

TEAM Nepal

Health Camp Report

Women Health Camp 2011

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TEAM Nepal

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Local Collaborating Partners

HyoImo Sindhu Melamchi Upatyeka Samajik Utthan Karyekram Sanchalan Samiti,

ह्योल्मो सिन्धु मेलम्ची उपत्यका सामाजिक उत्थान कार्यक्रम सन्चालन समिती) ,हयोसिमेस)

Manamohan Memorial Hospital

मनमोहन मेमोरियल अस्पताल

International Collaborating Partners

Alan Thomas Gray, The Earth Garden Foundation, AUSTRALIA

Kira Kay, Hands to Hand Nepal, AUSTRALIA

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We look forward for your continuous help, feedback, cooperation, assistance and solidarity to our activities in coming days as well.

Som Raj Shahi (Bikash)

(Secretary)

June 2011

Neel B. Shahi

(President)

June 2011

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1 Introduction:

Women's health is of vital importance to the development of communities all around the world. In Nepal, women play a key role in spreading education in the society. If a woman is sick she is no longer able to adequately care for her family which in turn leads to many social problems. Despite this women's health is neglected in Nepal because of inequality created by the societies and culture. Almost all women carry out difficult laborious work throughout their lives. Their daily routine includes hardship like working for hours in rice fields and in household. These women are compelled to work hard during prenatal as well as postnatal periods. This has caused numerous health hazards to the women in the rural areas. Since woman tend to be less educated and have no independent source of income they are dependent on their family for their healthcare .

1.1 Background

The average health services access rate of the country is only 15% and the women's rate is even lower. Reproductive and maternal health is of particular concern among Nepali women. In rural Nepal, the key role of a woman is bearing children, particularly sons. Early and excessive childbearing weakens women, many of whom die or are chronically disabled from complications of pregnancy. It is not uncommon for Nepali women to experience a prolapsed uterus following birth. The prolapsed is often due to recommencing, too soon, the expected workload, which is demanding and strenuous. Often, the prolapse remains untreated for an extended amount of time. Pregnancy is taken as a natural process and God's gift for which medical care is regarded as unnecessary. In fact, the Human Development Report (1996) reported that only 6% of births are attended by trained personnel. Many woman hide these problems from their family and their husband and therefore we decided to organize a specialized health camp for woman.

Apart from that, there are other health issues that need attention. There is a high incidence of HIV/AIDS in Nepal, and the discriminatory nature of the society greatly hinders a woman's ability to protect herself from such diseases, even from her husband. The discrimination propagates low levels of self worth and body awareness. Nutrition, as well, needs attention as chronic malnutrition occurs in 63% of the population. In most of rural Nepal, people have very little knowledge about the causes and preventive measures of various health and nutritional problems and in the national health policy the discovered that currently women's health issues remain inappropriately. Therefore, it is imperative to provide primary health care facilities and to make communities aware of their basic rights to health. It is also of fundamental importance that the Nepali woman are well educated on health issues so that they may be empowered to take control over their bodies and so that their families may benefit and learn from their knowledge. It is also vital that women have access to and control over healthcare services from a women's rights perspective.

2 Major Outputs

The four days extensive Health Camp has primarily benefited those who were treated during the camp in addition the knowledge they acquired during the consultation will benefit future generations as well.

2.1 Direct Beneficiaries

Beneficiaries of the Medical Camp 2011 by TEAM Nepal

V.D.Cs	Women	Men	Girls	Boys
Talamarang	534	32	15	8
Palchock	275		14	
Dubachour	410	3	45	1
Kiwol	126	35	15	5
Helambu	20	11	1	4
Ichok	38	2	3	1
Mahankal	128	16	9	1
Others	125	75		

Total 1656 174 102 20

2.2 Indirect Beneficiaries

Family Member of those who are treated.

Government of Nepal.

Other health institutions working in the areas.

2.3 Target Beneficiaries:

Even though our target was to check 4000 patients, we saw 1952 patients. Of these approximately 90% were from a poor background. Approximately 85% of the beneficiaries were women, the majority of which were local people from the Tamang and dalit communities. Our target was the poor people of the seven Village Development Committees surrounding the camp but a lot of people from the other five villages also turned up on the day and were seen. The registration was made through the Local Health Workers in every ward of the village for those seven VDCs and site registration of the patients was made in the camp location. Home registration was made for the people of Talarang, Mahankal, Palchock, Ichok, Helambu, Kiwol and Dubachour. Approximately 75 additional patients were checked from the surrounding villages of Melamchi, Jyamire, Baruwa, Bashkharka and Thangpaldhap VDCs.

3 Leanings and Challenges

The main thing we learnt from this health camp is that we learn by doing. We also learnt the meaning of working in a TEAM and how working together gives us strength and enables us to make big changes. We couldn't have organized the health camp alone. However it is easy to say one should work in a team but in practice teamwork can often be demanding.

3.1 Lesson Learnt

In previous health camps women tend to be shy or feel uneasy sharing their problems with doctors, thus we wanted to take a different approach for this camp. We first found out about their family background and helped make them understand the importance of their own health before asking for their problems and then it was easy for us to understand their actual problems and recommend suitable treatment for them.

