National Reproductive Health Research Strategy

Family Health Division
Department of Health Services
Ministry of Health
His Majesty's Government
Nepal
2056 (2000)

Preface

The major thrust of the health policy in the past was to provide basic health services with an emphasis on primary health care and family planning services as an integrated package. On the one hand, in recent years there has been growing concern for the persistent high level of maternal mortality and on the other, the family planning program has begun to contribute to a reduction in the high level of fertility in Nepal. It is well established that family planning can help reduce infant, child and maternal mortality. Similarly, it is known that effective maternal and childcare service delivery also contribute to increased use of family planning.

As a result of the International Conference on Population and Development held in Cairo in 1994, it has been recognized that Reproductive Health is a crucial part of overall health, is central to human development and affects everyone. The conference put human rights, human development and the individual at the center of programme policies and also emphasized the need for empowerment of women, community participation and services specifically designed to reach poor and marginalized groups. In this regard, His Majesty's Government has endorsed the ICPD programme of action as well as the 1995 WHO Global Reproductive Health Strategy, both of which serve as a basis for Nepal's national Reproductive Health Research Strategy.

This document clarifies what His Majesty's Government aims to provide in terms of Reproductive Health services in Nepal and connects services with RH research in Nepal. Furthermore, it provides guidelines for policy makers, service providers, various line ministries, INGOs, NGOs and private sector so that they can develop and implement the research activities within the framework of our national Reproductive Health Research Strategy.

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1 INTRODUCTION

It is recognized that Reproductive Health is a crucial part of overall health and is central to human development. The definition of Reproductive Health, adopted in the Plan of Action of the International Conference on Population and Development (ICPD) held in Cairo in 1994, and endorsed by the United Nations General Assembly in its resolution 49/128, serves as the basis for action by all UN agencies and member states including Nepal.

The new paradigm of Reproductive Health that emerged from the 1994 held in Cairo has put human rights, human development and individual well being not programme targets at the center of programme policies. The Conference further emphasized the need for empowerment of women, involvement of women and young people in the development and implementation of programmes and services reaching out to poor and marginalized groups. Greater attention was also called for the role of in men Reproductive Health, both as decision-makers and as targets.

His Majesty's Government of Nepal has, inspired by ICPD 1994, in 1998 laid down a National Reproductive Health Strategy, based on the New Health Policy of 1991 and adapted to the 1997-2017 Second Long-term Health Plan of Nepal. The RH Strategy document has identified an integrated RH package for Nepal. The basic elements of this package are:

1. Family Planning
2. Safe Motherhood
3. Neonatal health (new born care)
4. RTI/STD/HIV/AIDS
5. Adolescent Reproductive Health
6. Prevention and management of sub-infertility
7. Prevention and management of complications of abortion and
8. Life cycle RH issues

In Nepal, Reproductive Health is not a new programme, but rather a new approach, which seeks to strengthen the existing Safe Motherhood, Family Planning, HIV/AIDS, STD, Child Survival and Nutrition Programmes with a holistic life cycle approach. This calls for strengthening inter-divisional linkages within the Department of Health Services as well as between other sectors e.g. education, women and development, local development and the legal/justice system.

2 RATIONALE FOR A REPRODUCTIVE HEALTH RESEARCH STRATEGY IN NEPAL

The Programme of Action of the International Conference on Population and Development (Cairo 1994) attributes a crucial role to research in support of RH programme development and implementation. It advocates international and national co-operation in order to collect, analyse, disseminate and utilise relevant data to make the programme work.

It has been widely recognized that research is essential in measuring effectiveness of ongoing activities, whereas situational analysis and operational research help to design new programmes. A number of priority Reproductive Health activities mentioned in the National RH Strategy document such as infertility, abortion, adolescent RH issues, elderly women's RH problems are new areas in which intersectional research will have to explore the nature, extent and context of the problems to help design intervention suitable for Nepal. However, even existing programmes such as Safe Motherhood and Family Planning are challenged to reconsider their activities, for example from a gender perspective – including needs and responsibilities of women as well as of men – and the empowerment of women. Such changes in perspective require research.

The cost-effectiveness of studies should be a point of attention as well. In the past, a number of studies has been conducted without much co-ordination or even without implementation of the results. It has increasingly been recognized that a co-ordinating mechanism would be useful to avoid duplication of research efforts, to assess adequacy of recommendations resulting from research and to promote their implementation. Furthermore, the possibility to pool resources of the government and NGOs/INGOs in case of shared interests should be considered.

