



NYAYA HEALTH NEPAL
ANNUAL IMPACT REPORT
FY 2075 - 2076 | FY 2018 - 2019
10th YEAR SPECIAL





LETTER FROM THE EXECUTIVE DIRECTOR



Dear friends,

I am pleased to present our Annual Impact Report for fiscal year 2075-76 (2018-19). We have come a long way to provide quality healthcare to underserved communities. The past year marked 10 years of our partnership with the government of Nepal.

We have seen over 800 thousand patient visits. We have expanded our community based care to over 230 thousand population catchment area ensuring improvement in the access to care closer to their homes.

Building on ten years of healthcare delivery experience, we have rolled out municipal integrated healthcare in a new municipality - Chaurpati. We have surpassed Sustainable Development Goals (2030) in some of the healthcare indicators, such as increasing institutional birth rate and reducing neonatal mortality rate in some of our catchment areas.

In the upcoming years we will continue to focus on our municipal integrated health care model. In context of the recent decentralized governance in Nepal, we take 'municipality' as a unit of healthcare delivery, financing, and governance. The decentralized structure also gives us the opportunity to tap into local municipal resources.

For the first time, we have received a commitment from municipalities in both the districts we work in (Achham and Dolakha) for funding of our programs. The provincial government has also committed to providing cash and in-kind support for our hospitals. Our future efforts will be centered around building a health system that ultimately can be owned, operated and financed by the municipality.

We thank you for your partnership over the years, and look forward to continued support in the days ahead.

SP Kalaunee

ABOUT US

Nyaya Health Nepal improves healthcare for underserved communities, in partnership with the Ministry of Health and Population and municipal governments. Since we treated our first patients in Achham, we have had an unwavering commitment to simultaneously identify system-wide improvements.

Currently, we work in two service areas: Achham in Far West Province and Dolakha in Province 3. Each year our team of nearly 400 staff provide over 150,000 facility visits, 8,000 surgeries, and 125,000 home visits.

Vision: Quality Healthcare For All

Approach



GOVERNMENT
LEADS

The government of Nepal that has the ultimate responsibility to provide financing, enabling environment, and capabilities to reach the underserved.



EQUITY

We focus on rectifying inequities in health owing to class, geography, gender, caste, and ethnicity.



LEARNING SYSTEMS

We continuously use evidence and experience to improve, and we build ideas that help the broader health system to learn.



INTEGRATED CARE

We build integrated care delivery systems, design and implement integrated interventions, and aim to scale an integrated vision for healthcare systems.



Dr. Biplav Shrestha counsels a patient at Chaurmandu Primary Health Center.

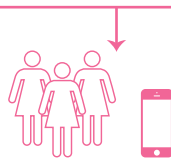
OUR INTEGRATED HEALTHCARE MODEL IN PARTNERSHIP WITH MUNICIPALITY

We transitioned into decentralized units within Achham and Dolakha, in line with how healthcare is now locally owned and operationalized. We now work closely with the elected representatives of the communities to implement an integrated home-to-hospital, technology-enabled care approach. Ultimately, our goal is to ensure municipality adoption and/or adaptation of our model.

Currently we work in nine municipalities within two provinces. In three of these municipalities, we operate public sector facilities - two public sector hospitals and one municipal Primary Health Center (PHC) along with surrounding Community Health Worker (CHW) networks. The CHW networks are integrated with hospital-based care via the Electronic Health Record (EHR). We also operate CHW networks in an additional six municipalities.



Government-owned facilities serve as centers for continuous teaching, training and data feedback loops, in addition to integration with primary healthcare.

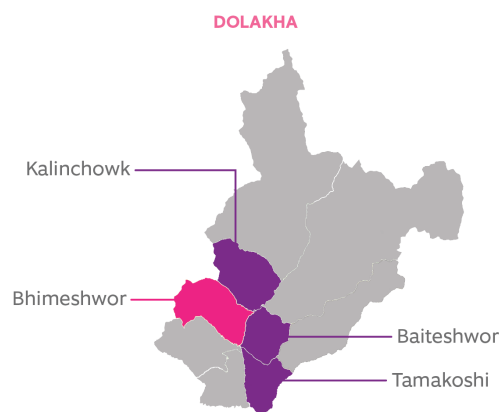
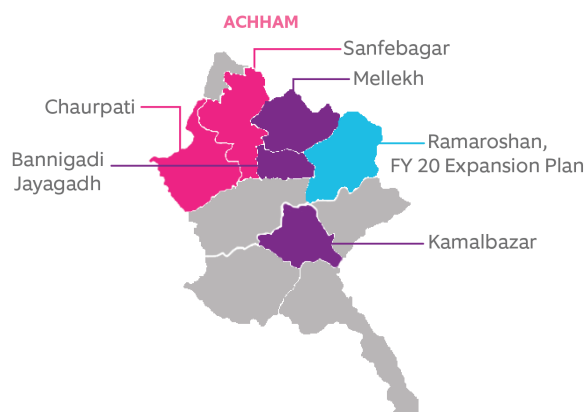


Home-based and group-based longitudinal care delivered by professionalized community health workers, using mobile phones to monitor and manage Non Communicable Diseases (NCDs), mental health, reproductive, maternal and child health.



