



Bagmati Welfare Society Nepal

HEALTH JOURNEY CAPACITY STATEMENT 2024



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1. INFECTIOUS DISEASES

A. TUBERCULOSIS

The National Tuberculosis (TB) program has been implemented since March 2018 and will continue until January 2025, in all districts namely Saptari, Siraha, Dhanusha, Mahottari, Sarlahi, Rautahat, Bara and Parsa of Madhesh province and Illam, Jhapa, Morang, Sunsari and Udaypur district of Koshi province. The projects cover 198 locals' lot of 753 local levels, a total of 1841 wards out of 6743 and the working area covers 1/3 of the population of Nepal.

The program aims to improve TB case detection in hard-to-reach populations by establishing a sputum courier system, conducting contact tracing for family members of TB patients and all childhood TB cases, and screening malnourished children in outreach clinics and major hospitals. Additionally, the program includes screening and testing of presumptive drug-resistant TB (DR-TB) cases, family screening of index TB cases, screening of seasonal workers, prisoners, and migrants. Furthermore, the program provides TB preventive therapy, physician handling TB cases through a pay-for-performance mechanism in the private sector and implements the FAST strategy at major hospitals.

In the fiscal year 2022/23, with a total of 55,034 sputum couriers, 9,272 contact tracing cases for DR-TB, 5,603 childhood TB cases in peripheral health facilities, 1,993 childhood TB cases in hospitals, 2,403 DR-TB cases, 140 contact tracing cases for DR-TB, 8,639 FAST cases, 4,918 pharmacy cases, 3,907 cross-border cases, and 715 prison cases.



A. TUBERCULOSIS

The TB reach project, implemented from December 2011 to December 2013, was a remarkable endeavor that showcased a comprehensive approach to addressing Tuberculosis (TB) in 195 VDCs of Sarlahi and Rautahat districts. The project's primary objective was to diagnose and treat TB cases, providing care and support to those affected. To achieve this, a total of 8385 suspected cases were diagnosed, among which 1674 cases were identified as having TB. These identified cases were then provided with treatment and care support, ensuring they followed the TB treatment protocol as per the regulations in Nepal.

The project's success was further bolstered by the provision of training to health workers, Female Community Health Volunteers (FCHVs), and community-based organizations. This training enabled them to effectively diagnose and manage TB cases. Additionally, the project fostered strong partnerships and close coordination with the District Development Committee, District Public Health Office, hospitals, and peripheral health facilities. This collaborative approach ensured that all stakeholders were aligned and working together to achieve the project's objectives.

“Tuberculosis
an important
public health
problem”



B. HIV/AIDS

The HIV & AIDS program implemented in Gulmi district from February 1, 2009, to November 15, 2010. The project aimed to combat the spread of HIV/AIDS by providing comprehensive services, including screening, diagnosis, treatment, and care. This initiative was crucial in addressing the growing concern of HIV/AIDS in the region, which had significant social, economic, and health implications for the local population.

The program's multifaceted approach involved various activities, to identify high-risk groups, providing counseling and testing services, and offering antiretroviral therapy (ART) to those diagnosed with HIV. By providing these services, the program aimed to reduce the incidence of HIV/AIDS, improve the quality of life for those affected, and promote a culture of prevention and care within the community.

A collaborative effort to combat HIV/AIDS through comprehensive services in Gulmi district.



B. HIV/AIDS

The Comprehensive Package for Migrants and Their Families program was implemented in 50 VDCs of Sarlahi district from August 2008 to July 2011. This project aimed to address the significant health concerns of migrant populations by providing a comprehensive package of services for HIV/AIDS diagnosis, treatment, care, and support. The program focused on identifying and addressing the unique needs of migrant workers and their families, who are often at higher risk of contracting HIV due to their increased mobility and exposure to high-risk behaviors.

The USAID-Nepal Family Health Program-II, operational from May 2008 to April 2012, was implemented in 10 VDCs of Sarlahi district, with a primary focus on promoting behavioral change among adolescent children through HIV/AIDS awareness sessions in schools.

This initiative was successful due to the effective mobilization of local community members, which led to increased health information and observed changes in healthy behaviors within the community. The program's success was largely attributed to the participatory approach, which involved the formation of class management committees through a gender-sensitive and socially inclusive process.

"Empowering communities, conquering HIV/AIDS: A comprehensive approach in Sarlahi district."



