

NEPAL PUBLIC HEALTH FOUNDATION

ANNUAL REPORT

2015 – 16



नेपाल जनस्वास्थ्य प्रतिष्ठान
NEPAL PUBLIC HEALTH FOUNDATION

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MESSAGE FROM EXECUTIVE CHAIR

It is my great privilege to pen the foreword of the Annual Report 2015/16 of Nepal Public Health Foundation after resumption of my of responsibility as the executive chair. I would like to take this opportunity to thank the executive board, office bearers especially acting chair and vice-president Dr. Badri Raj Pande, and the dedicated staffs for their untiring efforts in sustaining and helping NPHF to gain new heights.



The fiscal year 2015/16 has been an important milestone in the growth of Nepal Public Health Foundation as developing institution. Its ability to deliver has increased substantially and its influence as research organization increased impressively. The organization redoubled its effort in aftermath of the massive earthquake. The largest project entitled Health education/orientation through social mobilization was successfully completed this year. Further, the Foundation took a determined step to serve the deprived and marginalized hard to reach population such as Chepang and Tamang community to intervene in the domain of Maternal, Neonatal, Child health, Hygiene and nutrition in Makwanpur (one of the crisis hit districts). Besides, field research activities have also been carried out in Jumla, Humla, Dolpa, Kalikot, Achaam, Doti, Bajura, Bajhang, Baitadi, Jajarkot, Dadelhdhura, and Dhading.

Continuing the fine tradition of Nepal Public Health Foundation Lecture on 30th June every year, Dr. Buddha Basnyat, Founding member of NPHF delivered an inspiring lecture titled "From a Reluctant Researcher to Public Health Advocacy: My Life and Times". Farming Health and Environment Nepal (FHEN) Project measuring the adverse effect of pesticide use on human health was successfully completed in this fiscal year. NPHF has taken the lead in conducting research and raising awareness about Antimicrobial Resistance and Antibiotic Awareness Week was carried out under Global Antibiotic Resistance Partnership (GARP Nepal). Foundation was also entrusted by Save the Children to provide nutrition advocacy training to the Civil Society Organization (CSOs) which was focused on advocacy on MSNP.

From this year NPHF has also embarked upon Institutional Social Responsibilities and field work such as Bagmati cleaning campaign in capital, and school health and nutrition program in rural VDCs. I do hope that gradually NPHF will be able to expand its scope of work in all the focal areas identified during its inception.

With these words, once again I thank all who have contributed in various ways in the activities of NPHF, particularly Ms. Chandana Rajopadhyay and her team who have contributed in preparing the report.

Dr. Mahesh K Maskey, Executive Chair

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Introduction to NPHF

Nepal Public Health Foundation (NPHF) was established in April 2010 with a mission to have concerted public health action, research, and policy dialogue for health development, particularly of the socio-economically marginalized population and with a goal to ensure Civil Society's pro-active intervention in public health. The vision of the organization is to ensure health as the right and responsibility of the Nepali people with its focus on major public health issues such as Health policy and Systems Research, Human Resource Development, Communicable Disease Control, Non-communicable disease control, Nutritional Research, Maternal and Child Health, Epidemiology, Biostatistics and demography.

Since its establishment, NPHF has taken initiatives to raise voices and advocate the relevant public health issues at national and regional level in a short span of time. NPHF has been able to be an umbrella organization in Nepal within a short duration. Its members have represented and participated in national as well as international forums and networks. They have been involved in policy related dialogues and taken lead roles in advocating public health and service access issues in Nepal, especially concentrated to urban poor and rural marginalized people with special focus on nutrition.

NPHF board is represented by professionals from multiple disciplines. These include academicians, public health experts, clinicians and health rights activists. NPHF has established good linkages with academic institutions, civil society and different non-government organizations and has a good network between them.

Vision, Mission, Goal and Focus of NPHF

VISION

Ensuring health as the right and responsibility of the Nepali people

MISSION

Concerted public health action, research and policy dialogue for health development, particularly of the socio-economically marginalized population.

GOAL

Ensure Civil Society's pro-active intervention in public health.

