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Intervention Report on Freed Kamaiya Health Improvement Programme Bardiya

November 2002

District Health Office, Bardiya
GTZ – Health Sector Support Programme
GTZ – Freed Kamaiya Food Security Project



Deutsche Gesellschaft für
Technische Zusammenarbeit (GTZ) GmbH



Table of Contents



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Call No.

	Page
Executive Summary	4
1. Background	5
2. Objectives	6
3. Roles and responsibilities	6
4. Process and achievements	7
4.1 Awareness raising campaigns	
4.2 Trainings	7
4.2.1 Health and sanitation training	
4.2.2 First Aid training	
5. Health clinics	9
6. Community toilet construction	11
7. Freed Kamaiya settlements linkage with health services	11
8. De-worming of children	11
9. Programme strengths and improvement challenges	12
9.1 Programme strengths	
9.2 Improvement challenges	
10. Financing	12
11. Conclusion	12
12. Recommendations	13
Annexes	
Annex-1 Health and hygiene training participant list	14
Annex-2 First Aid training participant list	15
Annex-3 List of health workers	16
Annex-4 Programme photos	17
Annex-5 District map of settlements	20



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ACRONYMS

AHW	Auxiliary Health Worker
ANM	Auxiliary Nurse Midwife
ARI	Acute Respiratory Infection
DHO	District Health Office/Officer
FCHV	Female Community Health Volunteer
FKFSP	Freed Kamaiya Food Security Project
GTZ	German Technical Cooperation
GRAA	Geruwa Rural Awareness Association
HA	Health Assistant
HF	Health Facility
HSSP	Health Sector Support Programme
MCHW	Maternal and Child Health Worker
MG	Mothers Group
NGO	Non-Governmental Organization
ORC	Outreach Clinic
PHC	Primary Health Care Center
SN	Staff Nurse
VDC	Village Development Committee
VHW	Village Health Worker

Executive Summary

The main objective of this programme was to improve the health of the freed Kamaiya population of Bardiya District by incorporating them into the current health infrastructure, thereby increasing access to health care services and information. Implementing partners of this intervention were the District Health Office (DHO), GTZ- Health Sector Support Programme (HSSP), GTZ- Freed Kamaiya Food Security Project (FKFSP) Bardiya and Geruwa Rural Awareness Association (GRAA).

Traditionally the Kamaiya, or the bonded agricultural labour system, was prevalent in the western regions of Nepal, especially amongst the Tharu ethnic group. HMG/N abolished this bonded labour system on 17th July 2002 and attempted to assist these newly freed people with small plots of land (3-5 Kattha). Unfortunately, these plots of allocated land barely allow for adequate residence and subsistence living.

The population of freed Kamaiya can be considered amongst the most marginalised in the country. The former Kamaiya are now settled in separate areas with minimal access to basic services such as health care. What is worse is that their settlements are densely populated without sanitation facilities and their huts, for those who have them, are cramped and unhygienic. These difficult living conditions challenge the freed Kamaiya to survive let alone maintain good health.

In efforts to alleviate this growing health crisis, the GTZ-HSSP German Emergency Fund was used to financially support and assist in implementing a health intervention. This intervention would not only assist in improving the Kamaiya's current situation, but at the same time it would also serve as an entry point for providing sustainable basic health care to this marginalized community.

At the central and district levels, several series of discussions were held. Based on direct observations and experience, the collaborating partners identified a suitable intervention area and then developed a programme proposal. What followed was an awareness raising campaign, health and hygiene trainings (118 persons), first aid training (20 persons), health clinics (1999 patients examined M 952, F 1047), de-worming of children under five years of age, toilet construction (39), and the linking with health facilities to conduct out reach camps (ORC) and immunisation clinics in the freed Kamaiya settlements.

The planned interventions were carried out successfully in the ten settlements of Machhagad, Tesenpur, Gauripara, Ram Nagar, Dhongrahawa, Takiya, Bijayanagar, Sovanagar, Tepari and Jainpur. These settlements encompassed 992 households, for a total population of 5,952 persons.

