



AMDA Nepal Central Office



AMDA Hospital, Damak



Siddharth Children & Women Hospital



AMDA Mechi Hospital

Published by  
**AMDA International**  
**AMDA Nepal**





*AMDA Damak hospital 2008*



*Bhutan refugees camp 2008*



*Clinic and patients in ER clinic Kailali 2008*



*Diarrhea outbreak in midwest Nepal 2009*



*Mobile Clinic 2006*



*Nepal earthquake ER 2015*



*“AMDA will always be on the frontline as long as there is a life to be saved”*

# 30 Years

of

## AMDA Nepal

1991 to 2021

June 2023

Published by:



**AMDA International**



**AMDA Nepal**





#### Patron

**Prof. Dr. Shigeru Suganami**

President AMDA Group

#### Co-ordinator

**Prof. Dr. Rameshwar Prasad Pokharel**

Founding President, AMDA Nepal

**Prof. Dr. Saroj Prasad Ojha**

Past President, AMDA Nepal

**Dr. Anil Kumar Das**

President, AMDA Nepal

#### Editors

**Dr. Archana Shrestha Joshi**

Project officer, AMDA International

#### Publisher

**AMDA International**

3-31-1 Ifukuchou, Kitaku Okayama City,

Okayama 700-0013 Japan

Tel 81-86-252-6051

Fax 81-86-252-7717

<https://en.amda.or.jp>

#### AMDA Nepal

Gokarneshwar Municipality-6, Jorpati, Kathmandu

Tel.: + 977-1-4910235

<https://amda.org.np>

#### Printed By:

Insty Print

#### Layout:

Touch Creation Pvt. Ltd.

Bagbazar, Kathmandu



### Lists of AMDA-Nepal Members as follow

1. Prof. Dr. Rameshwar Prasad Pokharel - Founding President AMDA - Nepal
2. Dr. Shishir Regmi, Founding -Vice President
3. Prof. Dr. Nirmal Rimal - Founding General Secretary
4. Prof. Dr. Rohit Kumar Pokharel - Founding Treasurer
5. Prof. Dr. Dinesh Binod Pokhrel - Founding Joint secretary
6. Dr. Sunu Dulal - Founding Member.
7. Prof. Dr. Rishikesh Narayan Shrestha - Founding Member.
8. Dr. Baburam Marasini - Member
9. Dr. Pasupati Regmi - Member
10. Dr. Krishna Kumar Rai - Member
11. Dr. Anand Acharya - Member
12. Prof. Dr. Yogendra Prasad Singh - Member
13. Dr. Lekhraj Subedi - Member
14. Dr. Deepak Aryal - Member
15. Dr. Sankar Huzdar - Member
16. Prof. Dr. Ramesh Prasad Acharya - Member
17. Dr. Rajiv Khanal - Member
18. Prof. Dr. Haris Chandra Upreti - Member
19. Dr. Mukti Bhattarai - Membership revoked by AMDA - Nepal
20. Prof. Dr. Madhav Prasad Khanal - Member
21. Dr. Narayan Bahadur Basnet - Member
22. Dr. Yagya Raj Pathak - Member
23. Dr. Bal Kumar K.C. - Member
24. Dr. Dhruba Koirala - Member
25. Prof. Dr. Tarun Poudel - Member
26. Dr. Nabin Thakur - Member (Expired)
27. Prof. Dr. Saroj Prasad Ojha - Member
28. Prof. Dr. Anil Kumar Das - Member
29. Dr. Sailesh Bhagat - Member
30. Dr. Bimal Thapa - Membership revoked by AMDA Nepal
31. Dr. Durga Prasad Bhandari - Member
32. Dr. Binod Parajuli - Member
33. Prof. Dr. Shrijana Shrestha - Member
34. Dr. Sangeeta Baral Basnet - Member
35. Prof. Dr. Niva Ojha - Member
36. Dr. Nabin Dhakal - Member
37. Dr. Bimala Budathoki - Member

### Tenure of AMDA Nepal President

SN	Name	Tenure	
		From	To
1	Dr. Rameshwar Prasad Pokharel	6 Aug. 1989	4 May 1991
2	Dr. Rameshwar Prasad Pokharel	4 May 1991	6 Oct. 1997
3	Dr. Dinesh Binod Pokhrel	7 Oct. 1997	24 Nov. 2001
4	Dr. Shishir Kumar Regmi	25 Nov. 2001	31 Oct. 2003
5	Dr. Ramesh Prasad Acharya	1 Nov. 2003	16 Nov. 2007
6	Dr. Pashupati Regmi	17 Nov. 2007	31 Oct. 2009
7	Dr. Rishikesh Narayan Shrestha	1 Nov. 2009	14 Dec. 2013
8	Dr. Saroj Ojha	15 Dec. 2013	21 Nov. 2015
9	Dr. Yogendra Prasad Singh	22 Nov. 2015	9 Nov. 2019
10	Dr. Anil Kumar Das	10 Nov. 2019	16 Nov. 2023