Focus of NPHF

Nepal Public Health Foundation has focus on the following broad areas of health

- Health policy and Systems Research
- Human Resource Development
- Communicable Disease Control
- Non-Communicable Disease Control
- Nutrition Research
- Maternal and Child Health

- Disaster Prevention and Management
- Coordination, Advocacy and Communication
- Social Determinants for Health
- Health Economics
- Health Technology Research
- Epidemiology, Biostatistics and Demography

Objective of the NPHF Annual Report

The main objective of publishing the NPHF annual Report of the 2072/073 is to compile and document all the major activities in a systematic order and to share information about research and different event and program activities of NPHF.

Major Activities conducted during fiscal year 2071/72

PROJECTS

A. District Investment Case (DIC)

The Investment Case (IC) is a strategic and evidence-based problem-solving approach to support better maternal, neonatal and child healthcare planning and budgeting. It highlights the urgent need to accelerate progress towards health related MDGS 1, 4, 5, 6 and 7 by describing health problems being faced by a country in the area of maternal newborn and child health. IC analysis is based within a bottlenecks framework, and is designed to identify current barriers to better coverage and performance, and to work out the costs and impacts of potential interventions to improve performance and overall equity. IC analyses can also be seen as a means to advocate for accelerated progress towards achieving health-related MDGs, based on evidence.

In this context a District Investment Case (DIC) is an approach that looks at the constraints of the districts hampering the improvement in maternal and child health indicators using the bottleneck analysis framework (explained later). It investigates the constraints that exist in the health system of the districts that hinder the achievement of desired health outcomes. Based on these findings through a consultative process with district stakeholders, it proposes strategies that districts can adopt to better achieve those outcomes. In doing so, IC takes into account the feasibility of implementing options at the district level from different dimensions (e.g. policy issues, finance, cultural barriers etc.).The key and central feature of this approach as defined earlier is that the whole process is driven by evidence (both local and international).

The DIC project was postponed due to massive quake which was later resumed in 1st February 2016 for 6 months till 30th July 2016. The first activities done was interpersonal communication skill training for community ANM in Dadeldhura to increase the skill of CANM in IPC and to have a better understanding in their work. Training also focused on comparison of past and present situation of Dadeldhura after the implementation of CANM program. Along with DIC workshop, CCE site selection was also conducted in 9 districts which are Humla, Jumla, Kalikot, Accham, Baitadi, Doti, Dolpa, Mugu, and Bajhang while the monitoring was done in Dadeldhura, Jajarkot and Dhading districts. The DHO staffs, health workers, political leaders, media and local stakeholders were the participants and CDO, LDO were the guests of the workshop. Appreciative Inquiry (AI) approach was used throughout the workshop, so as to create a positive attitude among the Participants.



The overall workshop was started with inaugural session, which was attended by major district stakeholders, was followed by data verification and establishment of baseline data across twelve tracers and 72 indicators. Participants from the same profession/with similar backgrounds (VDC secretaries, health workers, political party representatives, journalists, etc) were identified and divided into different groups, to ensure each heterogeneous group had representation from different sectors.

The groups were used to identify bottlenecks, causes of the bottlenecks and to review the previous action plans. For the identification of BNA framework each group were provided with two tracers based on verified baseline data and they were told to identify the bottlenecks by observing those data. After that, we asked to write root causes by discussing for those identified bottlenecks. Groups were asked to identify possible specific actions based on those root causes to achieve effective coverage. CCE site selection was also done. The participants were asked to



select at least 5 sites for CCE. The criteria were set and the top 5 ranked health institution that had good performance were selected for CCE site. 5 health facilities were selected as Comprehensive center of excellence for this year similarly 5 for next year. CCE site was selected on the basis of some criteria like distance of health facility, properly running birthing center, at least 2 rooms for delivery service, more beneficiaries, priority for poor and disadvantage group, at least 2 SBA, at least 5 family planning services, active HFOMC, Adolescent Friendly Health Services, PMTCT, MA and CAC

The DIC project has again extended for 5 month (1st August 2016 to 30th December 2016). In this 5 month period, the workshop will be held in Terai districts namely Saptari, Parsa, Dhanusha, Mohattari and Rauthat. DIC workshop and CCE site selection is going to be held on 23rd- 24th September 2016 at Saptari district while in other district the workshop will be held soon as per the district convenience.

