



Kharikhola Healthcamp 2014

Providing quality healthcare in remote areas of Nepal

Charlotte Godziewski, Dietitian



Day 1 and 2 – Thursday, 10/04/2014 and Friday 11/04/2014

Our journey started in the airport. A whole day of waiting. It is well known that Lukla is one of the most dangerous – if not the most dangerous – airport in the world and that there is no way any plane will fly there unless the weather conditions are optimal. In the afternoon we got the confirmation that our plane was cancelled. We had only three days left to reach Kharikhola, in the far remote area of Solukhumbu, so we decided to improvise and went by jeep the very next morning. It was the first time a Dhulikhel Hospital trip to its outreach center in Kharikhola was done by land and our very enthusiastic and motivated team started off at 5 am.

Our staff was from various fields: there was a gynaecologist, an orthopaedic doctor, a GP, an opthalmologist, a physiotherapist, two public health experts from our community department, a dentist and a dentist nurse and myself, the dietitian. I had been working in Dhulikhel Hospital for nearly one and half year now, but it was my first visit to an outreach center, and I was incredibly excited. The main purpose of our visit was the treatment of patients. I was the only one who came to conduct a survey: my job there was to assess the nutritional status of children under 5, and question the parents about their child's feeding habits and other factors that may influence nutritional status, such as socio-economical background, drinking and smoking habits, disponibility of a variety of foods and so on. Though the journey was long, we had a lot of fun, and a lot of time to get to know each other. The roads were under construction and therefor very dusty. It was very hot and we were blocked by construction sites several times. But the jolly and pleasant atmosphere among us made the time pass quickly, and the landscapes were so beautiful, they made us forget the dust and heat. By 8pm, we reached Salleri, our place to stay overnight.



The dusty roads under construction



Little breaks during the journey: our team knows how to have fun!

Day 3. Saturday 12/04/2014

That day, we got up quite early to visit another health center located near Salleri. We could therefore only start moving towards Kharikhola at around 9am, which is quite late, provided that weather conditions are generally better in the mornings. From here onwards, we still had 2h of jeep before starting to walk. Unfortunately, the weather was not on our side, and we had to stop quite earlier than planned. Actually, there was a small thunder and lightning storm, with snowfall. While everyone was enjoying the snowfall (something very uncommon for people from Kathmandu valley), I was worrying about the lightning. Even though our initial plan was to reach Kharikhola by the evening, we had to readjust and consider an extra day of trekking: So after our lunch break followed by a cup of delicious salty butter tea, we only got to walk a little hour before the weather finally forced us to stop. This type of unpredictable situations are quite common when you go to remote areas of Nepal: First we planned to go by plane and had to postpone our departure, then we got caught in bad weather and had to add another day of trekking. I came to realize that, when organising a health camp like that, you have to consider every unpredictable situation. Luckily, the manager of our trip was well aware of all these possibilities and had calculated some additional time to reach Kharikhola. Fortunately, our Dhulikhel Hospital community staff is experienced enough in planing those expeditions!



In this area of the country, goods are mainly transported on the back of mules. Even people carry incredibly heavy loads in the so-called "doko's". These are big baskets carried on the back and strapped on the person's forehead.



Snowfall is very uncommon in Kathmandu valley and even in Dhulikhel. For most of us, it was a first time experience and we enjoyed a lot. From left to right: Charlotte (Dietitian), Chandra and Prabesh (Community dept), Raju (Ophthalmologist), Dr. Sashmi (Gynaecologist), Govinda (Physiotherapist), Dr. Nabin (Orthopaedic)

Day 4. Sunday 13/04/2014

We started off very early, so that we could reach Kharikhola before lunch. Wonderful sceneries were surrounding us each step we took. We were crossing beautiful white rivers, fairytale-like rhododendron forrests and had unique views on mountain peaks. The peaceful silence of nature was so calming and relaxing. The only remotely stressful situation we had was when we had to avoid getting pushed by a whole bunch of mules overtaking us on narrows mountain trails. Just before reaching our destination, we had to seriously climb for a few hours and, when we finally made it to the top, tired and sweating, we had a wonderful view over the village that was going to be our home and workplace for a whole week: Kharikhola. It's a quiet and peaceful village, located on the way to Namche (near Mt. Everest), for the brave trekkers who start walking all the way from Jiri. At the entrance of the village, you can admire a beautiful small buddhist monastery. I like that one especially, because the outside walls are not painted, but they are made out of big stones. These stones combined with the colours of the prayer flags and the windows give a really interessting design to the whole building. We went there several times, for morning walks at 5 am, or after work, to meet the monks and listen to their prayers.

