Healthy City, Dhulikhel

स्वस्थ शहर, धुलिखेल

धुलिखेल नगरपालिका

धुलिखेल, काभ्रे

प्रकाशक
धुलिखेल नगरपालिका

संरक्षक	:	अशोक कुमार व्याञ्जू श्रेष्ठ (नगर प्रमुख)
संरक्षक	:	निराजन जंगम (नगर उप-प्रमुख)
सल्लाहकार	:	मोहन प्रसाद मरासिनी (प्रमुख प्रशासकिय अधिकृत)
प्रधान सम्पादक	:	दिर्घराज बरुण श्रेष्ठ
सम्पादन तथा लेखन	:	सन्दीप के.सी., शरद चन्द्र थापा
ग्राफिक्स/लेआउट	:	दिपेन्द्र बादे
मुद्रण	:	न्यू हरिसिद्धि अफ्सेट प्रेस, धुलिखेल
प्रकाशन मिति	:	२०८१ फागुन
प्रकाशन प्रति	:	१००० प्रति

केही भनाई

दिगो विकासका १७ वटा लक्ष्यहरू मध्ये लक्ष्य ३: सुस्वास्थ्य तथा समृद्ध जीवन सँग सम्बन्धित छ । यसले सबै उमेर समूहका व्यक्तिका लागि स्वस्थ जीवन सुनिश्चित गर्दै समृद्ध जीवनस्तर प्रवर्दन गर्ने उद्धेश्य राखेको छ । यस लक्ष्यमा ९ वटा परिणामात्मक लक्ष्यहरु समेत समेटिएका छन् । स्वास्थ्य क्षेत्रमा नेपालले लामो समयदेखि महसुस गर्दै आएको पहुँच हुने र नहुने बीचको खाडल पुरिन सकेको छैन । धुलिखेल नगरले आफ्नो नगरबासीहरूलाई स्वास्थ्य सेवाको पहुँचबृद्धि गर्न तथा गुणस्तरिय सेवा प्रदान गर्न स्वस्थ शहरको अवधारणामा कार्यक्रमहरू सञ्चालन गर्दै आएको छ । दक्षिण एसियाका २३ वटा देशहरू समावेश भएको स्वस्थ शहर नेटवर्कमा ध'लिखेलले एसियाको दोश्रो लेभलको स्तर निर्धारणमा ६२.४८ अंक सहित आफुलाई स्वस्थ शहरमा राख्न सफल भएको हो । नेपालको पहिलो स्वास्थ शहर धुलिखेल घोषणा संगै ५ हजार अमेरिकी डलर पुरस्कार समेत प्राप्त गरेको छ ।

नेपालको संविधान २०७२ भाग ३ को धारा ३५ मा प्रत्येक नागरिकलाई राज्यबाट आधारभूत स्वास्थ्य सेवा निशुल्क प्राप्त गर्ने हक हुनेछ भनी उल्लेख गरिएको छ । संविधानको भाग ५ धारा ५७ (४) अनुसारको अनुसूची ८ बमोजिम आधारभूत स्वास्थ्य सेवा प्रदान गर्न स्थानीय तहलाई एकल अधिकार दिएको छ । जनस्वास्थ्यका लागि महत्वपूर्ण तर ढिलो नतिजा दिने प्रवर्धनात्मक, प्रतिकारात्मक, स्वास्थ्य व्यवहार परिवर्तन, नसर्ने रोग नियन्त्रण आदि जस्ता कार्यक्रमहरू हाम्रो प्रथमिकतामा रहेका छन् । क्षयरोग मुक्त नगर, पोषण मैत्री र ड्यासबोर्ड मार्फत स्वास्थ्यमा पारदर्शिता तथा सुसानका प्रयासहरू थालनी गरिएका छन् । स्थानीय तहमा प्राप्त स्वास्थ्य सम्बन्धी कुल १७ वटा अधिकार मध्ये स्वास्थ्य बीमाको व्यवस्थापन पनि एक हो । स्थानीय तहले स्वास्थ्य बीमामा अपनत्व देखाउनुको मतलब स्थानीय तह अन्तर्गतका सम्पूर्ण नागरिकको स्वास्थ्यको जीम्मा लिनु हो । धुलिखेल नगरले ९६ प्रतिशत नागरिकलाई स्वास्थ्य विमामा आवद्ध गराएको मात्र छैन गरिब तथा विपन्न अपाँङ्ग नागरिकको स्वास्थ्य बीमा नगरले गराउँदै आएको छ ।

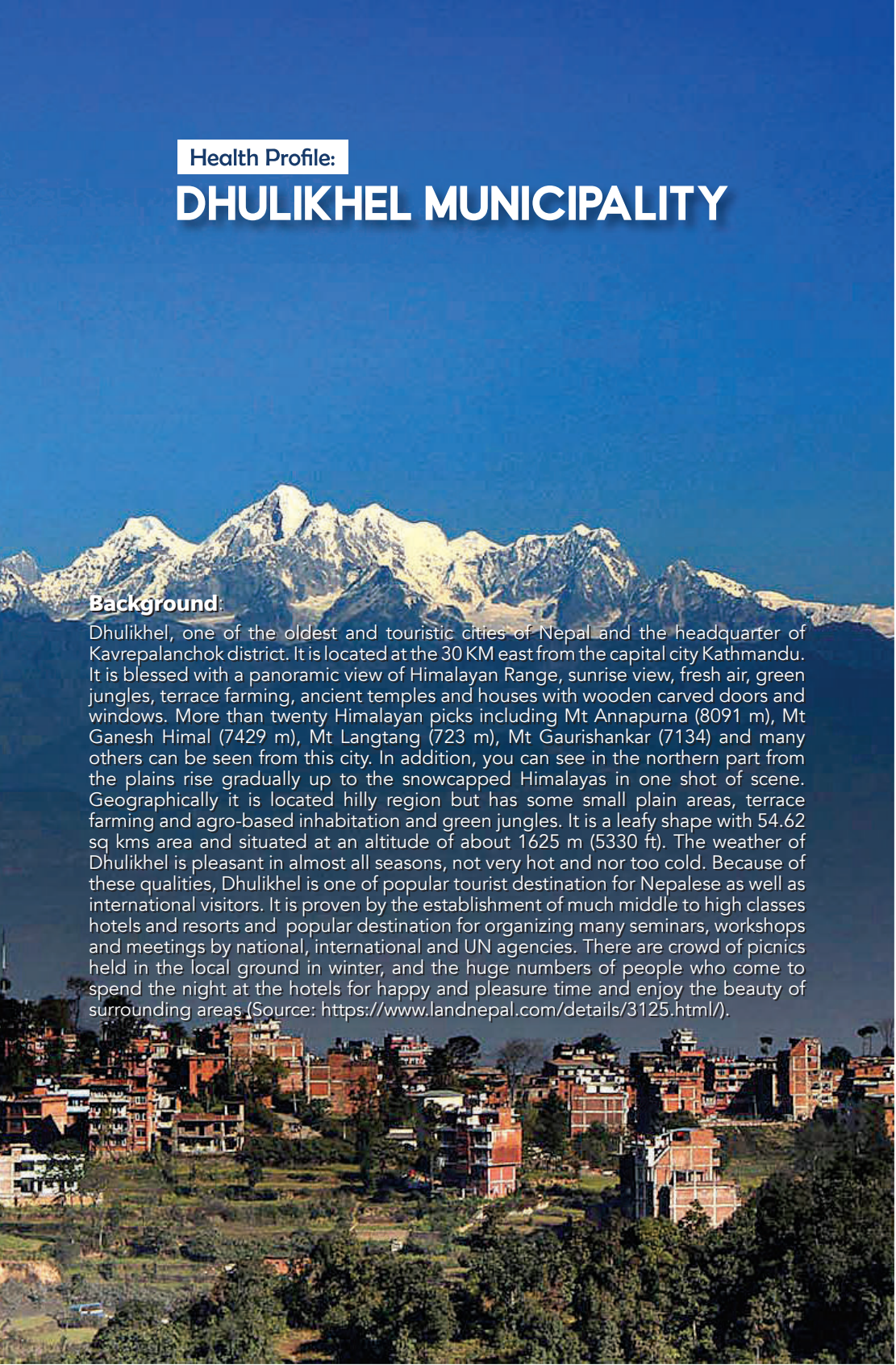
अन्तमा, धुलिखेल नगरपालिकाले हरेक बर्ष आफ्नो स्थापना दिवशको अवसरमा नगर क्षेत्रमा भएका स्वास्थ्य गतिविधीलाई समेटेर पुस्तक प्रकाशन गर्दै आएकोमा यस वर्ष बि.स. २०८१ मा ३९ औं स्थापना दिवशमा स्वास्थ्य क्षेत्रका विभिन्न सूचकहरूलाई समेटेर आधारभूत स्वास्थ्य तथा सरसफाई शाखाले सार्वजनिक गरेको यस पुस्तकले स्वस्थ शहर धुलिखेलको स्वास्थ्य गतिविधी बुझ्न चाहने जो सुकैलाई तथ्यहरू सहितको बस्तुस्थिती बारे जानकारी प्रदान गर्ने आशा लिएको छु ।

अशोक ब्याञ्जु श्रेष्ठ
प्रमुख, धुलिखेल नगरपालिका

विषय-सूची

Health Profile:

DHULIKHEL MUNICIPALITY



Background:

Dhulikhel, one of the oldest and touristic cities of Nepal and the headquarter of Kavrepalanchok district. It is located at the 30 KM east from the capital city Kathmandu. It is blessed with a panoramic view of Himalayan Range, sunrise view, fresh air, green jungles, terrace farming, ancient temples and houses with wooden carved doors and windows. More than twenty Himalayan picks including Mt Annapurna (8091 m), Mt Ganesh Himal (7429 m), Mt Langtang (723 m), Mt Gaurishankar (7134) and many others can be seen from this city. In addition, you can see in the northern part from the plains rise gradually up to the snowcapped Himalayas in one shot of scene. Geographically it is located hilly region but has some small plain areas, terrace farming and agro-based inhabitation and green jungles. It is a leafy shape with 54.62 sq kms area and situated at an altitude of about 1625 m (5330 ft). The weather of Dhulikhel is pleasant in almost all seasons, not very hot and nor too cold. Because of these qualities, Dhulikhel is one of popular tourist destination for Nepalese as well as international visitors. It is proven by the establishment of much middle to high classes hotels and resorts and popular destination for organizing many seminars, workshops and meetings by national, international and UN agencies. There are crowd of picnics held in the local ground in winter, and the huge numbers of people who come to spend the night at the hotels for happy and pleasure time and enjoy the beauty of surrounding areas (Source: https://www.landnepal.com/details/3125.html/).

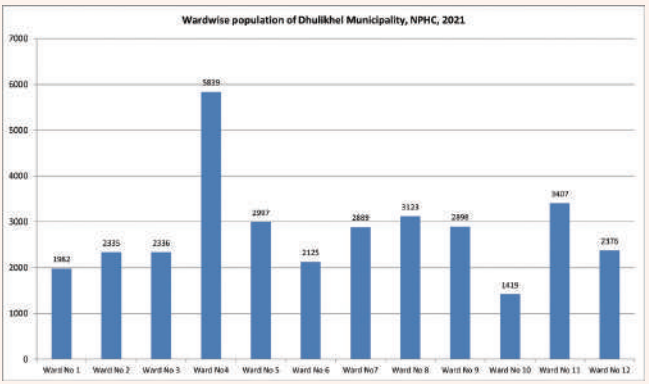
This city is connected with two major highways, B.P. Highway, which links to Kathmandu to Eastern Terai (flat land) and Araniko Highway, links Nepal's capital city to Kodari, a northern china border. Dhulikhel is now equipped with all the modern facilities like electricity, telephone, internet, drinking water, road, middle to luxurious hotels/ resorts, high level education institutions and super specialty hospital.

Dhulikhel is also known and popular in Nepal for community engagement for the development work. Most of the ancient temples, community places, and schools were developed by the efforts and resources rose by the community people. The most popular, successful and sustainable development models Community managed Dhulikhel Drinking Water project, Kathmandu University, and Dhulikhel Community Hospital are loated in in this municipality. Community people, municipality and other local agencies have put a lot of financial and moral supports to design, construct, operate and sustain of these model develop programs.

Dhulikhel Municipality has developed a "Vision Strategy" 2030 in 2018 after the first election of local government as per the new federal government system and the new Constitution of Nepal 2015. The vision of the Dhulikhel Municip ality is "A well-managed city with prosperous, healthy and happy life" and the mission is "Develop Dhulikhel as a prosperous, good governance, and model city by fulfilling basic needs and enhancing quality of life of community people and preserving culture, heritage and environment". One of the six strategies of this vision document is "Increase access health, education, drinking water, sanitation, transportation and economic development to all people". The strategy on health focused to develop this city as a "Healthy City" and promotes innovative, collaborative, community engagement, ecofriendly, sustainable and inclusive development.

Population:

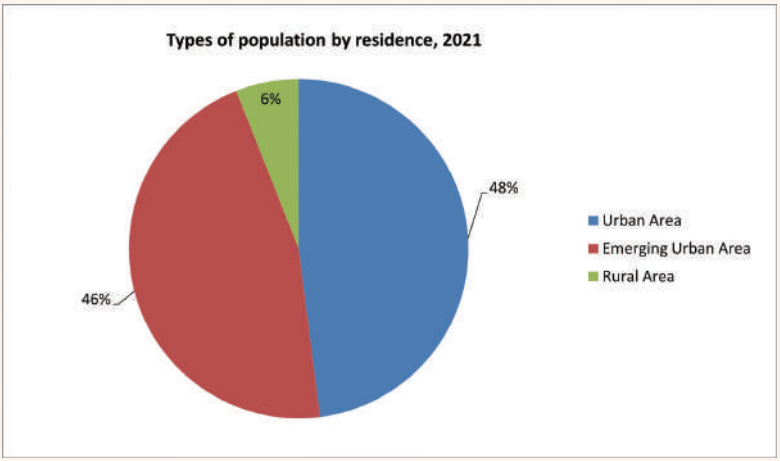
According to the Nepal Population and Housing Census (NPHC), 2021, the population of Dhulikhel Municipality is 33,726 and there are 8,570 households. Among them, 16,462 (48.81%) are male and 17,264 (51.19%) are female. The sex ratio is 95.5. It means there are 95 males per 100 females. The average population density of this municipality is 613 per square KM. The population density is high in Ward No 5 (4,458 persons per sq KM) and low in Ward No 2 (274 persons per sq. KM). In average, there were 3.94 persons in each family in 2021.



There are 12 wards in the municipality. The highest number of population (5,839) live in Ward No, 4 and least number of population (1,419) live in Ward No 10.

Types of population by residence:

The municipality is divided into twelve wards. Before the federal government system, majority parts of the municipality were urban in nature. However, following the classification of Dhulikhel as an urban municipality and the merger with surrounding village development councils, Dhulikhel's landscape and its social and economic characteristics changed. It transformed from a predominately urban area to a municipality that has both urban and rural characteristics. According to classification of urban and rural area of Nepal, among the total 12 wards, five wards (3,4,5,6 and 7) are considered as urban areas, six wards are considered as emerging urban areas (2,8,9,10,11 and 12) and one ward (1) is considered rural areas. As per this classification, among the total population (33,726) 47.99 % live in urban areas, 46.13 % live in emerging urban areas and 5.88 % live in rural areas.



Caste/Ethnicity:

The municipality is reach in habitant of different types of castes/ethnics. Among the total population, 95 % covered by 10 major caste/ethnicity including Tamang (25.63%), Brahman Hill (24.05%), Newar (18.24%), Chhetri (15.44%), Magar (3.11%), Mijar (2.97%0, Biswokarma (2.19%), Thakuri (1.42%), Pariyar (1.24%) and Gharti/ Bhujel (1.21%).

Availability of health services

In the past, there was no hospital in the Dhulikhel, although this is the headquarter of Kavre district. There was only one health center serving outpatient services by paramedics/nurses. People needs to visit either in Banepa or Kathmandu for treatment. Community people demanded many times with authority persons of Ministry of Health at central level but did not get support to establish the hospital. So, Dhulikhel Municipality, and community leaders formed a local committee called "Swastha Sewa Sangh" to advocate, collect resources, liaison with national and international agencies to establish a hospital in the municipality. Due to enormous and continuous efforts of this committee a 25 bedded Dhulikhel Community Hospital was established in 1996 with a tripartite engagement of Dhulikhel Municipality, Nepali Med Austria and Swastha Sewa Sangh. Community people donated land and money to build hospital and many national and international individuals and agencies collaborated financially

,materially and morally to build the hospital and start the services. Now this hospital is expanded to 500 bedded super specialty hospital and become teaching hospital of Kathmandu University. This is now well known in the country and international level as a model for community management and sustainable model for delivering healthcare that is both affordable and of a high quality to people especially from rural areas of Nepal. In addition this hospital is also contributing in other 18 municipalities to provide quality health services by establishing different level of outreach health clinics. This hospital is producing different level health workers (middle level to Ph.D level) and conducting research activities to strengthen health services in the country. In addition to academic courses hospital is becoming a hub for learning different types of short courses on health programs for national and international health workers.

In addition to Dhulikhel Community Hospital, there are one primary health care center, one Ayurbeda center, six health posts and eight basic health service centers. These health facilities are serving preventing, promotive, curative and rehabilitative health services for the community people including in rural and hard to reach areas. (See Annex I for the name, type and location of health facilities in the city).

Dhulikhel Hospital: A Unique Model and Quality Service for Poor and Rural People of Nepal

Dhulikhel hospital is an independent, not for profit, non-government institution and community managed hospital. This hospital was established in 1994 as a collaborative effort of the Dhulikhel Municipality, NepaliMed International and Dhulikhel Health Service Association.

Dhulikel Hospital is a unique hospital in Nepal, based on a philosophy to give high quality treatment to the poor. The hospital believes in the fact that quality health services need not always be an expensive commodity and limited only to those who are rich enough to afford. The Hospital is guided by the principles of social equity, sustainable development and harmony with nature. Through its trained staff, it provides cost effective, compassionate and quality health care services.

At present Dhulikhel Hospital is providing all types of super specialty health services with modern equipment and most advance technology available in the world by the well-trained health workers.

The hospital covers the population of approximately 2.5 million people from Kavrepalanchok, Sindhupalchowk, Dolakha, Sindhuli, Ramechhap, Bhaktapur and other surrounding districts. Nevertheless, Dhulikhel Hospital has already provided services to people from more than 50 out of 75 districts of the country. Dhulikhel hospital is also the university hospital for all the medical programs run under the collaboration with Kathmandu University (constituent medical programs of Kathmandu University).

An important aspect of Dhulikhel Hospital is the 18 Outreach centers distributed across various parts of Nepal including a 50 bedded specialized hospital at Dolakha. These Outreach centers serve as primary health care centers as well as referral points for specialized services. Dhulikhel hospital also serves as the telemedicine hub for Bagmati province.

Drinking water for all

86 PERCENT OF HOUSEHOLDS ARE GETTING PIPED WATER SUPPLY IN THE MUNICIPALITY

Dhulikhel is pioneer in community managed drinking water system. The model drinking water system in Dhulikhel was built in 1987 and completed in July 1992 with a joint tripartite agreement among the Government of Nepal, German Government and Dhulikhel Drinking Water and Sanitation Users Committee (DDWSUC) to solve the scarcity of drinking water in the Dhulikhel city. To build this water system, people of Dhulikhel had actively participated in various phases of the project ranging from planning, implementation to operation and maintenance. The source of this water system is the Saptakanya fall from Kharkhola stream situated 13.5 km far located in Kalanti Bhumidanda village. The Kharkhola source is one of the tributaries of the Roshi River, which is a tributary of the Sunkoshi River. DDWSUC has been providing drinking water since early 90s in the

core traditional urban areas of the Municipality. Besides this, local springs are tapped and 5 deep boring wells have been installed to extract ground water. All water is treated in a water treatment plant with sedimentation, sand filter and chlorination facilities before supply. During early phase of the drinking water system, it used to supply water 24 hours a day to its consumers. However, as similar to other parts of the country, Dhulikhel is also experiencing water scarcity due to decreasing flows, climate change and increasing number of households, hotels and restaurants and other government and non-government institutions. To solve this problem, municipality is implementing various water supply projects to increase access of piped water all households of the municipality. At present 86.19% of households connected with metered safe drinking water system. Municipality has planned to provide safe drinking water for all the family members by 2030. In addition municipality is implementing water recharge system to preserve for future. So far 80 recharge ponds and trenches have been constructed in Dhulikhel and study is ongoing to water recharge source in Thuloban area in collaboration with SIAS.

One House One Tap Policy

In a bid to address the water demand in Dhulikhel, various measures have been put forward after the last municipal election held in 2017. The vision of current municipal government is to make Dhulikhel a water-secure town by achieving a target of 'One House One Tap' by 2030. The elected people's representatives of Dhulikhel passed the One House One Tap Policy from the first Municipal Assembly with the objective of providing healthy and adequate drinking water to every household in Dhulikhel. Under the policy, the Municipality made its plan in the first year to provide drinking water service so that every resident of Dhulikhel gets 65 liters of water per person per day.

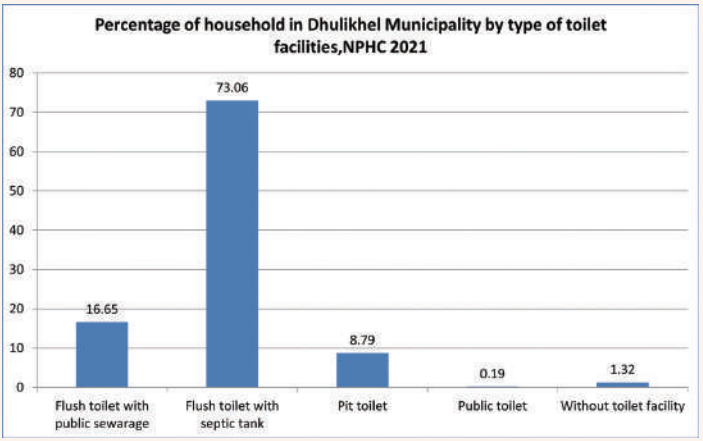
Some of the activities related to drinking water study and protection of sources conducted by the municipality are:

- Pani Chautari: A collaborative approach adopted by Dhulikhel Municipality for sustainable development of drinking water resources.
- Dhulikhel Water Conference
- Publication of a book on drinking water security
- Source protection works: For ground water recharge, 80 recharge ponds have been constructed in Dhulikhel

Sanitation

Increasing access of basic sanitation services is one of priority program of Dhulikhel Municipality. Dhulikhel municipality has initiated number of projects to improving sanitation coverage and increasing the number of household with toilet facilities. Dhulikhel Municipality declared city as "Open Defecation Free Zone" in 2018. As per the recent Census data of 2021, among the total 8,570 families, 98.68 percent of families are using any kind of toilets. Among the toilet users, 16.65 % are using flush toilet connected with public sewerage, 73.06 % are using flush toilet connected with septic tank, 8.79% using simple pit toilet and 0.19 % using public toilet.

98.68 PERCENT OF FAMILIES ARE USING ANY KIND OF TOILETS



Dhulikhel is also well known as a pioneer in Biological Wastewater Treatment Plant. Dhulikhel Hospital is the first hospital in Nepal which has biological wastewater treatment plant system. Similarly, households located at the urban clusters; ward numbers 5, 6 and 7 are facilitated with municipal sewer networks. A Decentralization Combined Sewer (DCS) was installed in ward number 5, connected to Shreekhandapur Wastewater Treatment Plant which is managed and operated by community-based organization. A Centralized Combined Sewer (CCS) network from ward number 6 and 7 is connected to Wastewater Treatment Plants. However, both these plants are currently defunct and require major reforms. Direct discharge of wastewater from toilets into water bodies or open drains is observed in a few rural areas. Dhulikhel Municipality is also collecting solid waste from each household regularly in urban areas. The solid wastes which are collected in dumping site is segregated and sold to the vendor for reuse.

Municipality has planned to develop well established modern waste disposal system so that all the waste from the municipality will be managed properly. We have already identified the contractor to implement this initiative.

Biological waste water treatment plan, Dhulikhel Hospital

Community Engagement

Community engagement is the most contributing factors in the majority of development activities from the origin to now. Most of the ancient temples, ponds, and public development activities in the city were developed by the effort of the community people. This practice is still continuing now. Dhulikhel hospitals, drinking water system, Kathmandu University, 1,000 stone-paved ladders are some of the examples of community engagement in Dhulikhel Municipality.

To further strengthen community engagement in various health programs of Dhulikhel Municipality, following activities have been implementing at various level;

Health City Committee at municipality level

Municipality has formed Healthy City Committee under the leadership of Chairperson of Social Development Committee. Chief Administrative Officer, Public Health Expert, Representative from Headmaster of School, representative from partner agencies, female representative are the members of this committee. The chief of the health section serve as a secretary of this committee. The committee support municipality to develop plan, implement and monitor health related activities. Mayor of the municipality provide overall guidance for this committee as a patron.

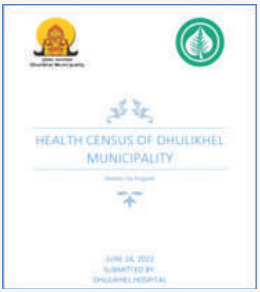
Healthy City Committee at community level: This committee is formed under the leadership of Female Community health Voluteer (FCHVs) which includes five male and five female members from the local community. This committee identifies the health problems of the community people advocate for solving the problem. In addition committee members works with the community people to plan and implement various health related preventive, promotive and curative activities.

Formation of Health Facility Operation Management Committee: To increase local participation and include capacity of local people on management of health facility and health services, municipality has formed Health Facility Operational and Management Committees (HFOMC) in the health facilities under the leadership respective ward chair person. Municipality conducted training and orientation to HMOMC members about their roles and responsibilities and to increase their capacity on management and monitoring of the services to enhance quality of services. The committee meets at least quarterly and discusses about the progresses and challenges and develop action plan to improve the services. To accountable for health services at community level, all facilities have established citizen charter which include types of services providing from the health facilities, opening hour, responsible persons, free health services available and other facilities providing through health facilities.

Social audit: HFOMC of all health post is doing social audit at community level to inform and aware people about the program and budget received from different sources and implementing approaches and types of services providing through health facilities. It encourages community people to provide feedback on the services and put their voices on the program activities and health services

Formed Mother's Groups: There are ६९ Mothers' Group in the municipality (in average ५-७ committees in each ward based on population and geographical situation). These groups meet every month and discuss about the health issues. FCHVs are trained to facilitate the meetings effectively. These Groups are also provided required job aids and information education and communication materials to utilize during the meeting.

Health Census:



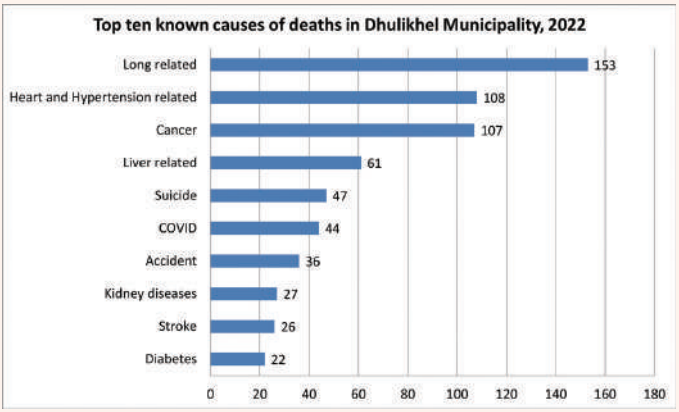
Dhulikhel Municipality conducted a census of all the households related to health, sanitation, and drinking water and other determinants of health in 2022 as part of developing Healthy City. The findings of this census set as baseline to develop long term and short term plan to achieve the targets by 2030. In addition, Dhulikhel Municipality is also moving toward the smart city and doing various activities to digitalize all its information and services. To support this objective, the survey also helped to develop electronic health profile of each households of the municipality so that it can be linked with other information like mapping of houses.

