



# annual report 2014

## **RECPHEC**

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**प्राथमिक स्वास्थ्य सेवा स्रोत केन्द्र**  
Resource Centre for Primary Health Care

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## *Executive Director's Note*

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The year 2014 has once again put Nepal into the state of political instability because of the failure of promulgation of the Constitution of Republic of Nepal as per the commitment made by the political parties. This has resulted into the weakening of state services which has further marginalized the poor.

It has been notified that the media had wide coverage on the abduction of 276 girl students by Boko Haram including massare of more than 300 people in Nigeria in 2014. Besides the Ebola outbreak in West Africa has challenged the medical science. The Swine Flue has reached to South Asia including Nepal. On the other hand the time period of Millenium Development Goal is going to complete next year. Nepal seems to meet the health target but "Poverty Reduction" will still be an unattained target. Since MDG will end in 2015, a civil society consultations have been initiated throughout the world to formulate "Sustainable Development Goal". RECPHEC is honoured of coordinating the health thematic group in Nepal.

In terms of tobacco control, the year 2014 has become a landmark year for Nepal. The government introduced pack warning with graphic & health message covering 75% of the total area of tobacco products pack has been widely acclaimed. Encouraged with the success of 75% of pack warning, the government now decided to introduce 90% graphic pack warning from the second week of May 2015. If this will be implemented effectively, Nepal will be seen in the global tobacco control map as one of the leading countries.

At district level, the network organization of RECPHEC, Health Rights and Tobacco Control District Network has contributed in advocating issues related to Peoples Right to Health besides its involvement in mass awareness campaign. This year HRTC in 57 districts organized campaign on Uterine Prolapse and maternal health, handover the Memorandum to the Finance Minister through CDO demanding tobacco tax raise, assessed quality of service delivery at S/HP level and mobilized local community FM Radio for Pubic service announcement on maternal health. Hence HRTC has become our major strength for advocacy, pressure build and awareness raising on health issues at district level.



Regarding the resource mobilization RECPHEC has been able to continue partnership with Health Bridge Foundation, Canada and FK Norway. Here I would like to express my sincere gratitude to Bread for the World(BftW) for inviting me to its Berlin office and providing opportunity to give the presentation on "The Historical Development of Partnership between RECPHEC and EED/BftW" in the October 2014. It is a matter of great pride & honour for us in signing agreement with BftW for another 3 years beginning from April 2015. We salute BftW for their continue support and cooperation.

Lastly, I would like to express my sincere thanks to all our partner organizations who have been providing technical and financial support to the noble cause of Nepalese people and I am also very much obliged to all our network members and the people of Nepal who join hands with me in realizing peoples right to health.

Jaya Nepal !



Shanta Lal Mulmi  
Executive Director

January, 2015

## Networking & Participation

### **Training Workshop on Internal Control System:**

BftW/EED's South Asia based management organization Financial Management Service Foundation (FMSF) organized a training workshop on Internal Central System in Kathmandu on 20 & 21st March 2014 for the Pakistani Partners. Under the request of FMSF, RECPHEC provided necessary support for the successful organization of the Training. A total of 17 participants from Pakistan attended the program.

### **Orientation Training on “Development Indicators of Peoples Ogranizations: Past, Present & Future:**

Mr. Shanta Lall Mulmi visited WBB Trust Bangladesh on 4th May 2014 and provided an orientation training on 6 May 2014 to all the staff which was followed by divisional heads meeting on future direction of WBB. During his stay in Dhaka he also visited one of the leading organization Proshika at Manikgunj. Mr. Mulmi was welcomed by Prashka HRDC, Executive Director. RECPHEC volunteer to WBB Ms. Manjushree Maharjan also accompanied him.



*Mr. Mulmi with medical faculty members of Gono University*

Appreciating Mr. Mulmi's presentation to WBB, Dr. Zafrullah Chowdhary of Gono Shasthaya Kendra requested him to deliver lecture to the member of Gono University on contemporary development issues. As per Dr. Choudhary's request Mr. Mulmi gave a presentation on “Historical Perception of Peoples Organization” to the medical facility members and students of Gono University on 8th May 2014. The

session was attended by the total of 58 participants including Principal of the Medical College, faculty Heads, Teaching Staff and Students.

### **Making Rishikesh a Noise Pollution Free City:**

RECPHEC feel honored of working in India with Daliyon ka Dagariya (DKD) organization to address the Noise Pollution issue. After the study and training workshops on Noise Pollution, the civil societies of Rishikesh, Uttarakhand is in the process of formulating “Noise



*Memorandum to State Minister*

Pollution Policy” to be implemented by the State Government. As follow up to this Mr. Shanta Lall Mulmi participated in a workshop and presented paper on “Campaign against Noise Pollution: A Joint Effort of the People of India & Nepal. Appreciating Mr. Mulmi's initiatives in India Swami Chidananda Saraswoti of



*Swami facilitating Mr. Mulmi*

Rishikesh Paramartha Ashram and also the Chairperson of Interfaith facilitated him in his Ashram amidst a special function.

During the visit he had a courtesy call by the State Minister Mr. Bhupendra Lingwal on 17th April, 2014. During this trip he was accompanied by RECPHEC volunteer to DKD Ms. Reshma Shakya.

**XV World Conference on Walking and Livable Communities:** With the theme of Walking for Transport, 15th World Conference on Walking and Livable Communities was organized in Sydney, Australia on 21-23 October 2014. Physical inactivity



is the fourth leading risk factor for global mortality, yet just 30 minutes of brisk walking on most days of the week can reduce the risk of cardiovascular disease, type II diabetes, colon and breast cancer and depression. On the other hand every year 270,000 people across the globe die as pedestrians in road traffic crashes. This World Conference was organized to address these issues

RECPHEC has been advocating for "Pedestrian Rights" since last few years. Hence RECPHEC Executive Director participated this conference. Since this conference has been mostly focussed on developed countries transport policy and infrastructure development RECPHEC feels need to give South Asian Perspective in the forthcoming 16th World Conference on Walking and Liveable Communities which will be held in October 2015 in Vienna

**Sixth Session of the Conference of the Parties to WHO FCTC (COP 6):** Framework Convention Alliance (FCA) invited Mr. Mulmi to participate the Sixth Session of the conference of the Parties (COP) of WHO FCTC held from 13-18 October 2014 in Moscow, Russian Federation. The CoP 6 came with Moscow declaration recalling that tobacco consumption is not a right but an addition and calls on the parties.



*With Health Secretary of CoP, Moscow*

- i. to strengthen collaboration on tobacco control with a view to attaining the global voluntary target of 30% relative reduction in the prevalence of current tobacco use in persons aged 15 years and over by the year 2025, through the WHO FCTC mechanisms and global coordination mechanism for NCD prevention and control;
- ii. to take special account, during implementation of national tobacco control measures, of the population groups, including women, children and adolescents, minority groups and low socioeconomic groups, who are especially vulnerable to the efforts of the tobacco industry to recruit and maintain users;
- iii. to continuously adopt progressive, comprehensive, multi-sectoral and responsive national tobacco control strategies, plans and programs aimed at achieving the overall objectives of the WHO FCTC, while providing support to such programs at the international level;
- iv. to monitor new forms of tobacco products and tobacco and nicotine use and take steps to minimize the introduction and proliferation of such products through prohibition or restrictions of manufacturing and promotion and sales as provided for by the WHO FCTC, its guidelines and protocols;
- v. to accelerate the full implementation of the WHO FCTC at national levels, integrating mechanisms for monitoring and evaluation and measures to address new and emerging challenges in addressing the tobacco epidemic;
- vi. to share best practices through the WHO FCTC Information Platform or other methods to address major challenges in implementing the WHO FCTC.

During this week long conference, Mr. Mulmi played role to lobby the SEAR delegates and also provided



technical support to Nepalese government delegates during the conference

**Visit to Bread for the World:** RECPHEC is one of the long term partner of EZE/EED and now Bread for the World. As an effort to further continue the partnership RECPHEC submitted another 3 years proposal to Bread for the World which is scheduled to begin from April 2015. Mr. Shanta Lal Mulmi visited BftW office in Berlin from 6-9th October. During his visit he has given a presentation on “Development



*With Bftw staff at Bftw office, Germany*

Efforts in Nepal: RECPHEC’s Journey with EED/ Bftw” to the South Asian Department staff. This presentation which was followed by questions & clarification of the issues raised by BftW& justified the long term partnership with RECPHEC.

**NPO Governance and Laws in South Asia:** NGO Governance is linked with the whole issue of accountability & transparency & therefore is of utmost significance in the debate of development effectiveness. It is in this backdrop that FMSF undertook a research study to understand the complexity and scope of the regulatory framework & Governance practices in NGOs across South Asia.



In this context, FMSF had organized this NPO Governance & Laws in South Asia Consultation to disseminate the outcomes of the study and discuss larger trends and emerging issues. The consultation focused in looking at the emerging governance practices and what the Civil Society can do to strengthen public trust is reflected upon. The lack of capacity of the sector to demonstrate greater accountability to its stakeholders is also highlighted.

Around 190-participants from South Asia was a part of this Consultation. Ms. Reetu Pradhan & Ms. Padmawati Pradhan from RECPHEC participated on this program from 16<sup>th</sup>-17th October 2014 at India Habitat Centre, New Delhi.

**Global Day of Action on Right to Health:** Article 25 is a people’s movement for the right to health. More than 100-million people face unaffordable health care costs each year plunging millions of households into poverty. More than 20-million people die each year due to inequities in global health. On 25th October, a powerful message to world leaders was sent that the time for global action to fulfill the right to health has come.



The Candlelight program was organized to show Nepal is also standing for Global Day of Action to pressurize the global leaders to prioritize the right to health through the involvement of the community people and the youth groups. The main objective is to stand for Global Day of Action and to represent the youth from Nepal in the Right to Health Global Campaign to share a common set of demands:

- A political commitment to Article 25—the right to health
- A just, rapid transition to universal health coverage
- A mobilization of sustained funding to make Article 25 a reality
- Power back in the hands of people

On 22<sup>nd</sup> October 2014, a Candlelight Campaign was successfully organized at Bhagwati Bahal, Thamel, Kathmandu by RECPHEC in joint coordination with Thabahi Lyamha Macha Pucha Kawa, Thamel Tourism Development Board & Kathmandu Walks in which hundreds of people participated in this program. This campaign has become the best examples for other global partners to hold the program in their respective countries and it also has been the motivation & inspirational factors to the other coordinating partners.

**Universal Health Coverage Day:** RECPHEC joined 200 organizations around the world to launch the first-ever Universal Health Coverage Day on 12th December 2014. Universal health coverage is essential for making progress on right to health and for creating a fairer, more resilient society. This historic coalition will mark the anniversary of a landmark UN resolution urging all countries to provide universal access to health care without financial hardship. □□

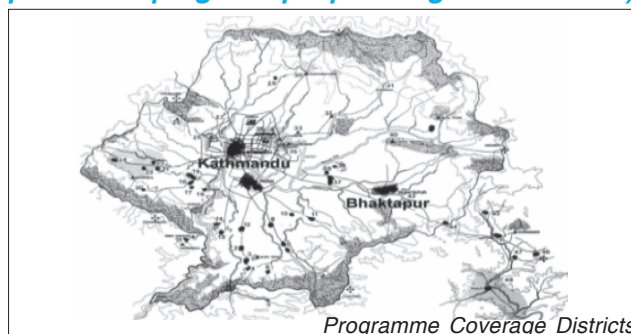
# HIV/AIDS: Addressing the Migrant Issues

An estimated six-million Nepali workers live abroad. Every day 900-1200 migrants leave Nepal legally, with as many again estimated to migrate illegally. Around 700,000 Nepali migrants work in the Gulf States, with 125,000 in UAE, where at least 45% work in the construction sector. Many also work in hospitality, as security guards and as domestic workers. The government of Nepal now intends to actively promote international labor migration and to safeguard the interests and welfare of migrants; however only a few initiatives have been taken so far.