Not far from the monastery, you can find a big school with a huge playground. A little further, there is what we use to call "the city center", a central place with a few shops and areas for the many small children to play. The village is actually located along a walking way that leads across a mountain, horizontally. Some houses are a little bit uphill from the road, and some are downhill from it. To reach our health center, however, we must take a short but steep little path and climb about 15 minutes.

After taking a small break in our lodge and getting a little comfortable and fresh, we decided to go and see the healthpost itself. For all of us (except the people from community department), it was the first time we travelled to this place, so none of us had seen the health post before. It's a very bright and spacious one, painted all white, with a big pharmacy, an X-ray room, an ultrasound machine, and facilities for dentistry. Many medicines and utensils had arrived on the back of mules, and we were introduced to the friendly staff members of the health center, who was already getting busy organizing everything for the next day.



The beautiful village of Kharikhola, located in the district of Solukhumbu, in the middle of the eastern part of the Himalaya mountain range. Its health post is useful to many people from Kharikhola and surroundings. Inhabitants from other villages may have to walk several days to reach here, but it is still the closest medical care facility for them.



The small and peaceful buddhist monastery at the entrance of Kharikhola.

Day 4. Monday 14/04/2014

That day our work began. At 8.30 sharp, a small opening ceremony was held to welcome us. The health camp was organized both by Dhulikhel Hospital and the organization Haatmahaat (hand in hand). A whole nursing team had come all the way from Australia to volunteer during the camp. Some people of Kharikhola were also actively involved, volunteering, for example in the registration office, or in the pharmacy. So many people were participating, so much enthusiasm and solidarity could clearly be felt.

At 9, the first patients were seen. I remember very well my first patient. She was a woman with a very big wound on her face, she said happened from an accident. But it did not look like an accident. Domestic violence is a common problem, especially in village areas where life is tough, and alcohols are homemade. I saw her a few days later, she had brought her children for a check-up as well.

When you think about it, it is very hard to imagine having adequate medical facilities only once a year! So many patients were presenting with fractures that had happend many months ago. Many children were having chronic on and off diarrhea: When I asked the mothers "does your child have diarrhea" they would answer something like "not at moment, but normally yes, frequently".

I was happy to have some translating help on the first day, but, by the second day, I was able to manage the counseling on my own, only specific important advice needed to be said by a nepali person, to make sure it was well understood. The survey on nutrition was going on well. I was enquiring about breastfeeding practices, complementary feeding methods, and so on. Which foods are easily available, do they grow their own vegetables and have chickens, goats or buffaloes at home? Assessment was done by measuring height, weight and head circumference and reporting that to the WHO growth charts. Mid-upper arm circumference was also measured. In addition to that, it was important to have an idea about the socio-economical situation of the family: Which ethny/caste are they from, did the parents go to school, how old are the parents, and how many children do they have...? I tried to estimate the parent's alcohol consumption, even though one has to read between the lines to interpret the answer to such a question. All these information were collected in order to find some evidence regarding the possible direct or indirect impacts of several factors on nutritional status of children.

I was very excited to interrogate the mothers, and very proud to be able to do this independently, in nepali language.

The day passed so quickly and, in the evening, I took a walk through the village, meeting friends of our community team members who had been there many times before. It was a very pleasant evening, as I was completely immersed in this reality of a village life in remote Nepal. I don't think people can even start to imagine what it's like to live there if they have only read about it, or seen it on TV. I had been living in Nepal for one and half year, but living in Dhulikhel is not at all comparable with living in remote villages. One week is of course not enough to fully grasp the entire lifestyle, but at least it gave me some idea and I'm really glad I was able to join this health camp for that reason as well.



