

## ***World Pneumonia Day Special: Pneumonia, CBIMCI and Dolpa: An exhilarating experience***

Pneumonia is a preventable and treatable disease that sickens 155 million children under 5 and kills 1.6 million each year. This makes pneumonia the number 1 killer of children under the age of 5, claiming more young lives than AIDS, malaria, and measles combined, Yet most people are unaware of pneumonia's overwhelming death toll. Because of this pneumonia has been overshadowed as a priority on the global health agenda, and rarely receives coverage in the news media. World Pneumonia Day helps to bring this health crisis to the public's attention and encourages policy makers and grassroots organizers alike to combat the disease.

In Nepal, each year about 6-7 thousand children die due to pneumonia. But, the mortality rate has significantly reduced due to implementation of Community Based Integrated Management of Childhood Illnesses (CBIMCI) Program. Nepal has been able to make remarkable progress in the reduction of childhood mortality particularly by significantly bringing down pneumonia related deaths and illnesses. The program is a WHO/UNICEF global approach to address major childhood illness namely, Pneumonia (ARI), Diarrhea, Measles, Malnutrition and Malaria which together account for about 70% of the childhood mortality in developing countries. In IMCI, a child is looked at in a holistic manner saving unnecessary visit to the health facilities and reducing unnecessary medication. The program also aims at the promotion of healthy growth and development among under five children. The core components of program includes improving knowledge and skill of health workers through training, improving the health system through monitoring and follow up visits and improving the family and community practices through proper counseling.

On the occasion of World Pneumonia day 2010, I would like to share an experience of implementation of CBIMCI program in Dolpa which is the 55th district to launch CB-IMCI programme. I had only heard of Dolpa but never been there. I received an opportunity to travel to Dolpa through IRHDTC and I am highly indebted to this organization. My journey to Dolpa embarked on 2064-12-29. I flew that day from Kathmandu to Nepalgunj. On reaching Nepalgunj, we came to know that flights for Dolpa were not easily available. After 3 days, on 2<sup>nd</sup> of Baisakh, we boarded on a plane to Dolpa. The plane on which we boarded was carrying a lot of goods. So, we had to sit at the back seats. After around 25 minutes, we reached Jufal airport of Dolpa. As soon as we disembarked, the scenic beauty of snow-capped mountains and cool weather really enchanted us.

We searched for porter to carry our luggage and then headed to Dunnai, headquarter of Dolpa. It took nearly 3 hours to reach Dunnai on foot. Eventually, the training of Health Facility Workers, VHWs and MCHWs was successfully completed as planned.

For FCHV level training, we had to reach every 23 VDCs, out of which 7 VDCs were in the Bhot region. Among them, Saldang, Vijer and Tinje were remotest of all. I was assigned Saldang and Vijer for training. On the morning of 14<sup>th</sup> of Baishakh, our district supervisor, porter and we started our journey (5 of us). After two days of continuous walking, we reached Dho. Dho is famous for its human settlement at the highest altitude from sea level (4200 meters). We knew it from records kept at a well constructed local school. The school was built from financial support of French people. The HP In-charge of Dho Mr. Aain Bahadur Bohora helped us in arranging lodging and fooding there. HP there was almost non-existent. The single roomed HP consisted only a chair on which “JSI/RT/USAID” was written. I asked the in-charge that why only a chair was there and what happened to other logistics. He said that 2 people came there for the program along with porter gave that chair, fulfilled some formalities (asked for office stamp and themselves stamped those papers) and returned back.

I was really disheartened because a lot of logistics were sent in that program besides chair. The place is geographically disadvantageous, in addition the necessary things are lacking in the Health Post. I wondered who have been doing supervision in that area.

We again started our journey early in the morning and reached Nambdo village of Saldang VDC after 3 days. We informed 2 of the Saldang’s FCHVs about the program. There we met Tashi Galchyang Lama who was principal of the school. Her daughter was also a FCHV and he immediately sent a horse to call her (she had gone to Lek). She also participated in the training program. Tashi sir inquired if this program was also like some Iron program which was conducted for few hours even it was said for 3 days. But, we explained him in detail about the program and assured him that the program will be conducted with full effort. He was satisfied with our assurance. Moreover, he helped us to inform other FCHVs where to travel from 1 ward to other ward; it takes whole day even in a horse. We even learned a local language “Tasidle” meaning “Namaskar”. After that, we greeted who ever we met on the way by saying “Tasidle”. After we reached our place, there were already rumors that doctors came in the village. We reach Kirajan village where we ate at the house of Tashi Tandup Gurung. There also French people have built a school. Besides teaching, he is also involved in social work.

Water was very cold and people seldom washed there hand and face. Since there was scarcity of fuel wood, people use cow dung and shrubs for fire.

