

# NANGI VILLAGE HEALTH PLAN

## **Project Vision:**

Nangi Village, while preserving the cultural and environmental integrity of the community, will develop and implement a plan for improved health for the population utilizing a multi-disciplined approach combining the skills of allopathic health care practitioners, traditional plant healers and spiritual healers; developing a potable water supply and improving the waste management system for all villagers.

## **Goals:**

- 1) Renovate Nangi Clinic building to provide a space conducive to all health practitioners needs.
- 2) Establish a clinic, called Nangi Clinic, as a health treatment and maintenance center.
- 3) Support village health care workers and traditional healers in building cooperative relationships and in establishing practices in the village utilizing the clinic as a health center.
- 4) Fund Nangi clinic for the purchase of supplies, medications, equipment and the salaries of the village health care providers.
- 5) Identify, design and implement projects, identified by the VDC, which impact and address health maintenance and disease prevention.
- 6) Establish a health education curriculum for classroom use, educate students on career choices in health care and establish a financial grant for students interested in a health career.
- 7) Establish an archive for preservation of traditional healing methods utilizing pictorial, video and written documentation.
- 8) Establish a teaching center for CME in rural and wilderness medicine for Nepalese health care workers at all levels.
- 9) Develop an Internet communication system for the Nangi Clinic HCW to communicate with Nepali physicians in Pokhara for medical advice and referral information.
- 10) Establish yearly rotations in Pokhara at local clinics and hospitals for HCW Continuing Medical Education by promoting teaching relationships between Nangi Clinic HCW and Nepali physicians in Pokhara.

## **Implementation Plan and Rational:**

- 1) Renovate Nangi Clinic to include a new roof, two treatment rooms, office area, storage units, sink, stove, running water and composting toilet. Install flooring and lighting, paint walls and cover windows with frosted screening.  
Renovate existing clinic area into a waiting room and health information resource area.  
Stock supplies for simple procedures such as suturing, stool hemocult testing, urine pregnancy tests, urinary strip testers for infection and glucose, gynecologic exam, eye foreign body removal and cerumen removal.  
Discard outdated medications and expand formulary.  
*Start August 2003/Completed October 2003*

Non-biodegradable waste will be packaged and carried out for proper disposal in an urban health facility.  
*Start August 2003/ongoing*

Build gray water field for clinic water and re-route outside drain to bypass the pond and avoid contamination.  
*Start March 2005*

- 2) Plan clinic schedule for regular operational hours in accordance with village daily life pattern to encourage routine use and decrease need for crisis management of illness.  
Treat medical and minor surgical disease.  
Establish a referral base in Baglund and Pokhara for illness requiring advanced care.  
Coordinate cooperative treatment between practitioners for allopathic, botanical and spiritual alternatives by encouraging consultation between practitioners  
*Start September 2003/ongoing*

Offer classes in health maintenance such as stretching exercises, nutrition counseling and women's health issues.  
*Start September 2003/ongoing*

Develop charting system to track medical problems, treatments and response.  
*Start September 2004*

Open communications with the medical school in Pokhara to encourage the medical students and faculty to volunteer time at the clinic and teach continuing medical education to the village health care workers.

*Start September 2004*

Visiting foreign medical volunteers will act as co-workers and observers with the village health care worker and not as an independent practitioner.

*Start September 2003/ongoing*

- 3) The provision of supplies and equipment enable the village Health Care Worker (HCW) to build a practice in a stable environment.  
The clinic provides a central clearing center for supplies to avoid unnecessary duplication of supplies and services.  
Establish a medical library with teaching tools and reference texts for HCW.  
*Start September 2003/ongoing*

Shamans will conduct a traditional ceremony at the clinic preparing and blessing the facility.

*Start/Completed October 2003*

Village Development Committee (VDC) will authorize salary support for HCWs who provide services in Nangi Clinic to be paid from village funds and monies generated by Nangi Clinic.