### Name list of Hospital Medical Superintendents operated by AMDA Nepal.

SN	Hospital	Name	Position	Tenure	
				From	To
1	AMDA Mechi Hospital, Dhulabari, Jhapa	Dr. Madhukar Dahal	Hospital Incharge	22 Sep. 2008	1 Jun. 2009
		Dr. Shikhar Kattel	Acting Hospital Incharge	2 Jun. 2009	17 Jun. 2010
				Hospital Closed Tenure	
		Dr. Rupesh Roshan	Hospital Incharge	5 Aug. 2016	16 Aug. 2018
		Dr. Poshan Raman Tripathi	Hospital Incharge	17 Aug. 2018	15 Aug. 2020
		Dr. Poshan Raman Tripathi	Medical Superintendent	17 Aug. 2020	to till date
2	AMDA Hospital, Damak, Jhapa	Dr. Bal Kumar K.C	Medical Superintendent	N/A	
		Dr. Shankar Prasad Huzdar	Medical Superintendent	1997	
		Dr. Shankar Prasad Huzdar	Director	15 Jun. 2007	31 Jan. 2009
		Dr. Shanker Prasad Adhikari	Medical Superintendent	8 Jun. 2000	31 May 2001
		Dr. Shanker Prasad Adhikari	Medical Superintendent	24 Mar. 2002	2 Apr. 2004
		Dr. Shailesh Kumar Bhagat	Medical Superintendent	13 Apr. 2004	31 Dec. 2004
		Dr. Kishor Singh	Medical Superintendent	6 Feb. 2009	14 Jun. 2012
		Dr. Nabin Dhakal	Medical Superintendent	15 Jun. 2012	15 Jul. 2020
3	SCWH, Butwal, Rupandehi	Dr. Prakash Sharma	Medical Superintendent	16 Jul. 2020	15 Jul. 2024
		Dr. Rameshwor Prasad Pokharel	Executive Director	1 Jun. 1997	5 Jun. 2000
		Dr. Bimal Kumar Thapa	Director	6 Jun. 2000	16 Aug. 2006
		Dr. Binod Kumar ParaJuli	Director	17 Aug. 2006	14 Apr. 2019
		Dr. Keshav Raj Sharma	Acting Director	15 Apr. 2019	14 Mar. 2020
		Dr. Rajendra Prasad Basayal	Medical Superintendent	14 Mar. 2020	13 Mar. 2024



### Name list of Hospital Metron of AMDA Nepal

SN	Hospital	Name	Position	Tenure	
				From	To
1	AMDA Hospital, Damak, Jhapa	Ms. Meena Pradhan	Incharge	1 Jul. 1998	31 Dec. 2005
		Ms. Meena Pradhan	Matrons	1 Jan. 2006	16 Apr. 2013
		Ms. Punam Gauro	Matrons	17 Jul. 2014	14 Aug. 2016
		Ms. Tika Devi Subedi	Nursing Incharge	1 Dec. 2016	15 Dec. 2021
		Ms. Punam Gauro	Matrons	16 Dec. 2021	till date
2	SCWH, Butwal, Rupandehi	Ms. Suruchi Bajracharya	Sister Incharge	1 Nov. 1998	6 Sep. 2005
		Ms. Suruchi Bajracharya	Matrons	7 Sep. 2005	14 Jan. 2007
		Ms. Shanta KC	Acting Matrons	N/A	
		Ms. Mana Maya Thapa	Acting Matrons	N/A	
		Ms. Shushila Bishwakarma	Matrons	26 Nov. 2008	29 Dec. 2010
		Ms. Mana Maya Thapa	Acting Matrons	N/A	
		Ms. Shushila Bishwakarma	Matrons	1 Jan. 2012	till date

