

**Global Health and Natural Disaster:
Lessons from a local healthcare NGO at the forefront of
Nepal's earthquake relief and recovery efforts**

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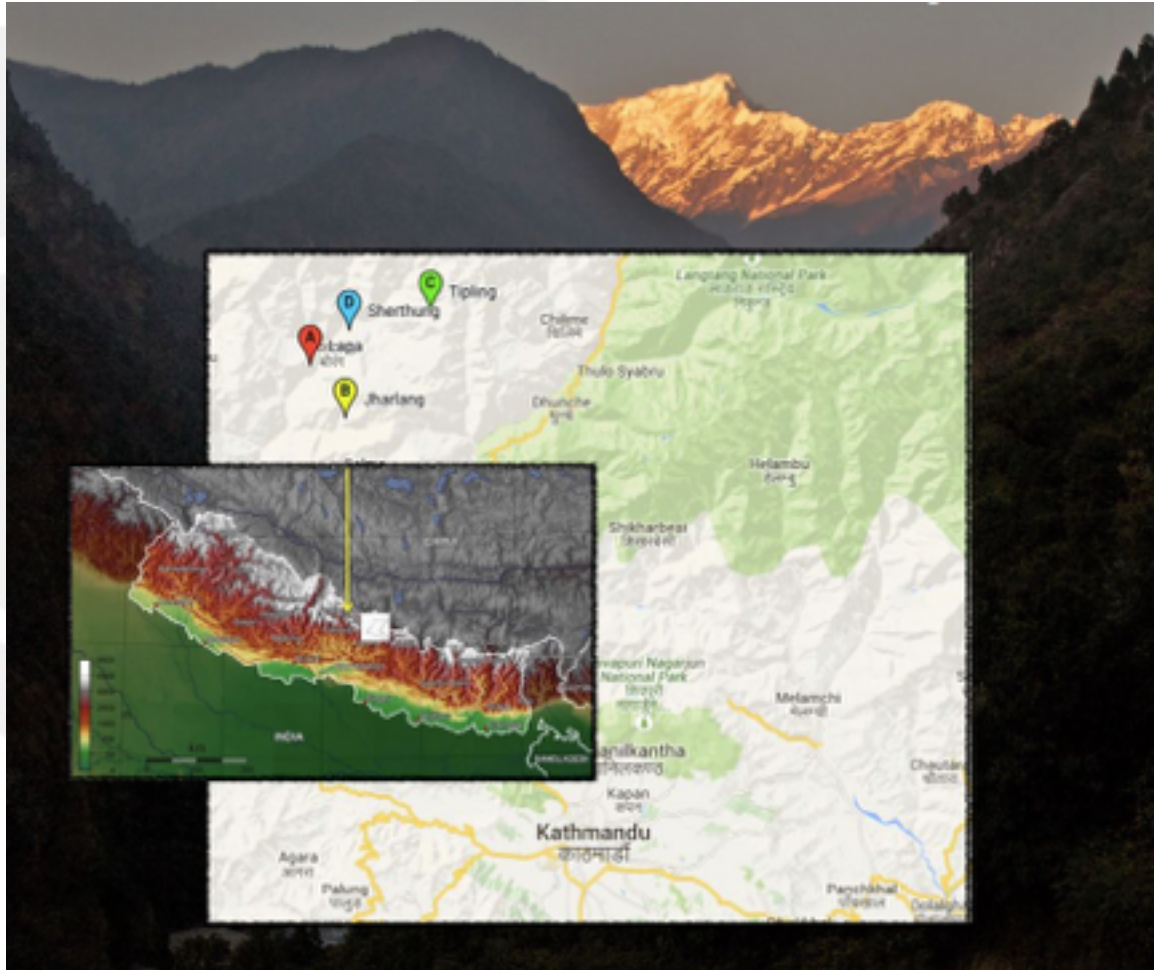
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Dr. Robert McKersie and Ms. Christina Madden have indicated they have no relevant financial relationships to disclose.

