



PROJECT REPORT

BAKANJE PILOT-WEP 2010

**Himalayan Project Women Empowerment Project
Bakanje V.D.C., Solukhumbu District, Nepal**





INTRODUCTION **to report on** **Bakanje Pilot-WEP 2010**

by Chairman of Himalayan Project Kurt Lomborg



Himalayan Project has been working on development projects in Bakanje V.D.C. for 13 years now. We have been working in the educational field mainly with upgrading and operating schools, and recently also in the field of health. Hardware only. Our work has been very successful, but we have experienced how our students at schools receive education in nice environment, but are left into unemployment in a weak social structure. Despite that weakness we have always found a very cooperative attitude among the people of Bakanje and a readiness to follow our ideas and a strong confidence towards us. Therefore we decided in 2009 to give a strong emphasis on developing the society, by supporting the women to take action. In 2009 I travelled Bakanje with our two dedicated officers of Himalayan Project Nepal (HIPRON) Ambika Maharjan and Namgyal Jangbu Sherpa. We developed our ideas about a Women Empowerment Project, tried to describe it, but faced so many uncertainties in this process that we decided to make a short trial project in autumn 2010 to gain knowledge on our strong and weak points. Now this Bakanje Pilot Women Empowerment Project 2010 (Pilot-WEP 2010) has completed in a very successful way.

Actually many details in this project was quite unclear and not well prepared, but we did learn from all the mistakes and lacking. If everything had run smoothly we wouldn't have learnt as much as we did. And I was so amazed and emphasized by the way Project Coordinator Ambika fell in depressive mood when she understood all the weaknesses, but then with the spirit of a fighter understood everything and turned a weak result into a final success. Her maturing process and attitude made me sure that she will be able to run a major future WEP in Bakanje. None of us are educated in doing what we are trying to achieve, but we have always been working with our heart and our feelings, and we have found our way of success by entering the heart of the beautiful people of Bakanje. We are educating ourselves on the way by observing the results of our actions. And Ambika has such a hearty and sensitive personality that she is received with open mind by everyone she is approaching. It was a great experience to see how the women were caught in by her and how they were ready to follow her lectures and actions. But still she will have some weaknesses in comprehension of details of the processes, which she will have to undertake to go ahead efficiently, but she will be supported as extensively as possible by Namgyal, Janaki and me, and I feel very confident that she will develop herself accordingly.

Janaki Khadka joined Pilot-WEP as Project Assistant and she also took part of this whole learning process. Now she is employed as Administrative Officer of HIPRON and her knowledge and understanding about WEP will also be very supportive for the whole WEP process. She is very open-minded and intelligent and is already showing great efficiency in her job, so her central back-up will be a strong support to Ambika and WEP.

Our Project Health Expert, Nurse Sujata Maharjan did show to be a well knowing professional, who understood how to explain the complicated coherences in her subject. But it was her first time in Upper Solu and her first real field work, so she also faced several obstacles and difficulties during the process. As she also gained a lot of experiences it is my strong hope, that she will join in the future WEP with her newly gained experiences to give an efficient and personal strength into the social processes which shall be one of the key factors in empowering the society of Bakanje.

I am excited to be a part of the future WEP and working together with our wonderful HIPRON and WEP staff to achieve our goal changing Bakanje into a strong and model society of Nepal. The lovely women, their praiseworthy husbands and amazing children deserve it.

Kort sammenfatning af Report on Bakanje Pilot-WEP 2010

af Miriam Knudby Nielsen

Rapporten omhandler et Women Empowerment Project (WEP) i Upper Solu, gennemført af Himalayan Project Nepal (HIPRON) i oktober/november 2010.

Hovedformålet med projektet var, som titlen antyder, at styrke kvinderne på forskellige fronter. Derudover var det også et væsentligt formål at skaffe erfaringer, der kan bruges til at optimere en planlagt ansøgning til den danske ambassade om midler til et længere WEP.

Projektet koncentrerede sig om 5 små bygder i Upper Solu, hvor HIPRON på forhånd har arbejdet med at kortlægge behovene blandt kvinderne og i lokalsamfundene generelt.

Gruppen bag projektet bestod af tre unge piger: en projektkoordinator, en projektassistent og en projektsygeplejerske. Derudover var forskellige personer fra HP involveret i dele af projektet, bl.a. for at supervisere.

Projektet bestod af 4 møder i hver af de 5 bygder. Hvert sted blev der indledningsvis formet en Women Group, som i dette projekt og også fremover gerne skal danne fundament for kvindernes indbyrdes samarbejde og for samarbejdet mellem kvinderne og HIPRON.

Mødernes indhold var todelt, idet de bestod af:

- En sundhedsdel, hvor sygeplejersken igennem forskellige oplæg gav information om sundhed, hygiejne og ernæring.
- En projektdel, hvor kvinderne fik generel information om, hvordan man skriver et projekt forslag og fik støtte i at skrive en konkret beskrivelse, der afslutningsvis blev præsenteret for formanden for HP, der så kunne give tilsagn til at støtte projektet, hvis det var overbevisende.

Møderne blev afholdt som planlagt i alle bygder med et fint fremmøde og en interesseret og positiv indstilling fra de deltagende kvinder og fra lokalsamfundene generelt.

Konklusionen på projektet er, at det overordnet set var en succes. Det er projektmedarbejdernes indtryk, at en stor del af kvinderne helt eller delvist har forstået den information, der er blevet givet og i større eller mindre grad vil være i stand til at omsætte den i praksis. Dog er der også en mindre gruppe af de svagest stillede kvinder, som det ikke er lykkedes at nå i dette projekt.

Desuden var der en god stemning omkring møderne, og det lykkedes projektmedarbejderne at etablere en god kommunikation med kvinderne.

En anden væsentlig grund til succesen skal findes på den interne front. Der blev begået nogle fejl fra projektmedarbejdernes side, som de løbende indså og lærte af. På baggrund af disse fejl, men også på baggrund af alt det, der lykkedes, er det konklusionen fra alle tre projektmedarbejdere, at de har fået en langt større forståelse af deres egen rolle og en betydningsfuld erfaring i forhold til, hvordan man i fremtiden kan arbejde med Women Empowerment. Desuden har projektmedarbejderne gennem deres arbejde fået et langt større kendskab til området og lokalbefolkningen, og dette har givet nye ideer til både praktiske ændringer, nye indholdsområder og anderledes struktur.

Alt i alt er konklusionen, at dette WEP både har styrket kvinderne i Bakanje VDC, men i særdeleshed også gruppen bag projektet, så den i fremtiden vil være godt rustet til at gennemføre et WEP af langt større omfang.



Short summary of Report on Bakanje Pilot WEP 2010

by Miriam Knudby Nielsen

The subject of the report is a Women Empowerment Project (WEP) in Upper Solu, run by Himalayan Project Nepal (HIPRON) in October/November 2010.

The main objective in the project was, as the title shows, to empower the women in different aspects of life. In addition to this, it was also an important objective to get experiences that could optimize a scheduled application for the Embassy of Denmark for a longer running WEP.

The project focused on 5 small villages in Upper Solu, where HIPRON already has worked with clarifying the needs among the women and in the local communities in general.

The team behind the project consisted of three young women: a Staff Nurse, a Project Assistant and a Project Coordinator. In addition many different people from HP were also involved in parts of the project, e.g. to supervise.

The project consisted of 4 meetings in each of the 5 villages. In every place a women group was formed initially. These groups are expected to be the basis of the mutual cooperation between the women and the cooperation between the women and HIPRON, both in this specific project and in the future.

The content of the meeting was separated into two parts:

- One part about health, in which a nurse gave different lectures about health, hygiene and nutrition.
- One part about project proposals, in which the women were given general information about project proposal writing and were supported in writing a proposal about a specific project. In the end, the proposals were presented to the chairman of HP, who could decide to support the projects if they were convincing.

The meetings were held in all villages according to the schedule, with a good attendance and an interested and positive attitude from the women and the local communities in general.

The main conclusion of the report is that the project can be described as a success. It is the impression of the project team that many women fully or partly understood the information given and will be able to apply this knowledge in their daily life. Still there is a smaller group of weak women, who were not reached through this project. It is also the impression of the project team that there was a nice atmosphere at the meetings and that the team managed to establish a good communication with the women.

Another significant reason for the success is found internally in the project team. Some mistakes were made by the team throughout the project, but they managed to realise and learn from these mistakes along the way. Because of these mistakes, but also because of all the successful elements, the conclusion of all three team members is that they have gained a much bigger understanding of their own part in the project. Their precious experiences have also given them a lot of knowledge about how WEP could be run successfully in the future. In addition, the team has gained a much better knowledge about the area and the local communities, which has given them many new ideas for both practical improvements, new subjects to be dealt with and a different structure of the project.

The overall conclusion of the report is that this WEP has empowered the women in Bakanje VDC and in addition to this; it has strengthened the project team, so that they are very well prepared to run a WEP of much bigger dimension in the future.

REPORT Ambika

Bakanje Pilot-Women Empowerment Project 2010 (Pilot-WEP)

by Project Coordinator Ambika Maharjan



Preface

In 2008 we had run our Bakanje Health Survey 2008 with purpose of upgrading the health service of whole Bakanje VDC. In spring 2009 we gave a project proposal for the Danish Embassy and had their recommendation. In autumn 2009 we had our Bakanje WEP Survey 2009, by calling meeting with women of 5 villages of Bakanje VDC. By that survey we gain many knowledge and ideas which encourage us to do something for them. We apply for Danish Embassy again in March 2010. But due to late application and lacking of clearance about some details it was not approved. But they suggested us to continue and apply again. Therefore we decided to run two months Bakanje PILOT-WEP Survey in October and November 2010.

The Project area is in Eastern region of Nepal, Solukhumbu District, Upper Solu, Bakanje VDC. There are so many villages in the municipality but most of them are very small and scattered, so we decided to cover most of the area by concentrate our work in the five major villages, Kinja, Chhimbu, Sagar-Bakanje, Sagardanda and Chhiringkharka.

The planning was started in Kathmandu July 2010. We left the capital on 11th October. We had our first WEP meeting on 13th October in Kinja and our last WEP meeting was on 19th November and we back to Kathmandu on 23rd November. We had 4 WEP meeting in each of the 5 villages and finally one concluding meeting in Kinja with representatives from all villages.

The staff of this PILOT-WEP consists of 3 young women and several supporters.

Project Coordinator **Ambika Maharjan**, age 26, from Lalitpur, Kathmandu, studying bachelor of sociology and rural development, Administrative Officer of HIPRON, third time in Upper Solu.

Project Assistant **Janaki Khadka**, age 21, from Chabahil, Kathmandu, studying bachelor of management,

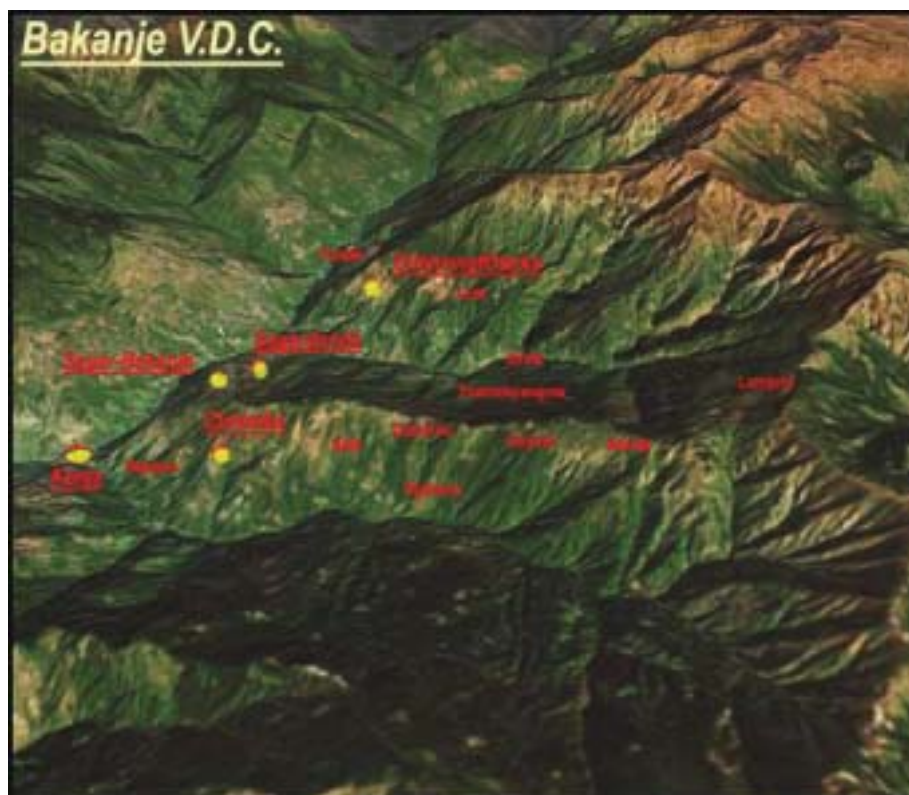
receiving scholarship from HP, first time in Upper Solu.

Project Expert Nurse **Sujata Maharjan**, age 20, from Lalitpur, Kathmandu, completed Staff Nurse study in 2009, first time in Upper Solu.

Project Expert **Mummy Anne-Marie Lomborg**, age 62, from Kjeldbjerg, Skive, Denmark, Health Visitor, Mummy of HIPRON, so many times in Upper Solu.

Project Supporter **Miriam Nielsen** from Denmark, age 26, from Århus, Denmark, Psychological Teacher, member of HP, first time in Upper Solu.

Project Helper **Tika Ram Rai**, age 38, from Chhetrapati,



Kathmandu, experienced trekking guide and cook, Office Assistant at HIPRON, knows all people, places and roads in Upper Solu.

Project Supervisor **Namgyal Jangbu Sherpa**, age 28, from Mopung, Upper Solu, Bachelor of Sociology, Manager of HIPRON, knows all people, places and roads in Upper Solu.

Papa Kurt Lomborg, age 60, from Kjeldbjerg, Skive, Danmark, Veterinary Doctor, Chairman of Himalayan Project, knows almost all people, places and roads in Upper Solu.

Temporary Porters **Bire Thami**, **Dhan Bahadur Basnet** and others who carried our luggage between the places, we are so grateful to those strong boys.

The dear, wonderful, beautiful, active **Women** of Bakanje who loved us so much and for whom we will do almost everything.

All the rest of the Bakanje **People** who were supporting and greeting us everywhere.

Conclusion on Project Proposal Training

In phase I we introduced the meeting by asking the women to explain their problems. I found that they are very interested to taking part and explaining their problems, but some of the women couldn't speak out in mass due to shyness and hesitation. Those women were helped by the very few literate women, who wrote down in the distributed note books, and later it was read out to us. It is interesting that, the shy women get back the note book at home and present in following meeting with many issues wrote down by their children. Even later, they were no more shy but dared to speak out like others.

We asked the women how they were organized, and I found that all the villages had already Mother Group, which consisted of only married women. Then I found that among the married women most of them were uneducated and couldn't read and write, but only their daughters were educated. Due to this un-educatedness the mother groups were not so active and not taking part in any development activities. Then I tried to suggest them to involve their daughters in the group. In the beginning the women starts interrupting me saying that, No No, this is mother's group, and daughters can't join because they need to get married even far away. So, we don't want daughter to involve. When I hear it I feel so strange and sorry for their feelings towards their own daughter. Then I tried to explain them about the importance of their educated daughters for development activities and I gave then many examples. Finally, my words did work and they were convinced to involved not only their daughters but also other women who were not in group got impressed and become members of the Mother Group. Even when we formed mother group committee many daughter were elected.

Before the Mother Groups was formed with 5 members in the board, Chairwoman, Vice-chairwoman, Secretary, Sub-secretary, Treasurer and all the rest were general members. But I convinced them to formed committee in new way. The committee was formed with 13 members, Chairwoman, Secretary, treasurer, 5 Super Active Members, 5 Active Members and rest were general members. The Committee was formed like this because, It is my opinion that if the main board have too many members there will be controversies and all will try to hand over responsibilities to others. The reason I had convinced to make 10 active member as super active and active members is because to involve more women in future activities. In general it seems to be the approximate number of active women, while the rest seems to be more passive. But only in Chhumbu the board was formed with 9 members due to less number of women and a more general passive attitude. The board will remain same for next 6 month and after that they can make a new election.

