

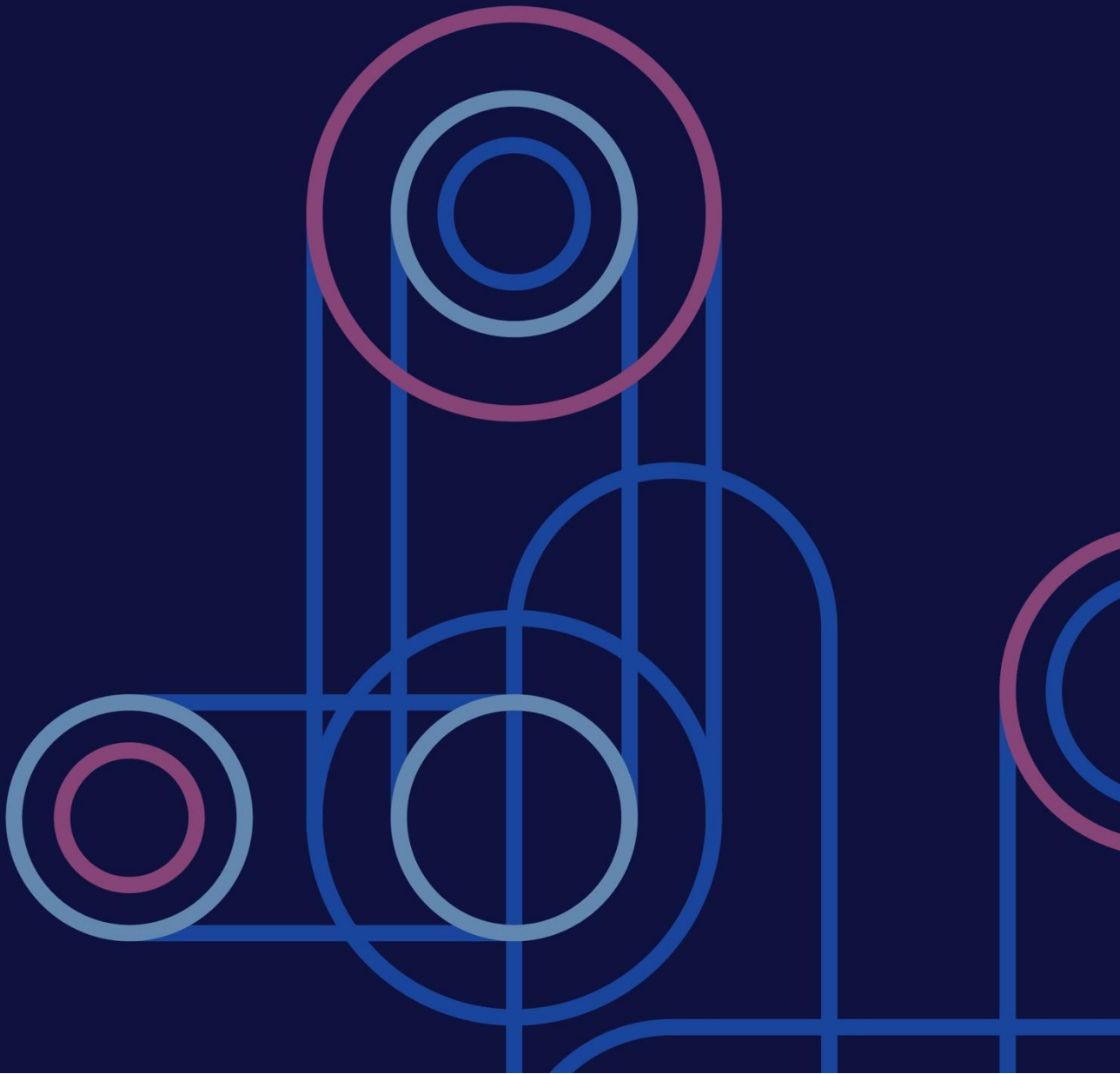


World Health
Organization

CASE STUDY

*Community Engagement to Develop Healthy City,
Dhulikhel, Nepal*

2026



Basic information

WHO Region	SEARO
City or Country	Dhulikhel, Nepal
Timeline	2019 – ongoing
Type of intervention	Governance; planning
Primary level of implementation	City
Primary sectors involved	Health; water and sanitation; education; urban planning; environment
Primary health outcomes or challenges	Non-communicable diseases; access to basic services; health equity; preventive care

Case description

Dhulikhel is a hill municipality in Kavrepalanchok District, approximately 30 kilometres east of Kathmandu. Following Nepal’s 2015 Constitution and subsequent local government restructuring processes, Dhulikhel’s municipal boundaries expanded substantially, increasing both its geographic area and population. This transition placed new demands on municipal governance while simultaneously granting local authorities clearer responsibility for basic health services and urban development. In response, the newly elected municipal leadership articulated an explicit political commitment to develop Dhulikhel as a “Healthy City,” embedding health as a core objective of local governance.

