

Nepal 2008 - Our Experience

We set off for Nepal in the evening of Saturday April 19th, having spent a good year raising funds to go. It was thanks to our families, colleagues, patients and various businesses and companies that we reached our target amount. Full of anxiety, and loaded up with various supplies for the trip, we walked in to Heathrow airport, where we were meeting some of the other members of the team. We were all going to be working for the International Nepal Fellowship (INF), who run many different camps and rely on volunteers from the UK and Nepal to staff them.



After a long flight, which included a lengthy delay in Bahrain, we finally arrived in Kathmandu, where it was much warmer than the grey murky England we had left behind. By that time it was late on Sunday evening, and we took a taxi from the airport to the hotel. Although it was late, the city was buzzing and we were able to take in the sounds and smells and catch the odd glimpse of ladies in brightly coloured saris. At the hotel, we were able to have some dinner and make a quick phone call home, to let our families know we had arrived safely. We also met some other members of the team who had arrived the day before. It was then time to get some sleep, as we had lots more travelling to do the following day.

Early on Monday morning, we headed back to the airport, this time to catch a flight to Nepalgunj. A much smaller plane this time, but an opportunity to catch a glimpse of the snow capped peaks of the Himalayas – having been advised by veteran INF volunteers which side of the plane to sit on! We were met at Nepalgunj airport by Ellen, a missionary and INF volunteer for many years. She had just returned from another camp, but was full of energy enthusiasm and glad to greet the team for the Ear camp. We loaded our bags in to land rovers and began the long journey to Dailekh, where the camp was being set up in the local hospital. We started out on a reasonably flat road, but eventually headed up in to the hills where it became very bumpy and dusty, but completely beautiful and we were able to enjoy the spectacular scenery.

Approximately ten hours and two punctures later, we arrived (in the dark once more) at the hospital in Dailekh. We were greeted by the Nepalese volunteers who had gone on ahead and were relieved to see us. We were shown to our accommodation, which was a short walk down a dusty road in the Bazaar. Our room was pretty clean, and we had 'mattresses' on the wooden beds – not mattresses as you know them, but more than we had expected. As a precaution, we set up our mosquito net, although we were now at a fairly high altitude and we hoped we wouldn't encounter any mosquitoes. We walked back to the hospital for our first serving of Dhal baart (rice and lentil soup). This was gratefully received, as we had not been able to eat lunch during the journey.



Our beds with the mosquito net over them, and shelves in our room.

The following morning we headed down to the hospital early, as we were keen to find the Audiology room and set up our equipment. We had been woken up at 5am anyway, by Cockerels outside our window, men clearing their throats, trucks thundering down the road and a radio! Good morning Nepal! Breakfast was yoghurt and something sugary – the name of which we cannot remember. We had our first cup of Chai (hot milk infused with spices) this was to become our substitute 'morning brew'. We were introduced to Peggy, another missionary and INF volunteer. She works full time in a Tuberculosis clinic, but had volunteered for the Ear camp as she has also been trained in Audiometry. Her kind, friendly and enthusiastic manner immediately put us at ease, and the three of us headed off to the Audiology room.

Peggy was quick to start sorting things out – arranging for desks and chairs to be brought in, and for the sheets of plastic to be taken off the windows to make the room cooler and lighter. Apparently, our room was normally used as the operating theatre, but wouldn't have been big enough for the Surgeons on our camp – there were three consultants, a Registrar and two anaesthetists! We had only a short amount of time to get everything set up and to sort through

the cases of stock and other equipment before it was time to start testing. There were already many people waiting, and after they had registered for the camp and seen the Doctors, many were being sent straight through for hearing tests.



An Audiometer



Equipment to unpack



The Sign for the Audiology room

We quickly settled in to a daily routine. We started testing hearing at around 8:30 every morning. Peggy made sure that we had a break in the middle of the morning and then we stopped for lunch at 1pm. We decided it would be best to do some hearing aid fittings every day, as it quickly became apparent that there were going to be plenty of people in need of them. We would look through the records of those people who we had tested and wanted to give hearing aids to, and we divided them in to two groups. Then, at approximately 3pm each day, we would stop doing hearing tests and take the first group in.

