Project Description

on

Chhirring Kharka
Community Emergency Clinic

at

Chhirringkharka
Bakanje VDC, ward 1 & 2
Upper Solu, Nepal
1. February 2009

In international cooperation between
PONA Foundation
and Himalayan Project Danmark
written by Kurt Lomborg

Chhirringkharka is a very remote place in Upper Solu. It is situated on the slopes of Konyaklemo Danda in a height of 2500-2600 meter. Probably ever since the Sherpa people came down to Solu from Khumbu and Eastern Tibet some 300 years ago, they have grazed their yaks with the fertile pastures (kharka) of this ridge. Dawa Lama is now an elderly noble man and the descendent in third generation of Ngatar Sherpa of Sagar-Bakanje, who was the head of the first family who started living here permanently all the year. Today 57 households are inhabited by roughly 300 persons. The settlement is divided into three villages with Chhirringkharka in the centre, and the smaller village Lole to the east, with a more scattered habitation and predominantly inhabited by Sherpa, and to the northwest Patale, mainly inhabited by Thami.

Local conditions: The slopes here are situated southwards towards the sun, and so high that the cooling valley winds with foggy climate are far below. On the other hand the surrounding high mountains are to some extend attracting the rain clouds during the monsoon period, so that the slopes are receiving sufficient precipitation. The result is very fertile slopes, where the varieties of plants and their growth is far better that the high altitude should predict. The crops are dominated by potatoes and barley, but also wheat is harvested, but the most yielding crop is grass for cows. The people of Chhirringkharka are strong and solid cattle farmers, who are famous for their breeding and cross breeding of yak and cow. They produce high quality of butter and cheese products, but as Buddhists they rarely produce meat for food as they, according to their religion, don't kill living creatures.

Isolated place: The settlement is situated in a really isolated corner of Solu. It is the last settlement uphill. Only high pastures (kharka) and High Himalayas are found that way. To the east the landscape soon changes into steep, rugged mountainside. To the west it goes very steep down to Likhu Khola at 1.700 meter (meaning 8-900 meters steep down and 3-400 meters up again) with connection to the villages of Kyama, Gumdel and Changnyima. To the south several trails lead down to Bakanje Khola (Honde Khola) and all finally leading up to Sagar-Bakanje Village at the same altitude as Chhirringkharka. Of the two most used trails, the eastern trail is not so steep and meets the river at 2.200 meters (meaning 350 meters down and up again – long, but not so steep). It is considerably longer than the more direct trail, which is steeper and meets the river at 1.900 meters (meaning 6-700 meters relatively steep down and not so steep up). For a tourist it will take 4-6 hours between Chhirringkharka and Sagar-Bakanje, but for schoolchildren who goes to the school in Sagar-Bakanje (Lower Secondary level) it takes 2 hours each way. For a strong, grown-up person it sometimes takes only 5 quarters of an hour. The people of Chhirringkharka are so used to this hardship, that they are among those inhabitants of Solu, who you will find anywhere at any time being ignorant of steepness and length. But on the other hand it is very rare to find other people of Solu, who have ever been in Chhirringkharka, even having relatives there, because the trails are much too hard. When I visited the village on 3. November 2007, they told me that I was the second western visitor after Sir Edmund Hillary 22 years ago, though they

knew that an unknown tourist went trough at nighttime in 1998, and another went through Patale in 2001. I could tell them, that both strangers were me.

Health service and logistics: To sum up: for healthy and well fit Chhirringkharka dwellers the hardship of remoteness is not a big issue, but for everyone else it is somewhat of a problem to go to and from the village. But what about the sick persons? For preventive treatments like vaccinations and other minor treatments, there is a Health Post in Sagar-Bakanje with irregular service operated by a Health Assistant. There is a small Clinic in Kenja, but is already degrading after 14 years of operation, and the doctor there is rarely present. A 17 years old uneducated peon is actually operating the clinic, which have no facilities whatsoever. For more serious problems, the nearest hospital is in Phaplu on the other side of Lamjura Pass (3.550 meter), which means some 10-12 hours away – and that is for healthy and well fit persons! But for acutely injured persons, severe illness, complicated deliveries etc., the problem is really critical and several persons have died or become disabled because of the remote position of the village. The persons might have had a better outcome if proper facilities had been available locally.