HIV prevalence of migrants has remained relatively low in 1.4% (West) and 0.8% (Far West), although prevalence in wives of migrants is 3.3%. The prevention coverage is the lowest among all key populations, both for migrants and their wives. Comprehensive knowledge and condom use also not very high compared to other MARPS. The program for migration has now been intensified through the Global Fund Rd 7-grant being implemented by Save the Children reaching migrants in 18-districts with high migration or high transit districts.

Under the MDG Goal to reduce HIV transmission and enhance the quality of people living with HIV/AIDS and to contribute to the achievement of Millennium Development Goals, 4, 5, 6, RECPHEC is working basically to achieve the following objectives:

**Objectives 1: Promote the adoption of safe behaviors among most at risk populations (especially Labor Migrants and their spouses through increased access and availability of prevention programs people living with HIV/AIDS)**



Programme Coverage Districts

Responding the first objectives, RECPHEC's efforts to promote the adoption of safe behavior among MARPs (abroad migrant workers) was as follows: Working District: Kathmandu

**One-to-one Orientation Program:** RECPHEC outreached 2656-clients in one-to-one out of 2183 among them 332 are female. A total number of clients were provided one-to-one education outreached and personal communication. The clients were outreached through manpower agencies, authorized health clinics & training centers (Labor Migrants develop their skill for aboard job in the training centre).

**Per-departure Orientation Program:** 21-comprehensive HIV/AIDS migrant & their spouse program was organized at manpower agencies, authorized health clinics & training centers in cooperation with Global Fund Single Stream of funding (SSF), Save the Children Program. A total 190-client was given per-departure orientation.

**Community Leaders Orientation:** 80-clients of which 20 community women leaders participated on mother group orientation program in 3-different area in Kathmandu district. HIV/AIDS prevention HIV/AIDS & STIs was discussed.

**Coordination/Linkages Meeting:** DACC Stake holders coordination meeting was organized by District AIDS Coordination Committees with support from



Oreintation Class

RECPHEC, Step Nepal and SACTS. Mr. Shree Krishna Bhatt, DPHO Chief also participated on this program. 51-representative from different organizations participated and shared their program activities, achievement and challenges.

**Candlelight Memorial Day:** Candlelight Memorial Day celebration was organized by District AIDS Coordination Committees in coordination with RECPHEC, Step Nepal & SACTS on 18th April 2014. Mr. Shree Krishna Bhatta, DPHO Chief, Rajeev Kafle & PLHA and other 300-participants participated in this Memorial Day program.

**20th National Condom Day:** 800-IEC materials and 8000-loose condom were distributed around Nayabuspark, Gongabu Kathmandu on 25<sup>th</sup> October 2014. Majority of the person who received condoms and got information regarding proper use of condoms, benefits of condoms as well as dual protection from HIV/AIDS & STI control were external & internal labor migrants, representative of manpower agency and their agents.

**27th World AIDS Day:** The World HIV/AIDS Day program was organized by National Center for AIDS & STI Control with support from various stakeholders on 1st December 2014 at Basantapur. The main propose of the program was to sensitize people on the harmful effects of HIV/AIDS. The main slogans were 'Getting to Zero', ZERO NEW HIV INFECTIONS, ZERO DISCRIMINATION, ZERO AIDS RELATED



DEATHS, to attract the pedestrians, drivers, illiterate people and migrant people to the program.

**Operation of IHC centre:** 1-IHC Centers for BCC services is operating and 1-IHC Centre is attached with VCT Center at Dhapasi. Calls from clients are received

from Malaysia, Qatar, Dubai and Korea etc by staff for counseling.

**Condom Distribution to migrant Labor:** 83,181 among them 2577 for demonstration, 8000 for days celebration, 749 condom are withdrawn condom box and 1146 condom are distributed from VCT Center.

## Objective 2: Expand access and coverage of quality HIV testing and counseling

**Testing and Counseling:** 1042-person tested out of 975, among them 5-person were identified HIV Positive. We provide mobile clinic & static clinic service for testing & counseling. Those five clients were sent for



*Counseling Service*

CD4 count at National Public Health Laboratory. All 5 are in touch with our counselor and Outreach workers frequently. In static clinic we tested 586-male and 228-female. 214-male and 14-female were tested through mobile clinic. We provide our mobile service at those training center where there are maximum number of labor migrant.

**Operate Mobile VCT for MARPs:** Considering limited time with the abroad migrants to visit VCT centers, RECPHEC counseled and tested 1042-clients among them 228-was mobile camp.

**STI diagnosis and treatment:** 506-people out of 171 are people are male and 5-people are old. It can also be analyzed that since the percentage of female migrants is very low. In addition to that, migrant workers reached by outreach worker after their check up at health clinics including necessary treatment for STI.

**VCT Centre:** VCT centre is in operation Dapashi. STI Technician, VCT Counselor, Lab Technician & Helper is running the center. □□



# Urban Health Promotion: Effort in Making Liveable Cities

Rapid urbanization has become a threat to human civilization. Urbanization has intense effects on the ecology of a region and on its economy. With more than 60 percent of the world population expected to live in urban cities by the year 2025, urbanization as a trend will have diverging impacts and influences on future lives and mobility. Rapid expansion of city borders driven by increase in population and infrastructure development, would force encroachment of open and green space, leaving the city environmentally vulnerable.

Developing countries, like Nepal, are facing many challenges as a result of increasing urbanization. The human population has lived a rural lifestyle through most of history. The world's population, however, is quickly becoming urbanized as people migrate to the cities. Developed nations have a higher percentage of urban residents than less developed countries. However, urbanization is occurring rapidly in many less developed countries, and it is expected that most urban growth will occur in less developed countries during the next decades. As Nepal tries to tackle these major problems, ensuring cities are liveable, which creates supportive environments for healthy behaviors, is critically important.

The health of the Nepali population is greatly affected by the state of its cities. In cities, there is a notion on ensuring that the city is supportive of cars rather than pedestrians. Evidence of this can be found when looking at both the state of the non-motorized transportation (NMT) environment and at the budgets allocated NMT. Public transportation options are poorly coordinated and there is a serious lack of routes in Kathmandu. According to a recent report more than 500 motorbikes are sold per month in Kathmandu only. Poor public transportation facility and risk of pedestrians in city is encouraging purchase of more private vehicles. Parks and public spaces are poorly managed and under constant threat of privatization. Car and truck drivers use high volume horns, which

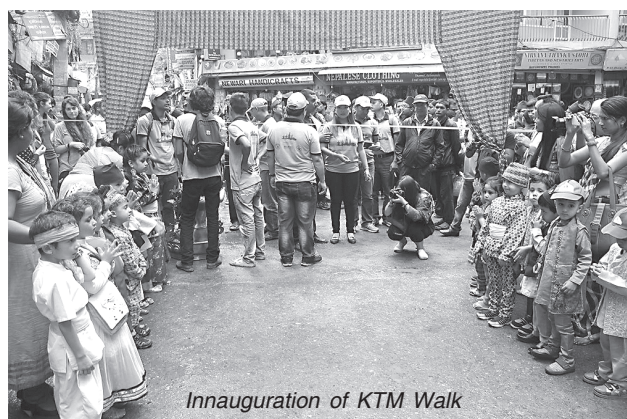
creates noise pollution and as a result people are losing their hearing. Finally, there is emerging evidence that the people are switching from fruits and vegetables to processed foods high in fat, sugar, and salt.

Non communicable Diseases (NCDs) are gradually becoming the leading cause of deaths in developing nation as they have been in the developed world for several decades, threatening and increasing amount of people in many low and middle income countries. NCDs result from a number of factors involving various facets in daily life such as unhealthy diet, smoking, and consumption of alcohol and lack of physical activities. They are preventable if more emphasis and attention can be put on the severe situation that humans are facing.

While much is negative in the current situation, the potential for positive action is also significant. With the experience gained from its many years of successful work in tobacco control, RECPHEC is address policy issues and promote positive change.

## Access to Healthy Transportation

**Kathmandu Walk Campaign:** World Car Free Day is celebrated each year globally on 22<sup>nd</sup> September promoting walking & cycling in cities and discouraging motorized transportation. Kathmandu Walk Campaign was organized on this occasion in different areas of



*Innauguration of KTM Walk*



Kathmandu from 20<sup>th</sup>-27<sup>th</sup> September 2014. This campaign was initiated by Kathmandu Metropolitan City jointly with RECPHEC and Clean Energy Nepal (CEN) and in coordination with the local community clubs, volunteer groups & other organizations. All together 18- organizations were associated for this Campaign. This is probably first attempt of its kind practiced in Kathmandu as far as Nepal, where vehicles were restricted not for any special occasion but just to experience peaceful environment & promoting walking & cycling.



*Consultative Session*

The main objectives of this campaign was to inspire & promote sustainable mode of urban transport such as walking, cycling for daily mobility; aware public on the importance of walking & cycling; invitation to people to walk & acquire attention of respective government authority and media.

For this, series of planning & preparatory meeting were organized since May 2014 with various stakeholders by the core team including Cycle City Network Nepal (CCNN), Architect Design Association (ADA) and Volunteer Groups. During this, positive responses received from areas like Kilgal, Janabahal, JP Road, Jyatha.



*Local Participants*

Social networking sites like facebook, blog, banner and logo was created by competent partners, helped to create maximum buzz about the campaign. An effort was made by all the associated organization to engage media for this campaign. Brochures, pamphlets, bookmarks, flex, banners, flex buntings, T-Shirts and Caps were distributed in this program.

Heritage walk, ghost walk, traditional music, flash mob, documentary screening, cycle stunts, street arts, art competition, photo exhibition, treasure hunt, ethnic ramp walk, etc were organized. Area covered during this campaign:

Area	Date	Time
Janabahal & Kilagal	20 <sup>th</sup> September	7:00 am-7:00 pm
Basantapur	21 <sup>st</sup> September	7:00 am-7:00 pm
Satgumti, Thamel	22 <sup>nd</sup> September	1:00 pm-8:00 pm
Teku Dobhan-Kalmochan	23 <sup>rd</sup> September	11:00 am-3:00 pm
Basantapur	24 <sup>th</sup> September	7:00 am-7:00 pm
Bhagwan Bahal, Thamel	26 <sup>th</sup> September	12:00 pm-5:00 pm
Basantapur	27 <sup>th</sup> September	7:00 am-7:00 pm

**Air Quality Monitoring:** Air quality of areas like Kilagal, Bhedasingh was monitored before and during the event. Compared to usual day, PM2.5 levels during vehicle free day in Janabahal, Kilagal and Bhedasingh have decreased by 59%, 67% and 32% respectively.

According to the survey conducted in Janbahal/Kilagal & Satghumti, 90% of the people were happy with the vehicle free day. People who were found unconvinced were the local business people. Coordination with different government bodies, civil society organizations, local community people, clubs and other related stakeholders has resulted into a very successful campaign.

This campaign was also carried out at Bhaktapur on 25<sup>th</sup> September with their own initiation through carfree.com team along with the Bhaktapur Metropolitan City, Bhaktapur Tourism Development Council) and local clubs

**Study on “Public Policies & Plans for Pedestrian Safety & Mobility in Nepal:** This study was conducted to understand the existing policies, regulations and plan on pedestrian rights, and provide policy recommendations for promoting walking and protecting pedestrian rights in context of Nepal. Study has reviewed existing national & local transport policies, regulations, acts and plans related to

mobility/transportation and pedestrian issues/rights in Nepal as well as collected information on international policies and best practices

**Media Engagement:** An effort was made to build a relationship with journalist to bring out the issue as much as possible amongst the public through medium of media. 8-articles were published covering Kathmandu Walk Campaign in print media & 2-programs in television media. An article was published in a newspaper on noise pollution. There has been increased media instances on issue and debate on the issue on Traffic FM Radio.

