

स्वास्थ्यकर्मीको आवाज

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LINKING HEALTH CARE WORKERS ACROSS RURAL NEPAL

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A few words...



दुर्गम जिल्लाका विभिन्न स्वास्थ्य संस्थामा कार्यरत मध्यम स्तरिय स्वास्थ्यकर्मीहरू साँचो अर्थमा यी क्षेत्रका जनताहरूका सुख दुखका साथी

एवं सहयोगीहरू हुन्। अझैपनि बहुसंख्यक जनताहरू यी र यस्तै स्वास्थ्य सेवीहरू बाट सेवा प्राप्त गरिरहेका छन्। तर यी स्वास्थ्यकर्मीहरूको वृत्ती विकास एवं ज्ञान र सीपलाई समयानुकूल तरीकाले परिमार्जन एवं परिस्कृत गर्न सकिएको छैन।

यी र यस्तै विषयहरूलाई हृदयङ्गम गरी निक साइमन्स इन्स्टिच्यूटको सहयोगमा यो वुलेटिन प्रकाशन हुन गईरहेको छ।

प्रकाशनको पहिलो अंक भएको हुँदा खुशीका साथसाथै केही कौतुहलता पनि संगै मिसिन पुगेका छन्। खुशी यस अर्थमा कि यो वुलेटिनले स्वास्थ्यकर्मीहरूका आवाज एवं भोगाईहरू वारे व्यवस्थापन एवं अन्य संबद्ध पक्षलाई सुन्ने बुझ्ने मौका मिलेछ। तर कौतुहलताको मुख्य कारण भने यस वुलेटिनमा समावेश भएका विषय वस्तुहरूले यहाँहरूको अपेक्षा अनुसार प्रस्तुत हुन सक्छ कि सक्दैन भन्ने हो। दुर्गम क्षेत्रमा कार्यरत स्वास्थ्यकर्मीहरूको आफ्ना अनुभव र भोगाईहरूलाई यस वुलेटिन मार्फत अरु व्यक्ति एवं संस्था समक्ष पुऱ्याउन सक्ने आशा गरिएको छ।

गुणस्तरीय स्वास्थ्य सेवा दिने क्रममा निक साइमन्स इन्स्टिच्यूटले गरेको सहयोगको प्रशंसा गर्दै निरन्तरता होस् भन्ने कामना गर्न चाहन्छु।

धन्यवाद।

अर्जुन बहादुर सिंह
निर्देशक
राष्ट्रिय स्वास्थ्य तालिम केन्द्र



As you open this publication for the first time, it's likely that questions will come to your mind: Why a newsletter for rural health care workers? What's inside it? And what is Nick Simons

Institute?

Quite simply, rural health care workers are some of the heroes of Nepal. A country that lives mostly outside of cities depends on these men and women for their very health. Oddly enough, these doctors, nurses, and paramedics often work for years in difficult conditions and get little recognition for it. "Swasthyakarmiko Aawaj" is here to link, to encourage, to give them a fresh voice, and to advocate for them.

Inside you will find contributions from people working in the field. Their stories are inspiring and reflect a reality that should be heard widely. There is also a section on solutions to common problems. As the Director General said, "Don't tell me all your chronic problems. Suggest some solutions." "Swasthyakarmiko Aawaj" also includes some CME and information sections.

Nick Simons Institute is a charitable organization that works with one focus: enhancing rural health care through the training and support of health care workers. Each year we conduct a conference for workers from across Nepal. This newsletter is a step towards bringing our annual conference activity to a wider audience.

In all that NSI does, the government of Nepal is our main partner, and it is fitting that the National Health Training Center should collaborate on this publication.

Please, read on!

Mark Zimmerman
Executive Director
Nick Simons Institute



जब प्रसूतिमा समस्या हुन्छ

विनीता शाही, अनमी, प्रा.स्वा.के. दुल्लु, दैलेख

अनमी भए देखि नै मैले अनेकौं रोचक अनुभवहरू संगाल्ने अवसर पाएको छु - दुर्गम स्थानमा एकै रातमा एकलै मैनबत्तीको सहारामा चारवटा प्रसूति गराउने देखि लिएर महिनौंसम्म २४ घण्टा duty गर्दाका अनुभवहरू प्रशस्तै छन् ।

म आफैं दुई दिनको सुत्केरी भएको समयमा प्रा.स्वा.के. मा सेवा प्रदान गर्दा PPH को समस्याबाट पीडित भई उपचार गर्नु परेको अवस्था थियो । यस्ता अनेक अनुभव मध्ये एउटा घटना प्रस्तुत गर्न गइरहेकी छु ।

