

ProjectsAbroad



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OFFICIAL NEWSLETTER OF PROJECTS ABROAD NEPAL



Contents:

1. The Diary of a Physio Volunteer in Nepal: Emily Healy
2. Kalila Cook's 7 day trek through the Annapurna range
3. Reflecting on Life in a Nepali Hospital by Elias Porter
4. Not Letting Age Get in the Way Hyatt O'Callaghan Volunteers in Nepal to Help Frame Her Future
5. Volunteers Donate Books and Have a Huge Impact

The Diary of a Physio Volunteer in Nepal: Emily Healy

Day 1:

Kathmandu city reminds me a lot of Kuta, Bali. The retailers all sell the same products, however, by contrast they don't hassle you as much. Trekking shops by the hundred line the streets along with rickshaws and taxis. The taxis here remind me of what many Australians would consider their first car; a car to bash around and very easy to maneuver. Nepalese cars and buses navigate through the narrow streets using their horn as tool to alert others they are coming through.

Tomorrow we are to be transferred to our host family in Banepa. This will be our new home for the next 4 weeks. It will be here we volunteer in a hospital helping physically disabled children. I'm not sure what

to expect but from the research I have done, I do believe I may see some eye opening cases.



Day 2:

We arrived at our host family's multi-level town house at midday. Our educator was very friendly and took us on a tour of the house. Our bathroom consisted of a small tiled room with a squat toilet, 2 buckets to flush away the waste and a shower head where we were to have cold showers. We were informed that our weekly hospital timetable is as follows:

Monday, Thursday and Friday: clinical ward rounds - outpatients

Tuesday and Wednesday: operation days -

inpatients

Types of patients we will see: orthopaedic, scoliosis, kyphosis, club feet (talipes equinovarus), osteomyelitis and pseudoarthrosis. We were also informed that there would be 3 other volunteers arriving during our stay to join us at HRDC. This will be interesting to learn from other international physiotherapists.

Day 3: (First Day at the Hospital)

In the morning all the inpatients sat quietly awaiting their treatment. Their patience was something I was very impressed by. Several patients waited hours to be seen and none complained or even stirred. Some patients had family members already starting their treatment without physiotherapy guidance. For example a young boy with cerebral palsy was accompanied by his brother who started to perform active exercises to help prevent hip and knee flexion contractures. It was interesting to watch his manual handling skills which weren't really correct.

The next girl who was in her teenage years had fallen off her motorbike. She had a previous history of hip dysplasia. The diagnosis was unknown but they were querying Perthes' disease. The treatment they used was PROM and AROM. I had asked if she was to have surgery and was shocked to find she would not need it.

Day 4

The attendees at today's ward round included: The head surgeon, 2 in-house Doctors, nurses, physiotherapists, a social worker and an orthoped. The hospital is made up of two wards: the acute and rehabilitation wards.

The acute ward was an open space filled with multiple unadjustable trundle beds. Each patient lay side by side in their beds with no separating curtains. When the multi-disciplinary team moved around the ward, there was no interaction with patients. Instead, the team discussed information about the patient without even asking them a question. What a contrast to Australian hospitals whereby patient - staff interaction is crucial in providing quality care.

The types of patients we saw were: amputees (one with a traction pulley on), congenital deformities to the hands and feet, external fixators and severe infections. Infection control is clearly not a big requirement in Nepalese hospitals. The majority of the staff wore sandals and no hand washing was performed throughout the entire ward round.

One of the biggest challenges were communicating with the physiotherapist I was shadowing. He didn't provide me with the necessary information throughout the consult unless I stopped to ask him questions. I believe that this flow of information will come with time as we get to know each of the physiotherapists individually and we prove we are really keen to learn and help out.

Day 5

Today we received a thorough run down of the hospital's history. I found the history and stories astonishing. HRDC was first opened in 1986 at another location based in Kathmandu. Since then the hospital has moved twice and from 1997 has remained at the current location in Banepa. Many of the children that attend HRDC for treatment have been scouted from rural areas. Each district in Nepal is serviced by a HRDC counsellor who seeks out patients for the hospital as many of the families are living in poverty are unable to pay for treatment or just unaware that these hospitals exist. Often the services for these people are free of charge or 12-15% of the actual cost. The children that live in rural and remote areas are often extremely hard to get to. We saw photos of the staff walking through rivers to get to these children carried all their equipment on their back.