Integrated Electronic Health Record connects community and facility data to support diagnosis, map disease and continuously improve patient care.

WHERE WE WORK



Hospital Municipality Healthcare Sites Community Healthcare Services FY 20 Expansion Plans

* Implemented Electronic Health Record at Trishuli Hospital, a government facility, that NHN does not manage.

INTEGRATED HEALTHCARE SERVICES

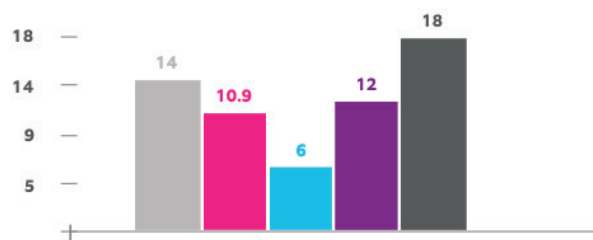
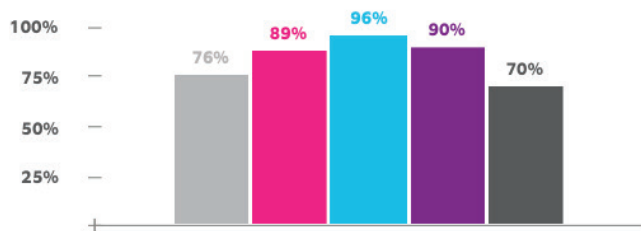
SERVICES	COMMUNITY HEALTHCARE	HOSPITAL
INSTITUTIONAL BIRTH	Individualized Birth Planning for all Pregnant Women	Comprehensive Emergency Obstetric and Neonatal Care
	Individual Antenatal and Pediatric Care	
	Active Surveillance of Pregnancy and Early Childhood Illness like malnutrition	Lab Services - Focus on Pregnancy Risk Stratification
	Support in Receiving Government antenatal care Reimbursements	Ultrasound
POSTPARTUM CONTRACEPTIVE PREVALENCE	Breastfeeding Support	Permanent Family Planning Methods
	Counseling Following Birth and in Postpartum Counseling Early Infancy	Reversible Family Planning Methods
		Postpartum Counseling
CHRONIC DISEASE CONTROL	Counseling on Management of Chronic Illnesses and timely referral to facility including mental health.	Outpatient Services for Chronic Disease
	Lab Investigations for Chronic Diseases like Lung Disease, Gestational Diabetes & Mental Health	Lab Investigations for Chronic Diseases like Lung Disease, Gestational Diabetes & Mental Health

HOSPITAL SERVICES

SURGICAL COMPLICATIONS	UNIVERSAL SERVICES	OTHER SERVICES
Orthopedic Surgery, Trauma Care, Disaster Management	Inpatient, Outpatient, Surgical & 24 /7 Emergency Care	One Stop Crisis Management Center
Physiotherapy	X-Ray & Ultrasound Services	Dental Care
Lab Services - Focus on Surgical Risk and Complications Assessment	Government Vertical Programs (HIV, TB, Safe Motherhood, Leprosy etc.)	Pharmacy
Digital X-Ray, Ultrasound, Echocardiogram		Ambulance Service

IMPACT

Preliminary Outcomes of Community Healthcare Program in Sanfe Bagar Catchment Area



■ Baseline (2014-15)

■ Year 2 (2016-17)

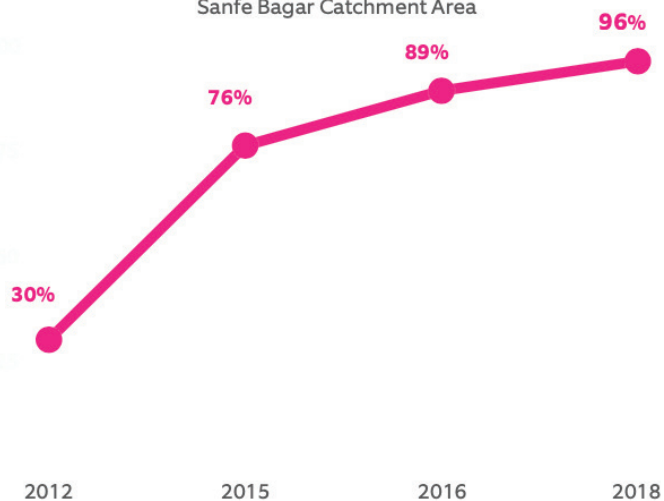
■ Year 1 (2015-16)