*Start October 2003/ongoing*

Nangi Clinic will be the established site for visiting government HCWs from Ramche Clinic to administer health care, vaccines, vitamins and medications. Encourage cooperation of all health practitioners by providing a central place to meet and discuss holistic health care through each practitioners' contribution. Recognize traditional healers as an internal part of the health care system by encouraging cooperative treatment between healers.

*Start October 2003/ongoing*

Develop curriculum and travel opportunity to mentor with Nepali physicians for continuous education to update skills and teach new information and procedures. Fund travel and educational costs for Continuous Medical Education (CME) by public and private donors.

*Start July 2004*

- 4) Initial funding for the clinic renovations will be from donations and grants obtained from solicitation of national and international resources.  
Funding from donations and grants may not have connections with religious or secular organizations attempting to attain a secondary goal of influencing the village population to adapt alternate religious practices.  
*Start March 2003/Completed September 2003*

The projected goal is to make Nangi Clinic self-financing either through the payment for services by money, barter or labor exchange and via future revenue generated from courses such as rural or wilderness medicine training taught at the clinic.

*Start September 2003/ongoing*

A committee will be formed of villagers and prior volunteers to search funding opportunities for future clinic expansions, equipment supplies and health projects.

*Start March 2004/ongoing*

Medicinal herbs that can be grown in the nursery will be available to traditional practitioners.

*Ongoing long-term project*

- 5) The general goal of all health related projects will be to improve the health of the population with the intention of making the community responsible for its health care and not reliant on foreign aid or medical volunteers and improve primary and emergency care skills within the limits of the environment.

Projects will be identified and approved by a committee delegated by the VDC.

As projects are identified a village committee will be formed to plan implementation including funding, materials and construction.

Implementation will be by the villagers with assistance by visiting volunteers.

Projects will be monitored by the planning committee and VDC for progress and for negative impact on the community or environment. Steps will be taken to correct and modify the project as necessary.

Volunteers may work on projects identified by the VDC or submit a project proposal for approval and feasibility.

Some long-term projects will require multiple participants. Volunteers participating in a long term project will sign off with a written statement of the progress and remaining work to be accomplished, thereby establishing a transfer system to assure uninterrupted completion, decreased confusion and limit errors on projects that require multiple participants and extended times for completion.

*Start August 2003/ongoing*

PROJECTS ARE LISTED AT THE END OF THE PLAN

- 6) Develop a curriculum for teaching health education in the classroom at all levels that addresses healthy habits, health maintenance and disease prevention. Partner with health care workers at all levels to introduce students to career choices in health care through lectures, discussion groups and opportunities to observe a health care worker for a day.

*Start Spring 2005*

Develop a fund for one student yearly to pursue a career in health care.

*Start Fall 2005*

7. Provide traditional healers with opportunity to record their teachings and healing methods in a format for future generations to access, study and emulate.

*Start January 2004/ongoing*

Apply for grant money to provide means for audio-visual preservation of material.  
*Start May 2004*

Establish Nangi Clinic as a center for the practice and teaching of traditional herbal and spiritual medicine.

Provide traditional healers with means to develop classes for teaching of traditional healing methods to other health care workers, students and visitors.

*Start Spring 2005*

Establish ethnobotany survey of traditional plants used in the village to track location, harvesting, preservation and use.

*Start Spring 2006*

8. Develop a public relations plan for Nangi Clinic as a rural outpost for education of health workers in rural and wilderness medicine by offering CME onsite.  
*Start July 2003/Completed first course October 2003 & ongoing*

Establish Nangi Clinic as a multi-disciplined allopathic and holistic center that serves as a role model for visiting practitioners to study and reproduce in their villages.

*Start September 2003/ongoing*

Develop educational exchange program for urban medical students, residents and attendings to study, teach and practice at Nangi Clinic.