### Access to Healthy Food

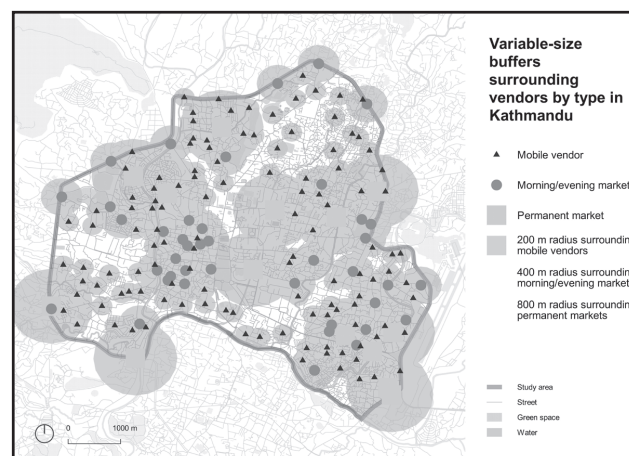
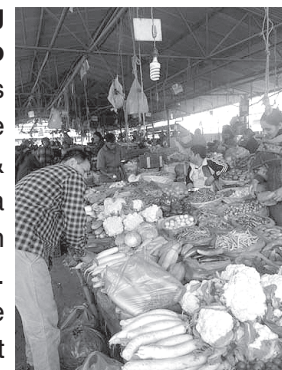
**Study on Media Coverage of Junk Food & Its Content Analysis in Print Media, Billboards & Radio:** This study was conducted as a continuous study which covered the junk food advertisement in Nepali television medium. This study covered hoarding boards in various areas of Kathmandu, 6-different newspapers for 3-months and popular radio program for 1-month. This gave us more clarity of overall advertising environment of junk food in Nepal. It was found that out of total advertisement studied in newspaper, 10.6% advertisements were of junk food products where as in case of radio stations observed almost 20% advertisement were found to be of junk food. And major targets were found children & homemakers.

**Study of legal provisions of Nepal in the context of junk food:** After series of studies it was realized that understanding of the policies in Nepal regarding junk food advertisement was also required. Thus a study was conducted with help of legal expert with the objective to understand how the advertisement is addressed by Nepalese legal system in context of

junk food. From this study it was found that under “right to information”, we can support positive information flow as well as can advocate against false information according to our law and regulation, which could be used during our advocacy against junk food advertisement.

### Vegetable Market Mapping in Kathmandu Metro Politian City:

This study was conducted with the objective to understand accessibility & availability of fresh food via vegetable markets in Kathmandu Metropolitan city. This map indicated the location of vegetable market and their abundance in Kathmandu Metropolitan city. 3-types of vegetable market viz permanent, semi permanent and mobile vendors were identified for this mapping study.



	Permanent Markets	Morning/Evening Markets	Mobile Vendors
A	Chamati, Samakhusi, & Kaldhara	Balaju, Banasthali, Bhagwanpau, Buddha Park, Chettrapati, Dallu, Kapurdhara & Thahity	29
B	Chabahil, Kalopul & I Naxa	Bishalnagar, Hadigaun, Jaybageshwari, Basundhara, Siphai Sankha Park & Gairigaun	27
C	Kalimati, Kalanki & Balkhu	Asan, Bhimsensthan bridge, Indrachowk, Jaisidewal, Jana Bahal Kohity, Kuleshwor, Lagan, Maru, Nardevi, Ombahal & Tebahal	28
D	New Baneshwor, Koteshwor, Shantinagar, Tinkune & Exhibition Road	Anamnagar, Battisputali, Gairigaun, Gaushala, Katyani Chowk Maitidevi, New Baneshwor, Old Baneshwor Chowk, Pingalasthan, Sankhamul & Shantinagar	38





# Non-communicable Disease

The increasing burden of Non-Communicable disease (NCD) particularly in developing countries, threatens to overwhelm an already stretched health services. The factors underlying the major NCDs (heart disease, stroke, diabetes, cancer, chronic respiratory conditions) are well documented. Common and easily modifiable risk factors underlie most of the NCDs and explain the vast majority of deaths at all ages relating to NCDs among men and women in all parts of the world, they include tobacco use, excessive alcohol consumption, physical inactivity and low intake of fruits and vegetables.

These common behavioral risk factors contribute largely to high blood pressure, obesity, high blood glucose and cholesterol levels, which in turn cause major NCDs such as cardiovascular disease, cancer, diabetes mellitus and chronic lung diseases.

Non-communicable Diseases (NCDs) are gradually becoming the leading cause of deaths in developing nation as they have been in the developed world for several decades, threatening and increasing amount of people in many low and middle income countries. NCDs result from a number of factors involving various facets in daily life such as unhealthy diet, smoking, and consumption of alcohol and lack of physical activities. They are preventable if more emphasis and attention can be put on the severe situation that humans are facing.

**Antibiotic in Poultry farming: An Issue of Public Concern:** Analytical news article on Himal Magazine by journalist Santa Gaha Magar on the use of antibiotic in poultry farming has caught the attention of consumer group and respective civil society. With the amount of antibiotic used to treat chicken in the Nepali market unrestricted, experts warn of the increased threat of antibiotic resistivity developing in humans. The Centre for Disease Control & Prevention estimated that more than 23,000-people a year are dying from drug resistance infection globally. Understanding the possible threat that could imply on people's health, RECPHEC took an initiation to discuss this issue further in wider forum with the representatives from concerned civil society including consumer association, health advocacy organizations, research institutions, media and poultry farming federations including government response addressing this public health concern on 9<sup>th</sup> June 2014 at Hotel Himalaya.



Mr. Santa Gaha Magar, Journalist, Himal Magazine presented a paper on "Antibiotic in Poultry farming: An Issue of Public Concern". Dr. Praveen Mishra, Secretary, Ministry of Health and Population (MoHP), said the ministry is planning to make research over the impact of antibiotic containing foods among the human health. Understanding the severity of the issue, he shared that Ministry would formulate guidelines in the collaboration of Ministry for Agriculture. He also added that ministry is planning to ratify the international health regulation by June 2016. Khadak Singh Bisht, Food & Agriculture Organization, said even poultry farmer themselves are not far away from its impact but lack of adequate knowledge about the issue.



Mr. Terrence Thompson, Senior Environment Health Adviser, WHO said it has been concerned with the issue of anti-microbial resistance in animal husbandry and poultry farming for some time. He added that in 2010 WHO supported a study on this issue. Research has shown that unregulated use of antibiotics in poultry production results in greater anti-microbial resistance in animals & humans.

Dr. Sameer Mani Dixit, GARP presented a paper on "Antibiotic in food animals including poultry". He also shared GARP Nepal and the studies conducted on situation analysis of antibiotic resistance in Nepal. He also shared studies that were conducted among 200-poultry samples from different retail shops of Kathmandu in 2007 and other different studies. His presentation was more focused on scientific fact & figures to support the issue on evidence basis. □□

# Anti-Tobacco Campaign

## Government Amended Regulations on Increasing Coverage Area of the Warnings to 90%

Nepal has taken a large step toward combating tobacco-related disease. The stronger legislation comes less than a year after Nepal's Supreme Court quashed an appeal from the tobacco industry against legislation requiring 75% graphic health warnings. On 31<sup>st</sup> May 2011 the Government of Nepal passed tobacco packaging regulations, including requirements for health warnings that cover 75% of both the front and back of the package and implemented in April 2014. In October 2014, the government amended the regulations, increasing the coverage area of the warnings to 90%. The larger warnings will be required on packages by 15<sup>th</sup> May, 2015.

Nepal graphic warnings depict series of images mouth cancer, deformed fetuses. 90% of the surface area of all tobacco packaging must now be covered with images designed to warn consumers of the health consequences of tobacco use. Nepal will then carry strongest warnings in the world about its harms to health.

## Progressive Tobacco Tax

Government of Nepal (GoN) intends to raise tobacco prices through tax increase and through other regulatory measures in order to reduce cigarettes and tobacco products consumption and to increase revenue collection. An increase in price of cigarettes and other tobacco products may reduce consumption of youth and poor and they can reallocate money for other generous purpose. The GoN has been lenient on mobilizing more excise, VAT, and income taxes from such classified goods and services so that the GoN can enjoy high leverage to allocate more budget for developmental and social security programs.

GoN has been applying revenue maximizing tax rates for cigarettes and other tobacco products for two pronged purposes like revenue maximization and

consumption suppression. GoN determines tax rates annually with the promulgation of Finance Act. It is also argued that an increase in excise taxes on tobacco products may push forwards to increase prices that could be an effective policy instruments for reducing tobacco products consumption. However, the excise rates for cigarettes are around 25-31% percent of retail price which is too far low as compared to international standard. Considering this, RECPHEC has organized different programs advocating for increasing tobacco tax.

In Nepal, although efforts have been made, the tax increment in tobacco products has not been achieved as expected. In Nepal the tax imposed on tobacco is very minimal while compared with other South Asian countries. Hence, it was deemed necessary to build pressure on the government to increase tax within tobacco products to reduce the risk of diseases among people rising from its consumption.

**Advocacy Kit for Political Parties:** An advocacy document was designed & developed for the Constituent Assembly Members mainly focused on





Progressive Tobacco Tax Increment to make Parliamentarians aware on the necessity of new laws to discourage consumption of tobacco products. This advocacy document was distributed to 601-CA members.

**Interaction on Progressive Tax Increase in Tobacco Products:** RECPHEC organized interaction on program on Progressive Tax Increase in Tobacco Products organized in Kathmandu on 17th June 2014. The CA members, government officials, youth wings of different political leaders, other related stakeholders participated in this interaction program. In this program, youth wings of different political parties suggested the government to discourage tobacco consumption by increasing tax on tobacco products. They also asked the government to invest such funds to improve public funds.

Speaking at the program, Minister for Finance Dr. Ram Saran Mahat said that the government had been gradually increasing tax on tobacco products and increased the investment on public health. Bharatpur Cancer Hospital, Shahid Gangalal Health Center, SAARC Tuberculosis Center & recently established Tribhuvan University Teaching Hospital Heart Center are few examples of the governments growing investment in public health. He also said the government decision of pasting excise stickers on packaging of tobacco products have controlled revenue



leakages. Minister launched "Advocacy Kit" published by RECPHEC to make Parliamentarians aware on the necessity of new laws to discourage consumption of tobacco products.

Maharaja Koirala, Director, Inland Revenue Department, Ministry of Finance presented a paper on tobacco tax. He informed that the WHO has urged its member countries to impose 70% tax on tobacco

related products. According to him, Nepal has been imposing 33.7% tax on such products. The government mobilized revenue of NRs. 9.07 billion from tobacco products in fiscal year 2013/2014. Of them, NRs. 5.36 billion was excise tax, NRs. 1.68 VAT and NRs. 2.03 billion income tax. He added in the current year NRs. 400 million was allocated to the Health Tax Fund.



Dr. Adia Yureki, representative of WHO stressed the need to impose high tax on tobacco products for discouraging people from consuming tobacco products.



**Interaction with CA Members on Health Tax Fund:** The role of Constituent Assembly Members is considered vital as they are responsible people for developing & implementing pro health policies, acts and directives. Considering the impact that the Constituent Members could put on increasing progressive tax on tobacco and tobacco products, RECPHEC organized "Interaction session with CA members on Progressive Tax Increase in Tobacco Products" in Hotel Himalaya, Kathmandu on 30th September 2014. The workshop was participated by CA members, government officials, political leaders, other related stakeholders and staff of RECPHEC. The main objective of the session was to mobilize CA members for their role & authority in bringing the issue on tax increment in CA assembly; Commitment from CA members on improving the health of people by

pressurizing in drafting the progressive tax increment in tobacco and tobacco products in new constitution.

Mr. Maharaj Koirala, Director, Inland Revenue Department, Ministry of Finance presented a paper on Taxation on Tobacco Products in Nepal.

Mr. Binod Bindu Sharma, Director, National Health Education, Information & Communication Center

(NHEICC), MoH presented the paper on “Tobacco control act regulation and tax increase”.

CA members put forward their valuable suggestions & commitments on progressive tax increase in tobacco products which are significant as they have been authorized to take the key health issues forward in the parliament for implementing health policies, acts and directives.

