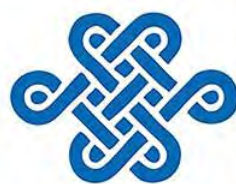


19

May 2020

# dnh brief



DEUTSCH-NEPALISCHE  
HILFSGEMEINSCHAFT

**DNH**

GERMAN-NEPALESE  
HELP ASSOCIATION

40 Jahre Hilfe in Nepal

**NAMASTE**

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Dear members and dear friends of the GNHA,

When we thought about the contents of the new dnh brief, we had no idea that the topic of Prevention and Health would also suddenly confront us here in Europe. The dangers posed by the coronavirus to health care, the society and our economy shake our ideas of predictability and effectiveness. Prospects for the near future are still fraught with question marks. The project trip with 14 participants had to be cancelled at short notice, and recurring annual dates are under scrutiny.

Various observations and reports on the effects of corona in Nepal and the measures taken by the authorities and by us are summarised in a contribution by Richard Storckenmaier.

After having already conducted several health camps, the question of sustainability arose. What became of it? In addition to medical consultation and distributing medicine, we considered it extremely important that the patients be instructed in personal hygiene and other preventive measures. These twenty-minute training sessions are always held at the beginning of every Health Camp visit. In a "script", Claudia Kurz describes how a Health Camp of this kind is run organisationally. This is to be taken literally, as the associated video is currently being produced. Sannu Ahmed is a pharmacist and author of two textbooks. Originally he was only involved in the needs of Christine's Dispensary for the poor; today he mainly works in the field of health education and prevention. He takes us on his journey covering this diverse and stirring topic to the Health Camps, the patients' waiting area of Christine's Dispensary for the poor, and to our schools and mothers' groups.

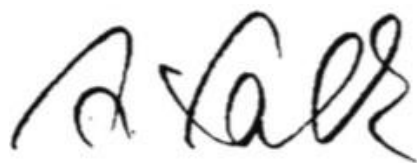
We are delighted that our generous sponsors, Dr. Christine Reuter and Peter Schöderlein, have been awarded the Federal Cross of Merit. With their lectures and appeals to the citizens of Bad Mergentheim and Dettelbach for donations, they have enabled a great deal to be purchased, construction work to be done and material to be delivered in Nepal for the projects of the GNHA. We congratulate them warmly. Now we hope that you and all of us will remain healthy and that the coronavirus will not lead to any dramatic upheavals, and perhaps even spare the populated areas of Nepal as far as possible, and wither in the deserted expanses of the Himalayas.

I wish you all the best.

With kind regards,

Yours,

Andreas Falk



- President -

## Corona Crisis

by Dr. Richard Storkenmaier

Impact on Nepal and the GNHA projects

- as of the editorial deadline on 23.4.20 -

The corona pandemic has not left Nepal unaffected, either. After the severe earthquakes of 2015, it is the second major crisis that the country has had to overcome in a short time. In mid-March an extensive ban on entry was issued, and since 24.3. there has been an exit ban. Since then, public life has been largely at a standstill and schools have been closed.

Only vital businesses and facilities are open. Bank transfers of the migrant workers in India, South Asia and the Gulf States, many of whom have become unemployed, are declining significantly. Day labourers can no longer work and have great difficulty in earning a living.

The Nepalese Health System is very weak. Health insurance is only available in rudimentary form. There is insufficient hospital capacity, and in particular, little opportunity to treat patients who are seriously ill with oxygen, or those in intensive care units. The majority of patients suffering from COVID-19 (pneumonia caused by the coronavirus) can therefore not receive adequate medical care.

As of 23.04. there are officially only 45 people infected with the coronavirus in Nepal. The low number is probably due to the fact that there is hardly any test capacity for the virus in Nepal and that the number of unreported cases is likely to be much higher than in our country.

The measures taken by the government, which to a large extent are based on ours, will be able to slow down the spread of the virus, but not prevent it. The restrictions will have disproportionately greater economic consequences for the poorer sections of the population in the absence of social security than in our country, and will place many families in existential distress.

