



# Nepal Public Health Foundation

## E News Letter

10<sup>th</sup> Issue, June 2015

### About NPHF

Nepal Public Health Foundation (NPHF) was established in April 2010 with a mission to have concerted public health action, research, and policy dialogue for health development, particularly of the socio-economically marginalized population and with a goal to ensure Civil Society's pro-active intervention in public health such as Health policy and Systems Research, Human Resource Development, Communicable Disease Control Non-communicable disease control, Nutritional Research, Maternal and Child Health, Epidemiology, Biostatistics and demography.

### Foreword

The disastrous earthquake that hit Nepal on 25 April with 7.9 Richter scale, followed by another on 12 May with 7.2 scale stunned the whole country with colossal loss of life and property, particularly in 14 districts including Kathmandu Valley, with spill over in 48 more. Nearly 9000 deaths have been reported with many more injured and destruction of 1,227 health facilities. This tragic event derailed the health system for quite some time and routine activities had to be suspended. During this calamity, NPHF provided modest support to earthquake-affected persons in the form of food distribution, organization of health camp with distribution of medicines, dignity kit to pregnant and newly delivered women, counseling etc. The planned evaluation of FHEN project at Chitwan by DIALOGOS team from Denmark scheduled for May had to be postponed.

As elsewhere, there was more concentration on post earthquake disaster activities like rapid need assessment of health in severely affected districts with support of project HOPE, implementation of a project on strengthening inter-personal communication on social mobilization on maternal, child and neonatal health with support of UNICEF. Before the earthquake hit, the Annual General Meeting of NPHF was successfully completed. Post earthquake, the annual Public Health Lecture –sixth in the series, held every year on 30 June was accomplished. It was delivered by no other senior public health personality than Dr. B. D. Chataut on the most debatable issue – Euthanasia, which drew a lot of interest from the audience. Thank you, Dr Chataut,

My thanks are due to staff of NPHF, in particular Ms Chandana Rajopadhyaya who has worked hard to bring this issue out.

**Dr Badri Raj Pande**  
Acting Executive Chair



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## Nomination:

- Dr. Tirtha Rana, Treasurer, NPHF has been nominated as a member of Advisory Group to the Regional Director of SEARO, WHO for the post- earthquake recovery in Nepal. The group is set to advise on policies, strategic approaches, inputs to planning and implementation of recovery work and linking it systematically to developmental activities that incorporate risk reduction mechanisms.

## Appointment

- Dr. Lonim Prasai Dixit, Member of NPHF, has been appointed as National Professional Officer, Non Communicable Diseases at WHO, Nepal. NPHF extends heartily congratulations!!

## Award

- Dr. Mukti Narayan Shrestha, Working Group Member of GARP/- Nepal/NPHF was awarded WSAVA Global Merit Award, becoming the first veterinarian from Asia to receive this Global honor in 55 years of the organization history. NPHF extends hearty congratulations!



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# Activities at NPHF

## Ongoing Research / Project Update

### A. Overcoming barriers to scaling skilled birth attendants' utilization in improving Maternal, Newborn and Child Health in Nepal

Dr. Anayda Gerarda Portela had visited NPHF on 28<sup>th</sup> March, 2015. A meeting was conducted on 29<sup>th</sup> March which was attended by Dr. Sharad Onta, Principal Investigator, Mr. Narayan Suvedi, Program Manager of the project and Ms. Chandana Rajopadhyaya, Programme Officer. During the meeting in depth analysis of the findings were discussed. It was suggested to include the effectiveness of the intervention and in depth analysis in the final report.

### B. District Investment Case (DIC)

The Investment case (IC) is a strategic and evidence- based problem solving approach to support better maternal, neonatal and child healthcare planning and budgeting. It highlights the urgent need to accelerate progress towards health related MDGs 1,4,5,6, and 7 by describing health problems being faced by a country in the area of maternal newborn and child health.

#### Monitoring Visit:

Monitoring visit was done in Dhading districts by two of the members, Mr. Navaraj Bhattarai, Senior Program Officer and Ms. Chandana Rajopadhyaya, Program Officer. Firstly, visit to DHO was done to explore the current status of the implementation of action plan and to collect secondary data. It was found that few action plans have not been implemented due to lack of budget.

Meanwhile, DIC project activities have been postponed due to the massive earthquake. It will be resumed after discussion with UNICEF, Nepal.

