

# NPHF

## E-Newsletter

June, 2013

4<sup>th</sup> issue

### FOREWORD



It gives me great pleasure to write foreword for the fourth e-newsletter. Significant activities have been implemented during the period. The Farming Health and Environment Project was started in April in Chitwan with the opening of a project office in Bharatpur, Chitwan to focus on the prevention of pesticide intoxications among vegetable farmers in the Chitwan District of Nepal through training, research and awareness raising activities. Interaction Program on Occupational Safety and Health Promotion was organized with representation from Nepal Ministries of Health, Agriculture, Environment and Labour, WHO, ILO and NGOs.

Further, the intervention phase (phase II) of the project -Overcoming barriers to scaling skilled birth attendants' utilization in improving Maternal, Newborn and Child Health in Nepal is under implementation in 18 VDCs of three districts; Bajhang, Dailekh and Kanchanpur.

Nepal Public Health Foundation with support from WHO also conducted a study on Developing Information base on Elderly Population of Nepal. After situation analysis, a Stakeholders meeting was organized to discuss on the findings and recommend on future policy issues.

The 4<sup>th</sup> Nepal Public Health Foundation Lecture as part of a series of public health lectures held every year on 30 June was organized in which Dr. Hemang Dixit, renowned pediatrician and academician delivered lecture on Public Health Yesterday, Today and Tomorrow. The lecture was well attended by the NPHF Board, Founding Members, Public health experts, academia and the students.

I wish to thank Ms. Ashmita Chaulagain for all her efforts in publication of this e-newsletter. Feedbacks from the readers will be highly appreciated.

Dr. Badri Raj Pande  
Acting Executive Chair



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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.

# Nominations

## **Member of High level Health Advisory Committee**

The Ministry of Health and Population has nominated Dr. Rita Thapa, Advisor, NPHF and Dr. Badri Raj Pande, Executive Vice President, NPHF, as members of High Level Health Advisory Committee as per the ministerial decision of 11 March, 2013. The committee has been formulated with a purpose of getting updates on existing and future global health issues and to advise on evidence based health policy formulation and implementation.

## **Core team member for Assessment and Research on Child Feeding Project**

Dr. Tirtha Rana, Treasurer, NPHF has been designated by the Child Health Division of Department of Health Services as a core expert team member to provide the technical inputs of the “Assessments and Research on Child Feeding Project” being implemented by Helen Keeler International as part of the “Data for Policy Decisions on the Appropriate Marketing of Fortified Complementary Foods and Home Fortification Products for Children 6-24 Months.”



# ACTIVITIES at NPHF

## Research /Projects Update

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

After a series of group work and completion of micro planning, the intervention phase of SBA project is being implemented in 18 VDCs of three districts; Bajhang, Dailekh and Kanchanpur from April 2013. Three district coordinators were recruited one for each district to observe and report the process of intervention. The intervention phase was initiated by conducting district level meetings with the district level government officers of the respective districts and other relevant stakeholders. The allocation of VDCs into intervention and control was made at the same meeting by the process of randomization. The VDC level Research Assistant was recruited at the local level for each VDC. This was followed by five days training for Research Assistants on SBA intervention phase components, its execution modalities, research concept and methodology, monitoring tools etc. The implementation of the intervention component was started from Kanchanpur followed by Bajhang and Dailekh considering the lessons learnt in Kanchanpur. Further, a training package was imparted to all the health facility staff of the intervention VDCs from three project districts on communication skills by experts from the Institute of Medicine, Maharajgunj Campus led by Ms. Binjwala Shrestha. Apart from conducting the meeting with district level officials, meeting with the Health Facility Management Committee, Mother's group, Female Community Health Volunteers and Youth groups were also conducted as part of intervention phase.



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## **2. Developing Information base on the Elderly Population in Nepal**

While the population of older persons continues to grow at a faster pace the physical, social and health care service planned for them does not commensurate with the required expansion. In this regard, Nepal Public Health Foundation with support from WHO conducted a study on Developing Information base on Elderly Population of Nepal from March 2013. It was designed with the objective to conduct a review and analysis of government legal framework, policies and programs regarding elderly population, develop the database of elderly by geographical areas, record the number and status of elderly people homes in the country and highlight the status and level of satisfaction of the residents in a sample of homes.

Dr. Tirtha Rana, Treasurer, NPHF is the Principal Investigator of this study. The findings of the study are expected to provide future directions to the policy makers and line agencies working for the elderly population in the country.

