Health Action in Nepal

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Training on Public Health in Emergencies for District Rapid Response Team (RRT)

The training on Public Health in Emergencies for Rapid Response Team of 6 districts, including 5 districts from the Central Region (i.e. Dhanusha, Sarlahi, Mahottari, Sindhuli and Rautahat) and 1 district from the Eastern Region (i.e. Siraha) held at Janakpur in the Central Region of Nepal on 21-22 December 2005. This training was conducted by MOHP/DHS/ Epidemiology and Disease Control Division with the technical and financial assistance of the Emergency and Humanitarian Action Programme of World Health Organization Nepal. 29 participants attended the training. They were Senior Public Health Officers from the office of the Regional Health Directorate, members of District Disaster Relief Committee, District Health Officers, Medical Officers, Public Health Officers, Medical Officer of Primary Health Centers, and Senior Representatives of the district chapters of Nepal Red Cross Society (NRCS).

The main objective of this training was to enhance the knowledge of emergency preparedness and the disaster response capacity of district RRTs. This training program was helpful to initiate a coordinated emergency preparedness in close cooperation with the District Disaster Relief Committee and Nepal Red Cross Society.

The main contents of the two-day training were: 1) disaster concepts, disaster management cycle and health effects of various hazards; 2) policy context and implementation aspects; 3) health sector disaster management; 4) introduction of the Guidelines on best public health practices in emergencies and functional mechanism of rapid response teams; 5) communicable disease surveillance, EWARS and reporting system in disasters; 6) control of communicable diseases in disasters; 7) health sector damage assessment and needs analysis; 8) lessons learnt from Nepal Red Cross's community based disaster preparedness; 9) lessons from Asian Tsunami Disaster Response in Sri Lanka; and 10) group discussions on preparedness for responding to earthquakes and floods. The training programme was a combination of theory presentations, group discussions and interactions among all the participants.
Nepal's National Immunization Programme (NIP) is privileged with an extensive immunization network. There are almost 16,000 immunization sessions and about 8,000 vaccinators. They are supported by more than 48,000 Female Community Health Volunteers. On top of that almost 200 immunization related health workers (like EPI supervisors, Refrigerator Technicians and Cold Chain Assistants) are working. On average, one health facility (2 vaccinators in each health facility) has to vaccinate 96 kids in a year for complete vaccination and 8 kids in a month. Though it is not true for each vaccinator because there is very sparse population in high hill and dense population in terai. However, in some areas the average is more or less because of the spare population.

The trend of immunization coverage for the last few years is very encouraging. National immunization coverage remained about 80% for DPT3. In supplementary immunization Measles and Neonatal tetanus (MNT), the districts have always reported more than 95% coverage. This led Nepal to a status of polio-free country for about 4 years. Measles, Diphtheria and Pertussis cases have dropped dramatically and NT is in the stage of elimination. This status is achieved through constant efforts of health workers involved in immunization and supported by the beneficiaries who have internalized the NIP. But it is rightly said that when you climb “Mount Everest” the initial climb is easy but when you are about to reach the peak you have to struggle a lot.

NIP is struggling to stop the importation of vaccine preventable diseases through extensive and sensitive surveillance network. NIP with the support of WHO/IPD carries integrated VPD surveillance on Acute Flaccid Paralysis (AFP), Measles, Neonatal Tetanus (NT) and Acute Encephalitis Syndrome (AES) through 408 weekly reporting units and 81 active surveillance sites. Besides, information is collected through Early Warning Reporting System (EWARS) and the Health Management Information System (HMIS). The National Public Health Laboratory (NPHL) and NIP with strong technical support of IPD has initiated laboratory surveillance on Hib (Haemophilus Influenza), AES, and Measles, which will be a great support for making decision’s on the incorporation of Hib vaccine in the National immunization program in coming days. The quality of immunization is monitored through 31 Adverse Effect Following Immunization (AEFI) surveillance sentinel sites, which will be expanded in other districts very soon. This will help NIP to know the status of quality of the immunization services.