One of the components of the National RH Strategy is therefore the development of a research strategy, which will optimally match the information needs of policy makers, planning and service providers with available data and with the human and material resources for further research.

Such a research strategy should include the strengthening and creation of mechanisms to assure:

- Adequate selection of priority research areas to
  - help solve bottlenecks in RH programme management within the context of PHC;
  - provide information on coverage, quality, utilization and impact of RH services, and on unmet needs for RH care of users and non-users;
  - help to develop interventions in new RH fields (e.g. adolescent health, gender issues, violence against women);
  - help to adopt existing or new RH interventions to varying physical, socio-economic, cultural and service conditions.
- Optimal collaboration between the MoH and other health-related ministries, multi/bilateral support agencies, NGOs, academic institutions, and research agencies to avoid gaps and overlaps in research.
- Optimal dissemination and utilisation of research findings.

3 OBJECTIVES OF THE RH RESEARCH STRATEGY

The **ultimate objective** of the national RH research strategy is to contribute positively to the reproductive health of individuals and couples by developing interventions in addressing their needs appropriate to their age and sex.

Specific objectives are to ensure:

- **Advocacy** of research and utilization of the findings of research at all levels
- **Identification** of **strengths, weaknesses, gaps and overlaps** in the RH programme;
- **Inventorizing** (on an ongoing basis) completed, ongoing and planned **studies** of use to remedy these shortcomings in RH interventions;
- **Identification** of **uncovered research needs** in different areas;
- **Prioritization** of these **research needs** according to their importance and necessity;
- The **planning** of **additional research** as required, while at the same time
  - **Strengthening** of **mechanisms** which optimally **link needs and available** (human and material) **resources** for RH research, through **networking**;
  - **Strengthening** of the **required research capacity** at different levels;
  - **Identification** of **additional financial resources** required;
- **Development** of appropriate **mechanisms** for **dissemination** and **utilization** of research findings.
- **Follow-up** of the extent to which **recommendations** have been **implemented**
- Regular assessment for **cost-effectiveness** of the implementation of the **national RH research strategy**;

4 RESEARCH STRATEGY

As research should support the health system, it seems logical to use the existing coordinating bodies in the system to spot needs for research, set priorities, identify resources and, finally, decide which recommendations resulting from research could be useful to support or adapt health policies and interventions.

Two such bodies have been established (as a consequence of) the RH Strategy endorsed in 1998 by the Ministry of Health.