The whole Health Camp Team: Haatmahaat organisation with the nursing team from Australia, Dhulikhel Hospital Team and local inhabitants involved in the management of the outreach center.



Counseling my first patient in Kharikhola Health Camp.

Day 5. Tuesday 15/04/2014

That day was a very hectic one for me, mothers with little babies were coming in non-stop and I was continuously filling up my questionnaires. Lunch breaks were also very hectic, we were so hungry, had to walk all the way down to the lodge, quickly eat the very tasty dal bhat with sagh and achar, right on time, and quickly hurry up back to the health post, carrying our full stomachs all the way uphill. But the atmosphere among us was still always great and working was such a pleasure. I had my little counseling table in the same room as our gynaecologist, and there was one Australian nurse to assist her. So I was spending most of the working hours with these two ladies. It was a great environment to work in, I enjoyed meeting that lovely, energetic Australian nurse, and I finally got a chance to get to know our sweet and talented gynaecologist better. Our trip to Kharikhola gave us the opportunity to meet so many interesting people, even among our own team, I'll admit that there were some faces I hadn't seen before. Together with the foreigner team, there was a very interesting and cool Nepali lady named Sabina, representative of Haatmahaat who had raised the funds for our health camp. It was very nice meeting her. An incredibly friendly camera team, Rokesh and Suman, was making a documentary about the event. It was wonderful meeting all these people.

That day, the gynaecologist and I had a very interesting patient. She was a 19 year old teenager, pregnant and about to deliver, already mother of 3 children out of which the eldest one was 5 years old. All three of them were little girls. It is difficult to imagine what a hard life that mother was leading, she was only a child herself. She was not at all interested in my questions and kept scolding and hitting her children whenever they would be disturbing. Our gynaecologist lectured that patient's husband very firmly. It was obvious that that boy, who was only 19 as well, was expecting his wife to deliver a male baby, and was going to try again and again, regardless of all the consequences. These type of mentalities are still present, especially in less educated population.

In these areas, women also mostly give birth at home. I was asking each of them where they had delivered their babies, and only a few of them said they went to a hospital or an outreach center. Of course, delivering in a hospital is much safer and they should get advised to do so. But, considering the context, I got to understand their reasons as well: When asking that question to one of my patients, she laughed and said she had delivered on the way to the hospital. "You mean...on the way???" I wasn't sure if I was misunderstanding due to the language. But she confirmed "Yes, literally on the way".



Nutritional assessment of children under 5 and feeding habit questionnaire

Day 6. Wednesday 16/04/2014

So far I gave many information regarding the nutrition survey and the patients I was seeing. But all of us were working hard and doing a great job: Our GP once had a very interesting case of a young woman who presented with ascites. In a place like Kharikhola, we are happy to have X-ray and ultrasound facilities, as well as some microbiological analysis possibilities, but, for more complicated cases, proper investigation is of course not available. That's when a physician has to show great talent at clinical examination. I think doctors who are used to working in remote areas, like the GP of our team, may be more talented in clinical examination than doctors who have easy and routine access to all sorts of investigation methods and machines.

Even in these difficult conditions, with adequate facilities lacking, he could say he suspected abdominal tuberculosis. The girl was referred to Dhulikhel Hospital. We were all very happy to see that, a week later, she actually made it all the way to Dhulikhel! Our GP did not mistake, it was in deed abdominal TB, and she could get proper treatment.

Our orthopaedic doctor was always quite busy as well. So many patients presented with fractures, sometimes from accidents that had happend a long time ago. He was very busy putting plasters one day, outside on the lawn in front of the healthpost. He would first look at the X-ray drying on a tree in the sun, then perform the adequate treatment. It's impressive to see how our medical team was adjusting to the conditions there in Kharikhola!

In the ophtamology department, things were going on quite hectic as well: The ophtalmologist was seeing more than a hundred patients per day. Our physiotherapist was doing a great job raising awareness regarding the importance of doing exercises in certain situations. Especially he and the orthopaedic doctor were working side by side, but everyone was showing great teamwork.

A visit to the dentist is never a pleasant experience, so our friendly dentist team would cheer up the children with little stickers and small gifts.