The programme impact was in overall health improvement amongst the freed Kamaiya settlements. Free health check-ups, first aid treatment, and medicine for those in need were given by qualified doctors. Improvements in personal hygiene and the physical surroundings of the settlements were also visible in terms of cleanliness and toilet use. Most importantly, health facilities within the vicinity are now linked with the freed Kamaiya settlements ensuring that outreach and vaccinations will continue and that former Kamaiya know where to go in order to meet future health needs.

There were several challenges in implementing the intervention due to the declared state of emergency and the short period of time allocated for activity completion. Different stakeholders were involved in the programme execution and management

which often led to miscommunication. Continuous dialogue with all of the collaborating partners was essential to overcoming these challenges and minimizing setbacks.

The total expenditure for this programme implementation was Rs. 435,193.

1. Background

The indigenous Tharu community has a long history of settlement in the Bardiya District. In more recent times, new settlements of migrants from the hill areas are gradually displacing the Tharu community. As it currently stands, the Tharu community comprises only 52% of the total Bardiya population.

Traditionally the Kamaiya, or the bonded agricultural labour system, was prevalent in the western regions of Nepal, especially amongst the Tharu ethnic group. The landlords in the area engaged persons of the local Tharu ethnic group for agricultural labour purposes, contracting them on a yearly basis. In return for their work, landlords would give the Tharu labourers food grain and small cash, but only in quantities that were insufficient to cover basic needs. Consequently, this created a cycle whereby the Tharu had no choice but to take monthly loans from their landlords in order to survive. Repayment of these loans would force the Tharu people to continue working for these landlords for years and years to come. As a result, the Kamaiya or bonded labour tradition arose, whereby families and their future generations would be forced into paying these debts throughout their lives.

On the 17th of July 2002, HMG/N abolished the Kamaiya system. As a result, the freed Kamaiya were displaced from their place of work and had no choice but to move constantly from camp to camp in search of food, land and shelter. Realising that a crisis had developed, the government started to provide land to the freed Kamaiyas in order to assist them in settling.

According to the Land Reform Office (LRO), the total number of households (HH) of freed Kamaiya in Bardiya is 5,905. For classification purposes, the freed Kamaiya population is divided into four classes based upon land ownership status. Class A represents 2351 HH of people who are both homeless and landless. Class B represents 1312 HH who own a home but are without land. Class C represents 855 HH that own a house and less than two katthas (approx 676 sqm.) of land. Class D represents 1387 HH that own a house and more than two katthas of land. It is estimated that 62% of the freed Kamaiya Bardiya population, or 3,663 households, have been issued government certificates that entitle them to land ownership.

The freed Kamaiyas are currently settled in many different parts of the Bardiya District, 1841 HH are scattered in thirty different locations. The Freed Kamaiya Food Security Project (FKFSP) currently covers 13 settlements in 12 village development committees (VDCs).

The settlement areas of the freed Kamaiya are most vulnerable to disease and poor health as they are densely populated and contain substandard housing. In addition, the health facilities within the area are not providing health services to these settlement communities.

In efforts to alleviate the crisis that the freed Kamaiyas were facing, the FKFSP took immediate action to facilitate health facilities in conducting regular outreach clinics and immunisations. In addition FKFSP raised health awareness amongst the freed

Kamaiya through toilet construction, and trainings on environmental sanitation, personal hygiene and First Aid.

2. Objectives

The main objective of this programme was to improve the health of the freed Kamaiya population by incorporating them into the current health infrastructure, thereby increasing access to health care services and information.

Specific objectives were:

1. To raise awareness about the importance of health and sanitation
2. To provide basic information and skills on environmental sanitation and health
3. To provide basic training on First Aid skills in each settlement
4. To strengthen linkages between the freed Kamaiya community and health services (i.e. ORC, Immunisation)
5. To conduct health clinics in each settlement
6. To construct public toilets

3. Roles and responsibilities

Roles and responsibilities of each participating organisation were determined among the group of collaborating partners. The FKFSP and Geruwa Rural Awareness Association (GRAA) mobilised their human resources to ensure involvement and participation of those considered most needy in the settlements. DHO technical staff were crucially involved in delivering health care services. Occasionally, coordination of activities was slowed due to indirect channels of communication amongst GTZ-HSSP and medical staff. Despite this though, all collaborating partners were able to execute their duties timely and complete the planned activities of the intervention.

The following table lists the intervention activities with the corresponding responsible party.

