Personal Protective Equipment
US	United States
WHO	World Health Organization
WRA	Women of Reproductive Age

Health Foundation Nepal

BACKGROUND

Health Foundation Nepal (HFN), a non-profit organization registered in both the United States and Nepal, has been working in Nepal since 2013. Health Foundation Nepal was founded with the mission of advocating for public health policies and programs that promote the health and well-being of underserved people in Nepal's rural and urban areas, allowing them to reach their full potential. It is a nonpartisan, apolitical organization that provides health care services in collaboration with local community-based organizations using an integrated health approach. HFN is a non-profit organization in both the United States and Nepal. HFN operates from its headquarters in Kathmandu, Nepal. It is currently operational in Nepal's districts of Chitwan, Dang, Kathmandu, and Baitadi. It also provides financial and technical assistance to local organizations in rural Nepal that work in the fields of community-based primary health care and public health.

HFN has been implementing various projects, including those focusing on under-five child nutrition, women of reproductive age (WRA), pregnant and lactating mothers, people suffering from severe mental health problems, and non-communicable diseases (NCDs), digital and health literacy, COVID response, and health system strengthening. HFN has been implementing various health research projects in collaboration and partnership with national and international organizations.

HFN has been collaborating with the Government of Nepal (GoN), External Development Partners (EDPs), and local organizations. The primary goals of HFN are to ensure the accessibility and availability of high-quality health care services to people of all ages; to provide practical solutions based on scientific evidence, on health and education to promote the health and well-being of the community; and to generate evidence to inform public health programs and policies, with a special emphasis on existing and emerging public health problems. HFN has also implemented an internship program to train recent graduates in community-based public health programs and health research, as well as to strengthen innovations and advance community work. HFN's programs are comprehensive, community-based, and multi-sectoral.

This report presents a summary of activities accomplished from January to December 2021. This report also provides information on the contributions of HFN as well as the progress of programs implemented by HFN.

HFN Nepal is responsible for program development and implementation, as well as financial resource management and program monitoring and evaluation.

To further its mission, it collaborates with a wide range of partners to:

- Provide financial and technical assistance to community-based organizations
- Conduct public health research
- Provide direct clinical care through a comprehensive primary care approach

ORGANOGRAM OF HFN

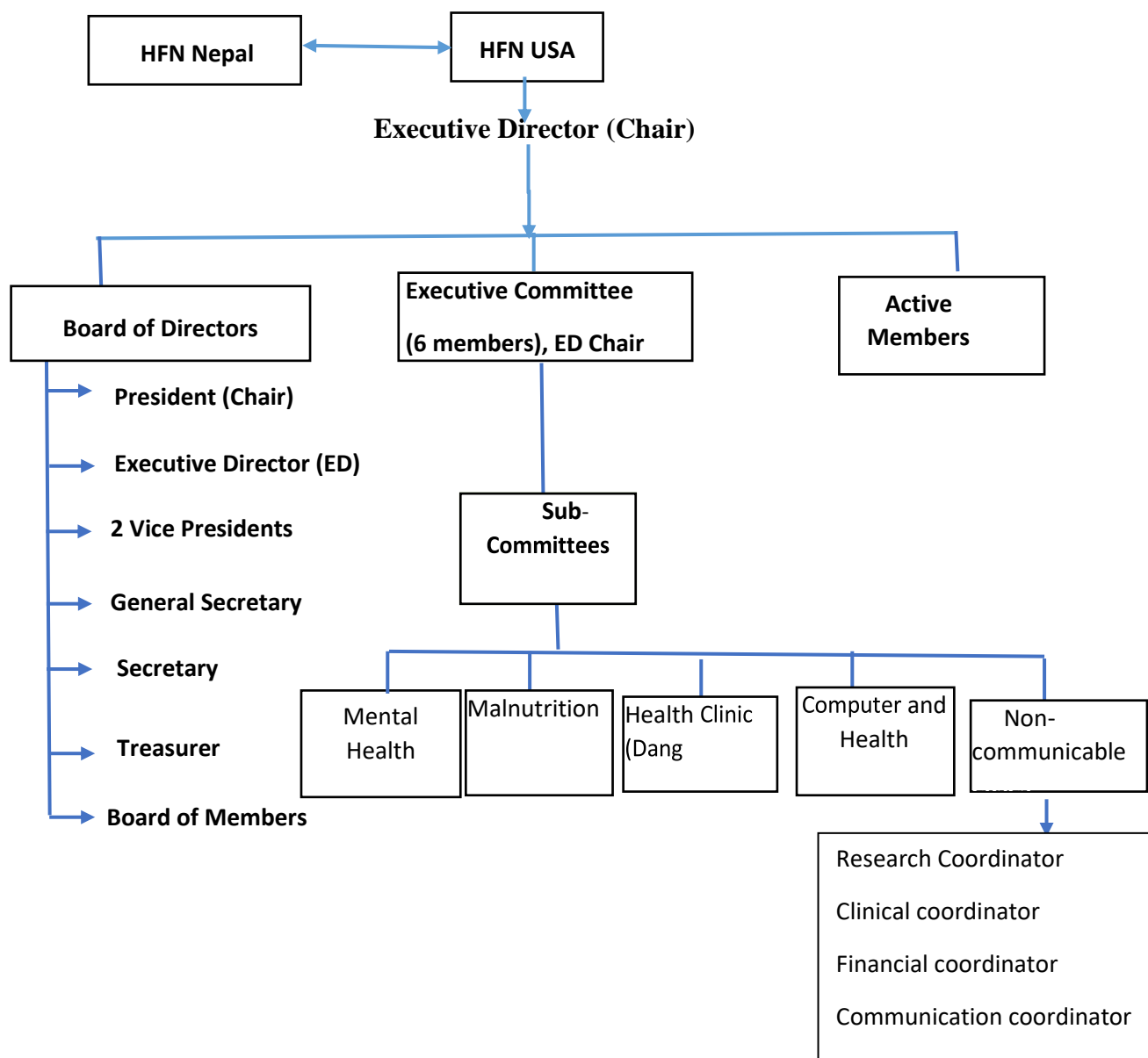


Figure 1: Organizational structure of the organization

Progress of HFN in 2022

COMMUNITY BASED MATERNAL MENTAL HEALTH PROGRAM

Background:

Mental health issues such as depression and anxiety are very common during pregnancy and after childbirth in all regions of the world. According to the World Health Organization (WHO), one in three to one in five women in developing countries. Because many of the core features of mental health such as fatigue and poor sleep are also commonly associated with motherhood itself and/or part of the gender stereotype of what motherhood should include, maternal mental health problems are often undiagnosed. Pregnant women and mothers with mental health issues generally have poor physical health, engage in high-risk behaviors such as drinking and using drugs. They are more likely to experience obstetric problems and preterm and are significantly more impaired and less likely to care for their own needs. They are less likely to seek and receive prenatal and postnatal treatment, as well as to follow prescribed health regimens. Maternal mental health issues can contribute to an increase in maternal mortality, both indirectly through physical health demands and more directly through suicide. Women's mental health not only affects them but also has a significant impact on their unborn children. In Nepal, screening for maternal mental health disorders is not a high priority.



HFN has been implementing a community-based maternal mental health program that provides services to the pregnant and mothers of infants from municipal subdivision wards 3, 4, 6, and

7 of Ghorahi sub-metropolitan city, Dang, Nepal. HFN has been providing individual psychosocial counseling, couple psychosocial counseling, and family psychosocial counseling to mild and moderate ill maternal patients at the community level. HFN has also addressed severely mentally ill maternal patients by referring them to psychiatric care and rehabilitation centers and providing individual psychosocial counseling within a week.

The main aim of this project is to assess and improve the mental health status of pregnant women and postpartum mothers in Ghorahi Sub-metropolitan city and our target population is Pregnant and Postpartum Women.

