

# Health & Development Society Nepal

## Concept for Start from School

### INTRODUCTION

#### Context-

#### Problem identification related to children's development in Nepal

#### Organization Profile

##### Background

HDSN is a registered NGO. The executive board provides overall leadership and supervision of the conducted programs. The organization's target groups are Women and children, youths, senior citizens, and people at risk from various communicable and non-communicable diseases, marginalised, disadvantaged and displaced communities as Primary target group and Primary health workers, school and college level groups, leaders and members of Civil Society Organizations, school teachers, students, government line agencies and policy makers, donors, political leaders, I/NGOs, CBOs, local government (VDC, DDC and Municipality) as Secondary target group.

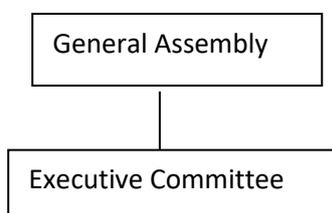
HDSN has actively been participating in networking and joint activities with stakeholders working in oral health. The priorities are given in preventive, promotive and basic oral health care and support, especially among the mother & children, youths, senior citizens, disadvantaged communities, teachers, and government officials.

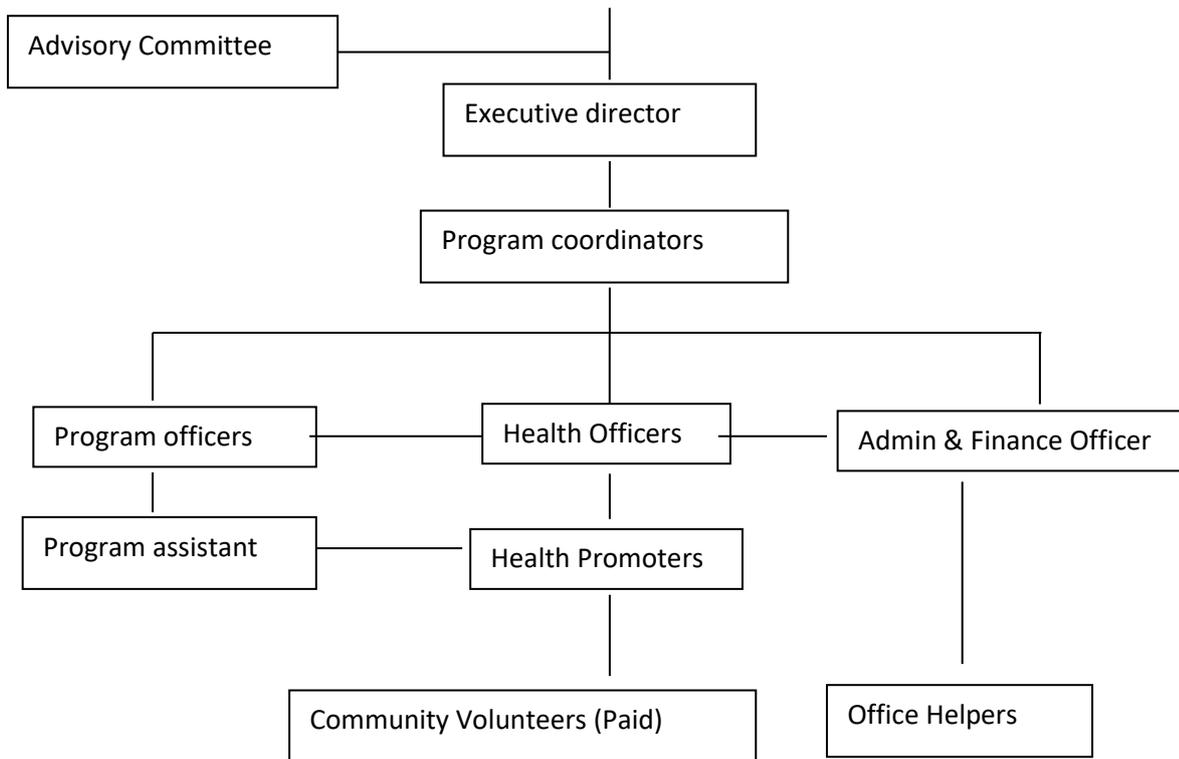
Initially oral health was the major priority, but as the needs of health, sanitation and shelter was also on the frontline HDSN has been then conducting integrated General Health Camps with free sessions of acupuncture. Along with it First aid training and Teachers training has been completed in various remote areas of the country. BPOC training is another activity which has helped health workers to learn and improve the skills. Hand washing and Nutrition for all is another huge program. HDSN has also been working, to make transitional shelters as health posts and schools which were devastated by the mega earthquake (April 25 2015).

