



## **Background information for Medical Practitioners interested in volunteering with PHASE in Nepal**

### **General Background about Nepal**

Nepal is among the poorest countries in the world (rank 142 out of 177 UNDP ranking and apart from East Timor the lowest ranking country in Asia), and has been shaken by political instability and violent civil conflict for more than 10 years. Maternal mortality is still 281 / 100,000 (adjusted for underreporting: 830), under five mortality is 61/1,000. These are national figures which have improved recently to this level, but the situation in the remote communities where we work is much worse.

The capital of Nepal, Kathmandu, is a typical third world metropolis, with extreme poverty and very rich modern developments living side by side. Waste disposal is not keeping up to demand, rivers are being polluted and traffic is far exceeding road capacity. However, Kathmandu has relatively small slum areas, and the crime rate is still very low.

Although the country is still struggling with building a new society after the Maoists conflict and the deposition of the king, it is stable at present, tourism is increasing and foreigners feel very safe. The worst legacy from the conflict is probably the habit of any interest group calling traffic closures ("bandhs") at the slightest provocation, which often means that travel plans have to be postponed and can lead to frustrating delays.

Nepal is distinguished by incredible natural and cultural diversity: there are over 100 different languages spoken in the country and very diverse ethnic groups live together largely peacefully. The unique geography (at a latitude of about 25 degrees with altitudes from sea level to 8,000 meters and the additional factor of monsoon rains) means that Nepal has every kind of bio system - except for sea and desert: The southern national parks are tropical with still some populations of tigers and wild elephants, and the hills can be subtropical or alpine in aspect.

Accordingly, the weather can range from tropically hot to snow and ice. – This varies according to season and altitude.

Nepal has never been a colony, and was only opened to foreigners 150 years ago, and in our working areas, many people have never been outside their village and have never met any Westerners. In general they are friendly, interested, and trying to welcome their guests.

### **Background information about the Organisation**

PHASE (Practical Help Achieving Self Empowerment) is a small development organisation / charity, founded in 2005 by a group of professionals from various backgrounds and nationalities. The implementing agency, PHASE Nepal, was founded by Jiban Karki, who was also involved in the setting up of PHASE Worldwide, the Rotherham based registered charity. There is also an Austrian branch, PHASE Austria, which mainly raises money for education projects.

The UK group, based in Rotherham, consists of 5 trustees and about 10 more volunteers who are closely involved in fundraising and the administrative work for the charity. Almost all this is either sponsored or done by volunteers, but at times of intensive activity we have sometimes paid an admin worker on a fee-for-time basis. (Though she always charged fewer hours than she actually provided.) Recently, we have had an office employee via the DWP Future Jobs Scheme.

Our work is mainly fundraising (through individual donations, events, sponsored events and the yearly charity trek), but also monitoring of the Nepalese partner, and technical support, especially in the health programmes. (This is mainly needed because primary care in Nepal is being delivered by low level medical personnel, and there are very few Nepalese doctors with true interest and experience in primary health care.)

The Nepalese organisation is registered with the Social Welfare Council in Nepal (somewhat similar to the Charity Commission in England and Wales), and fulfils all the criteria for a charitable organisation in Nepal. PHASE Nepal is run by a group of volunteer "members" (trustees), which includes doctors, lawyers, engineers and businessmen, and it has a small office in Kathmandu with two accountant / administrators and an office helper. The Executive Director is also based in the office, but spends a large amount of his time visiting projects for monitoring purposes. All other staff are field based. – This includes currently 14 ANMs (Auxiliary Nurse Midwives), 2 staff nurses as supervisors and 1 Community Development Facilitator (who facilitates the non-health projects).

PHASE Nepal works in 11 communities, or “VDCs” (Village Development Committees) in 3 districts (Gorkha, Sindhupalchok and Humla). The decision which VDCs to work in is made mainly on the basis of need (poorest development indicators and low availability of services) but also to some extent depends on how feasible the project is likely to be, i.e. whether the target community is interested and able to work with PHASE.

In contrast to many other organisations, PHASE tends to start work in the most remote areas of a district, rather than close to the district headquarters. This makes the projects somewhat more expensive and more difficult to manage, but managing work in remote areas is the speciality of PHASE!

### **PHASE Health Programmes**

The basic model of PHASE health programmes has been developed by various members who had wide ranging prior experience in working in community health in Nepal, and the model is highly successful (as measured by output indicators, community acceptance and the reputation of the projects in the locality.)

PHASE health projects work from the governmental Sub Health Posts, which are usually unstaffed in our project areas.

- We place 2 ANMs (Auxiliary Nurse Midwives - 18 months health training, mainly in Maternal and Child Health) in each SHP
- We only select ANMs who already have proven experience in similar work, and we have a strict selection exam, with a high pass mark, which usually eliminates more than 80% of applicants.
- PHASE ANMs have to work to our clinical guidelines, which are evidence based and incorporate national policy where possible. They also have protocols for home delivery, (including treatment protocols for postpartum haemorrhage or eclampsia), postnatal care, emergency care, integrated management of childhood illness, drug stock management and other aspects of health post management
- They staff the SHP, and often another Outreach Clinic (when the community is widespread and the SHP is not easily accessible for all.)
- In most areas they see an average of 20-30 patients per day, though in the most remote health centres in Humla the figure is almost double that.
- At the start of each project, they do a house to house survey, which includes information gathering about rates of antenatal care, vaccination, malnutrition, child mortality and morbidity from common illnesses
- They also spend at least ½ day a week on health education, which could be in a school, in a mothers group, with community health volunteers or in door-to-door visits. A unique feature of PHASE health programmes is the “mother-in-law-group”: because young women often have no decision making power in their husband’s household, it is the mothers in law who need to be convinced of the value of our reproductive health care!
- The ANMs actively encourage family planning and antenatal care and especially motivate women to call them for a home delivery when they go into labour (this often means walking to the woman’s house for several hours)
- They also try to do postnatal visits for all births, even when they have not been involved in the mother’s care during pregnancy and delivery
- A subsidised toilet building programme is also part of PHASE health projects

PHASE ANMs work independently in very isolated conditions, where immediate referral is often not an option. They can sometimes get telephone advice from the PHASE medical members (a senior gynaecologist and a senior paediatrician, both based in Kathmandu, and occasionally Dr Pohl herself), or sometimes from the District Health Officer, but often they are on their own and have to make decisions well beyond their clinical qualifications.