### C. Farming Health and Environment Nepal (FHEN)

The project is being implemented by NPHF with a support of Danish NGO DIALOGOS, Denmark from April, 2013. The project will focus on the prevention of pesticide poisoning among vegetable farmers in the Chitwan District of Nepal by means of training, research and awareness raising activities.



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## Farmers' interactions and teaching fellow farmers

The project has periodically conducted farmers' interactions with fellow-farmers. In the interactions, the alternative aspect of pesticide, improved cultivation practices, safe handling of pesticide, right way of storage and use were discussed. Additionally, the lectures and discussion also covered safe use of pesticides. The VDC level meetings were organized in Chainpur, Sukranagar, Managalpur and Jagatpur VDCs.

## Closing ceremony of Jagatpur farmers' trainings



The farmers' training was formally closed on March, 8, 2015 at Jagatpur Kerunga Co-operative premises. Twenty four training farmers participated in the closing ceremony attended by Dr. Srikrishna Giri Project Coordinator, besides field coordinator and agronomist of FHEP. The PPE (IN FULL) materials were distributed to the training participants.

## Pesticide container management campaign in Jagatpur

Proper disposal of pesticide containers is a big issue in the farming society. Farmers have been throwing the used pesticide containers in public places. To manage the containers in the local level, five co-operatives of FHEP project VDCs have started a pesticide container management campaign in their local communities after being convinced by the FHEP project. The opening programme of container was started from Jagatpur VDC and the container management opening was inaugurated by Dr. Shri Krishna Giri.



## Monitoring visit from NPHF central office

Monitoring visit was done by the newly-appointed Project Co-coordinator Dr. Abhinav Vaidya and Finance and Admin Manager Ami Maharjan from June 4 to 6, 2015. The team visited different project sites of FHEP. The main objective of the visit was to get acquainted and evaluation of the ongoing activities and collecting the feedback from the farmers and related stakeholders.



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### Regular monitoring of trained farmers, pesticide dealers and health workers

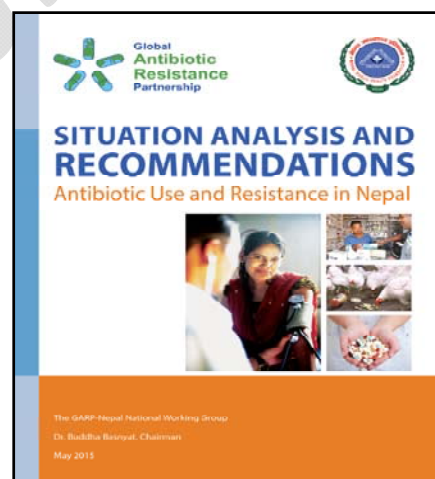
The project staff of FHEP has been continuously visiting the household of trained farmers, pesticide dealers and health workers. The main objective of the visits is to encourage them to adapt the knowledge they got from the trainings into practices and to encourage them to teach the fellow farmers. During the visits, the inspecting team recorded and documented the positive changes. In addition, the FHEP agronomist and Field Co-coordinator also provided constructive feedback

## D. Global Antibiotic Resistant Partnership (GARP-Nepal)

A booklet on Final Report on Situation Analysis and recommendations: Antibiotic Use and Resistance in Nepal, which is the first step of GARP Nepal has been completed and published. This report is the documentation of current state of antibiotic use, resistance and access in Nepal of both human and animal sector. Most Prevalent bacterial diseases, policies related to antibiotic use and resistance are documented. Recommendations



from experts as provided in dissemination workshop of 15 December 2014 have also been included. It is developed for the aim of creating a baseline for identifying the important information gaps to be addressed in order to make responsible and effective recommendations for policymakers to consider.



**Report on Situation Analysis and recommendations: Antibiotic Use and Resistance in Nepal available on**

[http://www.nphfoundation.org/images/publication/publication\\_gdAKq\\_Situation%20Analysis%20and%20RecommendationAntibiotic%20Use%20and%20Resistance%20in%20Nepal.pdf](http://www.nphfoundation.org/images/publication/publication_gdAKq_Situation%20Analysis%20and%20RecommendationAntibiotic%20Use%20and%20Resistance%20in%20Nepal.pdf)

Data entry of DRI (Drug Resistance Index) Program is completed and its analysis is on process. Two researches on veterinary sector: "Antimicrobial Use Pattern, Drug Residue and Antimicrobial Resistance



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in Food Producing Animals in Nepal” and “Pattern of Drug Using Aquaculture in Chitwan and Its Vicinity” are ongoing in collaboration with Agriculture and Forestry University (AFU) under the guidance of Dr. SharadaThapaliya, working group member, GARP Nepal.

