Health Report Phase I –I (6th May-17th June)
Submitted to:
Bakanje Women Empowerment Project (Bakanje-WEP)
Bakanje VDC, Solukhumbu

By:
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Background

WEP is a social project aimed to conduct in Bakanje VDC(Village Development Committee) of Solukhumbu district for the duration of three years. Considering the needs of local women in Bakanje VDC, it mainly focuses on three areas as follows:

- Social development
- Economic development
- Health training

Health being the major concern for the quality living of an individual, WEP also conducts program in health related areas. It mainly focuses on health problems related to women and childhood diseases. So, to conduct the health program, I was selected by the team of Himalayan Project as the health expert. Although the project overall focuses on women and childhood diseases the first phase of health constituted of 45 days and was mainly focused for providing the health lecture on obstetric care, Family planning methods, hygiene, sanitation and nutrition. We have seven women groups in Bakanje VDC and health program was conducted among those women groups.

Objectives:

General objective:

- To make the women realize the importance of health and to bring good health practices in their daily life in order to improve the health condition of women of Bakanje VDC.

Specific objectives:

- To identify the awareness and knowledge among women of Bakanje VDC regarding obstetrical care, family planning methods, sanitation, nutrition, exclusive breast feeding, child malnutrition and common childhood diseases.
- To provide lectures on various health related topics.
- To rule out the health practices and health seeking behavior of women in Bakanje VDC.
- To perform home visit in Bakanje VDC especially focusing household with pregnant women, postnatal mother, multiple children and newly married couple.
- To identify the general health problems and nutritional status of children of Bakanje VDC through home visit and MUAC (Mid Upper Arm Circumference)measurement.
- To visit and collect data of total patient seeking health services from Chhiringkharka Community Clinic, Bakanje Sub Health Post and Kenja Health Post.

Activities:

Regarding health program, WEP solely conducts health awareness program. So, the health education was given to women using various methods as follows:

- Interactive lecture method
- Demonstration method
- Use of various IEC (Information, Education and Communication) materials.
  Also, the information regarding the health condition of women and children in Bakanje VDC was obtained through home visit. The data about the patient visiting the health centers were obtained from the patient register book of health posts.

The first phase of the health program constituted of 32 days dated 12/05/2012 to 12/06/2012.It was divided into 2 rounds and 13 meetings were conducted in total with 7 meetings in first round and 6 meetings in second round.

The first round consisted of 14 days dated 12/05/2012 to 25/05/2012.During the first round health education was given on following topics:

- Pregnancy and postnatal care
- Family planning methods
- Hygiene and sanitation

Along with the lecture, demonstration of family planning methods, water purification, postures to be maintained during pregnancy and postnatal exercises were shown to women group. Further the women groups were explained using various IEC materials on each topic. Regarding pregnancy care, sign and symptoms of pregnancy, diet during pregnancy, antenatal visits, consumption of iron tablets, Tetanus Toxoid vaccination and danger signs during pregnancy were discussed among women groups. Further,the postnatal period, postnatal visits, diet of postnatal mother, care of newly born baby, consumption of iron tablets and vitamin A capsule and danger signs of newly born baby and postnatal mother were discussed. To make the women feel comfortable during Family Planning lecture, an open discussion was allowed. Further they were allowed to touch the family planning devices and feel it so that their fear can be removed as the women in villages fear of using devices such as condom, copper-T and Norplant. Under water purification, boiling, filtration, chemical disinfection and SODIS (Solar Water Disinfection) methods were discussed. But we had mainly focused on boiling and SODIS method as the use of filter and chemical disinfection was not within the reach of local people over there. The importance of personal hygiene and environmental sanitation were also discussed among the women groups.
Health practices of women were also assessed and their health queries were listened and answered properly during the lecture. The average time for each lecture was about two and half hour so, tea and biscuits were distributed for the refreshment of women in each lecture. Finally, at the end of each lecture, it was summarized briefly by the women group and ended by chairperson of each group.

The schedule for the first round was as follows:

Date:	Place:	Women Group:
12/05/2012	Kenja	Sagarmatha Sashaktikaran Women Group
15/05/2012	Sagarbakanje	Sagarbakanje Women Group
17/05/2012	Chhimbu	Surya Mukhi Women Group
19/05/2012	Bakanje	VDC women group
20/05/2012	Sagardada	Him Ganga Women Group
23/05/2012	Sete	SrijanShil Women Group
25/05/2012	Chhiringkharka	Regalmul Women Group

The second round consisted of 17 days dated 27/05/2012 to 12/06/2012.During the second round, along with the health lecture with the women group, home visit and meeting with staffs of health centers were also done.Each of the meetings were planned to start at 11:00a.m but some of the meeting such as in Sete was started late due to their own meeting on that day. During the second round health education was given on following topics:

- Nutrition and general nutrition deficiency disorders
- Exclusive breast feeding and preparation of Infant Cereal Feeder(Sarbottam Pitho)
- Child malnutrition (Protein Energy Malnutrition)
- Growth monitoring and general childhood diseases

