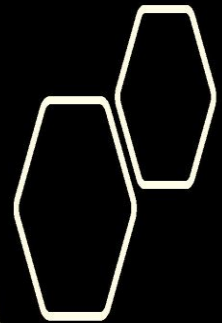


3rd GLOBAL NEPALI HEALTH CONFERENCE, LONDON
17-19 SEP, 2021,



**Proceeding &
Abstract Book**

Conference Proceeding & Abstracts Book



Prepared by:
3rd Global Nepali Health Conference Organizing and Scientific Committee



Non-Resident Nepali Association (NRNA)

गैरआवासीय नेपाली संघ

Ref.



Message

It gives me immense pleasure to write this message of best wishes for the 3rd Global Nepali Health Conference being held in London during Sept 17-19, 2021.

This is the third year NRNA Health Committee has organized the global Nepali Health Conference and is the second one during my tenure. The first one was held in Atlanta in 2019.

The value of this health conference cannot be described in words. This conference is showcasing scientific presentations from established and budding Nepali scientists and health workers through various workshops, seminars, webinars, trainings, health screening events, walk and run event and more.

Thousands of participants from around the world will be joining the conference virtually but many are gathering physically in London as well.

The London Declaration of Global Nepali Health has tremendous implication on the health issues of close to 4 million Nepali spread across the world including in Nepal.

I thank the chairperson of the conference and the NRNA Global Health Committee Dr. Sanjeeb Sapkota who has shown outstanding leadership in bringing professionals and health workers from around the world and synergizing their skills into a global health force to provide service to our compatriots.

I also thanks UK organizing committee chair Dr. Sunil Sah, NRNA-UK friends as well as professionals and scientists and organizers of the conference including Dr. Padam Simkhada, Dr. Bodha Subedi, Ms. Aliza KC and Ms. Manisha Singh. Their hard work has culminated into a global professional Health Conference that has made the entire Nepali community proud.

I wish the very best for the conference.

Sincerely,

Kumar Panta,
President.

14 September, 2021

Message from the Chairperson Dr. Sanjeeb Sapkota, Chair, of 3rd Global Nepali Health Conference

We made it! After months of planning and preparations, the 3rd Global Nepali Health Conference is now a great reality taking place in London as well as virtually during September 17-19, 2021.



Over 60 different events are included in the conference such as scientific presentations, panel discussions, webinar, skills building workshops, Health Screening & Health Education event, sessions, webinars are part of the conference. All of them are aligned with the theme of the conference "Holistic health in the era of pandemic and beyond."

This conference is open to all individuals, organizations and agencies who has stakes in maintaining and improving the health of Nepali, both outside of Nepal and in. Further conference participants can receive continuing education credit by participating in the conference.

They include health care professionals who manage all major components of health, medical and surgical doctors, nurses, public health care specialists, paramedics, policy makers, scientists, allied health care workers, health advocates and other professionals associated in ensuring health for our 38 million Nepali community: both outside and in Nepal.

I thank countless people who have helped in making this conference a grand success. They include but not limited to Dr. Sunil Sah, Dr. Padam Simkhada, Dr. Bodha Raj Subedi, Ms. Aliza KC, Ms. Manisha Singh, Mr. Chiran Sharma, Dr. Sarita Bhattarai, Ms. Bhagirath Yogi, Mr. Prem Gaha Magar, Dr. Chandra Poudel, Mr. Gobinda Kharel, Mr. Mahesh Shrestha, Mr. Rupak Lamichhane. I would specially like to thank NRNA leadership including Mr. Kumar Pant, Dr. Hem Raj Sharma, Dr. Badri KC, Mr. Sonam Lama for your unwavering support.

Dr.
Sanjeeb Sapkota
Chair,-Global Health Committee,
3rd Global Nepali Health

Message from Dr Sunil Sah- Chair of Organizing Committee

On behalf of our organising committee, I would like to welcome you all to the 3rd Global Nepalese Health Conference from 17th - 19th September 2021 at London. The annual scientific conference is a joint event with Non Residents Nepalese Association UK, Nepalese Doctors Association UK, Nepalese Nursing Association UK and other organisation around the globe. The theme of the conference is "Holistic health in the era of pandemic and beyond".



There are some changes this year due to current COVID-19 pandemic. The conference will be in hybrid mode. The opening ceremony is a formal event with high-profile guests from the UK and Nepal at Nepalese embassy in London.

We have invited Baroness Helena Kennedy QC, one of Britain's most distinguished lawyers, She has lectured on Human Rights, medical negligence, and many other subjects, both in Britain and internationally.

Professor Dame Parveen Kumar, Emerita Professor of Medicine and co-Author of, 'Kumar and Clark's Clinical Medicine', a prize-winning textbook, her work in addressing inequalities and her strive to encourage women in medicine, will be joining at opening ceremony. We have invited a president of Royal College of surgeon of Edinburg to discuss about the relation between Nepal and Royal College of surgeon.

Also we have invited a wide range of speakers and the programme is designed around mini-symposia, scientific sessions, interaction and panel discussion. I'm very grateful to my local team mainly professor Padam Simkhada, Prasuna Kadel and Manisha Singh. My special thanks to Mrs Roshan Khanal for her support from Nepal embassy in the UK.

I would also like to take the opportunity to thank all the conferences sponsor and UK Organizing Committee to providing support for local logistic. We as a Nepalese health professional with very few boundaries and I hope you'll enjoy the whole package of this conference has to offer and go home with a sense of pride in belonging to the wonderful Nepalese society.

Mr Sunil Sah
Chair, UK Organizing Committee

Welcome message from Prof Padam Simkhada, Chair of Scientific Committee

Dear Colleagues,

On behalf of Scientific Committee, I would like to take this opportunity to welcome colleagues and friends to the 3rd Global Nepali Health Conference which is going to be held on Hybrid mode from 17-19 September 2021 in London.



The scientific committee has assembled a stellar line-up of world leading speakers and local experts to discuss contemporary and crucial healthcare issues surrounding health and well-being of Nepali living in Nepal and abroad with a balance perspective based on current socio-cultural context and cutting edge science, under the theme of "Holistic health in the era of pandemic and beyond".

I look forward to greeting you in person and virtually and hope that all of you will have plenty of opportunity to share knowledge, consolidate friendships and build long-lasting memory during this conference.

Prof Padam Simkhada

Professor of Global Health

Chair of Scientific Committee

3rd Global Nepali Health Conference

17-19 September 2021,

London

Message from Professor S Michael Griffin OBE

It is an absolute pleasure to be part of the welcome to all of you to the third global Nepalese Health Conference on the 17th to the 19th of September 2021 in London. So many challenges have faced all of us throughout the world during this COVID-19 pandemic. Indeed, it is a great testimony to those who have worked so hard to make this event possible that we are here today.



Nevertheless, looking at holistic health following this pandemic is absolutely crucial not just for Nepal but for all of the world. This scientific conference explores the epidemiology and prevention of COVID-19, the treatment and care of COVID-19 patients and its effect on not just physical health but mental health as well. It addresses issues of politics and the effect that the pandemic has had on other serious health problems such as cancer and heart disease.

I am proud to say that the Royal College of Surgeons of Edinburgh has had a long-standing relationship with Nepal stretching back to the 1980s. We supported courses, examinations, teaching training and had commenced introducing standards in all of these areas. After a period of inactivity, I am delighted that our College has re-established important links - reintroducing laparoscopic training courses, basic surgical skills courses and what we describe as non-operative technical skills courses for Surgeons. These courses not only provide the basis for surgical training but the non-technical skills course addresses issues of professional behaviour and interpersonal skills. The Royal College of Surgeons of Edinburgh has Fellows in Nepal and we have many opportunities for young Nepolese surgeons to further their education and training both whilst working in Nepal and also abroad in the United Kingdom. The Royal College of Surgeons of Edinburgh have bursaries from the International Deanery and there are scholarships through our online surgical learning program, Edinburgh Surgery Online (ESO) which is a partnership with Edinburgh University. Our College wishes to be proactive and supportive to help with education and surgical training for Nepalese surgeons in order to achieve our aim of developing and maintaining standards of surgery all over the world. This helps us achieve our mission aims of safeguarding patients wherever they are.

I hope you all enjoy the conference

Professor S Michael Griffin OBE PRCSed MD FFSTEd FRCS(Eng)FRCP&S(Glas) (Hon)
FRCSI(Hon)FCSHK FCSSL(Hon)
Professor of Surgery
President Royal College of Surgeons of Edinburgh

Introduction to the Conference

Welcome to the 3rd Global Nepali Health Conference which is being held in London, United Kingdom on September 17-19, 2021. The conference will be in "Hybrid" mode, meaning that those participants able and keen to travel to venues will be welcomed in our venues in London. However, those participants unable to leave home for any reason will be able to participate via digital media platform from the comfort of their own homes.

The theme of the conference is "Holistic health in the era of pandemic and beyond" This theme briefly touches on the difficulties our Nepali communities have encountered throughout the world with this COVID 19 pandemic and at the same time aim to highlight the strength the same community has shown during the hardships we incurred by reinventing and mobilizing ourselves and what we have at hand to achieve holistic health for all.

This conference will bring together health care professionals who manage all major components of health, medical and surgical doctors, nurses, public health care specialists, paramedics, policy makers, scientists, allied health care workers, health advocates and other professionals associated in ensuring health for our Nepali community.

The topics of interest include, but are not limited to following theme and sub-themes of the conference.

- **Theme:** Holistic Health in the Era of Pandemic and Beyond
- **Sub-themes:**
 - Holistic healthcare and Covid-19
 - Epidemiology of Covid-19
 - Covid-19 prevention
 - Treatment and care of Covid-19 patients
 - Covid-19 and mental health
 - Covid-19 Vaccine
 - Impacts of Covid-19 on treatment and care of other health problems or diseases
 - Role of politics and diplomacy at the pandemic
 - Global health politics, leadership and health system
 - Any other health problems

Committees

International Organizing Committee

Chair- Dr. Sanjeeb Sapkota- Global Health Committee,

Co-chairs: Dr. Bodha Raj Subedi and Dr. Sarita Pandey Bhattarai

Members:

Dr. Shiva Shrestha, Senior Vice President, Nepal Medical Association

Dr. Narayan B Thapa, Chair, Nepal Medical Council

Ms. Aliza KC, Program

UK Organizing Committee:

Chair: Dr. Sunil Sah

Members:

Mr. Prem Gaha Magar

Mr. Gobinda Kharel

Ms. Poonam Gurung

Ms. Prasuna Kadel

Dr. Kamal Aryal

Mr. Binod Simkhada

Dr. Ramesh Khoju

Program Committee

Chair- Dr. Bodha Raj Subedi

Co-chair- Ms. Aliza K C Bhandari

Mr. Tonking Bastola

Scientific Committee

Chair- Prof. Padam Simkhada

Convener/Secretary- Ms. Manisha Singh

Members:

Mr. Satya Chaudhary, USA

Overview of the sessions

17-19 Sept, 2021
3rd Global Health Conference

Conference Program

Keynote: Zoom ID

Parallel Session A:

Parallel Session:

DAY 1 FRIDAY					
FRIDAY Sept 17	07:00 AM - 08:00 AM	Walk & Fun Run: Any safe place around the world			
	01:00 PM - 01:30 PM	Opening remarks: Organizers			Zoom room 1: 957 0724 8691 Passcode: nrna2021
	01:35 PM - 02:30 PM	Review of Atlanta Declaration of Global Nepalese Health and Global London Declaration: <i>Dr. Sanjeeb Sapkota/ Dr. Dinesh Gyawali</i>			Zoom room 1: 957 0724 8691 Passcode: nrna2021
	02:30 PM - 03:00 PM	Break			
		Room 1 Zoom ID: 957 0724 8691 Passcode: nrna2021	Room 2 Zoom ID: 929 5283 3793 Passcode: nrna2021	Room 3 Zoom ID: 945 3558 8855 Passcode: nrna2021	Room 4 Zoom ID: 937 4184 0773 Passcode: nrna2021