Day 6/7 (Weekend off)

Today we became lost in Thamel, Lonely Planet in hand, the typical tourist. In the morning we wandered down to Durbar square passing many shops that were closed due to Saturday being a holy day. Durbar square was an interesting old city. Many temples lined the streets and funnily enough there were more Nepalese than tourists, quite literally hanging out on the steps. The temples were very detailed, the woodwork and design was intricate. We paid 750 rupees to look around and it made me curious to know where this money was going. There is clearly no upkeep of the temples, many falling to pieces, defaced and mouldy.

After an amazing lunch we meandered over to the monkey temple. As we approached the temple we were met with the staircase to heaven. Around 200 steps at a heavy incline to the top. Monkeys ran around as if in the wild, accustomed to the hundreds of people taking photographs of them. The temple in itself was grand. Again it was covered in green mould but the prayer flags, chimes and candles made the site seem mystical.

Day 14

To start the day off we went on the morning ward round. There were not many physicians present as today there was a strike in Banepa. The government is proposing to widen the highway that goes straight through the small town. This would mean that half of the shops would need to be destroyed in order for construction. Due to the strike only one physio was present at HRDC. This allowed us to have greater independence with treating patients. As soon as the patients arrived we were given their file and asked to go off and treat, with no interpreter!

After the ward round we sat down to write up our reports for the surgery. The 11 year old boy I saw on the round has Arthrogryposis multiplex congenita. We researched his family history and found that 3/6 children have the exact same disease. Three out of the four boys are affected. I can only imagine what happens at their house. This boy has never walked and I doubt this surgery will resurrect this. Eleven years of not mobilising will mean he has severe atrophy in his limbs.



Day 15

This morning we were all excited for ward rounds. Dr Banskota the son of the founder of HRDC was the man in charge. And did he deliver. As soon as we arrived all patients were in their beds waiting and all the notes were out ready to go. He spent 5 years in the UK practicing and then spent another 3 or so years in Philadelphia completing his paediatric training. The entire round was conducted in English and in contrast to the other Doctors who completed the ward rounds, he interacted with the patients, performed quick physical examinations and quizzed the in house Doctors. Dr Banskota was such a positive man. His work at HRDC is completely pro bono and his motto is we don't have the resources but how can we overcome the lack of resources. He was so passionate about helping the children with disabilities in Nepal. We talked about the spiritual beliefs of many and how he tries to acknowledge this way of thinking whilst educating them that

other available options are equally as beneficial.

Day 20

Today I saw a patient with pes plantus or flat feet. She was 6 years old. On observation she was WB right through her navicular as she was severely pronated. It was sore to touch and we asked her mother who spoke English to give us more of a background on the history as the notes were lacking. She had been given medial arch supports before and when we observed them they were much smaller than we expected. We got her picking up crumpled up pieces of paper and putting them into a box. This seemed to stimulate the arch. We also got her performing calf raises. She had absolutely no control of her ankles as this had been passively treated for such a long time. Children develop their arches between the ages of 2-3 years and children should be able to walk on their toes by the age of 4. This girl now aged 6 will have a long road ahead of her if she wants to get her feet back in alignment. I knew that although we gave her appropriate exercises it was not going to be enough as they really needed to be done 6 times a

day to have an effect. I wish I could have a crystal ball and see what happens to her in the future. Although you try and educate the parents on how important the exercises are they will just never understand the full importance as physios are not widely used for everyday problems in Nepal. Whereas in Australia people trust and know that physiotherapy will make a difference. It was interesting to chat to another volunteer called Lara from Germany. She told me you can only be referred to a physiotherapist in Germany and that our profession isn't highly regarded in the medical field.

Day 25 - Chitwan

On Saturday we ventured down to Chitwan national park to play tourists again. The next morning we got up early to go on a half day walking tour and a canoe. It was a really peaceful ride and when we arrived at our destination a bathing rhino was awaiting.

When we got back Whitey and I jumped on the elephants that were in the river and had a bath! The elephants are trained to spray water on you and then throw you off at the end. It was great fun. I laughed the entire time as I thought I was going to fall off!