Specific Objectives:

- Collect existing situation of health, sanitation, and drinking water of all the family members of Dhulikhel Municipality so that this can be used as baseline for future plan.
- Prepare electronic health profile of each households of municipality, with GPS and unique ID number, so that the data can be used for developing short term and long term plan.
- Integrate the existing health profile with the other sectors like mapping of house, taxing system etc.(This will be done by Dhulikhel Municipality).

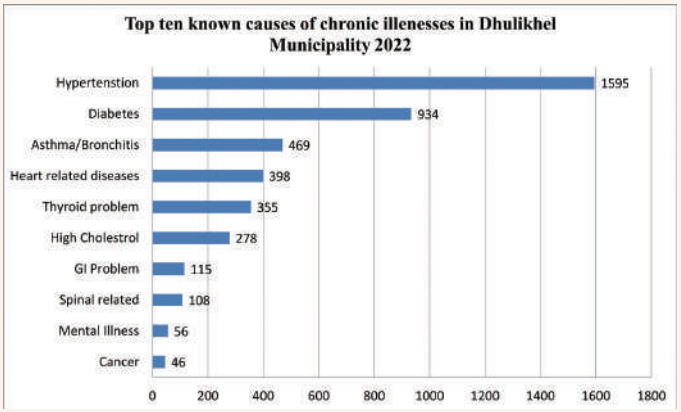
Major causes of mortality:

According to health census total 944 deaths occurred during one year preceding the survey. The major 10 known causes of deaths are given below;



Major causes of chronic illnesses

During the health census, people were asked about the current health problem they were facing. Total 4598 persons were facing any types of health problem. Please see below the top ten causes of illnesses in Dhulikhel Municipality. Heart related problem (hypertension, heart related diseases and high cholesterol) is the main causes of health problem.



Policy Development

As per the federal government system, municipality has authority to develop its own acts and policies. These acts and policy provide a commitment and guidance towards the specific development activities. To strengthen health services, municipality has developed following health act and policies;

- Healthy City Policy 2079
- Basic Health and Sanitation Procedural Act in 2075
- Mental Health and Counseling Policy (2022).
- In addition to above Act and policies, Dhulikhel Municipality has also adopted Education Act, Environmental Promotion Act, Information Technology Act, Dhulikhel Municipality Cooperative Act, Market Monitoring Guideline, Agri Business Promotion Act. These support directly and indirectly different aspects of health.

Air pollution and CO2 Emission Free:

Dhulikhel Municipality has banned to operate the industry and other types of business activities which produce air pollution in the city. It has helped to improve the quality of air in the city. However, due to construction work in the Arniko High Way, air pollution is increasing and making problem to maintain air quality. Dhulikhel Municipality is the member of Zero Carbon Emission City Network. Municipality endorsed the Fossil Fuel Non-Proliferation Treaty on 7th October 2021, becoming the first city in Global South and South Asia to do so. The endorsement was done just weeks before the climate summit in Glasgow where 196 countries will revisit their progress toward meeting Paris Agreement commitments. To promote this initiative, families are discouraging to use fire wood for cooking purpose and promoting to use Induction stoves and Liquefied Petroleum Gas (LPG) for cooking food.

Source: https://cen.org.np/uploads/doc/202110-dhulikhel-in-nepal-is-first-city-in-global-south-to-endorse-the-fossil-fuel-non-proliferation-treaty-6163c07c411f0.pdf

Equal Representation of Women in Local Politics and Decision Making

The Local Election Act of Nepal mandates 33 percent quota for women candidates at all levels of government, including at the ward level, which is the smallest administrative unit that collectively forms a municipality. Each ward council consists of one chair and four ward members. Out of these members, two of them must be women including one Dalit woman. Additionally, the Act stipulates that political parties must field at least one female candidate for the post of either mayor or deputy mayor of a municipality or for chief or deputy chief in the case of a rural municipality (Local election Act, 2017)16. Dhulikhel Municipality has successfully implemented the Local Election Act and has managed to increase women's political representation. In addition, the municipality has also established a Women's Council to facilitate greater role for women in local decision-making processes. The Council also promotes skill development and supports mainstreaming of gender perspective into urban planning and services.

Declaration of Child Friendly Local Government

In order to support the section of population that is struggling to provide health, education and security to their children, Dhulikhel municipality, with the support of Civic Forum for Sustainable Development, a local NGO, participated in a child friendly local government campaign. The municipality implemented a Child Sensitive Social Protection and Orphan Children Protection program to improve access to basic services for children and has adopted a child-friendly environment as an essential

code of conduct for Dhulikhel. There are 39 national targets that are monitored by the district coordination committee and national government to declare a municipality as child friendly. In 2020, Dhulikhel became the fourth municipality in Nepal to declare itself as a child friendly municipality. For sustainability of this initiative, the municipality has designed an investment plan in which 2-3% of municipal budget is spent on investment for the benefit of children.

Improving Quality of Life of Disabled Population:

Dhulikhel aims to provide equal access to services and involvement in the city's activities to its disabled population. The municipality adopted a community-based rehabilitation support program for disabled persons in the city. The Community Based Rehabilitation (CBR) approach, though widely implemented in Nepal is often led by non-governmental organizations, CSOs or self-help groups. This approach strengthens disability related networks and helps to prioritize provision of basic services to the population with special needs, especially during and after disasters. In Dhulikhel, due to the city's vulnerability to earthquakes and other disasters, the city is taking the lead in implementing the CBR approach by bringing together different organizations to provide a wide range of services such as certification/identity cards, social security (cash transfer), entrepreneurship and skill development training, technical and financial support, and improve disabled friendly infrastructure.

Youth Council

Over 20 percent of the population in Nepal is in the 16-24 age group. Youth can be catalysts for political, economic and social changes in any country and thus engaging young people in decision making processes is essential. To encourage youth engagement, Dhulikhel municipality also includes a youth committee to advocate for youth rights and advise on the formulation of municipal laws, policies, plan and programmes. They are also engaged in working with the communities and collecting information from ward and household level to support need based programmes.

Equal Representation of Tribal Communities

Dhulikhel is a melting pot of a variety of communities such as Newars, Brahmins, Chhetri, Tamangs and Dalits. Culturally, Dalits and tribal population were marginalized and were excluded from decision-making processes. To ensure equal representation of these communities, protect their rights and strengthen inclusivity in its development planning, Dhulikhel formulated Dalit Councils and Tribal Councils that advise on the formulation of municipal laws, policies, plan and programmes

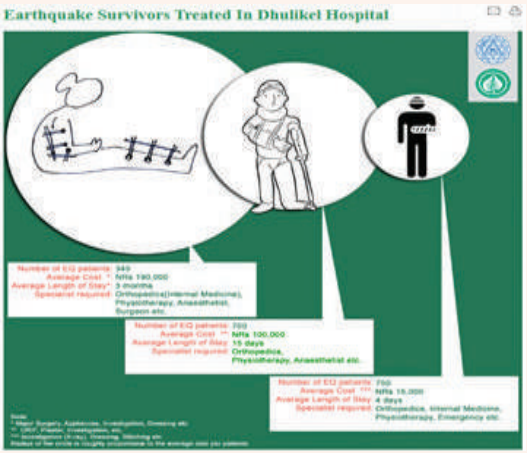
Capacity to deal with health-related emergencies

Although Dhulikhel is safe place to live topographically, environmentally and other factors, municipality has developed different plan and policy to tackle the health related emergencies. Following are the major plans and programs to deal the health-related emergencies;

- Dhulikel municipality has own emergency preparedness plan under social sector development plan.
- It has own Ambulance vehicle and providing free of cost for needy people like elder people, pregnant women etc.
- Municipality has 2 fire fighting vehicles to control and extinguish uncontrolled

fire. These vehicles are also supporting to other municipalities of Kavre distict.

- Dhulikhel hospital is providing very good health services in emergency situation. It has special task force and good experience during big earthquake in 2015 and Covid-19 pandemic period.
- Dhulikhel hospital is planning to establish 100 bedded Trauma Center Hospital in near future with financial and technical support of Government of Japan.
- During covid-19 pandemic municipality provide health services to people with establishing Sanjiwani quarantine and Isolation Centre, where municipality proved service more than 4000 people including other three municipality and other district
- To manage the Emergency in ward level like flood, fire, disease epidemic and so on municipality has formulate Rapid response Team (RRT) in ward level.



Source: https://old.dhulikhelhospital.org/index.php/component/content/category/63-earthquake

Initiatives to address inequality in health services

Dhulikhel Municipality has analyzed the situation of health of its people by conducting health census in 2022. According to findings of this study, health situation is poor in Ward No.1 Devitar and some marginalized communities in Ward 9 and 11. The root causes of this inequality are geographic terrain, poor education and socio-economy status. Municipality has conducted following activities to minimize health inequalities:

- Implemented different types of mobile outreach services including immunization, nutrition, family planning, dental, eye, safe motherhood services.
- Implemented specialized health camps like cervical cancer, dental, general health check-up and school health program.
- Free health insurance to disable people, FCHVs, financially poor family.
- Establishment of new health facilities in rural areas like Ward 1, 9 and 11 to increase awareness and access of health services to community people.
- Distributed supportive equipment to disable people e.g. hearing aid, wheel chair, white stick etc
- Initiated door to door health services especially focusing to elder and disable persons.

Fostering accountability:

To accountable for health services at community level, all facilities have established citizen charter which include types of services providing from the health facilities, opening hour, responsible persons, free health services available and other facilities providing through health facilities. HFOMC of all health post is doing social audit at community level to inform and aware people about the program and budget received from different sources and implementing approaches and types of services providing through health facilities. It encourages community people to provide feedback on the services and put their voices on the program activities and health services.

Multi-sectorial initiatives:

Municipality has very good coordination and collaboration with different national and international organizations to implement different development activities including health. Municipality is working closely with federal and provincial MoHP, district public health office, district coordination committees and non-government agencies. There are greater role of national and international agencies and UN agencies to improve health status of community people. It is almost not possible to achieve these successes only with the municipality's local resources. Municipality has also made friendly relationship with couple of national and international municipalities.

In addition health section is coordinating with municipality sections like education, environment, agriculture, physical and infrastructure and administration sections to harmonize the activities to enhance health of the people.

Greenery and clean environment

The city is blessed with natural greenery and clean environment with different aspects. Among the total area of municipality forest has covered 8.53 sq KM. To further improve in the area of greenery, there are 36 forest committees to preserve and promote forest in the city. Municipality has initiated integrated forest program - One person 2 trees program to protect Environment and promote greenery. Dhulikhel is developing one park in each ward, trekking trails, resting places and attractive statues in tourist hotspots and picnic spots. In addition, municipality has planned to plant 100,000 trees in the city.

Other major initiatives in Health

National Immunization Program (NIP) in Dhulikhel

Nepal's National Immunization Program (NIP) provides vaccines to children and pregnant women to protect them from life-threatening diseases. The program was launched in 1978/79 as the Expanded Program on Immunization (EPI). Program goals Reduce under-5 mortality, provide equitable services to marginalized communities, eliminate measles and rubella, eliminate maternal and neonatal tetanus, and reduce the burden of Japanese encephalitis.

Program achievements-

- Nepal has been polio-free since 2010
- Maternal and neonatal tetanus elimination status has been sustained since 2005
- Burden of Japanese encephalitis has been reduced

Dhulikhel Municipality has taken as priority program under healthy city Program in

Dhulikhel. It has 25 EPI centers and conducts 29 EPI session every month in different ward levels. The achievement in EPI Programs is remaining as fallow: -

Indicators	F.Y. 76/77	F.Y. 77/78	F.Y. 78/79	F.Y. 79/80	F.Y. 80/81
Percentage of children under one year immunized with BCG	341.2	259.1	566.2	514	425.1
% of children under one year immunized with DPT-HepB-Hib1	92.5	86.4	141.4	147.8	134.9
% of children under one year immunized with DPT-HepB-Hib3	79.2	80.6	124.2	136.2	136.7
% of children months immunized against measles/rubella 1	76.3	75.1	118.9	127.7	152.6
% of children aged 12-23 months immunized with JE	82.5	88.7	120.9	129.1	151.1
% of children aged 12-23 months immunized with measles/rubella 2	77.8	83.7	121.1	117.2	142.2
% of children immunized with TCV	77.8	83.7	121.1	117.8	142.2
% of children fully immunized as per NIP schedule	77.8	83.7	121.1	117	142.2
% of pregnant women who received completed dose of TD (TD2 and TD2+)	106.6	96.3	204	153.5	119.2
% of pregnant women who received TD2	103.6	93.3	196.4	123.8	86.7
% of under 1year children immunized with Rota vaccine 1	0	59.4	141.4	147.6	134.9
% of children under one year immunized with OPV 1	89.1	86			
% of children under one year immunized with OPV 3	77.6	80.2			
% of children under one year immunized with FIPV 1	93.97	100.66			
% of children under one year immunized with FIPV 2	53.2	66.4			
% of children under one year immunized with PCV 1	89.6	85.7			
% of children under one year immunized with PCV 3	74	74.5			
6.3 - % of 1 year children immunized with Rota 2	0	57.3			

Drop out

Indicators	F.Y. 76/77	F.Y. 77/78	F.Y. 78/79	F.Y. 79/80	F.Y. 80/81
DPT-Hep B-Hib dropout rate (DPT-Hep B-Hib 1 vs 3)	14.4	6.7	12.2	7.8	-1.3
DPT-HepB-Hib1 vs MR2 dropout rate	27.6	17.2	16.9	20.7	-6.3
PCV dropout rate (PCV1 vs PCV3)	17.4	13.1	14.8	13.5	-13.1
Measles/Rubella dropout rate	12.2	4.8	1.1	8.2	6

Health insurance: A pioneer city in Nepal

Health Insurance Board (HIB) is a social protection program of the Government of Nepal that aims to enable its citizens to access quality health care services without placing a financial burden on them. The households, communities and government are directly involved in this program. Health Insurance program helps prevent people from falling into poverty due to health care costs i.e. catastrophic expenditure due to accidents or disease by combining prepayment and risk pooling with mutual support. This program also advocates towards quality health services. This program attempts to address barriers in health service utilization and ensure equity and access of poor and disadvantaged groups as a means to achieve Universal Health Coverage.

Out-of-pocket expenditure has always been the largest source of funding in Nepal, followed by government expenditure. For years different studies, assessments, reviews of the sector called for interventions to reduce OOP as it is the most unfair/ regressive way of funding health services.

Dhulikhel Municipality has started Health Insurance Program since 2076. The coverage is very high in Kavre. Not only in Kavrepalanchok district which is the highest coverage among 77 district and753 local level in Nepal.

Nutrition Interventions in Dhulikhel

Nutrition interventions have been proved as one of the most cost-effective investments for overall socio-economic development by enhancing human capital through improved productivity of the population. Hence, nutritional well-being of the population is crucial for accelerated attainment of many of the Sustainable Development Goals. The Constitution has also ensured the right to food, health and nutrition to all citizens in Nepal. Failing to ensure protection of the population from the hunger and under-nutrition lead to less productivity leading to compromised socio-economic development. Dhulikhel Municipality has various Intervention to uplift the nutrition status of people.

Indicators	F.Y. 76/77	F.Y. 77/78	F.Y. 78/79	F.Y. 79/80	F.Y. 80/81
% of children aged 0-11 months newly registered for growth monitoring	30.4	55.7	55.3	80.2	102.4
% of children aged 6-23 months who received 3 cycle (180 Sachets) Baal Vita (MNP) in last 18 months	16.27	4.79	0	6.06	14.93
% of children aged 6-59 months screened for malnutrition by FCHV	192.5	144.4	279.2	323.8	284.4
% of MAM cases (6-59 months) recovered	N/A	N/A	N/A	90	100
Average number of visits among children aged 0-23 months registered for growth monitoring	N/A	N/A	N/A	4.3	6.1
Number of students in grade 1-12 who received anthelminthic	5575	4112	9341	10844	10187
%of children aged 0-23 months registered and visited for growth monitoring who were underweight	0.85	1.3	3	1.1	0.49
% of children below 6 months exclusively breastfed among registered for growth monitoring	51.7	45.6	80	81.1	75.9
% of children aged 6-8 months registered for growth monitoring who received complementary food	19	23.1	45.4	65	77.3
% of children aged 6-59 months who received vitamin A supplementation in last six months	177.6	182.4	234	243.7	263.7
% of children 12-59 months who received anthelminthic in last six months	241.1	188.6	239	246.9	265.9
% of children aged 6-23 months who received at least one cycle (60 Sachets) Baal Vita (MNP)	51.88	21.97	0.66	64.42	63.19
% of children aged 12-59 months who received anthelminthic in last six months	120.56	94.32	119.48	123.47	132.97
Percentage of children aged 0-23 months registered for growth monitoring	30.1	60.1	65.5	51.3	55.4

The nutrition intervention in Dhulikhel Municipality are as follows: -

- Anemia free City program
- Pregnancy mother Nutritious food distribution
- Nutrition food distribution for Postnatal mother
- IfA distribution to School girls
- School nutrition program

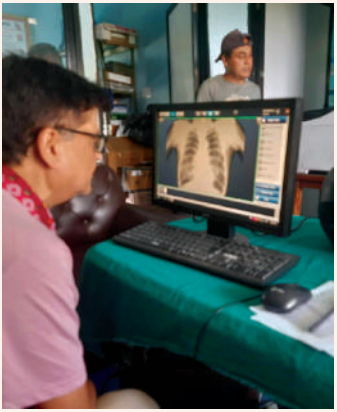
- Deworming program
- Vitamin A distribution Program
- Bal vita distribution Program
- Kitchen garden seed distribution program

IMCI program for Healthy Child

IMNCI Indicators	F.Y. 79/80	F.Y. 80/81
Diarrhoea incidence rate among children under five years	170	199.6
% of children U5 years with Pneumonia treated with antibiotics (Amoxicillin)	102.4	102.3
% of children under five years with ARI managed at Health Facility	95	94.8
% of multiple illness classification cases reported in IMNCI	116.4	116.4
% of infants aged 0-2 months with Possible Severe Bacterial Infection (PSBI)	5.38	1.32
% of children under five years enrolled in IMNCI program	130.4	152.6
% of children under five years with diarrhea treated with zinc and ORS	100.1	98.7

The Integrated Management of Childhood Illness (IMCI) program in Nepal aims to improve the health of children under five years old. The program focuses on both curative and preventative care. The program includes curative and preventative care, and focuses on improving health systems, family practices, and the skills of health workers. The core intervention of IMCI is integrated management of the five most important causes of childhood deaths-acute respiratory infections, diarrheal diseases, measles, malaria and malnutrition. Dhulikhel municipality has implemented this program through 15 health institutions. The achievement of this intervention is good.
The major Highlighted Intervention in IMNCI program in Dhulikhel Municipality are: -

- Training to Health worker.
- Regular medicine supply.
- Regular monitoring.
- Monthly meeting and onsite coaching.
- Services available in all Health institutions.



TB free Initiative in Healthy City

The TB Free Nepal Declaration Initiative, endorsed by the Ministry of Health and Population on November 2021, is a key stepping stone for ending TB in Nepal. The plan was to start the initiative with 22 national local levels in the next 2 years, and throughout the country in the next 5 years. The TB prevalence was estimated to be 416/100000 with around 117000 people with TB disease in the country living. Similarly, the incidence was found

to be 245/100000 with an estimated of 69000 cases. The mortality was also found to be 3.1 times higher than the previous estimates. TB Free Initiative is one of the innovative activities in the National Strategic Plan (2021/22-2025/26). Government of Nepal (GoN) plans to make the Local Governments accountable towards Tuberculosis management and ensure a conducive environment to tackle the foreseen challenges in order to achieve the END TB target by 2050 (<1 TB case/Million population).

Indicators	F.Y. 78/79	F.Y. 79/80	F.Y. 80/81
Case notification rate (All forms of TB cases - New and Relapse)	107.5	146.4	138
Case notification rate (all forms of TB cases)	107.5	154.5	143.7
TB Case Fatality Rate (%)	0	2.6	3.5
Treatment Success Rate	100	94.7	87.7
Slide Positivity Rate of TB	2.7	0.94	0.71
TB Cases documented as HIV Status Known (%)	100	100	100
TB cases of all forms (PBC, PCD and EP) of TB cases with DST status known (%)	0	15.8	58

'TB Free' means the condition of Zero TB or <१ TB case per million population. Dhulikhel Municipality is implementing TB free Initiative since pilot stage. And it is enabled to reduce the transition. The following program are implemented in Dhulikhel-

- Every health facility has a TB Focal Person.
- Necessary arrangements are made for infection control and waste management in the diagnostic and treatment centers and sub-centers.
- The minimum physical infrastructure required for diagnosis and treatment centers and sub-centers are available.
- Micro-plan for TB-Free Initiative is formulated at each ward of all local levels as prescribed and implemented accordingly.
- Public awareness programs are implemented in the community to eradicate discrimination towards TB disease.
- Active Case Finding Program are conducted on regular basis among the risk group and risk-prone areas.
- The residents of the local level who had gone outside the local level for foreign employment, seasonal employment and had stayed elsewhere for more than four months have undertaken TB test immediately upon return for ensuring TB transmission.
- TB Prevention activities like ensuring 100% BCG vaccination, provision of identifying unvaccinated children and vaccinating them by developing plan by the concerned health facility, and Tuberculosis Preventive Therapy (TPT), are conducted for reducing TB transmission rate.

FCHV Program in Dhulikhel

The Female Community Health Volunteer (FCHV) program in Nepal is a community-based health program that provides services to rural areas. The program was started in 1988 by the Ministry of Health's Public Health Division. The main role of FCHVs

are concentrated on the health promotional activities of mothers and children in their working area. Besides, they will also help in promoting utilization of available health services and raise awareness on health through MGH. FCHVs help in various health programs such as family planning, safer motherhood, newborn care, immunization, nutrition, communicable and epidemic diseases, acute respiratory diseases and diarrheal diseases control, environmental sanitation, health education and other national programs. They also provide recommended services like drug distribution and diseases management as directed by Nepal government based on community based approach

The major functions of FCHVs in Dhulikhe are-

- **Provide health education:** FCHVs educate communities on healthy behaviors, such as family planning, maternal and child health, and safe motherhood.
- **Provide health services:** FCHVs provide basic health services, such as treating pneumonia cases, distributing vitamin A capsules, and providing oral rehydration salts.
- **Refer patients:** FCHVs refer patients to health facilities for more serious conditions.
- **Link communities to health services:** FCHVs connect communities with health workers and health facilities.
- **Work as Team Leader of Healthy City Volunteer-** There are 10 members under coordination Of FCHV within each catchment area of each FCHV which consist 5 Male and 5 female including representative, teachers, community leader etc.

Top ten Health service provided diseases

The top ten diseases in terms of prevalence vary by region and income level. Some of the most common diseases include:

- Cardiovascular disease: The leading cause of disease globally. In 2021, cardiovascular disease was responsible for at least 19 million deaths from noncommunicable diseases (NCDs).
- Cancer: A leading cause of disease globally. In 2021, cancer was responsible for 10 million deaths from NCDs.
- Chronic respiratory disease: A leading cause of disease globally. In 2021, chronic

respiratory disease was responsible for 4 million deaths from NCDs.

S.N	Disease	F.Y. 80/81
1	No of Hypertension (NCD)	5139
2	Number of patients treated for Upper Respiratory Tract Infection (URTI)	3461
3	No of Diabetes (NCD)	1951
4	Number of patients treated for Lower Respiratory Tract Infection (LRTI)	1022
5	Number of cases of animal bites	917
6	Number of women screened for cervical cancer	676
7	No of COPD (NCD)	479
8	Number of mental health cases on treatment	407
9	Number of Acute gastro-enteritis (AGE) cases	397
10	Number of women screened for pelvic organ prolapse	131

- Diabetes: A leading cause of disease globally. In 2021, diabetes was responsible for over 2 million deaths from NCDs.
- Communicable diseases: Tend to be more prevalent in low-income countries.
- Neonatal disorders: Tend to be more prevalent in low-income countries.
- Musculoskeletal disorders: A leading cause of disease globally.
- Mental and substance use disorders: A leading cause of disease globally.

Within Dhulikhel Municipality the major Highlighted program on Disease Prevention and control are:

- Regular Health Monitoring and daily Medicine distribution
- Mukhya mantri Janata Swasthya program
- BKHCCI (Bagamti Province Kavre Hypertensive Care Cascade Program)
- Daily OPD
- Community Health Screening program.

Top Ten NCDs prevalence in Dhulikhel

Noncommunicable diseases (NCDs), also known as chronic diseases, tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioral factors. The main types of NCDs are cardiovascular diseases (such as heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes. NCDs disproportionately affect people in low- and middle-income countries, where nearly three quarters of global NCD deaths (32 million) occur.

The most prevalent non-communicable diseases (NCDs) in Nepal include chronic obstructive pulmonary disease (COPD), cardiovascular disease (CVD), diabetes, and cancer. The Data shows that Prevalence of NCDs in Nepal are-

- **COPD:** The most common NCD, affecting 43% of the population in one study
- **CVD:** The second most common NCD, affecting 40% of the population in one study
- **Diabetes:** Affecting 8.5% of the population aged 20 and above in one study

S.N	NCD Indicators	F.Y. 79/80	F.Y. 80/81
1	No of Hypertension (NCD)	1870	5139
2	No of Diabetes (NCD)	897	1951
3	Number of cases of animal bites	959	917
4	No of COPD (NCD)	232	479
5	No. of cases of Fall injury	596	458
6	No. of cases of Burn injury	98	202
7	No. of cases of Road Traffic Injuries (RTI)	118	148
8	No of Depression cases	23	120
9	No of Epilepsy	9	14
10	No of Cardiovascular Disease (NCD)	17	9

- **Cancer:** Ovarian, stomach, and lung cancer are the main types of cancer in Nepal
- **Chronic kidney disease:** Affects 6% of the population aged 20 and above in one study
- **Coronary artery disease:** Affects 3% of the population aged 20 and above in one study

Dhulikhel municipality is also facing as the Major health challenge of Dhulikhel. Last FY 2080/81, the Number of service seeker from Health institution are remaining as Major Health problem.

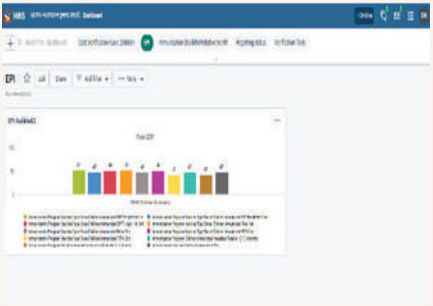
Safe motherhood program in Dhulikhel

ANC Visit	Number		Total
	Below 20 years	Above 20 Years	
Any time visit	238	2372	2610
12-week visit	147	1848	1995
4 visit as per schedule	112	2137	2249
8 visits	109	2019	2128
Delivery			0
SBA Trained	3	20	23
Skilled Health Person	117	1957	2074
Other	0		0

Nepal succeeded to make a drastic change in reducing Maternal Mortality Ratio (MMR) from 850 maternal deaths per one hundred thousand live births in 1990 to 239 in 2016, but still one of the highest MMR countries in the world. Approximately 12% (1 in 10) of deaths among women of reproductive age were classified as maternal deaths in 2016. Nepal has committed to achieve the United Nation's Sustainable Development Goals (SDG) to reduce MMR to 70 maternal deaths per 100,000 live births by 2030. In order to achieve SDG target, Nepal needs to decrease its MMR by at least 5% (12 maternal deaths) per year while addressing several inequities in maternal health access, utilization and quality. Dhulikhel Municipality is providing Safe motherhood program through Dhulikhel Hospital, two Birthing Center Shankhu and Devitar, Municipality also providing ANC services from 15 Health institutions.