	03:00 PM - 04:00 PM	Progress on Nepal-CDC: National Public Health Institute: <i>Dr. Guna Raj Acharya/ Dr. Dipendra Raman Singh, Dr. Sanjeeb Sapkota, Dr. Prabhat Adhikari</i>			Global Doctors Alliance Interactions: <i>Dr. Laxman Pokharel/Ms. Punam Pant</i>
	04:15 PM - 06:15 PM	Disaster and Trauma Management in Nepal: <i>Dr. Kush Shrestha</i>	Reframing Mental Health in the era of Sustainable Development Goals: Dr. Sanjay Yadav	Women's Health Promotion: Ms. Yasmin Begum	Vaccine Production in Nepal: Dr. Ramesh Acharya
	06:15 PM - 06:45 PM	Break			
	06:45 PM - 08:45 PM	Yoga an eastern Philosophy: A Powerful Tool for Cultivating and maintaining a holistic health and wellbeing during COVID-19 Pandemic and beyond: Dr. Kalpana Paudel	Skill Building Workshop: Continuous Professional Development (CPD): Dr. Sunil Kumar Sah	Children’s' perspectives on healthy lifestyle during and post COVID: Ms. Bimala Sapkota	Telemedicine around the rough hills of Nepal (Danfe, Shi Fun): Dr. Nawaraj KC
	09:45 PM - 10:45 PM	Virtual Retreat and Social Hours			
DAY 2 SATURDAY					
SATURDAY Sept 18	07:00 AM - 08:00 AM	Walk & Fun Run: Any safe place around the world			
		Room 1 Zoom ID: 957 0724 8691 Passcode: nrna2021	Room 2 Zoom ID: 929 5283 3793 Passcode: nrna2021	Room 3 Zoom ID: 945 3558 8855 Passcode: nrna2021	Room 4 Zoom ID: 937 4184 0773 Passcode: nrna2021

	08:30 AM - 10:30 AM		Skill building workshop: Soft skills training: enhancing transition to work place; effective communication: Ms. Ashmita Adhikari/ Ms. Aliza K C Bhandari		Suicide Status and Suicide Prevention Training: Dr. Ranjan Thapa
	10:45 AM - 12:45 PM	Scientific Presentation I	COVID-19 pandemic and cancer: experience sharing platform among clinicians: Dr. Bodha Raj Subedi/ Ms. Aliza K C Bhandari	Scientific Presentation II	COVID manifestations in ENT & common ENT problems faced by Nepali worldwide: Dr. Sarita Bhattarai
	12:45 PM - 01:15 PM	BREAK			
	01:15 PM - 03:00 PM	Scientific Presentation III		Challenges and opportunities for Overseas nurses for the UK nursing registration: Ms. Anjana Sapkota	Scientific Presentation IV
	03:15 PM - 04:45 PM		Scientific Presentation V (Hybrid mode in Embassy)	Impact of Covid-19 on the Mental Health of Healthcare Professionals: Ms. Kipa Shrestha	
	4:45 PM - 06:45 PM	Opening Ceremony, Nepal Embassy, UK			Zoom room: 2

	7:15 PM - 9:15 PM	Doctor nurse’s interaction: Dr. Sagar Poudel	Where we are with Diagnosis and Vaccination of COVID-19? Dr. Bodhraj Acharya	Complementary & Alternative Medicine During COVID: Opportunities & Challenges: Dr. Dinesh Gyawali	IOM Alumni Association Launch: Dr. Arjun Lamichhane
	09:15 PM - 11:00 PM	Role of Ambassadors during Pandemic & Investment in health education and research/ health policy: Dr. Sunil Kumar Sah (this is physical panel discussion)			Zoom room 2: 929 5283 3793 Passcode: nrna2021
	11:45:00 PM onwards	Dinner for physical guests at Holy Cow Restaurant London.			
Day 3 SUNDAY					
SUNDAY, Sept 19	07:00 AM - 08:00 AM	Walk & Fun Run: Any safe place around the world			
		Room 1 Zoom ID: 957 0724 8691 Passcode: nrna2021	Room 2 Zoom ID: 929 5283 3793 Passcode: nrna2021	Room 3 Zoom ID: 945 3558 8855 Passcode: nrna2021	Room 4 Zoom ID: 937 4184 0773 Passcode: nrna2021
	01:00 PM - 3:00 PM	Skill building workshop: How to write a scientific paper (peer-reviewed publication): Dr Pramod Regmi	Health of Nepali in South Asia during pandemic & role of NRNA: Dr. Sagar Poudel	Role of media in pandemic: Mr. Bhagirath Yogi/ Ms. Distribani	Influence through policy: Nurses safety, patient safety and improved clinical outcomes: Ms. Prasuna Kandel
	03:00 PM - 03:45 PM				Brain Gain: Dr. Uttam Gaulee

	04:00 PM - 05:00 PM	Global postgraduate medical, surgical and other training for overseas doctors': Dr. Kamal Aryal	Skill Building Workshop: Self-care Wellness Strategies for Health Professionals during the Pandemic: Dr. Dinesh Gyawali/ Dr. Subhadra Karki	Tele-medicine and Tele-mental health during COVID-19 pandemic in Nepal: Dr. Priyanka Shah		
	05:10 PM - 06:30 PM				Scientific Presentation VI	
	02:15 PM - 10:15 PM	Medical Screening & Health Expo. Palace Hall, Aldershot, UK Blood glucose test, cholesterol test, Blood Pressure & Body-Mass Index measurement, Health Guidance on Diet, Consultation on Physical Activity & Well Being, CPR AED Demo nstration				
	04:45 PM - 6:45 PM	Physical Interaction over Lunch among of UK based Doctors, Nurses, Nepali Organizations.				
	08:00 PM - 08:45 PM	London Declaration of Global Nepali Health Conference: Dr. Sanjeeb Sapkota/ Mr. Bhagirath Yogi			Zoom room 4: 937 4184 0773 Passcode: nrna2021	
	10:45 PM onwards	Charity Dinner hosted by NRNA UK				
All time mentioned is Nepal standard time						

Details of the Scientific Sessions

Scientific Presentation I (room 1)
Nepali Time: 18 Sept (10.45-12.45)
Zoom ID: 957 0724 8691
Passcode: nrna2021

Chair- Dr. Bibha Simkhada

Co-Chair- Dr Anju Vaidya

1. Does personal experience of mental illness affect the confidence of UK dental students when treating patients with mental health conditions?

Presenter: Anupama Karn

Email: annie.karn@hotmail.co.uk

2. Caesarean Section and its correlates among early childbearing women in Nepal

Presenter- Ashmita Adhikari

Email: contact.ashmita326@gmail.com

3. Perceived Stress and Social Support among Nurses Working in Hospitals during Covid-19 Pandemic

Presenter: Roshni Gautam

Email: roshani77gautam@gmail.com

4. Nepalese Nurses Experiences of Work Place Violence during COVID-19

Presenters: Ms. Sarswati Lohani

Email: sarswatilohani@gmail.com

5. Social stigma of COVID-19 and professional quality of life among health care workers in Nepal

Presenter: Rakesh Singh

Email: rakes4r@gmail.com

6. Impact of COVID-19 infection among Nepalese communities in the UK

Presenter: Pasang Tamang

Email: Pasang.Tamang@hud.ac.uk

Scientific Session II (room 3)
Nepali time: 18 Sept (10.45-12.45)
Zoom ID: 945 3558 8855
Passcode: nrna2021

Chair- Dr Om Kurmi
Co-chair- Manju Karmacharya

- 1. Maternal Mental Health and Malnutrition in children under 5 years in Rupendehi, Nepal**
Presenter: Manisha Singh
Email: manishasingh0607@gmail.com
- 2. Gaming Disorder among Medical College Students during COVID-19 Pandemic Lockdown**
Presenter: Dr Naresh Manandhar
Email: nareshsayami2@gmail.com
- 3. Adverse effect following first dose of Covishield (ChAdOx1 nCoV-19) vaccination among health workers in selected districts of central and western Nepal: A cross sectional study**
Presenter: Dr. Prativa Subedi
Email: subediprativa95@gmail.com
- 4. Spatial and temporal pattern of morbidity, case fatality and mortality of COVID-19 in Nepal**
Presenter: Dr Sampurna Kakchapati
Email: kck_sampurna@yahoo.com
- 5. Impact of Tele- medicine program for home isolation support among COVID 19 patients**
Presenter: Dr. Suyash Timalisina
Email: suyashtimalisina@gmail.com
- 6. Impact of men's migration on non-migrating spouse's health and the implications for Nepal: A systematic literature review**
Presenters: Shraddha Manandhar
Email: m7shraddha@gmail.com

Scientific Session III (room 1)
Nepali time: 18 Sept (13.15-15.00)
Zoom ID: 957 0724 8691
Passcode: nrna2021

Chair- Dr Krishna Adhikari
Co- chair- Shraddha Manandhar

1. "Ageing well in Nepal? Exploring the health and social care needs of Older adults in Dhading district. Presenter- Laxmi Timilsina
Email: Laxmi.Timalsina@hud.ac.uk

2. Home hospice care in Nepal: An emerging prospect
Presenter: Dr. Rashmey Pun
Email: dr.rpun@gmail.com

3. Biologically Interpretable Deep Learning Model for Non-Small-Cell-Lung Cancer Diagnosis and Survival Analysis using Radio genomics and pathway data
Presenter: Suraj Verma
Email: verma.surajcool@gmail.com

4. Injuries - a public health problem in Nepal, activities towards prevention of injuries in Nepal
Presenter- Dr Sunil Kumar Joshi
Email: drsunkulkumarjoshi@gmail.com

5. Cross-border movement of Nepali labour migrants amidst COVID-19: challenges for public health and reintegration Presenter: Hem Raj Neupane
Email: Hemraj.Neupane@hud.ac.uk

Scientific Session IV (room 4)
Nepali time: 18 Sept (13.15-15.00)
Zoom ID: 937 4184 0773
Passcode: nrna2021

Chair- Dr Tonking Bastola
Co-chair- Pasang D Tamang

1. Factors influencing health policy process in low- and middle-income countries: A review literature

Presenter: Dr Anju Vaidya
Email: anju.vaidya@hud.ac.uk

2. Arthroplasty in Nepal, uncharted yet important.

Presenter: Dr Rabindra Regmi
Email: hirabindra@hotmail.com

3. Assessment of knowledge, attitude and practice towards prevention of Covid-19 among undergraduate medical college students

Presenter: Marina Vaidya Shrestha
Email: merinavs@gmail.com

4. Factors Affecting the Utilization of Institutional Delivery in Nepal: A Systematic Review

Presenter: Manju Karmacharya
Email: Manju.Karmacharya@hud.ac.uk

5. Knowledge, Practice and Perceived Barriers of Natural Disaster Preparedness among Nepalese Immigrant residing in Japan

Presenter Aliza KC Bhandari
Email: 20dp001@slcn.ac.jp

Scientific Session V (This session will be Hybrid mode) (room 2)
Nepali time: 18 Sep (15:15-16:45)
Zoom ID: 929 5283 3793
Passcode: nrna2021

Chair- Dr Kamal Aryal

Co-chair- Dr Laxmi Panta

1. Are gender-based violence response and rehabilitation services provided through One-Stop Crisis Management Centres in Nepal inclusive of needs of women and girls with disability?- Sapana Bista, Liverpool John Moores University
Email: S.Bista@2014.ljmu.ac.uk

2. Towards Universal Health Coverage: an analysis of health insurance program of Nepal
Presenter: Shrestha Junu, London School of Economics

Email: shresthajunoo@gmail.com

3. Impact of federalization on health system in Nepal: A longitudinal analysis

Presenter: Dr Julie Balen – University of Sheffield

Email : j.balen@sheffield.ac.uk

4. Health and wellbeing issues among Nepali migrant workers: Global Review

Presenter: Prof Padam Simkhada - Huddersfield University, UK

Email: p.p.simkhada@hud.ac.uk

**Scientific Session VI (Room 4)
Nepali time: 19th Sep (17:15- 18:30)
Zoom ID: 937 4184 0773
Passcode: nrna2021**

Chair Dr Bodha Subedi

Co-Chair- Manisha Singh

1. Emerging role of Professional Nurse Advocate post COVID surge in England and how it can be adapted to support health care professionals globally

Presenter: Chitra Sanjel

Email: csanjel@hotmail.com

2. Reasons for leaving Intensive Care Unit- nurses' perspectives

Presenter: Chitra Sanjel

3. Experiences and Perception on Online Education among the Nursing Faculties and Students during Covid-19 Pandemic in Nepal: A Mixed Method Study

Presenter: Bimala K Sah

Email: bimalashah49@gmail.com

4. Maternal and neonatal health services in Nepal: A mixed method study

Presenter: Pasang D Tamang

Email: Pasang.Tamang@hud.ac.uk

5. Telemedicine Consultation Services during Second Wave of COVID-19 Pandemic in Nepal

Presenter: Dr Navindra R bista/ Phr. Kabin Maleku

Email: kmaleku@gmail.com

Scientific Papers/ Abstracts

1. Cesarean Section and its correlates among early childbearing women in Nepal

Author(s)/presenter: Aliza KC Bhandari (1), Ashmita Adhikari (2), Mijjal Shrestha (3), Mahbubur Rahman (1)

Affiliation: 1. St Lukes International University, Tokyo, Japan, 2. M M college of Nursing, India, 3. University of Dhaka

Email: contact. Ashmita326@gmail.com

Abstract:

Background: Cesarean section (CS) is an important indicator of accessibility to emergency obstetric care. In Nepal there is a high rate of early marriage leading to increase in teen age pregnancy however, the factors associated with CS among early child bearing women remains unreported. Hence, the objective of this study is to examine the factors associated with CS among early child bearing women.