२०६५ सालतिरको गर्मी याममा एउटी १७ वर्ष कि महिलालाई उपचारका निम्ति म कार्यरत संस्थामा ल्याइयो । उनी छिमेकी गा.वि.स. गमौडीबाट रिफर गरी पठाइएको गर्भवती महिला थिइन् । उनका आफन्तले उनलाई कम्पन आएको बताए । उनलाई जाँच लाग्दा, उनी बेहोस थिइन् र fits (कम्पन) आइरहेको थियो । मैले जाँचेर हेर्दा पुरा महिनाको गर्भावस्था रहेछ र labor pain second stage मा थियो । बेहोस अवस्थामा रहेकोले उनको स्थिति निकै जटिल थियो ।

ग्रामिण भेगमा हामीसँग कम सुविधा हुने भएकोले राम्रो सेवा उपलब्ध गराउन सक्दैनौं । तर मलाई तत्कालै delivery गराउनु पर्छ भन्ने लाग्यो र मैले सबै सहयोगी कर्मचारी हरूलाई सहयोगको निम्ति बोलाए । (त्यस दिन म भन्दा

senior कर्मचारी साथी संस्थामा थिएनन्) । मैले सबै आफ्नो अनुभव, तालिम र शिक्षाको माध्यमबाट ती महिलालाई eclampsia भएको ठहर गरे र Mgso4 loading dose दिए ।

केहि समय पश्चात् labor progress सँगसँगै महिलाको अवस्थामा क्रमिक सुधार आयो । शिशुको जन्म भयो तर तत्कालै दुईवटा अन्य समस्याले जन्म लिए । एकातिर शिशु निस्सासिएको थियो । मैले तुरुन्तै neonatal resuscitation को तरिका सहयोगी साथीलाई बताए र उनले बच्चाको रेखदेख गरिन् । त्यही समयमा ती महिलाको रक्तश्राव भइरहेको थियो । मैले SBA तालिममा सिके अनुसार oxytocin सुई लगाई, fundal massage गरी control cord traction को विधिद्वारा साल बाहिर निकाले । रक्तश्रावको बहाव कम भयो र बच्चाको स्वास्थ्यमा पनि सुधार आयो ।

मलाई धेरै खुशी लाग्यो । मैले ती महिलालाई अस्पतालमा बाँकी रहेको उपचार गरेर सकुशल घर पठाईदिए । त्यसदिन मलाई आफ्नो पेशा प्रति गर्व अनुभव भयो । आजकल स्वस्थ रुपमा ती आमा र बच्चालाई देख्दा निकै सन्तोष महसुस हुन्छ ।

सम्पादक : हामीले १०० जना दुर्गम क्षेत्रमा काम गर्ने स्वास्थ्यकर्मीहरूलाई आफ्नो कार्यमा हुने कुनै एउटा व्यतीत घटना लेखेर दिन भने कोमा, ८०% ले डेलिभरीको समयमा भएको घटना नै सुनाए । यो एउटा जन्म-मरणको अवस्था भएको हुनाले एउटा SBA तालिम प्राप्त नर्सको भूमिकाले धेरै फरक पार्दछ । Magnesium sulfate जीवन प्रदान गर्ने एउटा महत्वपूर्ण औषधी हो जसले दुर्गम स्थानमा पनि eclampsia भएको गर्भवती महिलाको ज्यान बचाउनमा ठूलो भूमिका खेल्दछ ।

When Deliveries are Complicated

Binita Shahi, ANM, PHC Dullu, Dailekh

Since I became an ANM, I have had many interesting experiences – from handling 4 deliveries in one night with only a candle to months of working 24 hours a day in a rural location.

There was even a time when I was in my post partum period, working in the PHC clinic, and I had to get treatment for post-partum hemorrhage. I have memories of many such incidents, but I'll relate just one of them here.

During the summer of 2008, a 17-year old woman was brought to the PHC where I was working. She was pregnant and had been referred from the neighboring VDC of Gamaudi. The relatives said that she was having fits. When they put her down on the exam table, she was unconscious and began to have another fit right in front of me. I examined her and found that she had a full term pregnancy and was in the second stage of labor – but this was a complicated case.

In a rural setting, we have limited choices and can't provide 'complete health care services.' But I knew that I had to conduct a vaginal delivery as soon as possible and called for support staff to help me. (There was no one more senior than me in the PHC that day.) I did have enough knowledge to know that she had eclampsia and I gave her a loading dose of magnesium sulfate.

Gradually, as labor progressed, the patient began to wake up. The baby was born, which made us feel relieved, but then there were other problems to deal with. The baby was facing suffocation and not breathing properly. All I could do was to explain neonatal resuscitation with a bag and mask to the PHC support staff and she began doing this

Managing Severe Pre-eclampsia and Eclampsia with Magnesium Sulfate

Pre-eclampsia and eclampsia are major contributing factors in maternal mortality. Fortunately, it is preventable if timely and proper treatment is given. Magnesium sulphate (MgSO₄) is the treatment of choice for both pre-eclampsia and eclampsia. Preparation of the drug can be challenging. This flow chart is provided as a guideline for proper preparation.

