

Annual Report 2009

RECPHEC

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EXECUTIVE DIRECTOR'S NOTE

RECPHEC stepped into another milestone of advocating peoples rights to health. The commitment made by the Government of Republic Nepal has further strengthened with the introduction of free maternal service under "Ama Surakshya Karyakram" in addition to Free Essential Health Service. The three year's interim health plan is in the final stage of implementation and government is exercising to formulate Second Nepal Health Sector Implementation Plan 2010-2015 to meet the MDG health target in line with constitutional provision of Health as basic right of the people.

In this process it is worth while to mention here that I have been nominated as a civil society member in the Steering Committee formed under the chair membership of Hon'ble Minister of Health and Population. The Committee has designated me as a Coordinator of 'Role of Non-State Sector' thematic group to formulate NHSP II. Hence RECPHEC has opportunity to put NGO/INGO and Private Sector together in drafting the plan for the next five years. In addition this year RECPHEC is also privileged of managing South East Regional workshop on FCTC Guidelines as Co-organizer in Kathmandu.

In order to strengthen its efforts of health policy advocacy, this year RECPHEC has been successful in bringing health journalists into one forum and sensitized them on health rights and tobacco issue. Two separate advocacy kits have been published and disseminated to all Constitutional Assembly members. In addition, to understand the ground reality on peoples access to health, two separate field study have been undertaken; one is on Effectiveness of Essential Health Services and secondly on Ayurvedic Health Services. The outcome of these field survey report have helped in further strengthening our collective efforts in universal access to health and quality services.

The year 2009 brought additional programme intervention. One is working with Migrant workers on HIV/AIDS issue and secondly mobilizing community of 48 districts on Essential health services and Tobacco Control Campaign under Public Service Announcement of these FM Radio Stations. We have certainly made some headway in realizing peoples right to information.

Besides, our efforts in Urban Health issues: noise pollution, vehicle regulated zone and zero waste campaign took momentum in the Kathmandu valley. Traffic Police, Transport Management Division, Luza Nepal, Super Markets and Boarding Schools including Centre Zoo and Thamel Tourism Development Board have joined hands with us in this movement . These voluntary collaborative efforts with commitment have certainly helped in bringing positive change in reducing noise and environment pollution in the valley.

The continuation of outreach programme in Udayapur, Saptari and Gorkha district have contributed in empowering poor and marginalized rural community by strengthening their organizational capacity and leadership development, Information and Documentation Unit has been updated to meet the demand. The digitalization process is underway. The publication division has been equipped with desktop publication . The financial department has one more additional staff realizing the need to submit monthly, periodical financial reports to different external development partners.

The organization which was established in 1989 and finally registered in 1991 has now grown as national organization with 48 district level Health Rights and Tobacco Control Network with more than 700 affiliated NGO members. Hence RECPHEC has now been able to mobilize these member organizational and their more than 3000 volunteers on health and development issues to give national and global impact.

It is quite formulate to mention here that RECPHEC has been able to establish long term partnership with EED Germany, without EED support RECPHEC may not achieve such an encouraging outcome. Our sincere gratitude goes to the EED for their genuine concern on the people of Nepal.

This year we had new partner organization Family Planning Association of Nepal under Global Fund. Our partnership with OXFAM GB, Campaign for Tobacco Free Initiative under Bloomberg International and Health Bridge, Canada have further strengthened our movement. This year we have also had cooperation with Ministry of Health & Population. RECPHEC would like to express heartfelt thanks to all our EDPs, Government, Civil Society, Media and the people with which we are working together.

Let the new year 2010 be more productive in our health and development efforts.

With best wishes,

A handwritten signature in black ink, appearing to read 'Shanta Lal Mulmi', with a stylized flourish at the end.

Shanta Lal Mulmi

Executive Director

January 2010

POLICY ADVOCACY

REALIZING PEOPLES RIGHT TO HEALTH

Government of Nepal declared a free essential health services policy on October 2007 and implemented from January 2008, with the aim to bring basic health services within the reach, particularly of the poor and excluded groups through all health and sub-health posts (SHP). The Government's declaration and subsequent action were a part of the commitment of government, policy makers, political parties, and other stakeholders working for the poor, marginalized, and socially excluded people emphasizing inclusive development with *Dalits*, *Janajatis* (ethnic groups) and women at the centre of the programs.

The Interim Constitution 2007 guaranteed Nepalese citizens' right to basic health services as fundamental rights. In line with the constitutional provision, the Three-Year Interim Plan (2007-2010) strongly emphasized citizens' fundamental right to improved health service through equal access to quality health services without any discrimination by region, class, gender, ethnicity, religion, political belief, and social and economic status.

Despite declared policy, access to health facilities remains a key issue of concern particularly in geographically disadvantaged areas and among the most marginalized groups. Unavailability of adequate human resources and all necessary drugs are some of the key obstacles to utilization of Free Health Services (FHS). Field level implementers of FHS such as members of HP/SHP management committees, health service monitoring committees, auxiliary nurse mid-wife (ANM) are not fully aware of the scope, limitations and implementation priorities of FHS. Lack of knowledge among the implementers and even the responsible persons has led to the poor performance of FHS delivery. Similarly, lack of information, and awareness, weak function of monitoring mechanism, resource crunch and inadequate supply of medicines in health institutions that are supposed to provide free health services, have put the FHS scheme in jeopardy.

RECPHEC has been implementing Essential Services Campaign (ESC) with particular focus on free health

service (FHS) from the beginning. It supports civil society interventions in three VDCs of each three districts (*Dailekh: Seri, Baraha and Goganpani VDCs, Surkhet: Maintada, Gumi and Chhinchu VDCs, and Bardiya: Mainapokhar, Deudakala and Sorahawa*) in the mid-western region of the country. Selection of these districts is made based on the prevalence of high level of poverty, backwardness, poor health condition that predict several health hazards.

The overall objective of the project is to improve access to quality basic health services for poor and marginalized groups in rural areas. The specific objectives are to: 1. increase awareness and understanding among the main actors and stakeholders (e.g.: staff and users of services, policy makers and civil society organizations) on the main issues regarding delivery of health services to the poor and marginalized groups. 2. increase capacity of civil society groups to advocate for, and to monitor and support implementation of pro-poor health policies/mechanisms. 3. influence government and policy makers of concerned ministries for effective delivery of health services in rural areas.

Activities conducted under essential health service during the year were as follows:

National Consultation

A national consultation on Free Health Services was held on 26th April 2009 with 47 representative of HRTC Networks. In the consultation, findings of the study held on "Free Health Service: and compilation of issues at district consultations were shared. The Chief of District Public Health Office-Kathmandu presented paper on free health service program, whereas Dr. B.K. Subedi, Family Health Division presented paper on Free Maternity Service and Mother Security Program. The representative of World Health Organization and a civil society representative Dr. Bharat Pradhan also addressed in the program. The national consultation built common understanding among the participants about the issues to be dealt by stakeholders in the future.



District Consultations

HRTC organized district consultations on 'Challenges and Way Out of the Implementation of Free Health Service Program' in 40 districts of Nepal.

These consultations focused mainly on human resources, presence of health workers, monitoring mechanism policy and implementation processes, status of medicine supplied, role of civil society etc. The major outputs of the district consultations were as follows: Health workers provided additional commitment for the effectiveness of the free health service program. Different stakeholders realized the need of cooperation of all stakeholders for coordinated and joint actions for the effectiveness of the program. All participants in the consultation program express commitment to improve equitable access to poor and deprived to health services. Major issues discussed were:

General

- After the initiation FHS program, there has been slight improvement in people's access to the health sector.
- There has been increasing flow of the patients in the health organizations
- It has not reached to the HeHmajority of the people, especially the marginalized class, region and communities
- It is appreciative, since it was brought without analyzing resources it has created some problem
- It has not been effective due to lack of awareness, HR, physical infrastructure and economic sources.

Access to Information

- People especially from the target population are not well informed about the program.

Access to free Medicine

- There is a lack of universal access to free medicines
- Since the size of listed medicines is short, people have to go private clinics for additional medicines.

Access to Service, Physical Infrastructure and Equipments

- There is a lack of adequate physical infrastructure in health organizations
- Unavailability of essential equipments in district hospitals. It is difficult for the patients in hilly areas to go to health organizations.
- Lack of delivery room for delivery cases in health posts and people are compelled to do unsafe delivery at home.
- Access to Services by professional human resources
- There are no health workers in the sub/health posts. Those working visit district head quarter for meetings.
- Since health workers in the sub/health posts are from central and regions, they cannot stay consistently there.

Management

- There is weak management in hospitals and health posts
- Why health posts has not been handed over to VDC offices?

Monitoring

- Very weak monitoring for human resource mobilization
- Difficulty in getting timely medicine with low quality/cure due to the lack of proper monitoring mechanism.
- Other inputs of Female Health Workers are not evaluated except medicine distribution and delivery cases.
- Health Workers provide better treatment to the patients in private clinics than in government hospitals.
- Government policy is limited to accessible groups only.
- Marginalized people yet to realize the FHSP

- There has been difficulty in identifying real target population, especially the poor.
- Psychology and Behavior of the Service Recipients
- Not confident with Free Health Service Program
- People come to get medicine without any sickness and guardians come to get medicine instead of patients
- Medicines are requested at health posts with the prescriptions from regional hospitals.

Roles of Civil Society and Media

- Civil Society and Media have not been able to play active role for the effectiveness of FHSP.
- They have not been able to disseminate proper information about FHSP (Difference in understanding among service providers and service recipients due to the lack of proper information dissemination)

Role/Ethics of Health Professionals

- Since private and professional health workers put patients for profit making business, it has obstructed them to reach FHSP

Field Study: Bringing Grass Roots People for Policy Inputs

Free Health Service: Rhetoric or Reality? A Case Study on the Effectiveness of Free Health Service in Nepal

In order to highlight implications and effectiveness of the free health service policy and program of the government into the public sphere, RECPHEC has made a qualitative study to document and analyze the extent to which free health service policies of government have actually addressed the health issues of poor and marginalized people, identify the policy gaps and capacity needs including the lacunae in professional ethics of the health workers, assess the role, contribution and capacity of CSO activist's vis-à-vis effective delivery of health services and provide an evidence-based scenario for the effectiveness of the free health service scheme in terms of the extent to which it has benefited the poor and marginalized communities, and derive from it key recommendations to policy makers and CSOs.

The study was conducted in 4 districts; Bardiya (Mainapokhar SHP, District Hospital), Dailkeh (Barah PHCC, District Hospital, DHO), Surkhet (Katuka SHP, Chhinchu SHP, DHO) and Dadeldhura (Jogbuda SHP, District Hospital). The study has identified the following points to improve FHSP in the future:

Lessons Learned

- Time based piloting initiative is necessary before implementing any of the national level policies and programs.
- The successful implementation of FHSP requires enough preparation in terms of human resource mobilization including the continuing education of health professional, financial resource mobilization, political commitment and effective communication mechanism
- Community level monitoring mechanism can be effective in ensuring effective implementation of FHS through SHP and HP. Such monitoring also enhances the sustainability of monitoring mechanism.

- Social audit of health facilities can contribute in making them transparent. It can also strengthen the community level monitoring of free health service by establishing information as right of people.
- The use of Objectively Verifiable Indicators (OVIs) in identifying the target groups contributes in shortening the procedures and increases access of the real poor. The use of hard to verify or subjective indicators makes the process cumbersome and makes the access the services to real poor quiet difficult.

Conclusion: The declaration of the GON regarding free health service delivery came with the commitment of government in respecting people's right to health and program implementation kept up the spirit of Interim Constitution of Nepal, 2007. The scope of the program has been increasing over the time. In the meantime, the program could not be as effective as expected due to lack of enough preparation, inadequate mobilization of resources and dysfunctional status of implementing health facilities. However, the commitment and efforts shown by government is praiseworthy and requires additional back up by the civil society organizations and general public. There is a need to focus on institutional strengthening to make the health systems functional enough to catch the momentum.

Recommendations
Short term: The initiatives that can be taken within short period of time include (i) form a FHS unit at central level under DOHS, (ii) national day celebration, (iii) rethink the delivery mechanism and institutional arrangement, (iv) strengthen monitoring committee, (v) develop joint planning mechanism to attract resources from DDC and VDCs, and (vi) invite and involve external developing partners (EDPs) to arrange additional technical and financial support in strengthening FHS.

Long term: As the country is currently in the process of writing new constitution through constituent assembly, the possible reform initiatives and options are categorized under the recommendations for long term period. Some of the recommendations include (i) identify and go for reform initiatives that can improve the current system of health delivery, (ii) introduce and develop strong mechanism to target the poor and (iii) implement performance based incentives scheme.

RECPHEC contracted out Research Action and Development Action to carry out the study. A five-person team and three representatives from the respective HRTC districts were also involved in the study process as research assistants. The research assistants were given orientation in Nepalgunj from 21st-22nd March 2009 prior to initiate data collection at the field.

Public service announcement communicating with people

RECPHEC developed a 47 second long radio jingle which covers both information related to FHSP and maternity health care. The Jingle contain message on how to get FHSP in their community and has called on the people to get benefit by receiving the service free of cost. It also informs about free maternity services and receives transportation facility being provided by the government for women who go to

hospital for delivery. In order to inform people at large about the Free Health Service Program of the GoN, RECPHEC broadcasted the Media Jingle through 45 FM radio stations in the following 45 districts.

In order to analyze the effectiveness and to better impact of Radio Jingles on Free Health Service, RECPHEC organized an interactive focal group discussions program in 47 districts of Nepal. Under this activity, three community groups like mother groups, saving groups, farmers group and radio listener's clubs in each district were encouraged to listen to the radio jingles. Later, HRTC district network's representative organized interactions with these groups with the presence of representatives from FM radios aimed at further improvement in jingle presentations. The FM radio representatives recorded the discussion and presented them to the District Public Health Officer. The discussions of the meeting were broadcasted through the respective FMs.

Advocating Parliament (CA) Members

Advocacy kit on free health service program and health policy issues was specially designed by RECPHEC for CA Members in order to sensitize them. Hon'ble Minister for Constituent Assembly, Parliamentary Affairs and Federalism, Dr. Minendra Rizal released the advocacy kit in the presence of the CA Members Thematic Group for Women and the representatives from civil society 11th



September 2009. Altogether 59 participants participated in this public release program. Mr. Shanta Lal Mulmi, Executive Director, presented the major points of advocacy kit on "Free Health Services" in the workshop. Major issues raised were:

- It's the right of the citizen to get FHS but not a charity by the government.
- Health is the most important thing for the people. It is the responsibility of the government to provide FHS to the people.
- More than 75% of all diseases are related to poor drinking water supply so it should be purified before it is drinkable.
- Private hospitals and 80% of doctors are situated at urban areas. There should be a policy so that they serve people at rural areas at any cost.
- Poor and deprived people have no access to health services. Does the government have enough funds for all the expenses to health services or not? CA members should stress on the reproductive health rights of the women while writing down the constitution of Nepal.
- Nepalese government cannot provide FHS on long run. To make all people universal to the health, social insurance is the most important. Distributing free medicines to all cannot be named as free health services. For this there should be development of health system which includes availability of

manpower in that place, proper supply of medicines and diagnostics, adequate promotive and preventive services, physical infrastructures and rules and regulation etc.

- Public awareness and participation are very important for the people in the rural areas. Ayurved also plays a vital role in health. Allopathic medicine is not only the solution of the disease.
- Government started with targeted free care to make FHS as a right of a citizen. It is not only providing medicines and services but to put together whole system in a right direction. This is not the time to look back but go ahead. CA members should think and help in strengthening this program. Nepal is providing FHS with 6.4% budget only and has set an example in the world. There is nothing like poor countries health system should be weak. Despite all the problems Nepal's health indicators shows that it is better than India.

Submission of People's Agenda for Health Rights

A team represented by Mr. Shanta Lal Mulmi, Executive Director, RECPHEC, Mr. Wayne Gum, Country Director, Oxfam GB Nepal, Mr. Rajendra Aryal, Chairperson, FEDWASUN, Mr. Ram Bahadur Rawat, Health Rights and Tobacco Control Network, Mr. Binaya Dhital, Oxfam GB Nepal, Mr. Bal Krishna Kattel, Oxfam GB Nepal and Mr. Govind Shrestha, RECPHEC submitted the memorandum to the Right Hon'ble Prime Minister Madhav Kumar on the raised issue at the district consultations.

The memorandum was submitted just before his visit to the UN General Assembly as the head of a delegation. The UNGA was to witness a renewed pledge from the British Prime Minister, Mr. Gordon Brown to expand the existing health care schemes in seven developing countries including Nepal. The memorandum comprised health related information in the Interim Constitution 2007, Three-Year Interim Plan (2007-2010), GON announcement regarding free health service and free maternity and International Health Partnership (IHP).



"The memorandum also urged Rt. Hon'ble Prime Minister to prudently reciprocate the goodwill to be expressed through his offer by the British Prime Minister, Mr. Gordon Brown at the UNGA by according top priority under the new support to massive and effective dissemination of information on the free health services in the rural and remote areas, capacity building of health workers so as to provide quality health services, introduction of incentives for career development of the doctors and other health workers

working in remote areas, regular supply of all free medicines and strengthening of monitoring mechanism. It also extended full support and cooperation from civil society in the Government's efforts to bring free of cost health services and maternity health care within the reach of all citizens, especially the poor and marginalized ones."

Press Conference

After having submitted memorandum to the Prime Minister RECPHEC, FEDWASUN and Oxfam GB Nepal jointly organized a press conference at RECPHEC office on 21st September 2009. In the press conference the memorandum submitted to the Prime Minister was made public and shared few discussions, the joint letter sent by International Confederation of Mid Wives, International Paediatricians Association, International Federation of Gynaecologists and Obstetrics and International Council of Nurses about the meeting of Gordon Brown and Leaders of Developing countries in the United Nations General Assembly.

It also distributed a newsletter 'Your Money or Your Life: Will Leaders Act Now to save Lives and Make Health Care Free in Poor Countries' published by Oxfam International to the Journalists. The press release was also sent to number of media.

Project sharing workshop

A one-day project inception workshop was organized in Dailekh, Surkhet and Bardiya involving the district level stakeholders including district level government officials of concerned departments, former members of DDC, NGO workers, user committee members, women, Dalit, *Janajati* and other community leaders on 27th and 29th August and 1st September 2009. FEDWASUN and RECPHEC presented their separate presentations concerning the nature and scope of the project.

Likewise, RECPHEC and FEDWASUN jointly oriented nature and scope of the project to the HRTC and FEDWASUN district networks of Surkhet and Bardia on 27th August and 1st Sept 2009 respectively.

Production and dissemination of information materials

In order to inform the users of health facilities and people in general, 2000 copies of pamphlet cum posters were published. The posters carried information about the policy scope of the free health

service and maternity health care. Free health services and the list of few diseases that could be treated with freely distributed drugs are stated in one poster. It also appealed people not to buy drugs those are freely distributed from private clinics. Another poster informs that maternity services are available at free of cost from all the health organizations. It also informed about transportation facility (coding rates for different ecological zones) given by the government to the mothers who give birth to babies at hospitals.

Advocacy strategy content discussion workshop

In order to discuss and finalize the content of an advocacy strategy on essential health services including FHS and maternity health care and drinking water and sanitation, a two-day workshop was organized in Lalitpur district from 20-21 August 2009. RECPHEC and FEDWASUN presented the issues and learning they have gained throughout their interventions in Free Health Service and Drinking Water and about the policies and gaps of government policies. In the workshop, participants in groups exercised goal, objectives, and advocacy targets including opponents, partners, tactics/activities, and motivational activities for advocating members/organizations for the advocacy strategy. Two Representatives each from HRTC district networks and FEDWASUN district networks joined this workshop.



Development of advocacy strategy

RECPHEC has developed an advocacy strategy for advocating issues related to Essential Health Service Campaign and Essential Drinking Water and Sanitation Campaign. The strategies include Goal, Objectives, Key Messages, Friends, Opponents, Tactics/Activities, and Motivational Activities, Time Bound and Monitoring and Evaluation components including its backgrounds. Separate strategies were developed for two different campaigns.

Training on advocacy and presentation skills

A four-day advocacy and presentation skills training was organized in Nepalgunj from 22 to 25 November 2009 for RECPHEC, FEDWASUN, project district networks of HRTC and FEDWASUN and selected representatives of the respective project VDCs to

equip them with knowledge and skills to run effective advocacy and campaign. The major sessions of the training were on Importance and Effectiveness of Advocacy, Sectors of Governance, Advocacy Strategy Development, Opportunities and Challenges of Advocacy, Targets and Partners of Advocacy. A total of 34 participants including two facilitators were there in the training.



Workshop with free health service implementers

In order to aware the scope, limitation and implementation priorities of free health services among field level implementers, HRTC of Bardia, Surkhet, and Dailekh organized a workshop in the respective districts by making the representation of Health Post/Sub Health Posts, Health Post Management Committee, Health Service Monitoring Committees, Auxiliary Nurse Mid-wife from the project VDCs (Dailekh: Seri, Baraha and Goganpani VDCs, Surkhet: Maintada, Gumi and Chhinchu VDCs, and Bardia: Mainapokhar, Deudakala and Sorahawa).

In-charge of Primary Health Centre, Bardia informed the participants about free health service. Some of the issues raised in the discussions were as follows: All drugs were not available at health organizations, no regular availability of the medicines, people come to get medicine with prescription of hospitals, misuse of medicines due to free service and drugs should not be free for others than target population.

Interaction workshop with community users

A one-day interaction workshop with community users was organized one in each project VDCs of the three districts. In the interaction, HRTC of the respective districts presented the major points of Free Health service Program and Safe Maternity Service to the community people and had open discussions. The interactions made the community people know about the facilities available in Free Health Service Program. Some of the important information reported from the interactions was as follows.



- It is better to go to the local health post first. If the patients are referred to higher level due to complexity of the diseases they get priority there.
- Drugs provided by the health workers should be consumed rather than saying that they provided only Paracetamole.
- In addition to the travel expenses for taking maternity services from health organizations, government born three to five thousand rupees for complex maternity cases.

In the interactions, community people after blamed health workers for their misbehavior and for their direct or indirect call to come to their private clinics. Questions were also raised about the possibility of delivery on the way to health organizations while going to attend delivery. Community also raised question about registration of some females who were never pregnant. This mal practice to the guideline that a Female Health Worker has to provide services for 5 pregnant women. A total of 259 participants participated in the workshops.

District level workshop with policy implementers

The HRTC-N-Dailekh organized a day long workshop on 19th December 2009 at Laxmi High School, Itikhola Baraha VDC involving the district level policy implementers to remind the district level policy implementers of the government policies and programs for promoting health service and encourage them for its implementation. This workshop was organized after having organized interactions at Seri, Baraha and Goganpani VDCs with local communities on implementation status of FHSP. Representatives of Health User's Committees, Health Management Committees, FCHVs participated in the workshop. The findings of the group discussions were as follows.

- There is need of frequent training to the FCHVs to update their knowledge on health services
- Fixation of monthly salary for the FCHVs
- Necessary of essential services drugs for fever, dysentery, head ache etc must be in the bags of FCHVs.
- The structure of the Health Management Committee does not seem to be appropriate for the conduction of meeting. All members are busy in their own business.
- There are lots of challenges before Health User Committees. They have to have adequate knowledge to face these challenges.

Formation/mobilization of health users groups

In order to contribute voluntary support of health users in the implementation process of FHS for the increased effectiveness of the services, RECPHEC through HRTC has formed one Health User Committee in each project VDC of all the three project districts. In the case of Dailekh district, VDC level meetings were organized by making representations from mothers groups, women groups, farmers groups and saving groups and other

community members. In the assemblies, village focal person oriented the participants about the campaign and encouraged participants for open discussion. Participation from Health Post In-Charges, Health Management Committee Chairperson and political party sister organizations were also there in the meeting. The committees were formed in consensus. The user committee members gave away commitment for their regular monitoring drugs at health organizations.