After forming new women group committee, I had discussion about the activities, responsibilities and duties of all committee members and other rest of members. I found that they were very interested to listen, I was quite sure that they understood something but I was not able to know how much they got my point because they were not interacting. But later when we were working with the project proposal training I came to know that they were clear how to run the group in organized way. But I found they were bounded by something. Something made is difficult for them to work. I found that there are a lot of old contradiction between women like, differences between caste, caste domination, traditional believes, norms and values, culture, as well as different way of living style, different level of knowledge and awareness, social ranking, old personal opposites, personal dominance, lack of personal confidence, shyness, social depression and many other issues. For instance high caste women feel that they will be

polluted by being too near to low caste like Bishwokarma. That is why we couldn't have meetings in private homes. The rich people expect poor people to be cooperative in daily life and in all situations. In some places the cooperation between the women was almost misguided by political behavior to gain personal priority and benefit. Some women couldn't cooperate because they were not allowed by their husband but this was fortunately exceptions because almost all men are supporting their wives and daughters involvement in the WEP.

After empowering the mother group in this way, I hand over minute book to secretary and account book to treasurer and teach them how to use it and also gave short introduction about project proposal in systematic way. Their reply shows us that they don't have any awareness and knowledge about project proposal. But they were very interested to learn about it because they understood that this will have great importance for their future development.

Now, we started our actual project work, the Project Proposal Training. We asked women to open their problems which were making their life trouble. There were so many problems revealed to us. I asked them to find out the very major and essential problem first for this WEP then we could work with other problems in future WEP. In the discussion they concentrated on a couple of issues. They were not able to decide the one major one on the spot, so I asked to have a meeting in coming days where they could identify the one.

When we opened the 2nd meeting (Phase II) the women had decided for the problem to work on. In Kinja, the women wish to work on Village Meeting Hall. In Chhimbu, they wish Flour Mill. In Sagar-Bakanje their wish is also Flour Mill. In Sagardanda they wish for Public Toilet and Shower. In Chhiringkharka it was more difficult for them to decide the major one because this village consists of two quite different parts, Chhiringkharka-Lole dominated by relatively rich Sherpas and Patale-Marbu are relatively poor Thamis. The Sherpa wanted Tea Farming and Thamis wanted Public Toilet with Shower.

Now we started our practical work of project proposal training. At first I asked to give the proposal precise name and date. After that I gave lecture to them on how to describe the background of the project area that was Geographical, Historical, Demographical and Economical.

The next lecture was about Objectives. How to describe the project, what is it, where is it, how does it work, when does it work, how does it look and what does it contain.

The next subject was Justification of the project, why they need the Project, how is it important, how will it change and improve your life, who is target group, who is beneficiary group, who is the owner of the project, who is responsible group, how will it be utilized, how can project be sustainable, will there be any employed, who will pay their salary, who will repair, how will money come in for salary and repair, is there other similar options in the area and what else will come up in this particular project.

Next issue in my lecture was how to go in to details with the project. First the importance of a map to show the exact position of the project in the village and they should ask an experience person if they can't do themselves and availability of the needed land. Secondly, the details of the very project, how should it look like, design, quality, proposed sizes of length, width, height, internal and external measures, any partition between rooms, is specific parts or furniture needed and factual issues about the very projects. Thirdly about essential infrastructures like road access, water supply, waste discharge, waste deposit, electricity, storing place and other particular structures. Fourth if any training, skills or knowledge is needed. Fifth, the availability of all about mentioned details.

My next subject was budgeting. Usually, women were not experienced in this kind of matters, so I advised them to seek support from experienced persons. Purchase of land. Expenses on collecting and transportation of local materials mentioning all details about quantity and sizes. Purchasing and expenses on transportation for non-local materials with all details about quantity, quality, design and sizes. Detail expenses for manpower. Food, tiffin, snacks and refreshments for the workers. And then budget on income. Donations of land, food, labor, transportation, money and any kind of materials. Support from target and beneficiary group and other local groups. Support from VDC, DDC, INGO and NGOs. Taking loan which later can be paid back from further income from the projects.

Activities were my next issue. Who could be contractor, constructor and other laborer, what activities belongs to whom and who is skillful manpower. Who could be monitoring and supervising responsible. When could each of the activities start and when activities could complete. For whom and where they want to apply and who will approve their project.

I should admit that all above issues wasn't included in the project proposal training. The above is a result of my experiences during the training. Due to lack of experience and weak preparedness at home I wasn't able to teach them accordingly. However I have realized that by the end of project what I had taught them is not sufficient for nice project proposal. Now I got this experienced that I should have enough prepared myself, I should be clearer and understand what is proposal and how to mention all in systematic way. But now I got it.

Being a coordinator, I tried to do my best to explain the proposal training, to make them more understandable I used chart. It was quite difficult for me to describe and for them to understand but it seemed that all women understood everything very well; I got this impression because they listened very carefully. Among them some illiterate women seemed losing interest but other literate women even taking notes. I felt that the lecture was not understood clearly by them so I asked Janaki to repeat the lecture one more time in her own way. And finally I explain one more time in short way. Now I felt that they understood more clearly because they didn't ask any questions and they claimed they understood. This is my impression that they were so active and eager to make project proposal. I found that their knowledge about a lot of the details of what I have told them. Then I asked them as homework to find out and have more discussion with the persons who know, and to have at least one meeting to make the details more clear.

In third meeting (Phase III) I asked for the homework. Their reply was no we didn't have any meeting due to lack of time because it was harvesting time as well as the period of the year with so many major festivals like Dashain and Tihar. But anyhow they have asked people with knowledge to find the details, so now they were presenting me what they had done. They really presented me a written project proposal but they also told me that it was not written by themselves; they have been helped by their male partner or friends. The women told me that they wish to write themselves. They feel everything was clearly understood at the meeting but difficult to explain in writing. They expressed great wish to write proposal in future by their own knowledge. Only Sagardanda was exception as they had received no help as a result their proposal was more unclear than other villages. In Chhimbu, we didn't expect for good proposal, but they did better than others. Therefore I informed them that the proposal should be presented in forth meeting to HP-DK Chairman Papa Kurt Lomborg and HIPRON manager Namgyal J. Sherpa. By listening that, they became quite worried. Then I made them calm down and explain how to do presentation. Soon after they built their confident and became ready for it.

They told us they want to complete the rest of proposal by their own effort and ask for our help to make them clearer. Then I go through all issues one more time with special emphasis on the weakest points like Justification, Budgeting and local contribution. Now they wanted to interact with me because they wanted to be perfect. I am helping them giving them suggestions point wise. In some places they found difficult to catch the points during the meeting so they ask me to interact personally which I did after the meeting. In all villages the half part of the women still couldn't follow my teachings due to uneducated and illiterate or old age, anyhow they were still there doing their best to understand but sometimes losing their concentrate making noise in the background. Though many uneducated women were giving so much attention being so active to store the points in their mind to utilize their perception to support in the proposal writing. Now they started to discuss and interact in the group, by asking each other good points for justification, labor donation, skillful manpower, history and many more details. Even after the meeting they weren't eager to leave continuing their discussion or to approach us for personal interaction on the proposal or personal issues. So, I got this impression in my mind and in heart and I also feel I should council them in very proper way so that they feel comfort to express their inner problems freely and without any doubt about secrecy.

Finally I gave them some knowledge and skill for proposal presentation telling them to read complete sentence or one paragraph at the time clearly so that translator could translate Nepali into English more

effectively for chairman, and they were almost ready for it but need to make their proposal complete in very perfect way. So that was the homework for them for next meeting, which I asked them to do.

I was so worried and nervous for the conclusion meetings (Phase IV) but anyhow I have confidence to my own ability and to the performance of the women. Then keeping that believe alive in my heart, we went to Chhuche the most beautiful and peace place of Nature. That place was around 3 hours to walk up far away from the last population. We had went there to received Papa Kurt and Namgyal who are absent in 2nd and 3rd meeting for 15 days. We met and welcome them by evening and have some discussion about the previous and ongoing meetings. Next day we had staff meeting and project meeting but our concentration was being stolen by beautiful nature. The place was decorated by very fascinating/charming nature. The white snow mountain was opening her beauty to attract our attention. The black desert stone hill was there and saying that I am Black Beauty notices me and praise me. Below it, there was very wonderful Rhododendron forest where we had visit to feel its smell and to touch its amazing physical appearance.

We tried to avoid affection towards charming and beautiful nature and had a real meeting with Papa Kurt to discuss about our WEP and activities. I had explained details of project proposal training. In the beginning he seemed satisfy with the issues which I described about proposal training but I was astonish with his reaction about Budgeting and project details about what, when, where, whom, how and many more. Now, I was so nervous but still there was some confidence.

In Chhiringkharka my self-confidence was completely broken down during presentation on Public Toilet and Shower by Patale-Marbu women. In the beginning the presentation was going well but then some issues seemed to be repeated several times due to insufficient clarity in Objectives, Justification and committee forming from my side. Then it even became worse because there was almost no budget and project details on the proposal. Papa look quite astonished when the presentation was concluded. When I declared there was no more he look quite resigned but luckily he was so impressed by the breathlessness of the expecting women so he started to ask for the remaining issues. When he finally said, Yes we do it, then the women were so excited and jumped with shout and raising their arms for Victory.

There was also another project proposal from Chhiringkharka- Lole women about Tea Farming. In this proposal almost everything was lacking due to un-clear training, but even more because women didn't tell everything probably because they were afraid that if it was revealed that some of the women already had extensive tea farming their project would be rejected. When Namgyal and Papa Kurt did seek to clarify they found those weaknesses. Finally they accepted to do something about tea farming but in future only.

When I left for next village, Sagardanda, I was really very happy for Patale women, they deserve to have success in their project because they were so dedicated towards their project. I was also thankful to Papa Kurt that his eyes and inner feeling could see the overwhelming feeling of the poorest of all women and me and my team as well. I felt quite safe when we were preparing presentation at Sagardanda about Public Toilet and Shower. But again same lacking was revealed, and again Sagardanda women were saved by inquiry of Namgyal and Papa Kurt.

Same evening when we arrived at Sagar-Bakanje we had staff meeting, we discussed about all the details of a project proposal. Then we realized what project proposal in reality is. I knew very well that the remaining proposal also have same lacking. Then I rush out to the women to put last effort to make perfect proposal and also to conform my ability and capacity of quick understanding and learning. That time I feel proud on myself and my team because I was saved by my effort. Papa Kurt had no more questions about the Flour Mill project of Sagar-Bakanje so he approved this Project not by heart or inner feeling but with mind, brainpower clearly understanding and intelligence.

I did same hurrying activities in Chhimbu as well and I did it even it was last hour. Papa Kurt approved the flour Mill project and announced that project proposal was the best among all. Not only this he was so impressed that he was ready to support them as soon as possible.

My last but very big personal exam on Project proposal was waiting me at Kinja so hungrily. I was so worried for project of the Kinja women, Meeting House Project, but not because of weak confidence, but because of enormous project in overall. I was in same hurry to help women to make good project proposal.

I found that it is not easy to make perfect in such a short time with a big project, more over women have no knowledge and experienced on building construction process and about budgeting but we didn't give-up. As a result, many issues and detail were clear but other issues were not clear enough or directly misleading. Though, Papa Kurt was agreeing because the last second Project Justification was very strong. Maybe it was too strong and maybe couldn't meet reality and have to be investigated more. Papa Kurt was convinced for importance and necessities of Meeting House but he proposes to elaborate the project in efficient way having all factual description. Future WEP will take more action about it.

I felt that the overall conclusion about PILOT-WEP is like a pendulum UP-DOWN and UP again at the end. It is because, in the beginning of all first meetings were successful accordingly. And same success about second and third according to our knowledge, understanding as well as our point of view.

I did my best effort to establish a good relationship with all women by interaction, discussion, communication, cooperation, counseling and guiding to the women in right way and having meetings with local stake holders, local institutions as well as non involving populations. And I found women from every village were happy to have me, to hear my lecture and they love me so much that they want to share their personal and inner feelings and problems also. They believe me and feel secure in all matters, learning knowledge and awareness on personal and social problems and built them confident. I always keep my eyes and ear open for any kind of matters whether is belong to me or not and whether it is useful for future WEP or not.

I also put my knowledge and effort on Project Proposal Training, I was excited to give training and women also gave interest and attention. I experienced that, it was good training according to my side but there were so many issues missing. I couldn't realize before conclusion meeting and before Papa Kurt make me understandable and clear. I was only get conscious at almost the last hour of completing WEP, I couldn't give focusing on significant issues which play vital role to make perfect and complete proposal. This was happen because of my less preparation, misunderstanding, misconception and un-clearance about the framework and lack of experience.

I almost gave up but I was saved by Papa Kurt and Miriam with their strong belief in me. They told me my strong sides without hiding my weak sides and that gave me power to fight for the survival of PILOT-WEP. I believe that, now everything is clear about WEP, how to organize programs and lecture, Project Proposal, internal job description, duties and responsibilities in the project team, budgeting and accounting, local conditions in the project area and what the women of Bakanje VDC wish, need and what we can do for them. Now I am really experience in so many aspects and I am so ready to organize WEP for a longer period.

Conclusion on Health Lecture

Himalayan Project is giving a lot of effort in upgrading the health service of whole Bakanje VDC by Bakanje Health Survey 2008 and now inaugurating Chhiringkharka Community Clinic and starting a project of building a Health Worker Residence at Sagar-Bakanje Health Post. HP's concept is to support with infra-structures but not with running which must be support by community itself. Therefore we decided to give a certain emphasis on health in this PILOT-WEP. Our nurses Mummy Anne-Marie and Sujata gave lecture about general health and nutrition. Our objective is also to empower the community through women to make the health institutions sustainable by their own contribution and effort.

We weren't able to fulfill our objective, our target to make people clear and aware about our concepts on sustainable health service. I was not clear enough on this issue in the preparation period, and our nurse was employed just 2 weeks before departure. Even though she was noticed to investigate and describe all about health institutions in Bakanje. We also recommended her to find out the attitude towards personal contribution to and utilization of the health institutions. According to her report and my impression I came to know that their attitude towards health institutions was very low due to several reasons. First they believed in traditional methods, if they got ill they asked for healer first then they wish to visit health post if healer couldn't make them recover. When they visit to health post also they can't get recover properly due to late visit and serious condition of patient and sometimes visitors couldn't found any health worker to serve them on time and more there is no proper equipments and medicine. I also feel that, women less like

to go to health institutions because health workers couldn't satisfied and counsel women properly in their problems like using contraceptives. It was happening may be because only DEPO is available in that locality not others like pills, so health workers were not able to help women and women were also forced to used it having its side effects. But in future I believed women and all villagers will change their feelings and attitudes towards local health institutions and health workers because HP is providing necessities equipments, tools as well as trainings for the health workers and health facilities in Bakanje VDC.

Nurse Sujata and Mummy's lectures about basic health were very successful. The lectures which they gave were very relevant and effective with good charts and explanations and the women were giving very much interest and attention. It is my impression that women really gain a lot of new knowledge about the issues. They even wanted more information about many other issues but we had decided to focus on project proposal training more than on health which we only gave 1-3 hours per day, usually 1½ hour. Unfortunately both Namgyal and I forgot to make Sujata aware about the Report of Bakanje Health Survey 2008 prepared by Staff Nurse Sonam Doka Sherpa where she gave recommendations for future health work in Bakanje. So, actually we didn't start from where HP's previous work stopped but we started from beginning again. I thought that it will be more effective to teach them one subject for long time but it shows that different issues at one time were more effective and interesting. By this impression I feel Sujata's education plan was good, to teach different issues and also repeat same issue in next lecture. Sujata's technique giving most information and delaying the rest for the next lecture did show very effective as it made women curious to attend next meeting. Some contains of Nurses were not completely relevant as they explained about issues which are not available or applicable in that particular area but it is unavoidable as we are importing non-local technicians.

It is my impression that the women understood the lecture and they claimed that they will apply in their daily life. I found that the women individually were empowered by health lecture but in some villages there was even group empowerment especially about hygiene and sanitation. We found well coordination and interaction between local health workers and women group and during the lecture they added some issues in a very relevant way so their position was uplifted.