## CA Members Views

**Hon’ble MP Ram Singh Yadav** : He stressed to make necessary investment in low quality products as they are mostly consumed by people from low income background thus affecting the health of people in the villages.

**Hon’ble MP Rameshwar Fuyal** shared that there is still need of raising awareness on the affects of tobacco and alcohol consumption in Nepal.

**Hon’ble MP Madan Bahadur Amatya** shared the importance and effectiveness of documentary on tobacco and tobacco related products including the diseases brought about by consuming tobacco in tobacco issue.

**Hon’ble MP Chandra Maharjan** also committed to support on the tax increment, but he urged all the stakeholders to raise awareness on the risk of tobacco products in public places.

**Hon’ble MP Rita Shahi** questioned the use and importance of increasing tax in tobacco products in Nepal. She opined that message should be clear on

the usage of tax and revenue collected as well as demanded the proper investment on health of people suffering due to tobacco use.



**Hon’ble MP Abdul Rajak** viewed that not only an individual but the entire family should stop smoking tobacco and tobacco related products.

**Hon’ble MP Khatiwada** shared that tobacco free society is a big challenge; however, efforts should be made to discourage people

from buying tobacco products.

**Hon’ble MP Dhyana Govinda Ranjit**, on the other hand, urged people to make an effort in drafting constitution first and then bring such issues forward.

**Hon’ble MP Siddhi Lal Singh** : He opined that taxation mostly affect people from lower income groups, therefore, people should debate on bringing correct measures accordingly. He further stressed that campaigns should be organized from grassroots level to aware people on the need of increasing tax in tobacco as well as alcohol.



# Indigenous Health System Promotion

The notion of medical diversity has been respected in present & past health policies of Nepal. There is a pressing need to develop traditional health services to ensure affordable & accessible quality health care for all. In this regard, traditional health services can help facilitate effective integration of traditional health systems into the mainstream national health systems of Nepal, thereby realize the goal of making quality health care affordable and accessible to all. Other possible benefits are employment generation, and utilization and preservation of local resources.

Ayurved & many Traditional healing systems have been serving the people of this country for hundreds of year. Ethnical healers, spiritual, Amchi & different traditional healers & practitioners had been providing health care service in remote areas of the country, where academic health practitioners & doctors are hardly available.

At present this practitioners are in threat as there is no clear & definite law, rules and regulation made to award license to them. Infact, these practitioners are facing the problems of legalization. According to latest health policy 2071, it has assured to develop Ayurved related human resources on health & its management.

Moreover, it has developed the concept to integrate Ayurvedic & other alternative services from same institutional set up exist in district and village level. Moreover, latest health policy 2071 has assured to invest in research & development of Ayurvedic practices in Nepal. In this regard, RECPHEC has been advocating in these issues by organizing different national workshops & meetings:

**Indigenous health practices in Nepal & its legal challenge:** National workshop on Indigenous health practices in Nepal and its legal challenge was held on February 21, 2014 to strengthen the voice of related



stakeholders in the process of legalization of traditional health practices in the main stream health system. A total of 82-participants including traditional health practitioners such as natural healers, traditional ayurveda practitioners, spiritual healers, dhami, jhankri, amchi along with ayurveda doctors, representing from Ministry of Health & Population, Department of Ayurveda, NHRC, Nepal Ayurveda Medical Council, Traditional Healers Association and likeminded organization representative. They came together to discuss about their issues and challenges regarding legalization of indigenous health practice in Nepal.

## **National Workshop on Ayurved and Traditional Health System in National Health Policy:**

National Workshop on Ayurved & Traditional Health System in National Health Policy” on 29<sup>th</sup> September 2014 to discuss and understand the situation of Ayurved and traditional medicine practice in Nepal. The main objectives of the workshop was; a) to discuss on the role of Ayurved and Traditional Medicine within National Health Policy; to discuss idea on the management of Ayurved and Traditional Medicine within National Health Policy; and c) to provide support in sustainable health services. The program was attended by Ministry, WHO, NGOs, media & members of civil society organizations. The Workshop was





Minister of Health & Population, WHO Representative and Health Secretary

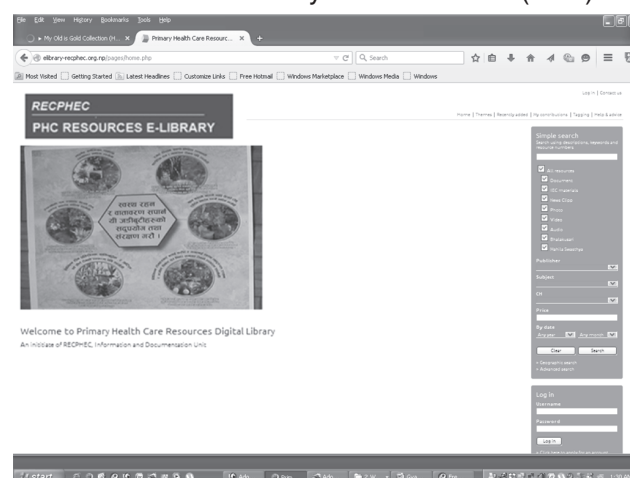
inaugurated by Hon'ble Minister of Health & Population Mr. Khagraj Adhikari. In his inaugural address he opined that Ayurved and Traditional medicine are the integral part of our society. Hence government will make every effort to bring into main stream health policy.

It was concluded that advocacy should be continued to integrate traditional medicine into mainstream health system. It was also discussed that each stakeholder should be supportive and unite together to bring up core strategies to integrate Ayurved and traditional system within national health policy.

The workshop were participated by more than 50 Ayurved & Indigenous health practitioners, Government representatives, Academicians and media persons.

**Meetings:** The different meetings were conducted including Task Force Group for, advocating government, preparing strategy for development of TSM. The team discussed mostly the way of legalization of traditional ayurveda practitioners and other traditional healers; the rational practice and use of herbal drugs; preservation of traditional knowledge and valuable medicinal plants.

**Information management on Traditional System of Medicine:** As information played an important role for development we have collected and managed information on traditional system of medicine (TSM). As



we have able to developed e-library so we have entered paper clippings and some documents in e-library.

Our website is: [www.elibrary-recphec.org.np](http://www.elibrary-recphec.org.np) for e-library (full text) and <http://nepaknol.net/recphec/library/> for online catalogue. □□

# Community Outreach Program

RECPHEC was established with prime objective to advocate for people centric health policies, to ensure people's basic health rights through research, advocacy, campaign, partnerships, and networking by:

For this, RECPHEC initiated the outreach program from the year 1997 where people live in rural areas & depend on subsistence farming for their livelihoods. Most households have little or no access to basic social services such as primary health care, education, clean drinking water & sanitation services. There was high rate of illiteracy concentrated in specific ethnic, caste & minority groups, particularly those of the lowest caste (dalits) & indigenous peoples (janajatis).

Although government has made commitments to fulfill people's basic health rights, the implementation of the activities to meet the commitments is yet not to the mark. Women face discrimination in the family, society, and state. Many districts are remote, access to health services and information are very limited. The level of women's health and education is particularly low. There is little knowledge on preventive measures of various health and nutritional problems. Also women's health issues remain inappropriately addressed in the national health policy and programs. Therefore, it is necessary to provide primary health care facilities and to make communities aware of their basic rights to health. It is vital that women have access to and control over healthcare services from a women's rights perspective.

In these 16-years, the outreach program is implemented at the community level, has contributed in the areas of: 1. NFE classes (Non-formal Education) 2. Saving & credit group formation 3. Toilet support 4. Drinking water support 5. Skill training program 6. Capacity building 7 Community Awareness Campaigns. RECPHEC is committed to help the poor & the marginalized to liberate them from high interest

loan from the local landlords. It also advocates the women & deprived communities to get organized in order to assert their rights and to render local public and private services structures people oriented in different VDCs of program areas of Udayapur, Saptari and Gorkha. It is working now in 3-VDCs of Udayapur District: Basaha, Tapeswori & Thokshilla and 3-VDCs of Saptari District: Kamalpur, Ghoganpur & Piprapuwa and 4-VDCs of Gorkha District: Bungkot, Ghirung, Asrang, Aarupokhari & Takukot.

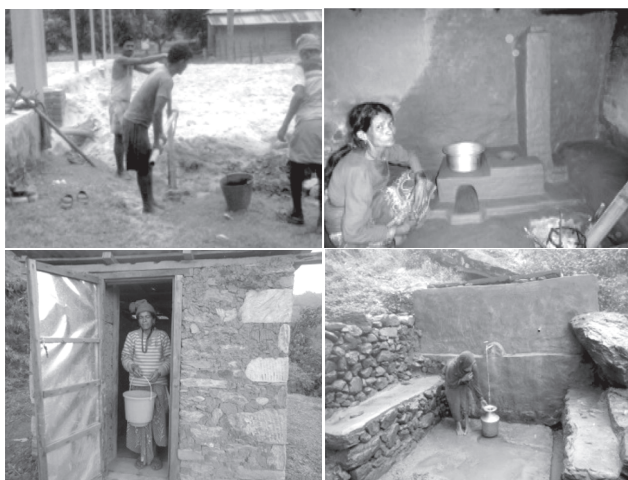
## 1. Right to Education

**Non-formal Education (NFE) Program:** RECPHEC has been running non-formal education program (NFE) in order to build critical awareness among women with literacy skill especially in Udayapur & Saptari districts. This 6-months education program is initiated to provide women with further knowledge on health, skills & current issues of the community. "Naya Gorato-I & II" (book for non-formal education program) is used to build literacy skill of the participants. In addition to this, participants are also given relevant knowledge on HIV/AIDS in order to reduce the risk of HIV/AIDS among people.

After the non-formal education program post literacy classes is organized 3-days a week. These classes include some of the desiring participants who previously completed Non-Formal Education program. They are encouraged to save & mobilize their funds within the group. It has become a forum for discussion on different social issues as well. Wide ranges of activities related to socio-economic issues takes place: saving & credit, kitchen gardening, animal husbandry, fruit sapling distribution, family toilet, drinking water, video shows, health education, legal awareness, gender awareness, safe motherhood & family planning are some of the major activities to build capacity of the communities for their own development.

## 2. Right to Health

**Health & Sanitation Program:** Inadequacy of services mainly among poor & excluded groups, backed by lack of awareness at the grassroots has led to unhygienic behaviors practices in communities. Considering this, RECPHEC is implementing health & sanitation program in very needy areas for water & sanitation. The saved time from water collection has been used for child care, improving personal hygiene & raising livestock. Environmental sanitation has been improved & there is cleanness in village surroundings. Smokeless stoves have helped in saving the environment as well as health of the family specially



the women. For this, RECPHEC has been motivating the villagers install safe drinking water facilities and construct family toilets & smokeless stoves.

RECPHEC is working jointly with VDC and Nepal Red Cross Society on VDC's campaign to make open defecation free VDC to Basaha and Tapeswori. For this, altogether 600-toilets in Basaha and 350-toilets in Tapeswori and Chaudandi are constructed by RECPHEC to make this campaign successful.



## 3. Peoples access to public health service

In order to improve district and VDC level health services, RECPHEC organized interaction programme with S/HP incharge with community peoples. It has also organized "Social Auditing" of S/HP of Udayapur and Saptari districts. Besides, it also organizes health camps.

## 4. Right to Economic Empowerment

In Nepal, the main occupation of the majority of the people living in the rural areas is agriculture. Very few



people work outside. Women do the household work and have to depend on their husbands for other expenses. Considering this, RECPHEC encourages community women on group saving to help the poor and the marginalized to liberate them from high interest loan from the local landlords. For this, it is involving the community people in different skill development programs to enhance their income



generating activities like; stitching training, animal husbandry, mushroom farming, kitchen gardening etc.