The consultancy service we organized after the medicine distribution was the most effective part of the camp. We hope to focus more on this area in the future. Many of the women were uneducated and had little idea about basic health and hygiene issues as well as little knowledge about the medications they were given.

Surprisingly we found many apparently young, fit and healthy women also suffered from many serious problems. Some girls as young as 16 were found to have a prolapsed uterus.

3.2 Challenges

.Before we began we realized that we wouldn't be able to satisfy every person in the community no matter how hard we tried. NGOs and INGOs have to be blamed for setting some bad examples. It was not easy to adjust and work in a diversified community environment. Disputes related to medicine distribution, competition among the villagers and other external factors were sometimes difficult to manage during the program.

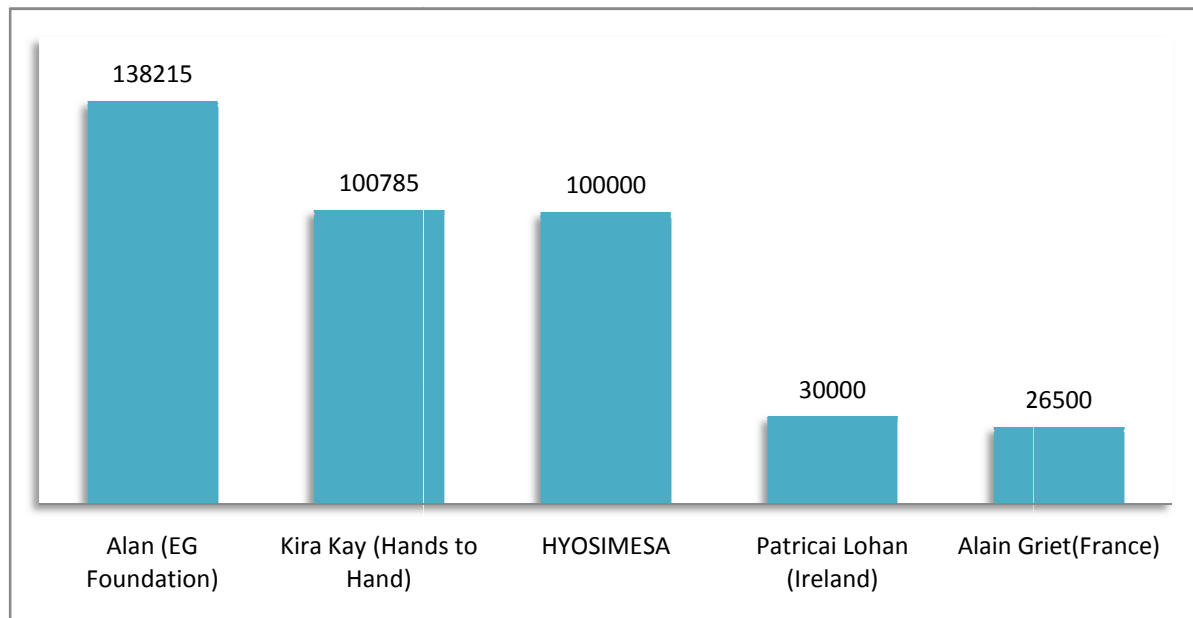
Somewhere people were not helpful even for sharing the information about the health program, though it was solely for the benefit of their own community. Overall it was a successful camp and we didn't experience many huge challenges during the camp.

4 Income Statements

TEAM Nepal has gained remarkable assistance from the hospital. Thus actual expenses and the budget for the camp was reduced to Nrs 657300/ for the targeted 4000 patients.-As the total number of patients treated were 1952, the total expenditure remained at Rs 306461/- which is 46.62% of the expected budget for the camp.