MUAC & Anamnesis on cases: In the beginning when Mummy ask Sujata to measure the children under 5 years with MUAC tape I couldn't understand why it is necessary to do and I was taking it as very normal issue. But when Sujata complete this work I have found my answer. By this measure, we came to know that how many children were adequate nourished how many under nourished and how many were malnourished. Now I can realized that this MUAC is very efficient and important for community work because most of all women who got child wish and show interest to measured their children so that they could know whether their child is health or not. Because of all these positive result of MUAC, I would like to show my gratitude to Mummy who is specialist in child health; it is her idea to bring this MUAC from Danmark. Not only this Nurse also study on some health cases and disable. Reference to Sujata's report, her anamnesis on cases were useful to WEP but I am not fully satisfied with this result because I personally came to know that in Bakanje VDC, women and people were facing so many different physical and mental disables and problems which shows that their living is in very trouble condition, if Sujata play quite more active role in this MUAC and Anamnesis then we could have had some possible assumptions what to do more for those who were having these problems. So, even though our PILOT-WEP was successful, there is many more interactions were lacking on health part. This is lesson for me, for WEP and for all humans to support them anyhow in any conditions in future.

According to my view the health training is very very important in future WEP, because health issues are more practical and applicable for all women while other programs are more theoretical so some of uneducated women might lose their interest. It is also important because HP is upgrading the health service of Bakanje and therefore they need to understand their position in doing it sustainable. So in the first period future WEP should have central position for health.

VDC-Women Group Meeting

We decided to do a new experiment. Unifying the women of the municipality. There were 3 women selected among the most active and energetic as representatives from each of the villages and we invited them to come for meeting in Kinja on 19th November at 10 o'clock. It was our hope and wishes to mobilize

the feeling of cooperation and mutual understanding between villagers and villages, a stronger organization which can approach authorities and donor organizations and more creative ideas and activities in the women groups.

But I was so worried that it could become reality, because their living style, traditions and population are so different and many women were never meet or visit before. I was not expecting that the women from far distance would come that long way. From Chhiringkharka to Kinja it takes 3-4 hours each way.

So now I was so astonished and happy when they all came. Even women from long distance came timely, others were up to 1½hours late but they came all of them. And they were in their finest dress, more active, energetic and excited mood, even one woman cancelled her relatives wedding ceremony to come here.

To get their more attention, I expressed my happiness and warm gratitude for their coming by telling them their importance to make meeting successful. I explained what could be their responsibilities, duties and authority and we interacted about those issues and they agreed. We discussed about objectives and importance of their unified organization, what should be their effort and expected results. In the beginning they were shy and unfamiliar with each other but I ask them to give their presentation about themselves, about their village and about their ongoing project proposal. They were really speaking out, each of them having small speech. Now we agreed to form the unified women group with the name of Peace Model Empowered Women Group (Shanti Namuna Sashakta Mahila Samuha) and we nominated 5 board members, one from each village. I asked them when can they have next meeting and I was so happy to experience that they want to have meeting already after one week in Sagar-Bakanje and all were happy to go there. They found it important to register only the women group but also this unified group. Finally, Papa Kurt and I gave a conclusion speech and the meeting concluded in the finest and happiest mood, even a little late for Chhiringkharka women to reach home before dark. During the meeting we served them, first welcome tea and biscuit, later lunch, again tea and finally good-bye snacks oranges and biscuits.

Overall we feel that the meeting was wonderful and successful, we will put more effort on it in future WEP because we could see the future of this unified group.

Conclusion on Pilot-WEP

Now I am sitting here with Papa Kurt preparing this report at Sherpa Guest House in Kinja where we are opening HIPRON'S new local WEP-Office. Here is so peaceful and good environment that we even are delaying our departure for Kathmandu as long as possible. Our hosts Gyaljen and Tshering Phuti Sherpa are serving us refreshments all the time and we have complete peace to do our work efficiently. And this is the place where I had developed my personal skill knowledge, who am I and what am i. During the project I don't have time to look and analyze myself but now I am realizing my strong point, weak point and again strong points which help me to make this PILOT-WEP successful.

To measure the success of this PILOT-WEP I will divide women in to three categories, Active (30%), Normal (45%) and Weak (25%). I have no any accurate measureable output; it is only my personal view about them and their activities. Now, the **Active Women (30%)** gained a lot of knowledge about health, will apply their new knowledge in daily life, understand importance of involving in local health service, can work in some extent with project proposal, understand the importance of including all details in proposal, understand the usefulness of proposal to apply to authorities and NGOs, understand the importance of women group, understand importance of registering their women group, understand importance of attending meetings, understand the power of unification, understand the duties and responsibilities towards their women group and they want future WEP so much. The **Normal Women (45%)** gained knowledge about health, will probably not apply the new knowledge in daily life, don't understand importance of involving in local health service, can work in limited way with project proposal, not clear about many details in proposal, not clear about the usefulness of proposal apply to authorities and NGOs, understand the importance of women group, understand importance of registering their women group, understand in some extend the importance of attending meetings, don't understand the power of unification, understand in some extend the duties and responsibilities towards their women group and they want future WEP very much. The **Weak Women (25%)** gained less knowledge about health, can't apply in

daily life, none understanding of local health service, can't work with project proposal, don't understand about details in proposal, don't understand how to apply to authorities and NGOs, most understand the importance of women group, some understand importance of registering their women group, some understand importance of attending meetings, most don't understand unification, don't understand duties and responsibilities and most want future WEP.

		Active	Normal	Weak	Very weak
		30%	45%	18%	7%
HEALTH	Knowledge	A lot	Much	Less	Little
	Apply in life	Yes	Some	No	Non
	Involvement	Some	Maybe	No	No
PROJECT PROPOSAL	Work with	Some extend	Limited	Can't	Non
	Detailing	Important	Not clear	No	No
	Applying	Useful	Not clear	No idea	Nothing
WOMEN GROUP	Importance	Yes	Yes	Yes	No idea
	Registering	Yes	Yes	Yes	No idea
	Attending	Yes	Some extend	More or less	No
	Unification	Yes	No	No idea	No idea
	Duties	Yes	Some	Little	No idea
Wishing Future WEP		So much	Very Much	Much	Maybe

I found personally complication with Leadership and Project Proposal. Therefore I will take training on those two subjects. I think it could be useful if I get more knowledge about Micro Credit. I will have to more emphasis on job description with my staffs. After clearing about these issues I am ready to run future WEP for several years. If women not come for me I will go for them in their home or even in the field to catch their attention to empower whatever I can.

My Project Assistant Janaki Khadka supporting in very fine and effective way during lectures. Sometimes I handover her to describe the issues or to repeat what I had just described, and she did in very effective and understandable way. She is interacting with women in a nice and personal way and women love her so much. Her understanding about the very WEP is not clear, but I have to take some part of responsibility for that, but she is not asking about it. She didn't meet my expectations as an assistant, but again this is for some part because I didn't give a clear job description, but she also didn't try to find herself, and this is her very weak point. But I must understand that she is very young and un-experienced in practical life. But she is intelligent and has good understanding and quick learner so I believe she can improve her lacking to fulfill her positions. Therefore I would like to recommend her for future WEP.

Project Expert Staff Nurse Sujata Maharjan was describing health lecture in very effective and understandable way because she has extensive knowledge in her profession and due to her personality women love her. But her understanding about the very WEP and the concept how health part of WEP is integrated in the empowerment process is not clear, but I have to take my part of responsibility for that, but she is anyhow not seeking clarity about it. In the WEP she was given some tasks to do MUAC-tape investigation and to report case stories; she actually did but quite superficially and pretentious way, so this effort was not efficient enough to be utilized in our future work. Finding extra-curricular issues were limited, and this is her very weak point. But I must understand that she is very young and un-experienced in practical community life. But she is intelligent and is learning, so I believe she can improve her lacking to fulfill her position. Therefore I would like to recommend her for future WEP.

Project Expert Mummy Anne-Marie was very effective to open the meeting because all women gather to learn about her and her lecture was given with authority which gave an initial and immediate uplift to WEP. Mummy's high personality reflected on us and we were immediately recognized by the women. The weak part of having foreign expert is that their knowledge and lecture can be a far away from local reality.

Project Supporter Miriam from Danmark, just visiting and observing WEP activities in the beginning, but soon she became our sister because of her pleasant nature. Later she added a lot to our understanding and reporting about WEP, and especially in conclusion phase she supported us so much with her good understanding. In future I would like to have a foreigner like Miriam to give me external supervision on my work.

Project Helper Tika Ram Rai who is helping us with transportation, finding place for lodging, cooking and entertainment. He is always ready. He just needs to be praised sometimes. He was not with us all the time as he was supporting Danish trekking group. He is helpful when he is there but when he is not there we can find someone locals who is ready to help us.

HIPRON Manager Namgyal Jangbu Sherpa who support me on preparation period but obviously not good enough. Like me he was not clear enough about the concept of WEP. Furthermore he was absent twice for Runner Service. But definitely he is part of the successes which we achieved in this PILOT-WEP. I believe Namgyal also gain more knowledge about WEP, so I know in future it will be much more easy for us to exchange ideas and therefore I will be much more ready than before to listen to his precious knowledge and experiences about projects and Upper Solu.

HP Chairman Papa Kurt Lomborg who believe in my capacity, he always support me with his good suggestions and guiding me all the way from the beginning of WEP. He make me this much able that I could run future WEP. In the preparation period he involve himself and spend so much time just to make the concept of PILOT-WEP clear and understanding to me but I couldn't get his points and guideline, as a result there was misunderstanding and I couldn't get out of this confusion, I remain unclear in all phases of WEP meeting except at the last hour when we discuss face to face. All these happen just because of far away communication. So, in future WEP I need him to have more knowledge and experience about Projects and Upper Solu.



Bakanje Pilot-WEP 2010

by Project Assistant Janaki Khadka

Introduction:

My working area in WEP is taking care of the practical issues and being supportive, as I am the project assistant of project coordinator Ambika. Therefore I had to be in advance with everything, to think about what will happen the next days, tomorrow, today and now.

In the following, I will present the activities, inform about the content of the meetings and discuss on some practical issues.

Introduction on activities:

When we arrived to the villages the day before, I met with some local women and decided the place and time for the meeting. After that, they spread the message for meeting, with time and place, for the other women of the village. We had our 1st phase meetings at 10 o'clock at the local schools and in Chhiringkharka at the clinic.

Ambika had the responsibility of the overall program and for her support I, Janaki Khadka, prepared for the meetings by monitoring the cooking of tea and serving of biscuits and I was helped by nurse, Sujata Maharjan.

Most often, we arrived in the villages by late afternoon or evening and spreading messages was done quite late and in a hurry. In my opinion it should be done at least in the early morning the day before meeting, because some women were late due to late information and some had already planned for their field work, so they didn't get time to go to the meeting, even though they were interested.

It was our plan to serve tea and a biscuit at 10 o'clock, but it was only possible in the 1st phase meetings and not in the 2nd and 3rd phase meetings. Sometimes the tea was not ready at time and sometimes the tea was ready, but we had to wait for the women, who were sometimes delayed up to one hour. So tea was regularly not served at proper time.

In my opinion if we start our meeting at 11 o'clock and served tea at that time too, then women will be at proper time as well tea time will be regular, because 10 o'clock is their meal time. So, at that time both women and the person who should be cooking the tea are busy in eating or preparing food.

After tea and biscuits, I listed the names of the women who were in the meeting. After that we made a brief introduction. In 1st phase, we introduced ourselves and the WEP and in the other phases we started with an introduction about the content of today's meeting.

The main objectives of Pilot WEP are to teach women about women empowerment, basic health problems and project proposal. For that we formed the women committee group to make work easier to them as well as to us, and we gave them project proposal training and gave them feedback to write better proposal.

Besides the training about project proposal, there were health lectures too. At 1st phase meetings the lectures about baby nutrition were given by Mummy Anne-Marie, wife of Papa Kurt and translated by nurse Sujata. In 2nd, 3rd, and 4th phase meetings the lectures were about basic health, hygiene and nutrition in details, which were given by nurse Sujata.

After finishing the meetings some women came to us to discuss about project proposal, health problems as well as their individual problems and some asked for financial and educational support from HIPRON.

Discussion about the schedule:

The 1st phase meetings took at least six hours.



In the future the meetings should not be long, because the women have to work in their field as well as they will suffer from hunger. If there will be long meetings then we have to give them lunch instead of tea and biscuits. I also think there should be proper time in the schedule to complete all meetings in one village instead of moving up and down between the villages. If we stayed longer time in one village, then the staff can properly utilize their time in between the meetings. Then it would also be easier to call for meeting early. If the women could know the time for meeting earlier, then I think it would be easier for them to manage their time.

Phase 1 (Identification)

I was quite nervous for 1st phase meeting at Kenja. Really it was the first time I had to deal with the women and I was unfamiliar with them. I had not met them before, but I started the meeting with tea and biscuits and wrote name of participants.

General content of the meeting: At the beginning of 1st phase meeting we introduced ourselves, our organisation Himalayan Project and Pilot WEP with the objectives, purpose and activities of future WEP in coming days.

After introduction we discussed about the women empowerment, how can we empower ourselves?

In the 5 villages there were already mother groups, so we introduced some changes in these groups, like changing committee group and extending the group with interested young girls, who were still not mothers. After forming the committee group, we taught them about the rights and responsibilities of committee group according to civil law of Nepal.

There was health lecture about baby nutrition given by Mummy Anne Marie and translated by the nurse. There was a small break for the women and lunch time for us. After the break we discussed about the common problems of their society: what they want in the future if they will get support from HP or other organisations.

Homework: We distributed copies to the women who could read and write and we gave homework to write their communities problems in those copies.

Specific impressions from each village:

Kenja: Most of the women from Kenja were present at the meeting in the school. They were from both mothers groups as well as non mothers group. There were 45 women at Kenja meeting. They welcomed our entire team with great respect to Papa and Mummy. They seemed active, because they were interacting with us.

Chhimbu: We found at our meeting that most of the women from Chhimbu were Thami and very few of them were Sherpa, Tamang etc. The women from Chhimbu seemed passive and didn't interact with us. There were 26 women present. In Chhimbu, Susma Sherpa (maternal health worker) from Sete came late and she seemed more active than other women from Chhimbu. She wanted to discuss with us about the health lecture, both about the topics and our language. For instance, Nurse said "Stanpan", which is Nepali for breast feeding, and Susma complained that women didn't understand because they are used to saying "dudh knuwanay". She also complained about English words used in Nepali lecture.

Sagar-Danda (SD): We were in a hurry, due to the major festival of the year; Dashian of Hindus, celebrated by Chhettris who are the biggest group of inhabitants in SD. According to our schedule we would be in SD on tika day, the main day of Dashian. Therefore we decided to go to SD before going to Sagar-Bakanje, because in Sagar-Bakanje they belong to Sherpa community, which is Buddhist and therefore they don't celebrate the festival.

We had our meeting at the school. It was raining, so the environment was cold. There were 36 women in the meeting. Women seemed active and they were interacting with us.

When our meeting was finished, we had lunch and went to Sagar Bakanje on the same day.

Sagar- Bakanje (SB): It was easy to spread the message to the women of SB, because there was a welcome ceremony for the Danish guests the day before the meeting. 28 women were present in the

meeting. Most of them were Sherpas and very few of them were Thamis and Tamangs. They seemed quite active and interested to learn from us, but they were noisy and they were quite late.

Chhiringkharka (CK): Spreading message for meeting at CK was also easy for us, because the arriving day was also the day for opening ceremony of the Community Health Clinic made by the support of HP and PONA Foundation.

There were 33 women present. Nearly half of the women were Sherpas and half of them were Thamis. Most of the Sherpa women seemed active and interacted with us, but very few Thami women could interact with us.

1st phase:	Kenja	Chhimbu	Sagar-Bakanje	Sagar-Danda	Chhiringkharka
Attendants	45	26	30	36	33
Sherpa	8	5	26	1	16
Thami	9	14	-	-	13
Chhetri	11	-	-	35	-
Kami	-	-	3	-	-
Tamang	3	7	1	-	4
Other castes	14	-	-	-	-
Chairwoman	Manita Bashnet	Sanchi Laxmi Tamang	Pashi Sherpa	Dev Kumari Bashnet	Puti Lama
Secretary	Kanchi Sherpa	Nisha Tamang	Dati Sherpa	Bhagawati Bashnet	Sarita Sherpa
Treasurer	Kamala Pradhan	Sarkini Thami	Jangmu Sherpa	Urmila Bashnet	Chokpa Sherpa

General problems common to all villages: After finishing the 1st phase meetings in all villages we got to know about the common problems experienced by the women. They are listed below:

- Lack of skill full income generating training
- Lack of modern technology about cultivation and animal husbandry
- Lack of proper health check up due to different reasons
- Toilet problems at public places as well as in private houses
- Lack of any good income generating sources
- No proper utilization of drinking water due to lack of money for materials like pipe, tank etc.
- Lack of efficient flour mill
- Lack of money saving cooperative to save money
- Lack of proper knowledge about health and sanitation
- Lack of meeting hall for the women

Individual problems of villages:

Kenja:

- Lack of toilet for market day for the public

Chhimbu:

- Lack of proper training about sewing clothes to the women for factory

Sagar- Danda

- Lack of proper toilet house for everyone

Sagar- Bakanje:

- Lack of drinking water for Thami and Kami (B.K)
- No Health assistant
- Lack of skill full training to Dalit (Kami)

Chhiringkharka:

- Pipe and cement to fit the machine of flour mill in Lole
- Lack of drinking water and toilet in Patal
- Lack of proper knowledge and training about tea farming
- No proper way from Lole to Lamjura
- Lack of modern smokeless oven.

