



२५ वर्ष पूरा गर्‍यो,

यात्रा निरन्तर छ

1997-2023 [2055 – 2080]



स्मारिका-२०८०
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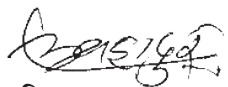


अविरल यात्रा, संगै जाऔं है !

आज भन्दा ठिक २५ वर्ष अघि विकासको एकलकाटे ढाँचा अथवा तल देखि माथिसम्म एउटा मात्र सवालमा काम गर्ने (Vertical approach) मा आधारित विकास र तीनको प्रतिफल अत्यन्तै न्यून र क्षणिक भएको देखेर दिक्क मानेका केहि युवाहरूको समुहले एकीकृत विकासले मात्र दिगो र देखिने विकास गर्न सकिन्छ भन्ने सोचको प्रवर्द्धन गर्न स्थानीय एकीकृत विकास समाज नेपालको स्थापना गरे ।

त्यसो त जनसंख्या र विकास सम्बन्धी सन् १९९४ मा भएको कायरो सम्मेलनले नै दिगो विकास, जीवनचक्रमा आधारित यौन तथा प्रजनन स्वास्थ्य र अधिकारको अवधारणा अघि सारेको थियो । विश्वव्यापी रूपमा जनसंख्याको व्यवस्थापन र विकाससँग जोडिएका आर्थिक, सामाजिक तथा सांस्कृतिक सवालहरूलाई समग्रमा सम्बोधन गर्नुपर्ने आवाज उठिरहेको बेला स्थापना भएको यो संस्थाले समाजको एकीकृत विकासलाई मुलमन्त्र ठानेर स्वास्थ्य, शिक्षा र सामाजिक क्षेत्रमा अविरल काम गरिरहेछ । सामाजिक र राजनैतिक द्वन्द र राज्य पुनसंरचनाको आँधिबेहेरीसँगै अनगिन्ती अप्ठ्यारा घुम्तीहरू पार गर्दै यहाँसम्म आइपुग्न सहयोग गर्ने सहयात्री मनहरूलाई हृदयदेखिको धन्यवाद !

अप्ठ्यारा, समस्या र चुनौतीहरूका बीच नथाकी, विश्राम नलिई दौडिरहेका छौं । समाजमा थोरै भएपनि सकारात्मक र दिगो परिवर्तन गर्न सहयोग पुऱ्याएका छौं । अब संस्था सबै कोणबाट बयस्क भएको छ । सिकाई, ठक्करहण्डरका अनुपम अनुभव र विभिन्न विधामा प्राप्त दक्षताले संस्था दरो भएको छ । हामीले अहिलेसम्म कामको गुणस्तरमा कुनै पनि सम्भौता गरेका छैनौं । भविष्यमा पनि गर्दैनौं । तपाईंहरूसँगै हातेमालो गरेर समाजमा पछाडी पारिएका र परेका व्यक्ति वा समुदायको समग्र शसक्तिकरण र विकासमा लागि रहने प्रण गर्छौं । हामीले २५ वर्ष पुरा गर्दासम्म प्राप्त खुशी तपाईंहरूसँग बाँड्दै छौं । र यस सँगसँगै चुनौतीका अग्ला पहाडहरू छिचोल्न पनि सँगै अघि बढौं, सफलता सम्भव छ ।



नित्र बहादुर देउजा
का.वा. अध्यक्ष



डा. खेम बहादुर कार्की
संस्थापक अध्यक्ष

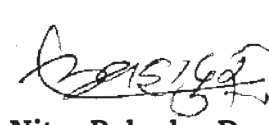
Non-stop travel, let's walk together !

25 years ago, a group of passionate young individuals, frustrated with the limited and short-term results of traditional development approaches, founded the Society for Local Integrated Development Nepal. Our goal was simple yet powerful: to achieve sustainable and synergistic development at the local level.

At the time of our inception, the 1994 International Conference on Population and Development advocated for sustainable development and life cycle-based sexual and reproductive health and rights. Riding on this global wave of comprehensive development, our organization has consistently worked in health, education, and social development despite facing various social and political challenges in the nation's restructuring.

With your support and guidance, we navigated through numerous difficulties, and we express our heartfelt gratitude for that. We continue our journey, unwavering in the face of difficulties and challenges. We believe that we have made a positive contribution to society and have matured over the years, gaining invaluable experiences and expertise in health, education, and social development.

Our commitment to maintaining the highest quality in our work remains unwavering, and we pledge to continue empowering individuals and communities marginalized from the mainstream of development. As we celebrate 25 years of our journey, we share our joy with you and stand in solidarity to face the challenges that lie ahead. Together, hand in hand, we promise to overcome future obstacles and believe that success is attainable.



Nitra Bahadur Deuja
Acting Chairperson



Dr. Khem Bahadur Karki
Founder Chairperson

विषयसूची

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२५ वर्ष पुरा गर्यौं, यात्रा निरन्तर छ

दिगो विकास र सकारात्मक परिवर्तन विना समाजको विकास हुँदैन । यसका लागि समाजका सबैखाले अवयवहरूको एकीकृत र बहुपक्षिय संलग्नता अनिवार्य हुन्छ भन्ने सिद्धान्तमा आधारित रहेर स्थानीय एकीकृत विकास समाज नेपाल (सोलिड नेपाल)को स्थापना भएको हो । एकीकृत विकासका लागि समाजमा रहेका विविध पक्षहरू मध्ये जनस्वास्थ्य प्रमुख हो । यसलाई नै प्राथमिकतामा राखेर बहुपक्षिय संलग्नता हुनेगरी एकीकृत सोचका साथ संस्थाले कार्य आरम्भ गरेको थियो ।

स्थापना कालदेखि नै युवा किशोरकिशोरीहरूको यौन तथा प्रजनन स्वास्थ्य, आमा र शिशुको स्वास्थ्य, परिवार नियोजन, नसर्ने रोगहरू, बाल विवाह, स्वास्थ्य क्षेत्रका जनशक्ति व्यवस्थापन र अन्य यस्तै विषयहरूमा कार्यक्रमहरू, अध्ययन अनुसन्धानहरू, तालिम, पैरवी, गोष्ठीहरू सञ्चालन गर्दै आइरहेको छ । तथ्य तथ्याक्त संकलन गर्ने, समुदायमा रहेका तथ्य र वस्तुस्थितिलाई बाहिर ल्याएर सरोकारवाला निकायसँग छलफल सम्वाद गर्ने, सुसुचित गराउने, आम संचारका माध्यमबाट सूचना सम्प्रेषण गरी जनमत सृजना गर्ने, तालिम र सामुदायिक परिचालनका माध्यमबाट व्यवहार परिवर्तन गर्ने कार्यमा निरन्तर संलग्न भइरहेको छ । यो संस्था विश्वमा नै बढ्दै गैरहेको नसर्ने रोग र तीनका जोखिम तत्वहरूको पहिचान र न्यूनीकरण जस्ता ज्वलन्त स्वास्थ्य सवालहरूमा काम गर्ने संस्थाको रूपमा समेत स्थापित भई सकेको छ । संस्थाले सम्पन्न गरेका यौन तथा प्रजनन स्वास्थ्य र अधिकार, स्वास्थ्यका लागि मानव संसाधन, मातृ तथा शिशु स्वास्थ्य, परिवार नियोजन, गर्भपतन र नसर्ने रोगसँग सम्बन्धित अध्ययन अनुसन्धान र यससँग सम्बन्धित विभिन्न गतिविधिहरूले समग्रमा स्वास्थ्य क्षेत्र विकासलाई योगदान पु-याएको छ ।

मिति २०५५ मङ्सिर २२ गते काठमाडौं जिल्ला प्रशासन कार्यालयमा दर्ता नम्बर ४४५।०५५।०५६ मा स्थानीय एकीकृत विकास समाज नेपाल (सोलिड नेपाल)को संस्थापक अध्यक्ष श्री खेम बहादुर कार्की, संस्थापक उपाध्यक्ष श्री राम बहादुर श्रेष्ठ, संस्थापक सचिव श्री राजेन्द्र कुमार गिरी, संस्थापक कोषाध्यक्ष श्री रामचन्द्र सिलवाल, संस्थापक सदस्यहरू श्री ध्रुव गौतम, श्री राधा गुरुङ्ग र श्री मन्दिरा पौडेल हुनुहुन्थ्यो ।

शुरुका दिनमा भौतिक क्षमताको हिसाबले कमजोर रहेको भएपनि प्राविधिक तथा व्यवस्थापकीय क्षमता अब्बल रहेको हुँदा संस्थाको निरन्तर विकास र प्रगति भएको छ । हाल भौतिक प्राविधिक र व्यवस्थापकीय क्षमताको हिसाबले संस्था राष्ट्रिय तथा अन्तराष्ट्रिय क्षेत्रमा प्रतिस्पर्धा गर्न सक्ने क्षमता राख्दछ ।

संस्थागत लक्ष्य तथा उद्देश्यहरू

संस्थाको दुरदृष्टी: सबैका लागि अभि खासगरी बिपन्न, जोखिममा रहेका र अवसर नपाएका र सामाजिक रूपले पछाडि पारिएका ब्यक्ति तथा समुदायहरूको लागि स्वस्थ र उत्पादनशील जीवनयापन गराउने ।

ध्येय: सबैको पहुँच हुनेगरी एकीकृत बिकासका कार्यक्रम मार्फत लक्षित समुदायको स्वास्थ्य र स्वास्थ्य सम्बन्धी ब्यबहार परिवर्तन गराउने र सबैको समान सहभागिता सुनिश्चित गराउने ।

संस्थागत उद्देश्यहरू

- अध्ययन अनुसन्धानको माध्यमबाट यौन र प्रजनन स्वास्थ्य, नसर्ने रोगहरू र अन्य स्वस्थ ब्यबहारका बारेमा तथ्यतथ्यांक र वस्तुस्थिति सहितको प्रमाणहरू संकलन गर्ने ।
- युवा किशोरकिशोरीहरू, महिला बालबालिकाहरूको यौन तथा प्रजनन स्वास्थ्य सुधारका लागि सम्बन्धित सरोकारवालाहरूसँग छलफल, बहसपैरवी गर्ने ।
- यौन तथा प्रजनन स्वास्थ्य, नसर्ने रोगहरूको बारेमा काम गर्ने संस्थाहरूको क्षमता अभिवृद्धिमा सहयोग गर्ने ।
- विभिन्न निकायहरू सँग समन्वय र सहकार्य गरी नसर्ने रोगहरूको जोखिमहरू र यसका रोकथामका बारेमा कार्यक्रमहरू संचालन गर्ने ।
- यौन तथा प्रजनन स्वास्थ्यलाई अन्य बिषय क्षेत्र जस्तै शिक्षा, कृषि, सूचना संचार,

बन आदि सँग अन्तर सम्बन्धित र एकीकृत गरी युवा किशोरकिशोरी, महिला बालबालिकाहरूको अर्थपूर्ण सहभागितामा उनीहरूलाई गुणस्तरीय यौन प्रजनन स्वास्थ्य शिक्षा, सूचना र सेवाको उपभोग गर्न सहयोग गर्ने ।

- समाजमा रहेका सकारात्मक सफल अभ्यासहरूलाई प्रबर्धन गरी हानिकारक परम्परागत विश्वास र ब्यबहारलाई तथ्यका आधारमा परिवर्तन गर्दै जान जीवन उपयोगी सिप र शिक्षालाई प्रबर्धन गर्ने ।

साधारण सदस्यहरू तथा कार्यसमितिका सदस्यहरू

संस्थाले आफ्नो विधान २०५५ को परिच्छेद ३ (ख) अनुसार हालसम्म ३३ जना साधारण सदस्यहरू विस्तार गरेको छ । सोही विधानको परिच्छेद ३ (च) अनुसार संस्थाले हालसम्म २२ वटा वार्षिक साधारण सभा सम्पन्न गरिसकेको छ ।

२५ वर्षको संस्थाको इतिहासमा हालसम्म सबैभन्दा धेरै कार्यसमितिको अध्यक्ष भएर डा. खेम बहादुर कार्कीले नेतृत्व सम्हालनु भएको छ भने डा. राजेन्द्र कुमार गिरि, श्री रामचन्द्र सिलवाल, डा. बालकृष्ण रज्जित र श्री क्षितिज आचार्यले आ-आफ्नो कार्यकालमा कार्यकारी समितिको अध्यक्षको हैसियतमा नेतृत्व सम्हाल्नु भएको छ ।

संस्थाको स्थापना कालदेखि हालसम्म १६ पटक कार्यसमिति पुनर्गठन तथा विस्तार भएको छ । संस्थाको विधान अनुसार साधारण सदस्यहरू मध्येबाट प्रत्येक २-२ वर्षमा नयाँ कार्यसमिति पुनर्गठन हुँदै आएको छ भने बीचबीचमा आवश्यकता अनुसार सदस्यहरू थपघट हुँदै आएको पनि छ । संस्थाको अविच्छिन्न विकासका लागि कार्यसमितिमा रहेर हालसम्म २८ जना व्यक्तिहरूले संस्थाको कर्मचारीहरू र कार्यक्रम व्यवस्थापनमा उल्लेख्य योगदान गर्नु भएको छ ।

संस्थागत विकास

संस्थाले काम गर्दै सिक्दै जाने क्रममा नेपाल सरकारको विद्यमान नीतिसँग नबाफिने गरी आफ्नै छुट्टै वित्तीय नीतिहरू र कर्मचारी प्रशासन नीतिहरू तयार गरी लागु गरिरहेको छ । संस्थाको आन्तरिक व्यवस्थापन र क्षमता मुल्याङ्कनका लागि यस्ता नीतिहरू सहयोगी बनेका छन् ।

सोलिड नेपालले समय समयमा कर्मचारीको कार्य सम्पादन मुल्याङ्कन अभ्यास गर्दै प्रोत्साहन र पुरस्कारको व्यवस्था गरिरहेको छ । यसका लागि 360 Degree Appraisal लाई उपयोग

गरिएको छ । संस्थाको आन्तरिक लेखा प्रणालीलाई व्यवस्थित र पारदर्शी बनाउनका लागि लेखा व्यवस्थापन कम्प्युटर प्रणालीमा राख्ने गरिएको छ ।

संस्थाले नियमानुसार हरेक वर्ष आन्तरिक लेखा परिक्षण गरि नेपाल सरकारलाई तिर्नु पर्ने कर समयमा नै तिरेको छ।हरेक वर्ष आन्तरिक राजश्व कार्यालयबाट कर चुक्ता प्रमाणपत्र लिएको छ । यसबाट संस्थालाई नियमानुसार जिल्ला प्रशासन कार्यालय र अन्य निकायमा नियमित नविकरण गर्न सहज भएको छ ।

संस्थागत संलग्नता र आवद्धता

संस्था विधिवत रूपमा दर्ता भएपछि मिति २०५५ पौष २१ गते समाज कल्याण परिषदमा आवद्धता नम्बर ८१५५ मा दर्ता भएर नियमित नविकरण हुँदै आएको छ ।

सन् २०१२ मा स्थापना भएको वालबिबाह अन्त्यका लागि राष्ट्रिय सञ्जाल बालिका दुलही हैनन् (Girls Not Brides, National Partnership, Nepal) नेपालको संस्थापक सचिवालय संस्थाका रूपमा सोलिड नेपालले २ कार्यकालको जिम्मेवारी पुरा गरिसकेको छ । यस अवधिको कार्यकालमा GNB नेपालले महिला बालबालिका तथा समाज कल्याण मन्त्रालयको अगुवाईमा युनिसेफको आर्थिक सहयोगमा नेपालमा बालबिबाह अन्त्य गर्ने राष्ट्रिय रणनीति २०७२ निर्माण गरिएको थियो ।

गैरसरकारी संस्था महासंघ नेपाल, गैर सरकारी संस्था समन्वय समिति, एचआईभी एड्स विरुद्धमा काम गर्ने गैर सरकारी संस्थाहरूको राष्ट्रिय सञ्जाल (NANGAN) र प्रजनन स्वास्थ्य समन्वय समिति (RHCC)को सदस्यका रूपमा संस्थागत आवद्धता रहेको छ । नेपालमा वृहत् यौनिकता शिक्षाको लागि गठन गरिएको कार्यदल (Comprehensive Sexuality Education taskforce) को सदस्यका रूपमा सोलिड नेपाल अनुबन्धित छ । त्यसैगरी स्वास्थ्य क्षेत्रको मानव संसाधन व्यवस्थापनका लागि नागरिक समाजको स्तरबाट गठन गरिएको HRH Alliance को पनि सदस्य रहेको छ । नेपालमा अपाङ्गता भएका व्यक्तिहरूलाई समुदायमा पुनर्स्थापना गर्न र उनीहरूको अधिकारका लागि कार्यरत गैरसरकारी संस्थाहरूको सञ्जाल (CBR National Network) को सदस्य रहेको छ ।

पटक पटक विभिन्न परियोजनाहरू सञ्चालनका क्रममा संस्थाले सहकार्य र समन्वय गर्न सकेको संस्था तथा निकायहरू यस प्रकार रहेका छन् ।

1. Ama Milan Kendra, Lalitpur
2. Astha Forum of Infrastructure Development (AFID), Sankhuwasabha
3. Bal Kalyan Samaj, Makawanpur
4. Bhandara Hospital, Rapti Municipality, Chitwan
5. Bharatpur Hospital, Chitwan
6. BPKIHS Dharan
7. Community Development Forum (CDF) Dolakha
8. Community Rural Development Society Nepal (CRDS-Nepal), Darchula.
9. Concerned Women for Family Development (CWFD) Bangladesh
10. CREHPA
11. Curriculum Development Centre(CDC) of Ministry of Education (MOE)
12. CWIN
13. European Union (EU)
14. Faculty of Education, TU
15. Family Planning Association of Nepal (FPAN)
16. Girls Not Brides (GNB) Nepal
17. GIZ
18. Gramin Mahila Srijansil Pariwar (GMSP) Sindhupalchock
19. Handicap International
20. Health Care International Consultancy
21. Helen Keller International, Nepal
22. Hospital and Rehabilitation Centre for Disabled Children (HRDC)
23. HURRENDEC Udayapur,
24. Indreni Social Development Forum (ISDF), Kapilvastu
25. International Medical Corps (IMC)
26. Ipas Nepal
27. Japan International Cooperation Agency (JICA) Nepal
28. Japan International Medical Technology Foundation (JIMTEF), Japan
29. Kapilvastu Integrated Development Services (KIDS), Kapilvastu
30. MaiJogmai Rural Minicipality, Ilam
31. Mallarani Rural Development Concern Center (MRDCC), Pyuthan and
32. MAMTA- Health Institute for Mother and Child, India
33. ManaMohan Hospital, Swayambhu, Kathmandu
34. Manekor Society Nepal (MSN) Rasuwa
35. Merlin Nepal
36. Ministry of Health and Population
37. MSR Beijing
38. National Center for Non Formal Education, MOE
39. Nepal Health Sectors Support Program (NHHSP), DFID
40. Nepal Red Cross Society
41. National Health Education Information and Communication Centre (NHEICC)
42. Nova Lab, Gwarkho
43. One Step Ahead Foundation
44. Physicians for Social Responsibility –Finland
45. Plan International Nepal
46. Provincial Hospital Bhadrapur, Jhapa
47. PSI Nepal
48. Public Awareness Campaign Nepal ,
49. Rotary Club of Kathmandu Midtown
50. Rural Institute for Community Development (RICOD) Lalitpur
51. Rural Institution for Community Development (RICOD), Lalitpur
52. SASANE
53. Save the Children
54. Simavi, the Netherlands
55. Social Development Ministry, Bagmati Province, Hetauda
56. Starlight International
57. UNFPA
58. UNICEF Nepal
59. University of Southampton, UK.
60. World Health Organization (WHO)
61. World Vision International