## **3. Farming Health and Environment Project**

Over the years, with the introduction of high-yielding varieties expansion of areas of rice, maize, wheat and vegetables, Nepal has experienced increasing tendencies in pesticide use. Compared to other agricultural countries pesticides are not used extensively in Nepal in terms of the ratio of active ingredients used per hectare of cropland. The characteristics of pesticide use in terms of location, target crops, intensity, types of chemicals and trends are disturbing. This has caused an adverse effect in both consumers' and farmers' health.

To address this situation NPHF has launched Farming Health and Environment Project supported by DIALOGOS, Denmark from April, 2013. For the coming three years, the project will focus on the prevention of pesticide intoxications among vegetable farmers in the Chitwan District of Nepal by means of training, research and



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awareness raising activities. The district is selected due to intensive agriculture producing vegetables to the local market and in Kathmandu.

NPHF has appointed Dr. Shrikrishna Giri, Board Member of NPHF as a Part time Project Coordinator along with the Assistant Field Coordinator, Assistant Project Coordinator of Farming and Administrative Secretary for the project in Chitwan.

The Central level Pesticide Steering Committee has also been established which is comprised of representative from Ministry of Health and Population, Agriculture, Environment, Occupational Safety and Health and Red Cross. Similarly a District Level Pesticide Management Advisory Committee has also been established in Chitwan that has representatives from the District Public Health Office, CDO, Agriculture, Red Cross and Farmer's Cooperatives.

For the implementation of the Project, the project office has been established in Chitwan which was formally inaugurated jointly by Dr. Badri Raj Pande, Acting Executive Chair, NPHF and Dr. Erik Jørs, Vice President, DIALOGOS on 3<sup>rd</sup> May, 2013. Members of District level Pesticide Management Advisory Committee were also present during the inauguration.



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## **Other Activities**

### **1. Reception in honor of Dr. Mahesh Kumar Maskey**

Nepal Public Health Foundation team hosted a warm reception to Dr. Mahesh Kumar Maskey, Nepalese Ambassador to China and Executive Chair of NPHF during his first official visit to Nepal on 19 March, 2013 at its premises. The reception was well attended by NPHF Board, Founding members and other distinguished personalities from Government, WHO, supporting partners and well wishers.

### **2. Health and Happiness Workshop**

NPHF organized an in house workshop on Health and Happiness for its staff on 25 March, 2013 facilitated by Art of Living Foundation.

The workshop provided skills, techniques and frameworks to manage stress, their minds, and negative emotions. Through breathing techniques and meditation taught in this workshop the staff got an opportunity to learn “home carry” technique to handle mind, stress and negativity with increased peace of mind.

### **3. First National Health Promotion Conference**

NPHF along with the Government of Nepal, I/NGOs, academia organized First National Health Promotion Conference on March 30-April 1, 2013 at the Hotel Everest with the aim to move forward health promotion based on national and international evidences.

During the conference Dr. Lonim Prasai Dixit, Board Member presented the paper on "Strengthening Effective School Health in Nepal" and also co chaired the session.

The conference discussed health promotion lessons learnt in Nepal and internationally. It recognized that Health Promotion is not just the domain of the



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health sector; there is a key role for civic society, INGOs, employers, NGOs and bilateral organizations.

#### **4. Interaction Program in Occupational Safety and Health Promotion**

On the occasion of Ministry of Labor and Employment celebrating 13th National Occupational Safety and Health week from 28 April to 4 May, 2013, NPHF and Department of Labor, Occupational Safety and Health Project with support from Danish NGO DIALOGOS organized an Interaction Program on Occupational Safety and Health Promotion on 29 April, 2013 at Hotel Shankar. There was representation from Nepal Ministries of Health, Agriculture, Environment and Labor, NGOs, WHO, ILO in the program.

The formal program was chaired by Mr. Krishna Hari Pushkar, Director General of Department of Labor, Ministry of Labor and Employment. Er. Barun Kumar Jha, Director (Technical) of the Department of Labor and Project Chief, Occupational Safety and Health Project delivered a welcome speech and Dr. Badri Raj Pande, Acting Executive Chair, NPHF offered a vote of thanks to all the dignitaries and participants.