Re-emergence of Vaccine preventable Disease

Re-emergence of the immunization preventable diseases is only possible if the immunization does not reach, at least its 80% target population uniformly, and if the information on coverage collected through the periphery (VDC) is not utilized at local and district level for intervention. Nepal borders with Bihar and Uttar Pradesh of India where wild polio transmission has not stopped. There is a lot of similarity between both sides of the country boarder in the day-to-day life, cultures, and rituals including sanitation. People visit either side of border frequently and poliovirus has every chance to travel with them. The only possible means to stop this transmission is to create an immunological border where we have not secured 100% susceptible population through vaccinating against Polio Nepal, after 4 years of its polio free status saw one imported wild polio case in Siraha district in the Eastern Region in 2004 and 3 wild polio cases in Sarlahi and Rautahat in the Central Region of Nepal in 2005. In response the National Immunization Program is looking closely at each district and VDC using different immunization tools for quality routine and supplementary immunization program to avert any such happening in the future. Regarding other vaccine preventable diseases, NIP has introduced a school immunization program with tetanus toxoid to sustain NT elimination, and the plan is in place to include other vaccines like measles. In its Multi Year Plan of Action (2005/06 - 2010/11) NIP plans to introduce new and under used vaccines including JE by 2006 and MMR (Measles, Mumps and Rubella), and Hib by 2008 where as expansion of HepB vaccine in all 75 districts is already in place.

In conclusion, Nepal believes that through its strong immunization service network, it will be able to achieve and sustain the target of 90% coverage Nationally and 85% at VDC level by 2010 and fulfill the aspiration of MDG in reducing child mortality by two third’s.
An Assessment of Impact of Conflict on Health Service delivery system for the rural population of Nepal, 2005

Nepal has been affected by a violent insurgency since 1996 when the Maoists declared a “People’s War”. The intensity of the conflict has increased over the years, and to date more than 12,000 people have been killed. Vital infrastructure has been destroyed and in many areas, developmental efforts and Governmental reform has been significantly affected.

Nepal has made significant improvements in the health outcomes over the past 15 years, but the direct and indirect impact of the conflict on the health system delivery is a cause for concern. Although the health sector is comparatively less directly targeted than for instance the education sector, the indirect impact of the unstable security situation has not been well documented. The World Bank commissioned a study in 2005 to assess the impact of the current conflict situation on the delivery of essential health care services for the rural population of six districts (two in the Mid Western Region and four in the Central Region) of Nepal and to recommend remedial measures.

The six districts of Nepal were purposively selected based on the level of insurgency and from different ecological zones. Both qualitative and quantitative methodologies were applied to collect information. Altogether 38 group discussions were conducted with 215 participants. The interviews were conducted at the center and the district level focused on impact of conflict on health infrastructure, service provision, health workers, management of quality health services and experiences in dealing with security personnel in districts.

The study shows that the community level workers and volunteers like Female Community Health Volunteer (FCHV) continue to provide basic essential health care services but the delivery of health services in rural areas by the existing public health system remains fragile and uncertain for assuring quality of care.

The main findings of an assessment of Impact of Conflict on Health Service Delivery System for the Rural Population of Nepal study are as follows:

**Impact on health infrastructure:** Health facilities had not been directly targeted by the insurgents. Nevertheless, some facilities housed in Government building such as Village Development Committee (VDC) offices had sustained damage or destruction during attacks on the VDC offices.

**Impact on service provision:** The outlook of insurgents towards health programs and health workers was reported to be relatively positive as compared to other sectors. Special national campaigns such as National immunization days for polio and Measles immunization, biannual Vitamin A supplementation & de-worming programs as well as family planning sterilization camps were not much affected. It was also reported that insurgents supported such events by participating in the advocacy efforts and making allowances for the vehicles to move unhindered.

**Impact on health workers:** The insurgency had affected health services due to a large number of undesirable factors noted in the field as: intimidation, harassment, extortion and threats. Most of the health workers reported that they were compelled to pay levy and donations to the insurgents. Health workers reported that they were also facing problems by security forces who would pressure the health workers not to treat the insurgents.