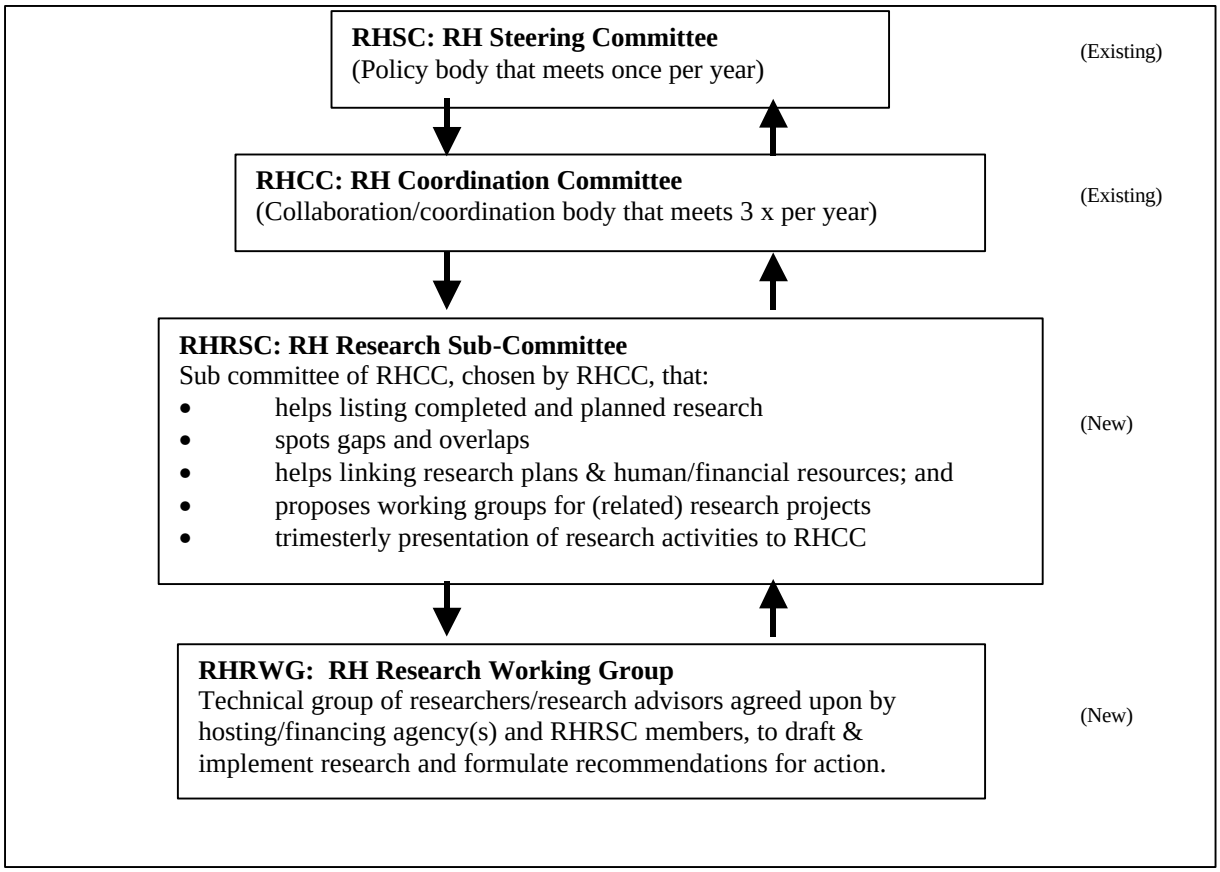
- The **Reproductive Health Steering Committee (RHSC)**. It meets once a year and is mandated to deal with policy matters related to RH, including research. Members include the Secretaries of the Ministry of Health, Law and Justice, Education and Women and Social Welfare, as well as representatives of major donor agencies and research institutions. The Secretary of Health chairs the meetings, and the Director of Family Health Division is a member who acts as Secretary.
- The **Reproductive Health Coordination Committee (RHCC)**. It meets thrice a year and coordinates ongoing and planned RH activity in Nepal. Members include Directors of RH related Divisions/Centers within the Department of Health Services, representatives of concerned NGO/INGO and multilateral/bilateral external aid partners. The Director of the Family Health Division chairs the meetings, the Chief of the RH section of the Family Health Division is the Member Secretary.

It is envisaged that to do full right to the coordination of research, a sub-group of the RHCC members with a specific interest in research will form a **Reproductive Health Research Sub Committee (RHRSC)**. This group should have a good overview of ongoing research, spot gaps and overlaps and promote new research activities, in consultation with the RHCC.

The RHRSC could promote the formation of **Reproductive Health Research Working Groups (RHRWGs),** groups of researchers and research advisors who work in the same field, and who could mutually strengthen each other in drafting and implementing research. Further they should critically discuss research findings to formulate recommendations for action.

