

2014

Newsletter no. 4 2014 from KMCH Support Group

Hello, Tashi Delek and Namaste

In July we visited our school home in Yangar

We hope everyone have had a pleasant and rewarding summer. Our visit to Humla was very pleasant and rewarding. We were five men from the Board and three members of the KMCH SG who visited Humla in July and met the children in the school home in Yangar. In the coming newsletters, we will, among other things, give you some impressions from this trip.

The journey to the school home

First we spent some days in Kathmandu. It is only in Kathmandu you can apply for a trekking permission to Humla. When we have got our permits and bought an extra tent and some sleeping mats, we took a flight to Nepalgunj in southwestern Nepal. From Nepalgunj you can fly to Simikot, the capital of Humla. We were lucky because we came off as planned. In the monsoon seasons, this is unique because it is more normal to wait some days for the weather to be flight-friendly. Another limitation is that it is only possible to fly in the mornings. In the afternoon, the wind is too strong.

We came to Simikot early one morning, but started our hike to the school home the following day in order to accustom ourselves a bit to the altitude. Simikot lies 2900 m above sea level. It took three days to walk to the school home in the village of Yangar. It is very much up and down on mostly very tough trails. From time to time the trail becomes broader and rather easy to walk on. Then you have entered some short parts of a coming road that will go between Simikot and the Tibetan border.



A spectacular part of the trail. You need to stay tight to the rock face



Part of the coming road from Simikot to Tibet

The altitude varies between approximately 3,100 and approximately 2,300 meters. The school home is situated on approximately 3,100 meters. You have to be in a reasonably good physical condition to complete this trek. The last day was very demanding. We did not carry more than small backpacks. The large backpacks, the tents and our food etc. were carried by horses. (An exception to this was our youngest hiker, Anton, who persisted in wearing his entire luggage himself.)

We didn't see many animals during the trek, only a few lizards and some birds of prey, but we often heard the songs of cicadas and barking of jackals.

The meeting with the children

When we came to a short part of the coming road just below the school home we met all our 47 children and our teachers. The children greeted us with songs, flowers and kathas . It was touching and suddenly our tired bodies felt less tired. Now it was just a rather short but a very steep ascent from the road up to the school home. Once there, we were able to rest and enjoy the children's singing and dancing. It was a very emotional meeting.



The school home

When we were there in July 2011 we camped where it now is a kitchen garden and only a hose with water from the mountains above, a toilet building hiding in the slopes below our tents - both sponsored by Bastian Etter from Switzerland - and a few piles of stones indicated that there was something going on. Otherwise it was wilderness. The children still lived in a rented house in the village. Now there are two large buildings and a provisional kitchen with adjoining combined dining- and classroom. In the oldest building – the Hostel - which consists of eight rooms on two-floors all the children, the teachers and Lapka with family lives. Lapka is the person responsible for the school-home. Lapkas family has a private kitchen in a separate building next to the other kitchen.



The hostel



The new house

The new house, which is not yet completed, consists of five rooms on one level. Two of the rooms are planned to be used as classrooms, one shall serve as storage and as an office. The other two rooms are designed to relieve the other building so that the children don't have to live so crowded. They do not think that it is especially crowded, but up to nine and ten children in rooms of approximately 15 square meters are pretty crowded. There they have, of course, even their clothes and other belongings.



There is no heating in the rooms so in late autumn and early spring, it is often very cold for children. (During the winter months, the school is closed and the children are at home with their parents or other relatives.) We plan to install a smokeless stove in each room.

Some more investments are required before the kids have got a decent living. We then most of all think of the hygiene situation. Now the water comes from an ordinary garden hose. From it they get all water for cooking, washing and cleaning etc. The toilets are too few so it has temporarily been solved by some pits protected of some plastic wraps. Neither comfortably nor particularly hygienic. These two investments and the completion of the new house will, thanks to an additional investment gift, be completed as early as this autumn. The installation of stoves was already in the investment plan for this year. We hope to be able to build a permanent kitchen during one of the next few years.