Conclusion: My opinion, after finishing 1st phase meetings in the 5 villages, is that the Thami women were more passive than Sherpas and others. They didn't interact much compared with Sherpas, Chetris and others. All the women were interested to listen to our lecture as well as they tried to understand it. They seemed unaware about basic health knowledge. When they learned something they seemed happy. They were cooperative to each other as well as to us. They didn't ask anything during the meeting but after meeting they seemed active due to less presence of women. Based on the activities in 1st phase is it my impression that if the women will get opportunity to learn then they will apply the knowledge in their lives.

Phase 2 (Specification)

The 2nd phase meetings started from Chhiringkharka. After tea and biscuits and a short introduction of the content of meeting, we gave the lecture about project proposal, its procedure and importance.

To understand about project proposal was hard for them, because very few women could read and write. Very few young girls were educated. On that day we concentrated on theoretical knowledge about project proposal, not about practical.

After I finished the lecture, nurse gave lecture about health, hygiene and nutrition. In all the 5 villages, we selected 3 women for VDC women group by election. But this election was not a real election, because we asked the women to elect only among those who were literate, active and educated.

Specially in individual villages:

Chhiringkharka: 2nd phase meeting was held in the clinic. In this meeting we focused on project proposal. There were 28 women, which was less than in the previous meeting. They listened to me with attention about procedure of writing proposal. Women from Marbu and Patal were earlier than CK women even though the women from CK were nearer than women from Marbu and Patal. The woman from Patal were eager, they really wanted something from HP. After that, nurse Sujata gave lecture about health, hygiene and nutrition. Later on the women discussed by themselves about the major problems of particular place and particular caste, that is Thami and Sherpa.

Sagar-Danda: Our meeting at SD started at 11 o'clock due to monthly meeting of mothers group on the same day. There were 21 women. We asked for the reason of fewer women at meeting. They said it was due to market day at Kenja.

At SD, Harka Maya Basnet, active women of mother group, was ready to donate land for project; toilet with shower. Later on we went to measure and see the land. Women and young girls were paying proper attention about proposal. There was also health lecture.

Sagar-Bakanje: There were 28 women, which was very nice compared to 1st phase. Women seemed active and wanted to learn. I gave lecture about the procedure to write proposal in better way. The secretary was very sincere to listen to all my points for writing proposal. There were two men in the meeting to listen to my lecture about proposal. We discussed about the women's major problems. After that nurse gave lecture about health.

Chhimbu: There were only 10 women. I was surprised to see that unexpected number of women. I asked the participants for the reason. They said many women don't need the project and some women from Sete told that, we are not from mother group of Chhimbu, so we don't want to come. Some women didn't manage their time due to more work in the field. Finally I gave lecture to the 10 women about project proposal, but there was no health lecture. I felt very bad to see so few women and asked myself why the women were not interested even though they have problems. We said "if you don't come for next meeting, we also won't come".

Kenja: It was the last meeting of 2nd phase. I was so happy to hear that there had been two meetings conducted by women in between 1st and 2nd phase meeting of WEP. Women were focusing on meeting hall for them. So one active women of mother group, Maan Kumari Basnet, was ready to donate land for it. Women were very active; they were interacting with me about proposal and about health related matters to nurse Sujata. At last we went to see and measure the land for the meeting hall.

2nd phase:	Kenja	Chhimbu	Sagar-Bakanje	Sagar-Danda	Chhiringkharka
Attendants	35	10	27	21	28
Sherpa	8	1	22	-	11
Thami	4	8	-	-	14
Chhetri	10	-	1	21	-
Tamang	1	1	1	-	3
Kami	-	-	3	-	-
Other castes	12	-	-	-	-
VDC represent.	Manita Bashnet	Sanchi Laxmi Thami	Kanchi Sherpa	Harka Maya Bashnet	Puti Lama
VDC represent.	Pemba Sherpa	Nisha Tamang	Dati Sherpa	Sarada Khadka	Sarita Sherpa
VDC represent.	Goma Jogi	Choti Sherpa	Renuka Ghimire	Urmila Bashnet	Tenji Dohma Sherpa

Problems specification: We asked the women to choose only 3 major problems from the village and finally to give priority to only one of them.

Kenja:

- 1) *Meeting hall for women*
- 2) Public toilet for market day
- 3) Flour mill

Chhimbu:

- 1) *Flour mill*
- 2) Meeting hall
- 3) Sewing training to women for Chhimbu factory

Sagar-Bakanje:

- 1) *Flour mill*
- 2) Drinking water for 8 houses (Thami and Kami)
- 3) Knitting and sewing training

Sagar-Danda:

- 1) *Community toilet and shower*
- 2) Knitting and sewing training
- 3) Meeting hall

Chhiringkharka:

- 1) *Toilet with shower in Patal*
- 2) Training for tea farming
- 3) Meeting hall

Going through details of project proposal: I included the most important things in proposal writing in my points of view, which are listed below.

- 1) Name of project proposal
- 2) Project area
- 3) Historical and geographical background of project area
- 4) Justification, importance and objectives of the project
- 5) Active member, general member and skilled manpower
- 6) Expected probable budget
- 7) Expectation from HP
- 8) Local Contribution

Homework: We gave homework to write project proposal for their major problem after teaching.

Conclusion: Comparatively there were fewer women in 2nd phase meetings than in 1st phase meetings. In 2nd phase meetings we were earlier than our schedule, so some women couldn't attend the meetings. Women were active and interacting with me as well as with Ambika and Sujata, about related subjects.

They seemed cooperative to each other as well as with us, but writing proposal was hard for them, due to lack of proper academic qualification. But they paid attention in the lecture period, so it was easy for me to give lecture.

Expectations and result: I expected that women would interact more in 2nd phase meeting and in reality they did as well as they paid more attention in my lecture. We gave copy to the women who could read and write. We gave homework in 1st phase to write the problems of their community in their copies. They did whatever they could by their own effort. Those who could read properly, they performed by themselves. Those who couldn't write were helped by others. So I can say the result met my expectations in the 2nd phase meeting.

Phase 3 (Supervision and description)

Third phase meeting was started from Kenja. In the third phase meeting we focused to check their homework, proposal written by the secretary of women group. After arrival in the village I called the secretary, we had small meeting where I read the proposal. After reading proposal I found some lacking points to describe. So, I explained to her how to improve the proposal. In the meeting I read the proposal loudly in front of the women and I explained about the lacking and gave some ideas to write better and complete proposal as homework for fourth phase.

Kenja: There were 35 women, which was good. They had taken help of some male from the village to write the project proposal. So many points were not described properly due to lack of knowledge, because we didn't teach the man about proposal, he only had some notes from the training.

The women discussed and said that they would write a better project proposal to show the chairman of HP.

Chhimbu: We were very happy to see 21 women in the meeting, which was twice as many as in 2nd phase. Still, the women said they were feeling ashamed due to the lack of participants. We hoped they had prepared their proposal. They had done, by the help of a male teacher from Chhimbu Primary School. Overall the proposal was good. We checked the proposal and gave some feedback to them.

The women in the meeting told us that some women from Sete, who were not in the meeting, didn't support the women of Chhimbu, because they were talking badly about the project.

Sagar-Bakanje:

There were 18 women in the meeting. That was less than previous. I asked for the reason and they answered that they had lots of work in their fields. Some had hired an ox for the day, so they had to go for the work instead of meeting. They also said that surely there would be more women in the 4th phase meeting. The proposal was written by the secretary of women groups that is Dati Sherpa with the help of our HIPRON scholars Lakpa Sherpa from their community.

I read the proposal and it was better than what we had seen in other villages. Almost everything was written and described properly, according to what we had taught them. Ambika and I gave some feedback to them, with very few points for correction.

Sagar-Danda: There were 34 women at the meeting, which was very nice compared to other villages. All seemed active, but the proposal written by them was not good. Many important points were not included. We asked for the reason and they explained that the secretary was very busy in her domestic work, so the proposal was written by the treasurer without help from any other women. During the meeting I read the proposal whatever she wrote according to her understand. She said it would be easier for her to understand personally instead in group. Then I decided to teach her personally instead in mass. So, after the meeting before we left that place, I personally taught her how to write for lacking points in once again, and told her that if she didn't rewrite it, it would not be accepted by the chairman of HP. If the treasurer could have help from other women, then she could be able to write the proposal in a better way.

Chhiringkharka: We hoped that the proposal from Chhiringkharka would be good, but it wasn't. The secretary explained that she didn't understand about some points and was not supported by any Sherpa or Thami women. The secretary wrote two proposals, but both of them were incomplete. She was writing one

proposal for Sherpa women and one proposal for Thami women: Proposal about 'Proper knowledge and training about tea farming' to the Sherpa women at Chhiringkharka and Lole' as well as proposal on 'Toilet with shower' to Thami women at Patal. Also here I decided to teach her personally, so after the meeting I described the points, which she didn't understand, because we gave training about writing proposal to all women.

3rd phase:	Kenja	Chhimbu	Sagar-Bakanje	Sagar-Danda	Chhiringkharka
Attendants	35	21	18	34	28
Sherpa	8	3	13	-	11
Thami	6	15	-	-	13
Chhetri	9	-	1	34	-
Tamang	1	3	-	-	3
Kami	-	-	4	-	1
Other castes	11	-	-	-	-

Going through details of writing proposal: In some points what I taught about proposal writing and what they understood were different. For example about manpower, they wrote the whole name of mother group, but they didn't mention what work they would do. But the secretary of Kenja and Chhimbu wrote very a nice and interesting historical background of the village. The plain place before the hill is called Kenja in Sherpa language. So, the village is named Kenja. Likewise the house made by mat of bamboo is called vakang in Sherpa. So, it is named as Bakanje. In some points like historical background and local contribution they were very clear, but in manpower and budget they were not clear.

Conclusion: After I had checked the proposal from the 5 villages I found that the level of perception was better among the women of Bakanje than in other villages. The women of Kenja and Chhimbu took all help about writing proposal from some men. The secretary of Bakanje was supported by many men, but the treasurer of SD and secretary of CK were not supported by anyone, but they did it by themselves. In general the women were not supported by any other women from the group, but only by men or by no one, so it seemed like there was no good cooperation between the women. Writing proposal was a hard task for the women due to lack of proper academic qualification and knowledge about proposal writing. Writing the list of different man power such as skilled, general and active manpower and making budget about project were very hard subjects to understand for them. Women didn't give priority to write proposal. Women had wrong concept about writing proposal. They thought writing proposal was the job of secretary. So, in future if they won't be cooperative in writing proposal, then it will be rejected because the projects are not only for the secretary but it is for all women.

Expectations and result: I expected the women would do more interaction in third phase than before. In reality they did it so my expectation about it was met my result. But also i expected complete and good writing of proposal for their major problems as homework given by me in second phase. This was not done in a good way because the proposal was not completed. So, my expectation about homework writing proposal not met my result.

Phase 4 (Result)

The 4th phase meetings were started with summary and review of previous health lectures. After the health lectures we called the chairman of HP-DK and manager of HIPRON to join the meeting.

The proposal was checked by chairman of HP-DK Mr. Papa Kurt Lomborg and monitored by chairman of Himalayan Project Nepal Mr. Namgyal Jangbu Sherpa. The secretary read the proposal out loud and it was translated by me or by Ambika. After this the chairman of HP-DK asked some supplementary questions to the secretary and the rest of the women group about the lacking of the proposal and the points that were not described well enough.

During this we realised our lacking in teaching proposal writing, because the women had been writing according to our teaching process. The questions from the chairman made us realize that there was some important lacking in our teaching. Coordinator Ambika was more frustrated and in tension than Sujata and I. She was feeling that we didn't teach them with proper knowledge about writing proposal. So, that

problem was created. Due to the problem there were some misunderstandings in between us about our job description. But me and nurse Sujata didn't feel very bad. We knew we were in a learning period and if we could be able to see our many weak points in this pilot-WEP then all this would be improved and we will not do the same mistakes in our next WEP. After the first meeting of 4th phase in Chhiringkharka, in the rest of the 4 villages we went to the secretary's house to correct our lacking the day before the meeting or on the same day in early morning.

Specifically in individual villages:

Chhiringkharka: Among the two proposals at CHK, chairman of HP-DK Papa Kurt firstly to the proposal about tea farming. In that proposal the Sherpa women asked for training and proper knowledge for tea cultivation. The women wrote the name of those who were interested for farming and they also wrote the names of 4 women who had little knowledge about tea farming. But later there was created confusion between the written proposal and the oral interaction. 6 women said that they were already doing tea farming. So, they need a machine for a tea factory. After we heard that, we thought we were cheated by the women, because they had been hiding information about tea farming from us and to our chairman they were asking for something else, than what was described in the proposal.

The second proposal about toilet with hot shower at Patal also had many lacks about budget, manpower and design of it. But after a short meeting of chairman of HP-DK, manager of HIPRON and coordinator of WEP, they decided to give project of toilet with shower at Patal. That made the women of Patal happy.

Sager-Danda: Now same problems occurred in SD. There were also lacks in budget, manpower and contribution from mothers group. They didn't describe about the design, shape and size of the toilet house, type of tap and shower and the source of water for it. There were also so many questions to the women and to us about the lacking points of the proposal. After that meeting we got the point about which type of questions could be asked by the chairman. We realised that map of the project area and house also should be included. After a long discussion everybody was hopeless about the project, but chairman of HP-DK decided to give the project to the village.

Due to these activities in both CHK and in SD we were very sad and hopeless.

Sagar-Bakanje: After the two bad meetings in CHK and in SD we had staff meeting with chairman Papa Kurt in Bakanje. Papa pointed out the lacking in our understanding of project proposal writing, which made us very sad and we realised our lacking. After that we decided to go the house of the secretary and try to correct our lacking. We did this the day before the meeting, in the evening. We told her to write about local contribution, shape and size of the house, map of project area and the house and explanation of project with manpower from the expert about construction of flour mill.

In the meeting day chairman of HP-DK Papa Kurt was fully satisfied with the proposal about flour mill. He went to see the project area and agreed happily to give the project. Women were very happy by getting the project. We were also very happy because that was our first success without any comments.

Chhimbu: We met the secretary in early morning of the meeting day. We were eager to repeat the success in Chhimbu. We helped her to correct the same points as in Bakanje. She did and finally presented it to the chairman of HP- DK Papa Kurt. There were questions but less than in CHK and SD. Papa went to see the project area for flour mill. Then first he said no flour mill as a joke and soon after he said YES you will be the first village to get the flour mill. At first women were also sad but later on they had no words to say thanks. In their faces we saw kind smiles and happiness. They shouted at their success. We were also very happy because of our second success and decided to do better for next because we knew we could do it.

Kenja: We went to the house of the chairwoman to see the proposal and correct for our lacking in the teaching. They had no proper budget, design of meeting hall, shape and size, local contribution and so on. They didn't add any of the lacking points which were pointed out by us in third phase meeting. It made us very sad. We tried as much as we could. But we couldn't change it due to lack of time and that the meeting hall was a bigger project than the projects of the other villages. In the meeting so many questions were asked by chairman of HP-DK Papa Kurt. Finally Papa Kurt said "write a clear proposal and I will support you in the future, but not now because it is a big project". The women and we agreed with Papa Kurt. After the

meeting some Sherpa women were quarrelling with the chairwoman of women group about selling and drinking alcohol, but we didn't interfere with them.