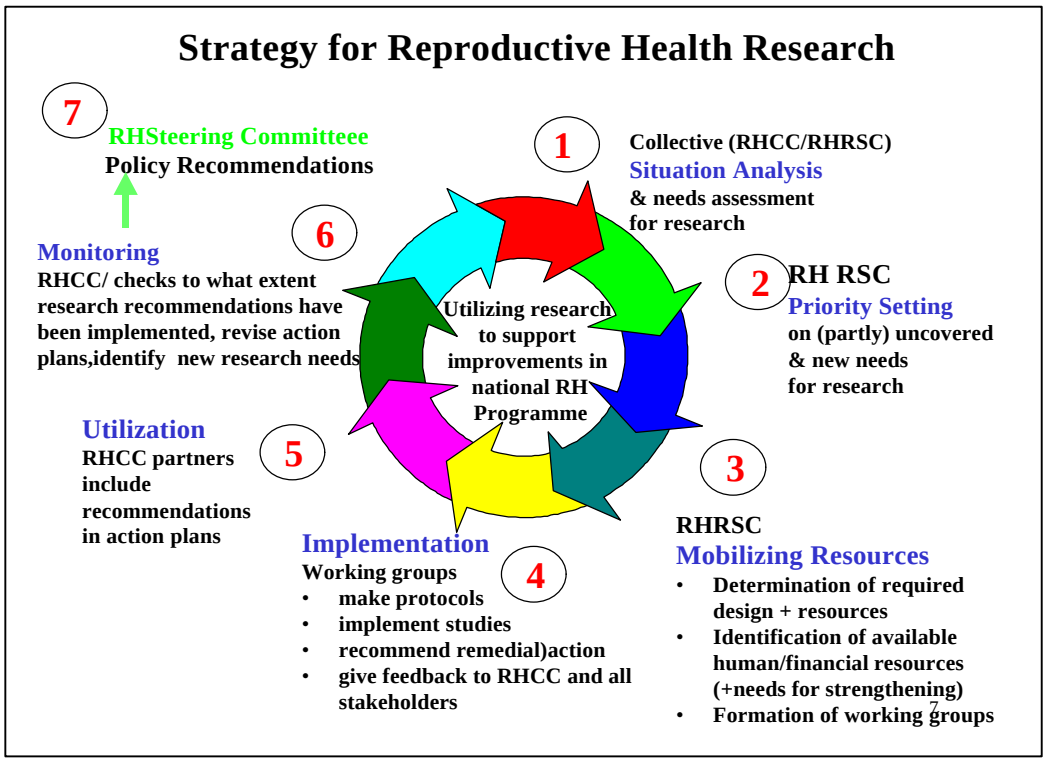
The proposed institutional framework for RH research then looks as follows:

Figure 1: Institutional framework for RH research



The strategy for RH will be implemented within this institutional framework, and contains seven steps, which are visualized in figure 2:

Figure 2: Seven-step strategy for RH research



Step 1:	***Situation analysis of research carried out and of research needs*** Determined by the national RH objectives as well as by RHCC/RTRSC members and "the field" (local government/NGO staff and community members)

The RH Research Sub-Committee will assist the RHCC in obtaining this overview of needs and resources. An important tool is the attached bibliography of RH publications developed in support of such a situation analysis. It covers all priority topics of RH and is sub-divided in policy papers, service data, community-based data/needs or action, training materials and IEC materials (see annex 2). The RH Research Sub-Committee should network among associated government Divisions/Centers and INGOs/ Bi and Multi lateral donor agencies to keep the bibliography up to date (see annex 4,5,6,7,8 for direction)

Step 2:	***Priority setting on (partly) uncovered and new needs for research.***

The RHR Sub-Committee will guide this process of consensus building, sharing of tasks, and , if there are many research suggestion, priority setting according to proposed criteria which are presented in annex 3. These may be amended by the RHCC and the RHRSC. It should be stressed that the role of the RHRSC is co-ordinative, not prescriptive. It will not prohibit planned studies from being carried out but attempt to prevent overlaps, bring uncovered priorities to the attention of institutions with resources (research institutions, donor agencies) and promote cooperation between interested parties.

The RHRSC will report its activities, suggestion and progress to the RHCC in its four -monthly meetings.

Step 3:	***Mobilizing resources for prioritized research topics***

The RHR Sub-committee will list available human/financial resources and identify needs and possible means for strengthening these resources. It will do so in relation to preferred research designs, and give suggestions for the formation of working groups, including interested research partners and facilitators related topics. These activities will be included in the report to the RHCC, and possible requests for extra resources will be presented for discussion and consideration in the RHCC.

Step 4:	***Develop and implement research protocols, inform and receive feedback from all stakeholders, including the RHRSC and RHCC***

Protocol development will take place by research teams or working group in co-operation with the hosting/financing partners (who will for the greater part be RHCC/RHRSC members) and with target groups in the field.

Feed back on results and recommendations will be requested by the researchers from the target group(s) and hosting/financing partners before finalizing the report. Feed back can also be asked from wider interested audiences (other RHRSC/RHCC partners, policy makers, and researchers) who are invited to attend, "research days" on which a number of related studies may be presented.

After such critical discussions, working groups will hand in their research reports, with recommendations and a clear summary to the RHCC for discussion.

Step 5:	***Utilization of research findings by RHCC members, incorporating recommendation in their RH action plans***

Discussion in the RHCC of research funding and recommendations for action on priority RH problems will likely lead to decisions on implementations of at least some recommendations by at least some, and in case of pertinent issues ever by all, RHCC members

Recommendations may apply to village, district or higher levels, and to direct care as well as support services (training, supervision, supply of drugs and equipment), or to overall management.