The women were finally given a chance to get proper gynaecological examination and counseling done, something that I feel does not happen often, as they were very shy to talk about a subject considered so tabu.

Each and everyone was busy, and it was wonderful to see so many patients getting treated.



Many patients were waiting in line, and all of us used to stay until the last one had been seen. It is important to consider that they may have come from very far away, sometimes several days walking while suffering from illness, so it was our priority to treat them as soon as possible.



Our physiotherapist at work

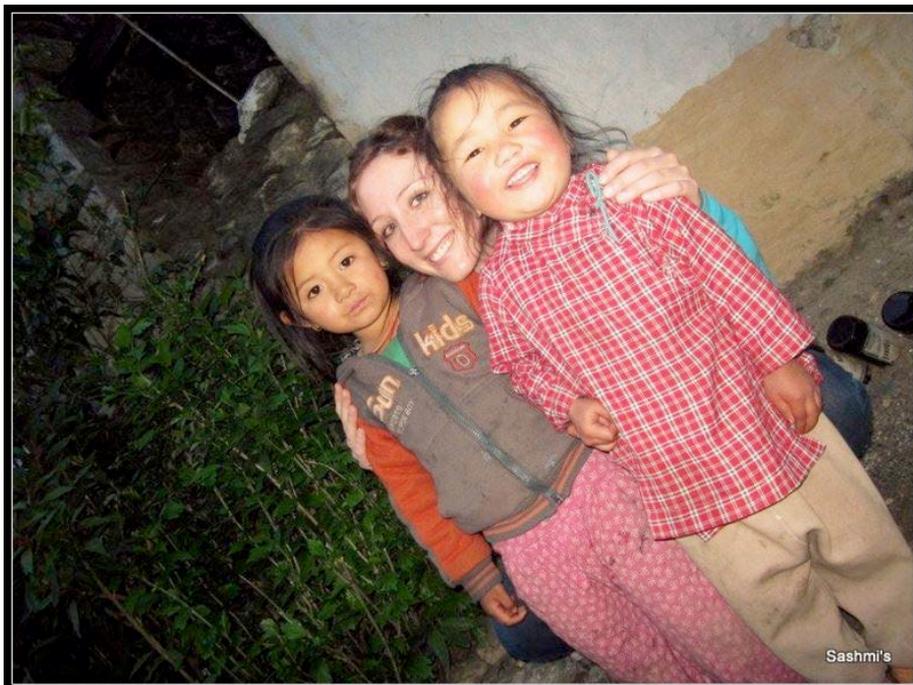


Putting plaster outside on the lawn, with our orthopaedic doctor, a nurse and a health assistant from Kharikhola.

Day 7. Thursday 17/04/2014

During this whole week, we were working much, that is for sure. But, there was free time as well, in the evenings, after work. Sometimes we took a walk through the village, or to the monastery, just to enjoy the beautiful sceneries. We don't usually get to be in such kind of environnements, especially those living in Kathmandu. Just walking around looking at the mountains, the sky, the fields and all this beautiful nature made us feel lucky to be there. After that, we would gather around the dining table and enjoy spending time together joking around, singing, playing cards, dancing and sometimes trying out a little bit of the local beverages. Among which was Tongba, a kind of warm beer made from millet, and Chyang, a beverage made from rice. I was very happy to learn a really fun nepali card game, and our ophtalmologist enjoyed learning to play one of our typical luxembourgish card game. That's how it went, the whole team was like a family, everyone was getting along with eatch other. I was the only foreigner of the Dhulikhel Hospital group, but I must say I never felt so much integrated, just like all the others, that was wonderful.

The owners of the lodge we were staying at were so friendly and caring. They would prepare such delicious food: always an egg in the morning, with either sukaroti (flat bread) or porridge, or noodles. Lunch and evening was always dal bhat tarkari, that means rice with lentil soup and vegetables, which was mostly green leafy vegetables and potatoes. Most of the times they would also provide us with some snacks right after work. They once gave us some Mahi, which is a typical food item found in villages, similar to liquid yoghurt. Once, thanks to our dentist, who proved to be an excellent cook as well, we had pickle made of gundruk, that is dried and fermented green leafy vegetable prepared with soyabeans and spices.



