

Ekerö 12th December 2016

Hello, Tashi Delek, Namaste

News from the school home



In late October, a group of 8 people visited the school home in Yangar. The itinerary was the usual. We have to start in Kathmandu to get "Trekking permits" to Humla. Then we flew to Nepalgunj in southwestern Nepal. From Nepalgunj we flew with a small single-engine plane to Simikot which is the head quarter of Humla. From Simikot it is, at least for us Westerners, a three days tough walk to the school home on often narrow paths with several spectacular passages. We

had a very nice weather under our stay in Humla. On the days we could have only t-shirts, but as soon as the Sun went down we had to use our winter clothes. *(Standing from the left: Hans, Eva, Pär, Vanja, Italo, Richard and our guide Chembal. On their knees are Gustav and Emely. Photo Emely Claesson.)*

It's always touching to meet the children, to see their joy and apparent well-being at the school home. To say farewell from them was as touching and tearful as the meeting with them.



Often the trails are bumpy and rocky. Sometimes they are

easy to walk on, and it is always beautiful. (Photos Emely Claesson)

In the following newsletters we will tell you more about our trip, about our impressions, our meetings with the children, the school, the monastery, the health clinic and with other NGOs working in Humla. In this newsletter Vanya gives you some impressions from a visit to our health clinic NCC, which has its premises in the monastery in the neighboring village of Yalwang. Anton continues to inform us about the tours in the Nepalese politics, this time on Nepal's health policy. We finish with a touching letter of thanks from one of the girls at the school home.

In the previous newsletter I wrote about our problem with the water supply to the school home. Now our source in the hills above the school home has started to produce water again, but to a lesser extent, than before. The source has according to Chembals parents always had a stable flow. We hope that the problem will not be prolonged. However, we need to assess and calculate the costs of alternative solutions.

THANKS to everyone who makes this project possible.

So here at the end of the year, it may be appropriate to say a thank you to all who make our activities in Humla possible.

We start this list of donors with all individuals who regularly or more spontaneously provide most of the money needed for us to be able to support some of the poor children in Humla so they will get the opportunity to go to school and so we can offer some of the residents of Humla a basic health care.

It is encouraging that some associations and foundations also have chosen to support our activities and/or our children's further education.

The major support for investment and operating costs, we have in recent years received from **The Family Olofsson's Foundation for social development**. ("Familjen Olofssons stiftelse för samhällsutveckling"). Without their support our activities had been at an entirely different level.

New Hope Foundation: The travel industry's children fund has decided this year to help us with the costs of school- and notebooks as well as for medicine for children treated at our health clinic, NCC.

The Society for Street Children in Nepal pays for one of our students' studies to be a nurse. It is a three-year training which is very expensive.

For many years, the Association **Verein Humla-Switzerland** has directly supported the KMCH in Nepal. In recent years, an Australian organization **The Adara Group** also directly has supported the KMCH in Nepal. The Adara Group is an important sponsor of **Himalayan Children Society (HCS)**, which is an organization that runs a school home with over 200 children in the village of Yalwang where our children's school is located. The Adara Group is also the main sponsor of the school in Yalwang. Without their support the school would not have classes up to grade 10, and would not have had the quality as it has today. The school is appointed to be the best school in Humla. KMCH's

contribution to the school is the salary for two teachers. This year, a Taiwanese Association, called **ADAKA**, have given the children of KMCH new warm jackets.



Girls that are joking, drawing and telling stories



8 to 10 in every room. It is crowded and yet no wardrobes.

Jayala Buddha's work on KMCH health clinic, NCC

(By Vanja Pilotti)

During this fall's trip to Humla, we visited the KMCH health clinic in Yalwang, and because I work as a nurse, I was extra interested of the health and the organization of the health service in the area. Jayala Buddha works as a nurse at our clinic. I had the opportunity to talk with him about his work, which was incredibly interesting. To the clinic come children and adults from several villages in the area, and Jayala receives about 25 patients a day. He deals with, for example, people with respiratory tract infections, diarrhea diseases, nutritional deficiency, arthritis and diseases of the eye. When necessary he even pull out teeth and helps sometimes with deliveries.



In addition to the work at the clinic he also carries out a preventive work in some villages where he inform about basic hygiene, tooth brushing, as well as the importance of using clean water to avoid contamination.