### **E. Health Education/ Orientation Through Social Mobilization**



Devastating earthquake of 7.9 Magnitude hit Nepal on 25th April, 2015 Nepal claiming many lives and properties. Health infrastructure and health workers have also been equally affected due to which quality of health service has been highly degraded. In such circumstances, so as to support the health system and to avoid unexpected outbreaks, Nepal Public Health Foundation with the financial support from UNICEF Nepal implemented Health Education Orientation through Social Mobilization (IPCS) in all highly affected 11 Districts of

Nepal namely, Sindhupalchowk, Gorakha, Bhaktapur, Lalitpur, Dolakha, Dhading, Rasuwa, Sindhuli, Ramechaap, Kavrepalanchowk and Nuwakot. The objectives of this project are:

1. To provide relevant health-related orientation/education for mothers and children both in shelters and outreach clinics.
2. To mobilize community networks to access behavior-change communication interventions to improve health-care and feeding practices for mothers and children.
3. To deliver UNICEF health supplies from DHO to HP

Firstly, local NGOs of the respective district were selected to implement the project. Then, Social Mobilizers were recruited by them to work in the community level of the affected VDCs of the respective districts. In the mean time, series of meetings and MTOT were held at Kathmandu. This was followed by district level TOT in all eleven affected districts. Right after the training, Social Mobilizers were implemented in their respective VDCs to provide health education to the earthquake affected population.



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## F. Basic Health Care Service Package and Operational Guideline development



Nepal Public Health Foundation was awarded a project by Primary Health Care Revitalization Division (PHCRD) to develop the Basic Health Care Package (BHSP) and its operational guideline.

The BHSP provides a comprehensive list of services to be offered at the four standard levels of health facilities within the health system: community health units, health posts, primary health care centers (urban health clinic) and hospitals. The main aim is to provide an accessible, affordable, available, safe and comprehensive quality health service, free of cost.

Firstly, a draft framework to accomplish the entire process was developed and discussed in coordination with the PHCRD unit and the focal person of Ministry of Health and Population. A team consisting of three medical practitioners, public health experts and a lawyer was formed including Dr. Archana Amatya, Dr. Gajananda Prakash Bhandari, Dr. Abhinav Vaidya, Mr. Janak Thapa, Mr. Badri Pathak and Mr. Navin Shrestha (Coordinator). It worked for the development of the package after a series of meetings at the PHCRD and workshops at central and regional levels.

The central level workshop was organized for the senior officials of the MoHP, DoHS and EDPs on 23rd and



24th June 2015. The objective of the workshop was to discuss and get feedback from the senior official to set the components of the BHSP and also to decide on the modality of the workshop to be conducted at the regional levels. The regional workshop was held in Kathmandu on 25 and 26 June 2015 for central region), in Biratnagar in Eastern (28 and 29 June), Pokhara in Western (1 and 2 July), Nepalgunj Midwestern (6 and 7 July) and Dhangadi in the Far Western (4 and 5 July) development regions.

In the end, a final meeting was held for briefing the developed packages on Basic Health Service and its Operational Guideline on 10 July, 2015 in Kathmandu.



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## G. Post Disaster Rapid Assessment on Health



em as required. Subsequently, enumerators and cluster supervisors were recruited to conduct field research. Study techniques included, Household interview, Focus Group Discussion and Key- Informant Interview (with Health Facility Incharge).

Orientation to Enumerators and Cluster Supervisors was conducted on 26 and 27 June, 2015. Till date field research has been completed and preparation of preliminary draft report has been also been initiated. Dr. Bal Krishna Subedi has been providing consultancy support.

Nepal Public Health Foundation with assistance from Project HOPE conducted Post Disaster Rapid Assessment on Health in fourteen affected districts-Gorkha, Dolakha, Sindhupalchowk, Rasuwa, Nuwakot, Dhading, Ramechhap, Sindhuli, Okhaldhunga, Kavre, Makwanpur, Kathmandu, Bhaktapur and Lalitpur. A memorandum of understanding between NPHF and HOPE project was done to carry out the assessment, identify areas where support was needed and provide technical support to MoHP to prepare strategic plan in strengthening health syst



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## NPHF Activities

### A. Annual General Meeting

Fifth annual general meeting was held on 5<sup>th</sup> March, 2015 at NPHF office building under the chairmanship of vice president of NPHF Dr. Badri Raj Pande. He started the meeting with welcome remarks. Then, presentation on different ongoing projects at NPHF and research conducted were presented by the concerned project staffs.

