

## Promotion of Health and Hygiene in Remote Mountain Villages in Nepal

(Outlook for the new project, January 2020)



*Washing hands together is fun. (Priti, Ramechhap District, Nepal, Spring 2019)*

**Ramechhap - a poor mountain region:** Our project area is located about 230 kilometres northeast of Kathmandu in a poor mountain region that is difficult to access. Many people there live from the laborious cultivation of rice on the steep slopes. There is only a poor network of unpaved roads. During the rainy season from May to September, it is often only passable on foot due to landslides. Far away from doctors, good teachers and jobs, life is still very arduous.



*A typical health post - extremely simple and often not hygienic.*

**Health care is poor:** There are eight health posts in our project area, some of which are not yet fully operational after the earthquakes. In the rainy season, it often takes four hours on foot to get first aid there. A doctor or hospital is even further away. The stations are poorly equipped for this purpose, the staff is often not sufficiently qualified and sometimes not very motivated. Often the medication provided free of charge by the government (on the basis of a short list) is no longer available. Many residents also distrust evidence-based medicine and seek out the local shaman instead.



*The ambulance - a rarity and only used outside the rainy season.*



*The only medical lab in the area.*



*Volunteer doctors visit the region and provide treatment.*



*Outdoor waiting room.*

**Children suffer from preventable diseases:** A systematic examination carried out in 2019 by German doctors in cooperation with our team on site, focusing on children's health, has shown that the health situation is still alarmingly bad. It was shown, for example, that many children are still malnourished; 70% of the school children in our project area have caries. There is no dentist in the region. Only the occasional volunteer help from Nepalese doctors provides treatment, which often only brings relief by pulling teeth.

**Girls and young women are particularly vulnerable:** Menstruation still carries a stigma in Nepal. Menstruating girls and women are considered unclean. Although the custom "Chhaupadi", in which women are banned from village life during their period, was constitutionally banned in 2005, many girls and women are still subject to this discrimination. The subject is heavily burdened with shame and hygiene products are expensive. For example, 47% of the women help themselves with shreds of fabric, which often leads to infections. When they have their period, many girls do not go to school because they do not have proper sanitary facilities.

### Sustainable help through health promotion, education and prevention

**Travelling together:** Childaid Network, together with its local partner Green Tara Nepal (GTN) and advisory German doctors and tropical health specialists, has developed a project concept that addresses the above problem descriptions. GTN is a Nepalese NGO that has been successfully implementing projects in the health sector since 2007. In this project, we now want to work together with GTN to gradually improve the health and well-being of all children, young people and women in the region. The pilot projects have been launched.

**The project objective:** The holistic approach of the project pursues the goal of improving the health situation of the people in a sustainable and measurable way. There are four sub-goals:

1. A detailed analysis of the health situation of the target group
2. A change in the behaviour of the target group through growing awareness of the problem and targeted guidance on health promotion in the areas of dental, menstrual, sexual and reproductive health, risk-free maternity and postnatal treatment and healthy eating
3. The mobilisation of local capacities and resources to also call for state contributions; and



*Life in the mountains of Nepal is exhausting and full of privation.*

4. Improved cooperation between local health facilities, schools and authorities to ensure that state resources are used in the best possible way.

**The target group:** A total of approx. 7,500 people live in the two selected communities of Priti and Banti-Bhandar. There are currently 16 schools with 1,192 pupils. There is a health station in each community. Priti is also a strategic location for lobbying, as the local government and associated authorities are based there. We want to help the entire target group to achieve a better health situation.



*The findings on child health from the investigations are sometimes alarming.*

### The project activities

**Detailed analysis of the health situation:** In spring 2019, a participatory problem analysis with the target group and stakeholders already took place. A detailed study is currently being prepared at the beginning of the project. Through focus group discussions, surveys and data collection, we will find out in detail what health problems people have and what causes they have.

**Problem awareness and health promotion:** We now employ health workers who work systematically in two areas:

1. The regular meetings of the 18 women's groups in the project area are attended by the health workers to discuss topics of interest and to inform those affected about how changes in behaviour can lead to improved health. These include topics such as risk-free motherhood, family planning, hygiene or healthy nutrition for (young) children.
2. There is a strong focus on the 16 schools in the project region for example, all pupils should change their behaviour when brushing their teeth. By mobilizing the children's clubs for health topics, mobile teachers in the schools with practical exercises such as growing hands, brushing teeth, specific events for girls on the topic of menstrual hygiene and the involvement of the teachers in extracurricular activities, we want to reach and win over the youngest children in the region for a sustainable improvement of the health situation.



*The dentist is very busy.*

**Mobilisation and cooperation:** By involving local stakeholders, resources and capacities of the target group, authorities and political decision-makers are mobilised. Regular meetings with the female community health volunteers (FCHVs) serve as training and orientation. Particular focus is placed on reactivating the committees for the management of the health posts and their staff.



*The rush is great.*



**Many children brush their teeth properly for the first time under supervision.**



**Practice makes perfect.**



**Washing your hands has to be learned as well.**

To improve cooperation, regular meetings are organised between the authorities and, for example, the school management committees and parent-teacher associations. The civil society organisations also receive advocacy and awareness-raising workshops to enable them to fulfil their role.

### Costs and Action plan

The project schedule and the costs for the different project objectives are shown in the following two graphs (Project start is January 2020).

Activities	Action plan 2020											
	J	F	M	A	M	J	J	A	S	O	N	D
1. project preparation	■	■										
2. detailed analysis of the health situation		■	■									
3. problem awareness and health promotion				■	■	■	■	■	■	■	■	■
4. mobilisation				■	■	■	■	■	■	■	■	■
5. improved networking of health actors					■	■	■	■	■	■	■	■

### Budget Pilot Project

Objective 1: Material costs: Detailed analysis of the health situation	€ 916,67
Objective 2: Material costs: Problem awareness and health promotion	€ 5.487,67
Objective 3: Material costs: Mobilisation	€ 2.583,07
Objective 4: Material costs: Improved networking of health care actors	€ 1.643,33
Personnel and travel expenses	€ 15.083,33
Local administration and permits	€ 3.791,67
<b>Total</b>	<b>€ 29.505,73</b>

### Long-term improvement of the situation

**On sustainability:** The project has a preventive effect by educating and empowering the population and thus changing behaviour. In addition, lobbying by civil society organisations and capacity building with



*A great support - the voluntary health workers.*

authorities and staff are at the forefront of the project in order to bring about a long-term improvement in the health system.

**Outlook:** A scaling up of the pilot project in 2021 to other districts in the region is possible and desirable. We assume that, based on experience, the efficiency can then be further improved.

**The pilot project is generously funded entirely by a foundation. However, we need your support for other activities in the health sector and for scaling up.**

*January 2020, Silke Geissert*



*The Health Examination Team.*