C. MALARIA

Active Case Detection of Malaria in the targeted malaria hotspots of all the 8 districts of Madhesh province implemented from 15 Sep 2020- 15 Jan 2021. Malaria kit was used for screening in the community and confirmation of the positive case with the microscopy test and enrolment of the patient in the treatment protocol with the help of health service providers of the health facilities for early case detection and treatment. In the project period a total of 8,402 were done screening that is 105 % of the total target.

Despite this supporting in the malaria related commodities demand and supply chain of provincial health logistic management center, health office, palika and up to health facility level. Private sectors were visited and encouraged for reporting in the MDIS. Moreover, awareness program on malaria cause and prevention was provided to around 12,000 community people and during this process 4,543 brochure were distributed in the community and finally with the provincial and international organization participation malaria elimination strategy for province 2 was drafted.

"Combating malaria, one community at a time: Active case detection in Madhesh province."



2. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHT

BWSN, with extensive experience in sexual and reproductive health and rights in Madhesh and Koshi provinces of Nepal, has made significant strides in addressing various health issues by addressing the pillars of the health system strengthening. Advocacy with the government and non-governmental stakeholders on infectious disease, sexual and reproductive health and rights, and non-communicable diseases. Advocating for adolescent-friendly services and promoting comprehensive sexuality education. Advocacy for gender equality and social inclusion including people with disability in participation and decision making related to the health issues and their health choices and rights.

Engagement of adolescents in effective leadership for decision-making, create enabling environments, strengthen health systems to provide youth-friendly services, and address social determinants of health affecting adolescents. Strong governance and leadership contributed to effectiveness, efficiency, and equity of the health system. BWSN is regularly working with around 1300 health centers for instance major hospital, provincial hospital, district hospital, primary health care center, health post, basic health care center, urban health care center, Adharbhut of Madhesh and Koshi province.



“Empowering adolescent and women and improving RH service accessibility”

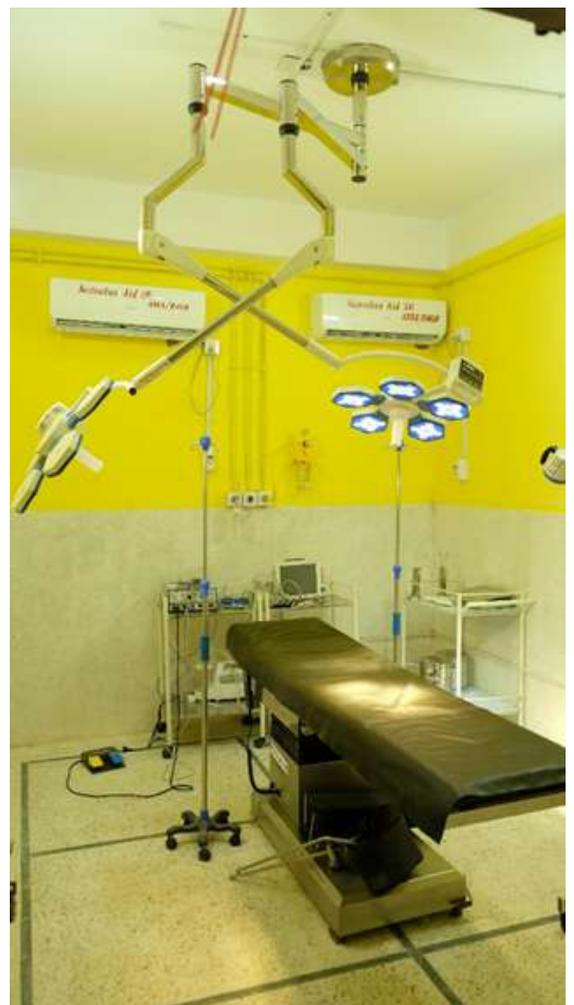


A. PELVIC ORGAN PROLAPSE

Have 5 years' experience in Women Health and System Strengthening project with technical support from ADRA and financial support from Australian Aid and Open Heart International from July 2018 to June 2023. The project focused on pelvic organ prolapse (POP) services in Udaypur, Sunsari, Morang, Sarlahi, Rautahat, Dhanusha and Banepa. Have performed screening through regular services at health facilities and conduction of reproductive health camp in the hard-to-reach areas.