Methods: We used the 2016 National Demographic and Health Survey (NDHS) data obtained from DHS department of USAID for this study. Bivariable analysis was done using chi square test. We used logistic regression model to identify the factors associated with CS among early child bearing women.

Results: Out of 4006 women of reproductive age group from 1996 to 2016, more than 50% had early pregnancy. The population-based cesarean section (CS) rate was about 10% [95% confidence interval: (8.9-11.6)]. Our logistic regression model showed that women with early child bearing had 32% (p- value <0.05, 95% confidence interval: 0.50- 0.94) less chance of having CS than women of age group 19-29 years. It was also evident that poorest women of same age group had 66% less likelihood of having CS than the richest (p- value: <0.05, 95% confidence interval: 0.29-0.99). Similarly, women from province-1, province-3 and province-4, having complete four antenatal check- ups and delivering in a private institution were associated with CS among early child bearers.

Conclusion: The odds of having CS decreased by 66% among women with early pregnancy than their counterparts after adjusting for all other covariates. This suggests that the early pregnancy might not be the risk factor for having a CS. However, we also found that this relationship might have been confounded by the interaction between wealth index and age groups as there was a huge disparity in CS rate among poorest and wealthiest women who had early child bearing. Thus, Nepal government should focus more on providing adequate accessibility to CS services throughout the population so that every woman could utilize the services in need.

2. Cross-border movement of Nepali labor migrants amidst COVID-19: challenges for public health and reintegration

Authors/ Presenter: Hem Raj Neupane, Padam P. Simkhada (Co-author), Philip Brown (Co-author)

Affiliation: University of Huddersfield

Email: Hemraj.neupane@hud.ac.uk

Abstract:

The migration of Nepali workers to India for labor is a long-standing tradition and a common pattern of life in the region. As poverty and unemployment have been the main causes of migration, migration for work has helped maintain a standard of living particularly for low skilled and low-income migrants. However, the COVID-19 pandemic has made visible a policy vacuum relating to the connections between the mobility of labor migrants, economic resilience and public health. In the absence of effective policy returnees have posed challenges for the Nepali state and posed risks for individual workers, households and the communities more broadly as a result of a lack of adequate support and planning. This paper reviews what we know about the return of Nepali labor migrants during the COVID-19 pandemic and highlights the impacts this policy vacuum has had on public health consequences and reintegration upon return within the established social structure of Nepal.

3. Factors Affecting the Utilization of Institutional Delivery in Nepal: A Systematic Review

Authors/ **Presenter: Manju Karmacharya**¹ , Padam Simkhada² , Paul Bissell³ , Krishna C. Poudel⁴ , Sharada Prasad Wasti⁵

Affiliation: 1 PhD in Public Health Researcher, University of Huddersfield, UK 2.

Associate Dean, School of Human and Health Sciences, University of Huddersfield, UK

3. Dean, School of Human and Health Sciences, University of Huddersfield, UK 4.

Associate Professor, University of Massachusetts, USA

5. Senior Research Fellow, University of Huddersfield, UK

Email: manju.karmacharya@hud.ac.uk

Abstract

Introductions: There is wide variation in the utilization of institutional delivery services in Nepal and range of factors affect the decision where to give birth. This study aims to systematically review the literature on factors affecting the utilization of institutional delivery services in Nepal. **Methods:** This systematic review was conducted by making a comprehensive data search in PubMed, Scopus, DOAJ, and the Nepal Journals Online. The search was limited to articles in English language only published between 1st January 2000 to 31st January 2021. Narrative synthesis was done with demand side and supply side framework and summarizes the key findings of this study. **Results:** A total 331 articles initially identified as relating to the topic among them 18 articles met the inclusion criteria. Findings revealed that the demand side gaps at individual and household level were lack of knowledge of danger signs; services offered by skilled birth attendants (SBA); free delivery services; lack of women's autonomy on deciding childbirth at health facilities; long distance; unavailability of transport services; and unable to manage transport costs. Further findings revealed that the supply side gaps at the health facilities were lack of trained SBA, lack of equipment and infrastructure and poor quality service at birthing center. Despite of range of negatively influencing factors in above but supportive husbands and mothers-in-law; the availability of free of cost ambulance; transport incentives; living nearby birthing centers, pregnancy complications and friendly health service providers were found as an enabling factors for utilizing the institutional delivery services. **Conclusion:** Range of factors were negatively influenced on utilizing the

institutional delivery. Therefore, increasing awareness of women and family about free of cost maternity services and availability of trained health workers at health facilities through mass media and making service more accessible and friendly would likely increase utilization of institutional delivery.

4. Maternal and neonatal health services in Nepal: A mixed method study

Authors/ **Presenter: Pasang D Tamang**¹, Prof. Padam Simkhada¹, Prof. Paul Bissell¹ & Prof. Edwin van teijlingen²

Affiliation: ¹ **University of Huddersfield**, Huddersfield, UK ,² University of Bournemouth, Bournemouth, UK

Email: pasang.tamang@hud.ac.uk

Abstract:

Despite notable achievements in maternal and neonatal health, many women in Nepal die every year during pregnancy and childbirth which could be prevented with improved quality of health services at this critical time. Hence, this study aimed to explore health facility readiness in providing quality of maternal and newborn care and women's perspective on maternal and neonatal quality of care. This study used the explanatory sequential mixed method consisting of survey and semi-structured interviews. Census method and purposive sampling were used for the survey (N=31) and the semi-structured interviews (N=15), respectively.

Twenty-four HF's provided delivery and newborn care (birthing centers, PHC and hospital) 24 hours a day and 7 days a week. Even though most considered that their facility was moderately stocked (n=14) & well stocked (n=6), most HF's (n=21) experienced shortages of essential medicines over past three months.

Two main theme that occurred during the interview were experience of care and expected quality of care. The waiting time varied from none to half an hour depending on the patient flow on the day of their visit. Some women preferred having their mother, sisters, or mother in laws during labor and after delivery for comfort and emotional support. Majority of the women felt that they were treated properly during their visit to HF's with minor numbers experiencing health workers (HWs) being angry at them especially during the labor. Women who were residing near non-birthing center health facilities received counselling on where to go for the delivery as well as the importance of institutional delivery.

Stock out of essential medicine and supplies were common in most of the HF's. The overall experience of care received by women were satisfactory with minor experiencing impolite behaviors by HWs.

5. Maternal Mental Health and Malnutrition in children under 5 years in Rupendehi, Nepal

Author/ **Presenter: Manisha Singh**, Tomasina Stacey, Julie Abayomi, Padam Simkhada

Affiliation: University of Huddersfield, Edge Hill University

Email: manishasingh0607@gmail.com

Abstract: Background: Maternal mental health plays a significant role in child's physical and mental growth. Recent studies have shown the association between maternal mental health and child under-nutrition. However, the findings from

different countries are conflicting. To date a few studies have been conducted to understand maternal mental health, limited to depression and almost none to explore possible association between maternal mental health and child malnutrition in Nepal, despite of evident burden of malnutrition in children under-5 years of age. Therefore, this study aims to investigate the association between maternal mental disorder and under-nutrition in children under-5 years in Nepal. Method: A cross-sectional survey was conducted in Rupandehi, Nepal where a total of 4000 mother-child dyads were recruited. The children included in the study were 0-5 years of age. Anthropometric measurements such as height and weight along with Mid-upper Arm Circumference were measured to determine the nutritional status of children. Self-Reported Questionnaire (SRQ-20) was used to measure common maternal mental disorder (CMD). In addition, data on demographic and socio-economic variables were also collected. Data entry and analysis was conducted in SPSS statistical software. Results: 27.2% of the mothers were found to have CMD. 28.4% children were found malnourished where 15.9% were moderately acute malnourished (MAM) and 12.7% were severely malnourished (SAM). There was a significant association between maternal mental health and child under-nutrition (p-value-.00001, df-1). Conclusion: Maternal mental health should be recognized as a significant public health problem in Nepal as it has implications on both maternal and child health. To address child under-nutrition specifically, maternal mental health should be incorporated in the national maternal and child health program.

6. Impact of men's migration on non-migrating spouse's health and the implications for Nepal: A systematic literature review

Authors/ **Presenters:** Shraddha Manandhar¹, Padam Simkhada¹, Philip Brown¹, Edwin van Teijlingen²

Affiliation: University of Huddersfield, UK, Bournemouth University, UK

Email: m7shraddha@gmail.com

Abstract:

International migration is in an increasing trend globally; internal migration is also very common, particularly in LMICs where the rural population migrate to cities for work. Migration is predominantly a male phenomenon. Little attention has been paid to the impact of migration on non-migrating spouses' (NMSs) health. Therefore, we undertook a systematic literature review to examine what is known about the impact of men's migration on NMSs' health in LMICs. We searched five databases: CINAHL, Google Scholar, Psych INFO, PubMed and Scopus using key search terms 'left-behind', 'women', 'migration' and 'health'. Twenty peer-reviewed publications were included, the majority of which focused on mental health, followed by sexual and reproductive health (SRH) and health-seeking behaviour of NMSs. Whilst the review includes six papers from Nepal, the findings from this review are highly relevant for Nepal due to the high level of men's migration and lack of literature on NMSs.

Findings suggest that NMSs had increased access to healthcare due to better financial positions (via remittances) and increased empowerment/autonomy in the absence of their husbands leading to increased decision-making regarding their health and

increased freedom of mobility to seek healthcare. Remittances led to improved food and housing security, a critical wider determinant of health. However, a few studies reported that in the longer term, the general health of NMSs is negatively impacted. Almost all studies on mental health reported higher depressive symptoms among NMSs. From an SRH perspective, NMSs feared contracting sexually transmitted infections from their migrant partners.

Early policy implications suggest that national and local policies should include local support groups and counselling services at the local health centre for NMSs. From a research perspective, we recommend further studies on the areas presented above as well as unexplored areas such as vulnerability to violence and impact of remittance on health and nutrition.

7. Does personal experience of mental illness affect the confidence of UK dental students when treating patients with mental health conditions?

Author/ Presenter: Anupama Karn

Affiliation: University of Leeds

Email: annie.karn@hotmail.co.uk

Abstract:

Introduction The prevalence of mental health conditions (MHCs) is increasing rapidly amongst dental students, however there is no literature on whether this experience impacts their confidence when treating patients with mental illness.

Aims & Objectives The aim of this study was to explore the influence of dental student's personal experience with mental illness on their confidence when treating patients with MHCs. There is currently no acknowledgement of clinical expertise by experience within dental literature to enhance the recovery of those suffering with mental illness.

Methods This cross-sectional study was carried out in the form of an online questionnaire which was distributed to 327 undergraduate dental students at the University of Leeds.

Results Overall, 121 students completed the questionnaire out of which 53.5% had personally experienced mental illness. 60% of these students believed this experience had positively affected their confidence when managing patients with MHCs. Although there was no statistical significance when comparing personal experience and confidence, comments showed that most students who had personal experience felt they could relate to patients more whilst understanding and empathizing with the impact of their condition.

Conclusion In conclusion, there was no significant association between dental student's personal experience and student confidence. In general, although many students felt confident treating patients with any given mental illness, they reported additional education on managing these patients would increase their confidence in the future

8. Emerging role of Professional Nurse Advocate post COVID surge in England and how it can be adapted to support health care professionals globally

Authors/ **Presenter:** Chitra Sanjel

Affiliation: Practice Development Nurse, ICU-Chelsea and Westminster Hospital NHS Foundation Trust

Email: csanjel@hotmail.com

Abstract:

The Professional Nurse Advocate (PNA) programme delivers training and restorative supervision for colleagues right across England. The programme was launched in March 2021 by NHS England and NHS Improvement, towards the end of the third wave of COVID-19. This was the start of a critical point of recovery: for patients, for services and for the workforce. PNA training provides those on the programme with skills to facilitate restorative supervision to their colleagues and teams, in nursing and beyond. A version of this programme exists already for maternity colleagues, where outcomes point to improved staff wellbeing and retention, alongside improved patient outcomes. The training equips them to listen and to understand challenges and demands of fellow colleagues, and to lead support and deliver quality improvement initiatives in response.