Dr. Sharad Raj Onta, General Secretary briefed about the current projects and programs of NPHF and future activities as well. Dr Tirtha Rana, Treasurer presented the Financial and Audit Report of Fiscal Year 2070/071, which was approved.



During the fourth Annual General Meeting (AGM) one of the agenda was to develop a strategic plan of NPHF as a guiding document for the upcoming five years. A sub committee was formed and a draft strategic plan 2015-19 was developed. The following four strategic directions were envisioned which was approved in principle by the AGM:

1. Advocacy, leadership and partnership (Coordinator: Ms. Binjwala Shrestha)
2. Public Health research for evidence informed policies (Coordinator: Dr. Gajananda P. Bhandari)
3. Health Promotion and Social Mobilization (Coordinator: Dr. Abhinav Vaidya)
4. Institutional Capacity Development (Coordinator: Dr. Rajendra BC)

### Support to Earthquake victims

Health camps were organized for the victims affected by the earthquake of April 25, 2015 at Sangle, Dharmasthali and Dahachok of Kathmandu district on May 7, 11 and 22, 2015) organized by Mahila Bikas and Sahayogi Sahakari Sanstha, jointly with Nepal Family Planning Association. Over 500 persons were examined and counseled and provided medicines, dignity kit for pregnant and newly delivered women and nutritious food (Sarbottom pitho) to young children.



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- Facilitated and provided food support to earthquake victims residing at temporary camps at Tundikhel, Nilbarahi at Bhaktapur (about 1500 people from Sindhupalchowk) and for victims from Lamtang valley, Rasuwa residing at tents at Yellow Gumba. These activities were coordinated by Dr Tirtha Rana, Treasurer, NPHF

## B. Nepal Public Health Foundation lecture series



NPHF has been organizing public health lecture series as its core activity every year inviting eminent persons on 30<sup>th</sup> June to foster collective action of people around common agendas of public health. This year, Dr. BD Chataut had delivered lecture on “Unveiling the Debate of Euthanasia”. After this, the discussion focused on dealing euthanasia from spiritual aspect. Similarly, participants also put forth their query on possibility of legalization of euthanasia whereas others said that regarding passive euthanasia, there should

be a strong medical ethics for taking euthanasia towards legal procedure.

## Participation in National and International Activities

**Dr. Tirtha Rana, Treasurer, Nepal public Health Foundation participated in the following activities;**

- Early Market Information Management meeting (EME) to provide information to bidders, which was organized by DFID on March 12, 2015. About 40 International and National NGO in Health sector were invited to inform on the support of DFID for Nepal Health Sector Program -3 (NHSP-3)
- One day long National Dementia Action Alliance Workshop held on March 25, 2015 organized by NASCIF at Hotel Shankar.
- A half day workshop organized by NASCIF on March 29, 2015 to discuss on the transportation issues and concession to be provided to the senior citizens by public vehicles. It was stressed that although it is mentioned in plan and policies, it remained to be complied and need of a pressure group movement.
- Inauguration of a workshop organized by RECPHEC on Health Rights and Tobacco control and on March 30, 2015 chaired a session on Presentation on “Status of Primary Health Care in Nepal”, by Dr. Ramesh Kharel the Director of Primary Health Care Revitalization Division of Department of Health Services.
- NHRC Summit of Health and Population Scientists held during April 11-12, 2015 and chaired the first plenary session with a theme of "Public Health challenges" Status of Ambient air quality in Kathmandu valley that was assessed by measuring PM2.5 (particulate matter) concentration in the air. This study



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pointed out that the air quality of Kathmandu valley is highly polluted and need urgent attention for its control.

- Participated in an expert group meeting called by Health Minister at MoHP on May 17, 2015, before his departure to participate in World Health Assembly in Geneva from May18-26, 2015.