■ Sustainable Development Goals (2030)

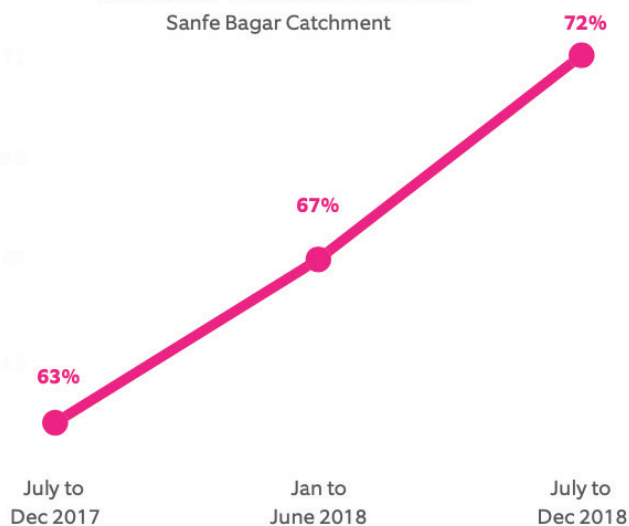
■ Nepal Health Sector Strategy Targets (2020)

Per Capita Cost approximately **NPR 340**
96 Community Health Workers caring for **245,000** people.

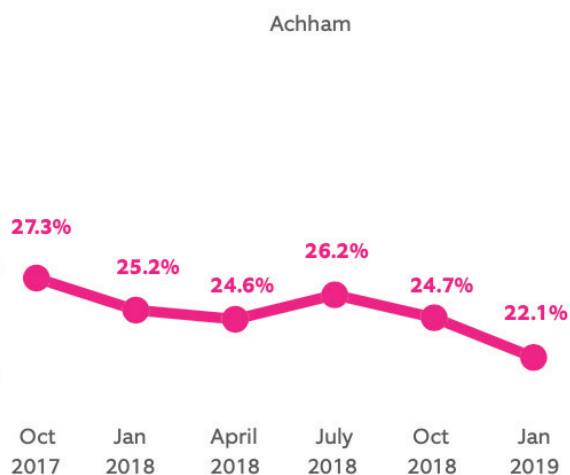
INSTITUTIONAL BIRTH RATE Sanfe Bagar Catchment Area



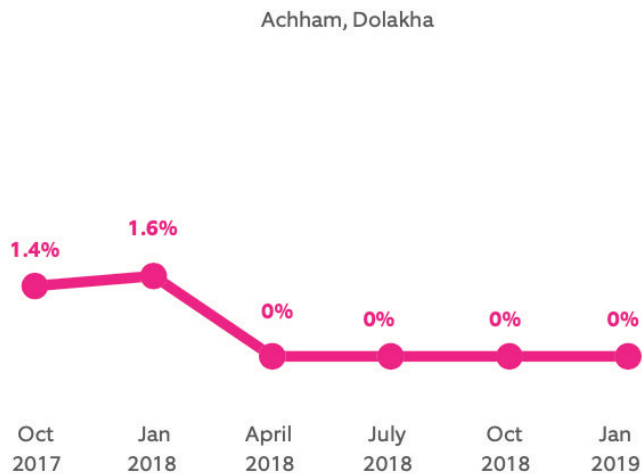
CONTRACEPTIVE DEMAND SATISFIED Sanfe Bagar Catchment