I am a PNA on training and will finish my training end of August. Being a practice development nurse, I am in a perfect position to support my colleagues to develop professionally. I conduct regular clinical supervision and with the PNA training, I will be able to add restorative part to the supervision. This programme is the first of its kind for nursing not just in England, but across the world. Therefore, I would like to discuss in detail, what components from this role, can be used globally and especially in Nepal to support our health care professional colleagues.

9. Gaming Disorder among Medical College Students during COVID-19 Pandemic Lockdown

Authors/ **Presenter:** Marina Vaidya Shrestha, **Dr. Naresh Manandhar**, Subhash Chandra Sharma, Sunil Kumar Joshi

Affiliation: KU

Email: drsunkumarjoshi@gmail.com

Abstract:

Background

The frequent lockdown in Nepal during COVID-19 pandemic had brought various kinds of complexities such as stress among college students. This situation had created uncertainty of future academic career of undergraduate students in medical colleges. Some previously published literature showed gaming as a coping mechanism against stress.

Objective

To assess the gaming behavior of medical college students during lockdown in COVID19 pandemic.

Method

A cross-sectional study was conducted during lockdown period of July to August 2020. A total of 412 college students were enrolled. Online Google forms were shared to all the eligible students through email, viber and messenger with the help of class

representative. Patient Health Questionnaire (PHQ) 9 and Generalized Anxiety Disorder (GAD) 7 scales and Internet Gaming Disorder Short Form9 (IGDSF) were used for the measurement of depression and anxiety; respectively scores of each respondent were calculated by summing up the correct responses. Collected data were analyzed in SPSS version 20.0.

Result

The prevalence of gaming disorder was 8.5% among 260 internet gaming users. About 69.2% of the participants reported that their gaming behavior had increased due to stress of COVID-19 pandemic. Gender and spending more time online per day showed significant associations with greater scores on the internet gaming disorder (IGD). There was a significant correlation observed between the IGD score and time spent online per day ($r = 0.442$, $P = 0.001$), Patient health questionnaire (PHQ-9) score ($r = 0.434$, $P < 0.001$) and Generalized Anxiety disorder (GAD) score ($r = 0.388$, $P < 0.001$) representing the depressive symptom severity among the participants.

Conclusion

During lockdown period of COVID-19 pandemic, the gaming behavior of medical college students has increased. This study strongly suggests that IGD among medical students in Nepal is an important emerging mental health condition with negative impact of excessive gaming on the physical, psychosocial determinants of health in individuals.

10. Perceived Stress and Social Support among Nurses Working in Hospitals during Covid-19 Pandemic

Authors/ **Presenter: Roshni Gautam**,¹ Gita Kumari Satyal²

Affiliation: 1 Lecturer, Department of Adult Health, Maharajgunj Nursing Campus, Institute of Medicine. TU, Kathmandu

2 Nursing Supervisor, Tribhuvan University, Teaching Hospital, Kathmandu

Email: roshani77gautam@gmail.com

Abstract:

Introduction: Nurses are considered a vulnerable group to experience stress and anxiety during the COVID-19 pandemic due to feeling of inadequate protections and high risks of infection, isolation from family and are also facing challenges including stigma and discrimination at workplace and surroundings, insulted in the street, and evicted from rented apartments. Hence, this study aimed to find out nurses' perceived stress and what is about their social support for the personal and professional quality of life.

Methods: Analytical study was conducted among 224 nurses who were directly involved with caring of COVID-19 patients in university hospital. Simple random sampling technique was applied to select the eligible participants and self-administered questionnaire was for collection of data. Descriptive statistics (Percentage, mean, median, standard deviation) and inferential statistics (Spearman's rank correlation) was calculated by using IBM SPSS software version 21. **Results:** Out of 224 participants, mean age and standard deviation 29.58 ± 6.28 ranged from 20 to 58 years and 68.3% were belong to 20-30 years age. Pearson correlation between level of perceived stress and perceived social support is -0.150 with p value 0.025 as it is significant negative correlation which indicates that, as social support

increase, stress decrease. The study showed that 75% have moderate perceived stress followed by 16% severe stress where as 65.6% and 31.3% perceived medium and high social support respectively.

Conclusion: The study concluded that nurses perceived stress who are involving in providing nursing care during COVID-19 pandemic. Their level of perception of stress was negatively correlated with the support they received from family, friend and significant other. Therefore, it is recommended that social support from family, friends and significant other should be strengthened to maintain the psychological well-being of nurses.

Key Words: COVID-19 Perceived stress, Social support, Nurses

11. Nepalese Nurses Experiences of Work Place Violence during COVID-19

Author/ Presenters: **Ms. Sarswati Lohani (Principle Investigator)**, Dr. Maya Rai (Co-Investigator) Professor Basanti Thapa (Co- Investigator)

Affiliation: **Bir Hospital Nursing Campus, National Academy of Medical Sciences, Gaushala, Kathmandu**

Head of Department, Microbiology, Karnali Academy of Health Sciences, Teaching Hospital, Jumla

Recently retired from Bir Hospital Nursing Campus, National Academy of Medical Sciences, Gaushala, Kathmandu

Email: sarswatilohani@gmail.com

Abstract:

Background

Workplace violence (WPC) against the nurses is frequent and is often accepted as a part of their job. These front-line healthcare workers were more vulnerable to WPC during the coronavirus pandemic (COVID-19). The present study aims to explore WPV experience of the Nepalese nurses during the first wave of COVID-19 pandemic.

Methods

After getting institutional ethical approval, a cross sectional qualitative study was conducted between June and December, 2020 among the nurses working at Bir hospital, one of the biggest COVID care government hospitals in Nepal.

Phenomenology was used to explore the experiences of the nurses. Purposive sampling was done to recruit the participants from both COVID ICU and COVID wards. A total of nine participants were included in the study based on the principle of saturation of data. Data were collected using In-depth Interview (IDI) guidelines and probing questions.

Each interview took about 20-40 minutes. The interviews were recorded using a recorder and note taking was also done. Themes were generated from the transcripts of the interviews by two independent researchers while third researcher was also involved in case of disparity.

Result

The Nepalese nurses faced different forms of WPV from the patient, society and the government during the first wave of COVID-19. Experiences of the nurses were expressed mainly under five main themes; tolerance towards the aggressive patient, anxious to attend patient and visitors, family rejection, stigmatized by society and disrespect towards nurses.

Conclusion

Nepalese nurses experienced varied forms of violence during the first wave of COVID-19. Proper safety and security guidelines for the nurses during such pandemic should be developed to minimize such risks in the future. In addition, nurses should be given credits and motivation for their contribution in taking care of COVID patients.

12. Social stigma of COVID-19 and professional quality of life among health care workers in Nepal

Authors/ **Presenter:** Rakesh Singh¹, Madhusudan Subedi², Chandra Bahadur Sunar², Smriti Pant³, Babita Singh⁴, Bigya Shah⁵, Sharika Mahato⁶

Affiliation: **1 Department of Public Health, KIST Medical College, Lalitpur, Nepal, 2 School of Public Health, Patan Academy of Health Sciences, Lalitpur, Nepal, 3 Department of Community Medicine, Institute of Medicine, Kathmandu, Nepal, 4 Department of Psychiatric Nursing, National Medical College, Birgunj, Nepal, 5 Department of Psychiatry, Patan Academy of Health Sciences, Lalitpur, Nepal, 6 Department of Monitoring, Evaluation and Research, TLMN Anandban Hospital, Lalitpur, Nepal.**

Email: rakes4r@gmail.com

Abstract: Background: Social stigma related to infectious diseases is a stressor for mental health and has influenced health care workers and their quality of life at work. This study aimed to assess COVID-19 related social stigma among health care workers (HCWs) and its relationship to their quality of professional life during the first wave of COVID-19 pandemic in Nepal. Material and Methods: A web-based cross-sectional study was implemented among total of 421 HCWs (health assistants 35.6%, nurses 33%, doctors 23.3% and paramedics 8.1%) with 52.7% female working health care facilities in Nepal. The measures included background characteristics, discrimination and acceptance of COVID-19 patients, COVID-19 fear, work satisfaction, burnout and fatigue. Descriptive and inferential statistics were utilised to analyse the data in SPSSv20. Ethical approval was sought from Institutional Review Committee of an autonomous health sciences university in Lalitpur. Results: Around two-third, a half and a quarter of the study participants showed negative attitude towards discrimination, acceptance and fear of COVID-19 respectively. Findings of regression analysis indicated that social stigma was a strong predictor of quality of professional life and accounted for 22.8%, 21.1% and 19.9% variances in satisfaction, burnout and fatigue respectively. Conclusion: All health workers, especially males, those working in COVID-19 patient treating facilities and in primary care settings should be trained timely and appropriately with a focus to reduce their social stigma towards COVID-19 patients during pandemic. Further qualitative studies are recommended to understand detailed perspective of HCWs regarding stigmatization and creating enabling environment.

Keywords: COVID-19 pandemic, Healthcare workers, Quality of life, Social stigma

13. Impact of Tele- medicine program for home isolation support among COVID 19 patients

Authors/ **Presenter: Suyash Timal**sina, Biraj Karmacharya, Prabhat Adhikari, Archana Shrestha, Kritika Bhandari, Kabin Maleku, Yagya Prasad Timal

sina, Kanchan Dahal, Reshma Shahi

Affiliation: Kathmandu University School of Medical Sciences, Dhulikhel, Nepal. Danphe Care, Dillibazar, Kathmandu, Nepal, Bhaktapur Provincial Hospital, Bhaktapur, Nepal.

Email: suyashtimal@gmail.com

Abstract:

Problem Statement: Tele-health has had a positive impact on a number of epidemic diseases similar to COVID-19 in the past. In the context of Nepal, Telemedicine services have been ongoing since 2006, facilitated through Nepal Research and Education Network (NREN). As per the recent review, around 30 districts of the country are getting telemedicine services. The availability of telemedicine increased the volume of teleconsultation and provided exposure to the rural community of Nepal and in providing continuing education and reduced the professional isolation of health professionals working in rural areas. All these factors improved the quality and efficiency of the health services. Objectives: The overall objective of the study is to determine the impact of telemedicine programs for home-isolation support among COVID-19 patients. The specific objective of the study is to determine the short and long-term health outcomes among COVID-19 patients enrolled in telemedicine programs for home-isolation support using an ambispective study design. Methods: All the positive cases of COVID-19 patients who are enrolled in Danphe care, with the exception of severe and critical cases will be the study population. Danphe health care will contact the COVID-19 patients for further monitoring. Following their consent, the patients will be required to fill the designed questionnaires and then be evaluated by the treating physician and then categorized as mild or moderate COVID-19 cases. These patients will then be monitored every day for the next 14 days and then be discharged. During discharge these patients will be asked to fill the required evaluation form again to evaluate their improvement. The data collection will be done by the research team .A new follow-up could be of interest to perform after 3 months. Doctors / nurses of Danphe Health care will in case be the persons who contact the participants and inform them about the purpose.

14. Adverse effect following first dose of Covishield (ChAdOx1 nCoV-19) vaccination among health workers in selected districts of central and western Nepal: A cross sectional study

Authors/ **Presenter: Dr. Prativa Subedi**¹, Gopal Kumar Yadav², Binod Paudel³, Anu Regmi⁴ ,Prajwal Pyakurel⁵

Affiliation: 1Medical Officer, Rolpa District Hospital, Rolpa, Nepal 2Medical Officer, Kalaiya District Hospital, Bara, Nepal 3Medical Officer, Grahun Primary Hospital, Syangja, Nepal 4Nursing Officer, Rolpa District Hospital, Rolpa, Nepal 5Assistant

Professor, School of Public Health and Community Medicine, B. P. Koirala Institute of Health Sciences, Nepal
Email: subediprativa95@gmail

Abstract:

Objective: The study aimed at finding out the adverse reactions following immunization (AEFI) and their incidences among health workers in three different districts of central and western Nepal following first dose of Covishield vaccine, the incidence of reactions along with time of onset and duration of the local and systemic symptoms. It also aimed at studying the association of AEFI with demographic and clinical characteristics of vaccinees, pre-vaccination anxiety level and prior history of COVID-19 PCR status. **Methods:** This was a cross sectional study carried out via face to face or telephonic interview among 1006 health workers one week after receiving their first dose of Covishield vaccine. Incidence of reactions was calculated in percentage while Chi square Test was used to check the association of AEFI with independent variables. Logistic regression was used to find out the adjusted odd's ratio at 95% CI. **Results:** Incidence of AEFI was 79.8 % with local and systemic AEFI being 67.99 and 59.74% respectively. Injection site tenderness was the commonest manifestation. Local and systemic symptoms resolved in less than one week among 96.78% and 98.67 % vaccinees, respectively. Females were more likely to develop AEFI than males (AOR =1.73). Highest AEFI rate was seen among adults aged 30-44 years(AOR 1.10). Most of the vaccinees were untested (59.84%) Vaccinees with previous history of RT-PCR tested COVID-19 infection were less likely to develop AEFI (AOR 0.86). **Conclusion:** More than two third of the vaccinees developed one or more form of adverse reactions, but most reactions were self-limiting. Females and young adults were more prone to develop AEFI. Comorbidity did not affect AEFI.

