

HCH - report of journey by Niels V.

APRIL 2019 (english version)



Thursday 11/04/2019

- Financial situation HCH explained by Jagat and Neesha. Bikram - treasurer - was not available because he has final exams.
- I received two financial "overviews" of the construction of the hospital. Overviews are not accurate: dates of transactions not complete, bank account not updated since 18/06/2018. INCOME and EXPENSES are mentioned, but not in a consistent way. My impression of the financial bookkeeping is rather chaotic. Jagat assured me that all supporting documents are available and that Bikram has full overview on the bookkeeping.

In order to gain trust on the European side, my advise is to improve this bookkeeping and make it accurate and consistent.

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- I put the expenses of the hospital in Excel format for analysis. But I thought today (14/04) whether that really makes sense. They run it pretty well and Rajan seems to be a decent and punctual administrator.

Friday 12/04/2019

- Got up early for possible consultation with Minister of Health
- Brief story of Samundra prepared, based on Alex Custers input (former MSF doctor)
- Minister replaced by Member of Parliament
- Explanation about political organization:
national> provinces> districts> municipality> village
Nepal> province 3> Dolakha> Baiteshwor> Mainapokhari (and also Namdu, Kabre, Mirge, Gairimudi)
- The politicians in Baiteshwor and HCH management are on speaking terms: it is being considered whether a PPP can be set up. But not all parties trust each other, I think. In the worst case, the government builds its own hospital in the municipality. This was the first introduction, we plan to see each other again upcoming Thursday at supper.
- I left to Maina in the afternoon by motorcycle. Very nice ride. Together with Suraz (cousin Jagat) and Ram (son Jagat).
- Aatmiya Community Hospital visited: similar management as HCH hospital.
 1. USA supported
 2. by local community
 3. 2 staff
 4. 1 doctor who stays for 1 or 2 years
 5. good start on waste management (remote fire pits), but handling needles seems to be a drama, everywhere
 6. beautiful nurses
- Long drive and back pain. Had to drive in the dark for the last two hours. Encountered a forest fire and reported to the local authority. Arrival in Maina just before a flood. For a moment I thought the hospital would wash away.

Saturday, April 13, 2014

- Migraine, but could be blocked by medication. Cause: long drive on the motorcycle, and the pressure of the helmet (I presume)
- Overview of the names of hospital staff (many new ones again).
- Together with Manoj (lab technician) and Suraz (cousin Jagat) - they entered the patient register data from 2074BS into Excel - we went through the pain points. Data is now set correctly. They declared that until 2075BS, absolutely no solid register was kept. They have to look for the different books of that year everywhere in the building and in all the junk corners. I have seen the books: it is very poor indeed. Diagnoses missing, treatments missing, examinations missing. Not consistent at all. So hats off for the work those two have done to make it into Excel!
- Drove to the nearest health post: Kabre. Had an explanation and tour.
 1. Open from 10 am to 5 pm. Closed on Saturday.
 2. Run by the local government (municipality of Baiteshwor)
 3. Treatments: maternity, wounds, general treatment (no pharmacy, no lab)
 4. Staff: 1 health assistant, 2 auxiliary health worker, 2 midwife, 2 auxiliary nurse midwife
 5. Referrals to Charikot hospital and Jiri hospital (not HCH hospital)
 6. Ambulance transport by HCH ambulance, community ambulance or Bolero (local taxi system)
 7. Cost: all treatments are free of charge
 8. Waste management: placenta pit, incinerator, scraping needles in the ground
- With Rajan (hospital manager and Jagat's brother) and Gopal (director of secondary highschool and the cooperative, which runs hospital), I visited the water project, mentioned on the website. Water shortage in the winter around the hospital. They found a source on the ground next to them (owned by the Dahal family). They want to place a tank there and pump the water to a reservoir on top of the hospital. To check: is this the project that Peter supports and what is stated on the website under 'water supply project'? That seems to be expressed differently from what I understood here. So maybe this is something else. Peter?