CHRONIC DISEASE CONTROL RATE Achham

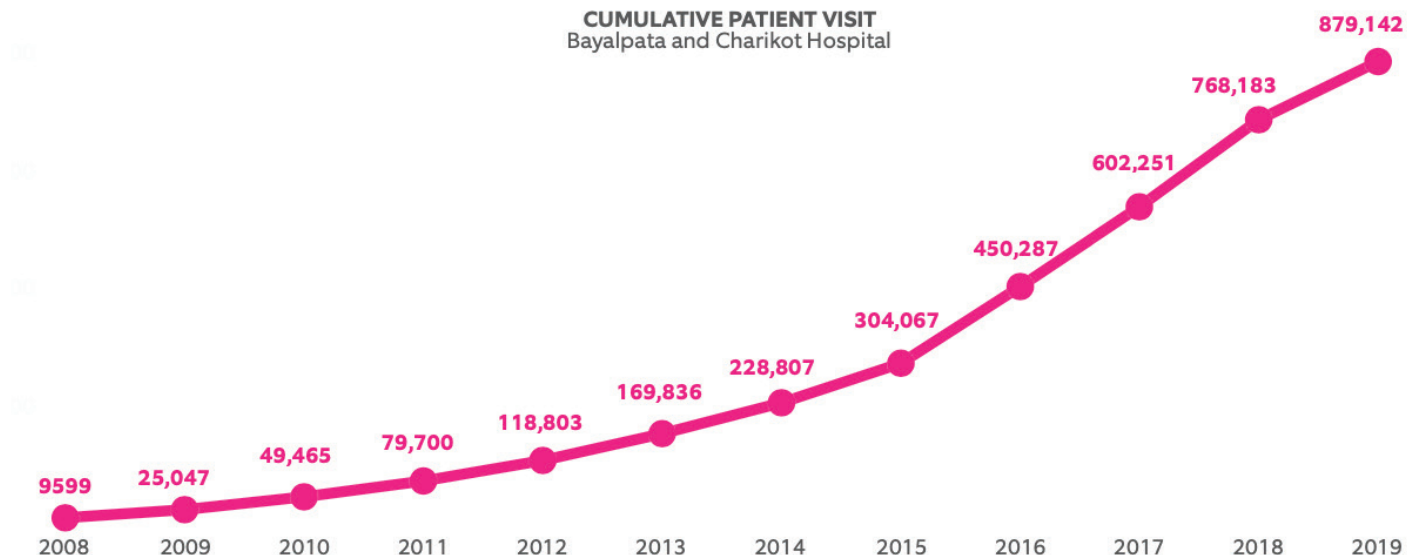


SURGICAL COMPLICATION RATE Achham, Dolakha

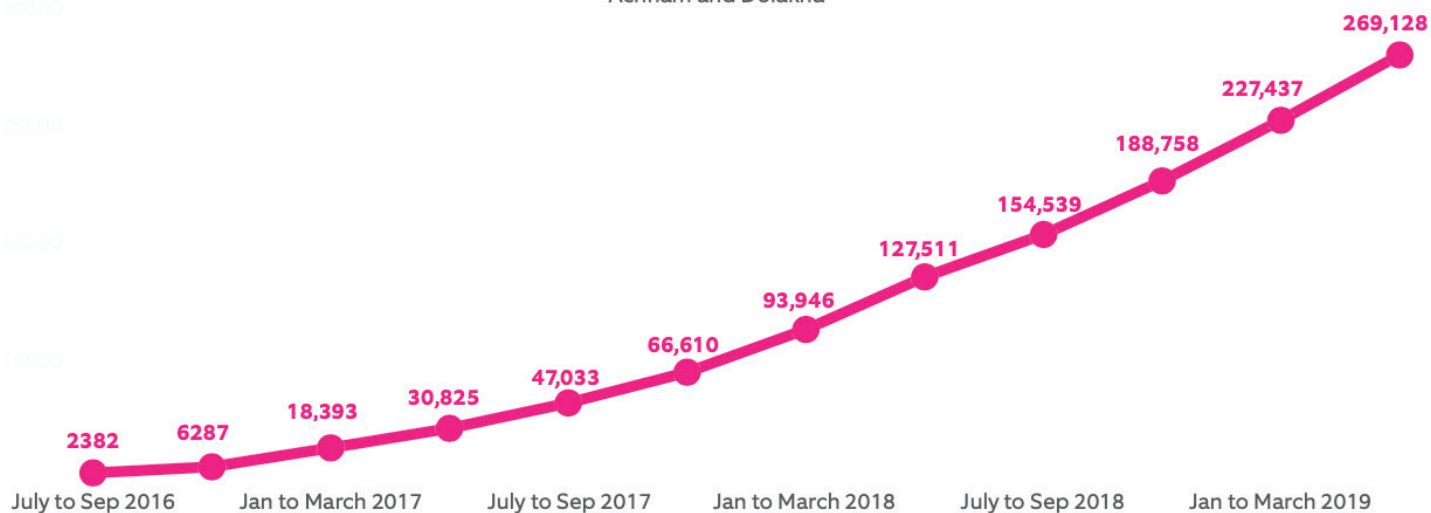


IMPACT

CUMULATIVE PATIENT VISIT
Bayalpata and Charikot Hospital



CUMULATIVE HOME VISIT BY COMMUNITY HEALTH WORKERS
Achham and Dolakha



Community Health Worker Mina Basnet counsels five months pregnant Sarita on the importance of safe delivery at facilities.