Activities	DHO/HF	GTZ-FKFSP	GTZ-HSSP
1. Awareness campaign and IEC materials	DHO supported IEC materials	Responsible for mobilisation of community	HSSP-German Emergency Fund was used to implement and monitor activities
2. Trainings -Health and Sanitation -First Aid	DHO supplied a staff nurse and health worker NRCS supplied staff to assist and provide trainings Secondary school teachers were used as resources	Responsible for participants' invitations, accommodations and other logistics	HSSP German Emergency Fund was used to facilitate and monitor activities Supplied First Aid kit boxes to settlement leaders
3. Health camps	DHO provided a doctor, health worker and necessary equipment	Informed the freed Kamaiya settlements and made necessary arrangements	Supplied medicine Managed transportation and other facilities

Activities	DHO/HF	GTZ-FKFSP	GTZ-HSSP
4. Public Toilets (39)		Selected and mobilised households Determined construction site and supplied materials to the site	HSSP German Emergency Fund was used to oversee activities and also to purchase materials
5. Linkages to health facilities	Organized Immunisation and ORC clinics in each settlement	Closely monitored activities	Supplied medicines to VH/W/ MCHW /ANM staff
6. De-worming	Supplied health worker to de-worm children under the age of 5 years	Gathered Kamaiya children	Supplied Albendazole

4. Process and Achievements

4.1 Awareness Raising Campaigns

Awareness raising campaigns on the topics of Family Planning, HIV/AIDS, and Hygiene and Sanitation were organized in all participating Kamaiya settlements. Banners were paraded in processions along with play cards. At each settlement the procession would stop and gather settlement members. Camp leaders, motivators and health workers would then orient the settlement crowds on the topics listed above. The total population at which these awareness raising campaigns were aimed was approximately 6,000 persons. These beneficiaries listened attentively and some even expressed that the messages were useful in their daily lives.

4.2 Trainings

I. Health and Hygiene Training

The 3-day training was conducted from the 24th November to the 2nd of December 2002 at the Bijaya guesthouse and Hotel Shanker. Camp leaders, chairperson, secretary, or treasurer of the self help group facilitated the trainings.

The training was divided into 4 groups, totaling 118 participants.

Facilitators:

DHO staff nurses: Ms. Devi Bandari, Ms. Sumitra Khadka, Ms. Radha Pokhrel, and Ms. Laxmi Acharya

Nepal Red Cross staff: Mr. Krishna Bahadur Subedi and Krishna Raj Sharma

The contents of the training were as follows:

First Day:

- Environmental sanitation and personal hygiene
 1. The meanings of sanitation and personal hygiene
 2. Sanitation (personal, domestic and environment)
 3. Direct and indirect modes of disease transmission (air borne, water borne, food contamination)
 4. Barriers of disease transmission and the importance of toilet and waste disposal pit usage

- Safe motherhood
 1. Meaning
 2. ANC visit and its importance
 3. Delivery care (meaning, care and importance)
 4. Post natal care (meaning, care and importance)
 5. TT vaccine (meaning, importance and vaccination schedule)

Second day

- Child care
 1. Meaning
 2. Care of newborn
 3. Child feeding meaning, exclusive breast feeding and its importance, weaning, supplementary food, vaccinations
- Nutrition
 1. Meaning
 2. Types of food (energy yielding, body building, and protective)
 3. Diseases caused by nutrient deficiency, malnutrition and preventive measures
- Immunisation
 1. Meaning and importance
 2. Immunisation schedule
- Malaria and encephalitis prevention
 1. Meaning
 2. Simple way of identifying malaria and encephalitis
 3. Control measures

Third day

- Family planning
 1. Meaning
 2. Available contraceptive methods and user instruction
 3. Advantages and disadvantages
- STDs and HIV/AIDS
 1. Meaning
 2. Detection and consequences
 3. Control measures
- CDD/ARI
 1. Meaning
 2. Basic symptoms
 3. Oral re-hydration
 4. Preventative measures
- Health services provided by peripheral health facilities and district hospital
 1. Curative services
 2. Preventative services

In summary, the health and hygiene trainings were implemented successfully and with positive feedback. It was noted that settlement members actively participated

throughout the trainings and that sessions maintained a lively environment conducive to learning. At the conclusion of the trainings, rapid assessments showed that the participants had acquired new information that was relevant and important in their daily lives. A few examples of this are ANC check-ups and use of iron tablets, child spacing, personal hygiene, and ways of disease transmission and control.