Community Based Maternal Mental Health Program was supported the by following activities:

1. Maternal Mental Health Status Screening:

Pregnant and postpartum mothers were screened for mental health status examination through community visits and EPI clinics by a structured and validated mental health screening checklist. The mental health screening checklist consisted of questions related to CAGE, GAD-7, and PHQ-9. In 2022, 1148 new screening was done among pregnant and postpartum women, among them 399 Pregnant and 749 postpartum mothers, 1176 follow-ups were done. Screening and follow-up were done in wards of the Ghorahi Sub-metropolitan city

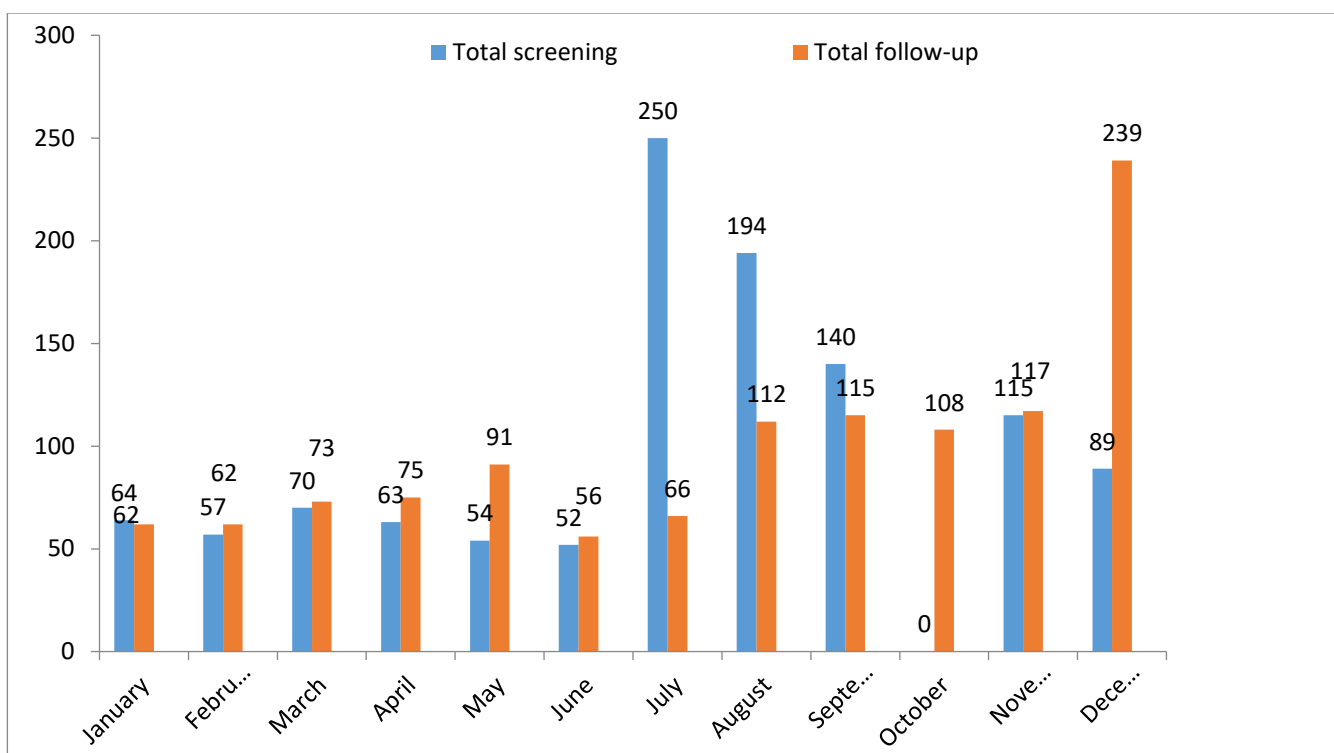


Figure 2: Month-wise data of total screening, follow-up, and counseling.

The graph depicted in Figure 9 illustrates the variations in the total amount of screening, follow-up, and individual counseling that were conducted throughout the year 2022. The maximum number of screening was carried out in the month of July, while the highest number of follow-up sessions occurred in December.

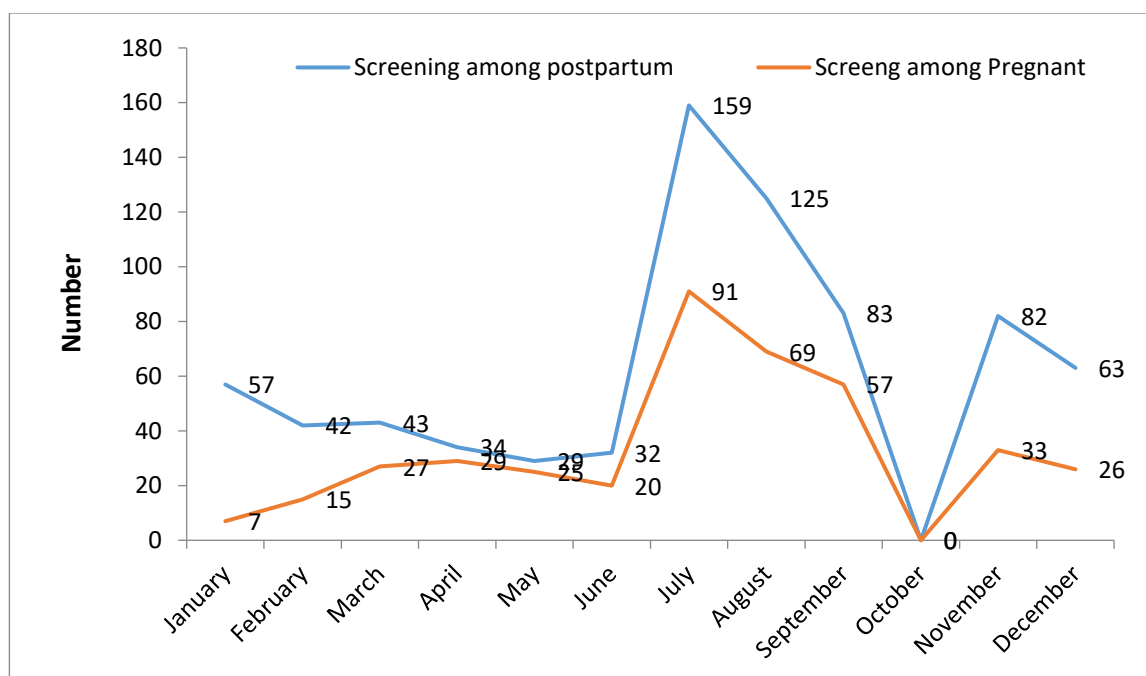


Figure 3: Monthwise data of Screening among Pregnant and Postpartum

Based on Figure 10, the screening rates of pregnant and postpartum women vary monthly, with postpartum women consistently having higher screening rates than pregnant women. The highest screening rate for postpartum women occurs in July, while the lowest rates are in May and June.

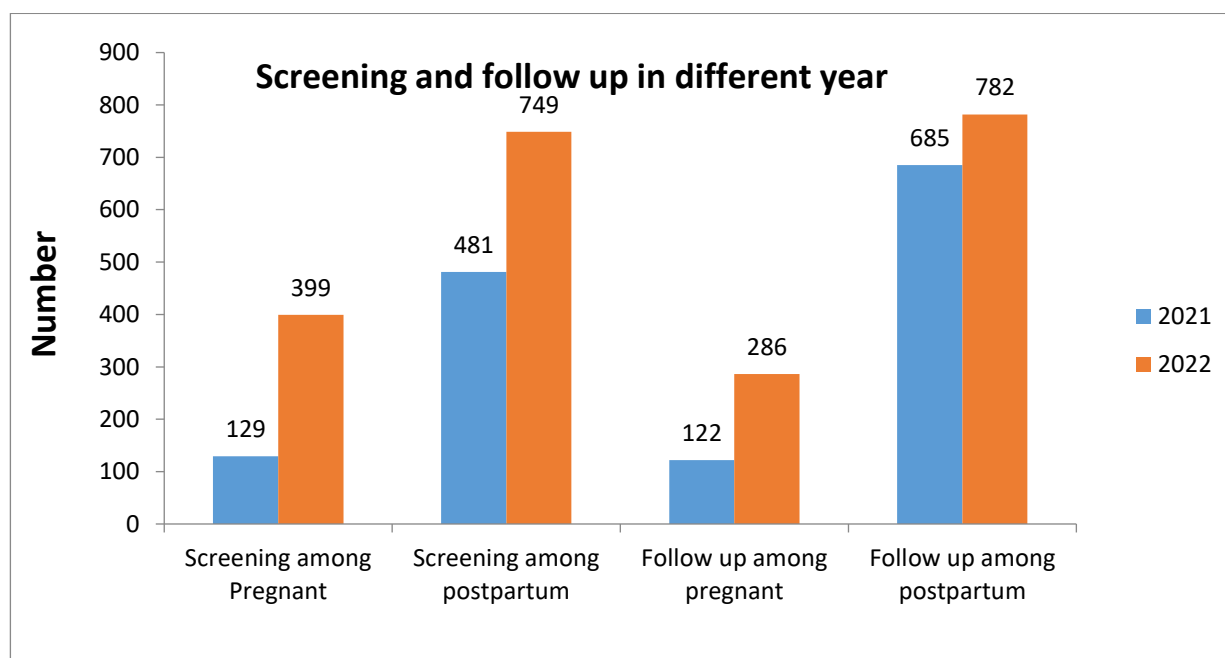


Figure 4: Screening and follow-up in the years 2021 and 2022

Figure 11 shows the data for two fiscal years. In 2022, there was a significant increase in screening and follow-up for pregnant and postpartum women compared to 2021, with a 209% and 56% increase in screening, and 135% and 14% increase in follow-up for pregnant and postpartum women, respectively. In mid-2022, 18 community health volunteers were recruited and trained to conduct initial screening and follow-up for pregnant and postpartum mothers. This led to a significant increase in the number of mothers being screened and followed up, with the volunteers working four days a month and collaborating with a psychosocial counselor.