Walking around in the village, we came across so many friendly faces.

Day 8. Friday 18/04/2014

Today, we finally managed to gather the women from the village for some nutritional awareness raising session. For me, it was one of the most beautiful experience in Kharikhola. After work, our gynaecologist, dentist and myself went to “the city center” and asked if the women were going to gather today. They have managed a kind of “club” where they organize activities like picnic parties, sewing classes and all kind of programs aimed to empower the women in remote village areas. Personally, I think that is a great initiative! Actually, in these villages, life is tough, both for men and women. Some women get married very young, they will spend their lives taking care of many children and working on the fields at the same time. As usually in Nepal, they live with their in-laws and are in charge of all houseworks. That means a whole lot of hard work, each and every day. It must be good to have some social life and gatherings outside from home, to get some distraction and fun. So this time, I had prepared a game, to evaluate their knowledge regarding food. We first talked about the different nutrients and their role, in a simple way. After that, I placed images of many different food items and asked the women if they knew which foods contained the various nutrients we had discussed before. I was so happy to see that they actually knew which are the sources of protein, of vitamins, of fat and carbohydrates. In that way, we came to put together the basic concepts of a balanced diet. After that, I wanted them to tell me what can possibly be done to improve nutrition here, according to the availability of foods. It's nice to know the theory, but you can't expect all the foods to be ready and available in such remote mountain areas. But how the women were talking, it seemed like there is a way to cover the nutritional requirements, at least theoretically.

The session lasted for an hour and, after that, we returned to our lodge, all happy and enthusiastic.



The women in Kharikhola used to gather for several types of activities, and, that day, we talked about food and nutrition.

Day 9. Saturday 19/04/2014

That day, the idea came up that we should go to the school after work and play some football. Around 5pm, we headed towards the beautiful and big primary school of Kharikhola. It has a very big football playing ground in the middle, and we played for over an hour. It was fun and refreshing. In the evening, the foreigners from Australia, together with the camera team and our friend from Haatmahaat came to have dinner in our guesthouse. It was great spending some time with them outside the working hours, we had a nice dinner, followed by some music and dancing. For the occasion, we managed to get typical Sherpa dresses to try on for the four girls of our Dhulikhel team.

The next evening, we were invited to have dinner in their guesthouse, where the Australian nurses were staying. There also, we had very good times.



The girls of our team had fun trying on some traditional sherpa dresses. From left to right: Charlotte (Dietitian), Dr. Sashmi (Gynaecologist), Laxmi (Dentist nurse), Dr. Swastika (Dentist)