Day 30

This morning we woke ready to tackle the last day at HRDC. Dr Banksots was on fire today. One of the house residents had an exam coming up and had asked to be quizzed. And quizzed he was.

The first patient we spoke about had a tumour removed from her leg. Dr Banksota questioned the house resident on clinical presentation, what type of imaging to do, what the imaging would show, the types of treatment and the pros and cons of each. After this we spoke about Club foot. Seeing as HRDC is the second biggest hospital treating clubfoot it is expected that all the doctors know everything about it.

Later on we had our last tea break with Dr Banskotoka. Dr Banskotoka still captivating as ever, spoke more of his passion for working at HRDC. He proceeded to show us one case close to his heart. He told a story about a young boy (about 5 years old) who was picked up through a mobile camp. The boy could only mobilise on all fours but not in the sense he was exactly "crawling." The front of his hands planted firmly on the ground as you would expect in a toddler crawling with his trunk and thighs both faced anteriorly to the ground. But from the knee down he was flipped over as if he was demonstrating a back bridge. The Dr showed us videos on him crawling before his surgery and then again after. He was walking erect. This boy, whose life was destined to nothing, now has a future thanks to the HRDC team. Currently, he is attending school around Banepa and coming 3rd in his classes. His schooling is all funded through donations and he hopes one day to practice medicine and help the children he once was. This is what it's all about, HRDC giving life and opportunities to children who didn't have much of a future.

Kalila Cook's 7 day trek through the Annapurna range

My name is Kalila and I have recently been away on a 7 day trek through the Annapurna range. This was a big trip, involving 5 of us volunteers and 25 other ACAP (Annapurna Conservation Area Project) staff, with particular targets: to work out and trial another tourist trekking route, consider conservation

options along the route and also observe the wildlife found in the new environments. The main point to trying to promote this new hiking path is to allow the local Nepali people to earn a living through sustainable and environmentally friendly tourism. This is important as currently some people earn income by destroying jungle, woodland and wildlife. It also means that tourists will have the option to explore a beautiful, refreshing route through the Himalayas!

I have never trekked before, and this was a challenging one for most! Over the 7 days, we walked (and scrambled) for around 6 hours on average, and made an ascent to 4100m! The first couple of days were a little easier, as the route was well trodden, the weather held up and there was a welcoming



guesthouse at the end of the day. However, for the most part, it was gruelling thereafter.

Come day three, I don't know how I managed it, but I pulled a ligament in my hip, which was really debilitating – I could barely lift my foot higher than a couple of centimetres from the ground. On top of that, my knees were very sore from all the climbing (everyone suffered from this problem). Raj from Projects Abroad kindly crafted me a bamboo staff to help drag myself along. I must have looked like such an old woman. That afternoon, we arrived at a yak farm and our highest altitude, where we

would spend the night. Fortunately, the Nepali guys got a fire going in the yak shed, so we were able to keep warm for a while, dry our sopping wet clothes and enjoy goat (freshly slaughtered) and dahlbhata. I tell you, we ate very well on this trek! We had to bear a cold and wet night cramped in a tent (and I swear I had a boulder under my back), but I was glad that we were there all the same – we would not have been able to see yaks otherwise, and they have such characters!

The day after, to avoid having to endure such a night in a tent again, it was decided that we would make a long journey to Chomrong Village. I mean long. 12 hours. I was exhausted and in so much pain by the time we finally reached Chomrong, but I did it! Our ACAP friends really thought I would not make it because of my injury (there had been talk, yet again, of getting a helicopter for me), so when I arrived



with Raj and another companion at 10pm, there were cheers! Pretty embarrassing, but glad to know I was 'appreciated.' Oh, and I almost forgot to mention, on the way to Chomrong, while treading along a narrow path on the side of the mountain, the wet soil broke beneath my foot and I fell a few meters down the mountain. Raj literally leapt off the edge to come and save me – such a hero. ;) I was fine, but I think Raj suffered a minor heart attack.