Keywords: AEFI, coronavirus, COVID-19, health workers, Vaccine, Nepal

15. Impact of COVID-19 infection among Nepalese communities in the UK

Authors/ Presenter: Pasang Tamang¹, Prof. Padam Simkhada¹, Laxmi Timalisina¹, Dr. Bibha Simkhada¹, Prof. Paul Bissel¹, John Stephenson¹, Prof. Edwin van Teijlingen², Dr. Sharada Wasti¹, Dr. Sunil Sah³

Affiliation: 1 University of Huddersfield, Huddersfield, UK 2 University of Bournemouth, Bournemouth, UK 3 Non-Resident Nepalese Association, UK

Email: pasang.tamang@hud.ac.uk

Abstract:

COVID-19 pandemic had a tremendous impact on the health and well-being of people around the world specially the Black, Asian and Minority Ethnicity (BAME) groups. Within BAME, Nepali communities are significantly affected by COVID-19. Hence, this study aimed to explore the impact of covid-19 on Nepalese community. This study employed a mixed methods approach which consists of online survey (n=95) and semi-structured interview (n=20) with Nepalese people living in the UK.

Out of 95 total participants, 49.5% (n=47) were female and 50.5% (n=48) were male. 80% (n=76) of the participants were employed at the time of the study out of which 71% (n=54) went to work, 16% (n=12), worked from home and 13% (n=10) had mix of both). 43% (n=41) of the respondents were working as frontline workers majority of

whom were in health and social care (51%) followed by food and other necessity goods industry (19.5%). 10.5% (n=10) of the respondents were tested positive for the COVID-19 infection out of which 70% (n=7) had experience one or more symptoms for more than a week.

Majority of the participants who were working as a frontline worker feared that they might transmit the infection to their family members and were taking every precaution to avoid the infection as they have seen the worst-case scenario from COVID-19 infection. Those who were tested positive felt that they were into solitary confinement. Older adults were more anxious when they hear about the death toll rising in Nepalese community too through newspaper and online medias. Older adults also faced difficulty in accessing the health services as well as the public health information due to limited knowledge about technology.

COVID-19 pandemic had huge impact among the Nepalese communities in the UK specially the older adults.

16. Assessment of knowledge, attitude and practice towards prevention of Covid-19 among undergraduate medical college students

Authors/ **Presenter:** Marina Vaidya Shrestha, Naresh Manandhar, Sabita Jyoti et al.

Affiliation: KU

Email: merinavs@gmail.com

Abstract:

Background: COVID-19 pandemic is a burden for public health and is becoming threat all around the world. With ongoing trial of vaccine and only symptomatic supportive treatment available, inhibition of virus relies on the preventive measures. Good Knowledge, Attitude and Practice (KAP) towards prevention can break the chain of transmission. The study aimed to assess the knowledge, attitude and practice towards prevention of COVID-19.

Methods: This was a cross sectional study conducted during 5th to 28th of October 2020 among undergraduate medical college students. An online questionnaire was developed using Google Form. The mean knowledge, attitude and practice of the participants were assessed; and the KAP scores were calculated. T-test and ANOVA were used for statistical analysis.

Results: Out of the total participants (n=274), 48.16 % were male and 51.5% were female. The mean age of the participants was 20.92 ± 1.62 years. Among the total 69.3% had good knowledge, 67.5% had positive attitude and 73.4% had good practice towards prevention of COVID-19. The KAP score for the age-category of 21-23 was higher than the other categories, with no significant difference among groups ($P > 0.05$). The knowledge scores of the female were slightly lower than that of males, although the difference was not significant ($P > 0.05$). In addition, demographic variable sex had a significant impact on practice scores. Male participants had higher practice scores ($P < 0.05$). Attitude towards COVID-19 among the group residing inside country was highly positive and significant ($p < 0.018$). The knowledge scores among MBBS and Nursing groups were similar in comparison to dental and was significant ($P < 0.04$).

Conclusions: Undergraduate medical college students had good knowledge, positive attitude and good practices. Males and females had significantly different practices.

17. Experiences and Perception on Online Education among the Nursing Faculties and Students during Covid-19 Pandemic in Nepal: A Mixed Method Study

Authors/ **Presenter: Bimala K Sah** ¹, Apsara Pandey ², Bibhab Adhikari ³, Suvekshya Silwal ⁴

Affiliation: ^{1,2}**Department of Adult Nursing**, Maharajgunj Nursing Campus, Institute of Medicine, Kathmandu. Little Angels' College of Management, Kathmandu. Biratnagar Nursing Campus, Institute of Medicine, Biratnagar. Nepal.

Email: bimalashah49@gmail.com, bimushah@hotmail.com

Abstract: Introduction: Corona virus disease 2019 (COVID-19) is the latest global pandemic, Educational institutes across the world are still closed and jeopardizing the academic calendars. In this scenario the study aimed to explore experiences and perception on online education among nursing faculties and students during COVID-19 pandemic in Nepal.

Methods: The mixed method design was followed by using convenience sampling among 15 faculties and 416 nursing students via online. For nursing faculties, the in-depth interview was taken and recorded by using in-depth interview guideline via zoom applications. For the students, online questionnaire (google forms) were used through social media from May to October 2020. Ethical approval was obtained from NHRC. The thematic analysis and content analysis for qualitative data and descriptive analysis for quantitative data were done by using SPSS and appropriate statistical tools.

Results: Only one- third of the respondents (36.3%) were using institutional licensed software, regarding using devices and apps, mobile phone (88.5%), broad band / Wi-Fi (80.5%), zoom apps (95.0%). Most (93.5%) had experienced of live online Class, (62.3%) had preferred to both subjective and objective method of evaluation, 48.6% agreed on re-establish connection between teachers and students. Similarly, 45.2% agreed that online classes reduce psychological stress by continuing the involvement through online teaching/learning. Similarly, challenges to clinical practicum, higher proportion (44.0%) strongly agreed and (27.9%) agreed that it is safer to postpone clinical learning activities till situation back to normal. Similarly nursing faculties had positive enthusiasm as it is economical and easy, good opportunity to involve in online teaching learning activities during this pandemic, perceived as development of technological competency. They experienced technological constraints, environmental challenges and challenge in evaluation methods and clinical skills.

Conclusion: Most of the nursing faculties and students perceived that online class is one of the crucial modes of teaching and learning during this pandemic of corona. They also emphasized to maintain continuity of online classes as well as revise the curriculum by changing in modes of teaching/learning, providing training to both nursing faculties and students.

Key words: Online education, Nursing faculties, Students, Experience, Perception, COVID-19, Pandemic

18. Spatial and temporal pattern of morbidity, case fatality and mortality of COVID-19 in Nepal

Presenter: Dr Sampurna Kakchapati

Affiliation: Research Manager, HERD International, Nepal

Email: kck_sampurna@yahoo.com

Abstract:

The ongoing coronavirus disease 2019 (COVID-19) pandemic poses a severe threat to public health worldwide and has made a huge impact on the physical and mental well-being of people in Nepal. This study aimed to investigate the spatial and temporal patterns of COVID-19 morbidity, case fatality and mortality and its social determinants in Nepal.

The study used the data from the Integrated Health Information Management Section of the Ministry of Health and Population (MoHP) data portal system. The statistical model was used for assessing the proportion of COVID-19 and its determinants were performed using multiple linear regression.

The study determined the mean proportion for COVID-19 morbidity was 1.53 cases per 100 population; mean proportion of case fatality rate was 3.4% and mean proportion of COVID-19 mortality was 5.73 per 10000 population. The study found pronounced gender differences among COVID-19; males had a higher proportion of COVID morbidity, case fatality and mortality compared to females. Age differences existed among COVID-19; a high morbidity of COVID-19 was found in age groups of 21-60 years, however high case fatality and mortality was found more than 60 years. The trends of COVID-19 showed an upward trend from July to October 2020 followed by a downward trend to March 2021 and a rapid spike to May 2021. There were marked variations by location; higher rates morbidity and mortality of COVID-19 were found in districts of Bagmati Province followed by Gandaki Province and Lumbini Province. Lower rates of COVID-19 were observed in Province 2 and Sudurpashchim province.

COVID-19 is rapidly spreading with higher rates observed in the urban areas and Terai Region. Containing the COVID-19 epidemic is still unpredictable as more infectious mutant strains are emerging; so, the health system of the country should be revised and reformed to balance normal life and everyday activities.

19. Biologically Interpretable Deep Learning Model for Non-Small-Cell-Lung Cancer Diagnosis and Survival Analysis using Radio genomics and pathway data

Author/ Presenter: **Suraj Verma**, Giuseppe Magazzu, Annalisa Occhipinti, and Claudio Angione.

Affiliation: School of Computing, Eng. & Digital Tech., Teesside University, Southfield Rd, Middlesbrough, TS1 3BX, UK

Email: verma.surajcool@gmail.com

Abstract:

Background: Non-small-cell Lung Cancer (NSCLC) is one of the most aggressive types of lung cancer. NSCLC begins when healthy cells in the lung change and grow out of control, forming a mass called a tumour, a lesion, or a nodule. A lung tumour can begin anywhere in the lung. Early detection of NSCLC is one of the most difficult aspects of its treatment. It is mostly discovered in its advanced stages after it has disrupted the

function of one or more essential organ systems and has spread across the body. Machine learning (ML) and artificial intelligence (AI) are aiding in improving sensitivity and specificity of diagnostic imaging and gene expression.

Aims: In this study, we have developed a biologically interpretable deep learning architecture to efficiently diagnose NSCLC and perform survival analysis from integrated data of radiological images (CT scan images) and RNA Sequence.

Methods: In our work, we present a deep learning framework that uses patient-specific radio genomics data and biological pathway to diagnose cancer subtype and provide personalised survival predictions. The proposed model integrates patient-specific radio genomics data (i.e., radiomic, genomics and clinical data) into a deep learning model of cancer to produce a list of significant gene expression affecting patient survival probability. Quantitative and predictive analysis, through survival analysis and machine learning techniques, is then performed on the integrated pathway guided features from tumour region of radiomics and genomics, particularly, RNA Seq data.

Result: The survival analysis performed from correlated radio genomics features results in high Prognostic Index and classifies patients in high and low risk groups.

Conclusion: In particular, our work aims to develop a deep learning framework for clinicians that relates the radio genomics profile of each patient to their survival probability, based machine learning techniques. The model provides patient-specific predictions on cancer development and survival outcomes towards the development of personalised medicine.

20. Home hospice care in Nepal: An emerging prospect

Author/ **Presenter:** Rashmey Pun, ¹ Sandhya C. Acharya²

Affiliation: ¹, Department of Clinical Oncology, Nepal Medical College and Teaching Hospital (NMCTH) and Cancer Care Nepal

², Department of Clinical Oncology, Bir Hospital, National Academy of medical Sciences, and Cancer Care Nepal

Email: dr.rpun@gmail.com

Abstract:

Background: Home hospice is relatively a new concept in Nepal. Up to 90% of approximately 35,000 cancer patients diagnosed in Nepal every year die within a year. We share our experience with home hospice program during the pandemic which has prompted a renewed push to provide palliative care services to the patient in their homes.

Methods:

The home hospice (HH) program established in January 2016 serves the patients in Kathmandu valley, Nepal. This is a collaboration of Cancer Care Nepal (CCN) and National Hospital and Cancer Research Center.

Results:

Among 214 patients, 136 were women and 78 men. Median age was 61 Years (27-85 years). Lung cancer (26.6%) is frequent followed by gastrointestinal (21.4%), gall bladder (15.88%), pancreatic (8.41%), colorectal (7.94%), Ovary (4.2%), Cervix (4.2%), Breast (4.2%). Commonest symptoms were nausea (85.71%), pain (76.19%), cough (66.69%) and constipation (57.14 %). Patients were commonly treated with morphine and tramadol for pain management. patients with moderate to severe pain responded well rendering pain score to mild. Average dose of morphine prescribed was 40 mg (range: 20 – 60 mg). The average length of hospice care from enrollment until death was one month.

Conclusions:

The essence of home hospice is to provide care that embraces not only physical needs but also emotional, social and spiritual support during the final months and days of life. It stresses care over cure and also focuses on pain management. As acceptance grows among patients and physicians' services like home hospice care may encourage the enrollment of many more patients to avail this kind of service especially during this pandemic.