### Name list of Principal of Academic Program and Coordinator of different AMDA Project

SN	Project and Academic Program	Name	Position	Tenure		Remarks
				From	To	
1	AMDA Institute of Health Science, Damak, Jhapa	Dr. Nirmal Rimal	Director	4 Mar. 2010	31 Dec. 2012	
		Ms. Sakuntala Guragain	Principal	15 Jan. 2012	14 Mar. 2017	
		Ms. Tulasha Bhandari	Principal	21 May 2017	2 Oct. 2020	
		Ms. Sakuntala Guragain	Principal	3 Oct. 2020	till date	
2	AIDS Prevention Project (Eastern Nepal)	Dr. Anil Kumar Das	Coordinator	1999	2006	Funded by FHI
		Dr. Saroj Prasad Ojha	Coordinator	1 Dec. 2003	2004	
3	Primary Health Advancement for Sustained Empowerment (Rupandehi)		Coordinator			AMDA Japan
4	Primary Health Care Project for Bhutanese Refugees (Jhapa and Morang)	Dr. Ramesh Prasad Acharya	Coordinator	1 Jan. 2001	31 Dec. 2001	UNHCR
		Dr. Harish Chandra Upreti	Coordinator	1 Jan. 2002	30 Jun. 2004	
		Dr. Dinesh Binod Pokhrel	Coordinator	1 Jul. 2004	31 Dec. 2020	
5	RHC Project (Damak)	Dr. Harish Chandra Upreti	Coordinator	1 Jul. 2004	31 Dec. 2004	
6	STI Service Delivery Program (16 District)	Dr. Anil Kumar Das	Coordinator	1 Sep. 2001	30 Sep. 2006	FHI Nepal
	PHC for IDU (Jhapa)		Coordinator			MBI/CHR Australia
	Youth Friendly Community VCT Program (Jhapa)		Coordinator			ADRA Nepal
7	CHBC Project For HIV/AIDS Positive (Makwanpur)		Coordinator			Plan Nepal
8	STI & VCT Service Delivery Program (Jhapa)	Dr. Yogendra Prasad Singh	Coordinator	1 Oct. 2006	30 Apr. 2007	UNDP (GFATM)
		Dr. Harish Chandra Upreti	Coordinator	1 Jan. 2007	30 Nov. 2008	UNDP (GFATM)
9	Paramedic Training Support (Jhapa)		Coordinator			UN WFP
10	Skill Birth Attendance Training (Jhapa)		Coordinator			FPAN
11	Drug Treatment Program (Jhapa)	Dr. Harish Chandra Upreti	Coordinator	1 Jan. 2007	30 Nov. 2008	UNDP (DFID)
12	AMDA ASHA Project	Dr. Ramesh Prasad Acharya	Senior Technical Advisor	1 Sep. 2006	1 Sep. 2009	FHI Nepal
		Dr. Anil Kumar Das	Senior Technical Advisor	1 Oct. 2009	30 Sep. 2011	FHI Nepal
		Dr. Saroj Prasad Ojha	Coordinator (CB)	1 Sep. 2006	1 Sep. 2011	FHI Nepal
		Dr. Yogendra Prasad Singh	Coordinator (Field Project)	1 Sep. 2006	1 Sep. 2011	FHI Nepal
13	AMDA Saath Saath Project	Dr. Anil Kumar Das	Coordinator	1 Oct. 2011	30 Sep. 2016	FHI Nepal
		Dr. Saroj Prasad Ojha	Coordinator (CB)	1 Oct. 2011	30 Jun. 2016	
		Dr. Yogendra Prasad Singh	Coordinator (Field Project)	1 Oct. 2011	30 Jun. 2016	
14	AMDA TB Reach Program (Jhapa, Morang)	Dr. Anil Kumar Das	Coordinator	1 Oct. 2010	30 Nov. 2011	FHI Nepal
15	AMDA Linkages Program	Dr. Anil Kumar Das	Coordinator	1 Oct. 2016	30 Sep. 2020	FHI Nepal
16	Meternal support to minority community Program	Dr. Pashupati Regmi	Coordinator	1 Jun. 2016	30 Sep. 2017	AMDA MINDS
17	SBA Training	N/A	Coordinator			NSI
18	OTTM Training	N/A	Coordinator			NSI
19	MLP Training	N/A	Coordinator			NHTC, Provance government
20	Anesthesia Assistant	N/A	Coordinator			NSI, NAMS
21	RUSG Training	N/A	Coordinator			Municipality
22	Medical Abortion (MA) Training	N/A	Coordinator			Municipality
23	Adult Literacy Program	N/A	Coordinator			AMDA
24	Dental Clinic	N/A	Coordinator			AMDA
25	AMDA HAMI Project	Dr. Nirmal Kumar Rimal	Project Manager	17 Oct. 2011	28 Feb. 2015	NG (NCASC)
26	AMDA MALA Project (31 District)	Mr. Marich Man Shrestha	Coordinator	9 Apr. 2012	8 Jul. 2012	PSI Nepal
27	Research Study (Female Condom user and their partner)	Dr. Narayan Bahadur Basnet	Team Leader	18 Nov. 2013	30 Jan. 2014	UNFPA
28	EPIC Project (Itahari)	Dr. Anil Kumar Das	Senior Technical Advisor	1 Oct. 2020	31 Sept. 2023	funded by FHI
29	PAPC Project (Jhapa, Morang)	Dr. Dinesh Binod Pokhrel	Coordinator	1 Jan. 2022	31 Dec. 2023	funded by UNHCR
30	Maternal and Child Health Project (MCHP)	Dr. Rishikesh Narayan Shrestha	Coordinator	1 Mar. 2019	28 Feb. 2022	AMDA MINDS
31	Maternal and Child Health Project (MCHP)	Dr. Pashupati Regmi	Coordinator	22 Nov. 2011	15 Jan. 2015	AMDA MINDS
32	Expansion of Malaria Prevention and Control to At-Risk Population in Nepal (6 Districts)	Mr. Pradip Regmi	Project Coordinator	1 Dec. 2013	15 Feb. 2014	PSI Nepal





## **AMDA will always be at the frontline as long as there is a life to be saved The track record of AMDA Nepal's activities**

As an AMDA chapter that has worked extensively and has always achieved work of excellence, this publication is a track record of AMDA Nepal's accomplishments until the present.

Taking into account that diversity is always what underlies the whole AMDA International family, this compilation will serve as a viable textbook for the next generation of humanitarians, not just for those in Nepal but also for those around the world. In short, its value deserves an asset of mankind.

What we should not forget, I must add, is that our activities have been supported by the contributions of our donors and supporters. What this means is that this publication also serves as a gift of gratitude to those concerned parties while fulfilling its reporting duties.

There are three reasons why it is important to create this kind of commemorative publication which has recorded the great work of our highly professional members.

1. To preserve the record of those who took part in AMDA Nepal's activities
2. To inherit the years of wisdom and experiences to the next generation
3. To promote exchanges between the members of AMDA International chapters

AMDA International will soon be celebrating its 38th anniversary since its inauguration in 1984. All this while, we have grown into having 32 international chapters. In 2006, we were granted United Nations Economic and Social Council General Consultative Status, a certification that allows us to make policy recommendations to UN organizations. Up until now, we have worked on 240 cases of humanitarian relief in 60 countries.