**Dr. Shyam Thapa, Founding Member, Nepal Public Health Foundation reported his involvement in the following activities:**

He was a special guest to speak on "Emerging issues in abortion in Nepal" at a regional meeting participated by District Public Health Officers and other seniors health officials representing 16 districts of the Western Regional Health Directorate in Pokhara, January 13, 2015. He also served as a special resource person for a Research Methodology Workshop organized for faculties of the Chitwan Medical College, November 17-19, 2014 in Bharatpur. Further, he completed the first phase of an implementation research on medical abortion in Pokhara, Aug 2014-January 2015. The second phase is expected to begin in August. He has also published an article entitled "**12+ weeks of abortion**" in Swastha Kabar- Patrika (December 2014).

### Researches and Articles

- Recently a manuscript on '**Follow-up survey of Jhaukhel - Duwakot health demographic surveillance site 2012, Bhaktapur, Nepal**' has been submitted to Journal of Global Health Action. The authors of the manuscript are Bishnu Choulagai, Umesh Raj Aryal, Binjwala Shrestha, Abhinav Vaidya, Sharad Onta, Max Petzold, Alexandra Krettek.



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# Media Watch

## भूकम्पले उत्पन्न मानसिक तनाव



डा. श्रीराज पौड्याल

वैशाख १२ गतेको महाभूकम्पले अहिलेसम्म ७ हजारभन्दा बढीको ज्यान लिएको छ र धेरैलाई घाइते बनाउनुका साथै घरबारविहीन बनाएको छ। यसले ठूलो मात्रामा भौतिक क्षति गराएको छ। तर यसले गराएको मानसिक तनाव र भविष्यमा ल्याउन सक्ने मानसिक समस्यापार अधिकार जनमानसलाई जानकारी छैन। चीन र जापानमा भएको भूकम्पमा परेका पीडितहरूमा गरिएको अध्ययनमा भूकम्पले दिमागको २ घटा भाग (हमुला, कोर्टेड न्युक्लियस, हिप्पोक्याम्पस, एमेगडला र सेरेबेलम) लाई असर गरेको पाइएको छ। यी भागहरूले मानिसको भावनालाई नियन्त्रण गर्छन्। भूकम्पको कारण यी भागहरूमा हुने असरले भूकम्प पीडितमा विभिन्न प्रकारका भावनात्मक र मानसिक समस्याहरू देखा पर्छन्। साथै यसको अवस्थामा लगायतका यी हर्मोन (स्ट्रेस हर्मोन) निस्कन्छ। यसले गर्दा रक्तचाप बढ्ने साथै हृदयधातु हुने र शरीरका अन्य भागमा असर पर्छ।

### भूकम्प पश्चात देखिने समस्याहरू

हात बुझा जीउ थरथर लाग्ने। पीर, चान्, डर बढ्ने। मन चिन्तित, बेचैनी हुने, टाउको र जीउ दुख्ने। मिल्छ कि जस्तो डर हुने। मुटुको धड्कन बढ्ने वा मुटु आसन्नताभन्दा बढी धड्कने, हल्लिने। श्वास फेर्न गाह्रो हुने। पसिना आउने, रिष्टा लाग्ने। धेरै कम्जोर भएकी महसुस हुने। वास्तविकताभन्दा बाहिर छु जस्तो लाग्ने। घाटी, छाती अन्दरी हुने, निस्सारिने।

निद्रा नलाग्ने, नराखी सपना देखिने। पिसाब पटक पटक लाग्ने वा पिसाब गर्न जादा नआउने। घेत पोल्ने, ग्यास्ट्रिक बढ्ने। भौतिक कुरा महसुस गर्न नसक्ने, आँट नआउने। यस्ता

समस्याहरू पहिलो चरणमा एक साताभन्दा देखिन्न सक्छन् र बिस्तारै भूकम्प आउनु छोटैपछि तथा समय विदे जाँदा धेरै व्यक्ति सामान्य हुन्छन्। कतिपयमा यस्ता समस्याहरू रीतिरिवाज। तर शिनीहरूलाई परमार्थ र छोटो समयका लागि औषधि सेवन गर्नुपर्ने हुन्छ। कुन बेला मनोरोग विशेषज्ञसँग परामर्श लिने तनाव, चिन्ता, चान्, पीडा दिन विन्दे जादा पनि कम नभएमा वा घबराहट बढ्दै गएमा। भूकम्पको सम्झना आउने बित्तिकै वा भूकम्प आएका बेला आफू वसेको स्थानमा जाँदा छटपट, चान्, पसिना आउने भएमा। उशरीपन वा पुर्ण आशाविहीन र निराशावादी हुँदै गएमा। दैनिक जीवनको कामकाजमा ह्रास आएमा वा गर्न नसकेमा। आत्महत्याको विचार वा सोच पठाएमा। भूकम्पले गरेको कुनै पनि