Naki and Chembal at the water tube



View of the houses a washing day

A visit to the hospital in Simikot

(By Anton Pilotti)

"While we, during our journey back home, were waiting for the clouds to disperse around the western Nepali mountain peaks, I decided to make a visit to the local hospital in Simikot. The village is the capital of Humla, which has about 50,000 inhabitants, so the hospital can be compared with some Swedish regional hospitals, such as hospitals located in Luleå or Enköping. With quite large differences in conditions as it would turn out.

The hospital in Simikot is situated a bit outside the main city and consists of a collection of three-four houses and housing for the employees. I had a chance to get a guided tour by the doctor in charge, Mr. O'Neil. He was educated at the University of Pokhara and was waiting for specialist training to orthopedic surgeon. Before he can get that specialist training he had to work in Simikot for two years. This type of service placement is the Nepalese Government's strategy to cater for medical staffing in the country's more remote parts.

The hospital in Simikot has room for just over 10 patients. Much of the technical equipment we are accustomed to in the Swedish health care system, x-ray machines and advanced biochemical lab, are largely lacking. This puts a very different approach to healthcare. For example the possibility to define the bacterium that causes an infection in a patient is limited to the experiences of the staff. The result is of course a very generous antibiotic administration. Antibiotic covering many different kinds of bacteria is because of that used to a large extent. One advantage of this is, if no specification of bacterial type can be done, it is best to cover as many types as possible. The downside of this generous antibiotic administration is that antibiotics are used as a miracle drug given to patients without that an infection even is checked. However, given the

conditions prevailing in the area, other options are more risky. They have to play with the cards that are available. Extensive use of antibiotics also exists in Europe, strangely enough, especially in an industry that doesn't have to do with health care: meat production.

During my visit to the hospital, I met two patients. A woman had diarrhea that has been going on for some time. This is a common reason why people come to the hospital in Simikot. The other patient was a woman who had undergone a difficult childbirth and now showed signs of heart failure as a result of this. She was waiting to be evacuated to Nepalgunj for treatment. Mr. O'neill described a problem that often arises when medical care is financed individually-poor people often wait to seek medical care because of the high cost. The consequence of this is that a patient's condition only makes matters worse and finally become so acute that the choice is between health care and death. The woman I met had previously denied the evacuation of this reason, but then changed her mind and finally realized that she really had no choice. A stay in the hospital in Nepalgunj and expenses for food and travel will most likely result in a financial disaster for her family. I also got to see the outside of the House where the patients infected with leprosy were. Leprosy, a disease that is often associated with the middle ages, is still a not entirely uncommon phenomenon in Nepal. Two patients were treated for the disease (which can be cured by prolonged courses of antibiotics) at the hospital.

Finally, I visited the hospital's administrative building where an ambitious gathering of statistics turned out to be. People often seek medical care due to nutrition status of children. Statistics on what treatments and procedures that were made were documented in the same way as we do in Sweden. Respiratory diseases and eye problems, both because of a smoky indoor environment, were in addition to diarrhea, diseases that are commonly found. The three most common conditions that affect the population of Humla proved to be problems that can be remedied with fairly simple preventive measures. Better stoves, improved basic hygiene and an improved diet would probably be noticed among the statistics on Mr. O'Neil's notice board. "

Come and listen to us when we tell about our trip to Humla at Ekebyhovs Slott in Ekerö

On Sunday the 5 of October at two o'clock we will be at Ekebyhovs Slott in Ekerö and tell about our trip to Humla this summer. The Sånåra choir will sing some songs. The Castle's café is open between noon and four o'clock. You can also look at art in the

gallery upstairs. All are cordially invited.



Authorized recipient (*For those who are Swedish citizens only*)

We reiterate that KMCH Support Group has been approved as Authorized recipient of the Swedish Tax Agency. This means that gifts to us can qualify for the tax credit provided that you give us your social security number and registered address. See more of this in the Newsletter No. 2 in 2014 or at our website www.kmchumla.se.

Membership in the Association

We would like to repeat that anyone who has paid 100 SEK for the year can become a member of KMCH Support Group. It is just to indicate this when you pay. We would like to have as many members as possible.

Greetings

from

The Board of KMCH Support Group

by

Hans

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