Christine's Dispensary, our dispensary for the poor in Bir Hospital continues its work. We have significantly tightened the hygiene rules and our staff wear protective equipment. Due to the curfew, the number of patients seeking help has decreased significantly. We are only allowed to open 3 days a week by order of the hospital management. However, our staff are always ready to deal with emergencies, especially when in-patients treated at Bir Hospital require assistance. All the patients who come to the Dispensary are clearly informed about the coronavirus infection and hygiene measures. Unfortunately we have to pause our health programmes in the schools and mothers' groups, as well as the Health Camps in the mountain regions, as they represent a potentially large source of infection due to the large number of patients.

We are trying to counteract the negative consequences of the corona crisis somewhat in our project area. We use the budget funds that are currently not required for the implementation of Health Camps, in order to better equip the health posts and health workers at our school locations with medical protective equipment and disinfectants. We have already been able to distribute 4,000 surgical masks, 700 bottles of disinfectant and 60 sets of protective equipment worth more than EUR 3,000.

The NGO Children Nepal in Pokhara, which we sponsor, supports Dalit girls and their families. This lowest caste in the socio-religious context is suffering particularly from the economic consequences of the corona crisis. Day laborers are losing their jobs, mini-entrepreneurs are suffering a loss of income and everyone is facing rising costs of living. As part of the cooperative there, we initiated an emergency fund which we were able to endow with a generous donation of EUR 5,000. Families in economic need are now supported in various ways with this new financial instrument of the cooperative.

All the schools in Nepal are closed until further notice, and our teacher training seminars are no longer possible. Our school staff are all currently working in their home office. They use the time to revise the learning materials for the MGML teaching method, whereby some of these also have to be adapted to the new curricula.

From a medical point of view, the fact that the Nepalese population is on average very young, and that coronavirus infections in people under 60 years of age are usually mild, is a cautiously positive assessment. The economic and social consequences for the population will probably be more serious.

### **Health education as an accompanying measure** *by Sannu Ahmed*

Measures how to protect your health through easy-to-follow rules were initially only shown to visitors to the Health Camps. After a certain time interval - in order also to sensitise schoolchildren, mothers and the teaching staff at schools about this important subject area - health education for the school communities became a further component of our educational programme. It also made sense to bridge the waiting times in the poor people's Dispensary (Christine's Dispensary) by conveying appropriate messages to the patients and relatives present there.

Health education serves as a preventive measure to maintain and promote health, to recognise and avert risks that can cause illness, and to reconsider and, if necessary, change habits that have become dear to us. Bringing about changes in behaviour is a difficult and lengthy task. It is best not to start with bad habits in the first place and to practice the right rules of behaviour from an early age.



GNHA staff during patient care



Large crowd at the health camp



We try to present the topics as descriptively as possible. In addition to the irreplaceable verbal communication of the relevant information by a health educator, we work with audio-visual media, put up display boards and distribute easily understandable brochures. Attention is generated in a clear and appealing way with the help of folding-mouth puppets. Not only the children are inspired by these presentations.

### **Health education in the Health Camps and in Christine's Dispensary**

It is generally known that many preventable diseases in Nepal are caused by a lack of cleanliness, and dirty drinking water. How to wash your hands properly and how to maintain a water filter in the correct way cannot be shown often enough and this is therefore part of the standard repertoire of a training course. How to brush one's teeth properly is also practiced with the participants. It is then repeated once again when they go to the dentist.

In the Health Camp, the contents of the health education are adapted to the different age groups and gender. For men and people over 40 years of age, the focus is on bronchial diseases and typical civilisation diseases such as high blood pressure and diabetes, and visitors are given advice on what they can do about it themselves, i.e. by abstaining from smoking, alcohol and junk food.

For people under 40 and especially female visitors, the focus is on naming typical women's ailments, since many women and girls, particularly in rural areas, keep their problems and illnesses to themselves out of shame, instead of getting medical advice or help. After this discussion, most of the women, even young girls, are prepared to be examined by the gynaecologist present at the Health Camp.