The clinic consists of a small room with a desk, a bed and shelves for medicine. There Jayala works alone and his decisions are based on his clinical eye

and past experience and he must do it without things that are taken for granted for us in Sweden, such as colleagues, laboratory and x-ray. If necessary, he can consult a doctor in Katmandu over the phone. But it is always Jalaya who has to decide what to do and he often faces difficult choices of how to prioritize, with his relatively small resources. I am deeply impressed by his work. *(Left. Jalaya examines a boy. Photo Emely Claesson.)*

You should avoid becoming seriously ill in Humla. Patients who need more advanced investigation or treatment must walk the long and awkward way to Simikot, and in more serious condition, the patient must fly to Katmandu. Both of these options are cumbersome and expensive for the poor population. This often leads to the fact that many do not get the help they need. However Jalaya is able to do significant efforts in milder conditions and by my understanding it is a work that makes a big difference for the people living in Yalwang and in the villages around. I asked him what he lacks in the clinic. Among other things he mentioned a fridge to be able to store vaccines in a proper way so it retains its power. There are of course many other things that also are needed at the clinic, but I think a refrigerator would be a good start, and my hope is that the KMCH will be able to help him with one.

Nepal's health

(By Anton Pilotti)

Vanya's text describes the health situation of Humla, or at least the working situation on the by KMCH funded health clinic. How is the health situation in the country today? This I will try to summarize.



If Nepal is compared with welfare States like Sweden emerges a fundamental difference that affects the entire continuum from small local clinics to the country's major hospitals: the lack of a universal health insurance. Nepal's new Constitution guarantees access to basic medical care for all citizens, an ambitious goal that is not met. Health care is delivered against payment,

which has implications for the families with small financial margins. Studies I've read says that one day at Nepal's only intensive care unit for children costs more than 40 US \$. If a respirator is needed the cost is doubled. When an income under \$2/day is standard for many Nepalese, it is clear that longer stays at hospitals can be devastating for the private economy. It is true that intensive care is more expensive than other types of medical care, but the problem persists even if the daily cost will be half or one-tenth as high.

The highly specialized health care is, as in many other low income countries, very neglected in Nepal. One argument is that investments in such types of care have limited effect on health in General. The variables that are usually measured in these contexts, infant/child mortality or deaths associated with childbirth, are dependent on other efforts , such as vaccination programs, skilled employees participating in childbirth and of the opportunity to have contact with a clinic. If the case is that poor Nepalese (which

is the vast majority) cannot afford the highly specialized, the question is why betting on such at all.

An argument about why the deployment of specialist healthcare is important can be found in the origins of Nepal's first intensive care unit. In the 1970's King Mahendra, the then dictator, was heart sick and had to be treated in India. This Mahendra thought was dull (it's tough to be a dictator and be sick abroad) and thus allowed the construction of the country's first intensive care unit at Bir Hospital in Kathmandu.



The argument for investing in specialist care in a country where the most basic health care system leaves much to be desired is perhaps not that monarchs should have reduced commuting distance. The gains are rather in the form of skills development among professionals, which is believed to give rings on the water. Furthermore, if highly specialized health care is out of reach for the majority of the Nepalese today, it had been completely unattainable if a trip abroad had been the only option.

In General the health situation in Nepal is brightening, if it is defined as it often is done in this context, by the UN Millennium development goals. The objectives that are directly linked to health, as infant mortality, maternal mortality and the halting of HIV and malaria, have largely been achieved. Humla is located at the bottom of the development scale in most measurable health areas, which in my opinion reflects the socio-economic situation in the region. A strong dependency is well established in the health development: this is between a general improvement of the standard of living and health. Education, improved housing and access to clean water are factors that have a major impact on the health measures. This means that the improvements of the most basal of existence in Humla have improved and will continue to improve the health among the population. *(The photos shows that many houses in Kathmandu still not are repaired from the damages due to the earthquake.)*

A thank from Seachu Dolma Lama, one of the girls at KMCH.

Seachu is 16 years of age and attends class 8. The envelope from her was given to Vanja and was marked "To Support Group from Seachu Dolma". The photo of Seachu Dolma below are from last year.



Hello!

Firstly I want to say thanks for helping to our society and again to come to our hostel for us.

I am very thankful to this K.M.C.H. hostel and very grateful to get sponsors like you all. You are like our parents which made our future so bright. Hope you ´ll support our hostel and all of the students. We will be studying very hard. We are very hopeful to meet you all again.

Thanks for giving me this wonderful chance. May god bless you all.

I always remember you a lot and time that we spend

together in Humla. Take care of your health.

You all do.

Bye, se you soon

With love

Seachu Dolma Lama

"I can ´t find a reason why God gives you to me. But that ´s not question to be asked. May be the fact is that you are the best parents or supporter that God presented to me forever"

Thanks for your beautiful gift!"

Such words warmth and inspires.

Under "Activities" on the homepage you can read Christmas letters that we got from some of the children at the School home.

Greetings from the Board of KMCH SG

THANK YOU for this year

and we wish you all

**a Joyful Christmas and a
Happy new year**



(Photo Emely Claesson)

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