The groups were decided by the type of hearing aids that we were going to fit – people with more severe loss/the very elderly or very poor were given body worn aids. Younger people/milder losses were given behind-the-ear (BTE) aids. Body worn hearing aids require AA batteries, which are cheaper and more easily-available than the smaller batteries for BTE aids. We would usually see the 'BTE group' first, and then the 'body worn group' second. It was quicker to fit BTE aids, as we could choose ear moulds from the huge selection made up of some that we had brought from home, and some that previous volunteers had left behind. Body worn aids were harder to fit, as we had to make moulds for these. We had some 'instant' impression material that set hard enough to be an instant mould. The difficulty came in drilling the sound holes through – the drill would only work if held at a certain angle, and then gave up working altogether on several occasions!

Doing group fittings worked extremely well, as we found that people could help each other. We were lucky to have Peggy, who could speak some Nepalese and explain how the hearing aids worked. In addition though, we had another interpreter working with us all the time – Rita. She worked for radio Nepal, but had also volunteered for the camp. As well as explaining how to do tests and how hearing aids worked, she also acted as crowd control – stopping too many people trying to get in to the Audiology room, and telling them to come back at different times. Without the two of them, I don't think we could have seen nearly as many people as we did.

We would generally finish the hearing aid fitting at around 5pm, and we would do a couple more hours of hearing tests before packing up for the day. Peggy would make us an afternoon cup of tea while we were sorting out hearing aids, and she usually had a nice home-made biscuit for us, which were lovely and kept us going until dinner time! We usually ate our main meal at around 8pm. We would meet Peggy, and sometimes the other members of the team. Most of the doctors however, continued operating until late in to the night – they were often still working at 10pm, when we would generally retire back to our room. We were exhausted from the number of hearing tests and hearing aid fittings we had done each day, as both of which require full concentration, and far exceeded what we would do in a normal day in the UK.

On day two, the change in diet and water took its toll, and we both suffered with 'upset tummies'. This forced us to conquer our fears of the toilets and also meant we had to disappear mid-test on a few occasions, which the patients must have thought very odd! We also bravely decided to use the 'shower' but conscious of the limited water supply, filled buckets of water to wash. The water supply would kick in first thing in the morning – another noise we woke up to was people filling buckets. It only lasted a short time, but would fill tanks around the hospital and in some people's homes. It was enough water for us to wash ourselves in the morning, but the hospital's supply quickly ran out each day. This meant there was never enough to wash our hands, and sometimes none to flush the toilet. We had taken plenty of alcohol wipes and spray gel for our hands, but not being able to give them a good scrub with soap and water took some getting used to. It was certainly a different world to the one we are used to, where washing your hands cannot be encouraged enough around the hospital.

We had been prepared for the language barrier and we were incredibly lucky to have interpreters. We hadn't been prepared for all the cultural differences. It is hard to teach someone how the volume control works on their hearing aid if they have had no education and no understanding of numbers. It is hard to test children when they have been taught that they mustn't look at you as it is disrespectful – how can you give praise or encouragement? The children would usually come in alone without their parents, and would sit and allow you to test them for as long as necessary, without getting restless or fed-up. We had taken sweets and stickers, and with the help of Rita, managed to explain that these were rewards for their good behaviour.



Most of the people that received hearing aids appeared grateful, some smiled and laughed and some explained through Rita that they were pleased to be able to hear. We attempted some paediatric hearing aid fittings, which was more tricky – although their hearing losses were suitable for hearing aids some of them had had the loss since birth/early childhood, and therefore had not acquired language. In a couple of cases we attempted to fit hearing aids anyway, in hope that some amplification might be useful, even

if just to alert them to different sounds.

Over eight days, we tested a total of 447 people and we fitted 101 hearing aids. Nearly 1000 people attended the camp, so it was one of the busiest ever INF ear camps in Nepal. The Surgeons also operated on over 140 people, and at the end of the camp they all came back to have their dressings changed, and for a talk on cleaning their wounds. It was quite an amazing sight, seeing them all stood together. We were asked to re-bandage everyone, and after a 30 second lesson in how to do this, we found ourselves doing exactly that! Not in an Audiologist's job description!



Re-bandaging
Patients gather for talk on after care

It had been an amazing experience, but on Thursday the 1st May, we were pleased to be heading home. We left the camp at

5am, and began the long drive back to Nepalgunj. Once there, we stayed in a hotel over night, before taking a flight back to Kathmandu on the Friday. We were able to spend Friday afternoon and most of Saturday sight seeing and doing a little shopping. However, we found ourselves so exhausted; it was nice just to spend some time relaxing back at the hotel, before catching our flight home on Saturday evening. So the question is: would we do it again? Well, never say never! We would certainly recommend it to anyone who wants an adventure, and wants to experience a completely different way of working. We will however, need some time to recover!!

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