Training to CSO members on monitoring and reporting/documentation skills

In order to support the government in implementing Free Health Service, RECPHEC under the ESC has developed a civil society monitoring mechanism/tools to be applied by civil society at different levels. Following the development of the monitoring mechanism/tools (1), a five-day training including field exercise was conducted in Nepaljung from 26-30 November 2009 for the members of district networks and FH Service User's Groups.

MAJOR ACHIEVEMENTS

- There has been increased knowledge and understanding of FHS implementers among the Health Organization Management Committee In-charges and sister organizations of political parties at the VDC level. They not only built their understanding about their role but also got surprised of knowing their role in the FHSP.
- There has been increased knowledge and understanding of community people on FHSP. They are clearer about the facilities available in health organizations and are convinced to take the services.
- For the implementing ESC, one health user's committee in each project district has been formed. They will be taking part for advocacy and monitoring of health services at the VDC level.
- Advocacy Strategy and Mechanism to be applied by the project partners at different levels.
- Developed a Monitoring and Documentation tools to be applied by project partners at different levels.
- Project partners have increased their capacity on advocacy, presentation, monitoring and documentation skills.

ISSUES/CHALLENGES/LEARNING:

- RECPHEC had to make enormous effort in following up district HRTC networks to accomplish activities.
- Monitoring effect of the radio jingle broadcasted through FM radios itself is a challenging task. RECPHEC have planned for engaging district HRTC including collection of data of some health posts in the respective districts.
- Community people have increased expectation after the formation user committees
- There still a question about the strong involvement of the district as well VDC focal persons to implement activities at the local level including monitoring and documentation due to low motivational packages for them.
- Concerns are still there to involve health workers in the campaign activities as they are already accustomed of getting meeting allowances in similar government activities.

PROMOTING INDIGENOUS HEALTH SYSTEM

Our modern life style has made us, perpetually move away from our natural balanced state. The food we eat, the air and noise pollution we face, the stress at work, poor exercise, a lack of balance living and competing interest in work place and family all add up to build toxin that lead various diseases are collecting in various parts of the body. Ayurveda and alternative therapy recommends a system of purification with natural ingredients and therapies to clear all the toxins collected on various parts of our body. Among them, ayurveda has been more established. Ayurveda is a traditional medical system practicing around 5000 years back which is the source and knowledge of the initial stages of the development of all medicines.



The primary objective of Ayurveda is to treat the root cause of a problem and not the symptoms by looking at individuals as unique entities, with a combination of appraisal in physical, mental and a holistic approach. Ayurveda can provide healing to people who want to be healed through diet and lifestyle changes. Its therapies progress is achieved through natural methods. However, corporization and fragmentation of some products for profit in the name of Ayurveda or indigenous health are to be deplored and prevented. Considering a need of a common platform to address different issues related to Ayurveda and alternative health care, RECPHEC initiated some activities primarily in ayurveda.

Information/Dissemination

Updating is an essential part for promoting health education, diagnosis and treatment, research and training self care. Thus, 43 new documents including articles on traditional system of medicine are collected and catalogued in different subjects, i.e. ayurveda, homeopathy, naturopathy, spiritual healing etc. We have total 315 monographs, articles on traditional system of medicine.

Existing government Ayurveda health services

Following the recommendation for a research from the a workshop on the role of ayurveda in sustainable health services RECPHEC initiated to conduct the research on ayurveda health January to June 2009 in 5 Development Region. 2-districts of every region 10 Zonal hospitals: Mechi, Koshi, Narayani, Bagmati, Gandaki, Lumbini, Bheri,

Karnali, Rapti, Mahakali, where districts are Jhapa, Dhankuta, Mawanpur, Kathmandu, Butawal, Parbat, Surkhet, Jumal, Doti, Kanchanpur were selected for this research program.

The main objective of the research was to find out the service provided in government ayurveda health centers. The Principal Investigator of the research is Dr Shyam Mani Adhikari, Research Associate/ Co-Investigator is Dr Sarita Shrestha and similarly, Dr Sumana Thasineku and Ms Chandra Kiran Shrestha, RECPHEC was also

involved on this research program as research assistant.

With the study of all the policies, planning, essential lists of medicines, primary care and the existing infrastructures it shows that Ayurveda is extremely valuable. However, the challenge is, as per its policies and planning the government has not been able to implement it properly. Physical infrastructure, human resources and enough funding is lacking from the central to district level ayurveda health service institutions and on the other hand the exiting infrastructure, human resources and the budget is not appropriately organized and used. After this study the following recommendations were made for improvement in: physical and administration, drug production and distribution, service and programs, human resources management and training, documentation, reporting system and management & coordination and cooperation



Publications

RECPHEC published 5000 leaflets about the service & facilities available in the government ayurvedic health institutions including rational use of drugs & a posters targeting general people on the information on plantation, preservation, and promotion on medicinal plants. These IEC materials were distributed to Dept. of Health Services, District Ayurveda hospitals, Regional Ayurveda Hospitals and related institutions. Likewise, the posters were distributed to health post, sub-health post, schools, local NGOs and our HRTC in 48 districts.

URBAN HEALTH PROMOTION

The Kathmandu valley is rich in socio-cultural diversity with infinite historic, artistic, and cultural interests. The significance of these assets of the city is diminishing these days. There is adverse impact on environment and human health due to unmanaged solid waste. Lack of sustainable and clean technology to manage solid waste of the city is having a significant impact on Urban Health. The problem of solid waste management must be addressed to improve the environmental health. The health effects are linked to occupational hazards and to exposures of local poor populations to the contaminated waste. The current status of the waste management in the Kathmandu valley needs an urgent attention, and this project targets to take a ZERO Waste Approach to minimize the impact of waste in urban health sector.

Though the Government of Nepal is making its effort to manage it properly, it seems inadequate. However local NGOs and private bodies involved in the management mostly focused on the collection, but continued to dump in environmentally unsound way. It is to be noted that the waste is a resource in disguise. Solid waste (garbage), hazardous waste, liquid waste and other waste would have produced resources such as energy, compost, water and reusable materials. Zero waste is an approach to make an endeavor for zero solid and hazardous waste, zero emissions to air, water and land, zero waste in production and administrative activities, zero waste in product life, zero toxics and 100 per cent resource efficiency. Hence, the project aims to make a community in Lalitpur Sub-metropolitan City an environmentally sound livable city, a model eco-city.

Roads for People

Vehicle Regulated Zone at Thamel

RECPHEC has taken initiation to declare Thamel (a tourist hub) as a “vehicle regulated zone” on 25th July 2007 and was later implemented from 27th September 2007. Thamel Tourism Development Committee (TTDC) in close association with Kathmandu Metropolitan City, Traffic Police and Tourist Police and other stakeholders has formed Steering Coordination Committee and Rapid Action Committee. Similarly, a paid parking lot for two and

four wheelers has been developed around the periphery of Thamel. A taxi stand has been established at the entrance of Thamel through Tridevi Marg. Moreover, many infrastructures have been developed to support the program. A regular monitoring is also going on to make the program more effective.

TTDC, considering its successful history of vehicle free zone, is once again exercising to develop it as vehicle free zone, which was discontinued before due to the lack of sustainable funding mechanism. TTDC, in close coordination with RECPHEC has conducted several meetings with Kathmandu Metropolitan City Office, Traffic Police, Chief District Office, and other stakeholders. An interaction program is planned with local dwellers in near future.

Vehicle Regulated Zone at Ashan

Ashan is the marketplace and ancient area of the capital, where indigenous people Newars of the valley reside. It is one of the most crowded areas of the city. Considering the importance of the area as a business hub, and hurdles that people has to face while walking around due to the flow of traffic, Ashan should be declared as a vehicle regulated zone. RECPHEC has taken an initiative in this regard and a meeting has been conducted with Ashan Management Committee and other stakeholders.

Combating Noise Pollution

Noise pollution in the Kathmandu Valley is excessively high. The excessive and not needed use of horn by public as well as private vehicles is common. Moreover, the use of pressure horn, although prohibited, is in frequent use. Though there are many other sources of noises pollution, vehicular noise is taken as a major source of noise in the city. Considering this, RECPHEC conducted a week-long campaign on “Combating Noise Pollution” from 22nd-27th November 2009. The following activities were carried out during the campaign:

Hoarding Board Placed: Though hospital areas are declared as “Horn Restricted Zone” by the government and there is a provision Rs. 200 fine, it has not been strictly enforced yet. The Hospital area

doesn't comprise a visible board "No Horn Please". Taking into account, RECPHEC has placed the horn restricted zone board on 8th November 2009 at the premises of one of the oldest, Bir Hospital.



Press Meet: RECPHEC organized a press meet on 17th November 2009 at Media Mission, Bagbazaar. The program mainly highlighted on the health consequences of the noise pollution caused by excessive use of vehicular horn, publicized the campaign programs. Mr. Shanta Lal Mulmi, Executive Director of RECPHEC welcomed all the participants and appealed media to highlight the issue to make the campaign more effective. He emphasized on the need to make the Kathmandu a livable city with environmentally sound environment.

Ms. Anusuya Joshi, Program Officer, Urban Health Program briefly highlighted on the campaign program and informed that the campaign is primarily focused on monitoring vehicular noise at various places in the Valley and examining the impact of unnecessary honking. She informed that almost 100 college volunteers will be mobilized at 8 different hubs of the city to distribute stickers and leaflets. Mr. Kaman Singh Khatri, Sub-Inspector from Traffic Police expressed that the high level of noise pollution in the valley is due to lack of awareness on drivers. He estimated that at least 95 percent drivers are not aware about the impact of honking on the general public. Mr. Dola Nath Khanal, General Secretary of National Federation of Nepal Transport Entrepreneurs stressed on the need to have an effective policy regarding the issue. Dr. Mathura Prasad Shrestha, Chairman of RECPHEC clarified the significance of the role of media on public health issues and public awareness programs, and requested media to support the campaign.



Volunteers Orientation: An orientation program was organized for almost 100 volunteers to be mobilized during campaign week, on 20th November 2009 at Metropolitan Traffic Police Office, Ramshahpath. Almost 100 students from 3 different Colleges, RECPHEC

& LUZZA Nepal and staffs, teachers from respected colleges attended the orientation program. Assistant Sub-Inspector Mr. Hari Saran Paudel made presentation on the traffic rules/ regulations. Inspector Mr. Bal Krishna Pokharel and Sub-inspector Kaman Singh Khatri briefed students on working modalities while they will be deployed as volunteers at public places. Ms. Anusuya Joshi from RECPHEC made presentation on 'Combating noise Pollution' and discussed on campaign activities and role of volunteers.

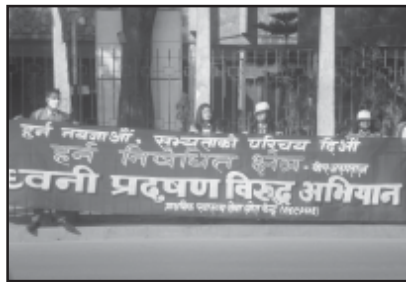
Campaign on "Combating Noise pollution"

A campaign was organized from 22-27 November 2009 in the Kathmandu valley to address the effect caused by the use of unnecessary horn on health and environment. The following activities were carried out during the campaign.

Sound Level Monitoring: Sound Level was recorded at five proposed places such as Bir hospital, Patan hospital, Jamal, Koteshwor, and Bagbazaar. In addition, sound level was recorded at Ratnapark, Sundhara and Lagankhel as well. A continuous monitoring at various places showed that Patan hospital area is more vulnerable to noise pollution due to unnecessary use of horn. The observation showed that the flow of vehicle is high in narrow road, and the public vehicle also stopover in front of the hospital, which causes traffic jam frequently. In Patan hospital area, sound level up to 120 dB was recorded, whilst the average was 72 dB. Bir hospital area recorded in an average 69 dB, whilst at the hospital room it ranged from 50 to 60 dB. Bag bazaar area recorded low level amongst all the spots, an average of 60. However, during traffic jam in the area, it reaches up to 95 dB. Narrow road and Bhaktapur bus stop are the main causes of jam at Bagbazaar area.

Distribution of Sticker and Leaflet: Almost 100 volunteers were placed at 8 different bus pocket of the valley; Ratnapark, Sundhara, Jamal, Bagbazaar, Singhadurbar, New Baneshwor, Koteshwor, and Lagankhel. Each group of volunteers was led by a monitor from LUZZA Nepal and a traffic police. The volunteers distributed almost 8,000 stickers and 13,000 leaflets to the vehicles such as microbus, minibus, taxi, car, tempo, and motorcycle. Traffic police supported to convince the vehicle drivers to paste sticker in their vehicle. Moreover, 20 mobile volunteers in 4 groups were mobilized at parking lots in New Road, KhichaPokhari, Maha Baudha, Bhotahiti, Jamal, King's Way, Lagankhel area to distribute stickers and leaflets.

Banner Display: Banners with the message “Horn Restricted Zone-Bir Hospital” was displayed at the periphery of Bir Hospital on 25th-26th November 2009 by the students of Xavier International College.



Survey: A questionnaire was developed to interview drivers/ vehicle owners to know about their understanding on rules/regulation on noise pollution, and its effect to health and environment. Almost 350 respondents were sampled from various hubs of the city.

Rally: A rally was organized on 27th November 2009 to create awareness amongst vehicle users about the health hazards of excess use of horn. The procession went around the city. Almost 150 college students, representatives from various organizations, RECPHEC and LUZZA Nepal members participated in the rally. The procession used footpath and crossing bridge, which was an example to others, otherwise such rally used to disturb the traffic in the valley.



RECPHEC organized the rally with close coordination with Traffic Police and LUZZA Nepal. Students from 3 Colleges participated in the rally with great excitement. Mr. Kaman Singh Khatri, Sub-Inspector of Traffic Police escorted the rally with 8 other traffic polices. Mr. Ritesh Gurung, Co-coordinator of Xavier International College led college students.

Lesson Learned from “Combating Noise Pollution” Campaign

Almost 8, 97,467 registered vehicles run all over the country, out of which 4,44,000 are in Bagmati Zone only. Only in Bagmati Zone, 3,30,861 motorcycles are registered. In the proportion of vehicle in use, the number of human resources in traffic to control it is very few. One traffic personnel has to look after 1.6 km road, 501 vehicles, and 3,838 people. Roads are very narrow for huge number of vehicles. Moreover, people are not aware of rules/ regulations, legal provisions and health hazards regarding noise pollution. Thus, traffic jam, road crossing from undesignated points, driver's habit, bus stop at inappropriate places, unregulated and indiscriminate parking of vehicles along with the roads and over taking of other vehicle are the causes traffic jam that also caused excessive use of horn.

Similarly, the use of musical horn are in practice to attract passengers, is found to be more annoying and irritating. Traffic police are the most vulnerable population affected from the use of excessive horn. In comparison to the number of vehicles, the targeted number of stickers and leaflets is negligible. The targeted

5,000 stickers and 5,000 leaflets were distributed in 2 days so an addition of 5,000 stickers and 10,000 leaflets were printed. Some vehicle drivers showed enthusiasm and committed not to use horn unnecessarily, however some were furious and didn't paste sticker on their vehicle.

Outcome

Department of Transportation Management, Government of Nepal, published notice on “Ban on Pressure Horn” in National Newspaper on November

27, 2009. According to the notice, vehicles are prohibited to change the structure than that at the time of purchase as the provision made by Article 39 (1) of the Vehicle and transport Management Act. Those who violate the rule by fixing pressure horn on the vehicle are alerted to change it within December 12, 2009, otherwise they would be fined as the

provision made in Article 160 (2) kha. According to the Metropolitan Traffic Police Division (MTPD), the ban will enforce from 13th December 2009 for a week to remove it has been given to the vehicle owners. Those who violates the ban will be charged a fine of Rs. 500/- to Rs. 5,000/- To make the monitoring more effective, MTPD have kept vigilant at major intersections with special focus on hospital and school areas. The traffic police have given authority to seize and remove pressure horn including all forms of musical horns.

Massive Media Coverage:

- News coverage of press meet on Nepal One, Sagarmatha TV, Nepal Television - Hamro Kathmandu Program on 17th November 2009.
- “Chittikka Program” dedicated on “Combating Noise Pollution” on Sagarmatha FM with an interview with Mr. SitaRam Hathechu, Traffic Police and Mr. Rishikesh Ghimire, National Federation of Nepal Transport Entrepreneurs. In the program,

Mr. Hathechu showed his commitment to take necessary action against pressure horn.

- Interview on health hazards of Noise Pollution with Dr. Mathura Prasad Shrestha, President of RECPHEC was aired on Maitri FM on 19th November 2009.
- Interview with Ms. Anusuya Joshi, Program Officer of RECPHEC on the campaign program of Noise Pollution on Maitri FM on 19th November, 2009.
- Interview with Ms. Anusuya Joshi, Program Officer of RECPHEC on the campaign program of Noise Pollution on Metro FM on 20th November, 2009.
- Response/Highlights of the campaign with Ms. Anusuya Joshi, Program Officer of RECPHEC on "Chittikka Program" of Sagarmatha FM on 24th November 2009.
- News on Press Meet and the campaign on the National Dailies/Magazine: The Kathmandu Post, The Himalayan Times, The Rising Nepal, Nagarik, Samacharpatra, Hasana.
- Continuous news/message of the campaign on FMs.
- Almost 500 Pressure horns captured in a week time from many vehicles by traffic police.
- Nepal Credit and Commerce Bank Ltd. sponsored caps for volunteers. Similarly, Sanduk Cooperative Limited sponsored jackets for volunteers.
- Hotel Association of Nepal appreciated the campaign program and considering noise pollution as a nuisance, and one of the impediments for tourism industry, showed willingness to support the program.
- Pacific Asia Travel Association also showed concern and was enthusiastic about the campaign.
- Employees of Nepal Airlines Cooperation appreciated the campaign program and discussed on ill effects of noise coming from the road to their health and working performance.

Towards ZERO Waste

Demonstration Community

RECPHEC in close coordination with Lalitpur Sub-metropolitan City (LSMC) and local organization LUZZA Nepal developed Ward No. 20 of LSMC as a demonstration community with ZERO Waste Approach. The following activities were carried out in line with the program.

Working Committee: A working committee was formed with the representatives from Ward No. 20 office of LSMC, RECPHEC, LUZZA Nepal, and Women's Group of Ward No. 20 as its member to develop the ward as a model community for 'Polythene Free



Zone', and demonstration community for 'ZERO Waste Approach'.

Feasibility Study: A feasibility study was conducted by random sampling from all 14 Toles of the ward No. 20 of Lalitpur Sub-Metropolitan City, the targeted demonstration community. (Annex-2)

Development of Demonstration Community: LUZZA Nepal, a local NGO, has been appointed as a partner organization, and given all the responsibilities to develop a ward no. 20 of LSMC as a demonstration community. The following activities were carried out.

Orientation to volunteers: An orientation program to the volunteers to be mobilized in the community was conducted for 14 volunteers, 7 volunteers from LUZZA Nepal and 7 volunteers from the Women's Group of the community. Mr. Shanta Lal Mulmi, Executive Director of RECPHEC highlighted on the objective of the project. Ms. Anusuya Joshi, Program Officer of RECPHEC presented the concept of Zero Waste and how to implement it to the community. Mr. Chakra Mehar Bajracharya, social activist of the community, Mr. Ram Krishna Shrestha, Ward Secretary of ward no. 20, LSMC, Ms. Sayaka Yaoya, JOCV and Ms. Krishna Barahi, Jagaruk Mahila Bikash Samuha encouraged the volunteers to work in the community. Ms. Barahi provided information on types of plastic waste and importance of its segregation for reuse and recycling.



Orientation in the community: All the 14 volunteers of LUZZA Nepal and Women's Group were mobilized to each household of the community to inform community people about ZERO waste approach and aware them about the harm of polythene bags. Moreover, database of the entire household has been prepared.

Collection/Transfer of Waste: The collection of plastic waste is ongoing from February 2009 from the community under the program. Thus collected plastic waste such as polythene bags, other plastic bags, packaging materials etc are completely reused and recycled. This practice has prevented

dumping of these materials on the road, and public places which have make chowks (open places) safe to play for children. Similarly, the organic waste (bio-degradable) collection is ongoing from June 2009. Before the collection of the organic waste, community people were encouraged to segregate waste based on its characteristics. Almost 250 buckets provided by LSMC were distributed in the community to collect the organic waste separately.

Processing of the Waste: Out of 600 households of the community, the organic waste from 200 households will be managed with bio-methanation method. The plant has been installed at the premises of Environment and Sanitation Division of LSMC, Balkumari. The plant is comprises of collection tank, digester (bio-methanation tank), pumps and other supporting infrastructure for the distribution of collected methane gas, fertilizer and water.

Similarly, waste from 200 households is being managed by community composting, with the support of Japan International Cooperation Agency (JICA). Representatives from 200 households were trained with Takakura Home Composting Method. They were provided with compost bin as well. The household composting program was also supported by JICA and Solid Waste Management and Resource Mobilization Centre (SWMRMC).

Campaign against the Use of Polythene Bags

A massive campaign against the use of Polythene bag was conducted in Lalitpur to aware people on its negative effects.

Volunteers were mobilized at supermarkets/departmental stores to distribute leaflets, and to motivate



customers to carry reusable bags from home. RECPHEC is strongly advocating with policymakers to bring a concrete policy to address the issue. It has conducted the following activities in association with local NGOs.

Policy Advocacy: Though there are many legal policies that regulate the solid waste management, it has not been enforced effectively. A series of meetings has been conducted with line ministries, government organizations, municipalities,

consumer's forum, manufacturers and local NGOs and different stakeholders to pressurize the government to formulate a concrete policy on it. In this regard, the consultative workshop on the "Need of Production, Distribution, Use and Disposal Regulation Policy for Polythene Bag" was conducted on 10th August 2009 Monday.

Advocacy Materials: Leaflet and posters with the slogan "पोलिथिन हटाऔ, वातावरण जोगाऔ" and negative effects of using polythene bags, and stickers with "Polythene Free Zone" has been developed and printed. Similarly, posters encouraging customers to bring bag from home has been designed and printed.



Production of Alternative: Almost 1000 cloth bags was produced and distributed to every household of the targeted model community. Moreover, it was made available at every shopping center and shopkeepers were motivated to encourage customers to use alternative to polythene. Similarly, RECPHEC is encouraging supermarkets and departmental stores to produce cloth and paper bags.

Advocacy/ Awareness Campaign

Press Meet on the Campaign against the use of Polythene Bags: A press meet was conducted on 2nd March 2009 Monday at Lalitpur Convention Centre, Pulchowk, Lalitpur to inform all the stakeholders about the campaign against the use of polythene bags started from 15th March, 2009. The campaign was organized with initiation of RECPHEC in association with Lalitpur Sub-metropolitan City Office and LUZZA Nepal. Mr. Shanta Lal Mulmi welcomed all the participants and highlighted on the objective of the campaign.

There was the representation from print media, electronic media, representatives of supermarkets/stores working together to support the campaign and other stakeholders.

Mr. Rupak Bhattarai of Namaste Supermarket made public the commitment made by almost 30 supermarkets/ stores who had committed to participate in the campaign. Moreover, Mr. Pradeep Amatya, Chief of Environment and Sanitation Division of LSMC highlighted on the Waste Management Scenario and Practice at LSMC. Furthermore, Ms.