AMDA Nepal was established as AMDA's first chapter in 1991. I have been truly grateful for the years of dedication made by the founder president, Dr. Rameshwar Pokharel, its trustees as well as those who are concerned with the hospitals run by AMDA Nepal in the following years.

From domestic destinations to African countries, AMDA Nepal's medical teams have worked actively both at home and abroad. Its achievements have always been highly regarded by other AMDA International chapters. I earnestly hope that this book helps deepen the mutual trust and respect between AMDA Nepal and the rest of the AMDA family.

The previous experiences of those who participated in AMDA Nepal's activities are destined to increase their value by being put together into a book. I am confident that its principles shall remain universal in years to come.

**Prof. Dr. Shigeru Suganami, M.D., Ph.D.**  
**President AMDA Group**



## आम्दा सधैं अगाडि रहेर सेवा गर्नेछ जबसम्म त्यहाँ जीवन बचाउन सकिन्छ आम्दा नेपालका गतिविधिहरु

आम्दा शाखाको रूपमा आम्दा नेपालले व्यापक रूपमा सधैं उत्कृष्ट काम गरेको छ, यो प्रकाशनमा आम्दा नेपालले हालसम्म गरेका उपलब्धिहरूलाई समेट्न प्रयास गरिएको छ।

आम्दा इन्टरनेशनल परिवारको लागि विविधता सधैं अन्तरनिहित हुन्छ भन्ने कुरालाई ध्यानमा राख्दै, यो प्रकाशनले नेपालमा मात्र नभई विश्वभरका मानवतावादीहरूको अर्को पुस्ताका लागि व्यवहारिक पुस्तकको रूपमा काम गर्नेछ। छोटकरीमा भन्ने हो भने, यो पुस्तक मानवजातिको लागि अमूल्य छ।

हामीले के बिर्सनु हुँदैन भने, हाम्रा गतिविधिहरू हाम्रा दाता र समर्थकहरूको योगदानबाट संचालित छन्। त्यसैले यस प्रकाशनलाई हाम्रा दाता र समर्थकहरूको लागि कृतज्ञताको उपहारको रूपमा पनि प्रस्तुत गरिएको छ।

हाम्रा सदस्यहरूको महान कार्यलाई यस प्रकारको स्मरणात्मक प्रकाशन गर्नुको तीनवटा महत्वपूर्ण कारणहरू छन्।

१. आम्दा नेपालको गतिविधिहरूमा भाग लिनेहरूको अभिलेख सुरक्षित गर्न
२. वर्षौंको ज्ञान र अनुभवहरू नयाँ पुस्तालाई हस्तान्तरण गर्न
३. आम्दा अन्तर्राष्ट्रियका अन्य शाखाका सदस्यहरू बीचको आदानप्रदानलाई बढावा दिन

१९८४ मा स्थापना भएको आम्दा इन्टरनेशनलले चाँडै नै यसको ३८ औं वार्षिकोत्सव मनाउँदै छ। अहिले हामीसंग ३२ अन्तर्राष्ट्रिय शाखाहरू छन्। २००६मा, हामीलाई संयुक्त राष्ट्र संघको आर्थिक र सामाजिक परिषद्को सामान्य परामर्शदाता को सदस्यता प्रदान गरिएको थियो, जसले हामीलाई संयुक्त राष्ट्र संघ संस्थाहरूमा नीतिहरू सिफारिस गर्न अनुमति दिन्छ। अहिलेसम्म, हामीले ६० देशहरूमा मानवीय राहतका २४० राहतका काम गरेका छौं।

आम्दा नेपाल १९९१ मा आम्दा इन्टरनेशनलको पहिलो शाखाको रूपमा स्थापित भएको थियो। संस्थापक अध्यक्ष डा. रामेश्वर पोखरेल, यसका ट्रस्टीहरू र त्यसपछिका वर्षहरूमा आम्दा नेपालद्वारा सञ्चालित अस्पतालहरूप्रति सरोकार राखेहरूको वर्षौंको समर्पणप्रति म साँच्चै कृतज्ञ छु।

नेपाल भित्रका राहतका कार्यका साथै अफ्रिकी देशसम्म, आम्दा नेपालको मेडिकल टोलीले स्वदेश र विदेशमा सक्रिय रूपमा काम गरेको छ। यसको उपलब्धिहरूलाई सधैं अन्य आम्दा अन्तर्राष्ट्रिय शाखाहरू द्वारा उच्च सम्मान गरिएको छ। यस पुस्तकले आम्दा नेपाल र परिवारका बाँकी सदस्यहरू बीचको पारस्परिक विश्वास र सम्मानलाई अझ गहिरो बनाउन मद्दत गर्छ भन्ने आशा गर्दछु।

आम्दा नेपालको गतिविधिमा भाग लिनेहरूको बहुमूल्य अनुभवहरू पुस्तकमा संकलन गरेर उनीहरूको मूल्य बढाउने नियति छ। आगामी वर्षहरूमा यसका सिद्धान्तहरू सर्वव्यापी रहनेछन् भन्नेमा म विश्वस्त छु।

**डा. सिगेरु सुगानामी**  
अध्यक्ष आम्दा समूह



## Recalling 30 years of history



I am delighted to congratulate the whole team of AMDA Nepal for the successful 30 years of non-profit humanitarian service focusing on reaching unreached and delivering quality health service to underprivileged and marginalized communities through a number of public health projects, hospitals, clinics, and academic centers in Nepal.