To help the women understand more regarding the health lecture, it was discussed using various charts and postures. The local practices and awareness on each topic of the women groups were identified. Dietary pattern of the local women were identified and their understanding regarding the importance of nutrition in daily life was assessed. Their daily consuming food was categorized under the three major classification of nutrition and made them realized how those food helps to keep us healthy. The nutrition deficiency disorders were discussed and asked if they had faced or seen such problems in their daily life. The breast feeding practices of the women were asked and also other nutritional supplement which they use for their child was also assessed as most of the women in villages start early
supplementary feeding for the child. Women themselves also prepare Sarbottam pitho locally. So, their method of preparation of Sarbottam pitho along with its constitution was identified inorder to make necessary correction in their techniques and methods of preparation. Women were asked if they had the child with protein energy malnutrition in their locality. The signs and symptoms of such children were explained by showing the real photographs taken from such children. Growth monitoring chart was shown to the women group and the various lines and its significance were also explained to the women group.

The general childhood diseases such as fever, measles, mumps, neonatal tetanus, acute flaccid paralysis, Japanese encephalitis, diarrhea, pneumonia and worm infestation were discussed. The knowledge and understanding of women group regarding such diseases and their local practices to overcome it were also assessed. The lecture mainly focused on prevention, early identification and home remedies of such diseases if possible. Further it was also aimed to help them seek health facilities at appropriate time if necessary to prevent complication and unwanted death of the children.

During the lecture on Sarbottam Pitho, women group were given the powder of Sarbottam Pitho to taste to make them feel how it tastes and how fine it has to be. Tea and biscuits were also distributed during the lecture. At the end of the lecture, women were allowed to wash hands and cut nails to make them realize the importance of hand washing and personal hygiene.

Home visit was also done on each village focusing those households with pregnant women, postnatal mother, multiple children and newly married couple. During the home visit, the no. of pregnancies of each women, the use of family planning methods, the responses towards the health program and general diseases that the women wishes to learn in the future were identified. Counseling was also done in some households regarding diseases such as gastritis, worm infestation, eye infection, exclusive breast feeding, complimentary feedings and use of family planning methods. MUAC measurement was also done among children below 5 yrs of age to assess the nutritional status of the children. Further, they were encouraged to give proper attention on their child nutrition, hygiene and immunization.

Meeting with the staff of Chhiringkharka Community Clinic and Kenja Health Post was done. In Chhiringkharka, I had meeting with Sarita Magar and in Kenja, I had meeting with Sarada Magar. They both were CMA. There I assessed the health infrastructure, health services that are being provided and collected the data of total patient visiting health institutions from 17th July 2011 onwards. Meeting with the staff of Bakanje Sub Health Post could not be done as the staff demanded an official letter from WEP which was not available during that time.

The schedule for the second round meeting was as follows:

Date:	Place:	Women Group:
29/05/2012	Chhiringkharka	Regalmul Women Group
01/06.2012	Sagardada	Him Ganga Women Group
19/05/2012	Sagarbakanje	Sagarbhakanje Women Group
06/06/2012	sete	Srijan Shil Women Group
09/06/2012	chhimbu	Surya Mukhi Women Group
12/06/2012	Kenja	Sagarmatha Sashaktikaran Women Group

Findings:

Although health education was given to women group, it was not solely a one way lecture program rather it can be called as health interaction program. In Bakanje VDC, women are quiet less aware about their health but they are interested in learning about health. Regarding antenatal visit, most of the women are not aware and hadn't performed antenatal visits in the past. Although those women who have recently delivered baby have done antenatal visit but it was not sufficient. Nowadays iron tablets are taken by most of the women but some of them told that they didn't take it because they feel nauseated and vomiting occurs after having it. Also they don't like the taste of iron tablet. In Sete, Sani Sherpa a 32 yrs old female have recently delivered baby but she is not taking iron tablets and vit.A capsule too. According to her, iron tablet is not available in health post and FCHV (Female Community Health Volunteer) also didn't provide her. During the home visit, we found that there were total seven females with baby under 1 year of age. Almost all the females had delivered baby at home. They told that they feel shy to deliver baby in the hospital and it's too far to reach hospital. Further they have been delivering their previous babies normally at home and were sure that the same will happen to their present baby too.

In the past, postnatal mother used to return to their work after a ceremony called "NWARAN" i.e naming ceremony of the child which is mostly performed on 3 days. But at present they immediately do not return to work but the maximum duration that women stay without heavy work is about two to three weeks on an average. Regarding nutrition to the pregnant and postnatal mother, females told that they have butter,ghee, meat, rice and vegetables too. As there is more Sherpa community, they told that postnatal mother is given "ricebeer" and they believe that it helps in production of mother's milk.

They have the practice of bathing the baby immediately after delivery with hot water to make the baby clean and pure from dirt.Exclusive breast feeding is not practiced by any of the female. Most of them feed their child after one month and some of them start feeding within two, three days. They further explained that mother's milk is not enough for the child so, to fulfill the demand of the child they initiate early feeding with "LITO"(Infant Cereal Feeder). Moreover the women had to work in the field and it's not always possible for them to stay with the child. Sometimes they leave the child early in the morning and arrive late in the evening. They have the practice of making flour for the child but the technique is different. They directly mix all available grains such as wheat, maize, barley, millet and rice, clean it, cook and finally grind it all at the same time.