LOADING DOSE: (For use in Health Posts PRIOR to referring to a hospital)

For IV Loading Dose: [MgSO₄ as a 20% solution]

1. Take one 20 ml syringe
2. Draw up 4 ampules of MgSO₄ (a total of 4 ml in syringe)
3. Draw up 12 ml of water for injection. (Total of 20 ml in the syringe)
4. Give IV over 5 minutes

For IM Loading Dose: [MgSO₄ as a 50% solution]

1. Take two 10 ml syringes
2. Draw up 5 ampules of MgSO₄ in each syringe (a total of 10 ml in both syringes)
3. Add 1 ml of 2% Lignocaine in each syringe (Total of 6 ml in each syringe)
4. Give both injections deep IM in alternate buttocks

Note: if further fits occur, give further 2 ampules of MgSO₄ 50% (2 ampules + 2 ml water IV over 5 minutes)

for the baby. At the same time, the patient was bleeding. After giving oxytocin IM, I performed fundal massage and cord traction, as I had been taught in SBA training. The bleeding slowed down. On the other side, the baby began to breathe on its own.

I was very happy. I gave the woman the rest of her magnesium treatment in the hospital and eventually sent them home fine. That day I was very proud of my profession. Now whenever I see the woman and child healthy, I feel satisfied.

Editors' Note: When we asked 100 rural health care workers to provide dramatic stories about their practice, roughly 80% choose to tell about difficult deliveries that they'd handled. These are life-and-death situations in which a nurse's skills can make a big difference. Magnesium sulfate is a life-saving intervention for eclampsia that can be provided even in remote locations.

MAINTENANCE DOSE: (For use after admission to in-patient care)

1. Take one 10 ml syringe
2. Draw up 5 ampules of MgSO₄ (a total of 5 ml in syringe)
3. Add 1 ml of 2% Lignocaine (a total of 6 ml in syringe)
4. Give IM every 4 hrs. in alternate buttocks
5. Continue treatment for 24 hrs. after delivery or last convulsion, whichever is last.



Before Repeating the dose of MgSO₄, remember to check for toxicity:

These include

1. Respiratory rate – less than 16/minute
2. Absent patellar reflexes
3. Urine output – less than 30 ml/hr

If in Respiratory Arrest:

1. Bag and Mask or intubation
2. Calcium Gluconate 1 gram (10 ml of 10%) iv SLOWLY until respirations return
3. Monitor

A day later, his parents brought the boy to Kalta PHC where I worked. They said that Chattra has also been having fever and headache for several days. When I examined him, I found heart rate of 110/min, and respiratory rate of 46/min (very fast). He had normal temperature and blood pressure, but he couldn't move his right arm at all. He also couldn't speak properly to me, although he wasn't unconscious.

We weren't sure of the diagnosis, only could say that he should be classified as 'Very severe disease'. For this reason, we advised the parents that they take him to the medical college in Nepalgunj. This would mean 6 hours of walking and then 8 hours in a

रेबिजले स्कूले बालकलाई पनि छोडेन

अशोक कुमार सिंह, सि.अ.हे.ब., प्रा.स्वा.के. कोल्टी, बाजुरा

१४ वर्षे स्कूले बालक, छत्र महतरा, अन्य विद्यार्थीहरू जस्तै बाजुरा जिल्लाको सप्पाटा गाँउको विद्यालय जान्थ्यो । उसमा देखिएको पहिलो लक्षण, एक्कासी परीक्षा हलमा दाँया हातले लेख्न नसक्नु थियो ।

त्यसको भोलिपल्ट कोल्टी प्रा.स्वा.के. जहाँ म काम गर्दथे, त्यहाँ त्यो बालकको अभिभावकले उपचारको लागि ल्याएका थिए । उसलाई केहि दिन अगाडी देखि पटक-पटक ज्वरो आएको र टाउको दुखेको थाहा पाइयो । मैले उसको शारीरिक परिक्षण गर्दा Pulse rate 110/min, र respiratory rate 46/min (धेरै छिटो) पाए । उसको temperature र blood pressure सामान्य नै थियो तर उसले दाँया हात पटककै चलाउन सकेको थिएन ।

सामान्य जाँच बाट उसको रोग diagnosis गर्न गाह्रो भयो र उसलाई very severe disease classification गर्नुपर्ने भयो । निजको अभिभावकलाई विरामीको अवस्था बारे जानकारी दिई कोहलपुर मेडिकल कलेजमा लानको लागि सल्लाह दियो जुन ६ घण्टाको पैदल र ८ घण्टाको सवारी यात्रा थियो । उनीहरूको आर्थिक स्थिति कमजोर भएको कारणले रिफर गरेको ठाँउमा जान सकेनन् ।