संस्थाले हालसम्म गरेका कार्यक्रमहरू

गैर-सरकारी संस्था भएकोले आफ्नै स्रोतमा कार्यक्रम सञ्चालन गर्न सोलिड नेपालले सकिरहेको छैन । साभेदार संस्थाहरू र निकायहरूले आव्हान गरेका परियोजना प्रस्तावहरूमा प्रतिस्पर्धा गरेर नै सोलिड नेपालले अहिलेसम्मका परियोजनाहरू सञ्चालन गरिरहेको छ । त्यसैले द्विपक्षीय र बहुपक्षीय सहयोग नियोगहरू, अन्तर्राष्ट्रिय गैर सरकारी संस्थाहरू, नेपाल सरकार र स्थानीय सरकारहरू नै सोलिड नेपालका हालसम्मका परियोजना साभेदार संस्थाहरू रहेका छन् । सोलिड नेपालले समुदायमा आधारित कार्यक्रमहरू, समुदायमा रहेका तथ्य विवरणहरूलाई अध्ययन अनुसन्धानका माध्यमबाट बाहिर ल्याउने, बहस पैरवीका तथा व्यवहार परिवर्तनका सामग्रीहरू उत्पादन गर्ने, तालिम निर्देशिका तयार गर्ने, नेपाल सरकारका नीति तथा रणनीतिका मस्यौदाहरू तयार गरिदिने जस्ता कार्यक्रमहरू सञ्चालन गरिसकेको छ । हालसम्म सञ्चालन गरेका कार्यक्रमहरूको सूची तालिका नं ३ मा दिइएको छ ।

सोलिड नेपाल स्थापना पश्चात हरेक वर्ष कुनै न कुनै परियोजनाहरू सञ्चालन गरिरहेको छ । कहिले ठुलो परिमाणको वित्तिय स्रोत भएका परियोजनाहरू सञ्चालन गरेको छ भने कहिले साना साना परिमाणका साना परियोजनाहरू पनि सञ्चालन गरिरहेको छ । आर्थिक वर्ष २०६५/०६६ सम्म वार्षिक ने रु एक करोड भन्दा कम स्रोतका परियोजनाहरू सञ्चालन गर्दै अनुभव र पहिचान हासिल गर्दै गयो । फलस्वरूप आर्थिक वर्ष २०६६/०६७ देखि अहिले सम्म सोलिड नेपालले परियोजना सञ्चालनमा वार्षिक ने रु एक करोड भन्दा माथिको वार्षिक कारोवार गर्दै आइरहेको छ । यद्यपि वार्षिक कारोबार भने परियोजना आकारसँगै सँधै एकनासको रहेको छैन ।

संस्थागत सिकाई र अनुभवहरू

- स्थापनाको २५ वर्षको अनुभवमा सोलिड नेपालले हासिल गरेको संस्थागत सिकाई र अनुभवहरूलाई यसरी बुँदागत रूपमा उल्लेख गर्न सकिन्छ ।
- संस्थाले नयाँ र चुनौतीपूर्ण परियोजनाहरू सफलतापूर्वक सञ्चालन गरिसकेको छ । यसबाट अब आउने दिनहरूमा थप चुनौतीहरूलाई व्यवस्थापन गर्ने सामर्थ्य राख्दछ ।
- यौन स्वास्थ्य र यौनिकताको विषयमा जनमत तयार गर्ने, समन्वय गर्ने र कार्यक्रमको रूपमा स्वीकार गर्ने अवस्था सिर्जना गर्न संस्थाको अहम भूमिका रहेको छ । यसैमा संस्थाको पहिचान स्थापित हुन सकेको छ ।

- सोलिड नेपालले विश्व स्वास्थ्य संगठनको नसर्ने रोगहरूको जोखिम सम्बन्धी अनुसन्धान (STEP Survey) लगातार तीन पटकसम्म सफलतापूर्वक सञ्चालन गरी सम्पन्न गर्यो । यसबाट संस्थाले राष्ट्रिय तथा अन्तर्राष्ट्रिय स्तरका सर्वेक्षणहरू, अनुसन्धानहरू गर्न सक्ने क्षमता स्पष्ट देखाउन सफल रह्यो ।
- सोलिड नेपालले सन् २०१०-२०१३ सम्ममा स्वास्थ्य क्षेत्रका जनशक्ति व्यवस्थापनमा मर्लिन/सेभ द चिल्ड्रेनसँगको सहकार्यमा राष्ट्रिय स्तरको सर्वेक्षण गरी पाइलट परियोजना सञ्चालन गर्यो । त्यसपछि विषयको गम्भिरतालाई मुल्याङ्कन गरी नेपाल सरकार, स्वास्थ्य तथा जनसङ्ख्या मन्त्रालय, स्वास्थ्य सेवा बिभागबाट हरेक २-२ वर्षमा प्रकाशन हुने स्वास्थ्यको वार्षिक प्रतिवेदन (Health Annual Report) मा स्वास्थ्य जनशक्तिको तथ्याङ्क विवरणहरू नियमित रूपमा प्रकाशन गर्दै आइरहेको छ ।
- सोलिड नेपालले जापानको जिमटेफसँगको सहकार्यमा भक्तपुर जिल्ला दिर्घ दमखोकी रोकथाम तथा नियन्त्रणको परियोजना २ चरणमा सञ्चालन गरेको थियो । यस परियोजनामा स्वास्थ्यकर्मी तथा बिरामी र बिरामीको घरपरिवारका सदस्यलाई छातीको पुनस्थापना व्यायाम गर्न सिकाउने पोष्टरलाई नेपाल सरकारले प्राथमिक स्वास्थ्य सेवा अन्तर्गत नसर्ने रोगहरूको रोकथाम र नियन्त्रणका लागि प्रशिक्षक प्रशिक्षण निर्देशिका (PEN Package) मा जस्ताको तस्तै समावेश गरी प्रकाशन गरेको छ । यसबाट सोलिड नेपालले सञ्चालन गरेको परियोजनाको महत्व र जिम्मेदारी अभि प्रष्ट हुन्छ ।
- सोलिड नेपालले नेदरल्याण्डको सिमावी संस्थाको वित्तिय सहयोग र किङ्स कपिलवस्तु संस्थासँगको सहकार्यमा सुरक्षित मातृत्व र सरसफाई सम्बन्धीको ३ वर्षे परियोजना सफलतापूर्वक सम्पन्न गर्‍यो । दुई फरक फरक विषयलाई अलग अलग संस्थाले एउटै समुदायमा एउटै परियोजनाको रूपमा सञ्चालन गर्नु आफैमा सिकाई परियोजना थियो । यसबाट अबका दिनमा कुनै पनि समुदायमा यस्तै प्रकृतिका परियोजना सञ्चालन गर्न सोलिड नेपाल सक्षम रहेको छ ।
- परियोजना सञ्चालनका क्रममा संस्थाले परियोजना प्रस्ताव तयार गर्ने, प्रतिस्पर्धामा उत्र्न सक्ने, फरक समुदायमा परियोजनाहरू सञ्चालन गर्ने, सम्वद्ध सबै पक्षसँग समन्वय गर्ने, परियोजनाको लक्षित उद्देश्य पुरा गर्न आवश्यक तत्कालिन कार्यान्वयन रणनीतिहरू अवलम्बन गर्ने क्षमताको विकास गरेको छ ।

- सामाजिक तथा जनस्वास्थ्यका विविध बिषयहरू जस्तै यौन तथा प्रजनन स्वास्थ्य, सुरक्षित मातृत्व, परिवार नियोजन, किशोरकिशोरी स्वास्थ्य, दीर्घ दमखोकी तथा नसर्ने रोगहरू, बाल बिवाह, घरेलु तथा यौन हिंसा आदिका बारेमा तालिम निर्देशिका तयार गर्ने, तालिम सामग्रीको निर्माण गर्ने, व्यवस्थापन गर्ने र तालिम सञ्चालन गर्ने क्षमताको विकास गरेको छ ।
- संघ, प्रदेश तथा स्थानीय सरकारका लागि तथ्यमा आधारित परिणाममुखी नीति, योजना, कार्यनीति र रणनीतिहरूको मस्यौदा तयार गरिदिने अनुभव हासिल गरेको छ । यसबाट संस्था र यसमा कार्यरत कर्मचारीहरूको विषयविज्ञताको पहिचान हुन पुगेको छ ।
- संस्थाले शुरुदेखि अवलम्बन गरेको सर्वपक्षीय सामाजिक विकासको अवधारणा (holistic approach of development)लाई पछिल्लो समय विश्वले अवलम्बन गरेको दिगो विकास लक्ष्यसँग मिल्न गएकोमा संस्थाले दुरदर्शीता कायम राखेको स्पष्ट देखिन्छ ।
- सोलिड नेपाल परियोजना कार्यक्रमहरू र राष्ट्रिय अन्तर्राष्ट्रिय अध्ययन अनुसन्धानहरू सञ्चालन गर्ने संस्था भएकोले यसले समुदाय लक्षित विकास कार्यक्रम र अनुसन्धान परियोजनाहरू सञ्चालन गर्ने सामर्थ्य राख्दछ । यसै क्रममा सोलिड नेपालले चीनको MSR Beijing संस्थाले Clinical Research Organization (CRO)को रूपमा नेपालमा गर्न चाहेको कोरोना औषधी (खोप)को तेस्रो चरणको क्लिनिकल ट्रायललाई स्थानीय साभेदार संस्थाको रूपमा कार्य गरी २ वटा फरक फरक अध्ययन खोपको फरक फरक अध्ययन परियोजना सम्पन्न गरिसकेको छ । यसबाट संस्थाको यस प्रकारको अनुसन्धानलाई व्यावस्थापन गर्ने, सञ्चालन गर्ने अनुभव प्राप्त गरेको छ ।

सोलिड नेपालले हालसम्म सञ्चालन गरेका परियोजना तथा कार्यक्रमहरू

SN	Year	Duration/Period	Partnership	Project
1	1998	1998- 2001	School Health Program (SHP)	PLAN Nepal
2	2001	2001-2004	Safe Passages to Adulthood	DFID Funded programme in conjunction with University of Southampton, UK.
3	2003		Surveillance of Risk Factors for Non-Communicable Diseases in Nepal National level WHO STEP wise Non-Communicable Disease Risk Factors survey 2003	WHO
4	2005		National level WHO STEP wise Non-Communicable Disease Risk Factors survey 2005	WHO
5	2007	2007/08	National level WHO STEP wise Non-Communicable Disease Risk Factors survey 2007/08	WHO
6	2008	2008	Development of a National package for integration of prevention of mother to child transmission (PMTCT) of HIV and Sexual Reproductive Health (SRH) in Nepal	UNFPA
7	2008	2008	Development of Implementation Guide on Adolescent Sexual and Reproductive Health For District Health Managers	Ministry of Health and Population with the support of WHO.
8	2009	2009	Development of Non-Communicable Disease Prevention and Control Policy and Programme for Ministry of Health and Population, Government of Nepal	WHO

9	2009	2009-2014	'Improving Reproductive and Sexual Health of Young People by Increasing the Age at Marriage in India, Nepal and Bangladesh	European Union and MAMTA-India
10	2010	2010	Baseline survey on 'Disability Status in Paediatric Population' in Makwanpur, Chitwan and Dhading districts under the project 'Comprehensive Rehabilitation of Children with Disabilities'	HRDC
11	2010	2010 – 2014	"Gender Transformative Approaches for Improving Sexual and Reproductive Health of Young People in Nepal"	Physicians for Social Responsibility – Finland
12	2011	2011-2014	"Support to Health Workforce through Civil Society Engagement" in Nepal	European Union and in partnership with Merlin Nepal/Save the Children
13	2011	2011	A qualitative research on 'Young women and Abortion in Rupandehi: A Situation Assessment Report'	Ipas Nepal
14	2011	2011	A qualitative research on 'Situation Assessment on Young Women Factory Workers and Abortion in the Kathmandu Valley	Ipas Nepal
15	2011	2011	An operational research (OR) on "Barriers to Effective Policy Implementation and Management of Human Resources for Health in Nepal	EU and Merlin
16	2011	Jan.-Apr. 2011	A qualitative research on "Hairdresser's Knowledge, Attitude and Practice on Adolescent Sexual & Reproductive Health and HIV/AIDS	FPAN

17	2012	2012	A national level research on 'Child Marriage in Nepal	Plan Nepal, Save the Children and World Vision International
18	2013	2013	A national census of HRH to reflect the current scenario of HRH working in the public and private health sectors in Nepal	NHSSP and WHO
19	2014	April 2014 to February 2015	Developing a National Strategy to End Child Marriage in Nepal based on formative research and different layers of stakeholder's consultation'	UNICEF Nepal and collaboration with Girls Not Brides (GNB) Nepal
20	2014	2014	Assessment of FM Radio Program on Sexual and Reproductive Health and Rights in Selected Districts	GIZ and NHEICC
21	2014	2014	Formative research on developing the National strategy to end child marriage in Nepal	UNICEF
22	2015	August 2015 to February 2015	Review of 'Series of IEC Booklets on Adolescent Sexual and Reproductive Health and Rights' based on stakeholder's consultation and desk review	GIZ for National Health Education Information and Communication Center (NHEICC)
23	2015	November 2015 to November 2016	'Strengthening Adolescent Sexual and Reproductive Health and Rights Services in Gorkha, Nepal'	International Medical Corps
24	2015	15 November 2015 to 31 December 2017	Improving Sexual and Reproductive Health and Rights of Young People by their Empowerment in Ilam District of Nepal'	Simavi, the Netherlands
25	2015	2015	Assessment and Documentation of Client Oriented Provider Efficient (COPE) APPROACH in Safe Abortion Services	Ipas Nepal



26	2015	2015	Assessing provider knowledge and attitude towards Intra Uterine Contraceptive Device (IUCD) and Medical Abortion (MA) (Round-II)	PSI Nepal
27	2015	2015	Baseline Survey Including Formative Research of Reaching to Unreached Project on MNCH in Banke and Baitadi Districts	Save the Children
28	2015	April 2015 and will be ended at March 2018	Early Rehabilitation Support Project for Patients with Respiratory Disease in the Kathmandu Valley—Promotion of Respiratory Rehabilitation	Japan International Medical Technology Foundation (JIMTEF), Japan
29	2017	June – December 2017	Development of Online Portal for Youth and Adolescent sexual and Reproductive Health and Rights	Plan International Nepal
30	2017	2017	Formative Research on Adolescent Girl's knowledge on Sexual and Reproductive Health and Rights (SRHR) and Nutrition Status for SABAL Project in Udayapur District	Helen Keller International, Nepal
31	2018	March-June 2018	माइजोमाई गाउँपालिकाको एकीकृत बस्तुगत विवरण सर्वेक्षण	Maijogmai Gaun Palika, Ilam
32	2019	May – November 2019	Revision of Facilitator's Training Manual of Minimum Initial Service Package (MISP) for SRH Services during Emergency Response	Nepal Red Cross Society and UNFPA
33	2019	1 January 2019- 15 July 2022	“Safe Motherhood through SRHR & WASH Interventions: Kapilvastu Learning Project	Simavi, the Netherlands

34	2019	Feb-2019-Feb-2022	‘Early Rehabilitation Support Project for Patients with Respiratory Disease in the Kathmandu Valley- Wide-area Development of Respiratory Rehabilitation Services’	Japan International Medical Technology Foundation (JIMTEF)
35	2019	2019	Feasibility Study of Integrated Medical Health Services and Recommended Model for Integration in Province Number 3	Social Development Ministry, Government of Province Number 3, Hetauda
36	2019	2019	Medical Facility and Equipment of Specialized and Top Referral Public Hospitals in Kathmandu Valley	Japan International Cooperation Agency (JICA) Nepal
37	2021	July 2021-August 2023	Global Phase III Clinical trial on Recombinant COVID-19 Vaccine (Sf9Cells) in Nepal	MSR Beijing
38	2021	October 2021-December 2021	End Line Evaluation of Strengthening multi-sectorial, convergent approach (inter-sectorial convergence) to address child marriage in Nepal- Selected municipalities of Rautahat and Parsa District of Nepal”	CREHPA
39	2022	May 2022-November 2023	Global Phase III Clinical trial on Two component COVID-19 Vaccine (Cho Cell) in Nepal	MSR Beijing

हाल सम्मको साधारण सभा विवरण

AGM	Date	मिति (M/D/Y)	उपस्थिति
1	21 Apr 2001	2058/01/01	14
2	07 Sept 2002	2059/05/22	20
3	20 Dec 2003	2060/09/05	20
4	24 Dec 2005	2062/09/09	16
5	30 Dec 2006	2063/09/15	16
6	5 Jan 2008	2064/09/21	23
7	4 October 2008	2065/06/18	24
8	18 Sept 2009	2066/06/02	27
9	4 Nov 2010	2067/07/18	21
10	22 Oct 2011	2068/07/05	22
11	19 Oct 2012	2069/07/03	25
12	21 Aug 2013	2070/05/05	19
13	18-Oct-2014	2071/07/01	१९
14	17-Oct-2015	2072/06/30	18
15	1-Oct-2016	2073/06/15	18
16	19-Sep- 2017	2074/06/03	17
17	1-Sep-2018	2075/05/16	16
18	17-Aug-2019	2076/04/32	18
19	22-Nov-2020	2077/08/07	16
20	19-Sep-2021	2078/06/03	12
21	5-Nov-2022	2079/07/19	17



Health Systems Strengthening

SOLID Nepal played a role in enhancing health systems, notably through a project focusing on Human Resources for Health (HRH). In 2006, the World Health Organization emphasized a global HRH crisis, cautioning that without prompt management of HRH, the achievement of Millennium Development Goals (MDGs) would be challenging. Nepal, among 57 countries facing an HRH crisis, experienced a chronic shortage of healthcare professionals. In light of this information, SOLID Nepal collaborated with international partners, including Merlin Nepal, Save the Children, and the European Union for engaging into addressing the issue of human resource for health. Together, they undertook a project titled 'Support to Health Workforce through Civil Society Engagement' from 2010 to 2013. The aim was to enhance healthcare delivery in Nepal by reinforcing the development and implementation of Human Resources for Health (HRH) policies.

