



Clinic Opening

After approximately one year of community surveys and meetings, government negotiations, supply chain improvements, staff recruitment, and our energy and communications infrastructure development, we opened the new Nyaya Health clinic in Sanfe Bagar, Achham on April 6, 2008. Over the first two weeks of clinic operations, our ten-member clinical team have seen over 600 patients, many of whom had never been to the doctor before. Over the coming months, we will continue to work towards our four-part mission:

1) Facilitating resource distribution to resource-denied areas

Staff salaries, medicines, computers, telecommunications, laboratory equipment have all been procured through generous donors and collaborators from the United States. We have developed a grassroots social network of volunteers who come together to ensure adequate flows of finances, knowledge, and supplies.

2) Fostering grassroots collective action to improve local ownership over healthcare

We have begun to dialogue with community members about increasing community ownership over clinical operations. Our all-Nepali staff is diverse in terms of socioeconomic background and caste.

3) Involving the central government in pro-poor health infrastructure

The District Health Office of Achham, operating under the Ministry of Health, is providing us essential medicines for maternal and child health, HIV, and tuberculosis.

4) Achieving transparency and collaboration in global health delivery

As an open-source and transparent organization, we continue to make available all our planning documents, costing tools, and clinical protocols available online for free download to the public through our wiki (nyayahealth.pbwiki.com).



"Patients denied medical services for a long time, even living 8 hours away, are coming... most of our clients are females, children...,and that too from the lowest caste.s..."

-Dr. Jhapat Thapa, Board Member and Medical Director

Snapshot of a Day in the Life of Dr. Thapa

6:30am Wake up at sunrise. Carry water to the house from the spring and get washed and cleaned. While I am washing, the night watchman brings a paper with a question from the overnight shift Assistant Nurse-Midwife regarding a dehydrated infant. Since it is a simple intervention, I write a reply instead of going down to the clinic.

6:45am Arrive at the clinic. Usually 20-30 patients are already waiting to see me. We register each patient, after which the health assistant (Mr. Uday) and I examine them... They have often travelled several hours to seek medical care. Complaints range from something simple like diarrhea (which can and often is deadly due to ignorance about basic prevention and cure of dehydration) to more complex illnesses like chronic pulmonary disease.

5:30pm Our final patient for the day was a 73 year old man (from my own village of Darna, Accham in fact). He has been unable to walk for the last six months due to severe swelling all over his body. He was brought by a team of 20 persons who carried him for eight hours in half-hour shifts.

10:00pm The night watchman brings a message from the clinic that the pregnant woman is having difficulty in delivery. I find my flashlight and walk down to the clinic.

12:15am First delivery at our clinic! The mother and baby are in perfect health. Below are pictures of the first-time mother and beautiful baby girl (weighing a healthy 6.2 pounds). Time to get some sleep and start all over again tomorrow!



Rural Education

Having lived most of my life in South Asia and seeing desperately poor people all the time, I thought I understood what it meant to be poor. But being from a middle class family in Kathmandu, my understanding of the poor is not fundamentally different from that of the average person living in the rich world. We might see and think about the poor, but our physical lives are largely disconnected from what the poor experience on a daily basis.

Another thing that has struck me is how difficult it is to get around these parts. If I need to get anywhere in Kathmandu, I get into a vehicle. Here people walk. The hilly terrain and the lack of roads (like most parts of Nepal) makes already difficult lives even harder. A week back I went with some of the clinic folks to check out an abandoned government hospital that was supposed to be nearby. I learned 'nearby' for locals is someplace 2 hours walk uphill. I am still amazed that many of our patients have walked several hours for medical care.

I find the strength and resilience of many of the locals humbling and inspiring. But it is also depressing how difficult their lives are and how it is unlikely economic conditions will improve significantly anytime soon.

- Tenzing Tekan,
Board Member and Manager



A walk to the clinic.

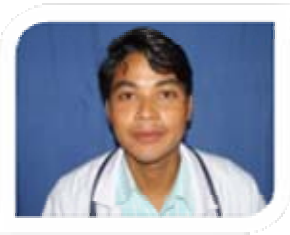


Patients at the clinic.



A patient brought by a team of 20 persons who carried him for eight hours in half-hour shifts.

Nyaya Health Staff



Dr. Jhapat Bahadur Thapa, medical director. Dr. Jhapat Bahadur Thapa completed his MBBS from BPKIHS, Dharan in March 2007 and has been practicing as a generalist and HIV specialist in Seti Hospital, Dhangari. He is originally from Achham. His home is a two hour walk away.



Santosh Shrestha, lab technician. Mr. Shrestha has a certificate degree in Medical Lab Technology. He has an excellent background in laboratory technology, and is excited to apply his skills towards further developing one of the cleanest and most comprehensive labs in the Far Western Region.