B. Global Antibiotic Resistance Partnership- Nepal (GARP- Nepal)

Global Antibiotic Resistance Partnership (GARP Nepal) organized a national symposium on "Role of Academic Health Institutions in combating Anti- Microbial Resistance in Nepal in collaboration with BP Koirala Institute of Health Sciences which was held on 16-17th August, 2015. The main objective of the symposium was to initiate discussion among medical practitioners and academicians for integrating AMR in medical curriculum. The symposium was well attended by 60 individuals. There was representation from four universities of Nepal namely Kathmandu University, Patan Academy of Health Science, Institute of Medicine (Tribhuvan University), and BP Koirala Institute of Health Sciences along with the representative of Nepal Health Research Council and Ministry of Health and Population.



Global Antibiotic Resistance Partnership- Nepal carried out a series of activities to mark "World Antibiotic Awareness Week". The campaign aims to increase awareness about antibiotic resistance among general public, health workers and policy makers to avoid the further emergence and spread of antibiotic resistance. The theme of the first World Antibiotic Awareness Week is "Handle-Antibiotics with Care" as given by World Health Organization. GARP-Nepal's catchphrase

for this year was "Imagine a World without antibiotics". The campaign was organized in collaboration with different institutions: Nepal Medical Students Society, Institute of Medicine, Maharajgunj, Kathmandu; Patan Academy of Health Sciences (PAHS); BP Koirala Institute of Health Science (BPKIHS), Dharan; Cycle City Network Nepal, Kathmandu; and Agriculture and Forestry University (AFU), Rampur Chitwan.



Events for celebration of World Antibiotic Awareness Week 2015 in Nepal

1. With an aim to aware general public about the sensitivity of the issue, rallies were conducted in different parts of the country: Maharajgunj area on 17 November; Patan area, BPKIHS premises and Dharan city on 21 November; and Chitwan on 22 November.
2. Farmers Awareness Program was organized in different places of Chitwan district-Pulchowk, Gaidakot, Gitanagar. Tandi Parsa, Chunauli, Sukranagar, Megghauli, Parbatipur and Phulbari. A total of 300 farmers were directly benefitted. The booklet was also distributed among the farmers. Along with it, the farmers were asked to fill up a questionnaire developed to assess their knowledge on antibiotic use and resistance. On the basis of the answers, best performing farmers were selected who were felicitated in a conference.
3. A conference was held in Veterinary Department Conference Hall, Rampur on 22 November where the best performing 20 farmers were felicitated.
4. Essay Competition was organized in PAHS on 18 November and BPKIHS on 20 November among the medical students where top three winners were awarded.
5. A talk program was organized on 21 November in Community Medicine Hall of Tribhuvan University Teaching Hospital (TUTH). Dr. Raj Kumar Mahato, the renowned pathologist from Nepal Public Health Laboratory, Ministry of Health and Population was the key speaker of the program who gave a brief presentation on "Use of antibiotics and Antimicrobial Resistance".
6. Information corners were set up in Basantapur Durbar Square and TUTH Premises by the medical students of Institute of Medicine on 19 November; while in BPKIHS, Dharan the information corner was placed for the entire week.
7. Poster presentation was conducted in PAHS throughout the week. Scientific posters were placed in the PAHS premises and were kept open for all the visitors throughout the week. And, posters from students and interns were kept for competition. Top three posters were awarded.
8. Medical students from BPKIHS conducted a school health program on 19 November using the materials of the WHO on World Antibiotic Awareness Week 2015 for higher secondary school students of DEPOT higher secondary School, Dharan. An interactive session was conducted for one hour using power point slides and videos.
9. A cycle rally was organized in Kathmandu in collaboration with Cycle City Network on 19 November. Dr. Jos Vandelaer, Country Representative of World Health Organization flagged off the rally. About 70 cyclists took part in the rally.
10. The materials produced for the World Antibiotic Awareness Week, 2015 were distributed in general public in different events. The materials were also provided to different health facilities.
11. To disseminate knowledge about proper handling of antibiotics, GARP-Nepal carried out media campaign for six days. Information was shared through 6 national dailies namely: Kantipur, The Himalayan Times, Annapurna Post, Nagarik, Republica and the Kathmandu Post.

