



“

They told me that I should just learn to live with my pain because it was natural for women to suffer. That's just how it is, the curse of being born a girl.

”

Sindhuli Thakuri, 40 yrs.

Khema Nepal

**Program
Report** Vol 2
2018

Shanta Maya Tamang is one of an estimated 800,000 to 1.3 million Nepali women suffering from pelvic organ prolapse and her story is repeated tens of thousands of times throughout the country. Shanta Maya first felt her uterus descending after the birth of her first child. She was married young, at age 13, and her eldest was born when she was just 19 years old. She never had the opportunity to go to school, and her life has been spent farming, doing household chores, carrying heavy loads and tending to her family's small group of farm animals.

She had never spoken to anyone of her troubles; she was too ashamed to discuss something so private. Also, truth be told, she believed this was normal. A woman's life is hard, and this was just one more hardship, she thought. But then lifting loads became nearly impossible as her uterus would slip out no matter how many times she tried to reinsert it manually, and walking, doing household chores, and even going to the toilet proved to be extremely challenging.

She wasn't very excited and didn't have high expectations when she heard about a free medical camp in her village organized by the local health post and the Center for Agro-Ecology and Development (CAED), a Khema Nepal partner organization. She went for a check up anyway, hoping to at least receive some kind of temporary relief from her suffering. She was pleasantly surprised when CAED informed her about Khema Nepal's free comprehensive treatment program for prolapse. She was scared but hopeful when she came to Kathmandu for treatment.

After spending three weeks in Khema Nepal's program at Nepal Medical College Teaching Hospital (NMCTH) and having receiving the care and treatment she needed, she returned to her village, now free of pain and discomfort, something that she is not used to but is very grateful for.



Women doing the heavy lifting



Participants at a health lecture for the Single Women's Group in Machhegaun.

Our Mission

Khema Nepal's mission is to improve the Quality of Life (QOL) of indigent Nepali women suffering from pelvic organ prolapse by providing free comprehensive medical treatment.

Our Goals

- 1 To improve the quality of life of poor Nepali women suffering from pelvic organ prolapse.
- 2 To reduce the incidence of pelvic organ prolapse and maternal morbidity among Nepali women.
- 3 To connect indigent Nepali women with quality reproductive health care services, and to highlight the significance of taking proactive measures and seeking care for reproductive health related illnesses.

Khema Nepal is the only organization of its kind in Nepal, offering comprehensive, compassionate care to women in need. We work to restore health and wellbeing and dignity to indigent Nepali women, and we have helped nearly 200 women since we began our work two years ago. There are hundreds more who qualify for and want treatment.



Dr. Rita Marahatta, Professor, NMCTH and Dr. Anshumala Joshi talk to a patient and put her at ease.

How We Help

At Khema Nepal, we believe that a comprehensive and holistic approach is needed to successfully treat women with pelvic organ prolapse. The three-week comprehensive POP Correction Program developed by Khema Nepal in collaboration with Nepal Medical College Teaching Hospital (NMCTH) provides the following free services:

- Transportation costs to and from Kathmandu for patient and caretaker
- Pre-operative investigations, including (but not limited to) cervical cancer screening
- Cost of surgery, including anesthesia
- Medications (including for other ailments that are detected and for which the patient is unable to pay)
- Hospital bed and food for the patient for 21 days (longer, if necessary)
- Food for the caretaker for 21 days (longer, if necessary)
- Guidance, counseling and education to patients and caretakers on post surgery recovery, causes of prolapse in Nepal and preventive measures.
- 6 months' supply of multivitamins and other dietary supplements, and any other prescribed medications, upon discharge.

We stipulate that qualifying women must come to NMCTH for up to three weeks for treatment where we can closely monitor their health and progress. We do not fund surgeries in district level hospitals, as we are unable to ensure that quality treatment and aftercare is provided to the patient.

Objectives & Updates

1 To provide free comprehensive medical treatment to 400 underserved Nepali women with pelvic organ prolapse from January 2017 to December 2018.

Update

Approximately 7,000 Nepali women were screened for POP by NMCTH, Rural Health and Education Service Trust (RHEST), CAED, Lions Club Nepal and local health centers since January 2017. At least 1,000 women were found to have advanced pelvic organ prolapse. 600 of these women wanted to travel to Kathmandu to receive treatment but Khema Nepal was able to accept only 150 between Jan 2017 and June 2018. The primary reason for the low intake was lack of funding. Our original target was to treat 400 women and our estimated budget was USD \$160,000 but we were only able to raise a total of USD 50,000 for the two year program period.