II. First Aid training

First aid training was organised by group members. In total, there were 20 persons representing the 14 different freed Kamaiya settlements that received training in first aid.

Facilitators:

NRCS Bardiya: Mr. Bishnu Timilsina, Mr. Devendra Sigdel and Mr. Krishna Timilsina
Health Assistant of DHO: Mr. Yogendra Mahato

Contents of the training:

- Introduction to first aid
- Artificial respiration
- Bleeding control
- Management of shock and unconsciousness
- Wound management
- Techniques of bandaging
- Management of poisoning
- Management of fractures
- Road and transport accidents
- Responding to emergencies
- Importance of eye and ear care
- Introduction to first aid kit

The methodology of the training was focused on practical demonstration and simulation as levels of literacy amongst participants tended to be low. Group discussion and brainstorming were also methods used in the training. Fourteen first aid kits and stretchers were distributed to freed Kamaiya participants for use in their settlements.

Overall, the freed Kamaiyas that participated in the First Aid training expressed happiness about acquiring basic life saving skills and committed to use what they learned as much as possible to serve their settlements and others. Comments were made that this type of training is equally important in other settlements as well.

5. Health Clinics

Eleven health clinics were conducted in 11 freed Kamaiya settlements. In these clinics, district doctors and health workers were actively involved. The team was divided into registration, history and vital sign taking, Gynae patients' screening, general medical examination, IEC material distribution, counseling and dispensary. A list of health workers is included following this report in Annex 5.

Trained nurses screened women with suspected gynaecological problems. Prolapsed uterus cases were either managed within the district or referred for surgery to Kohalpur Medical College. The patient records of diagnosed cases are being kept separately so that regular follow-up by concerned health facilities and the Bardiya District Hospital occur.

Altogether 1999 (1047 F and 952 M) patients were examined from various settlements. The patient flow was very high due to the medical examination performed by the doctors and the dispensing of free essential medicines. Typically in the rural setting, opportunities for basic health check-ups and medical treatment are rare. This being said, the community members warmly welcomed the clinic team and very much appreciated the services they received. In addition, members of the freed Kamaiya settlements already began to present previous registration tickets to the concerned health facilities, and health workers found the registration tickets to be satisfactory.

Below is a table detailing when and where clinics were conducted.

Number of Patients Examined

Date	VDC/ Name of Settlement	Treated patients		Total
		Male	Female	
29 Nov.02	Deudakala-3 Matchagad	56	72	128
30 Nov.02	Kalika-4 Tesenpur	103	89	192
01 Dec.02	Kalika-4 Gauripara	125	107	232
02 Dec.02	Sorahawa-3 Ram Nagar	97	102	199
03 Dec.02	Bagnaha, Dhongrahawa	46	79	125
04 Dec.02	Bagnaha, Takiya	82	121	203
05 Dec.02	Dhadhavar-8 Vijaya Nagar	82	103	185
06 Dec.02	Dhadhavar-8 Vijaya Nagar	84	132	216
07 Dec.02	Dhadhavar-9 Sova Nagar	132	122	254
08 Dec.02	Guilariya Mu. -2 Jainpur	37	34	71
09 Dec.02	Guilariya Mu. -12 Tepri	108	86	194
Total		1,047	952	1,999

The below figure shows the numbers of disorders and diseases diagnosed in the health clinics. Skin infection, worm infestation and ARI were the problems diagnosed most frequently amongst the freed Kamaiya that attended the clinics. 22 RTI cases and 5 abortion related cases were also found, indicating that women's reproductive health should be given attention.

Disorder/Disease Number of Cases

Skin diseases	558
Intestinal worms	299
Body ache	294
ARI	241
Acid peptic disorder (APD)	212
Avitaminosis and other nutrition deficiency	99
Ear infection	77
Chronic obstructive pulmonary diseases (COPD)	38
Urinary tract infection (UTI)	37
Gastritis	31
Reproductive tract infection (RTI)	22
Pyrexia of unknown origin (PUO)	20
Diarrhoeal diseases	20
Injury/Fracture	14
Sore eye/eye complaints	12
T.B.	8
Tooth ache and other mouth related complaints	6
Abortion related complaints	5
Anaemia	5
Typhoid	1

6. Public toilet construction

In total, 39 toilets were constructed in the freed Kamaiya settlements. The criteria for selecting a site for toilet construction, was that the freed Kamaiya family must have built a house in accordance with the FKFSP project.