I would like to express our sincere gratitude to Dr. Shigeru Suganami, an exemplary leader, who founded AMDA as a humanitarian non-profit organization in Okayama Japan, and Dr. Rameshwar Prasad Pokharel, a person who dared to do things differently, who founded AMDA Nepal as a country chapter of AMDA in 1989. Since then, our right team is working to search for opportunities and innovative ways to improve health service delivery in Nepal, making ordinary things extraordinary. Personally, I also recall the volunteer memories of AMDA medical mission in the Republic of Djibouti for the Somalian and Ethiopian refugees from 1993-1994.

Being a social organization of 33-member medical doctors, we incredibly proud to report that, we own Three hospitals, One academic center, and have implemented Thirty public health projects throughout Nepal. We have learned to lean into our own organizational evolution and growth. We have participated in Thirty international medical relief missions in different countries.

We could never be imagined that 30 years after our inception, our community would be standing with us while they need good and accessible health care. We could not have known that all the priorities set, and the investments in non-profit health service delivery would be tested and proven successful. It could never have gauged that the field of philanthropy would be sustained, to do things differently as AMDA started Three decades ago.

We are optimistic about the future and have no doubt that our model of partnering with the local municipality to sustain our project is acceptable to the government and all our well-wishers. We fundamentally believe that by building from the bottom up; by investing in people first, we can harness untapped opportunities that drive sustained growth.

AMDA Nepal is working with its community to write the next chapter in its story. We are ready to expand our service through the network of national partners, advocating for non-profit healthcare to fulfill its mission of "Better Quality of Life for Better Future".

We remain deeply grateful for the contributions of every Member, Donor, Staff, and Partner who made the last 30 years possible. They represent points of light that have guided and enabled us to steadily carry the torch forward and to hold the vision safe.

I hope, this history book commemorates our past achievements and provide a mechanism to preserve our collective memories.

Long live AMDA.

**Dr. Anil Kumar Das**

President

AMDA Nepal



## तीस वर्षको ईतिहास पुनस्मरण

नेपालमा पहुँचविहिनहरू माझ पुगेर, सुविधाविहिन तथा सिमान्तकृत समुदायमा उल्लेख संख्याका जनस्वास्थ्यमूलक परियोजनाहरू, अस्पताल, क्लिनिक र शैक्षिक केन्द्र मार्फत गुणस्तरिय स्वास्थ्य सेवा प्रदान गर्दै सफल ३० वर्ष गैर नाफामूलक मानवीय सेवा प्रदान गर्ने आम्दा नेपालमा आवद्ध सम्पूर्णलाई वधाइ दिन पाउँदा मलाई खुसी लागेको छ ।

गैर नाफा मूलक मानविय संस्थाको रूपमा ओकायामा जापानमा आम्दाको स्थापना गर्ने, एक उदाहरणीय नेतृत्वकर्ता, डा. शिगेरु सुगानामी र आम्दाको देशीय शाखाको रूपमा सन् १९८९ मा आम्दा नेपालको स्थापना गर्ने, केही भिन्न काम गर्न उत्साही डा. रामेश्वर प्रसाद पोखरेललाई म हार्दिक कृतज्ञता जाहेर गर्न चाहन्छु । त्यस यता हाम्रा समक्ष सहकर्मीहरू नेपालमा स्वास्थ्य सेवाको सुधारका निम्ति सदैव संभावनाको खोजी गर्ने र सामान्यकुरा लाई विशिष्टिकृत गर्न नयाँ आयामहरूको प्रयोग गर्ने काममा लागिरेहनु भएको छ । यतिवेला, म स्वयं पनि सन् १९९३-१९९४ ताका गणतन्त्र जिवुटीमा सोमालियन र ईथियोपियन शरणार्थीहरूका लागि आम्दाको स्वास्थ्य सेवामा एक स्वयंसेवीको रूपमा खटिँदाको क्षण स्मरण गरिरहेछु ।

जम्मा ३३ जना चिकित्सक सदस्य रहेको एक सामाजिक संस्थाको रूपमा सेवारत आम्दा नेपाल अन्तरगत तीनवटा अस्पताल एवं एक शैक्षिक प्रतिष्ठानको स्वामित्व रहेको र नेपालभर तीस भन्दा बढी जनस्वास्थ्य मूलक परियोजनाहरू कार्यान्वयन गरेको सफलता व्यक्त गर्न पाउँदा हामीलाई अत्यन्तै गौरवानुभूति भएको छ । हामीले हाम्रो संस्थागत हित र विकाशका लागि एकनाशले काम गर्न सिकेको छौं । तीस भन्दा बढी विभिन्नमुलुकमा अन्तरराष्ट्रिय चिकित्सा सहायता अभियानमा हामी सहभागी भएका छौं ।

राम्रो र पहुँचयोग्य स्वास्थ्यसेवा चाहिएको वखत हाम्रो समुदाय हामी सँगै हुनेछ भन्ने कल्पना हामीले तीस वर्ष पहिले स्थापना गर्दा सोचेको थिएनौं । हामीले तय गरेको प्राथमिकता र गैर नाफामूलक स्वास्थ्य सेवा क्षेत्रमा गरेको लगानी परिक्षण हुनेछ र सफल प्रमाणित हुनेछ भन्ने थिएन । आम्दा नेपालले तीस वर्ष पहिले भिन्न तवरले प्रारम्भ गरेको सेवामूलक कामले निरन्तरता पाउन सक्ने कुरा परिक्षण भएको थिएन ।