Khema Nepal faced several other challenges as well. For many Nepali women, traveling to a medical facility to seek treatment for their illness ranks lowest on their own, and their family's, list of priorities. This was one major cause for the delay in resuming our program in fall of 2017.

The monsoon was unusually long which made it unsafe for patients to travel to and from Kathmandu, and our program was paused for 4 months (July 2017 - Oct 2017), thereby reducing the number of patients we were able to treat. Women with pelvic organ prolapse travelling to Kathmandu for treatment are able

to deal with problems such as landslides and other roadblocks and delays. However, similar problems can pose major risks for women on their way home after surgery. Roadblocks due to landslides or heavy rain, and slippery and dangerous walking paths dramatically raise the risk of complications and infections and injury. Even if the roads are not an issue, the heat and damp of the monsoon season leaves women vulnerable to infections. We want to give our patients the best opportunity to heal and recover and to have excellent outcomes post surgery, which is why our program is paused for the duration of the rainy season. The monsoon in 2017 lasted much longer than expected and we were forced to halt for much longer than we had planned.

The harvest season followed the monsoon, and then a much anticipated, long overdue national election (the first in 20 years).

Aside from these external factors that prevented Nepali women from seeking medical care, women also feared leaving their homes, elderly in-laws, and farm animals behind for three weeks (the length of time women are required to stay at NMCTH to receive the full range of services and support offered by Khema Nepal).

Global events also effect our small project in Nepal. For instance, a potential donor redirected his funds to help Syrian refugees.

2 To provide comprehensive counseling to patients and their caretakers through health care professionals, psychosocial counsellors, and health lecturers, on preventive measures for pelvic organ prolapse and for post- surgery care to ensure full recovery.

Update

Counselling is embedded in our core program. Patients and their caretakers receive counselling on a wide range of topics including reproductive and general health, plus cultural and societal issues that contribute to the high prevalence of POP in Nepal. Our hope is to change their views about reproductive health and deeply rooted detrimental cultural practices by helping them to reflect on the causes of POP, and how this problem can be prevented for future generations.

We have directed our focus to educating women and communities by partnering with other groups to organize health lectures; we do not want to work in silos, and we are able to be more effective when we can share knowledge and experiences.

On December 22nd 2017, Khema Nepal's Volunteer Health Lecturer and NMCTH gynecologist Dr. Anshumala Joshi, gave a lecture on reproductive health specifically focusing on uterine prolapse to a group of 32

women from a savings group run by the Society of the Urban Poor (SOUP) in Kathmandu and funded by CORE International. None of the women had ever seen an anatomical chart before, and they were able to see for the first time where the body's organs are located, what they look like, and what their functions are. Many took pictures and copious notes, and lots of questions were asked about reproductive and general health. At the end, several women who were at the lecture representing other groups and associations, promised to share what they had learned with their groups, and asked us to organize similar sessions for their communities. One of those groups was the Single Women's Group at Macchegaon.

On Jan 19th 2018, a lecture was organized for the local Single Women's Group in Machhegaun, Kirtipur, and was attended by 45 women, several of whom also belong to other sub-groups. We recognize that these lectures can reach many more women than just the attendees, and plan to organize several more in the coming year.



Dr. Anshumala Joshi speaking to members of SOUP (Society of the Urban Poor)

3 To develop educational materials related to pelvic organ prolapse for high school students that is comprehensible, culturally specific and easily accessible.

Update

While this is still one of our goals, it cannot be met without substantial funding. A thorough review of the existing information is required and we will have to enlist the participation

of major stakeholders (Ministry of Education, educators, health professionals, writers, illustrators) to fill in any gaps. We have put this objective on the back burner for now, and will direct our efforts and energy on follow-up research.



A rapt audience: members of the Machhegaun Single Women's Group listens to Dr Anshumala Joshi's lecture on pelvic organ prolapse and reproductive health.

4 To partner with local health centers, district hospitals, governmental and non- governmental organizations and media outlets to create awareness among the public about general and reproductive health and the health status of Nepali women, as well as the availability of health services and facilities in Nepal.