Follow up and Psychosocial counseling

Maternal mental health issues were addressed by psychosocial counseling provided by our trained psychosocial staff. Pregnant and postpartum mothers with mental health issues were routinely followed up according to the severity of their mental health illness. Psychosocial counseling was provided in individual, couple, family, and group domains.

With each follow-up, the no of problems were discussed respectively enabling individuals to solve the problem by themselves by identifying of root causes of the problems, identification of solutions to the problems, and enabling individuals to self-administer the solutions to problems.



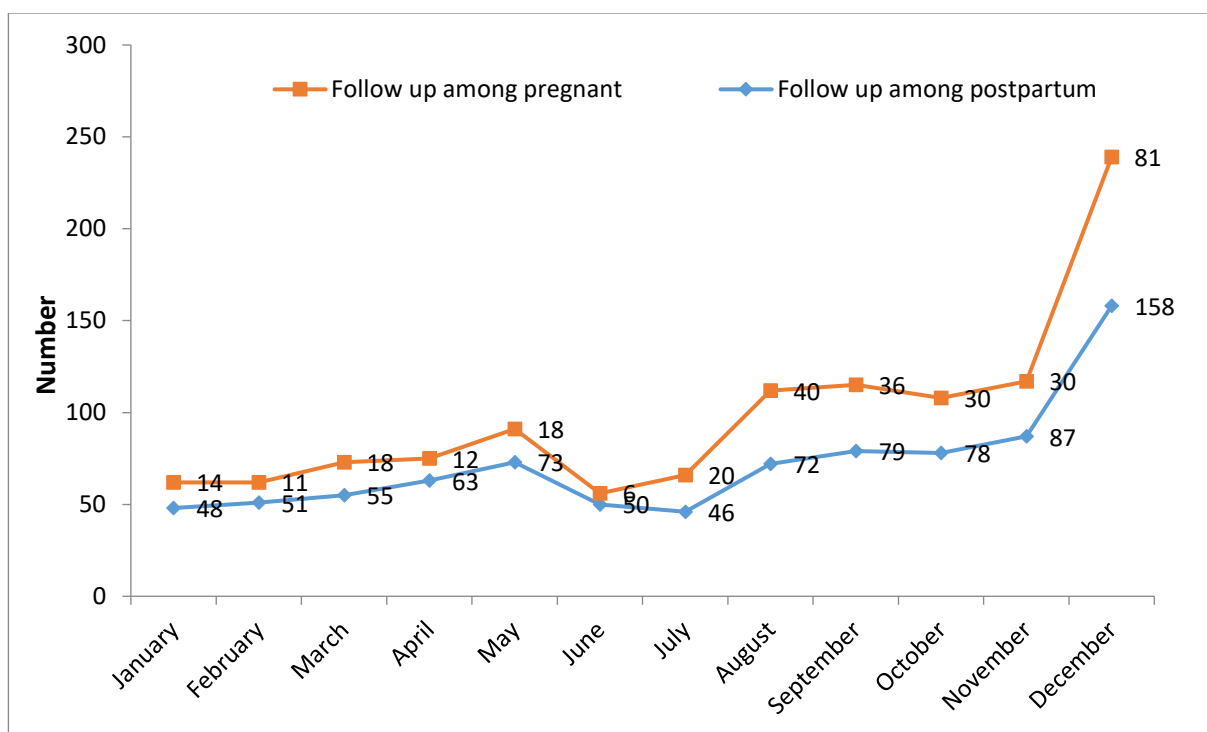


Figure 5: Follow-up among Pregnant and Postpartum

Figure 12 shows follow-up among pregnant and postpartum women. In 2022, follow-up was done in 399 Pregnant and 749 postpartum mothers. Follow-up was high in December and trend of follow-up is increasing..

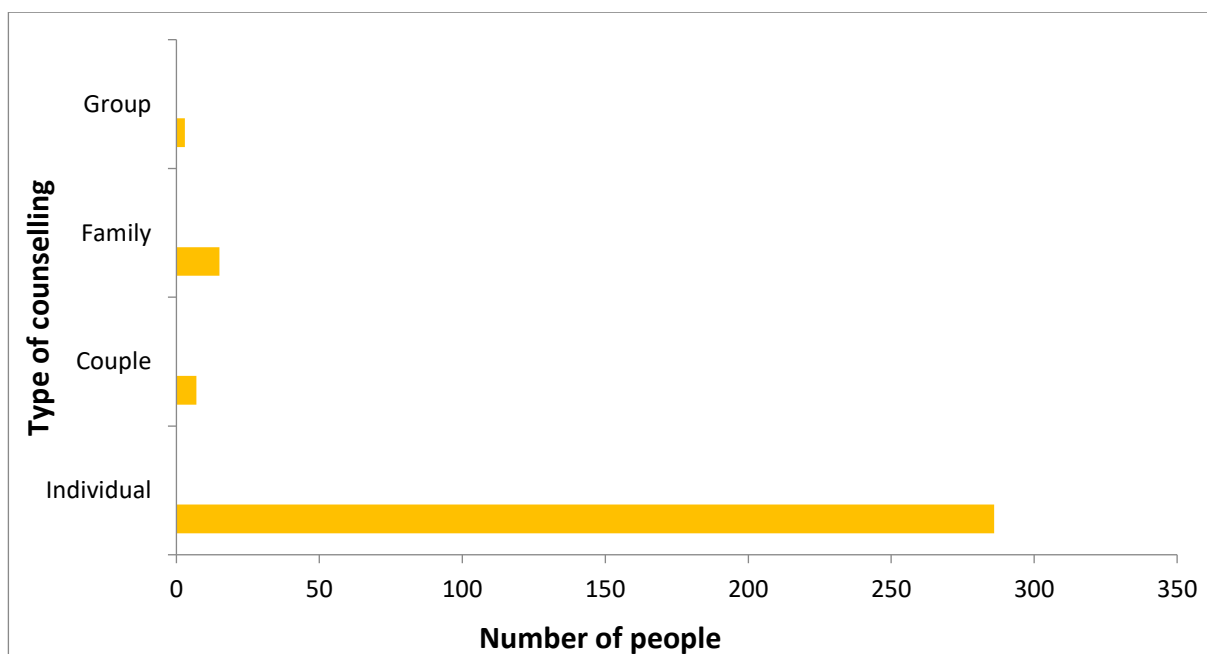


Figure 6: Different types of Counseling

Figure 13 shows different types of counseling, a total of 311 counseling was done, which includes 286 Individual counseling, 7 Couple counseling, 15 family counseling, 3 Group counseling.

2. Discharge from psychosocial counseling

Post assessment of the patients showing screening scores as normal after continuous follow up was discharged from the follow-up.

Achievements in the year 2022



Figure: Achievement in the year 2022

“My life has completely changed in healthy way”

Gita Nepali (Name changed) is a 21 year old married woman. There are four members in her family including grandfather, grandmother, she and her husband. Her mental health was normal before her marriage. She became pregnant after few month of her marriage. Her husband is a driver. He had the habit of smoking and tobacco chewing which she hated the most. Also after she became pregnant, due to the hormonal changes her mental health began to degrade. Due to these two reasons, she used to get angry, irritated, restlessness and began to quarrel with her husband, she did not like to sit in her house, she got insomnia, palpitations, anxiety, sad, headache, depressed and also had suicidal thoughts.