हामी भविष्यप्रति पूर्णत आशावादी छौं र कार्यक्रमहरूको निरन्तरताका लागि हामीले स्थानिय पालिकाहरूसँग गर्ने सहकार्यको ढाँचा सरकार र सरोकारवाला सबैलाई स्विकार्य छ भन्ने कुरामा हामीलाई कुनै शंका छैन । आधारभूतरूपमा, मजबुत जगबाट बन्ने संरचना र आमनागरिकका लागि गरिने प्राथमिक लगानीबाट हामीले असिमित संभावनाहरू प्राप्त गर्न सक्छौं जसले दिगो विकाश तर्फ डोर्याउँछ ।

ईतिहासको पानामा अध्यायहरू थप गर्दै जानका लागि आम्दा नेपालले समुदायसँग काम गरिरहेछ । उज्ज्वल भविष्यका लागि स्वास्थ्य भन्ने परिकल्पना पुरा गर्न गैर नाफामूलक स्वास्थ्य सेवाको पैरवी गर्दै राष्ट्रिय सहकर्मीहरूको सञ्जाल मार्फत हामी हाम्रा सेवाहरू विस्तार गर्न तत्पर छौं ।

यो तीस वर्षको ईतिहास रच्च योगदान गर्नुहुने प्रत्येक सदस्य, दाता, कर्मचारी र सहकर्मीहरू प्रति हामी अत्यन्तै आभारी छौं । उहाँहरू सबै प्रकाशका बिन्दु हुनुहुन्छ, जसले हामीलाई हाम्रो यात्रा अविरल अघि बढाउन र दृष्टिलाई सुरक्षित राख्न सदैव मार्गनिर्देश साथसाथै समक्ष बनाउनु भयो ।

यो प्रकाशनले विगतका हाम्रा उपलब्धिको पुनस्मरण गराउने छन् र हाम्रा संग्रहित संझनाहरूलाई सुरक्षित राख्ने प्रणाली प्रदान गर्नेछ भन्ने आशा राखेको छु । आम्दा अमर रहोस् ।

**डा. अनिल कुमार दास**

अध्यक्ष, आम्दा नेपाल



# Contents

Title	Author	page
<b>Introductory Topics</b>		
Initial concepts and its efficacy on peripheral hospital service in Nepal	Prof. Dr. Rameshwar Prasad Pokharel	1
Appreciation for AMDA	Mr. Rom Nath Oli	4
Appreciation for AMDA	Mr. Gokul Shrestha	5
Siddhartha Children and Women (SCWH) Butwal Hospital Establishment - A Reference	Mr. Jeevan Prasad Ojha	6
Appreciation for AMDA	Mr. Arjun Man Sainju	8
Appreciation for AMDA	Mr. Khim Bahadur Hamal	9
Appreciation for AMDA	Mr. Ujjwal Prasad Kasajoo	10
Appreciation for AMDA International	Prof. Dr. Deepak Mahara	11
Mega Earthquake 2015 - Humanitarian Help by AMDA and Dr. Suganami	Dr. Jagdish Prasad Agrawal	12
Experiences, Impressions and Memories of NMA with AMDA during Earthquake	Prof. Dr. Anjani Kumar Jha, Mr. Milan Chandra Khanal	14
Dealing with the Disaster	Ms. Anupa Shrestha	17
Congratulations on the 30th anniversary of the foundation of AMDA Nepal	Mr. Tomizo Asano	19
A Retrospective Glance: The Siddhartha Children and Women Hospital Project	Mr. Tadao Ando,	20
Congratulate on the 30 <sup>th</sup> Anniversary of the AMDA-Nepal	Mr. Shunsuke Suzuki	22
The aspirations of Dr. Akira Shinohara and my heartfelt commiserations for the victims of the big Kobe earthquake	Dr. Takahiro Eguchi	23
On the 30th Anniversary of the Establishment of AMDA Nepal.	Dr. Yoshihiro Suzuki	24
Congratulatory Message on the 30th Anniversary of AMDA Nepal	Prof. Dr. Takushi Sato	25
My involvement in Nepal Earthquake Emergency Relief activities as a coordinator of AMDA	Dr. Archana Shrestha Joshi	26
Digital glimpses of history of AMDA Nepal		27
<b>AMDA Nepal's Members</b>		
My experience in AMDA-Nepal	Prof. Dinesh Binod Pokhrel	38
Medical profession, personal experience, vivid exposure, and learning.	Dr. Harish Chandra Upreti	41
Twenty-eight Years of Devotional Involvement - AMDA	Dr. Narayan Bahadur Basnet	42
My experience of AMDA Nepal's activity towards cancer prevention in Nepal	Dr. Neebha Ojha	49
Me as a part of AMDA	Prof. Rohit Kumar Pokharel, MD, PhD	50
"An Experience of Nepal Earthquake, 2015"	Prof. Dr. Saroj Prasad Ojha	55
Trust in Medicine: An experience in AMDA HOSPITAL	Dr. Shankar Huzdar	57
<b>Central Office Staff</b>		
Recalling History: An Inspiration	Mr. Sudesh Regmi	58
<b>AMDA Damak Hospital</b>		
My Journey in AMDA	Dr. Kishor Kumar Singh	61
My 20 years' Experience with AMDA	Dr. Nabin Dhakal	62
My Experience of My Workp Place	Dr. Bimla Budhathoki	63
Performing EGD in Primary Care Hospital. My Journey, My Experience and Challenges	Dr. Diwash Raj Bohora	68