Chomrong was a lovely village with scenery to match – certainly a comfortable end to a hard day's walk. We got to spend the next day resting there, which I very much needed, and the day after, we headed off on our last short trek back to Ghandruk. On the way, we stopped off in Jhino, where we enjoyed the hot springs and a good lunch. The last hour of our journey practically drowned us with a torrential downpour. You should have seen the stairs – they had turned into waterfalls! But we still made it back to Ghandruk in one piece!

Here's a map, courtesy of Raj, of the route that we took:



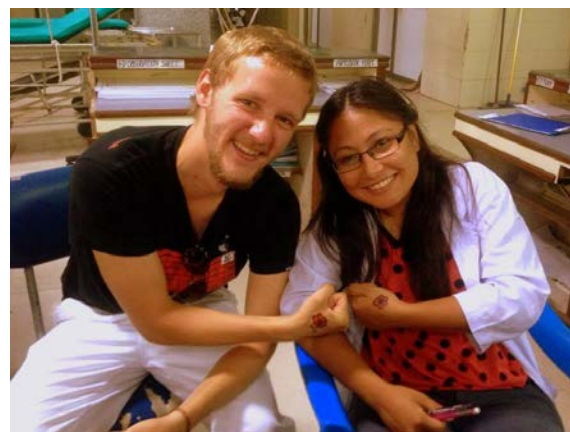
Namaste! X

Reflecting on Life in a Nepali Hospital by Elias Porter

So this is me, back in Vienna, Austria, sitting in a café with a friend of mine. “So tell me, how was Nepal? I want to hear EVERYTHING!” Ever since I got back, that’s the question I’ve been asked the most and I still don’t know where to start and what to say. One thing I am certain about is that I lived those three months to the fullest.

The work at the Chitwan Medical College (CMC) in Bharatpur, Chitwan was amazing. I spent most of the time in the ER (emergency room). I got there at around 9am, 2pm or 8pm, depending on what shift I was doing. The doctors and nurses were more than nice and helpful. Whenever I wanted to know something about patients or procedures, they took the time to explain it to me.

As a paramedic in Vienna, I’ve seen some shocking medical cases in my life, but Nepal is different.



I was surprised to find such a well-equipped hospital as my working place and some of the cases you see here are similar to developed countries (such as COPD, abdominal pain etc.) Some, on the other hand, are completely different! Snakebites, injuries from falling (one patient fell off a tree in the jungle and it took him 7 hours to get to the hospital), organic phosphor poisoning (mostly in order to commit suicide)

and roadside accidents (once a tuk-tuk tipped over, causing 16 people ending up in the E.R.) People sometimes came to hospital after getting hit by an ox, but that's even unusual by Nepali standards.

During quiet periods in the ER I always visited different wards. Someone described the volunteers at CMC as "ghosts" and that is an accurate description. If there's nothing to do where you are, you might just want to check on other places such as maternity, paediatrics, intensive care unit (ICU), psychiatric ward, dental department etc.



Every now and then, CMC organises Health Camps. On these days doctors and nurses from various wards go with volunteers to more rural areas of the country, in order to provide basic medical support for the locals. I was lucky to go on two health camps during my placement and, both times, it was quite an experience! Hundreds of people are waiting for you to arrive, wanting the staff to take a look at their teeth, urging for an audience with the general practitioner (GP), longing to learn new exercises from physio therapists and so on.

Both times I helped out at the dental dept., basically holding a torch for the performing dentist, and both times we didn't have less than 100 patients (within about 6 hours).

After the exhaustion of seeing so many patients, the bus rides home are great! The doctors and nurses drop their professional behaviour and start singing and laughing and chatting for the entire drive. It has always been good fun, feeling the chilly wind in your face watching the sunset, accompanied by sing-alongs from all over the world.

Overall, I have one piece of advice for you; volunteer as soon as possible and get out of your comfort zone as often as you can! Your main focus for this trip, of course, should be working and gathering experience for your future occupation. But don't let that be the way of getting in touch with the country itself. Go to Pokhara for a weekend to party, go to places that you wouldn't expect to enjoy like Gorkha, Lumbini, Tansen. Do some treks; I am a heavy smoker who never did much exercise, yet I managed to trek for 15 days to an altitude of 5364 meters to Everest Basecamp, so YOU can do it as well!! Or go out with the doctors and nurses. All that will make you interact with both locals and other travellers and helps you come close to understanding the people, their culture and the country itself. You just have to throw yourself out of your comfort zone and into the unique Nepali life!