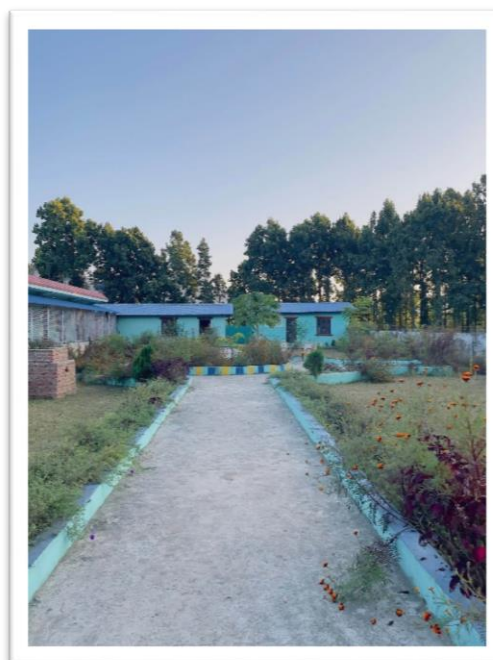
One day when she visited the health post for her antenatal checkup, she met the psychosocial counselor during the Mental Health Screening of Pregnancy and postpartum mothers by the Health Foundation Nepal. She was screened too and got to know that she had a severe mental health problem. After knowing her problem was severe, counselling service was started by the psychosocial counsellors. In the counselling session, the way to look after her problem, its causes, present condition were discussed and timely counselling service was provided. During that counselling session, she told that she didn't like the smoking habit of her husband and now as I got pregnant, my problem is increasing. She told her husband to cut off the habit of smoking but he doesn't obey. I just get the feeling of dying. She also cried and said that her pregnancy period is also increasing and her problems are also increasing day by day. She was provided regular monthly individual counselling for some time. During the individual counselling session, she was counselled how to face the problem positively, to occupy the mind with positive thoughts, how to look after the problem, do self-care, to be happy with self-effort, breathing exercises, meditation as well as other counselling was also provided to reduce her problems to some extent. After that, with her approval, her husband and family were also involved in the counselling session. They were provided the family and couple counselling service.

In the couple counselling session, her husband was counselled how the smoking harms the self and other family members and how it gives rise to psychosocial problems and also to manage these problems through family love, help and care. Moreover, advantages and disadvantages were also discussed. After these counselling sessions, her husband realized the harms caused by the smoking and its effects physically and socially within the family. Her husband was also followed up more frequently due to which he was able to bring positive thoughts and cut down his smoking. As her husband's habit of smoking improved, it brought the new positive change in her life too. At present, she has already given birth to her baby. Now, she says, "Counselling service has brought a new change and happiness in my family. I want to thank you for that and I wish you will provide a new life to any other woman of similar situation as of mine."

MENTAL HEALTH CARE AND REHABILITATION CENTER

Background

Psychosocial rehabilitation is the process that facilitates opportunities for persons with chronic mental illness to reach their optimal level of independent functioning in society and for improving their quality of life. HFN in collaboration with a local organization, Movement for Inspiration Nepal (MOFIN), has supported the establishment of the Psychiatric Care and Rehabilitation Center in Kuirepani, Dang. HFN has been providing medical care to all patients at the mental health care and Rehabilitation Centre to close the treatment gap for mental health problems. It has 25 beds and all services are provided for free. Our primary goal is to assist people with severe mental health problem in overcoming mental illness by providing appropriate mental health care. Once patients are admitted to our Rehabilitation, we begin working with our interdisciplinary team. Our team consists of psychiatrists, medical doctors, nurses, and psychosocial counselors who collaborate to achieve the specific goals set for each patient. HFN has served all together 62 (28 in-patients and 34 out-patients) mentally ill people in rehabilitation so far.



The main aim of this project is to develop the emotional, social, and intellectual skills needed to live, learn and work in the community with the least amount of professional support and our target population is People with Severe Mental Illness.

Services provided in Rehabilitation Center:

1. Residential treatment and rehabilitation service:

We provide residential treatment and rehabilitation services to admitted patients free of cost. We provide service to patients with psychotic disorders, mood, and some neurotic disorders. The patients might be admitted for a short duration (up to 3 months) or longer duration according to the nature of the disease of patients.

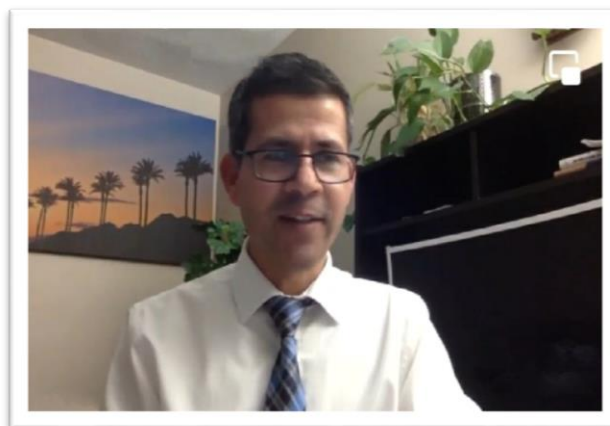
2. Regular visits from the doctor, nursing staff, and psychosocial counselors:

We offer frequent visits from a medical officer, nursing staff, and psychosocial counselors for proper treatment and care of patients around the week in rehabilitation centers. A rotational plan is made for each of the staff with their responsibilities who will be visiting the center. Normal checkup of patients is done by Medical Officer and Public Health Nurse. Psychiatric care and Rehabilitation Centre is visited by medical officer every 2 days per week, by public health nurse every 3 days per week and by psychosocial counselor a day per week.



3. Consultation with experienced psychiatrists (within Nepal and abroad):

Experienced psychiatrists from Nepal and the US had weekly consultations with HFN medical officers and other staff of HFN. Then with proper discussion on each patient with staff members regarding the patient's progress, medication, and continuation of stay or



Psychiatrist Dr. Shreedhar Paudel on conversation with HFN staffs

discharge of patients, a plan for one week is made and implemented accordingly.

4. Regular Counseling to the clients:

The clients receive instruction on fundamental topics such as personal hygiene, etiquette, social skills, time management, and adhering to schedules. Counseling was provided both on an individual and group basis.

5. Group recreational activities:

The primary aim of this endeavor is to reintegrate individuals back into their families and communities, and all the planned activities are designed to achieve this goal. Residents are motivated to engage in scheduled daily activities such as outdoor therapy, physical exercise, yoga, group leisure activities, games, dancing, singing, sports, and other similar pursuits.



6. Follow-up home visits of those discharged from Rehabilitation Center:

Our mental health rehabilitation program has included home visits as an important part of the process. This has allowed us to connect with the local community and follow up with patients who have been discharged from the rehabilitation center. We have been able to provide counseling and support to both the patients and their families during these visits.

CONSTRUCTION OF INTEGRATED MENTAL HEALTH CENTER

Mental health issues are a significant public health concern around the world, and there is an urgent need to reduce this gap. Unfortunately, there is a significant treatment gap in low and middle-income countries, with a large number of people with mental health problems not receiving adequate care. One way to address this issue is to scale up mental health services, which can be aided by shifting the focus of specialist mental health workers from just service delivery to also designing and managing mental health services, building the clinical capacity of primary health care workers, and providing mental health service



supervision and quality assurance. To address the issue of mental health in Ward number 6, Ghorahi, Dang, the HFN constructed an Integrated Mental Health Centre to provide integrated clinical services for the psychiatric care treatment of people who were stigmatized, marginalized, and neglected due to serious mental illnesses. The Integrated Mental Health Centre is a community-based mental health program that includes the establishment of a Psychiatric Care Centre, mental health research, capacity building of service providers and volunteers, and community-based mental health treatment and BCC activities.

The integrated community mental health center enrolls community members with mental illness for mental health services. It provides comprehensive facility-based mental health services to patients based on their needs, delivered by trained mental health providers who offer therapy, diagnosis, psychiatric services, management, and treatment of mental illness. Therapy is an essential component of mental health treatment, and the Integrated Mental Health Centre provides different types of therapy, such as cognitive-behavioral therapy, psychotherapy, and

group therapy. These therapies are designed to help patients learn coping mechanisms to manage their symptoms, improve their quality of life, and maintain their recovery.

Diagnosis is another important aspect of mental health treatment, and the Integrated Mental Health Centre provides comprehensive diagnostic services to patients. A proper diagnosis is critical to ensuring that patients receive the appropriate treatment, which can significantly improve their overall well-being and quality of life.

Psychiatric services are also available at the Integrated Mental Health Centre. Psychiatrists are specialized medical doctors who can diagnose and treat mental health conditions. They can provide medication management, psychotherapy, and other treatments to help manage symptoms and improve quality of life. Management and treatment of mental illness are essential components of mental health treatment, and the Integrated Mental Health Centre provides comprehensive services to patients. The mental health care providers at the centre are trained to provide evidence-based treatment that is tailored to the individual needs of each patient. The goal is to provide patients with the tools and support they need to manage their symptoms and maintain their recovery.