Screening has been done among 15,885 women, among them 7174 cases with POP were identified, among them 2198 women were inserted ring pessary and other were provide kegel exercise & counseling services, 316 POP surgery was successfully completed from 3 major referral hospitals namely Sheer Memorial Adventist Hospital, Koshi Provincial Hospital and Madhesh Institute of Health Science. Regular follow up has been done to all those who received ring pessary and POP surgery service.

“Strengthening Pelvic Organ Prolapse (POP) services at peripheral health facility and referral centers”



CAPACITY BUILDING

Altogether a total of 205 nursing staff were trained in POP prevention and management, 45 nurses received Visual inspection with Acetic acid (VIA) training. Similarly, 46 received HPV-DNA training. Infection prevention and control training was provided to 180 paramedics, nursing, and medical staff to prevent infection transmission in the health care centers. A total of 20 nursing staff received balanced counseling training on family planning, 14 participants received district training of trainers (DToT), a total of nursing staff and medical person received PPIUCD training, a total of 20 received refresher training, a total of 22 were provided roll out training, 18 nursing and medical staff were provided on the job (OJT) training and twin mentoring was done in the project sites.

After receiving training a total of 134 health post/primary hospital/municipality hospital have started regular RH services where nursing staff is trained and regular mentoring service by the project nurse for long period of time have built the competency and confidence of providing service.

Gynecology operation theatre upgradation in major hospitals for strengthening the referral center services. Community activities strengthened the referral from community to the peripheral health facilities as well

“Capacity building of health service providers with focus on POP, Cervical Cancer, Family Planning and GBV for regular quality of health services”



B. CERVICAL CANCER AND GBV

Similarly have 2 years working experience of cervical cancer and gender-based violence. A total of 3501 women were undergone screening and among them 210 were identified with visual inspection with acetic acid (VIA) positive and referral successfully done to 125 VIA positive women and 49 women were supported with thermocoagulation. Then after HPV-DNA orientation was provided to all the local levels of Sarlahi and Rauthat district, health office, provincial hospital, provincial public health laboratory.

While in the case of gender-based violence (GBV) screening was done in more than 2000 women and among them 125 GBV cases were identified, among them 28 cases were referred for health treatment and at OCMC, and other remaining 97 cases were provided non referral GBV counseling and support by psychosocial counselor of the project.

Reaching over 3,500 women for cervical cancer screening and over 2,000 for gender-based violence screening, with appropriate referrals and support provided.



REPRODUCTIVE HEALTH CAMP

For 5 years through the women health and immunization support for health project reproductive health camp conducted in the districts of Saptari, Siraha, Rautahat, Dhanusha, Mahottari, Sarlahi, Bara, and Parsa aimed to address the high burden of reproductive health problems in hard-to-reach areas where women have limited access to healthcare services.

A total of 2816 women underwent pelvic organ prolapse screening, among whom 713 cases were identified and provided non-surgical management services. VIA testing was conducted on 251 suspected women, among whom 85 were identified as VIA positive, psychosocial counseling was provided and critical cases were referred to cancer hospitals for diagnosis and treatment. Obstetric care services, including ANC and PNC services, were provided to 497 women, while family planning services were provided to 849 women, including short and long-term contraceptive methods. Gender-based violence screening was conducted on 1201 women, among whom 124 reported experiencing gender-based violence and received counseling services. The camp's comprehensive approach and provision of various services demonstrate its commitment to improving reproductive health outcomes for women in these districts.



“Comprehensive health services across all districts of Madhesh province , providing a range of services in hard-to-reach areas”



BIRTHING CENTERS

For 3 years with the goal of enhancing the availability and accessibility of mother and child health services through Health System Strengthening project in peripheral level health facilities and establishing linkages for referral services, a total of 12 birthing centers in Sarlahi and Rautahat district have been constructed/renovated, two referral systems have been strengthened.

And instruments and equipment support have been provided. Sisautiya, Bagdah, Achalgadh, Dumariya, Laxmipur Kodhaha, Pipariya, Simra, Sekhauna, Gaurishankar, Madhubani, and Harion of Sarlahi district, as well as the Katariya birthing center of Rautahat district. Despite this, district hospitals in the districts of Sarlahi and Rautahat were strengthened to improve their laboratory services for referral mother and children.

“Improved availability, accessibility at peripheral health facilities through infrastructure development, referral system, and provision of equipment and supplies in Sarlahi and Rautahat district”.



