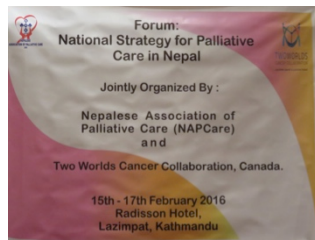


PALLIATIVE CARE

ripples

Updates on how INF is supporting Palliative Care development in Nepal

Forum: National Strategy for Palliative Care in Nepal: Kathmandu, Feb 15-17



This recent event facilitated by the Nepalese Association of Palliative Care (NAPCARE) and the Two Worlds Cancer Collaborative (Canada) will result in a **National Strategy for Palliative Care in Nepal** to be launched in August 2016.



The 30 invited participants represented government, WHO and

Nepali stakeholders. INF was represented by: Dr Dan Munday (advisor to NAPCARE), Dr Ruth Powys (Russell), Regina Basnyat (INF research assistant) and Ian Chadwell (IPP Leader and Healthcare Management specialist).

Results from the needs assessment being undertaken by INF (funded by EMMSI) were presented by Dan and provided key input.

The dignitaries (Left to Right: WHO Head of Non-Communicable Diseases, Nepal; Hon. Health Ministry Chief Secretary; Presidents of NAPCARE, and Two Worlds, and Professor Max Watson, international facilitator) were listening intently to Dan's presentation.



Indian Association of Palliative Care (IAPC) Conference, Pune, Feb 11-14

We presented three papers relating to INF's work. Ruth presented results from the pain audit of leprosy patients at Green Pastures and Dan, a literature review relating to palliative care and the recent earthquake and an evaluation of a project in North India. Much time was spent networking and in additional meetings, learning so much from colleagues.

EMMS International funded research

The needs assessment continues looking at many aspects of palliative care in Nepal. We are also conducting a survey of the palliative care needs of people affected by the earthquakes. We recently visited an earthquake affected area with Cathy Ratcliff, Director of Programmes of EMMSI.



Manju chatting informally with a villager still very traumatized by her earthquake experience nearly 10 months prior.

PC Teaching by NHTC/ NAPCARE

Two weeks of palliative care training under the umbrella of National Health Training Centre (NHTC) is currently running (Feb 22nd - March 4th). Ruth and Dan along with NAPCARE colleagues are providing the teaching. Manju (see over) and Purna Maya (INF Nepal's first palliative care community worker, funded by INFUK) are participating.

Introducing Manju BK. Trainee Palliative Care Specialist Nurse

Ruth interviewed Manju after the Indian Congress - Feb 2016

“If I am empowered, my nation will benefit and my community will benefit”

Manju commenced working with INFI on 1st January, training to be the first specialist palliative care nurse in Nepal with a special focus on developing palliative care in mission hospitals. Manju’s post has been made possible through funding from EMMS International. Her initial training will be in Nepal and India followed by structured clinical training in Nepal over a 2 ½ year period.



“First of all Manju – please tell us about your background”

My mother follows Jesus, so I went to Sunday School and I learned about God loving us and the importance of loving your neighbour. From a young age, I saw real Christian community – helping others and loving others.

I was attracted by the white nurse uniform, and when I was 9-10 years I saw a nurse responding poorly [to a patient], and I remember thinking “if ever I become a nurse, I will help people in a good way”.

After completing school I did nursing and I know I made the right decision. I had many different postings in wards – mainly medical and I enjoyed the variety, learning how to deal with new situations. I saw the need to sit and listen. I was always looking for something where I could spend more time with patients and listen to them. Palliative care will give me this opportunity. In palliative care it is not just physical comfort but also spiritual comfort and hope that is very important. My experience has been that the patient wants to know about their situation and this is an important issue for me – to work as the “bridge”/ mediator between the patient and their family. Patients experience their prognosis even if don’t know the actual diagnosis – they know something is serious, and see the extra family care and concern.

I have enjoyed teaching future nurses [Ed - Manju’s most recent post was as nursing tutor at Tansen Nursing Campus], helping them move from theoretical to integrated knowledge. I particularly enjoy teaching good attitudes toward the patient – they are real people, “what is it really like for this person”? - and to encourage students to be compassionate caregivers.

“How can palliative care make a difference”?

We need to stop unnecessary procedures that are futile when patient is obviously at the end-of-life. Sometimes you need to talk directly to the hospital team, and give them permission to stop. So more training will give me more knowledge and confidence to be a better advocate for patients.

“What is one key issue”?

The Nepali saying goes - यदी परिवार स्वास्थ्य हुनपर्छ भने आमालाइ सिकाउनु पर्छ। “If you want the family to be in good health you must teach the mother”.

We cannot reach everyone in the community ... but if you find the appropriate key people, others benefit from their understanding – so we need to find these palliative care “champions” in community.

Prayer and Praise Points:

Give thanks for

- INF’s commitment to PC as new core area for future work.
- PC national policy developing and for future potential for collaboration and integration of PC.
- Our 3 Nepali palliative care staff – Regina supporting various EMMS research projects underway, Manju undergoing training and Purna Maya doing on-the-job training at a hospice in Kathmandu before taking up her role leading the community service in Pokhara from May.

Please pray for

Good relationships with key Nepali palliative care champions and for wisdom in encouraging and strengthening NAPCare in its key role in palliative care development and coordination in Nepal.

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