दुई घण्टा पछि, विरामी कामेर बेहोस भयो ।

१०-१५ मिनेट पछि फेरि होसमा आयो र उसंग धेरै कुरा गर्ने मौका पाएँ । कुरा गर्दै जाँदा एउटा महत्वपूर्ण घटनाबारे थाहा पाइयो । उसको घरमा एउटा कुकुर पालेको रहेछ र त्यस कुकुरलाई अर्को कुकुर आएर टोक्न लाग्दा उ छुटाउन गएको र उसलाई त्यो कुकुरले टोकेको कुरा सुनायो । १०-१५ दिन पछि त्यो अर्को कुकुर मृत्यो । घाउ सानो भएको ले कसैलाई पनि भनेन र घाउ आफै निको भयो ।

अब विरामीको रोग बारे मलाई प्रष्ट भयो । ८ घण्टा पछि, विरामीको खुट्टाहरू नचल्ने र पानी पनि खान सक्ने अवस्थामा थिएन । पानी नजिक ल्याउँदा डराउन थाल्यो र २४ घण्टामा विरामीको मृत्यु भयो ।

१४ वर्षे स्कूले बालक रेबिजको कारणले मृत्यु मेरो लागि २२ वर्षे सेवा अवधिको पहिलो मुटू चुँडिने किसिमको दुःखद घटना थियो । तर एउटा स्वास्थ्यकर्मीको हिसावले यो घटना मेरो स्वास्थ्य सेवा जीवनको अविस्मरणीय घटना हो र रहिरहनेछ ।

सम्पादक : नेपालमा रेबिज सामान्य रोग मानिन्छ जुन कुकुरको टोकाइबाट सजिलै सर्दछ । जनमानस माझ यो कुरा थाहा हुन जरुरी छ कि समयबद्ध रेबिज रोग विरुद्ध सुई नलिएको कुनै पनि कुकुरको टोकाइबाट रेबिज रोग लाग्ने सम्भावना हुन्छ, जसको उपचार ठूलो अस्पतालहरूमा पनि सम्भव छैन ।

Rabies Took This Child

Ashok Kumar Singh, Sr. AHW, PHC Kolti, Bajura

Chattra Mahatara was a 14-year old who attended school like many other boys in the village of Sappata, Bajura District. His first symptom was that while in the exam hall he couldn't move his right hand to write.

vehicle. The family said that they could not manage this much expense, so he stayed in our primary health center.

Two hours later, the patient started shaking all over and fainted. About 15 minutes later, he woke up and I was able to speak with him in more detail. Then he told me an important part of his story. Chattra had a dog at home. One day a street dog came to their compound and fought with his dog. When the boy tried to rescue his dog, the street dog bit the boy. The wound was not so big and it healed easily, so Chattra didn't tell anyone. About two weeks after the bite, he learned the street dog died.

Now the disease was clear to me. After another 8 hours, the patient could not move his legs and became unable to drink water. He became fearful when water was brought near to his face. After 24 hours, the boy died.

A 14-year old school boy dying with rabies was my first heart breaking incident in 22 years of service. It was a memorable incident and will stay with me forever in my life as health service provider.

Editors' Note: Rabies is common throughout Nepal, most commonly transmitted by a dog bite. The public should be informed that even superficial dog bites carry a risk for rabies, for which there is no treatment, even in major medical centers. Timely immunization prevents this disease.

Don't Just Tell Us Your Problems Suggest Some Solutions

At the 2nd Annual Rural Health Care Workers' Conference in May 2010, the Director General Dr. Yaso Vardan Pradhan spoke to the doctors, nurses, and paramedics, who had come from 55 districts of Nepal. Dr. Pradhan said, "We have heard about your problems for many years and realize what most of them are. What we really need to hear from you are your suggestions for making these situations better."

In that spirit, 'Swasthyakarmiko Aawaaj' will be running a regular column on 'solution to

common problems' in rural health care and asking for your local solutions. In one issue, we will run a problem and ask for your letters or emails about what you are doing to work on solutions in your health institution.

- What solutions have you tried?
- What has worked?
- What was the cost?
- What advice do you have for others to deal with this problem?

The Newsletter will award a cash prize to the health care worker with the best answer to the problem.



problem # 1

The central government provides our institution with too few skilled health care workers. This leaves many gaps in the care that we can deliver.

Send your solutions to given address in the last page.