Gauri Sunwar, community health worker. Ms. Sunwar is a midwife with extensive community experience through her work with UNICEF in neonatal health. She is neighboring from Bayalpada village and will be working as out Outreach Worker and also help in the Clinic in record keeping, registration, assist the doctor and the midwives.



Radha Kunwar, midwife. Radha lives about 2 hrs from Sanfe Bagar in neighboring Haati Kot. She completed her on-job training after midwifery studies at Dadeldhura Team hospital. After working for one year at Dadeldhura hospital, she spent a year working as an midwife with Gangotri, a local organization providing community-based care to HIV-positives.



Dhan Kala Kunwar, midwife assistant. Ms. Kunwar will help the midwives in preparing sets, handling newborns, disinfections/autoclaving, and assisting in deliveries.



Urmila Basnet, midwife. Urmila spent 1 year working for the Dhankuta District Family Planning Association. After that she worked for five years with a local family planning organization called Paryojana. Her work involved travelling to remote villages to dispense family planning advice, medications and immunizations primarily to pregnant women. Urmila also worked for one year providing care to HIV positive patients for Gangotri.



Kamala Kumari Sharma, midwife. Kamala is a resident of Bhageshwar VDC, Accham, about an hour and a half away from our clinic. After completing her 18-month ANM midwife training, she began work as an ANM at the Nepal government Sub Health Post in Bhageshwar VDC. She joins Nyaya with 1.5 years of work experience in Bhageshwar.



Sangeeta Nepali, midwife. Ms. Nepali is an ANM midwife from Sanfe and had been posted at Doti hospital for training. Our colleague Dr. Prakash Thapa had been so impressed by her work that he created a small fund from the hospital for her. She is now starting her work with us much closer to home.



Mr. Uday Chettri, health assistant. Mr. Chettri is a health assistant and pharmacist from a neighboring village to the clinic. He worked at a pharmacy for about 5 years before deciding to pursue health assistant studies. Upon graduation, he started a pharmacy with a few business partners, but was frustrated to not be able to apply his health assistant skills.



Tara Man Kunwar, pharmacist. In addition to being a pharmacist, Mr. Kunwar is a health assistant with excellent clinical and medical knowledge. He is a student of Dr. Jhapat and a local from Sanfe.

U.S.-Based Activities

Similar to our Nepal-based team, our US-based team is developing a large social network of skilled, dedicated, committed volunteers who work together to achieve sustainable financing. Although we have paid professional Nepali staff of administrators, physicians, midwives, and community health workers, we do not have paid managers outside of Nepal. For most global health organization, having paid US-based staff is required to generate a sustained flow of funds into programs. We hope to create a model whereby the funds and technical support continue to grow for the Nepal -based team without overly depending upon support from single large donors. Rather, we seek to create a social network of people--rich, middle class, poor-- who are helping to build clinical services in Achham, to lobby the government to improve services, and to provide critical financing when the government's funds fall short. These volunteers contribute money, energy, and technical expertise reliably and professionally. They may live in Achham, may occasionally travel to Achham, or may never see Achham, but who together, from donations of \$5 to \$100,000, play a small but significant role in the international movement to achieve equity in health. The heart of this work is through the working groups. These are groups of 3-10 volunteers who work on a specific technical issue, be it Malnutrition, Indoor Air Pollution, Telemedicine, Community Health Workers, or Energy Generation, that has been specifically requested by our Achham team as being of utmost priority.

What our social network has been up to

- The telemedicine group won \$12,000 first place at Yale Entrepreneurial Society Competition and is currently a finalist at Stanford.
- We are in final negotiations with GE for a portable Ultrasound Machine
- The Newaid Foundation has awarded to Nyaya members Shaan Chaturvedia and Sally He with funds to explore community-based TB treatment .
- A group of anonymous donors from an elite consultant firm raised \$9,300
- Bibhav Acharya will be presenting to the World Bank in Mumbai, India in May representing Nyaya Health as one of 75 finalists (out of over 1000 applicants) in the Development Marketplace Competition
- The community health worker working group has developed community health worker training materials and assessments
- The malnutrition working group has developed a strong team and preliminary plans and has submitted applications for two grants
- Several members have been working hard to choose from among 103 entries in the Open Architecture Network Challenge.
- EquityEdit has expanded to over 40 editors, has recruited six new board of advisor members, and been featured in *Science*.
- Small donors with personal connections to Nyaya Health have contributed over \$12,500 since February.
- Buddha Airlines has agreed to provide free shipping for health supplies
- Shelley and Donald Rubin Foundation contributed \$10,000 to Nyaya Health



The clinic building,
before our renovations.

What to expect over the next few months

Solidifying our community base

The major goal over the coming months will be to solidify community ownership over the project, particularly by expanding our **community health worker network** and further developing **community accountability structures**.