Update

We are doing this effectively. We have established strong working partnerships with Society of the Urban Poor (SOUN), Rural Health and Education Service Trust (RHEST), Center for Agro-Ecology and Development (CAED),

Lions Club Nepal, Rotary Club Nepal, Himalaya TV, Anatta World Health Education Outreach, to expand our reach into communities throughout Nepal. We repeatedly receive requests from organizations to collaborate on screening camps for women in grossly underserved and underfunded areas.



Dr. Magali Robert (center, middle row) and attendees of her comprehensive lecture on pelvic organ prolapse at NMCTH

Onward

Our program is evolving and growing to meet the needs and challenges of the individuals and communities we encounter. We remain flexible and nimble and are open to exploring other areas and ways to increase our reach and effectiveness.

To that end, we have introduced a new objective based on our experiences and observations.

Developing Quality Medical Care

Khema Nepal is strongly committed to enabling access to excellent medical care for women suffering from pelvic organ prolapse, whose needs often rank last in their families. We are working to improve the quality of care and surgical outcomes at NMCTH and at other hospitals where surgery to correct POP is performed, and to providing ongoing training for doctors and surgeons working with women with prolapse. Khema Nepal has joined forces with Dr. Magali Robert, leading

urogynecologist and prolapse surgeon from the Cumming School of Medicine, University of Calgary to provide ongoing medical training to surgeons and medical students at NMCTH and beyond. Dr. Robert taught a 3 day workshop jointly sponsored by NMCTH and Khema Nepal from April 20 to 23, covering a wide range of topics relating to pelvic organ prolapse:

- Introduction to prolapse, definition, anatomy and staging (POP-Q), risk factors
- Urinary incontinence and treatment
- Bowel dysfunction and treatment
- Treatment of prolapse, pessary, and surgery, and common complications of surgery and how to deal with them

The lectures were attended by students and doctors from NMCTH, and from Kathmandu Medical College in Dhulikhel. The next series is planned for December of this year. It is our hope that NMCTH will become the premier center for prolapse surgery in Nepal with Dr. Robert's guidance and ongoing involvement. This will not only help our patients, but it will help innumerable women across the country to get high quality care for their condition.

Examining a patient's medical records before deciding on a course of treatment at NMCTH



Follow Up & Research Program

Khema Nepal is planning a 5 year follow-up study of patients under the guidance of Dr. Robert.

There has been no long term follow-up of POP patients in Nepal, and there is scant information about how women fare once they return home after surgery. The very few studies conducted so far to measure quality of life post surgery for Nepali women have followed them for only up to a year. This will be the first long term study done in Nepal.

We are also committed to enabling broad societal and behaviour change through a TV talk show that is currently in pre-production with Himalaya TV, which will feature candid discussions about gender, caste, ethnic groups, and socio-economic status and the ways in which these factors affect access to healthcare, education, legal services and representation, markets and capital, and so on. There will also be discussions pertaining specifically to pelvic organ prolapse, prevalence, its causes, and prevention.

Our Patient Stories



With tears rolling down her face and a voice quivering with sadness, **Gaulaxmi Lama, 56**, recounted the day of her first childbirth in her home in Majhuli, in Sindhuli District. "My husband was away working in India. I gave birth to my daughter at home and no one was around to help me. So I had to cut the umbilical cord myself, clean the baby, and slowly start preparing food for myself and continue on with other chores. Thinking of the suffering I have endured in my life as a result of being born a woman only makes me want to cry."

Lama was admitted to our program on January 08, 2018 and discharged on January 31, 2018.



Married at age 16, **Ratna Oli KC** is now 31 year old. She has two boys, aged 13 and 15 years. Her former husband was an alcoholic and in a relationship with another woman. She experienced marital rape and her marriage was marked by violence. Ratna asked for a divorce which her husband granted, but he refused to give her any property. She fought for her share of property in court and won. She lives on her own and runs a small shop in Dang, in the Inner Terai Her brother cares for her children. Ratna came to NMCTH for treatment for second degree prolapse, and third stage cystocele, and fibroids. She was anaemic. All this made agriculture and manual labour very difficult. She was referred to Khema Nepal by NMCTH staff. Ratna is doing well now. She came to NMCTH six weeks after surgery for a check up.

