



Health Services



ABOUT

Share Nepal is a Nepalese non-governmental organization (est. 2011) that serves approx. 700 families in an area of rural central Nepal that was heavily damaged during the 7.8M and 7.3M earthquakes of 2015. ParticipAid is a US based research project-in-development with the National University of Natural Medicine and Portland State University in Portland, OR. ParticipAid and Share Nepal worked together to coordinate emergency relief for the 70-family village of Karmidanda immediately following the devastating earthquakes, and continue their recovery work through a pilot “Community Led Rebuilding Program” for the larger area. This is a request for partnership drawn from the outcomes of the assessment and planning portions of the program. It is representative of one of Share Nepal’s 18 recovery plans for their constituency. Share Nepal board members and local facilitators will implement and manage all on the ground activities in coordination with the local Health Facility Operation Management and Coordination Committee (HFOMCC). ParticipAid will provide guidance and support on administrative, logistic, and project management challenges as needed. Both organizations seek your support in contributing to the activities described below to help this community recover from the disaster in a way that is self-determined, and locally managed.

Please contact us for more details about partnering in these projects!

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LOCATION

Nepal, Rasuwa District, Laharepauwa VDC, Wards 4, 5, 6, 7 and 8

BACKGROUND

In the Laharepauwa VDC, there is one government health post that provides basic health services free of charge for its 1,053 families. This facility is located in ward number 4. They have no ambulance service or laboratory facilities at this health post, and staff report that basic medicines and supplies are often inadequate to serve their patients. Government health post records indicate that diarrheal disease, skin disease, acute respiratory tract infections, and acute injuries are major health problems in Laharepauwa VDC. In addition to this burden, during the baseline survey 323 people self-reported a chronic disease like gastritis, asthma, or hypertension – likely a low estimate of the actual burden of chronic disease in the village. In the times when the health post is not enough, local people travel 30 minutes – 2 hours to reach the larger towns of Betrabati or Trishuli for medical treatment. During the monsoon season, the roads to these towns are often unpassable, further hindering access to basic health services. These challenges have led the local people to envision an improvement of the existing health services in ward 4, and expansion of health services to the more remote ward 8.

BENEFICIARIES

Each of the 4,522 people living in the health post catchment area can benefit from this projects improvements to the existing facility. Awareness campaigns will target families with greatest financial hardship and disease burden, which can be determined with the 'well-being ranking' tool (a self-assessment tool that categorizes families according to socioeconomic status) and through governmental health post records. Outreach clinic will target the 895 people of ward 8, most distant from the health post. Each medical camp should provide life changing treatment to approx. 200-300 patients.

Health Services

ACTIVITIES

Plant Medicine Project

[Start-Up Budget for Program Design: \$2,800 USD]

Share Nepal seeks a long-term partner in this multi-phase project to provide adequate medicine at the health post year round, sourced sustainably from local plant life and other local renewable resources. The activities briefly described below will be conducted on a timeline and implementation plan determined by Share Nepal, local experts, and funding partners.

- Program research, survey, and design by technical experts (national and/or international).
- Training of local people in preparation and safe distribution of plant medicine.
- Create and maintain farms as reliable source of plant medicine.
- Connect with national / international markets to create revenue to maintain operations.

Health Awareness Campaigns

[FUNDED 12/16 by private donation]

Conduct trainings for local youths to mobilize them as volunteers in health awareness campaigns on pertinent topics such as hygiene in sanitation, food preparation, and menstruation.

- Trainings (Timeline: 1-2 months).
- Campaign management by HFOMCC (Timeline: 12 months monitoring).

Specialty Medical Camps

[Estimated Budget: dependent on specialty]

Host teams of doctors and health care professionals at health post to see community patients in mass. Priority community needs are for dental, gynecological, and dermatological care. Camps will be conducted in multiple stages to promote healthy behavioral changes.

- Medical camp and accompanying “Healthy Behavior Promotion Program” planning and coordination (Timeline: 1-2 months).
- Camp and Program Implementation (Timeline: 2-6 months).

Ambulance Service

[Estimated Budget: \$14,500 USD]

Provide reliable ambulance service to local health post.

- HFOMCC coordination with district government, development of management and maintenance program (Timeline: 1-2 months).
- Purchase vehicle and supplies, HFOMCC supports program (Timeline: 12 months).

Outreach Clinic

[Estimated Budget: \$9,900 USD]

Assess current outreach clinic program, and support for quality improvement of services, with objective to provide basic medical services to remote families and patients unable to reach health post.

- Needs and assets survey of remote wards (Timeline: 1-2 months).
- Training for 2 “Community Medical Assistants” (Timeline: 18 months).
- Purchase of necessary supplies and construction of needed facilities, and launch of outreach clinic (Timeline: 12 months monitoring).



Health Services



IMPACT

- Villagers will have increased access to basic health services.
- Villagers will have access to emergency medical transportation.
- Primary health care services will be available at the ward level.
- Quality improvement of existing health services.
- Improvement in the health status of the villagers.
- Villagers will adopt healthy habits.
- A physically healthy community will have an improved quality of life.

COMMUNITY CONTRIBUTION

- Committee formation to advocate for quick and quality repairs of earthquake-damage to current health post, and to monitor and manage above projects.
- Active participation in different health-related training programs.
- Volunteering, promotion, and participation in awareness campaigns.

MONITORING & EVALUTION

The following are potential M&E indicators identified by Share Nepal members. Final indicators will be developed with funding partner.

Monitoring indicators	Evaluation indicators
1. Construction status of health facility.	1. Number of patients visiting health facility.
2. Available health services.	2. Community perception on available health services and its quality.
3. Regularity of the services from outreach clinic.	3. Health status of the community.
4. Availability of medicines at the health facility.	4. Preventable disease mortality rate.
5. Participation in training programs.	5. Preventable disease morbidity rate.
6. Performance appraisal of health workers.	

BUDGET

SN	Budget Head	Unit	Target	Rate	Amount (NRs.)	Amount (USD)
A.	Plant Medicine Project					
	Expert Consultation (2)	Day	5	20,000	100,000	916.93
	Travel Stipend		1	150,000	200,000	1,833.85
	Management and Communications	Day	5	1,500	7,500	68.77
	Total				307,500	2,819.55
B.	Health Awareness Campaign					
	Training for youth volunteers (a month training)	Participant	4	30000	120,000	1,100.31
	Monitoring of the program	Month	12	5000	60,000	550.16
	Transportation & communication (for 4 volunteers)	Volunteer	4	3000	144,000	1,320.37
	Total				324,000.00	2,970.84
C.	Ambulance service					
	Support for ambulance				1,400,000	12,837.97
	Driver	Month	12	10,000	120,000	1,100.31
	Fuel and maintenance	Month	12	5000	60,000	550.16
	Total				1,580,000.00	14,488.43
D.	Outreach clinic					
	Training for health workers ¹	Persons	2	250000	500,000.00	4,584.63
	Financial support for CMAs	Month	12 ²	10000	240,000.00	2,200.62
	Medicine	Month	12	5000	60,000.00	550.16
	Transportation and coordination	Month	12	3000	36,000.00	330.09
	Program coordinator	Month	12	15000	180,000	1,650.47
	Office transportation and communication	Month	12	5000	60,000	550.16
	Total				1,076,000.00	9,866.13
	Grant Total – All Health Services Projects				3,287,500.00	30,144.95

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¹ CMA training for youth (2 persons) - 18-month course

² After 12 months, it is expected that community will manage this cost by themselves