21 Arthroplasty in Nepal, uncharted yet important.

Authors/ **Presenter: Dr Rabindra Regmi**, Dr Kush Shrestha

Affiliation: 1National Trauma Center, National Academy of Medical Science, Kathmandu, Nepal, 2 FRACS (Ortho), FA OrthA

Email: hirabindra@hotmail.com

Abstract:

Total joint replacement surgery (Arthroplasty) is an effective treatment method for degenerative and traumatic joint conditions, resulting in higher patient satisfaction and improved quality of life. Many evidences exist regarding its effectiveness among developed countries but very little is known about it among our part of world.

There is relatively fewer arthroplasty done in Nepal, as it is still expensive, needs considerable resting period, would be difficult for bread earners of the household and due to lack of education and difficult terrain. Nepal ecologically has mountains, hills, and terai (flatlands). The functioning of daily activity in terai is relatively easier whereas difficult in mountain and hilly regions. As the outcome of arthroplasty also depends on postsurgical mobility which is difficult in the hilly and mountainous region, the outcome of this study of arthroplasty among patients from these difficult terrains will provide grounds to convince patients to uptakes these surgeries throughout the country.

A retrospective study was carried out at a tertiary referral center in the hilly region to look for the outcome of arthroplasty surgery of hip. The functional outcome was measured using Harris Hip Score and the quality of life was assessed using SF-12® Patient Questionnaire including Physical Component Summary scales (PCS) and Mental Component Summary scales (MCS). 32 patients were included in the study period with 26 out of them on regular follow-up for 1 year. Results showed significant improvement of functional outcome at 3 months, 6 months, and 1 year postoperatively. PCS significantly improved at 3 months and 6 months but remain similar at 1 year follow up, whereas, MCS significantly improved till 3 months and remains similar till further.

Conclusion

Arthroplasty surgery is effective to improve quality of life and physical function even among patient living in difficult terrain setting like hilly region. With proper patient support programs, proper counseling, these methods should be scaled up throughout the country.

22. “Ageing well in Nepal? Exploring the health and social care needs of Older adults in Dhading district.

Authors/**Presenter: Laxmi Timalisina**, Prof Padam Simkhada, Prof Paul Bissell and Ms. Rose Khatri

Affiliation: University of Huddersfield and Liverpool John Moores University

Email: Laxmi.timalisina@hud.ac.uk

Abstract: The purpose of this qualitative research study was to explore the ageing experience along with health and social care needs of older adults residing in Dhading district of Nepal. Participants recruited purposively from two municipalities in Dhading district participated in semi-structured interview and focus group discussion. Questions structured within conceptual framework and the subsequent probes where appropriate guided participants to share their past and present life experience, including education, work, family life, health where experienced and their financial management. Findings revealed that, older people place greater emphasis on the fulfilment of basic needs without any hardship along with good and positive relationship with family. Good physical health as being the key to ageing well whereas mental health was less prioritized. Similarly, finding also suggests that there are various other factors related to barriers in meeting older adults care and needs in prompting healthy ageing such as migration of younger generation, their own changing needs and lack of awareness and advocacy. Furthermore, finding also suggests that there is a need of having quality of data and information about older people’s need and experiences for developing policies and programs in local level to maintain wellbeing and healthy ageing. Older people view ageing both positively and negatively as it provides opportunities as well as many challenges. Each individual experienced old age differently. Meaning of ageing well and the components associated with older adult’s wellbeing differed from each other as per their individual necessities.

23. Factors influencing health policy process in low- and middle-income countries: A review literature

Authors/ **Presenter: Anju Vaidya(1)**, Padam Simkhada(1), Paul Bissel(1) and Andrew Chee Keng Lee(2)

Affiliation: **University of Huddersfield (1)**. University of Sheffield (2)

Email: anju.vaidya@hud.ac.uk

Abstract: Policymaking is a multidimensional and contextual process which includes identification and inclusion of health issues in policy agenda, policy formulation, implementation, and evaluation. Health policy process and analysis research was found to be in its infancy stage in the context of low- and middle-income countries (LMICs). The overall objective of the review is to identify the factors influencing the process of agenda setting and formulation of health policy in the context of LMICs.

Published literatures related to terrain of health policy process research conducted in LMICs were searched using international database, grey literatures, and references of identified literatures. The process of health policymaking was found to be influenced by multiple factors such as technical indicators, political factors such as interest of political actors, political priorities, national mood, interest of donors, available resources, key events such as crisis and disaster, media, advocacy, practical feasibility, and values and beliefs of policy actors. Existing work of health policy analysis in the context of LMICs contributes to understand the integrated effect of scientific, political, economic, and social factors, actors, and power on the process of health policy development. The study findings also highlighted challenges faced during the health policy process. Rigorous work with the consideration of challenges and pitfalls is required in LMICs to have a better understanding of the factors that shape the process through which health policy actors filter information and take critical decisions that can further support future health policy change.

24. Reasons for leaving Intensive Care Unit- nurses' perspectives

Authors/ Presenter: Chitra Sanjel

Affiliation: Practice Development Nurse, ICU, Chelsea and Westminster Hospital NHS Foundation Trust, London

Email: csanjel@hotmail.com

Abstract: INTRODUCTION

Nurses in Intensive Care Unit (ICU) are highly trained and losing a staff impacts on the cost effectiveness of service and on patient care. Various studies have shown the prevalence of high turn-over rate, poor retention of ICU staff and intention to leave. However, little is published about why the nurses actually left.

Aim

The aim of this study was to explore the reasons that influenced nurses to leave ICU.

METHODOLOGY

Qualitative Interpretative phenomenology

Ethical approval from University's Ethics Committee

Participants who had left ICU practice with the last 2 years were purposively sampled from qualified nurses undertaking post-registration courses at a local University and from members of RCN Critical Care and Flight Nursing Forum

Five respondents who met the inclusion criteria volunteered to participate in the study

Telephone interviews conducted between 30.8.2019 to 30.9.2019

Data was synthesized using thematic analysis and meta-aggregation

Results

The four themes emerged were: lack of development opportunities; poor management and leadership; lack of recognition ; and negligence on staff well-being. Various strategies were recommended by the participants on encouraging retention. Inclusive and compassionate leadership where juniors would be encouraged in decision making was mentioned by most participants. Ensuring staff wellbeing programmes are accessible and offering flexible working and self-rostering facilities available were some other strategies suggested by the participants.

Implication for practice. This study has provided rich explanation on the causes of ICU nurse retention in the UK. It has also recommended the strategies that can be adopted

by organizations to retain experienced ICU staff. Further large-scale mixed method research needs to be done on nurses who have left working in ICU to find the reasons from various geographical locations so that it can inform the development of national strategies on nurse retention.

25. Towards Universal Health Coverage: an analysis of health insurance program of Nepal

Authors/ **Presenter: Shrestha Junu**¹, Bhatia Mrigesh¹, Sharma Guna Nidhi²

Affiliation: ¹London School of Economics and Political Sciences & London School of Hygiene and Tropical Medicine, ²Ministry of Health and Population, Nepal

Email: shresthajunoo@gmail.com

Abstract: National health insurance is the priority program of the Nepal government. It is a national risk sharing program launched formally in April 2016 by piloting in three districts: Kailali, Baglung and Ilam. Nepal government considers this program as a foundation for universal health coverage and is envisioned for protecting Nepalese people from financial risk.

The objective of this study is to analyze the formulation of national health insurance program of Nepal and its implementation status. This study is a qualitative country case study. Review of national policies, acts, guidelines and workplans along with international declarations and commitments is the method of choice, while the information is substantiated by key informant interviews with policy makers and stakeholders involved in health insurance program in Nepal. The Walt and Gilson framework are used to analyze the health insurance program, and the implementation status is compared to the three dimensions of Universal Health Coverage.

The right to free basic health services is the fundamental right of every citizen as guaranteed by the Constitution of Nepal. While the services not included in the basic health services has been mentioned to be provided through insurance in the National Health Policy 2019. Garnering the high out of pocket expenditure in health services of Nepali citizens pushing them towards poverty, the concept of health insurance emerged in the health system of Nepal. However, the services are fragmented and poorly regulated. The program's progress has been much slower than anticipated.

The subsidy groups are difficult to be identified while the rate of dropouts is high due to compromised quality of health services to the insured. Because the programme is still in its early stages, some adjustments are required, and a strong sense of responsibility and accountability among all level of stakeholder is essential for success.

26. Is gender-based violence response and rehabilitation services provided through One- Stop Crisis Management Centers in Nepal inclusive of needs of women and girls with disability?

Authors/ **Presenter: Sapana Basnet Bista**¹, Padam Simkhada², Edwin van Teijlingen⁴, Shaurabh Sharma⁴

Affiliation: ¹Liverpool John Moores University, ² University of Huddersfield ³ Bournemouth University, ⁴ Humanity and Inclusion

Email: s.bista@2014.ljmu.ac.uk

Abstract:

One in two, over 55% of women and girls with disabilities in Nepal experience sexual violence and 80% of them face physical violence. One in three women worldwide experience physical or sexual abuse in their lifetime. Gender-based violence (GBV) is evidenced to kill more women than traffic accidents and malaria combined. UNFPA reports that globally, women with disabilities are nearly three times more likely to experience sexual violence than those without disabilities.

Nepal has made remarkable strides in laws, policies, and legislation in combating GBV, but is often criticized to lack implementation. As part of the National Action Plan on GBV 2010, One Stop Crisis Management Centers (OCMC) were established within hospital setup, to provide unified, integrated, and effective response and rehabilitation services to the survivors at local level.

This paper is informed by the inclusion analysis we undertook to review how accessible, need specific, safe, and inclusive are the services provided at these OCMCs to women and girls with disabilities. It covers 21 OCMC from all 7 provinces, employs in-depth interviews with representatives and staff members of OCMCs and site observation for accessibility assessment.

Our findings highlight that despite growing numbers of OCMCs and capacity building efforts, current structure and services provided do not explicitly address the needs of women and girls with disabilities. Lack of accurate data on survivors with disabilities resulted by not having to capture disability specific data on the record register continues to make their needs invisible therefore lacked measures to protect dignity, confidentiality, and autonomy. Available facilities and services in OCMCs pose physical and communications barriers for persons with disabilities.

The paper will make recommendations for tailoring current services and for making reasonable accommodation to ensure OCMCs are inclusive of the needs of women and girls with disabilities.

27. Health and wellbeing issues among Nepali migrant workers: Global Review

Presenter: Prof Padam Simkhada 1, Prof. Edwin van Teijlingen 2, Dr. Sharada Wasti 1, Dr Pramod Regmi 2, Dr Nirmal Aryal 2, Shraddha Manandhar 1, Hem Raj Naupane 1, and Dr Preeti Mahato 2

Affiliation: 1 Huddersfield University UK; 2 Bournemouth University, UK

Email: p.p.simkhada@hud.ac.uk

Abstract:

Nepal is one of the largest suppliers of labor to countries where there is a demand for cheap low-skilled workers. The Gulf Cooperation Council (GCC) countries, Malaysia and India are the main destinations for work-related international migration. The COVID-19 pandemic is deeply affecting the well-being of people across the world, and it has exacerbated the already existing vulnerability of such migrant workers. With over half of the households in the country having a current or returnee migrant, migration is a common phenomenon in Nepal.

This presentation summarizes the published evidence on health and well-being of Nepali migrant workers working in different parts of the world, mainly focusing on countries in the Middle East (GCC countries), India and Malaysia. It will highlight both similarities and differences between Nepali migrant workers' experience in different parts of the world. The presentation concludes that there exists an urgent need to

identify and implement policies and practices across Nepal and destination countries to protect the health and well-being of migrant workers.

28. Impact of federalization on health system in Nepal: A longitudinal analysis

Authors/ **Presenter: Dr Julie Balen** from Sheffield University and Health System Research Initiative Team

Abstract:

Nepal's 2015 Constitution heralded a complete restructuring of the country's political system, creating a Federal Republic with significant devolution of power and resources from the central government to seven newly-created Provinces, each with its own legislature. The new Constitution brought about significant changes in the health system. Nepal's national health system has historically been unitary and centralised, with the Ministry of Health and Population providing the resources and directing health services for the entire country through district health offices. The new Constitution shifts primary responsibility for health service provision to the seven new Provincial governments, with significant powers and responsibilities being further devolved to Municipalities/Rural Municipalities. All of this has put Nepal's health system in a period of rapid, and far-reaching, transformational change, as new institutions and structures adapt to their roles and lines of communication become established – in the last two years in the most difficult of circumstances as a result of the COVID-19 pandemic. This paper presents the interim findings of a major collaborative research project involving scholars from Nepal and the UK that is investigating the impacts (both positive and negative) that the move to a federal structure has had on the health system, investigating the new opportunities and challenges, and how the system is coping with Nepal's long-term, and more immediate, health challenges. The presentation identifies a range of benefits including greater responsiveness, but also a range of areas in which problems remain, including over human resources, inter-level communication, and the capacity of local governments to fulfil their functions.