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- afternoon: conversation with Gopal. We discussed 4 ideas / projects. Below the results according to Gopal's priority. It always results in money. So we have to discuss at home with all of us.
 1. **waste management:** most interested to start this project. It is primarily about the hospital's waste policy. The rest (expanding this on a community level) seems to be too far-reaching today. The doctor who is present now apparently knows the segregating system, recommended by the government. I'll talk to him about that later. With Gopal I discussed the system suggested by MSF: a place at the hospital with 3 pits: 1 for sharps, 1 for organic waste, 1 for rest (preferably first decontaminated by an incinerator).
 2. **a health camp** is held annually, in a remote area. 1 day transport and set-up, 1 day camp, 1 day demolition and transport. Extra doctors and midwives are hired. Cost price for logistics: NPR 200.000. Cost of extra staff: NPR 10.000 per person per day: NPR 60.000. I still want to see if a local health camp can be organized, eg. monthly in Maina itself, for less money. - *update: I got an overview of the costs of a local health camp, held on the hospital site*
 3. to be able to continue to **collect the data** properly (patient register), an additional computer is needed in the diagnostic room (OPD); there the doctor / assistant can immediately register the data. Target price new desktop NPR 75.000 - *update: Peter is donating a laptop for this purpose; will be send to Maina when Maik is visiting the E-library, May 2019.*
 4. distributing **school material:**
 - a simple school package (block, pen, pencil) costs 200.
 - a useful school package (geo triangle and slats, pencils, colors, sharpener, eraser, block notes for a whole year) costs NPR 2.500.
 - a bookbag that lasts for a year costs NPR 1.000.

Namely: there are around 1200 students in the school. Example calculation: with € 2.000 we can provide every student a simple school package.

- Sleeping early. Still suffering from the time-change and the Nepalese rhythm.

TO DO

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- Talk with doctor about waste policy in the hospital (what are the government rules?)
- *done*
 - Ask Manoj to help clean up the data of 2074BS (correct spelling of diagnoses) - *done*
 - photos of patients in treatment (deontologically I don't feel comfortable doing this)
- *done* (one picture ;-)
 - with Gopal: is a monthly health camp at the hospital more affordable and useful?
 - Visits to health post Mirge/hospital Charikot: are these visits still useful? They know very well what is offered at which post, and where they are located
 - Create patient register 2075BS - *done*
 - Check on patient register 2076BS (starting that year today, it is now New Year here!)

Sunday 14/04/2019

- Mirge Health Post: we should not visit this anymore, because it is the same as all GOV health posts, says Dr. Suman Dahal.
We will find the same everywhere. I no longer have to drive to all planned surrounding posts, as they have a clear overview of the surrounding facilities.
- Explanation about GOV system in health care: 1st line, 2nd line and 3rd line. And that doctors in Kathmandu for NPR 34.220 (monthly wage) work is offered (minimum wage), but that you will not attract doctors in the mountain region below NPR 100.000.
- Jiri - District Hospital (one hour ride with the motorcycle). Got a lot of explanation. I now have a clear view of a larger GOV hospital. Lots of staff, but that makes sense: all medical students must serve at least 2 years in a government hospital.
- We visited little Switzerland (Jiri is known for that), and it is true. Very nice environment, also the Nepalese themselves come here on this New Years Day for a trip and beautiful snapshots.
- Bought yak cheese to hand out in the hospital. We waited for a flood to return home, but in vain: we were wet after the ride back.
- Conversation with Sprok: what do we adjust?
 - Material for waste mgmt: cost calculation + technical drawings

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- Suman: first gather information, then decide, then plan, then execute, then adjust. Suman gave information to Gopal about waste handling on the hospital site

Monday 15/04/2019

- Administration day: together with Manoj, Manu Maya and Suraz we updated the data register and created a new template. Both IPD and OPD were given a start and lots of data input was made. My biggest concern: finding a way to sustain this!
- New health assistant started: Utsav Sapkota. He will stay for 25 days. Then a new solution must be found.
- The roof of Rajan's house is on: May tree celebration! It involved 20 people to make concrete all day and to fill the roof. After that 2 *kiekes* were slaughtered and the whole neighborhood could come and eat.