When classes regarding nutrition were conducted, the women argued that variety of foods are not grown in their locality. But we found that the nutritional requirement can be fulfilled by substitution with other locally available foods.During the home visit, MUAC measurement of the children below 5yrs of age was done to assess the nutritional status of the children. We found that almost all children had good nutritional status except few of them. Mother's of undernourished children were counseled regarding child nutrition to improve health status of the child.When we asked, mother of children below 3yrs of age, if they monthly weigh their children. They answered that they weigh their child only during immunization and it's not possible to weigh child monthly as it's too far from their house. In Kenja, we found that the weight of child is not taken even during immunization because the weighing machine is not in working condition.

Family planning was the topic of interest among women of all village and they were very interested to know about it. Most of the women in Bakanje VDC use Depo-provera (Depo-Provera is a hormone, but is administered by intramuscular injection and provides protection against pregnancy for three months), some of them use pills and very few use Norplant (Norplant is a long-acting hormone that is inserted under the skin and prevents conception for up to five years). We found only two females using Copper-T and one using condom. In Sagardada, SaraswotiKarki, a 64yrs female told that she had used copper-T and had removed it after 16 yrs only as she was not known about it. Although the women have heard about condom, some of them had not really seen and feel it so they were allowed to touch and feel it too.

Although the women are aware about hygiene and sanitation but due to their workload they are not able to maintain proper hygiene in their daily life. According to women they have to work daily in the field and maintenance of personal hygiene is not so possible. While attending the meeting, some women were well groomed but most of them were not so clean especially the women of Thami group. When we had home visit in Thami Tole in Sagarbakajne, Sante Thami, a one month baby had all red rashes in his body and the dirt was so deep rooted in his head due to lack of proper cleanliness. Also there were other small children in that home who also had lack of cleanliness. The condition was so pathetic that the houseflies were just hanging around the nose and mouth of those children. In most of the houses, animals were kept nearby the house. There was provision of drinking water in most of the houses but many houses do not have toilets in Patal, Sagardada, Chhimbu and Thami Tole. Most of them directly drink water without purification. Although drinking water is boiled, they do not apply the proper and correct technique for water purification. They are unknown about chlorination and SODIS method and very few of them use filtration method.

Regarding child diseases, women were aware about pneumonia, fever, diarrhea, worm infestation, mumps and measles. Very few were aware about neonatal tetanus. In Sete, Sushma Lama, the health worker had told that one of the child in their village had died due to neonatal tetanus about 3 yrs ago. According to the health worker, most of the people still believe in traditional healing i.eDhami and Jhankri. They first go to traditional healer and if not treated only go to health institutions. Sometimes, their priority for seeking treatment depends upon the type of diseases. For example: if visible injuries occur like fall injuries, cut injuries e.t.c they go to hospital but if physical symptoms like headache, nausea, vomiting,e.t.c occur they prefer traditional healing. As per the record only minor diseases are treated in local health institutions and others are referred to Phaplu Hospital, Bhandar and Kathmandu too.

The data about total patient visiting health institution in Bakanje VDC and MUAC measurement among children below 5yrs of age is attached in the annex.

Further, we asked women about the health problems that the women wishes to learn in the upcoming phases. Most of the women responded that they would like to know on following topics:

- Gastritis

- Menstrual disorders
- Family planning methods
- Fever
- Common cold
- Diarrhea/ Dysentery
- Worm infestation
- Toothache and dental carries
- Joint pain
- Conjunctivitis
- Skin diseases

Learning:

- Based on my theoretical and practical knowledge, I learned to deal with the community people and provide them the health education as per their understanding level.
- I learned to work in a very different community with limited facilities and physical infrastructures.
- I realized how the local people should be dealt and how the illiterate women group can be involved actively during the lecture.
- I got an opportunity to see practically the lifestyle, health practices, health seeking practices and the health delivery system of local health institution in remote areas.
- The capability to speak in mass and the technique to deal with the new person and new situation is increased within me.
- Furthermore, some local programs were attended in the community through which we got an opportunity to introduce with local community resource person and community people.

Achievements:

- The health program was the interest of topic among the women. So, despite their busy schedule, most of the women attended the health lecture.
- Women were interactive during the lecture and besides listening to the health lecture their personal health problems were also expressedand discussed too.
- During the family planning lecture, a women named Chhokpa Sherpa in Chhiringkharka blew condom and showed to all women which is a very praiseworthy task by the women of such rural locality.
- The date and time of health meeting in some places coincided with the meeting by other organization. During that time, the chairwoman of that particular group informed that she wasattending the other meeting as it was very necessary. This made us feel that the community women had realized the importance of WEP health program.
- Most of the women were attentive during the lecture. Women realized that the health lecture regarding pregnancy, exclusive breast feeding , postnatal care and childhood diseases are useful for their upcoming generation.
- Those women who were not in women group and did not know about the WEP health program attended the health program after the counseling during the home visit.
- People are grateful towards WEP health program and want such program to be conducted in the future too.

Obstacles:

- The data could not be obtained from Bakanje Sub Health Post due to lack of proper co-ordination by the WEP with the District Health Office and local health institution.