Chaurpati Rural Municipality chairperson Harka Saud (second from the right) and NHN Executive Director SP Kalaunee inaugurating clinical service at Chaurmandu Primary Health Center, Chaurpati.

10 YEARS OF PUBLIC-PRIVATE PARTNERSHIP



2009

First Memorandum of Understanding (MoU) for management of Bayalpata Hospital, Achham.



2013

First Performance Based Grant Agreement based on population health indicators.



2015

Nepal's federal constitution promulgated ownership and regulation in healthcare to local governments.



2016

Second MoU for management of Charikot Hospital, Dolakha.



2017

NHN's Community Healthcare Program approved to be implemented as a national pilot — focus on Reproductive, Maternal, Neonatal and Child Health.



2017

NepalEHR implemented in Trishuli Hospital, Nuwakot — the first outside NHN managed hospitals.



2018

Third MoU for management of Chaurmandu Primary Health Center using social health insurance and local funding as sources of sustainability.



2018

Integrated OpenMRS and DHIS2 into NepalEHR — the first of its kind globally.



Dr. Shital Khanal examining 8 years old Ramita who came to Bayalpata Hospital with fever.

KEY UPDATES FROM FISCAL YEAR 2018-19

10 Years of Serving Patients and Communities: We started healthcare services from Sanfebagar clinic with 15 team members. We signed our first PPP agreement with MoHP to manage Bayalpata Hospital in 2009. A decade later this year, our team has grown to nearly 400 and are striving to build a healthcare system in Nepal. With three hospitals and community healthcare across nine municipalities, we've come a long way.

Partnership with Municipality: Across our service areas we made unique collaborations with the municipalities to solve healthcare challenges for our patients. Bhimeswor municipality presented an ambulance to Charikot Hospital. Similarly, to avoid stopping patient care, Chaurpati Rural Municipality partnered to fix twenty solar panels and six batteries in the PHC that were damaged in a heavy storm. Also, with the aim to protect beneficiaries from the scorching sun and rain they built a waiting area for patients at the PHC.

Group Ante Natal Care Rolled out in Bhimeswor, Baiteswor and Tamakoshi Municipalities in Dolakha: Along with household visits in the area, CHWs started providing group counseling to pregnant women in the region. This program will enable complicated pregnancies to be diagnosed in the community and prepare expecting mothers to have a healthy pregnancy, care for new borns and plan for emergencies as needed.

Adolescent Health Study Kicked-off in Achham: Adolescent girls in Achham continue to face challenges to access and utilize reproductive healthcare services. This study aims at better understanding socio-cultural and structural barriers about perceptions and choices adolescents make about utilizing reproductive healthcare.

Charikot Hospital to Officially be a 15 Bed Facility: The Ministry of Health and Population selected Charikot Hospital as one of the 213 PHCs across the nation to be upgraded to a 15 bed hospital with at least one specialist doctor. Though we have been operating it as a 35 bed facility, this is a remarkable stride for the government to recognize the need there.



Former Deputy Prime Minister, and member of federal parliament Bhim Rawal honors Nyaya Health Nepal's team members for their decade long service in healthcare.



Community Health Worker Pawan Pandey, measures blood pressure of pregnant women in Group Ante Natal Care session.

KEY UPDATES FROM FISCAL YEAR 2018-19

Charikot Hospital Now an Antiretroviral Therapy (ART) Site: Thanks to the dedicated persistence of our team, the National Center for AIDS and STD Control (NCASC) has approved Charikot Hospital to be an ART site.

Scaling EHR in Nepal: Our deployment of EHR at Trishuli Hospital is a first of its kind in a government facility besides Bayalpata, Chaurpati, and Charikot hospitals. This opportunity with Trishuli Hospital has allowed us to conduct research on the feasibility of scaling and institutionalizing EHR at a national level. Their positive adoption is proof-of-concept to influence policy around digitizing healthcare systems for patient care.

Ensuring No One Falls Through The Cracks: Our Evidence to Policy (E2P) team is piloting a new intervention based on motivation in Bayalpata Hospital catchment area to manage patients with chronic conditions. The intervention “Motivational Interviewing” focuses on patient’s motivation to adopt healthy behaviour, as opposed to one-way knowledge transfer. The tool will help CHWs communicate and counsel non adherent patients using Community-based Mental Health Motivational Interviewing Tool.

Driving High Impact CHW Programs: CHW AIM Toolkit is an example of how the work of our team in Achham and Dolakha is influencing policies in healthcare around the globe. The toolkit is based on the latest evidence and design principles to help government and other stakeholders deliver effective CHW programs. Recommendations include salaried CHWs, regular mentorship and ongoing training. WHO Released Global Community Health Workers Guidelines. Our community health program in Achham and Dolakha is inlined with the WHO recommendations. Out of the six recommendations highlighted, we fulfill four (CHW Training, Supervision, Remuneration, Proactiveness and balanced CHW : Population ratio) and are actively pursuing the additional two recommendations - Accreditation and Career Advancement for CHWs.