Overall, the Integrated Mental Health Centre is an excellent example of how community-based mental health programs can address the significant treatment gap in low and middle-income countries. By providing comprehensive mental health services to patients, building the capacity of service providers and volunteers, and engaging in community-based mental health treatment and BCC activities, the Integrated Mental Health Centre is making a significant difference in the lives of those who are stigmatized, marginalized, and neglected due to serious mental illnesses.

NON-COMMUNICABLE DISEASE (NCD) PROGRAM

Background

The World Health Organization reports that Non-Communicable Diseases (NCDs) are responsible for the majority of global deaths, with 41 million people succumbing to them every year, which represents 71% of all deaths worldwide. The prevalence of Non-Communicable Diseases (NCDs) is posing a serious threat to the achievement of the 2030 Agenda for Sustainable Development, which aims to reduce premature deaths from NCDs by one-third by 2030. People who are vulnerable or



socially disadvantaged tend to suffer from higher rates of illness and earlier mortality than those in more privileged social positions. This is primarily due to their increased risk of exposure to harmful products like tobacco and unhealthy diets, as well as their restricted access to healthcare services. In order to address the pressing need of reducing the global burden of Non-Communicable Diseases (NCDs), it is essential to gain a deeper understanding of the epidemiology of NCDs in Low- to Middle-Income Countries (LMICs), especially in rural areas. However, there is currently a shortage of reliable and high-quality data on the epidemiology of NCDs in LMICs such as Nepal, as well as the effectiveness of community-based screening and treatment methods.

HFN is involved in an NCD project that has two main components: comprehensive and multidimensional clinical care, and a community-based epidemiological study carried out in select communities in the Ghorahi Sub-Metropolitan City of Dang. The project involves setting up mobile health clinics to screen for NCDs in residents between the ages of 40-75 in wards 3, 4, 6, and 7 of Ghorahi sub-metropolitan city in Nepal, located around 406 km west of the capital city, Kathmandu. The study aims to understand the epidemiology of NCDs, including their association with socio-demographic, lifestyle, dietary, and cultural factors. Additionally, the study aims to document the prevalence of NCDs and mortality rates, while providing ongoing care to patients.

Amid the COVID-19 pandemic, HFN implemented the NCD program while following personal protective measures and infection prevention protocols in close collaboration with government authorities. Trained healthcare professionals such as physicians, public health professionals, health assistants, public health nurses, psychosocial counselors, public health interns, and other service providers were mobilized by HFN to conduct NCD screening camps throughout 2022. The laboratory diagnosis aspect of the program was overseen by the National Path Laboratory (NPL) branch in Dang.

The objective of this project is to decrease the negative health impacts of Non-Communicable Diseases (NCDs), which are preventable and treatable, and affect morbidity, mortality, and disability. The target demographic for this initiative includes individuals aged 40 to 75 residing in wards 3, 4, 6, and 7 of Ghorahi Metropolitan city.

The NCDs program was supported by the following sequential activities:

1. Identification of target population:

The target population of each mobile clinic outreach was estimated using Municipal Household Data Survey, FCHVs, and mothers' groups for health. The target population was invited a week before the conduction of mobile health clinics.

2. Planning for a mobile health clinic:

Site selection for the camp and orientation to the key staff was done one week before the mobile health clinic. Sphygmomanometers and weighing scales were calibrated 1 day before monthly

mobile clinics. Quality control for glucometer and strips was run using manufacturer recommended control solution before each clinic.

3. Initial mobile health clinic

Each mobile health clinic was conducted close to the participants' neighborhoods for the physical accessibility of participation. Each mobile clinic had 9 stations that were responsible for taking informed consent, socio-demographic information, height measurement, weight measurement, waist circumference, blood pressure, and pulse rate measurement, finger stick glucose, questionnaire interview, and lab investigations. In 2022, 13 primary mobile health clinics were held, during which 833 individuals were screened.

4. Lab investigations:

In 2022, a total of 402 high-risk individuals underwent laboratory investigations in collaboration with National Path Laboratory, which is a certified category level 'B' laboratory by the national accreditation agency. The lab results were discussed with the participants in person at the mobile clinic within two weeks. Individuals with pre-existing or newly diagnosed non-communicable diseases (NCDs) were screened for serum creatinine, lipid profile, urine dipstick, HbA1C, and urine albumin/creatinine ratio, in accordance with the recommended guidelines.

5. Follow up of the participants:

The primary goal of the study is to ensure continued participation from participants, and two approaches have been established to achieve this goal: one to manage and monitor people with known non-communicable diseases (NCDs) and the other for observation purposes. Shortly after the initial clinic, a mobile clinic was used to perform the first follow-up with individuals who had pre-existing NCDs, and a total of 339 individuals were followed up within a week in 2022.

In order to ensure ongoing medical care for individuals with comorbidities, severe illness, laboratory needs, and other relevant factors as specified in the main protocol, a mobile clinic was used for follow-up visits. In 2022, a total of 155 people were included, of whom 101 had previously documented non-communicable diseases and received continuity of care.

Out of the 78 participants who required follow-up care within a year, those who had pre-existing non-communicable diseases (NCD) were checked upon after one year, and 56 of them received attention in 2022. Participants without any NCDs or risk factors were also monitored for two years, and 166 out of 228 of them were examined in 2022.



Name Registration



Informed Consent



Height, Weight and Waist circumference



BP measurement



Lifestyle data collection



Check-up

Follow-up of mobile health clinic:

A total of 13 mobile health clinics were organized in the year 2022 to provide follow-up care to participants who had been previously treated for non-communicable diseases (NCDs) during the initial mobile health clinic. Out of these, 339 individuals with established NCDs received follow-up care. Participants who had elevated glucose, pre-hypertension, or other risk factors were followed up after one year, while those without any risk factors were followed up after two years.

Continuity of care

Follow-up visits were conducted at a stationary clinic, and the frequency of these visits was determined based on pre-established protocols that took into account factors such as the patient's comorbidities, disease severity, laboratory needs, and other relevant factors.

HFN conducted qualitative research to assess the knowledge, attitude, and practices of Female Community Health Volunteers (FCHVs) regarding Non-Communicable Diseases (NCDs) in wards 3, 4, 6, and 7 of Ghorahi sub-metropolitan city in Dang. Moreover, the FCHVs were given refresher training on NCDs and related conditions, including smoking cessation, hypertension, diabetes, and cholesterol.

Appreciation of NCD clinic by the participant

A year ago, I found that I had high blood pressure during a checkup at the NCD camp organized by Health Foundation Nepal. I got to know that high blood pressure can lead to further complications and damage several organs if not treated in time. So, I decreased my salt intake and started taking medications regularly after the consultation with a doctor in Camp. Now, I regularly check up on blood pressure in HFN main clinic, it is under control. I am very grateful to HFN for organizing such a camp that made consultations easily accessible to the people of my village.

Keshab Acharya, 69 years old, Jajaragau Dang

COMMUNITY HEALTH CLINIC

The majority of Nepal's underserved communities in both rural and urban areas lack access to basic health care which poses a major challenge in achieving Universal Health Coverage. Poor economic affordability of services in profit-driven hospitals, physical inaccessibility of services due to the distanced location of health institutions and unavailability of transportation services, etc act as barriers to



access basic and primary health care services in underserved and grass-root communities of Nepal. The establishment of Community Health Clinic in communal areas helps in addressing major gaps in receiving basic health services thus helping to achieve Universal Health Coverage. Community Health clinics are community-based and patient-oriented health clinics that serve populations with limited access to health care through the primary health care approach.

To tackle the problem of limited accessibility and affordability of health services in underserved areas, HFN has established a stationary community health clinic in Jajarauna of Ghorahi-6, Dang. This clinic provides primary healthcare services, which are managed by a Medical Officer and a Public Health Nurse.

The objective of this project is to enhance the health conditions of individuals residing in rural communities situated in Ghorahi sub-metropolitan city. The target population of this project comprises people of all age groups living in wards 3, 4, 6, and 7.

During 2022, the community health clinic managed by Health Foundation Nepal was instrumental in addressing health issues by providing counseling, medication, follow-up, and referrals to patients. Moreover, in collaboration with Ghorahi Sub-Metropolitan City, the clinic began offering family planning services, including Condoms, Depo-Provera, and oral contraceptive pills. HFN extended free medical counseling, health screenings, and medicines to the underprivileged population attending the clinic.

