

# ProjectsAbroad



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## Surgery in the City: A New Perspective on Medicine in Kathmandu

By Sherry Zeng – United States of America

*Alka Hospital*



As I sit reflecting back, I can't believe my decision to come here was decided with literally a flip of a coin: heads for Tanzania and tails for Nepal. I don't need to tell you how that coin flip turned out. Three months later I was on a plane heading to a country known as the "top of the world." My purpose: to badger the doctors, nurses, and paramedics with questions after questions on Nepali health-care, the human body, and diseases. Needless to say, I think I've succeeded in driving some of the doctors into a state of amused-exasperation.

In all honesty, my time interning at Alka Hospital (Jawalakhel, Lalitpur) was amazing. I learned so much! One of the highlights would definitely have to be

watching surgery in the operation theatre. Barely inches away from the doctor and operation, I observed all sorts of surgeries, from something as simple as an appendectomy to much more complicated ones like cranial surgery. I will say though, before I attended my first surgery, I was extremely nervous. Butterflies ran rampant in my stomach and I started sweating profusely. I was worried about fainting, about not being able to handle the fact that a knife was cutting into someone, or that the digging around in someone's abdominal cavity would make me puke. Working at the burn ICU at Harborview Medical Center in Seattle let me see the aftermath of surgery - I can handle that. But what about actually seeing a surgeon cut into a person who is probably someone's sister, brother, son or daughter? In the end, all the worrying was for naught. The first three surgeries I watched were minimally invasive.

With the fourth however, I was either in for a treat or horror. I was going to watch a laparotomy with the purpose of removing an ovarian cyst. You might like to know that I didn't faint or feel sick while watching this surgery. Quite the opposite in fact, I watched in rapt fascination as the layers of fat and membrane were cut through. When the

gynecologist found the cyst, my mind was blown to the four corners of the earth. Here is a little medical fun fact: cysts are fluid or gas filled membranes with a blood supply. About 30-40% of women will develop cysts on their ovaries at some point. They are non-cancerous and usually resolve on their own. However, if you have a cyst that is 5cm or larger, it may need to be surgically removed. I was under the impression that ovarian cysts were small, but when the gynecologist dug out an orange-sized bulb, I was utterly shocked. I really questioned my anatomical knowledge. I thought, "It can't be the uterus, it's too big and not only that, it's transparent! But it can't be cyst, it's gigantic!" The surgeon then proceeded to pull this "bulb" out and attached to it was another orange sized "bulb." She promptly pinched off these bulbs and detached them from the patient. That was the cyst. Brain explosion.

Although observing surgery is the highlight of my medical internship, Nepal has become much more than "the place I'm going to do an internship at." I've connected with my host-family, met other amazing volunteers, and travelled around this beautiful country. I even jumped off a bridge into a 160 metre free fall. In an almost inevitable way, I truly have fallen in love with this place. Of course, I'm not saying there weren't hardships or sorrows. But all in all, I truly enjoyed my time here - and to think coming here was left to a flip of a coin!!

## An Interview with Olga Murray

By Ian Sandler

Information Manager

(For full interview, check out [Mytripblog.org](http://Mytripblog.org)!)

**Ian:** Can you tell me a little bit about the Nepali Youth Foundation, how it started, and what methods it uses to help Nepal?

**Olga:** The foundation was established in 1990, but even before that, myself and a partner were giving scholarships to children, to orphans, to disabled kids, to blind kids, to street kids, the most disadvantaged children. About 1989, we decided to root our donations through another non-profit, so that our donors could get tax-deductions. So we started J House first in 1992. We sent the kids to good private schools, and then we took girls and started K House in 1995.



We used to go to Bir Hospital, which is the big government hospital, and Kanti Children's Hospital, and ask the doctors, "is there anybody here who needs an expensive procedure here like a scan or expensive medication that the hospital won't provide," and if they said yes, we would pay for it. Otherwise they would just yank the kids back and take them home and some of them would die.

So in 1997, we were at Kanti Children's Hospital, which is still the only children's hospital in the country, and there was a little five year old girl there. She was severely malnourished, and she weighed 22 or 25 pounds. She had a very, very bad lung infection. They call malnourishment "the cause of causes," because your immune system is compromised so you can get anything, and that's what happened to her. She needed some antibiotics that the hospital would not provide and her father was looking desperate at her bedside. So we paid for it, otherwise she would have died. And I went back a few days later and her bed was empty. I asked where the child was. And they sent her home. I

asked how they could do that, because this child was still totally depleted. She couldn't stand, she couldn't walk, and she could barely talk. And they said, "oh well, there are so many malnourished kids here, we can't spare a hospital bed. We only take acutely ill children." And I found out a few days later that she died.

**Ian:** And this inspired the creation of the first NRH?

**Olga:** Exactly. We had a young doctor working at Kanti who we supported through medical school, and he consulted with some of the senior paediatricians, and we came up with this idea of building a little hospital devoted solely to malnourished children. Not just, restoring

### Nepal Fact #4

Of the 50,200 adults and children living with HIV/AIDS documented in a 2011 UN report, 58% were adult males ages 15-49, 28% were females of a reproductive age, and 8% were children under 15.

their health, but educating their mothers in nutrition and childcare, so that the condition wouldn't be repeated. We opened the first one in 1998, and we made a startling discovery which was that everything necessary for the health of the child and their nutrition is available in the villages of Nepal, easily and cheaply. And it was largely a matter of ignorance, rather than poverty, which caused these problems. While the child is being restored to health, the mothers are trained in how to take care of their children. We have had 11,000 mother/child pairs through that program, at this point. We have a very effective follow-up program, and it has at least a 95% success rate. For an average case of hospitalization, it takes only one month and \$250 to restore a child to health and educate the mothers. It's an amazing bargain.