From 2019 onward, the municipality pursued this commitment as a long-term transitional objective. The mayor, acting through the municipal executive, formally anchored the Healthy City ambition within local policy instruments, including the municipal Vision Strategy 2030, which frames health, education, water, sanitation, and environmental protection as interdependent components of urban well-being. This political mandate created an enabling environment for coordinated action across municipal departments and for sustained collaboration with community institutions, academia, and civil society.

Among several actions aligned with its Healthy City ambition, the municipality sought to establish a comprehensive evidence base. In 2021–2022, Dhulikhel Municipality, in partnership with Dhulikhel Hospital, conducted a Health Census covering all households. The census collected data on demographic characteristics, housing conditions, water



[Dhulikhel, Saraswati Bazaar](#). Dhulikhel, Nepal: 2012. © Sundar1. [CC BY-SA 3.0](#).

and sanitation, health behaviours, chronic disease prevalence, and access to health services. Designed to establish a baseline, the census was intended to support longer-term planning, monitoring, and prioritization across sectors. Data were collected through in-person household surveys using digital data entry tools and linked to geographic identifiers, enabling integration with other municipal information systems.

The Health Census supported a more preventive and systems-oriented understanding of health. The municipality used census findings to identify structural determinants and service gaps, including variations between wards. This evidence informed municipal planning processes and supported coordination between the municipal health section, ward offices, health posts, and community actors such as Female Community Health Volunteers. The approach also strengthened the municipality's capacity to engage external partners with credible, locally generated data.

Community engagement has been a consistent feature of Dhulikhel's Healthy City transition. Building on a long history of community-managed initiatives – most notably in drinking water supply and health services – the municipality emphasized participatory

processes in both data collection and programme implementation. Ward-level representatives, local institutions, and community members were involved in outreach, validation, and follow-up activities, reinforcing local ownership of the Healthy City agenda.

Through its transition, Dhulikhel has established a coherent governance framework that links health objectives to urban planning, service provision, and environmental management. The municipality has strengthened its internal coordination mechanisms and improved its capacity to align health-related actions with broader development priorities. Through the Health Census and subsequent planning processes, health considerations have been made more visible and actionable within municipal decision-making. In August 2024, Dhulikhel Municipality was formally recognized by WHO as Nepal's first Healthy City.

Key enabling factors include sustained political leadership, a clear constitutional mandate for local health governance, strong institutional partnerships and an explicit commitment to evidence-informed planning. Barriers have included the administrative complexity associated with rapid territorial expansion and the need to build municipal capacity for data management and intersectoral coordination.

Dhulikhel's Healthy City transition remains ongoing. Future priorities include regular updating and use of health data, deeper integration of health considerations into non-health sectors, and continued efforts to address inequities between neighbourhoods. The municipality's experience illustrates how a clear political mandate, combined with evidence generation and participatory governance, can support a strategic and sustained approach to urban health..

Strategic Highlight

Dhulikhel's experience demonstrates the central role of political mandate in enabling a comprehensive and strategic approach to urban health. Rather than treating health as an isolated sector, municipal leaders positioned it as a cross-cutting objective that both supports and is reinforced by broader societal goals. This framing has allowed health to serve as a unifying lens for governance, planning, and community engagement.

The formal decision by Dhulikhel's elected leadership to pursue Healthy City status created clarity of purpose across municipal institutions. Health was explicitly embedded within the Vision Strategy 2030, alongside education, water, sanitation, environmental protection, and economic development. This alignment reduced competition between sectoral priorities and instead encouraged departments to view health outcomes as shared responsibilities. In practice, this has enabled coordination between health services, urban planning, and environmental management, reflecting the importance of governance as a foundational entry point for strategic urban health action.

The municipality's approach also illustrates how a political health mandate can be coherent with, and strengthen, other comprehensive strategies, particularly the localization of the Sustainable Development Goals (SDGs). Dhulikhel's 2022 Voluntary Local Review explicitly links municipal policies and programmes to the SDGs, including SDG 3 on health and well-being. By situating the Healthy City transition within this SDG framework, the municipality has reinforced the legitimacy of health-oriented actions and created a common language for engagement with national authorities and international partners.

Dhulikhel's case highlights that comprehensive urban health strategies depend on more than technical solutions. A clear and sustained political mandate can align sectors, support investment in data and institutions, and integrate health objectives within wider development agendas such as the SDGs. In doing so, political leadership becomes not only a driver of health action but a mechanism for coherence across the full spectrum of urban policy.

Further Information

- [Healthy City, Dhulikhel](#)
- [Health Census of Dhulikhel Municipality](#)
- [Dhulikhel, Nepal Voluntary Local Review](#)
- [WHO recognizes Dhulikhel town as Nepal's healthiest city](#)
- [Celebrating Healthy Cities: WHO Award Ceremony for Healthy Cities](#)