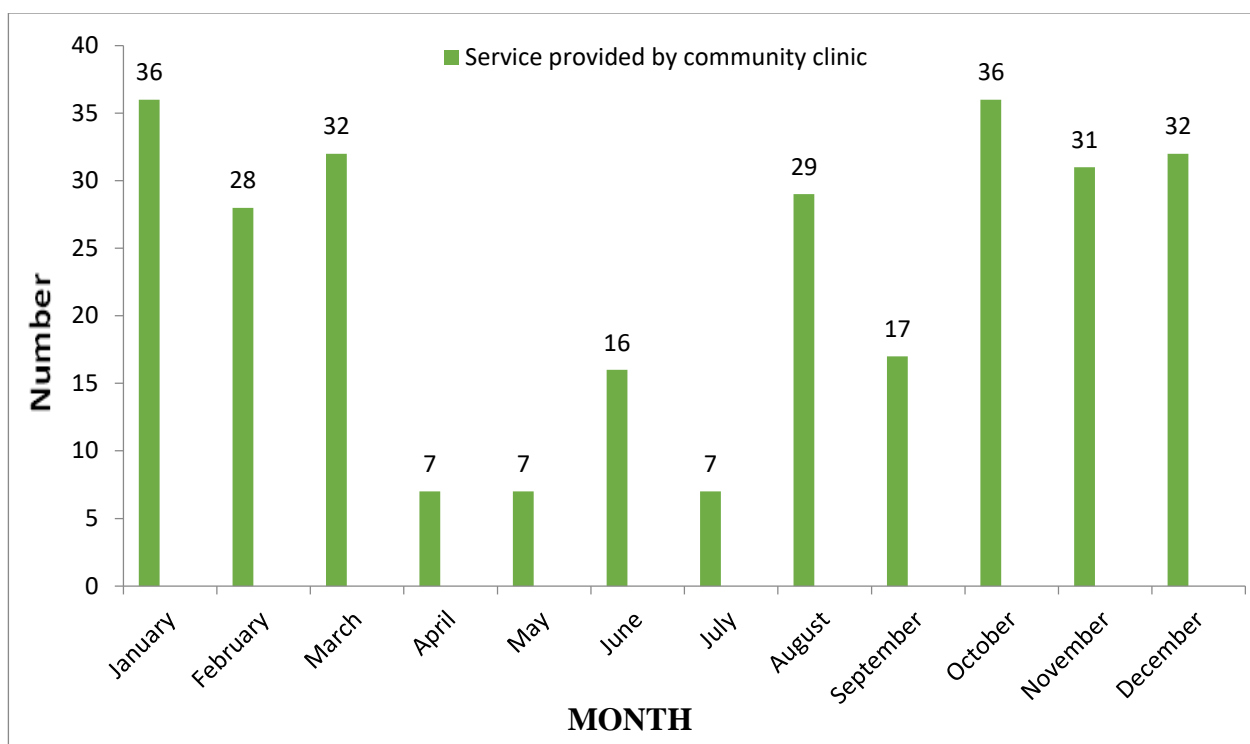


Figure 7: Service provided by Community Clinic

According to Figure 15, the community clinic provided a varying amount of service throughout the year 2022. The service provided was at its highest levels during the months of January and October, while the months of April, May, and July saw lower levels of service provided.

HEALTH AND DIGITAL LITERACY

Rural areas are experiencing slow development because of insufficient utilization of Information and Communication Technology (ICT) and a shortage of knowledge in this area. Despite ICT advancing quickly, it is not as relevant in rural regions. Government schools in these areas encounter obstacles such as a scarcity of computers, limited access to ICT, inadequately trained teachers, and inadequate planning for integrating computer classes into their curriculum.



HFN is aiming to empower underprivileged children in Nepal by providing them with on-demand education in health and computer skills. This education will help them to succeed and maintain good health, as well as develop intellectual abilities and leadership skills for a better career. To achieve this goal, HFN is focusing on digital and basic health literacy, recognizing the transformative potential of technology and digital literacy. Their program for digital literacy covers fundamental computer skills related to hardware, software, windows, keyboard components, and Microsoft Office.

Since 2016, the program has been expanded to cover 27 public schools and 2 shelters in Chitwan, as well as 1 public school in the Parbat district of Nepal. To facilitate the program, a computer instructor was employed, who visited each school on a rotational basis to provide training to both students and teachers. As of 2022, the program has been extended to include five more schools, and an additional computer instructor was added to the project.

INTERNSHIP PROGRAM

In 2022, HFN welcomed a total of six public health interns. These interns came from different educational backgrounds and had varying levels of experience in the field of public health.

Two of the interns were final year students at the Institute of Medicine (IOM) pursuing a Bachelor's in Public Health (BPH). The IOM is a well-known educational institution that offers a

range of health-related courses and programs. These two interns were likely at an advanced stage in their studies and were gaining practical experience through their internship at HFN.



Another two interns came from Chitwan Medical College, which is also a reputable institution in the field of public health. One intern was pursuing a Bachelor's degree in Public Health, while the other was pursuing a Master's degree in Public Health. These interns were likely at different stages of their education and would have different levels of experience and expertise.

The final two interns had already completed their Bachelor's in Public Health and were preparing for the professional licensing exam. This suggests that they had already gained a significant amount of knowledge and practical experience in the field of public health, and were now preparing to take the next step in their careers.



All six interns participated in HFN's various projects, which could have included research, outreach, advocacy, or other activities related to public health. By participating in these projects, the interns would have gained valuable experience and skills that would help them in their future careers in public health.

SUPPORT TO LOCAL GOVERNMENT

HFN has been providing support to the local health institution in Ghorahi sub-metropolitan city. Every week, their Medical Officer visits the Urban Health Center in Ghorahi-6 and the Urban Health Centre in Ghorahi-3 to offer health services to the residents of Ward 3 and 6 of Ghorahi. The health services offered by HFN's Medical Officer may include general check-ups, vaccinations, treatment of common illnesses, and management of chronic diseases, family planning services, and health education. These services aim to improve the health and well-being of the residents in these wards and ensure that they have access to quality healthcare services.

By supporting the local health institution in Ghorahi, HFN is playing an important role in improving the health outcomes of the residents of Ward 3 and 6. Their efforts are also contributing to building a healthier and more productive community in Ghorahi sub-metropolitan city

EXTRA ACTIVITIES

▪ Training to Community Mental Health Workers

Psychosocial refers to the psychological, spiritual, and social aspects of a person's life that influence their ability to make sense of the world around them. The psychosocial needs of individuals are diverse and impacted by cultural and demographic factors, with older people facing unique challenges related to their sense of self and mental health. Community Mental Health Workers (CMHWs) play an important role in assessing the health and mental health of

communities, particularly among the elderly population. The goal of this training event was to build the capacity of CMHWs to screen for mental health issues and provide basic psychosocial care and support.

The training utilized lecture, discussion, role play, and various media to encourage active participation from the 18 CMHWs who attended the event. Key staff included a Program Manager, Psycho-social Counselors, a Medical Officer, a Public Health Nurse, and an Admin and Finance Officer. Facilitation and discussion were conducted by the Program Manager, Psycho-social Counselors, Medical Officer, and Public Health Nurse.



The event took place in Ghorahi Sub-Metropolitan City from June 14th to June 16th, 2022, at Hotel City Plaza. The participants were trained on various topics related to basic mental health and psychosocial support, and they were satisfied with the training provided. They were excited to apply their new skills and knowledge in community settings.

Unmet psychosocial needs can have a profound impact on an individual's mental health and well-being, as well as on their family, friends, and caregivers. CMHWs can play a crucial role in addressing these needs, particularly in communities where mental health resources may be limited. By empowering and building the capacity of CMHWs, this training event aimed to enhance mental health care and support for vulnerable individuals in the community.

▪ INAUGURATION OF INTEGRATED MENTAL HEALTH CENTER

The Integrated Community Mental Health Center was officially launched on June 22, 2022, by the Health Foundation Nepal. The center is located in Jajaragau, Ghorahi-6, and was inaugurated in the presence of several stakeholders, including HFN board members, US team leaders, government and non-government health professionals, community leaders, and the general public. Dr. Ranjan Spakota, the HFN President, chaired the event, and the Mayor of Ghorahi sub metropolitan City was the chief guest. The primary objective of the center is to provide comprehensive mental health services to the people of Dang and surrounding areas. It

is equipped with modern facilities and offers a range of mental health services such as counseling and medication management to provide patients with the highest standards of care.