We conducted operational research in the first year to comprehend issues and problems within the human resource management system. We published reports covering six different themes. Here's a summary of our findings and recommendations.



Theme 1: Distribution and Skill Mix of HRH in Nepal

There's a shortage of doctors and other health professionals in public sectors, especially in rural areas. The skills of those in the health sector haven't kept pace with evolving disease trends and technological advancements. The available data on HRH is limited and unclear.

Theme 2: Training, Recruitment, Placement, and Retention of Health Professionals

Disparities exist in access to medical education, and there are insufficient regulatory mechanisms for recruitment, placement, and promotion, resulting in retention issues and shortages. Public-Private Partnerships (PPPs) have the potential to enhance access to quality healthcare by improving training, recruitment, and placement of health staff.

Theme 3: Health Workforce Performance and Accountability

An effective recruitment system and increased investment in permanent positions are necessary. A more decentralized system is needed to facilitate better information on staff availability and more suitable deployments.

Theme 4: Human Resources for Health Management from Central to District Level in Nepal

While health legislation and policy are well-developed and unbiased, nepotism in promotion and transfer, along with inequitable systems due to partial decentralization, is prevalent. The information system is outdated, cumbersome, and underutilized as a management tool.



Theme 5: Working Conditions of the Health Workforce in Nepal

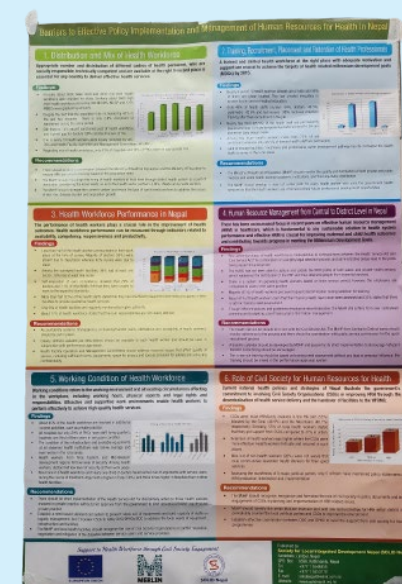
Poor working conditions compromise the supply, retention, and quality of care of the health workforce. Recommendations focus on improving human resource management, equipment and supplies, and implementing a more robust monitoring system, especially for incentive-based programs related to maternal and child health outcomes.

Theme 6: Training, Recruitment, Placement, and Retention of Health Professionals

There's a gap in policy implementation, health sector decentralization, and Civil Society Organizations (CSOs) involvement in improving HRH. Among the manifestos of nine political parties, only five mention policy statements on HRH production, distribution, and implementation, and only one party highlights strategies involving people's participation.



The results of the operational research were extensively shared both nationally and at the district levels through the organization of workshops, creation of policy briefs, publication in journals, and, most importantly, the development and distribution of advocacy materials.



Subsequently, in the second phase or implementation stage, a pilot project was executed in five districts—Sankhuwasabha, Lalitpur, Kapilbastu, Pyuthan, and Darchula in partnership with local Civil Society Organization (CSO)

The implementing partners were:

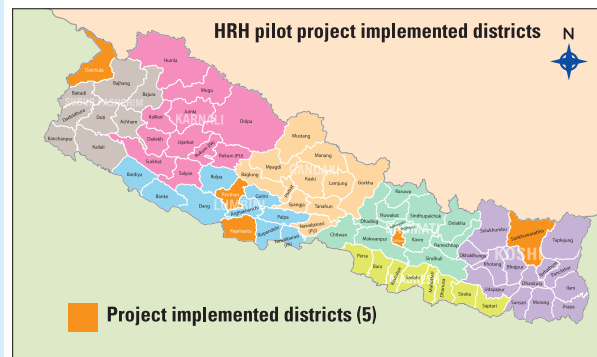
1. Astha Forum of Infrastructure Development (AFID), Sankhuwasabha
2. Rural Institution for Community Development (RICOD), Lalitpur
3. Indreni Social Development Forum (ISDF), Kapilbastu
4. Mallarani Rural Development Concern Center (MRDCC), Pyuthan and
5. Community Rural Development Society Nepal (CRDS-Nepal), Darchula.

The partners undertook various activities, including:

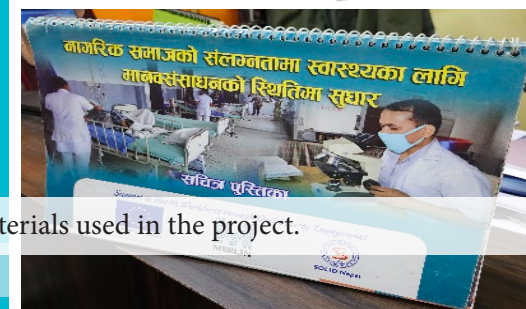
- Reforming and reactivating the Health Facility Operation and Management Committee (HFOMC) at local health posts and Primary Health Centers (PHCs).
- Conducting Public Hearings and Social Audits with the support of other Civil Society Organizations (CSOs) and government agencies at the local level to enhance HRH management practices.
- Establishing a network for HRH alliance at the district level among like-minded organizations.
- Mobilizing media at different levels to shape public opinions.

SOLID Nepal provided consistent support to the partners to ensure the effective implementation of all activities. In the end, an evaluation of the project highlighted that the total number of health service providers (of all types) increased by 15%. Four new health facilities were upgraded to birthing centers, and nine skilled birth attendant (SBA) trained health workers were recruited in the intervention area's health facilities. The first antenatal care (ANC) visits saw a 15% increase, and other indicators, such as SBA-assisted deliveries and postnatal care (PNC) visits, showed positive upward trends.

As civil society actively participated, there was a notable positive shift in people's perception towards health workers and health institutions, resulting in an increased utilization of services. This means, if there is an effort, we will definitely have the positive changes.



Support to Health Workforce through Civil Society Engagement
Best Practices and Lessons from Pilot Project on Human Resources for Health in Nepal
2014



IEC & BBC Materials used in the project.

HRH Profiling in Nepal

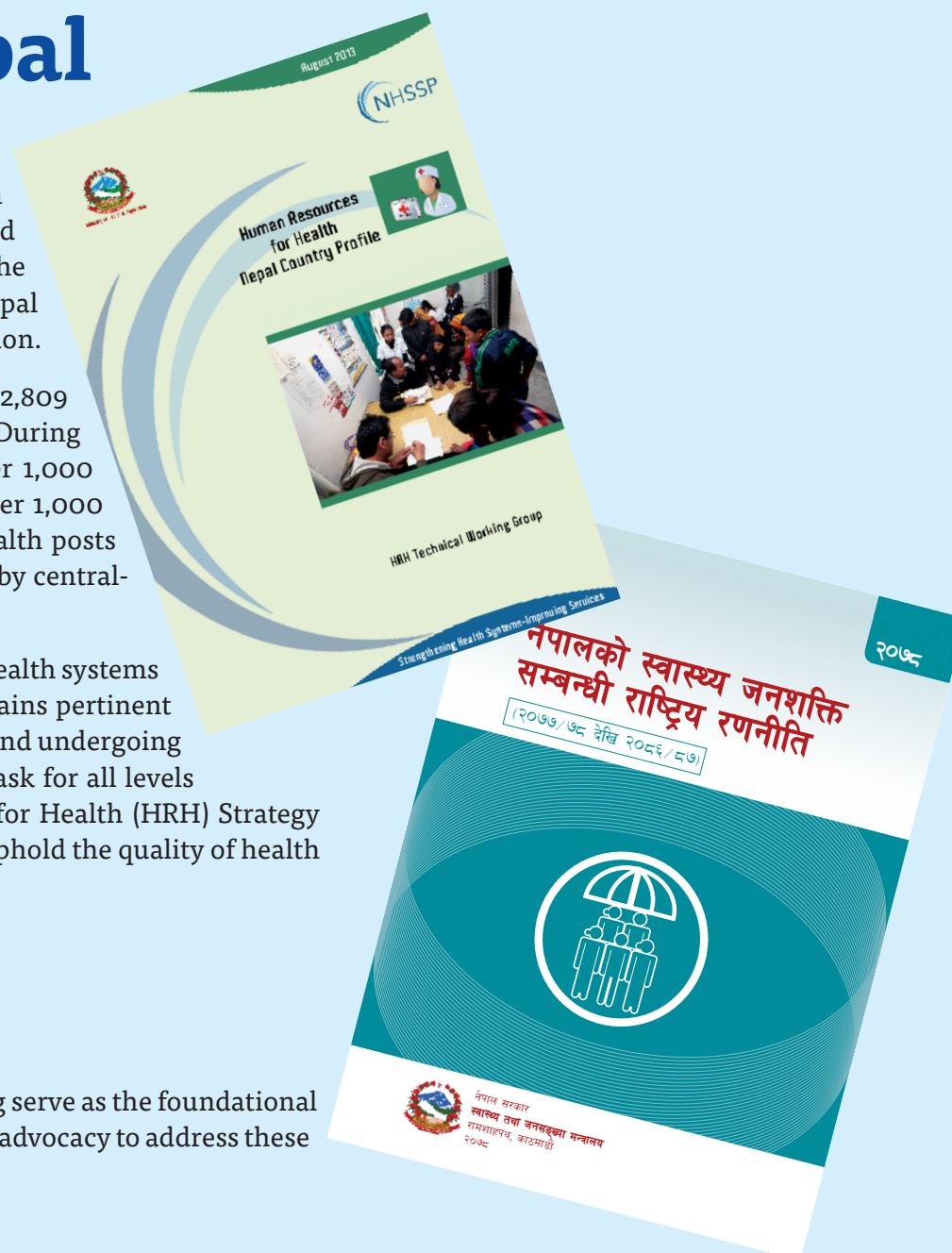
In 2013, SOLID Nepal conducted a nationwide census of Human Resources for Health (HRH) to depict the existing situation of HRH employed in both public and private healthcare sectors in Nepal. This initiative aimed to support the Ministry of Health and Population (MoHP) in enhancing the Human Resource Information System (HuRIS), collaborating with the Nepal Health Sector Support Program (NHSSP) and the World Health Organization.

The assessment identified a total of 54,177 health workers, comprising 32,809 from the public health sector and 21,368 from the private health sector. During that period, Nepal exhibited a ratio of 0.17 doctors and 0.50 nurses per 1,000 population, resulting in a combined figure of 0.67 doctors and nurses per 1,000 population, notably below the WHO standard. Health posts and sub-health posts held the largest share of public health workers at 12,884 (39%), followed by central-level hospitals, which accounted for 7,386 (23%) of this workforce.

SOLID Nepal has consistently advocated for the enhancement of Nepal's health systems throughout its journey. The evidence produced by the organization remains pertinent and valuable for the system. With the country adopting a federal system and undergoing restructuring, HRH management has emerged as a highly challenging task for all levels of government. Against this backdrop, the National Human Resources for Health (HRH) Strategy 2021-2030 has been formulated, focusing on four strategic directives to uphold the quality of health services in Nepal:

- HRH production and development
- HRH distribution and management
- Good governance and management leadership on HRH
- Human resource information system on HRH

We believe that the findings of the operational research and HRH profiling serve as the foundational elements for the development of this strategy. We believe, our continuous advocacy to address these issues gives positive impact on the systems too.



Tackling Non-Communicable Diseases through Innovative Projects



SOLID Nepal is a pioneering organization addressing the growing issue of chronic non-communicable diseases (NCDs) in Nepal, a significant public health concern. NCDs have become the leading cause of death in the country, constituting more than two-thirds of total fatalities, as reported in the Nepal Burden of Disease 2019 report. Projections indicate that by 2040, NCDs could be responsible for nearly 79% of all deaths in Nepal. According to the Global Burden of Disease (GBD) report, Chronic Obstructive Pulmonary Disease (COPD), Ischemic heart disease (IHD), and Stroke are the primary causes of death in Nepal due to NCDs. The impact of NCDs extends beyond health, affecting economic and social development, as individuals with NCDs often face reduced quality of life, disability, and premature death.

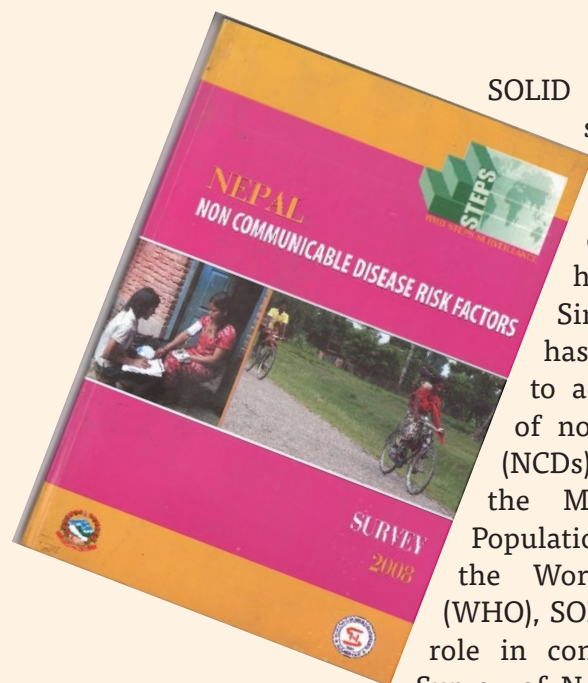
What Causes the most deaths in Nepal?

- Communicable, maternal, neonatal, and nutritional diseases
- Non-communicable diseases

Cause	2009 rank	2019 rank	Change in deaths per 100k, 2009–2019
COPD	1	1	↑ +22.1
Ischemic heart disease	2	2	↑ +18.4
Stroke	5	3	↑ +10.2
Lower respiratory infect	4	4	↓ -19.6
Neonatal disorders	3	5	↓ -26.0
Cirrhosis liver	8	6	↑ +2.8
Tuberculosis	6	7	↓ -6.6
Asthma	9	8	↑ +1.8
Diarrheal diseases	7	9	↓ -11.5
Chronic kidney disease	13	10	↑ +5.8

Top 10 causes of deaths per 100k in 2019 and rate change 2009–2019, all ages combined

Source: <https://www.healthdata.org/research-analysis/health-by-location/profiles/nepal>

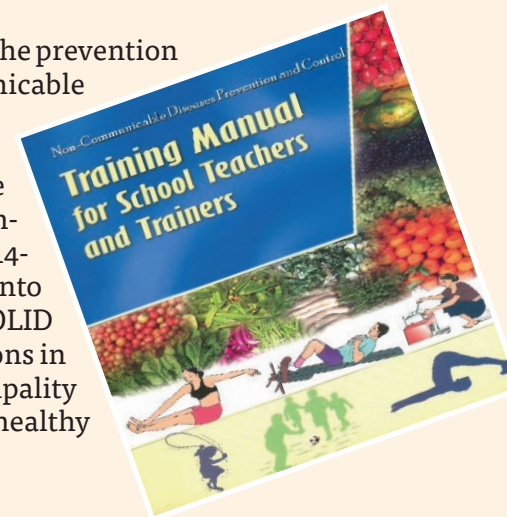


SOLID Nepal has been a supportive partner in government initiatives, demonstrating a strong commitment to promoting health and well-being. Since 2003, the organization has taken significant steps to address the pressing issue of non-communicable diseases (NCDs). In collaboration with the Ministry of Health and Population and with support from the World Health Organization (WHO), SOLID Nepal played a crucial role in conducting the WHO STEP Survey of Non-Communicable Disease Risk Factors. The survey was initially conducted in 2003 in Kathmandu and expanded to three more districts—Lalitpur, Tanahu, and Ilam—in 2005. Building on the insights gained from these surveys, SOLID Nepal conducted the national level STEPS Survey in 2007/08. It's a huge contribution to the nation that this survey is continuously carrying out by the country in every 5 years.



Photo taken with permission

Based on the findings, a policy for the prevention and control of non-communicable diseases (NCDs) was formulated in 2009. Subsequently, a multi-sectorial Action Plan for the Prevention and Control of Non-Communicable Diseases (2014-2020) was prepared and put into action. Additionally, in 2005, SOLID conducted community interventions in coordination with Lalitpur Municipality to prevent NCDs and promoting healthy lifestyles.



Furthermore, SOLID Nepal, in alignment with our mission to bridge healthcare gaps, concrete actions, including the development and dissemination of essential educational resources such as "Non-Communicable Diseases Prevention and Control: A Manual for Teachers and Trainers" was developed in 2007. This manual has been actively engaged in NCD prevention efforts and it serves as a valuable guide, equipping educators and trainers with the knowledge and tools needed to raise awareness and impart essential information about NCDs. By investing in educational resources, SOLID Nepal ensures that information about NCD prevention and control is readily accessible, empowering individuals and communities with the knowledge to lead healthier lives.



Furthermore, SOLID Nepal's dedication to NCD prevention is evident through tangible, community-based interventions. One such initiative was the "Early Pulmonary Rehabilitation Support Project for Patients with Chronic Obstructive Pulmonary Disease (COPD) in Bhaktapur, Nepal." It is an approach of comprehensive care for pulmonary disease, started from 1960, is globally popular now as Pulmonary Rehabilitation (PR) that promotes chest and breathing exercises, counselling for nutrition, smoking cessation, and psychosocial support including Activities of Daily Living (ADL) which has proven synergetic effect over medication thereby improving quality of life of patients with Chronic Lung Diseases. Pulmonary Rehabilitation also helps to reduce the use of antibiotics, steroids and bronchodilators. With the proven benefits of Pulmonary Rehabilitation for the patients with Chronic Lung Diseases, SOLID Nepal with the support for a Japanese NGO-Japan International Medical Technology Foundation (JIMTEF) and in collaboration with Tribhuvan University Teaching Hospital (TUTH) started Pulmonary Rehabilitation Project in Nepal from 2015 to 2018.