Sayaka Yayoya, JICA volunteer to Environment and Sanitation Division, LSMC highlighted on the significance of the campaign on waste management at LSMC. She further added that the campaign will be success only if there will be coalition among all the stakeholders.

Mr. Sudhir Pradhnang, Managing Director of SALEWAYS Supermarket briefed on the economic aspects of the use of polythene bags. He informed that if customers bring their own bag from home, there will be a huge saving of supermarkets and stores as they are providing polythene bags free of cost. Ms. Anusuya Joshi made presentation of the "campaign against the use of polythene bags". She highlighted on the requisite of the campaign at LSMC and briefed on the negative aspects of the use of polythene bags. She further highlighted on the programs offered during the campaign period to encourage customers to carry bag from home. Prof. Dr. Mathura Prasad Shrestha stressed on the environmental and health consequences of the improper use and as the mode of disposal of polythene bags.

Rally: A rally was organized on 15th March 2009: The campaign started on 15th March 2009 with a rally. The procession with almost 150 participants rallied through Manbawan, Jawalakhel, Pulchowk and Kupondole. Almost 80 students from two Schools and teachers participated in the rally. Similarly, representatives from Lalitpur Sub-metropolitan City Office, staffs RECPHEC and LUZZA Nepal, members of Women's group, Volunteers, and representatives from supermarkets and stores participated in the rally. Cloth bags and paper bags were distributed in the supermarkets and stores. Similarly, leaflets on the campaign and information brochure on polythene bags were distributed to public. A public announcement was made on the negative aspects of the use of polythene bags and request was made to carry bag from home to minimize the use of polythene bags.

Coupon and Lucky Draw System at Supermarkets/Stores: A gift coupon system and lucky draw system was incepted in 3 supermarkets and 25 departmental stores at Lalitpur Sub metropolitan City to encourage customers to bring bag from home. The customer who will bring his/her shopping bag from home and won't take polythene bag from the shop, he/she will be provided with a gift coupon for saving polythene bag of the shop. Lucky draw

was announced in the end of every month.

Distribution of Paper Bags: In Nepal, almost two decades back most of the shopkeepers used to prepare paper bags required for own shop. However, some shopkeepers used to buy it from others, and some people used to earn money by paper bag making business. Later on, these paper bags were replaced by polythene bags. To promote the early trend of the use of paper bag, almost 5000 paper bags were distributed to retailers located at the main hub of the LSMC, Lagankhel, Mangal bazaar, Khumaltar.

Model Community: Various programs were organized at Ward No. 20 of LSMC to develop it as a model community as a part of the campaign against the use of polythene bags. RECPHEC in association with Ward No. 20 Office of LSMC, LUZZA Nepal, and local Women's Group has committed to declare the community "Polythene Free Community" by the end of 2009. Almost 20 volunteers of Women's Group and LUZZA Nepal have been mobilized in the community to aware local people about the harm of polythene bags and discourage its use. By the end of June, 6 schools from the community declared itself as "Polythene Free Zone".

Rally: A rally was organized on 28th March, 2009 on the final day of the campaign from Home Grocer, Manbawan. The procession with almost 250 participants traveled through Jawalakhel and finally ended at Namaste Supermarket Pulchowk. Almost 140 students from four schools and teachers participated in the rally. Similarly, representatives from Lalitpur Sub-metropolitan City Office, staffs RECPHEC and LUZZA, members of women's group, volunteers and representatives from supermarkets and stores participated in the rally. There was representation from other organizations such as ECCA, Explore Nepal, Centre for International Migration and Development, National Business Initiative. A public announcement was made on the negative aspects of the use of polythene bags, and pamphlets and leaflets were distributed.

Lucky Draw Program: As per the lucky draw system incepted in the supermarkets/stores to encourage customers to bring own bag from home, which announces the winner once on the last day of the month, the first program was conducted on April 13, 2009 Monday at 11 AM at



Namaste Supermarket, Pulchowk. Customers Mr. Santosh and Mr. Bhuwan Khadka were the winner of the luck draw. They were presented a Solar Lamp that cost 1200/- sponsored by Shree Padma -Mangal Memorial Fund that costs 1200/- each. Similarly, second, third, and forth lucky draw was conducted at the end of the following months at Saleways Supermarket, Gemini Supermarket, and Home Grocer respectively.

Media Campaign: A Public Service Announcement on the campaign was made in Nepal Television through "Hamro Kathmandu" program for 10 days 20 spots. The television program exclusively covered entire activities of the campaign and telecasted in its news section. Similarly, 248 spots of social jingle of 30 seconds were aired through Maitri F M 99.4. The campaign news was aired on Maitri FM News at 8 AM frequently. Moreover, Sagarmatha FM dedicated two episodes of its program of 30 minutes each on Environment and Health "Chittikka". Mr. Shanta Lal Mulmi, Executive Director of RECPHEC, Ms. Anusuya Joshi, campaign coordinator of RECPHEC, Ms. Anju Subedi, volunteer of LUZZA Nepal, and Mr. Rupak Bhattarai, Manager of Namaste Supermarket were interviewed during the program.

Participation in the Exhibition: Lalitpur Sub-metropolitan City Office in co-ordination with LUZZA Nepal, city volunteers and ECCA Nepal organized an Exhibition on 5th June, 2009 at LSMC premises. RECPHEC also participated actively and disseminated all its ongoing activities on "Promoting Eco-cities in Nepal" program during the exhibition. Posters and pamphlets on "Polythene Bags" and publications of RECPHEC were distributed. All the art from art competition was displayed at the same venue. Almost 1500 visitors observed the exhibition.

Documentary Production and Show: RECPHEC has prepared 15 minutes' documentary on the "Campaign against the Use of Polythene Bag". The documentary was shown frequently during the exhibition organized at LSMC on the occasion of World Environment Day for groups from schools, colleges, and public by making arrangement of different show time for different groups. Moreover, the documentary was telecasted from ABC channel TV on 8th & 9th June, 2009. RECPHEC



is organizing documentary show at different schools, colleges, and communities under its public awareness program.

Declaration of Polythene Free Zone at Central Zoo: The Central Zoo located at Jawalakhel, Patan which is the only zoo of the country declared it as a "Polythene Free Zone" from 5th June, 2009. RECPHEC worked with the zoo by mobilizing 6 volunteers for monitoring and evaluation of the program for two months. RECPHEC also provided 100 cloth bags to Zoo. Ms. Anusuya Joshi from RECPHEC handed over the bags to the zoo representative. Ms. Sayaka Yaoya also participated during the program at LSMC. The visitors who bring the stuffs in plastic will be provided the bag with some deposit fee, which will be given back to them on the return of bag.

At the same time, six schools out of 10 at Ward No. 20 declared itself as "Polythene Free Zone" as a part of "Towards ZERO Waste: model community" program. Mr. Chakra Mehar Bajracharya, Advisor of LUZZA Nepal, handed over letter of appreciation to all the schools on the occasion. Prior to this, RECPHEC has conducted awareness program in all the schools.

Learning of the project

The project being the first of its kind in the country, many people are enthusiastic and are supporting the activities. The project has linked civil societies and government agencies, and has become a good example of public private partnership. People feel so convenient in using polythene bags, and therefore availability of similar kind of alternative bag is necessary to discourage the use of polythene bags along with massive awareness program. People throw garbage without segregating it. To a sample population, dustbin was distributed for segregation of waste, which encouraged them to practice waste segregation. The unstable political situation in the country is an impediment for enforcing the programs timely and more effectively. Similarly, lengthy administrative procedure of the government agencies, and lack of technical expertise has caused delay on some of the activities. Moreover, price hiking in the country has resulted in budgetary constrain, which has affected the purchase of noise meter, construction of bio-methanation plant, publication of advocacy materials and some awareness programs.

COMPREHENSIVE HIV/AIDS PROGRAM FOR MIGRANT WORKERS

Nepal faces an increasing HIV prevalence among the most at risk populations such as migrant workers. The Majority of HIV cases, an estimated 46% have been registered among the seasonal and long-term labor migrants, who further put their spouses at risk of HIV infection. Most of the people go aboard for labor and return home with HIV from foreign countries. It is compulsory to test HIV during pre-departure and after arrival of every person in the country. Taking into account, RECPHEC is working for migrant workers under the Comprehensive HIV/AIDS Program in Kathmandu district.

Under this program, prevention efforts and community outreach, through outreach education and interpersonal communication is completed to reduce the HIV stigma and lower the barriers to accessing HIV/AIDS treatment and counseling services. The program aims to reduce the percentage of HIV among labor migrants by strengthening testing and counseling services. The program expects to reach people living with HIV and AIDS (PLHA) with anti-retroviral treatment (ART) and opportunistic infection (OI) drugs and services.

The goal of this program is to reduce HIV transmission in Nepal and enhance the quality of life of PLHA in the country, focusing on the west, mid-west, and far-west development regions of Nepal. The main objectives are to promote the adoption of safe behaviors among the most at risk populations, especially labor migrants and their spouses through increased access and availability of prevention programs and to expand access and coverage of quality HIV testing and counseling and STI diagnosis and treatment.

Though the project was implemented in Kathmandu district, all the labor migrants of Nepal departing abroad through Kathmandu valley via air are the key target groups of this project. Manpower agencies, training institutions and health clinics are the point to reach target population. These institutions lie in Kathmandu



and Lalitpur district which are major points to our outreach clients, where the outreach workers create demand for VCT and STI Services.

BCC	: 19,500 persons
Condom Distribution	: 97,500 condoms
STI Diagnosis and Treatment	: 1550 persons
VCT	: 4000 persons
Pre-departure	: 2451 persons

Our main approaches are through outreach clients who come to manpower agencies to go abroad for good earning. The major approach of the project to reach the clients is through manpower agencies. The other is VCT/STI services by static and mobile staffs. A VCT center run under RECPHEC provides services for VCT/STI services. Since the migrant workers have limited time of stay in Kathmandu before going, most of the VCT/STI services have to be done through mobile clinics. Therefore, static as well as mobile clinics were run under this project. Migrant workers and their spouses throughout the Nepal are the target people of the project. The following BCC, Condom Distribution, STI Diagnosis, and Treatment, VCT and Pre Departure Orientation targets were fulfilled in this comprehensive HIV/AIDS program.

BCC Outreach

Since man power agencies are the most important spots for the team members to reach the clients i.e. the migrant workers. For this

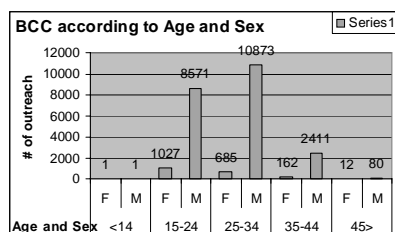


mapping was done, according to the responsibility of each outreach workers and existence of man power agencies in various parts of Kathmandu and Lalitpur city.

12 outreach workers and 2 information and counseling

facilitators for the BCC services were recruited for education, outreach and personal communication. All these outreach workers were mobilized at different manpower agencies, authorized health clinics and training centers where labor migrants widen their knowledge and skill required when they go aboard. BCC program covers Kathmandu Municipality and some nearby VDC (inside the ring road and some VDCs). A total of 23,841 clients were outreached.

The age and sex wise clients outreached, shows that most of the migrant people's are from young people from 25-34 age group. Females from 15-24 age groups go abroad more than other age groups.



Orientation & Sensitization to community leaders

An interactive workshop entitled 'Reduction of HIV/AIDS Risk and Safe Migration' was conducted on 24th June 2009 in Kathmandu. A total of 53 participants from manpower agencies, polyclinic/health centers, training centers, pre-departure orientation centers, manpower's association, District Public Health Department, Department of Foreign Employment, Family Planning Association of Nepal participated in this workshop. A Paper was presented by Aparna Bhatta, health person who recently done a research in HIV/AIDS in different districts of far-western region of Nepal. This program was focused mainly on ongoing issue of HIV/AIDS and safe labor migration.

The main outcome of this workshop was: information should deliver from national level media like Radio Nepal which covers most part of Nepal, compulsory policy of medical check-up should be developed for returning people. Ministry of the health should take leading role to develop the policy for safe migration and prevent illegitimate labor migrants.

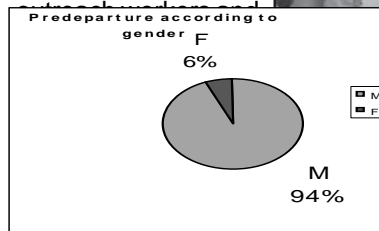
Pre-departure Orientation

Government of Nepal has made strict rules for labor migrant to take basic orientation class of 2-days on different issues before departing abroad which is compulsory to get permission by Nepalese government for every labor migrant. Though pre-departure orientation centre takes 2 days for basic

orientation related to their health and job, the manpower agencies does not provide complete information on HIV/AIDS/STI, consequences of unsafe sex practice. An Outreach worker fulfills this type of gap and gives them enough information about STI, HIV/AIDS and its consequences in their job. RECPHEC facilitated 2451 such pre-departure orientation classes.

15th National Condom Day

RECPHEC celebrated 15th National Condom Day on 10th October 2009. It distributed 25244 condoms and 1205 IEC materials at Basantapur by mobilizing 10



4 condoms were distributed on National Condom Day, 2009.

IEC materials/condom distribution

RECPHEC distributed 41,928 IEC materials to the clients regarding information related to HIV/AIDS, STI, and VCT. The IEC materials were collected from Family Planning Association of Nepal, District Public Health Office, and National Center for AIDS STI Control (NCASC) and other Non Government Organizations.

Condom distribution is a part of BCC for this condom were distributed during outreach activities. A total of 121,814 condoms were distributed to the clients during outreach services and few during the celebration of National Condom Day and 25,244 condoms were distributed on the occasion of 15th National Condom Day, 2009.

World AIDS DAY -2009

RECPHEC celebrated World AIDS DAY 2009 by participating in national level rally program. Rally went around from Tripureshwor Thasarath Rangasala - Newroad - Asan - Indra Chowk - Ratna Park - Khulla Manch with all project staff. All the outreach staffs participated in this rally. RECPHEC also display HIV/AIDS related materials on the occasion of World AIDS Day.



STI/VCT & ICC Center

2 ICC centers have been established and in operation since then. One is attached with STI/VCT service centre in Narayangopal Chowk and another is operated by partner organization, Youth Power Nepal in Anamnagar Kathmandu.

Through the VCT center, a total of 5211 clients were reached, which is 130.28%. A total of five HIV positive clients were recorded among the tested. Clients were referred at VCT centre by outreach workers and local stakeholders working in the same field. Mobile VCT was also conducted in different manpower, health clinic, and training centre for easy access of the VCT services.

The above figure shows that highest number of HIV test was found in between 15-49 age groups. Only a person less than 14 year was tested similarly 50 and above group 22 persons were tested. It indicates that people from 15-49 mostly go aboard for labor than those from other age group. All tests were done according to national HIV test protocol. Positive clients were referred to related service providing centers for further treatment and care.

This center has provided a service for targeted labor migrant people for diagnosis and treatment service of sexually transmitted infection. Some labor migrant people visited the STI/VCT service centre at their own initiative. In course of providing services, it was found that most of the people didn't have time to visit VCT centre. Therefore, staffs were encouraged to operate mobile clinics to meet the requirements of the clients to operate clinics in the training centers or where they were outreached. It found insignificant

STI among the labor migrant, because most of them were male and adolescent and unmarried. Usually STI cases are seen in female. Since the number of female migrants was very few in number, we assume that we were unable to reach the agreed target.

Hoarding Board installment

A hoarding board was installed in Thankot near to Nagdhugga hoping that travelers who enter the Kathamandu Valley through Thankot can read easily the message for the labor migrant for safe foreign employment and VCT centre. This board is specially focused for those labor migrants who are going or preparing to go aboard for labor in near future.



Learning

- DPHO and other organizations are also the sources of IEC Materials and Condoms.
- Mobile VCT and STI Services are appropriate for Overseas Migrant Workers.
- Clients can be reached in Skill Training Centers, Pre Departure Orientation Classes and Authorized Health Clinics.
- One to one outreach is necessary for quality outreach.

Issues and Concerns

- Limited spaces to outreach clients at Man Power Agencies
- Ensuring quality services with limited time of clients
- Contradiction of our VCT services in the health clinics with VCT guideline
- Timely availability of IEC materials, condoms and kits/drugs in principle recipient
- Reaching STI Target
- Follow up of first year's clients would be a difficult task

SOLIDARITY WITH GLOBAL TOBACCO CONTROL CAMPAIGN

Nepal signed the FCTC treaty on 3rd December 2003. Finally, Nepalese government ratified FCTC on 7th November 2006 after continuous pressure from various NGOs and civil societies. After ratification of FCTC, the government drafted Tobacco Control Law in collaboration with RECPHEC.

As it is expedient to maintain the health, decency, behavior, convenience, and economic interest of the public in general and to regulate and prohibit the manufacture, use sale and distribution of tobacco products as well as to fulfill the international obligation as a state party to the Framework Convention on Tobacco Control.

And the commitment made by the government to table much awaited Tobacco Control Law in this summer session and the commitment made by all leading political parties to immediately pass the law from the parliament, the much awaited Act for Regulation and Prohibition of the Tobacco Products, 2064 draft has been finally tabled at the Parliament Secretariat on 3rd January 2010.

The proposed law clearly mentioned about prohibition on the use of tobacco and smoking, non-smoking or tobacco free zone: public places including hotel, restaurant, motels, institute, office, sports complex and any places of public gathering will be smoke free, regulation on production or the use of tobacco products; label, trademark, wrapper and packing, submission of particulars, information of health warning, ban on advertisement and sponsorship, restriction on sale and distribution & offence and punishment and also it has provision of progressive health tax in addition to regular revenue charge

Now that the Act for Regulation and Prohibition of the Tobacco Products has been tabled, it will be reviewed by the bill committee. To avoid any further delay and pass this act within limited time frame, we all the tobacco control advocating organizations must go ahead for a massive campaign to lobby and appeal the Members of Parliament to pass the Tobacco Control Law as soon as possible for the health of the Nepalese people.

In order to bring comprehensive tobacco control law and its effective implementation continued lobby and pressure the concerned authorities by civil societies are still very much important tasks and challenges. RECPHEC has been taking a key initiative in developing anti-tobacco network at the central and district levels advocating on a variety of health issues and anti-tobacco campaign.

RECPHEC is continuously pressurizing the government for the enactment of Tobacco Control Law with collective action of media group and strength of its 48 Health Rights and Tobacco Control (HRTC) district network with more than 700 NGOs and community based groups. It has been able to develop working relation with government, strong and committed group of media was organized and strengthened district networks. The level of public awareness has been raised and GOs/NGOs and other institutions have already declared tobacco free zones.

Central level

An interaction program on World No Tobacco

An interaction program was organized on World No Tobacco Day 2009 with the theme of "Tobacco Health Warnings" by National Health Education Information and Communication Center (NHEICC), Ministry of Health and Population on 31st May 2009 at National Health Training Center, Teku, Kathmandu. Representatives from Ministry of Health, NGOs and media persons participated in this program.



There was total of 2 - p a p e r presentation: first paper on Global Health Warnings by Mr. Shanta Lal Mulmi, Executive Director of

RECPHEC and the second paper on Tobacco and Tobacco Health Warnings was presented by Dr. Baburam Marashini, Senior Health Administer, Ministry of Health. Poster on Tobacco Health

Warning, which was published by RECPHEC, was distributed at this program.

RECPHEC published 2000 copies of poster on Global Health Warning in association with National Health Education Information and Communication Center (NHEICC), Ministry of Health and Population. This poster was sent to 47 districts prior to organize to World No Tobacco Day 2009 at the district level.

'Regional Conference on the Guidelines of the Articles 5.3, 8, 11 and 13 of the WHO Framework Convention on Tobacco Control (FCTC)

'Regional Conference on the Guidelines of the Articles 5.3, 8, 11 and 13 of the WHO Framework Convention on Tobacco Control (FCTC)' was organized by Ministry of Health and Population Government on Nepal & Framework Convention Alliance (FCA) and co-hosted by RECPHEC from 15-17 December 2009 at Hotel Himalaya, Lalitpur.

The main goal of this program is to engage both government and civil society representatives from the WHO-SEARO Region towards the effective implementation of these guidelines and provide a platform to discuss necessary changes in existing laws and regulations.

Dr. Sudha Sharma and Dr. Praveen Mishra, Secretaries, Ministry of Health and Population also took part on the inauguration program. Dr. Alexander Andjaparidze, WR, Who Country



Office Nepal, Ms. Shobha John, Regional Board Member, Framework Convention Alliance, Dr. Prakrit Vathesatogkit, Action on Smoking and Health Foundation Thailand, Dr. Olcott Guanasekera, Alcohol and Drug Information Centre Sri Lanka, Ulysses Dorotheo, Regional Coordinator (ASEAN-WPRO), Philippines also participated in this program.

A total of 21 participants from the SEARO Region, Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal & Sri Lanka participated in this regional conference. Nepal set the main priority to pass the Tobacco Control Law from the Parliament as soon as possible for this:

- Lobbying with Health Committee of the parliament
- Orientation to the Parliamentarians, media, civil society and political parties
- National Level Conference involving civil society, NGOs/INGOs, GOs, Donors and law enforcement agencies.
- Formation of inter-ministerial coordination and implementation committee.
- "Autonomous Tobacco Control Authority" under the Ministry of Health and Population
- Formation of by-laws and endorsement by the Council of Ministers.
- Formation and mobilization of community based Watch Groups including child rights forums for sensitization and enforcement of Tobacco Control Law.
- Sensitization of Health Rights and Tobacco Control Network at 48 districts of Nepal and other stakeholders at grassroots, district and national level.
- Designing, developing and pre-testing of graphic warnings on tobacco products.

Mobilize Print & Electronic Media

Community FM Stations: Public Debate & Awareness Campaign

Maitri FM 99.4 a community radio station broadcasted weekly half an hour program "Amulya Jeevan" from 2nd March 2009 for a period of six months to make aware on the use of tobacco related products and to pressurize the government to pass and implement the tobacco control as soon as possible and to initiate public debate on different dimension of tobacco.

The target population is all the listeners especially the youths and people who are affected directly and indirectly by tobacco. A special gift (RECPHEC Publications on tobacco and other health issues) was provided to one lucky winner among the telephone callers. Social Messages that is aired through Maitri FM are as follows:

- Make public places, offices, public vehicles, public buildings, and public program tobacco free.
- Sale of tobacco products is a social crime.

Community FM Stations: Health Right & Tobacco Control District Network (HRTC)

a. Weekly Program

RECPHEC mobilized Health Rights & Tobacco Control District Network (HRTC) at 47 districts to develop program and aired it through

Community FM Stations every week at district level to sensitize and educate district and community level people for the tobacco campaign.

Every week a half an hour program on tobacco issues plus radio jingle (short catchy phrases on tobacco) was developed by RECPHEC and is broadcasted through community FM station to create awareness to the local people of the in each districts.

b. Radio Jingle under Public Service Announcement (PSA)

Nepali language is called the national language of Nepal. The indigenous speak in their native languages among themselves and within the area where there live. Hence, many districts have redeveloped the jingles on their local languages; so that the information flow through FM reaches to the mass with much clarity.

Outdoor Public Hearing & Debate

An outdoor public hearing (Sarwajanik Sunuwai) program was organized by RECPHEC in association with Child Workers in Nepal (CWIN) at Open Theater, Tudhikhel, Kathmandu on 4th June 2009. Dr. Dirgha Singh Bam, Health Secretary Ministry of health & Population, Mr. Shanta Lal Mulmi, Executive Director RECPHEC and Mr. Jyoti Baniya, Consumer Protection Forum Nepal responded to the queries of the audience. Hundreds of people including students were present in this public hearing program.