We decided to conduct the program in a local gumba because HP had only one room. There was an Ayurvedic hospital named Youthok Norling. The ayurvedic health worker is called AMCHI. Each of three AMCHIs stationed there work for 20 days and after that another replaces him. The name of the amchi stationed there at that time was Chauhi Kanwarasi. The calendar used there was different than general Nepali calendar. They do all their trade in Tibet (China). People drink a lot of Bhote tea instead of water. The main crops grown there is 'Uwa' and 'Potatoes'.

Training started the very next day in the Gumba. Only 6 FCHVs came in the training. Amchi was also trained along with FCHVs. They had difficulty in understanding Nepali language but to our surprise, they understood English. So, we had to convert Nepali in English in order to make them understand for e.g. we used English words as 'red', 'count', 'danger', etc.

Ultimately, we made them well-trained by the end. They said that if such training was given earlier, they could have saved many lives. This really touched me. Moreover, VDC orientation meet was a huge success. They congratulated us for conducting training successfully. They felicitated us with Khada (traditional cloth which is put around the neck) after the program. We were very pleased by their hospitality and forgot all our difficulties. We explained to everyone that all medicines of the program are sufficiently available in the district and they should contact district whenever medicine finishes. We said FCHVs to demand for medicine from Tashi sir (incharge) who in turn will procure it from the district. In this way we completed our training successfully. Tashi sir helped us a lot and he also helped us finding 'horse' for our next day journey.

To our amazement, we found that FCHVs did not know dose of Vitamin A for different age group and number of days to administer iron tablets to pregnant women. This year's National Vitamin A Program was successfully completed thanks to the Election due to which Vitamin tablets reached that place. Before that, Vitamin A tablets were never distributed in that VDC. Moreover, few training have been done and that also for few hours. In iron tablet training, FCHV were given only Rs. 100. I was really hurt to hear that. Moreover, FCHV stressed that if they were given all necessary trainings effectively, they would be able to do a lot of works.

Family Planning programs and EPI programs are also not held regularly and the VDC members stressed that such program should be undertaken regularly. I was really disappointed on hearing that even EPI program donot occur regularly. Locals said that HP staff comes once in a year and stays for 2 days. Even incharge who went with us said that as soon as the program finishes, he will return Dunnai and stay there for 2 months.

Another disappointing thing I came to know was that none of the FCHVs have been given basic FCHV training (even those working from 2053 B.S.).

The very next day after completing training, we set out for Vijer. On the way, we reached the house of Thinle “lead actor of CARAVAN movie”. We were welcomed by Bhote tea and khaja in his house. Unfortunately, we could not meet Thinle as he had gone to Lek for 3-4 days. After resting for few minutes, we continued our journey and started climbing Nerla pass. After crossing it, we sent back horses and started descending and finally reached Vijer.

Before reaching Vijer, we caught sight of a well constructed school which was also built from the financial support of French people. The school also had government and non-government teachers. Its name is Shree Jhukpo Rong Himal Primary School. After primary education the students were brought to capital for higher studies all fees being borne by the French. We then met social worker Mr. Dava Chiring (former teacher) who helped us sending message about tomorrow’s training program to all FCHV. The training materials and logistics also had already arrived which were transported through Phoksundo route. Our district supervisor was also already present there who was bilingual. FCHV there had difficulty in understanding Nepali but ultimately, we made them competent in pneumonia treatment and referral.

Last year, 12 children died of pneumonia and 13 of diarrhea. So after the training FCHV said that they could have saved many lives had they been given such training earlier. VDC orientation meeting was kept in the evening because everyone was busy during day and this provided opportunity for everyone to participate in the meeting. One of the stakeholders thanked us for brining such program and stressed importance of such program as well as presence of health workers in health institutions. He also joked by saying that such new program might have come due to new government. There also, iron program was conducted only for 1 day. They praised us for staying there throughout training days and giving valuable theoretical and practical exposure.

We were even surprised to hear that some FCHV haven’t seen even ORS packets. A lot of things need to be done to improve the health condition there including presence of staff, medicines, logistics, etc. I believe, such area needs special attention by the government as they are deprived of many facilities. Only then any such program (like CB-IMCI) program will be successful which also relies on the activeness of local health institutions. We had taken some medicines with us which we distributed before returning. An ayurvedic hospital was being constructed there which was also financially supported by French people. People call ‘Menkhan’ to the hospital. The French donor was also planning to arrive there after 10-15 days.

After successfully completing the program, we headed towards Dunnai on a horse and finally arrived to Dunnai after two days along very dangerous paths. If any organization organize first aid training and other basic training to school teachers, it would be nice healfull for the community over there. I personally feel that supervision is very essential for this program; otherwise it will be limited only in papers. Even supervision of national programs hasnot been conducted, in such situation it raises question over supervision of the program.