4th phase:	Kenja	Chhimbu	Sagar-Bakanje	Sagar-Danda	Chhiringkharka
Attendants	38	20	21	26	30
Sherpa	6	1	14	-	12
Thami	6	17	2	-	12
Chhetri	11	-	-	26	-
Tamang	1	2	1	-	5
Kami	-	-	4	-	1
Other castes	14	-	-	-	-
Specially active women in all phases, who are not a member of the committee group:					
	Goma Jogi	Bishnu Maya Tamang	Sarkini B.K	Harka Maya Bashnet	Kanchi Thami
	Radha Bashnet	Keshi Thami	Pashi Sherpa	Sarada Khadka	Mingma Dolma Sherpa
	Jhuma Tamang		Renuka Ghimire		Budha Maya Thami
					Kamala Thami

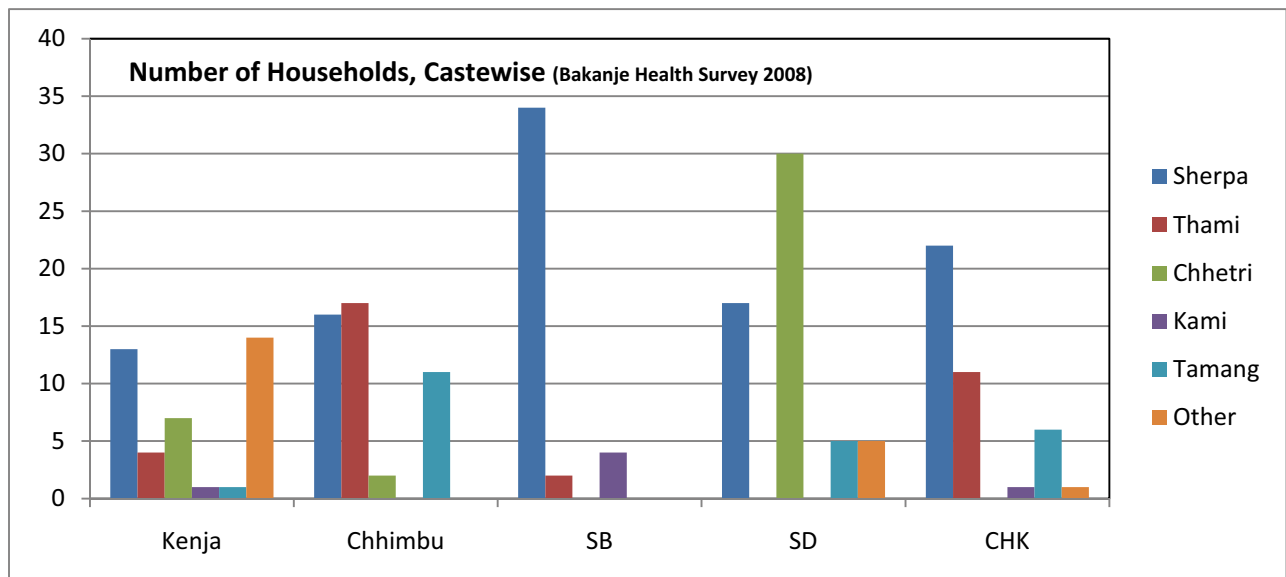
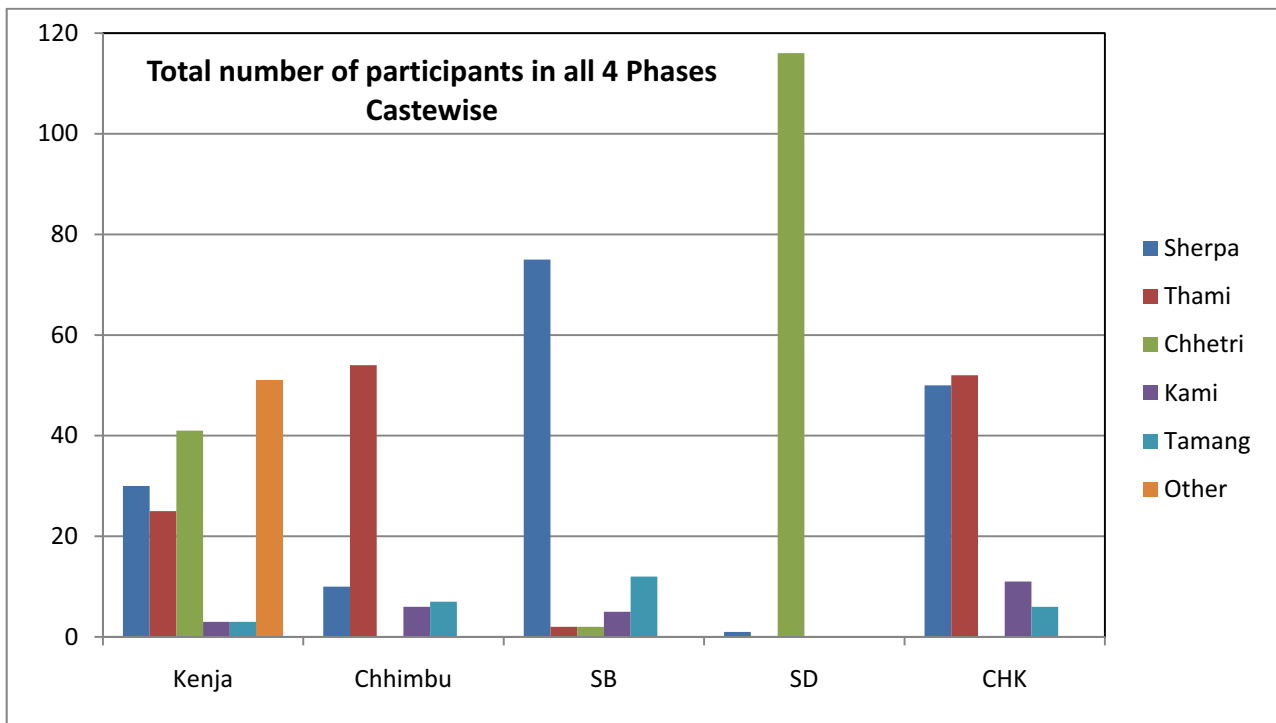
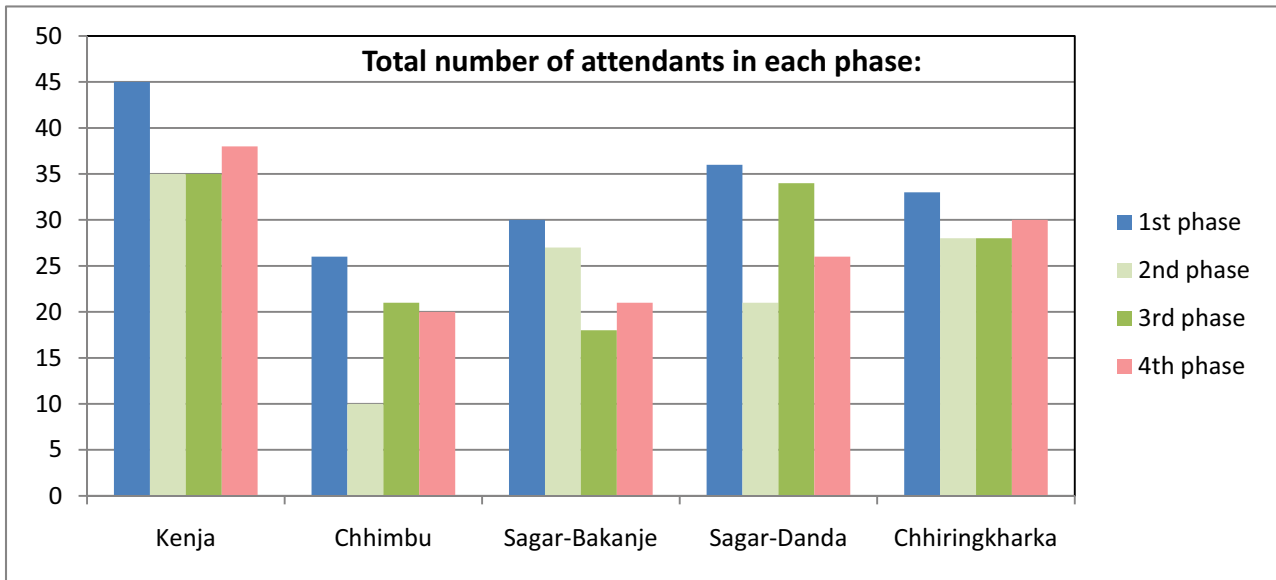
Conclusion: At last all the women were excited to hear the decision of chairman of HP-DK about their project. So, they were paying attention during the time of proposal reading. Also the women were concentrated for health lectures and interacting with nurse. After the fourth phase meeting specially WEP team and women learned many important points about writing proposal in a better way in the future.

Expectation and results: I expected good teaching from my side about writing proposal, but it was not good. There were so many comments about it. So, about teaching my expectation was not met by the result. All the 5 villages will get the project sooner or later according to the decision of HP-DK chairman Papa Kurt. So my expectations about the projects were met by our result.

My personal opinion

I got the chance to learn about the lifestyle of Himalayan Region, their culture and some common and major problems of the people. This pilot-WEP taught me how to interact with women of village, what their level of perception is and what women actually expect from our side. Before this pilot-WEP, I didn't know proposal writing, so I wasn't able to give proper knowledge about this. If I will get the chance to do work in future WEP then I will well prepare myself to do better performance. There were so many comments about our lecture, but in the future I will improve it, because now I know my lacks from my experiences during the pilot-WEP.





Details of Stationeries in pilot-WEP 2010

S.N	Particulars	Quantity	Used	Remaning in Kenja	Remarks
1	Copies	150	110	40	From KTM.
2	Pens	160	120	40	„
3	Minute Book	9	9	0	„
4	Account Book	6	6	0	„
5	Marker	6	6	0	„
6	Scale	1	1	1	„
7	Tape	2	2	0	„
8	Pencils	12	12	0	„
9	Glue stick	1	1	1	„
10	flip Chart	2	2	2	„
11	Chart Paper	8	8	0	„
12	Post -It Chart	2	1	1	Brought from DK
13	60 meter tape	1	1	1	From KTM.
14	1 meter tape	1	1	1	From Kinja
15	Money purse	1	1	1	From KTM.
16	A4 Paper	60 Sheets	60 Sheets	0	„
17	Flece Jackets	3	3	3	„
18	Windproof Jackets	3	3	3	„

Equipments needed for future WEP staffs

- 1 There should to buy one big tea pot to cook tea for women.
- 2 Sufficient number of glasses and tray to serve tea and biscuits to women.
- 3 WEP staffs need raincoat with HIPRON logo and water proof boots for rainy seasons.
- 4 Staffs need headlight instead of torchlight.
- 5 WEP banner for meeting time
- 6 Personal Diary for each staffs to write their daily writing
- 7 Staff office bag
- 8 Proper bill pads for payment

Report on Health Lectures

by Project Expert Nurse Sujata Maharjan

Introduction

On the date 2010-11-13 I, Sujata Maharjan, and Anne Marie started our health lectures according to our schedule. In the 1st phase we gave health lectures about child nutrition and in phase 2nd and 3rd phase about health, hygiene and nutrition in details.

Purpose

First of all we had the plan to start health lectures from Kenja to Chhiringkharka, covering 5 villages in Bakanje VDC to make women aware about health and their possibility of health improvement.

From the 1st phase to the 4th phase, I gave the health lectures about Health, Hygiene and Nutrition in details in all the five villages: Kenja , Chhimbu, Sagar-Danda , Sagar-Bakanje, and Chhiringkharka.

All the health lectures were given in the purpose to make the women aware about the health: To give knowledge about health and upgrade their health status, so they can know about how to apply preventive measures in their lives. In every village there were women who were health volunteers and know many things about health. They can refresh their knowledge during the lectures and also gain more knowledge. I personally gained experience about how women can understand my lectures. What is their perception level, for example in a simple word like 'breast feeding. Women seemed confused when to feed? How much to feed? They also interact with me and said that they can't feed breast milk properly because they don't have enough time, because they have to go to work in the fields or somewhere else. Also I found that there are many things which seem to confuse them, like I use English words which they don't know or I used some theories which I had learned and where there is no practical things in their community. For example when we talked about nutrition; items like banana, watermelon, cashew, walnut etc are not available in the community.

I also felt good because the women interacted with me nicely and it was also our work to make them empowered. It will also help me to improve how I can do in future WEP.

The health institutions and personnel of Bakanje VDC

Chiringkharka Community Clinic (CCC) is established in 2010. It is situated in the middle of Chhiringkharka village, so it is in a really nice place. When I first visited the clinic, I was so happy to see such type of clinic in this remote area like Bakanje. It has much health facilities than others in Bakanje. Only this clinic in Bakanje VDC has more facilities like in a modern hospital in Kathmandu and the Himalayan project has provided all these facilities and the community people are taking care of it.

The CCC has one Community Medical Assistant (CMA), Sarita Sherpa who is proving a service to the community people. She asked me to help her to understand some of the new equipments which she did not recognize, because it was modern and new for her, so I helped her to understand the use of this equipment while we had leisure time.



CCC is somehow like a small hospital in a small village. It has 5 beds, 7 rooms including 1 shower room, 1 toilet, 1 kitchen room, 1 examination room, 1 delivery room, 1 store room, 1 ward room. And in future the clinic is getting an Auxiliary Nurse Mid wife (ANM) with Skilled Birth Attendance (SBA) training. So I feel women of Chhiringkharka are very lucky.

Women of Chhiringkharka, Patal, Marbu and Lole were also saying that they are very happy to get the clinic in their near their village, because before they had to go to Bakanje health post for checkup if they were sick, but also there they didn't get a good service, because there was not any good health facilitator. And I felt so happy to see the good response to the clinic. While staying in the clinic one patient came to the clinic for check up, plus one lady came to the clinic from Patal asking for temporary family planning. So I feel like my lecture about family planning in Patal was effective. And I feel that if CCC will get family planning service and can provide good knowledge about it, the women will use it efficiently. Also if the clinic will get an expert ANM, then all the Chhiringkharka women will be healthier.

Bakanje Health Post (BHP) is one of the old providers of health care service in Bakanje VDC. It was established in 1994 AD (this information is according to the community people, because there was not any dates written in the sign board)

It is situated in Upper Bakanje ward no 5. It is a government health post and that is why villagers and other people don't need to pay any charge for the service and medicine, so people are happy to get that health post but they also feel sad, because there is no health assistant that can provide a good service. This old health post is handled by one peon and one MCHW i.e. maternal and child health worker. The peon Santosh Bashnet from Sagar-Danda is playing the role of health assistance, he is providing the service to all the people in the community. His only background is two month training as a community health worker in Lalitpur Lagankhel 2 years ago. And now he is studying in class 11 in education health and population.

MCHW Susma Sherpa from Sete is providing service in Sagar-Bakanje by doing home visits and also seeing the women suffering from maternal problems. And also, with the help of a health volunteer from the village, immunization program and family planning service in the health post is handled by her.

When I visited BHP I felt tired to reach at the health post because it is situated in Upper Sagar-Bakanje. Entering the health post I found there were two toilets not managed properly, the health post compound was nice and it was clean inside and outside, there were 4 rooms in there.

1-outpatient department, 1-office or administration, 1- store room, 1- MCH room (Maternal and child health examination room).

The rooms were nice and clean but the MCH room was not being used for the purpose, so it was like a store room storing some cements and pipes etc. I also saw medicine that was going to expire and many medicines were not in use so they were full of dust. Maybe this is because Santosh Bashnet does not know the proper use of all those medicine or because not many patients come for examination. I also saw one old weight machine that was not working, but there was new weight machine which they were not using and it was put it in safe place.

In my view BHP is a good health care center, but there is not any good health facilitator, so people are ignoring it, but actually when they get ill or sick they use it properly. So if this health post got a good health assistant or health facilitator then I am sure the community will use it efficiently.

Kenja Hospital (KH) is also one of the good service providers in Bakanje VDC. It is established in 1995 AD by the project named Himalayan Health and Environmental Service. So it is a private place and people who take service from this center should pay a charge and there is also a medicine charge.

In Kenja there is one health worker and auxiliary nurse midwife (ANM). When I visited the hospital I met ANM Sabitri Tamang, who is from Lodeng and she is now providing a service in the hospital. There was also Health Worker (HW) Kumar Mani Sharma, who has been providing service for many years. There was also one patient, who was suffering from diarrhea since 3 days, so he was given intravenous infusion with normal saline.

The hospital looks big enough to treat the patients of the whole VDC, but it was poorly constructed: one big hall was not in use so it was store room for stones, gravels and slates.