The toilet construction scheme was borrowed from Nepal Water for Health (NEWAH). The cost of each toilet was approximately Rs. 5,000. Materials used in toilet construction were cement rings, pipes, toilet pans, bricks, iron gates, and locally produced cement tiles. Skilled labour and transportation to the site were also required while the house owner supplied unskilled labour in the form of pit digging and roofing.

The toilet construction intervention's goal to improve environmental sanitation and personal hygiene in and around the freed Kamaiyas camp was achieved. Follow-up in the settlements showed that freed Kamaiya families, including children, were using the toilets. This assessment was further supported by the lack of visible feces in the open fields near the houses.

Below is a table identifying the number and location of each constructed toilet.

Toilet Distribution

SN	VDC/ Name of Settlement	No. of Toilets Constructed
1.	Deudakala-3 Matchgad	1
2.	Sorahawa-3 Ram Nagar	1
3.	Dhadhawa-8 Vijaya Nagar	13
4.	Dhadhawa-9 Sovanagar	5
5.	Guilariya Mu.-2 Jainpur	14
6.	Guilariya Mu.-12 Tepri	5
	Total	39

7. Freed Kamaiya settlements linkage with health services

Kalika, Sorahawa, Deudakala and Dhadhbar settlements did not have access to immunisation and ORC services. Before, these populations had to walk long distances for health care services, but as a result of this intervention the DHO requested all concerned health workers to provide regular immunisations and ORC services in the settlements.

Also in efforts to improve access to health care in the freed Kamaiya settlements, especially for the more isolated and populated ones, the addition of new female community health volunteers (FCHVs) was requested and agreed upon by the DHO. A total of seven FCHVs selected by mothers' groups, were to be stationed in the settlements of Kalika, Sorahawa, Deudakala and Dhadhabar. It is required that these newly selected FCHVs attend the yearly basic FCHVs training, but the DHO stated that the district did not have the funds in the budget to cover the training cost. It was decided that GTZ-HSSP should bear the cost for the training of the new 7 FCHVs.

8. De-worming

There were 434 children under the age of five years in the freed Kamaiya settlements. Children between the ages of two and five years were de-wormed and children under the age of two were given a doctor's prescription for de-worming medicine. De-worming took place during the settlement health clinics.

9. Programme strengths and improvement challenges

9.1 Programme strengths

- Well planned
- Strong collaborative efforts by team members
- Good coordination and understanding among the partners (DHO, FKFSP, GRAA, and HSSP)
- Innovative programme implemented in a short period of time
- Programme completed within the proposed time frame
- Programme reached the intended intervention population
- The results of the intervention were positive

9.2 Improvement challenges

- More preparation time is required
- Roles of the health workers should be defined prior to the clinic
- Check list of the required equipment/materials is needed
- Sustainable health care services to be developed and followed-up

10. Financing

Financial support was received from the GTZ-HSSP German Emergency Fund. The budget was released to GTZ-FKFSP for awareness raising, health and hygiene training, First Aid training, toilet construction and health clinics. De-worming funds were provided by HSSP/RH and ORC funds were given to the health facilities of Kalika, Sorahawa, Deudakala, Dhadhbar and Mathurahardwar. The below table lists the costs for each intervention component and the final total expenditure.

SN	Particulars	Amount
I	Awareness Raising programme	15,600.00
II	Health and Hygiene training	106,545.00
III	First Aid Training	26,782.95
IV	Toilet construction	189,767.5
V	Health clinic and de-worming	90,498.00
VI	Outreach clinic	6,000.00
Grand Total		435,193.45

11. Conclusion

The entire intervention proved to be very effective in meeting its objective of improved health care to the freed Kamaiya settlements. This marginalised group clearly benefited from the opportunity to increase their awareness and skills in the areas of first aid, hygiene and sanitation, family planning, HIV/AIDS, and safe motherhood. In addition, health clinics provided medical check-ups and medicine in these areas that would otherwise not have access to health care. Also, linkages between health institutions and the settlements were made so that regular immunisations and ORC will continue.