Glimpses of antibiotic awareness week 2015



C. Farming Health and Environment Nepal (FHEN)

With the aim of promoting health of farmers and consumers by promoting healthy and sustainable food production, Nepal Public Health Foundation (NPHF) implemented “Farming, Health and Environment Nepal 2013/15 Project (FHEN)” in Chitwan district of Nepal in collaboration with and technical assistance of International Center for Occupational, Environmental and Public Health (ICOEPH) and Dialogos under the financial assistance from CISU/Danish Government since April, 2013. This project was designed in a multi-sectoral approach to address the issue of public health and environmental impacts of occupational and environmental exposure to chemical pesticides due to their rampant and irrational use in agricultural sector. Specifically, the project worked to: increase awareness among farmers, pesticide retailers and health workers about harms of exposure to chemical pesticides; enhance capacity of farmers and pesticide retailers for safe handling of pesticides; and to enhance capacity of healthcare workers to manage pesticide poisoning cases.



The project successfully completed its three year timeline in the end of March 2016, and received a no-cost extension period for another four months- which ended in July 2016.

The major activities achieved during the final one year period of the project can be summarized as follows:

1. External evaluation of the project was completed in October 2015, and the executive summary of its report states that:

The FHEP project is well into achieving its objectives and solid foundation has been laid. It has made valuable contribution in the district but not at the national level. Target groups attitude has been realized largely positive, enthusiastic, praised and liked by all, willing to extend and expand to further areas. The project has been efficiently implemented and it is on track of achieving most of its planned results by August 2015. Although thin coverage, trained farmers and health care workers are capable of adopting the learning into their farming/health care systems. The project has been implemented in a well coordinated manner and activities have been highly relevant

to the target groups and stakeholders. The project approach has much strength however lack of ownership and the role and responsibility of the CSC and DAC were not clear. The project implementation team were found to be constructive, enthusiastic and technically efficient.

2. Endline survey of the project was completed during the last three months of 2015. When compared to the baseline data of 2013, the endline survey revealed that:

- The proportion of farmers who still regularly use chemical pesticides decreased while knowledge on symptoms of plant diseases increased. The proportion of farmers having knowledge on toxicity colour symbol increased from 60.0% to 94.2%. Similarly, the proportions of farmers who were knowledgeable on various methods of IPM techniques increased.
- Improvements in knowledge among the pesticide dealers increased moderately. While the baseline survey revealed that majority of the retailers (58.33%) were selling unregistered pesticides to the farmers, the endline survey found that none of the dealers were selling any unregistered pesticides. Improvements were also found in counselling of farmers; and in sale of personal protective equipments, botanical pesticides, insect pheromones/attractants and unregistered pesticides.
- The project trained health care workers in health institutions of project villages on pesticide poisoning, after which a pesticide poisoning registration system has been started in the project sites since July 2014. A manuscript based on the findings of pesticide registration has been submitted for publication in an open access journal.

3. Application for Phase 2 of the project: A thorough application with details of activities and stipulated budget for phase 2 was readied. However, the application process could not materialize because of the changed policy of the Danish government. The project coordinator, with inputs from the Dialogos counterparts, is working on a revised application. The revised application shall be submitted in September 2016 and the outcome shall be known towards the end of 2016.

4. Miscellaneous:

- a. 'No-pesticide use week' was observed with active participation of the FHEN project. The farmers trained by FHEN project actively participated in the 'No-pesticide week' activities for increasing the awareness on health hazards of pesticides among the general public through rally and cultural songs.
- b. Orientation on pesticide, Health and Environment to School teachers: During the phase I, it was felt that the school health program could be an appropriate method to mitigate the negative effects of pesticides in the community through teachers and students. One day orientation program was organized on May 14, 2016.
- c. Training on safety practices to pesticide sprayers: These groups of people were not included in the phase I project frame. During the phase I, it was felt that these groups of people are at the highest risk of occupational pesticide exposure. So, to protect and promote the health of these groups of people, two days training sessions was organized in the eastern part of the in the project area. The training was organized on May 27-28, 2016 at Meeting hall of Bhandara VDC.