**Impact on management of quality health services at district level:** Technical support visits and supervision had been confined to safe and accessible areas. Frequent and unpredictable general strikes necessitated adjustment of Health programs planning and implementation. The strikes also badly affected the supply and distribution of commodities, drugs and vaccines as shown in the study. Furthermore, in the absence of locally elected bodies, the Local Health Management Committees (LHMC) was not functioning effectively. INGOs and donor agencies were also not implementing activities directly at the field level at the time of the study, but through governmental systems (District Public Health Offices (DPHOs), and District Health Offices (DHOs)).

**Recommendations:**

Based on the findings of the study, the following remedial measures were recommended to increase access, availability and utilization of health services as envisioned in the National Health Policy.

- Improving the confidence of health workers is an urgent priority. There is a need to assess the impact on the quality of health services to enhance quality of care and maintain staff motivation.
- Improvement in technical support and supervision in innovative modality by introducing a third party continuing technical and managerial supervision system in partnership with capable and experienced NGOs and private institutions.
- Local health management committees (LHMCs) are to be empowered made more autonomous.
- Central level authorities to monitor continuously conflict and health management system by developing a conflict and health monitoring approach and indicators in coordination with district officials and External Donor Projects.
- A feedback to security forces to extend appropriate behavior with health workers be conveyed from central health authorities that helps development of right kind of interpersonal communication skills, respect for human values and human rights.

Orientation of security forces at front lines level on Geneva Convention and other international resolutions and practices governing the rights and duties of health workers and other civilians.


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Seasonal outbreak of Japanese Encephalitis usually occurs every year from July to late October with the peak period in August and September. As reported to Ministry of Health and Population (MOHP), Department of Health Services (DHS), Epidemiology and Disease Control Division (EDCD) till the end of November 2005, there were altogether 2784 AES cases including Japanese Encephalitis. At the end of December 2005, a total of 2824 AES cases including JE were reported to EDCD from 40 districts from Jhapa district in the Eastern Region to Kanchanpur district in the Far Western Region of Nepal.

Regular surveillance of AES cases for confirmation of JE is carried out by WHO, Immunization Preventable Diseases (IPD), Field and Central Offices in collaboration with EDCD, Child Health Division (CHD), and National Public Health Laboratory (NPHL) of DHS, MOHP.

Out of 2824 AES cases reported, 657 cases were confirmed for JE by laboratory (elevated levels of Anti JE IgM) Case Fatality Rate (CFR) for AES was 11.18 whereas CFR for confirmed JE cases was 6.54. Most of the confirmed cases were from four districts, namely Bankey, Bardiya, and Dang in the Mid Western Region and Kailai in the Far Western Region.

Ministry of Health and Population, Department of Health Services has planned interventions on Japanese Encephalitis mass vaccination campaign in high endemic district during the Fiscal Year 2006/07. In addition, awareness campaigns, and immunization of children will be carried out as usual for the reduction of AES including JE outbreak during the fiscal year 2006/07.
The 2-day quarterly review meeting of Malaria was held in Hetauda in the Central Region of Nepal from 56 December 2005 for Vector Control Assistants and Malaria Inspectors.

Altogether 21 participants participated including representatives from VBDRTC (Vector Borne Diseases Research Training Centre) in the quarterly review meeting especially from 17 districts with high Plasmodium Falciparum (PF) Prevalance rate compared to other Malaria endemic districts.

Representatives from Bankey and Bardiya in the Mid-Western Region, Nawalparasi and Kaski in the Western Region, Jhapa, Morong, Sunsari, Saptari, Udayapur, and Ilam in the Eastern Region and Sindhupalchowk, Makwanpur, Bara, Rauthat, Mahottari, and Dhanusha in the Central Region of Nepal participated in this meeting.

The main objectives of this 2 day review meeting were to analyze the progress report of goals and analytical trends with main health indicators of Malaria, to identify the weaknesses on time for further necessary improvement and to do necessary program with the right direction to achieve the goal of program conducted by Epidemiology and Disease Control Division.

The 2-day national workshop was held in Dhulikhel in the Central Region of Nepal from 13-14 December 2005 for district malaria program managers. Altogether 45 participants from 15 districts (Physicians from Janakpur Zonal Hospital - Janakpur, Mahakali Zonal Hospital - Mahendranagar, Teaching Hospital - Maharajgunj and BPKIHS Dharan (B.P. Koirala Institute of Health and Sciences), National Public Health Laboratory, and VBDRTC (Vector Borne Diseases Research Training Centre) participated in the national workshop.