Original Article

Evaluation of a chest rehabilitation project in Nepal using the St. George's Respiratory Questionnaire and Chronic Obstructive Pulmonary Disease Assessment Test

ATSUSHI SATO, PT^{1)*}, MITSUHIRO KAMIMURA, MD²⁾, KEISUKE YORIMOTO, PT³⁾, TARO KATO, PT³⁾, SHOHEI YAMASHITA, PT⁴⁾, ATSUTO MOURI, MD²⁾, MOTOAKI TANIGAWA, PT⁵⁾, YOSHIHITO ARIMOTO, MD⁶⁾, JUNKO FUJITANI, MD, PhD⁵⁾, KARBIR NATH YOGI, MD, FCCP⁷⁾, KHEM BAHADUR KARKI, MBBS, MPH^{8, 9)}, SHIGEKI HAYASHI, MD¹⁰⁾

¹⁾ Department of Rehabilitation, National Hospital Organization Disaster Medical Center: 3256 Midoricho, Tachikawa, Tokyo 190-0014, Japan

²⁾ Department of Pulmonology, National Hospital Organization Disaster Medical Center, Japan

³⁾ Department of Physical Rehabilitation, National Center of Neurology and Psychiatry, Japan

⁴⁾ Department of Rehabilitation, National Hospital Organization Murayama Medical Center, Japan

⁵⁾ Department of Rehabilitation, National Center for Global Health and Medicine, Japan

⁶⁾ Department of General Thoracic Surgery, Dokkyo Medical University Saitama Medical Center, Japan

⁷⁾ Motherland Hospital Pvt. Ltd., Nepal

⁸⁾ Department of Community Medicine, Institute of Medicine, Nepal

⁹⁾ Society for Local Integrated Development, Lalitpur, Nepal

¹⁰⁾ Japan International Medical Technology Foundation, Japan

Abstract. [Purpose] The incidence of chronic obstructive pulmonary disease is rapidly increasing worldwide. In Nepal, it has the highest mortality rate among all noninfectious diseases. Since 2015, we have been involved in a project that aims to facilitate chest rehabilitation for patients with chronic obstructive pulmonary disease in Nepal. We compared the Nepali version of the St. George's Respiratory Questionnaire with the Chronic Obstructive Pulmonary Disease Assessment Test, the latter of which was translated into Nepali for this project. We also evaluated the extent to which patient quality of life improved after the rehabilitation program. [Participants and Methods] The Nepali St. George's Respiratory Questionnaire and Chronic Obstructive Pulmonary Disease Assessment Test were used to assess the health status of patients both before the intervention's initiation and one year after it. Between May and September of 2016, 122 patients with chronic obstructive pulmonary disease participated in this program. [Results] We collected valid responses from 57 patients both before and after the intervention. The scores of both screening tools were significantly lower after the intervention than before and showed a significant correlation with one another. [Conclusion] These results suggest that the Nepali version of the Chronic Obstructive Pulmonary Disease Assessment Test is a reliable tool for the evaluation of chronic obstructive pulmonary disease and that the intervention used in the project might be effective for patients afflicted with the disease. However, there are limitations to the research design, such as the limited number of participants used in the study.

Key words: CAT Nepali version, Pulmonary physical therapy, QOL

Within this initiative, there was a concerted effort to enhance the skills of healthcare workers and concurrently engage in widespread awareness campaigns using various media channels. Consequently, individuals suffering from COPD sought medical attention, where well-trained healthcare professionals educated them on the chest rehabilitation process and provided assistance. This resulted in a notable positive transformation in the lives of COPD patients attending healthcare facilities. Recognizing the significant impact of the project, it received an extension for an additional three years (2019 to 2022), supported financially by the Government of Japan through JIMTEF. Additionally, the chest rehabilitation exercises have been integrated into the WHO-Package of Essential Non-communicable Diseases (PEN) launched by the Government of Nepal.

अभ्यास: छातीको लचकतामा सुधार ल्याउँछ



- नाकबाट स्वास भित्र तान्दै, बित्तारै कुमलाई माथि उठाउनुहुन्छ।
- आफ्नो दुवै हात छातीमाथि राखी स्वास बाहिर कान्छुन्छ।



- दुवै हातलाई टाउको पछाडि सार्ने बित्तारै स्वास भित्र निम्नुहुन्छ।
- आफ्नो दुवै हात छातीमाथि राखी स्वास बाहिर कान्छुन्छ।



- दुवै हातलाई टाउको पछाडि सार्ने र देह हात कमरमा राखी बित्तारै स्वास भित्र निम्ने।
- दुवै हात कमर पछाडि सार्ने बित्तारै स्वास बाहिर कान्छुन्छ।

माथि उल्लेखित छातीको अभ्यास गर्नाले छातीको लचकतामा सुधार ल्याउँदछ (COPD) का बिरामीहरूको अवस्थामा सुधार ल्याउँछ।



The extended project entitled "Community-based Pulmonary Health Support Project and COPD Control - Promotion of Comprehensive Chest Rehabilitation." Supported Bhaktapur Municipality for the Construction of a Respiratory Rehabilitation Center in collaboration with Bhaktapur Municipality, with the provision of necessary equipment along with the steady support for capacity building in whole bhaktapur district. This time, spirometer and other accessories to diagnose and provide the rehabilitation services were supplied to all the health facilities of Bhaktapur district.

SOLID Nepal's commitment to tackling NCDs has resulted in tangible outcomes, ranging from policy development and educational initiatives to community-based rehabilitation projects. The organization's efforts have not only contributed to the prevention and control of NCDs but have also empowered individuals and communities with the knowledge and resources to lead healthier lives. The success of these projects underscores the importance of holistic approaches in addressing the complex challenges posed by Non-Communicable Diseases.



SOLID Nepal's Commitment to Sexual and Reproductive Health and Rights

In 1994, the influential International Conference on Population and Development (ICPD) held in Cairo reshaped the global perspective on population and development. The conference emphasized the significance of human rights, with a particular focus on reproductive rights, in the pursuit of inclusive and sustainable development. The ICPD Program of Action, adopted by 179 governments, underscored the need to empower women and girls, address inequalities, and recognize the distinct needs, aspirations, and rights of individuals, especially in the realm of reproductive health. In 1997, in the realm of Sexual and Reproductive Health and Rights (SRHR) advocacy and implementation of ICPD in Nepal, SOLID Nepal has emerged as the vanguard, paving the way for transformative change. Since its inception, SOLID Nepal has been unwavering in its dedication to addressing the SRHR needs of young people, igniting a journey of progress that promises to enhance the lives of the nation's youth.

National conference on young people's sexual health in Nepal

In the early days of SOLID Nepal, amid the stigma surrounding SRHR, aiming to enhance research capabilities of partners in developing countries and generate new knowledge and with primary goals to develop culturally relevant, clear, and systematic guidelines for effective action at both program and policy levels, SOLID Nepal conducted research to assess perception and preference among students, teachers and parents on sex education at school.

A National conference was organized to disseminate the findings of the research and to bring young people, researchers, teachers, practitioners, the media workers and the policy makers together to share the existing status of the young people's sexual health in Nepal and to propose the way forward. There were more than 100 participants from different sectors and the six points resolution was passed.



By Young, For Young and With Young

The technical and financial support was provided from Safe Passages to Adulthood, UK Department for International Development (DFID) and the Center for Sexual Health Research at the University of Southampton, UK.

Resolution passed by the Conference-2002

1. Policy formulation

- ✓ A National-level sexual health policy should be formulated as a priority for the country.
- ✓ Young people, NGOs, INGOs, professionals and private sector organizations should be involved and consulted in formulating this national policy.

2. Planning and programming

- ✓ Positive sexual health promotion, including young people's sexual health, should be done at the central level with the involvement and following consultation with concerned GOs, NGOS, INGOs and professional organizations.
- ✓ Sexual Health programs (including public awareness campaigns, preventive programs and the delivery of services) should be formulated.
- ✓ Concerned GOs, NGOs, INGOs, research agencies and the education sector should be fully involved in formulating these programs.

3. Implementation strategies

- ✓ The Ministry of Health should be responsible for the implementation and allocation of resources for sector wide sexual health programs.
- ✓ Besides the Ministry and its line agencies, NGOS, district and local level committees, and the education sector should be involved in implementing the sexual health program.

4. Considerations and special emphasis

- ✓ Social, cultural, ethnic and religious diversity and gender equity should be duly considered when designing and implementing appropriate and effective sexual health program.
- ✓ Due emphasis on the positive aspects of sex should be given when designing, planning, and implementing sexual health initiatives.

5. Research and evaluation

- ✓ Research and evaluation should be an integral component of planning and implementing sexual health program.

6. Awareness, social mobilization and networking

- ✓ Mechanisms for effective awareness raising, advocacy and social mobilization through networking and collaboration with different organizations and media groups (i.e. print and electronic) on sexual health issues should be designed

Pre- and Post-service Knowledge, Practice and Coverage (KPC) survey on Maternal and Child Health

Embarking on this extensive journey, SOLID Nepal conducted a Pre- and Post-service Knowledge, Practice, and Coverage (KPC) survey in 2008 to evaluate advancements in knowledge, practice, and coverage related to maternal and child health in Pyuthan district, the operational area of Merlin Nepal. The results highlighted significant progress in maternal and child health, achieved through the effective mobilization of public health workers, leading to positive transformations in hygiene, sanitation, and health-seeking behaviors within a short timeframe. Despite these endeavors, the persistence of early marriage poses a formidable challenge to maternal health.

Recommendations arising from the survey included the expansion of local health workforce capacities, the initiation of activities addressing adolescent sexual and reproductive health, and the reinforcement of birth preparedness practices. While there was improvement in safe motherhood practices, the prevalence of institutional deliveries remained low, necessitating collaborative efforts across multiple sectors and the establishment of trust in local health facilities.

Post-Service KPC Survey On Maternal and Child Health

FINAL REPORT

Submitted to



Merlin Nepal

Submitted by



**Society for Local Integrated Development Nepal
(SOLID Nepal)**

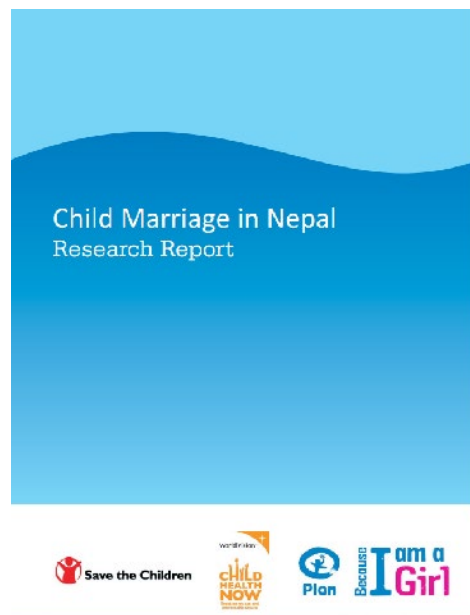
April 2008

Battle against Child Marriage

Child Marriage in Nepal

SOLID Nepal, in partnership with Save the Children, Plan Nepal, and World Vision, conducted a comprehensive

national survey on child marriage in Nepal in 2012. The findings of this survey reveal a disturbingly high incidence of child marriage in the country. The report emphasizes that addressing child marriage should be prioritized as a developmental agenda, and underscores the crucial role of political commitment as a fundamental cornerstone in ending child marriage in Nepal.



Early Marriage and Early Pregnancy (EMEP)

Child marriage, the practice of marrying before the age of 20, is a pervasive issue that robs children of their fundamental rights, limits their opportunities, and perpetuates cycles of poverty and violence. The physical and emotional immaturity of child brides increases their risk of pregnancy complications, childbirth-related injuries, and even death. Moreover, early marriages expose girls to a heightened risk of domestic violence, sexual abuse, and exploitation. Addressing this issue of Early Marriage and Early Pregnancy (EMEP) a five-year project (2009 to 2013) was implemented aiming to improve reproductive and sexual health of young people by increasing the age at marriage in three countries, India, Nepal and Bangladesh. In Nepal it operated in five districts- Lalitpur, Rasuwa, Nuwakot, Dolkha and Sindhupalchowk with the support of European Union and MAMTA Health Foundation, India. The project covered total of

514 wards of 55 VDCs/Municipalities.

The project illuminated significant achievements, notably showcasing a higher level of schooling among young individuals in comparison to their older siblings. The mean age at marriage witnessed an encouraging rise for both genders, marking a positive shift in societal norms. In Nepal, the mean year at marriage increased by 0.81 years. Despite the initial challenges of the age at first conception falling below recommended levels, the project's intervention led to a commendable increase in this age, particularly for married females compared to their elder sisters. Notably, active participation in Youth Information Center (YIC) activities and involvement in youth groups emerged as robust predictors for young people continuing their education beyond legal age and delaying marriage, a testament to the project's success in fostering informed decision-making among the youth.



SCHOOL SESSIONS



PR TRAINING DOLAKHA

Girls not Brides

In Nepal, one in every three girl gets married before her 18th birthday, the consequences of child marriage are severe and is a violation of children's rights, including their right to education, health and safety. Girls forced into early marriages are often denied the opportunity to complete their education, limiting their future employment prospects and economic independence.

In the face of these challenges, SOLID Nepal has been working tirelessly to end child marriage and empower girls to reach their full potential. With the powerful slogan, “नगरौ विहेको कुरा, भएको छैन बीस वर्ष पुरा” (Let's not talk about marriage until we are twenty), SOLID Nepal have integrated the component of child marriage in almost all projects and programs to educate the communities about the harmful effects of child marriage and promotes the importance of girls' education.

In the battle against Child Marriage, SOLID Nepal along with other six organizations formed a National Network named Girls Not Brides (GNB) National Partnership Nepal and SOLID became the Secretariat of Network and effectively performed the role of secretariat for two successful tenures. The major milestone achieved by this network was the Development of National Strategy to End Child Marriage in Nepal in collaboration with UNICEF Nepal and Ministry of Women, Children and Senior Citizen.

SOLID Nepal's unwavering commitment to ending child marriage is inspiring and essential for building a brighter future for Nepal's girls and the nation as a whole. By empowering girls and dismantling the harmful practice of child marriage, Nepal can move closer to achieving a more just, equitable, and prosperous society.



Assessment of FM Radio Program on SRHR

Aiming to evaluate the impact of FM Radio programs in disseminating information concerning adolescent SRHR and to understand the optimal time, duration, and types of FM radio programs, topics of interest for adolescents regarding SRHR SOLID Nepal conducted research entitled "Assessment of FM Radio Program on Adolescent Sexual and Reproductive Health and Rights in Selected Districts," with the support of GIZ and NHEICC. The study revealed regular tuning into SRH-related programs tripled the likelihood of individuals addressing their curiosities, with adolescents who listened to the radio showing a fivefold increase in awareness and a fivefold higher likelihood of altering their perceptions, emphasizing the significant impact of community radio in shaping young people's perspectives.



Strengthening ASRHR

With the aim to enhance the sexual and reproductive health of adolescents through various activities the project Strengthening Adolescent Sexual and Reproductive Health and Rights Services in Gorkha, Nepal- was implemented in the Gorakha district aftermath of the earthquake 2015 supported by the International Medical Corps (IMC). The project expanded its scope to cover 24 villages and one municipality in the district. The project, began in November 2015 and concluded in September 2016, aimed to enhance the sexual and reproductive health of adolescents through various activities. The project conducted extensive training for health workers and local social mobilizers, reaching 72 health workers and 50 local facilitators. Additionally, 100 peer educators were trained to educate and engage with adolescents in their communities. The project published and distributed 3,500 youth health newsletters, 3,125 peer education booklets, and various posters related to sexual and reproductive health and rights. The tangible impact of the project is evident in the increased knowledge and engagement of adolescents in discussing and utilizing their sexual and reproductive health rights.

Safe abortion and Family planning

To evaluate and document the effectiveness of the Client Oriented Provider Efficient (COPE) approach in enhancing the quality of safe abortion services and strengthening the health delivery system, Ipas Nepal and SOLID Nepal collaborated on a three-month task, titled- Assessment and Documentation of Client Oriented Provider Efficient (COPE) Approach in Safe Abortion Services, conducted from June to August 2015. The information generated also held significance for informing national and international stakeholders about Ipas Nepal's experiences and lessons learned in implementing the COPE approach.

SOLID Nepal collaborated with PSI Nepal on a comprehensive study aimed at identifying and comparing the knowledge and attitudes regarding IntraUterine Devices (IUD) and Medicated Abortion (MA) among PSI-affiliated and non-affiliated providers. This study, being the second round following the initial one, focused on participants who were actively engaged in the PSI network. The primary objective was to gauge the changes in providers' perceptions and attitudes over time. Specific objectives included assessing the impact of the Women's Health Project (WHP) on increasing positive perceptions toward IUDs and measuring changes in attitudes over the course of the study. The longitudinal nature of the study allowed for a thorough examination of how perceptions evolved among providers regarding MA and IUDs. The findings from this study contributed valuable insights into the dynamic landscape of reproductive health services and provider attitudes.

Maternal and child health

In the pursuit of improving maternal and child health in Nepal and achieving MDGs targets, a comprehensive multi-sectoral approach has been implemented. However, remote communities face significant challenges in accessing quality Maternal and Child Health (MCH) services due to various barriers on both the demand and supply sides. To address this issue, a study entitled- Baseline Survey Including Formative Research of Reaching to Unreached Project on MNCH in Banke and Baitadi Districts was conducted in 2015 with the support of Save the Children to assess the maternal and child health and nutritional status, specifically focusing on institutional delivery, skilled attendance at birth, postnatal visits, growth monitoring, and treatment for diarrhea and pneumonia. The study recommended strengthening health posts, promoting ANC and PNC visits, expanding birthing centers, addressing transportation barriers, implementing nutrition programs, and filling gaps in immunization for marginalized communities. This initiative reflects a concerted effort to bridge disparities and enhance the overall maternal and child health landscape in Nepal.

To improve Sexual and Reproductive Health and Rights by increasing safer sexual behavior and utilization of SRHR services and economic independence among young people. SOLID Nepal implemented a program entitled- Improving Sexual and Reproductive Health and Rights of Young People through their empowerment in Ilam, with the support from Simavi, The Netherlands. The project is designed to intervene in 6 local governance areas of Ilam district, Nepal from 15 November 2015 to 15 February 2017. A radio program HAMRO KAKSHYA KOTHA was designed to influence mass people to be positive on SRHR issues of adolescents and youths. Peer Educators disseminated SRHR knowledge and information to their groups. The (YIC) was established in each program VDCs and municipality which created a space for their interactions and responsible social activities.

In the second collaboration of SOLID Nepal with Simavi, The Netherlands, an innovative initiative seamlessly integrated the area of health and sanitation within a single framework, addressing safe motherhood and sanitation awareness spanning from January 2018 to June 2022. The project's unique approach aimed to empower women in



the community, facilitating informed decision-making regarding service utilization and emphasizing their pivotal role in overall development.