New Services at Hospitals: We started a Finding, Actively Separating and Treating (FAST) strategy to i) diagnose TB in unsuspected patients early on, ii) control its transmission and iii) provide immediate treatment at Bayalpata Hospital. Similarly, Bhimeshwor Municipality is providing funding to create a High Dependency Unit (HDU) at Charikot Hospital. In the unit, patients can be cared for more extensively than in normal wards.

Additional 27,700 Beneficiaries to Receive Community Healthcare in Ramaroshan: We received approval from Ramaroshan Rural Municipality to expand the community healthcare program in the area. A unique example of a local care delivery model, Ramaroshan Municipality will lead staffing and financing of the program while NHN provides technical support.



TRAININGS AND WORKSHOPS

Dignified Menstruation Training: The Community Healthcare team in Achham received training on dignified menstruation. With emphasis on the physiology of menstruation, the training equipped the nurses to burst taboos around menstruation and ensure dignified and safe periods for all postpartum mothers. The law criminalizing chaupadi went into effect on 17th August, 2018.

Using Open Source Medical Record System to Meet Universal Health Coverage: We presented best practices of EHR and learned how to improve technical skills at the OpenMRS implementers' conference in Kenya.

Community Based Integrated Management of Newborn & Child Illness (CBIMNCI) Training Conducted: CBIMNCI is an integral component of our care delivery in the community for children under two years of age. All Community Health Nurses from Achham and Dolakha participated in the three day training on CBIMNCI to better support CHWs on care delivery.

Spirometry and Vascular Trauma Workshop at Bayalpata Hospital: In partnership with German based organization NepalMed e.V., we conducted Rural Spirometry and Vascular Trauma workshop at Bayalpata Hospital. Clinicians from Bayalpata Hospital, as well as other parts of Far-western Nepal, participated in the workshop. NepalMed e.V also donated a Spirometry Machine that is valuable for treating patients with lung diseases. Currently, about 25% of patients with COPD in our catchment area have their disease under control.

Eat Local to Fight Malnutrition: Waiwai or Soybeans? NHN Board Member Dr. Aruna Uprety visited Bayalpata Hospital and shared how increasing income and access to packet food is leading to a rise in eating junk food like waiwai, over locally- grown produce. Nepalis are moving away from food associated with lower economic status and opting for processed food that is expensive. On average, we treat 88 children per month for malnutrition and counsel 255 children in the community every month across our service areas.

AWARDS AND GRANTS

Building Influence with the Government: We received NPR 50M for Bayalpata Hospital construction and as community hospital grant. This is a testament to the strengthening Public Private Partnership and the government's increasing ownership in healthcare systems.

Bayalpata Hospital's Design Nominated at World Architecture Festival: Our building design has been recognized by World Architecture Festival, who shortlisted the design in the health category. The expansion was tied to increasing volumes of patients who could not be accommodated in the 30 year old buildings in Bayalpata Hospital, and to make the infrastructure earthquake resistant. The buildings house all services including emergency, out patients, in patients, lab, radiology, pharmacy, store, administration and staff housing.



CELEBRATING 10 YEARS OF PUBLIC-PRIVATE PARTNERSHIP

We celebrated successful 10 years of our partnership in health care between the Ministry of Health and Population and Nyaya Health Nepal. In the program organised with the focus in three themes: i) PPP in healthcare, ii) community healthcare and iii) digital health, the participants shared the following observations:

10 years ago, over 60,000 people of Achham received its first doctor post civil war through NHN & Ministry of Health and Population's partnership.

-Sher Bahadur Kunwar,
National Assembly Member, Achham

Public Private Partnership Strengths are:
Government has ownership, Government is key decision maker in building health systems
Public Private Partnership Challenges are:
Need to strengthen Performance Based Grant Agreement, Improve insurance for sustainability. Local, Provincial & NGO ownership is the key that will work.

-Dr Bhagwan Koirala, Cardiothoracic Surgeon

Pillars of universal healthcare coverage are:

- Quality Healthcare
- Access
- Affordability.

-Dr Jos Vandelaer,
WHO Country Representative

I've visited Nyaya Health Nepal's service area in Achham multiple times and am impressed with their remarkable health services and Electronic Health Record.

-Sushil Nath Pyakurel Chief Specialist,
Ministry of Health and Population

Role of women has been critical in advancing healthcare in Nepal. They shall no longer be volunteers.