In Christine's Dispensary, the correct intake of medication and current health issues are given greater priority. There is an information corner with books, brochures and information sheets. Some of this health information was designed by us, such as a leaflet on "Dengue prevention", since a great many people in Nepal were affected during the rainy season. During their waiting time, the visitors are fed with useful information on a screen, and of course I am also involved in explaining and enlarging on certain questions.



Distribution of medication



Queuing up for treatment



Laborious material transport

### **Health education in the partner schools**

The health education programme for school communities has been implemented in our partner schools since 2018. It aims at involving all groups of people who have an influence on health-promoting behaviour and can make changes.

During my visits, the first thing I look at are the toilet facilities and the hygiene in the school kitchen, because germs can spread from there and make the pupils sick. The teaching staff, mothers and schoolchildren are advised of any deficits and are urged to keep sanitary facilities, kitchens, water filters and food clean. The most important aspects of how to deal with these problems, as well as one's own personal hygiene and hygiene in general, are communicated to the different circles of the school community in an entertaining way by using hand puppets, singing songs about health and hygiene and doing small role plays.

Watching the schoolchildren eating their lunch, really got me thinking. Most of the children bring packaged foodstuff and just throw the empty packets on the floor. This prompted me to make the topic "junk food vis-à-vis healthy food" the content of my nutritional advice for the children, the mothers' groups and the teaching staff.

Before the programme was introduced in the schools, we sought advice from a consulting firm specialising in this area. First of all, a selected group of teachers was taught about what is really important in healthy nutrition. This met with a great response and is expressly welcomed by the schools.



Nar Bahadur surrounded by patients

### **Junk food – the wrong choice**

Even in the villages the children have a strong desire for the tempting snacks of the food industry. Advertisements and publicity tell consumers subliminally but persistently that the food produced in the factory is particularly healthy. Well, we know that these snacks, with their high fat and sugar content, are causing an alarming increase in chronic diseases such as diabetes and cardiovascular diseases, even in poor countries. Lack of knowledge and convenience are the main reasons why these foods are preferred at the expense of home-made healthy food.

The nutritional counselling is initially aimed at the mothers. During the interaction in group discussions we give examples showing that healthy nutrition does not have to be complicated. Conventional snacks such as chatpate, for example, can be made more wholesome by replacing the instant noodles they contain with bean sprouts and chiura (beaten rice).

From the point of view of the health educators, a change in eating habits is only possible if the same core statements and contents are repeatedly conveyed and practiced in the mothers' sessions and school classes through different communication channels. A healthy diet should not be more expensive than factory food. On the contrary, it should be cheaper. The school kitchen and a school meal for everyone are ideally the best basic requirements for developing a preference for healthy food. Consistent implementation and monitoring by reliable partners among the teachers and mothers can accelerate behavioural changes.

Mrs. Sharada, a teacher at Dasarath Higher Secondary School, told us that health education at her school in Dhading has had a positive impact on eating habits. All the pupils brought healthy food in the form of dal bhat and vegetables in their Henkelmann (Nep. Tiffin Box). Except for their own birthday, the pupils were not to bring money to buy sweets from the village grocer. Since then, no more plastic wrappings and candy wrappers have been lying around in the schoolyard.

As yet, it is still too early to detect any lasting changes. After such group discussions, it is often enthusiastically agreed that from now on, no more money should be given to the children to buy junk food and that menus should be developed for school meals. Unfortunately, however, and to my great disillusionment I was also able to observe the opposite of a successful course of instruction: After a session on avoiding junk food, a teacher gave a pupil some money and told him to buy some instant noodles now, please.



## Looking ahead

In health education with the mothers, we will increasingly focus on the importance of nutritious and healthy nutrition during pregnancy and for children up to 2 years, as this is important for the growth and further development of the children.

In this context, we will focus on the seasonal availability of different foods, so that breastfeeding mothers in areas far from the market with limited resources, can still enjoy a healthy and balanced diet.

We will clarify in which form a First Aid course can take place for the teaching staff, older pupils and mothers, so that they can take the necessary measures in the case of an acute accident in the kitchen, whilst playing or outside.

Much remains to be done, but I really enjoy this work.