D. Health Education/ Orientation through Social Mobilization (IPCS)

Following the devastating earthquake of 7.6 magnitude on April 25, 2015, Nepal suffered from disruption of livelihood, displacement of communities and basic infrastructure were collapsed that exacerbated public health problems. Crowded living conditions, limited quantities of safe water, inadequate hygiene and toilet facilities are all associated with disease transmission. To overcome these challenges, Nepal Public Health Foundation (NPHF), with financial and technical support of UNICEF Nepal and in coordination with local level organization conducted the health education project entitled "Health education/orientation through social mobilization for promoting key health behaviors" in 11 earthquake affected districts namely Gorkha, Dhading, Nuwakot, Rasuwa, Lalitpur, Bhaktapur, Kavre, Sindhupalchowk, Dolakaha, Sindhuli and Ramechhap. The program was implemented from May 2015 to January 2016.

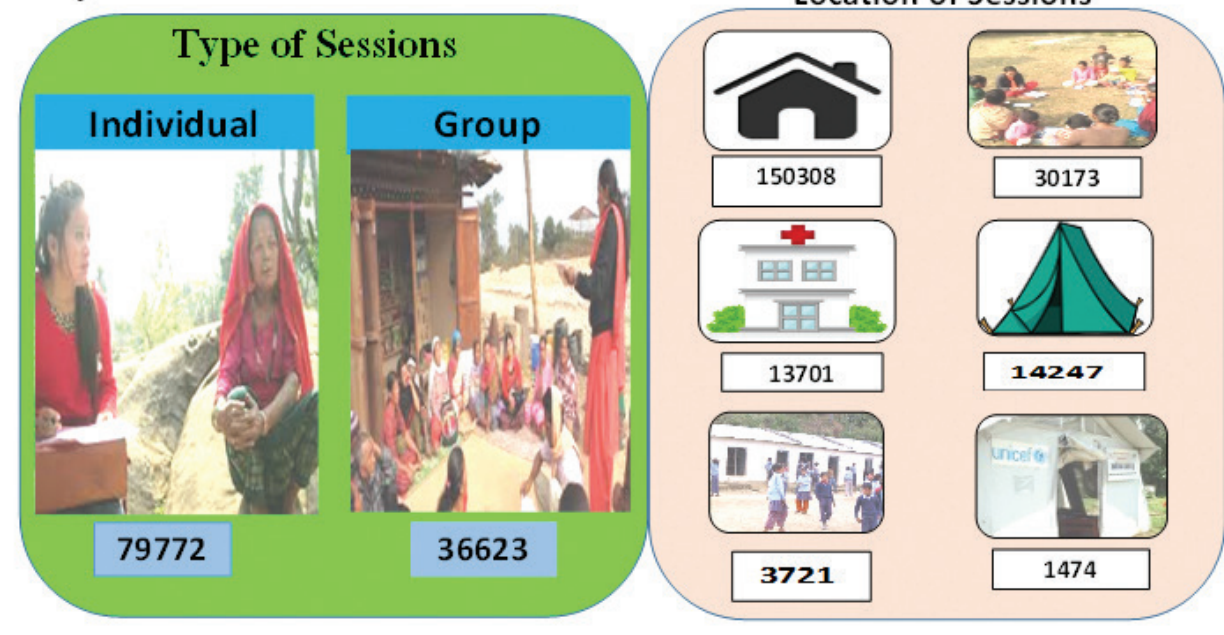
The local NGOs were responsible for recruitment and mobilization of social mobilisers, district coordinators, coordination with DHO and health facilities at VDC level. Altogether, 330 social mobilisers were recruited in the different VDCs of these affected districts. They were basically responsible for providing key health message, through community mobilization, for promotion of key health behavior and timely report their activities through the reporting tools and channels. The IPCS team comprised a whole set of 354 human resource form center to local office. The quality of the program is maintained by monthly review meeting at both district level and central level. Likewise the overall task of monitoring was under NPHF which commenced 15 days per month on the VDCs. In addition to monitoring, on site coaching and instant supportive feedback was also provided to improve the quality of work. Beside this, DC (from local NGOs) also conducted regular monitoring and supervision. Baseline and endline survey was also done to access the people need, their health condition and lastly to measure the success of the program.