Jointly executed with Kids Kapilvastu in coordination with Shivraj Municipality project covered wards 2, 6, 7, and 8. Regular meetings, held twice a month in collaboration with Female Community Health Volunteers, covered topics such as prenatal check-ups, maternity care, safe delivery practices, postnatal care, personal and household hygiene, proper waste disposal, and handwashing. Through these comprehensive efforts, SOLID Nepal's demonstrated expertise in community management has significantly progressed. Its final evaluation commended the project as cost-effective, impactful, and conducive to long-term development.

Other Research Activities

Over the years, a series of research activities have been conducted by SOLID Nepal shedding light on critical aspects of sexual and reproductive health. In 2011, they collaborated with Ipas Nepal to conduct qualitative research on young women and abortion in Rupandehi and Kathmandu Valley. Additionally, a qualitative study in 2011, supported by FPAN, explored the knowledge, attitude, and practices of hairdressers regarding adolescent sexual and reproductive health and HIV/AIDS. In 2010, baseline and end-line studies were undertaken in four districts of Kathmandu valley, including Kavrepalanchowk, using 'GEM' and 'GEW' scales to measure young people's understanding of relationships, sex, sexuality, violence, gender roles, and life skills. Earlier, in 2004, funded by the Safe Passages to Adulthood Programme from the University of Southampton, UK, SOLID Nepal investigated the effects of teaching STIs, HIV, and AIDS education on the knowledge and attitudes of Grade Nine students in Kathmandu District. They also delved into the knowledge of sexual and reproductive health among adolescents in secondary schools in Chitwan in 2004, under the same program. Furthermore, in 2003, SOLID Nepal examined the cost recovery strategy in sexual and reproductive health services implemented by the Family Planning Association of Nepal.



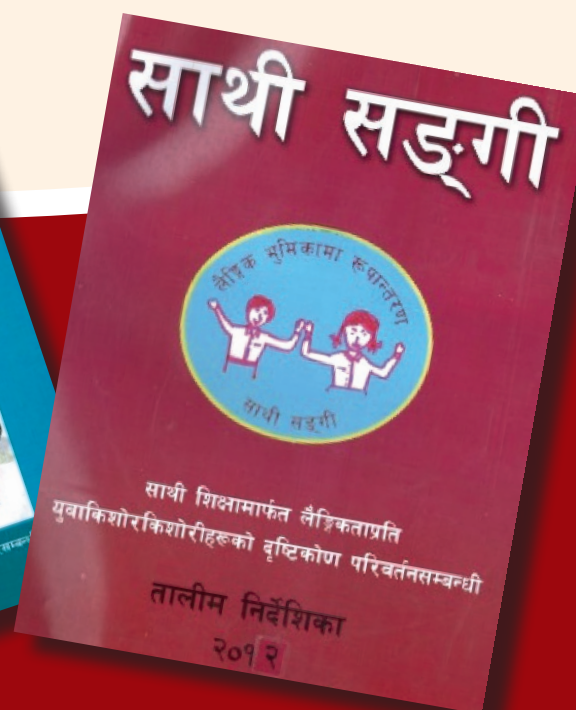
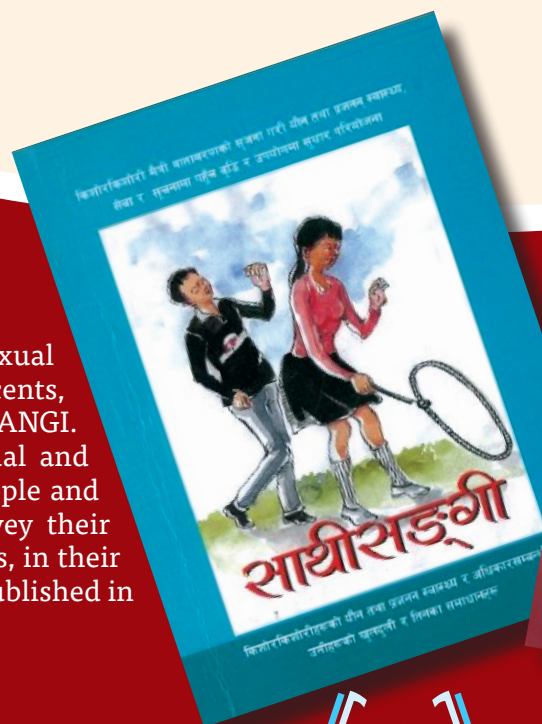
Workshop/Trainings on SRHR

A series of workshops and training have been conducted in the past 25 years. Our initiatives have played a pivotal role in advancing sexual and reproductive health education and services in Nepal. The activities spanned various themes, addressing critical aspects of youth sexual health, education, curriculum planning, research methodologies, and journalist sensitization on sex and sexuality. Workshops delved into non-formal education for young people's sexual and reproductive health, armed conflict's impact on women's SRH and rights, HIV sensitization, and consensus building on HIV and young people. The endeavors extended to facilitating skill training and workshops for M.Ed. Health Education students and developing a three-year National Action Plan for the HIV and AIDS program in Nepal. These workshops and training sessions collectively contributed to enhancing awareness, knowledge, and skills in the realm of sexual and reproductive health across different sectors in Nepal.



SATHISANGI

To address many questions related to the sexual and reproductive health of young adolescents, SOLID Nepal developed the book SATHISANGI. This booklet provides information on sexual and reproductive health and rights to young people and their stakeholders and helps them to convey their thoughts and behavior in their personal lives, in their families and in the community. It was first published in 2012 and was republished in 2016.



IEC Booklets on Adolescent Sexual and Reproductive Health and Rights

Addressing crucial aspects of adolescent sexual and reproductive health, from the fundamental exploration of sexual and reproductive health rights to the nuanced discussions on sex and sexual relations, friendship, love dynamics, marriage, pregnancy, and abortion SOLID Nepal has reviewed 'Series of IEC Booklets on Adolescent Sexual and Reproductive Health and Rights,' conducted in collaboration with GIZ for the National Health Education Information and Communication Center (NHEICC) from August 2015 to February 2016. The booklets provided a comprehensive guide to navigating the challenges of adolescence, tackling the sensitive issues to holistic adolescent education and empowerment. This initiative stands as a testament to the commitment to enhancing the quality and relevance of educational resources in the area of adolescent health, fostering a more informed and empowered younger generation.



SAHI UMER SAHI KADAM



To create a robust public opinion against child marriage, SOLID Nepal in collaboration with Plan International Nepal, created an online portal www.sahiumersahikadam.org dedicated to discriminate SRHR and anti-child marriage information to young people. Operated from June 2017 to December 2017, the platform was not only inclusive of brides but also extended its presence to the online space reaching larger target audience which encompassed information on child marriage, its causes and consequences, various facts and figures, and sexual and

reproductive health-related information. To enhance its appeal and effectiveness, the platform included visually engaging content such as images, graphs, and video clips.



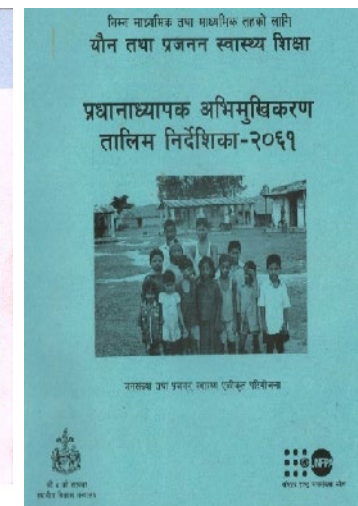
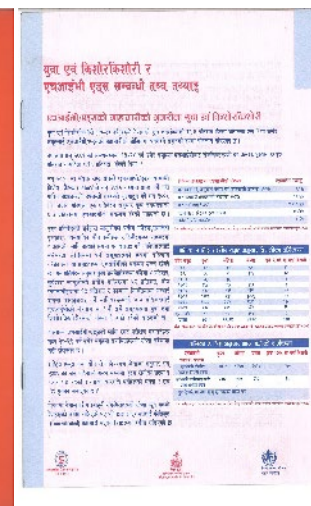
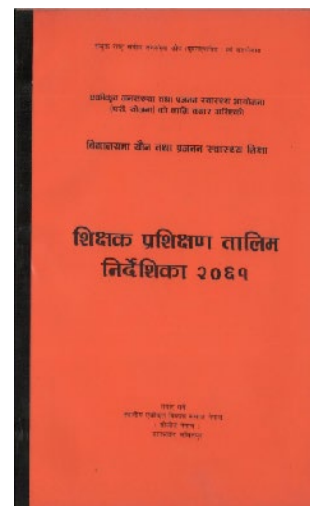
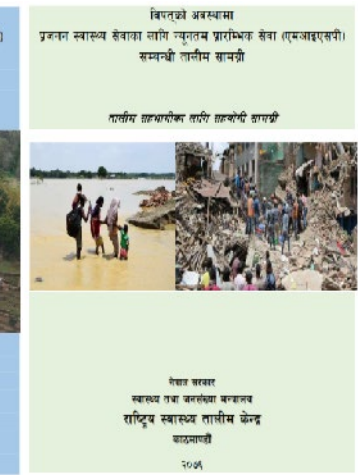
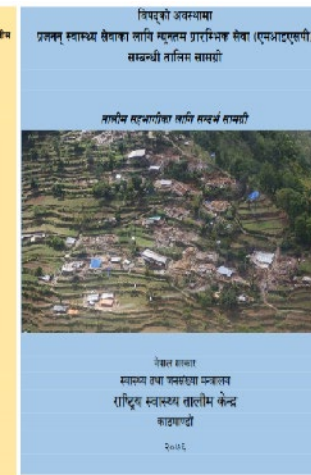
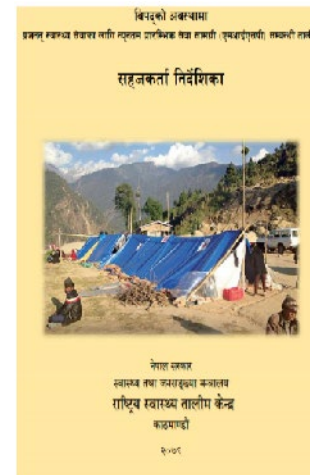
Facilitator's Manuals for the Minimum Initial Service Package (MISP) and Teacher's Training

SOLID Nepal, in association with the Nepal Red Cross Society and UNFPA, undertook the revision of the Facilitator's Training Manual for the Minimum Initial Service Package (MISP) in Reproductive Health Services during Emergency Response from May to November 2019. This collaborative effort involved updating the training manual to enhance the delivery of reproductive health services. Coordinated under the leadership of the National Health Training Center, the project successfully completed its initial phase of training for trainers in alignment with the guidelines. However, the progression to the second phase, focused on regional trainer training, faced delays attributed to the impact of the COVID pandemic.

SOLID Nepal has conducted a training to teachers in terai districts in 2004-2005 in conjunction with UNFPA for population and reproductive health integration project (PARHI project). For this purpose, a teacher training manual has been published.

SOLID Nepal has published other diverse range of resources aimed at promoting sexual and reproductive health (SRH) and addressing related challenges. These include life skill-based pictorials designed for new literates to prevent HIV. Manuals covering various aspects, including training master trainers and resource persons on SRH, providing teachers with guidance on life skill-based adolescent sexual and reproductive health (ASRH), and offering orientation for headmasters on SRH. A teachers' guide on sex and relationships education is tailored for educators, and a training manual targets health service providers, focusing on youth-friendly health services (YFHS).

A fact sheet on HIV and advocacy kits to reduce gender-based and sexual violence in conflict-affected areas and preventing early marriage and pregnancy across all stakeholders were published. These publications of SOLID Nepal reflect a comprehensive approach to education, training, and advocacy in the realm of sexual and reproductive health.

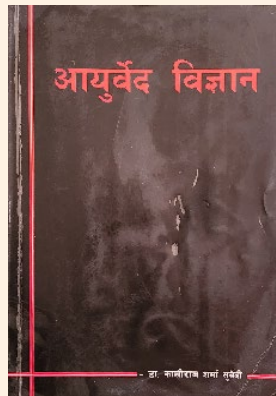


At the beginning of its life

It's commendable to see organizations like SOLID Nepal actively involved in promoting traditional systems of medicine such as Ayurveda. Ayurveda is an ancient system of medicine that originated in this continent and focuses on a holistic approach to health and well-being.

The publication of "Ayurveda Science" in Nepali is a positive step toward making Ayurvedic knowledge accessible to a wider audience, including students of Ayurveda and those interested in traditional medicine. Dr. Kashi Raj Subedi's efforts in presenting the principles of Ayurveda in a clear and understandable manner contribute to the popularization of this traditional system of medicine.

Additionally, SOLID Nepal's School Health Programme reflects a proactive approach to community health. Working in 47 schools in Sunsari and Morang districts from 1998 to 2001 indicates a commitment to improving the well-being of young students. The focus on training teachers in basic health and first aid, implementing child-to-child programs to develop health skills, and providing health services for dental and general health demonstrates a holistic approach to health education and promotion.



Clinical trials: on the eve of 25th years

SOLID Nepal in its journey, is now leading clinical trials. Clinical trials are research studies that involve human participants to evaluate the safety and efficacy of medical treatments, interventions, or procedures. These trials are conducted to gather data on the effectiveness of new drugs, vaccines medical devices, treatment strategies, or preventive measures. Clinical trials play a crucial role in advancing medical knowledge, improving patient care, and developing new treatments for various diseases and conditions.

SOLID Nepal in conjunction with MSR Beijing, is carrying out two different the COVID 19 vaccine trials.

- The recombinant COVID-19 vaccine (Sf9 cells)
- The recombinant two-component COVID-19 vaccine (CHO cells)

We are on the verge of ending both trials in Nepal very soon.



Sponser Addressing the Stakeholders



NHRC Monitoring Team at Chitwan

यौवनको यात्रा

यौवन शब्द नै उच्चारण गर्न गाह्रो मान्नेहरूको जमात अहिले पनि ठुलो छ तर हामीले यसैको नाममा पत्रिका निकाल्यौं । यो समाजको लागि शान्त तलाउमा ढुंगा हाने जस्तो भएको थियो । तर यो नगरी भएकै थिएन । किनभने विश्वमा एचआइभी एड्सको महामारी फैलिरहेको थियो । यौन तथा प्रजनन स्वास्थ्यलाई धेरैजसो देशहरूले सामान्य स्वास्थ्य सेवाका विषय अन्तरगत राखिरहेका थिए । युवा किशोरकिशोरीहरूका यौन स्वास्थ्य र समस्याहरूका बारेमा कम चासो दिइएको थियो । उनीहरू यौन अपराध र लागु पदार्थको कुलतमा फँसिरहेका थिए । समाजमा किशोरकिशोरीहरूलाई सम्बोधन गरिनु पर्दछ भन्ने नै थिएन । जनसंख्या व्यवस्थापनमा किशोरकिशोरी समुहलाई खासै ध्यान दिन सकिएको थिएन । जब सन् १९९४ मा इजिप्टको कायरो शहरमा जनसंख्या र विकास सम्बन्धी तेस्रो महासभा (ICPD 1994) पछि आ-आफ्नो देशको योजना नीति तथा कार्यक्रमहरूमा किशोरकिशोरीका सवालहरू, यौन तथा प्रजनन स्वास्थ्य र अधिकारका विषयहरूलाई प्राथमिकतामा राख्न थालियो । सरकारी तथा गैर सरकारी संस्थाहरूले यसबारेमा विभिन्न अध्ययन अनुसन्धान गर्दै यसको दायरालाई फराकिलो बनाउन थालेका थिए ।

नेपालमा पनि नवौं पञ्चवर्षीय योजना (बि.सं २०५४ - बि.सं २०५९) देखि नेपाल सरकारले युवा किशोरकिशोरी लक्षित कार्यक्रमहरू सञ्चालन गर्न शुरू गर्‍यो । अन्य गैर सरकारी संस्थाहरूले पनि यस क्षेत्रमा अध्ययन, अनुसन्धान, छलफल, वहस पैरवी तथा सूचना सामग्रीहरूको निर्माण र वितरणमा काम गर्न शुरू गरे ।

तर समाजमा यौनका बारेमा खुलेर कुरा गर्ने वातावरण तयार नहुनु, बजारमा यस्ता ज्ञानमालाहरू पनि नभेटिने अवस्था रहनुले एउटा ठूलो अभाव देखाएको थियो । यहि परिप्रेक्ष्यमा सोलिड नेपालले पनि युवा किशोरकिशोरीहरूलाई लक्षित गरेर यौन तथा प्रजनन स्वास्थ्य र अधिकार र यससँग सम्बन्धित अन्य पक्षहरूका बारेमा खुलेर कुरा गर्ने वातावरण तयार गर्न यौवन स्वास्थ्य पत्रिका प्रकाशन शुरू गर्यो ।

यौवन जहाँपनि फक्रन
पाउनुपर्छ ।



१. पत्रिका प्रकाशनको उद्देश्यहरू

यौवनको मुख्य एजेण्डा नै युवाकिशोरकिशोरीहरू समक्ष सहि र सुरक्षित सुचना प्रवाह गर्नु र उनीहरूको अर्थपूर्ण सहभागिता सुनिश्चित गर्नु नै यौवन स्वास्थ्य पत्रिकाको पहिलो उद्देश्य रहेको थियो । यसका लागि समावेशी खोजहरूको सँगालो भएको यौवनले समग्रमा युवा किशोरकिशोरीहरूको स्वास्थ्य, यौन स्वास्थ्य, लैंगिकता, लैङ्गिक हिंसा, गाउँदेखि शहर अनि तराईदेखि हिमालसम्मका समावेशी खोज सामाग्रीहरू, विषय विज्ञहरू र अनुभवी व्यक्तिहरूसँगका छलफल कुराकानीका आधारमा लेखहरू तयार गर्दै यौवन पत्रिकामा प्रकाशन गर्दै आएको थियो ।