1. To update the understanding of district program managers on global and national malaria situation.
2. To solicit commitment of district health managers toward the use and practice of national guidelines of malaria control and
3. To share experience of the district health managers in the field of malaria control.

Recommendations from group were discussed as follows:
1. Malaria prevention and control measure: discussed on what changes need to be done with new technology for the prevention and control of malaria;
2. What are the new techniques used in the severe and complicated malaria causes;
3. What steps need to be taken for the community based approach to malaria prevention.

A wide range of trainings to all the health personnel in the specific malaria prone districts were conducted from the 21st to 31st of December 2005 on malaria related information, diagnosis and management of malaria. The training was divided into two categories; one was a 2 day training especially for all the District Supervisors, In-charge of Primary Health Center, Health Post and Sub Health Post. The other one was a 5 day training for Maternal and Child Health Workers (MCHWs), Village Health Workers (VHWs), and Female Community Health Volunteers (FCHVs) in Nawalparasi in the Western Region and Chitwan and Sindhuli in the Central Region of Nepal. The participants were altogether about 1,000 in each district (including 800 FCHVs in a district).

The purpose of this training was to make aware all the health personnel about the seasonal outbreaks of malaria, diagnosis and management of Malaria.
The 2-day quarterly review meeting of Kala-azar was held in Hetauda in the Central Region of Nepal from 7-8 December 2005 for Vector Control Assistants and Malaria Inspectors. Altogether 20 participants participated in the quarterly review meeting especially from 12 kala-azar affected districts like Jhapa, Morong, Sunsari, Saptari, Udayapur, and Siraha in the Eastern Region and Bara, Parsa, Rauhat, Mahottari, Sarlahi and Dhanusha in the Central Region of Nepal.

The goal of the program of Kala-azar in Nepal is to control Kala-azar by the year 2015 by reducing cases below 1 per 100,000 and no PKDL (Post Kala-azar Dermal Leishmaniasis) cases by 2018. In order to achieve the goal of the Kala-azar Program of Epidemiology and Disease Control Division, Department of Health Services, the following objectives of this program were discussed during the review meeting.

1. To reduce morbidity of Kala-azar;
2. To prevent mortality from Kala-azar;
3. To strengthen early case detection mechanisms and case management;
4. To strengthen case holding and follow-up to improve cure rate;
5. To reduce vector density with the help of integrated vector control measures.

Based on the objectives of the Prevention and Control of the Kala-azar Program of Nepal, a review was carried out of achievements of objectives and to identify weaknesses on time for further necessary improvement.

Lymphatic Filariasis Mapping in 13 Districts of Nepal

Lymphatic Filariasis mapping in 13 hilly districts of Nepal started from the month of December 2005. Three teams comprising of health assistants, laboratory assistants, motivators and a peon were assigned by the Epidemiology and Disease Control Division, Departments of Health Services to carry out the mapping job in the districts. The districts included for the mapping are Bajhang, and Bajura in the Far Western Region, Jajorkot, Salyan and Pyuthan in the Mid Western Region, Terahathum, Myagdi, Baglung, Gulmi, Kapilvastu in the Western Region and Nawalparasi, Rupandehi, and Kapilvastu in the Western Region of Nepal. Similarly, another 32 participants from 6 districts participated in Nepalgunj namely Kanchanpur, and Kailal in the Far Western Region and Bankey, Bardiya, Surkhet and Dang in the Mid Western Region of Nepal.

The main objectives of these workshops were to:

1. reduce morbidity and mortality due to zoonoses in human beings;
2. create awareness on zoonoses.

The specific objectives of these workshops were:
1. describe the epidemiology of zoonoses in human beings;
2. identify the transmission cycles of zoonoses in human and animal;
3. explain the main signs and symptoms of various zoonoses;
4. identify the specimen to be sent to laboratory properly;
5. describe the importance of recording and reporting;
6. explain the principles and measures for prevention and control of zoonoses with particular emphasis on recommended interventions.

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