Community Emergency Clinic: It is not to be expected that a well educated health worker would start to live in this remote place with only 300 inhabitants and a long distance to the next settlement – not to speak of a person with an even higher medical education. If a local person would take such an education, it is only to expect that he or she would very soon be searching for another working field, where a higher and more stable income could be expected. But if several of the locals could receive a basic training in first aid, wound treatment, common diseases like diarrhea, coughing etc, a lot of acute problems could be solved locally in a proper way. And if those who already have a practical experience, like birth assistants, could have proper and convenient facilities locally, they could give a better help in many situations. It would be an obvious advantage if a sick person could be moved from an unhealthy and smoky hut into a proper clean and fresh room or building, and in this way improve the process of curing, not to talk about the paramount importance of being able to isolate a contagiously infected person from the rest of the family. If such facilities could be created, it would be more likely to get an agreement with the local District Health Office to have a Health Officer to visit this Clinic at regular intervals for more thorough and specific examinations and treatment.

Lack of safety and security: During my visit in November 2007 I got the impression that the wish of having a Clinic was very intense. They almost held their breath, staring intensely at me when a few persons explained the problems, and there were a big relief and smiles all over, when I agreed to work on it. When I presented some quite severe problems, there immediately was someone who had an idea of how to solve it, and the rest agreed actively. I had a strong impression that this project is very necessary, and also that the people of Chhirringkharka will make great efforts to make it run in a sustainable way, and on their own means. I asked them to form a committee which should describe how they would run


this place. Two months later I received the constitution paper which is attached here as an Appendix B. Such a quick, specific and serious answer is most unlikely in Nepal, and tells me how important this problem is to them. Again in autumn 2008 I visited the place, and we performed a Health Survey under the leadership of Sonam Doka Sherpa. We found that even without support from outside, the inhabitants were willing and able to run a clinic there on their own means. And they were even convinced that people from other places would even visit this clinic to support it's income, as the whole area are so much in lacks of health facilities.

Local good will: I proposed that the necessary land for the construction should be donated from local side, and immediately two land owners did show me a sufficient piece of land situated in the middle of the settlement and not too rugged and steep, which they wanted to donate for the purpose.

But unfortunately in January 2009 the donors had second thoughts on their donation and backed out of their promise. We never have received any explanation on the reason for this action, but I find it very disappointing. But immediately Da Sarki Sherpa substituted the previous donors and donated land for the project. And even it seems to be better land, not so steep and with no big rock to cut into pieces. The new land is shown by above two pictures and Da Sarki by below picture.

Foundation: According to our survey in Chhirringkharka the inhabitants generally have good understandings that running a clinic by own means has a constant demand of economy. That only payment for service isn't enough. They express readiness to support by personal donations, and even to support in a progressive way, so poor can support less that well to be. Therefore they want to build up a local Foundation for the purpose of running the clinic. First of all they want to establish this Foundation by volunteer labor during the construction phase, by giving their wages to the Foundation. Later they will supply the Foundation by local donations and fees and apply for extra support from other sources.

Construction: In autumn 2008 the "Bakanje Health Survey 2008" was completed and we found which details in the health

situation in Chhirringkharka should be emphasized. We held a meeting with the Committee and discussed in details how the construction should be done. This will be discussed in details in the "Construction Proposal".

Donor involvement: Himalayan Project shall only go into the construction phase and establishing phase of the "Chhiring Kharka Community Emergency Clinic" (CCEC). The Committee shall see to that there is drawn deeds of the land. The Committee was in November 2008 told, that they could start leveling the land, and start cutting wood and stones for the project. Himalayan Project will support all the constructions on the compound, settle it with necessary interior covering and equipment and fill it up for a start with dressing materials and medicines according to need and the level of education of the personnel. We will also go into the basic education of personnel, which can be done in cooperation with the District Health Office and with Rotary. When this construction part run by Himalayan Project is completed, the whole project will be handed over to CSHP, which shall run the place on their own in a proper and sustainable way. Himalayan Project shall not have any obligation of continual support. But if we by chance can find an opportunity to involve in the future empowerment of the clinic, we will do so. For the moment Himalayan Project is working on a "Women Empowerment Project in Bakanje" which is planned also to involve the health sector in Chhirringkharka.