At the inauguration ceremony, Mr. Bheshraj Sharma, the Chief of Health Foundation Nepal's Local Management Committee, extended a warm welcome to the attendees and emphasized the urgent need for mental health services in Nepal. Dr. Shreedhar Poudel, the Director of the mental health program at HFN, spoke at length about the center's significance and importance in Dang, highlighting its potential to benefit



disadvantaged individuals with mental health issues. Dr. Poudel reiterated that the center would play a vital role in offering affordable, accessible, and superior quality mental health services to the community.

Dr. Poudel also took the opportunity to express his appreciation to ANMF and other donors for their financial contributions and acknowledged the unwavering support of the local community and stakeholders. The event also saw local leaders express their gratitude to the Health Foundation Nepal for establishing the Center in their community. They acknowledged that the center's services would be a valuable asset to the community, particularly in addressing the mental health challenges faced by community members. After the initial formal proceedings, the Mayor of Ghorahi sub-metropolitan city cut the ribbon and unveiled the curtains to officially open the Integrated Community Mental Health Center building. Guests were then taken on a tour of the facility, which includes consultation and counseling rooms, among others.

The center has been designed to meet the needs of the community, with enough space for community engagement programs and outreach activities. During the closing session, the Mayor of Ghorahi expressed gratitude towards the Health Foundation Nepal for their contribution to the mental health field and affirmed the local government's commitment to ensuring the center's smooth operation. The President of HFN thanked community members for their support and expressed appreciation towards the local government's commitment to the

project. The establishment of the ICMHC is a significant milestone for both the Health Foundation Nepal and the people of Ghorahi, Dang, as it will help raise awareness about mental health, reduce stigma, and provide affordable access to mental health services for the community.

▪ **Initiation of Ama-Baa Program**

Mental health problems are often unrecognized by healthcare professionals and the elderly themselves. Moreover, the social stigma surrounding these issues discourages individuals from seeking help. An estimated 15% of adults aged 60 and above are affected by a mental disorder, with depression often being both misdiagnosed and inadequately treated in primary care settings. To address this, HFN is currently developing plans to implement a Mental Health Program for individuals aged 60 and above in the wards (3, 4, 5, 6, and 7) where we are currently working. Initially, need assessment was carried out in different wards of planned project areas to identify the gap and expectation from program by elderly people. We then finalized various assessment tools, including Demographics, PHQ-9, GAD-7, CAGE, Loneliness scale, Insomnia Severity scale, WHO-QOL, and general wellbeing, to be utilized in our upcoming Mental Health Program for the elderly people. To evaluate the effectiveness of the tools, a pilot study was conducted in ward number 6, involving 30 elderly participants. This pilot study allowed us to determine the time required to administer the tools, evaluate the participants' reactions to the questions, and assess their level of engagement in the program.

▪ **Initiation of School Health and Hygiene Program**

School Health Program is an approach to health, hygiene, and nutrition education focuses on developing the knowledge, attitudes, values and life skills that children need to make and act on the most appropriate and positive health related decision. HFN started to conduct the school health program on September 22, 2022. It aims to educate children, teachers, and guardians about health, hygiene, and nutrition to develop healthy habits and promote a healthy school environment. The program focuses on enhancing students' knowledge, attitudes, values, and life skills to make positive health-related decisions. It also includes awareness creation, health promotion, school health care, and the assessment and evaluation of child health. The objectives of the program are to screen hygiene and sanitation, assess nutritional status, determine hygiene

score, provide informal health education to teachers and guardians, encourage healthy behavior among children, and counsel and advice students, teachers, and parents about health problems.

To carry out the program, a paramedic team consisting of a Public Health Nurse and Health Assistant visited the school site and screened the children of playgroup and class 1. Before starting the program, coordination with the school principal and class coordinators was done. The team recorded height, weight, and MUAC using stadiometer, digital weighing machine, and MUAC measuring tape. They also assessed health hygiene by using a rating scale that consisted of categories for nails, teeth,



appearance, ear, and hair. The children's oedema status was identified, and severe malnourishment was recorded as nutritional oedema. The overall hygiene score was categorized as very poor, poor, satisfactory, good, or excellent based on a scale of 0-10.

▪ **Celebration of World Diabetes Day**

Diabetes has emerged as a global health crisis, and healthcare systems worldwide are struggling to cope with its exponential growth. The International Diabetes Federation (IDF) has recently reported that the number of people living with diabetes has exceeded half a billion, and this number is expected to rise to over 640 million by 2030. This alarming trend has prompted the need for diabetes education, which is becoming increasingly crucial by the year. With the aim of raising awareness about diabetes and promoting access to diabetes care, the Health Foundation Nepal (HFN) team conducted a series of educational programs on World Diabetes Day 2022. The target audience for these programs was adolescent students and teachers from two government schools in Ghorahi Sub Metropolitan City, Dang.

The HFN team conducted these programs with great enthusiasm and dedication, emphasizing the importance of diabetes education and highlighting the measures individuals can take to prevent and manage the condition. The team used various educational tools, including informative materials, interactive discussions, and quizzes, to engage with the participants and make the learning experience fun and engaging.

The efforts of the HFN team were highly appreciated by the attendees, who expressed their gratitude for the informative sessions. The educational programs have played a significant role in raising awareness about diabetes and promoting access to diabetes care in the community. The HFN team deserves special recognition for their tireless efforts to improve public health in Nepal, and we extend our thanks to everyone who supported their endeavors.



▪ **Celebration of World condom day :**

The 28th World Condom Day was commemorated with great zeal and enthusiasm. The organizers, namely the Nepal Family Planning Association Dang, the Health Office Dang, and the Ghorahi Municipality, presented a catchy slogan, "Use condoms for protection against HIV, sexually transmitted diseases, and unwanted pregnancy." Alongside this, they arranged for an exhibition of educational and informative materials, and an interactive program to raise awareness among the masses. The event was a collaborative effort, with the Health System Strengthening (SSBH project), Health Foundation Nepal, Nagarjun Development Committee, Change Nepal, Lions Club of Ghorahi City, and SISA Nepal coming together to make it a grand success.



Health Foundation Nepal (HFN) played a pivotal role in supporting the program by providing human resource assistance during the event. The HFN's PHN, Purnima Poudel, actively participated in the program, and the managing committee lauded the efforts of HFN. We extend our heartfelt gratitude to all the supporters for their significant contribution towards making this event a grand success.

▪ **Community Services through Consultant physician:**

In August and September 2022, the Health Foundation Nepal (HFN) provided essential health services to 40 individuals at the Integrated Mental Health Center in Jajaragau. Dr. Prakash Subedi, a senior consultant and physician, played a vital role in the success of the project by volunteering his time and expertise to provide physical checkups, counseling, and medicine supply to the beneficiaries.

Dr. Prakash Subedi's experience and expertise in healthcare were instrumental in providing high-quality services to the beneficiaries. As a senior consultant and physician, he has a deep understanding of the challenges faced by individuals in the community. His dedication to improving health in the community is evident in his voluntary service to HFN. HFN expresses its heartfelt thanks to Dr. Prakash Subedi for his selfless service and commitment to improving health in the community. His dedication to improving health in the community is evident in his voluntary service to HFN. HFN expresses its heartfelt thanks to Dr. Prakash Subedi for his selfless service and commitment to improving health in the community. His contributions to the project were essential, and his dedication to the cause serves as an inspiration to all those involved in public health initiatives.



HFN's continued efforts to provide continuous services to the communities in Ghorahi sub-metropolitan city are a testament to their commitment to improving public health and well-being in the region. By collaborating with local institutions and authorities and working together with stakeholders and community members, HFN hopes to make a lasting impact on public health in the region.

Overall, Dr. Prakash Subedi's contribution to HFN's project underscores the importance of volunteerism and the critical role that healthcare professionals can play in promoting public health initiatives. His efforts are a reminder that even small contributions can make a significant difference in improving the lives of those in need.

▪ **Orientation to Tole leaders (local level stakeholders):**

On January 26, 2022, Health Foundation Nepal (HFN) organized a one-day orientation program for Tole leaders from ward number 6 and 7. The purpose of the program was to inform and educate the Tole leaders about the various programs being run by HFN and to explore opportunities for collaboration and support. During the orientation program, a total of 36 Tole leaders were briefed about HFN's NCD research project and their potential role within the project. They were provided with a detailed overview of the project's objectives, methodology, and expected outcomes. The Tole leaders were also informed about the prevalence of Non-Communicable Diseases (NCDs) in the region and the need for collaborative efforts to address this growing public health challenge.

