



Final Report

COMMUNITY HEALTH UNIT PROJECT

Bareng Rural Municipality, Ward No – 4, Thaplung, Baglung

Gandaki Province, Nepal

5th March 2022

Report Form

Title of the Project : Construction of Rotary Community Health Unit

Supported by

- : The Rotary club of Timaru – NZ \$3,000.00
- : Rotary District Grant - D9980 – NZ \$5,000.00
- : The Rotary club of Waimate - NZ \$2,000.00
- : The Rotary Club of Temuka- Geraldine – NZ \$1,000.00
- : The Rotary club of Bacchus Marsh - Australia \$1,417.15
- : The Rotary club of Macedon Ranges – Australia \$1,357.94
- : The Rotary Club of Kathmandu- Nepal \$1352.00

Total Budget : NZD \$15127.09; US\$ 10,158.76; NRs. 1,208,900

Local Coordination : Rotary Club of Kathmandu, RID 3292, Nepal

Supervised by : Rotary Club of Kathmandu, RID 3292, Nepal

Cooperating Org : Solidarity Nepal

Date : 28th Dec 2021 – 5th March, 2022

Venue : Bareng Rural Municipality, Ward No – 4, Thaplung, Baglung,
Gandaki Province, Nepal

Objectives : To construct Community Health Unit (Two Rooms at first floor at existing building of local organization of Mother’s Association) and to provide basic health facilities and health education / information to the people of the Thaplung community.

- Provide direct access to the public health system for the entire Community.
- Build up the capacity of health care workers to more effectively manage the way primary health care services are delivered at the health posts and health units.
- Improve community education around all noted health care issues and increase awareness and understanding about good sanitation and the prevention of disease which in turn reduces mortality and morbidity.
- Provide education improving health-seeking behaviors through the creation of a central community hub for health education, basic and emergency medical care, emotional support and personalized well-being initiatives.
- Offer an appropriate health focused service and associated programs that both informs and impacts policy and local health programming.

- **Provide health related education towards the prevention of maternal and child deaths and facilitate child birth education.**
- **Provide localized access to general medicines and first aid materials in emergencies.**
- **Saving the lives of those in the local community.**

Expected Results at the end of the Project:

- **A robust health facility for the community.**
- **Health education delivery directly within the community, including in maternal and infant health, infectious disease prevention, life style disease prevention, health and hygiene care, sanitation, human safety and the prevention of family violence.**
- **Develop the public image of and relationship with Rotary in the community.**
- **Improve the infrastructure of the community and create a go-to safety hub.**
- **Save lives and empower women, children and their families.**

Direct Beneficiaries : 500 Local people

Indirect Beneficiaries : Community members from different villages of the surroundings

Total Beneficiaries Approximately: 1000/year

**Project Coordinator : Rtn. Rajendra Gautam, Chair – Service Project 2021/22,
Rotary Club of Kathmandu**

Summary of the Program:

Nepal is one of the world's poorest countries with 45% of the population living below the poverty line. Up to 50% of children under the age of 3 suffer from stunted growth. The country is highly susceptible to natural disasters such as recurrent floods, landslides and earthquakes. No hospital or health care facilities in the country completely meet earthquake resistant standards and many are lost to natural disasters. Most of Nepal's health care facilities are concentrated in urban areas and there are numerous gaps in health service delivery country wide. Variable and rugged mountain ranges make seeking health care for rural citizens often a long trek to a road head, as much of rural Nepal is located in hilly or mountainous regions with no roads. In many villages, the only mode of transportation is by foot. This results in a delay of treatment, which can be

detrimental to patients in need of immediate medical attention. Rural health facilities invariably lack adequate support and funding.

Health care services in Nepal are provided by both the public and private sectors and are generally considered as failing to meet an sort of health and sanitation standards. There are 102 Hospitals in Nepal according to the data up to 2011, that deliver health care. Health service for the general public in Nepal is primarily provided through health centers, health posts, sub-health posts, community health units and clinics. The poor have limited access to basic health care due to high costs, low availability, lack of health education, conflicting traditional beliefs and the challenging terrain restricting travel.