#### Governing Structure

HDSN is governed by the General Council (GC), with individual members. The GC meets annually to ratify amendments to the Constitution of HDSN, to agree and review HDSN's policies, strategies, programmes, activities, budgets and to elect the executive committee (EC). A total of nine persons, including a chairperson, secretary, treasurer and other members are elected by the GC members to form the Executive Committee for tenure of three years.

The meeting of the Executive Committee is conducted in a regular basis. Its major role is to monitor advice and make overall decisions regarding HDSN programmes and give a direction to the secretariat to implement its policies. It also provides a mandate to execute strategies and monitor the annual plan of the organization directed to achieve its vision, mission, goal and objectives.





**Vision:** We envision a healthy and transformed society that fosters interdependency to enable every community member to meet their basic needs to the optimum.

**Mission:** Our mission is to bring a sustainable and affirmative change in the lives of the community members with a special focus on health by identifying and providing opportunities for their integral development.

**Goal/Purpose:** Lead for poverty alleviation by increasing access to health and development activities towards achieving a holistic development.

**Beneficiaries:** HDSN aims to work for the inclusion of *Women and Children and Poorest of the Poor* throughout Nepal with its primary beneficiaries as women and children, youths, senior citizens, people at risk from various communicable and non-communicable diseases, marginalized, disadvantaged and displaced communities.

Strategies (2008-2015) HDSN define its areas of work in General health, oral health, psychosocial counseling, education and shelter.

**Partnership:** HDSN will identify and develop and work in partnership with organisations which share the values and belief of HDSN at the local, national and international level.

**Capacity Building:** Initiate activities to strengthen HDSN, capacity of the district health facilities including the health service providers through regular formal and informal activities.

**Research and documentation:** Initiate research activities in the community.

**Advocacy and Networking:** Advocate and facilitate local, national and international level network and coordination for the operation of joint-activities through sharing of experiences, learning, skills and resources.

**Integrated/holistic development and Expansion/scaling up the programme:** Work in the spirit of integrated/holistic health development principles.

**HDSN Values:** *Love, Equity and equality, Excellence, Integrity, Peace, Transparency*

## **Start from school project**

Program components

1. School health nurse/School health education teacher in high school setting

This role would serve as a liaison for school health in the community, and could promote health within the school setting. The exact role of this individual would have to be decided, but could involve:

- a) Promoting school health programs that are implemented by HDSN.
  - a. Teeth brushing programs
  - b. Hand hygiene programs
  - c. Etc.
- b) Identifying children in need of medical attention to be attended to in camps (malnutrition, possible TB/ chest infections, etc)

The high school was identified as a potential priority setting, as these schools often draw children from different villages/communities and are a 'hub' for communities.

2. Paid 'Female Health Volunteer' in community.

This role would serve as a liaison between younger children and mothers/families in a particular community. Duties might include:

- a) Promoting upcoming health camps and ensuring that families are aware of them and any other health efforts in communities.
- b) Supporting maternal education for new mothers and monitoring baby weights?

3. Integrated health camps with child health focus

These camps might occur annually or several times throughout the year. HDSN already supports some integrated health camps in some areas, with a focus on oral and public health. These camps are carried out by Nepalese doctors. A BABU add-on may support some of the *psychosocial* aspects of the child health, as well as *deworming efforts*, and treating/providing *medicine* for any acute ailments among the child population. There may be a potential to include other local groups to address aspects of *malnutrition or undernutrition*, and promote healthy eating. There may also be a mandate for providing *immunization* in the community.

4. staff member to oversee programs in Kathmandu

For the pilot aspect of this project, it has been proposed that HDSN could provide some initial oversight.

5. Potential for international volunteers to gain exposure to rural health in Nepal?

There may be potential to include international members on the integrated child health teams. The role that these individuals could play is TBD, and would likely depend on their level of training. For trained health professionals, there may be a training role for individuals working in health posts. Likely trainees would be involved in the public health aspects of these programs.

#### Recordkeeping

Recording keeping is an important component of the program in order to stay in line with our funders. Current record keeping could be completed by HDSN on the ground to record important statistics (i.e., number of vaccinations, number of de-worming incidents, or number of children with mal or under nutrition?)