Elias

Hyatt O'Callaghan Volunteers in Nepal to Help Frame Her Future

As she put the pen down for her last GCSE exam, 16 year old Hyatt knew she'd be flying to Nepal the next day. She also knew she'd be gone from home for 3 months: "I was a bit nervous that people would treat me differently because of my age," she admits "but really I was just excited to use this long summer holiday. Perhaps the exam nerves and the Nepal nerves were mixed together, but I knew when I arrived it was going to be a great experience! Nobody treats me like I'm younger."



When she first got to the hustle and bustle of Kathmandu's tight streets Hyatt took it in her stride: "My mum is Sudanese so I've been to a developing country before," she explains calmly "I've seen crazy traffic like you get in Kathmandu, and experienced the thick air of a polluted city. What struck me about Nepal though was all the colours – lots of the houses are brightly painted, and the clothes people wear really make the place alluring."

For the first month in Nepal Hyatt volunteered at Alka hospital in the district of Patan; beginning her placement in the Emergency ward: "On my first day I nearly fainted," she says "A charred baby was being treated in the ward. The arm was so badly burnt the finger nails were curled up and the baby was screaming his eyes out. It was tough, but it certainly prepared me for what was to come." Hyatt developed a working relationship with a number of the staff in the hospital, such as Dr. Anish during the opening stages of her placement – learning skills such as wound dressing and monitoring vital signs; Fundamentals of medical care in a town where motorbike accidents are so common.

After experiencing emergency medicine Hyatt moved to the Gynaecology ward – an area she might like to specialize in if she decides to study medicine: "Observing in Gynae wasn't always easy. The doctor I shadowed was very cold to start with, and very busy," she says "I had to work hard to ask her questions and hold her attention at first, but then she realized how eager I was to learn and she opened up. It was really rewarding to break down the barrier. This enabled me to build up an understanding of the basics of the Gynaecology speciality, while developing knowledge of the associated pathologies prevalent in Nepal". During a hysterectomy operation the doctor removed a benign tumour and showed Hyatt the uterus: "It was incredible," Hyatt says "I'd never seen anything like it; Getting that kind of exposure to surgical medicine is something you don't get until fourth or fifth year medical school in the UK. This placement has allowed me to learn some of the basics of medical science; including anatomy, pathophysiology and clinical assessment. The doctors allowed me to put into practice a number of skills that I had been taught; such as auscultation, palpation and the administration of injections.



To get to the hospital Hyatt walked the 20 minutes from the host family she stayed with: "The Suhendra family were so relaxed, and their two kids speak great English," she says "one evening I got to hear a speech their 14 year old wrote about self-sufficiency and collaboration. It was awe-inspiring!"

As well as organizing the placement, Projects Abroad also arranged for Hyatt to travel and experience Nepali life. “One weekend I went to a rice planting festival with a group of volunteers,” she recalls “I’d never planted rice before and it was great joining the women in the field and seeing how the whole thing works. It’s amazing to think people will actually eat the rice I planted.”



Overall Hyatt says she’s learnt some core skills during her time in Nepal: “I’ve realized how confidence is key,” she says “To succeed you need to remain calm and communicate confidently with your mentors in order to gain their respect and learn. I have become far more independent during my time in Nepal; I found this liberating. This independence along with some of the reflective and analytical skills I have improved on will benefit me in the future.

Volunteers Donate Books and Have a Huge Impact

Last month we requested volunteers bring books to donate to a children’s home in Chitwan and the response was incredible! 127 books were donated, and the children are really benefitting from the kindness volunteers have shown.

We are now working on another goal: stock the library at the children’s home in Kathmandu. The boys and girls we work with are considered vulnerable because they cannot live with their parents. This is either because their parents are no longer alive, or because they cannot afford to care for their children.

Our goal is to improve literacy and also encourage young children under the age of 10 to love books and reading. Even if you’re not volunteering with children it would be greatly appreciated if you could bring a children’s book or two written in English with lots of colourful pictures.

On behalf of the children who will benefit, thank you!