Some of the major indicators of the program:

- A total of 792605 population were benefited from the program in which 578141 (73%) were female and 214464 (27%) were male. The majority of the population was Janajati i.e., 57.3%. The others were Brahmin/Chhetri (30.7%), Dalit (11.7%) and others (0.3%) respectively.
- Of the total population 38065 pregnant mothers and 55996 lactating mothers benefited from the program.
- A total of 79772 Individual sessions and 36623 group sessions were conducted in the program. The location of the sessions were home, community, tent, health facilities, schools and shelter home.
- Different types of IEC materials mainly booklets, posters flyers, flex and flipchart were used to provide health education in which booklets were distributed in higher proportion i.e., 51.4%. Flyers remain next to booklets.

Key Indicators



Impact of the Program

- The awareness in the ANC and PNC service has increased in endline survey. About 80% of the populations were aware about the ANC visit as per protocol and half of the population about PNC visit as per protocol.
- The awareness on the colostrum feeding increased from 80% to 95% whereas more than three-fourth population have knowledge that colostrum increases immunity power and more than two third have knowledge that colostrum helps in physical and mental growth and contain high level of nutrients.



- The knowledge on diarrheal treatment by ORS and zinc has increased by 5%. Similarly handwashing in the 5 critical times by 25%
- The knowledge on the danger sign of pregnancy, delivery and neonates has also increased.

Apart from this, Social Mobilizers were actively involved and supported in various government programs. They are as follows:

- Supported in MR campaign by giving health education and informing the date, time and venue of the campaign in their respective VDCs.
- Celebrated Nutrition week by supporting in management of the campaign and helped the health workers in growth monitoring. They even reached every corner of the VDC and community people to inform about this.
- During Breast feeding week, SM in close coordination with FCHVs and other health workers promoted the importance of exclusive breastfeeding till 6 months and also about complementary food after 6 months.
- Assisted the FCHVs and other health workers during Vitamin A campaign and played major role in providing information and awareness about Vitamin A.

E. SPARSH – M

Two major earthquakes, one on 25th April and the other on 12th May 2015, affected the whole country. Thirty one out of 75 districts were affected and fourteen of them were declared as 'Crisis hit' districts. Thus, in partnership with Government of Nepal, Ministry of Health and Population, and under the financial and technical assistance from Project HOPE, Nepal Public Health Foundation (NPHF) carried out Post Disaster Needs Assessment in 14 severely affected districts in May- July 2015. The basic objective of the needs assessment was to assess impacts of earthquake at the family level in affected districts with specific impact on health, physical and psychosocial aspects. One of the key factors of the need assessment pointed out Makwanpur as one of the mostly hit and least support provided district among them. Therefore, with this rationale, NPHF with technical and financial support of Project HOPE conducted SPARSH-M project in five Village Development Committees (VDCs) of Makwanpur district i.e. Kakada, Bharta, Sarikhet, Rakshirang and Khairang.

Overall Objective

To improve maternal and child health nutrition and hygiene practices by increasing access to related information and services.

Activities conducted in fiscal year 2015/16:

1) Induction training to social mobilizers:

Five days induction training was conducted from 23rd April to 27th April 2016 in Hetauda, Makwanpur. The main objective of the training was to inform social mobilizers about the program and its activities. Further, it also helped them to get indepth information about the MNCHN components and the way to conduct programs in community. It also helped to provide motivation to work in those VDCs which are the most rural villages of Makwanpur district.



2) Communication skill development training:

Two days communication skill development training to health workers and social mobilizers were conducted on 28th and 29th April 2016 in Hetauda, Makwanpur. Two of the health workers from Health post i.e. Health post incharge and Auxillary Nurse Midwife (AMN) of each working VDCs were invited along with the social mobilizers of respected VDCs. The main objective of the training was to provide interpersonal communication and counseling skills to the health workers so that they can provide maternal, neonatal and child health and nutrition services in community effectively. After the training program to health workers provided training to FCHVs in their respective VDCs as an action plan of the training provided to them.