For this reason, continuing education and especially in-post training and supervision has always been an important part of PHASE health programmes.

Dr Pohl speaks fluent Nepali, and therefore is the most effective trainer for the ANMs, who often have very limited English skills. But she often has other, organisational duties when visiting Nepal, and we have found that even English speaking experienced GPs can be of great help in teaching clinical skills

and helping ANMs to improve general management of both clinical cases and the health centre in general.

### **Requirements of volunteers:**

We are generally looking for experienced GPs, ideally with teaching experience. Experienced Nurse Practitioners, ideally with midwifery skills, would also be very appropriate for this kind of work. Specialists can be accommodated in some circumstances (see below).

Volunteers must be confident that they can communicate well with staff from a very different background and limited English skills, and that they can respect differences in approach even if they don't always agree. They must be sure that they can adapt to a very different (and very basic!) working environment, where it is often not possible to give the best treatment to every patient, and where sometimes patients (even children) suffer or die because the family cannot manage to take them to a hospital (this is not always exclusively related to cost of treatment).

They must also be physically fit to walk to the projects (but in general, altitude is not a problem) and be able to adjust to an Asian diet of mostly rice, lentils and vegetables (it is not possible to cater for special dietary requirements or tastes).

It must be clearly understood that volunteers are in Nepal to teach PHASE staff, and are not treating patients independently, as in the later case they would be required to be registered with the Nepal Medical Council.

Volunteers would be required to arrange at least one pre-placement briefing session with a PHASE representative and to agree to use PHASE clinical guidelines while working with PHASE health workers, which probably means at least scan-reading them beforehand. (The guidelines are in Nepali language, but an English version exists and is made available to volunteers)

Generally, we do not ask for volunteers to contribute anything in kind – except, maybe, to bring their personal stethoscope and otoscope, if they wish. We feel that it is important for our staff to work with materials which are locally available, so we do not encourage donations of drugs or equipment, except in rare exceptions.

### **Timescale of a typical primary care placement**

A typical visit would involve a timetable approximately like this:

1. Flight to Kathmandu
2. meeting PHASE office staff and member of field staff who will travel to project with the volunteer
3. travel to project village (minimum one day, maximum one week travel time)
4. spending an average of 10 days in PHASE health centre
5. return to Kathmandu
6. de-brief with PHASE Nurse Supervisor and Executive Director
7. return to UK
8. written report to Medical Coordinator in UK

From the above, it can be seen that the minimum time commitment in Nepal is two weeks for the least remote project village, and at least three weeks for the most remote (this factors in flight delays due to weather). We would also estimate that at least 2 days need to be spent for preparation in the UK and one day for the preparation of a report.

The best time to visit Nepal is Late October to Mid May: from June to September the Monsoon rains make local travel risky, and staff are usually on leave in October for the main religious festivals of the year, Dasain and Tihar. In the most remote areas, from December to February it is sometimes too cold and there is too much snow for easy travel.

### **Costs of placement:**

The financial commitment would be the price of the flight (approximately £ 500 - 600 at present) plus visa costs and travel and subsistence in Nepal (rarely more than £ 50 – 100 in total, though this may be increased by a further £ 100 for access to the natural park area in Gorkha).

The most remote area, in Humla district, is a special case, as the district is not accessible by road from Kathmandu, and regular flights are unreliable, so there is a possibility that the volunteer might have to fly in by helicopter, which would increase the in-country travel costs by another £ 200-250.

### **Opportunities for specialists:**

#### **General:**

For the placements in remote areas, we feel that it is essential that volunteers have very general skills, so that they are able to advise ANMs with most of their patients. However, we regularly organise update trainings for our staff in Kathmandu, and these are often about more specialist skills, especially practical skills, which can be taught within a group, without patients.

These training events offer an opportunity for specialists who would like to combine a holiday in Nepal with a few days' teaching of health workers.

We also have contacts with several hospitals in Kathmandu (especially the Maternity Hospital and the Kanti Children's Hospital), who often look for volunteer specialists to do short term training. These kinds of placement would have to be arranged on an individual basis.

#### **Cervical Cancer Cooperation:**

PHASE has also set up a technical cooperation group for colposcopy and cervical cancer prevention with the NNCTR (Nepal Network of Cancer Treatment and Research), and there are regular workshops in Kathmandu with practical teaching at Kathmandu hospitals. For more information about this programme, please see our website <http://www.phaseworldwide.org/screening.php> , and the March 2009 iRCOG newsletter at [http://www.rcog.org.uk/files/rcog-corp/rcog\\_internationalnews\\_2\\_1a.pdf](http://www.rcog.org.uk/files/rcog-corp/rcog_internationalnews_2_1a.pdf)

Please contact [gerda.pohl@phaseworldwide.org](mailto:gerda.pohl@phaseworldwide.org) for more detailed information.