

## Improving access to health care in rural areas is still a priority

Over the years INF has employed many successful strategies to improve people's access to better health care in rural areas.

These strategies have included working with the Government of Nepal to achieve better care for people with diseases such as leprosy and tuberculosis. Providing training for nurses and health care workers, as well as equipping rural health posts, are essential activities to improve health care services in remote areas.

Training for members of Self Help Groups to identify common health needs and how they might be addressed locally is another

important part of INF's work in rural communities. These groups can also help refer patients who cannot receive the medical help they need locally, and recommend patients who might need support from INF's Poor Fund to pay for their treatment.

But there are still many people who suffer unnecessarily and don't get the health care they need. Medical camps started over twenty years ago and are still playing an important part in the way INF can



Dispensing medicines to local people

reach some of the poorest people in Nepal. Thanks to faithful prayers and financial support from INF

supporters camps have been going from strength to strength – no matter what challenges the teams in Nepal have had to face.

Please continue praying for the Camps Team. They are bringing hope and healing to hundreds of people each year. They are so much more than just doctors and nurses! They truly bring God's love to people in desperate need. Their professional expertise, loving care, compassion and often wise counselling advice truly touch and transform many lives.

To find out more about medical camps, or to make a gift, please go to [www.inf.org.uk/camps](http://www.inf.org.uk/camps) or call us on **0121 472 2425**.

### Fistula Camps at Mid-West Regional Hospital, Surkhet

An obstetric fistula is caused by difficulties in childbirth and leads to a woman becoming incontinent, continually leaking urine or faeces. Many women suffering with fistula will be excluded by their community because they are considered unclean or even cursed. Some of the women have been wet with urine for more than 40 years – years of isolation, shame and feeling unloved!

Each year during February and March, Dr Shirley Heywood, a specialist gynaecologist, leads fistula camps at the hospital in Kalagaun [Surkhet]. Women come from neighbouring districts, sometimes even walking for days, to seek help with their condition. Most women leave the camp completely cured. In 2016 nearly 50 women were treated and this year, a total of 20 women underwent a fistula operation. Women who have an operation stay at the hospital for a few weeks so that their body can heal completely. But it is not only the physical healing that makes a difference. During their stay they are lovingly cared for and many women find out for the first time that there are not alone in their condition.



Dr Shirley Heywood with one of her patients at the fistula camp in 2016

# STORIES FROM "THE TENT"

CAMPS ARE STILL GOING FROM STRENGTH TO STRENGTH

## Unforeseen challenges in 2015

Since 1993 INF's Medical Camps have brought hope and healing to thousands of people in remote mountain communities. Camps have become an important part of the ongoing work that we do in Nepal, but some unforeseen events in 2015 suddenly changed all our plans.

In the aftermath of the 2015 earthquake plans had to be put on hold to support the government of Nepal in dealing with the crisis. INF was asked to help assess the needs in the affected region, and to provide urgent medical support. Our doctors were among the first teams to conduct emergency camps, treating 450 patients at a medical camp in Gorkha Bazaar, together with doctors from UMN. Some of them were even flown out by helicopter to reach remote mountain communities and to check whether there were any people needing medical care. The earthquake had

struck during the day when most people were working in their fields - a fortunate factor that limited the loss of lives and injuries in rural areas. But sadly, many people had lost their homes.

After the earthquake Nepal faced another challenge. In September 2015 important border crossings between



Impromptu medical camp on the way to Gorkha Bazaar

Nepal and India were blocked, causing a severe fuel crisis which lasted nearly six months. The problem was not only that fuel became extremely scarce, but also that costs

for all goods, including medicines, started to rise dramatically. When the fuel crisis was over in February 2016 the team could finally begin to plan camps as usual.

## Opening of the Ear Centre - a new opportunity for camps

In November 2015 a steady stream of patients visited the new centre in Pokhara.

Over a ten day period ENT specialists from Switzerland, New Zealand and the United Kingdom volunteered their skills to team up with their Nepali colleagues and care for those who had come in search of healing. Numbers were lower than previously seen at a typical camp, partially due to transport restrictions caused by the fuel crisis. But the team made sure that they were not there to count numbers but to make a difference in the lives of each individual.

The latest Ear Camp took place in Jumla at the end of May 2017. You can find patients' stories and more news from Dr. Mike Smith and his team at [www.inf.org.uk/camps](http://www.inf.org.uk/camps).



**Left:** Puskar, 14, had experienced pain and deafness in his ear since early childhood. He left the Ear Centre after a week with his hearing restored and no more pain.

# INF's first "all-Nepali" camp: general medical camp in Rolpa, January 2017

**In Nepal medical treatment is costly, families may spend everything they have pursuing 'cures' from traditional healers and pharmacists promising miracle cures, even before they reach a hospital.**

Care from government hospitals and clinics is expensive and has to be paid for by the patient or their family. It is a stark reality that when the money runs out, a person's treatment stops, even if this may mean death. INF Camps offer free treatment, advice, and referrals for those who may never have the privilege or finance to access even the most basic of health care.

INF's team organised a three-day general medical camp in Rolpa in January 2017, including specialists for ear and skin conditions. The team, led by Eka Dev, included ENT surgeon Dr.

Sanjaya, dermatologist Dr. Ramesh, Medical Officer Dr. Prakash and Staff Nurse Surakshya.

Historically teams consisted of doctors and medical specialists from all over the world who joined their Nepali colleagues to share expertise and encouragement. However, with visas becoming more difficult to obtain during 2016, the Camps Team rose to yet another challenge – running camps staffed entirely by Nepali specialists and volunteers. For the very first time in the history of INF's camps, there had been no involvement of expatriate



Dr. Prakash and his team deliver a baby in distress

medical personnel. A great achievement to celebrate! The team had expected to see about 500 patients, but they managed to treat far more than that – an amazing total of 575 people were treated.

The team helped patients with a huge range of conditions and health issues, but there was one special patient whose arrival deeply moved the team. Dr. Prakash recalls 'After a busy second day, we got a knock on our door around 1:00 am. Some people came to tell us about a 21-year-old woman in labour who was not able to deliver her baby. We rushed to the site and found the lady was crying in pain and the health attendant felt unsure how to help.'

At 37-weeks and fully dilated the young mum had already been in labour for ten hours. The baby

was stuck with the cord wrapped around its neck. 'Seeing her condition and the lack of ambulance services in that hilly area, we couldn't take the chance of referring her to the nearest health centre, 10-hours away. We explained what we could do to deliver the baby safely and asked people to calm down.'

Dr. Prakash and his team now faced another obstacle, they decided to make an incision to help the baby move - but the health post did not have the basic equipment they needed. Instruments had to be fetched from another health post 30 minutes away and when they finally arrived Dr. Prakash and his team were able to bring a beautiful, healthy baby into the world. 'It gave us great satisfaction that our effort brought some help to the community and happiness to the mother's face'.

This kind of service is not typically what the Camps Team set out to do. It was a truly miraculous coincidence that they were there at the time. Their calm, fast acting expertise saved both mother and child from certain death.

**Below:** Doctors were able save this baby from pneumonia



**Top:** People gathering in front of the health post waiting to be registered. **Middle, left:** Two students waiting for a check up. **Middle right:** Patient having his blood pressure checked. **Bottom:** Patients waiting to see a doctor.



Dr. Sanjaya checking the ear of an infant