Community Health Workers who are:

- Trained
- Paid

are very important to ensure healthcare for all.

-Dr. Sudha Dharma, Former Secretary of
Ministry of Health and Population

Nyaya Health Nepal can be an example for digitally implementing health insurance through OpenMIS for Nepal.

-Bhuwan Poudel,
Senior Public Health Administrator,
Health Insurance Board

To sustain the community healthcare program community health workers must: be trained; belong to the communities they work in; and supervise Female Community Health Volunteers in the wards.

-Roshani Tui Tui, Director Nursing and Social
Welfare Division

User acceptance for Electronic Health Record has been challenging but making data driven interventions is the key to improving healthcare outcomes through technology in Nepal.

-Asgar Ali, IT Advisor, Prime Minister's Office

NYAYA HEALTH NEPAL BOARD



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Vaidya's Organization of
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Consultant, WHO

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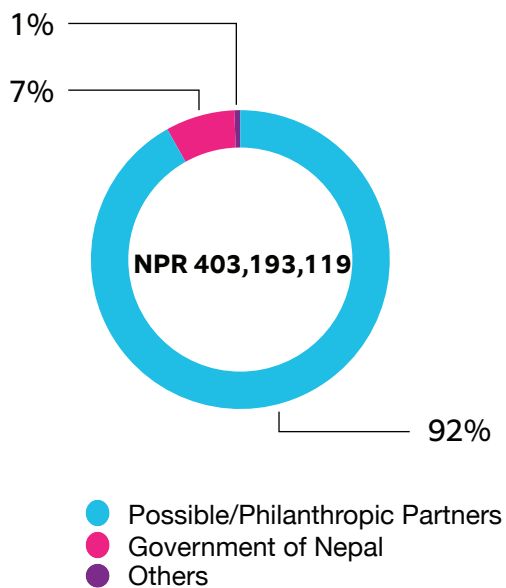
Baiteshwor Rural Municipality
Bannigadi Jayagad Rural Municipality
Bhimeshwar Municipality
Buddha Air
Chaurpati Rural Municipality
District Health Office - Achham
District Health Office - Bajura
District Health Office - Dolakha
District Health Office - Doti
Epidemiology & Disease Control Division
GIZ – German Development Cooperation

Gordian Foundation
Grand Challenges Canada
Health Insurance Board
Kalinchok Rural Municipality
Kamalbazar Municipality
Logistics Management Division
Machhapuchre Bank Limited
Manan Trust
Mellekh Rural Municipality
National Center for AIDS & STD Control
National Public Health Laboratory

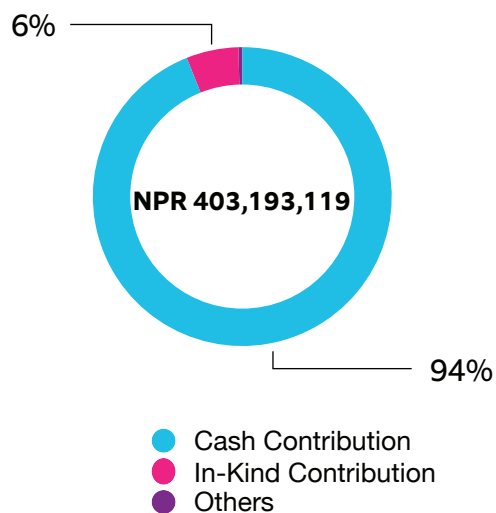
National Tuberculosis Center
Nick Simoimons Foundation
Nepealmed E.V.
Possible
Ramaroshal Rural Municipality
Regional Medical Store, Dhangadi
Sanphebagar Municipality
Tamakoshi Rural Municipality National
The Johanniter
Tondo Foundation