- Sometimes there was inadequate participation of women group due to their own household works.
- Lack of punctuality among women group was also quite challenging.
- Sometimes the date and time of health meeting coincided with the meeting conducted by other organizationwhich lead to less participation of women group.
- Sometimes the women were less attentive during the lecture which was also quite challenging.
- As most of the women in the group are illiterate, it was quite difficult to explain them.

Recommendations:

- Proper co-ordinationshould be doneby the WEP with District Health Office and local health institution before the start of the health program to make the health program more effective.
- Official letter should be made available when approaching local institutions and focal persons in the community.
- FCHV's of each wardshould be involved and focused in every health education to make health program more effective.
- The FCHV's in each ward are not so active. So, the women group should be empowered and sensitized to make their FCHV strong, active and also for selection of new FCHV if necessary.
- The social mobilizers should be made very active to be able to gather adequate information regarding their community and upcoming events and program in their community to prevent happening of two programs on the same day.
- The focal person in each women group should be empowered and sensitized so that she can influence other members in group.
- The late comers in the health lecture should be motivated through counseling during the home visit.
- Women group can be made more attentive if maximuminformations are provided in pictorial form as most of them are illiterate.
- To maintain trust with community people, health personnel should have the ability to explain on every common health problems in that area besides the topic that are being dealt by WEP.
- The health personnel should identify the local health practices and justify it properly if it is wrong.

Conclusion:

Hence the first phase of the health program was completed in 45 days dated 12/05/2012 to 12/06/2012 and the program was quite satisfactory. Although, most of the women group were illiterate they were very interested to learn new things about health. The knowledge regarding health among women is low and even the health practices in their daily life is also very poor. In Bakanje VDC, most of the women are less aware about their health and their health practices are based on traditional methods such as healing through Dhami and Jhankri and use of traditional herbs too. Although there is health post, they prefer traditional healing in the beginning and then only seek help from health institutions.

Although people with various castes resides in Bakanje VDC, the overall lifestyle and the health condition of Thami group is quiet pathetic and needs to be uplifted.The VDC is geographically tough and only health post and community clinic are available which has very limited health services. As a result people have to walk a lot to seek higher health facilities. In Kenja Health Post and

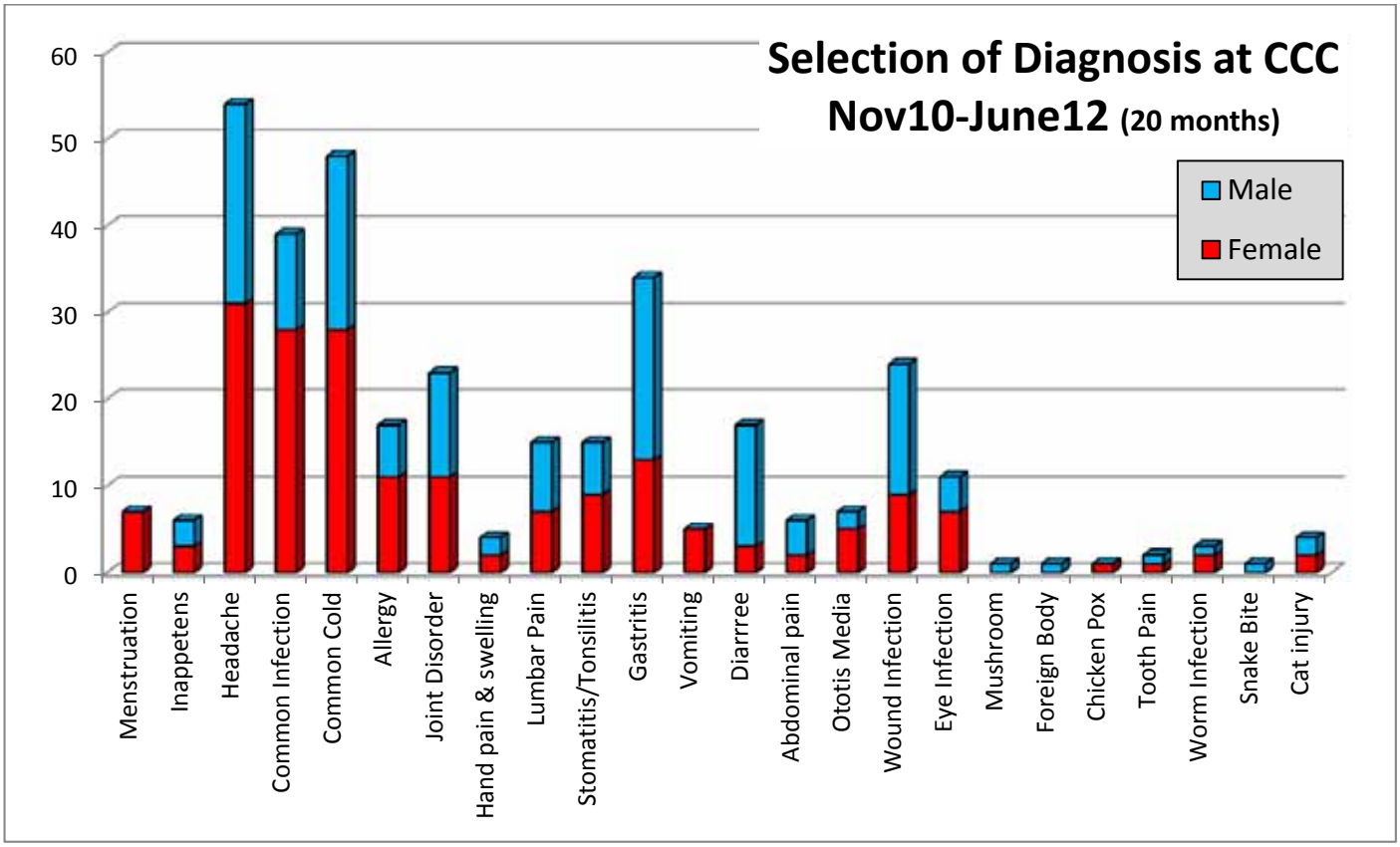
Chhiringkharka Community Clinic only one staff i.e CMA in each institution is present which is not able to meet the demand of people over there. As various programs from district development committee are conducted in Bakanje VDC, there is a lot of opportunity for people over there and WEP can help a lot for uplifting the living standard of people especially women.