Further complicating the establishment of adequate health care services is the historical and destruction and devastation by the armed Maoist insurgency which began in 1996 and has spread all over the country, seriously affecting 80% of the countryside and killing more than 12,000 people. Between 100,000 to 200,000 persons are internally displaced and have difficult access to health care. Since the end of a unilateral insurgent ceasefire on 2 January 2006 a number of violent incidents have still occurred. Concern has been raised that the violence will escalate further. The insurgency has destroyed some sub health posts in the rural areas.

Medical professionals are also very limited in rural Nepal, the ratio of doctors to the population is one to every 18,000 persons. The challenges of daily life are cause for staff absenteeism and lack of supervision which further limits health care access and treatment services. Problems with the supply chain and disruptions to freight movements to remote areas are exacerbated by the violent conflict.

Prevalence of disease is significantly higher in Nepal than in other South Asian countries, especially in rural areas. The main causes of morbidity are diarrheal disease, dysentery, cholera and typhoid. A large section of the population, particularly those living in rural poverty are at risk of such infections, mortality by these communicable diseases as well as malnutrition and other health-related events is high. Good personal hygiene practices and adequate sanitation services in Nepal are poorly served particularly in rural areas which only adds to the complexity of providing

adequate health services. Only 27% of the population have access to adequate sanitation and 30% access to safe drinking water, causing frequent ill health. Reproductive health care is also limited and difficult to access for women. Practices like polygamy and child marriage are prevalent and people do not observe the health benefits of birth spacing or birth control measures.

These problems have led many governmental and non-governmental organizations (NGOs) to implement education programs that can be run in health centers, where present, encouraging people to engage in healthy and hygienic behaviors and self-care. Education around family planning, contraceptive use, spousal communication, safe motherhood practices, the use of skilled birth attendants during delivery, breastfeeding babies, nutrition, hand washing and sanitizing have been delivered.

Non-Communicable Diseases, (NCD's) are projected to be the leading causes of death in Nepal by 2040 as per government modelling. Increasing aging, lifestyle changes such as increasing tobacco use and alcohol consumption, unhealthy diets and lack of physical activity are noted to be major concerns. These life-style related diseases can be addressed through the provision of health care service education supporting healthier future outcomes.

Due to lack of Health Infrastructure and Health Services, the people of Thaplung, Bareng Rural Municipality -4, Baglung are deprived of access to a general health facility so, the Host Club, The Rotary Club of Kathmandu in partnership with Rotary club of Waimate NZ, Rotary Club of Temuka- Geraldine – NZ, Rotary club of Bacchus Marsh - Australia, Rotary club of Macedon Ranges – Australia, Rotary club of Timaru – NZ, Rotary District 9980 – NZ constructed Community Health Unit successfully with two rooms at the existing building of Mothers Group to provide basic health facilities and health education / information to the people of the Thaplung community.

The community have 85 households with around 500 family members. The community lacks a health center. Due to geographical inaccessibility, the entire community including old people, pregnant women, children and the disabled are forced to spend 2 hours walking to reach the nearest health center even for minor cuts and wounds. For many years people have been deprived of

essential health services rendered by the Government of Nepal, as a result, there is also less access to child immunization and vaccines in the region. The location is 385 KM from Kathmandu, the capital city of Nepal. The pictorial report is also mentioned below.

THE PICTORAL REPORT



Photo 1: Local Community



Photo 2: Building before construction of Health Unit



Photo 3: Building under construction with green environment in the background



Photo 4: Front side photo of the Health Unit



Photo 5: Recently Completed building



Photo 6: Recently Completed building



Photo 7: Recently Completed building



Photo 8: Health workers providing general health services at the health unit



Photo 9: Rotary Signage in the health unit

Report Prepared By:

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