FINANCE

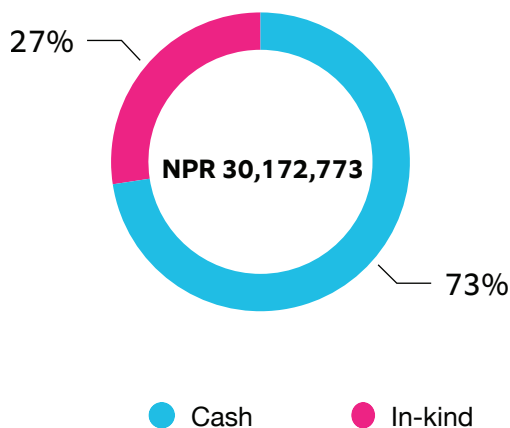
Revenue by Source



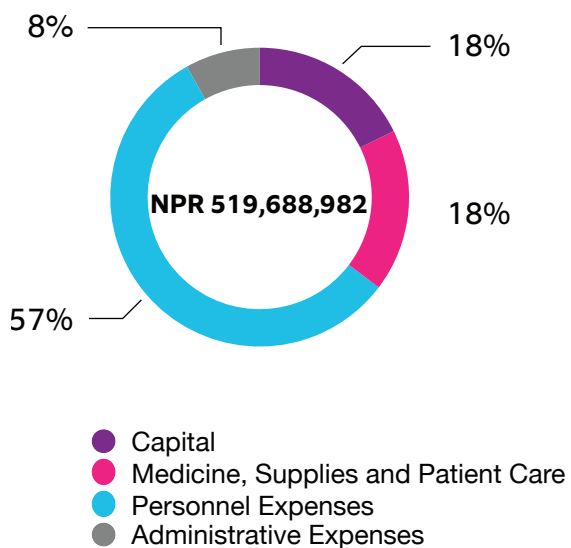
Revenue by Type



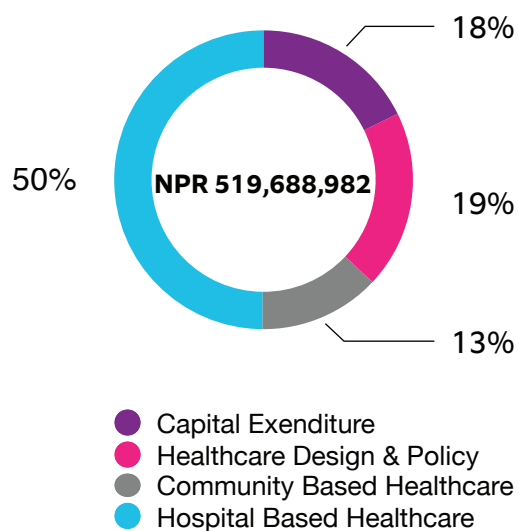
Contribution from Government of Nepal



Expense by Type

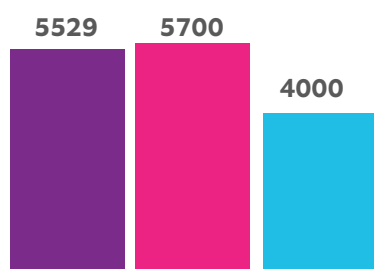


Expense by Type



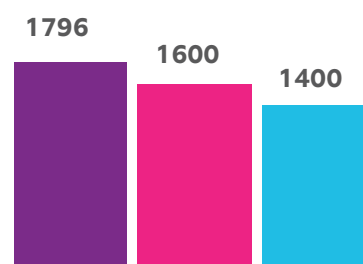
SNAPSHOT OF FY 2018 - 19

Total Ante Natal Care



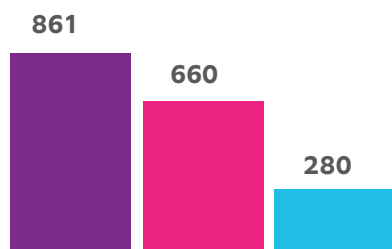
FY 2018-19 FY 2017-18 FY 2016-17

Total Deliveries



FY 2018-19 FY 2017-18 FY 2016-17

Total Major Surgeries



FY 2018-19 FY 2017-18 FY 2016-17

Total Health Insurance Claimed



NPR 380,560

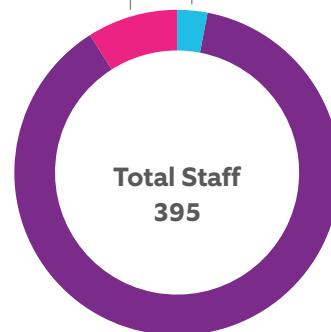
4%
3%



Total Patient Visits
165,932

Out-Patients In-Patients Emergency

9% 3%



Total Staff
395

Direct Delivery Systems Strengthening Program Design



**JOIN US TO IMPROVE HEALTHCARE FOR
UNDERSERVED COMMUNITIES IN NEPAL**

**www.nyayahealth.org
answers@nyayahealth.org**

**Bayalpata Hospital
Sanfebagar,
Achham 10700
Phone:097-625025**

**Charikot Hospital
Bhimeshwor,
Dolakha 45500
Phone: 049-421125**

**Chaurmandu PHC
Chaurpati,
Achham 10701**

**Nyaya Health Nepal
700 Bluebird Complex
Tripureshwor,
Kathmandu 44600
Phone: 01-4100597**

Nyaya Health Nepal, a non-governmental organization, improves healthcare for underserved communities in Nepal, in partnership with the Ministry of Health and Population and municipal governments.