Tuesday, 16/04/2019

- Charikot: 1.5 hour motorcycle ride. Charikot is the capital of Dolakha district. A department of the Ministry of Health is also located here. The man to speak was today ... on a holiday. Unfortunately.
- We visited Charikot Primary Health Center (PHC) and had a very interesting conversation with the HR man and the logistics manager. My suggestion: HCH should get in touch with this NGO to exchange knowledge and experience on government interference.
 - PHC is a PPP (public-private partnership) between an NGO called 'POSSIBLE' (USA supported) and the government. HCH can request advice on how to set up such a collaboration.
 - Philosophy of this hospital: the basic health care must be free. They therefore refer no one to private hospitals (such as ours). But if this can also become a PPP, it can be possible.
 - At least they keep the door open to work together. For example, data and a digital health platform (less paperwork and a patient monitoring system).

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- They send teams locally to the rural areas. In the coming month also to the municipality of which Mainapokhari is a part. These are 'community workers' who guide the residents in health care. Let's say: social assistants. If HCH hospital is a PPP, they can cooperate with us. Now they only work with the government health posts.
 - Logistical visit to their waste park. MSF has done the startup of what it looks like now. Good news. I received the contact (Sagar Kafle) from the Nepalese MSF employee. If possible, I try to meet him this Thursday in KTM. Photos are significant and can serve as good practice for the park here. I gave them the construction drawing of the sharps pit (MSF concept) and in return I would get the drawing of the construction of a incinerator. Let's see.
 - Ram went to apply for his first Nepalese passport in civil affairs. That took three hours, but he is now a full-fledged Nepalese citizen! And then we went to eat momo.
 - Made movies on the way back from the motorcycle. Maybe my brother can filter and edit something from that in order to have a background video for the website. Nice to have.
 - At night, I handed over the bag with childrens clothes (provide by Lies en Tine). The hospital staff will hand out the clothes on the appropriat moment. Pictures will follow.

TO DO

- Gopal: check on how they will continue the hospital patient data (Peter confirmed the delivery of a laptop in May 2019, to collect this data in the OPD). - *done*
- Gopal: check on how he will deliver the information for waste management to us - *done*
- Taking photos of possible waste sites - *done*
- Taking photos of the water project: from the source to the hospital - *done*

Wednesday 17/04

- Back to KTM, by bike. Still a solid ride. I feel that in my body. We shouldn't do this every day.

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- In the evening we went to Bakthapur Durbar Square. As a tourist, you cannot hide: you are charged NPR 1.500 to enter. With Ram I turned it into a sport to find another entrance where there was no guard. Succeeded! ;-)
 - And we also went well! Photos / videos available.

Thursday 18/07

- Finished this report and prepared the photo folder. Report translated into English, in order to have HCH-members informed
<https://photos.app.goo.gl/7hHp5ZuGLYAjh65m7>
- Meeting with Sagar Kafle (was involved in building PHC Charikot, together with MSF after the earthquake in 2015).
We called him and asked if he could make time for an interview. Two hours later we sat at the table together. He will provide us with detailed documentation regarding the construction of the waste pits and the incinerator. He will also address his government contacts in Baiteshwor, in the further development of the hospital. Main goal: Jagat and Sagar now know each other and an extra network part has been opened.
- Furthermore, a quiet day: Nishan Malbul (used to live at the hospital site, but now again in western Nepal) came to Gaia. We went looking for the most popular lasi bar from KTM.
And in the afternoon, I got a refreshing ayurvedic massage. Blissful.
- Evening again with Pashupati Chaulagain (see Friday April 12th). We had supper together at Gaia and discussed the possibilities for cooperation between the government and the private hospital. Bottomline:
 - GOV - provides the wage cost of the doctor, some supporting staff members and the cost of the basic medication
 - HCH - provides the management of the building and the operational operation (running costs) of the hospital
 - SAMUNDRA (Europe) - provides funds for projects / make investments according to their capabilities (eg equipment, container park, health camp, etc.)

In May this will be further discussed at the provincial parliamentary session. I keep in touch with Jagat and Sir Chaulagain on this topic.

After a journey of almost 40 hours, I arrived in Belgium for a visit of let's say three months.

Yours sincerely,

Niels Dahal Visser.