29. Injuries - a public health problem in Nepal, activities towards prevention of injuries in Nepal

Authors: Sunil Kumar Joshi, Puspa Raj Pant, Prerita Joshi Pandeya, Julie Mytton

Affiliation: Kathmandu Medical College, Kathmandu University

Email: drsunkumarjoshi@gmail.com

Abstract:

Background: Injuries occurring both at home, roads, schools and workplaces are global health problem. In Nepal over 15 thousand people die from different types of injuries every year. Nepal Injury Research Centre (NIRC) has conducted a number studies to better understand the scale of this neglected problem and to generate evidence, change practice and policy leading to the prevention of injuries and improvement in the first response to injuries in Nepal.

Methods: We applied public health approach using quantitative and qualitative study techniques to conduct multiple studies to generate evidence for the prevention of

different types of injuries. These included population based surveys, hospital based surveillance, review of existing research and policy documents.

Results:

The effective use of injury surveillance data in Nepal could support the reduction in morbidity and mortality from adult and childhood injury through improved prevention, care and policy development, as well as providing evidence to inform health resource allocation. Lack of knowledge about injury risks and preventive measures, both at the community level and at the workplace, was found to be a common barrier to injury prevention, perceived to be mitigated by educational programs. The home and work-related fall injuries are common in the study. Inequalities in injury occurrences identified in our study by rurality, age, sex, income level and ethnic group can help target injury prevention interventions for vulnerable groups.

Conclusion:

- The findings indicate a lack of robust epidemiological evidence and the effective use of injury surveillance data in Nepal could support the reduction in injuries in Nepal.
- Widening of the scope of legislation and policy for injury prevention is required to emphasize injuries occurring at home or school.
- The current system of federal governance in Nepal has potential for strengthening injury prevention and first response at the central, provincial, and local levels.

30. Telemedicine Consultation Services during Second Wave of COVID-19 Pandemic in Nepal

Authors: Dr Navindra R Bista¹, Dr Archana Shrestha, Dr Prabhat Adhikari¹, Phr, Kabin Maleku¹, Dr Ishani Singh¹, Dr Aseem Shrestha¹, RN Luswang Shrestha¹, RN Roshni Limbu¹, RN Nisha Khatiwada¹, Santosh Pradhan¹, Smriti Mathema²

Affiliation: 1. ASK foundation

2. Kathmandu University and Dhulikhel Hospital

Email: navindra.bista@gmail.com / kmaleku@gmail.com

Abstract:

Background: Telemedicine has been used in many parts of the world since the early 1900s, but it has yet to become an integral part of the healthcare system in developing countries such as Nepal. There hasn't been legitimate arranging and figuring out an appropriate technique to elevate the medical issue of the Nepalese populace utilizing telemedicine as a tool, which could be readily available and the financial burden on the patient would likewise diminish to a degree.

Objective: This investigation will assist with surveying the current circumstance and profiles of COVID-19 patients who used telemedicine administrations. This data can be imperative for the Government of Nepal (GoN) and related associations to foster plans and arrangements for future telemedicine administrations expansion during pandemics like COVID-19. To assist the medical system, a telemedicine consultation service was launched in Kathmandu, Nepal, with the goal of triaging patients tailored according to their needs and reducing the burden on the hospital.

Methods: The data were collected through voluntary callers to consult for COVID-19 to a free hotline number. The medical consultants provided consultation to the calling clients. Data of all patients were collected and stored in one database. These

data were then analyzed to extract the demographics and outcomes of all those patients.

Symposium Abstracts

1. Yoga during pandemic: holistic health and beyond

Symposium coordinator: Dr Kalpana Poudel

Email: kalpanapaudel1@gmail.com; Kalpana.poudel@mnc.tu.edu.np

Panel Members: TBC

Abstract: Covid-19 pandemic is the first and foremost health crisis with significant global burden. This ongoing pandemic and uncertain situation due to new emergent variant, poor vaccination coverage and control system for its prevention such as lockdown, quarantine and isolation, impact negatively to the people all around the world resulted in threat for holistic health and wellbeing of a person. Therefore, every person regardless of age, sex, religion, residence, income, disease condition is equally suffering from physical and psychological problems. Eastern philosophy and spiritual practice such as yoga, seems to be more effective for maintaining holistic health and wellbeing of the people around the world. So, integration of spiritual practices in daily health care practice acted as a powerful holistic tool for maintaining and managing both ill and well people.

2. Telemedicine around the rough hills of Nepal

Symposium coordinator: Dr Nawaraj KC, HOD dept of Paediatrics

Email: nawarajkc45@yahoo.com

Panel Members: TBC

Abstract: Nepal demographic and Survey (2016) reported that Nepal's under-five childhood mortality rate was 34.5 per thousand, and that of Karnali province was above 44 per thousand. The question Why is the under-five childhood mortality rate high in Nepal and much higher in Karnali province? The higher mortality rate is due to the higher incidence of common diseases such as pneumonia, diarrheal, malnutrition, sepsis, prematurity and birth-related complications like asphyxia.

Moreover, these diseases are expected to be managed at primary health centres (Health posts) in remote areas. Connecting specialists via Telemedicine the complication of these diseases will be identified, diagnosed and managed in earlier stages in the primary health centres (Health posts) of those remote areas decreasing the overall

3. Tele-mental health during the pandemic in Nepal.

Symposium coordinator: Dr. Priyanka Shah

Email: shahpriyanka543@gmail.com

Panel Members: Anuradha Acharya, MA;

Ashok Devkota, MD

Hari Neupane, MBBS

Milan Thapa, MBBS

Madhur Basnet, MD

Priyanka Shah, MBBS

Shreedhar Paudel, MD, MPH

Co-chairs:

Binita Adhikari, RN, MPH

Sanjay Yadav, MD

Abstract:

Due to a severe scarcity of beds in hospitals and essential medical services during the second wave of COVID-19 Health Foundation Nepal (HFN) launched a telehealth program in coordination with the Ministry of Health and Population (MOHP) for the people infected with SARS-Cov2 and staying in home-isolation. Two distinct extensions of the program were launched based in Dang and that in Kathmandu. More than 1200 patients received our care through an online platform including telephone-based consultation from physicians, necessary prescriptions, evidence-based guidance and connecting with local pharmacies, oxygen suppliers and ambulances.

Tele-mental health program in Nepal

The economic hardship, bereavement, isolation, and social distancing due the COVID-19 pandemic have been largely affecting the mental health of people in Nepal. Keeping this in mind, HFN in collaboration with the MOHP, and Nepal Institute of Mental Health (NIMH) launched a Tele-mental health program. People who received HFN telemedicine services were reached out through audio phone call and screened for depression, anxiety and suicide risk. Psychological first aid and further evaluation and management were also provided by the consultants based on the need of the people.

Tele-medicine and tele-mental health can be the important tools to provide effective healthcare services especially in the resource poor areas of Nepal. Kathmandu-based telemedicine program provided services to a large number of people within the valley and across the whole nation, and Dang-based program coordinated with the local government to make the program efficient and accessible to the people in dire need. Similarly, tele-mental health program provided basic mental health services to the people with COVID-19 in Nepal. The symposium is designed to share experiences of these three distinct but complementary tele-service programs by the leaders of the program from Nepal and the United States.

4. Influence through policy: Nurses safety, patient safety and improved clinical outcomes

Symposium Coordinator: Prasuna kadel

Email: prasunakadel@gmail.com

Panel Members:

1. Roshni Twitwi
2. Durga Laxmi Shrestha
3. Pramila Dewan
4. Mana Rai
6. Binda Ghimire

Abstract:

Nurse leaders working together allows in addressing health policy issues at a national and global level. Collaboration between nursing leaders is necessary to have a strong and effective structure for effective change. It can produce robust impact in delivering

nursing care to the patient in operational level, strategic delivery of healthcare and policy development at regional and national levels.

To achieve these objectives, it's essential that policies exist that define and integrate appropriate standards for delivery of care and address conditions necessary for that care to occur. Through policy work, nurses can influence practice standards and processes to assure quality of care. Nurses who influence policy help shape the care that will be provided and enforce safe practice. Policies also impact resource allocation, nurse's safety to support delivery of healthcare.

By working together to influence policies, nurse leaders increase contributions to the profession, thereby helping bridge disparities between political strategic direction and actual clinical practice. More than ever, nurses are present in every healthcare setting and possess a unique role in formulating and adapting new policies in delivering high quality care.

5. Reframing Mental Health in the era of Sustainable Development Goals: Nepal Institute of Mental Health's integrated and cross-sectoral approach

Symposium coordinator: Sanjay Yadav

Email: sanzvadav@gmail.com

Panel Members: Saraswati Dhungana, MD, Madhur Basnet, MD, Sanjay Yadav, MD

Chair: Dr. Bigya Shah

Abstract:

Despite being regarded as a critical barrier to economic growth and equity, mental health remained historically absent from the development agenda. With strong advocacy over the years, mental health was eventually included in the 2015 United Nations (UN) Sustainable Development Goals (SDGs). This currently stands as the most significant global framework to address deep treatment gaps, inequities and rights violations experienced by people with mental illness. Mental illness is a huge challenge to any health system, especially for a country like Nepal, which faces profound barriers in accessing and delivering quality mental health care. Nepal, as a member state of the UN, has initiated implementing the SDGs since 2016.

In this symposium, Saraswati Dhungana will situate mental health in global SDG framework and highlight its cross-cutting impact on several developmental agenda including education, poverty, inequities, and environmental decline. For sustainable development to effectively occur, the panellist will emphasize the need for reframing of mental health in all development goals and call for cross-sectoral partnerships.

Subsequently, Madhur Basnet will describe how Nepal's existing health care structures are delivering mental health care and highlight prominent challenges. He will also illustrate the status of hunger, poverty, education, and structural inequities in Nepal and demonstrate how mental health problems are deeply intertwined with these development determinants. Sanjay Yadav will describe the establishment of Nepal Institute of Mental Health (NIMH), formed with the larger goals of developing a sustainable regional mental health eco-system in Nepal that will emphasize on inclusivity and cross linkage of mental health in sustainable development agenda. This combined public and mental health comprehensive program will focus on providing specialist mental health and primary care integrated service delivery, capacity

building, health research, awareness generation, advocacy and promotion of rights based mental health care.

6. COVID manifestations in ENT & common ENT problems faced by Nepali worldwide

Symposium coordinator: Dr Sarita Bhattarai

Email: saritajie@gmail.com

Panel Members: Prof Sriti Pradhan, Dr Prashanta poudyal, etal

Abstract: ENT issues are very common health issues amongst any society and we hope to use this symposium to educate the Nepalis Diaspora on common ENT related issues that are seen by the ENT specialists around the world. Covid 19 is a virus that has not spared any system of the body and one of the earliest ENT manifestation is that of blocked nose, followed by anosmia and loss of taste. However late manifestations of COVID are also increasingly seen amongst the survivors. We hope to discuss and educate our viewers about the ENT manifestations and symptoms of different strain of covid 19 virus that have been well studied and documented up to date.

7. Disaster and Trauma Management in Nepal

Symposium coordinator: Dr. Kush Shrestha

Panel Members: Dr Kush Shrestha, Dr Santosh Paudel (Nepal Trauma Centre), Dr Puru Shrestha, Dr Drona Rosali, Dr Gangalal Tuladhar

Abstract:

Nepal is constantly exposed to major disasters and severe trauma. The hilly and mountainous terrain make the rescue operations very tricky. The flood and landslide also compound the rescue efforts at different time. The major rivers where the major highways run also frequently become place where public buses fall requiring rescue attempts in fast flowing water.

In addition, there needs to be a central response center which co-ordinates these rescue missions. This major incident and disaster management center in Nepal needs to be established as a separate and visible entity with adequate fund to support its activities. This center needs to pull together multiple resources at timely manner for e.g. first-responders, paramedics, fire, ambulance, police, army and hospital personnel. It is time now that we start thinking of this project which can be a joint project of Government of Nepal(GON) and Non-Resident Nepalese Association (NRNA). Following is a draft management system that needs to be instituted in whole of Nepal.