Day 10. Sunday 20/04/2014

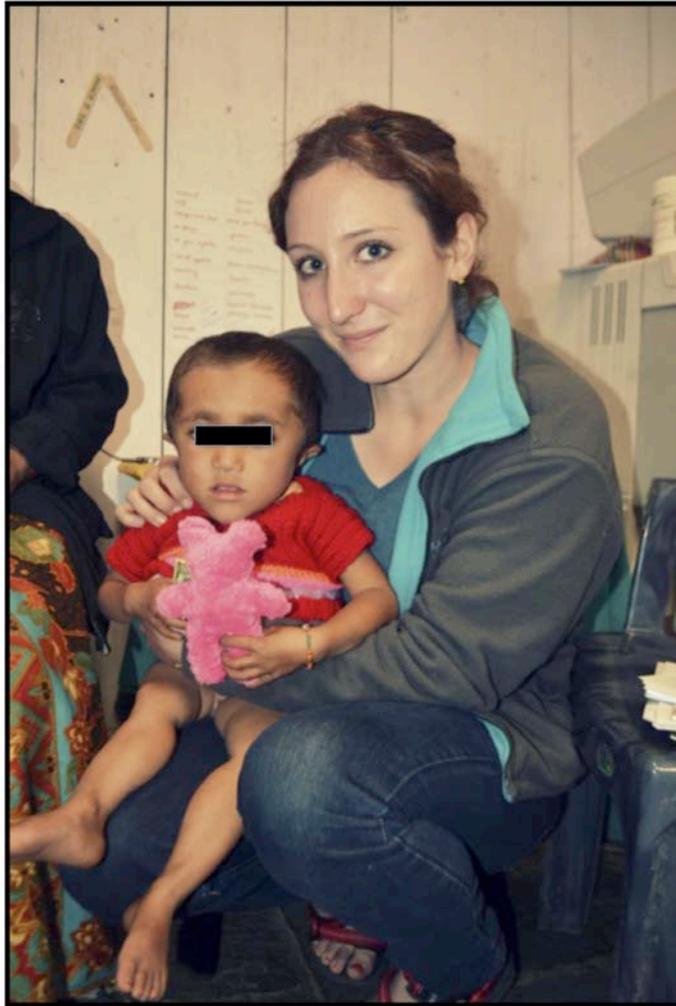
Today was our last day of work. We had a reasonable amount of patients, but a little less than the other days. There was one particular patient I would like to write about. She was 5 year old girl, of only 8kg and 68cm and many other signs of growth retardation and dysfunctions. She was referred to me by our physiotherapist, and I was starting to analyse what kind of food she was given. The diet pattern was of course not optimal, but it did not differ much from the usual one that I've seen during the last few days. She had been breastfed for 3 years. After some time, I understood what was the problem: In that particular community, some people have the belief that pregnant and lactating women should be given one glass of alcohol daily. They say it helps the baby and improves the breastmilk. Actually, these people are part of what others might call "low cast". As a foreigner, I can't consider that particular classification, but it is true that literacy and education among these people is dramatically lacking. They are very poor, sometimes too poor to buy soap to wash themselves, let alone wash their clothes. I think this kind of societal stratification is an endless vicious circle for those who find themselves at the difficult end. As an outcast of society, they don't get the chance to get proper education or earn enough money, so inevitably they will be illiterate, sometimes even dirty, which makes them even more excluded by others.

Many of our staff were gathered in the counseling room, and everyone was explaining her how dangerous this practice actually is. We explained in detail what type of effect alcohol can have in general, and especially on foetus and infants. It seemed like she honestly had no idea about that, she started crying. It's important not to make the mother feel guilty, but she has to understand that she should never, ever do that again. Her other two children had had the same exposure to alcohol, but she said they were normal. In the end, I think she understood what we were telling her. I asked her to inform all the other women from her community who might have been doing the same thing.

It is so unbelievable that people would really practice such type of rituals. I was sad and shocked. Permanent Kharikhola staff had warned us about this, but it was the only patient I saw who literally increased her alcohol consumption during pregnancy and lactation. But other lactating women as well, some didn't know about the danger of alcohol during lactation at all, and so they did not feel scared or shy to tell me that they were drinking a glass of chyang every day. In addition to filling up my questionnaires, a lot of awareness raising had to be done, and the main nutritional problems among most of the patients were striking out quite clearly: Alcohol and breastfeeding was one of these problems. Junk food consumption was also a big issue. One may think that, in these areas, people consume fresh homegrown cereals and vegetables. It used to be true, and it's still true, if you compare to western food habits, but instant noodles, chips, biscuits are available everywhere! I was scared to see how much of these harmful instant noodles little pre-school children were having! Even 3 months old babies were sometimes given instant noodle soup. That is so unhealthy for so many reasons, especially in children. First, I thought the mothers did not know that these products are unhealthy junk foods. But one of my friends explained me that there is also a whole social pressure around this. Nowadays in Europe, if a child does not have the latest smartphone, some capitalistically raised schoolmates may bully him. Similarly, if a child only brings plain roti (flat bread) as a snack to school and his schoolmates all have instant noodles, packed in shiny plastic, he may have difficulties integrating. I was very surprised to hear that, I never thought this type of peer pressure would reach all the way to remote mountain regions of Nepal, where everyone still grows their own vegetables and has his own chickens and buffaloes.

Other typical problems were the lack of fruit, which is very expensive and only available during adequate season. Dairy products were rarely consumed, but pulses, green vegetables, cereals and potatoes were always present.

