



THE NEPAL TRUST

Working with Health, Community Development & Hope in the 'Hidden Himalayas'

SAFE MOTHERHOOD & HEALTH DEVELOPMENT PROGRAM

HUMLA DISTRICT, NEPAL



Nepal Trust Health Clinic/ Birthing Center, Sarkegad Village, Humla District

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1. Our details

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2. Context.

The Nepal Trust has been operating in the ‘Hidden Himalayas’ (the remote North Western corner of Nepal) for nearly 30 years. It has operated its Healthcare Program continuously during this period, despite the disruptions caused by the Maoist conflict.

With the conflict now settled, the Nepal Trust wishes to revitalise and revamp its Healthcare Program through the Safe Motherhood & Health Development Program (SM&H-DP) in Humla district.

This concept note sets out the broad plans and objectives for the support to run 8 health clinics/ birthing centers with integrated Primary Healthcare facilities in Humla district for which the Nepal Trust is seeking external funding support.

The project will complement current Government/ Nepal Trust health activities in the area and will assure that the national Safe Motherhood and Healthcare goals can be advanced for Humla.

3. This concept note includes:

- Project background & location
- Project aims
- Project methodology
- Project duration
- Project beneficiaries
- Project objectives (specific)
- Expected outputs & results
- Amount of funding requested



Concept Note

- **Project background & location**

Nepal is the world's 3rd poorest country. Humla district is Nepal's highest, most inaccessible and impoverished district, which is located in the far northwest corner of Nepal against the Tibetan border and has a population of over 50,000 living in scattered enclaves in the lower valleys of the Himalayas, between 1,500-7,300m altitudes. Simikot, the district HQ, has a small airstrip that lands only a few flights per week in good weather. The closest road-head in Nepal to Humla is 10 days walk to the south (Surkhet) and from Tibet 6 days walk to the northeast (Hilsa). These isolated mountain communities rely on subsistence farming and minimal trade with Tibet.

Despite several decades of health programs – in particular family planning – the population growth rate of Nepal continues to outpace agricultural production and parts of the country continue to be food deficit areas; only 1% of Humla, close to where the Maoist insurgency started, is arable (DDC, 2004). This, and the past conflict, has an inevitable impact on health issues which resulted in a significant death toll in Humla, where people live under harsh living conditions with the lack of basic primary healthcare and education and limited Government food rations.

Due to the past conflict, primary healthcare services have been significantly further diminished. Poor hygiene, quality of water and sanitation, malnutrition, vitamin deficiency, gastro-intestinal ailments (incl. diarrhea, worms and gastritis), acute respiratory infections, chronic bronchitis, measles, tuberculosis, leprosy and eye conditions (incl. cataracts) all add up to serious health problems. Hard physical labor (also done by women during pregnancy) required for mere subsistence results in frequent trauma, wound infections and long-term musculo-skeletal and arthritic problems. Humla ranks 73/75 in Nepal's Human Development Index (HDI) and 73rd, 72nd and 73rd in Poverty & Deprivation, Infrastructure Development and Women's Empowerment Indexes respectively. Life expectancy rate is 58 years, the mortality rate is 32/1,000.

Other figures indicate that contraceptive prevalence rate is 44%, immunization coverage is 83% and deliveries performed by a skilled birth attendant only 44% (MoHP, 2006). Women tend to give birth in abandoned cow sheds or in open fields and often the only equipment at hand for local health workers to assist them while giving birth is restricted to a plastic sheet, a pair of gloves and a razor blade.

- **Project aims**

In Humla district, the project area, the population groups which exhibit the highest levels of mortality, morbidity and malnutrition are women and young children. In order to tackle these issues Nepal Trust has started to expand its health program with the birthing center strategy and recently 3 additional centers have been constructed, bringing the amount of clinics/birthing centers supported by Nepal Trust up to 8 in total.

All these 8 clinics/ birthing centers have been brought officially under the Government health system in order to sustain the future sustainability of the program, but support to achieve this is still very much needed.

As part of the Nepal Trust's long-term drive to tackle the high infant mortality rates (over 40% of all children do not live 5 years) and high maternal labor mortality rates (8.3‰ of women die during labor) prevalent in Humla (World Health Organization, 2008), the main aim of this project is to aid the recovery of this post-conflict area (with a focus on natal -and primary healthcare) by supporting these 8 clinics/ birthing centers for the upcoming years to complement the existing and/or planned Government and Nepal Trust health infrastructure and that will allow local people to have access to essential health services within a one day's walking distance from their respective village.

The long-term aim is to promote gender equality, social reconstruction -and cohesion and political stability by developing an improved and sustainable primary healthcare delivery system at grass-roots level, which falls within the new Government policy, paired with income generation and capacity building measures.

The project also aims to reinstate and develop healthcare provision in accordance with the United Nations Millennium Development Goals (MDGs), particularly those which focus on maternal and child health, poverty reduction and improved nutrition, whilst encouraging recovery of a post-conflict area within the Federal Republic of Nepal.