Step 6:	***Monitoring by RHCC to what extent decisions to implement recommendations have been actually implemented; revise action plans; identify further research needs; make recommendations to the RH Steering Committee about including some successfully implemented or clearly urgent recommendations in health policy or national health programmes.***

During the 4-monthly meetings of the RHCC, members will check to what extent decisions made to implement research recommendations have indeed been carried out. They will discuss achievements and constraints, revise short or long term actions plans, if required, and/or identify needs for further research to obtain better insight in constraints met and how to solve these. The RH Research Sub-Committee will help prepare this agenda point.

The RHCC will (likely delegated to the RHRSC) prepare an overview of research carried out and recommendations implemented for the yearly meetings of the RH Steering Committee. This overview will include recommendations for possible changes in health policy and programmes.

Step 7: ***RH Steering Committee considering possible changes in health policy and programmes, influenced by research and resulting RH activities in the field***

The point of possible adaptations in RH programmes and even policy will probably be standard on the agenda of the RHSCC. Relevant research findings and experiments with implantation of research recommendations could give the discussion a more solid basis.

Starting a fresh research cycle

Both the RHCC and the RHSC may, sometimes following suggestions of the RHR Sub-Committee, propose additional or new studies to solve problems that come up in their discussions. These propositions will be taken on in a new cycle starting at step 1. If the suggestion is merely an elaboration of existing research, it may well be possible to skip the first two or even three steps, however, and present the suggestion straight to the working groups or research team that has been conducting the study.

In 1999, during the third meeting of the RH Coordination Committee, it was decided to form a Reproductive Health Research Sub-Committee. The RHCC identified the Chief of Demography Section, Family Health Division, DoHS as the member secretary of the RH Research Sub-Committee. The RH Research Sub-Committee will be formed by representatives of the RHCC and the National Health Research Council. The terms of reference of the RH Sub-Committee will be specified by the members of the sub-committee and shall be approved by the RHCC. The Reproductive Health Research Sub-Committee will identify the research needs for planning, management and evaluation of the Reproductive Health services in Nepal. This committee shall act as a technical advisory body to support the RHCC with regards to research related to Reproductive Health.

The Reproductive Health Research Sub-Committee (RHRSC) shall meet once each two weeks prior to the Reproductive Health Coordination Committee (RHCC) meting. The RHRSC will report the issues and status related to the reproductive health to the RHCC and obtain necessary guidance and approval. The RHRSC will identify network of individuals and institutions involved in the area of RH research in Nepal. If required, the network groups will meet prior to the RHRSC meeting to provide necessary input to the RHRSC meeting. Furthermore, working groups will be formed by the RHRCC to support and implement the research. The members of a working group shall have experience and expertise to provide inputs in the specific research areas covered by the group as well as facilitate the research activities. For example, principle investigators of research teams working in a RH priority area may be members as well as internal and on an adhoc basis, external experts.

The RH Research Strategy should be evaluated on its functioning one year after installing the RHR Sub-Committee.

Leadership:	Chairperson will rotate each year between Government and Non Government Oragnization representative and shall be designated by the Director of Family Health Division.
Membership:	Active researchers
Functioning:	Each member is responsible for a number of related institutions (Govt. NGO, research institution) to ensure that annotated bibliography of completed research, list of research needs and planned/started studies remains up to date
Working schedule	Meet one month before meeting of RHCC (once in 4 months) to prepare over view of needs, planned and ongoing, completed research, discuss funding & recommendation of completed studies, spot priorities/research forward recommendation.