#### Program location

It may be most appropriate to try this model in a 'pilot site' somewhere in the vicinity of the Kathmandu valley that is accessible easily by car, in order to ensure that oversight is available during the early stages of development. If the program is successful, it could be extended to areas that are less accessible.

#### Collaboration with local groups

In order to be most effective, it is likely that some communication with the local District Health Office(s) would be necessary to ensure that there was no overlap or potential challenges with the approach, and also to ensure that they are satisfied with the roles that individuals who are either employed by them or volunteering for them are playing in this effort. This would also likely involve collaboration with the District Health Officer, and others. Currently, it appears that HDSN works with a number of other international and national organizations, including CORE international, HELP Nepal, BABU project, We Help Nepal, etc. This can then build off of and maximize the efforts of similar organizations that run parallel programs.

#### **contents of the program :**

- teachers training
- training the health workers
- hand washing
- general health camp, finding out the major diseases in the school children
- referral of the cases to the Hospital and clinic
- oral health camp
- measuring height/ weight
- running school tooth brushing and hand washing program all the year round.
- supply of the IEC materials in the school
- supply hygiene materials in the school and health post
- collecting data about the vaccination, and other medicines.
- Acupuncture for stress relief
- youth motivation program

#### *Evaluation Questionnaire*

*FOR STUDENTS / Teachers*

##### *1. How do you wash your hands?*

- a. Water    b. soap and water    c. soil    d. ash*

##### *2. Do you wash your hands for the following?*

- I. Before and after meal*

a. yes      b. No

II. after using toilet

a. Yes      b. No

3. **What source of water do you use for hand washing?**

a. tap water      b. river water

c. reserve tank      d. underground water

4. **What type of soap/ hand wash do you use?**

a. Normal      b. Medicated

5. **How many times do you wash your hands?**

a. 1      b. 2      c. more

6. **Does your school have hand washing facilities?**

a. Yes      b. Sometimes      c. No

7. **Do your teachers advice you to wash your hands after contamination?**

a. Yes      b. Sometimes      c. No

8. **I think hand washing will keep me healthy**

1                      2                      3                      4                      5

Strongly Disagree

Strongly Agree

9. **I think hand washing is important**

1                      2                      3                      4                      5

Strongly Disagree

Strongly Agree

10. **For how many minutes do you wash your hands?**

A. I usually don't wash my hands

B. 10 seconds

C. 20 seconds

D. 1 minute

11. **Can hand washing be substituted?**

a. yes      b. no

12. **Do you know proper hand washing technique?**

a. yes      b. no

13. **Do you think hand washing training is important?**

1                      2                      3                      4                      5

A little important

Very important

**For health care providers:**

1. **I clean my hands after every patient.**

1                      2                      3                      4                      5

Never

Rarely

Sometimes

Usually

Always

2. **I think washing my hands is important.**

1                      2                      3                      4                      5

Strongly Disagree

Strongly Agree

3. **I know the proper hand washing technique**

1                      2                      3                      4                      5

Strongly Disagree

Strongly Agree

4. **I think that hand washing training is important**

1                      2                      3                      4                      5

Strongly Disagree

Strongly Agree

5. **What do you use for hand washing in health posts?**

a. water      b. antibacterial hand washes      c. soap

## Budget for the program.....

### Estimated budget

S.N	Particulars	Unit cost	Quantity		total
1	Tooth brush	5600	8	Boxes	44800
2	Hanger	100	20	pieces	2000
3	Soap	2880	12	boxes	34560
4	Flex	800	8		6400
5	FHCV volunteers	500	4	2 every week twice a month	48000
6	Travel Health education worker (HDSN)	1000	1	month	24000
7	stationary	5000	1		60000
8	medicine	2500	2	3 times	2500
9	medical doctor	63350	2	3 times	190050
10	Dental surgeon	4000	2	3 times	24000
11	Travel- camp	4000	3		24000
12	accommodation	10000	3		30000
13		4400			14000
					504310

- There are extra expenses which will be covered by HDSN- Health and Development Society Nepal

### Location of the program

*\*Pilot survey has been started with Canadian fund as a BABU project (Bringing About Better Understanding) at Bhardeu Lalitpur in six schools.*

The program has been continuously running in another four schools.

## CONTACT

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