Health Secretary committed to the public to make necessary arrangement to table the bill in the parliament within a week if the Parliament process will not be disturbed by the opposition party. People questioned about the delay of Tobacco Control Law Implementation. Mr. Dinesh Sharma, one of the leading Satellite TV channel "Kantipur Television" conducted the program. This program was aired on 5th June 2009 from 9-10pm.



Television Programs

- "Swasthya Sarokar" a TV program was broadcasted on ABC television on 2nd March 2009.
- A program on Tobacco Control Act was aired on ABC television on April 2009
- Swasthya Sarokar (Health Show), ABC Television was telecasted on 11th & 12th April 2009
- Hamro swasthya (Our Life) program with special focus on Tobacco Control Law was telecasted 3rd June 2009.
- Video program on the use of tobacco was telecasted on June 2009.
- Nepal Television telecasted TV Debate Program
- Jana Sarokar, a public concern program was aired through National Radio Station; Radio Nepal was aired on 7th June 2009.
- "Swasthya Sarokar" ABC Television on 13th September 2009
- "Health is Wealth" I, II ABC Television on 24th September 2009.

Sensitize and pressurize policy makers

A National Consultation: Sharing of District Initiatives

A National Consultation with the representation of 47 district network of Health Rights and Tobacco Control was organized on 27th April 2009 at Yak Place, Lalitpur. The main objective of the consultation was to discuss about the Tobacco Control Law, which is not yet passed by the



parliament, tobacco smoking and health and other issues of tobacco.

There were a total of five paper presentations: Tobacco Smoking & Health by Dr. Rajendra Baral, Consultant Clinical Oncologist & Medical Director Bhaktapur Cancer Hospital; Mr. Hom Lal Shrestha, Non-Smokers Rights, Mr. Babu Kaji Baniya, Under Secretary, Ministry of Health; Tobacco Health Warnings, Ms. Reetu Pradhan, Program Officer RECPHEC and Tobacco Control & Children, Ms. Sumnima Tuladhar, Program Coordinator, Child Workers in Nepal (CWIN).

A total of 95 participants from Ministry of Health, Tobacco Advocating organizations, HRTC district network, National Pressure Group against Tobacco, Doctors, NGO and Media Persons participated in this consultation program.

Establish & strengthen network with media organizations.

Media Sensitization on Tobacco Control

RECPHEC organized "Media Sensitization Training on Tobacco Control Law" in association with Society of Health Concern Journalist (SOHCOJ/Nepal) from 1st-2nd April 2009 with the journalists associated with various national media in Kathmandu to sensitize the journalists on tobacco issues and for their active role in pressurizing the government for the endorsement of Tobacco Control Act in Nepal. A total of 31 journalists representing from different print & electronic media participated in this media sensitization training program.

There were a total of four presentations on this 2-day sensitization program: A paper on Framework Convention on Tobacco Control (FCTC) by Mr. Babu Kaji Baniya, Under Secretary Law and Ministry of Health. Second paper was on Role of Media on Tobacco Control Law, by Senior Journalist, Mr. Shiva Gaule. Third paper on Implementation of Free Health Services of Government by Mr. Toya Dahal, Health Journalist & General Secretary of SOHCOJ/Nepal and the final paper on Smoking & its Impact on Health were presented by Mr. Shanta Lal Mulmi, Executive Director, RECPHEC. There was an extensive discussion on each paper presentation. The interaction not only helped in identifying the probable areas of interventions by the concerned stakeholders but also helped in forging effective strategy for the subsequent plan of action in days to come.



Fellowship to Journalists

Fellowship provided to one, English and a Nepali Newspaper for investigative journalism on the case study, total revenue collection on tobacco issue and Tobacco Control Law. Feature articles have been published on different new daily's on tobacco issues. Almost all the news daily and health magazines have published feature articles.

1. Effect of smoking on beauty of women, Annapurna Post, Daily Newspaper, Nepali
2. Draft of the Tobacco Control Law is nowhere, Raising Nepal, English
3. Act must to passed TCL in Nepal, monthly health magazine, Nepal ko Swasthya, Nepali
4. Smoking & human health, monthly youth magazine, Yuvamunch, Nepali
5. Smoking a slow poison, monthly youth magazine, Yuvamunch, Nepali
6. Uncomplicated but complicated problem, Gorkhapatra, Nepali
7. Tobacco Control Law and its Implementation, Annapurna Post, Nepali
8. Second hand smoking: cancer threat those who don't smoke, Nepali

Workshop on Role of Media in Tobacco Control

Nepal ratified FCTC and Ministry of Health and Population in support of civil society has already drafted and presented the "Tobacco Control and Regulation Act" before the Council of Ministers (Cabinet) for parliamentary debate and endorsement. However, Nepalese media, which has been very much effective to advocate on the public issues of importance, is not found active to raise about Tobacco Control. It has not only deprived Nepalese people of adequate information about the consequences of tobacco use, but also did not improve the policy maker's and parliamentarian's sensitivity towards the need of Tobacco Control law in Nepal.

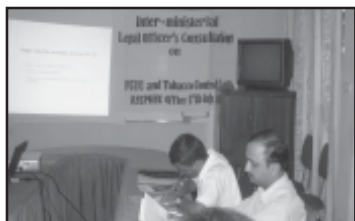
Considering this, RECPHEC organized a one-day interaction program on "Role of Media on Tobacco Control" on 26th February 2009 with the journalists associated with various national media in Kathmandu to sensitize journalists and media for their active role in delivering messages for pressurizing the government for the endorsement of Tobacco Control Act in Nepal. A total of 40 journalists and media person participated in this program. On this program Mr. Shanta Lal Mulmi, Executive Director, RECPHEC presented a paper on The Role of Media in Tobacco Control and Mr. Shiva Gaule, Senior Journalist and Ex-Vice President of Nepal Journalist Association presented a paper on Media Role for the reduction of tobacco. All the participants gave their individual commitment in the last session of this workshop to work for this tobacco control campaign.

Legal Consultative Meeting

RECPHEC organized "Inter-ministerial Legal Officers Consultation for the adoption of the FCTC

and Tobacco Control Law” on 17th July 2009 at RECPHEC office, Bagbazar to brief about the FCTC and Tobacco Control Law and its obligation of concerned Ministries and to build a strong pressure to introduce and implement the Tobacco Control and Regulating Act, 2063.

Nine legal officers from the different ministries such as the Ministry of Information & Communication, Ministry of Industries, Ministry of Law & Justice, Ministry of Agriculture & Commerce and representatives from National Planning Commission and Parliament Secretaries and RECPHEC staffs participated in this program.



There was a general discussion on the health and use of tobacco as well as Ministries obligation and various other aspects of tobacco control. Legal Officers from the concerned Ministries and others said this meeting has contributed more information about FCTC and their obligations. They expressed their eagerness to assist from their side to pass and implement tobacco control law.

As an advocacy of our tobacco campaign to pass the Tobacco Control Law as soon as possible an adhoc working group of these legal officers from various ministries were formed to review whenever need arises. They have expressed their keenness to pass and implement tobacco control law in the Inter-ministerial legal officer's consultation at RECPHEC. Legal officers from each ministry from the working group have committed to review the policy of the concerned ministries on tobacco control policy and advocate for making necessary changes which contradicts to the tobacco control and regulation law.

Tobacco Control in Nepal: Some Challenges

RECPHEC in association with Health Horizons Nepal organized Consultative Meeting on “Tobacco Control In Nepal:

S o m e Challenges” on 7th June 2009 at Hotel Himalaya, Lalitpur with former Health Ministers and H e a l t h Secretaries to share their experiences and to



professional expertise in further strengthening advocacy campaign.

The main objective of this national consultation is to review the present status of much awaited “Tobacco Control and Regulation Act” and pressure the government to table the Act in the CA, to have political commitment of political leaders and key decision makers and to involve former bureaucrats by using the professional expertise and experiences. Former health ministers, health secretaries including anti-tobacco advocates with media representatives participated in this national consultation. A total of 63 participants participated in this consultative meeting.

A total of three presentations: “Tobacco and Non-Communicable diseases” by Dr. Ram Prasad Shrestha, Health Horizon Nepal; “Status of FCTC and Regulatory Law in Nepal” by Mr. Babukaji Baniya, Under Secretary, Ministry of Health & Population and “Anti-tobacco Campaign: Some Lesson Learnt” by Ms. Reetu Pradhan, RECPHEC. More emphasis was given to explore the expertise of Political Leaders and former bureaucrats.

Lastly “Declaration of commitment” was released as an outcome of the meeting. After the open session “Adoption of Declaration” a joint appeal to the government was released.

Joint Appeal to the Government

Since 4000 years people have been consuming tobacco and tobacco products. Nicotine content in cigarette makes the smokers addictive to tobacco which makes them unable to quit smoking. In 16th century it was disclosed to the world that consumption of tobacco causes deadly diseases. Later World Health Organization (WHO) confirmed that tobacco smoking is hazardous to human health and it has proved that tobacco is one of the main elements causing cancer, heart problem, lung cancer and many other diseases. With all this, WHO assumes, every year 50 million people are killed due to tobacco consumption.

For this, World Health Assembly adopted this legally binding international treaty, Framework Convention on Tobacco Control (FCTC) on 21st May 2003. It provides basic tools for the member countries to enact comprehensive tobacco control legislation. So far a total of 164 countries have ratified FCTC and 154 countries of the world have implemented tobacco control law as per FCTC provision. Nepal signed this treaty on 3rd December 2003 and finally ratified on 7th November 2006. Nevertheless, Nepal hasn't still passed and implemented the Tobacco Control Law.

We appeal the government with all the former Health Ministers and Health Secretaries who have worked in responsible post in the Ministry of Health for the health problems of Nepal and its people to pass and implement Tobacco Control Law as soon as possible for the health of the Nepalese citizen.

Tobacco Control Campaign in Absence of Tobacco Control Law

In Nepal, smoking prevalence is very high and the percentage of female smokers is even higher. More than 75% of its populations are into excessive smoking. The reduction of the tobacco consumption and the use of such harmful elements in the society are not easy tasks. Tobacco cannot only controlled by enactment and implementation of Tobacco Control Law.

Anti-tobacco campaign activities should be done aiming at raising public awareness on impact of tobacco use and advocating for a tobacco control by state laws and regulations. Strong and effective advocacy groups and the people at district and regional level help public pressure at grassroots level and helps control tobacco use. In order to make the people aware on the harmful effect of tobacco and also to create public pressure people are initiating different programs in this anti-tobacco campaign.

Considering this 47 Health Rights & Tobacco Control (HRTC) district network organized a thematic workshop on "Tobacco Control Campaign in the Absence of Tobacco Control Law".

Campaign on "Second hand smoking"

Campaign to make tobacco free vehicle was organized from 22nd- 27th November 2009 to address the effect of second hand smoking & make tobacco free vehicles. Almost 100 volunteers were placed at 8 different hubs of the; Ratnapark, Sundhara, Jamal, Bagbazaar, Singhadurbar, New Baneshwor, Koteswor, and Lagankhel.

These volunteers distributed and pasted almost 6,000 stickers on different vehicles such as microbus, minibus, taxi, car, tempo, and motorcycle. Traffic police also supported to convince the vehicle drivers to paste sticker in their vehicle. Moreover, 20 volunteers in 4 groups were mobilized at parking lots in New Road, Khichapokhari, Maha Baudha, Bhotahiti, Jamal, King's Way, Lagankhel area to distribute stickers and leaflets.

On the last day a rally was organized to promote tobacco free vehicles. Stickers were also distributed in this rally. For the Campaign to make tobacco free vehicle RECPHEC printed a sticker on tobacco free vehicle.

Review Progress under the TFK grant Nepal R11-01

RECPHEC had a meeting with Ms. Anuradha Khanal, Program Officer, International Grants, Campaign for Tobacco Free Kids from 4th to 5th January 11, 2010 to review progress under the TFK grant Nepal R11-01 and discuss work plan for the next 6 months. Mr. Shanta Lal Mulmi presented a paper on RECPHEC Initiative in 2009, Ms. Reetu Pradhan, Program Officer, International Grant Project; TFK presented a paper on Activities work plan, International Grant, TFK. Mr. Bal Sagar Giri, Under Secretary (Law), Ministry of Health and Population explained about the Parliamentary process for tobacco control legislation of Nepal. Also discuss about the existing and possible future collaboration with MOHP, other NGOS working in tobacco control.

HRTC Field Visit Program

Mr. Shanta Lal Mulmi, Executive Director and Ms. Reetu Pradhan, Program Officer, International Grant, TFK went for field visit program of Chitwan, Nawalparasi, Rupendehi, Kapilvastu, Syangja, Kaski, Tanahun, Lamjung and Gorkha Health Rights and Tobacco Control (HRTC) district



network of Nepal to review all the activities which are going on at the district level and about the future planning of HRTC district networks.

Publication of Advocacy Materials

Advocacy is the key strength of RECPHEC in terms of health issues and has been the basis for most of the work that we do. Through the immense response of the advocacy materials developed by RECPHEC from the anti-tobacco activists from the HRTC district network, it has developed two new posters and a sticker in Nepali Language. These developed materials were also sent to 47 HRTC district network of Nepal for district network groups including Ministry of Health and Population, WHO Country Office, NGO Anti-tobacco advocating organization, and media.

COLLECTIVE EFFORTS OF COMMUNITY EMPOWERMENT

RECPHEC has been making concerted efforts in addressing health issues through empowering the rural people. For this, it has been mobilizing rural women to assert their rights by empowering them and by building capacity to uplift their economic status by implementing various programs in different communities. The outreach program implemented at the community level, has contributed in the areas of: 1. NFE classes (Non-formal Education) 2. Saving and credit group formation 3. Toilet support 4. Drinking water support 5. Skill training program 6. Community Health Facilitators (CHF), training/mobilization 7. Awareness campaigns.

In the project areas, people live in rural areas and depend on subsistence farming for their livelihoods. Household food security and poor nutrition are still major concerns. Most households have little or no access to basic social services such as primary health care, education, clean drinking water and sanitation services. There is high rates of illiteracy and are also concentrated in specific ethnic, caste and minority groups, particularly those of the lowest caste (*dalits*) and indigenous peoples (*janajatis*). The most vulnerable and marginalized groups are the lowest social castes, indigenous peoples differently disabled people and women.

Focusing this, RECPHEC is working in such selected VDCs of Udayapur, Saptari and Gorkha. It is working in 4 VDCs of Udayapur District: Basaha, Chaudandi, Sundarpur & Beltar and 4 VDCs of Saptari District: Fattepur, Odhara, Kamalpur & Ghoganpur and 8 VDCs of Gorkha District: Bakrang, Taklung, Bungkot, Finam, Ghirung, Taplae, Aarupokhari & Pandrung.

It is involving the community people in different skill development programs to enhance their income generating activities. Gender-based training, group formation and organizational capacity building training have also contributed in mobilizing them. It is committed to help the poor and the marginalized to liberate them from high interest loan from the local landlords. It also advocates the women and deprived communities to get organized in order to assert their rights and to render local public and private services structures people oriented.

Outreach program has led to increase in the literacy rate of target project area, encourage women to participate in collective saving and empower women to utilize the credit facility with low interest available through saving groups, aware rural community for better health behavior and sanitation, providing better reproductive health service through CHFs and encourage them to refer the patients to the nearest health post, enable target group to generate income through skill trainings, strengthen public health posts and its service delivery mechanism at community level, and mobilize local NGOs and CBOs in conducting health related campaigns.

Accomplished activities from January to June 2009

The entry to outreach programs at community level is Non-Formal Education (NFE) classes followed by saving and credit groups (women's groups) which are implemented effectively followed by support to community development programs. The approach to start outreach program with NFE classes helps mobilize the target beneficiary to involve them in follow up activities for their empowerment and continuation of saving and credit group.

RECPHEC has formed local level committee at the community level in the 8 working areas of Udayapur and Saptari districts with the slogan "local participation to develop our village". A meeting was organized at the VDC level with those people who were involved in the community development program at the community level. From this meeting a committee was formed in each VDCs which will work for the upliftment of the area on their own with the support of RECPHEC. With the support from RECPHEC different programs have been organized at the VDC level. In Ghoganpur and Kamalpur VDCs HIV/AIDS awareness program, public hearing program, dress designing and stitching program and saving group mobilization programs is going on with the initiation of these committees.

Non-formal Education (NFE)

The non-formal education program (NFE) is continuing in order to build critical awareness among

women with literacy skill of the project area. These classes are initiated to provide these women with further knowledge on health, skills and current issues of the community. They are also given relevant knowledge on HIV/AIDS in order to reduce the risk of HIV/AIDS among people. This year 425 (of which 75 are *dalit*) NFE participants graduated from Udayapur and Saptari Districts in an evaluation made on NFE program. NFE program at one center is running at Aroupokhari VDC Gorkha.

Practical literacy program is a good start, which has revealed its dynamism with practical extension in a post literacy class. Post literacy classes have been organized three days a week. The classes include some of the desiring and competent participants who previously completed NFE program. They are encouraged to save and 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 take place: saving and credit, kitchen gardening, animal husbandry, fruit sapling distribution, family toilet, drinking water, video shows, health education, legal awareness, gender awareness, safe motherhood and family planning are some of the major activities to empower the communities to further their own development. Out of the total 425 NFE participants 377 of them participated in the post literacy classes.

Out of School Program (OSP)

Majority of the children in the project area leave school after some years because of their socio-economic condition.



Focusing these children the Out of School (OSP) on basic education is implemented mainly in the project areas of Udayapur and

Saptari targeting the marginalized communities to prepare them for formal schooling. After the completion of OSP program, children from the age group between 8-14 years are enrolled in school. This year total of 380 children's are enrolled in school

at Udayapur and Saptari District. Total of OSP children enrolled in school are as follows

NFE Centers	Class: 1	Class: 2	Class: 3	Class: 4	Total
Ghoganpur	6	33	38	29	106
Kamalpur	54	38	41	1	134
Basaha	13	26	28	11	78
Chaudandi	-	2	21	39	62
Total	73	99	128	80	380

Children education, a six months program was also started in ward no. 9, Aroupokhari VDC Gorkha in two centers by Swasthya Sudhar Samuha in association with Santoshi Mahila Samuha. This program is especially focused to those children between 6-10 years, who are unable to go to school since schools are located very far from this ward. Total of 41 children of this area have joined this class.

Maternal and child health services through Health Facilitators

The main focus of this program is the improvement of service delivery for women, empowerment and capacity building of rural women. The service delivery related activities include training to Community Health Facilitator (CHF) for maternal health, awareness on



Uterus Vaginal Prolapse (UVP), educational exposure visit to CHFs, and practical training on UVP. RECPHEC not only empowers and enhances public awareness by community initiatives in improving health of its people but also assists and strengthens sub-health posts in the project areas.

RECPHEC has trained Traditional Birth Attendants (Sudenis) and using them to improve the reproductive health of the people. Although the government has decided free institutionalized maternity services plus monetary incentives majority of births at homes are assisted by sudenis, which are easily available, and accepted by the community. These sudenis can therefore, become a link between the homes and the health facilities. Their roles in the communities will remain significant till alternative maternity services with trained health professionals will be operational.

RECPHEC has been providing trainings to these TBAs since last 11 years and using them to improve

reproductive health. The trained TBAs are working also as village level health facilitators in preventive health education programs. They are also working to create awareness on other issues as uterus prolapse, HIV/AIDS and tobacco related problems and their prevention. There are 97 active traditional birth attendants working in Udayapur and Saptari provided maternal delivery service to 355 patients and 37 TBAs in Gorkha districts.

The Traditional Birth Attendants (TBAs) known as "Community Health Facilitator" of RECPHEC rather than "Sudeni" (birth attendants) has changed their social status and has encouraged them to work at the community. Every month these TBAs sit for a meeting where they share their experiences, learn new things on reproductive health, maternal health etc.

A survey was done in Ghoganpur and Kamalpur VDCs of Saptari district to see the number of pregnant women's in the area. In Ghoganpur a total of 65 houses and 77 houses in Kamalpur VDC were marked with flags to indicate the pregnant women's house. Especial health education program was organized for the pregnant women of these areas. After the marking of the houses, pregnant women are easily getting free iron tablets, TT vaccination and of course the good diet and love from the family.

Women's reproductive health

A 2-day training program on women's reproductive health was organized in Fatepur. The main objective of the training program is to give information on women's reproductive health, women's reproductive health problems and prevention, health checkup and curative processes. After the training program a health camp was also organized where 61 women with reproductive health problems were provided with free health checkup, treated and counseled free medicines were also provided.

Utero-vaginal Prolapse

The incidence of Utero-vaginal Prolapse (UVP) is high in young women in the rural population of developing countries, possibly



because of weakening of uterine supports induced by early child bearing, multiple child births, lack of spacing between births, unskilled supervision of deliveries. Further strain on the weakened supports is imposed by prolonged hours of working in the fields in a squatting position that result in increase intra-abdominal pressure.

In Nepal many women are suffering from various gynecological problems. They don't seek any treatment unless and until the problem gets complicated and hamper the daily activities of the women. One of the most prevalent morbidity problems is Utero-vaginal Prolapse (UVP). In outreach program areas, the sufferers of UVP are high. Considering this RECPHEC has been initiating different camps and counseling for the Utero-vaginal Prolapse sufferers.

5 Health Camp especially focusing the Utero-vaginal Prolapse cases was organized in Udayapur and Saptari districts. In these health camp a total of 133 UVP cases were counseled and primary care was provided to them. Likewise a training and counseling program and primary care for the UVP sufferers were organized in Aroupokhari Gorkha. In Gorkha 34 participants participated in the training program and a total of 550 UVP sufferers were provided with primary care and counseling.

Healthy environment

The sanitation and environment of the project area is very fragile and inadequate for the local community. There is a need for toilets, drainage facilities, water supply and smoke-free kitchen for the community sanitation for healthy environment. For this drinking RECPHEC has been motivating the villagers for safe drinking water facilities, family toilets and smokeless stoves.

Drinking water facilities have strong impacts to ease domestic work burdens of women and girls and to improve health status of the community. One of the targets of outreach activities is to improve the drinking water systems. Local people are motivated to get clean drinking water. Maintenance of a tube well has benefited 25 households in Ghoganpur VDC of Saptari District. This year maintenance of 5 drinking water system was completed Aroupokhari and Asrang VDC in Gorkha. A total of 121 household have benefited from the maintenance of these drinking water systems.

RECPHEC is putting its best effort to motivate all villagers to construct toilets. The local people have developed better sanitation habits and thus their health is improving. Many families are benefited by this and are helping to better the health situation and productive capacity of people. This year a total of 200 family toilets were constructed in Udayapur and Saptari districts. With the local participation, the use of local resources and with the awareness campaign with the slogan "Keep the toilet clean and stay away from all the diseases".



Different awareness activities such as hoarding placed, posters distributed, street drama, rally and interaction programs were organized in Asrang and Aroupokhari VDCs to create awareness among the local community on health and sanitation



and to construct toilets to stay healthy. Altogether 100 family toilets in Asrang, Aroupokhari and Bungkot VDCs of Gorkha and were constructed with the initiation of the community people.

Installations of improved smokeless stoves are promoted by RECPHEC in order to reduce pressure on forest and fuel wood with active participation of local community. This will improve environment as well as health of people. This initiative on smokeless stove has certainly reduced the time for collecting fuel wood, reduced the health problems of the women who are the main users and has definitely improved households' indoor environment. 95 smokeless stoves were constructed at Aroupokhari, Asrnag, Bungkot VDCs of Gorkha.

Public hearing program

Government of Nepal declared a free essential health services policy in 2007 with the aim of bringing basic health services to be delivered through all health and sub-health posts (SHP) within the reach of particularly the poor and excluded groups. The Interim Constitution 2007 has guaranteed Nepalese citizens' right to basic health services as fundamental rights. In line with the constitutional provision, the Three-Year Interim Plan has strongly emphasized citizens' fundamental right to improved health service through access to quality health.