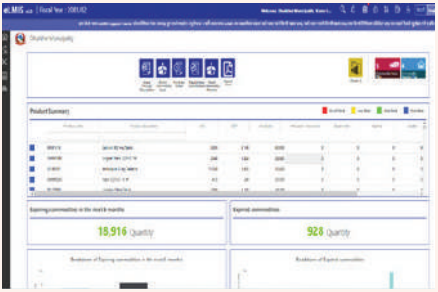
Electronic Health Information System in Dhulikhel

District Health Information Software, Version (DHIS2):



"District Health Information Software, Version 2" (DHIS2) is a free, open-source software platform designed for collecting, analyzing, visualizing, and sharing health data at various levels, from local to national, primarily used by Ministries of Health in many countries to manage routine health information within their systems; essentially acting as a robust health management information system (HMIS).

Electronic Logistics Management Information System (e-LMIS):



E-Logistics is software with set of technologies for communication that transform important and essential processes of logistic department by sharing information & knowledge with partners involved in supply chain process. A logistics management information system (LMIS) is a system of records and reports – whether paper-based or electronic – used to aggregate, analyze, validate and display data from all levels of the supply chain system that can be used to make logistics decisions and manage the supply chain.

Health Information Dashboard Public Portal:

A health information dashboard is a software tool that displays healthcare data in a way that's easy to understand. It can help organizations track, identify, and improve their performance in clinical, financial, and operational areas. Dashboards summarize and visualize data. They show organizational and departmental performance at a glance and it also helps executives make quick analyses and take action based on data. it's used for tracking patient flow and monitoring resource availability and capacity it also helps for tracking key performance indicators (KPIs) related to patient safety and quality of care.

Surveillance, Outbreak Response Management and Analysis System (SORMAS):

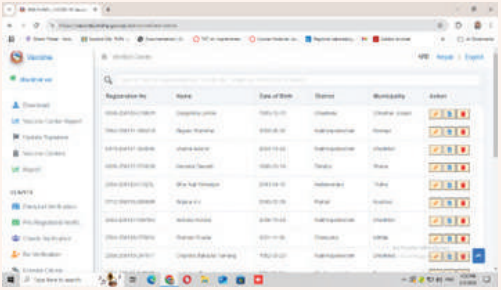
SORMAS is the Surveillance Outbreak Response Management and Analysis System - is an open source mobile eHealth System. It helps implement disease control and outbreak management procedures including surveillance and early detection of outbreaks. One of the primary goals of a functional disease surveillance and notification system among others is to detect and monitor diseases and other events with potential threat to the health of the public with respect to source, time, person, population and place in order to provide rationale for public health action. The key objective of surveillance is to provide information to guide interventions. The public health objectives and actions needed to make successful interventions determine the design and implementation of surveillance systems.

Public Asset Management System (PAMS):

A public asset management system helps governments manage their assets, including their value, maintenance, and long-term funding needs.

The Benefits of a public asset management system are Cost-efficient, Better understanding of assets,Improved maintenance, Better long-term planning

Some components of a public asset management system are :-



- Fleet management-Helps governments track their fleet assets, including maintenance plans, fuel costs, and driver behavior
- Preventive maintenance management Helps governments manage maintenance schedules and prioritize work orders
- Capital planning software- Helps governments determine which projects are most important and how to fund them
- Risk management- Helps governments balance the cost of an asset over its life cycle with its operational performance.

Healthy city Network

The 9th WHO Global Conference on Health Promotion in 2016 resulted in the Shanghai Declaration and Mayor's Consensus for a Healthy City committed by several cities around the world. WHO South-East Asia Regional Office (SEARO) established a regional Healthy Cities Network (HCN) and Regional Laboratory on Urban Governance for Health and Well-Being (Regional Lab on UGHW) in 2021. HCN is one of the strategic actions to synergize multisectoral actions addressing urban health determinants and promoting inclusive and equitable cities, during and in the aftermath of COVID-19. Solutions to urban health problems require the effective involvement of government, non-governmental organizations, private sectors, and communities both in health and non-health sectors (e.g., industry, transport, labor, education, commerce/trade, municipal utilities and services, urban planning, etc.). This initiative can improve the health and well-being of the increasing urban population, as well as accelerate health

and development sectors to achieve Sustainable Development Goals—particularly SDG 3, 11, and 17. Cities in South-East Asia Region will benefit from lessons learned in other cities and networks when they join the WHO Regional Healthy Cities Network for South-East Asia. Dhulikhel municipality is one of the Nepal's first member cities of HCN.

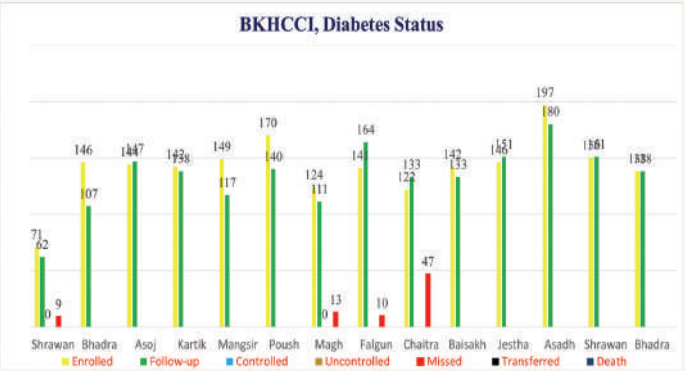
Electronic TB program:

Master eTB register is a web-based application being used for reporting tuberculosis patient registration, follow-up and outcome in central online database from existing paper based tuberculosis register. This patient tracker software is developed to collect, manage and analyses transactional case-base data records. Master eTB has advanced features for data analytics, feedback mechanism, reporting, SMS integration and dashboard which lets user explore and bring meaning to raw data.

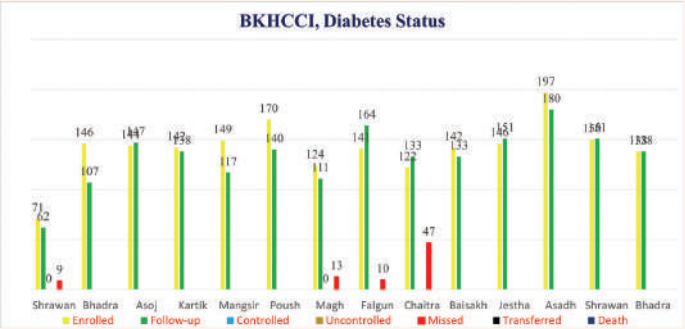
BKHCCI program in Dhulikhel

Hypertension, also known as high or raised blood pressure, is a serious medical condition which - when left uncontrolled - can increase the risk of heart, brain, kidney, and other diseases. Nearly 1 in 4 people in Nepal suffer from hypertension, and less than 5% of hypertension patients have the condition under control. To strengthen the detection and management of hypertension at the primary health care level, the Ministry of Health and Population (MoHP) in Nepal had launched the Hypertension Care Cascade Initiative in May 2023. Supported by NORAD and WHO, the project was piloted in Kavrepalanchowk district. Dhulikhel municipality is conducting this program as in leading role.More than 200 primary health care workers, associated with 165 local health facilities, in the district have been trained on proper treatment and care protocols for hypertension under this initiative.

Jointly organized by Kavre District Health Office, Provincial Health Directorate (Hetauda), and Epidemiology and Disease Control Division (EDCD) at the Department of Health Services, with facilitation by Kathmandu University School of Medical Sciences and WHO, these trainings demonstrate the commitment of the government at all levels towards improving access to hypertension care at the local level. The Government of Nepal aims to provide 1.5 million people with hypertension and diabetes protocol-based treatment services by 2025.



"Most preventive health care and screening for early disease detection and management take place in the primary health care setting. Therefore, it is vital to strengthen primary health care. WHO is proud to support this important initiative which will help to improve and enhance prevention and control of hypertension at the local level," said Dr Rajesh Sambhajirao Pandav, WHO Representative to Nepal. The Ministry of Health and Population is now planning to replicate the project in other districts of Nepal. The achievement of this program within Kavre District, Achievement of Dhulikhel is remaining as first position.



Mental Health and Psychosocial Counselling: A priority program of Dhulikhel

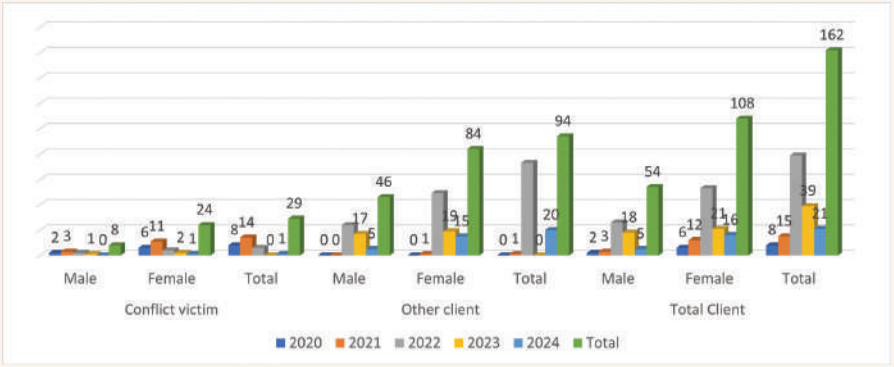
The first psychiatric service in Nepal was founded after the December 1960 coup d'état by King Mahendra. A psychiatric out-patient department (OPD) was established in 1961 at Bir Hospital, when Nepal's first psychiatrist returned after completing his professional training in Great Britain.

Dhulikhel Municipality established Psychosocial counseling center in ward 7 on the support of The Centre for Mental Health and Counselling – Nepal (CMC-Nepal), which is a non-governmental organization working in mental health and development by providing mental health and psychosocial services and by imparting training for developing human resources in mental health and psychosocial counseling. The municipality also Expanded mental health services in all health posts.

Type of Cases	Number of Cases	
	New	Follow Up
1	2	3
Total number of mental health cases	94	321
Total no of mental health case on regular follow up		239
Total no. of cases reporting improvement		267

Control and Follow Up Cases for Hypertension and Diabetes		
Type of Cases	Hypertension	Diabetes
1	2	3
Follow Up Cases	4471	1731
Control Cases	3816	1377

Clients of Dhulikhel Municipality who get service from Psychosocial counselling center.


Male
Female
Total
Male
Female
Total
Male
Female
Total
Conflict victim
Other client
Total Client
2020
2021
2022
2023
2024
Total


unicef

Success story of Mental Health Program

Manju Gautam, Dhulikhel-6,

Client of Psychosocial counseling service

"I am Manju Gautam, from Dhulikhel 6, During the 10-years armed civil war, I lost my beloved husband on February 8, 2060. Then a dark cloud came over my life. At that time, my 3 children were only 6, 4 and 2 years old. After the absence of my husband, I was also deprived of my husband's ancestral property. After that, I was feeling lonely, wanted to cry, and stopped being interested in social work. There was no support from the family. Day by day, I couldn't sleep at all, I felt unlucky, I was kept having negative thoughts and thinking that I should have die with my husband. My story of the struggle after was more complex and terrible.

Total client served for Mental health program

Year	Conflict victim			another client			Total Client		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
2020	8	29	37	0	0	0	8	29	37
2021	43	53	96	5	11	16	48	64	112
2022	7	7	14	27	57	84	34	71	105
2023	3	1	4	18	24	42	21	28	49
2024	0	4	4	5	13	18	5	17	22
Total	61	94	155	55	105	160	116	209	325

In 2076 Bhadra, I met with the counselor of the psychosocial counseling program of Dhulikhel Municipality. The counselor requested me to meet continuously for some time. I started to participate in programs like psycho-social counseling, group discussions, personal meetings and fallowed by regular home visits. Moreover, after receiving regular counseling services, I feel positive change in my life. The counselor also meets me with consultant, who helped me about stress management exercises, deep breathing, butterfly hug, I was feeling a gradual change in my life. Now, I am able to speak openly about myself. I also committed to raise my voice about my lost rights. This program has been a blessing in my life. I had heard that there is a God for those who have no one. Psychosocial program conducted by Dhulikhel Municipality have become God in my life. Today, I feel like I am not alone now, I have become stronger. Thanks very much to Dhulikhel municipality and CMC -Nepal. This program can be a great boon for the sisters and brothers who are suffering like me. Such services must to reach with everyone like me."


आत्महत्या रोकथाम
बारे सचेतनामूलक कार्यक्रम

Community Level Health Camp at Dhulikhel

To achieve Healthy City award and to provide Equitable, accessible and quality Health services in Community, Dhulikhel Municipality has implemented several community health programs, including community outreach programs, health camps. These programs are designed to provide accessible and affordable healthcare services to marginalized communities, promote health awareness and education, and reduce health disparities with the support of Different Organizations. Dhulikhel Municipality in Nepal organizes mobile health camps to provide health services to communities, including marginalized communities. Dhulikhel Hospital also runs health programs in the municipality. Dhulikhel Municipality organizes mobile health camps for eye care, dental care, and women's health. This municipality has also initiated a TB-free municipality program. Municipality has also created a health dashboard to share important information. This Organized 34 different types of mobile health camps (eye camp, dental, women health, integrated health camp etc) Last year in different communities of the municipality especially focusing to marginalized communities.

The purpose of Health Camp at community level are:

- To Provide healthcare- Community health camps offer free or low-cost health assessments, consultations, and treatment.
- To Promote health education- Health camps teach basic first aid, oral hygiene, and other primary healthcare advice.
- To Build medical support networks- Community health camps help create networks that provide frontline health facilities and referrals to more advanced care.
- To Identify health needs- Health camps help identify areas with the greatest need for future efforts.
- To Improve health outcomes- Health camps can help improve health outcomes in rural areas.

The health of a community impacts the health of its residents, including how long they live. Communities with similar locations can have very different life expectancies.

Award Received from Different Agencies

World Health Organization
South-East Asia

CITATION

With great pleasure I congratulate the Dhulikhel Municipality, Nepal, for exemplifying the efforts to achieve the Sustainable Development Goals (SDGs) with an integrated approach to achieve multiple indicators, being in the midst of Himalayan terrain. The municipality has voluntarily submitted a localized SDG report and scaled up efforts to improve health-in-all-policies.

To increase community engagement on health services, the municipality formed Health facility operational and management committees in all health facilities and conducted training and orientation to all members. Community level healthy city committees were set up, with each committee comprising equal numbers of men and women. Female community health volunteers and various support groups were constituted to effectively engage and support residents on the ground. Dhulikhel's strong citizen engagement between the municipality, professionals and volunteers has contributed to the effectiveness of its outreach programmes and achieved overall health improvement.

The World Health Organization's Regional Office for South-East Asia deems it a great honour to declare that the Dhulikhel Municipality, Nepal, is a significantly committed healthy city (2024)

Saima Wazed
Regional Director
WHO South-East Asia

World Health Organization
South-East Asia

CERTIFICATE
THIS IS TO CERTIFY THAT

Dhulikhel Municipality, Nepal

is hereby recognized for achieving the status of a 'Significantly Committed Healthy City' in the WHO Regional Healthy Cities Network for South-East Asia

8 November 2024

Saima Wazed
Regional Director
WHO South-East Asia

CERTIFICATE
OF RECOGNITION

Asia-Pacific Action Alliance on Human Resources for Health
AAAH

This certificate is proudly presented to:

Healthy City Dhulikhel Team

is honored with the 2024 AAAH Primary Healthcare Team Award for their outstanding contribution through the "Peoples Involvement in Healthy City Initiative" project.

DR. MAYFONG MAYXAY
Chair, AAAH Steering Committee and Organizing Committee

MS. ANNA KURNIATI
Chair-elect, AAAH Steering Committee and Organizing Committee


बागमती प्रदेश सरकार
स्वास्थ्य मन्त्रालय
स्वास्थ्य निर्देशनालय
स्वास्थ्य कार्यालय
धुलिखेल,काभ्रेपलाञ्चोक
प्रशंसा-पत्र
आ.व. २०७९/०८० मा तहा स्थानिय तह द्वारा सम्पादित स्वास्थ्य कार्यक्रमहरु मध्य श्री धुलिखेल नगरपालिकाले Healthy city र TB Free पालिका कार्यक्रममा उल्लेखनीय कार्य गरी स्वास्थ्य क्षेत्रमा पुऱ्याएको अतुलनीय योगदानको उच्च कदर गर्दै जिल्ला स्तरीय वार्षिक समिक्षा कार्यक्रमको अवसरमा यो प्रशंसा पत्र प्रदान गरिएको छ।
२०८० साल असोज ३० गते

बागमती प्रदेश सरकार
स्वास्थ्य मन्त्रालय

स्वास्थ्य निर्देशनालय

हेटौंडा, नेपाल

प्रशंसा-पत्र

मिति २०८० कार्तिक २१ गतेदेखि २३ गतेसम्म बागमती प्रदेश सरकार स्वास्थ्य निर्देशनालय, हेटौंडाद्वारा सञ्चालित आर्थिक वर्ष २०७९।०८० मा सम्पादित स्वास्थ्य कार्यक्रमहरूको प्रदेश स्तरीय वार्षिक समीक्षा कार्यक्रममा धुलिखेल नगरपालिका, काभ्रेपलाञ्चोकको स्वास्थ्य शाखा प्रमुख **श्री सन्दीप के.सी.**ज्यू सहभागी भई तहाँ सम्पादित स्वास्थ्य कार्यक्रमहरूको प्रस्तुतीकरण गर्नु भएकोमा उक्त कार्यको उच्च मूल्यांकन गर्दै यो **प्रशंसा-पत्र** प्रदान गरिएको छ ।

अगामी दिनमा समन्वय र सहकार्यको निरन्तरता साथै उत्कृष्ट स्वास्थ्य सेवा र कार्यक्रमको लागि हार्दिक शुभकामना व्यक्त गर्दछौं ।

Major Challenges and Gaps

Dhulikhel municipality has made remarkable progresses in health and other development activities. But it does not mean that we are complete and made these progresses without any challenge. As similar to other municipalities, there are still many challenges and gaps in the area of health in the city. Here are major challenges and gaps;

Air pollution: Air pollution is one of the big problems due to construction of Arniko Highway Road from Suryabinayak to Dhulikhel. This may continue at least for one year.

Noise pollution: Noise is also problem especially around the bus park area and surrounding of the high way.

Inadequate budget on health: There is not adequate local income within the municipality. Municipality has to allocate limited budget on health from the limited total budget.

Health services for hard to reach communities: There are few wards/community located in rural areas of the municipality. Although municipality has established basic health facility in these areas, they face problem to receive special health services from hospital due to topography and lack of wide and paved road.

Urbanization: There is increasing migration in the city from the surrounding rural areas of the Kavre district and other parts of the country. So it is difficult to manage health and other services to cover these migrated people.

Increasing non-communicable diseases: Although municipality has able to achieve progress on reducing the communicable diseases but due to changing in life style and other reasons, municipality is facing increasing trend of non-communicable diseases like hypertension, diabetes, thyroid problem, liver diseases, cancer etc.

Inadequate health staff: As per the current federal system, there is very limited staff in health section of the municipality. They are very busy in their day to day program activities. When the municipality needs to implement especial initiative like Healthy City, it is very difficult to manage by their own regular staff.

Mental health problem: There are also great problem related to mental health. Although municipality has initiated special mental health program activities, still people are dying due to suicide and facing different types of mental health problems.

Road traffic accident: Dhulikhel situated midpoint between two main highways; Arniko High way and Dhulikhel Bardibas High way. Both of these high way are narrow as compare to the volume of the vehicles. So, road traffic accident is one of problem to manage by Dhulikhel Hospital.

Concept, Importance and Steps to Develop Healthy City

Dirgha Raj Shrestha

What is a Healthy City?

Generally people think that healthy city as a place where people have access to good health facilities, health services are available free of cost and people are healthy and well-being. In addition, they have very safe water supply and sanitation facilities, streets are clean and paved well. This city environment is free from pollution and roads and transportation system are safe and adequate. The city has adequate public parks, green areas, sports grounds and recreation facilities. There are many other expectations of people to be a healthy city (1). These are an ideal situation and may be difficult to achieve all in one time except in developed countries. All these characteristics of the city may not be achieved in one especially in low income and developing countries.

Above mention situation and statements are not the exact meaning of healthy city, although it is true in some sense. People often get confusion on its accurate meaning and do not take interest thinking that it is not for the cities of developing countries

and only suitable for the western and developed countries. More important, there must be a commitment by city and local government, non-government organizations and community people to work together to improve the health status continuously. To clarify the concept of healthy city, World Health Organization (WHO) has said that it is defined by a process but not an outcome. It is not the state where all the requirements of health are fulfilled and all people of the city are healthy. A healthy city is one that continually creates and improves its physical and social environments and expands the community resources that enable people to mutually support each other in performing all the functions of life and developing to their maximum potential. A healthy city is one in which the health of humans and the functioning of their supporting environment are

consistently and continually prioritized. It is critical that achieving the healthy city not be thought of as separate from the other goals of urban development (2). Healthy City requires a continuous development process that has no end point. It is not necessarily one that has achieved a particular health status. It is conscious of health as an urban issue and is striving to improve it. Any city can be a Healthy City if it is committed to health and has a structure and process to work for its improvement (3). Thus any city can be a healthy city, regardless of its current health status (4).

The concept of Healthy City was first originated from the survey Report on the Health status of the British Working Population published by the British scholar Edwin Chadwick in 1842. After a long time of this report, WHO first proposed the concept of a Healthy City in 1984 at the "Health Toronto 2000" conference in Canada and launched the Healthy Cities Project in 1986 to improve public health through urban

planning (5). To further clarify its concept, various definitions have been proposed as to what constitutes a healthy city. Experience has shown that descriptive definitions are generally easier to explain and communicate to the diverse audiences and stakeholders the initiative works with. The following definition offers such an example (6):

"A healthy city is one that puts health, social well-being, equity and sustainable development at the centre of local policies, strategies and programmes based on core values of the right to health and well-being, peace, social justice, gender equality, solidarity, social inclusion and sustainable development and guided by the principles of health for all, universal health coverage, intersectoral governance for health, health-in-all-policies, community participation, social cohesion and innovation."

Objectives of Health City

As mentioned above, healthy city is the process that creates the possibility of health in people instead of an end state. However, in order to help establish a common direction for different sectors, Hancock and Duhl (1988) suggested 11 objectives (or qualities) for a healthy city. These objectives cover a broad scope of human health and the health of multiple urban systems on which humans depend. These 11 Healthy City Objectives have been adopted by and many healthy city projects globally (21).

1. Clean safe high quality physical environment (including housing quality)	**2.** An ecosystem which is stable now and sustainable in the long term.	**3.** A strong, mutually-supporting and non-exploitative community
4. A high degree of participation in and control over the decisions affecting one's life, health and well-being.	**5.** The meeting of basic needs (food, water, shelter, income, safety, work) for all the city's people.	**6.** Access to a wide variety of experiences and resources with the possibility of multiple contacts, interaction and communication.
7. A diverse, vital and innovative city economy	**8.** Encouragement of connectedness with the past, with the cultural and biological heritage and with other groups and individuals.	**9.** A city form that is compatible with and enhances the above parameters and behaviors.
10. An optimum level of appropriate public health and sick care services accessible to all.	**11.** High health status (both high positive health status and low disease status)	

Why healthy city is important?

There is tendency of moving human population from rural to urban areas for better opportunities of education, health, employment, income generation and other socio-economic development facilities. According to a United Nations data, 55% of the world's population lives in urban areas, a proportion that is expected to increase to 68% by 2050 (7). There is also increasing population in urban areas in Asian countries. Fifty-four per cent of the global urban population, more than 2.2 billion people, lives in Asia. By 2030, more than 55% of the population of Asia will be urban. In Nepal, the population in urban municipalities has reached 66.17 percent in 2021 as compare to 63.19 percent in 2011 (8).

Although urbanization has provided opportunities for employment, education, and socio-economic development, however unplanned and poorly manage urbanization has also brought about several adverse health problems for urban dwellers. Many of these are associated with adverse social, economic and demographic changes affecting working conditions, learning environments, family patterns, the culture and social fabric of communities. Typical problems include unemployment, air, noise, and water pollution, improper disposal of wastes, breeding of vectors, insufficient physical activities, stress and other mental health problem and violence. In addition, there are also problem related to access of health services especially for the poor and people in vulnerable situations (e.g., those living with disabilities, domestic workers, and migrant population) (3,9). The rates of non- communicable diseases (NCDs), social unrest, violence, and mental illness are often higher in urban settings, because of cities' social, built and food environments (10). Urbanization is also a main cause of current climate change problem. This is creating problem of reducing water availability and quality from surface and groundwater sources, while water demand for household and industrial use may simultaneously increase as temperatures rise. Urban areas are also main source of Greenhouse Gases (GHG) and Carbon emission. It has been established that urban areas generate around three-quarters of GHG emissions. The IPCC in its fifth assessment cycle notes that cities produce "67-76 per cent of energy use" and "71–76 per cent of energy related CO2 emissions". A more recent study, drawing on 2015 data, similarly concluded that between 70-80 per cent of global emissions come from urban areas (11).

Nepal is one of the fast urbanizing countries in South Asia. Haphazard and unplanned urban sprawl has contributed to the growth of slum and informal settlement, inequalities, and inadequacy of basic services including housing, water and sanitation facilities (12). Healthy Cities is a strategic vehicle for health development and well-being in urban settings, and actions taken at the city level (13). This initiative can improve the health and well-being of the increasing urban population, as well as accelerate health and development sectors to achieve Sustainable Development Goals—particularly SDG 3, 11, and 17 (9). However, another study conducted in urban health has revealed that at least 38 SDG targets relevant to urban health (20)

With such trends in mind, the World Health Organization (WHO) has identified urbanization as one of the key challenges for public health in the 21st century.

The Urban Health Framework which linked to the SDGs is presented below;

To solve the problem of urbanization especially in the area of health, Healthy City concept is emerged. It is necessary to manage the city in such a way so that people living in urban area are living in healthy and livable cities that are: "continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and developing to their maximum potential."
The Constitution of Nepal (2015) has enshrined health as fundamental human rights. This is also mention in many international human rights treaties and convention agreements. In addition, the management of basic health service is given responsibility to local municipality. So, it is essential to make the politicians, policy makers, managers and community stakeholders more accountable towards the health for all. Healthy city focus not only the curative services but also emphasize on preventive, promotive, rehabilitative and palliative services so that it helps to enhance the overall health not curing diseases.

Healthy Cities is a global movement that originated in Europe. The WHO European Healthy Cities programme was established in 1986 to provide a local basis for implementing the principles of the WHO strategy for Health for All and the Ottawa Charter for Health Promotion. It was launched as a political, cross- cutting and

intersectoral strategic vehicle to bring the Health for All strategy to the local level, recognizing the key role of local governments in health and sustainable development (14). It has since evolved into a global movement with a strong European-wide. More than 1000 cities and towns from more than 30 countries in the WHO European Region are linked through national, regional, metropolitan and thematic networks as well as the WHO European Healthy Cities Network (15).

Since then, the concept of healthy city is increasing slowly in other parts of the world. The major cornerstone of this movement occurred after the 9th WHO Global Conference on Health Promotion which was held in Shanghai, China on 21–24 November, 2016. Over 1260 participants from 131 countries, including 81 ministers and 123 mayors, came to Shanghai to chart a new path for health promotion in the era of the SDGs. During the Shanghai conference, Declaration and Mayor's Consensus made for a development of Healthy City by several cities around the world (16). There is also increasing urban population in South-East Asia. So, WHO South-East Asia Regional Office (SEARO) established a regional Healthy Cities Network (HCN) and Regional Laboratory on Urban Governance for Health and Well-Being (Regional Lab on UGHW) in 2021 to enhance and support Healthy City initiative in this region.