Geography of Northern Dhading and Ilam



Background on Himalayan HealthCare (HHC)

- Founded in 1992 when Nepali tour guides with training in medicine began carrying medications and providing limited medical care to rural villages during trekking expeditions.
- Our Nepalese coordinator, Anil Parajuli, and an American aid worker, Lisa Gomer, founded two sister organizations: 1) HHC Nepal, registered with Nepal's Social Welfare Council, and 2) HHC Inc., registered as a 501(c)3 nonprofit in the US. Both entities have their own separate boards of directors.
- HHC formally established medical treks to bring doctors, dentists, nurses and other health professionals to the northern Dhading villages of Lapa, Shertung and Tipling to carry out medical camps, donate medication and other supplies, and train local health staff.
- Over time, HHC established a long-term presence in northern Dhading and, in 2004, built and staffed a community hospital in Ilam Nepal (Eastern region, along Indian border).

Local Context

- HHC conducted a detailed survey of Dhading in 1992 to learn more about the local context and compare local indicators to national health and other statistics. We then carried out more than 100 medical camps in four districts (Dhading, Dolakha, Rasuwa and Ilam) to better understand the health needs and bring vital healthcare to the people of these remote Nepal villages.
- Although located just 60 km northwest of Nepal's capital, Kathmandu, the villages of Tipling, Shertung and Lapa in northern Dhading are extremely remote and isolated, accessible only by foot, with some a three-day walk from the nearest road and at altitudes reaching 14,000 feet.
- Most inhabitants of northern Dhading are affected by the legacy of Nepal's caste system and are members of the "Dalit" caste, sometimes referred to as "untouchables."
- Northern Dhading has **not** been a recipient of international or domestic government aid, as funders tend to target Nepal's western region, further from Kathmandu.

Local Context (cont.)

- There is no electricity or internet access and limited phone service.
- Neither English nor Nepali is widely spoken in northern Dhading. Instead a local dialect, Tamang, is prevalent.
- Prior to HHC's involvement, the village of Tipling had an under-five mortality rate of 225/1000.
- Less than fifteen students were enrolled in Tipling's school system and schools were often closed due to absentee teachers.
- In Ilam (Eastern Nepal), where our hospital is, the region had only one doctor to serve its entire population of 250,000.

The HHC Model

- Tri-pronged approach to sustainable development with the goal of improving quality of life through:
 1. Primary HealthCare
 2. Community Education
 3. Income-generation Opportunities
- This approach empowers villagers to become self-sufficient over the long-term.

The HHC Model (cont.)

- Field staff are native to the region and work to serve their own villages.
- Dhading and Ilam are routinely visited by our founder and other staff as well as international medical professionals who monitor programs and progress and provide training to field staff.
- HHC historically has derived funding from medical treks, our handicrafts business (JeevanKala), and continued support of hundreds of individuals who have trekked with us and witnessed the impact of our programs firsthand.
- We have also received grants from partner organizations, including GlobeMed at University of Colorado Boulder, Rotary Foundation and the Dorothea Haus Ross Foundation.

HHC Medical Treks



HHC's Impact

- 300 students in school by 2012 with HHC providing support for teacher training and salaries, construction and renovations of schools and libraries, and provision of books, computers and other supplies.
- Under-five mortality rate reduced from 225/1000 in 1993 to 31/1000 in 2013—well below the national average.
- Literacy training for men and women and women's empowerment programs on disease prevention, nutrition and domestic violence prevention.
- Vocational training for local youth and professionals to become doctors, dental hygienists, medical technicians, health providers, carpenters, cobblers, tailors, weavers and more.
- Development and support of village clinics to provide long-term medical and dental care, nutrition, family planning, patient referrals and more.
- Public health outreach to construct efficient cook stoves and latrines to prevent common diseases. These are constructed using locally sourced materials and in-kind labor from households.
- School stipends for orphans and particularly vulnerable youth.
- Loans, materials, access to markets and other support for micro-enterprise.

April 2015 Earthquake

- On April 25, 2015, a magnitude 7.8 earthquake struck Nepal with the epicenter close to northern Dhading.
- This was followed by a magnitude 7.3 earthquake on May 12, 2015 and hundreds of aftershocks.
- More than 8,000 were killed and 17,000 injured.
- Homes, health posts and schools throughout Dhading were leveled.
- HHC's community development and public health programs were severely affected.



HHC's Disaster Response

- Within 24 hours of the earthquake, HHC had 7 metric tons of food and a medical relief team in northern Dhading.
- Within 10 days, HHC donated power supply and medical equipment to district government; delivered 40 metric tons of food, 1.5 metric tons of medicine and 3 metric tons of non-food supplies to northern Dhading; treated patients in 2 isolated and badly hit villages; assessed damage in northern Dhading villages; and organized communities in 4 villages to begin reconstruction.
- HHC served as a local partner to AmeriCares, NYC Medics, Global Medic, World Food Programme and other aid agencies.