Ratna Oli KC was admitted on December 10, 2017, discharged on December 26, 2017

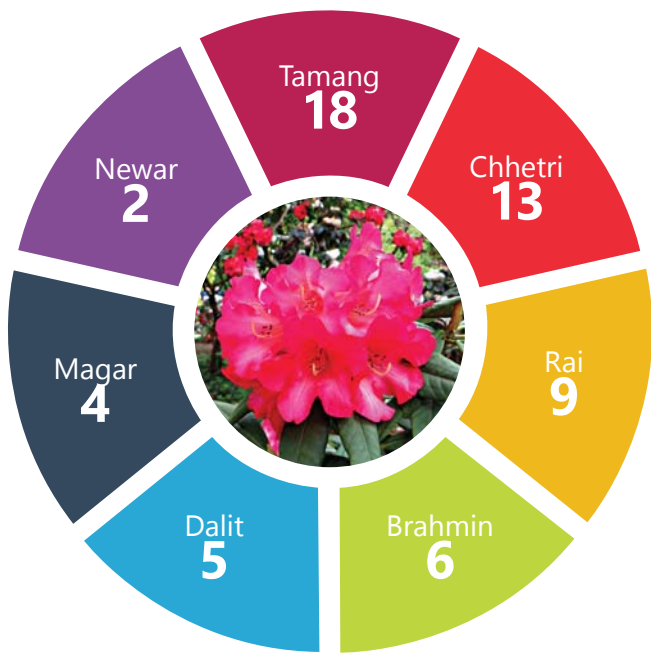
Conclusion

Khema Nepal works to foster social and behaviour change in ways that are both overt and subtle. Simply offering treatment to older women for a condition considered shameful sends a powerful message of support in a country that pays scant attention to women beyond childbearing age. We have treated women from all ethnic groups and castes, and the fact that they are in a hospital together, side by side, talking to each other like friends, sharing (sometimes very similar) experiences and stories, helping each other, is a step in the right direction for improving intercaste relations. Our patients and their caretakers (many of whom are men) are counselled on factors that contribute to POP, including misogyny, and poverty. They return to their villages and share their experiences with their neighbours and relatives. This fosters dialogue and hopefully self examination.

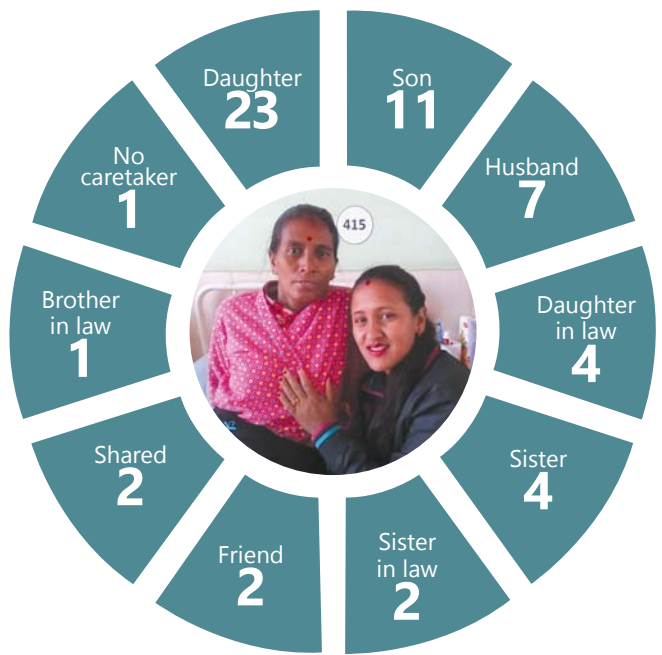
Our wait list is currently long, and more names are added weekly. The Khema Nepal PSA that was broadcast over local radio stations reached their target audiences, and we received patients from remote areas of Nepal as a result. There is a clear, undeniable need for the the support Khema Nepal provides, but we are also working to expand our reach far beyond the walls of NMCTH, to other hospitals where POP corrective surgery is performed. Khema Nepal can also have a major impact on reducing the numbers of women suffering for a long time from advanced POP by sparking a nationwide discussion about POP and the situation of women in Nepal. Women in other countries experience POP, but with proper, timely care and treatment, their suffering is greatly reduced. We want the same for Nepali women, and we invite you to support us in helping them. If you would like to learn more about our program, please write to us at **khemanepalhealth@gmail.com** or visit our website **www.khemaworld.org**

Thank you!