It consists of 7 rooms: Outpatient department, Minor operation room where there weren't enough equipments for dressing and dressing set was put messily, Delivery room, Examination room, Pharmacy where a very little amount of medicine was kept, Doctors room and kitchen, Toilet.

But there was no doctor in the hospital and that is why the people of Kenja don't use it nicely. The women also told that the health worker is providing them good service, but there is a lack of medicine in the hospital.

Lecture program of pilot WEP

In the five villages of Bakanje VDC I gave a health lecture about the following:

1. What is health?

1.1. How does health deteriorate?

1.2. Common health problem

1.2.1. Fever

1.2.1.1. Fever is the rising of temperature of body than in normal temperature.

1.2.1.2. Due to cold weather, infections, low immunity power, pollution etc

1.2.1.3. Prevention and its treatment

1.2.2. Diarrhea

1.2.2.1. Diarrhea is the rapid movement of fecal matter more than three to five times a day.

1.2.2.2. Due to bad food, unhygienic surrounding, infection, food poisoning, loss of immunity.

1.2.2.3. Prevention and treatment

1.2.3. Dysentery

1.2.3.1. Dysentery is the inflammation of intestine accompanied by abdominal pain, frequent stools containing blood and mucous.

1.2.3.2. Due to bad food, pollution, contaminated water i.e. amoebic or bacillary.

1.2.3.3. Prevention and treatment

1.2.4. Worm infestation

1.2.4.1. Due to contaminated water, unwashed or uncooked food.

1.2.4.2. Types of worms: round worms, hook worms, thread worms, tape worms.

1.2.4.3. Prevention and treatment

1.2.5. Respiratory tract infection (cough)

1.2.5.1. Due to pollution, infections, and in other diseases like pneumonia, asthma, bronchitis .

1.2.5.2. Prevention and treatment

1.2.6. Common cold

1.2.6.1. Common cold is a common virus infection that may cause runny nose, cough, sore throat and sometimes fever or pain in joints.

1.2.6.2. Treatment

2. Hygiene

2.1. Sanitation

2.1.1. Method refuse disposal

- 2.1.1.1. Composting method
- 2.1.1.2. Dumping method
- 2.1.1.3. Incineration method
- 2.1.1.4. Burial method

2.2. Clean toilet condition

2.3. Personal hygiene

2.3.1. Washing with soap

- 2.3.1.1. Hand washing
- 2.3.1.2. Bathing
- 2.3.1.3. Washing clothes
- 2.3.1.4. Face washing

2.3.2. Cleaning surrounding

- 2.3.2.1. Clean toilet after use
- 2.3.2.2. Clean house

3. Nutrition for babies and children

3.1. After birth prevention measures

4. General Nutrition

4.1. **Nutrition** is the science that studies the food that people grow, what type of food is used in the daily diet and how the body breaks down different food and uses them.

4.2. Balance diet

4.2.1. A balanced diet means food that contain all the three food groups: energy providing food , body building food and protective food .

4.2.2. Different categories of food

4.2.3. Carbohydrate and fat-energy providing food

4.2.4. Protein-body building food

4.2.5. Vitamins-protective food

4.3. **Nutritional deficiencies and complications**

4.3.1. Deficiency of energy providing food can cause MARASMUS

4.3.1.1. Marasmus is wasting of muscles; it is primarily called as mal nutrition.

4.3.1.2. For prevention need to eat energy providing food like rice, wheat, maize millet, soya bean, cashew, potato, yam, etc

4.3.2. Deficiency of protein in the diet can cause KWASIWORROR

4.3.2.1. Kwasiworkor is cause by lack of protein in the diet, children look normal at first glance, but in closer inspection children look swollen, hair and skin are dry and peel or flake and they are under weight.

4.3.2.2. Food should be given like breast feeding, meat, milk, milk products like cheese, ghee, butter, beans, walnuts, nuts, legumes, peas, porridge, etc

4.3.3. Deficiency of vitamin A can cause NIGHT BLINDNESS

4.3.3.1. Night blindness is caused by a diet lacking in vitamin A.

4.3.3.2. It can be prevented by eating yellow fruits and vegetable, Buckwheat, wheat, maize, raw milled rice, soya bean, peas, yam, wild potato, green chili.

4.3.4. Deficiency of vitamin B can cause RICKETS OR OSTEOMALACIA

4.3.4.1. In children this deficiency can cause bones to become soft and deformed, as a result legs become bowed, the back is extremely curved, joints are enlarged.

4.3.4.2. It can be prevented by Sunlight, fish, meat, eggs.

4.3.5. Deficiency of vitamin C can cause SCURVEY

4.3.5.1. It's the swelling of gums and bleed easily.

- 4.3.5.2. It can be prevented by eating citrus fruits, Lemon, watermelon, tomato, apple, potatoes, raw onions, fruits, green chilies
- 4.3.6. Deficiency of vitamin B1 can cause BERIBERI
 - 4.3.6.1. Deficiency of thiamine
 - 4.3.6.2. It can be prevented by eating Whole grain, barley, buck wheat, pulses, cereals, vegetables,
- 4.3.7. Deficiency of B2 can cause Angular stomatitis
 - 4.3.7.1. It is the sores and fissures at the corners of the mouth
 - 4.3.7.2. It can be prevented by eating pulses, unrefined rice, and grains, milk, and vegetables
- 4.3.8. Deficiency of B3 can cause PELLAGRA
 - 4.3.8.1. It is started with diarrhea, skin disease and in advance stage paralysis occur
 - 4.3.8.2. It can be prevented by eating nuts, pulses, milk and milky products, unrefined grains and rice.
- 4.3.9. Deficiency of vitamin B6 can cause FISSURE AND ANAEMIA
 - 4.3.9.1. It is the fissure in the corner of mouth, impairment of the immune system and anemia
 - 4.3.9.2. It can be prevented by eating meat, legumes, nuts, wall nuts, milk, and unrefined grain.
- 4.3.10. Deficiency of vitamin B12 and iron can cause ANAEMIA
 - 4.3.10.1. Decreased or few red blood cell and don't contain much hemoglobin and also less number of white blood cell and platelets.
 - 4.3.10.2. It can be prevented by eating meat, legumes, dark green vegetables, citrus fruits and unrefined grains, egg, and milky products.
- 4.3.11. Deficiency of iodine can cause GOITER
 - 4.3.11.1. The enlarged thyroid gland
 - 4.3.11.2. It can be prevented by eating iodized salt, sea foods.

5. Also there are some others subjects proposed by women group in the meeting like

- 5.1. Gastritis
- 5.2. Arthritis
- 5.3. Hypertension
- 5.4. Pneumonia
- 5.5. Family planning
- 5.6. Skin diseases.
- 5.7. Paralysis and others

Interactions, awareness, perception and the interests

Kenja: The women were active and interested in the health lecture. They like to give me time for health lecture where in other four villages some women used to leave, when they had finished the project proposal training. Women from Kenja were not so educated, but they wanted to learn more and they were a little bit aware about health: They know about hand washing, drinking boiled water, proper utilization of toilet, clean environment. Also the women of Kenja seem cleaner than women in other villages; they also seem to understand better about diseases, nutrition and other issues of lecture. The women group asked me many questions about family planning, general health problems and gynecological problems, so they want to know more about family planning in the future.

Chhimbu: The women of Chhimbu were quite passive, but they were interested in the health lecture. Only very few women wanted to hear about health and others used to talk with each other during the lecture. The women were very shy and when I asked them any questions or gave them some information they didn't answer me. Only some interacted with me, so I came to know that they are aware about hand washing, drinking boiled water, when they become sick etc. They seem very sympathetic, there are very few educated women



so their perception level is very low. For example when I explained about health definition by WHO then they asked me "what is world health organization"? When I asked them if they knew what nutrition is, then they answered with names of food like spinach, apple, potato, meat, fruits.

I told them about the child nutrition: At least for four months their babies only need breast milk. Then they replied me "without food our babies get hungry and cry a lot". They also had a traditional custom and belief: I saw a lady who had a dog bite and she had applied chicken shit on it. They believe that chicken shit will heal their wound and recover it soon. When I saw it, I immediately cleaned the wound with soap, dressed it and gave some painkillers, because she was in severe pain. Next day when I met her I asked her how she was, how her wound was and what she did with the wound. Then she replied me "my pain is relieved and I had done dressing with red color (tika) in it.

Sagar-Danda: Women here were also active. They came to the meeting on time but often they returned back to their home, when women empowerment meeting had finished. Only few women were interested in meeting and are active like Harka Maya Basnet, Sarada Hadka, Radha Basnet and others. They also interacted with me in a very nice way; they showed good response from them. I got to know that they knew about hand washing, drinking boiled water, how to maintain personal hygiene and some common health problem which they had already experienced, so therefore they were aware about it. They also knew about breast feeding, but they had believed that only breastfeeding is not enough food for the children and that if their children are not given proper food, they will be hungry and cry a lot and will be malnourished. They wanted to know about general health problems, female health problems, family health problems and child health problems. In future they also asked if they can get female sterilization in their community.

Sagar-Bakanje: Women were quite passive in my health lecture. They were not so active, so the interaction with them was not so good. But many women gave interest to the lecture, especially about diseases like diarrhea, dysentery, worm infestation, marasmus, goiter, rickets etc. They mostly believe in traditional methods; they use herbal medicine and healer, but some also believe in medical method. They were aware

about drinking boiled water and clean the environment, but they complained to me that clean environment and drinking boiled water do not subside diseases. In the beginning they didn't give any interest, but after I questioned them; "what do you really want to learn about health?", then there was a good response. They asked about general health problems and basic health like gastritis, joint pain, fever, headache etc.



Chhiringkharka: Women were active and they showed interest in the lecture. They told that they want to learn more about health and health problems, so they asked me health questions i.e. about pneumonia, which I hadn't mention in my health lecture. Chhiringkharka women were more aware about personal hygiene and drinking boiled water, but women from Patal were less aware about these things, so they were very happy to gain some knowledge about health. All women were interested in the lecture. In the lecture, I used some English words like osteomalacia, scurvy, beriberi, carbohydrate, protein etc, which have no direct translation in Nepali. I gave them information in details, but they didn't remember and it was difficult for them to understand. Also when I showed them the chart of nutritional items they answered that they don't have these things to eat.

When I told them about PROPER BREAST FEEDING TILL THE AGE OF FOUR MONTHS, NO OTHER FOOD, then one old lady replied me; "my children have been healthy up to now and I have been given them dal bhat from 3rd day of birth.

When I visited Patal in the purpose of measuring the land for the toilet, I had a little talk with the women of Patal about family planning. They had a very narrow concept about family planning; that if they use depo provera they may have swelling of the body and that this would be a problem for women like them who are working in the field. Therefore I gave them counseling about temporary family planning.

In future they want to know more about child diseases, family planning and antenatal and postnatal care.

Personal experiences

My personal experiences was that almost most of the women use the traditional methods when they get ill, but when I asked them "what you use when you get ill?" then most women from all villages answered both traditional and medical methods. Actually many women from Bakanje VDC excused themselves from not using medical methods, because they said that there are no proper health facilities in the health institute, so why should we go there?

During our work in Kenja in 2nd phase, I went to visit Kenja Hospital .There were not sufficient medicine or equipment available in the hospital and the women also told me that there was no auxiliary nurse mid wife (ANM), only health worker Kumar Mani Sharma was providing a service. Then in 3rd phase we visited the

hospital again and now there was an ANM, hired by the hospital, who was providing service to a patient suffering from diarrhea and she also told that she had stitched a boy, who had an accident. I saw the dressing room which was very messy and there were no proper equipments in there.

In Kenja one lady came to me with a very amazing disease, the lady, 37 years old, showed me a strange problem: that her stomach had been jumping without any reason for 10 years. She gave me the story of how she got sterilized at Phaplu Hospital 10 years ago, then 6 months after the operation she had the problem of jumping of whole umbilical region. She complained that she cannot sleep at night due to jumping stomach the whole night. I asked her if she knew anything about this problem, if she had gained any information from somewhere about her problem. Then she answered me "No I don't believe in traditional healing, I got relieve of body pain by pain killer, but jumping stomach does not subside". Due to economical problems she cannot go to see a specialist.

During work in Bakanje VDC, I also visited a house in Kenja where I met an old man suffering from paralysis since 4 years. His second wife told me that he is paralyzed because of mental shock, when his first wife died. But while taking more about their history, she told he had an accident where he had a lot of bleeding in the head. She told she didn't consult any health personal or healers because she has no hope for him getting a cure of the paralysis. Also she told a story about her own problem: She is an old lady of 67 years and over weighted. Once she went to the toilet far away from home. She fainted in the toilet for an hour, then she woke up and went back home. She felt very weak, so she had treatment from a healer. The healer told her that she needed to do puja, which she did. She also went to the nearest hospital where a health worker told her that she had high blood pressure.

I have already expressed how I found out that a woman of Chhimbu used chicken shit on a dog bite. This shows that they usually believe in traditional methods.

In Sagar-Danda I also saw a traditional method. When we reached Sagar-Danda during the work, I got to know that there was a healing practice in their village and that the healer used to play the drum to treat the health problem. This is called "ghakri padhaune" in Nepali. Our team and I wanted to go there but it was late evening.

I also met a boy named Sujan Khadka, 6 years old, who was the son of Sarada Khadka, an active member of the women committee from Sagar-Danda. He is 6 years old, but he is mentally retarded with height 95cm, MUAC was 15cm, he cannot walk straight, but can run fast. He used to play like a child of 6- 9 month by crawling on the ground. He can recognize persons and can understand the sentence, but cannot answer. He calls his mom mm mama, daddy as baba, it is the word of a child aged 16-18 months.

His mother Sarada Khadka has 3 more siblings two elder brothers and one younger sister. They are healthy and have no disabilities. The mother was frustrated because of her disabled child, so she had sent her son to the house of the grandmother in Chaulakharka.

The women of Sagar-Danda believe in medical methods, because they told me that when they suffer from fever, diarrhea, and other disease they use to go to the clinic Laligurans Youth Club Clinic (Sagar-Danda Clinic), handled by Santosh Basnet, who is the peon of Bakanje health post.

In Sagar-Bakanje the women also told me that they use medical methods more than traditional methods. They are treated by Santosh Basnet . When I visited the health post, I had a meeting with him, some women from the committee of women group and some villagers. The meeting was about how he is handling the health

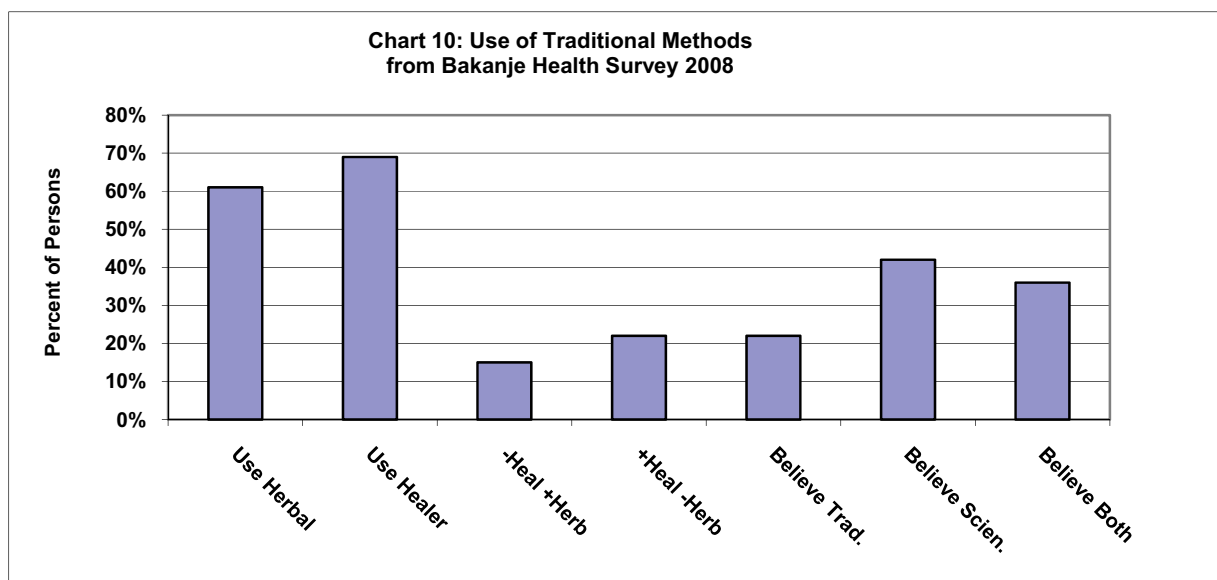
post? Was treatment in his job description? Now what can be done? How can they fulfill the post of health assistance?