खानपानमा ध्यान दिने र प्रशस्त पानी पिउने। आफ्नो पीडा नलुकाउने, सकारात्मक सोच राख्ने। सरसफाइमा ध्यान दिने, आराम गर्ने, पर्याप्त सुत्ने।

क्षितिमा आफूलाई दोषी ठहराएमा। भूकम्पको कम्पन, धनजनको क्षतिको चित्र वा त्यसको याद पटक पटक आइरहेमा। पटकै निद्रा नलाग्ने, केही गर्न मन नलाग्ने, एकोहीरोपन भएमा। आफू पहिलोको जस्तो नभएको वा अर्कै भएको महसुस भएमा। घुँटी, सुती, खेनी, तमाछ, रस्ती वा अन्य लागु पदार्थको सेवनको तत्पश्चात् वा प्रयोग बढेमा। पातलपनको सुरक्षा नभएमा। समयले प्रत्येक व्यक्तिलाई सामान्य गराउँदै नैजाँच, पीडालाई विर्सिँदै जाँदा तर त्यस्तो नभएमा। अस्तित्वविहीन जस्तो लाग्ने। भूकम्पपश्चात् देखाएका कुनै पनि समस्या पटकै सुझार नभएमा वा बढ्दै गएमा।

### व्यवस्थापनका उपायहरू

नचाहिने हल्लाको पछाडि नलाग्ने। एफएम, रेडियो, टिभी, पत्रपत्रिकाबाट समाचारको जानकारी लिइरहने। आफू सुरक्षित स्थानमा बस्ने, सम्भव भएसम्म आफ्नो परिवारका

मान्छेसँग बस्ने। एकले अर्कोलाई भावनात्मक सल्लाह गर्ने, जसले गर्दा आफूलाई हेर्ने, माया गर्ने वा चाम्लो दिने व्यक्ति छन् भनेर बुझ्ने हुन्छ र आत्मबल बढ्छ। खानपानमा ध्यान दिने र प्रशस्त पानी पिउने। आफ्नो पीडा नलुकाउने, सकारात्मक सोच राख्ने। सरसफाइमा ध्यान दिने, आराम गर्ने, पर्याप्त सुत्ने। रस्ती, घुँटी वा अन्य लागु पदार्थको सेवन नगर्ने र गर्ने बानी भएमा कम गर्ने।

सकिन्छ भने केही कसरत गर्ने, थोरै शिड्डुल मात्र गर्नले पनि तनाव र चिन्ता कम गर्न सकिन्छ। सम्भव भएमा आफ्नो दैनिक क्रियाकलाप पहिलोको जस्तो बनाउन खोज्ने। जस्तै- समयमा खान्ने, सुत्ने र अन्य क्रियाकलाप गर्ने। सकेसम्म आफ्ना पीडाका भावना आफू जस्तै पीडितलाई व्यक्त गर्ने र मनमा लुकाएर वा गुम्याएर नराख्ने।

योग र व्यायाम गर्ने (रिल्याक्सेसन)- लामो श्वास लिएर बिस्तारै फाल्ने र आफ्नो ध्यान श्वासप्रश्वासमा मात्र केन्द्रित गर्ने। यसो गर्नाले शरीरमा केही आराम महसुस हुन्छ र तनाव कम हुन जान्छ। अर्धविश्रवासको पछाडि नलाग्ने। प्रत्येक व्यक्तिलाई समस्यासँग सामना गर्ने शक्ति हुन्छ। त्यसैले आफ्नो र आफू नो परिवार र नजिकको व्यक्तिको आत्मबल बलियो बनाउने।

भूकम्पमा परेका व्यक्तिको, जसमा अन्य किसिमको रोगहरू जस्तै मुटु, मुगीला, श्वासप्रश्वास, नशा र टाउको जस्ता रोग भएकाहरूमा अझ धेरै मानसिक तनावले समस्याहरू देखा पर्न सक्छ। त्यस्तै बालबालिका मानसिक तनाव धेरै हुन सक्छ। त्यसैले बेलाबेला यस विषयलाई सम्बन्धितका साथ लिएर लगायतलाई व्यवस्थापन गर्न सकेमा यसबाट भविष्यमा देखिन्न सक्ने विभिन्न किसिमका मानसिक समस्याहरू जस्तै- पोस्ट ट्राुमाटिक स्ट्रेस डिसअर्डर, डिप्रेसन (उद्वेगितपन), प्यानिकडि (घबराहट) का साथै नशासेवन आदि समस्यालाई रोक्न सकिन्छ।