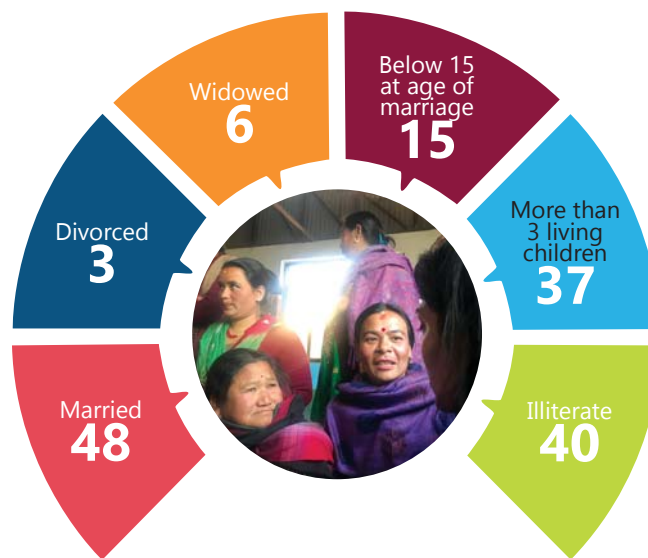
Ethnic Groups/Castes



Caretakers



Sociodemographic Info



POP Demographics





KHEMA NEPAL

Budget Estimate
July 2018 - July 2019

ESTIMATED REVENUE: USD 50,000	
ESTIMATED EXPENSES	
Program (93.13 %)	
Patient Treatment @ Hospital	60.61%
Patients & Caretaker Transportation Costs	11.11%
Prevention & Education Program	12.12%
Monitoring & Evaluation by the Social Welfare Council	1.01%
Communication - Public Service Announcements through radio for outreach in rural areas and outreach through social media outlets using videos and photos.	2.02%
Salaries for Project Coordinator & Project Director	4.39%
Professional Fees for Government paperwork filing, NGO renewal and SWC renewal	1.31%
Audit Fees	0.51%
Government Fees & Taxes	0.05%
Total Allocation for Program:	93.13%
Administrative (6.87%)	
Office Space	1.52%
Travel/Transportation	1.52%
Meetings & Conferences	0.51%
Accountant Salary	1.21%
Office equipments & Stationary	2.02%
Government Fees & Taxes on Salaries & Rent	0.15%
Unforeseen expenses	0.25%
Total Allocation for Administrative Expenses:	6.87%



May 10, 2017

Letter of Support for Khema Nepal

Pelvic organ prolapse is a prevalent and disabling problem in Nepal. There are many factors which make management and prevention a challenge. Khema Nepal is presently addressing many of these barriers.

Surgery and pessaries are the mainstay of treatment. However surgery poses many challenges to women in Nepal. This includes barriers to access to care, appropriate surgical services, adequate recovery and prevention education.

Khema Nepal is providing support at all these levels:

- 1) Access to care through funding women and one caregiver to receive surgery at the Nepal Medical College Teaching Hospital (NMCTH) in Kathmandu
- 2) Surgical services that provide pelvic organ prolapse surgery in Nepal is scarce. NMCTH has committed to providing this care. In addition, I have committed to trying to improve surgical practices through education and mentoring. This will be an ongoing partnership with the Canadian Society of Pelvic Medicine and NMTC.
- 3) Recovery from surgery is essential for long term successful outcomes. Khema Nepal has developed a program which optimizes pre surgical health and follows this post operatively for one year. This step is often neglected and yet crucial.
- 4) With the care giver, Khema Nepal provides education on prevention strategies for initial and recurrent prolapse. The optimal time being in hospital during recovery. They are expected to educate their community upon their return.

For these reasons, I support the work that Khema Nepal is endeavoring. They are not only directly impacting the women they are sponsoring but are also addressing far reaching issues. They have not accepted to compromise care and have the vision of investing in long term outcomes.

I will continue to support and work with Khema Nepal as I believe that this is the optimal way of addressing pelvic organ prolapse in Nepal.

Sincerely,
Magali Robert MD, MSc.

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Khema Nepal's Active Team

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Pramada Shah : Treasurer and Advisor

Dr. Anshumala Joshi : Health Lecturer

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