3) Recruitment of SBA in Bharta Health post:

Bharta is only working VDC of SPARSH-M where there is no birthing center. There was lack of skilled birth attendant in the VDC. Thus, SPARSH-M, in collaboration with District Public Health Office, Makwanpur, provided one SBA for the 24 hour round clock service of Health post.

4) Community consultation with Appreciative Inquiry:

Two days Appreciative Inquiry workshop was conducted with community people on 13th and 14th June in Hetauda, Makwanpur. Mr. Sudhan Gyawali, former news reporter of Radio Nepal, former employee of WHO, was the facilitator for the two day program. The main objective of the program was to make community people realize about their own roles and responsibilities towards their work. The program was concluded with the commitment from each participant for performing their work properly in their working area.



5) Formative research:

Formative research entitled "Assessing the maternal, new born and child health nutrition related situation in five selected VDCs in Makwanpur, Nepal" was carried out in two VDCs Rakshirang and Khairang with the expected result that the findings will provide an evidence based directives to develop appropriate interventions of achieve goal of SPARSH-M project. The overall objective of the formative research is to understand the current practices and barriers regarding Maternal, Neonatal



and child health and nutrition practices so as to provide foundation for the development of intervention project. The study team included Dr. Karuna Onta as Principal Investigator; Dr. Binjwala Shrestha as Study Coordinator; Dr. Benazir Patil as Adviser and Ms. Chandana Rajopadhyaya as Field Research lead.

On 12th June 2016, dissemination of formative research was conducted with the active participation of community members and District Public Health Office's staffs in Hetauda, Makwanpur. Health post incharge, one ANM (SBA), one FCHV, VDC secretary and a teacher from each VDC together with Public Health Nurse, Public Health Officer and District Public Health Administrator were the participants of the program. Dissemination was facilitated by Dr. Karuna Onta, Principle investigator (PI) of the formative research.

6) District Launch Program:

On 12th June 2016, Nepal Public Health Foundation (NPHF), with financial support from Project HOPE, launched SPARSH-M project in Hetauda, Makwanpur. The launch program was done under the chairmanship of Dr. Mahesh Maskey, Executive chair of NPHF and as a chief guest Dr. Man Bahadur B. K.,



Chief administration officer, Makwanpur. Dr. Laxmikant Palo, Regional Director SE Asia and Mr. Ram Krishna Thapa, representative from District Development office chaired as special guest in the program. Participation of district leaders of many governmental offices as a guest and members from project VDCs gave limelight to the program. Dr. Mahesh Maskey ended up the formal session by explaining the vision of SPARSH-M to make it as a model project so that NPHF can advocate those strategies to Nepal government for nationwide implementation.

Programmes carried out during the fiscal year 2072/73

1. Nutrition advocacy training

Nepal Public Health Foundation was entrusted by SAVE to conduct training of CSOs aligned with CSANN on Nutrition Advocacy on MSNP including preparation a package of Training curriculum, Facilitators' guide and a Reference Hand book for use of the participants. NPHF organized the training program on Nutrition Advocacy on MSNP for Civil Society Organizations during 6-7, December, 2015 to 46 participants of various CSOs with the objective to impart knowledge on concepts of food and nutrition, nutritional situation plan and policies and develop skill



to integrate and impart food and nutrition promotion programs in a multi-sector perspective as defined in Multi-sector Nutrition Plan in particular to advocate for nutrition promotion at various levels by the CSOs.

The working team included Dr. Tirtha Rana as Nutrition Specialist; Dr. Binjwala Shrestha as Advocacy Specialist; Mr. Shankuk Bhatta as Nutrition Associate; Ms. Namuna Shrestha & Ms. Chandana Rajopadhyaya as Programme Officer.