In all of the intervention sites, the freed Kamaiya communities were very cooperative and their enthusiastic participation was acknowledged. Similarly, the freed Kamaiya communities honored the intervention team stating that they valued their efforts and felt that a difference was made.

12. Recommendations

The need for such a programme was recognised by the freed Kamaiya community. In order to continue support, improve future efforts and enhance programme sustainability, the following steps should be considered:

- The freed Kamaiya families should be provided with additional health awareness raising programmes.
- Concerned health institutions should be monitored to ensure that provision of regular immunisations and ORC services continue.
- Freed Kamaiya should be given support to construct additional toilets.
- Orientation on STDs and HIV/AIDS should be continued.
- Freed Kamaiya families should be given free medical treatment at least once a year for the next two consecutive years.
- This programme could serve as a model for replication in other areas.

Annex 1: Health and Hygiene Training

Venues: Bijaya Hotel Gulariya, Bardiya, Shanker Hotel Gulariya, Bardiya

Participant (117) addresses: : Kalika-4, Deudakal 3, Sorahawa-3, Bagnaha-1, 3 & 6, Dhadhawar-8 & 9, and Guilariya Mu.-12 tepri

Training dates: 24-26 November, 27-29 November, 30th November – 2nd December 2002

Participant Names

Jit Ram Tharu	Anta Ram Tharu	Dashi Ram Tharu
Nim Bahadur Tharu	Madhu Tharu	Amar Tharu
Dhani Ram Tharu	Nathu Ram Tharu	Bhose Raj Tharu
Puran Tharu	Magati Tharu	Sita Rani Tharu
Dhani Ram Tharu	Tatkaniya Tharu	Krishna Gopal- Chaudhari
Saddye Pd. Tharu	Phul Ram Tharu	Prem Lal Chaudhari
Ram Bahadur Tharu	Bhikhuwa Tharu	Pate Sari Chaudhari
Prakash Tharu	Bhaggu Tharu	Sumita Chaudhari
Bhakta Bahadur Tharu	Mahesh Tharu	Bhikhara Chaudhari
Man Ram Tharu	Gyanu Tharu	Ram Charan Chaudhari
Thagga Ram Tharu	Kali Tharu	Lautan Tharu
Ram Prasad Tharu	Man Bahadur Tharu	Raj Kumari Chaudhari
Ram bahadur Tharu	Pradeshi Tharu	Sandesh Chaudhari
Khushi Ram Tharu	Ghumai Ram Tharu	Dhani Ram Chaudhari
Chedu Ram Tharu	Kanhey Tharu	Krishna Prasad- Chaudhari
Thagga Tharu	Champi Tharu	Mahangu Tharu
Khushi Ram Tharu	Bel Mothi Tharu	Siya Ram Tharu
Devi Ram Tharu	Ram Krishna Tharu	Sobha Ram Chaudhari
Cheda Ram Tharu	Gulpi Tharu	Kalsu Rani Tharu
Janak Ram Tharu	Ram kisan Tharu	Jag lal tharu
Sani Ram Tharu	Raj Rani Tharu	Betchni Tharu
Man Bahadur Tharu	Akhaeiya Tharu	
Badhu Ram Tharu	Sita Ram Tharu	
Dhani Ram Tharu	Chandrani Tharu	
Babu Ram Tharu	Lachhi rani Tharu	
Ram Lautan Tharu	Ishwari Tharu	
Moti Devi Chaudhari	Balik ram Tharu	
Bhag rathi Tharu	Khushi ram Tharu	
Laxmi Devi Tharu	Yangani Tharu	
Gagani Devi Tharu	Hari ram Tharu	
Top bahadur Chaudhari	Gaj Bir Tharu	
Munsi Ram Tharu	Bali Ram Tharu	
Punya Tharu	Chote Lal Tharu	
Durpati Tharu	Pancha Ram Tharu	
Bangalu Tharu	Ganjawa Tharu	
Dhurbi Tharu	Dukh Ram Tharu	
Ram Bahadur Tharu	Jug rani Tharu	
Bal Krishna Tharu	Budhani Tharu	
Chuluwa Tharu	Khuse Ram Tharu	
Jugmani Tharu	Rogahi Tharu	
Bir Bahadur Tharu	Bish Ram Chaudhari	
Magaru Tharu	Ram Bahadur Chaudhari	
Gopal Tharu	Bujhawan Chaudhari	
Kishni Tharu	Putbari Chaudhari	
Gimdar Tharu	Dijawa Chaudhari	
Paltu Tharu	Bir Bahadur Chaudhari	
Gurucharan Tharu	Dil Bahadur Chaudhari	
Dandi Tharu	Shiva Prasad Chaudhari	
Indrabi Tharu	Jit Rani Chaudhari	