### Farmer Field School

Any given crop grows not in isolation but in the presence of biological factors such as pests, predators, and non-biological, physical, chemical factors such as moisture content, rainfall, nitrogen



content etc. For instance, if a farmer's field is infested with a particular pest, it may be useful to closely observe the pest- when does it multiply, what does it feed on (stem, leaves, flower nectar), its life-cycle, its predator. This hands-on knowledge will make the farmers better equipped to manage the pest and control the damage caused by it.

Farmers' field Schools serve as laboratories where farmers can carry out certain experiments. This is called long term process. If the pests come and eat the leaves of the plant, farmer gets worried of loss and sprays pesticides immediately. Farmers are not aware whether the insect is a predator, or a damage-causing insect. Now, they are able to understand which one is a beneficial insect, which one is damage-causing insect through the FFS Program.

Farmers are encouraged to carry out many such similar experiments on their fields. These experiments can either be short-term experiments or long-term experiments. FFS is a place to learn new things focusing on learning by doing method, which wouldn't be otherwise told to the farmers by the scientific community. In this session facilitator demonstrate soil system, soil conservation, soil fertility improvement practices, soil erosion study, understanding insects, water holding capacity, crop diseases and nutrient uptake study were covered extensively. Through these FFS several farmers in the field have gone back to traditional farming practices.

**Meeting with Department of Plant & Protection, Ministry of Agriculture:** To get the more ideas in Nepal context on FFS, Ms. Reshma Shakya, RECPHEC visited Mr. Ram Krishna Subedi, Senior Program Officer/IPM Master of Plant & Protection, Department of Ministry of Agriculture at Hariharbhawan on 5th September, 2014. In the brief meeting about the Integrated Pest Management (IPM) Program in



Nepal under FFS he said Nepal has running FFS in all the districts under government project. He stressed that FFS is the heart of IPM program which basically requires well set up of practical classes.

In Nepal, at this point of time, Plant Protection Directorate (PPD) has great challenge to institutionalize the past outcome of IPM so far achieved and implement the program as per the desires and aspiration of the farmers, technicians, policy makers and donors. In order to put the program in right track, it is important to review the program along with the stakeholders. He also informed that recently the regional review workshops were organized in 5-development regions in which DADO, NGOs, INGOs, Farmer Facilitators, participant farmers, pesticide dealers, high level people from Ministry, Department, Regional Directorates, Regional Plant Protection Laboratories and Directorates etc participated in the programs. In his opinion, IPM approach is born in this country but it needs some more years to mature and till it matures it needs fostering. With limited available resource, IPM approach could be taken to only a limited number of farm families. Farm families exposed or area coverage by IPM FFS is mostly around or nearby district headquarters and the distant farm families are ignorant of IPM approach through unknowingly they are practicing IPM but not in an effective and systematic mode.

**District Level Workshop:** A district level workshop was held in the District Agriculture Office on 9<sup>th</sup> September. Farmer's trainers & leaders from different VDC participated in the interaction program. DADO officer Mr. Rajendra Koirala said that Gorkha DADO office had already run the 40-FFS on potato, paddies in different VDC and Municipality area. On this program Ms. Reshma Shakya presented on her experiences on FFS while working at Uttarakhanda, India. According to the DADO officer, this year, 4-FFS



program will be organized at the district. RECPHEC also committed to run 1-FFS centre at Bungkot VDC.

**VDC Level Workshop:** The workshop was held in Bungkot VDC on 10<sup>th</sup> Sept. 20-female and 14-male farmer representatives from different groups from 9-wards participated on the program. Ms. Reshma presented on the new concept of FFS & learning from Uttarakhanda. The farmer's raised the local problems in the interaction program ie. lack of irrigation, lack of market for production, lack of technical support from service centre, lack of agricultural land for small



holder's farmer's, migration of youth & the feminization of agriculture.

Kaushila Khadka said women are the main entry point for addressing food security and nutritional well-being at the household's level; an increase in income controlled by women is of more immediate benefit to household food security than an increase in income controlled by men; and the overall improvement of women's (and girls') lives has an immediate positive impact on the Household's overall well-being, and particularly on the nutritional status of children.

Capturing the production potential & enhancing managerial skill of rural women—farmers, livestock managers, entrepreneurs, etc – will help increase overall productivity & improve the status of women and taking up role of economic leadership at the household and village level. But there is a need to of continuous support and strengthen their capacity to cope up with this change from a farm labor to manager.

The VDC Secretary Toya Nath Amgain suggested working jointly with government & non government offices. He also claimed that one village one production is appropriate way to develop agriculture in rural area such as Bungkot. He said that next year he will coordinate with other political parties to support on all these things from VDC budget also.

The sharing meeting with government officers, farmer's trainer, leaders and group members was very fruitful. Especially the partner organization's staffs are benefited by this program. They learned why they have to share their experiences to other. The VDC level Farmer's Network of Bungkot make a commitment to demand farmer's field school to DADO office.

#### **Demo on System of Wheat Intensification (SWI):**

Mr. Hari Singh Rawat, FK Volunteer from India demonstrated the new SWI, seed treatment, land preparation, seed sowing, gap filling and irrigation techniques for the FFS Farmer group at Basaha, Pipra and Siddhipur VDC. We also organized the training program to the farmers on new techniques of vegetable cultivation.



### **5. Right to Live Exploitation Free Society**

**Awareness Workshop on Dowry System:** RECPHEC organized an Awareness Workshop on Dowry System at Ghoganpur VDC on 23rd June 2014. This workshop focused for the community people of Ghoganpur and Piprapurwa VDC where most of the Madhesi dalit communities are based. Different cases on dowry system that happened at the community level was presented and discussed. The main objective of this workshop was to aware and sensitizes the community people of these VDCs.

**Rally & Memorandum Submission:** After the VDC level workshop on dowry system a Campaign rally was organized by RECPHEC in coordination with Human Rights & Rural Youth Transformation Nepal at Saptari District on 27<sup>th</sup> June 2014 to minimize the dowry system in madhesi dalit communities. Memorandum with signature from the community people was submitted to the Chief District Officer at Rajbiraj, headquarter Saptari. A total of 275 community

people participated on the rally to end the dowry system in madhesi dalit communities at Saptari district.

**Community Newsletter “Kosheli”:** Realizing right to information, we are regularly publishing “Kosheli”

from Saptari Field Office. The bulletin covers the accomplished planned activities of RECPHEC’s & information on different diseases, seasonal cultivation & other matters. Total of 1000 copies each of 20<sup>th</sup> & 21<sup>st</sup> issue of Kosheli bulletin was published & distributed.

### Outreach Program Activities 2014

	Activities: Udayapur & Saptrari	NO.	Outcome
<b>Interaction</b>	School Health Interaction	62	Children Group Formed Gained knowledge on tobacco, Alcohol & Polythene free school
	Interaction Program on Tobacco & Alcohol	12	Dalit students got aware on alcohol & tobacco
<b>Workshop</b>	Dowry Minimization Workshop	62	Women gained knowledge on dowry system
	VDC Level Dowry Minimization Workshop	111	Women gained knowledge on dowry system
	District Level Dowry Minimization Workshop	275	Memorandum submitted to Chief District Officer Commitment from Chief District Officer
	Workshop on Alcohol & Tobacco	92	Health post, VDC & saving group members gained knowledge on alcohol & tobacco
	Uterine Proplase Workshop	18	Dailt women gained knowledge & care on uterine proplase
<b>Training</b>	Animal Health Training	16	Farmers gained knowledge on animal health
	Refresher Training on Health	16	NFE participants gained knowledge on first add services
	Saving Management Training	61	Youngsters gained knowledge on saving
	6-month Stitching Training	41	Participants have started some earnings from stitching
	Child Right Training	21	School children aware on alcohol & tobacco
<b>Education &amp; Awareness</b>	NFE Class	6-month	355-women completed NFE Class
	Street Drama on Alcohol & Tobacco		Community people got aware on alcohol & tobacco
<b>Health Camp</b>	Health Camp	1915	1915-community people Beltar got ENT, Eye, Teeth & Uterine Proplase services
	Health Camp	2469	2469-community people of Rampur Thokshilla got ENT, Eye, Teeth & Uterine Proplase services
<b>Infrastructure Support</b>	Support for Toilets	136	Community people started using toilet
	Support for Tube Well & Well Construction	31:HH	180-community people benefited
	Tube Well Installed	10	1288 community people benefited
	Toilet Construction	350	1930-community people
	Declared as Open Defecation Free Zone		600 household benefited
	Activities: Gorkha	NO.	Outcome
<b>Interaction</b>	Interaction between Health Post & Community People	26	After this program HP committed to organize interaction with the community people in every 6-months Community women pressurized HP for a birthing center
	Interaction Program on Women’s Right	48	Women gained knowledge on women’s right issues
<b>Workshop</b>	Workshop on Health Post Management	132	HP committed for better health post management & service
<b>Training</b>	Cooperative Management Training	20	Increasing number of women joined the cooperative Started business by women members Emergency fund established
	News Writing Training	30	Children capacity build on new writing Community related news writing started by these children
	Child Right Training	31	Children got informed on child right & health
	Capacity Building & Leadership Development Training	26	Saving group members gained knowledge on leadership building
	Women’s Health Awareness Training	23	Saving group members gained knowledge on women’s health
	Kitchen Gardening Training	45	Farmers gained knowledge on the services provided by DAO Gained knowledge on composting, proper use of pesticides

	Activities: Gorkha	NO.	Outcome
	Bamboo Stool Making Training	14	Women gained practical knowledge on bamboo stool making 7-women have already earning by selling these stools
	Capacity Building Training Program		Stitching participants gained more further knowledge on stitching
	Kitchen Gardening Training	60	Farmers gained knowledge on kitchen gardening
	Shed Management Training	35	Farmers gained knowledge on animal shed management & care
	Animal Husbandry Training	25	Farmers gained knowledge on animal husbandry Farmers provided goat calf
	Mushroom Farming Training	16	Farmers gained knowledge on mushroom farming Mushroom seeds provided to farmers Participants of last year provided training this year
<b>Education &amp; Awareness</b>	School Health Program		Children got aware on saving, child rights & responsibility 11-member children group formation Started saving monthly Rs. 20
	Capacity Building to Farmers Network	53	Farmers capacity built
	Public Hearing Program	137	Community people actively participated and put question forward on community issues
	Hoarding Board Installed	3	Bungkot declared as open defecation free zone
	Animal Health Exhibition & Camp	81	Farmers gained knowledge on animal health & care
<b>Infrastructure Support</b>	Toilet Construction & Awareness	99	Toilet constructed Community people got aware on health & sanitation
	Open Defecation Free Zone Declared		Takukot VDC declared as open defecation free zone
	Smokeless Stove	95	Smokeless stove constructed
	Toilets Constructed	200	Bungkot declared as open defecation free zone
	Smokeless Stove Constructed	150	Smokeless stove constructed
	Drinking Water System Management		30-HH benefitted from drinking water management
	Delivery Bed Provided	1	Community people benefitted from the maternity bed provided for health post
<b>Farmers Field School (FFS)</b>	Meeting with Department of Plant & Protection, Ministry of Agriculture	1	Get information about the FFS sessions run by Government focusing on Integrated Pest Management
	District Level Workshop on FFS	1	Get more knowledge about the IPM FFS through IPM master from government level
	VDC Level Workshop on FFS	1	FFS session will be start in this Bungkot VDC from March 2015
	Demo on System of Wheat Intensification	5	New technology of SWI is introduced in Fatepur/ Saptari