Benefits of joining the Healthy City Network

If a city is able to get approval from WHO as a healthy city, following city can get following benefits (9):

- Recognition and reputation as a designated healthy city by the World Health Organization.
- Provide opportunity to fulfill fundamental health rights of community people.
- Increase engagement of local governments in fulfilling the national targets and sustainable development goals.
- Guidance and support from national and regional experts, researchers, and practitioners to improve their respective cities to become healthier and more resilient cities.
- Demonstration of good practices and local innovation promoting health and well-being of the cities/communities to the regional and global platforms.
- Opportunity to make investment case for healthier societies that attracted interests from various partners.
- Opportunity to collaborate with other international and regional organizations, universities, and cities in the region for joint learning and/or co-create development projects.
- Can increase attention/engagement of politicians, policy makers, managers and community people on health and its related development activities.

Key approaches and methods:

There is no fix and uniform approaches and methods of healthy city which fits in all cities. Approaches and methods might be varying from one city to another based on the local situation. For example in one city there might be important to develop strategy for reducing air pollution but it might be important to improve sanitation in another city. However WHO has recommended following 11 key issues and methods that should be addressed and employed by Healthy Cities (17):

- Explicit focus on both health and well-being.
- Emphasis on the right to health for all and universal health coverage (UHC).
- The Sustainable Development Goals (SDGs) and Healthy Cities (4, 5) go hand-in-

hand, and they are mutually reinforcing.

- Addressing the social determinants of health (SDH) and health inequalities. Under the SDH umbrella term several determinants have gained special attention in recent years including commercial, political, ecological and cultural determinants of health.
- An explicit grounding in health promotion and in particular the Ottawa Charter for Health Promotion and its principles, including Creating supportive environments for health for all; Investing in creating healthy places; and Making the healthy choices the easy choices.
- Understanding the specificity of the urban and built environment and its positive and negative impacts on health and well-being.
- Applying the life-course approach: Supporting good health and its social determinants, throughout the life-course, increases healthy life expectancy and yields important economic, societal and individual benefits. There is an accumulation of advantage and disadvantage across the life stages.
- Promoting population-based approaches: A population-based approach to health focuses on improving the health status of the overall population.
- Promoting health literacy, surpassing the narrow concept of health education. It is influenced by the sociocultural context within which people live, and applies to individuals, communities and institutions.
- Creating conditions for community resilience, the ability to anticipate risk, limit impact, and bounce back rapidly through survival, adaptability, evolution and growth in the face of hardships and emergencies.

Healthy Cities' principles and values (18)

While designing, planning, implementing and monitoring healthy city, focus should be given on following principles and values. These principles and values should be considered all program activities.

Equity: The right to health applies to all regardless of sex, race, religious belief, sexual orientation, age, disability or socioeconomic circumstance. So, attention should be given to the needs of those who are vulnerable and socially disadvantaged.

Participation and empowerment: Community engagement is one of important part of the healthy city. So, ensure that the individual and community people participate in decision-making that affects their health, health care and well-being, as well as providing access to opportunities and skills development to empower citizens to become self-sufficient.

Working in partnership: Ensure effective multisectoral strategic partnerships, including with civil society organizations and other non-state actors, to implement integrated approaches and achieve sustainable improvement in health, supported by research and evaluation.

Solidarity and friendship: Focus on working in the spirit of peace, friendship and solidarity through networking and respect and appreciation for the social and cultural diversity of the cities of the Healthy Cities movement.

Sustainable development: Ensure that economic development – and all its enabling infrastructure, including transport systems – is environmentally and socially sustainable.

Healthy City and Action Domains (17):

While applying for joining in the healthy city network and planning for the activities, following eight critical areas are considered as action domain of Healthy Cities initiatives and movements;

- Improve city governance for health and well-being
- Reduce minimize health inequalities
- Promote health in all policies approach
- Promote community development and empowerment and create social environments that supports health
- Create physical and built environment that are supportive to health and healthy choices
- Improve the quality of and access to local health and social services
- Consider and plan for all people in the city and prioritize most those most in need.
- Strengthen local public health services and capacity to deal with health related emergencies.
- Plan for urban preparedness, readiness and response in public health emergencies.

20 Steps of Developing and Sustaining Healthy City (14)

This section provides us information about the major steps of developing and sustaining the health city. We cannot achieve healthy city within a very short period of time and with a commitment of a politician. City authority persons should follow following major steps and work continuously.

Getting started

Getting started is the first phase of the developing healthy city and has seven steps to be followed. In the beginning, it is necessary to develop a clear vision and strategy document of a healthy city within the local context with strong engagement of stakeholders. This helps to guide citizens and politicians along their healthy city journey. Gather support from politician, government and non-government agencies, civil society and community people for planning and implementation of the healthy city program activities in the process. Develop a city health profile. It is an invaluable tool and provides a scientifically based account of the health of the people and the conditions in which they live; can be the basis for advocacy, informing policy, priority setting and accountability for health; can stimulate public interest and political commitment; and can identify targets for the future and monitor progress towards achieving them. Resources are also important part of health city. To identify resources, it should prepare preliminary estimates of healthy city costs and identify potential sources for initial funding. Resources can be generating from the local municipality, community people, and corporate agencies, national and international agencies. Identification and location of the secretariat is also necessary to coordinate and collaborate and implement the activities. Place the healthy city secretariat where it can maximize leverage on the system of city governance. Preparation of a formal healthy city proposal is the another important step. It should begin when the core group of enthusiasts has a good understanding of how healthy cities strategies apply in the city and has agreed on how to proceed. The city council is the main audience of the proposal. Keep in mind the interests of potential partners and financial

1. Framework
2. Gathering support
3. City health profile
4. Resources
5. Location of the secretariat
6. Proposal
7. Approval

supporters as well. The last step of this stage is to send a letter to concerned WHO office for their approval. The city can gets approval from WHO once they analyzed the submitted required data, information and documents and fulfill the requirements.

Getting organized

Municipality should form and appointed an intersectoral steering committee as soon as possible after getting approval the WHO. It is the core of the healthy city. Analyze the work setting to ensure that the healthy city secretariat will work within the right context, decision-making structure and organization of city governance, recognizing the mandates and systems of others. Once there is a good understanding of the work setting, plans and definitions of work should be reviewed and revised accordingly. Identify and divide a clear role and functions of the all the stakeholders to perform planned activities. Good relationships will develop more easily if there is a precise understanding of your unique role and activity. The secretariat should enable, mediate and advocate for the healthy city. These responsibilities are carried out on behalf of the steering committee, working in cooperation with subcommittees, working groups and partners. Develop a plan to implement various activities in coordination with stakeholders and engagement with community people. Plan can be short term, midterm and long term. Build capacity of relevant staff and stakeholder to advocate, coordinate and collaborate and implement activities of the healthy city plan and program activities. This will help to perform the task effectively. Accountability is critical in public health. The principle of accountability means that city councils and several parts of the city administration are responsible for how their policies and programmes affect health.

8. Steer
9. Work setting
10. Define functions
11. Set up the secretariat
12. Plan
13. Build capacity
14. Establish accountability

Taking action

Implement activities to increase awareness about healthy city so that community people and stakeholders understand about the healthy city. Use various approaches for communication. Develop a strategy document that contains a comprehensive picture of a city's concrete and systematic efforts for developing health. Engage politicians and other stakeholders while developing the strategy. Facilitate intersectoral action for dialogue and planning among the departments and other organizations and resources needed for improving health and well-being in your city. Empower and engage people to participate in decisions that determine their lives and health. Give voice to citizens who want to shape the journey towards a healthy city. Involve the community in developing and implementing action programmes and health-promoting events.

15. Increase health awareness
16. Advocate strategic planning
17. Intersectoral collaboration
18. Community participation
19. Promote innovation
20. Ensure health in all policies

Achieving success through innovation requires creating a climate that supports change. This begins with recognizing that innovation is needed and is possible and that its inevitable risks are acceptable. Ensure that all the policies strategies and guidelines related to health have included concept of healthy city.

Introduction of Author

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Association between cancer stigma and cervical cancer screening uptake among women of Dhulikhel and Banepa, Nepal

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Introduction

Cervical cancer remains a significant public health concern globally and is the fourth most common cancer among women, with an estimated 604,000 new cases and 342,000 deaths in 2020.[1] Approximately 90% of these deaths occur in LMICs,[2] underscoring disparities in healthcare access and preventive services. In Nepal, cervical cancer is the most prevalent cancer among women, causing 1,493 deaths in 2020.[3] Although it is preventable through HPV vaccination and regular screening,[4] uptake remains low, particularly in resource-limited settings like Nepal. The Ministry of Health and Population developed national guidelines in 2010 aiming to screen 50% of women aged 30–60 years using the Visual Inspection with Acetic Acid (VIA) method.6 However, only 8% of women aged 30–49 years were screened in 2019,[5] indicating significant challenges in program implementation.

Stigma associated with cervical cancer, often linked to its association with sexually transmitted infections, contributes to delays in seeking care and low screening rates. Addressing cervical cancer stigma is crucial for improving health outcomes. Reducing stigma can lead to increased screening rates, early detection, and timely treatment, thereby decreasing morbidity and mortality associated with the disease. While stigma has been identified as a barrier, its association with screening uptake remains unexplored. This study is the first to assess the relationship between different stigma domains (awkwardness, severity, avoidance, policy opposition, financial

discrimination, and personal responsibility) and cervical cancer screening uptake among women in semi-urban Nepal.

Methods

A cross-sectional survey was conducted among women aged 30–60 years in Dhulikhel and Banepa, Nepal—two cities in Kavrepalanchok district with a combined population of 39,047. A convenience sample of 426 women was selected based on national cervical cancer screening guidelines. Women with hearing impairments or mental disorders were excluded. Female Community Health Volunteers (FCHVs) assisted in identifying and contacting eligible participants. Verbal informed consent was obtained and recorded. The study was approved by Kathmandu University Institutional Review Committee (KUIRC no: 35/2021).

Cancer stigma prevalence was calculated for each domain using the Clopper-Pearson method. Univariable and multivariable logistic regression models were used to assess associations between cancer stigma and screening uptake. The multivariable model adjusted for socio-demographic and reproductive health variables. Crude and adjusted odds ratios with 95% confidence intervals and p-values were reported. Statistical analyses were conducted using STATA version 13.0.

Findings

The study included 426 women aged 30–60 years from Dhulikhel and Banepa. The mean age was 42.3 years. Most participants (43%) were Brahmin/Chhetri, 31% had no formal education, and 40% were engaged in agriculture. More than half (52.3%) were current contraceptive users, with a mean age of first sexual intercourse at 19.5 years.

Only 26% of participants reported ever being screened for cervical cancer, with 23% of them not having screened in the past five years. A significant 71% of respondents were unaware of screening methods. Cancer stigma was prevalent among 23% of participants. Personal responsibility stigma was the highest (76%), where participants believed cancer patients were responsible for their condition. Additionally, 55% held severe stigma, perceiving cancer as a terminal disease with no return to normalcy.

Association Between Cancer Stigma and Screening Uptake

There was a significant negative association between cancer stigma and cervical cancer screening uptake ($p<0.001$). Women with stigma were 77% less likely to be screened compared to those without stigma (95% CI: 0.11–0.49). Among the six stigma domains:

- Awkwardness stigma reduced screening odds by 71% (95% CI: 0.15–0.54; $p<0.001$).
- Severity stigma reduced screening odds by 47% (95% CI: 0.33–0.86; $p=0.01$).
- Financial discrimination stigma reduced screening odds by 51% (95% CI: 0.30–0.80; $p=0.004$).
- Surprisingly, personal responsibility stigma increased screening odds by 2.06 times (95% CI: 1.12–3.79; $p=0.019$).
- Policy opposition and avoidance stigma had no significant association with screening uptake, possibly due to low response counts.

Challenges and Way Forward

Our study findings reported more than three times (26%) the rate of screening uptake compared to a national survey (8%) among women aged 30–49 years [19]. However, screening rates were far below WHO's 70% target and Nepal's 50% goal. Misconceptions, fear of social rejection, and financial concerns discourage screening, while personal responsibility may motivate women to get tested.

The study highlights the urgent need to address stigma to improve cervical cancer screening uptake. Efforts should focus on increasing awareness about screening methods, debunking myths surrounding cancer stigma, and ensuring equitable access to screening services. Policies and interventions targeting socio-cultural barriers and stigma reduction could significantly enhance screening participation and improve cervical cancer prevention in Nepal.

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Mental health wellbeing for healthy city

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Dhulikhel municipality has been awarded as healthy city by World Health Organization after fulfilling all requirements set by the WHO. Healthy city demands quality health service, green environment, adequate supply of clean drinking water, proper waste management system and prevention awareness activities for the people living in the city. Dhulikhel municipality has fulfilled most of them and increased health awareness through active use of social media and mobilization of female community health volunteers. Prevention activities are focused in schools and community to make all citizen's fully aware about healthy life style. Mental health is equally important component of the healthy city where Dhulikhel municipality developed, endorsed and implement its own mental health policy. Health workers from primary health care facilities are trained in mental health and two psychosocial counselors and one community psychosocial workers are also trained from National Health Training Centre (NHTC) accredited training course. Psychosocial counselors are visiting ward health facility to provide counselling services, identify and refer cases having mental health problems in primary health care center or Dhulikhel Hospital where trained health worker are providing the service.

Patient with mental health problem are getting medicine prescribed by trained health worker or psychiatrist from free list of medicine from the health facility. It has not only reduced treatment cost but also reduced out of pocket expenditure of the patient as a result more patient are increasingly seeking mental health services from municipality health facility. Further psychosocial counselors are also providing services visiting to the community where in need. Mental health psychosocial counselling service for conflict victims, gender-based violence survivors and other people are available into the municipality which greatly contributes in early identification, treatment and rehabilitation of such cases into the community. Since the service is developed by local government developing capacity of health workers and psychosocial counselors, has great strengths in acceptance of the services, support to reduce stigma to mental health in community. Municipality has developed mental health promotional activities such as stress management sessions for adolescents in school, school teachers and women group in community that support to promote psychosocial wellbeing and prevent mental illness through strengthening resiliency.

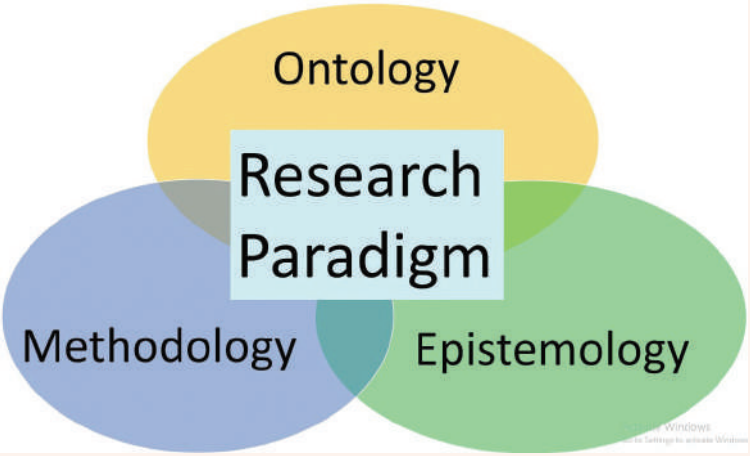
Mental health wellbeing is a must to be a healthy citizen, WHO has identified five major areas of mental health wellbeing such as feeling cheerful and good in spirits, feeling calm and relax; feeling active; wake up feeling fresh and rested and daily life has been filled with interesting things (WHO, 2024). It is equally important to aware and educate people about gaining and maintaining the wellbeing. It is important to have adequate sleep and rest for every individual, practice stress reducing activities and energize happy feelings, maintain daily routine life, eat healthy food on time, drink adequate amount of clean water and have physical exercise regularly to maintain both physical and emotional wellbeing. Further practicing yoga and medication (Dhyan) supports to energize mental wellbeing and have positive feelings. On the other hand, working too much with little rest and sleep, worrying too much on trivial matters, social isolation, indulging substance and alcohol are rather contributes to develop various kind of mental and physical health problems.

Family environment is important factor supporting mental health wellbeing. It is important to create supportive and trusting relationship among all family members, every member should be respected for his/her idea, experiences and feelings. Sharing culture of feelings and experiences among the family members is equally important that supports harnessing family trust and respect which support to strengthen family bond. It has been proved by many researches that family bond and trust is very powerful to enhance mental health wellbeing and reduce risk of getting mental illness.

Mental health awareness and education:

Mental Health awareness event has been observed to reduce the stigma that is associated with mental illness and to educate the public and encourage individuals to make their mental health and wellbeing a priority. It is an important moment to bring the strengths of advocacy groups and researchers together to promote mental health awareness and to improve equity. The 'Look Around, Look Within' theme builds on the growing recognition that all humans have mental health needs and that our available resources to build resilience and heal come in many forms - including in the natural world (Natural mental health 2023). So, awareness activities are highly important not only to make people aware about the availability of affordable mental health services at primary health care system also it helps to reduce social stigma to mental illness. So it directly contributes to early identification and timely treatment that reduced overall treatment cost, reduced burden of disease and increased productivity of person having mental illness. Dhulikhel municipality has provided regular orientation and training to female community health volunteers (FCHVs), school teachers, community groups and elected representatives of municipality so that every one can initiate talk on mental health and mental health wellbeing. Because of increasing movement of Yoga and Meditation throughout the country, it is now becoming every one practice at least some yoga activity and breathing meditation which supports to gain mental health wellbeing. It needs to be promoted and enculturated at every family, school and society as it not only heals fear and distress emotions but also supports to grow positive emotion and feeling happiness which is antidotes of mental illness. Dhulikhel municipality should continue such activities that contributes in promotional of mental health wellbeing of its' citizen and also increase investment to sustain mental health and psychosocial counselling services in future as well so that healthy city become a real fact for every-one.

Research and Health Projects in Dhulikhel: An Evidence-Based Health Service



Evidence-based health services helps to improve patient care and public health services. These approaches use scientific reasoning, data, and behavioral science to develop and evaluate programs and policies. Evidence-based health services are crucial because they provide a foundation of scientific evidence to guide medical practices, leading to more effective treatments, improved patient outcomes, and informed decision-making, ultimately enhancing the overall quality of healthcare by ensuring interventions are based on reliable data rather than assumptions or anecdotal evidence, Thus, Dhulikhel Municipality is promoting to conduct various research/ studies related to health in coordination and collaboration with different institutions. These are some projects which were conducted and being conducting in Dhulikhel Municipality: -

- "Understanding Sleep Architecture of Mothers and Its Relationship to Postpartum Depression at Dhulikhel Municipality" a project that aims to study sleep architecture of mothers and its relationship to postpartum depression conducted by Kathmandu University School of Medical Sciences, Dhulikhel, Kavre.
- "Birth Cohort study: a Population-based Study in Nepal". A project that aims to assess the pre-pregnancy, pregnancy and post pregnancy risk factors and their association with mental and child health outcomes through multiple follow-up periods among pregnant mothers of Dhulikhel Municipality or those attending antenatal care at Dhulikhel Hospital/ Kathmandu University Teaching Hospital by Dhulikhel Hospital/Kathmandu University Hospital, Dhulikhel, Kavre
- "Molecular Investigation of DENV serotypes in dengue the outbreak of 2022 in Nepal" being conducted at Dhulikhel Hospital, Kathmandu University Hospital. Led by Mr. Nishan Katuwal as a Principal Investigator.
- "An impact of educational Intervention to Enhance Level of awareness of Atrial Fibrilltion and its Treatment among the General Public." being conducted at Dhulikhel municipality. This study will evaluate the impact of Atrial Fibrillation

and its Treatment among the General Public. Led by Dr. Durga Bista as a Principal Investigator.

- "Investigation of azithromycin resistance pattern of Salmonella Typhi and Para typhi A" being conducted at Dhulikhel Hospital, Kathmandu University Hospital. This study will investigate the azithromycin resistant Salmonella spps, which causes the endemic fever in Nepal. Led by Mr. Sabin Bikram Shahi as a Principal Investigator.
- "A population-based adolescent health needs assessment in Dhulikhel, Nepal" a community-based survey, interviewing adolescents of Dhulikhel Municipality. By Department of Community Programs and Icahn School of Medicine at Mount Sanai University.
- "Strengthening Primary Health Care System in Nepal through a novel participatory planning and implementation strategy" University School of Medical Sciences (KUSMS) and Norwegian University of Science and Technology, Department of Neuro-medicine and Movement Science, Trondheim, Norway,
- "Effect of social support on Blood Pressure control and Health Related Quality of Life among People with Hypertension Residing Dhulikhel Municipality, Nepal" by Pushpa Adhikari student of KU SMS Master in Science in Public Health.
- "Determinants of household enrolment in the Nepal Government National Health Insurance Program (NHIP) in Dhulikhel municipality" by Aashish Pokharel student of KUSMS Master in Science in Public Health.
- "Factor Associated with High Blood Pressure above 18 years Age Group of Dhulikhel Municipality" by Ms. Bharati Dhalachhe student of Karnali College of Health Sciences, bachelor in public health.
- "Implementation research targeting chronic non-communicable disease risk factors associated with city environments" with a focus to diabetes remission intervention through our health service centers. The DiRECT trial led by Dr. Mike Lean
- "Integrating Artificial Intelligence in addressing the antimicrobial resistance issue and its effective reporting system in Nepal" Dhulikhel Hospital, Kathmandu University Hospital, with Dr. Rajeev Shrestha as the Principal Investigator.
- "Health Literacy and its associated factors among adult population residing in urban municipalities of Kavrepalanchok district of Nepal". by Ms. Jyoti Gurung, student of Kathmandu University School of Medical sciences Master in sciences in public health.
- "Factors associated with overweight among recently delivered women in Dhulukhel and Banepa municipality". by Ms. Khusbu Roy, student of Kathmandu University School of Medical sciences Master in sciences in public health.
- "Nutritional and health status and effect of maternal employment among children aged under five children in Dhulikhel Municipality – a mixed method study.", by Ms. Laxmi Bhandari, student of Kathmandu University School of Medical sciences Master in sciences in public health.
- "Effectiveness of peer supporter led intervention among pre- hypertension and hypertension to reduce the blood pressure" in Dhulikhel, Banepa and Panauti municipalit". A project that aims to reduce the complications of hypertension by introducing a systematic approach involving peer supporters and family in the management, By Dhulikhel Hospital/Kathmandu University Hospital
- "Community based neonatal hearing screening to prevent childhood deafness Dhulikhel Hospital, Nepal," Dhulikhel Hospital with the help from World Doctors

Organization, South Tyrol, Italy to screen the newborn babies in Dhulikhel Hospital and its outreach centers for neonatal hearing problems and its management.

- "Rapid Assessment on understanding the behavioral and social drivers influencing the dengue preventive practices among community people and health workers of selected wards of Dhulikhel Municipality." By Dhulikhel Hospital/ Kathmandu University Hospital.
- "Perceptions of integration of Ayurvedic medicine for cardiovascular disease prevention: a qualitative study", Ms. Archana Shrestha, MS. Neha B Balapal, and Ms. Dilasha K.C has requested permission to conduct a project with the support from USEF-Nepal/Fulbright Commission to conduct research on ayurvedic medicine for cardiovascular disease in Dhulikhel.
- "Effect of Mobile Health Intervention on Birth Outcome and Infant Health of Nepal" by Ms. Bhawana Shrestha, Ph.D. student; Dhulikhel Hospital.
- "Predictors of Child Abuse among School Going Children and Impact of Structural Training on Child Abuse among School Teachers of Dhulikhel Municipality" by Ms. Sita Karki, Ph.D. student.
- "Challenges in Health Seeking Behavior among Hypertensive Adults of Nepal." Led by principle investigator Ms. Prabha Shrestha with other Co-investigators Dr. Biraj Man Karmacharya, Dr. Kedar Marhatta and Dr. Victor Valcour.
- "Molecular epidemiology of carbapenem-resistant Enterobacterales from tertiary care hospital in Nepal" to be conducted at Dhulikhel Hospital, Kathmandu University Hospital (DHKUH), with Surendra Kumar Madhup as the Principal Investigator.
- "Effectiveness of a noval community-based care program for Type-2 Diabetes Mellitus in Dhulikhel Municipality" Led by Dr. Rajani Shakya, Kevin Folivi Medical College Wisconsin.
- "Building community through physical activity in Nepal: an afterschool sports and walking series", by Ms. Neha B Balapal, Ms. Lindy Reynolds, Ms. Archana Shrestha, and Niroj Bhandari Kathmandu University School of Medical Sciences.
- "The Perception of Man and Their Engagement in Menstrual Management" from Kathmandu University School of Medical Sciences.
- "Perceptions of integration of Ayurvedic medicine for cardiovascular disease prevention: a qualitative study", Ms. Archana Shrestha, MS. Neha B Balapal, and Ms. Dilasha K.C with the support from USEF-Nepal/Fulbright Commission.
- "Association between level of physical activity and risk of fall among community dwelling elderlyliving in Dhulikhel" by Ms. Aarju Bhattarai student of KUSMS, in BPT level.
- "Fostering Adolescents' mental health: An implementation study on Comprehensive Approach to School-Based Mental Health Initiatives" is a study that aims to improve adolescent's mental health in the Dhulikhel community. by AMPATH Team, Ms. Sarina Shakya, Ms. Rebecca Makaju Shrestha and Ms. Beena Prajapati dedicated staffs, students of the Dhulikhel Hospital
- "Awareness of pesticides and their effects: A school-based Intervention study on school children of Kavre district" by Dr. Minni Shah student of Kathmandu Medical College.
- "Family Function and Self-harm Behaviour among Adolescents Residing in Dhulikhel Municipality" by Rashmi Koirala student of Patan Academy of Health Science at M.N. Second year.

- "Birth Spacing among Married Women in Dhulikhel" by Ms. Kushum Shahi student of KUSMS, in B. Mid. third year.
- "A Study on Water Surveillance System in Kavrepalanchok Distict, Nepal". A project that aims to find out the barriers and facilitators on water surveillance and to develop the water surveillance protocol and implement it in Dhulikhel Municipality. By Dhulikhel Hospital/Kathmandu University Hospital.
- "A community-based dietary programme for type 2 diabetes prevention and remission, clinical trial and implementation evaluation in Nepal (Co-Dia PREM-NEPAL)" The DiRECT trial led by Dr. Mike Lean
- "Assessment of Quality of Primary Care in Basic Health Care Service Setting in Kavrepalanchok District: A Mix method Study" by Ms. Manisha Saha student of KUSMS Master in science in public Health.
- "Exploring the Sexual and Reproductive Health (SRH) Needs of Young People in Kavre, Nepal" which is being conducted at Dhulikhel Municipality by Dr. Sabitra Kaphle,
- "Association of fragility and elderly abuse among geriatric population" by Ms. Aakriti Adhikari student of KUSMS Master in science in public Health.
- "Socio economic status and COPD prevalence among general adult population in Dhulikhel Municipality" by Dr. Adita Bhattarai student of KUSMS Master in science in public Health.
- "Control Measures Preferences Among Nepalies Caregivers and Providers for Diarrhoeal Disease: Assessment Using Discrete Choice Experiment (DCE)." Dr. Aabha Shrestha, Ph.D. PI, Diarrhoea Control Project, Kathmandu University School of Medical Sciences, Dhulikhel, Kavrepalanchowk, Nepal"
- "Association of Social and Nutritional Factors with Elderly Hypertensive Patients: A cross-sectional Study." with a focus to Diabetic elderly hypertensive patients and associated factors at Dhulikhel Municipality. By Prabha Shrestha, Assistant Professor, Adult Nursing. Kathmandu University School of Medical Sciences, Dhulikhel, Kavrepalanchowk.
- "A Sequential Exploratory Mixed Method Study on Factors Influencing Adolescent Pregnancy in Nepal" within the area of Dhulikhel Municipality. Shrinkhala Shrestha, Scholar Doctorate in public Health (Global Health), Mahidol University, Thailand.
- "Scaling accessible mental health and diabetes/hypertension interventions in Nepal" (SAMADHAN) with Marja Leonhard as the PI., Innlandet Hospital Trust, Research Centre for Substance Use Disorders and Mental Illness.
- "Psychosocial and Mental Health Service for Trafficking D Victims project" CMC -Nepal, Thapathali Kathmandu. Lead by Dr. Pashupati Mahat, Technical Director.