In the informal session, papers were presented on, 'Global Occupational Safety and Health' by Dr. Erik Jørs, Vice President of DIALOGOS, 'National Perspectives on Occupational Health and Safety Promotion' by Dr. Sunil Kumar Joshi, Occupational Physician and 'Role of stakeholders in Occupational Safety and Health Promotion in Nepal' by Er Barun Kumar Jha .

The presentation initiated a lively discussion where stakeholders committed to advocacy in strengthening the triad of stakeholders in OSH i.e. Government, Employers and Trade Unions; not ignoring the Civil Society and Consumers.



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## **5. Stakeholders meeting on the Developing Information base of the Elderly Population of Nepal**

A stakeholders meeting on the Developing Information base of the Elderly Population of Nepal was held on June 24, 2013 at NHTC hall, DoHS, Teku with the aim to present the study findings and to incorporate stakeholder's feedbacks in the final report. The meeting was chaired by Dr. Badri Raj Pande, Acting Executive Chair of NPHF and Dr. Badri Prasad Pokharel, Chief of Population Division; MoHP was accorded as the Chief Guest.

Dr. Lonim Prasai Dixit delivered a welcome speech which was followed by the presentation of the study by Dr. Tirtha Rana, Principal Investigator and Mr. Kundan Acharya, the Study Coordinator and Consultant.

Some questions and suggestions were raised by the participants in the discussion session which were responded by the PI.

Following the discussion, remarks were provided by the distinguished guests. Ms. Sangita Nirola, Country Director at Help Age International, in her remarks emphasized on the importance of Active Aging theme to enhance the status of elderly people who are active knowledgeable and skilled. Dr. Gauri Shankar Lal Das, President of NASCIF highlighted on the need of research on elderly people in conflict and migration; utilization of health care fund at districts provided by MOWCSW on a grant basis and the level of abuse and violence exerted by the staff of old age homes to elderly people. Dr. Lin Aung, WR, WHO Nepal in his remark emphasized that WHO remained committed to the challenge of aging. Chief Guest, Dr. Pokharel appreciated this study as a landmark to facilitate and guide the Government in order to develop an appropriate plan and programs for the cause of elderly people.



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Thereafter, Dr. Chhatra Amatya, Board member of NPHF extended a vote of thanks to all participants and dignitaries.

Dr. Pande, Chairperson of the meeting in his closing remarks opined that time has come not only to concentrate on dignified life, but also to ensure the right to death with dignity.

## **6. 4<sup>th</sup> Nepal Public Health Foundation Lecture Series on Public Health Yesterday, Today and Tomorrow**

NPHF organized 4<sup>th</sup> Nepal Public Health Foundation Lecture as part of a series of public health lectures held every year on 30 June at Mohego Hall, Maharjung. Dr. Hemang Dixit, renowned pediatrician and academician delivered lecture on Public Health Yesterday, Today and Tomorrow. The lecture was well attended by the NPHF Board, Founding Members, Public health experts, academia and the students.

The lecture started with the welcome speech of Dr. Badri Raj Pande. He also introduced Dr. Hemang Dixit; keynote speaker for the day, highlighting his deeds and achievement.

Presenting about the scenario of Public Health in the world and in Nepal, the keynote speaker, Dr. Hemang Dixit began by highlighting about the public health practice during ancient civilization (Indus, Greece and Rome) in the form of bath, good water supply system, drainage and healing practicing. Plague, Leprosy, Cholera, Smallpox were widespread during the medieval age. In the context of Nepal, traditional health care in the form of Ayurveda, existed since time immemorial while modern medicine was introduced in 1740. Dr. Dixit mentioned about the public health revolution made during the Rana regime; establishment of Bir Hospital, water supply, TB sanatorium, establishment of DoHS in 1933 A.D. etc. In the past the main challenge in public health as elsewhere was about the art and science of preventing disease, and taking



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measures for prolonging life here, with the eradication of poverty, malnutrition and establishing minimal road network.

Moving forward to present Dr. Dixit depicted about the remarkable changes being made in the public health sector and shifting paradigm in disease trend worldwide and in Nepal. Most of the communicable diseases of the past are being controlled but much needs to be done for Neglected Tropical Diseases (NTD) e.g. Kala-azar, dracunculosis, sleeping sickness, and lymphatic filariasis. In addition the non-communicable disorders are coming to the forefront now. Cases of heart disease and the increase in type 2 Diabetes has become more apparent as the population has a longer lifespan. Because of the mobility of people the Road Traffic Accidents are an important aspect to be considered.