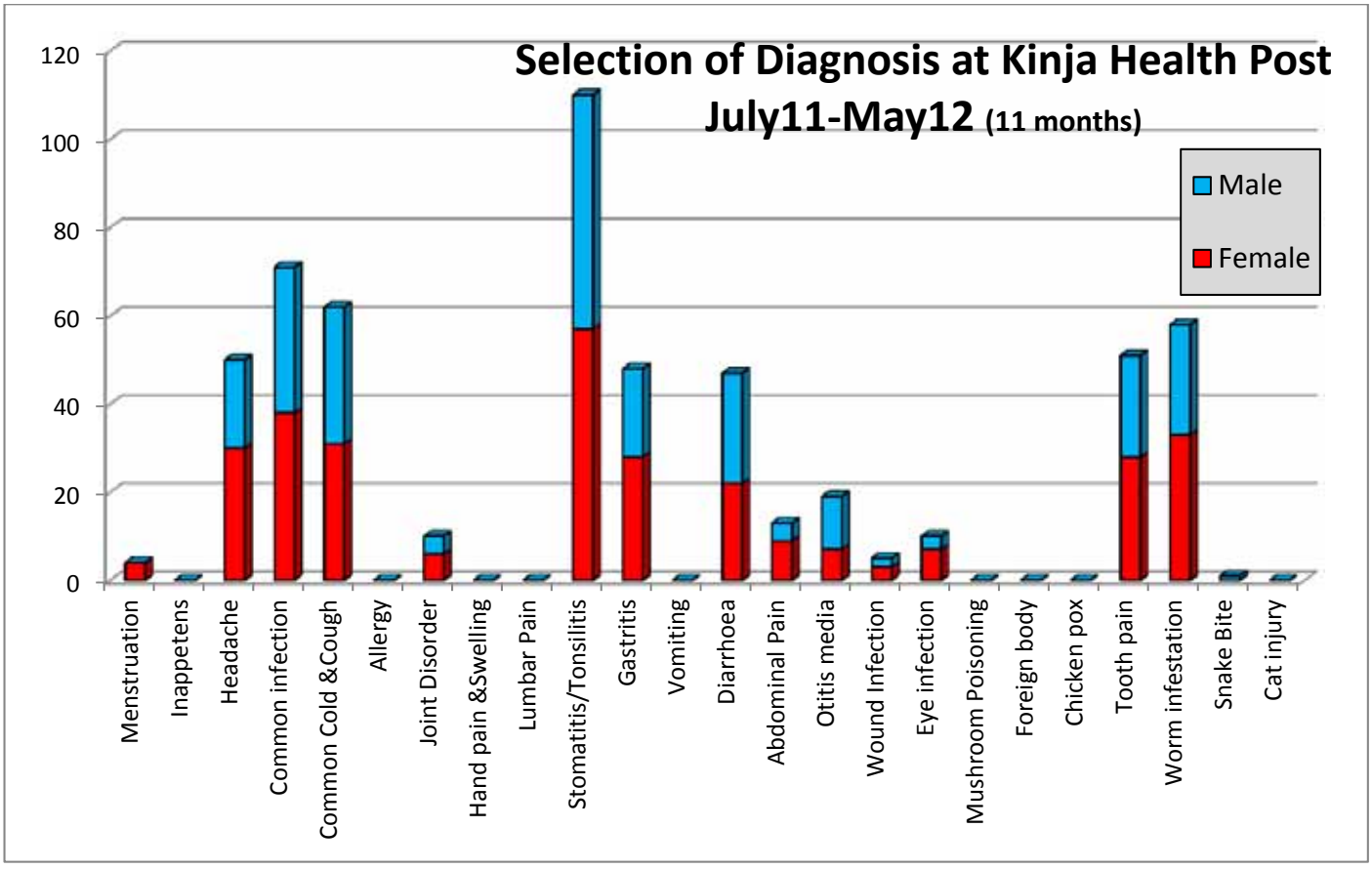
Submitted by:

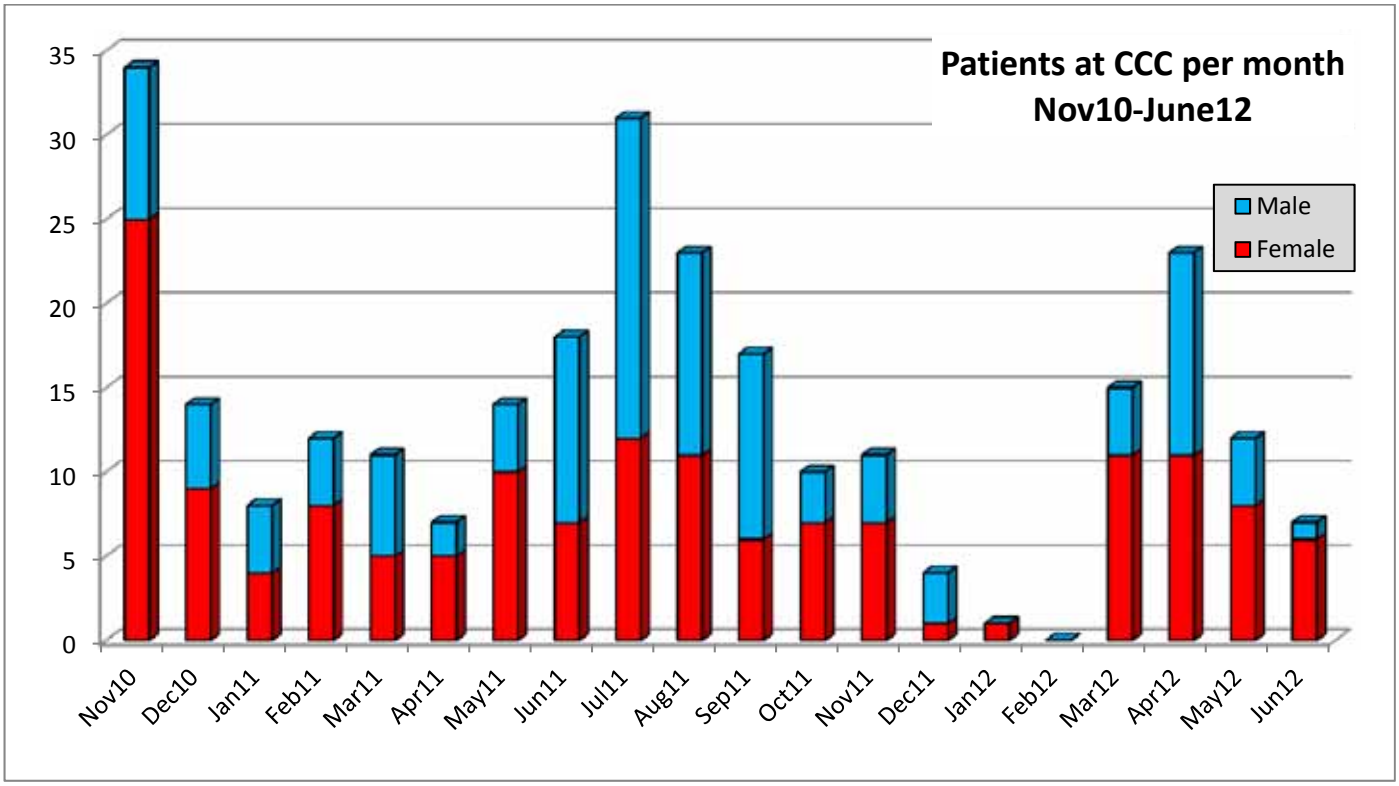
Bakanje-WEP, Health Facilitator (B.sc. Nurse)