२. पत्रिकाले समावेश गरेका मुल विषयहरू

यौवन स्वास्थ्य पत्रिका सोलिड नेपालले मिति २०५८ जेष्ठमा पहिलो अंकबाट प्रकाशन शुरू गरेको पत्रिका हो । यसपछि क्रमशः यसका अरु अंकहरू प्रकाशन हुँदै गए । वि.स. २०७३ को असोज महिनासम्ममा जम्मा २९ वटा अंकहरू प्रकाशन भएका छन् । यो पत्रिकामा स्वस्थ जीवनशैलीका लागि आयुर्वेद विज्ञानको ज्ञान, जडिबुटीहरूको प्रयोग, स्वस्थ यौन व्यवहार सम्बन्धीका विषयबस्तुहरू समावेश थिए । प्रकाशनको केही अंकहरू पछि नियमित स्तम्भका रूपमा यौवन जोगाउने जीवनशैली, किशोर अवस्थाको यौनिकता, यौन अङ्गको सङ्क्रमण जस्ता विषयहरूलाई समेटिएको थियो । पत्रिकाले विषयवस्तुलाई विविध रूपमा प्रकाशन गरेको थियो। कहिले संस्मरणका रूपमा, कहिले विज्ञसँगको अन्तरवार्ताको रूपमा, कहिले चित्रकथाको रूपमा, कहिले तथ्य तथ्याङ्कका रूपमा युवा किशोरकिशोरीहरूलाई चाहिले यौन तथा प्रजनन स्वास्थ्यका विविध विषयहरूलाई समावेश गरिएको थियो ।

- यौवन स्वास्थ्य पत्रिकाले किशोरकिशोरीहरूलाई लक्षित गरेर नै यौन प्रजनन स्वास्थ्यको सुचना सामग्रीहरू प्रकाशन गरेको थियो । किशोर अवस्थामा आउने परिवर्तनलाई बुझ्न सके मात्र उनीहरू यसलाई सहि तरिकाले व्यवस्थापन गर्न सक्छन् भन्ने मान्यतामा यौवन पत्रिकाको अंक १८ र २९ मा किशोर अवस्थाको यौनिकता, अंक २० र २३ मा किशोर अवस्थामा हुने गर्भधारण, अंक ८ मा किशोरकिशोरीहरूमा हुने तनाव व्यवस्थापन जस्ता विषयहरू समावेश गरिएका थिए ।
- युवा किशोरकिशोरीहरूमा यौनसम्बन्धी उत्सुकता, यौन चाहना हुनु स्वभाविक हो । त्यसैले उनीहरू यौन साथी बनाउने गर्दछन् । अर्कातिर विवाहपूर्वको यौन सम्बन्धलाई समाज र परिवारले स्वीकार गर्दैन । धेरै किशोरकिशोरीहरू यस्तै द्विविधामा परेका

हुन्छन् । यस्तो बेलामा उनीहरूलाई उचित परामर्श र शिक्षा दिनु पर्दछ। यौवनको अंक २६ मा प्रेमका फाइदाहरू र अंक ८ मा विवाहपूर्वको यौन सम्बन्धका बारेमा चर्चा गरिएको थियो ।

- सन् १९८० को दशकमा देखिएको एचआइभी एड्सको सङ्क्रमणले विश्वलाई सताएको थियो । यसमा खासगरी सक्रिय यौन जीवनका युवा किशोरकिशोरीहरू नै बढी प्रभावित छन् । उनीहरूलाई यस बारेमा जानकारी दिएर सम्भावित एचआइभीको सङ्क्रमणबाट बचाउनु पर्ने हुन्छ । त्यसैले सोलिड नेपालले यौवनको अंक २७ लाई एचआइभी एड्स विशेषाङ्कको रूपमा प्रकाशन गरेको थियो । यसमा नेपालको एचआइभी र एड्स रोकथाम र नियन्त्रण कार्यक्रमको नीति र रणनीतिहरूलाई समावेश गरिएको थियो । त्यसैगरी यौन रोग र यौन सङ्क्रमणका बारेमा अंक ३ र १९ मा उल्लेख गरिएको थियो । एचआइभीबाट बच्नका लागि कण्डमको प्रयोग सम्बन्धी जानकारी अंक २२ मा राखिएको थियो ।
- यौन तथा प्रजनन स्वास्थ्य अन्तर्गत जानकारी लिनु पर्ने विषयहरू धेरै छन् । यी सबै विषयमा युवा किशोरकिशोरीहरूले थाहा पाउनु पर्दछ । त्यसैले यौवनका हरेक अंकहरूमा यस्ता भिन्न भिन्न विषयलाई समावेश गरी प्रकाशन भएको थियो । यसमध्ये गर्भधारण सम्बन्धीको जानकारी अंक ६ मा, निशेचन प्रक्रियाबारेको जानकारी अंक १३, यौन दुर्बलतासम्बन्धीको जानकारी अंक २५ मा, गर्भनिरोधका साधनहरूको जानकारी अंक २२ र २८मा राखिएको थियो ।
- प्रविधिको विकासले गर्दा ईन्टरनेटबाट यौनजन्य श्रव्यदृश्य सामग्रीहरू, पठन सामग्रीहरूको पहुँच युवा किशोरकिशोरीहरूलाई सहजै हुन सकेको छ । यसले गर्दा उनीहरूमा अशिलल सामग्रीको लत बस्न सक्छ । ईन्टरनेट र मोबाईलको सहि प्रयोग गरी सूचना जानकारीहरू लिनका लागि यौवनको अंक १८ मा ईन्टरनेट दुर्व्यसन, अंक १० मा पोर्नोग्राफी जस्ता विषयवस्तुहरू समेटिएको थियो ।
- यौन तथा प्रजनन स्वास्थ्यका विषयमध्येको रजस्वला वा महिनावारी एक हो । किशोरश्रहरूका लागि महिनावारी हुनु स्वाभाविक भएपनि यसबारेमा धेरैलाई जानकारी नभएको हुन सक्छ । यसप्रति सकारात्मक धारणा बन्नु जरूरी छ । त्यसैगरी महिनावारीको समयमा गर्नुपर्ने सरसफाईका बारेमा पनि किशोरीहरूलाई जानकारी गराउनु पर्दछ । यहि विषयमा जानकारी र सूचना सम्प्रेषण गर्नका लागि यौवन स्वास्थ्य पत्रिकाको अंक २ र ४ मा महिनावारी प्रतिको धारणा र अंक २३ मा महिनावारी सरसफाईको बारेका पाठ्य सामग्रीहरू प्रकाशन भएको देखिन्छ ।

- यौनका बारेमा नेपाली समाजमा न त खुलस्त छलफल गरिन्छ न त प्रशस्त पाठ्य सामग्रीहरू नै उपलब्ध छन् । यसले गर्दा यौनका बारेमा समाजमा धेरै गलत मान्यताहरू स्थापित भएका छन् । यसलाई तथ्यपरक र विज्ञानसम्मत प्रमाणका आधारमा वास्तविकता खुलाउनु जरूरी रहेको छ । यसैले यौवन पत्रिकाको अंक १, २० मा यौन सम्बन्धीका भ्रमहरू र वास्तविकता स्तम्भमा केही हृदयसम्म प्रष्ट पार्ने प्रयास गरिएको थियो । यसैक्रममा स्वप्नदोषका बारेमा अंक २८ मा र हस्तमैथुनका बारेमा अंक १०, १४ र २५ मा चर्चा गरिएको थियो ।
- यौवन स्वास्थ्य पत्रिकाले समेटेका विषयवस्तुहरूको परिचर्चा गर्दा यसले राष्ट्रिय र अन्तरराष्ट्रिय स्तरमा भए गरेका यौन तथा प्रजनन स्वास्थ्यका गतिविधिहरूलाई पनि समेटेर सुसूचित गरेको थियो । यौवनको अंक १३ संयुक्त राष्ट्र संघ सुरक्षा परिषद १३२५को बारेमा चर्चा गरिएको थियो । यसमा सशस्त्र द्वन्द्वको समयमा महिलाहरूको यौन तथा प्रजनन स्वास्थ्य संरक्षणका विषयहरूलाई सम्बोधन गरेको छ । त्यसैगरी अंक ६ मा किशोरकिशोरी सम्बन्धी राष्ट्रिय सम्मेलनको बारेमा जानकारी गराइएको थियो भने अंक २२ मा सातौँ अन्तर्राष्ट्रिय एड्स सम्मेलनको बारेमा चर्चा गरिएको थियो । विश्वव्यापी यौन सर्वेक्षणको नतिजाहरूको बारेमा यौवनको अंक १२ मा समावेश गरिएको थियो ।
- यौवन पत्रिका प्रकाशनको उद्देश्य अनुरूप युवाहरूलाई यौन तथा प्रजनन स्वास्थ्यको जानकारी सँगसँगै राष्ट्र निर्माणमा उनीहरूको अर्थपूर्ण सहभागिता सुनिश्चित गराउने रहेको थियो । नेपालमा बि. सं २०६२-६३ को जनआन्दोलन पश्चात नयाँ बन्ने संविधान र राज्य पुनःसंरचनाको नीतिमा युवाहरूको भूमिकाको बारेमा अंक १९ मा उल्लेख गरिएको थियो ।
- युवा किशोरकिशोरीहरूको यौन तथा प्रजनन स्वास्थ्य र अधिकारको सुनिश्चितता केवल उनीहरूलाई सुसूचित गराएर मात्र पुरा हुँदैन । यसका लागि सम्बद्ध सबै सरोकरावालहरूलाई सुसूचित गराउँदै सबलिकरण पनि गर्दै जानुपर्दछ भन्ने मान्यता सोलिड नेपालले राख्दछ । त्यसैका लागि यौवनको अंक ११ र २८ मा किशोरकिशोरी मैत्री सेवाको बारेमा चर्चा गरिएको थियो । अंक ८ मा अभिभावक शिक्षाको बारेमा चर्चा गरिएको थियो । यौन तथा प्रजनन अधिकारका विषयहरू अंक २९ मा उल्लेख गरिएको छ भने अंक ३, ७ र १४ मा यौन शिक्षाको आवश्यकताको बारेमा परिचर्चा गरिएको थियो ।
- यौवन स्वास्थ्य पत्रिकाले केवल यौन र प्रजननका विषयहरूमात्र प्रकाशन गरेको थिएन । युवा किशोरकिशोरीहरूका दैनिक जीवनका अन्य पक्षहरूलाई पनि समेटेको थियो । यसबाट उनीहरूको स्वस्थ जीवनशैली कायम राख्न मद्दत पुग्ने अपेक्षा गरिएको थियो । यसैक्रममा किशोरीहरूमा दुब्ली, स्लिम बनेर सुन्दर देखिने लालासामा गरिने डाइटिङको बारेमा अंक ११ मा चर्चा गरिएको थियो भने जङ्ग फुडको प्रयोग र यसले स्वास्थ्यमा पार्ने असरहरूका बारेमा अंक २६ मा चर्चा गरिएको थियो । धुम्रपानले स्वास्थ्यमा पार्ने असरहरू सहित सुर्ति चुरोटको विज्ञापन बन्द गर्नु पर्छ भन्ने जनमत सृजना गर्न अंक २० मा मुख्य लेख नै प्रकाशन गरिएको थियो । युवायुवतीहरूमा विस्तारै खुल्दै गएको डेटिङ क्रेजका बारेमा अंक १७ मा उल्लेख गरिएको थियो ।
- समाजमा जहाँ पनि जो कोहीबाट यौन हिंसा र यौन अपराधका घटनाहरू हुन सक्छन् । यस बारेमा युवा किशोरकिशोरीहरू बेलैमा सचेत हुनु पर्दछ । यसै मान्यतामा सोलिड नेपालले यौवन पत्रिकाको अंक ७ र २८ मा यौन हिंसा र अंक १ मा यौन अपराधका बारेमा सुसूचित हुने सामग्रीहरू प्रकाशन गरेको थियो । धेरै जसो किशोरकिशोरीहरूले यौनजन्य जानकारीहरू र व्यवहारमा सामना गर्नु पर्ने दौतरी दवावको बारेमा पनि यौवनको अंक १६ मा परिचर्चा गरिएको थियो ।
- किशोरीहरू एकैपटक चिच्याउने, कराउने, रुने र मुर्छा पर्ने लक्षणहरू केहि केही विद्यालयहरूमा देखिरहेको हुन्छ । यसलाई चलन चल्तीमा मास हिस्टेरिया भनिने गरिन्छ तर वास्तवमा यो सही ज्ञानको अभावले गर्दा भनिदै गरिएको गलत सम्बोधन मात्र हो । क्लिनिकल भाषामा यसलाई कम्बरसन डिसअर्डर भनिन्छ । यसका बारेमा यौवन पत्रिकाको अंक १२ र १५ मा चर्चा गरिएको थियो । सानो उमेरमा हुने बालविवाह र गर्भधारणले गर्दा प्रौढ उमेरमा पाठेघर खस्ने समस्या देखिन सक्छ । यसलाई गाउँघरमा आङ खस्ने समस्या भनेर चिनिन्छ । यसका बारेमा किशोरकिशोरीहरूलाई समयमै सचेत गराउनका लागि यौवनको अंक १५ मा चर्चा गरिएको थियो । स्तन क्यान्सरका बारेमा सचेतनाका लागि अंक १७ मा स्तन क्यान्सरका विविध जानकारी समावेश गरिएको थियो । मानिसको यौन जीवनलाई प्रभावित गर्न सक्ने अन्य स्वास्थ्य समस्याहरू जस्तै डिप्रेसन र यौन समस्याको बारेमा अंक २६ मा, चिनीरोग र यौन जीवनको बारेमा अंक २४ मा, रक्तचाप र यौन सम्पर्कका बारेमा अंक १६ मा उल्लेख गरिएको थियो ।
- यौवन स्वास्थ्य पत्रिकाले युवा किशोरकिशोरी मात्र नभएर समाजका अन्य वर्ग र समुहहरूका लागि समेत आवश्यक सन्देशहरू, उनीहरूका समस्या र अवस्थाहरूका

बारेमा पनि सामग्रीहरू प्रकाशन गरेको थियो । उदाहरणका लागि यसको अंक ७ मा अपाङ्गता भएका व्यक्तिहरूको यौन व्यवहारलाई चर्चा गरिएको थियो । यौन व्यवसायिक महिलाहरूको पक्षमा अंक ८ मा उनीहरूको जोखिमका विषयहरू समावेश थिए । त्यसैगरी अंक ९ मा यौनिक अल्पसंख्यकहरूको यौन जीवनका विविध पक्षहरूको चर्चा गरिएको थियो ।

३. प्रकाशनको चुनौतिहरू

सोलिड नेपाल गैर-नाफामुलक गैर सरकारी संस्था भएर पनि युवा किशोरकिशोरी लक्षित यौन तथा प्रजनन् स्वास्थ्यका सूचना जानकारीमुलक सन्देशहरूलाई नियमित पत्रिका मार्फत प्रकाशन गर्नु आफैमा चुनौतीपूर्ण कार्य थियो । तैपनि संस्था स्थापनाको तेस्रो वर्षबाटै सोलिड नेपालले यस प्रकारको चुनौतीको सामना गर्न शुरू गरेको देखिन्छ । यौवन स्वास्थ्य पत्रिका प्रकाशनका समयमा सोलिड नेपालले सामना गरेको चुनौतीहरू र समस्याहरू यसप्रकार रहेका थिए ।

- संस्थाले बजारका नाफामुलक व्यवसायिक पत्रपत्रिकाहरूसँगै प्रतिस्पर्धा गर्नु परेको अवस्था रहनु ।
- पत्रिका प्रकाशनको बेलामा नेपालको विज्ञापन बजार व्यवस्थित र भरपर्दो नभइसकेकोले दीर्घकालीन स्रोतको व्यवस्था नहुनु ।
- संस्थाले नियमित गर्ने सामुदायमा आधारित कार्यक्रमहरू र अनुसन्धानका कार्यक्रमहरू सँगसँगै पत्रिका प्रकाशन र वितरणको थप कार्यभार उठाउनु पर्ने अवस्था रहनु ।


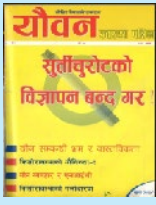


४. अबको आवश्यकता

युवा किशोरकिशोरीहरू लक्षित यौन तथा प्रजनन् स्वास्थ्य र अधिकार सम्बन्धी सूचना सामग्रीहरू अझै प्रयाप्त भइसकेका छैनन् । पछिल्लो समयको सूचना प्रविधिको विकासले यौन स्वास्थ्य सम्बन्धी सामग्रीहरूको सहज उपलब्धता त गराएकै छ तर ती सामग्रीहरू तथ्यपरक, विज्ञानसम्मत र सामाजिक परिवेश सुहाउँदो छन् या छैनन्, त्यसको मापन भएको छैन । मोबाइल फोनमा ईन्टरनेटबाट प्राप्त यस्ता सामग्रीहरूले यौन र यौनिकता सम्बन्धी अप्रमाणिक जानकारीबाट युवा किशोरकिशोरीहरूले सही जानकारी पाउन सकेका छैनन् । यौवन स्वास्थ्य पत्रिका जस्तै यस विषयमा प्रष्ट पार्न सक्ने विज्ञहरूबाट प्रसारित सुचना सामग्रीहरूको अहिले पनि उत्तिकै खाँचो रहेको छ ।

यौवनका हरेक अंकहरूले समेटेका यौन तथा प्रजनन् स्वास्थ्यका विषयवस्तुहरू

वर्ष अंक र मिति	मुख्य विषयवस्तुहरू	
२०५८ जेठ वर्ष १ अंक १	किशोर अवस्था, यौन अपराध, प्रजनन् स्वास्थ्य, यौन सम्बन्धीको अन्धविश्वास, एचआईभी एड्स	
२०५८ भाद्र वर्ष १ अंक २	आयुर्वेद र यौन जीवन, विश्वमा एड्सको महामारी, महिनावारी प्रतिको धारणा, यौन सम्बन्ध	
२०५८ मङ्सिर वर्ष १ अंक ३	सुरक्षित यौन जीवनको उपाय, यौन प्रसारित रोगहरू, यौन शिक्षाको आवश्यकता, गर्भपतन	
२०५८ माघ-फागुन वर्ष १ अंक ४	यौन र यौन जीवन, महिनावारी चक्र, नपुंसकता, भ्यासेक्टोमी	
वर्ष १ अंक ५	सम्पूर्ण अंक विक्री भएको	
२०५९ माघ-फागुन वर्ष १ अंक ६	स्तन क्यान्सर, गर्भधारण सम्बन्धी जानकारी, किशोरकिशोरी सम्बन्धी राष्ट्रिय सम्मेलन, यौन आनन्द	