Projecting about the future the concern would be on newer problems and newer diseases like SARS, H5N1 Influenza virus, Staphylococci resistant to all drugs, environmental degradation and widening disparities between the rich and the poor.

Dr. Dixit in his closing remarks mentioned that though some headway has been made in Nepal much remains to be done in the case of nutrition on a national scale. Some Laws and Regulations may need to be enacted in Nepal but what is more important is that those existing may need to be modified and enforced conscientiously.

Following the lecture, remarks were offered by Dr. Mrigendra Raj Pandey, Dr. Gauri Shanker Lal Das, Dr. Sarad Onta, Dr. Tirtha Rana, Prof. Dr. Rajendra Wagle, Dr. Moin Shah, Dr. Kedar Baral and Dr. Nillamber Jha.



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# Participation in National and International Activities

## **1. Fifth Meeting of WHO SEA Regional Certificate Commission for Polio Eradication**

Acting Executive Chair, Dr. Badri Raj Pande, Chairman of Nepal National Polio Eradication Certification Committee participated in the fifth meeting of the WHO SEA Regional Certificate Commission for Polio eradication held on Hulhule Island, Maldives from 4-7 March 2013. The objective is to update the regional Commission members and National Certification Committee Chairpersons of WHO member States on the global and regional polio eradication activities, to review annual updates from member countries and also to update regional certification plan to ensure that the certification is on track to declare the region Polio Free by February 2014. He made a presentation on national polio eradication activities in Nepal

## **2. Comparative Health Performance in the Asia-Pacific Region: Findings and Implications of the Global Burden of Disease Study 2010**

Dr. Gajananda Prakash Bhandari, Program Director, NPHF participated in the dissemination meeting of Comparative Health Performance in the Asia-Pacific Region: Findings and Implications of the Global Burden of Disease Study 2010 held in Melbourne, Australia on 3rd May 2013. The main speakers were Alan Lopez and Christopher Murray who is the initiator of the concept of the Global Burden of Disease (GBD). GBD is the most comprehensive effort to measure epidemiological levels and trends worldwide.



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During the meeting, the results were presented in terms of disability-adjusted life years (DALYs), a time-based measure that combines years of life lost due to premature mortality (YLLs) and years lived with disability (YLDs), a metric that was specifically developed to assess BoD.

### **3. Residential Consultative Workshop on National Population Policy, 2013**

Dr. Tirtha Rana participated in a two day Residential Consultative Workshop to discuss on the draft National Population Policy, 2013. The Workshop was organized by the Population Division of Ministry of Health and Population at Dhulikhel on May 27-29, 2013. The division has drafted the population policy for the first time which primarily aims to relate population growth to plans, programs and development work focused mainly on uplifting living standards.

Dr. Rana also chaired a Group on Social and Economic Aspect of Population in this workshop and facilitated to draft the position paper on the thematic area.

### **4. 2nd Global Midwifery Symposium”, “Global Cervical Cancer Forum” and “Women Deliver Conference**

The 2<sup>nd</sup> Global Midwifery Symposium on “Strengthening Quality midwifery care Making Strides, Addressing Challenges” and consequently “Global Cervical Cancer Forum” and “Women Deliver Conference” was held in Kuala Lumpur, Malaysia from 26-30 May 2013. Dr. Gajananda Prakash Bhandari, attended as a panelist to discuss on the issue of SBA in “Midwifery Symposium and Women Deliver Conference” in the ground of ongoing implementation research on “SBA” which is being carried out by NPHF. The other panelists were Frances Day-Stirk, President ICM, David Benton, ICN and Edna Aden, Somaliland. The discussion was focused on demonstrating major strides made towards strengthening midwifery in recent years at national and



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global levels and discuss how best to address ongoing challenges in improving access, availability and quality of services emerging from the latest evidence based using partnership and innovative technologies as key strategies.

#### **5. Advance English writing training for Admin and HR personnel**

Ms. Ami Maharjan, Admin and Finance Manager, NPHF participated in the three days training in advance English writing skill from 26-28 May, 2013. The training was organized and designed by Admin and Human Resource personnel by Career Master Nepal.

More than 15 participants from various NGOs and INGOs participated in the training.

The training provided the full essence of information in advance writing skill which was proved to be highly practical and assists in scaling up ones professional career and to boost confidence level.