In addition to the NCD project, the Tole leaders were also briefed about other programs and initiatives being run by HFN. These included programs related to maternal and child health, reproductive health, and infectious diseases. The Tole leaders were encouraged to support these programs in any way possible, including providing assistance with program implementation and dissemination of information to the local community. Overall, the Tole leaders were enthusiastic and supportive of HFN's efforts to improve health outcomes in the region. They expressed their willingness to collaborate and work closely with HFN to achieve shared goals. The orientation program proved to be an effective platform for HFN to engage with local leaders and promote awareness and understanding of its programs and initiatives.



▪ **Visit by Executive Director of HFN:**

On 6th August 2022, the Executive Director of Health Foundation Nepal (HFN), Ms. Binita Adhikari, made an official visit to two different locations. Firstly, she visited the NCD project screening clinic in a community to review the progress of the Non-Communicable Disease project. During her visit, she evaluated the functioning of the clinic and the effectiveness of the project. Ms. Adhikari also had discussions with the medical staff, volunteers, and patients to gain insights into the challenges and opportunities of the project. After completing her visit to the screening clinic, Ms. Adhikari went to the Mental Health rehabilitation Centre in Kuirepani, Dang on next day. There, she reviewed the mental health rehabilitation programs and services provided by the center. She also met with the patients and chairperson of partner NGO (MOFIN) to learn about their experiences and challenges. Ms. Adhikari provided feedback on the center's operations and made suggestions to enhance the effectiveness of the rehabilitation programs.

Later in the day, Ms. Adhikari visited the HFN office and had a discussion with each staff member to get an understanding of their roles and responsibilities. She also held a staff meeting, where she suggested various improvements to different programs. Ms. Adhikari provided her valuable input on how to improve the different programs at HFN and made suggestions on how to enhance the functioning of the organization. Overall, Ms. Adhikari's visit was quite productive, and her recommendations and feedback will help to improve the quality and effectiveness of the programs and services provided by HFN. Her insights will be valuable in shaping the future direction of the organization and its programs.



▪ Visit by PI of NCD project:

On 4th June 2022, the Principal Investigator (PI) of the Non-Communicable Disease Research Project, Dr. Yashashwi Pokharel, visited the NCD project screening clinic in a community to evaluate the progress of the project. During his visit, Dr. Pokharel practically involved himself in every station of the screening clinic to gain insights into the challenges and opportunities of the project. Dr. Pokharel had a discussion with every staff member who was supporting the NCD clinic. He discussed the challenges faced by the staff members in implementing the project and provided suggestions to improve the efficiency of the clinic. Apart from interacting with the staff members, Dr. Pokharel also met with the Ward chairperson and other local representatives. They expressed their appreciation for the NCD program in their ward and applauded the efforts of Dr. Pokharel and the HFN team in implementing the program.



After his visit to the screening clinic, Dr. Pokharel visited the HFN office at Jajaragau, Dang. There, he had discussions with the HFN team regarding the progress of the NCD program and suggested ways to enhance the effectiveness of the project. Dr. Pokharel's visit was quite productive, and his practical involvement in every station of the screening clinic provided him with a better understanding of the project's challenges and opportunities. His suggestions and recommendations will help the HFN team to enhance the quality and effectiveness of the NCD program.

▪ Visit by Mental Health Director of HFN:

On June 21, the Mental Health Director and Founder of Health Foundation Nepal (HFN), Dr. Shreedhar Paudel, visited the HFN premises. On the first day of his visit, he visited the newly constructed Integrated Mental Health Centre and had a brief meeting with the Program Manager, Mr. Prayas Gautam. During his visit, Dr. Paudel evaluated the facilities and services provided by the center and provided valuable feedback to enhance the effectiveness of the center's operations.

The next day, there was an inauguration of the community mental health center, which was constructed by HFN. Dr. Paudel was one of the main guests of the program and delivered a speech on the concept of the Integrated Mental Health Center. In his speech, he thanked the local community and stakeholders for their support and highlighted the importance of mental health in the community. After the inauguration, Dr. Paudel had a short meeting with every staff member of HFN who is currently working in Dang. During the meeting, he discussed the progress of various ongoing programs and provided suggestions for improvement. He also emphasized the importance of teamwork and coordination among the staff members for the successful implementation of the programs.



Overall, Dr. Paudel's visit was quite productive and his valuable input will help to enhance the quality and effectiveness of the programs and services provided by HFN. His visit will also help to strengthen the relationship between HFN and different level stakeholders.

▪ International Conference on Child and Adolescent Mental Health (ICCAMH) 2022:

The Health Foundation (HFN) recently participated in the International Conference on Child and Adolescent Mental Health (ICCAMH) 2022, which was held on the 16th and 17th of October 2022 at the Hyatt Regency in Kathmandu. The conference was attended by HFN's Program Manager Mr. Prayas Gautam and Medical Officer Dr. Sudhamshu Gautam, who was also a presenter at the conference. Dr. Sudhamshu Gautam delivered a verbal presentation on the topic "Identifying and addressing the mass conversion disorder in the schools of Western Nepal, Dang." The presentation was co-authored by Dr. Rojal Rijal, Ms. Bhumika GM, Dr. Sushrusha Arjyal, Ms. Anuradha Acharya, and Dr. Shreedhar Poudel, in addition to Mr. Prayas Gautam. The presentation focused on the issue of mass conversion disorder in schools in Western Nepal, specifically in the Dang district. Mass conversion disorder, also known as mass psychogenic illness, is a phenomenon in which a group of people develop physical symptoms or illnesses that have no apparent physical cause.



The presentation highlighted the challenges of identifying and addressing this disorder in schools, including the lack of awareness and resources in the region. The authors also discussed the steps taken by HFN to address the issue, including providing training and education to teachers and students, as well as working with local health authorities to provide support and treatment to affected individuals. The presentation was well-received by the audience, which included various national and international representatives. The HFN team was commended for their work in the sector of mental health and for raising awareness about the issue of mass conversion disorder in schools.

Overall, the participation of HFN in the ICCAMH 2022 conference was a great success, and the presentation by Dr. Sudhamshu Gautam was a valuable contribution to the field of child and adolescent mental health. It is hoped that the work conducted by HFN in this sector will continue to make a positive impact on the lives of children and adolescents in Nepal and beyond.

▪ **Need assessment for Smile Ama-Ba Program (Mental health Program for Elderly People):**

Health Foundation Nepal (HFN) has planned to carry out mental health programs for elderly people in the Dang district. The program is called the "Smile Ama Ba Program." In order to assess the need and expectations of the program from the elderly people, HFN conducted a series of focus group discussions (FGD) during the months of August and September 2022. The FGD was conducted by HFN's public health officer, Susagya Bhusal, and psychosocial counselors Ms. Bhumika GM and Ms. Yashoda Oli.

The objective of the FGD was to know about the mental health knowledge and expectations of the elderly people regarding the Smile Ama Ba Program. Six to twelve elderly people were involved in each FGD session. The participants shared their opinions, experiences, and expectations about mental health services for the elderly. The general findings from the FGD showed that the elderly people above 60 years of age wanted a space for counseling services, where they could talk to mental health professionals and share their problems. They also suggested having an open space where the elderly people could meet and discuss their daily lives and experiences, which would promote social interaction and a sense of community. The elderly people shared that they felt lonely and isolated, which led to depression and anxiety. They expressed that counseling and group discussions would help them overcome their feelings of loneliness and provide them with a support system. The elderly people also expressed their desire for physical exercise programs that would help them stay physically active and healthy. The FGD was conducted in a supportive and friendly environment, which enabled the participants to share their thoughts and feelings freely. The moderators took notes during the session and used them to generate a report summarizing the findings from the FGD.

Overall, the FGD provided valuable insights into the mental health needs and expectations of the elderly population in the Dang district. The findings will be used to develop the Smile Ama Ba Program, which will be tailored to meet the needs of the elderly people. The program will provide counseling services, social interaction, and physical exercise programs to promote the mental and physical well-being of the elderly people. HFN's efforts to promote mental health among the elderly population in Dang district will have a positive impact on their overall well-being and quality of life.



GALLERY



Inauguration of Integrated Mental Health Center



Training to FCHV



Lab Service in NCD Clinic



Training to Community Mental Health Worker



Dr. Sudhamsu presenting at ICCMAH 2022



Computer handover to one of the public school in Chitwan



Recognition by ward no. 6 for NCD program



Visit by team leader of NCD



School Health Program in ward number 7



Visit by Executive Director of HFN with team of MOFIN



HFN staff participation in ICCAMH 2022



Physician providing services through HFN



School health program conducted by HFN staff



School Mental Health Awareness Program



FCHV training conducted by HFN



Integrated Mental Health Center Building construction completed

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