2. Seventh NPHF Lecture Series



As in past years this year, Dr. Buddha Basnyat, an eminent personality in Public Health and founding member of NPHF delivered lecture on "From a reluctant researcher to public health advocacy: My life and times" on 30 June, 2016 in MOHEGO Building, IOM, TUTH, Maharajgunj. The program started with the welcome address of Dr. Mahesh K. Maskey, Executive Chair of NPHF. He also introduced the

keynote speaker of the programme. The programme was well attended by representative from different NGOs, INGOs, educational institutions, doctors, students of IOM and other public health colleges. Dr. Buddha Basnyat delivered lecture on his journey of his life through the different

stages of his career. From a reluctant researcher to public health advocacy, he had indeed crossed a long journey. He began his research career accidentally in Calgary Canada where he was a student of human physiology. He studied human physiology unwillingly as he aspires to be internist but IoM needed physiology lecturer badly which forced him to take up the subject. Professors of physiology in Calgary asked him to do thesis based MS which completely changed his path. Slowly but reluctantly he developed his interest in research. Though he started his research career reluctantly, he is now a well-known medical researcher who is acknowledged globally. He asked medical students and doctors to start writing case studies as he feels that documentation is what we lack in our part of the world. He asked everyone to start with writing “letters to the editor” which gives recognition and not too difficult to publish. His “Letter to the editor” is what that laid foundation of Oxford University Clinical Research Unit in Patan Hospital. In his talk, he highlighted on the importance of translating the findings of research in policy and action. He said that without proper public health advocacy, research is done just for the sake of research. Its finding can never reach to the policy makers and community. So, slowly he started public health advocacy and started disseminating the findings of research. He talked about other subjects of his interest like AMR and also briefed about Global Antibiotic Resistance Partnership (GARP Nepal) which has been hosted by NPHF since last four years. He also talked about the importance of universal Health coverage and shared a very tragic story caused by financial barriers leading to the death of a patient from a curable disease. He also described about the development of Mountain Medicine as a stream in Nepal. Dr. Mahesh K. Maskey, the executive chair honored the key note speaker, Dr. Buddha Basnyat with token of love. Dr. Tirtha Rana, Treasurer of NPHF extended the vote of thanks to all the participants of the programme and the programme was adjourned.

3. Sixth Annual General Meeting

Nepal Public Health Foundation (NPHF) organized 6th Annual General Meeting on 25 March, 2016 at NPHF meeting hall, Maharajgunj under the chairmanship of Dr. Badri Raj Pande, Vice president and Acting Executive Chair of NPHF.

The meeting started with the welcome remarks of Dr. Chhatra Amatya, Executive Board Member, NPHF. Dr. Sharad Onta, General Secretary, NPHF briefed on updates of each projects and activities of fiscal year 2014/2015. He also gave the update of upcoming planning of different projects like FHENP and GARP, Nepal. Further, he also briefed about the project SPARSH, funded by Project HOPE which is in planning phase. He concluded his remarks thanking the staff's contribution and dedication towards their work and hopeful for their commitment and enthusiasm in future.

This was followed by presentation on audit report of fiscal year 2017/18 of NPHF by Dr. Tirtha Rana, Treasurer, NPHF. After, the discussion about further approaches of NPHF, the meeting was adjourned by the chair.

Other Activities

NPHF website and social networking

During this fiscal year, official website of NPHF has been upgraded. Recent activities of NPHF can be retrieved from <http://www.nphfoundation.org>. Vacancies and other important notices are advertised in the website. Nepal Public Health Foundation has owned a Facebook page(<https://www.facebook.com/Nepal-Public-Health-Foundation-217777191620469/?fref=ts>) since last few years and currently we have 5,800 followers. Activities of NPHF, NPHF members' published articles, interviews are published via facebook page.

Nepal Public Health Foundation Meeting

In the fiscal year 2015/16, following number of meetings were held:

1. Executive Board Meeting: 5
2. Office Bearer Meeting (OBM) : 8

Partner institutions

1. World Health Organization
2. Department of Community Medicine and Public Health, Institute of Medicine (IOM), Kathmandu
3. National Health Training Centre, Department of Health Sciences, Teku, Kathmandu
4. Nepal Health Research Council, Ramshah Path, Kathmandu
5. Oxford University, Clinical, Research Unit, Vietnam
6. Public Health Foundation of Bangladesh
7. Dialogos, Denmark
8. The Centre for Disease Dynamics and Economic Policy, Washington DC. New Delhi
9. Nepal Health Economics Association
10. Resources Centre for Primary Health Care
11. Project HOPE



Nepal Public Health Foundation

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