C. FAMILY PLANNING

Have 7 years' experience in family planning related project, in post -partum family planning project implemented in Dhanusha and Sarlahi district with and aim to increase the LARC method through balance counseling training and address the unmet needs of the women and adolescent girls. A total of 302 health service providers, FCHV and community level workers were trained in family planning. A total of 8579 women and adoelscent girls received family planning services through periphaeral and major hospitals.

the services were provided through major hospitals such as Paropakar maternity and women hospital, Gajendra narayan singh hospital, Narayani hospital, Janakpur provincial hospital and peripheral health centers of Madhesh province. Establishment of separate counseling room with audio-visual aid in hospitals and peripheral health facilities. Counseling focused on informing women about the full range of contraceptive options and supporting their informed choice Maintaining secure patient records and data management system. Training staff on upholding confidentiality in service provision. Additionally, referral pathways were established to connect survivors with comprehensive health, legal, and social services.

“Increase access to and uptake of contraceptive methods through balanced family planning counseling, ensuring privacy and confidentiality, and strengthening the capacity of health service providers”.



ENGAGEMENT OF ADOLESCENT, YOUTH AND SOCIAL LEADERS

For community level awareness, understanding and behavioral change, School health champions initiative has been taken for SRHR, a balance gender composition of girl and boy will enrollment of marginalized vulnerable group adolescent and children in this intervention. From the schools of Sarlahi district students are trained on SRHR and they are mobilized for peer-to-peer dialogue, community dialogue and intergenerational dialogue.

Similarly, women group, male and female group, youth group, child group, social/religious leader group and network of women who received family planning, pelvic organ prolapse, and cervical cancer services has been formulated for advocating women like them in the community. Apart from this IEC materials such as brochure, leaflet, poster, booklet, hoarding board, wall painting has been developed regarding family planning, pelvic organ prolapses, cervical cancer, gender-based violence.

“Initiatives on community-level awareness, understanding and behavioral change regarding sexual and reproductive health and rights”.



SAFEMOTHERHOOD AND NEWBORN HEALTH

Mother and neonatal health project is supported from PSI for 3 years focusing on continuum of care, improved quality care and an enabling environment. The project is implemented in Siraha and Saptari district. The project is providing obstetric care services (ANC, institutional delivery, PNC) service to more than 1000 poor and hard to reach women's and has been conducting survey and research to improve maternal and child health and reduce mortality.

More than 4000 Pregnant women are enrolled in pregnant women group (PWG) each group consist of 20-25 women's. The project is functional at 89 wards, and 70 health facilities where 620 FCHV have been mobilized. The major intervention of the project is PWG meeting, influencer meeting, community advocacy, regular HFOMC meeting, conduction of municipality/rural municipality level meetings, facilitation of RDQA in health facility, RDQA sharing meeting, onsite coaching, municipality level advocacy, Municipality project advisory committee meeting, public hearing and social audit.

“Empowering communities through inclusive SRHR education and advocacy for transformative change”.



ADOLESCENT REPRODUCTIVE HEALTH

BWSN has been implementing 5-year USAID-Adolescent Reproductive Health project from December 2022 funded by CARE Nepal/USAID which is focused on protecting and promoting sexual and reproductive health rights of Adolescents and youths including school going boys and girls. The main target groups of the project are women, young people, adolescents, mothers, father, the poor, the underprivileged.

The project is implemented in 87 wards, 81 health facilities and working together with 585 FCHVs. There is a total of 352 groups in the community i.e. Adolescent girl (10-14 years), adolescent girl (15-19 years), adolescent boys (10-19 years), young mother groups, fathers group and youth group. There is a module for each groups and it is conducted in bi-monthly, and monthly basis for empowering community regarding reproductive health and right through module wise sessions in the targeted group, as well as strengthening health facilities and advocacy and support local government for institutionalization of the services.

“Empowering adolescents and youth to safeguard their sexual and reproductive health rights through inclusive community engagement and health system strengthening”.



HEALTH RESEARCH

The Indian Social Responsibility Network (ISRN) supported a need assessment study from July 2021 to December 2021 in Morang district to establish a maternal and child health digital platform. This mixed-methods study, involving both qualitative and quantitative approaches, gathered insights from 450 respondents across various stakeholders, including the Ministry of Social Development, Provincial Health Directorate, Health Office, in-charges, data operators from municipalities, pregnant women, and Female Community Health Volunteers (FCHVs).