Memory of Training/Exposer Visit	Mr. Bhim Dhamala	70
My experience with AMDA Hospital Damak, Jhapa	Dr. Rakesh Sah	72
AMDA-Nepal PHCP for BR in Memory	Dr. Mira Khadka	73
Experience and Memories in AMDA	Ms. Punam Gauro	75
Relation between AMDA Hospital and the rural areas of Nepal For which it provides services	Ms. Tika Devi Subedi	78
Care From Heart	Ms. Kamala Ghimire	81
A True Incident	Ms. Sunita Simkhada	82
A True Incident	Ms. Usha Devi Nepal	83
AMDA Hospital, Damak	Mr. Ganesh Neupane	84
Hospital	Ms. Pramila Bhattarai	84
<b>Siddhartha Children and Women Hospital</b>		
Siddhartha Children and Women Hospital Now and Beyond	Dr. Rajendra Prasad Basyal	85
A Walk Down the Memory Lane: Twenty-Three Years to AMDA-SCWH	Dr. Binod Parajuli	86
NICU training trip to Kochi Medical Center Hospital	Dr. Him Shrestha	89
My Journey in Siddhartha Children and Women Hospital, Butwal	Dr. Sharmila Sharma	91
Touching the Untouched at SCW Hospital, AMDA, Butwal	Dr. Santosh Pokhrel	93
History and Development of AMDA Nepal, Siddhartha Children and Women Hospital, Butwal	Mr. Dhruba Prasad Shrestha	95
My Experience in AMDA	Ms. Sushila Bishwakarma	97
My Experience in AMDA	Dr. Man Bahadur Koiri	98
SCWH: A Memory	Ms. Suruchi Bajracharya	99
My Travel Memory: Health Care Management System in Japan	Ms. Mana Thapa	101
My Journey in Siddhartha Children and Women Hospital	Ms. Durga Devi Gauchan	104
<b>AMDA Institute of Health Science</b>		
Memories of Japan	Ms. Sakuntala Guragain	106
Working with AMDA Nepal	Mr. Pradip Shrestha	107
<b>AMDA Mechi Hospital</b>		
AMDA-Mechi Hospital: My Reflection	Mr. Yogendra Giri	108
AMDA Mechi Hospital my Experience	Mr. Ujjwal Tara Thapa	110
Digital glimpses of history of AMDA Nepal		111
Staff List of AMDA Nepal		116



# AMDA Nepal's Initial concepts and its efficiency on peripheral hospital service in Nepal

**Prof. Dr. Rameshwar Prasad Pokharel**  
Founding President, AMDA Nepal



## Background

A joint grand meeting between Association of Medical Doctors for Asia (AMDA) and Association of Medical Students of Asia (AMSA) held on August 6th, 1989, AD in Kobe, Japan. Where, was I asked that; is there any possibility of establishing AMDA chapter in Nepal? I readily gave an affirmative answer. With such great responsibility falling upon my shoulders, I promised to do my best and assured the participants that in next meeting you will hear good news of official registration of AMDA-Nepal chapter in Nepal. That meeting passed the resolution that under my presidency, a responsibility to establish AMDA chapter in Nepal (AMDA-Nepal) was given and the story began.

Coming back to Nepal, I laid out the plan to my colleagues and we then came to a unanimous decision to go forward officially. That time our vision was of providing quality, reliable, publicly affordable, and self-sustainable health services in rural Nepal. This also included our idea to conduct mobile health services camps as well flying squads' services. With these principles, rural Nepalese people would get expert and quality health care services in their own locality with cost effective methods. That was how we started Bishnugaun village development project as a pilot project in Budhanilakantha, Kathmandu by incorporating all these ideas. At the end, this project was very effective, popular and was a good start for AMDA Nepal.

## Concepts on providing General Health services in periphery

In late 1992 AD, Bhutanese Refugees started to influx into Nepal due to political conflict on demand of democracy in Bhutan. In early 1993AD, their influx was at peak with more than 150,000 Bhutanese refugees having come to Nepal. In this period, neither Nepal government nor Nepal Red Cross Society could support them in the eastern Nepal border. Thus,

Bhutanese refugees settled haphazardly in different parts of Jhapa and Morang districts. Approximately 125,000 leave in different camps and rest get shelter with their relatives in Nepal. Inadequacy of local health service systems to provide extra services to the refugees' camps as per their demands led to AMDA-Nepal's involvement in the situation. A medical team from AMDA-Nepal, Kathmandu, with limited medications and logistic was dispatched to refugee influx areas.

AMDA-Nepal team provided basic and emergency health services for three continuous days. More than 500 refugees were treated free of cost and limited logistic support were also provided. Similarly real situational evaluation and analysis were made. These activities gave us an opportunity to think about new ideas on providing various assistance to refugees through AMDA Nepal. AMDA-Nepal team then approached me to accelerate further specific plans for supportive activities for Bhutanese Refugees in Nepal. I then coordinated with AMDA International in Japan and had assigned me again to propose suitable written project proposal on needed field by the refugees.