हामीलाई तपाईंको समस्या मात्र नभन्नुहोस् केही समाधानको सुझाव पनि दिनुहोस ।

मे २०१० मा हाम्रो 2nd Rural Health Care Workers' Conference मा स्वा.से.वि.का महानिर्देशक डा. यशोवर्दन प्रधानज्यूले ५५ जिल्लाबाट सहभागी भएका हाम्रा डाक्टर, नर्स र पारामेडिक्स माझमा आफ्नो मन्तव्य राख्नु भएको थियो । डा. प्रधानले भन्नुभयो "हामीले तपाईंहरूका समस्याहरू धेरै वर्ष देखि सुन्दै आएका छौ र कति त थाहा पनि छ । तर साँच्चैमा हालको स्थिति सुधार गर्नको लागि तपाईंहरूबाट सुझाव सुन्न चाहन्छौ ।"

सोही अभिप्रायमा, 'स्वास्थ्यकर्मीको आवाज' द्वारा लगातार रूपमा प्राय दुर्गम क्षेत्रका स्वास्थ्य सेवामा सुनिरहेको र देखिरहेको समस्याहरू राखी तपाईंहरू

माझ त्यसको स्थानीय समाधानहरू राख्नेछौ । आउने कुनै अंकमा हामी समस्या राख्नेछौ र तपाईंहरू आफ्नो कार्य क्षेत्रमा त्यस समस्याको समाधान कसरी गर्नुहुन्छ भनी हामीलाई चिठी वा इमेल द्वारा पठाउनुहोस् ।

- समाधानको लागि के कोशिस गर्नु भयो ?
- के ले काम गरयो ?
- कति रकम लाग्यो ?
- अरुलाई यो समस्याको समाधान गर्न के सुझाव दिनुहुन्छ ?

यस समस्याको सबैभन्दा राम्रो समाधान पठाउनु हुने स्वास्थ्यकर्मीलाई आर्थिक रूपमा पुरस्कृत गरिनेछ ।



समस्या #9

स्वास्थ्य मन्त्रालयबाट हाम्रा केन्द्रहरूमा धेरै सीमित सीप भएका स्वास्थ्यकर्मीहरू पठाउने गर्दछन् । जसको कारणले हामीले प्रदान गर्न सक्ने सम्पूर्ण गुणस्तरिय सेवामा अन्तर परिरहेको छ ।

तपाईंको सुझावहरू अन्तिम पृष्ठमा दिइएको ठेगानामा पठाउनुहोला ।

INFORMATION

बायोमेडिकल इक्विपमेन्ट टेक्निसियन (BMET) तालिम



**एउटा कुनै पनि नयाँ क्षेत्र उत्साहजनक हुन सक्छ तर सधैं उपलब्धिमूलक हुँदैन ...
बायोमेडिकल इक्विपमेन्ट टेक्निसियन तालिम लिनुहोस् अनि यी दुवै पाउनुहोस् ।**

बायोमेडिकल इक्विपमेन्ट टेक्निसियनले अस्पताल तथा नर्सिङ्ग होमहरूमा हुने सबै प्रकारका बिरामीको रोग पत्ता लगाउने तथा जाँच गर्ने मेशिनहरूको मर्मत-सम्भारको कार्य गर्दछ ।

- नेपालमा धेरै प्रख्यात अस्पताल, नर्सिङ्ग होमहरू र अस्पतालका उपकरण विक्रेताहरूले पनि यसको महत्व स्वीकारेका छन् ।
- नेपाल सरकारले पनि बायोमेडिकल प्रणाली विकास गर्दैछ ।
- पहिलो २३ हप्ता इन्स्टीच्यूट अफ इन्जिनियरिङ्ग, पूल्चोकमा theory कक्षा संचालन हुन्छ ।
- बाँकी २३ हप्ता राष्ट्रिय स्वास्थ्य तालिम केन्द्रको बायोमेडिकल ल्याबमा प्राक्टिकल हुन्छ ।
- दुई हप्ताको फिल्ड ट्रिप हुन्छ ।
- यस कोर्सको कार्यतालिका राष्ट्रिय स्वास्थ्य तालिम केन्द्र, इन्स्टीच्यूट अफ इन्जिनियरिङ्ग (IoE), जर्मन टेक्निकल असिस्टेन्स (GTZ), निक साइमन्स इन्स्टीच्यूट (NSI), र जोन हफ्कीन्स यूनिभर्सिटी (JHPIEGO) द्वारा विकास गरिएको हो ।

कसले पढ्न सक्छ ?

I. SC वा १०+२ साइन्समा उत्तीर्ण अथवा डिप्लोमा इलेक्ट्रोनिक्स पढेका

कसरी भर्ना हुने ?

आफ्नो फोन नं. र CV सहित एउटा निवेदन दिने

निवेदन पठाउने ठेगाना:

निक साइमन्स इन्स्टीच्यूट

भूमिखेल चौक, ललितपुर

पो.ब. ८९७५ इ.पि.सि. १८१३, काठमाडौं

फोन: ५०९३५०२, ईमेल: nsi@nsi.edu.np

राष्ट्रिय स्वास्थ्य तालिम केन्द्र बि.एम.इ.टि.

फोन: ४२५७२६२, ईमेल: bmet@wlink.com.np



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CME means more than just occasionally attending a medical conference. It requires regular self-study, by the working doctor.

Where is it?

Throughout the world, doctors enroll in CME programs.