Despite the policy, access to health facilities remains a key issue of concern particularly among the most marginalized groups. Unavailability of adequate human resources and necessary drugs are some of the key obstacles. Field level implementers are not fully aware of the scope, limitation and implementation priorities of FHS.

Considering this RECPHEC organized a public hearing programs on the "People's access to free health services" to create awareness on free health program in Odhara, Ghoganpur, Fattepur and Kamapur VDCs with the participation of the village development committee members, political parties, NGOs, TBAs and the community people. A total of 381 people participated in these public hearing programs.



Citizen Charter

RECPHEC placed citizen charter on free health services and its process provided by the sub-health posts at 7 sub-health posts in outreach program areas of Udayapur and Saptari district to aware the general public on free health service program.

After the free health service program, the sub-health post people are not able to provide the health checkup sheet to the patients because of inadequate quantity supplied by

the government. Considering this, RECPHEC also printer 30 thousand health checkup sheets of which 4-5 thousand copies are provided to each sub-health posts.

Liberation from Loan: Saving & Credit facility

In Udayapur, Saptari and Gorkha districts many women's groups have now developed saving funds. There are altogether 41 active saving groups in Udayapur and Saptari Districts and 35 in Gorkha District that are involved in different activities of RECPHEC. They are collecting and operating their fund by providing loan within group members for different income generation activities, in community development activities and in solving financial related personal problems. This process has minimized the burden of loan from moneylenders with high interest. Besides saving, discussion forum on different issue such as health, animal husbandry, agriculture and management of natural resources was organized in every meeting of the saving groups.

Women's awareness campaign was organized in Arupokhari with capacity development program & leadership



development program and women's health programs. 91 Representatives from 9 saving groups participated in these women's awareness programs. Likewise saving group formation and management, gender training and free health education programs were also organized in Bungkot VDC of Gorkha. A total of 106 men and women's participated in these programs.

Swathya Sudhar Samuha in association with Srijanshil Mahila Samuha (a women's group) with the help of the local community, GOs/NGOs constructed a community building in Arupokhari-7. This community building will be used by the local community people for organizing meetings, trainings and interaction programs. From this the saving group will add some fund to their savings to use it in income generating and community development activities.

Skill Development and Income Generation for economic empowerment

Saving and credit program provides the driving force to help the illiterate rural women to start small scale

economic activities that are effective in absorbing the female workforce in these communities. This program is mainly run in the project area to involve the community women's in different skill development programs to enhance their capacity and income to uplift their economic status. Considering this RECPHEC has initiated dress design and stitching training, candle making, pickle making, kitchen gardening, fruit sapling distribution, animal husbandry programs in outreach program areas.



This six-month dress design and stitching training was completed in Basaha VDC with 18 students with more learning's to accomplish something on their own. The saving groups, who are also the part of the post literacy classes and from local NGOs, participated in this dress design and stitching classes in Barkhe Danda, Basaha VDC. Local management committee is formed to run this program effectively. Likewise a 3-months dress design and stitching training was completed in Arupokhari and Bungkot VDCs of Gorkha also.

Community newsletter: "Kosheli"

Realizing the right to information to the community people RECPHEC is regularly publishing "Kosheli" from Saptari Field Office. It informs about the field programs to create awareness among the rural communities on health issues in simple language. The bulletin covers the accomplished planned activities of RECPHEC's and information on different diseases, seasonal cultivation and other matters such as prevention of the use of tobacco, STD and HIV/AIDS awareness etc with community participation. This bulletin is distributed to the various organizations, health posts and sub-health posts, NFE classes, and local CBOs, which play a vital role in sensitizing the people on health and development issues. Total of 700 copies of 12th issue of Kosheli bulletin is published and distributed.



OUTREACH PROGRAM: JANUARY TO DECEMBER 2009

Program	Target Group	Numbers
<u>Aroupokhari, Ashrang & Taple VDC of Gorkha</u>		
NFE classes	community women	22 participants
School health program (2-weeks)	325 schools children	4 schools
Children Education Program (6-months)	41 children	2 centers
TBAs management	TBAs	once a month
Training on Uterus Prolapsed	Sufferers	34 participants
Primary care of the uterus prolapsed sufferers	Sufferers	550 suffers
Smokeless stove	Community people	45
Family toilets	Community People	50
Stretcher distribution	Community people	11 to saving groups/club
Maintenance of Drinking water systems	Community people	5
Candle making training program	Women's group	15
Candle making machine	Women's group	4 machine
Irrigation pipe provided	Farmers group	200 meter
Maintenance community building	Women group	2
Hoarding on women's health	Community people	1
Women's awareness campaign	9 Womens group	91 participants
Awareness campaign	Womens group	94 representatives
Refresher of stitching training (3-months)	Womens saving group	12 participants
Anti-tobacco campaign	Community people	continuous program
HIV/AIDS training program	Womens group	136 participants
<u>Bungkot VDC of Gorkha</u>		
PRA	Ward no: 3,8 & 9	3
Saving group formation & training program	3 saving groups	30 participants
Free health services education program	Community people	106 participants
Gender training	Saving groups	30 representatives
Family toilet program	Community people	50
Smokeless stove	Community people	50
Pickle making training	3 saving groups	20 representatives
Stitching training (3months)	3 saving groups	20 representatives
HIV/AIDS counseling center	Community people	74 were counseled
<u>Udayapur & Saptari Districts</u>		
Planning for 2009	Working areas	8 VDCs
OSP facilitators refresher training	OSP facilitators	19
Enrollment of OSP students in formal school	OSP students	235
OSP classes	Kamalpur, Ghoganpur	19 classes
NFE facilitators refresher training	NFE facilitator	18
Evaluation of NFE classes	NFE participants	425
Survey of TBAs working in program areas	TBAs	86
Marking of the pregnant women's house	Pregnant women	65 HH
Health camp on Uterus prolapsed	Surffers	26
Uterus proplase training	ANM& TBAs	11
Uterus proplase counseling & camp	3VDCs	133 sufferers
Women's reproductive health training	ANM, Sub-health assistants, TBAs	17 participants
Interaction program on the role of CHF's	TBAs & chiefs of sub-health posts	1
Ayurvedic techniques of healing	Healer, saving groups & TBAs	1
Maintenance of tube well	25 household of Ghoganpur	1
Toilet sets distributed	NFE participants	200
Kitchen gardening training	Saving groups	25
Kitchen gardening training & group formation	Dalit Jati and Musahars	19 participants
Fruit sapling distribution	NFE participants	3504
Animal husbandry training	Saving groups	14 participants
Public hearing program	4 VDCs	381 participants
Youth awareness program	12-16 years Muslim youths	39 participants
6 months stitching & designing training	NFE and saving groups	18 participants
Awareness program on tobacco	Community people	Continous
Survey of dalit & marginalized communities	Dalit community areas	18 areas
Committee formed	Working areas	8 VDCS
Publication of RECPHEC Kosheli: 12& 13 Issue	Community people	700 copies each

INFORMATION & DOCUMENTATION RIGHT TO INFORMATION

Health literacy, the ability to obtain, process, and understand basic health information and services to make appropriate health decisions is essential to promote healthy people and communities. There is an urgent need to address the gap between the health information currently available and use this information to make life-altering decisions. Different strategies are to be considered for policymakers, health care administrators, educators and health care and public health professionals. RECPHEC is providing health information by its Information & Documentation Unit.

On going activities:

Collection: Collection and updating is an essential work. 85 documents were collected on different subjects: traditional system of medicine, health policy, HIV/AIDS, reproductive health etc which are catalogued.

Services: Different services were provided to users such as; Reference service, Referral service, Reprography service, Information searching in different databases, Bibliography, Clearing house, paper clippings

Paper clippings: The information from paper clippings are more demanded by users in different topics. Presently, the newspaper clippings are filed in different 45 main subjects and 60 sub subjects from 10 national newspapers: Abortion Child Health & development, Community Health & development, Conflict/Peace, Constitution/Constituent Assembly, Dental & Oral Health, Diarrhea, Disability & Rehabilitation, Diseases Donation/Fund, Drugs, Elder's Health, Environment, Epidemic, Family Planning & Population, Flue, Free - Health Services, Gender & Women Development, Globalization, Government, Health Education, Health Services HIV/AIDS, Hospital management, IT/Library Science/ Journalism, Medicinal Plant/Herbal medicine, Mental Health, Migrant Workers, Mother & Child Health, Nutrition, Organizations, Patient doctor relation (HMPDR), Primary Health Care, Property Right, Psycho-Social Health, Public security, Sex Worker, Sexuality, Social science & health science, Tobacco Traditional System of Medicine, Trafficking, Tuberculosis Violence and Women's Health

Health Clearing House

RECPHEC has been facilitating to provide HIV/AIDS IEC materials through its Clearing House service since 1997, where 12 different organizations supply 44 different IEC materials. RECPHEC extended to health clearing house from HIV/AIDS. The transaction this year is NRs. 5,76,524.

To share the information existence & its promotion/ dissemination is extremely essential. Hence, website of Clearing House has been developed. The cover page, price, publisher, type and summary of IEC Materials will be available in the web page.

Information dissemination and marketing

The Unit participated in the different book and IEC material exhibitions for information dissemination :

- Participated in book exhibition & disseminated information on "Promoting Eco-cities in Nepal" on June 5, 2009 at Lalitpur Sub-Metropolitan on the occasion of World Environment Day. Around 1500 visitors observed our materials.
- Likewise, the STD/HIV/AIDS IEC materials were displayed on June 24, 2009 at "Workshop on Reduction of HIV/AIDS Risk and Safe Migration at Hotel Malla.
- Participated in book exhibition on the interaction program on Women's Health and Development on 29th July organized by Women's Studies program in which more than 75 participants observed and purchased our publications.
- Participated on Condom day in 10th October 2009 organized by Nepal Red Cross Society in disseminating the information on condom, safer sex, family planning, STI, and HIV/AIDS, around 2000 visitors visited our stall.
- On the occasion of the AIDS Day IDU participated on the book/IEC exhibition at Tundikhel, Kathmandu where many IEC were freely distributed.



Human Resource development

- Srijana Bhatta, library assistant, IDU participated in the 3-months library training organized by LIMISEC.

PUBLICATION SHARING KNOWLEDGE AND INFORMATION

Since last 20 years, RECPHEC has been regularly publishing various publications on pertinent health issues for the community people. It also publishes posters, pamphlets, stickers, leaflets, books, etc. RECPHEC started by publishing Bhalakusari newsletter in 1990. This section publishes different materials for RECPHEC in order to give additional information related to the health at the community level and as advocacy tool for policy makers. Bhalakusari is one of the first publications of RECPHEC and another is Mahila Swasthya newsletters.

These newsletters are circulated in the primary health care and development units in 75 districts of the country. It is primarily distributed through out the District Health Office NGOs, INGOs network, women's development section and District Health Offices. These newsletters are also directly mailed to the different service providers such as health posts, schools, front line health workers and other social organizations. These materials are also circulated through literacy classes also. It is established as a most effective and credible health source newsletters at the community level. It has been noted that health workers had relatively better access to the newsletters which also serve as tool for their continuous education.

Brief outlines of different issues published from January to June 2009:

Bhalakusari

Bhalakusari is published in bimonthly basis. It attempts to communicate updated knowledge resource and empower the front line health workers. It provides information on current trends of health and diseases and changing practices of disease's treatment technique to the health workers. It also serves the public, providing health-related information and issues.

Bhalakusari Issue 100:
Bhalakusari 100 issue is the

Diamond Jubilee Issue. In this issue, most of the articles are written as a memento by different persons. The high level government's personnel have also extended heartfelt greetings and wishes for this issue. This issue contains Wishes, Reminiscence, Reader's Letters, Health Topic and Syllabus. Punya Prasad Neupane, a Secretary of Women, Child & Social Welfare Ministry and Dr. Dhirgha Singh Bam, Secretary of Health & Population Ministry have expressed devout greetings and wishes for this issue.

Nirmala Sharma, Chandra Kiran Shrestha, Keshab Thapa and Dr. Sita Ram Shrestha have inscribed the reminiscence articles in this issue. There are different readers' feedbacks on Bhalakusari and Mahila Swasthya as well. Dr. Aruna Uprety has written about some of the household tips on herbal medicines that are being used from generations to cure different diseases. Dr. Shankar Bahadur Shrestha has written about Fileria (*Hatti Paile Rog*) which is found in the *terai* (plains) regions of Nepal. Similarly, Dr. Mathura Prasad Shrestha, Chairperson of RECPHEC has written about Equity & Health.

Bhalakusari Issue 101: This issue specially discusses about Piles, a pain caused by venous swelling at or inside the anal sphincter (a ring of muscle that contracts to close an opening). Piles patients usually feel uneasy to go to the doctor and tell their problem to others also. So, most of them hesitate to go for check up at the hospital or clinic because they lack information about this disease. This issue has provided adequate information on piles and the method of treatment that one can get from a junior health person (HA, CMA, ANM) at the community level. This article especially contains the home treatment for piles problems

This issue also talks about tobacco control situation in Nepal. Plus use of lemon as a home remedy to restore health.

Bhalakusari Issue 102: Diarrhea has claimed hundreds of life in the remote areas of far western districts of Nepal. Thousands of people in almost all the VDCs of these districts suffered from diarrhea due to



contaminated water and foods. It takes nearly a day or two to reach nearby hospital, health centre, health post and sub-health posts. Because of severe infection and dehydration, people died within two three hours after the symptoms. Lack of information in the affected areas has prevented further loss of lives. Considering this, this issue focused on diarrhea to disseminate more information to the rural community people on the prevention method from further loss of lives.

Swine flu virus has infected thousands of people in 125 countries and territories and caused hundreds of deaths worldwide according to the WHO figures. Government has positioned health personal at the international airport terminal to check the incoming tourists. After the flu hit India the government has placed special force at the border area due to the open border. Till now few infected have been found in Nepal. Considering this, this issue has focused on swine flu and its prevention method to aware the community people.

Bhalakusari Issue 103: In this issue, the 1st article is about swine flu virus (H1N1) 'How to save from Swine flu'. It deals mainly about its symptoms, how contagious it is, how to protect oneself, precaution a health person should take etc. 2nd article deals on sugar disease—diabetes to sensitize the diabetic people on the physical exercise and the right food for the patients.

Thousands of people died in western Nepal due to the outbreak of diarrhea. To capacitate health workers on those areas in managing the problem appropriately including the proper referral options the 3rd article is focused on diarrhea and its treatment method. The fourth article was on HIV/AIDS and migrant worker.

Bhalakusari 104 Issue: Junk food is an informal term applied to some foods which are perceived to have little or no nutritional value and considered unhealthy to consume at all. Our society like many others has not been able to resist the junk food invasion. The triple combination of fast, cheap and tasty has made junk food irresistible and a very convenient substitute to regular meals. Our dietary habits have changed so much that we very rarely have more than one proper meal. Considering this, bhalakusari 104 issue has focused on junk food. The 2nd article deals with the different food suitable for different season.

Bhalakusari 105 Issue: Dr. Jaya Pradhan has written an article the uses of sodium and fiber for

health and severe sodium restriction, moderate sodium restriction and mild sodium restriction and need of fiber.

The 2nd article on this issue deals on the constipation problem, a common disturbance of the digestive tract. In this condition, the bowels do not move regularly, or are not completely emptied and this condition is the chief cause of many diseases as it produces toxins which find their way into the bloodstream and are carried to all parts of the body. Appendicitis, rheumatism, arthritis, high blood pressure, cataract and cancer are some of the diseases in which chronic constipation is an important predisposing factor. The other symptoms include a coated tongue, foul breath, loss of appetite, headache, dizziness, dark circles under the eyes, depression, nausea, pimples on the face, ulcer in the mouth, constant fullness in the abdomen, diarrhea alternating with constipation, varicose veins, pain in the lumbar region, acidity, heart burn, and insomnia.

Mahila Swasthya

Women's Health is published in quarterly basis. It mainly focus on gender, women's health and rights of women for active and conscious participation in social economic, cultural and political decision making at the local and national level. This newsletter is circulated in primary healthy care and development units of all the 75 districts of the country and also in the Nepali speaking zones of North India.

Mahila Swasthya Issue 50: This is the Golden Jubilee Issue of the Women's Health News Letter. Reminiscence, reader's feedback, women's health and policies of women's health are the general topics on this issue. In this issue, most of the articles are written as a memento by different persons.

Komal Bhattarai, Sunita KC, Dr. Aruna Uprety, Dr. Mira Ojha has inscribed the reminiscence articles in this issue. Different readers' feedbacks are also included on this Mahila Swasthya. Dr. Aruna Uprety has written an article about Uterus prolapse and Dr.



Sunita KC has written about maternal mortality, question of unwanted pregnancy and denial of reproductive rights are some of the unaddressed issues. Similarly, Jyoti Paudel and Sushma Thapa have addressed about the women health and convention on elimination of all discrimination of the women in the world. Mahila Swasthya's regular readers' has written poems which is very inspiring.

Mahila Swasthya Issue 51: This issue discusses about osteoporosis and reproductive health.

Dr. Aruna Uprety has pen down on the topics "Osteoporosis as Silent Disease". Dr. Chakra Raj Pandey has written about 'The easy way out of the backbone pain problem'. Similarly, Dr. Meera Ojha has inscribed on the topics "Women's disease also causes the backbone pain".

Osteoporosis is an abnormal loss of bony tissue resulting in fragile porous bones, most common in post-menopausal women. Osteoporosis is also known as the silent disease which is seen in the adult person, it increases risk of bone fractures. Someone with osteoporosis in a minor accident or even a hug can result in a broken wrist, hip or spinal fracture. Osteoporosis affects million Nepalese and of which 80% of them are women.

Although bones may seem like hard lifeless structures, in reality they are living tissue, constantly breaking down and building back up. Calcium, a mineral that contributes to bone density and strength, is constantly depleted through waste and sweat. It is then renewed with calcium from the bones, where 99 percent of calcium is stored. After about age 30, calcium is taken from the bones faster than it can be replaced by diet. The body's ability to absorb dietary calcium also decreases with aging. Most women 65 and over absorb less than 50 percent of their dietary calcium. As a result, the bones become less dense. This is bone loss, which is a normal part of aging.

The regular intake of medicine and proper rest are the best solution to prevent from the backbone problem. The main causes of back problem are the wrong body gesture (motion of hands or body that help to express feeling) and posture, the obesity and the lack of the physical exercises. Approximately, 1/3rd of the patients in the clinics are the victim of the back problem in Nepal. This issue specially focused about osteoporosis in order to provide more information on this and ways to lessen its problem.

Mahila Swasthya 52: This issue mainly focused on Menstruation a biological cycle occurring in female mammals of reproductive age that prepares the body for pregnancy. At the stage of fertilization if fertilization does not occur the uterine lining breaks down this causes the loss of blood that marks menstruation. It is very common that many faces serious problem during menstrual cycle. These problems can be related to the length or frequency of your periods, the amount of flow, or irregular periods, or periods that come regularly but with longer intervals in between.

Publication of User-friendly IEC Materials

Advocacy is the key strength of RECPHEC in terms of health issues and has been the basis for most of the work that we do. In response to the high demand from the anti-tobacco activists RECPHEC has reprinted and published different posters and leaflet. These developed materials are sent to the all the district network groups.

Publication of Advocacy Materials

- Printed 1000 copies of sticker on "tobacco free residence"
- Reprinted 2 posters each 1000 copies on tobacco.
- Printed 2000 copies poster on "tobacco free youths" on World No Tobacco Day.
- Printed 200 copies pamphlets on Framework Convention on Tobacco Control.
- 5000 copies of poster on "Save Your Children from Tobacco Smoke"
- 2000 copies of sticker on "Don't Smoke While You Are Driving, It Can Affect Your Family"
- Published 2000 copies of poster on "Global Tobacco Health Warning" in association with National NHEICC, MOHP
- Booklets on Gutka (chewing tobacco) and Bidi (hand- rolled smoking stick) 1000 copies
- Reprinted 1000 copies of leaflet on chewing tobacco.
- Published 300 copies of booklet on FCTC document in Nepali.
- Pocket Diary 2009 with health an tobacco control messages was published
- Advocacy Kit for parliamentarians with information related to health information
- Junk Food: Contents in soft Drinks? a booklet on the harmful effects of soft or cold drinks
- HIV/AIDS Manual: Care and Support of HIV Positive and Peoples' living with AIDS

Tobacco Products

Gutka is a powdery, light brownish to white substance, dry mixture of crushed areca nut, tobacco, catechu, lime (calcium hydroxide), aromas and flavoring as well as



other additives. Its found in the market in different names like *pan masala*, *mawa*, *kharra*, *khaini*. Bidi is a deadly smoking stick made from a small



amount of tobacco hand rolled in a dried *tendu* leaf and tied with thread. As the *bidi* wrapper lacks porosity, a *bidi* requires more frequent puffing than a cigarette. It

generates slightly higher nicotine in blood compared to conventional cigarette smoking.

There is excessive use of these products by male and females more than cigarette smoking mainly in *Terai* region and the rural areas of Nepal. Considering this, RECPHEC published two booklets on *Gutka* (chewing tobacco) and *Bidi* (hand-rolled smoking stick) 1000 copies each to disseminate information among the people on the adverse health consequences of tobacco products.

Advocacy Kit for the Parliamentarian:

RECPHEC has produced an Advocacy Kit in 1997 for parliamentarians on the health right of people. It organized a workshop for advocating the issues related to consumers' rights, women's' health and the responsibilities of the parliamentarians. RECPHEC distributed an Advocacy Kit for all the participating parliamentarians. This year RECPHEC revised and edited the advocacy kit with more information related to health: Tobacco and alcohol, FCTC, Role of Constituent Assembly in Tobacco Control Law and Health situation, health policy and Interim



plan for three year, free health and problem in Nepal, Tobacco, FCTC and duty of government to control Tobacco trade, alcohol, women's health situation, HIV/AIDS, Consumer Rights, Nutrition, Diarrhea, and Tuberculosis, leprosy, heart disease, blood pressure and diabetes situation in Nepal. RECPHEC planned to release this Advocacy Kit by the Speaker of the Parliament

Advocacy Kit on Free Health Services

As Nepal is in the process of constitution drafting process, RECPHEC has published a user-friendly Advocacy Kit for the Constituent Assembly Members on Free Health Service in order to sensitize the members on health issues. The kit contains information on Plan and Status of Health in Nepal, introduction of Free Health Service Program, issues that came up at the district consultations organized in 43 districts and study report and appeal to the Constituent Assembly.



Advocacy Materials on Plastic Bags: A small leaflet and posters with the slogan पोलिथिन हटाऔं, वातावरण जोगाऔं and negative effects of using polythene bags, and stickers with "Polythene Free Zone" has been developed and printed. Similarly, posters encouraging customers to bring bag from home has been designed and printed.

Coupon for Lucky Draw System: A gift coupon was developed by RECPHEC for a lucky draw program incepted in 3 supermarkets and 25 departmental stores at Lalitpur to encourage customers to bring bag from home.



NGO NETWORKING A COLLABORATIVE EFFORT

Study Tour on Tobacco Control Advocacy

In order to develop functional network and develop professional expertise in the different dimension of Tobacco Control, Mr. Shanta Lal Mulmi visited Sydney Australia on the invitation of Action on Smoking and Health (ASH) from 27th January to 2nd February 2009. He also made a study visit to ASH Australia, Cancer Council and Heart Foundation, Cancer Institute and follow up meeting with FCA Chair Ms. Mary Asunta.