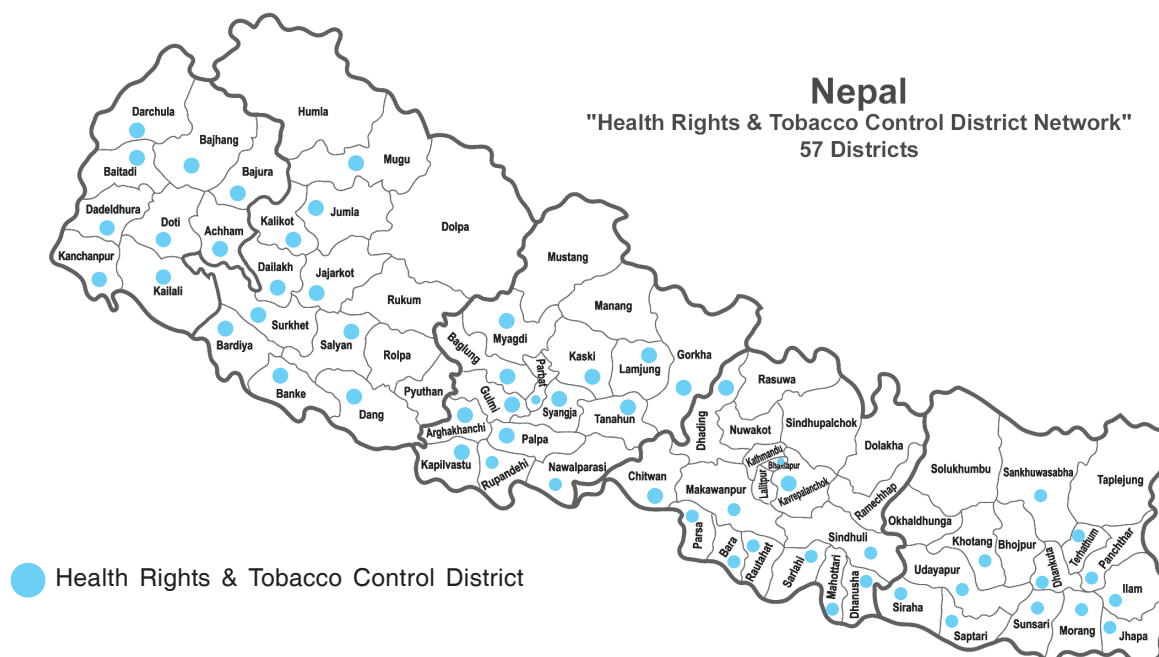




# Health Rights & Tobacco Control District Network

RECPHEC organized Health Rights & Tobacco Control District Network (HRTC) to pressurize concerned government agencies, create awareness among the rural community about health rights and tobacco control issues including addressing legal and advocacy needs to effective implementation of Tobacco Control Legislation & Regulation Law. These district networks are also advocating on different public health issues and concerns. RECPHEC on FHS and MHS is mobilizing these district networks to facilitate this process and monitor. These networks are formed on pure voluntary basis.

At present there are 57-districts: Sunsari, Morang, Jhapa, Illam, Dhankuta, Sankhuwasabha, Panchthar, Terathum, Siraha, Saptari, Udayapur, Bara, Parsa, Mahottari, Sarlahi, Dhanusha, Rautahat, Makwanpur, Kavrepalanchok, Bhaktapur, Rupendehi, Kapilvastu, Argakhanchi, Nawalparasi, Gulmi, Palpa, Lamjung, Tanahu, Chitwan, Dhading, Gorkha, Parbat, Syangja, Myagdi, Baglung, Kaski, Banke, Bardiya, Kalikot, Jajarkot, Salyan, Surkhet, Dailekh, Jumla, Mugu, Dang, Acchanm, Doti, Kailali, Darchula, Bajura, Bajhang, Dadeldhura, Baitadi, Kanchanpur, Khotang and Sindhuli districts.



**Regional Meeting:** Considering district network role and the need of raising awareness RECPHEC organized a regional workshop in Palpa district to discuss on Uterine Prolapse (UP), Non Communicable Disease (NCD) and the role of Health Management Committee (HMC). The workshop was attended by district network of Lumbini zone and RECPHEC staff. During the meeting all the participants received key information on above issues and its prevalence in

Nepal, its causal factors and the need of raising awareness in districts and communities for its prevention. Similarly, discussion also took place on the role of HMC in health posts, sub health posts in the districts. Dr. Buddhi Shrestha, Gynecologist from Lumbini zonal hospital presented a paper on Uterine Proplase. Similarly regional meeting was organized at Tanahu district to discuss about Uterine Prolapse (UP), Non Communicable Disease (NCD) and the role



HRTC Regional Representatives

of Health Management Committee (HMC). 13-members represented from Tanahu, Gorkha, Dhading, Chitwan, Manang & RECPHEC staffs participated at the meeting.

**Campaign on Uterus Prolapse and Maternal Health:** Workshop was organized to community members on Maternal Health/ Uterine Prolapse (UP) and Non-Communicable Disease (NCD) in 46-HRTC districts. The general participants were also informed about the service facilities provided at health centers including health posts and sub health posts. Students, representatives from HMC/SHP, locals, partner NGOs and other stakeholders were present at the program.



**World No Tobacco Day Celebration:** World No Tobacco Day was celebrated by HRTC district network on 31<sup>st</sup> May by organizing mass rally & interaction program along with the submission of memorandum to Finance Minister through respective CDO with theme "Raise Tax on Tobacco and Decrease Death and Diseases".

The main objectives of this year's world no tobacco day is; To create pressure on government by submitting memorandum to Finance Minister demanding increment of tax on tobacco; To aware Mass about the effect and harms on tobacco and it's product on

health; To inform locals about the regulation and act on Tobacco system in Nepal & To raise awareness on students, local people, and other stakeholders on tobacco control law.



**Mass Rally:** World No Tobacco Day was celebrated in 55-HRTC network districts by organizing Mass rally program students, teachers, principals & other stakeholders on May 31, 2014 in their respective districts. There were participation from the representatives from students, line agencies, HRTC district network members, NGOs, representative from DPHO, women media, political parties and other stakeholders.

**Signature Collection Campaign:** The signature campaign was organized in HRTC districts to pressurize the government to raise the tax on tobacco products.



**Interaction Program:** After Mass Rally and signature Interaction Program was held on each district which was participated by the members from different NGOs, Partner Organization, Youths and other stakeholders interacting on the use of tobacco and its effects on



people and what necessary steps can be taken in future to decrease the deaths from the use of tobacco and its product. The representative from government and other health concern people working on health mark their remarks on the use of tobacco in our country. The representative from DPHO, DHO and Hospitals were present to put their view on this initiation.

**Submission of Memorandum:** A memorandum is submitted by HRTC Members 55 district to The Finance Minister of Nepal, Dr. Ram Sharan Mahat through CDO Chief District Office of the respective districts. The signatures collected through Mass Rally and Interaction Program was submitted to CDO in their respective districts. We collected 7000 signatures and submitted it to the CDO.



**Orientation Program for HRTC Regional Representatives:** 2-days in-house orientation program to regional members of HRTC Network was organized from 22nd-23rd July 2014. The overall objective of this program was to orient the participants on key health issues including Uterine Prolapse (UP), Non Communicable Disease (NCD) and the role of Health Management Committee (HMC). Dr. Prakash

Raj Regmi, Dr. Aruna Uprety and Ms. Aparna Bhatta were the experts on UP, NCD.

The program gave opportunity to address the need of raising awareness on these topics in the districts. It also helped to review the current status of HRTC network and motivate the regional members in



organizing workshop and orientation program on above issues as well as organize meeting to discuss the role of HMC in their respective VDCs. 10-representatives from Palpa, Surkhet, Kanchanpur, Banke, Bhaktapur, Dhankuta, Udaypur, Myagdi, Darchula, Tanahu were present during the program.

For strengthening HRTC activities in districts & support for strong monitoring & evaluation at their focal districts, digital camera was provided to HRTC regional members; Mr. Madan Raj Katuwal of Udaypur, Mr. Ram Bahadur Raut of Palpa, Mr. Nodhnath Trital of Dhankuta, Ms. Laxmi Bhatta of Darchula and Mr. Krishna Singh Deupa of Kanchanpur. After participating this orientation program in Kathmandu, each regional representative organized regional & district meeting at their respective and neighboring districts.

Regional Representatives	Districts
Ms. Sarita Gurung, Tanahu	Tanahun, Lamjung, Gorkha, Kaski, Dhading & Chitwan
Mr. Ram Bahadur Raut, Palpa	Palpa, Gulmi, Argakhachi, Kapilbastu, Nawalparasi, Rupandehi & Syanja
Mr. Hari Prasad Paudel, Myagdi	Myagdi, Parbat & Baglung
Ms. Ratneswori Chawal, Bhaktapur	Bara, Parsa, Kavre, Bhaktapur & Makwanpur
Ms. Kalpana Giri, Surkhet	Dailekh & Surkhet
Mr. Nodhnath Trital, Dhankuta	Dhankuta, Terathum, Sankhuwasabha, Sunsari, Illam, Jhapa, Morang & Panchthar
Mr. Madan Katuwal, Saptari	Saptari, Udayapur, Siraha, Dhanusa, Sarlahi, Rautahat, Sindhuli & Mahottari
Ms. Laxmi Bhatta, Darchula	Darchula, Achaam, Bajang, Doti, Jumla, Salyan & Jajarkot,
Mr. Purna Lal Chuke, Banke	Banke, Bardia & Dang
Mr. Krishna S. Deupa, Kanchanpur	Kailali, Dadeldhura, Baitadi, Bajura, Kanchanpur, Kalikot, Jumla & Mugu



**Monthly Meetings with Health Workers at HPs/ SHPs:** Health Rights & Tobacco Control Network (HRTC) have significant role in influencing health management committee (HMC) & health workers to deliver proper care & services. In this regard HRTC district networks conducted monthly meetings with HMC in at least 3-HPs/SHPs in their respective districts. The main objectives of the meeting is: to build positive rapport with health workers at HPs and SHPs, to understand the working process of HMC and to discuss on various issues at the health centers, to discuss on health delivery services especially behavior towards sick people, information, counseling and timely referral and to understand citizen charter and compare them with the actual services provided.



**Public Service Announcement:** The public service announcement at remote districts of mid and far west regions has been started to encourage expectant mothers to visit health centers for delivery & other maternal services by district network, with coordination, from local FM stations. The main objective of the program is: to encourage pregnant women to visit health centers for maternal health services and delivery & to increase the number of pregnant women to free health services. 6-HRTC network districts of far west region (Achham, Kailali, Darchula, Bajura, Dadeldhura, Baitadi, Kanchanpur) and 9 - HRTC network districts of mid west region (Banke, Bardiya, Kalikot, Salyan, Dang, Surkhet, Dailekh, Jumla, Mugu) are running the program in their respective districts. □□

## South-to-South Voluntary Exchange Program

A new initiative at RECPHEC is to promote mutual learning and sharing of expertise through exchange of fellows between three organizations in South Asia in the South-South-Exchange Program funded by Fredskorpset-Norway. Under the framework of South-South exchange program, the partners will send out their staff/personnel to work in other participating countries, and receive participants from other countries to work with them. During the exchange, the exchange participant will share their professional skills, knowledge and experiences with the host organization and at the same time bring back the acquired knowledge, skills and experience to their sending organization and community signifying reciprocal learning.

The exchange program has 3-countries in the first round namely: Nepal, Bangladesh and India. The partner organizations are Resource Centre for Primary Health Care (RECPHEC), Work for Better Bangladesh Trust (WBB) and Daliyon Ka Dagari (DKD), India accordingly. The program has successfully completed first round of exchange and has started its second round recently. Last year 5-fellows were exchanged among its 3 partner organizations.

**First Round of Exchange Program:** The first round of the program ended on August 2014. On the first round of exchange 2 fellows from Nepal Ms. Reshma Shakya was stationed at DKD India and Ms. Manjushree Maharjan at WBB Trust Bangladesh. Both of them returned home country successfully completing their exchange program on natural resources management and evidence based advocacy on livable cities. It was expected that the environmental and health related activities of RECPHEC would be enhanced, strengthened due to their new learning and newly acquired skills.

During their stay at the host countries the participants developed strong networking with like-minded NGOs and peasant groups reviewed existing policies of the host country as well as home country laws related to livable city. Hence they are now in a position to work in a home country at the grass root level and draft an action agenda for ongoing urban health project. Similarly, RECPHEC hosted Mr. Mohammad Khaliq of DKD India to learn about

establishing a digital resource center (collection of various health and environmental publications and reports) at his home organization. It was unfortunate that he left the program halfway as he got a government job in India.