The first objective aims at expanding our network of local paramedics, known as community health workers (CHWs). Training CHWs has been identified by the World Health Organization as a key strategy to achieve healthcare access in underserved, rural communities. CHWs continue to be trained and deployed to rural, poor regions of the world, where most of the world's population resides, but where the brain-drain and lack of education have prevented physicians from being available or accessible. In our hilly region where communications and transportations infrastructure is minimal and where patients often live hours away by foot from our clinic, CHWs are essential first-responders and primary care providers. Our innovative work combines the democratizing forces of CHWs and appropriate telecommunications technologies to improve health care access and quality. Our simple, cost-effective telecommunications strategies allow CHWs to partner with each other and with our clinic staff. Our telecommunications-equipped CHWs are also more effective at providing data for monitoring program performance and detecting disease outbreaks. Appropriate technologies can be deployed to improve recruitment, training, job satisfaction, and retention of CHWs. Over the next year, we will be expanding our CHW network to cover a population of approximately 15,000 citizens. To fully implement the program over this geographic region, we require \$48,000. We have raised \$31,300 for this purpose to date, so we have almost reached our goal.

The next objective is to expand our community management structures. These structures are the critical base from which we can develop a broad, inclusive grassroots social movement to lobby the government, advocate better services, encourage community volunteerism, and increase local ownership over healthcare delivery. These structures include the following:

Clinic Management Board. This board consists of staff members directly involved in clinical care, and aims to ensure smooth operation of clinical services.

Community Advisory Board. This board represents social workers, teachers, leaders in several political parties, government institutions and key NGOs in public health in the area. It functions to bring together major local leaders who serve as powerful advocates for their communities.

Users Advisory Board. This board represents ethnic minorities, women, patients from low-income families and remote parts of our target area. This board is critical in ensuring that the all patients have a strong voice in the direction of services.

We have begun implementing these structure and will be consolidating their functions over the coming months.

What to expect over the next few months

The Long-Term Vision

Even as we continue to consolidate our primary care services at the Sanfe Bagar Clinic and expand our community base, we are looking to the future. Through our experiences in Achham, and through our discussion with the local community and government, it has become clear that essential inpatient and surgical services must be provided to make a significant and comprehensive public health impact in the region. The situation for maternal health is particularly severe, with best estimates indicating that a pregnant woman is 100 times more likely to die in childbirth in Achham (nearly one in 100 pregnancies) than in the United States. Cesarean section and blood transfusion capacity is fundamental to addressing these sky-high maternal mortality rates. Local citizens and government officials have offered to us an abandoned hospital near to our current clinic to deploy these services. To meet the pressing need, we will be undertaking the following actions to expand clinical services:

- renovating the long-abandoned government hospital in the neighboring village;
- deploying the only diagnostic ultrasound for a region of approximately 1 million people;
- establishing 8-bed general inpatient capacity to expand our current 24-hour maternal services;
- setting up blood transfusion capacity;
- implementing X-Ray services;
- expanding laboratory services, including non-colorimetric-based chemistries and culture microbiology;
- recruiting a generalist Nepali physician with essential surgical skills in cesarean sections, appendectomies and orthopedics.

For us to achieve these objectives, **we will be raising \$600,000**, which, together with resources from the government and in-kind donations of medical equipment, will be sufficient to provide for initial capital and 3 years of operating costs. Three years' worth of funding prior to the start of services is required to provide a responsible timeframe for generating sustainable sources of ongoing funding from community, international, and governmental sources. Throughout this process, we will focus on the core philosophies that have guided Nyaya Health's responsible and sustainable approach to health infrastructure development.



Delivery suite



Grounds of the abandoned Bayalpada Hospital

Join the Movement!

A fundamental aspect of the movement is all of us redistributing some of our own finances towards healthcare for the poor. We all can contribute something. By doing so, we contribute in fundamental ways to essential supplies and infrastructure and show to our public officials that we are serious about addressing social inequalities.

What You Can Do

If you do choose to donate to Nyaya Health, here are a few concrete steps you can take to make certain your donations have a full effect.

- *Sustainably Contribute.* Make regular contributions through our website: http://www.nyayahealth.org/donate_now
- *Learn about Injustice.* Read about Nyaya Health's work in Achham: <http://nyayahealth.wordpress.com>.
- *Contribute ideas.* Join one of our and apply your expertise to a pressing technical issue: <http://nyayahealth.pbwiki.com>. Set up something like <http://www.equityedit.org> to use your skills to generate funds.
- *Engage with others.* Whether you set up a group in your own community to discuss global inequalities, or electronically communicate with other Nyaya members in Nepal and throughout the world, or travel to Achham, making a fundamental human connection is what this movement is all about.

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