२०६० फागुन- चैत्र वर्ष ३ अंक ७	एचआईभी एड्स, यौन शिक्षा, अपाङ्गता भएकाहरूको यौन व्यवहार र यौन हिंसा		२०६२ माघ वर्ष ४ अंक १३	संयुक्त राष्ट्र संघ सुरक्षा परिषद १३२५ - सशस्त्र द्वन्द्व र महिलाहरूको यौन तथा प्रजनन स्वास्थ्य, लिङ्ग निर्धारण, निसेचन र गर्भधारण	
२०६१ जेठ- असार वर्ष ३ अंक ८	विवाह पूर्वको यौन सम्बन्ध, यौन व्यवसायको व्यवस्थापन, किशोरकिशोरीहरूमा हुने तनाव व्यवस्थापन, अभिभावक शिक्षा		२०६३ जेठ वर्ष ४ अंक १४	हस्तमैथुन, यौन शिक्षा	
२०६१ भाद्र- आश्विन वर्ष ३ अंक ९	यौनिक अल्पसंख्यकहरूको यौन जीवन, यौवन जोगाउने जीवनशैलीहरू		२०६३ आश्विन- कात्तिक वर्ष ४ अंक १५	किशोरीहरूमा बढ्दो एचआईभी सङ्क्रमण, महिनावारी सरसफाई, आङ खस्ने समस्या, कन्भरसन डिसअर्डर	
२०६१ चैत्र वर्ष ३ अंक १०	हस्तमैथुन, पोर्नोग्राफी		२०६४ वैशाख जेठ वर्ष ४ अंक १६	एचआईभी र क्षयरोग, यौनजन्य दौतरी दवाव, रक्तचाप र यौनसम्पर्क	
२०६२ असार वर्ष ४ अंक ११	डाईटिङ, युवामैत्री स्वास्थ्य सेवा, बाल यौनशोषण		२०६४ साउन- भदौ वर्ष ४ अंक १७	डेटिङ त्रेज, स्तन क्यान्सर,	
२०६२ भाद्र-आश्विन वर्ष ४ अंक १२	विश्वव्यापी यौन सर्वेक्षण, कुमारीत्व		२०६४ माघ-फागुन वर्ष ४ अंक १८	किशोर अवस्थाको यौनिकता, ईन्टरनेट दुर्व्यसन, यौन व्यवहार र नेताहरू	

२०६५ जेठ वर्ष ५ अंक १९	राज्य पुनःसंरचनाको नीतिमा युवा किशोरकिशोरीहरूको समावेशीकरण, यौन सङ्क्रान्त	
२०६५ असार वर्ष ५ अंक २०	सुर्तिचुरोटको विज्ञापन, यौन सम्बन्धी भ्रम र वास्तविकता, किशोरावस्थाको गर्भाधारण	
२०६५ साउन वर्ष ५ अंक २१	युवा अवस्था, कलेजमा साथी बनाउँदा ध्यान दिनु पर्ने कुराहरू	
२०६५ भदौ वर्ष ५ अंक २२	यौन व्यवसायिक महिलाहरूको जोखिम, सातौँ अन्तरराष्ट्रिय एड्स सम्मेलन, कण्डमको प्रयोग	
२०६६ वैशाख वर्ष ६ अंक २३	किशोरी अवस्थामा गर्भवती हुनुका जोखिमहरू, महिनावारी हुँदा ध्यान दिनु पर्ने कुराहरू, सुरक्षित यौनसम्पर्क सम्बन्धी जानकारी	
२०६६ साउन वर्ष ६ अंक २४	चिनीरोग र यौन जीवन, किशोरी गर्भवती र सामाजिक अवस्था, युवा मैत्री स्वास्थ्य सेवा,	

२०६६ भदौ वर्ष ६ अंक २५	महिलाले गर्ने हस्तमैथुन, लिङ्गको जीवनचक्र, यौन दुर्वलताको कारणहरू,	
२०६६ असोज वर्ष ६ अंक २६	जङ्ग फुडको प्रयोग, वयस्कहरूका लागि यौन जोगाउने जीवनशैली, प्रेमका फाईदाहरू, डिप्रेसन र यौन समस्या	
२०६६ माघ वर्ष ६ अंक २७	नेपालको एचआईभी र एड्स । रोकथाम र नियन्त्रण कार्यक्रमको नीति र रणनीति, एचआईभी एड्स विशेषाङ्क	
२०७३ असार वर्ष १२ अंक २८	महिनावारी, स्वप्नदोष, यौनहिंसा, किशोरकिशोरीमैत्री सेवा, गर्भनिरोधका साधनहरू	
२०७३ असोज वर्ष १२अंक २९	किशोरावास्था, किशोरकिशोरीहरूको यौनिकता, यौन तथा प्रजनन् अधिकार, लागुपदार्थ र मोबाइल फोनको समस्या, ईन्टरनेटबाट यौन शिक्षा	

हाम्रा अनुभूतिहरू



Rupakot Retreat



On the way to Shivapuri



Tihar at Office



Punhill Trekking



आजभन्दा करिब २५ वर्ष अगाडी विभिन्न अन्तर्राष्ट्रिय गैह्र सरकारी संस्थामा कार्यरत लगभग २५ वर्ष आसपासका हामी केही यूवाहरूलाई आफ्ना ज्ञान, सीप र दक्षतालाई साटासाट गर्ने एउटा प्लेटफर्म बनाउने आकांक्षा जाग्यो, जसको परिणाम स्वरूप सोलिड नेपालको गठन भएको हो । यसबाट हामीले आफ्ना अनुभवहरू राष्ट्रिय रुपमा विस्तार गर्न टेवा दिन सक्थ्यो भन्ने हामीलाई लागेको थियो । सातजना साथीहरू मिलेर मानववनको एउटा सानो कोठामा संस्थाको कार्यालय स्थापना गर्‍यौं । केहि संस्थापक साथीहरू पूर्णकालिक रुपमा संस्थामा नै रहेर काम गर्नुभयो भने अन्यत्र काम गर्ने साथीहरू विदाका दिन तथा आ-आफ्नो कार्यालयको काम सकिएपछि त्यहि कोठामा जमघट हुने र संस्थागत विकास बारे विचार विमर्श तथा योजना निर्माण गर्थ्यौं ।

सोलिड नेपाल स्थापना गरिएता पनि यसको विकास तथा सञ्चालन चुनौतीपूर्ण नै थियो । गैह्र सरकारी संस्थाहरूलाई आम मानसमा हेरिने दृष्टिकोण, अन्य संघ संस्थाहरूप्रति भएका नकारात्मक धारणाले गर्दा सोलिड नेपाललाई आफ्नो विश्वसनियता, लक्ष्य र उद्देश्य प्राप्तिको लागि आर्थिक अभाव, व्यवस्थापकीय संघर्ष, कर्मचारी व्यवस्थापन आदिले गिजली रहन्थ्यो । हामी संस्थापक सदस्यहरूले नै मसलन्द, कार्यालय खर्चको लागि योगदान गर्थ्यौं । बेला बेलामा आर्थिक अभाव समेत भेल्ले पुगेका थियौं । हामी आफैमा पनि परियोजना प्रस्तावना लेखन, संस्थाको नेटवर्क विस्तार, समन्वय र सहकार्य बढाउने प्रयाप्त अनुभव थिएन तर काम गर्ने जाश, जाँगर, आँट र आत्म विश्वासमा कहिल्यै कमी थिएन । यसै बिचमा हामीले संस्थाको सदस्यता विस्तार गर्‍यौं भने विश्व विद्यालयसित अनुसन्धानमा सहकार्य गर्ने काम गर्‍यौं । यौन तथा प्रजनन स्वास्थ्य तथा

नसर्ने रोगहरू सम्बन्धी महत्वपूर्ण अनुसन्धानहरू सम्पन्न गर्‍यौं भने यस सम्बन्धी राष्ट्रिय रुपमा काम गर्ने संस्थाको रुपमा काम गर्ने वकालत, वहस पैरवी गर्ने र राष्ट्रिय तथा अन्तर्राष्ट्रिय क्षेत्रमा परामर्श दिन सक्ने भएको छ । अहिले संस्थाले मानवीय विज्ञता, आर्थिक सवलता, कार्य दक्षता, राष्ट्रिय तथा अन्तर्राष्ट्रिय पहिचान बनाएकोमा मलाई गौरव लाग्छ । यस संस्थामा कार्य गरेका विभिन्न विज्ञहरू अहिले राष्ट्रिय तथा अन्तर्राष्ट्रिय रुपमा विभिन्न सरकारी, गैह्र सरकारी तथा विश्व विद्यालयका नेतृत्व तहमा काम गरी रहनुभएको छ ।

मेरो विचारमा संस्थाको सफलताका लागि विभिन्न तत्वहरूले प्रभाव पारेको हुन्छ । दृढ अठोट भएका संस्थाका सदस्यहरू, विज्ञता भएका लगनशील कर्मचारीहरू, शुभचिन्तकहरूको सहयोग, सवल नेतृत्व, कठिनाईमा विचलित नभई कार्यक्रमको निरन्तरता, नेटवर्क विस्तार, संस्थागत पहिचान दिने सवालहरूमा बहस/पैरवी र नेतृत्व, जिम्मेवारी र कार्य सम्पन्न गर्ने परिपाटी, एउटै मन र भावना भएका बोर्डका साथीहरू, समन्वय, सहकार्य तथा साभेदारी, प्रभावकारी सञ्चार तथा पारदर्शिता, सहयोगी मन र भावनाले गर्दा नै संस्थाले २५औं वसन्त पार गरेको छ । सबैको नाम उल्लेख गर्न यहाँ सम्भव नहोला तथा विशेष परिस्थितिमा विभिन्न व्यक्तिहरूले गर्नुभएको योगदान अविस्मरणीय छ । सफलताको ईतिहास कोर्न सफल सोलिड नेपाललाई आगामी दिनमा अभै सफलताको शुभकामना ॥

मैले देखेको र भोगेको सोलिड नेपाल

डा. राजेन्द्र कुमार गिरी, संस्थापक सदस्य



संस्था स्थापना भएको २५ वर्ष पुरा हुन लागेको सन्दर्भमा सोलिड नेपालको संस्थापकको हैसियतले केही स्मरण, अनुभव लेखिदिन पर्यो भन्ने अनुरोध अनुसार यो आलेख लेख्दैछु । संस्थाको अनुभव र मेरो केही निजी अनुभव र विचार राख्न चाहन्छु ।

सोलिड नेपालको इतिहास मेरो वैवाहिक जीवनभन्दा पुरानो छ । संस्था स्थापना हुनुभन्दा पहिले म एकलो थिएँ, पछि दुई भयौं, त्यसपछि चार भयौं । संस्था स्थापना र नयाँ काम गरेपछि सरकारी जागिरमा प्रवेश गरेँ । संस्थाबाट प्रकाशित “यौवन स्वास्थ्य पत्रिका” प्रकाशन गर्ने क्रममा १० महिने पत्रकारिता विषयमा नेपाल प्रेस इन्स्टिट्युटबाट तालिम प्राप्त गर्ने अवसर मिल्यो । उमेरको महत्वपूर्ण उर्वर समय सोलिड नेपाल स्थापना र व्यवस्थापनमा बित्यो । संस्थाको शुरुवाती जीवन र मेरो जीवन छुट्टिन सक्दैन । यसबाट कुनै एकलाई भिकिदिँए हामी दुवै अपुरा हुन्छौं । मेरो सोलिड नेपालसँग भावनात्मक सम्बन्ध छ । संस्था स्थापनाको शुरुवाती समयमा हामी सोलिड परिवार कम औपचारिक र बढि अनौपचारिक थियौं र त पुराना दिनको यादले ‘नोष्टाल्जिया’ बनाउँछ ।

२५ वर्ष अघि ललितपुरस्थित मानभवनमा एक कोठा भाडामा लिएर शुरू गरेको संस्थामा “केही गरौं” भन्ने भावना भएका अन्तर्राष्ट्रिय गैरसरकारी संस्थामा कार्यरत र छोडेका साथीहरू माफ चिया गफमा गफिएको अहिले भैँ लाग्छ । संस्थागत नाताले गर्दा धेरै साथीहरूसँग भेट्ने, अनुभव साटासाट गर्ने र संस्था सञ्चालन, व्यवस्थापन र समन्वयका केही अनुभव हासिल गरियो । समग्रमा, संस्थाले मलाई केही दियो, मैले सकेको केही दिएँ । संस्थाप्रति मेरो सम्मान छ । धेरै मान्छेहरू आफू संस्थामा नभएपछि गुनासो बढी र सम्मान कम भएको मैले पाएको छु । तर मेरो यसमा गुनासो भन्दा सरकारी जागिर पछि अप्रत्यक्षरूपमा संस्थालाई अभि योगदान दिन सकिन भन्ने लाग्छ ।

यति मेरा निजी अनुभव लेखिसकेपछि संस्थाको बारेमा लेख्दछु । संस्थाले प्रजातन्त्र, शाहीतन्त्र र लोकतन्त्र लगायतको अनुभव, चुनौती र समस्या भोग्दै भुक्म्प (२०७२ साल) र कोभिड-१९ को महामारीको त्रासदी व्यहोरी सकेको छ । यस अवधिमा यहाँसम्म आइपुग्न संस्थाले केही अनुभव र पहिचान, धेरै समस्या र चुनौतीहरू, अलिकम अवसर र संभावना पाएको छ ।

पहिलो: संस्था स्थापना हुनासाथ हामीले सुनसरी र मोरङ जिल्लाका ४७ स्कूलहरूमा “विद्यालय स्वास्थ्य कार्यक्रम” सञ्चालन गर्यौं । करिव ३ वर्षको अवधिमा ११ हजार विद्यार्थी लाभान्वित भए । कार्यक्रमले विद्यार्थीको स्वस्थ बानीव्यवहारमा सुधार र व्यक्तिगत सरसफाईमा सुधार ल्याउन ठुलो मद्दत गर्‍यो ।

दोश्रो: संस्थाको अनुभव एवं पहिचानको कुरा गर्दा यौन तथा प्रजनन स्वास्थ्य रह्यो । यस विषयमा किशोरकिशोरीहरूलाई सही जानकारी दिने मात्र होइन, यौन स्वास्थ्य व्यवस्थापन लगायत यौन स्वास्थ्यलाई रहस्यमय बनाउनु हुँदैन भन्ने मान्यताका साथ “यौवन स्वास्थ्य पत्रिका” प्रकाशनको थालनी गर्यौं । यो महत्वपूर्ण कार्य थियो । संस्था स्थापनाकाल देखि नै युवा किशोरकिशोरीहरूलाई लक्षित गरी यौन तथा प्रजनन स्वास्थ्य विषयमा बहस र पैरवीकासाथ संस्थालाई चिनाउने राम्रो अवसर भयो भन्ने मलाई

लाग्दछ । तत्कालीन स्वास्थ्य मन्त्रालय, पाठ्यक्रम विकास केन्द्र सँगको समन्वयमा विद्यालयस्तरमा यौन शिक्षा समावेश गर्न संस्थाको महत्वपूर्ण भूमिका रह्यो ।

तेस्रो: संस्थाले केवल यौन तथा प्रजनन स्वास्थ्य विषयमा मात्र होइन, नसर्ने रोगको रोकथाम र जीवनशैली सुधारने कार्यक्रम सञ्चालनका साथै आयुर्वेद चिकित्सा पद्धतिलाई समय सापेक्ष बनाउन देशमा रहेका जडिबुटीहरूको सही प्रयोग र ज्ञान सम्बन्धी सचित्र रूपमा वर्णन गरिएको पुस्तक प्रकाशन गर्‍यो । यो अनुभव पनि संस्थाको लागि फरक अनुभव थियो ।

चौथो: संस्थाले स्थापना देखि हालसम्म स-साना देखि ठुलो अनुसन्धानका कार्य गरिरह्यो । खास गरी यौन तथा प्रजनन स्वास्थ्य लगायत नसर्ने रोग, स्वास्थ्यका लागि मानव संसाधन तथा बालविवाह आदिमा संस्थाले उल्लेख्य योगदान गर्न सकेको छ ।

यति संस्थाको अनुभव व्यक्त गरेपछि संस्थाका चुनौतीहरू अबै छन् । मेरो विचारमा नेपालमा गैर सरकारी संस्थाको भूमिका भनेको सरकार नपुगेको ठाउँमा पुगे र सरकारले निर्धारण गरेका कार्यक्रमहरूमा सहयोग पुर्‍याउनु हो । तीन तहको सरकार सञ्चालन पछि अर्थात नयाँ सम्विधान र तोकिएको संघियता कार्यान्वयन पछि गैर-सरकारी संस्थाहरूलाई चुनौती थपिएको छ । त्यतिमात्र होइन, विश्वव्यापी कोभिड-१९ महामारी र अन्य कारणबाट सिर्जित विश्वव्यापी संकटले हरेक देश र त्यहाँका संस्थाहरूलाई कार्यक्रम सञ्चालनमा बजेटको चुनौती थपिएको छ । तसर्थ आगामी दिनमा सोलिड नेपालले सञ्चालन गर्दै आइरहेका र संस्थाका माथि उल्लेखित उपलब्धिहरूलाई र संस्थाको सिकाइलाई पुँजीकरण हुने गरी तीन तहको सरकारसँग समन्वय, सहकार्यको रूपमा अगाडि बढ्नु जरूरी देखिन्छ ।

संस्थाको इतिहास २५ वर्ष कम होइन, संस्थाको नाम अनुसारको काममा अगाडि बढ्नु पर्ने देखिन्छ । खासगरी तोकिएका दिगो विकास लक्ष्य २०३० प्राप्तमा सहयोगी जनस्वास्थ्य मुद्दाहरूमा बहस, पैरवी लगायत नसर्ने रोग, जलवायु परिवर्तन, प्रतिजैविक औषधी दुरुपयोग विषयहरूका कार्यक्रम र सोसँग सम्बन्धित अनुसन्धानका कार्यक्रम बनाउने र हाल संस्थाले पहिचान बनाएका, अनुभव प्राप्त गरेका र विज्ञता हासिल गरेका कार्यक्रमहरूलाई निरन्तरता दिनु आवश्यक रहेको देखिन्छ ।

अन्त्यमा, २५ वर्षको यात्रा पुरा गरिसकेको संस्थालाई हार्दिक बधाई तथा शुभकामना दिन चाहन्छु । संस्था स्थापनामा महत्वपूर्ण भूमिका खेल्ने, हालसम्म निरन्तर रूपमा सक्रिय भूमिका खेल्ने संस्थापक अध्यक्ष लगायत सम्पूर्ण पदाधिकारीहरू र विभिन्न समयमा महत्वपूर्ण योगदान दिने सल्लाहकारहरू, पदाधिकारीहरू, संस्थापक सदस्यहरू, आजिवन तथा साधारण सदस्य र विभिन्न समयमा कार्यरत कर्मचारी एवं सोलिड नेपाल परिवारलाई हृदयदेखि नमन गर्न चाहन्छु । संस्थाको स्थापनाकाल देखि नै सल्लाहकारको भूमिका निर्वाह गर्नु भएका स्वर्गिय ध्रुव बहादुर रावतप्रति पनि हार्दिक श्रद्धासुमन व्यक्त गर्न चाहन्छु ।