#### **6. Workshop on Human Resource in Health**

Dr. Tirtha Rana, in her capacity of the member of Governing Body of Nepal CSO/NSA HRH Alliance participated in “Workshop on Human Resource in Health (HRH) during June 12-13, 2013 organized by Britain Nepal Medical Trust. The theme of the workshop was “Human Resources for Health mainstreamed in health systems, through strengthened advocacy capacity of CSOs”. Dr. Rana expressed her concerns; on the variety of quality of health workforce produced by institutions affiliated with CTEVT and universities in Nepal and abroad, role of Regional Health Directors in fulfillment of vacant positions in the health facilities.

#### **7. First National Conference on Human Resources for Health**

The Ministry of Health and Population (MoHP) organized the first National Conference on Human Resources for Health on June 14-15, 2013 under the theme of



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“Investing in Human Resource for Quality Health Services in Nepal”. Dr. Badri Raj Pande and Dr. Tirtha Rana participated in the conference.

In course of preparation of the Conference, Dr. Rana, was nominated by MoHP as a member of the Technical Committee. Dr. Rana chaired and moderated a panel discussion on the theme of the conference. She also chaired a plenary session on the Role of Media in ensuring HRH.

### **8. National Workshop on Networking of National Health Research Institutes and Strengthening the Linkage of Research and Policy Making**

On behalf of NPHF, Dr. Lonim Prasai Dixit, and Dr. Gajananda Prakash Bhandari participated and shared the ongoing research activities of NPHF in the National Workshop on Networking of National Health Research Institutes and Strengthening the Linkage of Research and Policy Making organized by the Nepal Health Research Council from 21-23 June, 2013 at Hotel Shankar.

The objectives of the workshop were to develop an effective network of National Health Research Institutes in health and related sectors in order to move towards establishing a completely evidence informed policy making in Nepal.

### **9. Dissemination Program on Digital Library: RECPHEC**

Ms. Shila Bhandari, Administrative Assistant, NPHF participated in the Dissemination Program on Digital Library organized by the Resource Centre for Primary Health Care on 27 June, 2013. The objective of the dissemination program was to share the online catalogue and full text of RECPHEC. The program also highlighted on the development of ICT, the changing information environment, expectations and demands of library users, forcing libraries to reassess their role in digitization.



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Photo Gallery



Research Assistant Training in Kanchanpur



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Health Staff performing role play during Communication Skill Training at Dailekh



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FCHVs and Mother's Group during Mother's Group Orientation at Gauri VDC of  
Dailekh District



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Dr Erik Jørs, Vice President, DIALOGOS offering remarks during Interaction Program on Occupational Safety and Health Promotion



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Dr. Badri Raj Pande and Dr Erik Jørs during the inauguration of project office in Chitwan



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Dr. Gajananda P. Bhandari during Midwifery Symposium at Kuala Lumpur, Malaysia



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From right; On Podium – Dr. Tirtha Rana, On Dias -Dr.Lin Aung, Dr. Badri Raj Pande, Dr. Badri Prasad Pokharel and Dr. Gauri Shankar Lal Das



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From right Dr. Badri Raj Pande giving Token of Love to Dr. Hemang Dixit during  
4<sup>th</sup> Nepal Public Health Foundation Lecture Series



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# Vaccination against rubella on cards

To be part of government's routine immunisation campaign

Himalayan News Service  
Kathmandu, May 22

The Child Health Division (CHD) at the Ministry of Health and Population is including rubella vaccine under routine immunisation from mid-June this year.

Giri Raj Subedi, chief of immunisation section at the division, said the division is vaccinating babies against rubella, along with the vaccine against measles for the first time in the country.

He said the division is all prepared to administer measles-rubella (MR) vaccine from mid-June as part of its routine immunisation

meant for children aged between nine months and two years.

The government had launched a special vaccination drive on MR last year as measles and rubella are documented as significant public health problems in the country.

Rubella can cause serious consequences if a pregnant woman gets infected, particularly if infection occurs during the first trimester. The consequences include constellation of birth defects known as congenital rubella syndrome (CRS) or even death. Common manifestations of CRS include cardiac,

ophthalmic, and auditory defects and developmental delay.

According to the ministry, between 2004 and 2009, there were 3,710 confirmed rubella cases and more than 95 per cent of the cases were detected in children less than 15 years of age. Of 2,224 women of childbearing age tested for anti-rubella, 2,020 were found sero-positive, the ministry said.

Subedi said the MR vaccine will curb current infection rate of both measles and rubella virus and the government is providing it free of cost. The ministry aims to eliminate the disease by

2015.