**Home Coming Seminar:** All the other exchange participants shared their one year's learning and experiences at the home coming seminar held in Bangkok on August 2014.



**Planning Meeting:** 2nd round exchange program planning meeting was held in Dhaka Bangladesh on February 2014. In the meeting, 2-new organizations MRF Myanmar and Sarvodaya Sri-Lanka were also invited to participate to discuss the possibility of implementing this program in their organizations. Hence, in the second year there will be 5-fellows, each from RECPHEC-Nepal, DKD- India, WBB Trust-Bangladesh, Sarvodaya-Sri Lanka and MRF-Myanmar. Therefore the second round the exchange took place between 5-organizations.

Mr. Purna Duwal from RECPHEC is currently stationed in Myanmar to help setup Information & Communications Unit. He learned about project cycle management including monitoring of projects, field survey on tobacco, alcohol and drug abuse for MRF also conduct media advocacy on health rights of the people. During the stay at the host country he will develop skills on project cycle management. Similarly, a fellow from Myanmar to RECPHEC, Mr. Soe Myint is learning about proposal writing and resource management and sharing his experiences on various primary health care issues and work MRF is doing in Myanmar. Similarly, Hari Singh Rawat is strengthening local NGOs on health, environment and livelihood, basically focusing & sharing his expertise on farmers field at outreach program areas at Udayapur, Saptari & Gorkha Districts. □□



## Information & Documentation

Information played a key role in development. RECPHEC's one of its objectives is to build up an efficient health information centre provide health information to health science professionals, teachers, students, researchers, planners, development workers, journalists, consumers. It collect, manage and disseminate. The development of ICT forced to reassess their role in digitalization of the Resource centre, thus RECPHEC has adopted digitalization of Information Documentation Unit using 2 different open source software PMB and RS programs with the view of ICT. The online viewers were around 4,000.

**Digitalization:** The resource can access through our websites <http://nepaknol.net/recphec/library> for online catalogue, similarly for full text information can access at [www.elibrary-recphec.org.np](http://www.elibrary-recphec.org.np). The following information is available on e-library of RECPHEC: documents, IEC materials, paper clippings, bhalakusari & women's health related information.

**Audio/Video Editing Training:** One of the objectives of the Resource Centre is to build up capacity building as require, thus the IDU organized 2-days training from 17-18 July to Librarian/Information Officer on audio/video training. The objective of the training was to enhance knowledge of librarian on image/audio/video editing, digitalization, preservation & conservation of their resource centre. Total 19-participants participated in the training.

Ms. Chandra Kiran Shrestha was invited as a resource person for HINARI database training jointly organized by TU Nursing Campus, Maharajgunj and WHO on May 11-13 developed. The objective of the training was to enhance knowledge of health librarian to provide information service using HINARI database. 24-participants participated from different health institutions.

**South to South Exchange Program Volunteer:** South to South Volunteer from DKD, India to learn about management of Resource Centre. The training was started from August 12, 2013 to February 29, 2014. The training includes: collection, accession,

collection, classification, keywords & online entry. Paper clippings management is trained manually & digitalization i.e. paper marking, keywords, classification, filing, scanning & online entry.

Similarly, Interns of Social work & Mass communication student from St. Xavier College & Kathmandu University joined at Resource Centre. They are mainly involved in paper clipping management manually and online.

**National Meeting to Strengthen Collaboration & Networking:** Participated at National meeting to strengthen collaboration and networking among all health librarians in Nepal on 6<sup>th</sup> June 2014 organized by Nepal Health Research Council.

**Reference Management Tools (Mendeely) Training:** Participated at Reference Management Tools training workshop organized by Department of Information & Library Science & Health Net Nepal on August 27, 2014.

**Libraries in Nepal: Challenges & Opportunities:** Participated at interaction program on Libraries in Nepal: Challenges & Opportunities organized by Nepal National Library on 25<sup>th</sup> August 2014. The program was targeted to parliamentarian to sensitize on National library and its development.

**7th Library Day:** The 7<sup>th</sup> Library Day on August 31, 2014 event was celebrated with the theme was "Expansion library: base of civilized society". RECPHEC also actively participated and has contributed to celebrate this event.

**Clearing House:** Clearing house has been playing a proactive role in social marketing. It is playing dual role by providing information of RECPHEC as well as collecting & distributing of those organization who wants to share their publications. This year, clearing house sold books worth Rs.48820 (Rs. Forty eight thousand eight hundred & twenty) & free distribution worth of around Rs. 5,000 (Rs. Five thousand) to different organizations, individuals including our field offices and HRTC network partners. □□

# Development Communication

**Bhalakusari:** Bhalakusari attempts to communicate updated knowledge resource & empower the front line health workers. It provides information on current trends of health & disease & changing practices the investigation, diagnosis & treatment. It was one of the first attempts to communicate with and empower the front line health workers. NFE facilitators use bhalakushari, as reference material in their teaching/ learning activities.

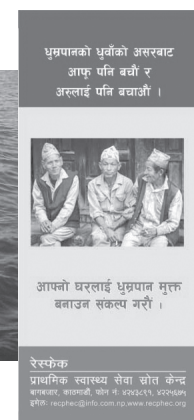
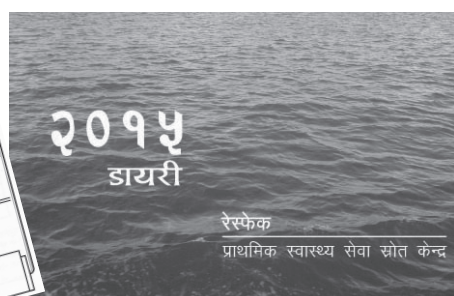
- # 129 issues: This issue focused on sinusitis; cold fever; fat reduction & tobacco control
- # 130 issues: This issue focused on eye diseases; mental health & prostatecancer
- # 131 issues: This issue focused on adolescent's health, healing touch treatment & asthma
- # 132 issues: This issue focuses on appendicitis, abdominal problem and intestine infection
- # 133 issues: This issue focuses on eye checkup, brain hemorrhage, Joint pain etc.

**Mahila Swasthya:** Mahila Swasthya mainly focus on gender, women's health & rights of women for active & conscious participation in social economic, cultural & political decision making at the local & national level.

- # 69 issues: This issue focused on vaginal uterine prolapse
- # 70 issues: This issue focused on reproductive tract infections (RTI) & malnutrition
- # 71 issues: This issue focused on menstruation and natural care etc.
- # 72 issues: This issue focused on Pesticides in food products & its effect on pregnant women etc.

These health newsletters are circulated in primary health care & development units of all the 75-districts of the Nepal. It is primary distributed through the District Health Office NOGs, INGOs network, Women's development section & District Health Office. These Newsletters are also directly mailed to service providers such as health posts, schools, front line health workers & other social organizations. It is also distributed through literacy classes and often regarded as prime source of the information by their readers.

**Publication:** 3000-copies of 2015 Diary; 7000 copies brochure on Passive Smoking Reprinted: 16000-NCD leaflet, 6000 NCD Posters, 12000 brochure on Uterine Prolapse. The IEC materials included 500 T-shirt, 600 capst, 10000 bookmark, 6000 brochure for Kathmandu Walk Campaign. These materials are distributed to HRTC district network. □□





# Organizational Profile

## EXECUTIVE BOARD

Dr. Sharad Raj Onta	Chairperson
Mr. Mahesh Sharma	Treasurer
Ms. Aparna Bhatta	Member
Dr. Mahesh Maskey	Member
Ms. Sita Gurung	Member
Ms. Nirmala Sharma	Member
Dr. Shree Krishna Shrestha	Member
Mr. Shanta Lall Mulmi	General Secretary
Prof. Mathura P. Shrestha	Former Chairperson

## SUPPORTING STAFF

Mr. Shanta Lall Mulmi	Executive Director
Ms. Chandra Kiran Shrestha	IDU Officer
Ms. Reetu Pradhan	Senior Program Officer
Mr. Purna Bhakta Duwal	Publication Officer
Ms. Rosy Adhikari	FK Coordinator
Ms. Kamana Manandhar	Program Officer
Ms. Tina Gorkhali	Program Officer
Mr. Kashi Nath Marahatta	Accountant
Ms. Padmawati Pradhan	Asst. Admin & Finance
Ms. Reshma Shakya	Secretary, ED's Office
Ms. Manjushree Maharjan	Asst. Program Officer
Ms. Srijana Bhatta	Library Assistant
Ms. Sanam Shanker	Receptionists/Admin Assistant

Mr. Buddha Ghalan	Driver/Mechanic
Mr. Shyam Lama	Office Assistant
Ms. Mahili Basnet	Office Helper
Ms. Rammaya Thapa Magar	Office Helper

## UDAYAPUR & SAPTARI FIELD STAFF

Mr. Madan Raj Katuwal	Field In-charge
Mr. Gopal Krishna Timilsina	Reporter
Mr. Fulkumar Sada	Supervisor
Ms. Kunta Adhikari	Health Coordinator
(CMA)	
Mr. Sambhu Bogati	Office Helper

## FPAN/GLOBAL FUND PROJECT

Rita Subedi	Project Coordinator
Upendra Raj Oli	M & E Officer
Ramji Gurung	IC facilitator
Hima Devi Rijal	Outreach worker
Dikshika Shrestha	Outreach worker
Mina Devi Shrestha	Outreach worker
Sabina Shrestha	Outreach worker
Ribika Maharjan	Outreach worker
Lila Nath Paneru	Outreach worker
Jaya Thapa	IC facilitator
Sunita Budhathoki	VCT counselor
Iswori Budhathoki	Lab Assistant
Surya Kumari Pandey	Support Staff

# Income & Expenditure Statement

Resource Centre for Primary Health Care (RECPHEC)  
Balance Sheet  
As at June 30, 2014

Previous Year	Liabilities	Sch	Current Year	Previous Year	Assets	Sch	Current Year
1,750,131.66	Current Liabilities	1	3,583,021.52	1,524,079.16	Fixed assets	3	1,492,784.15
292,984.70	EED		22,300.00				
1,457,146.96	Other fund		3,560,721.52				
5,071,232.17	Funds:	2	19,108,329.51		Current assets	4	12,145,177.19
2,927,892.18	Restricted Funds:			1,215,157.28	Account Receivable	5	30,594,986.23
2,143,339.99	EED		2,598,740.96	23,127,243.69	Cash & Bank		
	Other donors		16,509,588.55	2,912,955.60	EED		2,277,748.11
982,567.01	Capital fund	3	1,000,648.54	20,214,288.09	Others		28,317,238.12
18,062,549.14	General Fund		20,540,948.00				
	Opening balance		18,062,549.14				
	Add Net Surplus		2,478,398.86				
25,866,480.13	Total		44,232,947.57	25,866,480.13	Total		44,232,947.57

Notes to account

7

Schedule 1- 5 & Note to Account (Schedule-7) form integral part of this Balance Sheet.