You know this pattern is something we have been very successful at. We did the same thing with our Indentured Daughters program that we have in West Nepal. We devised this way to rescue these girls from bonded labour by giving the families a piglet, and later a goat, that they could raise and sell at the end of the year for about the same amount of money that they got for their daughter's labours. And then we started this huge, very dynamic awareness campaign to turn the community against the practice. We started it in January 2000. As of today we have rescued 12,500 girls, put them in school, and the practice is just about eradicated. These girls who were just about kitchen slaves for years are now going to take over the program from us.

**Ian:** I think the most amazing part is the full process that you go through. A lot of NGOs say, "Let's give money to this cause for two years," and start it, but it is the follow through that makes the most difference.

**Olga:** You really can't be effective that way. Our motto is, "what we start, we finish." We do this with our kids at J&K House too. We either send them to college or put them in vocational training and help them find a job.

**Ian:** So you've already mentioned J&K House and NRH, but are those the only placements that Projects Abroad works with that you have been involved in?

**Olga:** NRH, J&K House, MSPN. Those are the only kinds of institutions we have.

**Ian:** Can you tell me a little bit about MSPN?

**Olga:** Yes. MSPN is entirely due to Sajani Amatya. She had a friend, Manisha Singh, and she was married into the royal family. She lived a very lush, aristocratic life, and she became interested in AIDS early on. Against the consternation of her family, she was giving out needles in the middle of Thamel. She was one of, if not the first AIDS activist in Nepal. She had a child, and not long after she had an embolism, and she died. Sajani wanted to build something in her memory, and this was the best thing she could do. It's actually the Manish Singh Punarjeevan Niwash Centre for New Life. It is named after. If you've been there you have seen her portrait on the wall.

**Ian:** How do MSPN and the contributions of the Nepali Youth Foundation help to address the problem of HIV/AIDS in Nepal?

**Olga:** It is a kind of approach that no other organization in Nepal has taken. It's a holistic approach to children with HIV/AIDS. The pattern is very much like with NRH. The children come with their mothers, and they have multiple problems because if they have AIDS they have all kinds of opportunistic infections and diseases and so forth. The idea is to build them up to normal health as we do at the NRHs and also to give them what medicine they need, anti-viral medications and what-not, which the government supplies free of charge. What drives me crazy about this program is very often, these women get infected because their husbands go abroad to work, come back, they've contracted the disease, and they give it to their wives. And then the husband dies, and the wife is accused of



infecting or killing the husband in some way, and so she has been infected with AIDS and sometimes her children have been affected with AIDS. And she is shunned by the family. She is blamed for the whole thing. It is just so unfair; I can hardly stand to think about it. It's a much more difficult problem than at the NRH, because the aftermath is so much harder to control.

**Ian:** It sounds like a similar problem, but at NRH it is more of a, "we can teach that resources are readily available," but with this it's not like antiviral drugs are growing on trees.

**Olga:** Exactly. Although the government does provide them free, there are side effects or the mother forgets, and there are centers around the country where they can get the drugs and they are administered but it is a much more difficult problem. So we need to work hard about more solutions.

**Ian:** Most important question: what's the Dalai Lama like?

**Olga:** He is a really cool guy! He is so personal. I don't know how he can be like that. You get this feeling like he's talking only to you. And he's got a great sense of humour by the way, and a wonderful laugh. For example, at an award ceremony I was at with him, one of the questions was about problems a parent was having with their the Dalai Lama listened and he said, "How should I know I'm a bachelor!"

### English Club in Chitwan!

English club is a weekly English learning program which happens at the Sai Bal Ashram children's homes. 17 girls from the ages of 4-14 take part. Volunteers assist the children in reading, games, crafts, and songs, in an effort to increase their use of English in daily life.

The children say that their favourite things about English club are reading, playing "captain is coming," another fantastic game, and doing craft activities. If you are volunteering in Chitwan, we hope to see you there!



Pre-schoolers get excited over a donated picture book "The Yellow Balloon."



The girls get crafty with lentils and other low-cost and common local foods.



A volunteer helps the children complete a book "All About Me" which the children wrote and illustrated.

## A Day in the Life at Bhaktapur CBR

*By Samantha Dunk – United Kingdom*

*Bhaktapur Community Based Rehabilitation Organization*

It was hard to know what to expect coming to work at a community based centre for children with multiple disabilities, especially coming from the UK where the special needs day care centres have far more resources and standards are generally better. All I can say is that although it was challenging, it was one of the most inspiring and rewarding experiences of my life.

The children have varying disabilities ranging from autism to Down syndrome to cerebral palsy. The centre has five members of staff and about 35 children on their register so you can imagine the need for more help. The children have a daily timetable which includes singing Nepali songs and the national anthem followed by learning basic Nepali, English and Maths, then lunch and play/cognitive therapy after that. Wednesday mornings were also fun as it was music therapy where two locals would come with a guitar/keyboard and the children were given different instruments such as marrackers/tamberines to join in. It brought so many laughs and smiles to be creating music in unison.

In the month that I was at the CBR we got some of the children standing and practicing walking with limited support. We also had group activities such as playing ball and we created a fun game of taking a little coloured hoop one at a time then jumping from one mat to another and placing the hoop over the cone at the end of the last mat. The children really enjoyed it and got very involved!

You could say no day is the same. It is important to get involved from day one and be enthusiastic. The staff welcome the extra help and the children are so lovely and not only enjoy doing different activities but also like having the much needed additional attention and support from the volunteers.



### Nepal Fact #5

Nepal is the only official Hindu state in the world. With 81.3% of the population formally registered as Hindu, Nepal beats out India, officially secular, by .4%

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