Medical demands: Before starting the project we performed "Bakanje Health Survey 2008" to find the basic needs of Chhirringkharka. This survey can be obtained on request, or it can be downloaded from Himalayan Projects Website on www.nepalhelp.dk

Construction and Budget: The construction and budget can be divided into two:

- In the ***Preliminary Phase*** PONA Foundation supported with 5.000 DKR to perform the "Bakanje Health Survey 2008". In December 2008 Himalayan Project produced a "Project Proposal" submitted to the Construction Committee for their suggestions and approval. After approval from the Construction Committee by 14. January 2009 this final "Project Description" is forwarded for PONA-Foundation for approval. When this is achieved the "Project Description" and "Project Account Book" will be delivered to Construction Committee.
- The ***Legal Phase*** shall start with "Chhirringkharka Community Emergency Clinic Committee (CCECC)" forming a "Construction Committee" and a "Monitoring Committee" in Chhirringkharka. The "CCECC" shall open a **Bank Account** and complete **deeds** on the land in the name of CCEC. The "CCECC" shall approach DHO to have approval to run such a clinic. The "CCECC" shall mobilize the villagers to give full explanation and receive suggestions on the project. Himalayan Project shall obtain approval from District Health Office to run this project. This phase will not involve expenses from the project.
- The ***Construction Phase I*** will initiate with leveling the compound and building a compound wall on the south side of the land to support the surplus of soil moved from the upper side to the lower side. A considerable part of the budget from this phase will be transferred to the Foundation, as most labor in this phase can be done by unskilled laborers which can be anyone in the village. Cutting of wood shall initiate during the winter season. This shall be covered by this project.
- The ***Construction Phase II*** will consist of the very construction of the building done by skilled laborers on daily salary or contract, and the purchasing and transportation of materials from outside. This shall be covered by this project.
- The ***Construction Phase III*** will be furnishing the rooms with the furniture which can be made locally by skilled carpenters on daily salary or contract. This shall be covered by this project.
- The ***Equipment Phase*** will be the procurement and purchasing of medical equipments and instruments which can't be locally produced. This shall be covered by this project.
- The ***Educational Phase*** will start as soon as possible, so educated personnel will be ready when the clinic is established. First of all a group of volunteers from the villages shall have training in handling the emergency cases and basic knowledge about common treatment. But also 1-2 married women shall have the 18 months course of Auxiliary Nurse Midwife (ANM) to give the clinic a

higher degree of capacity. This shall be supported by this project in cooperation with District Health Office and Rotary.

- The ***Running Phase*** will be handed over to the "Chhirringkharka Community Emergency Clinic Committee" which will manage the daily services on their own. The project and Himalayan Project will **NOT** be involved in this phase neither practically nor economically
- The ***Follow-up Phase*** will involve Himalayan Project and other organizations which wish to involve in the health and personal empowerment of the villagers of Chhirringkharka. First of all Himalayan Project have now initiated a project with the objective of "Women Empowerment in Bakanje VDC" which will involve health awareness in Chhirringkharka. This phase will not involve any economy from the project.

Timeframe: The ***Preliminary Phase*** was partly completed by end of November 2008 with "Bakanje Health Survey Report 2008". The Project Description is forwarded for PONA-Foundation by first of February. The Project Description and Project Account Book can hereafter be expected to be delivered at project site by end of February.
The ***Legal Phase*** is ongoing and will be expected to complete before construction Phase II is initiated.
The ***Construction Phase I*** was actually started by mid November 2008 but real action is only expected by end of February 2009.
The ***Construction Phase II*** can be started in early spring 2009 with the naked construction being completed before monsoon in June 2009.
The ***Construction Phase III*** can be completed during the monsoon period 2009
The ***Supply Phase*** can initiate as soon as the very construction is completed and approved, probably in autumn 2009 when Himalayan Project will visit the project site.
The ***Educational Phase*** will initiate as soon as the volunteers of Chhirringkharka is ready or at least when "Bakanje Woman Empowerment Project" will be initiated, which is expected to happen in 2009.
The ***Running Phase*** can initiate as soon as above phases are completed, which will probably be by end of autumn 2009.
The ***Follow-up Phase*** will run with "Bakanje Woman Empowerment Project" and whenever in future.

Project responsible:

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Appendix B:

Constitution of the Chhiring Kharka Community Emergency Clinic
17th November, 2008

1 Name and Logo of Organization

1.1 The Name of this Organization will be "Chhiring Kharka Community Emergency Clinic" (CCEC)

1.2 The Logo will be a circle with a symbol of the health post in middle, and name and Est.date around.

2 Objectives and Policies

2.1 To provide the local people with first aid treatment

2.2 To make health facility accessible to the local people

2.3 To make local people aware of the common diseases

2.4 To give an education of sanitation and food to the local people

2.5 To make all inhabitants conscious of the increasing pollution in the village and its effects to the human health

2.6 To avoid the traditional thinking of the local people about the health treatment

2.7 To make national health programs available in Chhiring Kharka

3 Service coverage area

All the village of Bakanje VDC ward no 1 & 2 (Patale Village, Chhiring Kharka Village, Lole Village)