Annex 2: First Aid Training

Venue: Bijaya Hotel Gulariya, Bardiya

Participant (20) addresses: Kalika-4, Deudakal 3, Sorahawa-3, Bagnaha-1, 3 & 6, Dhadhawar-8 & 9, and Guilariya Mu.-2

Training dates: 24-26 November 2002

Participant Names

Krishna Gopal Tharu
Gauri Shankar Tharu
Pradeshi Tharu
Phul Basi Tharu
Guru Charan Tharu
Dukh Ram Tharu
Munsi Ram Tharu
Moti Chaudhari
Khushi Ram Tharu
Susila Chaudhari
Dhani Ram Tharu
Bir Bahadur Tharu
Kali Tharu
Anta Ram Tharu
Sita Ram Tharu
Panch Ram Tharu
Jit Ram Tharu
Paltu Ram Tharu
Jit Rani Tharu
Prem Kumar Tharu

Annex 3: List of Health Workers

SN	Name	Designation	Health Institution
1.	Dr. Rama Sanker Pd Deep	DHO	DHO
2.	Dr. Probodh Regmi	Medical Officer	District Hospital
3.	Ms. Devi Bhandari	Nurse Inspector	District Hospital
4.	Mr. Sovakant Gautam	Public Health Inspector	District Hospital
5.	Mr. Sunil Pandey	Public Health Inspector	DHO
6.	Ms. Radha Pokhrel	Staff Nurse	District Hospital
7.	Ms. Luxmi Acharya	Staff Nurse	District Hospital
8.	Ms. Sumitra Khadka	Staff Nurse	District Hospital
9.	Ms. Bindu Kharel	ANM	District Hospital
10.	Ms. Guma Paudel	Public Health Nurse	DHO
11.	Ms. Sabitri Gurung	ANM	Rajapur PHC
12.	Mr. Amar Khadka	AHW	District Hospital
13.	Mr. Bishnu Baisya	AHW	Neulapur HP
14.	Mr. Deepak Dhungana	AHW	Mathurahardwar
15.	Mr. Janardan Gautam	HA	Khairapur HP
16.	Mr. Pradeep Rijal	AHW	Khairapur HP
17.	Mr. Saryug Sah	HA	Bagnah HP
18.	Mr. Prem Chandra Shah	HA	Deudakala HP
19.	Ms. Purnakala sah	ANM	Deudakala HP
20.	Mr. Narayan Sharma	AHW	Sorahawa PHC
21.	Ms. Dhansari Thapa	ANM	Sorahawa PHC
22.	Mr. Kriparam Chaudhary	VHW	Sorahawa PHC
23.	Mr. Dev Prasad Ranabhat	VHW	Deudakala HP
24.	Mr. Hari Lal Puri	VHW	Bagnah HP
25.	Mr. Man Bahadur Gyawali	VHW	Dhadhabar SHP
26.	Mr. Ghanshyam K.C.	AHW	Dhadhbar SHP
27.	Mr. Ganesh K.C.	SAHW	Mangragadi PHC
28.	Mr. Keshav Shahi	AHW	Mangragadi PHC
29.	Ms. Champa Shrestha	ANM	Mangragadi PHC
30.	Ms. Nandi Devi Shrestha	VHW	Khairapur HP
31.	Mr. Dilli Sharma	AHW	Kalika SHP
32.	Mr. Taranath Sharma	VHW	Kalika SHP
33.	Ms. Neelam Gautam	MCHW	Kalaika SHP
34.	Mr. Sanat Kumar Sharma	H.Ed Tech.	DHO supervisor
35.	Ms. Bindu Pandey	ANM	Khairapur HP