डा. विमले, नेपाल मेडिकल कलेज बीरगन्जका नशा तथा मानसिक रोग विशेषज्ञ हुन्।

## MoHP to send MBBS doctors to VDCs hardest hit by quake

ARJUN POUDEL  
KATHMANDU, May 6

In a bid to prevent possible epidemic outbreak during the monsoon, the Ministry of Health and Population (MoHP) has decided to send MBBS doctors to VDCs highly affected by the devastating earthquake.

This is for the first time the MoHP has decided to deploy doctors at the health post level. Earlier, the MoHP used to send MBBS doctors only at the public health centers (PHCs).

Every year hundreds of people die and thousands are affected by waterborne diseases during monsoon.

Officials at MoHP said chances of epidemic outbreak during the monsoon are very high as almost all

health post buildings in these VDCs have collapsed in the earthquake.

"We have decided to send MBBS doctors to the highly affected VDCs, as chances of epidemic outbreak is very high in those areas," Shanta Bahadur Shrestha, Secretary at the MoHP, said. He informed that the ministry has planned to send doctors who studied on scholarships, volunteer doctors and doctors hired on contract.

According to Secretary Shrestha, the MoHP has already opened vacancy for MBBS doctors to be hired on contract basis. "As soon as they apply for job, we will swiftly hire them and send them to the VDCs," added Secretary Shrestha. He

informed that the ministry has planned to send doctors to the affected areas before the start of monsoon.

Dr Guna Raj Lohani, the MoHP's spokesperson informed that almost all the health centers in the quake hit districts have collapsed. "There are neither health facilities nor home for health workers to stay," said spokesperson Lohani.

Dr Lohani informed that the ministry has planned to run health facilities under tents in the affected areas.

The MoHP said that it has suspended the public procurement act to remove hurdles in purchasing essential medicines for the monsoon. "We have already started procurement process," said Dr Lohani.



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# प्लास्टिक बिच्छ्याएरै सुत्केरी

आश गुरुङ

लमजुङ- दधपोखरी ७ गैरीगाउँकी भारती गुरुङलाई विहीवार राति सुत्केरी भेथा लाग्यो । त्रिपालमा आश्रय लिइरहेका परिवारलाई संकट आइलाग्यो । त्यसमाथि, वर्षात र विजुली चम्किरहेको थियो ।

१९ वर्षीया उनलाई पछ्यौराको डोलीमा राखेर १ घण्टा हिंडेर दधपोखरी स्वास्थ्य चौकीमा पुऱ्याइयो । त्यहाँ पति प्रसूति गराउने व्यवस्था थिएन । अहेव मुरली कडरियाले ४ घण्टा पैदल दूरीको विचौरमा चिकित्सक टोली रहेको बताए । उतै पुऱ्याउन उनीहरूले कम्मर कसे । कडरिया पनि भिजे साथ लागे । पानीले रुकेरै

पुगेपछि मात्रै बाहा भयो, विचौर स्वास्थ्य चौकीको बर्थिङ सेन्टर भवन भूकम्पले बाँकी राखेनछ । बाँकी थियो नजिकको विद्यालय । गाउँ आएका स्वास्थ्यकर्मीको टोलीलाई रातमा गुरुङ परिवारले हारगृहार गरे । अन्ततः बागेश्वरी मावि विचौरको कक्षाकोठाको चिसो भुईँमा प्लास्टिक बिच्छ्याएर उनलाई सुत्केरी गराइयो ।

'बेथा लागेको ७ घण्टापछि सुत्केरी गराउन सफल भयो,' एक स्वास्थ्यकर्मीले भने, 'वाध्यताले यस्तो ठाउँमा राखेर सुत्केरी गराउनुपर्‍यो, जाखिम थियो ।' उनले छोरालाई जन्म दिएको छन ।