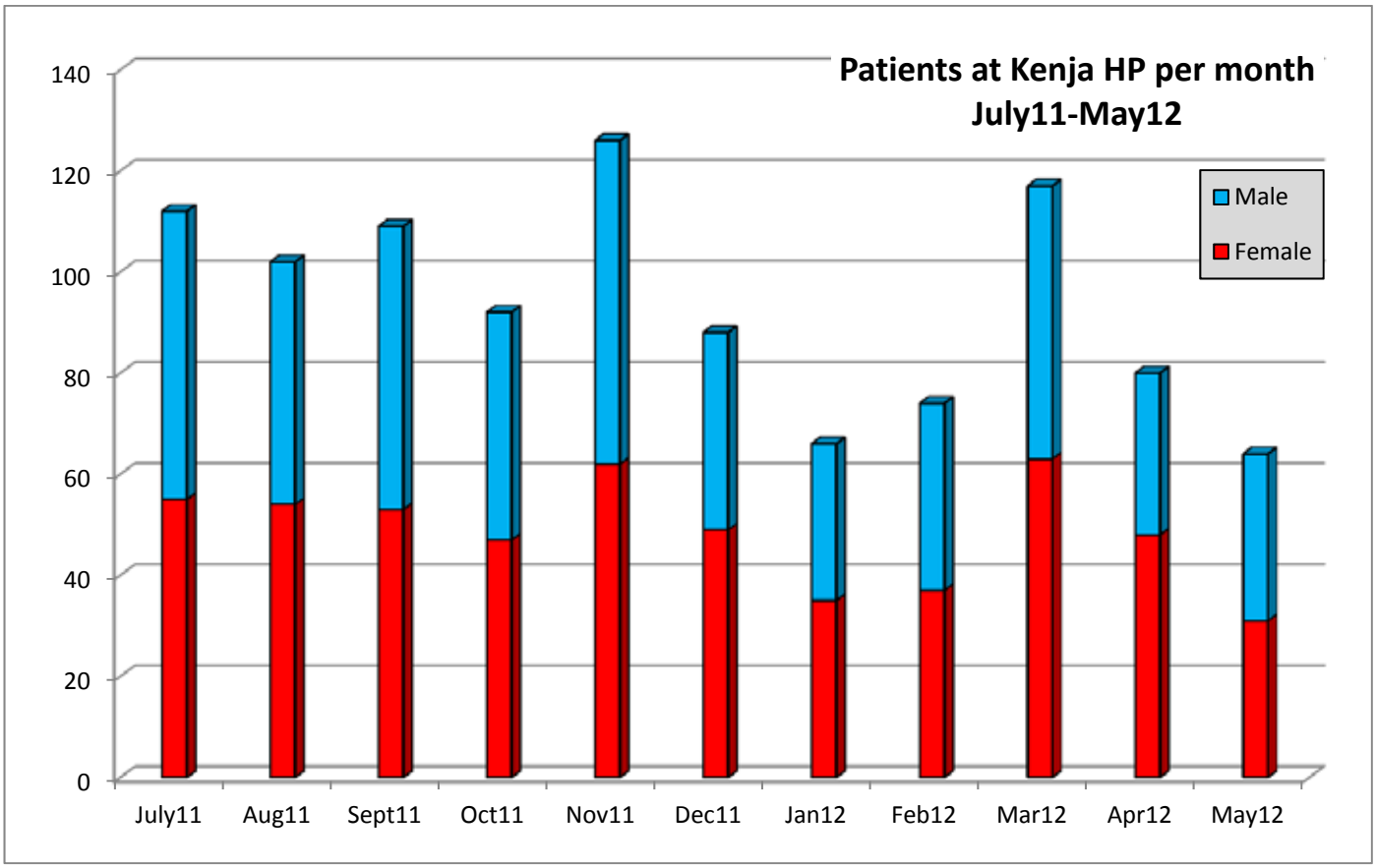
Samjhana Lama

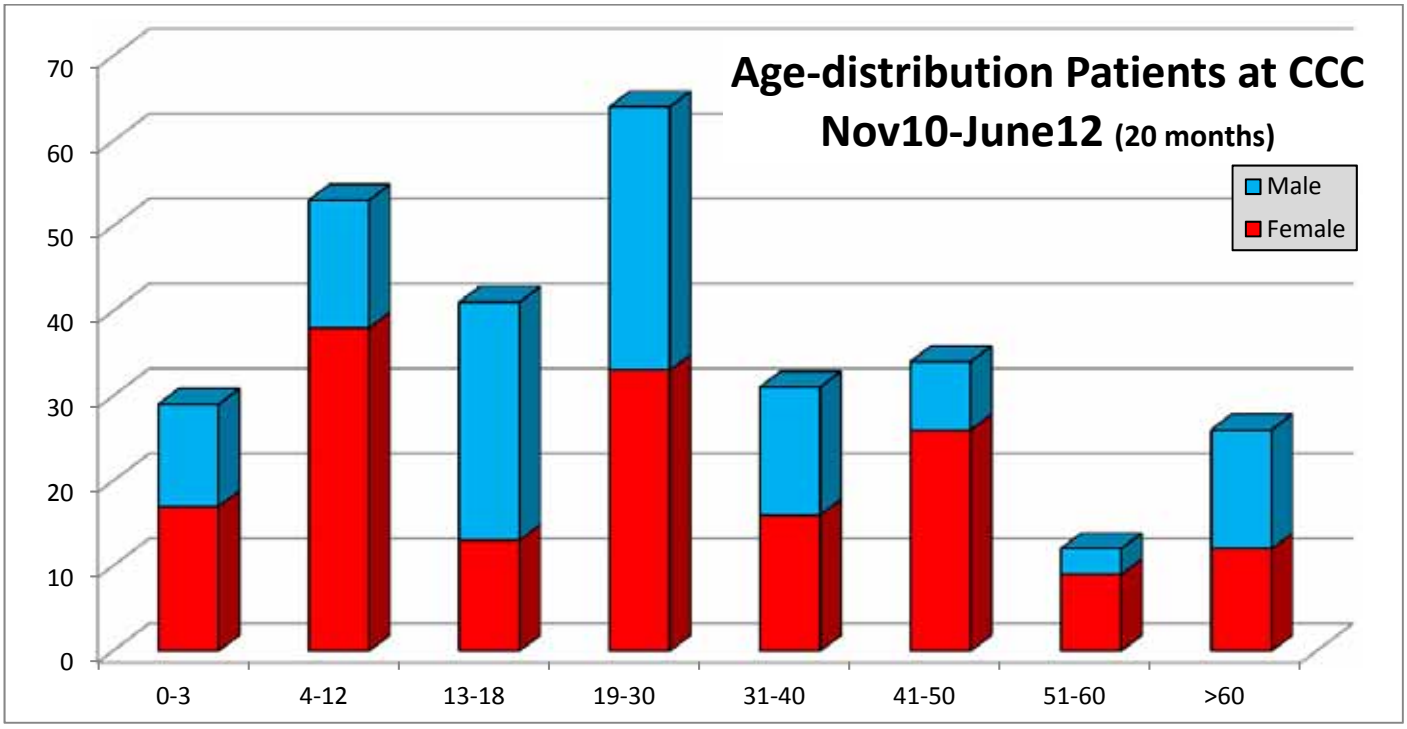
ANNEX: Statistics from Medical Record of Chhirringkharka Community Clinic (CCC) and Kenja Health Post