"स्वस्थ शहर" : अबधारणा र धुलिखेलको प्रयास

अशोक कुमार ब्याञ्जु
प्रमुख, धुलिखेल नगरपालिका, काभ्रे

दीर्घ राज श्रेष्ठ
जनस्वास्थ्य बिशेषज्ञ

"स्वस्थ्य शहर" भनेको के हो ?

"स्वस्थ्य शहर" भनेको स्वास्थ्यको सबै भागहरू एकै पटक पुर्ण भएको अबस्था नभई नेपालको संबिधान र बिभिन्न अन्तराष्ट्रिय तहबाट पारित भएको प्रत्येक ब्यक्तिले स्वस्थ्यसंग बाँच्न पाउने मौलिक हकलाई कार्यान्वयन गर्नको लागि शहरको बिकासको एउटा महत्वपुर्ण भागको रूपमा समाबेश गर्ने र सो प्राप्तको लागि स्थानिय सरकारका प्रतिनिधिहरू र निति निर्माताहरू प्रतिबद्द हुनुको साथै यससंग सम्बन्धित संघ संस्थाहरू र ब्यक्तिहरू जिम्मेवार बनाएर ब्यक्तिहरूको स्वास्थ्यको स्तर माथि उठाउनको लागि गरिने नियमित प्रक्रिया हो । यहाँ मानिसको स्वास्थ्य अबस्थाको सुधारका लागि आबश्यक भौतिक, सामाजिक, आर्थिक, वातावरणको साथै शान्ति र सिर्जनीशल समाजको लागि नियमित रूपमा सुधारको प्रयास भैरहेको हुन्छ । साथै यसमा उपलब्ध साधन श्रोतहरूलाइ समुदायमा बसोवास गर्ने ब्यक्तिहरू बिशेष गरि सिमान्तकृत बर्गहरूको अधिकतम स्वस्थ्य जिबनको अबस्थाको सुधारको लागि उपयोग गरिएको हुन्छ । यो परिभाषाबाट हामी के बुझन सक्छौ भने स्वस्थ्य शहर भनेको स्वास्थ्यका लागि आबश्यक सबै भौतिक अबस्थाले परिपुर्ति भएको र सबै मानिसहरू स्वस्थ्य भैसकेको नभइ शहरमा बसोबास गर्ने मानिसहरूको आधारभुत आबश्यकता परिपुर्ति गरेर अझ अधिकतम स्वास्थ्य अबस्था सुधार गर्नको लागि जिम्मेवार ब्यक्तिहरू प्रतिबद्ध हुनु, यसको लागि ब्यबस्थित रूपमा कार्यहरू गर्नको लागि कार्य प्रणालीको बिकास गर्नुको साथै नियमित रूपमा प्रयासरत रहनु हो ।

विश्व स्वस्थ्य संगठनले स्वास्थ्य भन्नाले रोग/बिरामी रहित मात्र नभएर शारीरिक, मानसिक र सामाजिक तवरले पूर्ण स्वस्थ्यको अवस्थालाई परिभाषित गरेको छ । यो परिभाषाको दृष्टिकोणबाट हेर्दा स्वस्थ्य शहर बनाउनको लागि बिरामी भए पछि उपचार गर्नको लागि अस्पताल र स्वास्थ्य संस्थाहरूको स्थापना गर्नु मात्र नभएर मासिहरूलाई रोग लाग्ननै नदिएर स्वस्थ्य, सुखी र समृध्द हुने वातावरण सृजना गर्नु हो । स्वस्थ्य शहरमा बिरामीलाई जाँच गरेको संख्यालाई भन्दा पनि स्वस्थ्य मानिसहरूको संख्यालाई बढी महत्व दिइन्छ । यसको लागि केवल अस्पताल, चिकित्सक, नर्स र औषधि मात्र भएर पुग्दैन । यसको लागि मानिस स्वस्थ्य हुनको लागि आबस्यक स्वास्थ्य सम्बन्धि स्वयंको ज्ञान, आर्थिक अबस्था, वातावरण, खानेपानी, सरसफाई, स्वस्थ र सुरक्षित

वातावरण, स्वस्थ्य खाना, असल ब्यबहार र मूल्य मान्यता, एक आपसमा सहयोग र आत्मीयताको भाबना, बिकासमा जनताहरूको सहभागिता र स्थानिय निकायले स्वास्थ्यलाई बिकासको एउटा महत्वपुर्ण भागको रूपमा अङ्गिकार गरि आबश्यक निति र लगानी गर्नु आबश्यक छ । साथै स्वास्थ्य अबस्थाको सुधार गर्नको लागि आबस्यक उपचारत्मक, प्रवर्द्धनात्मक, प्रतिकारात्मक, पुनर्स्थापनात्मक तथा प्रशामक सेवाहरू गुणस्तरीय रूपमा प्रदान गरि प्रत्येक व्यक्तिले गुणस्तरीय र स्वस्थ्य जीवन यापन गर्न सहयोग पुरयाउनु पर्दछ ।

स्वस्थ्य शहर किन आबश्यक छ ?

स्वस्थ्य शहरको अबधारणा सर्ब प्रथम सन १९८६ मा शहरी क्षेत्रको बिकासमा स्वास्थ्य र समृध्द जिवनलाई एउटा महत्वपुर्ण भागको रूपमा समेटनको लागि, विश्व स्वास्थ्य संगठनको "सबैको लागि स्वास्थ्य" र स्वास्थ्य प्रबर्धन सम्बन्धि वटावा चार्टरको कार्य योजनालाई बढावा दिनको लागि सुरू गरिएको हो । सुरूवाती चरणमा यो युरोपियन देशहरूमा कार्यान्वयन गरिएता पनि हाल बिस्तारै सबै महादेशहरूमा बिस्तार गरिरहेको छ । बिश्वका अधिकांस देशहरूका शहरी क्षेत्रहरूमा मानिसहरू रोजगारी र अन्य सुबिधाका लागि बसाई सर्ने प्रबृतीमा बृध्दि भैरहेको छ । हाल बिश्वमा रहेको आठ अर्ब जनसंख्या मध्ये आधा भन्दा बढी ५५ प्रतिशत शहरी क्षेत्रमा बसोबास गरिरहेको छ र सन २०५० सम्ममा यसको प्रतिशत ७० प्रतिशत पुग्ने अनुमान छ । यसरी शहरी क्षेत्रमा अनियन्त्रित रूपमा बसोबास गर्ने ब्यक्तिहरूको संख्यामा बृध्दि भएकोले शहरकको भौतिक, सामाजिक, बातावरण, आर्थिक, स्वास्थ्य, र अन्य बिकासका कार्यहरूमा नकरात्मक प्रभाब परिरहेको छ । साथै त्यसरी बिना योजना बसाई सराई गरेका मानिसहरूले पनि गाँस, बास, स्वास्थ्य सेवा, सरसफाई,

रोजगारी जस्ता आधारभुत कुराहरूको अभाबले जेलिएर आफ्नो जिबन बिताउन बाध्य भैरहेको छ । यसले शहरी क्षेत्रमा सर्ने तथा नसर्ने रोगहरू, मानसिक स्वास्थ्य, हिंसा, एक आपसमा अबिश्वास आत्महत्या, वातावरण प्रदुषण जस्ता समस्यालाई बढावा दिइरहेको छ ।

यसरी शहरी क्षेत्रमा बस्ने आधा भन्दा बढी जनसंख्याको स्वास्थ्य अबस्थालाई ब्यबस्थित तवरले सुधार गर्न नसकेमा संयुक्त राष्ट्र संघले आव्हान गरेको दिगो बिकासको लक्ष हासिल गर्न नसक्ने निस्कर्ष सहित सन २०१६ मा विश्व स्वास्थ्य संगठनले चिनको सांघाइमा आयोजना गरेको स्वास्थ्य प्रबर्धन सम्बन्धि नवौ अन्तराष्ट्रिय सम्मेलनले "स्वस्थ्य शहर" को अबधारणालाई बिश्वब्यापी रूपमा बिस्तार गर्ने निर्णय गरेको थियो । सोही अबधारणालाई दक्षिण पुर्बि एशियाका शहरहरूमा पनि बिस्तार गर्न बिश्व स्वास्थ्य संगठन दक्षिण पुर्बि एशिया कार्यालयले यो क्षेत्रका शहरहरूमा स्वास्थ्य शहर बनाउन सहयोग गरि यस्ता शहरहरूको संजाल बनाउन प्रयास गरिरहेको छ । यो संजालमा सदस्य भएका शहरहरू बिचमा बिभिन्न माध्यमहरूबाट एक आपसमा सम्बन्ध, छलफल, सहयोग, सहकार्य र समन्वय गराई एक आपसको समस्याहरू, समधानका उपायहरू र राम्रो सिकाईहरूको आदान प्रदान गर्ने लक्ष यो संजालको रहेको छ ।

नेपालको सन्दर्भमा नेपालको संबिधान २०७२ ले स्वास्थ्यलाई मौलिक हकको रूपमा स्थापित गरेको छ । सो को कार्यान्वयनको लागि संबिधानमानै स्थानिय सरकारलाई जनताको आधारभूत स्वास्थ्यको ब्यबस्थापन गर्नको लागि जिम्मेवारी तोकेको पनि छ । यसरी संबिधानले तोकेको मौलिक हक र जिम्मेवारी पुरा गर्नु प्रत्येक स्थानिय सरकारको कर्तब्य हो । तर नेपालमा पनि

बिभिन्न कारणहरूले गर्दा गाँउबाट शहरतिर बसोबास गर्नेको संख्यामा बृद्धि भैरहेको छ । नेपालको जनगणना २०७८ अनुसार हाल नेपालको दुई तिहाइ भन्दा पनि बढी (६६ प्रतिशत) जनसंख्या सहरी क्षेत्रमा बसोबास गर्दछन । शहरमा बस्ने सबैजना खुशी, सुखी, शिक्षित र समृध्द हुदैन । सायद सिमित ब्यक्ति होला तर धेरै ब्यक्तिहरू अभाब र संकटमा जिबन बिताइरहेका पाइन्छ । संयुक्त राष्ट्र संघले आव्हान गरेको स्वास्थ्यमा सर्बब्यापी पहुंचलाई नेपालले पनि प्रतिबध्दता जनाएको छ र केही कार्यान्वयन पनि गरिहेको छ तर अझ पनि नेपालीहरूले उपचारको लागि ५५ प्रतिशत खर्च आफ्नो गोजिबाट गरिहेको छ । केही अलि साह्रो बिरामी भएमा आफ्नो सर्बस्व खर्च गर्दा पनि नसक्ने अबस्था छ । यसरी देशको दुई तिहाइ भन्दा पनि बढी बस्ने शहरका अधिकांस ब्यक्तिहरूको स्वास्थ्य अबस्थामा सुधार गर्न नसके सम्म दिगो बिकासको लक्ष प्राप्त गर्न असंभब छ ।

हाल अधिकांस स्थानिय सरकारहरूको ध्यान बिकासको नाममा भौतिक बिकासहरू जस्तै बाटो, ढल, पुल, भबन आदिमा मात्र छ । मानब बिकासको लागि यस्ता बिकासहरूको आबश्यकता भएता पनि यदि उक्त स्थानमा बस्ने मानिसहरू बिरामी भएमा अन्य कुनै पनि बिकासको महत्व त्यस्ता ब्यक्तिहरूको लागि गौण हुन्छ । साथै बिरामी ब्यक्तिहरूले शहर र देशको बिकासमा पनि योगदान दिन सक्दैन । त्यसैले स्वास्थ्यनै सबैभन्दा महत्वपुर्ण धन हो र स्वास्थ्य ब्यक्ति देशको आधार भनिन्छ । साथै धेरै मानिसहरू बिरामी भएमा ब्यक्ति स्वयंले गर्ने खर्चको अतिरिक्त सरकारले पनि स्वास्थ्य संस्था, स्वास्थ्य कार्यकता, औषधी र अन्य सामाग्रीहरूको ब्यबस्था गर्नको धेरै लगानी गर्नुपर्ने हुन्छ । त्यसैले बिभिन्न उपायहरू अपनाएर मानिसहरूलाई रोग लाग्ननै नदिई स्वस्थ्य बनाउनु सबैभन्दा उत्तम उपाय हो र यो स्वस्थ्य शहरको मुख्य उद्धेश्य हो ।

विश्व स्वस्थ्य संगठन, द साउथ इष्ट एशिया रिजनल ल्याबोरेटोरी अन अरबन गभरनेन्स अन हेल्थ एण्ड वेलबियिङ्ग (The South-East Asia Regional Laboratory on Governance on Health and Well-Being) ले केही बर्ष अगाडी दक्षिण एशिया क्षेत्रका देशहरूका स्वस्थ्य शहरहरूको संजाल गठन गर्नका लागि निबेदन माग गरेको थियो । सोही बमोजिम नेपालका केही नगर पालिकाहरूले निबेदन पेश गरेका थिए । निबेदन दिए पछि सो संस्थाले बिभिन्न चरणहरूमा नगर पालिकाको जनसंख्याको बनावट, नगर पालिकाले हाल सम्म गरेका स्वास्थ्य र अन्य बिकासका कार्यक्रमहरू, स्वास्थ्यलाई प्रभाब पार्ने तत्वहरू (जस्तै खानेपानी, सरसफाई, चर्पी, हावाको प्रदुषण, मानिसहरूको बानी ब्यहोरा आदि) को बारेमा हालको अबस्था र भाबि निति र कार्यक्रमहरूको बारेमा जानकारी माग गरि नगरपालिकाहरूसंग निरन्तर सम्पर्क गरिरहेको थियो । यसको लागि सो संस्थाका पदाधिकारीहरूले बिभिन्न तरिकाहरू जस्तै भर्चुयल र ब्यक्तिगत बैठक, स्थलगत भ्रमण, नगरपालिकाका पदाधिकारी र समुदायका ब्यक्तिहरू संग छलफल र निति र कार्यक्रमहरू र बिभिन्न दस्ताबेजहरूको अध्ययन पछिको मुल्याङ्नको आधारमा २०८१ भदौ १२ गते भएको बैठकले धुलिखेल नगरपालिकालाई एशियको दोश्रो र नेपालको पहिलो "स्वस्थ्य शहर" को रूपमा घोषणा गरेको छ र यसको प्रमाणपत्र पनि प्राप्त गरिसकेको छ । यो धुलिखेल बासीको लागि मात्र खुसिको खबर नभएर नेपालकै लागि पनि गौरबको बिषय भएको छ । यो सफलता नगर पालिकाले बिगतमा स्वास्थ्य छेत्रमा गरेका लगानी र प्रयासहरूको आधारमा र

विश्व स्वस्थ्य संगठनले चाहेको बिभिन्न तथ्यांकहरू र दस्ताबेजहरूको बिश्लेषणमा आधारीत प्राप्त भएको नतिजाको आधारमा प्राप्त गर्न सफल भएको हो ।

स्वस्थ्य शहरको संजालमा आबध्दताबाट हुने फाइदाहरु :

- स्थानिय शहरलाई स्वस्थ्य शहर बनाउन सकेमा र बिश्व स्वास्थ्य संगठनको संजालमा आबध्दता हुन सकेमा मुख्यतया निम्न फाइदाहरू हुन सक्छ :
- नेपालको संबिधान र अन्तराष्ट्रिय सभा र सन्धिहरूमा प्रत्येक ब्यक्तिहरूको स्वास्थ्य सम्बन्धि मौलिक हक प्राप्ति गर्नको लागि सहयोग पुग्छ ।
- बिश्व स्वास्थ्य संगठनले आधिकारिक रूपमा मान्यता प्राप्त गर्न सकेर शहरको मान मर्यादामा बृद्धि हुन्छ र बिभिन्न संघ संस्थाहरूबाट सहयोग प्राप्त हुने संभाबनामा बृद्धि हुन्छ ।
- स्वास्थ्य भन्नाले अस्पताल, औषधि र चिकित्सक मात्र बुझने हाम्रो सोचलाई परिवर्तन गरेर स्वास्थ्य भन्नाले मानिसहरूलाई रोगनै लाग्न नदिएर स्वस्थ्य जिबन बनाउनु सबै भन्दा महत्वपुर्ण हो र यसको लागि प्रवर्द्धनात्मक र प्रतिकारात्मक र स्वास्थ्यलाई प्रभाब पार्ने बिभिन्न पक्षहरूको बिकास गर्न आबश्यक छ भन्ने बारेमा बुझन र बुझाउन मदत पुग्छ ।
- नेपालको राष्ट्रिय लक्ष र दिगो बिकासको लक्षमा स्थानिय क्षेत्रको सहभागिता बृद्धि हुन्छ ।
- स्थानिय क्षेत्रका निर्बाचित प्रतिनिधिहरू, निति निर्माताहरू, साझेदारी संस्थाहरू र सर्बसाधारण ब्यक्तिहरूलाई स्वास्थ्यको बिकासमा पैरबी गर्न, सहभागिता र समन्वमा बृद्धि हुन्छ ।
- आफ्नो स्वास्थ्यको सुधार गर्नको लागि आफुले गर्नुपर्ने कर्तब्य, जिम्मेवारीहरूको बारेमा र
- स्वास्थ्य सम्बन्धि अधिकारहरूको बारेमा जन चेतनामा बृद्धि हुन्छ ।
- बिभिन्न देशहरूका स्वस्थ्य शहरका प्रतिनिधिहरू र जनताहरू संग मैत्रि सम्बन्ध र राम्रा अभ्यासहरूको बारेमा छलफल गरि सिक्न र सिकाउन मदत पुग्छ ।

धुलिखेल नगरपालिकाको प्रयास

यसै सन्दर्भमा धुलिखेल नगर पालिकालाई "स्वस्थ्य शहर" बनाउनका लागि हामीले गरेका मुख्य प्रयासहरूको बारेमा उल्लेख गर्न चाहन्छौ । सबैभन्दा पहिले नेपालको संबिधान २०७२ अनुसार सम्पन्न भएको स्थानिय तहको निर्बाचित जन प्रतिनिधिहरूले धुलिखेललाई कुन रूपमा कहिले बिकास गर्ने भन्ने बारेमा जन प्रतिनिधीहरू, स्थानिय ब्यक्तिहरू र बिषयसंग सम्बन्धित बिज्ञहरू सम्मिलित कार्यशाला गोष्ठीले धुलिखेलको स्वास्थ्य क्षेत्र लगायत समस्तीगत बिकासको लागि दीर्घकालिन योजना तयार गरेको थियो । सो योजनामा धुलिखेललाई "स्वस्थ्य शहर" को रूपमा बिकास गरी बिभिन्न कार्यक्रमहरू संचालन गर्ने निधो गरेको थियो । सोको लागि नगर पालिकाले आबश्यक ऐन तयार गरि नगर भित्रको जनसंख्या, बसोबासको अबस्था, स्वास्थ्य स्थिति, स्वास्थ्य लाई प्रभाब पार्ने तत्वहरूको स्थिती थाहा पाउनको लागि स्वास्थ्य सर्बेक्षण गरिएको थियो । सो सर्बेक्षणले प्रत्येक घरमा बस्ने परिवारको स्वास्थ्यको बिधुतिय प्रोफाइल तयार गरिएको थियो । सो सर्बेक्षणको आधारमा प्राप्त नतिजाहरूलाई आधार मानेर स्वास्थ्य कार्यक्रमहरू निरन्तर रूपमा संचालन गरिरहेको छ । यसको अतिरिक्त नगर पालिकाले धुलिखेल सामुदायिक अस्पताल, काठमाण्डौ बिश्वबिधालय र बृहत खानेपानी योजना स्थापना गर्नको लागि पनि सहयोग गरेको छ । स्वास्थ्य अबस्था सुधार्नको लागि १२ वटा वडाहरूमा प्राथमिक स्वास्थ्य केन्द्र, महिला

स्वास्थ्य स्वयंसेविकाहरूको परिचालन, नेपाल सरकारको प्राथमिकता प्राप्त मातृ, बाल स्वास्थ्य, परिवार योजना, सरूवा तथा नसर्ने रोगहरूको नियन्त्रण र उपचार, मानसिक रोगको बिशेष कार्यक्रम, स्थानिय क्षेत्रबाट निस्केको ढललाई उपचार पछि मात्र सार्बजनिक खोलामा पठाउने ब्यबस्था, प्रत्येक वडामा पार्कको स्थापना, सार्बजनिक सौचालय आदिको बिकास गरिएको छ । यी कार्यक्रमहरूको प्रभाबले हाल नगरको ८६ प्रतिशतको घरमा खानेपानीको ब्यबस्था, ९८ प्रतिशत घरमा चर्पी, ९६ प्रतिशत परिवारले स्वास्थ्य बिमामा संलग्न, पुर्ण खोप, बाह् दिशा मुक्त, बालश्रम मूक्त, पुर्ण साक्षरता, क्षयरोग मुक्त आदि कार्यहरू गर्न सफल भएको छ । साथै नगरपालिका भित्र बायु प्रदुषण गर्ने कारखानाको बन्देज र कार्बन उत्सर्गबाट मूक्त गर्ने घोषणा गरेको छ । नगरपालिकाले संयूक्त राष्ट्र संघको दिगो बिकासको लक्षहरूको अबस्थाबारे अध्ययन गरि सो बारे नगर पालिकाले गरेको योजना, कार्यान्वयन र नतिजाको बारेमा प्रतिबेदन तयार गरेको छ । सो अध्ययन अनुसार धुलिखेल नगर पालिका दिगो बिकासको लक्ष नं १ गरिबीको निवारण, लक्ष नं ३ सुस्वास्थ्य तथा समृद्व जीवन, लक्ष नं ४ गुणस्तरीय शिक्षा र लक्ष नं ६ स्वच्छ पिउने पानी र सरसफाई सम्बन्धि लक्षहरू पुरा गर्न सफल हुन सकेको छ । साथै आगामी समयमा अन्य लक्षहरू पनि क्रमश पुरा गर्न प्रयासरत छ । साथै यो नगरपालिका नेपालको संबिधान र अन्तराष्ट्रिय सभा सम्मेलनहरूले पारित गरेको प्रत्येक नागरिकहरूको स्वास्थ्य सम्बन्धि मौलिकहकलाई पुरा गर्नको लागि स्थानिय नागरिक समाज, संघ संस्थाहरू, दातृ निकाय र बिदेशका स्वस्थ्य शहरहरू संग सहकार्य र समन्वय गरि यस शहरलाई "स्वस्थ्य शहर"को रूपमा थप बिकास गर्न प्रतिबद्व छ । यो हाम्रो प्रयासलाई बिश्व स्वास्थ्य संगठनले पहिचान र सम्बर्धन गर्न सहयोग पुरयाएकोमा धन्यबाद पनि दिन चाहन्छौ । नेपालमा स्वास्थ्यको बिकासको लागि अस्पताल, स्वास्थ्य कार्यकर्ता र औषधिमा मात्र लगानी गर्ने हालको अबस्थालाई परिवर्तन गरि स्वस्थ्य शहरको अबधारण मार्फत प्रत्येक ब्यक्ति र समुदायलाई स्वस्थ्य बनाएर गुणस्तरिय जिबन यापन गराउनको लागि प्रयास गर्नु आबश्यक छ । यसले अन्तराष्ट्रिय तहमा र नेपालको संबिधानले संरक्षित गरेको स्वास्थ्य सम्बन्धि मौलिक हक पुरा गर्न सहयोग पुग्ने छ ।


WHO Regional Healthy Cities Network
for South-East Asia
'Inclusive and equitable health for all'
HEALTHY CITY AWARD 2024
presented to
Dhulikhel Municipality,
Nepal
for achieving the status of
'Significantly Committed Healthy City'
World Health Organization
South-East Asia
Saima Wazed
Regional Director
WHO South-East Asia

खुशीको क्षण: धुलिखेल "स्वस्थ शहर" घोषणा भएको दिन

सन्दीप के.सी., स्वास्थ्य शाखा प्रमुख

स्वस्थ वातावरणमा बाँच्न पाउने मानिसको मौलिक अधिकार हो । नेपालको संविधान २०७२ जारी भएपछि अब नेपालमा ३ तहका सरकारलाई नै स्वास्थ्य क्षेत्रमा काम गर्ने अधिकार र दायित्व प्रदत्त गरिएको छ । समाजको समृद्धिको सूचकका रूपमा समेत स्वच्छ तथा स्वस्थ वातावरणलाई लिइन्छ । नेपालकोसंविधानमा जनताको प्रत्यक्ष सरोकारको आधारभूत स्वास्थ्य सेवा स्थानिय तहलाई अधिकारको रूपमा सुम्पीएको पाईन्छ । के स्थानिय तहले स्वास्थ्यलाई आफ्नो बिकासको एजेण्डा को रूपमा स्वीकार गरेको छ त ? यो कुरा भने अझै बहस र चर्चाको पाटोनै छ ।

विश्वका कयौं सहरहरू छन् जसले नागरिकको स्वास्थ्यलाई विकासको एजेण्डाको रूपमा स्वीकार गर्दै आफुलाई अब्बल साबित गरेका छन् । हामी पनि आफ्ना नागरिकको स्वास्थ्य अधिकार सुनिश्चित गर्न तथा स्थानिय सरकारको भूमिका पुरा गर्न सहयोगी संस्थाको सहयोग र तिनै तहका सरकार मिलेर स्वस्थ शहर बनाउने अभियान अघि सार्न सक्छौ। त्यसको सुरूवात धुलिखेल नगरपालिकाले अगाडि बढाएको देखिन्छ । स्वस्थ शहर अभियान मार्फत नागरिकको स्वस्थ जीवन जीउने अधिकार सुनिश्चित धुलिखेल नगरले यो अभियान सुरू गरेको हो ।

२०८१ साल भाद्र ११ गते विश्व स्वास्थ्य संगठनले धुलिखेल नगरपालिकालाई विगत २ वर्ष देखि निरन्तर अनुगमन तथा विषेश मुल्याँकन समिति द्वारा विभिन्न सूचकमा आधारित भई तथ्यमा आधारित रहेर अनुगमन गरिरहेको थियो। दक्षिण एसिया २३ वटा देशहरू समावेश भएको स्वस्थ शहर नेटवर्कमा धुलिखेलले एसियाको दोश्रो लेभलको स्तर निर्धारणमा ६२.४८ अंक सहितआफुलाई स्वस्थ शहरमा राख्न सफल भएको हो । नेपालको पहिलोस्वास्थ शहर धुलिखेल घोषणा संगै ५ हजार अमेरिकी डलर पुरस्कार समेत प्राप्त गरेको छ ।

विश्व स्वास्थ संगठनको मापदण्ड पुरा गरेर स्वास्थ क्षेत्रको नितिगत सुधार, स्वास्थ क्षेत्रको