मेरो पथ प्रदर्शक: सोलिड नेपाल

प्रविण शर्मा, कार्यालय प्रमुख, स्वास्थ्य कार्यालय, वाग्लुङ



स्वास्थ्य क्षेत्र भनेको त्यस्तो क्षेत्र हो जसले रोग लाग्ने नदिन, जनतालाई स्वास्थ्य बनाउन विभिन्न क्रियाकलापसँगै मद्दत पनि गर्दछ। यसले मानिसलाई रोग लाग्नबाट बचाउन के के गर्नुपर्छ भन्ने कुरामा चासो दिन्छ। मान्छेलाई रोग लाग्न नदिन मानिसको बानी व्यवहारलाई परिवर्तन गराउनका लागि जनचेतना जगाउन जनस्वास्थ्यले काम गर्छ।

सोलिड नेपाल सन् १९९७ मा स्थापना भएको गैरसरकारी, गैरराजनीतिक र गैरनाफामूलक संस्था हो जसले यौन तथा प्रजनन स्वास्थ्य समस्या, नसर्ने रोग र अन्य समस्याहरूलाई सम्बोधन गर्ने काम गर्दछ। सोलिड नेपालले अनुसन्धान अध्ययन, मिडिया र प्रकाशनहरू, वकालत, जागरूकता र मुद्दाहरूको संवेदनशीलता, तालिम र सम्बन्धित सरोकारवाला र सामाजिक परिचालन मार्फत मानिसहरूको स्वस्थ व्यवहारलाई प्रवर्द्धन गर्न प्रमाणहरू सिर्जना गर्ने काम गर्दछ।

यो कुरा आफु कलेज पढ्दा देखि सुन्दै आएको कुरा थियो। लाग्थ्यो कि म पनि कुनै दिन यो संस्थामा काम गर्ने अवसर पाउँछु कि पाउंदिन होला? संयोग भनौ या मनको कुरा पुगेको भनौ, जनस्वास्थ्य विषयमा स्नातक तह उत्तीर्ण भए सँगै जागिरे जीवन सुरु भयो वि.स. २०७२ सालमा जुन अवसर जुरायो यहि नाम सुनेको संस्था सोलिड नेपालले।

"Strengthening Adolescent Sexual and Reproductive Health Services in Gorkha, Nepal" नामको प्रोजेक्टमा फिल्ड अफिसरको रुपमा नियुक्ति लिएबाट मेरो सम्बन्ध जोडियो सोलिड नेपालसँग नाम चलेको र आफुलाई स्वास्थ्य क्षेत्रमा अब्बल तरिकाले स्थापित गराउन सफल संस्थाको प्रतिनिधित्व गर्दै गोरखा जिल्लामा आफुलाई परिचित गराउन पाउँदा निकै खुसी महशुस भयो। जति नाम स्वास्थ्य क्षेत्रमा संस्थाको चलेको थियो त्यति नै नाम चलेका अग्रज व्यक्तिहरूको टिममा काम गर्न पाउँदा काम प्रति छुट्टै लगाव बढेको महशुस हुने गर्दथ्यो।

प्रोजेक्टको समापन सँगै बजारको बढ्दो प्रतिस्पर्धालाई मध्यनजर गरी संस्थाकै सल्लाह अनुसार फेरी जनस्वास्थ्य विषयमा स्नातकोत्तर अध्ययन गर्ने निर्णय भयो। पोखरा विश्व विद्यालयमा अध्ययन गर्दा पनि आफुले काम गरेको संस्थाको परिचय दिदा सबैजनाले "ओहो सोलिडमा हो काम गरेको?" भन्दै गर्दा किन किन पढाई सकेर फेरी सोलिड मै काम गर्न जान पाए हुन्थ्यो भन्ने मनमा कुरा खेलिरहन्थ्यो। पढाइको शिलशिलामा पनि धेरै कुरामा सोलिडको टिमबाट पूर्ण साथ र समर्थन पाए।

आफ्नो काम प्रतिको इमान्दारिता, मिहिनेत र लगनशीलताको उच्च कदर गर्दै स्नातकोत्तर अध्ययन पश्चात सोलिड नेपालले फेरी सम्पर्क गर्यो- कपिलवस्तुको प्रोजेक्ट हेरिदिनुहुन भन्दै। पढाई सक्ने वित्तिकै आफुले पहिले काम गरेको संस्थाले फेरी सम्झिएर बोलाउँदा नाइँ भन्ने कुरा आएन। मैले फोनबाटै ओके गरेँ। गोरखा प्रोजेक्टले धेरै सिकाएको थियो जसका कारण कपिलवस्तुमा उस्तै प्रकृतिको नयाँ कार्यक्रमको जिम्मा लिन कुनै शंका नै रहेन। पुरानो टिमको निरन्तर सल्लाह, सुझाव, साथ र सहयोगका कारण पहिले भन्दा माथिल्लो तहको पदमा काम पनि सफलता पूर्वक कार्यान्वयन गर्दै गए। कपिलवस्तुमा काम गर्दा गर्दै आफ्नै घर पाएक सरकारी जागिरको करारको विज्ञापन खुल्यो। सोलिडको प्रोजेक्टमा जागिर सुरु गर्दा आफु जिन्दगीमा कहिले सरकारी जागिर नगर्ने भन्ने म, यो बेला सोलिड नेपालले नै मलाई नया अनुभव लिनुपर्ने भन्दै सरकारी जागिरको दरखास्त फारमको प्रक्रिया अघि बढाउन अनुरोध गर्यो। सम्पूर्ण प्रक्रिया अनुसार जनस्वास्थ्य प्रसाशक (नवौ तह करार) पदमा छनौट हुँदा पनि अन्तर्वार्तामा सोलिड नेपालमा काम गरेको अनुभव सुनाउँदा अन्तर्वार्ता लिने व्यक्तिहरूबाट "ओहो सोलिडमा पो काम गरेको? धेरै राम्रो" भनेर प्रतिक्रिया पाउँदा आफु दुक्कै छनौट हुन्छु भन्ने मनमा लाग्यो। यसरी सरकारी जागिरको नयाँ यात्रा सुरु भयो।

सरकारी सेवाको करार पदमा काम गरिरहँदा अब स्थायी पदको तयारी गर्ने जोस र हौसला बढ्न थाल्यो। सोहि बमोजिम जनस्वास्थ्य अधिकृत पदको लागि प्रदेश लोक सेवा कार्यालय, गण्डकी प्रदेशको विज्ञापनमा दरखास्त पेश गरी सम्पूर्ण प्रक्रिया पुरा गरी पहिलो नम्बरमा नाम निकाल्न सफल हुनुमा पनि सोलिड टिमको ठुलो भूमिका रहेको छ। परिक्षाको तयारी गर्ने क्रममा पनि आफु स्पष्ट नभएका धेरै कुरामा सोलिड टिमको राम्रो साथ पाएको सम्झना ताजै छ।

यसरी आफ्नो जागिरे जीवन सुरु गरेको संस्थाको निरन्तर साथ, सहयोग र हौसलाले कुनै व्यक्तिको प्रगति कति सम्म हुँदो रहेछ भन्ने उदाहरण म आफु र सोलिड नेपालसँगको मेरो सम्बन्धलाई लिन चाहन्छु। अन्त्यमा सबै गैरसरकारी संस्थामा काम गर्ने साथीहरूलाई पनि आफ्नो संस्थाले हद सम्मको साथ, सहयोग र हौसला प्रदान गरेको होला भन्ने छाप मेरो मन मस्तिष्कमा सोलिड नेपालले छोडेको कुरा सम्पूर्णमा सेयर गर्दै मन देखि हार्दिक आभार प्रकट गर्न चाहन्छु, जागिरे जीवनमा मेरो पथ प्रदर्शक: सोलिड नेपाल।



Surakshya Khanal
MPH Student
IOM, Maharajgunj

Tales of Trials: Experience with SOLID Nepal



Sapana Pokharel
Senior Program Officer
CRS Company

The journey with SOLID Nepal during our first venture into the realm of community-based trials stands as a remarkable chapter in our professional odyssey. As a health professional, the fusion of scientific investigation and ethical considerations has been the hallmark of our progress, and this project exemplified the culmination of these principles. In the face of the COVID-19 pandemic, the discovery and development of new vaccines emerged as a beacon of hope. From the historical perspectives of trials and errors by healers to the contemporary sophistication of clinical trials, we witnessed the evolution of evidence-based medical practices.

Our initiation into the world of clinical trials was both exhilarating and challenging. SOLID Nepal became our first workplace, and the experience was marked by a blend of nervousness and the thrill of venturing into the unknown. Although we had theory classes on the clinical trial during our undergraduate years, the knowledge was limited and it generates the highest form of evidences in modern-day research. As it might sound intriguing, both us did not imagined we would get to work in a clinical trial of the vaccine to curb the pandemic. The transition from theoretical understanding to practical implementation was significant, and the intensive preparatory days, including a 17-day camp in Sauraha, exposed us to the complexities of office management, technical aspects, and the importance of meticulous planning in clinical trial execution. The companionship and professionalism within the team laid a foundation for shouldering responsibilities and fostering personal and collective growth.

As a part of the first community-based trial in Nepal, particularly during the initial days our focus was centered around recruitment and inoculation. However, the intricate combination between theory and practice became

more apparent as we delved deeper into the project. We learned that beyond inoculation, maintaining precision in every phase was crucial. The meticulous planning and execution of each phase, from recruitment to inoculation, demanded a level of precision that left no room for error. We realized along with inoculation there are equally important steps following it in the trial which equally demands delicate planning and hard work. The most important aspect we realized is the maintenance of Investigator site files and Trial master files. Clinical trial documents form a base not only for following up with the participants but also for the legal procedures. The SOLID team helped site staff for the overall document management process. Covering up with site staffs works in earlier days and following up our overall management duty created a question in our efficiency in the earlier days. Furthermore, the capacity enhancement activities for social mobilizers was an ongoing task as they were not qualified enough. But the amount of dedication they put into the work by managing participants, informing about adverse events, following up, and most importantly the diary card management is commendable. Enrollment of illiterate participants who formed the majority was another challenge at first. The provision of taking witness consent during administering Informed consent form (ICF) made it easier. Recruitment of potential participants who fulfil the inclusion criteria are eligible for the enrollment. The screening procedure must be inclusively planned and well executed with qualified human resources. Lack of proper screening of participants subjected us to some preventable adverse events following the inoculation. We realized screening procedure should be customized as per the characteristics of participants in some scenario. Enrollment of alcoholic participants posed more SAEs. Thus, extensive screening should be done to exclude those participants for their

safety. Reflecting upon the work, we were least aware about the safety and efficacy aspect of the drug at the field level. Lack of awareness of efficacy data collection might have resulted in problems in the endpoint case collection.

Upon reflection, our journey with SOLID Nepal evolved beyond a job; it became a testament to the resilience and adaptability of the team and stakeholders. We encountered some challenges such as addressing the efficiency of site staff, enhancing the capacity of social mobilizers, and enrolling illiterate participants, which provided valuable lessons in adaptability and customization of procedures. The awareness gap among site staff underscored the importance of education, collaboration, and the need for well-trained personnel at every level, echoing the critical role of informed individuals in the success of clinical trials. Despite facing some aforementioned challenges, the experience instilled a sense of pride in contributing to the global fight against the COVID-19 pandemic. As we continue navigating the path in clinical research, we believe the expertise of our first community-based trial will serve as a cornerstone, shaping the trajectory of our professional endeavors. As Nepal continues to navigate its path in clinical research, we hope the journey of SOLID Nepal serves as a cornerstone, propelling the nation further into the realm of evidence-based medical practices and scientific innovation with the formulation of legislative directories and guidance and the proper monitoring framework in clinical research setting.

We want to express our deepest gratitude for the esteemed opportunity to be part of the SOLID Nepal family. Working alongside such a dedicated and dynamic team has been an invaluable experience. May this Silver Jubilee mark the continuation of the impactful journey, and we are excited to witness the future achievements and contributions SOLID Nepal will undoubtedly make to the health and well-being of communities. We hope to work with this jovial and honored team in our career path. Once again, congratulations on 25 years of excellence, and here's to many more years of success and positive impact!

Thank you !

Reflection of my journey with SOLID Nepal

Noriko Maeda

Country Representative, JIMTEF Nepal

It's a great honor to have my words here on this occasion of the 25th anniversary of SOLID Nepal. This opportunity reminded me of the previous works and good memories with SOLID. The experience of working together helped me learn the importance and challenges of leading project activities towards sustainability and ownership within the local community. The tasks were too tough for me to shape the plan for real implementation, even though it had been discussed among stakeholders before starting the project. Moreover, the project took place during the period of the COVID-19 pandemic, which was the biggest health threat worldwide in decades. It absolutely affected not only the project but also the lives of all stakeholders, including, of course, the staff of SOLID. However, the project was finally completed with positive outcomes. It could not have been overcome without the strong cooperation of SOLID.

SOLID itself is a specialist team in health, having an extensive network with various sectors, such as governance and academia which has been built through plenty of experiences. I find these combinations valuable in making an impact on society. It comes from the integrity of work and the concept of person-centered care, always standing by vulnerable people and those working on the front line. I appreciate all of you at SOLID and sincerely wish further prosperity for SOLID!"

My Days at SOLID Nepal



Saroj Kumar Mahaseth

LF Survey Coordinator

USAID's RTI Act to End NTDs | East Program
Oasis building, Patandhoka, Lalitpur

I am glad to know that SOLID (Society for Local Integrated Development) Nepal is celebrating its 25th anniversary on December 8, 2023. A souvenir is also being brought out to mark this occasion.

It is a great honor and privilege to write for the Silver Jubilee Souvenir. SOLID Nepal is a non-governmental, apolitical, and non-profit organization established in 1997 with the vision of "achieving a healthy and productive life for all individuals, especially those who are poor, vulnerable, deprived, and socially excluded. It has been working in the fields of sexual and reproductive health (SRH), maternal neonatal and child health (MNCH), family planning (FP), non-communicable diseases (NCDs), and the health system through research, media and publications, advocacy, awareness and sensitization, training, and social mobilization in an

I vividly remember the day I first stepped into SOLID Nepal to explore the opportunity for my public health postgraduate internship. Luckily, I got the opportunity to intern at SOLID Nepal from May 7 to September 9, 2014. As an intern, I got an opportunity to learn and enhance my knowledge in research, formative research, tool design and development for quantitative and qualitative research, data collection and management, thematic analysis, and improving coordination, communication, facilitation, presentation, and leadership skills. As an intern, I got the chance to expose and involved myself to a variety of project activities led by SOLID Nepal. Under the familiar and supportive environment of the organization and under the close observation and guidance from the Executive Director, Dr.

Khem Bahadur Karki, and the Programme Manager, Mr. Ajit Acharaya, I completed my master's in public health (MPH) internship.

After my post-graduation in Public Health from Rajeev Gandhi University of Health Sciences in Bangalore, Karnataka, I came back to SOLID Nepal to explore the job. Luckily, I again got an opportunity, this time as an employee as a Research Officer (RO) in this organization on November 25, 2014. From that date to December 30, 2018, I worked in SOLID Nepal in different job designations: from Research Officer to Project Coordinator to Programme Manager. I had spent almost 5 years in SOLID Nepal. I have an enormous opportunity to write the technical and financial proposals for research, programs, and projects, including the design, planning, implementation, supervision, and monitoring of the project activities.

During this five-year working period, I personally found that SOLID Nepal is an organization where you can learn a variety of knowledge and skills for overall designing, planning, execution, and leading of research, programs and projects in an effective and efficient way. This is an organization where you can get the opportunity to enhance your skills to do work as independent, work under pressure, and leadership skills to overall lead the project, even in hard situations. I can honestly say that the knowledge and skills that I learned from SOLID are one of the major milestones and benchmarks to enhance and uplift my professional and personal careers to the next level. During the journey of SOLID Nepal, I also found that the friendly and familiar working environment, supervision and guidance

from supervisors, and team spirit were also tremendous. SOLID Nepal is an organization like a school of knowledge and skills where you can learn as much as we can, and this learning will help you build up your setbacks to improve your professional as well as personal career in developing sectors.

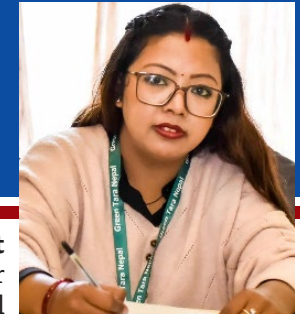
The roles and responsibilities that I am performing in my current job at RTI Act | East and in my previous jobs at PSI Nepal and CARE Nepal are really appreciated by the organization because I am performing my job very well. I would like to extend my sincere thanks to SOLID Nepal for providing me with such an opportunity to develop and broaden and grown up my knowledge and skills in the public health research and program sectors and build up my professional and personal career till now. It is my great privilege that I am a part of SOLID Nepal, and I feel proud to be called SOLIDIAN. If I get the opportunity to work in SOLID, I feel happy to rejoin my home organization in the coming days.

This year, SOLID Nepal is celebrating its 25th year of service in the developing sector. And by toiling for twenty-five glorious years, SOLID Nepal has grown and managed to create a new milestone in the developing sectors in the upcoming years. This has been possible only through the hard work, dedication, guidance, and continuous support of all the past and present executive board members, advisors, employees, and managers.

At last, I want to extend my sincere thanks to SOLID Nepal for providing me with such an opportunity to write up my souvenir message for the 25th Silver Jubilee. I wish all the best to SOLID Nepal for the upcoming years.

SOLID Nepal- More than Home for Me

Sujita Napit
Finance Officer
Green Tara Nepal



SOLID Nepal was like my mother's home where I could feel more at home, more comfortable, more in control and more supported than I ever had before. My entry in this organization was like a child where I played with my business, I fell down and stood up many times the organization genuinely cared for my growth, both professionally and personally by making me stand again after I slipped off. I had been here for about 6 years, but I had not heard any grumbling about management or the senior teams or supervisors or even the co-workers. The benefits that came from working here were above and beyond the monetary rewards we received. Management gave constructive criticism when needed and praised when it was due. I had received more positive feedback and recognition here than anywhere else in my life. My personal confidence level has gone up considerably. This organization was, without question, closer than some families. Thank you SOLID Nepal.

शिखर चुम्ने चाहना सहित !



स्थानीय एकीकृत विकास समाज नेपाल

Society for Local Integrated Development Nepal (SOLID Nepal)

Satdobato, Lalitpur, GPO Box No. : 9565 Kathmandu, Nepal

Tel. No. 977-1-5151656, Fax : 977-1-5151855

Email : info@solidnepal.org.np, Website : www.solidnepal.org.np