USA, UK, Canada, Australia, Mexico, Netherlands, and other countries require CME for doctors to renew their medical licences.

Countries in South Asia are now developing national CME programs: Sri Lanka, Pakistan and Indonesia.

What about Nepal?

Nepal has had quality undergraduate doctor training for 25 years and specialty training for 15 years - but has no formal system of CME.

Patients searching for a 'complete doctor' should ask the question

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ENHANCING RURAL HEALTH CARE



Nick Simons Institute
and World CME (Australia)
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For enrollment,

Please provide your Name
Working address
and Contact info

CONTACT:
Nick Simons Institute
cme@nsi.edu.np

REGISTRATION
OPEN

NSI AWARD

The Nick Simons Award is awarded each year to an excellent rural health care worker in Nepal – in memory of Nick, an American who worked here in Nepal in 2002-3.

In a sense, the award is a symbolic appreciation of all those people working in hospitals and health posts across rural Nepal. Each year NSI's award selection team considers workers from across the country. There are too many to name individually, but we get the sense that there are hundreds of Nepalese heroes worthy of the award.

The first award went to **Dr Tarun Poudel** of Baglung District Hospital in 2007 for his years of work in building up that government hospital, especially its delivery and operative services.

In 2008, Sr. AHW **Posh Raj Shrestha**,

of Wana Health Post of Sankuwasabha District received the award from Dr Marilyn Simons at the First Rural Health Care Workers' Conference. Posh Raj had worked in remote areas of that district, always well-appreciated by the communities.

The 2009 Nick Simons Award was presented to ANM **Anugraha Thagunna** of Hatt PHC, Baitadi District. Anugraha had worked faithfully for the women of her area. The local people said of her 'She never says, no, but always is there to help us.' She has received Skilled Birth Attendant training and puts these skills to good use in a district that is remote and underserved.

Ms. Anugraha Thagunna receives the Nick Simons Award from Honorable Health Minister Umakant Chaudhary



LAST LAUGH!!



A male gynaecologist is like an auto mechanic who never owned a car.

हरेक वर्ष दुर्गम क्षेत्रमा कार्यरत एक जना सर्वोत्कृष्ट स्वास्थ्यकर्मीलाई निक साइमन्स अवार्ड दिइने गरिन्छ । यो अमेरिकाका निक भन्ने व्यक्तिको नाममा प्रदान गरिन्छ, जसले इ.सं. २००२-३ मा नेपालमा काम गरेका थिए ।

