



Ear Aid Nepal 2013

Joy Rosenberg (pictured), Jenny Griffin and David Blakeman describe the rewards and challenges of a recent visit to Nepal

'Swa swa sunena.' At least one of us could have been heard intoning this oft-repeated Nepalese audiometric phrase in the bazaar when lost for words or maybe even in our sleep. Understandable considering that in seven days of ear camp 595 patients were seen (118 ear surgeries, 254 audiological assessments, 75 hearing aid fittings, and 460 dental appointments). If not for New Year holiday and the sad occasion of a local funeral following a festivity-related fatal accident, there would have been even more. International Nepal Fellowship (www.inf.org/camps) with Ear Aid Nepal (www.earaidnepal.org) organise these camps twice yearly under the leadership of Mike Smith, Hereford ENT consultant. Sustainability for this type of patient service including follow-up is the focus of the soon-to-be built ear training hospital in Pokhara. The camps are staffed not only by the visiting UK team like ourselves, comprised of ENT surgeons, anaesthetists, audiologists, scrub nurses and dentists; but also by a delightful Nepali team of managers, nurses, orderlies, drivers, engineers, and interpreters working for INF.



Jenny Griffin, Joy Rosenberg and David Blakeman

Armed with donated earmoulds, hearing aids and hearing aid fitting kit from our baggage as well as EarAid Nepal's audiometric and insta-mold kit, we travelled to rural western Nepal. Camps are located in the west because there are even fewer resources than in the east of this country where the annual per capita income is about £130. Notably, an estimated 2/3 of world-wide hearing loss is found in developing countries where at least half of it is preventable. From the western airport of Nepalgunj we drove 13 hours (18 counting the wait for four punctured tyres) in Land Rovers, from sea level, in the Terai region, eventually reaching an altitude of 2500 metres and back down again to a mountain valley village. Imagine if you can, Alpine hair pin curves combined with Manila-style driving, stalled by occasional



goat herders and police check points. Enjoying a steady diet of daal bhat, samosa and roti throughout our week and a daily commute by foot through the village bazaar and across a high suspension foot bridge, we set up clinic in the dusty bare cement rooms of Chainpur, Bajhang District Hospital in a mountain valley of the western Himalaya.

The challenges of working there alongside the highlights of successes were analogous to our clinic window. From it we could view breath-taking snow-capped peaks, but also dealt with fly swarms, generator noise, or smoke from burning surgical rubbish.

Challenges

Testing in ambient noise that was almost never less than 55 dB was only one of several challenges. Our gestures and learned Nepali instructional phrases were useful, but didn't go far toward establishing an initial notion of communicative ability that is so important to our rehabilitation-oriented profession. Even with interpreters we were hard-pressed to get across sufficiently the notion of threshold search for quietest levels, masking, or expectations/satisfaction with hearing aid fit. Using manipulable tools such as Ida Institute's 'My World' paediatric counselling tool, sometimes helped to get at the bigger picture of communicative difficulties, but here too we were limited by children being unaccustomed to representational play. Surgical intervention offered at the camp excellently addressed the needs of the prevalent outer and middle ear disease diagnosed in the majority of patients secondary to poverty, poor hygiene and diet. (We rarely encountered the classic NIHL, presbycusis and tinnitus to which we've become so accustomed in the UK.) However, it of course couldn't help the dozen or so children and young people we saw with permanent sensorineural deafness. With the help of the visiting social worker, we tried to help make connections to the



few service resources available, though none was local. When it came to hearing aid fittings, the lack of accessible ear mould manufacture meant custom earmoulds were limited to Insta-fit materials, and therefore donated earmoulds were carefully fitted and adapted if needed to suit our purposes before a suitable donated hearing aid could be verified in a coupler.

Being resourceful clinicians working with resourceful patients we were able to overcome many of these obstacles in the very short time we had.

Highlights

Apparently profuse thankyou's are not prevalent in Nepali culture, but undoubtedly we each saw the essence of gratitude in the smiles and 'Namaste' greetings when hearing aids were fitted or in the queue of 118 post-op patients on the last day. One family who had travelled 16 hours on the night bus, were surprised and all a chatter when they realised their Auntie Manahra's* new bone conduction hearing aid enabled her to understand them talking normally for the first time in many years. A middle-aged mystery man (shaman) Sayar*, though of very sober demeanour, chose a smiley face icon to express his pleasure at receiving his hearing aid. The mother of 10 year old Charda* with cerebral palsy and severe sensorineural hearing loss was so pleased to see him smile and turn to her voice with his new hearing aid, and was encouraged to know that her careful work with him has been useful. Even our hotel host Parem had two family members with bandaged ears at the end of the week and a grateful 'Namaste' salutation on our departure.

Being able to eventually catch up with the sheer volume of patients, and to contribute to better organisation of kit for smoother future running of camps were gratifying accomplishments. Finding a stock earmould that fit was always a pleasing outcome, especially if the recipient was happy with the odd glitter or novelty motif! All of us agreed that another highlight was the simple pleasure of being able to wash hands with soap and running water in the one clean washroom of the hospital which was in the surgical scrub room loo.

Our last half day included a team trek upriver across a 200 metre long suspension foot bridge at a giddy height and a refreshing dip in the melted Himalayan snows of

the river. Along the way we encountered many helpful and kind, colourfully dressed Nepalis leading their bell-adorned donkeys along steep goat tracks; and in each small village or homestead we noticed bandaged ears and hearing aids from the previous week's work.

After leaving camp, some team members had the opportunity to experience other parts of Asia such as trekking round the Annapurna circuit or spending several days in the 40 degree heat of Delhi.

Next Steps

Ear camp will return to Nepal in November on its usual rotation. And next year they will set up in a village two hours further north along the road as it is built up the valley. All the team members seemed keen to return in future if commitments allow. Certainly we will stay involved with development projects from the UK end, contributing to sustainability and gathering information and equipment resources. On the top of our list presently is to add to the current kit with a hand held warbler, OAE kit, small earmoulds, and batteries. Most importantly we have taken back with us not only the profound sense of having been able to give something back, but our own personal reflections on renewal, adaptability, sustainability, respect toward the people we served and gratitude toward the many individuals who supported and encouraged us in making the journey.

Joy Rosenberg is Clinical Scientist and Teacher of the Deaf, Mary Hare Training services and recipient of BSA's TSL travel bursary.

Jenny Griffin is an Audiologist at Manchester Royal Infirmary.

David Blakeman is a trainee clinical scientist, Brighton and Sussex University Hospitals.

Originally published in Audacity: Rosenberg J et al (2013) *Charity and Humanitarian Work, EarAid Nepal, Chainpur*. Audacity, a BSA Publication. Issue 1 August 2013.

References

Burbank J (2001). *Culture Shock, Nepal*. Kuperard.
 McPherson B, Brouillette R (2008). Nova Science Publishers.
 Tucci D, Merson M and Wilson B (2010). *A summary of the literature on global hearing impairment: current status and priorities for action*. *Otology and Neurology*, 31.

* = pseudonym

Photos used with permission.



BATOD Magazine

This article was published in the January 2014 issue.

© BATOD 2014