This experience made me think about our society. In Europe, we get everything anytime, we could even easily get strawberries in December. Here in Kharikhola, the availability of foods depends on what grows at that time. Theoretically, that is a much more natural way to live and eat! Unfortunately, in the himalayan regions, the possibilities to grow a variety of foods is of course limited, which leads to bad nutritional status. I found 39% of the children were stunted (low height for age), and 23% had a low weight for age. This is huge. I'm very eager to see what ideas or conclusions will be resulting from the statistical analysis of our questionnaire, and what could be the best actions to remedy to this problem.



A 5 year old girl with severe growth retardation. Her mother had been given alcohol regularly during pregnancy and lactation.



The health camp came to an end, and all of us were very sad to leave. It was a wonderful experience.

Day 11,12 and 13 – The trip back

It took us again 3 days to return. Our team decided we would take the opportunity to visit a famous hindu temple in the district of Kothang, more specifically in a town called Halesi. It was almost on the way, and so it was a chance we had to take. The first day of our journey back was a walk from Kharikhola to Salleri. Basically we walked in one day, almost only uphill, whatever we had walked in two days downhill a week before. That means we woke up around 4.30 and started walking at 5am sharp. We barely stopped until 6pm, when we reached the place where the jeep was going to pick us up. It was physically very challenging! I think I had never walked that much before; around 10h of continuous walk, lunch and snack breaks excluded, and mostly steep climbing. It's incredible how much more you can achieve when you are in a group, everyone supporting each other. I must say our sporty and muscular ophthalmologist was spending extra energy motivating the more tired ones. I have no idea how he'd managed to climb while giving encouragements, joking around and singing out loud at the same time!! After finally reaching Salleri, we had some food then fell asleep instantly.

The next day, we could take it easier, wake up late, around 7am, get a good breakfast and get to Halesi, in Kothang district, all by jeep. We were squeezed 9 people, plus the driver in one vehicle, so obviously it was not the most comfortable ride of my life, especially considering the type of roads and the hot weather. But again, it was still a lot of fun. Everyone was very considerate and caring for all the other people. You would think that 10 people spending 10h squeezed in a jeep would inevitably create arguments, but it was nothing like that! Everything went perfectly smooth, I was impressed!

When we arrived in Halesi in the evening, there was no place to stay, all the lodges were packed. No, that's not exactly true, I mean "all the good lodges" were packed: We ended up in a dodgy, dirty guesthouse where the food was barely edible and the beds harder than stone. But none of this mattered. We were together, had fun, played cards and laughed. Next day, wake up call at 4.30, so we could quickly go and see the temple, spend some time there and start heading towards Dhulikhel soon enough. Early morning, I was not that much in the mood to wake up for visiting a temple. But once we reached, I changed my mind: The temple was so beautiful, it was inside a cave, the whole atmosphere was so mystical, with the red colours, the stones, the flames. It was breathtaking. I was the only foreigner there, but I did not feel out of place. It was really a nice temple. Not far from it, you could see a hill completely covered with buddhist prayer flags. There were some buddhist monasteries around there as well. I'm really glad I got to see this place, it was absolutely worth it.

Afterwards, we headed back towards Dhulikhel, we reached without any problems, had a snack together, then we parted. Some of us staying in Dhulikhel walked home, others continued till Bhaktapur or Kathmandu. It was strange to separate after almost 2 weeks spent continuously together. Not only did we spent 2 weeks together, but we were sharing and living great adventures together.

This experience was with no doubts one of those that make you grow, and I'll cherish those memories forever. I'll never forget Kharikhola, and I'll never forget our wonderful team.



The famous Mahadev Temple in Halesi, Kothang District is located inside a big cave.



Just next to Mahadev Temple, there was a hill full of prayer flags.



"This experience was with no doubts one of those that make you grow, and I'll cherish those memories forever. I'll never forget Kharikhola, and I'll never forget our wonderful team."
Our team from left to right: Dr. Nabin (Orthopaedics), Dr. Rabindra (GP), Dr. Sashmi (Gynaecologist), Laxmi (Dentist nurse), Dr. Swastika (Dentist), Raju (Ophtalmologist), Prabesh (Community dept). Missing: Govinda (Physiotherapist), Chandra (Community dept).