*Start Fall 2005*

Generate funds for Nangi Clinic by offering courses in rural and wilderness medicine.  
*Start Fall 2007*

9. Identify a Pokhara physician willing to communicate to the Nangi Village HCW advice on medical problems and referral needs. Provide the Nepali physician with a laptop computer and internet connection to facilitate communication. Teach both physician and HCW computer skills for emailing and communication.  
*Start June 2004/ongoing*

10. Identify Nepali physicians willing to volunteer time to work and teach at Nangi Clinic or provide mentoring in Pokhara for CME.  
*Start September 2003/ongoing*

## **PROJECT PROPOSALS**

Volunteers will submit proposals 6 months prior to arrival to the Proposals by volunteers for new projects or alterations on existing projects will be jointly reviewed and approved by the HEF, village HCWs and VDC. All projects are developed in joint cooperation with the village health care workers and village development committee with the intention to make the community self sufficient in providing health education and health care for the community.

Environmental impact and cultural heritage statements will accompany each proposal. Due to uncertainty of funding, political unrest, volunteer experience and time restraints all start and completion dates are flexible. Unless a completion date is noted all projects are ongoing and open to volunteer proposals, revision and involvement.

### **Projects List**

#### Nangi Clinic Renovation:

Renovation proposed start date June 2003 and completed August 2003.

Funding by private donations.

Work to be done by village construction workers.

Organization and stocking by HCW.

#### Sanitation:

Study sewage drainage from areas of private dwellings and areas of high volume usage such as student housing and school grounds.

Develop plan for proper sewage drainage and time line for implementation.

Study feasibility of gray water systems for school, clinic, student housing and private homes.

Develop plan for gray water systems and time line for implementation.

#### Composting toilets:

Research types of composting toilets.

Contact organizations utilizing composting toilets for information on experience in utilization. Visit site and talk with community members using the toilets.

Design or purchase a composting toilet plan suitable for the altitude, climate, geographical and cultural needs of Nangi village.

Survey village for possible locations and design a time line for building.

Plan funding, supply acquisition and building of toilets by villagers.

#### Water Supply:

Visit communities with potable water sources to study local systems.

Study available water sources in Nangi.

Study and diagram present water delivery system in Nangi.

Assess need, location and accessibility for additional common water taps.

Assess need and feasibility of providing a water tap for each Nangi Village home.

Plan a 3-stage water delivery system for construction and development of existing water sources, running lines to community taps and providing water lines to individual homes. Develop a cost proposal to include material and labor costs for the water delivery system. Plan a time line for execution of the proposal. Apply for grants and seek funding from other sources for the water project.

#### Health Education:

Review available health education material available through the Nepali public school system.

Solicit input from HCW, parents and teachers for student topics.

Develop health education modules for each grade.

Develop teaching tools appropriate for level of education.

Facilitate HCW in setting up times for students interested in a career in health care to spend time with a HCW.

Develop funding for training of students in a health science.

Organize a meeting for HCW to exchange ideas and share information on your health care specialty and experience.

Teach HCW different modalities of health care such as massage.

Organize meetings for the Women's Group to discuss and exchange ideas on international issues of health care.

Fund needed supplies or equipment.

#### Ethnobotany:

Research use of herbs in everyday village life.

Research harvesting, processing and preserving techniques.

Research environmental impact and risk of endangering species.

Document herbal healers using audio-visual modalities for purpose of cultural preservation and teaching.

Facilitate herbalists in setting up teaching session at school or to visiting health care workers.

#### Spiritual Healers:

Research activity of spiritual healers in everyday village life.

Document spiritual healers using audio-visual modalities for purpose of cultural preservation and teaching.

Facilitate shamans in setting up informational sessions in school or to visiting health care workers.

Provide financial and materials support for Shaman in training to record history of training via diary, photos, videos and auditory recordings.

#### HCW Communication/Computer Skills

Teach HCW computer skills for basic emailing and communication. Set up an emailing account for the Nangi clinic.

Teach Nepali physician in Pokhara computer skills for basic emailing and communication. Set up an email account for communication with Nangi Clinic HCW.