In Chhiringkharka it is my impression that the women believe more in traditional methods than in medical methods, but still they have some belief in the medical methods. This is my impression, because after the week of the opening of Chhiringkharka community clinic, there were a few people who came to be examined.

During the visit to Chhiringkharka, I have seen a case with an old lady who had severe iliac pain in her right side. My team and I went to her house, I checked her condition: Her blood pressure and pulse were in normal range i.e. B.P-120/70 mm of hg pulse-94/m (high because of pain).

I assisted her to stay in a comfortable position, gave her painkiller, hot water and provided her psychological support. After 1 hour her pain had still not subsided. Then the healer came to see her. He asked for some uncooked rice which he put in his hand and threw in the air in front of the women, while he spoke some mantras. Then he told her husband that the pain was caused by an unsatisfied spirit, who had died due to a complicated pregnancy and had taken place in her body. He also said that he had now removed the spirit and the pain should soon subside. The next day I visited her and she was lying in the same bed. I asked her if the pain had subsided or not and she answered that she took the painkiller, so it had decreased a little, but without painkiller the pain was still the same.

It is my general impression that the women from Bakanje VDC are using both medical and traditional methods. This is supported by the Bakanje Health Survey 2008 where it is showed that 22% believe in traditional methods only, 41% in medical methods and 36% believe in both traditional and medical methods.



Discussion on the program

In all of the health lectures I have only covered basic health knowledge about the following subjects:

Health

Common health problems

Hygiene

Sanitation
Personal hygiene
Nutrition
Balanced diet
Different categories of food
Nutritional deficiency and its complication

After finishing all the lectures I realized that I should have covered more about different types of diseases. In Chhiringharka women asked me to give knowledge about pneumonia, which I hadn't mentioned in my schedule. Many women from each village asked me many questions about health problems like gastritis, sinusitis, joint pain, headache, heavy bleeding and swelling of hand or body etc. These diseases should have been covered under the topic "common health problems".

When I asked the women which topics were hard for them to understand, then most of the women from all the 5 villages mentioned nutrition and I also felt the same. When I taught them about nutrition, they showed less interest, because it was difficult for them to understand, while hearing new words like marasmus, rickets, scurvy and carbohydrate, protein, which have no direct translation in Nepali. When I showed them the chart of nutritional items, then they saw new items of fruits and vegetables, which made them realize that they don't have sufficient nutrition, which can make them healthy. But I tried to convince them that there is no reason to become sad, because the available food is enough for nutrition, if you use it correctly then you can have a balanced diet. For example I told them meat is a good source of protein. Then they told that they don't have sufficient meat and I explained to them that beans and cereals also contain protein, so you can use them as a helper.

I also think they showed less interest in nutrition, because they had no idea about it and had no knowledge about the importance of this subject. I hope they gained more knowledge about nutrition and that they will show an interest in this in the future if nutrition lectures are given again.

I now think that I should have given more time in the schedule to a difficult subject like nutrition and I have realized that I should have focused only on general nutrition in 2nd phase, instead of also including health and hygiene in this phase. In this way it would be easier for me to combine the knowledge from 1st phase (nutrition for children) with general nutrition in 2nd phase.

During the lectures women wanted to express their health problem in the middle of the lecture, so sometime I had to stop the lecture and discuss their health problems with them. So I think in next WEP, I need to give more time for them to discuss their own problems with me.

MUAC

MUAC means "**Mid Upper Arm Circumference**". MUAC measures the muscle around the arm. MUAC is a quick, easy and fairly accurate measuring method for assessing malnutrition. At 1 year of age MUAC should be 16 centimeters and at five years of age 17 centimeter. MUAC almost remains constant.

MUAC tape: It is also called SHAKIER tape. It is a plastic tape with three bands: green, yellow, red. The band quickly detects malnourished children.

RED band; it indicates severe malnourished. It measures below 12cm.

YELLOW BAND; it indicates that the child is under nourished and at risk. It measures 11.9 to 12.9 cm.

GREEN BAND; it indicates adequate nourished children. It measures 13 cm to 26 cm.

Interest among women: I felt women from all villages were very interested in MUAC. It was new for them, but it gives only a little information, which is short and simple, so it was easy for the women to understand. Many women in the meetings were mothers and therefore they are also very interested in MUAC and when I demonstrated it after the lecture many women liked to have their children measured. Then I distributed MUAC tape to the health volunteer for her to measure the children and return back the measurement. I also measured the children of the age of 5.

Method of measuring MUAC: The mid upper arm circumference is easily measured by placing tape around the child's left arm midway between the elbow and the shoulder.

Purpose of MUAC:

1. To assess malnourished children.
2. To make survey on children of Bakanje VDC.
3. To analyze whether MUAC is suitable in Nepal or not.

Actual measurement by list: During my visit in all five villages I measured MUAC on the children under the age of 10, although MUAC is only for children up to 5 years of age, because I wanted to know the difference of MUAC measurement within 0 to 10 years of the children.

Actually the MUAC is measured by relaxing the left hand freely, but I measured by bending the left arm 90 degrees, so maybe that is why the actual MUAC measurements are slightly higher, than if I had measured in the correct way.

After the actual measurement I got to know that MUAC measurement has no vast difference in measurement up to the age of 10. For example from Chhiringkharka **Soni Sherpa**, child 6 month old, has MUAC 17 cm, where a child in Patal, **Kuber Thami** aged 10 years, also has MUAC of 16.5 cm.

Recommendation for next WEP:

For next time of the WEP project I should cover the following subjects in my health lectures, according to the interest of women groups:

1. Female health problems
2. General health problems
3. Basic health problems
4. Reproductive health problems
5. Child health problems
6. Family planning

Conclusion:

Pilot-WEP in Bakanje VDC was very nice and perfect. Even there were some confusion in the middle of the WEP phases, but at last all of us, our coordinator Ambika, Janaki our project assistant and I, finished our WEP in a nice way. Our program got success, so I felt so good. We had a very good cooperation within our team and also with the community members and the women groups. They trusted us. They gave so good response to us.

At first when I was ready to go to the pilot WEP in Bakanje VDC I thought that I could not adjust to this environment, because it was a Sherpa community and this was new to me. I had the feeling I would do my job as in my practical community in my college, but it went opposite. There were many things for me to do in my

job in pilot WEP. Before have given lectures in the community, done home visit in each house in my community in college and they were much more educated than the people in Solu, so before it was easy for me to handle the community lecture, but here in Solu it was so hard, because it took long time to make them understand about one topic. I had mixed the topics of my lecture in 2nd phase, so it was all a mess for them to understand, but I am happy that they understood more about health and hygiene, but less about nutrition.

My strength and limitation: First I had a lot of theoretical knowledge in my health field and also good practical knowledge about work in the hospital, but I only had a little experience about community work.

I have given all my theoretical knowledge to them at one time, which made it hard for them to understand, so I think in future, I need to focus on only one subject at a time.

The health lectures given were necessary for them, so they were interested in it, but they were also interested in other subjects, which I came to understand after I had finished all the phases.

I also realized that the women groups need some kind of refreshment in the middle of the meeting, because when I started my health lecture without any break after project proposal writing, they didn't give their full attention to the lecture.

I also understand how their level of perception is. Now I know how I can get their attention in my health lectures.

I realized that the women groups are more interested in the practical things, than in theoretical lectures. They understand more, when I show them some pictures and they also seem happy when I show them pictures. So I think in future, I need to search for more charts and do more demonstration in every topic.

MUAC measurements in Bakanje VDC autumn 2010

Village	Ward	First Name	Caste Name	Gender	Age	Age						MUAC measure	Comment
						0-5	5-10	10-15	15-25	25-40	>40		
kenja	9	bijaya	jogi	m	7		x					20cm	well nourished
kenja	9	rekha	bhujel	f	7		x					15.5cm	
kenja	9	sangita	basnet	f	2	x						13.5cm	
kenja	9	ajay	thami	m	6		x					14cm	
kenja	9	puti	sherpa	f	3	x						16cm	
kenja	9	sangita	karki	f	4	x						15cm	
kenja	9	menuka	karki	f	1	x						12.5cm	under nourished
kenja	9	yandu	sherpa	f	4	x						15cm	
kenja	9	laxmi	basnet	f	5	x						14cm	
kenja	9	bhes kumar	basnet	m	3	x						13cm	
kenja	9	salin	jirel	m	3	x						14cm	
kenja	9	binu	thami	f	5	x						14cm	
kenja	9	sushma	thami	f	3	x						13cm	
kenja	9	ajaya	thami	m	6m	x						14cm	
kenja	9	dhirga maya	jogi	f	4	x						12.5cm	under nourished
kenja	9	manika	thami	f	4	x						13cm	
kenja	9	sujan	basnet	m	3	x						14cm	
kenja	9	laxmi	thami	f	6m	x						13cm	
kenja	9	ang dima	sherpa	m	1	x						14cm	
kenja	9	pasang	jirel	f	4	x						15cm	
kenja	9	jastin	pradhan	f	5	x						14.5cm	
kenja	9	aayush	shresha	m	10m	x						13cm	
kenja	9	muna	bhujel	f	5	x						14cm	
kenja	9	sahara	bhujel	f	3	x						13cm	
kenja	9	sanjiv	karki	m	5	x						14.5cm	
kenja	9	elisha	bhujel	f	2m	x						12cm	malnourished
kenja	9	sauraja	basnet	f	2	x						14cm	
kenja	9	sushma	thami	f	3	x						14cm	
kenja	9	kancha	thami	m	2	x						13cm	
kenja	9	nishan	basnet	m	5	x						15cm	
kenja	9	alish	pradhan	m	1,5	x						14cm	
kenja	9	sanjil	thami	f	3	x						14cm	
kenja	9	nigma	sherpa	m	3	x						15cm	
chimbu	7	migma	sherpa	m	11m	x						17cm	wellnourished
chimbu	7	bimala	thami	f	4	x						13.5cm	
chimbu	7	purne	thami	m	2	x						13.8cm	
chimbu	7	sarita	thami	f	6 m	x						13.4cm	
chimbu	7	kamini	thami	f	3	x						15.2cm	
chimbu	7	som bhadur	thami	m	2	x						14.8cm	
chimbu	7	amar	thami	m	2	x						15cm	
chimbu	7	sudip	thami	m	3,5	x						16.3cm	
chimbu	7	sirjana	thami	f	3,5	x						14.5cm	
chimbu	7	buda maya	thami	f	1	x						14.5cm	
chimbu	7	sangita	basnet	f	9		x					15.8cm	
septen	9	alisha	pradhan	f	6		x					15.8cm	
sete	6	ranjana	tamang	f	3	x						15.4cm	
s.danda	3	subina	karki	f	2	x						14cm	

MUAC measurements in Bakanje VDC autumn 2010

Village	Ward	First Name	Caste Name	Gender	Age	Age						MUAC measure	Comment
						0-5	5-10	10-15	15-25	25-40	>40		
s.danda	6	kale	basnet	m	4	x						16cm	
s.danda	3	sumitra	khadka	f	4	x						15cm	
s.danda	3	pradip	karki	m	4	x						14.5cm	
s.danda	3	prakash	karki	m	9m	x						15.5cm	
s.danda	6	rekha	basnet	f	4	x						14cm	
s.danda	6	mandira	basnet	f	1,5	x						16cm	
s.danda	6	jamuna	basnet	f	7		x					17cm	
s.danda	3	bijaya	basnet	m	10		x					16cm	
s.danda	3	manita	khadka	f	4	x						18.5cm	
s.danda	3	anita	khadka	f	3	x						15.5cm	
s.danda	3	ramila	basnet	f	5	x						15cm	
s.danda	6	durga	basnet	f	4	x						15.5cm	
s.danda	6	apsara	basnet	f	6	x						16.5cm	
s.danda	6	bishma	basnet	m	5	x						15.5cm	
s.danda	6	sangita	basnet	f	7		x					16cm	
s.danda	3	pradip	khadka	m	6m	x						14.5cm	
s.danda	3	bhagmati	khadka	f	3	x						15.5cm	
s.danda	3	babita	karki	f	10		x					18.3cm	
s.danda	6	gyatri	basnet	f	6		x					16.3cm	
s.danda	3	anju	basnet	f	1	x						12.3cm	malnourished/her mom is pregnant now
s.danda	6	krishna	basnet	m	6		x					16cm	
s.danda	6	naramaya	basnet	f	10		x					17cm	
s.danda	6	dhirendra	basnet	m	1	x						15.8cm	
s.danda	6	babita	basnet	f	6		x					16cm	
s.bakanje	4	laden	sherpa	m	3	x						14.5cm	
s.bakanje	4	lakpa	sherpa	f	8		x					17cm	
s.bakanje	4	furba	sherpa	f	10		x					19cm	
s.bakanje	5	tenji	sherpa	m	6	x						16cm	
s.bakanje	5	furdiku	shrerpa	f	4	x						15cm	
s.bakanje	5	kenji	sherpa	f	4	x						16.5cm	
s.bakanje	5	chimi dorje	sherpa	f	5	x						17.5cm	
s.bakanje	5	pasang lamu	sherpa	f	3	x						14.5cm	
s.bakanje	5	gelge	sherpa	m	10		x					19cm	
s.bakanje	5	gegme	sherpa	m	6	x						16cm	
s.bakanje	5	pemba choti	sherpa	f	8		x					17.3cm	
s.bakanje	5	furba lamu	sherpa	f	6	x						16.8cm	
s.bakanje	5	samjana	ghimere	f	11m	x						15cm	
s.bakanje	5	bijay	ghimere	m	3	x						15.5cm	
s.bakanje	5	bikesh	ghimere	m	5	x						16cm	
s.bakanje	5	aita maya	thami	f	3	x						16cm	
s.bakanje	5	sanchi	thami	f	9m	x						12.5cm	under nourished
s.bakanje	5	bimala	thami	f	5	x						16cm	
c.kharka	1	soni	sherpa	f	6m	x						17cm	well nourished
c.kharka	1	budha	thami	f	2	x						13cm	
c.kharka	1	Lhaku	sherpa	f	3	x						15cm	
c.kharka	1	lakama doma	sherpa	f	2	x						15cm	

MUAC measurements in Bakanje VDC autumn 2010

Village	Ward	First Name	Caste Name	Gender	Age	Age						MUAC measure	Comment
						0-5	5-10	10-15	15-25	25-40	>40		
c.kharka	1	tenje	sherpa	m	4	x						16cm	
c.kharka	1	ngima	sherpa	m	3	x						15cm	
c.kharka	1	som bhadur	thami	m	16m	x						14cm	
c.kharka	1	soman	thami	f	11m	x						15cm	
c.kharka	1	pem choti	sherpa	f	3	x						13cm	
c.kharka	1	raju	thami	m	1,5	x						15cm	
c.kharka	1	som maya	thami	f	10m	x						15cm	
c.kharka	1	anjana	thami	f	2	x						12cm	malnourished
c.kharka	1	ngim laki	sherpa	f	3	x						15cm	
c.kharka	1	ngim gyalge	aherpa	m	4	x						16cm	
c.kharka	1	ngima lhamu	sherpa	f	3	x						15cm	
c.kharka	1	chyana	sherpa	f	2	x						15cm	
c.kharka	1	pasang laki	sherpa	f	4	x						16cm	
c.kharka	1	lakpa gyalge	sherpa	f	7m	x						14cm	
c.kharka	1	sumitra	rai	f	2	x						14cm	
c.kharka	1	som bhadur	thami	m	3	x						15cm	
c.kharka	1	somita	thami	f	2	x						15cm	
patal	1	pemgelu	lama	m	6		x					15.5cm	
patal	1	yanji	lama	f	3	x						14cm	
patal	1	peb choti	lama	f	1	x						16cm	
patal	1	sanchi	tamang	f	6		x					14.5cm	
patal	1	tukuli	tamang	f	4	x						12.3cm	under nourished
patal	1	bhai raja	tamang	m	2	x						15cm	
patal	1	soma	thami	f	8		x					15cm	
patal	1	shiva	thami	m	6		x					13cm	
patal	1	bunu	thami	f	2	x						14cm	
patal	1	raju	thami	m	4	x						15.5cm	
patal	1	manbir	thami	m	6		x					16.5cm	
patal	1	kuber	thami	m	10		x					16cm	
patal	1	budi man	thami	m	9		x					14.5cm	
patal	1	sushil	thami	m	6		x					14.3cm	
patal	1	sunit	thami	m	3	x						16cm	
patal	1	som maya	thami	f	9		x					17cm	
patal	1	sarkini	thami	f	7		x					15.5cm	
patal	1	sobu	thami	f	2	x						17cm	
patal	1	somana	thami	f	1	x						15cm	
patal	1	sani	thami	f	8		x					16cm	
patal	1	som maya	thami	f	4	x						17cm	
patal	1	som bhadur	thami	m	2	x						15.5cm	
patal	1	anjana	thami	f	1	x						15cm	

Lecture about Nutrition for Babies

Bakanje Pilot-WEP 2010

by Mummy Anne-Marie Lomborg

Thoughts about nutrition of babies and small children in Solu came to me 8 years ago. At this time I made a survey of conditions of health for women and small children in Bakanje VDC. I realized that babies got insufficient food after breast feeding. In most families there is lack of protein sources such as meat, eggs, cow milk. So the small children got vegetables, rice, water and tea. If mother had stopped breast feeding, the little child got no milk.