Health education



Registration



## Health Camps – an organisational 'tour de force'

by Claudia Kurz

The earthquake in 2015 prompted the GNHA to set up Health Camps at its remote school locations. The Dispensary Team subsequently has to perform an organisational 'tour de force'.

### Preparation

The telephone is already ringing off the hook so that all the institutions involved, i.e. the local health authorities and stations, the schools, the emergency doctors and the many helpers can prepare themselves for this major village event in terms of scheduling and organisation. As soon as everything is clear and the materials and helpers are ready, the medicines and medical equipment are packed in large metal boxes and the jeeps are stacked to the limit. Together with the Dispensary pharmacists, the general practitioner, the gynaecologist, the dentist, if necessary the ophthalmologist and the nurses, we then go to the venue, usually one of our schools in a remote area. Such a journey can take a whole day.

### Arrival at the Camp

When the jeeps finally arrive at their destination, they are already expected by the local helpers. Everyone is ready to take the heavy metal boxes with the materials to the designated sites, often over hill and dale, because the schools often cannot be reached directly. The team then begins to set up their respective treatment rooms with the proper equipment and medication. Each department is identified by a banner with a large coloured circle, attached to the outside wall. Based on these different colours, the patients can later recognise where their examination site is located.



Preparation for the bumpy journey

### Treatment

Each patient has to undergo an approximately 20-minute briefing on health education upon arrival. This is done one after the other in differently composed groups. Participation in this briefing on health education is, in a sense, the obolus that the patients have to make in order to be admitted to an examination. Proof of participation is provided in the form of a token, which they must show when registering. Depending on the complaints indicated, this central contact point distributes the patients among the investigating physicians. A coloured token helps in this process.

These coloured tokens even enable illiterate people to find the right treatment centre. For example, a blue token means a general medical treatment and a red one a gynaecological treatment. If necessary, a patient may, of course, also receive more than one token.

Despite the previous control of the flow of people, queues in front of the examination sites cannot be avoided. The patients wait patiently for their turn. Provided with a prescription, the patient can pick up the prescribed medication at the makeshift pharmacy and receives appropriate advice there.

Patients who need a more precise diagnosis are referred to a nearby hospital. Our Poor Patient Fund could then be available for any necessary treatment.

### **Disassembly and return journey**

Each Health Camp consists of at least two locations that are not too far apart. In the late afternoons it is then a matter of packing everything together and transporting it to the next location. All the helpers receive a letter of appreciation for their participation. After long working days with up to 1,000 patients, the doctors and organisers exchange their ideas and opinions, in order to come to a common conclusion and think about what can be done even better. All the participants are exhausted, but satisfied that they were able to offer their services to people who have little access to medical care.



Issuing the tokens

### **Federal Cross of Merit for Dr. Christine Reuter and Peter Schöderlein**

*by Claudia Kurz*

We are very pleased about the Federal Cross of Merit being awarded to our loyal friends and supporters Dr. Christine Reuter and Peter Schöderlein and congratulate them wholeheartedly on the recognition of their outstanding commitment. They both discovered their love for Nepal more than 25 years ago and have been supporting various social, medical and educational projects on site ever since.

Christine Reuter and Peter Schöderlein have been able to pass on around EUR 250,000 in donations to aid projects in Nepal in recent years, due to their special personal relationships with residents of the municipalities in and around Bad Mergentheim and Dettelbach. Their interesting lectures on their travels and observations in Nepal are always a great enrichment for all the visitors - and in the end for organisations like our GNHA.

In addition to supporting Christine's Dispensary for the poor at BIR Hospital, they were keen to ensure that after the 2015 earthquake, medicines and doctors would be able to reach remote mountainous areas where our Health Camps are held. The complete financing of an off-road pick-up truck was extremely helpful in this respect. With the help of Christine Reuter and Peter Schöderlein, we were also quickly able to start rebuilding a destroyed primary school. The shining eyes of the children at the inauguration and the countless katas for the two of them say more than 1,000 words.