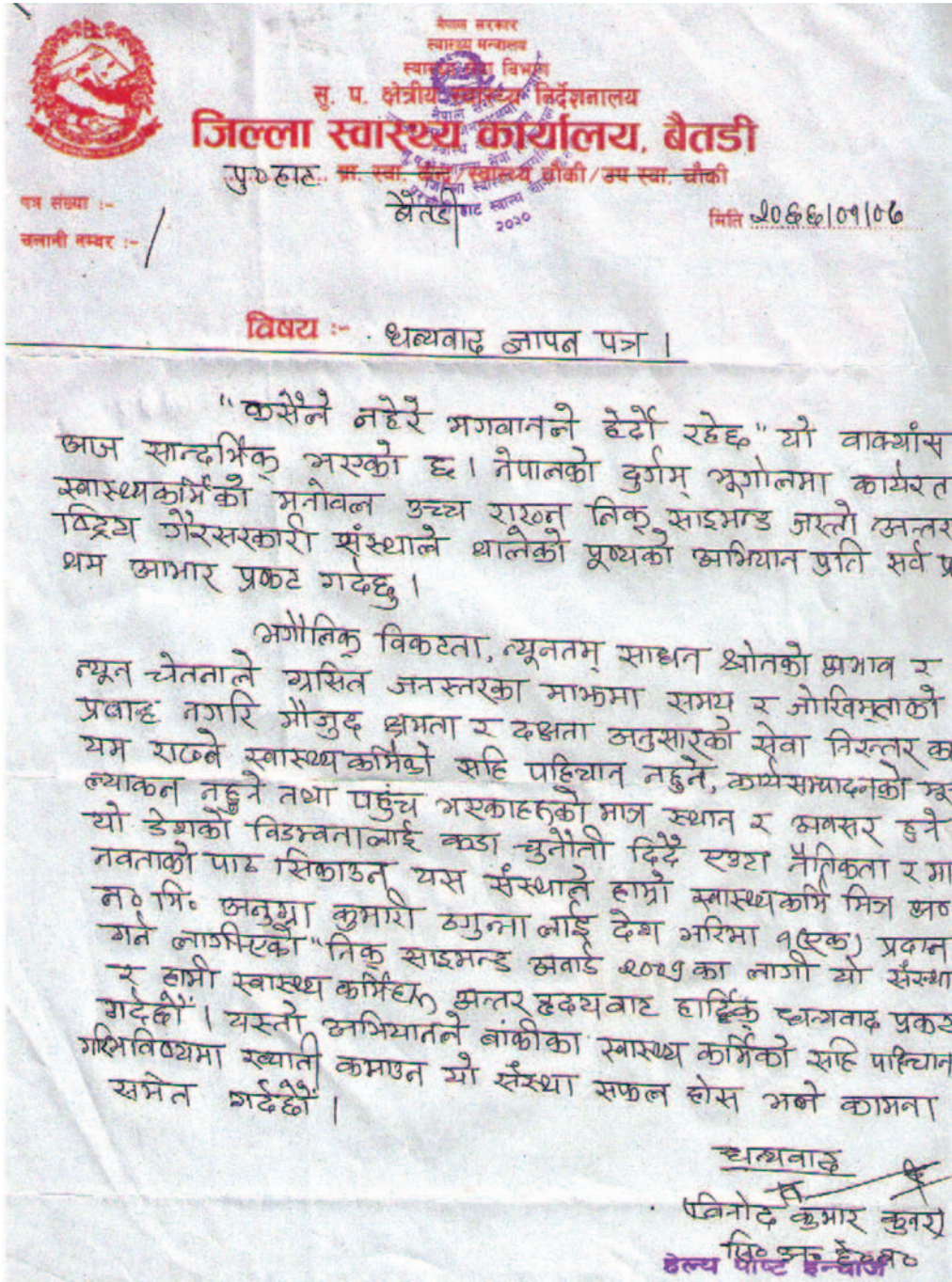


यो ग्रामिण क्षेत्रका अस्पताल र स्वास्थ्य संस्थामा कार्यरत स्वास्थ्यकर्मीहरूको लागि कदरको रूपमा दिइने गरिन्छ । हरेक वर्ष एन.एस.आई को अवार्ड छानविन समितिले देशभरीका स्वास्थ्यकर्मीहरूको कामको मूल्यांकन गरी छनौट गर्दछ । यस अवार्डका हकदार धेरै छन् जसको नाम लिएर साध्य छैन तर सयौं यस्ता स्वास्थ्यसेवकहरू छन् जो यो अवार्डका दावेदार हुन सक्छन् ।

सर्वप्रथम डा. तरुण पौडेल लाई ई.सं. २००७ सालमा यो अवार्डले सम्मानित गरिएको थियो । वहाँले बागलुङ्ग जिल्ला अस्पतालमा धेरै वर्ष काम गरेर यस सरकारी अस्पतालको खास गरी डेलिभरी र अपरेशन कार्यलाई अझ मजबुत बनाउनु भएको थियो ।

सन् २००८ को लागि वाना हेल्थ पोष्ट, संखुवासभाका सि.अहेव श्री पोष राज श्रेष्ठ लाई निक साइमन्स इन्स्टीच्युटको 'पहिलो वार्षिक ग्रामिण स्वास्थ्यकर्मी गोष्ठी' को अवसरमा डा. मेरिलिन साइमन्स द्वारा वहाँले ग्रामिण क्षेत्रमा गर्नु भएको सेवाको लागि प्रदान गरिएको थियो । यस ग्रामिण क्षेत्रका समुदायबाट वहाँको कामको राम्रो मूल्यांकन भएको थियो ।

२००९ को एन.एस.आई. अवार्ड बैतडी जिल्ला, हाट स्वास्थ्य चौकीका अनमी श्रीमती अनुग्रह थगुन्ना लाई दिइएको थियो । उनले विश्वासिलो रूपमा त्यहाँका महिलाहरूको राम्रो हेरचाह गरेकी थिइन् । त्यहाँका बासिन्दा भन्थे "उनी कहिल्यै नाई भन्दैनन् र जहिले पनि मद्दत गर्न तत्पर हुन्छन् ।" उनले एस.वि.ए. को तालिम प्राप्त गरेकी छिन् र यस तालिमको ग्रामिण क्षेत्रमा राम्रो उपयोग गरेकी छिन् ।



District Health Office, Baitadi

Date: 2066/01/07

Subject: Letter of Appreciation

"God reaches to those left out"; this phrase has become more realistic today. I would first like to thank Nick Simons Institute, an international institute, for its initiation to motivate the rural health care workers of Nepal.

Nobody recognized the health care workers who provide their service in rural settings, within limited resources and less aware people as per their knowledge and skills. There is no evaluation of their work either. Opportunity gets only by those who have strong referrals and support. This scenario has been challenged by Nick Simons Institute and chooses to give the "Nick Simons Award 2009" to our colleague ANM Ms Anugra Thagunna from the whole country. We, the institute and the health care workers, are deeply thankful for this. Wish the institute for renown and success for finding out such healthcare workers in future.