- **Project methodology**

The overall pattern of ill (natal) health in rural Nepal is dominated by infectious diseases, nutritional disorders and maternal and perinatal diseases. It is paramount therefore in any primary healthcare approach to consider the burden of disease within the community and link any proposed health interventions to this analysis. Such an approach allows for a better use of resources.

To this end, the project has been developed by the Nepal Trust in consultation with Ministry of Health & Population (MoHP), Humla District Health Office (DHO), the local health management committees and communities and is in harmony with Nepal's national health policies, particularly the Safe Motherhood Long Term Plan (SMLTP), the 15th Five Year Development Plan (FYDP) (2019/20-2023/24) and the Nepal Health Sector Implementation Strategy Plan (NHSISP) (2016-2021) and its emphasis on Essential Healthcare Service which includes the key elements of safe motherhood and family planning, child health, control of communicable diseases and improved out-patient care.

The project follows a bottom up approach and will be implemented at grass-roots level addressing the direct core needs of local communities at village level. Local participation is key to project success hence local stakeholders will be involved throughout the implementation period, incl. during planning sessions.

- **Project duration**

The Humla SM&H-DP is an on-going program building upon past efforts and will initially run for 2 years (July 2021-July 2023), whereby plans are in the pipeline to extend the program for more years to come.

The project will be managed by the Nepal Trust and its local Nepalese project implementation partner Nepal Development Foundation (NDF), whereby as much as possible of the responsibilities and tasks will be handed over to the Humla District Health Office (DHO), the local Village Development Committees (VDCs), Health Management Committees (HMCs) and communities, and/or private organizations to ensure project sustainability. The Nepal Trust will integrate this health project in its overall development program and will keep facilitating the beneficiaries and local government to run the clinics properly, whilst leaving the communities in charge.

- **Project beneficiaries**

The direct beneficiaries comprise the local municipalities of the 8 villages where the clinics/ birthing centers are located, that have a total population of 32,261 people (16,046 males and 16,195 females) comprising approx. 6,651 households.

Next to this, indirect beneficiaries include the wider community of Humla district which as a whole has a total population of 50,858 people (25,833 males and 25,025 females) comprising approx. 9,437 households, especially along the main trading -and tourism trails, incl. disadvantaged and marginalized groups. In addition the project can benefit other local stakeholders, formal and informal (non) Government institutions, surrounding communities from Mugu district bordering Humla in the south, tourists, volunteers, etc.

- **Project objectives (specific)**

To provide accessible, responsible, efficient and improved natal -and primary health infrastructure -and services in Humla district.

Besides the day-to-day treatment of patients, especially due to the current COVID-19 pandemic, educating local communities on health issues and provide support to the already limited health services available seem crucial in order to help the communities in need and help coping with the pandemic.

- **Expected outputs & results**

- Provision of local skilled health staff in the clinics/ birthing centers
- Provision of essential medicines and medical equipment (incl. PPE)
- Provision of child/ women health education in local schools and at the clinics/ birthing centers
- Support ongoing efforts from Nepal -and Humla Government in their efforts to handle the COVID-19 pandemic (e.g. provision vaccinations, set up quarantine centers, treating patients, awareness raising, etc.)

- **Amount of funding requested**

Funding requested - € 86,350.00 (Eighty Six Thousand Three Hundred Fifty Euro) for a period of 2 years.

For a more comprehensive breakdown of the funding requested please see the detailed budget below.

S.N.	Item	Year 1 NPR.	Year 2 NPR.	Total Cost NPR.	Total Cost Euro (€)
1	Health Staff, Project Support Staff	2,015,000	2,015,000	4,030,000	28,786
2	Child Health Education School Programs	1,250,000	1,250,000	2,500,000	17,857
3	Medicine/ Medical Equipment	1,280,000	1,280,000	2,560,000	18,286
4	Transport/ Logistics/ Porterage	800,000	800,000	1,600,000	11,429
5	DSA/ Staff Field Travel/ Community Meetings	100,000	100,000	200,000	1,429
6	Coordination Meetings Government	50,000	50,000	100,000	714
	Sub Total	5,495,000	5,495,000	10,990,000	78,500
7	Local Coordination/ Management/ Admin/ Overhead (10%)	549,500	549,500	1,099,000	7,850
	Total	6,044,500	6,044,500	12,089,000	86,350

Note: 1 Euro (€) = 140 Nepali Rupees (NPR.) as per August 2021

PHOTO ALBUM – EXAMPLES THE NEPAL TRUST CLINICS/ BIRTHING CENTERS



PHOTO ALBUM - THE NEPAL TRUST SAFE MOTHERHOOD & PRIMARY HEALTHCARE PROGRAM



Concept Note

PHOTO ALBUM - HUMLA & ITS PEOPLE