These projects are only just a small part of the wealth of charitable activities that the two have supported over a quarter of a century. It should be emphasized that Christine and Peter have succeeded in mobilising so many generous citizens in their home towns for the aid projects in Nepal. We wish them for the future many more eventful journeys and the strength and joy to be able to carry out their many voluntary activities, and to continue to inspire and take their fellow citizens with them. We cannot thank Christine and Peter enough for their loyalty, open-mindedness and support.



Dr. Christine Reuter and Peter Schöderlein

## **We would like to express our thanks**

**to you all - for your loyal and reliable accompaniment and support.**

Our special thanks go to the 'birthday children' Laleh Akbarian, Marieke Fritz, Wolfgang Rempp, Dr. Christine Reuter, Rainer Salm, Günter Schenk and Dr. Bernd Schober, who requested donations for the GNHA instead of gifts. In addition, we received donations on the occasion of the bereavement of Anneliese Metz. Here, too, we would like to express our sincere thanks and convey our deep condolences to the relatives.

**We should like to express our sincere thanks to all those who have been in action again since our last dnh brief and who have raised funds for the GNHA through campaigns.**

Our tireless ladies from Sasbachwalden, Christel Graf and Emmy Zehnle, achieve truly high donations for the GNHA by selling self-made, handicraft items at the Christmas market in Achern or at other creative activities in the region. At the Melissantes Grammar School in Arnstadt in Thüringen, the pupils sold home-made Advent wreaths. Roland Adlich and Dr. Christine Reuter and Peter Schöderlein held numerous lectures, Manfred Bauer organised an impressively stirring Christmas Concert with the vocal ensemble Georgsgeyer. This all in favour of the GNHA.

À propos corona: Christel Graf has sewn a very large number of face masks and has donated the sum received for them. For Children Nepal and its cooperative's Emergency Fund, a further sum of EUR 1,500.- is available. Thank you so very much..

**THANK YOU – It is due to your help that our help for Nepal is made possible.**

## **On our own behalf**

### **GNHA membership subscriptions:**

The GNHA membership subscriptions are due and were collected in March, insofar as we had an SEPA mandate.

We would like to ask those who have not given us an SEPA mandate to transfer the membership subscription promptly.

Subscription for individual members: EUR 24,- per year

Subscription for family members: EUR 36,- per year

### **GNHA Annual General Meeting / GNHA Trek:**

Due to the corona crisis, this year's Annual General Meeting and the GNHA Trek cannot take place on the specified date (May 16/17, 2020).

We have to wait for further developments.



## On our own behalf

### Volunteers wanted

We would like to enlarge and rejuvenate our team and modernise our communication and public relations. We are looking for helpers who have experience with online and possibly also print media for defined and manageable tasks. This entails, e.g. the management of our Instagram and Facebook Accounts, creating and maintaining a blog on our website, online fundraising, the design of our newsletter and our print media...

If you are interested, please simply contact our office.

### Special dates and latest information

**16./17.5.2020 Annual General Meeting/GNHA Trek**

These will not be taking place due to the corona crisis

**21./22.11.2020: Nepal Bazaar**

For further information please visit our website.

For the latest information on our dates and projects please visit our Homepage and Facebook page.

[www.dnh-stuttgart.org](http://www.dnh-stuttgart.org)

[www.fb.com/Deutsch-Nepalische-Hilfsgemeinschaft-117494788313902](https://www.facebook.com/Deutsch-Nepalische-Hilfsgemeinschaft-117494788313902)

### Contact to the GNHA

Deutsch-Nepalische Hilfsgemeinschaft e.V. Schulze-Delitzsch-Straße 22, 70565 Stuttgart

Tel.: +49 (0)711 45 96-488,

Fax: +49 (0)711 99 77-96 58

Email: [buero@dnh-stuttgart.org](mailto:buero@dnh-stuttgart.org)

**BANK ACCOUNT FOR DONATIONS:** Commerzbank Stuttgart

IBAN: DE 03 6008 0000 0182 4971 00, BIC: DRESDEFF600

**The GNHA is a recognised, non-profit organisation. Donations are tax-deductible. Donation receipts are issued at the end of the year, but also beforehand upon special request.**

Last Notice of Exemption 18.06.2019