Annexes

ANNEX 1: RH STRATEGY PRIORITY TOPICS

RH PACKAGE BY LEVEL	Family level	Community	SHP/HP	PHCC	District Hospital
Family Planning	IEC, referral	IEC, counseling, Condoms/Pills via TBA, FCHV, Depo at outreach	IEC, counseling, Condoms/Pills/ Depo, IUD*, Norplant*	IEC, counseling, Condoms, Pills, Depo, (IUD/ Norplant/ surgical contraception)* Management of complications & referral	IEC, counseling, Condoms, Pills, Depo, (IUD/ Norplant/ surgical contraception)* Management of complications referral
Safe Motherhood	IEC, referral	IEC, ANC/PNC at outreach, delivery with trained health worker and TBA, safe delivery kits, use of kit bags Referral	IEC, ANC/PNC and delivery services Supervision of TBAs, Referral	IEC, ANC/PNC and delivery, New born care Lab (albumin, sugar HB-testing) Referral Basic EOC	IEC, ANC/PNC General EOC Anesthesia Blood transfusion C/section Referral
Neonatal health (newborn care)	IEC, referral	IEC, limited treatment, referral	IEC, limited treatment, referral	IEC, limited treatment, referral	IEC, limited treatment, referral
RTI/STD/ HIV/AIDS	IEC, referral	IEC, counseling, referral	IEC, counseling, referral Syndromic treatment	IEC, counseling, Diagnosis treatment referral	IEC, counseling Diagnosis treatment referral
Adolescent RH	IEC, referral	IEC, referral	IEC, counseling, treatment referral	IEC, counseling, treatment referral	IEC, counseling, treatment, referral
Prevention and management of sub-fertility	IEC, referral	IEC, referral	IEC, counseling, referral	IEC, counseling, limited diagnosis e.g., semen diagnosis, referral	IEC, counseling, limited diagnosis e.g., semen diagnosis, referral
Prevention and management of complications of abortion	IEC, referral	IEC, referral	IEC, counseling Treatment of infection referral	IEC, counseling Diagnosis & treatment of infection referral	IEC, counseling Diagnosis & treatment of infection referral
Life cycle RH issues	IEC, referral	IEC, referral	IEC, counseling, referral	IEC, counseling, referral	IEC, counseling, referral;

** in selected sites only*

ANNEX 2: TOOLS TO ASSIST IN TAKING STEPS 1-7 OF THE RH RESEARCH STRATEGY

Step 1. Situation analysis

- What research has been/ is being carried out?
- What is needed? (in terms of committee members' and national RH objectives)
- Are new research needs arising from the field?

Step 2. Consensus building/sharing of task/priority setting

- Which needs are not covered or have been insufficiently covered?
- Is it possible to cover all needs or is prioritization required (see criteria)

Proposed criteria for prioritizing uncovered/new needs for research

(consensus building instrument rather than rating)

- Importance of the problem
  - magnitude (+prognosis)
  - severity
  - related impact (on family/country)
- Needs of target groups (their perception)
- Needs of services (in terms of planning, management, evaluation of RH services)
- Available data (avoidance overlap)
- Available research capacity and financial inputs (feasibility)
- Anticipated feasibility of implementing results (possibilities & motivation of RHCC partners, staff, target groups to participate)

Step 3. Mobilizing resources

- How should selected studies be carried out?
- Broad design required:
  - Exploratory/in-depth/participatory/action research
  - Cross-sectional survey
  - Comparative study
  - Quasi-experimental or before-after study?
- Who will do it?
  - Who will host/finance the study?
  - Available capacity to implement?

(Need for support/training? From where?)

- What are the available financial resources

(Need for extra resources? From where?)

- Formation of working groups.

Step 4. Implementation of studies

- Has protocol development taken place in co-ordination with RHCC hosting partners (may be more than one) and target groups in the field
- Was there feedback of results and recommendations to target groups and hosting partners before finalization of report?
- Are studies carried out according to the objectives and proposed methods? If not, can research teams defend deviations?
- Are conclusions valid with respect to methods and techniques used?
- Are recommendations adequate and feasible, in view of findings as well as of possible constraints expected in their implementation?

Step 5. Implementation of research results

- Has RHSC kept track of ongoing and completed RH studies (see bibliography)
- Has RHRSC provided research reports, summaries and recommendation of completed studies to RHCC?
- Have these been discussed?
- Have decisions on which organization will implement which recommendation be listed per study? (in sequences of overview of possible RH topics as presented in annex 1)?

Step 6. Monitoring of implemented recommendations

- Which recommendations have been implemented according to decisions taken by RHCC
  - What were the facilitating factors
  - What are the (potential) effects and actual cost?
- Which recommendations that should have been implemented (according to RHCC decision) have not been implemented?
  - What were reasons?
  - Can major constraints be overcome? How?
  - Is additional research required to overcome constraints? Include in workplans of the studies, or start new process from step 1 onwards?
- Which research findings and implemented recommendations should be forwarded to the RH Steering Committee, with advocacy to include them in RH policies and programmes?

