



Green Tara Newsletter

A quarterly newsletter of Green Tara Nepal

[Issue I, October 2014]

Welcome to the first edition of Green Tara Nepal's newsletter!!

Dear friends,

We are very pleased to present to you the first edition of our Newsletter. With the newsletter we look forward to reaching you all with updates on activities and achievements of Green Tara Nepal (GTN).

GTN, established in 2007, is a non-government organization working in participatory action research, health promotion, and social mobilization in Nepal using a holistic, community development approach. We primarily focus on adolescent, maternal child health and women's empowerment.

This first edition highlights our activities at a national and local level. Subsequent editions will provide new themes and updates. Your sincere support and good wishes motivate us to reach our goal of creating a society where no mothers or children die due to lack of basic health services.

As Nepal embarks on the autumn season, with clear skies, blooming trees and brightly colored flowers, and Nepalese eagerly await *Deepawali*, a festival of illumination, GTN would like to take this auspicious moment to wish you all health, happiness and prosperity.

Green Tara Nepal's mission is to improve health through changing behaviours using health promotion techniques and strengthening existing services



1st National Health Promotion Conference (Mar 30-Apr 1, 2013)

Green Tara Nepal, in collaboration with Green Tara Trust UK, Ministry of Health and Population Nepal, University of Sheffield and Bournemouth University UK, and several other national & international collaborating partners, successfully organized the first ever conference on health promotion in Nepal. The event is widely regarded as a milestone in the field of health promotion in Nepal.

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Green Tara Nepal- Who we are?



GTN operates health promotion, research and social mobilization activities in *Thulo Khairatawa & Bhujahawa* VDCs of Nawalparasi; and *Dakchinkali & Chhaimale* VDCs of Kathmandu, where it also supports the local health centers through the provision of trained midwives who run ante/postnatal clinics for pregnant women. GTN receives direct funding from its key partner Green Tara Trust, a charity based in the UK, run by Buddhist women. The research activities are backed by two leading UK universities- the University of Sheffield & Bournemouth University.



1 *Home visits: Staff distributing blankets during home visits. All newborn babies in the project VDCs are provided with warm blankets.*

2 *Support to Sub-Health Post: GTN auxiliary nursing midwives are responsible for conducting maternal clinics in sub health posts in Nawalparasi and Kathmandu districts.*

3 *Group Mobilization: Members of mothers group after receiving hygiene kits as an incentive for attending health promotion group meetings regularly.*

4 *Health Education and Promotion: A Community Health Promoter of GTN demonstrating on a women's body the signs of a complicated labor and the importance of delivery by a skilled birth attendant, to a group of women in Chhaimale*

5 *Community Awareness: A mass event organized by GTN in Dakchinkali VDC- focusing on the importance of male involvement in women's empowerment and promoting maternal health.*



Birth stories from beneficiaries

Health facility deliveries are safe and secure!!

Chirring Tamang, 45, is an ethnic woman from Pharping. In Pharping, Tamangs constitute the largest and poorest ethnic population. Chirring gave birth to ten children, six of whom died before their first birthday:



“When I was pregnant with my last child, my husband wanted me to deliver in the hospital. My mother-in-law, who was living with us, had given birth to all her children at home without any complications, so I opposed my husband. I was also scared of visiting the health center as I had heard from friends that the behavior of nurses towards village women was bad, and about the painful procedure of having operations where they cut open your body. I gave birth to a baby boy at home, but my placenta got stuck. My mother-in-law and the traditional midwives tried various local methods, but nothing worked. They hung a stone on my placenta, hoping that it would fall out. On the third day I collapsed, and only then was I rushed to hospital. Whilst in the hospital, staff treated me with utmost care and removed the placenta without any operation. All these procedure cost just NRs. 1,000 in total. I was very overwhelmed by the support I received. This event drastically changed my attitude towards the health center.

Now I have joined a women’s group and together with Green Tara we are going to help educate women and their families about having their babies in the health facility. I think many women are scared like me, but eventually if we can show them a safer way, I think we can persuade them”.

Mother group meetings are informative!!

Samjhana Lama, 22, lives with her husband and 8 month old child. She works in the fields and sells vegetables and flowers in the local market. She is a literate woman, although she had little formal education:



“Whilst I was pregnant, I had very limited information about antenatal health checkups. The health post is about one and half-hours from my house, and I had no idea about ANC services. I feared travelling to the nearest community hospital thinking that it would be too costly. One of my friends informed me about antenatal care (ANC) services through an outreach clinic in my village supported by Green Tara and run by the Government. I attended the clinic and received services free of cost. I completed 4 antenatal visits and took a full dose of iron and folic acid tablets as recommended by Green Tara staff. I went to the hospital for my delivery, as I knew about the government transportation incentive of NRS 1000. During this time I regularly attended Green Tara young mother’s group meetings and learnt about neonatal and postnatal care. I fed breast milk to my baby exclusively for six month and added nutritious food after that.

Now my baby is very healthy and weighs 9 kgs at 8 months of age and has completed all his immunizations. I receive lots of new information from the mothers group meetings, and feel very supported by being in the group with other mothers. I practice everything we learn in the groups and therefore have a healthy baby. Thank you Green Tara!”

You have a reason to support us...

In 2013, out of every 10,000 live births, 190 mothers died in Nepal due to causes related to childbirth. Twenty-three years back, in 1990 this figure was 790 per 10,000 live births. Global estimates suggest that Nepal is on track to reach the millennium development goals of reducing maternal mortality, with a decline in MMR of 76% between the period of 1990 and 2013.

In the context of Nepal, the major causes of maternal deaths are blood loss and complications related to pregnancy. Gender based differences, patriarchal social structure, and violence against women, are also direct contributors to maternal deaths; a recent World Bank report rated Nepal as the 14th worst country in the world in terms of violence against women. Nepal Demographic and Health Survey (NDHS) 2011 suggests that 65% of all deliveries still occur at home and only 36% take assistance of a skilled birth attendant. Despite the national improvement compared to earlier figures, disparities continue between rural and urban areas and between rich and poor communities.

A recent study by the London School of Hygiene & Tropical Medicine suggests that demand and supply-side strategies can be cost-effective in improving maternal and newborn health. These include: women's groups to encourage uptake of maternal and newborn health care and promote health practices; providing newborn care at home through community health workers and traditional birth attendants; and extending routine antenatal care to deliver life-saving interventions, such as mosquito nets.

GTN is promoting the importance of institutional deliveries, antenatal and postnatal care through its mothers, and adolescent groups in each ward of the working districts. In addition, GTN is also supporting government health centers with infrastructure and human resources. GTN projects directly benefit more than 4,000 people, predominantly women and adolescents, and indirectly over 100,000 people.

To continue our activities, GTN needs support and donations. By making a small donation you are contributing to social justice, women's empowerment, and promoting health in rural areas of Nepal. Your donation makes it possible to operate the regular women's and adolescent group meetings, provide incentives to these group members for maintaining healthy behavior, support community health centers to provide free of cost services to poor women, all of which improves the health of women and the society at large.



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