दिगो बिकासको लक्ष, बातावरनिय सुधार गरिब जनतामा स्वास्थमा पहुच, दर्घरोग र सरूवा रोग अनि सामुदायिक स्वास्थामा सुधार ल्याउनुकासाथै स्थानिय सरकारको प्राथमिक स्वास्थ उपचारमा गरेको प्रगती लाइ समेत आधार मानिएको छ । २०८१ साल भाद्र ११ गते २ बजे विश्व स्वास्थ्य संगठनले भर्च्युयल कार्यक्रम राखि विश्व स्वास्थ्य संगठनको स्वस्थ शहर नेटवर्कका कार्यक्रम निर्देशक डा. शुभाजी गुडले मुल्याँकन नतिजा सार्वजनिक गर्दै धुलिखेल नेपालको पहिलो स्वस्थ शहर भएको जानकारी गराउनु भएको हो । यसको लागि नोभेम्वरको अन्तमा विशेष समारोह आयोजना गरी प्रमाण पत्र प्रदान गर्ने कार्यक्रम रहेको विश्व स्वास्थ्य संगठनको स्वस्थ शहर नेटवर्कका कार्यक्रम निर्देशक डा. शुभाजी गुडले जानकारी दिदै स्वस्थ सहरमा आवद्ध भएका १० वटा सहरहरूलाई मान्यता प्रदान गरिएको जानकारी दिनु भएको हो ।

विश्व स्वास्थ्य संगठनको स्वस्थ शहर नेटवर्कको मुल्याँकनमा थाईल्याण्डको ३ वटा शहरले ७१देखि ८०अंक सम्म हाँसिल गरी पहिलो स्तरमा रहेका छन् भने नेपालको धुलिखेल नगर भारतको पुने शहर तथा थाईल्याण्डकै क्लोङ च उन् सुरत थानी सहरले ५६ देखि ७० स्कोर प्राप्त गरी दोश्रो स्तरमा रहेका छन् । त्यसैगरी श्रीलंकाको बडुला शहर, ईन्डोनेसियाको माकासर र वाजो एजेन्सी तथा माल्दिप्सको अद्दु सहर तेश्रो स्तरमा रहेका छन् । नेटवर्कमा आवद्ध हुने माल्दिप्सको अद्दु सहर ५२.८९ अक हाँसिल गरेको छ ।

सिमित श्रोत साधनका बाबजुद उच्चतम राजनैतिक प्रतिवद्धता तथा स्वास्थ्यकर्मीको अथक मेहनत र समुदायको सहभागिता एवं धुलिखेल अस्पतालको प्राविधिक सहयोगमा हाल धुलिखेल नगरले क्षयरोग मुक्त अभियान, रक्त अल्पता मुक्त शहर,समुदाय सहभागिताकोलागि स्वयं सेवक समुह गठन र परिचालन जस्ता समन्वयात्मक कार्यहरू तथा सेवामुलक कार्यक्रमहरू सञ्चालन गर्दै आएको छ । पारदर्शिता तथा जवाफ देहिताको लागि सामाजिक परिक्षण तथा ड्यसवोर्ड कार्यक्रम रहेको छ भने स्वस्थ शहर धुलिखेल रेडियो कार्यक्रम मार्फत जनचेतनाको कार्यक्रम सञ्चालन गरेको छ । संघीय तथा प्रदेश सरकारका निकाय तथा जनस्वास्थ्य कार्यालयको समन्वयमा धुलिखेलले यो अवसर प्राप्त गरेको हो ।

अब धुलिखेल नगरले आगामि दिनमा विश्व स्वास्थ संगठन मार्फत सर्ने , नसर्ने रोग, जेष्ठ नागरिक स्वास्थ, दलित र गरीब जन समुदायको स्वास्थमा दिगो बिकासको स्वास्थ अनि शहरि स्वास्थ र स्वास्थ्य सुशासनमा काम गर्ने योजना छ । स्वच्छ वातावरण तथा स्वच्छ खानेपानी बातावरणिय प्रभाब न्युनिकरण लगाएत खोप, सामुदायिक स्वास्थमा नागरिकको सहभागिताको क्षेत्रमा नगरले स्वास्थ सर्भेक्षण गरी डिजिटल स्वास्थ अभिलेख तयार गरी कार्य सुरू गरेको थियो ।

यसको लागि बाल स्वास्थ होस वा प्रजनन् स्वास्थ्य, मातृ स्वास्थ्य होस वा पोषण तथा मानसिक स्वास्थ्य सबै महत्वपुर्ण क्षेत्रलाई संगै लैजानु पर्दछ । नागरिकको स्वास्थ्य स्थानिय सरकारको दायित्वको रूपमा बुझेर अन्तराष्ट्रिय नीति तथा कार्यक्रमका अध्ययन गर्दै धुलिखेल नगरले यो कार्यक्रम सुरूवात गरेको हो । पछिल्लो समय अन्य स्थानिय तहहरू तथा अन्तराष्ट्रिय स्तरबाट चासो बढे सगै स्वास्थ्यका बिभिन्न आयामलाई समेटेर आफ्नो स्थानिय तहको आवश्यक्ता पुरा गर्न तथा नमुना शहरको रूपमा आफुलाई विकास गर्न स्वस्थ शहर अभियान सञ्चालन गरी धुलिखेलले यो सफलता हाँसिल गरेको हो । स्वास्थ्यका बिभिन्न आयामलाई समेटेर आफ्नो स्थानिय तहको आवश्यक्ता पुरा गर्न तथा नमुना शहरको रूपमा आफुलाई विकास गर्न स्थानिय तहहरूले स्वस्थ शहर अभियान सञ्चालन गर्नु आवश्यक देखिन्छ ।

Shanghai Consensus on Healthy Cities

"9th Global Conference for Health Promotion: All for Health, Health for All" was held in Shanghai, China on 21-24 November, 2016. Over 1260 participants from 131 countries, including 81 ministers and 123 mayors, came to Shanghai to chart a new path for health promotion in the era of the SDGs. The conference emphasized and gave clear message that: health is a political issue and, therefore, political choices and commitments are crucial. The Shanghai conference was nothing less than a political watershed for health and health promotion. High-level statements and commitments delivered during the conference – most notably from the host country itself – send a clear signal that promoting health lies at the center of a global agenda that will transform the world and ensure that all people can fulfill their potential in dignity, equality, and in a safe and healthy environment.

The 100 Mayors from around the world participated in the conference made following consensus on Healthy Cities

We - more than 100 mayors from around the world – have come together on 21 November 2016 in Shanghai, China, united in the knowledge that health and sustainable urban development are inextricably linked, and steadfastly committed to advancing both. We also recognize that health and well-being are at the core of the United Nations Development Agenda 2030 and its Sustainable Development Goals (SDGs).

Cities working for health and well-being are central to sustainable development

Cities working for health and well-being are central to sustainable development Mayors and local leaders can play a defining role in delivering all SDGs. As mayors we have a responsibility to act locally and collectively to make our cities inclusive, safe, resilient, sustainable and healthy. We are determined in our resolve to leave no one behind: the city belongs to all its residents. Health is created at the local level in the settings of everyday life, in the neighbourhoods and communities where people of all ages live, love, work, study and play. Health for all cannot be achieved without local leadership and citizen engagement. The good health of its citizens is one of the most powerful and effective markers of any city's successful sustainable development. This puts health at the centre of every mayor's agenda. We recognize our political

responsibility to create the conditions for every resident of every city to lead more healthy, safe and fulfilling lives. Cities are places where planning and policy-making is closest to communities – it must, therefore, incorporate communities' views, voices and needs. We commit to remove barriers to empowerment – especially for women, children, and other potentially vulnerable populations – and to support the full realization of human potential and capabilities at all ages in the city environment.

We commit to good governance for health

We commit to good governance for health Healthy Cities have been platforms for implementing good governance for health, as well as improving health literacy – that is, for promoting health. Building on experience with city-led health initiatives, as mayors, we commit to prioritize the political choice for health in all domains of city governance and to measure the health impact of all our policies and activities. Achieving the SDGs will require close synergy between the global and national goals, and our local plans and programmes. We have agreed to base our action on five governance principles which reflect the transformative agenda of the SDGs.

Our governance principles

As mayors we commit to five Healthy Cities governance principles:

- Integrate health as a core consideration in all policies: Prioritize policies that create co-benefits between health and other city policies, and engage all relevant actors in partnership-based urban planning.
- Address all – social, economic and environmental – determinants of health: Implement urban development planning and policies that reduce poverty and inequity; address individual rights; build social capital and social inclusion; and promote sustainable urban resource use.
- Promote strong community engagement: Implement integrated approaches to promoting health in schools, workplaces, and other settings; increase health literacy; and harness the knowledge and priorities of our populations through social innovation and interactive technologies.
- Re-orient health and social services towards equity: Ensure fair access to public services and work towards universal health coverage.
- Assess and monitor well-being, disease burden and health determinants: Use this information to improve both policy and implementation, with a special focus on inequity – and increase transparency accountability.

We commit to a healthy cities programme of action

We recognize that creating Healthy Cities requires a comprehensive approach – it can never be the responsibility of one sector alone.

We also recognize that there is a powerful link between SDG 3 (Good Health for All) and SDG 11 (Make Cities and Human Settlements Inclusive, Safe, Resilient and Sustainable): Unlocking the full potential of our cities to promote health and well-being and reduce health inequities will help to deliver both these goals.
Cities are at the front line of sustainable development and we are convinced that mayors have the power to make a real difference. We must and will be ambitious in localizing the 2030 agenda and we will set health targets to hold ourselves accountable. We recognize that everyone in the city needs to do their part to work towards these ambitious priorities.

Our ten priority Healthy City action areas

As mayors we commit to ten Healthy Cities action areas which we will integrate fully into our implementation of the 2030 sustainable development agenda. We will:

- Work to deliver the basic needs of all our residents (education, housing, employment and security), as well as work towards building more equitable and sustainable social security systems;
- Take measures to eliminate air, water and soil pollution in our cities, and tackle climate change at the local level by making our industries and cities green and ensure clean energy and air;
- Invest in our children, prioritize early child development and ensure that city policies and programmes in health, education and social services leave no child behind;
- Make our environment safe for women and girls, especially protecting them from harassment and genderbased violence; improve the health and quality of life of the urban poor, slum and informal settlement dwellers, and migrants and refugees – and ensure their access to affordable housing and health care;
- Address multiple forms of discrimination, against people living with disabilities or with HIV, older people, and others;
- Make our cities safe from infectious disease through ensuring immunization, clean water, sanitation, waste management and vector control;
- Design our cities to promote sustainable urban mobility, walking and physical activity through attractive and green neighbourhoods, active transport infrastructure, strong road safety laws, and accessible play and leisure facilities;
- Implement sustainable and safe food policies that increase access to affordable healthy food and safe water, reduce sugar and salt intake, and reduce the harmful use of alcohol including through regulation, pricing, education and taxation;
- Make our environments smoke free, legislating to make indoor public places and public transport smoke-free, and banning all forms of tobacco advertising, promotion and sponsorship in our cities;
- Make our environments smoke free, legislating to make indoor public places and public transport smoke-free, and banning all forms of tobacco advertising, promotion and sponsorship in our cities.

We express our firm determination to make bold political choices for health

Many cities are already contributing to the SDGs, in city-based networks and through determined political action on a new urban agenda. We will contribute to this movement through our Healthy City networks. We call on all mayors and urban leaders, regardless of whether their cities are big or small, rich or poor, to join this movement. We solemnly commit to sharing experiences and best practices with each other, as we aim to bring together global and national goals with our local plans and programmes, and in doing so journey towards making our cities the healthiest they can be. We commit to come together at regular intervals to demonstrate and ensure our political commitment to implement this ambitious agenda. We ask the World Health Organization to support us in this effort and to strengthen its healthy city networks in all regions

Source: Promoting health in the SDGs. Report on the 9th Global conference for health promotion, Shanghai, China, 21–24 November 2016: all for health, health for all. Geneva: World Health Organization; 2017 (WHO/NMH/PND/17.5). Licence: CC BY-NC-SA 3.0 IGO.

What is a Healthy City ?

A healthy city is defined by a process, not an outcome.

- A healthy city is not one that has achieved a particular health status.
- It is conscious of health and striving to improve it. Thus any city can be a healthy city, regardless of its current health status.
- The requirements are: a commitment to health and a process and structure to achieve it.
- A healthy city is one that continually creates and improves its physical and social environments and expands the community resources that enable people to mutually support each other in performing all the functions of life and developing to their maximum potential.
- WHO/Europe recommends a basic model for a healthy city.
- Healthy cities are places that deliver for people and the planet. They engage the whole of society, encouraging the participation of all communities in the pursuit of peace and prosperity. Healthy cities lead by example in order to achieve change for the better, tackling inequalities and promoting good governance and leadership for health and well-being. Innovation, knowledge sharing and health diplomacy are valued and nurtured in healthy cities.

People

A healthy city takes a human approach to development, prioritizing investment in people and ensuring access for all to common goods and services. This includes:

- Investment in human and social capital as a strategic approach for urban development
- Promoting inclusion, integration and non-discrimination
- Building trust, resilience and a focus on ethics and values.

Participation

A healthy city leads by example ensuring community participation in decisions that affect where and how people live, their common goods and services. This includes:

- Improved city spaces and services, based on the needs and assets in communities
- Stronger accountability and governance for health and well-being
- Empowered and resilient populations
- Increased ownership over individual health and well-being.

Prosperity

A healthy city strives for enhanced community prosperity and strengthened assets through values-based governance of common goods and services. This includes:

- Progressive measures of social progress
- Investment in the circular economy
- Universal minimum social protection.

Planet

A healthy city ensures that the health and well-being of both the people and the planet are at the heart of all the city's internal and external policies. This includes:

- A whole-of-city approach to health and well-being
- Coherence across levels of governance in the approach to health and well-being
- Strengthened city health diplomacy.

Place

A healthy city creates an accessible social, physical and cultural environment that facilitates the pursuit of health and well-being. This includes:

- Shifting from a needs-based to an assets-based approach
- Human-centered urban development and planning
- Integrating health equity and sustainability into urban development and planning
- Enhanced inclusiveness in the use and governance of common spaces.

Peace

A healthy city leads by example by promoting and keeping peace in all its actions, policies and systems. This includes:

- Institutions, governance systems and architecture that prioritize social justice and inclusive participation;
- The promotion of cultural norms of inclusion and equity, a non-exploitative egalitarian approach;
- Formal governance and societal norms that tackle corruption, discrimination and all forms of violence.

City health profiles

One of the first steps that cities take in the WHO Healthy Cities project is to develop a comprehensive city health profile, a public health report that describes the health of the city's population, bringing together key pieces of information on health and its determinants in the city and interpreting and analysing the information.

This profile usually uses health indicators to define the population's health and presents information on the lifestyles and environmental and social factors in the city that affect health. Of the 45 city health profiles submitted to the WHO European Healthy Cities Network in 2005, 35 used all 500 indicators of inequality. Areas covered by the indicators included measures of health or well-being, disease prevalence, socioeconomic conditions, lifestyle, environmental conditions, service utilization (admission or attendance rates) and other factors influencing health, such as traffic and crime.

The profiles are essential tools for change and are an integral part of local decision-making and strategic planning processes. Tools and guidance have been developed on profiles and indicators, which helps a city to portray its health and its determinants.

City health profiles are not an end in themselves but an important element in the process of improving health and thus moving closer to the reality of a healthy city.

Source: World Health Organization. What is a Healthy City. Available: ***https://www.who.int/europe/groups/who-european-healthy-cities-network/what-is-a-health-city***

स्वस्थ शहरको लागि वातावरणमैत्री फोहरमैला व्यवस्थापन

सन्दीप के.सी., प्रमुख, आधारभुत स्वास्थ्य तथा सरसफाई शाखा

फोहर मैला सम्वन्धमा एक अध्ययनले उल्लेख गरे अनुसार हाम्रो घर, परिवार, बजार, उद्योग र सार्वजनिक क्षेत्रबाट उत्पन्न हुने फोहोर सामान्यतया ९५ प्रतिशत प्रशोधन गरी आम्दानीको स्रोत बनाउन सकिने प्रकृतिका हुन्छन भने करिब ५ प्रतिशतलाई मात्र बिसर्जन गर्नुपर्ने हुन्छ । फोहर मैला ब्यवस्थापन गर्न वातावरणमैत्री व्यवहार जति जरूरी छ । सामाजिक सद्भाव सिर्जना गर्नु तथा नेतृत्वदायी उदाहरण दिनु पनि उत्तिकै जरूरी छ । हाम्रो शहरको वातावरणमा हुन सक्ने जमिन, हावापानी र ध्वनीको प्रदुषणलाई समयमै नियन्त्रण गरी आफ्नो र सन्ततिको भबिष्य सुन्दर र स्वस्थ्य बनाउन तथा वातावरण संरक्षण गर्न हामी आफै जिम्मेवार बन्नु पर्दछ ।

आफ्नो घर टोलको फोहोर व्यवस्थापन भए रोग व्यवस्थापन हुन्छ । आफ्नो घर, टोल सफा भए मन पनि सफा हुन्छ । अनि रचनात्मक सोचका साथ काम गर्ने वातावरण बन्दछ । वातावरणीय मैत्री व्यवहार गर्न हरेक ब्यक्तीले अब आ-आफ्नो घर, टोल, समाज, राष्टिय र अन्तर्राष्ट्रिय गराउन नेतृत्वदायी भूमिका निर्वाह गर्नुपर्दछ । अब शहरी क्षेत्रमा बसोबास गर्ने हरेक नागरिकले एकपल्ट सोच्नु पर्छ । फोहरको सन्दर्भमा के म यो समस्याको कारक हुँ या समाधान ? के फोहरको बिरोध मात्र गरिरहेको छु वा एक असल नागरिकको नैतिक जिम्मेवारी पूरा गरेको छु त ? परिवर्तनको आभास आफैंबाट सुरू गर्नु जरूरी छ ।

ठोस फोहोरलाई मुख्य रूपमा चार प्रकारले विभाजन गर्न सकिन्छ । १. जैविक २. अजैविक ३. मिश्रित ४. घातक फोहर । त्यसैगरी तरल पदार्थलाई तीन समूहमा वर्गीकरण गर्न सकिन्छ । १. फोहोर पानी २. तेलजन्य चिल्लो पदार्थ ३.रासायनिक एवम् पेट्रोलियम पदार्थ । तरल फोहरको ब्यवस्थापन गर्न आधुनिक प्रविधि मार्फत तरल पदार्थलाई वर्गीकरण गरी ढल व्यवस्थापन, ढल निकास र शुद्धिकरण गर्न सकिन्छ । फोहोरलाई बिशेष प्रविधिमार्फत मल र ग्यास उत्पादन गर्दा आर्थिक लाभ प्राप्त गर्न सकिन्छ । हाम्रा बस्तिको तल्लो भौगोलिक क्षेत्रमा ढलको यसै गरी वातावरणबाट निस्कने ढललाई प्रशोधन गरेर मात्र निकास दिनु पर्दछ । नदी सफा राखेर वातावरण सफा मात्र हैन जैविक विविधताको साथै जलचरको बाँच्न पाउने अधिकार सुनिश्चित गर्नु पर्दछ । ल्यान्डफिल साईडहरु बनाई फोहोरलाई मोहोर बनाउने उद्यमको रूपमा व्यवसायिकता सिर्जना गर्ने पद्धति निर्माण गर्नुपर्दछ ।

हरेक पर्यटकिय नगरहरूले सार्वजनिक क्षेत्र तथा सर्वसाधाराको बढी आवत जावत र जम्मा हुने ठाउँमा कम्तिमा एउटा सार्वजनिक शौचालयको व्यवस्था नगरे सम्म पर्यटन व्यबसायको परिकल्पना अधुरो हुन्छ । आफ्नो शहर खुल्ला दिशा पिसाबमुक्त बनाएर वातावरण सफा राख्नु सबै नागरिकको कर्तव्य हो । सार्वजनिक सौचालय दिगो सञ्चालनको निमित्त न्यून शुल्क निर्धारण गरेर त्यहाँबाट भएको आम्दानीले सरसफाइ र दिगो व्यवस्थापन गर्न सकिन्छ । यसबाट मिथेन ग्याँस उत्पादन गर्न पनि सकिन्छ । स्वस्थ र सफा शहर निर्माण गर्न हामिले फोहरको उत्पादन नै कम गर्ने तथा आफ्नो घर बगैचाको जैविक फोहरलाई घरमा नै कम्पोष्ट गरी मल बनाउने गर्न सकिन्छ । आफ्नै घर, परिवार, टोल, अफिस र वातावरणका फोहोरमैलालाई स्थानीय तहसँग समन्वय गरेर आधारभूत व्यवस्थापन गर्न आजैबाट शुरू गर्नुपर्दछ । त्यसै गरी हाम्रो घर र व्यवसायबाट उत्पन्न भएका फोहोरलाई स्रोतबाटै वर्गीकरण गर्ने अनि अजैविक फोहरहरु जस्तै (धातु, प्लाष्टिक, कागज, शिशा) आदिलाई छुट्टै व्यवस्थापन गर्ने कार्य गरेर फोहर ब्यवस्थापनमा सहयोग गर्न सकिन्छ । आफ्नो घर वरीपरी वातावरण स्वच्छ राख्न फूल बगैचा तथा बोटविरूवा रोप्ने र त्यसको संरक्षण गर्ने तथा आफ्नो टोल फोहरमैला मुक्त बनाउने अभियान नागरिक तहबाटै सुरू गरिनु पर्दछ ।

नेपालको फोहरमैला व्यवस्थापन ऐन, २०६८ ले बुँदा ४ मा फोहरमैला व्यवस्थापन गर्ने दायित्व स्थानीय तहको हुनेछ भनि उल्लेख गरेको छ । आफ्नो घर तथ गाउँ र नगरपालिका भित्रबाट उब्जिने कुनैपनि फोहोरमैलालाई स्रोतबाटै वर्गीकरण, संकलन र उचित व्यवस्थापन गर्नुपर्दछ । अब यसको जिम्मेवारीमा बहस र चर्चा मात्र गरेर हुदैन उत्पन्न हुने फोहोरमैलालाई स्रोतमै विभिन्न रंगका ढस्टविन राखेर वर्गीकरण गर्न सकिन्छ । स्थानिय तहले आफ्नो एकल अधिकारको क्षेत्रमा रहेको फोहोरमैला व्यवस्थापनका लागि आवश्यक साधन तथा जनशक्ति व्यवस्था गर्ने तथा विभिन्न चेतनामुलक कार्यक्रमहरु आयोजना गर्नु पर्दछ । फोहोर व्यवस्थापन गर्ने उत्प्रेरणा प्रदान गर्न उत्कृष्ट काम गर्नेलाई पुरस्कारको प्रबन्ध गर्ने तथा फोहोर व्यवस्थापन सहयोग नगर्नेलाई दण्डको व्यवस्था गर्नु पर्छ। स्वास्थ्य संस्थाहरुबाट उत्पादन हुने मेडिकलजन्य फोहर केमिकल, सुई, खतराजन्य एवम् मानवीय पदार्थलाई विशेष पृथक ढङ्गबाट दहन एवम् व्यवस्थापन गर्ने कार्यमा सहयोग तथा नियमन गर्नु पछ। फोहर ब्यवस्थापन गर्न टोलटोलमा वातावरण सुधार समूहहरु गठन गरी वातावरण सुधारको कार्यक्रम सञ्चालन गर्न सकिन्छ भने निश्चित क्षेत्र तोकी ल्यान्डफिल साईट एवम् फोहोर प्रशोधन केन्को व्यवस्थापन गर्नु पर्दछ ।

फोहोरमैला व्यवस्थापनका साथै हाम्रो वातावरणको गुणस्तर सुधार गर्नु हामी सबैको कर्तव्य हो । बाटोघाटो निर्माण गर्दाको सडकको दायाँबायाँको केही भाग खुला हरितपेटिका मार्फत विकास निर्माण र क्रममा जति पनि नयाँ संरचना निर्माण गरिन्छ हरेक ठाउँमा प्रशस्त खुल्ला हरितपेटिका र सम्भव भएसम्म फूल तथा बोटबिरूवा लगाएर वातावरण जोगाउन सकिन्छ । यस्ता हरित पेटिकाले हाम्रो वातावरण स्वास्थ्य, सफा तथा सुन्दर बनाउन र दिगो विकास गर्नको निमित्त ज्यादै ठूलो काम गर्दछन् । नगरले आफ्नो नगरपालिका क्षेत्रभित्र जैविक विविधता संरक्षण तथा व्यवस्थापन गर्न विशेष रणनीति अबलम्बन गरेर निश्चित क्षेत्रमा किल्ला तोकी संरक्षित क्षेत्रको व्यवस्थापन गर्नुपर्छ ।

नेपालमा स्वास्थ्य बिमा कार्यक्रमले कानुनी मान्यता पाएको १० वर्ष पुग्न लागेको छ । २०७२ चैत २५ गतेदेखि शुरू भएको यो कार्यक्रमलाई २०७४ सालमा बनेको स्वास्थ्य बिमा ऐनले थप व्यवस्थित गरेर सञ्चालनमा ल्याएको छ । बोर्डको तथ्यांक अनुसार हालसम्म ७५ जिल्लामा स्वास्थ्य बिमा कार्यक्रम लागू भइसकेको छ भने यसमा सहभागिताको अवस्था पनि उत्साहजनक रूपमा बढ्दै गएको छ ।

स्क्रिनिङ

स्क्रिनिङ भनेको कुनै समुदायमा स्वास्थ्य समस्या भएकाहरूलाई प्रारम्भिक चरणमै पहिचान गर्न गरिने प्रक्रिया हो । यो प्रक्रिया लक्षण नदेखिएका व्यक्तिहरूमा गरिन्छ । यसको मुख्य उद्देश्य भनेको रोगको प्रारम्भिक अवस्थामा पत्ता लगाइ समयमै उपचार गर्न मद्दत गर्नु हो । स्क्रिनिङ र निदान परीक्षण स्वास्थ्य क्षेत्रका दुई फरक उद्देश्य भएका उपकरणहरु हुन् । स्क्रिनिङ लक्षण नदेखिएका व्यक्तिहरूमा ठूलो जनसत्त्यामा गरिन्छ, जसले रोगको सम्भावित केस प्रारम्भिक रूपमा पत्ता लगाउन सहयोग गर्दछ । यसले रोगको प्रारम्भिक अवस्था पहिचान गरी उपचार सहज बनाउँछ । यता, निदान परीक्षण भने लक्षण देखिएका वा स्क्रिनिङमा शंकास्पद नतिजा देखिएका व्यक्तिहरूमा गरिन्छ, जसले रोगको पुष्टि र सही निदान गर्न मद्दत गर्दछ । स्क्रिनिङ तुलनात्मक रूपमा कम खर्चिलो र जनसत्त्यामा केन्द्रित छ भने निदान परीक्षण विशेष व्यक्तिहरूमा अधिक सटीकता र उच्च खर्चमा गरिन्छ ।

मानसिक

विश्व स्वास्थ्य संगठनको तथ्यांकअनुसार पनि बर्सेनि ८ लाख मानिसले आत्महत्या गर्ने गरेका छन् । अर्थात् प्रत्येक ४० सेकेण्डमा एक जनाले आत्महत्या गरेको पाइन्छ । करिब ८० प्रतिशत आत्महत्याको कारण नै मानसिक स्वास्थ्य समस्या हो यसमध्येको मुख्य कारण डिप्रेसन हो । विश्वमा मृत्युको कारणमध्ये आत्महत्या १५ औं कारण रहेको छ । नेपालमा भने आर्थिक वर्ष २०८०/८१ मा ७ हजार २ सय २३ जनाले आत्महत्या गरेको तथ्यांक छ । जसअनुसार नेपालमा सरदर दिनमा २० जनाले आत्महत्या गर्ने गरेका छन् । दिगो विकासको लक्ष्यले दैनिक आत्महत्याको दर ४.७ मा झार्ने भए पनि आत्महत्याको दर बढ्दै गएको छ ।