Health Camps



Patient Care



Dispensing Medication And More

First Aid Training



Bandage Practice



Learning, Hands On

Toilet Construction

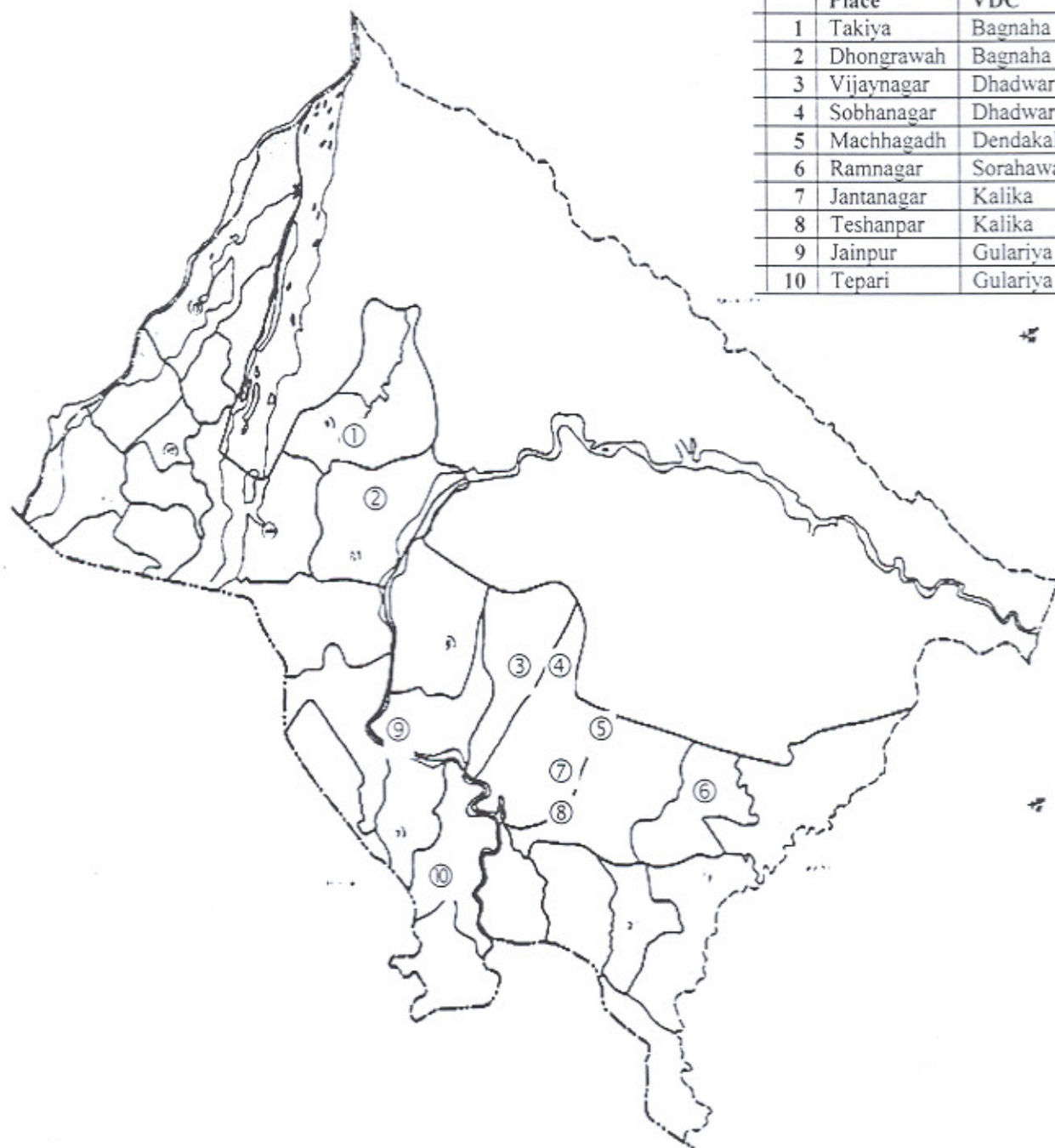


Constructing Foundations...



For Improved Health

Annex 5: District Map



German Technical Cooperation (GTZ)
Neer Bhawan, Sanepa
PO Box 1457
Kathmandu, Nepal

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