At present, the government is providing nine vaccines to the newborns. Children are immunised with the BCG vaccine that protects them from tuberculosis right after their birth. The pentavalent vaccine, given 45 days after the birth, is a combination of five vaccines that protects children from five diseases, including diphtheria, tetanus and hepatitis-B. Also administered are vaccines against polio, measles and rubella. And the Japanese Encephalitis vaccine is given to children older than two years in 30 districts identified as high-risk areas.

# Traffic police vulnerable to air-borne infections

REPUBLICA  
KATHMANDU, June 1

Around 45 traffic police suffer from air-borne infection every day, according to the traffic office.

The traffic police who have to work up to 17 hours a day often become the victims of diseases like chest infection, bronchitis, asthma, sinus,

Of the total 355 traffic police personnel who went through a medical check-up on Saturday, 127 were suffering from chest infection and common cold.

More than 1000 traffic police are deployed under the Metropolitan Traffic Police Division (MTPD) at present.

The free health camp was organized following the

Of the total 355 traffic police personnel who went through a medical check-up on Saturday, 127 were suffering from chest infection and common cold.

MTPD finding that more traffic officials are suffering mainly from air-borne

disease, said the MTPD spokesperson and Deputy Superintendent of Police (DSP) Pawan Kumar Giri.

The traffic police also complain of joint pain attributed to prolonged duties on the road. Ninety seven of them were suffering from orthopedic ailments.

In a health camp jointly organized by the MTPD and Sumeru Hospital on the day, 31 female traffic police were detected with reproductive health problems.

Around 100 women traffic police are currently deployed in all Valley-based traffic units and headquar-

Breakdown of diseases	
Chest infection, common cold	127
Orthopedic	97
Reproductive health	31
Abdominal	25
Neurological disorder	15
Others	60
<b>Total</b>	<b>355</b>

ters. Similarly, 25 women staff suffered from abdominal problem. Some police have also complained of loss of hearing capacity, among other health problems, said the MTPD Spokesperson Giri.

The traffic personnel and their family members were examined and provided free medicines during the health camp.



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**Maternal and newborn death due to haemorrhage**

17 year old mother and her baby of Tanahu Bhirkot VDC died due to haemorrhage at Regional hospital Pokhara. According to the doctor the death had occurred due to delay in reaching care. The family members mentioned that the reason behind delay in reaching the hospital was the unavailability of transportation. **March 4, 2013, Kantipur**

**Emergency Obstetric Service Closed**

The district Hospital at Sankhuwasabha which used to save around 300 women lives has now been closed due to the lack of trained health personnel to perform EOC services in the district from this fiscal year. This has resulted in the maternal death in 33 VDCs and Khadbari municipality of Sankhuwasabha. **March 13, 2013, Kantipur**

**Free Treatment for Elders**

Bir Hospital has started providing free treatment to senior citizen at its OPD. They will be getting all treatment from diagnosis to operation in the hospital free of cost. Elderly citizen won't have to queue up for ticket also. However due to resource constraints, hospital will be providing these services to those above 70 years of age. **April 15, 2013, Himalayan Times**

**Curbing Imported Malaria cases big challenge: EDCD**

According to Epidemiology and Disease Control Division, DoHS, Teku, of the total Malaria cases in the country, about a third are imported from India. These imported cases are thwarting all the efforts of government to eliminate the disease from the country. Though EDCD has achieved a success in curbing indigenous infection rate, checking the imported cases of malaria has been a problem. **April 23, 2013, Republica**

**Anti -pneumonia drive on cards**

Government is planning to launch anti-pneumonia vaccine against pneumonia, a major cause of death among children under five years of age in the country by 2014. For this the Child Health Division, DoHS, Teku is in talks with Global Alliance for Vaccine which has promised to supply the required doses of vaccine in the country. **May 20, 2013, Himalayan Times**

**Government to scale up newborn care package**

Child Health Division, DoHS, Teku is working to scale up Community Based New Born Care Package nationwide by 2015 to reduce neonatal mortality rate. At present the program is being implemented in 44 district of the country. The government aims to relay message -to wipe the newborn with a soft, dry cloth after their birth, putting the baby on mother's chest and initiate skin to skin contact, counseling on breast feeding within the first hour of birth, not to put anything on the cord stump and giving bath to a newborn only after 24 hours of birth. **May 2, 2013, Himalayan Times**



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