14th World conference on Tobacco or Health

Pre-conference meeting of Bloomberg Partners

Mr. Shanta Lal Mulmi, Executive Director, RECPHEC participated on the FCA Pre-conference meeting of Bloomberg Partners in Mumbai from 5th - 7th March 2009. In this thematic workshop Mr. Mulmi presented a paper on "Alliance Building". The participants were very much encouraged with Deputy Mayor of New York for his enlightening presentation.

14th World conference on Tobacco or Health

The conference which was started on 8th March had more than 2000 delegates from more than 120 countries. Mr. Mulmi presented a paper on



"Advocating Political Parties in Tobacco in Nepal" in one of the thematic session. The conference concluded on 12th March with Mumbai

Declaration and selection of the next WCTOH as Singapore.

Third Session of the Inter-governmental Negotiation Body INB3 meeting

Under the FCA sponsorship Mr. Shanta Lal Mulmi participated in INB3 meeting held at Geneva from 28th June to 5th July 2009. He also participated in the

FCA Briefing meeting held on 27th June. Mr. B. K. Baniya, Under Secretary Law also participated in this meeting. Nepal contributed in lobby South Asian delegate, prepare article for FCA bulletin which was published on 3rd July 2009 entitled "Illicit Trade and Open Border: Nepal".

Appointment of Country Researcher for IHP+

The International Health Partnership and related initiatives (IHP+) is a partnership between international health agencies, bilateral donors, civil society organization and recipients' government. It was launched in September 2007 in order to respond to the MDG challenge that called for all signatories to accelerate action to scale-up coverage and use of health services and deliver improved outcomes against the health related MDGs and universal access commitments. Nepal is one of the signatory of this initiative. In order to facilitate the country process, Mr. Shanta Lal Mulmi, Executive Director of RECPHEC has been appointed as country Researcher of IHP+ in Nepal.

Second Nepal Health Sector Reform Program

As for the ministerial decision, Mr. Shanta Lal Mulmi has been nominated to the High Level Technical Advisory Committee to prepare draft of the Second Nepal Health Sector Program Strategic Plan 2010-2015. Mr. Mulmi is contributing as a member of the committee and also as a convener of Engagement of Non-state Sector Thematic Group.

Regional Meeting on Tobacco

Mr. Purna Bhakta Duwal, Mr. Anil Neupne and Mr. Bhakta Thapa health journalists from Nepal participated on the regional meeting on "Experience Sharing on Tobacco Control" from 21st to 22nd April 2009 in Bangladesh organized by The Union and Work of Better Bangladesh (WBB). Participant from Sri Lanka, Thailand and Indonesia also participated on this meeting. Nepal made the presentation on massive media campaign on tobacco control at the central level and at the 48 district with the initiation of the HRTC District Network.



HEALTH RIGHTS AND TOBACCO CONTROL DISTRICT NETWORK

RECPHEC started organizing Tobacco Control District Network Groups to pressurize Concerned government agencies, create awareness among the rural community about health rights and tobacco control issues including health risky tobacco use and to address the legal and other advocacy needs to effective implementation of Free Health Service Program and the Tobacco Control Legislation and Regulation Laws in line with FCTC obligations. These HRTC networks are advocating for the Tobacco Control Law and its implementation respecting people's right to live in smoke free and healthy environment with different advocacy programs. These networks will further work for the implementation of Tobacco Control Law at the respective districts following the implementation of Tobacco Control Law in Nepal

At present the network groups are active in 48 (one more districts added this year) following districts: Kanchanpur, Bardia, Banke, Kapilvastu, Rupendehi, Baglung, Parbat, Tanahu, Chitwan, Gorkha, Mohattari, Dhanusha, Saptari, Kaski, Nawalparasi, Udayapur, Siraha, Sunsari, Morang, Jhapa, Gulmi, Argahakhanchi, Dang, Palpa, Myagdi, Syangja, Lamjung, Dhangadi, Surkhet, Dhading Doti, Baitadi, Dadeldhura, Darchula, Kalikot, Jajarkot, Accham, Sarlahi, Ilam, Pahchathar, Terhathum, Bara, Parsa, Salyan, Dailekh and Rautahat districts.

Review meeting on Health Rights & Tobacco Control

RECPHEC organized one-day review meeting on 10th July 2009 with selected focal person from HRTC of five regions at RECPHEC Office. The main objective of this meeting is to mobilize HRTC further and to discuss about the accomplished activities at the district level and the problem and constraints faced while implementing the programs. Seven selected focal persons from: Sunsari, Udayapur, Palpa, Tanahu, Myagdi, Banke, Kanchanpur participated in this meeting.

Mr. Shanta Lal Mulmi, Executive Director of RECPHEC highlighted on the objective of the meeting. Further, he discussed on how to make district network more effective. Ms. Reetu Pradhan,

Program Officer presented a paper on "Health Rights & Tobacco Control". There was general discussion on how to go ahead and the problems and constraints. Moreover, they agreed to work voluntarily for this tobacco movement and monitor the district activities regularly. Focal Persons chosen are as follows:

Ms. Maheswori Neupane: Sunsari, Morang, Jhapa, Ilam, Panchthar & Terathum
Mr. Madan Katwal: Bara, Parsa, Sarlahi, Mahottari, Dhanusha, Siraha, Saptari & Udayapur
Mr. Ram Bahadur Raut: Kapilvastu, Rupendehi, Nawalparasi, Argakhanchi, Palpa & Gulmi
Ms. Sarita Gurung: Tanahu, Lamjung, Gorkha, Dhading & Chitwan
Mr. Hari Prasad Poudel: Sangja, Parbat, Baglung, Myagdi & Kaski
Mr. Purna Lal Chuke: Banke, Bardia, Surkhet, Salyan, Dailekh, Jajarkot, Kalikot & Dang
Mr. Krishna Singh Deuwa: Kailali, Kanchanpur, Accham, Doti, Dadeldhura, Baitadi, Bajura, Bajhang & Darchula

Major activities undertaking by the network can be categorized as:

- Tobacco control is one of the cross cutting issue of all program
- Mass awareness campaign
- Organizing district level thematic workshop
- Pressuring the government agencies, private sector and NGOs for declaring "Public Places" as tobacco free zone.
- Protecting youth from tobacco use.

The following are the notable achievement made:

- Included chapters about tobacco in Non-Formal Education textbook
- Published CD of Duet Songs and Dances on Tobacco Control Issues
- Many District Networks stage "Street Theatre" on these issues.
- Tobacco control materials display and distribution with orientation session
- Successful in making local government including District Health and District Education offices as Tobacco Free Zone
- Some districts were successfully in making Federation of Industry and Commerce to collaborate with the tobacco control program.

ORGANIZATIONAL PROFILE

Executive Board

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

Chairperson
Treasurer
Member
Member
Member
Member
Member
Member
General Secretary

Supporting Staffs

Mr. Shanta Lall Mulmi
Mr. Govind Bdr. Shrestha
Ms. Chandra Kiran Shrestha
Ms. Reetu Pradhan
Mr. Kashi Nath Marahatta
Mr. Purna Bhakta Duwal
Ms. Anushiya Joshi
Ms. Reshma Shakya
Ms. Bhumika Shrestha
Ms. Srijana Bhatta
Ms. Manjushree Maharjan
Mr. Buddha Ghalan
Mr. Shyam Lama
Ms. Mahili Basnet

Executive Director
Program Coordinator
Information/ Documentation Officer
Program Officer
Accountant
Publication Officer
Program Officer
Executive Secretary
Assistant Program Officer
Library Assistant
Admit Assistant/Receptionist
Driver/Office Assistant
Office Assistant
Office Helper

Saptari Field Staffs

Mr. Janaki Hari Shrestha
Ms. Deena Chaudhari
Mr. Naveen Dhakal
Mr. Fulkumar Sada
Ms. Sunita Chaudhari
Ms. Anita Chaudhari

Field Program In-charge
CMA
Animator
Animator
Animator
Animator

Partner NGOs in Gorkha

Tulsi Meher UNESCO Club
Swasthya Sudhar Samuha

RESOURCE CENTRE FOR PRIMARY HEALTH CARE
Restricted fund for July 01, 2009 to December 31, 2009
Restricted Fund

Source Centre for primary Health Care (RECPEC)

Restricted fund for July 01, 2009 to December 31, 2009
 Restricted Fund

Annexure-2

Particulars	Bloomberg International	Health Bridge/Gender workshop	sub total: Non EED contribution to EED Projects	EED funded	Total EED Activities	PHA/SDC	Health Bridge/Gender workshop	OXFAM Radio Jingle	OXFAM/Realization Peoples Right	Bloomberg/Rapid Response	FPAN/Global fund	World Bank	Bloomberg International	Other Restricted Fund Total	Total Restricted fund
Opening Fund Balance				72,652.47	72,652.47	130,198.13	473,253.45	877,685.59	2,757.86	561,352.90	502,915.55	118,465.00	199,159.44	2,865,797.92	2,938,460.39
Fund Received				5,102,424.59	5,102,424.59	0.00	340,090.90		990,150.00		1,281,577.57		1,630,387.20	4,242,205.67	10,344,630.17
Interest Income				38,959.74	38,959.74	0.00	0.00		10,867.68	0.00	2,365.53	0.00	0.00	13,233.21	52,192.95
Transfer for EED related contribution	1,120,460.42	586,536.64	1,706,997.06		1,706,997.06		(586,536.64)						(1,120,460.42)	(1,706,997.06)	0.00
Total Available Fund	1,120,460.42	586,536.64	1,706,997.06	6,214,046.71	7,921,043.77	130,198.13	226,807.71	877,685.59	1,003,785.54	561,352.90	1,786,858.65	118,465.00	709,086.22	5,414,239.74	13,335,283.51
Expenditure:															
Project Expenditure	1,120,460.42	586,536.64	1,706,997.06	3,997,176.55	5,704,176.61	0.00	0.00	407,505.10	1,012,921.50		1,759,056.30		0.00	3,179,482.90	8,883,658.51
Balance of Fund	0.00	0.00	0.00	2,216,868.16	2,216,868.16	130,198.13	226,807.71	470,180.49	(9,135.96)	561,352.90	27,802.35	118,465.00	709,086.22	2,234,756.84	4,451,625.00



Kash
 Kashi Nath Marahatta
 Accountant

Shanta Lal Mulmi
 Shanta Lal Mulmi
 Executive Director

Prajin D. Joshi
 Prajin D. Joshi, FCA
 Partner
 For and on behalf of
 J.B. Rajbhandary & D.Bins
 Chartered Accountants

पृष्ठभूमि

आधारभूत स्वास्थ्य जनताको नैसर्गिक अधिकार हो भन्ने अनुभूति दिलाउन प्राथमिक स्वास्थ्य सेवा स्रोत केन्द्र प्रयासरत रहँदै आएको छ । गणतान्त्रिक नेपालले गरेको निःशुल्क स्वास्थ्य सेवाको घोषणालाई मुर्त रूप दिनका लागि रेस्फेकले प्रभावकारी भूमिका खेल्दै आएको छ ।

अहिले त्रिवर्षीय अन्तरिम स्वास्थ्य नीति अन्तिम चरणमा रहेको छ। यसै कारण स्वास्थ्य तथा जनसंख्या मन्त्रालयले सन् २०१० देखि २०१५ सम्मका लागि पञ्चवर्षीय योजना बनाइ रहेको छ । सोका लागि स्वास्थ्य तथा जनसंख्या मन्त्रीको अध्यक्षतामा गठित समितिमा सदस्य हुने मौका मिलेको छ । सो समितिमा गैर सरकारी क्षेत्रको भूमिका पहिल्याउन गठित उपसमितिको संयोजकको जिम्मेवारी समेत दिइएको थियो । यो मौकाको उपयोग गर्न रेस्फेक सफल भएको थियो । यसैगरी रेस्फेकले एफसीटीसीको दक्षिणपूर्वी क्षेत्रीय गोष्ठीको सहआयोजना गर्ने पाएको मौकाले पनि यो वर्ष उपलब्धिपूर्ण रहयो ।

सरकारको स्वास्थ्य नीतिको वकालत गर्न यसवर्ष रेस्फेकले विभिन्न सञ्चारमाध्यममा कार्यरत पत्रकारहरूलाई अधिकतम रूपमा परिचालन गर्न सफल भएको छ । संविधानसभाका सदस्यहरूका लागि स्वास्थ्यसम्बन्धि दुईवटा वकालत सामग्री प्रकाशन गरी छुट्टै पहिचान बनाउन सकेको छ । त्यस्तै निःशुल्क स्वास्थ्य बारे गरिएको अध्ययन प्रतिवेदन र आयुर्वेदसम्बन्धि गरिएको अध्ययन प्रतिवेदनले पनि रेस्फेकलाई भावी कार्यदिशा पहिल्याउन मद्दत पुगेको छ ।

सन् २००९ मा वैदेशिक रोजगारमा जाने कामदारहरूका निम्ति एचआइभी/एड्सको परामर्श र परीक्षण गर्ने कार्यक्रमको थालनी भयो । यसलाई आगामी दिनमा पनि निरन्तरता दिइनेछ । निःशुल्क स्वास्थ्य र धूम्रपानबारे जनजागृत गर्नका लागि ४८ वटा जिल्लाका विभिन्न सामुदायिक एफएम रेडियोहरूमार्फत कार्यक्रम उत्पादन गर्ने र जनसन्देश दिने काम पनि भएको छ ।

शहरी स्वास्थ्यको क्षेत्रमा रेस्फेकले गरेका कामकारवाही पनि उल्लेखनीय नै रहेको पाइयो । यसअन्तर्गत ध्वनी प्रदुषण नियन्त्रण, सवारी साधनको निश्चित क्षेत्र, शुन्य फोहर अभियान आदि गतिविधि रहेका छन् । ट्राफिक प्रहरी, यातायात व्यवस्था विभाग, लुज नेपाल, विभिन्न सुपर मार्केटहरू र निजी विद्यालयहरूको उपर्युक्त कार्यक्रमहरूमा सहभागिता रहेको थियो । ध्वनी प्रदुषणको अभियान र वातावरण सुधारको पहलले गर्दा सरकार र नीति निर्माता तथा सम्बन्धित निकायलाई दबाब पैदा हुन गएको थियो ।

उदयपुर, सप्तरी र गोरखामा भइरहेका कार्यक्रमहरूले यसवर्ष पनि गरिव तथा सीमान्तकृत समुदायलाई संस्थागत विकास गराउने कार्यले निरन्तरता पायो । रेस्फेकको सूचना तथा अभिलेख विभाग पनि पाठक र प्रयोगकर्ताको माग बमोजिम कार्य गर्न सक्षम हुँदै आएको छ । प्रयोगकर्ताको माग बमोजिम सो शाखालाई डिजिटल प्रविधिमा लाने प्रक्रिया शुरु भइसकेको छ । सन् १९८९ मा स्थापना भए पनि सन् १९९१ बाट वैधानिकता पाएको यस संस्थाले ४८ वटा जिल्लामा विभिन्न गैरसरकारी संस्थाहरूको भेलाहरूबाट गठित स्वास्थ्य अधिकार तथा सुर्ती नियन्त्रण जिल्ला सञ्जालहरूमार्फत विभिन्न गतिविधिहरू अगाडि बढाइरहेको छ । जसका माध्यमबाट ३ हजार स्वयंसेवकहरू परिचालित छन् । रेस्फेकले इइडी जर्मनीसँग सहकार्य गर्दै आइरहेको छ । इइडीको सहयोग नपाएको भए रेस्फेकले यति साह्रो उपलब्धि हासिल गर्न सक्दैनथ्यो होला ।

यसवर्ष परिवार नियोजन संघ पनि ग्लोबल फन्डका साथ हाम्रो सहकार्यमा समाहित भएको छ । अक्सफाम जिवी, ब्लुम्वर्ग, हेल्थ त्रिज क्यानाडाको सहयोगले हाम्रो अभियानलाई उचाइमा पुऱ्याएको छ । यसवर्ष हाम्रो सहकार्य स्वास्थ्य तथा जनसंख्या मन्त्रालयसँग पनि हुन पुगेको छ ।

यी सम्पूर्ण सहयात्रीहरूलाई धन्यवाद प्रकट गर्दै सन् २०१० लाई अझ प्रभावकारी र उल्लेखनीय बनाउने अठोट रेस्फेकको रहेको छ ।



शान्तलाल मुल्मी

कार्यकारी निर्देशक

अक्सफाम जि.वि. नेपाल, श्री बालकृष्ण कट्टेल, कार्यक्रम अधिकृत, अक्सफाम जि.वि. नेपाल र श्री गोविन्द बहादुर श्रेष्ठ, कार्यक्रम संयोजक, रेस्फेकको एक संयुक्त टोलीले सम्माननीय प्रधानमन्त्री श्री माधव कुमार नेपाललाई वहाँ संयुक्त राष्ट्रसंघको महासभामा राष्ट्र प्रमुखको हैसियतले भाग लिन जानु अघि एक स्मरण पत्र प्रस्तुत गर्‍यो । स्मरण पत्रमा अन्तरिम संविधान, त्रिवर्षीय योजना, निःशुल्क स्वास्थ्य सेवा कार्यक्रम र अन्तरराष्ट्रिय स्वास्थ्य साभेदारीमा उल्लेख गरीएका स्वास्थ्यका मुद्दाहरू लगायत जिल्ला परामर्शहरूमा उठेका स्वास्थ्यका मुद्दाहरू उल्लेख गरिएको छ । संयुक्त राष्ट्र संघको महासभामा नेपाल लगायत ७ विकासशील राष्ट्रहरूलाई बेलायतका प्रधानमन्त्री श्री गॉडन ब्राउनले हालको स्वास्थ्य सेवालाई विस्तार गर्न सहयोग गर्नका लागि एउटा विशेष बैठकको आयोजना गरेकोले महासभामा जान पूर्व यस्तो स्मरण पत्र प्रस्तुत गरेको हो ।

परियोजना आदानप्रदान कार्यशाला

प्राथमिक स्वास्थ्य सेवा श्रोत केन्द्रले सुर्खेत, दैलेख र बर्दिया जिल्लामा संचालन गर्दै गरेको अत्यावश्यक स्वास्थ्य सेवा अभियान परियोजना बारे सरोकारवालाहरूलाई जानकारी दिने उद्देश्यले दैलेख, सुर्खेत र बर्दियामा अगष्ट २७ र २८ र सेप्टेम्बर १, २००९ मा एकदिने परियोजना आदानप्रदान कार्यशालाको आयोजना गरिएको थियो । कार्यशालामा पूर्व जिविस सदस्यहरू, गैसस कार्यकर्ताहरू, सरकारी कार्यालय प्रतिनिधिहरू, उपभोक्ता समितिहरू, महिला, दलित, जनजाती लगायत अन्य समुदायका नेताहरूको सहभागिता थियो ।

जानकारी सामग्रीहरू प्रकाशन

एउटा पोस्टरमा निःशुल्क स्वास्थ्य सेवा कार्यक्रम र यस अन्तर्गत निःशुल्क बाँडिने औषधिहरूबाट उपचार हुन सकिने रोगहरूको विवरण दिइएको छ भने अर्को पोस्टरमा आमा सुरक्षा कार्यक्रम र यस अन्तर्गत दिइने निःशुल्क सुविधा बारे जानकारी दिइएको छ । पोस्टरले स्वास्थ्य चौकीमा सुत्केरी गराउंदा सरकारले दिने यातायात खर्चबारे पनि उल्लेख गरेको छ । यी दुई प्रकारका गरी जम्मा १००० प्रति पोस्टरहरू उत्पादन गरेर वितरण गरेको छ ।

सचेतना कार्यनीति निर्माण

अत्यावश्यक स्वास्थ्य सेवा अभियान र अत्यावश्यक खानेपानी तथा सरसफाई अभियानका मुद्दाहरूबारे सचेतना गर्नका लागि प्राथमिक स्वास्थ्य सेवा श्रोत केन्द्रले २० र २१ अगष्ट २००९मा दुईदिने कार्यनीति विषयगत छलफल कार्यशाला गोष्ठीको आयोजना एउटा सचेतना कार्यनीति निर्माण गरेको छ । उक्त कार्यशाला सुर्खेत, दैलेख र बर्दियाका सुर्तिजन्य पदार्थ नियन्त्रण संजाल र खानेपानी तथा सरसफाई महासंघ नेपाल, रेस्फेक, फेडवासन र अक्सफाम जि वि नेपालका प्रतिनिधिहरूको सहभागितामा सम्पन्न भएको थियो । कार्यनीतिमा लक्ष, उद्देश्यहरू, प्रमुख सन्देश, साथीहरू, विपक्षहरू, कृयाकलापहरू र उत्प्रेरणात्मक कृयाकलापहरू, समय सीमा लगाएत अनुगमन तथा मूल्यांकन विषय समावेश गरिएको छ ।

सचेतना तथा प्रस्तुती सीप तालिम

अत्यावश्यक स्वास्थ्य सेवा अभियान संचालनका लागि जिल्ला तथा गाविस स्तरका स्वास्थ्य सेवा अभियन्ताहरूलाई सचेतना तथा प्रस्तुती शीप प्रदान गर्ने उद्देश्यले २२ देखि २५ नोभेम्बर २००९ सम्म नेपालगंजमा एउटा सचेतना तथा प्रस्तुती शीप तालिम संचालन गरिएको थियो । तालिममा सचेतनाको महत्व र प्रभावकारीता, शासनका पात्रहरू, सचेतना कार्यनीति, सचेतनाका अवसर तथा चुनौतीहरू, सचेतनाचको तारो र साभेदहरू जस्ता विषयहरू समावेश गरिएको थियो ।



निःशुल्क स्वास्थ्य सेवा कार्यान्वयनकर्ताहरूका कार्यशाला

ग्रामीण स्तरका स्वास्थ्य कार्यान्वयनकर्ताहरूलाई निःशुल्क स्वास्थ्य कार्यक्रमको परीधि, सीमा र कार्यान्वयनका प्राथमिकताहरूबारे सचेत गराउने उद्देश्यले बर्दिया, सुर्खेत र दैलेख जिल्लामा अवस्थित स्वास्थ्य अधिकार तथा सुर्तिजन्य पदार्थ नियन्त्रण जिल्ला संजालहरूको आयोजनामा सम्बन्धित जिल्लाहरूमा एक एक वटा कार्यशालाहरूको आयोजना गरिएको छ ।

उक्त कार्यशालामा परियोजना संचालित गाविसहरूका दैलेख : सेरी, बराहा र गोगनपानी, सुर्खेत : मैनटाडा, गुमी र छिन्चु र बर्दिया : मैनापोखर, देउडाकला र सोरहवा) स्वास्थ्य चौकी तथा उपस्वास्थ्य चौकी, स्वास्थ्य चौकी व्यवस्थापन समिति, स्वास्थ्य सेवा अनुगमन समिति, अनमी हरूको प्रतिनिधित्व रहेको थियो । परियोजना गाविसका समुदायका उपभोक्ताहरूलाई निःशुल्क स्वास्थ्य सेवा कार्यक्रमबारे जानकारी दिने उद्देश्यले स्वास्थ्य अधिकार तथा सुर्तिजन्य पदार्थ नियन्त्रण संजाल बर्दिया, दैलेख र सुर्खेत जिल्लाशाखाहरूले सम्बन्धित ९ गाविसहरूमा एकदिने अन्तरक्रिया कार्यशालाहरूको आयोजना गर्‍यो । कार्यशालामा समुदायले स्वास्थ्य चौकीका स्वास्थ्यकर्मीहरूले गर्ने अनियमितताको विषयमा पनि आवाज उठाएका थिए ।

स्वास्थ्य उपभोक्ता समितिहरू गठन:

स्वास्थ्य संस्थाहरूलाई निःशुल्क स्वास्थ्य सेवा कार्यक्रम प्रभावकारी ढंगले कार्यान्वयन गर्न सघाउने उद्देश्यले रेस्फेकले स्वास्थ्य अधिकार तथा सुर्तिजन्य पदार्थ नियन्त्रण संजाल जिल्ला शाखाहरूको सहयोगमा अत्यावश्यक स्वास्थ्य सेवा अभियान संचालित ९ गाविसहरूमा एक एक वटा स्वास्थ्य उपभोक्ता समितिहरू गठन गरेको छ ।

अनुगमन तथा अभिलेखन सीप तालिम

स्वास्थ्य संस्थाहरूलाई निःशुल्क स्वास्थ्य सेवा कार्यक्रम प्रभावकारी ढंगले कार्यान्वयन गर्न सघाउने उद्देश्यले रेस्फेकले अत्यावश्यक स्वास्थ्य सेवा अभियान अन्तर्गत नागरिक समाज अनुगमन औजारको निर्माण गरेको छ । यिनै अनुगमन औजारबारे जिल्ला र गाविसहरूका फोकल व्यक्तिहरूको क्षमता अभिवृद्धि गर्ने उद्देश्यले रेस्फेकले २६ देखि ३० नोभेम्बर २००९ सम्म नेपालगंजमा अनुगमन तथा अभिलेखन शीप तालिम प्रदान गरेको छ । यस तालिमले सहभागीहरूको प्रतिवेदन लगाएत मामला कथाहरू तयार गर्ने शीपमा प्रगती हुने अपेक्षा राखिएको छ । तालिममा रेस्फेक, फेडवासन, अक्सफाम जि वि नेपाल, स्वास्थ्य अधिकार तथा सुर्तिजन्य पदार्थ नियन्त्रण संजाल र स्वास्थ्य उपभोक्ता समितिका प्रतिनिधिहरूको सहभागिता रहेको थियो ।

सिमान्तकृत गरीब समूहको सशक्तिकरणमा हाम्रो प्रयास

यस केन्द्रले विगत १३ वर्षदेखि ग्रामीणस्तरमा गरीब, पिछ्छाडिएको तथा उपेक्षित वर्गको सशक्तिकरण गर्ने लक्ष्य राखी कार्यक्रमहरु गर्दै आएको छ । यस कार्यक्रमले निम्न निर्देशक सिद्धान्तमा आधारित छ : स्थानीय समुदायको चेतना अभिवृद्धिका साथै क्षमताको विकास गरी संस्थागत संगठनात्मक विकास गर्ने, गाउँलाई ऋण मुक्त गर्ने, कमसेकम ७० प्रतिशत महिला साक्षर बनाउने, एक घर परिवार एक व्यावसायिक सीप विकास गर्ने, धुवाँरहित चूलो, चर्पी, करेसावारी आदिको विकास गरी वातावरण सुधार गर्ने तथा राज्यको कृषि, स्वास्थ्य, शिक्षाजस्ता सेवा सुविधामा जनताको पहुँचका साथै सेवा प्रभावकारी बनाउने, जीवनस्तरमा सकारात्मक परिवर्तन ल्याउने काम गर्दै आएको छ ।

आधारभूत घरधुरी सर्वेक्षण

रेस्फेकले विगत सालमा गरेको क्रियाकलापले कार्यक्षेत्र तोकी लिएको समुदायमा अधुरो कार्यक्रम र केही छुटफुट भएकोले कार्यक्षेत्रका गाविस मध्ये सबै भन्दा पिछ्छाडिएका, पछाडी पारेका, दलित र जनजातीवर्गको जीवन स्तर उठाउने हेतुले त्यस समुदायहरुको घरधुरी सर्वेक्षण फारम तयार गरी २६ बुदागत प्रश्न पत्रको आधारमा ५२५ घरहरुमा सर्वेक्षण गरियो । जस मध्ये सप्तरीको घोघनपुर गाविसमा १० समुदायमा ३०१ घरहरुमा सर्वेक्षण फारम भरियो ।

रेस्फेक सहयोग समिति (इकाई) गठन

स्थानीय स्वायत्त शासन अर्न्तगत आफ्नो गाउँको उत्थान गर्न स्थानीय सहभागिता बनौ नाराका साथ हरेक कार्यक्षेत्रका गाविस स्तरीय रेस्फेक सहयोग समिति गठन गरियो। इकाई गठन गर्दा रेस्फेक कुनै न कुनै कार्यक्रममा प्रत्यक्ष आवद्ध रहि कार्य गरी सकेका महिला पुरुषहरुको भेला गरी प्रस्तावित पक्षमा सहमति गरेका मध्येबाट एक कार्य समिति

चयन गरिने नीति राखेको थियो । हाल सम्म रेस्फेक सहयोग समिति घोघनपुर र कमलपुरले एच.आई.भी एड्स सचेतना गोष्ठी र निःशुल्क स्वास्थ्य उपचारमा जनताको पहुँच विषयक सार्वजनिक सुनुवाइ कार्यक्रम सम्पन्न गरीसकेका छन् । त्यस्तै सहयोग समिति चौदण्डीले २ केन्द्र स्थापना गरी सिलाई कटुई तालिम संचालन गरी सहयोग गरिँदै आएको छ । सहयोग समितिहरुले बचत तथा ऋण परिचालन कार्यक्रम संचालन गरि आएकोछ ।

बालबालिका र महिलाहरुलाई आधारभूत शिक्षा

उदयपुर र सप्तरीका सीमान्तकृत समुदायका बालबालिकाहरुका लागि आधारभूत शिक्षाको व्यवस्था सन् २००९ मा पनि जारी नै रह्यो । कूल जनसंख्या मध्ये ४० प्रतिशत जनता अभै साक्षर हुन सकेको छैनन् । त्यसमा पनि महिला तथा स्कूल जाने उमेरका



बालबालिकाहरुको प्रतिशत बढी छ । त्यसकारण यी दुवै वर्गलाई आधारभूत शिक्षाको अनुभूति गराउने यस संस्थाले आफ्नो कार्यक्षेत्रमा त्यस्ता उपेक्षित महिला तथा बालबालिकाहरुलाई साक्षर बनाउने उद्देश्यले अनौपचारिक तथा बाल कक्षाहरु सञ्चालन गरी साक्षर बनाउँदै आएको छ ।

अनौपचारिक बाल कक्षा कार्यक्रम

सप्तरीका घोघनपुर र कमलपुर गाविस क्षेत्रका तथा उदयपुरका बसाहा र चौदण्डी गाविस क्षेत्रका दलित पिछ्छाडिएका जनजाति, पछाडीपारेका समुदायका ८ वर्षदेखि १४ वर्षका बाल बालिकाहरु विद्यालय शिक्षाबाट बन्चितलाई ९ महिने बाल कक्षा संचालन गरी स्थानीय विद्यालय सम्म भर्ना गरी दिने

कार्यक्रम अर्न्तगत स.का. तालिम सम्पन्न गरी १९ वटा कक्षाहरु संचालन भइरहेकोछन् । यसवर्ष ३ सय ३५ जना बालबालिकाहरुलाई बालकक्षामार्फत साक्षर बनाई स्कूल भर्ना समेत गराइएको छ ।

आधारभूत अनौपचारिक शिक्षा

सन् २००९ मा यस संस्थाले उदयपुर, सप्तरी र गोरखा जिल्लामा १९ वटा अनौपचारिक कक्षा सञ्चालन गरी ४ सय ४७ जना गरीब तथा उपेक्षित महिलाहरु साक्षर पारिएको छ । आधारभूत अनौपचारिक शिक्षा प्राप्त गरिसकेका महिलाहरुका लागि दोस्रो चरणको प्रौढ शिक्षा पढाउने व्यवस्था गरेको छ । यिनीहरुलाई अनौपचारिक शिक्षासँगसँगै

आयआर्जन तथा बचत, पशुपालन, करेसावारी, खानेपानी, सरसफाई, चर्पीको प्रयोग, धुवाँरहित चूलाको प्रयोग, स्वास्थ्य शिक्षा, सुरक्षित मातृत्वसम्बन्धि ज्ञानको जानकारी गराउने कार्यहरु गरिन्छ ।

स्वास्थ्य सचेतकद्वारा मातृशिशु स्वास्थ्य सेवा प्रदान

मातृ तथा शिशु मृत्युदरमा कम ल्याउने उद्देश्यका साथ महिलाहरुलाई मातृशिशु तथा सुडेनी तालिम दिई उनीहरुलाई स्थानीय गाउँघरमा परिचालन गरिँदै आएको छ । साथमा गर्भवती महिला तथा विवाहित महिलाहरुलाई सुरक्षित सुत्केरी कसरी गर्ने र गराउने भन्ने कुरामा सचेतना तथा सहयोग पुऱ्याउँदै आएको छ । यी सुडेनीहरुले कार्यक्षेत्र तथा त्यस वरपरका गाविसहरुमा मातृशिशु स्वास्थ्य सेवा प्रदान गर्नुका साथै स्वास्थ्य शिक्षा तथा एचआईभी



मासिकाहरु तथा भद्र भलादमीहरु गरी ९६ जनाको सहभागिता रहियो। यस कार्यक्रमले गर्दा ति दुई निकायको गतिविधि र कार्यविधि बारे सर्वसाधारणले जाने मौका प्राप्त गरियो। यसरी नै घोघनपुर, फत्तेपुर र कमलपुरमा पनि कार्यक्रम सम्पन्न भयो। उपस्थिति देहाय बमोजिम छन्।

उप स्वास्थ्य चौकी नागरिक वडा पत्र सम्बन्ध होर्डिङ बोर्ड

उप स्वास्थ्य चौकीले गरिने स्वास्थ्य उपचार सेवा र पद्धति बारे सर्वसाधारण जनताहरुलाई सु-सूचित गर्ने उद्देश्यले कार्य क्षेत्रका ७ वटा उप स्वास्थ्य चौकीहरुमा नागरिक वडा पत्रको होर्डिङ बोर्ड राखियो।

विरामी जाँच पूर्जा वितरण

उप स्वास्थ्य चौकीहरुमा निःशुल्क दर्ता लागु भए यता विरामी जाँच पूर्जा नेपाल सरकारले प्रयाप्त वितरण नगरेकोले, निःशुल्क पाउने औषधिहरुको सूचि र उप स्वास्थ्य चौकीको नागरिक वडा पत्र विवरण समेत, ३० हजार थान छापि, हरेक उप स्वास्थ्य चौकीलाई ५ हजार प्रति विरामी पूर्जा उपलब्ध गराई थियो।

ब्यापारीको ऋणबाट मुक्ति कार्यक्रम

उदयपुर, सप्तरी र गोरखा जिल्लाका धेरै महिला समूहहरुले अहिले बचत तथा ऋण कार्यक्रम सञ्चालनमा ल्याएका छन्। महिलाहरुको आर्थिक तथा सामाजिक अवस्था वृद्धि गर्नका लागि यस केन्द्रको कार्यक्षेत्रमा सञ्चालित अनौपचारिक कक्षामा संलग्न महिलाहरुलाई बचत समूह बनाई महिनावारी बचत गर्न लगाउने, बचत भएको रकम सोही समूहका महिलाहरुलाई ऋण दिने, उनीहरुको क्षमता वृद्धि तथा आयमुलक सीप सिकाउने, करेसावारीसम्बन्धी तालिम दिने र उनीहरुको स-शक्तिकरणका लागि सहयोग गर्ने कार्यहरु गर्दै आएको छ। यस संस्थाको सहयोगमा उदयपुर र सप्तरी जिल्लामा ४१ वटा र गोरखा जिल्लामा ३५ वटा बचत समूहहरुको गठन भई विभिन्न आयमुलक क्रियाकलापका साथ रेस्फेकका विभिन्न कार्यक्रमहरुमा संलग्न हुदै आएका छन्।

जसबाट यी क्षेत्रका वासिन्दाहरु ब्यापारीबाट चर्को ब्याजमा ऋण लिनुपर्ने वाध्यात्मक परिस्थितिबाट मुक्त हुने अवस्थामा पुगको छ।

आयमुलक र सीपमुलक कार्यक्रम

उदयपुर, चौदण्डी गाविस क्षेत्रमा विगत सालमा अनौपचारिक महिला साक्षरता कक्षामा



सहभागी भई साक्षर भएका र हाल सम्म बचत समूहहरुमा आवद्ध भई रहेको महिलाहरुलाई छ महिने सिलाई कट्टाई सीप दिई स्वरोजगार बनाउने हेतुले यो तालिम कार्तिकको अन्तिम हप्तादेखि सुरु गरियो। भौगोलिक विकटताका कारणले दुई टोलमा तालिमको आयोजना गरिएकोछ। चौदण्डी गाविस ६ शिखरपुर र कंचनपुरमा गरी २४ जना सहभागिता रहेकोछ। हाल सम्म ज्यादै अभिरूचीका साथ सहभागिहरुले सिलाई कट्टाई सिक्नरहेका छन्।

रेस्फेक कोसेली अंक १३ प्रकाशित

यस संस्थाको उदयपुर र सप्तरीमा सञ्चालित ग्रामीण स्तरीय कार्यक्रमद्वारा स्वास्थ्य र विकासका बारेमा रेस्फेक कोसेली भन्ने पत्रिकाको १२, १३ औं अंक प का श न ला ई यसवर्ष पनि निरन्तरता दिइयो।

स्वास्थ्य तथा समुदायमा भए गरेका सामुदायिक विकासका कार्यक्रम तथा समुदायमा

स्वास्थ्य र विकासका बारेमा घटेका घटनाहरुको बारेमा गाउँकै वासिन्दालाई जानकारी दिने विषयबस्तु पत्रिकामा समाविष्ट गरिएको थियो।

उक्त कोसेलीमा निम्न शिर्षकहरु समावेश गरिएको थियो।

- क) स्तन क्यान्सरबाट बच्ने उपाय
- ख) खाद्यबस्तुमा भएको मिसावटले जनजीवनमा असर
- ग) भण्डाले ल्यायो गर्भवती महिलाहरुको स्वास्थ्यमा रचनात्मक सुधार
- घ) गर्भवती महिलाले जान्ने पर्ने कुराहरु
- ङ) तपाईंका घरमा ३ घरायसी डाक्टर
- च) मह
- छ) लामखुट्टे भगाउने तीतेपाती उपयोगी
- ज) कुखुराको प्वाखबाट बिजुली
- झ) खंग जाती (समुदाय) एक परिचय
- ञ) संक्षिप्त प्रतिवेदन
- ट) बाल कक्षासम्बन्धी प्रगति तालिका
- ठ) फोटोफिचर
- ड) संचारमा रेस्फेक(पत्र पत्रिकाको कटिंग)

यी अंकहरु ७ सय प्रति छापि स्थानीय संघा संस्था सरकारी निकाय, समुह, स्वास्थ्य क्षेत्रमा कार्यरत स्वास्थ्यकर्मी आदि संगठन र व्यक्तिगत रुपमा निःशुल्क वितरण गरियो।



गाउँलेले सुर्ती नियन्त्रणमा आमसञ्चार माध्यमको भूमिका बारे, सञ्चारकर्मी तोया दाहालले निःशुल्क स्वास्थ्य बारे र शान्तलाल मुल्मीले धुम्रपान र यसको असरबारे कार्य पत्र पेश गर्नु भएको थियो ।

पत्रकारवृत्ति

नेपाली र अंग्रेजी पत्रिकामा कार्यरत पत्रकारहरूलाई सुर्तीसम्बन्धी खोजमुलक र अनुसन्धानमुलक सामग्री प्रकाशनका लागि पत्रकार वृत्तिको व्यवस्था रेस्फेकले गरेको थियो । जस अन्तर्गत अन्नपूर्ण पोस्ट, राईजिड नेपाल, नेपालको स्वास्थ्य, युवामञ्च, गोरखापत्र तथा अन्य सञ्चारमाध्यममा कार्यरत पत्रकार पत्रकारहरूलाई धुम्रपान तथा सुर्तीको विषयमा प्रकाशित समाचार सामग्रीको आधारमा पत्रकारवृत्ति प्रदान गरिएको थियो ।

सुर्ती नियन्त्रणमा मिडियाको भूमिका

२६ फेब्रुवरीका दिन रेस्फेकले सुर्ती नियन्त्रणमा मिडियाको भूमिका विषयक कार्यक्रमको आयोजना गर्‍यो । सो गोष्ठीमा ४० जना सञ्चारकर्मीको उपस्थिति रहेको थियो ।

कानूनअधिकृतसँग बैठक

रेस्फेकले विभिन्न मन्त्रालयमा कार्यरत कानून अधिकृतहरूसँग १७ जुलाईका दिन एफसीटीसी र सुर्ती नियन्त्रण कानून बारेमा एक बैठकको आयोजना गर्‍यो। सुर्तीजन्य वस्तु नियन्त्रण तथा नियमन कानून निर्माण गराउनका लागि दबाव दिने र कानून पारित गरेपछि आफूसम्बद्ध मन्त्रालयले गर्नुपर्ने कामहरूका बारेमा जानकारी दिनु सो कार्यक्रमको उद्देश्य थियो ।



स्वास्थ्य अधिकार र सुर्ती कानूनमा विषयक राष्ट्रिय परामर्श

२७ अप्रिलका दिन रेस्फेकले स्वास्थ्य अधिकार र सुर्ती नियन्त्रण विषयक राष्ट्रिय परामर्श गोष्ठीको आयोजना गर्‍यो । स्वास्थ्य मन्त्रालयका कर्मचारी, अनुसन्धानकर्ता, सञ्चारकर्मीसहित जिल्ला सञ्जालका प्रतिनिधिहरूको सो गोष्ठीमा सहभागिता

रहेको थियो । गोष्ठीमा डा. राजेन्द्र बराल, होमलाल श्रेष्ठ, बाबुकाजी वानियाँ, रितु प्रधान, सुम्निमा तुलाधरले कार्यपत्र प्रस्तुत गर्नु भएको थियो ।

सुर्ती नियन्त्रणका चुनौतिहरू

७ जुन २००९ का दिन रेस्फेकले हेल्थ होराइजन नेपालसँगको सहकार्यमा नेपालमा सुर्ती नियन्त्रण र चुनौति विषयक परामर्श गोष्ठीको आयोजना गर्‍यो । पूर्व स्वास्थ्य मन्त्रीहरू र पूर्व स्वास्थ्य सचिवहरूले आ-आफ्ना अनुभव आदान प्रदान गर्नु भएको थियो । सो राष्ट्रिय परामर्शको प्रमुख उद्देश्य सुर्ती नियन्त्रण तथा नियमन कानूनलाई सदनबाट पारित गराउनका लागि सरकारलाई दबाव दिनु थियो । सञ्चारकर्मीसहित ६३ जनाको सहभागितामा भएको सो कार्यक्रममा तीनवटा कार्यपत्र प्रस्तुत भएको थियो ।



सुर्ती नियन्त्रण कानूनको अभावमा सुर्ती नियन्त्रण अभियान

नेपालका ७५ प्रतिशतभन्दा बढी जनता प्रत्यक्ष रूपमा वा अप्रत्यक्ष रूपमा धुम्रपानबाट ग्रसित छन् । त्यसमा पनि बढीजसो महिलाहरू प्रभावित बनेका छन् । यहाँ वास्तविकतालाई मध्यनजर गरी ४७ वटा जिल्लामा रहेका स्वास्थ्य अधिकार तथा सुर्ती नियन्त्रण जिल्ला सञ्जालहरूको अगुवाईमा सुर्ती नियन्त्रण कानूनको अभावमा सुर्ती नियन्त्रण अभियान नामक कार्यशाला गोष्ठीहरूको आयोजना भएको थियो ।

सेकण्ड ह्याण्ड स्मोकिङ्ग क्याम्पियन

धुम्रपानाट अन्य वरपरका व्यक्तिलाई पर्ने अप्रत्यक्ष असरका बारेमा जानकारी दिने हेतुले नोभेम्बर २२ देखि २७ सम्म गाडी चलाउँदा धुम्रपान नगरौं भन्ने अभियानको आयोजना गरियो । सयजना स्वयंसेवकहरू विभिन्न ८ स्थानमा बसेर ६ हजारवटा स्टिकर वितरण गर्ने तथा टाँस्ने जनचेतना जगाउने कार्य भएको

थियो । यो कार्य रत्नपार्क, सुन्धारा, जमल, बागबजार, सिंहदरबार, नयाँ बानेश्वर, कोटेश्वर र लगेनखेलमा बसेर गरिएको थियो ।

समिक्षा भ्रमण

इन्टरनेसनल ग्रायन्ट्सका कार्यक्रम अधिकृत अनुराधा खनालसँग जनवरी ४ र ५, २०१० मा प्रगति समीक्षा बैठकको आयोजना भयो । समिक्षाका लागि अमेरिकाबाट आएका खनाललाई कार्यकारी निर्देशक शान्तलाल मुल्मी, स्वास्थ्य मन्त्रालयका वालसागर गिरी र रितु प्रधानले नेपालमा सुर्तीजन्य वस्तुको स्थिति, कानूनको अभाव र भइरहेका गतिविधि बारेमा प्रकाश पार्नु भएको थियो ।

फिल्ड भिजिट

कार्यकारी निर्देशक शान्तलाल मुल्मी र फिल्ड अधिकृत रितु प्रधान चितवन, नवलपरासी, रुपन्देही, कपिलवस्तु, स्याङ्जा, कास्की, तनहुँ, लमजुङ र गोरखामा फिल्ड भिजिट गरी जिल्लामा भएका गतिविधि तथा भावी योजनाबारे छलफल गर्नु भएको थियो ।

सूचना तथा अभिलेख सूचनाको हकमा प्रत्याभूति

स्वास्थ्य सूचनाको पहुँच, प्रविधि र आधारभूत सूचना र सेवाका बारे थाहा पाई यसको सहि ढंगले प्रयोग र निर्णयहरू गर्न सके मानिसहरूको स्वास्थ्य स्तर र समाजको उत्थान हुने विश्वास गरिन्छ। स्वास्थ्य सेवा संस्था र जनस्वास्थ्य प्रणालीको सेवाहरूको उपलब्धी बारे स्वास्थ्य सूचनाले ठूलो भूमिका खेलेको हुन्छ।

जीवनमा सजिलो गर्न र निर्णय गर्न तत्काल उपलब्ध सूचना र यसको उपयोगको बारे जुन दुरी छ त्यसलाई तत्कालै सम्बोधन गर्नु जरुरी छ। स्वास्थ्य नीति, योजनाकार, प्रशासक, जनस्वास्थ्य विज्ञहरूलाई विचार गरेर विभिन्न रणनीति सूचना लिनु पर्ने आवश्यक देखिन्छ। यसैलाई मनन गरेर रेस्फेकले सूचना तथा अभिलेख युनिटमार्फत विभिन्न माध्यमबाट स्वास्थ्य सूचना, शैक्षिक सामग्री उपलब्ध गराउँदै आएको छ।



संकलन

सन् २००९ मा विभिन्न विषयमा एक सय बत्तिस (१३२) वटा किताव, मोनोग्राफ, लेख रचनाहरू संकलन गरी यी सामग्रीहरूलाई सूचीकरण गरिएको छ। यस युनिटले विभिन्न सेवाहरू प्रदान गर्दै आएको छ।

अखवारमा प्रकाशित सूचना सामग्रीको संकलन (पेपर क्लिपिङ्ग)

प्रयोगकर्ताहरूको मागको सूचीमा रहेको सूचनाको स्रोत मध्ये पेपर क्लिपिङ पनि हो। यसैलाई मध्य नजर गरेर यो साल पेपर क्लिपिङमा ४ वटा राष्ट्रिय दैनिकबाट ६ वटा नयाँ विषय थपिएको छ।