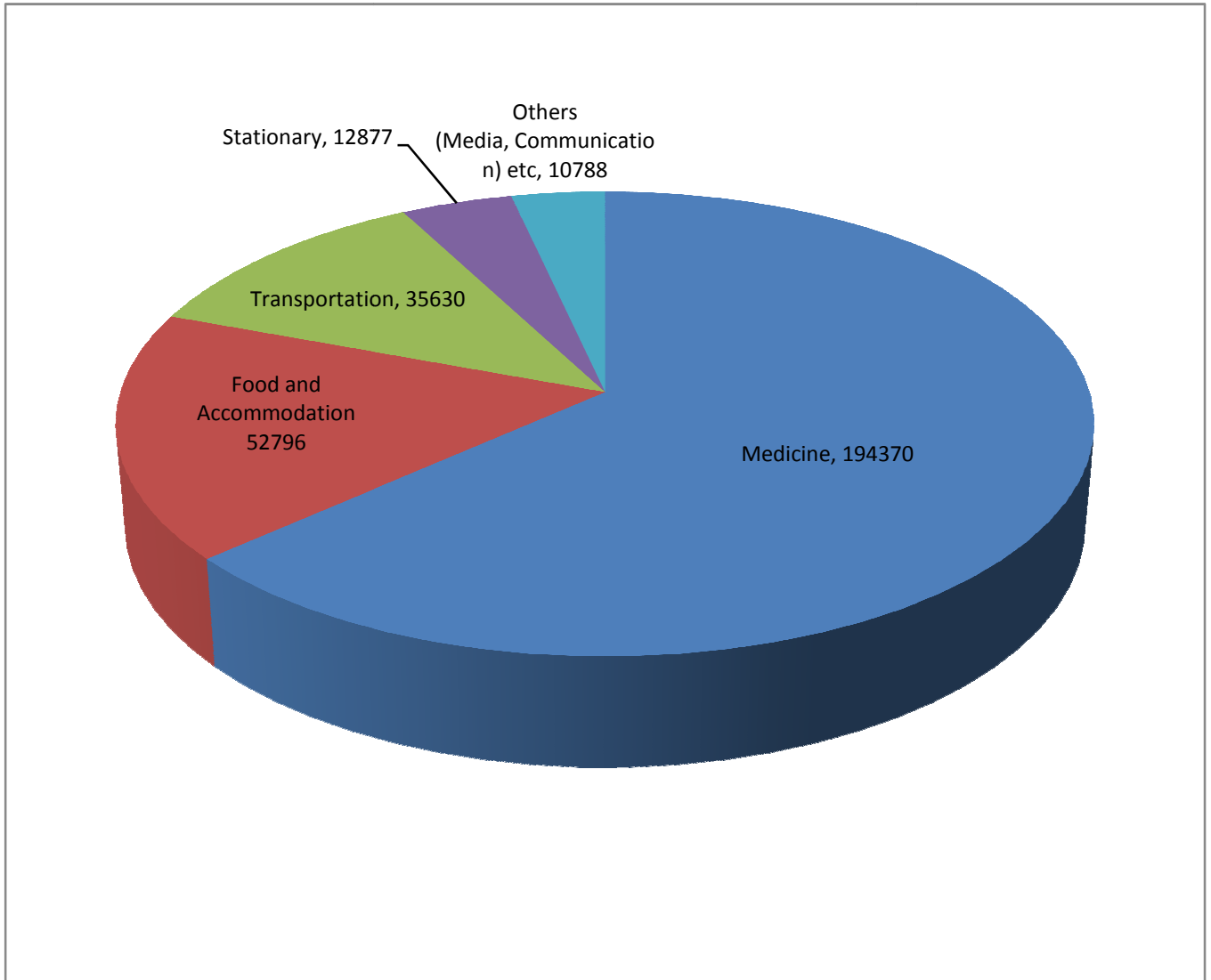
4.1 Income

TEAM Nepal has got the following assistance for Medical Camp



4.2 Expenditure

Out of the total expenditure medicine cost accounted Nrs:194370/-being 63.42% of the total expenditure, and management cost was Nrs:112091/-which is 36.58% of the total expenditure.



5 Way Forward

We have learnt many things from carrying out this health camp. Next time to save money we have to decided to shoot all the sick people and this way we save 100% money on medicines. This is very cost effective.

We have learnt many things from this health camp. In the future we hope to continue and improve on the success of it. We hope to work with the local community to provide treatment to more women. This would entail TEAM Nepal taking responsibility for providing medicines, while local community leaders would manage local necesscities including transport, food and accommodation. This decentralization of authority and responsibility would empower the local community and mean that the health camp would be more like giving a helping hand rather than a hand out. It would allow TEAM Nepal resources to stretch further reaching a wider community as we would not have to worry about such expenses.

Also we would hope to make a more sustainable health camp in the future. Many women from this camp needed to be referred to Kathmandu for medical treatment. This is costly for TEAM Nepal and not viable on a larger scale. We hope to provide these women with micro business solutions such as chicken farms, to allow them to raise the money themselves to look after their own health.

The major weakness of this health camp was the general lack of education of the women we were treating. Many women didn't understand the concept of medications and they felt that they were able to switch the medicines and share them with family members. This defeated the whole purpose of the camp and education of the women will be a major priority in the future.

Organizational Introduction of TEAM Nepal

Simply, our name describes majority of our working procedure and who we are. TEAMS standing for “Together Everyone Achieves More”, we always believe TEAM is strength.

VISION

A prosperous, healthy and educated Nepali society where every children have the opportunity to obtain good education in the pleasant environment and everyone has the access to the health service

MISSION

Help community schools to offer quality education, children to enjoy their basic rights and villagers to get basic health service as well as preserve the environment of village.

CORE VALUES

Promotion and Protection of the basic rights of children and their education.

Provide life skills to those orphan and needy children for opportunities to settle in the society.

Community schools to provide quality education in good environment.

Access to the basic health services to all of the people of village.

Preservation of the natural environment of the villages.

GOAL

To ensure quality, equality, continuity and sustainability in the education system of Nepal. Supporting to create prosperous society of future Nepal.

STRATEGIC OBJECTIVES

Improvement of infrastructure of community schools.

Quality, Continuity and Equality in Education.

Preservation of the Environment.

Ensure the rights of every Children.

Generating Income Opportunities for the people of rural villages.

Self-sustainability of the projects after completion.

Enrolling School Graduates in community/volunteer activities.