The primary objective of the study was to enhance maternal and child health outcomes by deploying a digital platform that connects pregnant women with FCHVs and health facilities. The need assessment examined the current state of maternal and child health, the institutional capacity of the public health system, technological capabilities, and preparedness for digitalization. Additionally, it assessed the feasibility of the digital platform, the potential impact of digitizing the health system, and the nature and extent of support required to digitalize the system. The study also considered cost considerations, stakeholders' roles and responsibilities, and the overall potential for the digital platform to improve maternal and child health outcomes.

“Feasibility of Maternal and child health through a digitally-empowered community-health facility interface”.

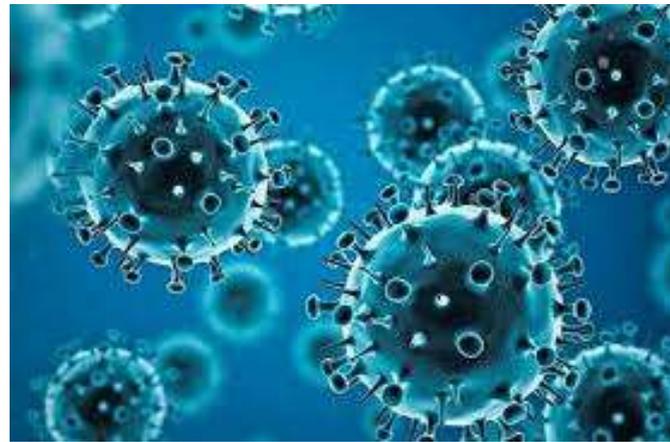


3. HEALTH IN EMERGENCIES

BWSN collaboration with ADRA, OXFAM, and USAID for their unwavering support and valuable contributions during the challenging times of the COVID-19 pandemic in all the 8 districts of Madhesh province, Udaypur as well as Sunsari districts of Koshi province, Kathmandu and Kavre districts of Bagmati Province as well as Rupandehi and Pyuthan districts of Lumbini province from April 2020 to July 2023.

Immediate assistance in setting up quarantine and isolation centers, distributing essential 5,478 hygiene kit and 1,832 dignity kits, 65 help desk, and installing 55 hand-washing paddle stations, providing PPE sets, providing infection prevention and waste management commodities helped prevent the transmission of the virus among frontline service providers and communities. BWSN efforts in providing 3,500 households food vouchers, 358 cash transfers, and skill-based training to 286 affected families and individuals have been instrumental in mitigating the socio-economic impact of the pandemic.

The provision of essential medical equipment, such as oxygen concentrators, vital monitors, and COVID-19 care kits, to dedicated COVID-19 hospitals, district hospitals, primary health care centers, and health posts has been a lifeline for the healthcare system in the working Provinces. Supported in providing reproductive health services to over 25,000 women during the pandemic period.



“Strengthening community and healthcare capacity through collaborative COVID-19 response and recovery efforts in Madhesh, Bagmati, Lumbini and Koshi provinces”.



3. HEALTH IN EMERGENCIES

During that time of children pandemic there was vaccination hesitancy and the initiation of Door to Door mobile COVID 19 vaccination was a admirable step to reach 95 % coverage of COVID 19 vaccination in Madhesh province this initiation has supported and reduced barrier by vaccinating 113,947 population i.e 21,123 pregnant & lactation, 2,137 people with disability, 19,637 elderly, 10,764 diseased people, 46,566 people from community who have poor health seeking behaviour, 796 caretakers, 12,924 children's.

Despite this have supported in regular COVID 19 vaccinations of 41,323 students in school, 35,660 adult population. Social and behavioural change communication initiatives, such as flash mobs, talk shows, journalist engagement, and the distribution of IEC materials, has played a crucial role in raising awareness and promoting preventive measures against COVID-19. The construction and handover of the oxygen generation plant at Lalbandi Municipality has been a significant contribution to ensuring the availability of oxygen during the pandemic, and we commend your foresight and commitment to addressing this critical need. The provision of a pair of goats to 1,200 COVID-19 affected women and socially excluded populations has been a meaningful step towards empowering these communities and helping them rebuild their lives.

“Overcoming COVID-19 through an inclusive, community-focused vaccination drive and holistic pandemic response in Madhesh Province”.