भारतीलाई सुत्केरी गराउन गौडा प्राथमिक स्वास्थ्य केन्द्र प्रमुख डा शंकर छेत्री, विचौर स्वास्थ्य चौकीका अहेव कालिका ढकाल र अनमी सुमित्रा श्रेष्ठलगायत खटिएका थिए । 'डाक्टरसहितको हाम्रो टोली ४ दिनदेखि त्यही ठाउँमा भएकाले आमा र बच्चाको ज्यान जोगाउन सक्यौं,' जनस्वास्थ्य कार्यालयका ल्याव टेक्निसियन निरोजकुमार श्रेष्ठले भने ।



लमजुङ विचौरस्थित बागेश्वरी माविको कक्षामा सुत्केरी गराइएकी दधपोखरी ७ गैरीगाउँकी भारती गुरुङ छोराका साथ ।

तस्विर : कान्तिपुर

विचौर स्वास्थ्य चौकीको बर्थिङ सेन्टरसहित पूरै भवन भूकम्पले ध्वस्त बनाएको छ । दुगामाटोले पुरिएको ठाउँबाट जवर्जस्ती सामग्री फिर्केर २ घण्टामै सफल प्रसूति गराउन सकदा भारतीका परिवारभन्दा बढी खुसी स्वास्थ्यकर्मीको टोली भएको छ । भूकम्प प्रभावित इलमपोखरी र विचौर गाविसका वासिन्दालाई मंगलवारदेखि जिल्ला जनस्वास्थ्यको टोलीले सेवा दिइरहेको छ । त्यस क्षेत्रमा पुग्न सदरमुकाम बैतसीसहरबाट पैदल २ दिन लाग्छ । 'भारतीले नयाँ जीवन पाइन् जस्तो लाग्छ,' पति टेकबहादुरले भने, 'डाक्टरहरू नभेटिएको भए के हुन्थ्यो, हुन्थ्यो ।'

अब कहाँ राखेर कसरी हुर्काउने भन्ने चिन्ता रहेको उनले बताए । भूकम्पले घर लडेको छ, अन्नपात त्यसैमा पुरिए । 'अहिलेसम्म राहतको नाममा केही प्राएको छैन,' उनले भने, 'यस्तो अवस्थामा म के गरौं, कसलाई भनौं भइरहेछ ।' ठूलै सास्तीपछि पनि आमा-बच्चा सकुशल रहेकामा उनी दुक्क छन् ।



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# Women in makeshift tents suffer menstruation silently

'Carelessness during period invites long-term reproductive health woes'

SHREEJANA SHRESTHA  
KATHMANDU, May 6

Sapana Chaudhari didn't have the audacity to approach the army camp at Tundikhel and ask for sanitary pads after she started menstruating. She rather opted to keep using the same pad she already had on the first day of her period.

For Chaudhari, 18, telling a male about one's menstruation would be shameful and awfully awkward.

"How can one let an army man know about your menstruation and ask him for sanitary pads?" she asked.

On the second day, she crossed the road and bought sanitary pads at a shop at Bagbazar. Her extrovert nature was not enough to overcome the taboos of menstruation even during such a difficult time.

An earthquake victim who is from Sarlahi, Chaudhari is living with 12 others of her community under tents at Tundikhel. She also spoke about her difficulties in tiding over her period for lack of enough water in the makeshift toilets they have to use.

Lack of adequate water in the toilets has not only created problems for menstruating women but also poses long-term health



SHREEJANA SHRESTHA/REPUBLICA

Sapana Chaudhari, one of the earthquake victims, at her tent in Tundikhel, pictured on Wednesday.

risks.

"I felt so sick for almost a week because there was no water to clean up during menstruation," Chaudhari said adding, "I filled mineral water bottles and used them in the toilet."

Dr Aruna Upreti, a gynecologist who writes on issues concerning women's health, said that menstruation is directly linked with the piety of women, because of which many of them suffer both mentally and physically.

"When women are not able to maintain proper

hygiene during emergency situations like the one we are facing, they are sure to have long-term problems with reproductive health," she said.

Tirtha Tamang, 32, also had stories to share about her suffering during menstruation. She reckons that throwing away used sanitary pads is a sinful act.

"I will incur tons of sin as I have been throwing away used sanitary pads in open places that people clean up at random," she said. Back home in Bhojpur, she used

to throw the used pads into a truck that collects garbage, she added.

She further opined that sanitary pads should be distributed to all women living under makeshift tents across the country.

Even though relief packages have flooded Nepal from both national and international sources, the need for sanitary pads and for maintaining hygiene during menstruation are not properly realized due to other crushing priorities

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