4 Methodology

4.1 The youths of the village living there permanently will be given a basic health training.

4.2 They shall be performing a health duty in the "CCEC" in turn wise as a health worker

4.3 They will be given a brush-up training course from time to time

4.4 At least one health worker should at any time be ready to give service for the patient

5 Management committee

5.1 Management committee of CCEC shall be formed to run the sub-health post in a proper way. The committee will be formed in following way:

5.2 A person from each household from Bakanje VDC, ward 1& 2 will form the General Members they shall elect the 9 members "CCEC" Management Committee by majority.

5.3 The following will be the management committee:

5.3.1	Chairman	1
5.3.2	Vice-Chairman	1
5.3.3	Secretary	1
5.3.4	Treasurer	1
5.3.5	Members	5

5.4 The tenure of the above of Committee will be for 2 years.

5.5 Sub committees can be formed if necessary

6 Committee Meeting

6.1 The Committee Meeting shall be held once every two months but can be held at any time if needed.

6.2 The time of the next meeting will be as per decision of previous meeting.

6.3 A Sub Committee meeting will be directed by the Board committee as per requirement.

6.4 The place for Sub Committee Meeting will be decided by the Board Committee.

6.5 The Committee's decisions will made by Majority.

7 General Assembly

7.1 A General Assembly shall be held once a year.

7.2 The members of General Assembly will be 1 member of each household of Bakanje VDC- ward1& 2 .

Responsibilities & Authorities of Committee

8 Duties, Responsibilities &Authorities of the Chairman

8.1 The Chairman will direct the meeting.

8.2 Commanding & Leading the Committee.

8.3 Caring the all the assets of CCEC. (Movable & Non-movable)

8.4 Give final decision in the committee.
8.5 Bank account operation.
8.6 Sub Committee formation.
8.7 To monitor & coordinate the activities of Board & Sub Committee & put it in action.

9 Duties & Responsibilities of Vice-chairman

9.1 In absence of the Chairman, the Vice-chairman will handle all duties.
9.2 The Vice-chairman will have all authorities of the chairman while on duty.

10 Duties & Responsibilities of Secretary

10.1 To call members to the meetings after the directions of the Chairman.
10.2 To minute the decisions & generalize them.
10.3 To put decisions in action
10.4 To manage office & official work in a proper way.

11 Duties & Responsibilities of Treasurer

11.1 Keep a clear Account of income & expenditures
11.2 Always be active to generate source of income.
11.3 Let to do Auditing of income & expenditure socially.
11.4 Plan to generate necessary income for the next year.
11.5 To present the clear statement of account of income & expenditure at the annual meeting.

12 Duties & Responsibilities of General Members

12.1 To give report on their own responsibilities in meeting
12.2 To follow the decisions and directions given by the Managing Committee
12.3 To give suggestions to the Managing Committee and put comments on its action
12.4 To follow the duties & responsibilities commanded by Chairman and Committee.

13 Income of CCEC

13.1 Membership fee
13.2 Amount received from Tickets & Medicine
13.3 Donation from any Firm or Person at their own wish.
13.4 Donation or any kind of help from the Government.
13.5 Donations, Help or Liabilities from International Organisations or Person.

14 Bank Account Operation

14.1 The Chhiring Kharka Community Emergency Clinic will open its own saving account in Branch of Rastriya Banajya Bank in Sallery.
14.2 The collected amount in the organization shall be saved at its bank account and operate the account with combined signatures of among of three and Treasurer's signature is compulsory. In the Bank there will be:
  14.2.1 One Fixed Account
  14.2.2 One Current Account.

15 Proper Management & Running of Account

15.1 There will be two kinds of accounts
  15.1.1 Petty Cash Account
  15.1.2 Foundation Account
15.2 Petty Cash Money will be saved in the Current Bank Account and Foundation Money will be saved under Fixed Bank Account
15.3 Each member of CCEC shall pay Rs.50 per month which will be saved in the Petty Cash Account.
15.4 Amounts received from Tickets & Medicine shall be collected in the Foundation Account.
15.5 VDC & District health office will be requested for the workers salary & medicine
15.6 Some of the young persons from the village shall take a Health Training Course as soon as possible and shall take care of the patients as volunteers but some kind of incentive should be provided from Petty Cash.
15.7 The Petty Cash will expense for the medical expenditures and the workers salary until VDC or District Health Office can support CCEC.