The baby cannot do with only milk from 6 month. They need more proteins and fat for growth and energy. A little child cannot eat rice or coarse food; the belly is filled up before it gets enough energy. The lessons took place in 5 villages of Bakanje VDC.

Kenja: 38 women were gathered in Kenja School. Some of them brought flowers and some of them brought their babies, who still needed breast food. The lesson happened to be in the afternoon and the women and at least the babies were very tired. In spite they all listened quietly and looked interested to what I had to tell. Sujata, the nurse, interpreted the best she could. After lesson she asked, if the women had any questions or comments. They answered that they would do as mummy said!

Chimbu: 28 women gathered in a class room at the school. The lesson took place late in the morning. The room was small, and the women were sitting very tight cross legged and some of them with babies. They listened with big attentiveness and were smiling in between. Afterwards there were no questions, but they said that they agreed with Mummy!

Sagardanda: 40 women were gathered in a small class room, and outside there was heavy rain. They sat on small benches with no back.

The women in this village are most Chhetri people, and they have a different temper than the Sherpa people. The lesson happened just after lunchtime. During the lesson there were many interruptions of bigger children and husbands, who, of course, were very curious about what was going on. In the women group there was a lot of laughter and comments, not necessarily about nutrition. After lesson there was no questions, but much joy and happiness.

Sagar-Bakanje: The meeting started at 10 o'clock. At 10.30 there were 7 women. At 12 o'clock there were 48 women gathered in a classroom. They listened carefully to the lesson. There was some disturbance of 2-3 years old children, who were running to and fro, lifted the mothers blouse to get a drop of breast milk. Afterwards there was no questions, but the women said that they would like to do as Mummy said!

Chhirringkharka: 33 women were gathered in the courtyard of the very new health clinic. They were listening with great attention and nodded in between. Afterwards they told me, that they were looking forward to make the porridge to their babies!

My own reflections.

I was told that there were some problems with the language of the interpreter and the understanding of the village women. Sometimes the meanings of words were quite different!

It is very important, that almost all women can breast feed their babies. May be it is important too, that the children continue with breast milk until 2 or 3 years age. Otherwise some of them do not get any milk at all.

In all the villages the women want flour mills. When they have got those mills they can make flour of maize, rice, buckwheat and barley. Of course the mills cannot make the flour so fine grinded as in Denmark; but anyway the babies can get more variable food.



For many families it is impossible to get breast food substitute. So they give their children cow milk instead. That is better than no milk. Twenty years ago mothers gave their children cow milk too in Denmark, when they could not give breast.

The value of my lesson is for discussion. I am an expert in nutrition according to my country and the possibilities and conditions there. In Solu my knowledge is far away from local reality and conditions. I am known as Mummy and the wife of papa Kurt, and just because of that I am receiving so much goodwill according to whatever I may have to say. The lack of questions and comments by the women could be shyness and politeness to me, because questions could be a sign of doubt or disrespect or actually, that they do not understand. But anyway I think that my participation of pilot web made the process more important to them.

I do not think that my lessons will get every mother in Bakanje to change their babies' food. But if some of them remember just a little thing and begins to change one part of the food, it will influence some other women. I will, of course, follow up on the knowledge next time I come to Solu.

I am impressed, that so many women joined the meetings. It shows a desire and a will to develop their society. They were eager to learn and they were devoted to the 3 girls and me. During the process they did show feelings in their faces and their bodies. They are beautiful and coloring and seem like strong people.

My overall view of the 5 meetings in the 5 villages in phase 1 gave me a very positive impression. I think the coordinator, Ambika, is an amazing person. She is a small beautiful woman with a very great personality. She easily held the attention of the women, and I could see that they really wanted to hear what she had to say. There was an interaction between them. Ambika has a ability to identify with the problems, and try to develop together with them instead of telling them what to do. Her pleasant voice reveals the authority, which is needed in those projects.

Janaki and Sujata were good supporters with defined tasks during the process. When they were teaching or explaining Ambikas lectures, they could explain from another angle or just another voice can sometimes keep the attention.

The 3 girls cooperate respectfully to each other, and they were a good example to the women how to deal with each other.

I really enjoyed being a part of this process, and I would like to join again whenever it is a possibility.



Erfaringer og gode råd fra en frivillig

Af Miriam Knudby Nielsen

I oktober/november 2010 var jeg med som frivillig paa Himalayan Projects "Women Empowerment Project". I en måned fulgte jeg gruppens arbejde i Bakanje VDC i Solu og hjalp efterfølgende til med rapportskrivning på kontoret i Kathmandu. De følgende råd er derfor baseret på mine erfaringer fra dette ophold.



Først og fremmest må du forvente at blive mødt af overstrømmende imødekommenhed, nysgerrighed, hjælpsomhed og venlighed – såvel fra de ansatte i HIPRON, de lokale du arbejder med og bor hos i Solu og den bondemand, der viser dig vej, når du er faret vild. Det eneste, det kræver fra dig, er, at du også har en venlig, åben og nysgerrig tilgang til de mennesker og det liv, du møder i Solu.

For at føle dig bedst tilpas undervejs i opholdet, er det vigtigt, at du har dit eget selvstændige projekt. Hvis du underviser på en lokal skole, giver det jo sig selv, at dette er dit projekt. Hvis du ønsker at koble dig på et projekt, der allerede køres af HIPRON, er det derimod vigtigt, at du overvejer, hvordan din rolle skal være. Det er ikke en god ide bare at være "med" og forvente at kunne byde ind hist og pist. Først og fremmest er sproget en hindring for dette. De ansatte i HIPRON kan sagtens oversætte undervejs, men i praksis er det svært for dem at få tid, fordi deres fulde tilstedeværelse naturligvis er krævet i den pågældende situation.

Så hvis du vil følge med på et eksisterende HIPRON-projekt, så sørg for at have dit eget formål og din egen tolk. På den måde kan du selv få et stort udbytte, føle at du spiller en rolle og samtidig følge med i det spændende arbejde, de ansatte i HIPRON laver.

Sproget vil i det hele taget være en væsentlig faktor i ethvert ophold i Solu. Engelskniveauet er langt langt lavere, end du kan opleve det i Kathmandu dalen. Du vil møde nogle personer, der snakker lidt basis-engelsk og meget få personer, der snakker nok engelsk til at føre en almindelig samtale. Engelskundervisningen i skolerne er meget mangelfuld, pga lærernes niveau, så forvent ikke at unge i 9.-10. kl. er i stand til at føre andet end en meget simpel samtale på engelsk. Samtalerne kompliceres også af, at mange er meget generte ved at tale engelsk og at de har svært ved at forstå din vestlige accent.

Fra HIPRON personalet kan du forvente et engelsk på et højt niveau, så dér er der ingen problemer med at samtale om alverdens emner.

I Solu tales der flere forskellige lokale sprog, samtidig med at alle forstår nepalesisk. Så det er en god ide hurtigt at lære lidt brugbare og høflige gloser paa nepalesisk – det viser en imødekommenhed, som alle lokale vil glædes over og smile af.

Leveforholdene i Solu er primitive sammenlignet med en dansk dagligdag. Nogle steder vil der være et rigtigt toilet i asiatisk stil, mange steder vil toilettet være et træskur med et hul i nogle brædder og enkelte steder vil toilettet være den nærliggende mark. I de fleste små bygder er bademuligheden at hælde koldt vand over sig selv ved den fælles vandpost og enkelte steder vil der være et bad, man kan låne på skolen.

Medbring en god sovepose og noget kløestillende til stik fra de løpper, der nok vil bebo den undervejs.

De lokale vil gøre deres bedste for at servere dig god mad i rigelige mængder. Og maden er god (det er selvfølgelig et spørgsmål om smag), men ensformig. Hovedmåltidet er Dal Bhat, nationalretten, der består af et bjerg ris med en grøntsags/kartoffel/karry-blanding og en suppe til. Dette får man ofte serveret to gange om dagen. Til morgenmad kan man få en slags byggrød. Udover dette er det mange steder muligt at købe små pakker nudler med krydderier, som man så kan koge. For mig var maden rigtig god – hvis man er kræsen og ikke kan lide den, så har man et problem, for alternativer er svære at finde.

Lige meget hvilket projekt eller arbejde du udfører, skal du betale for kost og logi. De lokale har generelt set meget få penge til rådighed, så at skulle betale for dig, vil være en stor byrde for dem. Selv om du udfører et stykke arbejde, som i sidste ende gerne skulle være til gavn for de lokale, så er det ikke muligt for dem at huse dig gratis.

Man skal desuden huske, at leveomkostningerne er så små, at det vil være en meget lille udgift for dig, sammenlignet med hvor stor en udgift det er for dem. Regn med ca. 30-40 kr. om dagen for kost og logi, hvis du bor hos private og lidt mere, hvis du bor og spiser på lodge.

Toiletpapir, chokolade, telefon, mineralvand og andre vestlige fornødenheder findes kun i de bygder, der ligger på den mest benyttede turistvej til og fra Everest Base Camp. Disse steder er det desuden muligt at bo på lodge, hvor man kan få mere varieret mad, eget rum at sove i og et rigtigt bad. Internet findes ikke og du skal have et særligt CDMA SIM-kort, som ikke kan indsættes i alle telefonmodeller. Selv med dette kort er der ikke dækning alle steder.

Dine forventninger til, hvad du skal nå og hvad der skal ske hvornår, bør være meget fleksible. Aftalekulturen er meget anderledes; aftaler ændres i sidste øjeblik, folk kommer ofte for sent til aftalte møder og andre møder opstår spontant på vejen. Alt i alt skal du ikke forvente, at dagen bliver, som du havde forestillet dig, da du vågnede.

De lokale transportmuligheder spiller også en rolle for din og andres planlægning. Den eneste måde at komme frem på er at gå, så derfor tager alle ærinder meget lang tid. Så hvis den person du skulle mødes med fx skal til lægen eller købe ost, kan det altså tage et par dage med vandring frem og tilbage.

Solu er et meget komplekst og spændende område med mange forskellige kaster, forskellig levevis og forskellig natur. Sæt dig på forhånd ind i tingene, så godt du kan. Den bedste kilde til information er Himalayan Projects hjemmeside, hvor der indenfor hvert emne gemmer sig en masse brugbar information om Solu. Generel viden om Nepal fra rejsebøger vil også være god at have.

Langt de fleste steder har de set blege vesterlændinge før, fordi Himalayan Project har arbejdet der igennem en årrække. Alligevel er du en attraktion, når du dukker op. Vær forberedt på meget opmærksomhed (af den venlige slags) og forvent ikke at kunne blende i med mængden.

Hvis du ikke er skræmt væk af ovenstående, så er du godt på vej til at få dit livs oplevelse, omgivet af den smukkeste natur og de dejligste mennesker!

ACCOUNT of PILOT-WEP 2010

Currency rate NRS/DKR: 12,69

S.N.	Date	Particular	EXPENSES									TOTAL	DKR	Income
			Salaries Local	Salaries Staff	Food & Lodge	Transport	Insurance	Allowance	Meeting Exp.	Stationaries				
1	10-10-10	Ganga Tea House								2.600		2.600	205	
2	14.10.10	Kinja Lodge			4.500							4.500	355	
3	15-10-10	Income from HP										0	0	100.000
4	15-10-10	5 kg sugar								600		600	47	
5	16-10-10	Chhimbu Lodge			990							990	78	
6	23-10-10	Chhiringkharka Lodge			2.000							2.000	158	
7	23-10-10	Porter CK-SD	800									800	63	
8	24-10-10	Sugar								300		300	24	
9	24-10-10	Sagardanda Lodge			800							800	63	
10	24-10-10	Porter SD-SB	500									500	39	
11	25-10-10	Sagar-Bakanje Lodge			1.000							1.000	79	
12	25-10-10	Porter SB-Chh	500									500	39	
13	26-10-10	Chhimbu Lodge			1.500							1.500	118	
14	27-10-10	Porter CHH-Kinja	800									800	63	
15	27-10-10	Donation Youth Club								500		500	39	
16	28-10-10	Sugar 7 kg Kinja								875		875	69	
17	28-10-10	Kinja Lodge			5.700							5.700	449	
18	29-10-10	Salary for Tika Ram		5.000								5.000	394	
19	30-10-10	Biscuits Chhimbu								500		500	39	
20	31-10-10	Chhimbu Lodge			2.460							2.460	194	
21	31-10-10	Porter CHH-SB	800									800	63	
22	01-11-10	Sagar-Bakanje Lodge			1.500							1.500	118	
23	01-11-10	Porter SB-SD	500									500	39	
24	03-11-10	Sagardanda Lodge			1.500							1.500	118	
25	03-10-10	Porter SD-CK	800									800	63	
26	08-11-10	Chhiringkharka Lodge			4.990							4.990	393	
„	„	Food for Chhuche			1.965							1.965	155	
27	11-11-10	Chhiringkharka Lodge			1.000							1.000	79	
28	12-11-10	Sagardanda Lodge			1.500							1.500	118	

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Currency rate NRS/DKR: 12,69

S.N.	Date	Particular	EXPENSES									TOTAL	DKR	Income
			Salaries Local	Salaries Staff	Food & Lodge	Transport	Insurance	Allowance	Meeting Exp.	Stationaries				
29	12-11-10	Porter CK-Chhuche-SD-SB	6.000									6.000	473	
30	07-11-10	Donation deusi 3 girl groups							500			500	39	
31	16-11-10	Chhambu Lodge & biscuits			3.000					260		3.260	257	
32	16-11-10	Salary for Tika Ram		1.000								1.000	79	
33	16-11-10	Porter CHH-Kinja	2.000									2.000	158	
34	19-11-10	Orangens for meeting								300		300	24	
35	19-11-10	Income from Miriam										0	0	2.740
36	21-11-10	Kenja Lodge			7.720							7.720	608	
„	„	Lunsh for VDC-Women Group							3.280			3.280	258	
37	23-11-10	Shuivalaya-KTM			2.050	1.300						3.350	264	
38	23-11-10	Porter Kenja-Shivalaya	2.000									2.000	158	
39	23-11-10	Taxi i KTM				900						900	71	
40	20-11-10	Bhandar-KTM & taxi			1.811	2.390						4.201	331	
41	05-10-10	Income from HIPRON										0	0	13.000
42	07-10-10	Stationary									7.860	7.860	619	
43	08-10-10	Stationary									737	737	58	
44	20-11-10	Tikaram transport			580	800						1.380	109	
45	10-10-10	Stationary									1.260	1.260	99	
46	10-10-10	Stationary									3.245	3.245	256	
47	10-10-10	Stationary & Biscuits							1.780	145		1.925	152	
48	28-11-10	Tikaram salary 8 days * 800 Rs		6.400								6.400	504	
49	28-11-10	Sujata salary		60.000								60.000	4.728	
50	28-11-10	Janaki salary		40.000								40.000	3.152	
51	28-11-10	Ambika salary		40.000								40.000	3.152	
52	28-11-10	Transfer from HIPRON										0	0	128.058
Result per 30. November 2010 - NRS:			14.700	152.400	46.566	5.390	0	1.000	10.495	13.247	243.798	19.212	243.798	
DKR:			1.158	12.009	3.670	425	0	79	827	1.044	DKR			
Balance:											0			