ANNEX 3: ANNOTATED BIBLIOGRAPHY OF REPRODUCTIVE HEALTH

	Policy/program documents
Author:	
Title:	
Year onset:	Year of publication:
Tech. assist.:	
Funding source:	No. of pages:
Publisher:	

Material type:

Language:

Target audience:

National standard:

Training of trainers:

Abstract:

	Planning, management and evaluation of services
Author:	
Title:	
Year onset:	Year of publication:
Tech. assist.:	
Funding source:	No. of pages:
Publisher:	

Material type:

Language:

Target audience:

National standard:

Training of trainers:

Abstract:

	Community-based studies
Author:	
Title:	
Year onset:	Year of publication:
Tech. assist.:	
Funding source:	No. of pages:
Publisher:	

Material type:

Language:

Target audience:

National standard:

Training of trainers:

Abstract:

Training	
Author:	
Title:	
Year onset:	Year of publication:
Tech. assist.:	
Funding source:	No. of pages:
Publisher:	

Material type:

Language:

Target audience:

National standard:

Training of trainers:

Abstract:

	IEC and advocacy
Author:	
Title:	
Year onset:	Year of publication:
Tech. assist.:	
Funding source:	No. of pages:
Publisher:	

Material type:

Language:

Target audience:

National standard:

Training of trainers:

Abstract:

ANNEX 4: TABLE OF CONTENTS OF REPRODUCTIVE HEALTH ANNOTATED BIBLIOGRAPHY

7 Abortion

- 7.1 Policy/program documents
- 7.2 Planning, management and evaluation of services
- 7.3 Community-based studies
- 7.4 Training
- 7.5 IEC and advocacy

8 Life Cycle Reproductive Health issues

- 8.1 Policy/program documents
- 8.2 Planning, management and evaluation of services
- 8.3 Community-based studies
- 8.4 Training
- 8.5 IEC and advocacy

9 Gender Issues e.g. male involvement in Reproductive Health, violence against women, girl trafficking etc.

- 9.1 Policy/program documents
- 9.2 Planning, management and evaluation of services
- 9.3 Community-based studies
- 9.4 Training
- 9.5 IEC and advocacy

10 Reproductive Health in General

- 10.1 Policy/program documents
- 10.2 Planning, management and evaluation of services
- 10.3 Community-based studies
- 10.4 Training
- 10.5 IEC and advocacy

ANNEX 5: TERMS OF REFERENCE OF THE REPRODUCTIVE HEALTH RESEARCH SUB-COMMITTEE (RHRSC)

Background

"The International Conference on Population and Development Plan of Action" has put great deal of emphasis on the role of research and studies for the Reproductive Health programme development and implementation. It is imperative that due importance is given to research and studies for the development and successful implementation of Reproductive Health services in Nepal. The Reproductive Health Coordination Committee (RHCC) in its meeting on April 5, 1999 decided to form a Reproductive Health Research Sub-Committee (RHRSC) and designated the Chief of the Demography Section of Family Health Division, as the Member Secretary of the Sub-Committee.

Strategy

The RHRSC chairperson will rotate each trimester between government and non-government organization representatives and will be designated by the Director of the Family Health Division. Active researchers who are willing to participate and provide technical input shall be the members of RHRSC. Each member of the RHRSC shall be responsible for a number of related institutions (government, NGO, INGO, research institution) to ensure that annotated bibliography of completed research list of research needs and planned/started studies remains up-to-date.

Tasks and functions

The RHRSC shall meet once every four months preferable 2-4 weeks before the RHCC meetings.

The RHRSC shall perform following functions:

a. Situation analysis of research carried out and of research need.
b. Support for the drafting of abstracts required to keep the RH annotated bibliography up-to-date.
c. Priority setting on uncovered and new needs for research.
d. Mobilization of resource for prioritized research.
e. Develop and implement research protocols and receive feedback from all stakeholders, including RHCC.
f. Facilitate utilization of research findings by RHCC members, incorporating recommendation in their RH action plans, and
g. Provide briefing to RHCC to monitor to what extent decision to implement recommendations have been actually implemented; revise action plans, identify further research needs make recommendation to Reproductive Health Steering Committee (RHSC) about including some successfully implemented or clearly urgent recommendation in health policy or national health programs.