यस्तै, नेपालमा कूल नसर्ने रोगको समस्यामध्ये १८ प्रतिशत मानसिक रोग रहेको पाइन्छ। अपांगता गराउने प्रमुख १० कारकमध्ये ४ वटा मानसिक स्वास्थ्य समस्या पर्छन् । राष्ट्रिय मानसिक स्वास्थ्य सर्वेक्षण नेपाल २०७७ को नतिजाअनुसार नेपालमा १३ देखि १७ वर्षका ५.२ प्रतिशत किशोरकिशोरीहरूमा मानसिक स्वास्थ्य समस्या देखिएको छ । जसमा चिन्ताजन्य, डिप्रेसन र आत्महत्यासम्बन्धी सोचजस्ता समस्या रहेको पाइएको थियो। १८ वर्षभन्दा माथिका व्यक्तिहरूमा भने १० प्रतिशतमा मानसिक स्वास्थ्य समस्या देखिएको छ, त्यसमा पनि सबैभन्दा बढीमा आत्महत्यासम्बन्धी सोच रहेको पाइएको छ ।

BKHCCI

उच्च रक्तचाप संसार हुने मृत्युको पहिलो कारण हो । यसले हृदयघात तथा पक्षघात गराउँछ । त्यसकारण यो विकराल रोग हो ।

.उच्च रक्तचाप कतिलाई मान्ने भन्नेबारे जानकारी हुनु आवश्यक छ । यूरोपियन सोसाइटी अफ कार्डियोलोजीका अनुसार व्यक्तिको रक्तचाप १४० बाई ९० भएको अवस्थामा त्यसलाई उच्च रक्तचाप भएको मान्न सकिन्छ ।

त्यस्तै अमेरिकन हार्ट एशोसियसनका अनुसार कुनै व्यक्तिमा माथिको रक्तचाप १३० भन्दा बढी तथा तलको रक्तचाप ८० भन्दा बढी भएको अवस्थालाई उच्च रक्तचाप मान्न सकिन्छ । त्यसकारण विभिन्न स्थान तथा देशअनुसार उच्च रक्तचापलाई परिभाषित गरिएको छ । यद्यपि १३० बाई ९० भएको अवस्थालाई उच्च रक्तचाप भएको मान्न सकिने चिकित्सकहरू बताउँछन् । यस्तो अवस्थामा उच्च रक्तचापको औषधि सेवन गर्नका लागि सुरू गर्नुपर्ने हुन्छ ।
सिस्टोलिक र डायस्टोलिक ब्लड प्रेसरबारेको जानकारी सबैमा हुन जरूरी छ । दुवै प्रकारका रक्तचापले शरीरले हानी गराउन सक्छ । विभिन्न अध्ययनहरूले तलको भन्दा माथिको रक्तचाप हृदयघातसँग बढी सम्बन्धित हुने गर्छ । त्यसकारण तलको भन्दा माथिको रक्तचापलाई नियन्त्रणमा राख्नु अत्यावश्यक हुन्छ ।

धेरै मानिसहरूमा रक्तचापको समस्या उमेर ढल्कदै जाँदा मात्रै देखा पर्छ भन्ने भ्रम रहेको पाइन्छ । रक्तचापको समस्या २,३ वर्षको बच्चादेखी वयस्क तथा युवायुवती जोसुकैमा पनि देखा पर्छ । एक अध्ययन अनुसार ३५ देखी ४५ वर्ष उमेर समूहका ४ मध्ये १ जनामा ब्लड प्रेसरको समस्या देखा पर्छ । त्यस्तै त्यही उमेर समूहका ५ मध्ये १ महिलामा रक्तचापको समस्या देखिन सक्छ । त्यसकारण ब्लड प्रेसरको समस्या युवा अवस्थामा नै पनि देखा पर्ने भएकोले सचेत हुन आवश्यक हुन्छ । युवा अवस्थामा हुने हृदयघात तथा पक्षघातको प्रमुख कारण नै अनियन्त्रित रक्तचाप नै हो ।

ब्लड प्रेसरको समस्या लक्षणबिना पनि देखा पर्न सक्छ भन्ने जानकारी हामीमध्ये धेरैलाई छैन । सधैं जसो बिरामीको परीक्षणका क्रममा ब्लड प्रेसर बढ्दा समेत बिरामीलाई खासै लक्षण देखा नपरेको मैले पाएको छु । त्यसकारण लक्षणबिना पनि ब्लड प्रेसरको समस्या देखिन सक्छ भन्ने जानकारी हामीलाई हुनु आवश्यक छ। त्यसकारण नियमित रूपमा ब्लड प्रेसरको परीक्षण अत्यावश्यक छ ।

२० वर्ष उमेर पुरा भइसकेका व्यक्तिले कम्तीमा पनि वर्षमा एक पटक ब्लड प्रेसरको परीक्षण गर्नु आवश्यक हुन्छ। अमेरिका जस्तो विकसित मुलुकका मानिसहरूमा समेत आफूलाई ब्लड प्रेसरको समस्या भएको जानकारी हुँदैन। नेपाल जस्तो विकासोन्मुख मुलुकमा झनै यस समस्या विकराल रूपमा देखिएको छ। हाम्रो घरपरिवारका सदस्यमा समेत ब्लड प्रेसरको समस्या देखिदाँ समेत बिरामीहरू चुपचाप घरमा नै बसिरहेको पाइन्छ ।

ब्लड प्रेसरको समस्या भएका अधिकांशमा मोटोपनाको समस्या समेत हुने गर्छ। अध्ययन अनुसार १ सय ब्लड प्रेसरका रोगीमध्ये ६० जनामा मोटोपना तथा ५० जनाको कोलेस्ट्रोरेल, २५ जनामा डायबिटिज तथा १५ जनामा किड्नीको समस्या हुने गरेको पाइएको छ। त्यसकारण ब्लड प्रेसरको समस्या भएका हरेक व्यक्तिले मोटोपना, कोलेस्ट्रोरेल तथा किड्नीको अवस्थाबारे जानकारी राख्नु आवश्यक हुन्छ। कतिपय ब्लड प्रेसरका बिरामीहरूमा सही रूपमा ब्लड प्रेसरको परीक्षण नहुँदा भ्रम फैलिएको पाइन्छ ।

ब्लड प्रेसर परीक्षण गर्नु करिब आधा घन्टा अगाडि चुरोट, रक्सी तथा चियाको सेवन गर्नुहुँदैन। त्यस्तै परीक्षणका लागि अस्पताल पुगेको आधा घन्टासम्म आराम गर्नुपर्छ। ब्लड प्रेसर परीक्षणका लागि कुर्सीमा बसिरहँदा पछाडि भागलाई कुर्सीमा आड दिनुका साथै खुट्टालाई उपर खुट्टी लगाउनु हुँदैन। चिकित्सकहरूले समेत ब्लड प्रेसर परीक्षणका लागि सही कफ प्रयोग गर्नुपर्ने हुन्छ। त्यस्तै ब्लड प्रेसर परीक्षण गरिरहँदा चिकित्सक तथा बिरामी दुवै बोल्नु हुँदैन । त्यस्तै दुईपटक सम्म ब्लड प्रेसर नाप्नुपर्ने हुन्छ। यस्तो अवस्थामा मात्रै ब्लड प्रेसरको समस्या भए नभएको यकिन गर्न सकिन्छ। कतिपय मानिसहरूको स्थान अनुसार ब्लड प्रेसर थपघट हुने समस्या पाइएको छ। जस्तै अस्पतालमा ब्लड प्रेसर बढ्ने तथा घरमा सामान्य रहने। अस्पतालको तनावपूर्ण वातावरण तथा चिकित्सकहरूसँगको भेटघाटका कारण बढेको ब्लड प्रेसर घरको शान्त वातावरणले कम हुन सक्छ। यस्तो अवस्थालाई हवाईट कोर्ट हाइपरटेन्सन समेत भन्ने गरिन्छ ।

संघिय प्रणालीमा आधारभूत स्वास्थ्य सेवा र स्थानीयतहको भूमिका

सरोज थापा

विक्रम सम्वत २०७२ साल असोज ३ गते जारी भएको नेपालको वर्तमान संविधानले परम्परागत एकात्मक र केन्द्रीकृत शासन प्रणालीलाई अन्त्य गरको छ । संविधानको अनुसूची ५ देखि ९ सम्मले तीनतहका सरकारको एकल र साझा क्षेत्राधिकार र जिम्मेवारी तोकेकोछ । यसरी तिनै तहको एकल अधिकार तथा साझा अधिकारको सुचीमा स्वास्थ्य सेवालाई राखिएको छ ।

संविधानको भाग ३ मा मौलिक हक र कर्तव्य अन्तर्गत धारा ३५ मा स्वास्थ्य सम्बन्धी हकमा उपधारा (१) मा प्रत्येक नागरिकलाई राज्यबाट आधारभूत स्वास्थ्यसेवा निःशुल्क प्राप्त गर्ने हक हुनेछ र कसैलाई पनि आकस्मिक स्वास्थ्यसेवाबाट वञ्चित गरिने छैन भन्ने उल्लेख गरिएको छ । यसै गरी उपधारा (२) मा प्रत्येक व्यक्तिलाई आफ्नो स्वास्थ्य उपचारको सम्बन्धमा जानकारी पाउने हक हुनेछ भनि उल्लेख भएको छ भने उपधारा (३) मा प्रत्येक नागरिकलाई स्वास्थ्य सेवामा समान पहुँचको हक हुनेछ तथा उपधारा (४) प्रत्येक नागरिकलाई स्वच्छ खानेपानी तथा सरसफाइमा पहुँचको हक हुनेछ भनि उल्लेख गरिएको छ । संविधानको धारा ५१ को (ज) नागरिकका आधारभूत आवश्यकता सम्बन्धी नीति अन्तर्गत स्वास्थ्यका विभिन्न विषयवस्तु समेटेर नीति निर्माण गर्न सक्ने व्यबस्था गरेको देखिन्छ ।

आधारभूत स्वास्थ्य सेवा भनेको के हो ?

आधारभूत स्वास्थ्य सेवा भनेको के हो यस सेवा अन्तर्गत कस्तो सेवा पर्दछ भन्ने विषयमा हेर्दा जनस्वास्थ्य सेवा ऐन २०७५ को दफा ३ को उपदफा (४) बमोजिम आम नागरिकको स्वास्थ्य आवश्यकता पूर्तिका लागि राज्यबाट सुलभ रूपमा निःशुल्क उपलब्ध हुने प्रवर्धनात्मक, प्रतिकारात्मक, निदानात्मक, उपचारात्मक र पुनर्स्थानात्मक सेवालाई बुझाउछ । सो ऐनमा

आधारभूत स्वास्थ्य सेवा भन्नाले (क) खोप सेवा, (ख) एकीकृत नवजात शिशु तथा बालरोग ब्यबस्थापन, पोषण सेवन, गर्भवती, प्रसव तथा सुत्केरी सेवा, परिवार नियोजन, गर्भपतन तथा प्रजनन स्वास्थ्य जस्ता मातृ, नवजात शिशु तथा बाल स्वास्थ्य सेवा, (ग) सरूवा रोग सम्बन्धी सेवा, (घ) नसर्ने रोग तथा शारीरिक विकलाङ्गता सम्बन्धी सेवा, (ङ) मानसिक रोग सम्बन्धी सेवा, (च) जेष्ठ नागरिक स्वास्थ्य सम्बन्धी सेवा, (छ) सामान्य आकस्मिक अवस्थाका सेवा, (ज) स्वास्थ्य प्रवर्द्धन सेवा, (झ) आयुर्वेद तथा अन्य मान्यता प्राप्त वैकल्पिक स्वास्थ्य सेवा, (ञ) नेपाल सरकारले नेपाल राजपत्र सूचना जारी गरि तोकेका अन्य सेवा भनेर परिभाषित गरेको छ ।

नेपालको आधुनिक स्वास्थ्य क्षेत्रको नीतिगत विकासक्रमको अवस्था:

सन १९५६ मा नेपालको राष्ट्रिय स्तरको औलो उन्मुलन कार्यक्रमवाट शुरू भएको स्वास्थ्य कार्यक्रम संस्थागत स्वमा भने वि.सं. १९९० मा औपचारिक रूपमा स्वास्थ्य सेवा विभागको स्थापना भई स्वास्थ्य क्षेत्रमा नयाँ विषयहरूको प्रवेशलाई एकीकृत गरी संचालनका लागि वि.सं. २०११ सालमा स्वास्थ्य मन्त्रालयको स्थापना भए पश्चात आधुनिक स्वास्थय सेवा शुरू भएको मान्न सकिन्छ । यसरी क्रमागत संरचनागत सुधार गर्दै देशभरी स्वास्थ्य सेवा प्रवाह भइरहेको छ । नेपालमा वि.सं. २०४६ को राजनैतिक परिवर्तन पछि नेपाली जनताको अपेक्षा गरे अनुरुप आएको राष्ट्रिय स्वास्थ्य नीति २०४८ ले गाउँगाउँसम्म प्राथमिक स्वास्थ्य सेवा विस्तार गर्ने गरी तत्कालीन सबै गाउँ विकास समितिहरुमा उपस्वाथ्य चौकी, इलाकाहरुमा स्वास्थ्य चौकी र प्रत्येक निर्वाचन क्षेत्रमा प्राथमिक स्वास्थ्य केन्द्रहरुको स्थापना भएको थियो । जसमा उपचारात्मक स्वास्थ्य सेवामा रोगको उपचारका लागि ग्रामीणस्तर देखि जिल्ला र केन्द्रिय स्तरसम्म उपलब्ध गराइने व्यवस्था नीतिले समेटेको थियो । त्यस समयमा राष्ट्रिय स्वास्थ्य नीति २०४८ले संरचनागत विकास, विस्तार र स्वास्थ्य क्षेत्रमा निजी क्षेत्रको लगानी र सहभागितालाई प्रबर्द्धन गरेको थियो ।

नेपालको २०४८ सालको स्वास्थ्य नीतिले तत्कालिन प्रत्येक गाउँ विकास समितिहरूमा क्रमवद्ध रुपले उप स्वास्थ्य चौकीको स्थापना गरिने, उक्त उप स्वास्थ्य चौकीबाट सामान्य, उपचारात्मक प्रवर्द्धनात्मक तथा प्रतिकारात्मक सेवाहरु प्रदान गरिने र वार्ड स्तरसम्म खोप, परिवार नियोजन, मातृशिशु कार्यक्रम, स्वास्थ्य शिक्षा, पोषण, वातावरणीय शिक्षा तथा सरसफाई, औलो, क्षय, कुष्ठ, जस्ता रोग विरूद्ध उपचार सेवाहरु उपलब्ध गराइने व्यवस्था रहेको पाइन्छ । यसै गरी राष्ट्रिय स्वास्थ्य नीति २०७१ ले भने नेपालको अन्तरिम संविधान २०६३ को भावना र मर्मअनुरुप जनसहभागितामूलक निःशुल्क आधारभूत स्वास्थ्य सेवालाई जोड दिएको पाइन्छ ।

राष्ट्रिय स्वास्थ्य नीति २०७६ र यसमा भएको प्रमुख प्राबधानहरु:

२०६२/२०६३ सालको ऐतिहासिक जनआन्दोलन र त्यसवाट प्राप्त उपलब्धि स्वरूप नेपालको संविधानले आधारभूत स्वास्थ्य सेवालाई प्रत्येक नागरिकको मौलिक हकको रुपमा स्थापित गरेको छ । हालको नेपालको संविधानबमोजिम राज्यका संघ, प्रदेश र स्थानीय तहले सम्पादन गर्ने कार्यहरुको एकल तथा साझा अधिकार सूची, नेपाल सरकारका नीति तथा कार्यक्रमहरु, नेपालले विभिन्न समयमा गरेका अन्तर्राष्ट्रिय प्रतिबद्धताहरु एवं स्वास्थ्य क्षेत्रभित्रका समस्या र चुनौतीहरु उपलब्ध स्रोत साधन तथा प्रमाणलाई समेत आधार बनाई राष्ट्रिय स्वास्थ्य नीति २०७६ जारी

गरिएको छ । स्वास्थ्य नीति २०७६ मा सबै तहका स्वास्थ्य संस्थाहरूबाट तोकिए बमोजिम निःशुल्क आधारभूत स्वास्थ्य सेवा सुनिश्चित गरिने लगायतका २५ वटा नीति समेटीएर स्वास्थ्य नीति जारी भै क्रियासिल रहेको छ ।

नागरिकको स्वास्थ्य सेवामा सन १९७८ मा अल्मा आटामा सम्पन्न विश्व सम्मेलनबाट थालिएको प्राथमिक स्वास्थ्य सेवाको विश्वव्यापी अभियान, सहस्राब्दी विकास लक्ष्य र स्वास्थ्यमा सर्वव्यापी पहुँच हासिल गर्ने उद्देश्य सहितको दिगो विकास लक्ष्य लगायतका अन्तर्राष्ट्रिय प्रतिवद्धताहरूले नेपालको स्वास्थ्य प्रणालीको विकास र विस्तारमा योगदान गरेको देखिन्छ।

हाल संघिय प्रणालीको स्थानीय तहमा स्वास्थ्यसेवाको भुमिका र अवस्था

नेपालमा संघियताको स्थापना हुनु अगाडी नै स्वास्थ्य मन्त्रालय अन्तर्गतका संरचनाहरूले संघिय मोडेलमा काम गरिरेहको अवस्था थियो । जनशक्ति, कार्यक्रम तथा सामाग्रीहरू नेपाल सरकार स्वास्थ्य मन्त्रालयवाट उपलब्ध हुने र स्थानीयस्तरमा व्यबस्थापन स्वास्थ्य संस्था सञ्चालन समितिवाट गरिने तत्कालिन व्यबस्था रहेको थियो । गाउँगाउँमा स्वास्थ्य चौकी टोल टोलमा महिला स्वास्थ्य स्वयम सेविकाको अवधारणा र तिनको परिचालन स्थानीय व्यबस्थापन समितिवाट हुनु नै ततकालिन समयको विकेन्द्रीकरणको सुन्दरपक्ष मान्न सकिन्छ ।

सिमित श्रोत साधनको उपयोग गर्दै कतिपय पालिकाहरूले स्वास्थ्यलाई विशेष महत्वको साथ काम गरेका उदाहरण पनि प्रशस्त भेटिन्छ तर पनि स्थानीय तहका जनप्रतिनीधिहरूको वुझाई विकास भनेको केवल वाटो र पुल भवन जस्ता भौतिक पुर्वाधारलाई महत्व दिदा स्वास्थ्य क्षेत्र स्थानीयको प्राथमिकतामा नपरेको जस्तो भान हुन्छ । कतिपय स्थानीयतहमा अस्पतालका भवन निर्माण कार्य सम्पन्न भएता पनि आवाश्यक जनशक्ति सामाग्रीको अभावमा ति भवनहरू प्रयोगमा नआई नै भूत वंगला नवन्ला भन्न सकिन्न ।

केन्द्रिय तहबाट स्वास्थ्यमा धेरै सहयोगी कार्य भईरहदा आधारभूत स्वास्थ्य सेवाको अधिकार पाएको स्थानीय तह भने अलमलमा परेको देखिन्छ । विभेदकारी समायोजन ऐन मार्फत स्थानीय तहमा समायोजन भएका स्वास्थ्यकर्मीहरूमा मनोबलको उच्च वनाउदै सङ्घ, प्रदेश र स्थानीय तहबीच स्वास्थ्य क्षेत्रको लगानीमा समन्वय कायम गरी भौगोलिक, सामाजिक, आर्थिक, सांस्कृतिक तथा लैङ्गिक विविधतालाई दृष्टिगत गर्दै श्रोत साधनको समतामूलक र न्यायोचित वितरण सुनिश्चित गर्नु स्थानीय तहको चुनौती रहेको छ ।

जसरी विगतमा स्वास्थ्य सेवाको प्रबाह हुने गरको थियो आज पनि स्वास्थ्य सेवा त्यसरी नै चलेको देखिन्छ । भौतिक पुर्वाधारको कमी, श्रोत्र साधनको कमी दरवन्दी वमोजमका स्वास्थ्यकर्मी नहुनु स्थानीय स्वास्थ्य सेवाको कमजोरीका रूपमा लिन सकिनछ । विमा कार्यक्रमलाइ प्रभावकारी ढंगले सञ्चालन गर्न सकीएको अवस्था समेत देखिदैन । स्थानीयतहले आफनो भुगोल अनुसार माटो सुहाउने खालको स्वास्थ्यका कार्यक्रम वनाई कार्यन्वयन गर्न नसक्नु, स्वास्थ्य क्षेत्रमा विशेष योजना वनाउने, कसरी स्वास्थ्य संस्थालाई सवलीकरण गर्ने भन्ने तर्फ ध्यान नपुग्दा स्वास्थ्यमा

उपलब्धीमुलक परिवर्तन हुन सकेको देखिदैन जसले गर्दा आधारभूत स्वास्थ्य सेवा दिने सन्दर्भमै स्थानीयतह अलमलमा देखिन्छ ।

नेपालमा राज्य संरचना मार्फत तत्कालिन गाउँविकास समितिहरू मर्ज प्रक्रिया मार्फत गाउँपालिका तथा नगरपालिका स्थापना भएका छन । धेरै जसो साविकका गाउँ विकास समितिहरू वडामा परिणत भएको छ भने हरेक वडामा वडास्तरिय स्वास्थ्य सँस्थाहरू स्थापना छ र भौगोलिक बिकट्तालाइ मध्यनजर गरी साथै समूदायको स्वास्थ्यको पहुँचलाइ ध्यानमा राखी एउटै वडामा तिन वटा सम्म स्वास्थ्य सँस्था विस्तार गरिएको छ ।

स्थानीय तहवाट नयाँ स्वास्थ्य संस्था खोल्ने कार्य जारी छ । यसको साथै सरकारले देशका ३ सय ९६ स्थानीय तहमा आधारभूत अस्पताल निर्माणका लागि २०७७ साल मंसिर १५गते एकैदिन अस्पताल भवनको शिलान्यास गरेको छ । नेपाल सरकारको सवै पालिकाहरूमा ५, १० र १५ वेडका अस्पताल स्थापना गर्ने नीति रहेता पनि त्यसको प्रभावकारी व्यवस्थापन स्थानीयतहवाट हुन सक्ने अवस्था देखिएको छैन । स्थानीय तहलाई अस्पताल सञ्चालन गर्नका लागि पर्याप्त पैसा नहुने तथा कतिपय पालिकामा जनप्रतिनीधिहरूले अस्पताल सञ्चालन गर्नु भनेको स्थानीय तहको वोझ हो भन्ने रूपमा बुझेको अवस्था छ ।

अस्पताल सञ्चालन गर्ने विषय स्थानीयतहको नाफा घाटाको विषय भन्दा पनि स्थानीय सरकारको आम नागरिक प्रतिको दाइत्व र कर्तव्य हो भन्ने कुरा वुझ्न जरूरी देखिन्छ । केही स्थानीय तहले केही समय देखि सञ्चालन गरिरहेका अस्पतालहरूले समेत राम्ररी सेवा दिन सकिरहेका देखिदैन । केन्द्रीय सरकारले विना तयारी विना श्रोत्र साधन नै कार्यक्रमको विस्तार गर्दा स्थानीय तहले यस कार्यक्रमलाइ अपनत्व लिन सकेको अवस्था देखिदैन । संघीय सरकारले स्थानीय तह सक्षम नहुदाँसम्म समग्र स्वास्थ्य क्षेत्रको ब्यबस्थापनको जिम्मा संघवाटै हुनुपर्ने देखिन्छ । स्थानीय तहसँग पैसा अभाव, पर्याप्त जनशक्तिको व्यवस्था नहुनु तथा अत्याबश्यक उपकरणको समेत अभाव रहेकाले ती अस्पतालहरूको सेवा गुणस्तरीय हुन सकेको त छैन जसले गर्दा नागरिकको विश्वास समेत गुमाउदै गएको अवस्था छ ।

स्वास्थ्य क्षेत्रमा देखिएको बिधमान मुख्य समस्याहरुः

स्वास्थ्य प्रति राजनैतिक प्रतिबद्धता तथा राजनीतिका दृष्ट्रिकोण अझै उल्लेखनीयरूपमा सकारात्मक हुन सकेको छैन । स्थानीय तहमै आधारभूत स्वास्थ्य सेवा निःशुल्क प्रदान गरिने राजनीतिक दलहरूको एजेण्डाहरू कागजमै सीमित देखिएको छ । विकास भनेको वाटो घाटो, पुलपुलेसा मात्रै हो भन्ने वुझाईले राजनीति दलको एजेण्डामा अझै स्वास्थ्य ओझेलमै परेको देखिन्छ ।

पुरानै दरबन्दी संरचना तथा दरवन्दी रिक्तः स्थानीय तहले स्वास्थ्य संस्थाको स्थापना गर्ने तर त्यसलाई आवाश्यक पर्ने जनशक्तिको ब्यबस्थापन नगर्दा भएका मौजुदा स्थायी दरवन्दीवाट सेवा सञ्चालन गर्नुपर्ने अवस्थाले सेवा प्रभावकारी हुन सकेको देखिदैन । स्थानीय तहमा आवाश्यक्ता बमोजिम दरबन्दी संरचना नहुदाँ नियमित काम भन्दा अतिरिक्त क्रियाकलाप गर्न सकिएको

देखिदैन । स्वास्थ्य संस्थाहरूमा एक स्वास्थ्यकर्मीले कति बिरामी हेर्ने, कति काम गर्ने र बिरामी संख्याको आधारमा कति स्वास्थ्यकर्मी चाहिने भन्ने विषय किटान हुनुपर्दछ र सोहीअनुसारको जनशक्ति व्यवस्थापन गर्नुपर्नेमा हाल कामचलाउ ढंगवाट काम भइरहेको देखिन्छ ।

बजेट ब्यबस्थापनः समग्र स्वास्थ्यमा प्रभाबकारी काम गर्न र आमनागरिकको पहुँचमा स्वास्थ्यलाई पुर्याउनका लागि कम्तिमा १० प्रतिशत वजेटको ब्यबस्थापन गर्नुपर्ने बिश्वव्यापी मान्यतामा अधिकाशं पालिकाहरूले ५ प्रतिशत भन्दा पनि निकै कम वजेट विनियोजन गरेको देखिन्छ ।

क्षमता आभिबृद्धिः स्वास्थ्यकर्मीहरू एउटा पालिकामा काम गर्ने सानो संख्यामा हुने हुदाँ उचितरूपमा तालिम तथा क्षमता अभिबृद्धीका कार्यक्रम सञ्चालन भएका छैनन् । समय अनुसारको ज्ञान,सिपमा विकास गर्न नसक्नाले स्वास्थ्यकर्मीको कार्यप्रगतीमा उल्लेखनीय सुधार हुन सकेको छैन ।

भौतिक पुर्बाधारः भौतिक पूर्वाधार र उपकरणविना गुणस्तरीय स्वास्थ्य सेवा प्रदान गर्न सकिँदैन । कतिपय स्वास्थ्य संस्था मापढण्ड बमोजिम नवनेका छन त कतिपय आवाश्यक्ता भन्दा ठुला वनेर त्यसको सञ्चालन खर्च ज्यादै धेरै भएर रकम अभावमा पुर्वाधारहरू धरासयी वन्दै गएका छन । यस्तै सरकारी स्वास्थ्य संस्थामा करोडौंको लगानीमा खरिद गरिएका उपकरणहरूको गुणस्तरका कारण छिट्टै बिग्रने र बिग्रिएका उपकरणहरु मर्मत गर्ने निकाय नहुनुले गर्दा करोडौको वजेटको अर्थहिन खर्च भएको छ । विग्रेका उपकरण मर्मत गर्नुभन्दा नयाँ खरिद गर्नेतर्फ प्रवृति विकराल समस्यमाको रूपमा रहेको छ ।