HHC's Disaster Response (cont.)

- HHC continues to provide long-term support to the region including replacing livestock and other livelihood opportunities, reconstructing and repairing local health posts and schools and repairing the trails that connect the villages to each other and the main access road.
- Following the earthquake, individual funders collectively made up one of our largest funding sources. Large grants came from AmeriCares, World Food Programme, Brother's Brother Foundation, GlobalGiving and dozens of family and community foundations.

Lessons Learned:

Importance of Long-term Local Presence and Capacity Building

- Trained field staff on the ground when earthquake hit.
- Strong, structured administrative team able to quickly deploy staff, recruit volunteers and temporary workers and scale-up operations.
- Networks of trekkers mobilized to serve in post-quake relief camps, donate to relief efforts and encourage others to donate to HHC.
- Trust and strong positive reputation among local communities and local government.

Lessons Learned:

Disease burden increases (Village of Lapa, Northern Dhading Region)

- GI disease (diarrhea, GERD, Parasite infection) increased from baseline of 21% of cases seen by medical providers to 37%.
- Neuro cases (includes mental illness and HA) increased from 2.5% to 5%.
- Anecdotally we saw more complaints of somatic disorders.
- Not unexpected: many more patients were emotionally labile.

Lessons Learned: Disease Burden Increases (cont.)

- Emphasis on prevention of additional GI disease.
- Mental health practitioner recruited to US board of directors.



Lessons Learned: Importance of Documentation and Data

- Thorough household surveys noting demographics and special needs to inform relief operations.
- Surveys of damage and destruction.
- Documentation of receipts and expenses.



Lessons Learned: Funding for Disaster Relief

- Vast majority of donations will go to Red Cross, United Nations agencies and other large aid organizations.
- Funding to local NGOs will come from existing supporters and their networks.
- Large aid organizations and disaster relief funds often disburse grants to local NGOs to serve as implementing partners.
- Develop relationships with potential donors before disaster strikes.
- Funding relationships evolve.
- Be clear and upfront about potential changes, including cost increases and bureaucratic delays that affect budgets and timelines.



Lessons Learned:

Collaboration with Local Government Actors

- Long history of positive impact in the region and supportive relationships with local government offices.
- Ongoing representation of HHC in government coordination meetings related to earthquake relief and disaster response.
- Knowledge of procedures regarding government permissions, building codes and other guidelines.
- Ability to raise funds from outside sources to back up agreements with government.
- Must be careful to understand needs and desires of constituents and not over commit.

Lessons Learned:

Collaborating with Volunteers and other NGOs

- Influx of organizations and individuals seeking to contribute to disaster relief efforts.
- Where are the skills gaps in your organization? Can the volunteer or organization contribute specialized skills or are they diverting time, energy and resources from the core mission and relief efforts? (ex. “The Voluntourist’s Dilemma”).
- Ulterior motives of individuals and organizations, i.e. proselytizing, taking advantage of funding opportunities, even personal ambition.
- Develop contracts and codes of conduct to govern partnerships and volunteer relationships.
- Example of relationship between HHC Nepal and HHC Inc.

Lessons Learned:

Targeting Support to Vulnerable Communities

- HHC offers an example of how long-term involvement in a community can help prepare for a disaster. How do we ensure other initiatives target vulnerable populations like those in Northern Dhading?
- Indicators:
 - Doctor-to-patient ratio.
 - Health statistics, including under-five mortality, infant mortality, maternal mortality, baseline morbidity and mortality.
 - Local languages - are nationally recognized languages spoken or primarily local dialect?
 - Available resources.
 - Distance and time required to nearest city.
 - Availability of international and government aid.

Conclusion

- HHC has been working in northern Dhading for nearly 25 years, training health workers, creating healthcare infrastructure and building a reputation as a trusted partner among community members and local government officials. During that time, the organization also built a community of international volunteers familiar with its work and the nature of care in the villages served. This community was not only able to join in the medical relief efforts but helped HHC to rally financial support for a multi-million dollar relief and recovery effort.
- This history and experience created a solid foundation for HHC's emergency relief and long-term recovery operations and can offer lessons on how to help other NGOs and health systems in vulnerable communities prepare and respond to natural disaster and humanitarian crises.

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