Thanking you,
Binod Kumar Kunwar
SAHW
Health Post Incharge

Health Quiz

1. A 40 year old woman who is overweight complains of severe epigastric pain that is increased after eating meals. She says the pain is sharp and colicky. It resolves in about 30 minutes. This is most characteristic of
 - a. amebic hepatitis
 - b. viral hepatitis
 - c. peptic ulcer disease (Gastritis)
 - d. cholelithiasis (gall stones)
2. A 65 year old male who has been complaining of lower back pain for the last month now complains of weakness in both his legs. He is also having problems holding his urine and stool. You are concerned he has
 - a. had a stroke
 - b. has a TB infection in his back
 - c. has urine difficulties due to an enlarged prostate due to age
 - d. has a cancerous tumor in the spinal column
- 3) 3. A 35 year old laborer comes in complaining of shortness of breath. It has been progressing slowly over the last few months. He has no chest pain, no fever and no weight loss. What question or examination would you most like to ask or do?
 - a. observe the chest for a deviation of the trachea
 - b. check blood pressure to see if it is too high
 - c. ask about travel and work in India
 - d. check conjunctiva and tongue for pallor

स्वास्थ्य प्रतियोगिता

१. एउटा ४० वर्षकी over weight भएकी महिला severe epigastric pain को गुनासो गर्छिन् । यो दुखाइ अति कडा र colicky प्रकारको छ । करिब ३० मिनेटमा दुख छोड्ने गर्दछ । यो समस्याको कारणले भएको हो ।
 - क) Amebic Hepatitis
 - ख) Viral Hepatitis
 - ग) Peptic Ulcer Disease (GERD)
 - घ) Cholelithiasis
२. एउटा ६५ वर्षको पुरुष विगत केहि महिना देखि lower back pain को समस्या भएको गुनासो गर्दथ्यो । हाल उसका दुवै खुट्टा कमजोर भएका छन् । उसलाई दिसा र पिसाब रोक्न पनि अप्ठ्यारो भै रहेको छ । उसलाई के समस्या भएको होला ?
 - क) Stroke
 - ख) T.B. को संक्रमण
 - ग) उमेर बढेको कारण prostate मा समस्या
 - घ) Spinal column मा tumour
३. एउटा ३५ वर्षको मजदुर Shortness या breath को complaint लिएर आएको छ विगत केही महिनादेखि यो समस्या विस्तारै बढ्दै छ । उसलाई छातिको दुखाइ, ज्वरो र तौल घट्ने कुनै पनि समस्या छैन । अब कुन जाँच गर्नुपर्ला ?
 - क) Trachea deviation भएको छ/छैन हेर्ने
 - ख) Blood pressure निकै बढेको छ /छैन हेर्ने
 - ग) भारतमा यात्रा/काम गरेको छ छैन सोध्ने
 - घ) Conjunctiva र tongue मा pallor छ/छैन हेर्ने

वार्षिक ग्रामिण स्वास्थ्यकर्मी गोष्ठीमा सहभागीता



निक साइमन्स इन्स्टीच्यूटले हरेक वर्ष समायोजन गर्दैआएको “वार्षिक ग्रामिण स्वास्थ्यकर्मी गोष्ठी”, आउँदो माघ-फाल्गुण महिनामा तेश्रो गोष्ठी हुन गईरहेको छ । यस गोष्ठीमा सहभागीताका लागि इच्छुक स्वास्थ्यकर्मीहरूले हामीलाई पत्राचार गर्न सक्नु हुनेछ । त्यसको लागि यहाँहरूले आफू कार्यरत स्वास्थ्य संस्थाबाट एउटा निवेदन सहित आफ्नो कार्य क्षेत्रमा घटित घटनालाई एउटा कथा (case study) को रूपमा लेखी तल दिइएको ठेगानामा पठाउनुहोस् । कथा लेख्दा १० वर्ष यताका कथा मात्र संलग्न गर्नुहुन अनुरोध छ । आफ्नो बायोडाटा र सम्पर्क फोन नम्बर पनि लेखी पठाउनु होला । यहाँहरूको कथाको आधारमा हामी तपाईंहरूले दिनुभएको फोन नम्बरमा सम्पर्क गर्नेछौं र आमन्त्रणा पत्र पनि पठाउनेछौं । निवेदन ०६७ साल मंसिर मसान्त भित्र पठाउनु हुन पनि अनुरोध गर्दछौं । धन्यवाद ।

Send us your inquiries and submissions to any of the following addresses:

EMAIL: newsletter@nsi.edu.np

FAX: 01-5543624

Nick Simons Institute,

PO Box 8975 EPC 18 13,

Jhamsikhel, Lalitpur

TEL: 01-50 13502

www.nsi.edu.np

First five correct respondents of the health quiz will get any one module (CD) of NEPAL CME of your choice among our 7 modules (see pg 5)

AND

Five people who suggest the best solutions to the common health problem will receive Cash Prize Rs. 1,000/- (see pg 4)

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