औषधि व्यवस्थापनः औषधि र औषधिजन्य वस्तुहरूको खरिद प्रक्रिया, उपलब्धता, पर्याप्तता एवं गुणस्तरमा राज्यले स्पष्ट मार्गनिर्देशन गर्न सकिरहेको देखिँदैन । एकातिर लोप्रिय कार्यक्रम भनेर निसुल्क स्वास्थ्य सेवा भनेर आएको छ तरपनि तोकीएका ९८ थरीका औषधीको स्वास्थ्य संस्थामा सधै अभाव नै रहेको देखिन्छ । सार्वजनिक खरिद ऐनले औषधिलाई खाद्यान्न, निर्माण सामग्री, लत्ताकपडा जस्ता वस्तुहरूलाई एउटै प्रकृतीले खरिद गर्नुपर्ने विद्यमान अवस्थालाई परिमार्जन गर्न जरूरी देखिन्छ । औषधी सस्तो भन्दा पनि गुणस्तरीय हुनुपर्नेमा सस्तो खरिद गर्ने कार्यले नागरिकको स्वास्थ्यमा प्रत्यक्ष असर गरिरहेको छ । ओषधीमा हुनु पर्ने गुणस्तर र जनस्वास्थ्यमा कुनै पनि प्रकारको सम्झौता नगरिकन औषधि खरिद, भण्डारण र बिक्री-वितरण सम्बन्धी छुट्टै नियम कानुन बनाई कार्यान्वयन गर्नुपर्ने चुनौती छ ।

स्थानिय तहमा स्वास्थ्य सेवा सुधारका लागि गर्नु पर्ने कार्यहरु

स्थानीयस्तरमा प्राकृतिक विपद र कोभिड -१९ जस्तो महामारीमा आपत्कालीन स्वास्थ्य सेवा प्रभावकारी स्यमा व्यवस्थापन गर्न स्थानीय सरकार र स्वास्थ्य संस्थाहरूको क्षमता तथा पुर्वाधार विकासमा प्रयाप्त लगानी गर्नुपर्ने देखिन्छ ।

नगरपालिका तथा गाउँपालिकामा रहेका स्वास्थ्य शाखाहरूमा सवलीकरण गर्दै स्थानीय स्रोत साधनलाई अधिकतम प्रयोग गरी तथ्यमा आधारित योजना वनाउन उपलब्ध श्रोतसाधनलाई परिचालन गर्ने नीति तथा योजना निर्माण गर्नु पर्छ ।

नागरिकको मौलिकहकको सम्मान गर्दै जनप्रतिनिधिहरूमा स्वास्थ्य सेवा प्रति अपनत्व जगाउदै नागरिकलाई उच्चतम सक्रिय सहभागिता गराउदै प्रभावकारी स्वास्थ्य नीति निर्माणमा गर्नु पर्दछ । स्वास्थ्यमा अपेक्षित प्रतिफल प्राप्त गर्नका लागि लागत प्रभावकारितामा आधारित लगानी गर्न आवश्यक छ । हामीले हाम्रो स्वास्थ्यमा निकै कम लगानी गर्दा पनि त्यसको फाइदा धेरै प्राप्त हुन सक्छ । विश्व स्वास्थ्य संगठनको एक अन्तराष्ट्रिय अध्ययनका अनुसार स्वास्थ्य सेवाहरूमा हामीले एक रूपैयाँको लगानी गरियो भने ६ रूपैयाँको नाफा आउँछ भन्ने देखिएको छ । त्यस कारण स्वास्थ्यमा खर्च होइन लगानी हो भन्ने मनोवृत्ति कम पाइएको छ यसलाइ वुझाउन जरूरी देखिन्छ । यसर्थ प्रयाप्त मात्रामा वजेट स्थानीय तहमा रहेका या निर्माणाधिन अस्पताललाई पर्याप्त मात्रामा आवश्यक बजेट विनियोजन गर्नुको साथै अव ढिला नगरी कम्तिमा १० वर्ष स्थानीय अस्पताललाई संघ वा प्रदेश सरकार मातहत राख्न हतार भइसकेको अवस्था छ अन्यथा अस्पताल सञ्चालन नै नभइ वन्द हुने अवस्थामा पुग्नेछन ।

संघ तथा प्रदेश मातहतका अस्पतालमा थन्किएर रहेका औजार तथा उपकरणहरूलाई स्थानीय तहका अस्पतालमा ब्यबस्था गर्ने तथा आधारभुत स्वास्थ्य सेवा केन्द्रमा दरबन्दी बमोजिमका स्वास्थ्यकर्मी ब्यबस्था गर्नु पर्छ । विगतमा नै इ७ः गरी चालुरहेका दरवन्दी संरचनामा हालको नागरिकको आवाश्यकता, विश्वव्यापी मान्यता बमोजिम दरवन्दी पुनसंरचना गर्नु पर्छ ।

स्वास्थ्य बिमा कार्यक्रमको समसामायिक सुधार गर्दै नागरिकको पँहुचका लागि विमा कार्यक्रमको शुरूवात नै स्थानीय पालिकामा रहेका अस्पतालवाट सञ्चालन गर्ने हो भने अस्पताललाई चलायमान गर्न सकिन्छ र नागरिकलाइ समयमै सेवा प्रदान गर्न सकिन्छ ।

हालसम्म प्राप्त गरेका उपलब्धिलाई निरन्तरता दिँदै स्वास्थ्य क्षेत्रमा प्राप्त अन्तर्राष्ट्रिय सहयोग, समन्वय र सहकार्यलाई अझ बढी पारदर्शी र प्रभावकारी बनाउनु पर्दछ । अझै पनि नेपालका राजनीतिज्ञ, जनप्रतिनीधि, नीति निर्माता र आम मानिसको समेत बुझाइमा स्वास्थ्यको लगानी भनेको खर्च हो भन्ने गलत बुझाई छ । यसरी समग्र स्वास्थ्य क्षेत्रलाई सहभागितामूलक अनुगमन, स्थानीय जनप्रतिनीधिहरूलाई अपनत्व गराउदै समग्र क्षेत्रको समीक्षा भएमा मात्र नेपालको संविधानले स्वास्थ्यमा राखेको मर्म, भावना र लक्ष्य प्राप्ति गर्न सकिनेछ ।

स्वस्थ नागरिकका लागि स्वस्थ शहरका फरक अवधारणाहरू

गुणस्तरीय जीवन स्वास्थको आधुनिक परिभाषा र जनस्वास्थ्यको नविन अवधारणा हो । मानव विकासको सुचकको रूपमा सरदर आयु तथा शिक्षाको स्तर र आयको सूचाँकलाई लिने गरिन्छ। त्यसै गरी समाजको समृद्धिको सूचकका रूपमा समेत स्वच्छ तथा स्वस्थ वातावरणलाई लिइन्छ तर बढ्दो शहरीकरण, भौतिक विकास तथा अन्य विभिन्न मानवीय प्रभावका कारण स्वस्थ र सफा वातावरण दिन प्रतिदिन बिग्रँदो अवस्थामा छ । स्वच्छ तथा सफा वातावरण मानव जीवनका लागि अत्यावश्यक तत्व हो । यो अवस्थामा सुधार गर्ने दायित्व सम्वन्धीत सहरका बासिन्दाको हो ।

"विश्वका कयौं सहरहरु छन् जसले नागरिकको स्वास्थ्यलाई विकासको एजेण्डाको रुपमा स्वीकार गर्दै आफुलाई अब्बल साबित गरेका छन् । स्वस्थ शहर अभियान मार्फत नागरिकको स्वस्थ जीवन जीउने अधिकार सुनिश्चित गर्नुका साथै नेपालका प्रमुख शहरहरुलाई पर्यटनको गन्तब्य बनाउन पनि सकिन्छ ।"

नेपालको संविधान २०७२ जारी भएपछि अब नेपालमा ३ तहका सरकारलाई नै स्वास्थ्य क्षेत्रमा काम गर्ने अधिकार र दायित्व प्रदत्त गरिएको छ । प्रत्यक्ष सरोकारको आधारभूत स्वास्थ्य सेवा स्थानिय तहलाई अधिकारको रूपमा सुम्पीएको पाईन्छ के स्थानिय तहले स्वास्थ्यलाई आफ्नोबिकासको एजेण्डा को रूपमा स्वीकार गरेको छ त ? यो कुरा भने अझै बहस र चर्चाको पाटोनै छ । जन्मनु र मर्नु प्राकृतिक प्रकृया भएतापनि अधिकारको कुरागर्दा स्वच्छ र स्वस्थ वातावरणमा बाँच्न पाउने मानिसको मौलिक अधिकार पनि हो ।

विश्वका कयौं सहरहरू छन् जसले नागरिकको स्वास्थ्यलाई विकासको एजेण्डाको रूपमा स्वीकार गर्दै आफुलाई अब्बल साबित गरेका छन् । स्वस्थ शहर अभियान मार्फत नागरिकको स्वस्थ जीवन जीउने अधिकार सुनिश्चित गर्नुका साथै नेपालका प्रमुख शहरहरूलाई पर्यटनको गन्तब्य बनाउन पनि सकिन्छ । आफ्ना नागरिकको स्वास्थ्य अधिकार सुनिश्चित गर्न तथा स्थानिय सरकारको भूमिका पुरा गर्न सहयोगी संस्थाको सहयोग र तिनै तहका सरकार मिलेर स्वस्थ शहर बनाउने अभियान अघि सार्न सक्छौ । त्यसको सुरूवात धुलिखेल नगरपालिकाले अगाडि बढाएको देखिन्छ ।

अब चर्चा गरौं विश्वका केही सहरहरू जसले आफ्ना शहरहरूमा विशिष्ट पहिचान सहितको स्वास्थ्य सेवाका क्षेत्रमा कार्य गरेर आफ्नो अलग पहिचान बनाएका छन - पहिलो चर्चा गरौ एसियाली मुलुक जापानको प्रमुख शहरहरू मध्यको एक ओकिनवा शहर - ओकिनवामा शहरमा सय वर्ष भन्दा बढी बाँच्ने मानिसहरूको धेरै संख्या छ । तरपनि याहाँ मुटुसम्बन्धी रोग, मधुमेह क्यान्सर जस्ता रोगहरूको जोखिम निकै नै कम देखिन्छ । आर्थिक रूपले सामन्य भएपनि यहाँका व्यक्तिहरूको जीवनशैली भने गुणात्मक रूपले राम्रो छ । जसले गर्दा बुढ्यौली समयमा पनि स्वस्थ जीवन बाँच्न सकिन्छ भन्ने तथ्यको यस सहरले उदाहरण प्रस्तुत गरेकोछ । हाम्रो जनसंख्याको अवस्था हेर्दा जेष्ठ नागरिकको संख्या बढ्दो छ । यसको स्वास्थ्य रक्षा र उत्पादकत्व बारेमा बहस चलाउँदा लाग्छ यो बहश सर्वजनहिताय नै ठहर्छ । नेपालको सन्दर्भमा नसर्ने रोगको चाप बढ्दै गएको तथा जेष्ठ नागरिकमा स्वास्थ्य समस्या समाधानको लागि स्वस्थ सहर अभियान एउटा सफल अभियान हुन सक्दछ ।

त्यसै गरी अर्को शहर क्यानेडाको भ्यानकुभर- धेरै बाक्लो बस्तीका बाबजुद क्यानेडाको भ्यानकुभर शहर स्वस्थकर क्यानेडियन शहर बनेको छ । यस शहर, अब सम्ममा हरित शहरको योजनामा आफुलाई लैजाँदै छ । यो शहर विश्वमै स्वच्छ हावा र स्वस्थ वातावरण प्रख्यात शहर हो । कडा सरकारी नियम शहरलाई स्वस्थ राख्न भरपुर प्रयत्न गरेको छ । नीतिको निर्माण मात्र हैन प्रभावकारी कार्यान्वयनले स्वास्थ्य क्षेत्रमा उल्लेख्य उपलब्धी हाँसिल गर्न सकिन्छ भन्ने नमुना याहाँबाट पाउन सकिन्छ । नेपालमा पनि स्थानिय स्वास्थ्य कार्यविधी बनाएर स्थानिय सरकारले स्वास्थ्य नीति निर्माणको साथै त्यसको कार्यान्वयनबाट स्वास्थमा गर्न सकिने प्रशस्त कार्यहरू रहेका छन् ।यसरी निति निर्माण गर्दा स्वस्थ शहर अभियान कार्यबिधी आफै निर्माण गरेर कार्यान्वयन गर्न सकिन्छ ।

त्यस्तै विश्वको अर्को सफल शहर फ्रान्सको मोनाकोमा शहरको - याहाँको स्वास्थ मन्त्रालयले यस शहरमा गर्भावस्थामै बच्चाको राम्रो निगरानी, सुत्केरी गराउने दक्ष विशेषज्ञ र बच्चाको राम्रो स्याहार गर्ने परम्पराको विकाश गरेको छ । यो विश्वमै नवजात शिशुको कम मृत्यु हुने शहर हो । यहाँ १००० नवजात शिशुको जन्ममा जम्मा १.८१ मात्र मृत्यु दर रहेको पाइन्छ । हाम्रो जस्तो नवजात शिशु मृत्यू तथा मातृमृत्यूको कहाली लाग्दो अवस्थामा कहिले सम्म रहने यो क्षेत्रमा रचनात्मक कार्ययोजनाका साथ काम गर्नको लागि पनि स्वस्थ शहर अभियान सञ्चालन गर्न सकेमा नमुनाको रूपमा सहरलाई विकास गर्न सकिन्छ ।

अव स्थानिय सरकारहरूले विश्वका सफल शहरहरूको स्वाथ्य नीतिहरूको अध्ययन तथा आफ्नो परिवेशलाई समायोजन गरी उपयुक्त नीति सहित अगाडि नबढ्ने हो भने स्वास्थ्य क्षेत्र अगाडी जान सक्दैन। बेला बेलाका माहामारी नियन्त्रण मात्र हैन नसर्ने रोगका बढ्दो चपेटाले थला परेको स्वास्थ्य प्रणालीको सुधारमा अब गहन छलफल तथा बहश पैरवीका साथ विशेष योजनामा कार्य गर्नु पर्दछ । यसको लागि बाल स्वास्थ होस वा प्रजनन् स्वास्थ्य, मातृ स्वास्थ्य होस वा पोषण तथा मानसिक स्वास्थ्य सबै महत्वपुर्ण क्षेत्रलाई संगै लैजानु पर्दछ ।

नागरिकको स्वास्थ्य स्थानिय सरकारको दायित्वको रूपमा बुझेर अन्तराष्ट्रिय नीति तथा कार्यक्रमका अध्ययन गर्दै धुलिखेल नगरले यो कार्यक्रम सरूवात गरेकोमा पछिल्लो समय अन्य स्थानिय तहहरू तथा अन्तरास्ट्रिय स्तरबाट चासो बढेको देखिन्छ । स्वास्थ्यका बिभिन्न आयामलाई समेटेर आफ्नो स्थानिय तहको आवश्यक्ता पुरा गर्न तथा नमुना शहरको रूपमा आफुलाई विकास गर्न स्वस्थ शहर अभियान सञ्चालन गर्नु आवश्यक देखिन्छ । यिनै नमुना शहरको विश्लेषण तथा स्वागत योग्य कामलाई अनुसरण गर्दै नेपालको काभ्रे पलाञ्चोक जिल्लाको एउटा सुन्दर पर्यटकीय नगरी धुलिखेलले स्वस्थ शहर अवधारणामा काम गर्दै २०८१ साल भाद्र ११ गते विश्व स्वास्थ्य संगठको विगत २ वर्ष देखि निरन्तर अनुगमन तथा विषेश मुल्याँकन समिति द्वारा विभिन्न सूचकमा आधारित भई तथ्यमा आधारित रहेर अनुगमन गर्दा दक्षिण एसिया २३ वटा देशहरू समावेश भएको स्वस्थ शहर नेटवर्कमा धुलिखेलले एसियाको दोश्रो स्तरको स्तर निर्धारणमा ६२.४८ अंक सहित आफुलाई स्वस्थ शहरमा राख्न सफल भएको छ ।

रक्तचाप परिक्षण गराउनुको उपादेयता

पछिल्लो तथ्य अनुसार उच्च रक्तचाप भनेको संसारको सबैभन्दा धेरै मान्छेलाई हुने रोग हो। संसारका विकसित मुलुकमा १८ वर्षभन्दा माथिका करिव ४० देखि ५० प्रतिशत मान्छेह?लाई उच्च रक्तचापको समस्या रहेको छ। नेपालको शहरी क्षेत्रमा ३० देखि ३५ प्रतिशत वयस्कहरूलाई उच्च रक्तचापको समस्या रहेको पाईन्छ। उच्च रक्तचाप आफैं मृत्युको कारण होइन तर यसको कारणले जुन जटिल रोगहरू हुन्छन् र जुन खतराहरू उत्पन्न गराउँछ त्यसबाट मानिसको मृत्यु हुने गर्दछ ।

"समाजमा ब्लड प्रेसर भएका व्यक्तिहरु मध्य आधा व्यक्तिहरुलाई ब्लड प्रेसर छ भन्ने कुरो थाहा नै छैन भन्ने तथ्य अध्ययनहरुले देखाएको छ। त्यस्तै जसलाई ब्लड प्रेसर छ भन्ने थाहा छ, त्यसको आधा मान्छेहरुले ब्लड प्रेसरको उपचार गरेका छैनन्। जसले औषधी सेवन गर्छन् उनीहरु मध्ये पनि ५० प्रतिशतले औषधी नियमित गर्दैनन् ।"

मुटुले रक्त सञ्चारको क्रममा शरीरका विभिन्न भागमा रगत फाल्दाखेरि रगतले रक्तनलीको भित्तामा जुन प्रेसर दिन्छ, त्यसलाई ब्लड प्रेसर भनिन्छ। मुटु खुम्चदा अधिक रगत नलिमा जान्छ त्यसलाई माथिल्लो ब्लड प्रेसर र मुटु फुक्दा आराम गरेको समयमा रक्त नलिमा हुने दवावलाई तल्लो ब्लड पेसरअथात क्रमश सिस्टोलिक र डायलोस्टिक ब्लड प्रेसर भनिन्छ । सामान्य वयस्क मानिसह?मा ब्लड प्रेसर अर्थात रक्तचाप माथिल्लो १२० र तल्लो ८० सम्म ठीक हो । तर १३० का मुनि ८० भन्दामाथि गयो, १४०, १५० त्यस्तै तलको ८० बाट ९०, ९५, १०० यसरी ब्लड प्रेसर बढेपछि मान्छेलाई उच्च रक्तचाप भयो भनेर हामीले भन्छौं ।

उच्च रक्तचापका कारण वयस्क मानिसहरूमा हृदयघात हुने, मस्तिष्कघात हुने, अन्धोपन हुने, किड्नी फेल हुनेजस्ता जटिल ससमस्या देखापर्ने तथ्य स्वास्थ्य विज्ञानले प्रमाणित गरिसकेको छ। सामान्यतया उच्च रक्तचाप हुँदा कुनै लक्षण नहुन सक्छ। करिव ९० प्रतिशतलाई मानिसह ? मा लक्षण हुँदैन । त्यसैले उच्च रक्तचापलाई साइलेन्ट किलर भनिन्छ । करिब १० प्रतिशतलाई मात्र टाउको दुख्ने, चक्कर लाग्ने, छाती भारी हुने जस्ता लक्षण देखिन सक्दछ । ब्लड प्रेसर अर्थात उच्च रक्तचाप हुँदा लक्षण हुनैपर्छ भन्ने छैन, नहुन पनि सक्छ। ब्लड प्रेसर हुँदाखेरि पनि लक्षण नहुने हुँदा हामीले उपचार गर्न त्यति ध्यान दिँदैनौं। अनि उपचार नगर्दा बढेको ब्लड प्रेसरले भित्रभित्रै असर गरेको हुन्छ। लक्षण नभए पनि उच्च रक्तचापका कारण शरोरमा नकारात्मक असर गरिरहेको हुन सक्छ। त्यसैकारण यसलाई साइलेन्ट किलर अर्थात सुसुप्त हत्यारा रोग भनिएको हो । जव उच्च रक्तचापले मुटुलाई असर गर्छ, किड्नीलाई असर गर्छ, आँखालाई असर गर्छ, दिमागलाई असर गर्छ र त्यो जब लक्षण देखिन थाल्छनी ढिलो भइसकेको हुन्छ ।

अवस्थाका आधारमा उच्च रक्तचाप दुई किसिमको हुन्छ । पहिलो प्राइमरी हाइपर्टेनसन जुन विनाकारण विशेषगरी २५–३० वर्ष कटेपछि आउँछ र जिवनशैलीलाई सुधार्यो भने ब्लड प्रेसर कम हुन्छ।अर्को सेकेन्डरी हाइपर्टेनसन हुन्छ जसको पछाडि ठ्याक्कै कारण हुन्छ। जस्तै किडनीमा रोग लाग्यो, ब्लड प्रेसर ह्वातै बढ्छ। अथवा रक्तनलीको रोग हुन्छ जसमा रक्तनली साँघुरो भयो भने पनि पनि ब्लड प्रेसर हुन्छ। कि त शरीरमा हर्मोनको गडबडी भयो भने पनि ब्लड प्रेसर हुन्छ। त्यस्तै विभिन्न प्रकारका ट्युमरले गर्दापनि ब्लड प्रेसर उच्च हुन्छ। यो प्रकारको रक्तचाप १८ वर्षभन्दा कमको उमेरमा हुन्छ। यदि १८ वर्षभन्दा कम उमेरका व्यक्तिहरूलाई ब्लड प्रेसर बढेको छ भने हामीले कतै किड्नी पो बिग्रेको छ कि, भित्र ट्युमर पो भाको छ की भनि सोच्नु पर्दछ। यसमा ब्लड प्रेसर एकदमै हाइ हुन सक्छ । जस्तै १८०, २०० सम्म पुग्छ। अधिक नुन सेवनले ब्लड प्रेसर बढाउँछ। नेपालीहरूलाई ब्लड प्रेसर हुनुको कारण जति नुन खानु पर्ने हो त्यो भन्दा डबल नुन खान्छन् भन्ने तथ्य संग पनि जोडीएको छ। किड्नीको रोग लागेकोलाई पनि नुन जतिसक्दो कम गरेको राम्रो हुन्छ । अर्को मानसिक तनाव पनि हो ।

उच्च रक्तचापहुन बाट बच्न हामीले जीवनशैली सुधार्नुपर्छ। खानपान, व्यायाम, चुरोट, सूर्ति छोड्ने, मोटोपन घटाउने, तनाव व्यवस्थापन गराउने गर्नु पर्दछ।जसलाई मधुमेह छ उसलाई अलिअलि बढेको ब्लड प्रेसरले पनि धेरै गाह्रो पार्छ। अधिक रक्त चाप नियन्त्रण गर्न नुनमा नियन्त्रण गर्ने, चिल्लो नियन्त्रण गर्ने गर्नु पर्दछ। मोटो मान्छे छ भने अलिकति दुब्लाउने। यसको लागि नियमित व्यायाम गर्ने गर्नु पर्दछ। मधुमेह भएका मानिसहरू छन् भने त्यसलाई कन्ट्रोल गर्नु पर्दछ। यी कुराह? गर्दाखेरि पनि ब्लड प्रेसर सामान्य अवस्थामा आएन भने औषधी खानुपर्छ ।

सामान्यता उच्च रक्तचापको औषधी सेवन गर्दा एक पटक औषधी खाएपछि छोड्न हुँदैन, जिन्दगीभर औषधी खानुपर्छ, साइड इफेक्ट गर्छ, यसले किडनी विगार्छ, यसले लिभर बगार्छ भन्ने खालका भ्रमह? समुदायमा ब्याप्त रहेको छ । औषधी सुरू गरिसकेपछि छाड्न हुँदैन भन्ने कुराहरू पनि गलत हो । प्रेसरको औषधीले शरीरका कुनै पनि अंगलाई असर गर्दैन। त्यसैले यो भ्रमबाट पनि हामी मुक्त हुनुपर्छ। मात्र चिकित्सकको सल्लाह बेगर नछोड्नुस भन्न खोजिएको हो। धेरै मान्छेह?को प्रेसरको औषधी छुटाउन सकिन्छ । जो मान्छेको जीवनशैली खराब छ, मनपरी

खान्छ, मनपरी गर्छ, चुरोट तान्छ, रक्सि धेरै खान्छ, तनाव धेरै छ, ब्लड प्रेसर बढ्यो भने लामो समय खानुपर्ने हुन्छ । त्यसैले ब्लड प्रेसरको औषधी उचित समयमा गएर डाक्टरको सल्लाहबाट त्यसलाई छुटाउन पनि सकिन्छ। एक चक्की औषधी खाएर शरीर ठीक हुन्छ वा एक दुई चक्की औषधी खाएर मान्छेको जिन्दगी बाँच्छ भने नियमित नै भए पनि खानु राम्रो हैन र ?

समयमा सुत्ने, समयमा उठ्ने, निन्द्रा पुऱ्याउनु पर्छ, अरूसँग झगडा गर्नु हुँदैन, बोली, वचन व्यवहार राम्रो गर्नुपर्छ, त्यस्तो भयो भने त मान्छेको ब्लड प्रेसर घटिहाल्छ । त्यसैले जीवनशैलीलाई सुधार्नु पर्छ । अनि त्यसपछि चाहिन्छ भने औषधी खानुपऱ्यो। यदि २० वर्षको उमेर कट्नुभएको छ भने वर्षमा एकपल्ट ब्लड प्रेसर जाँच्नैपर्छ । घरमा ब्लड प्रेसर भएर परिवारमा कसैलाई मान्छेलाई हृदयघात भाको छ, स्ट्रोक भाको छ भने त्यस्ता परिवारका व्यक्तिहरूले तीन तीन महिनामा ब्लड प्रेसर नाप्नुपर्छ ।

आज भोली कम उमेरमा नै हामीले मान्छेहरू हर्ट याट्याक भएर मरिरहेका देखेका छौं । र कतिलाई प्यारालाइसिस भएर हामीले ढलेको देखेका छौं । यसको मुख्य कारण नैके हो त भन्दाखेरि ब्लड प्रेसर हो। त्यसैले यसप्रति हामी एकदम सावधानी रहनुपर्छ। उच्च रक्तचाप सुन्दा मामुली समस्या जस्तो हो तर यो मामुली समस्याले मृत्युलाई निम्त्याउँछ ।

समाजमा जति ब्लड प्रेसर भएका व्यक्तिहरूमध्य आधा व्यक्तिहरूलाई ब्लड प्रेसर छ भन्ने कुरो थाहा नै छैन भन्ने तथ्य अध्ययनहरूले देखाएको छ। त्यस्तै जसलाई ब्लड प्रेसर छ भन्ने थाहा छ त्यसको आधा मान्छेहरूले ब्लड प्रेसरको उपचार गरेका छैनन्। जसले औषधी सेवन गर्छन् उनीह? मध्ये पनि ५० प्रतिशतले औषधी नियमित गर्दैनन् । ब्लड प्रेसर राम्रोसँग कन्ट्रोल भएको भनेको १०० मा दश जनाको हुन्छ। लक्षण नभए पनि यदि ब्लड प्रेसर छ भने औषधी गर्नुपर्छ। त्यसैले ब्लड प्रेसर घटाउन फलफूल तथ हरिया सागपात हामीले प्रशस्त खानुपर्छ । त्सैले घरघरमा रक्तचाप परिक्षण अभियान गरी उच्च रक्तचापका बिरामी पहिचान र उचित उपचारको जरूरी भै सकेको छ ।

Average Blood Pressure by Age

	Men	Women
18-39 years	119/70 mm Hg	110/68 mm Hg
40-59 years	124/77 mm Hg	122/74 mm Hg
60+ years	133/69 mm Hg	139/68 mm Hg

Some activities of Healthy City, Dhulikhel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देवीटार स्वास्थ्य चौकी


धुलिखेल नगरपालिका
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यो समयमा हैजा र डेंगीको प्रकोप फैलदै छ। कसरी होसियारी अपनाउने ? धुलिखेल नगर स्वास्थ शाखाको प्रस्तुति .....!

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