नयाँ थपिएका विषयहरूमा संविधानसभा, पलू विरामी र डाक्टरको सम्बन्ध, वैदेशिक कामदार र निःशुल्क स्वास्थ्य सेवा रहेको छ। हालसम्म ४५ वटा क्लिपिङ, ४६ मुख्य विषय र ६० वटा सह विषय समाविष्ट रहेको छ।

संकलनका विषयहरू: गर्भपतन, बाल स्वास्थ्य र विकास, जनस्वास्थ्य र विकास, द्वन्द्व र शान्ति, स्थान/स्थान सभा, दन्त र माँखि स्वास्थ्य, पखाला, अपाङ्ग र पुर्नस्थापना,

रोगहरू बारे, दान/कोष, औषधी, वृद्धावस्थाको स्वास्थ्य वातावरण, परिवार नियोजन र जनसंख्या, पलू निशुल्क स्वास्थ्य सेवा, लैङ्गिक तथा महिला विकास भूमण्डलीकरण, एच.आई.भी./एड्स, स्वास्थ्य शिक्षा अस्पताल व्यवस्थापन, आईटी/लाइब्रेरी/पत्रकारीता औषधिमूलक विरुवा/जडिबुटी, मानसिक रोग वैदेशिक रोजगार, मातृशिशु स्वास्थ्य, भोजन संस्थाहरू, विरामी र डाक्टरको सम्बन्ध प्राथमिक स्वास्थ्य सेवा, सम्पत्ति प्रत्याभूति/हकदावी मनसिक सामाजिक स्वास्थ्य, जनसुरक्षा वेश्यावृत्ति सम्बन्धी, यौवन सम्बन्धी सामाजिक तथा स्वास्थ्य विज्ञान, सुर्तीजन्य पदार्थ परम्परागत औषधि, चेलेबेटी बेचबिखन टि.वि. रोग, हिसा, महिला स्वास्थ्य।

स्वास्थ्य विक्रिवितरण घर

कुनै पनि स्वास्थ्य तालिम, परामर्श, अभिमूखीकरण र स्वास्थ्य शिक्षाबारे बुझ्न बुझाउन स्वास्थ्य शैक्षिक सामग्रीले धेरै ठूलो

भूमिका खेलेको हुन्छ। रेस्फेकले सन् १९९७ देखि एच.आई.भी./एड्सका शैक्षिक सामग्रीहरू वितरण घर मार्फत विक्रि वितरण गर्दै आएको छ।

तथ्यहरू र उपभोक्ताको माग अनुसार हामीले एच.आई.भी./एड्सको मात्र नराखी स्वास्थ्य सम्बन्धी सबै शैक्षिक सामग्रीहरूलाई संकलन गरी यो सेवा दिई राखेका छौं। यसै अनुरूप यो साल हामीले ५ लाख ७६ हजार ५ सय २४ रुपैयाँको विक्रि/वितरण गरियो।

विक्रि/वितरण घरबाट बढी भन्दा बढी व्यक्तिहरूले फाईदा लिन सकोस् भनेर यसबारे सूचना प्रवर्द्धन गर्ने रेस्फेकले वेबसाइट बनाएको छ।

सूचनाको बजार र वितरण

बढी भन्दा बढी व्यक्तिहरूले स्वास्थ्य सूचनाहरू बारे थाहा पाउन भनेर यस युनिटले विभिन्न कार्यक्रमहरूमा पुस्तक तथा शैक्षिक सामग्रीको प्रदर्शन गर्ने गरेका छन् भने रेस्फेकका



विभिन्न शैक्षिक सामग्रीहरू निःशुल्क वितरण गर्ने काम सन् २००९ मा पनि जारी नै राखेको थियो।

लगभग २५० घरधुरीमा फोहरमैला तथा श्रोत प्रबन्ध केन्द्र तथा जाइकाको सहयोगमा टाकाकुरा कम्पोष्ट प्रविधिद्वारा घर मै जैविक फोहरबाट कम्पोष्ट बनाउने तालिम प्रदान गर्नका साथै कम्पोष्ट बीन बितरण गरियो । तालिमको प्रभावकारिता र कार्यान्वयन मूल्यांकन पनि समय समयमा भइरहेको छ ।

पोलिथिन भोला प्रयोग विरुद्धको अभियान

हलुको, वोक्न सजिलो र सजिलै उपलब्ध हुने हुनाले पोलिथिन भोला जनमानसमा लोकप्रिय छ र आजभोलि बजारमा यसको प्रयोग निकै बढेको छ । तर यसको उचित प्रयोग तथा व्यवस्थापन हुन नसक्दा यसले शहरी वातावरणलाई निकै असर पारिरहेको छ । साथै यसले वातावरण मात्र प्रदुषित गर्ने नभई मानव तथा जनावरको स्वास्थ्यमा समेत प्रतिकूल असर पारेको पाइन्छ र साथमा पर्यटन व्यवसायमा पनि नकारात्मक प्रभाव परेको छ । यसै कुरालाई मनन गरेर “पोलिथिन



हटाऔं, वातावरण जोगाऔं” भन्ने नाराका साथ यस केन्द्रले पोलिथिन भोला प्रयोग विरुद्धको अभियान नै चलाएको छ ।

पोलिथिन भोलाको उचित विकल्प बिना नै यसमा प्रतिबन्ध लगाएमा सो व्यवहारिक नहुने ठहर गर्दै यस श्रोत केन्द्रले “पोलिथिन भोला उत्पादन, बितरण, प्रयोग तथा विसर्जन नियमन ऐनको आवश्यकता” बारे २०६६ श्रावण २५ गते होटल हिमालयमा माननीय वातावरण मन्त्री श्री ठाकुरप्रसाद शर्माको प्रमुख आतिथ्यतामा एक कार्यशाला गोष्ठीको आयोजना गरियो ।

२०६६ फागुन १८ गते एक पत्रकार सम्मेलनको आयोजना गरी २०६६ चैत्र २ देखि २८ सम्म विभिन्न कार्यक्रम गरी

आयोजना गरिने २ हप्ते अभियान सार्वजनिक गरियो । २०६६ चैत्र २ गते ललितपुरको लगनखेल देखि कुपण्डोलसम्म एक च्यालीको आयोजना गरी अभियान शुरु गरियो । अभियान अन्तर्गत ललितपुर उपमहानगरपालिका स्थित २८ वटा सुपरमार्केट/स्टोरमा स्वयंसेवक परिचालन गरी पोलिथिन भोला प्रयोग निरुत्साहित गरी घर बाटै भोला ल्याउन ग्राहकलाई प्रोत्साहन गर्नुका साथै जानकारीमूलक पर्चा पनि बितरण गरियो । साथै सुपरमार्केट/स्टोरमा पोलिथिनको विकल्पको रूपमा कपडाको भोला पनि उपलब्ध गराइएको थियो भने घरबाटै भोला ल्याई पोलिथिन प्रयोग नगर्ने ग्राहकलाई प्रोत्साहन स्वरूप कुपन र लविक ड्र को व्यवस्था गरिएको थियो ।

विश्व वातावरण दिवस २००९ को अवसरमा ल.पु वडा नं २० का ६ वटा विद्यालयलाई पोलिथिन मुक्त क्षेत्र घोषणा गरिएको थियो भने देश कै एक मात्र सदर चिडियाखाना पनि पोलिथिन मुक्त क्षेत्र घोषणा गरिएकोमा सहयोग स्वरूप १०० वटा कपडाको भोला र २ महिना सम्म स्वयंसेवक परिचालन गरिएको थियो । साथै पोलिथिन सम्बन्धी एक वृत्तचित्र निर्माण गरी प्रदर्शन गरिएको थियो । जनचेतना फैलाउने अभिप्रायले सो वृत्तचित्र विभिन्न विद्यालयहरु तथा समुदायमा प्रदर्शन गर्ने कार्य भैरहेको छ ।

ध्वनी प्रदुषण विरुद्धको अभियान

अस्पताल तथा शैक्षिक संस्था वरिपरीका क्षेत्र “हर्न निषेधित क्षेत्र” भनिए तापनि व्यवहारमा त्यति लागू भएको पाईंदैन । तसर्थ, वीर अस्पताल क्षेत्र हर्न निषेधित क्षेत्र रहेको साउन २०६६ कार्तिक २२ गते वीर अस्पताल परिसरमा “हर्न निषेधित क्षेत्र” अंकित होर्डिङ बोर्ड जडान गरिएको छ । हर्नबाट हुने ध्वनी प्रदुषण सम्बन्धी जनचेतना फैलाउने उद्देश्यले २०६६ मंसिर ७ देखि मंसिर १२ सम्म विभिन्न कार्यक्रमहरुको आयोजना गरी सप्ताहब्यापी अभियान संचालन गरियो । अभियान बारे जानकारी दिन मंसिर २ मा एक पत्रकार भेटघाटको आयोजना गरियो ।

अभियानमा स्वयंसेवकको रूपमा परिचालन गर्न जेभिअर इन्टरनेशनल कलेज, नेपाल कलेज अफ डेभलेपमेन्ट स्टडिज तथा कादम्बरी मेमोरियल कलेजका गरी लगभग १०० जना विद्यार्थीलाई महानगरिय ट्राफिक व्यवस्था कार्यालयमा अभिमुखीकरण तालिम दिइएको थियो ।

वीर अस्पताल, पाटन अस्पताल, कोटेश्वर, बागबजार तथा जमल क्षेत्रमा ध्वनीको स्तर रेकर्ड गरियो । काठमाडौंको कोटेश्वर, बानेश्वर, सिंहदरवार, सुन्धारा, न्यूरोड, रत्नपार्क, जमल, दरवार मार्ग लगायतका क्षेत्र र ललितपुरको लगनखेल, जावलाखेल, मंगलबजार क्षेत्रमा स्वयंसेवक परिचालन गरि लगभग ८,००० वटा स्टीकर टाँस्ने तथा ११,००० पर्चा बाड्ने कार्य गरियो । वीर अस्पताल क्षेत्रमा जनमानसको ध्यानकर्षणका लागि २०६६ मंसिर १० र ११ मा “हर्न नबजाऔं, सभ्यताको परिचय दिऔं” अंकित ब्यानर प्रदर्शन गरियो । सवारी चालक माफ ध्वनी प्रदुषणको असर तथा नियम/दण्डजरिवाना बारे चेतनाको मूल्यांकन



गर्न एक अध्ययन गरियो । अध्ययन अनुसार प्रायजसो सार्वजनिक सवारीका चालक साधारण लेखपढ गर्न जान्ने पाइयो भने उनीहरुले अस्पताल क्षेत्र हर्न निषेधित क्षेत्र रहेको ज्ञान हुँदा हुँदै पनि परिस्थितिबश वा हर्न बजाउने बानी परेका कारण हर्न बजाउने बताए ।

अभियानको अन्तिम दिन मंसिर १२ मा रत्नपार्क स्थित शान्ति बाटिका बाट एक च्यालीको आयोजना गरियो । उक्त च्यालीमा विद्यार्थी, विभिन्न संघसंस्थाका प्रतिनिधि, रेस्फेक तथा लुजः नेपालका प्रतिनिधि गरी लगभग २०० जनाको सहभागिता रह्यो भने च्याली भद्रकाली, शहिद गेट, सुन्धारा, वीर अस्पताल, जमलको परिक्रमा गर्दै शान्ति बाटिका मै टुंगिएको थियो ।

सामग्री पनि राखिएको थियो । औषधीको सहि उपयोग नगरेका कारण समाजमा यसको प्रतिकूल असर पर्दै गएको परिदृष्यलाई मध्यनजर गरी सो अंकमा पारासिटामोलको सही उपयोग कसरी गर्ने भन्ने विषयमा एउटा लेख राखिएको थियो ।

अंक १०४: यस अंकमा चाउचाउ, आलुचिप्स, चीजबल, पीनट्स, पाउरोटी, केकस्ता पुरियाबन्दी खाजाको विकल्प खोज्ने प्रयास भएको छ । यस अंकमा जंक फुड र यसको विकल्पबारे खोजमूलक सामग्री प्रस्तुत गरिएको थियो । यसैगरी मौसम अनुसारको भोजनबारे पनि यस अंकमा चर्चा भएको छ ।

अंक १०५: यो अंकमा पनि सन्तुलित र स्वस्थकर खाना तथा पौष्टिक खानाको बारेमा चर्चा भएको छ । यसमा खासगरी स्वस्थताका लागि सोडियम र फाइबरको प्रयोगका सम्बन्धमा सामग्री राखिएको छ । त्यस्तै कब्जियत हटाउने केही उपाय, कब्जियतबाट हुने समस्या र बचावटका सम्बन्धमा पनि सो अंकमा उल्लेख गरिएको छ ।

त्यस्तै खाद्यवस्तुमा भएको मिसावटले जनजीवनमा पारेको असर बारे पनि एउटा सामग्री सो अंकमा रहेको छ । सो अंकको अन्तिम पाटोमा कार्य र स्वास्थ्य तथा जडिबुटीद्वारा उपचार भने एउटा लेख राखिएको छ ।

महिला स्वास्थ्य

प्राथमिक स्वास्थ्य सेवा स्रोत केन्द्रले सन् १९९५ को सेप्टेम्बर १८ अर्थात विसं २०५२ असोज २ गतेदेखि त्रैमासिक रूपमा महिला स्वास्थ्य पत्रिका प्रकाशन गर्दै आएको छ । यस पत्रिकामा महिलाहरुको स्वास्थ्यमा लाग्ने रोगहरु, त्यसको पहिचान, उपचार गर्ने विधिहरु, लिङ्गभेदबाट उत्पन्न हुने रोगहरु, महिलामाथि हुने

शोषण, महिला अधिकार आदि विषयवस्तुहरुलाई समेटिएको हुन्छ ।

अंक ५०: सन् २००९ सम्मको यात्रामा महिला स्वास्थ्य त्रैमासिकले स्वर्ण यात्रा तय गर्‍यो । महिला स्वास्थ्यको स्वर्णाङ्कमा नियमित स्तम्भहरुभन्दा पृथक खालको पाठ्यसामग्रीहरु समाविष्ट गरिएका थिए । जसमा महिला स्वास्थ्यको बारेमा कविता, गजल, शुभकामना, पाठकहरुको पत्र, संस्मरणहरु, स्वास्थ्य, महिला अधिकार तथा हकहितका बारेमा भएका राष्ट्रिय तथा अन्तराष्ट्रिय सन्धि, अभिसन्धिहरु, नियमकानुनहरु तथा महिला स्वास्थ्य चर्चा गरिएका छन् ।

यस अंकमा महिला स्वास्थ्यमा महिला स्वास्थ्य पत्रिकाको भूमिका बारे देवी गुरुङ र केशव थापाले संस्मरणात्मक आलेख लेख्नु भएको छ । यसैगरी कोमल भट्टराईले वोक्सीको नाममा हुने हिंसाहरु, सुनिता केसीले मातृमृत्यु र यसका सामाजिक कारक तत्वहरु, डा. अरुणा उप्रेतीले आड खस्ने समस्याबारे चर्चा गरेका छन् । महिला स्वास्थ्य र राज्यको दायित्व विषयमा ज्योती पौडेलले र महिला विरुद्ध सवै प्रकारको भेदभाव उन्मुलन गर्ने महासन्धिको बारेमा सुष्मा थापाले लेख लेख्नु भएको छ ।

अंक ५१: ढाड दुख्ने रोग सबैको सामुहिक समस्या हो । खासगरी प्रजनन् उमेरका महिलाहरुलाई शरीरमा भएका विशेष

हर्मोनहरुले पार्ने प्रतिकूल प्रभावले यस समस्यालाई बढाएको छ । तर पनि ढाड दुख्ने समस्या पनि सन् ५० सालको समयको रूपमा रहँदै आएको छ । अझ ४५ देखि ५० वर्षको

उमेरमा त ढाड खिइने समस्याले शरीरका अंग प्रत्यंग दुख्न थाल्छ । ढाडको घनत्व कम हुँदै गएर हुने रोग अस्टिओपोरोसिस हो ।

यस ५१ औं अंकमा अस्टिओपोरोसिसका बारेमा चर्चा गरिएका छन् ।

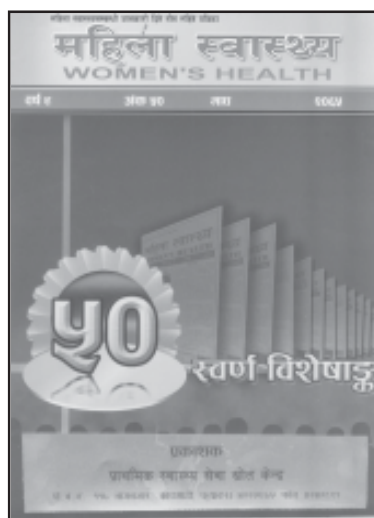
सोही अंकमा ढाड दुख्ने समस्या: कारण, निवारण र उपचार, किन दुख्छ ढाड, ढाड दुख्ने समस्याबाट बच्ने सजिला उपायहरु, स्त्रीरोगको कारणले पनि ढाड दुख्छ, बारे पनि उल्लेख गरिएका छन् । अन्तिम पाटोमा प्रजनन् स्वास्थ्य निःशुल्क विषयमा एउटा लेख समाविष्ट गरिएको छ ।

अंक ५२: महिलाहरु महिनावारीको समयमा हुने विभिन्न समस्याबाट पीडित छन् । यसका साथै प्रजनन् उमेर सकेपछि हुने रजनोवृत्तिको समस्याबाट ग्रसित छन् ।

यहि कुरालाई दृष्टिगत गरी महिला स्वास्थ्य ५२ औं अंकमा महिनावारी: एक प्राकृतिक प्रक्रिया भन्ने मुल लेख समाविष्ट गरिएको थियो । जसमा महिनावारी किन हुन्छ, महिनावारी कुन उमेरमा सुरु हुन्छ, महिनावारीको समयचक्र किन परिवर्तन हुन्छ, महिनावारी हुँदा के कस्ता समस्या आइपछिन्छन्, महिनावारी र सरसफाई बारे चर्चा परिचर्चा गरिएका छन् ।

त्यस्तै रजनोवृत्ति हुँदा देखापर्ने केही समस्या, महिनावारीप्रति रहेका गलत धारणा, स्वास्थ्यकर्मीसँग सल्लाह लिनुपर्ने अवस्थाबारे गहकिलो लेख प्रस्तुत गरिएको छ ।

अंक ५३: यस अंकमा किशोरावस्थामा हुने शारीरिक तथा मानसिक परिवर्तनका बारेमा चर्चा भएको छ । त्यस्तै गर्भावस्थामा गर्नुपर्ने स्याहार सुसार पनि अंक ५३ मा समाविष्ट भएको छ । स्वास्थ्य सेवाको अभाव र ग्रामीण भेगमा स्वास्थ्यको चेतनाको अभावका कारण राजधानीको एउटा गाउँमा तीनैजनाको अकालमा ज्यान गएको बारे एउटा आलेख पनि यहि अंकमा समाविष्ट भएको छ ।



अन्तराष्ट्रिय साभेदारी र सहकार्य सुर्ती नियन्त्रण

सुर्ती नियन्त्रण पैरबीबारे अध्ययन भ्रमण

सुर्ती नियन्त्रणसम्बन्धि विविध पक्षको जानकारी लिनका लागि यस रेस्फेकका कार्यकारी निर्देशक शान्तलाल मुल्मी २७ जनवरीदेखि २ फेब्रेअरी २००९ सम्म



अस्ट्रेलियाको सिड्नीमा अध्ययन भ्रमण जानु भएको थियो। एक्सन अन स्मोकिङ एन्ड हेल्थको निमन्त्रणामा उहाँ सोतर्फ जानु भएको हो। उहाँले अस्ट्रेलिया क्यान्सर काउन्सिल तथा हृदय प्रतिष्ठान, क्यान्सर इन्स्टिच्युटको पनि भ्रमण गर्नुका साथै एफसीएका अध्यक्ष मारी असुन्टासँग छलफल गर्नुभएको थियो।

ब्लुम्बर्ग साभेदारसंग पूर्व सम्मेलन र बैठक

रेस्फेकका कार्यकारी निर्देशक शान्तलाल मुल्मी भारतको मुम्बईमा ५-७ मार्चसम्म भएको ब्लुम्बर्ग साभेदारहरुको एफसीए पूर्व सम्मेलन र बैठकमा सहभागी हुनुभयो। सो बैठकमा उहाँले एलायन्स विल्डिङ सम्बन्धि



कार्यपत्र प्रस्तुत गर्नु भएको थियो। जसमा न्यूयोर्कका उपप्रमुखले खुलेर प्रशंसा गर्नु भएको थियो।

सुर्ती नियन्त्रण र स्वास्थ्यसम्बन्धी १४ औं विश्व सम्मेलन

१ सय २० वटा देशका भन्डै २ हजार जनाको सहभागितामा भएको सो सम्मेलन ८ मार्चदेखि १२ सम्म मुम्बई घोषणापत्र जारी गर्दै सम्पन्न भएको थियो। कार्यकारी निर्देशक मुल्मीले सो सम्मेलनमा नेपालमा सुर्ती नियन्त्रणका लागि राजनीतिक दलहरूसँग पैरवी सम्बन्धमा कार्यपत्र प्रस्तुत गर्नु भएको थियो।

आइ.एन.बी.श्री. बैठक

एफसीएको प्रायोजनमा शान्तलाल मुल्मी आइ.एन.बी.श्री. बैठकमा सहभागी हुनुभयो। जेनेभामा २८ जुनदेखि ५ जुलाईसम्म सो बैठक भएको थियो। उहाँ २७ जुनमा भएको एफसीए ब्रिफिङमा पनि सहभागी हुनु भएको थियो। जसमा स्वास्थ्य तथा जनसंख्या मन्त्रालयका बाबुकाजी बानियाँको पनि सहभागिता रहेको थियो।

आइ.एच.पी.को कन्ट्रि रिसर्चरमा नियुक्त

सेप्टेम्बर २००७ मा अन्तराष्ट्रिय स्वास्थ्य साभेदार तथा सम्बन्धित निकाय(आइ.एच.पी.) र विश्व स्वास्थ्य एजेन्सी, सहयोगकर्ता, नागरिक समाज संगठनसँग साभेदारी भएको थियो। जसमा नेपाल पनि सहभागी रहेको छ। नेपालमा हुने प्रक्रियाको सहजताका लागि कार्यकारी निर्देशक शान्तलाल मुल्मीलाई आइ.एच.पी.को नेपालको कन्ट्रि रिसर्चरको रूपमा चयन गरियो।

सुर्ती नियन्त्रणसम्बन्धी क्षेत्रीय सम्मेलन

बंगलादेशको ढाकामा २१ अप्रिलदेखि २२ अप्रिलसम्म सम्पन्न भएको सुर्ती नियन्त्रणमा अनुभव आदानप्रदानसम्बन्धि क्षेत्रीय

सम्मेलनमा नेपालका तीनजना स्वास्थ्य पत्रकार हरू पूर्णभक्त दुवाल, अनिल न्यौपाने र भक्त थापा सहभागी हुनुभयो। द युनियनको सहयोगमा वर्क फर बेटर बंगलादेश (डब्ल्यू.बी.बी.) को आयोजनामा भएको सो सम्मेलनमा श्रीलंका, थाइल्यान्ड, इन्डोनेसिया, नेपाल र बंगलादेशको सहभागिता रहेको थियो। जसमा नेपालको तर्फबाट आमसञ्चार अभियान र ४८ वटा जिल्लामा



भइरहेका स्वास्थ्य अधिकार तथा सुर्ती नियन्त्रण सञ्जालका बारेमा अनुभव आदानप्रदान गरिएको थियो।