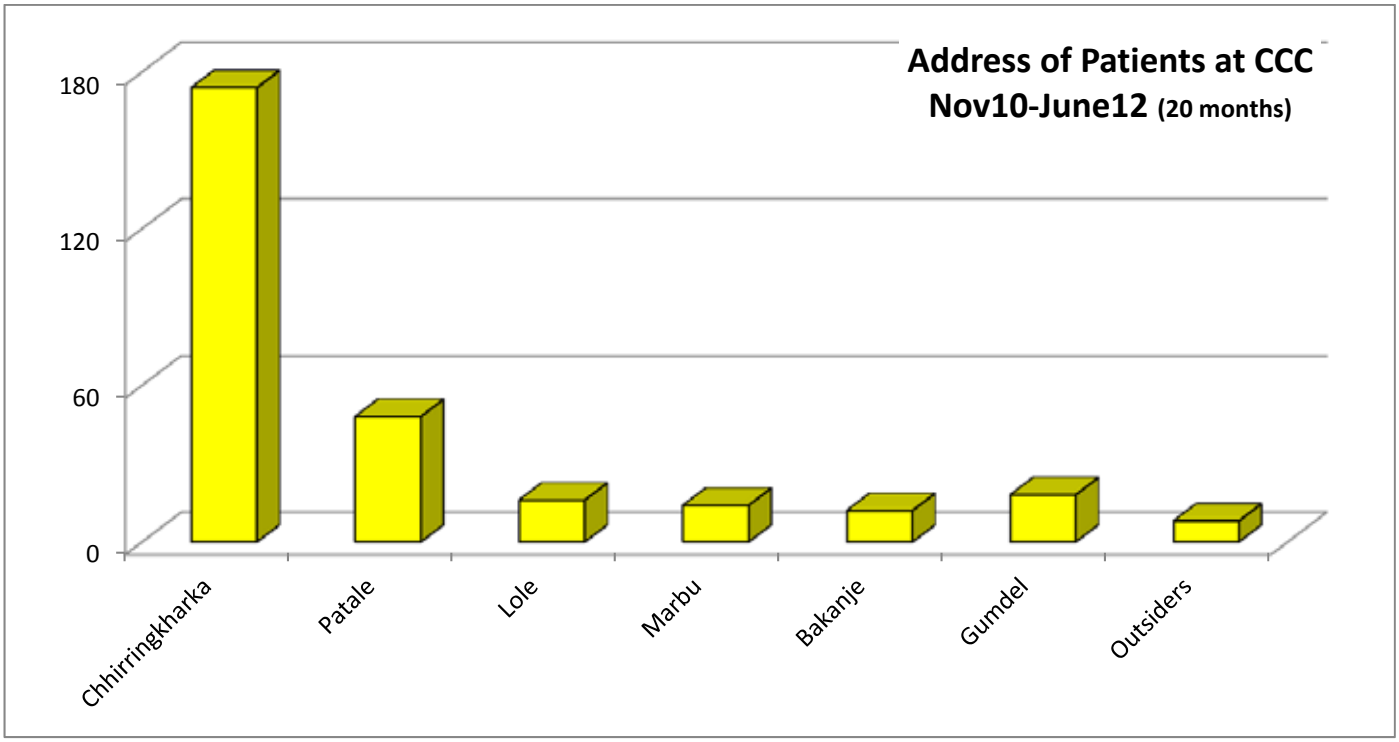





Patients at CCC per month
Nov10-June12
Male
Female
35
30
25
20
15
10
5
0
Nov10
Dec10
Jan11
Feb11
Mar11
Apr11
May11
Jun11
Jul11
Aug11
Sep11
Oct11
Nov11
Dec11
Jan12
Feb12
Mar12
Apr12
May12
Jun12


Patients at Kenja HP per month
July11-May12
Male
Female
140
120
100
80
60
40
20
0
July11
Aug11
Sept11
Oct11
Nov11
Dec11
Jan12
Feb12
Mar12
Apr12
May12


Age-distribution Patients at CCC
Nov10-June12 (20 months)
Male
Female
70
60
50
40
30
20
10
0
0-3
4-12
13-18
19-30
31-40
41-50
51-60
>60


Address of Patients at CCC
Nov10-June12 (20 months)
180
120
60
0
Chhirringkharka
Patale
Lole
Marbu
Bakanje
Gumdel
Outsiders