As per our report even date

Kashi Nath Marahatta  
Accountant

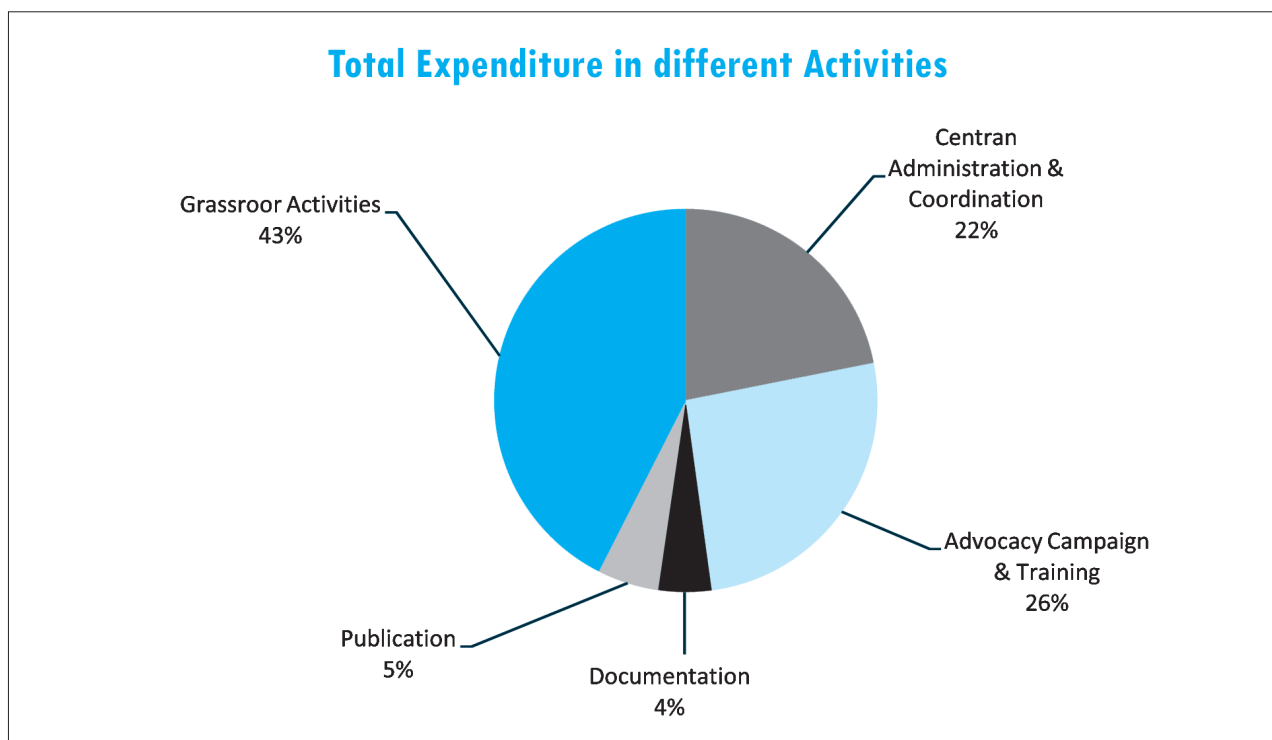
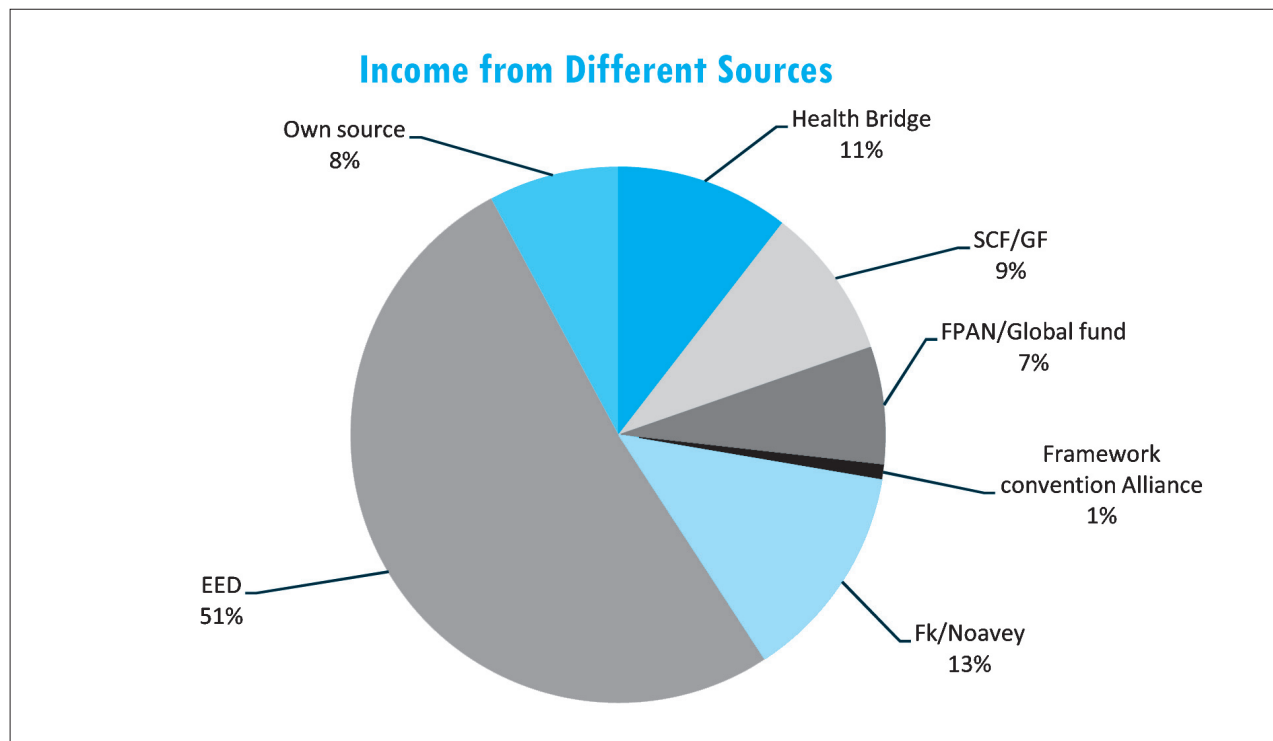
Shanta Lal Mulmi  
Executive Director



Manish Amatya  
CA Manish Amatya  
Partner  
For: N. Amatya & Co.  
Chartered Accountants  
Date: 11 SEP 2014



## Chart showing Income & Expenditure





# RECPHEC Publications

## Monographs

- Use of Medicine (Nepali)
- Tobacco Use and Its impacts (Nepali)
- Sugar: Causes of Various Health problems (Nepali)
- Risk Mitigation of HIV Infection and AIDS (Nepali).
- Better Care Elderly (Nepali)
- Bibliography on Drugs
- Soft drinks (Nepali)
- Annotated Bibliography on Traditional System of Medicine
- Bidi
- Gurkha
- Home based care and support

## Field Study/Research Reports

- Status of health in Nepal (hard & paper cover)
- Health in Nepal: Realities and Challenge
- Environment Degradation and its Impact on Health of Bhutanese Refugees
- Tobacco Consumption in Nepal
- Situation of Alcohol Production in Nepal
- Situational Analysis and KAP Study in the areas covered by PPM of HIV/AIDS Program
- Communicating drug information with consumer through Pictograms
- Tobacco Use and Lung Cancer: Case Studies from Nepal
- Tobacco Users in Sathighar Palanchowk- Bhagawati VDC, Women's Studies Program, PK Campus and RECPHEC, 2003
- Alcohol Abuse and Its Link with Domestic Violence from Gender Perspective, Women's Studies Program, PK Campus and RECPHEC, 2003
- Tobacco Consumption by Women and Its Impact on their Reproductive Health in Taukhel VDC, Women's Studies Program, PK Campus and RECPHEC, 2003
- The Impact of Media on Tobacco Smoking: A Gender Perspective in Badikhel VDC of Lalitpur, Women's Studies Program, PK Campus and RECPHEC, 2004
- Relationship between Mothers' Tobacco using Habit and Child's Birth Weight and Infant Morbidity, Women's Studies Program, PK Campus and RECPHEC, 2005
- Perception of Girls' Towards the Use of Tobacco: Women's Studies Program, PK Campus and

RECPHEC, 2005

- Ayurveda Research Report
- Role of Ayurveda in Sustaining Health Services
- Urban Food Habit
- The Effectiveness of Female Community Health Volunteers (FCHVs)
- Irrational Practice of Diagnostic tests
- Effectiveness and Access of Free Maternal Care Services Targeted to Reproductive Age •Women in Government Hospital of Kathmandu: A Case Study of Maternal Hospital, Thapathali
- Availability and Access of the Essential Health Care Services (EHCS) in the Village

## Field Study/Research Reports in 2014

- A synthesis report on National and International policies/plans for promoting walking and protecting pedestrian rights
- Study on Media Coverage of Junk Food & Its Content Analysis in Print Media, Billboards & Radio
- Study on legal provisions of Nepal in the context of Junk Food
- Study on Vegetable Market Mapping in Kathmandu Metro Politan City

## Newsletters

- Bhalakusari (Bimonthly)
- Mahila Swasthya (Quarterly)
- RECPHEC Koseli (Half yearly)

## Leaflets

- Ten Questions on AIDS
- Some Points about Medicine that Consumer should know
- How to Prevent from Kala-azar
- How to Prevent from Snake bite
- Charter of Peoples; Health 2000
- The Declaration of 2nd Peoples Health Assembly, 2005
- Bebahar Sanhita: Tobacco related
- Khainika Barema Atti Kharo Tathyaharu
- Dhumrahit Watabaranma Bachna Paune Adhikar Samuhik
- Handsout of Tobacco & Tobacco Law
- Free Health & Maternal Health
- No Horn
- No Plastic

- Information for Migrant Worker about HIV
- Avoid Alcohol
- Tobacco Control Law Implement

#### Leaflets in 2014

- Passive Smoking
- Uterine Prolapse
- NCD
- Kathmandu Walk

#### Abhiyanbata Hunchha Yoo Sakar

- Effects of Chewing Tobacco

#### Stickers

- AIDS: Think before you choose your sex partner
- Tobacco: Your heart might be burning this way
- Children's want: Tobacco-free Future
- Don't Use Tobacco while Driving

#### Posters

- AIDS Bata Bachau ra Bachaao
- Gender and Women's Health
- No Alcohol Please
- Making the Voices of Unheard Heard: PHA
- Rational Use of Drug: Vitamin
- Are these All Medicine Necessary for Us?
- Points to Remember while Buying Medicine
- Points to Remember while Taking Medicine
- Points to Remember while Consulting a Doctor
- Doctor do not let Drug Companies Rub your Brain
- Doctor are you Updated with the Latest Banned Drugs
- Doctor, you can Prevent Anti-Microbial Resistance through Rational Prescription of Anti-Microbial Drugs
- Tobacco Awareness in 5 Languages
- Tobacco is Second causes of Death in World
- Use of Tobacco Becomes Poverty not only of Individual but Family and Nation
- Which Health Problem and Disease could Born using of Tobacco
- No Tobacco Please
- Vehicle Regulation
- Free Health Service
- Use of Herbs
- Save your child from Cigarette

#### Books

- Rationale use of Drug
- Indigineous Health System
- Tobacco Control Law (In seven regional language)
- Posters

- Don't use Polythene Bag
- Maternity Health Service
- Free Health Service
- Non-communicable Disease

#### Workshop Reports

- Antibiotic in Poultry Farming: An Issue of Public Concern, 2014
- Interaction on Progressive Tax Increases in Tobacco Products, 2014
- National Workshop on Utilization of Health Tax Fund, 2014
- Indigenous Health Practices in Nepal & its Legal Challenge, 2014
- National Workshop on Ayurved and Traditional Health System in National Health Policy, 2014
- District and VDC Level Workshop on Farmer Field School, Gorkha, 2014
- Government Policy and Civil Society Initiative in the Control of Polythene Bag
- Human Resource for Health: Current Situation, Prospects & Challenges
- Field Study Dissemination Workshop on Free Health Care, Maternity Care Services & Role of Female Community Health Volunteers in Nepal
- Dissemination Workshop on "Urban Food Habits and Its Effect on Health"
- National Workshop on Health Rights & Tobacco Control District Network
- Advocacy Workshop for Noise Pollution Policy in Nepal
- National Workshop on Rational Use of Medicine and Medical Diagnostic in Nepal
- Workshop on Agenda Setting for Third Peoples Health Assembly
- Workshop on Water Supply Management Status in Kathmandu Valley
- Workshop on "Orientation Program for Media"
- Workshop report on "People's Health Rights and Government Health Planning"
- Workshop report on "Traditional Health System"

#### Stickers

- No Horn in Nepali & Hindi
- Noise Pollution

#### Comic

- Dilmaya ko Katha

#### Information Kit

- Advocacy Kit for Political Parties on Progressive Tobacco Tax, 2014
- Advocacy Kit about Free Health Service for CA Member