- National/Regional trauma or major injury co-ordination center

- Pre-hospital care:

- Hospital

Each province to have one designated trauma center able to manage and stabilize major trauma

- Tertiary Specialist Hospitals

Trauma centers to refer patient with complex injuries to transfer patients to tertiary centers e.g. neuro center, cardiac centers (hospitals with appropriate resources that will best deal with these patients)

- Rehabilitation

Rehabilitation (physical and psychological) to start as soon as the patient been stabilized

Special team designed for this

- Data collection

National Trauma Registry (WHO has web-based system)

Regular audits of the morbidity and mortality

8. Where are we with Diagnosis and Vaccination of COVID-19?

Symposium coordinator: Dr. Bodhraj Acharya, PhD, FAACC, SSBB

Email: [Email:bodhach@gmail.com](mailto:bodhach@gmail.com)

Panel Members:

Dr. Bodhraj Acharya, PhD, FAACC, SSBB

Dr, Bijaya Dhakal, PhD, D(ABMM)

Drona Pandey, MS

Abstract:

The rapid laboratory diagnosis of SARS-CoV-2 is a single most challenge towards effective intervention efforts of isolation, quarantine, contact tracing and mitigation. This panel discussion will highlight the most up to date information on laboratory methods for diagnosis and monitoring outcome in COVID-19 patients. The panel will also provide an overview of the current vaccination mechanism and strategies.

9. We are not Okay: Impact of Covid-19 on the mental health of healthcare professionals

Symposium coordinator: Miss Kipa Shrestha

Email: kipashrestha@icloud.com

Panel Members: TBC

Abstract: The COVID-19 pandemic has had an immense effect on our lives. Many of us are facing challenges that can be worrying, overwhelming, and cause strong emotions in adults and children alike. Protocols such as social distancing, wearing of masks, and limited or restricted movement, are necessary to reduce the spread of this virus, however, these measures can lead to feelings of isolation, confusion, and thus increase stress and anxiety. In essence, life as we know it changes drastically and over a very small amount of time.

Stress can cause the following:

1. Feelings of anger, confusion, fear, sadness, worry, frustration, and numbness.
2. Change in daily routine, appetite, interests.
3. Difficulty in concentrating, decision-making, work-related activities.
4. Physical reactions such as headaches, stomach problems and body aches.
5. Decline of mental health and worsening of existing conditions.

The above symptoms are very normal; however, it is imperative for us to learn and apply techniques to cope and overcome them.

This abstract acknowledges that the above symptoms/reactions are faced by all people, however, this abstract aims to highlight the mental health status and decline thereof in healthcare professionals since the onset of the Corona virus. Healthcare workers have been expected to continue with fulfilling their roles and responsibilities at work, sustain a work-life balance, all whilst dealing with the changes that have come with COVID-19. Most of our healthcare workers are parents and breadwinners. It is imperative to highlight that the luxury of social distancing during clinical work, rotation to keep the work force below maximum capacity and finding the time for self-care has not realized for healthcare workers.

Short telephonic interviews with various Nepalese healthcare workers will be conducted to illustrate the severity and depth of the trauma caused by COVID-19.

The discussion thereafter will focus on effective ways of coping during COVID-19 and beyond.

I believe that this topic is often neglected in social gatherings and even during work meetings. Nepalese culture often stigmatizes mental health topics and breaking this barrier is key to ensure the continuation of healthcare services to the public at large.

I would like to end this abstract with a quote from Joseph Fleming (Psychology social worker) – “You can’t pour from an empty cup...”

10. Children’s Perspectives on Healthy Lifestyle During Covid Pandemic

Symposium coordinator: Bimala Sapkota

Email: bimala.sapkota@gmail.com

Panel Members: TBD

Abstract: As we all know Covid era has created immense tensions amongst all living generation of human being. Children aren’t apart from this either. This webinar will have children up to age 12 discuss how they got adopted in Covid environment, how they had to change their lifestyle, how did they stay healthy whether with/without Covid, and how are their lifestyle going to change in future.

11. Challenges and opportunities for Overseas nurses to the UK nursing registration

Symposium coordinator: Ms Prasuna Kandel

Email: asapkota2009@gmail.com

Panel Members: TBC

Abstract: There are several opportunities and challenges for overseas nurses from Nepal to the UK to get registration.

There are rich opportunities to work in different settings: a care-giver, a care coordinator, a leader, a health promoter, a teacher, or a researcher. But the environment in which the people on our register work is becoming increasingly challenging.

Whilst our population is growing and living longer, the system of the NHS needs to change and evolve to keep up with this. Unfortunately, the staffing levels are heading in the opposite direction of what is required, leaving the nurses that are left exhausted and burnt out, and in turn causing more stress on nurses, which causes them to leave the profession

12. COVID-19 pandemic and cancer: experience sharing platform among clinicians

Symposium coordinator: Dr Bodha Raj Subedi, Poland

Moderator: Ms. Aliza KC Bhandari, Doctor of Public Health Scholar, Japan

Email: bodha.subedi@onet.pl

Panel Members:

- Associate Prof. Saroj Niroula, Canada: clinical oncologist
- Dr Sandhya Chapagain, Nepal: clinical oncologist
- Dr Lushun Chalise, Japan: brain tumour
- Dr Pushpa Raj Bhattarai, South Africa: surgical oncologist
- Dr Ujjwal Chalise, Nepal: Radiotherapeutics

Abstract: The cancers are the second leading cause of death (24%) after cardiovascular diseases (46%) worldwide. Hence, understanding the pitfalls in the field of oncology identifying the knowledge about cancers and its preventions among general population is important to deal with its diagnosis and treatment. According to Globocan 2018: Incidence of lung cancer and breast cancer is about 11.6% followed by or colorectal cancer (10.2%) whereas the mortality rate associated with lung cancer is quite high (18.4%) followed by colorectal (9.2%) or stomach cancer (8.2%) in both sexes. The current pandemic has immensely affected the prevention, diagnosis and treatment of all cancers. Thus, the major objective of this session is to identify the hurdles that the clinicians went through in the diagnosis and treatment of different cancers during this pandemic. We would like to emphasize the extra efforts that the oncologists or clinicians had to go through during this devastating pandemic. Moreover, we would conduct a panel discussion with experts in the related subject matter from various countries so that we can learn from the experts themselves regarding the innovative technologies or effective communication strategies they utilized following this pandemic.

13. Complementary & Alternative Medicine During COVID: Opportunities & Challenges

Symposium coordinator: Dr. Dinesh Gyawali, Assistant Professor, Maharishi International University, Fairfield, Iowa, USA

Email: dgyawali@yahoo.com, dgyawali@miu.edu

Panel Members:

- Dr. Pradeep KC, MD (Ayurveda)
Director, Nardevi Ayurvedic Hospital,
Kathmandu, Nepal
- Dr. Janak Bahadur Basnet, BNYS (Yoga & Naturopathy)
President, Yoga and Naturopathy Doctors' Association Nepal
Director, Wellness Hospital, Kathmandu
- Dr. Suraj Karmacharya, MD (Acupuncture & Chinese Medicine)
Acupuncture and Chinese Medicine
Director, Blue Lotus Hospital, Kathmandu
- Dr. Pawman Subedi, PhD (Yoga)
Director, Patanjali Ayurveda, Kathmandu, Nepal

Abstract: Proposed symposium aligns with the theme of the conference, holistic health. It is an undisputable fact that despite the advancements in modern medicine, the pandemic has encouraged the world to look into complementary and alternative

healing modalities, commonly known as CAMs. This, in fact, is a good opportunity for the struggling CAMs practitioners in Nepal and beyond. However, due to the misinformation, lack of scientific evidence and flooding unethical malpractices, the CAM field is facing significant challenges. The proposed symposium will bring together Nepali professionals representing Yoga, Naturopathy, Yoga, Acupuncture and Traditional Chinese Medicine. This will be a unique and probably the first symposium of its kind.

14. Panel For London Declaration

Moderators: Dr. Sanjeeb Sapkota & Dr. Dinesh Gyawali

Panel Members & invitees: TBD

Abstract:

- Major highlights and future directives deliberated at the third Global Nepali Health Conference will be discussed and ratified
- Summary of the declaration will be presented in both Nepali and English to expand the outreach of the declaration
- Brief comments from the esteemed panel members and invitees will be encouraged and recorded to ratify and finalize the final draft.

Skills Building Workshops Abstract

1. Self-care Wellness Strategies for Health Professionals during the Pandemic: a workshop

Moderators/ Presenters: Dr. Dinesh Gyawali, Dr. Subhadra Karki

Goals of the symposium:

To discuss the importance of evidence-based approaches to wellness and self-care during the pandemic

To highlight the practical aspects of stress management strategies such as mindfulness, meditation, breathing exercises etc. in the simplest and most authentic way

To explore the concept of worksite/corporate wellness and how non-conventional health practices contribute the health and wellbeing of all health professionals

To demonstrate the tools and techniques of self-care and wellness to be applied in all settings

Panel Members & invitees:

This will be a skill-based practical learning session for all health professionals highlighting the importance of stress management techniques, wellness strategies, healthy living, emotional well-being, self-care, mindfulness, diet & exercise etc.

2. How to write a scientific paper (peer-reviewed publication)?

Facilitators: Prof Edwin van Teijlingen¹, Dr Pramod Regmi¹, Dr Bibha Simkhada², Dr Om Kurmi³ and Sarita Pandey⁴

Email: pregmi@bournemouth.ac.uk

1. Bournemouth University, UK
2. Huddersfield University, UK
3. Coventry University, UK
4. Sheffield University, UK

Target Audience: This workshop is open to all individuals from any field of research, practice or academia who have an interest in writing a scientific paper for publication from their work. The workshop will be run in English and minimum understanding of English is required.

Outline of the session: Workshop description- what is the workshop about?

Writing a scientific paper for publication is an important dissemination process. There are many reasons why academics, researchers, practitioners, and field workers should write a paper for a peer-reviewed journal. For example, researchers may have interesting: (a) research findings; (b) ideas or plans for new research; or (c) on-going research, all of which they may want people to know about. However, academics and researchers from Nepal get limited support and encouragement in writing papers.

Starting from a notion that many researchers from low-income countries have limited skills in academic writing, and that particularly writing and submitting one's first paper

for a peer-reviewed journal can be scary, the session aims to take the participants through the important aspects of key aspects of the academic writing and publication process, including selecting an appropriate journal, structuring one's argument, what should be in a cover letter to the editor, the relevance of key words, getting your article title right, etc.

Objectives- what will be achieved in the workshop?

This workshop aims to help academics, practitioners, and researchers to get started with the process of academic writing and publishing. The workshop raises key issues novice authors should consider. The workshop starts by asking the basic question: "Why should one write an academic paper?" The workshop then attempts to answer the questions: "What to write?" and "When to start writing?" It also discusses authorship (i.e. with whom to collaborate in the writing process). The focal point of the workshop is advice on the writing process (i.e. how to write).

Workshop Methodology

The workshop will be participants orientated and interactive. The workshop starts with general introduction and brain storming than followed a series of short presentations by the workshop facilitators. The final part of the workshop will be a question-and-answer session.

3. Continuous Professional development

Facilitator: Dr Sunil Kumar Shah

4. Soft skills training: enhancing transition to workplace; effective communication

Facilitators: Ms. Ashmita Adhikari, Ms. Aliza KC Bhandari

Email:contact.ashmita326@gmail.com/ 20dp001@slcn.ac.jp

Abstract:

Communication is the very basic way of connecting with people around us. Right from the birth though our speech development that time is not intact, we still communicate with primary care giver which illustrates the importance of non-verbal means of communication. We, being nurse by profession have to work in diverse settings along with patients from various background. So, we should know the basic components of communication, how it can be hindered and what could be the several ways of enhancing the smooth communication between patients, colleague, seniors and multidisciplinary teams during our work. Thus, this workshop will enhance the knowledge of nurses for effective communication.

The general objective of this workshop is to develop and implement a multi-approach communication strategy resulting in safe, therapeutic Nurse-Patient relationship and smooth communication among multidisciplinary teams in diverse settings of professional practice. We also aim on providing information regarding therapeutic communication, Johari window and its significance and communication barriers during extreme conditions like the ongoing pandemic.

The workshop will be divided into three parts. First 45 min would be the lecture and discussion session using PowerPoint slides and video materials. Once the presentation

is complete, we will form four groups to discuss various aspects of communication (namely communication in between a nurse and a patient, nurse and patient's party, staff nurse and ward supervisor and finally nurse and other health care providers). We will provide 15-20 min of brainstorming period to the participants and then will ask them to make a role play for effective therapeutic communication using the skills we shared during the lecture according to the situation they would be provided. Remaining time would be utilized for role play and discussion.

Target Audience: All health care providers are welcome to participate; however, we believe that nurses or nursing students would benefit a lot from this workshop.

5. Global postgraduate medical, surgical and other training for overseas doctors':

Facilitator: Dr. Kamal Aryal