Personally, visiting all seven-refugee camps, I was able to observe real situation and realize their genuine problems. Regular health services in each camp were a must but our capacity was not enough. Establishing a hospital service in centrally located area (convenient to all refugee camps) seemed to be a much more appropriate plan in that situation. Patients from each camp could seek our services through our hospital settings and local people will also be benefitted. After much thought, AMDA-Nepal came to a decision about developing first a referral health service center (15 beds Hospital) for Bhutanese refugees as well as local native people and provide quality and sustainable services through AMDA-Nepal and International groups. Additionally, a benefit of this proposal was that the hospital could keep providing services to the local

people even after the refugee problem has been solved.

Thus, a concept of hospital establishment in center part of all refugee camps was generated and implemented sincerely. After development of Bhutanese Refugees Referral Health Center (BRRHC), refugees were treated free of cost and local Nepalese treated with minimal services charges. This turned out to be a more popular and effective health services delivery system in the region. Later, UNHCR also adopted similar principle in the name of Refugee Affected Rehabilitation Projects (RARP) at camp sites.

For better services from BRRHC, we discussed with Damak Municipality and Damak Chambers of Commerce and Industries for triparty agreement. In 1996 AD BRRHC was converted into 30 beds Hospital as AMDA-Hospital, (recently developed to 150 beds within its own land premises) Damak, Jhapa. We made it a successful project till date and are providing regular, sustainable, quality, and expert health services to refugees as well locals simultaneously. AMDA Hospital became the first hospital within AMDA International Chapters.

Now many paramedical courses as Staff Nurse, Health Assistant, Laboratory Technician, Skill Birth Attendance, Anesthetic Assistants, etc. are being conducted by AMDA-Nepal through this hospital. These hospital-based training courses are much more popular and highly demanded center of training among students.

### **Concepts on providing Children and Women health services in periphery.**

In 1990 AD, Children and Maternal Mortality Rate was on a high scale in Nepal. Infant Mortality Rate was around 140 / 1000 live births and Maternal Mortality was 539 / 100000 live births (Ref Google search on IMR and MMR in Nepal 1990). We AMDA-Nepal members thought that we can improve this situation by establishing a Children and Women hospital outside Kathmandu valley. If we could establish it in central part of Nepal, then it will be beneficial to people from all corners of the country. With this philosophy, in 1998 AD Siddhartha Children and Women Hospital (SCWH) was established in Butwal (central Nepal).

Public support and reliability on services was thought from the inception of hospital establishment. A triparty co-operative procedure was discussed locally to establish and maintain regular hospital services; administratively, financially and with governmental advocacy & supports. Triparty were decided as 1) AMDA-Nepal and Japanese groups, 2) Butwal Sub

Metropolitan City and 3) Butwal Chamber of Commerce and Industries. An agreement between these three parties was signed to establish, develop, and uphold Siddhartha Children and Women Hospital services in Butwal. The initial 50 beds capacity service has been upgraded and extended to 150 beds at present. This is the first Children and Women hospital and second children hospital in Nepal.

Siddhartha Children and Women hospital was designed by world famous Architect Prof Ando Tadao from Japan. This is his first hospital building design and first brick used building in his career as well as first building designed and constructed in South Asia.

Getting recognition on construction of Siddhartha Children and Women hospital by Mainichi Newspapers (Japan) is an exceptional example of humanitarian support. It is also the first hospital project of Mainichi Newspapers. Mainichi Newspapers initially collected fund from Japanese individuals for building of Children and Women Hospital in Nepal. Similarly other initial funds for extension of services and buildings were from Dr Akira Shinohara Memorial Fund and Yomiuri Newspapers. Now Rotary Club, Lions Club, Butwal sub-Metropolitan city, Butwal Chambers of Commerce and Industries, Nepal Federal Government, Provincial government, and individuals are supporting the hospital.

### **Concept about services through community hospital in Dhulabari, Jhapa.**

AMDA-Nepal keeping to its previously mentioned original principle, established a 15 beds community hospital in Dhulabari where, general health services and basic diagnostic services are being provided. Hospital buildings have been constructed with the support of Japanese Grassroot Assistance program. Hospital infra structures are developed in AMDA-Nepal own acquired land with the provision of future services expansion. A yearlong training course on Assistant lab technicians (one year) is being provided through this hospital as of now.

### **Concepts on local participation and co-operation adopted for sustainable hospital services systems in peripheral Nepal.**

Before initiation of hospital establishment concepts, we seriously thought about how to maintain the regularity of sustainable quality services in hospitals. Then came the thought of involving local responsible authentic supportive groups. We selected local municipalities and chapters of Chambers of Commerce and Industries keeping in mind that they can support us

administratively, financially, politically as well as provide governmental guidance and advocacy. AMDA will provide daily management and assure expert quality health services delivery to patients. This principle worked well and still has proved to be a good partnership in hospital services development. This kind of partnership for hospital development and sustainability is AMDA-Nepal's original concept and has been effectively implemented and functioning very well till date.

### **Services of AMDA-Nepal's hospitals.**

AMDA-Nepal's three peripheral hospitals and one dental clinic in Kathmandu provide health services to approximately 115,000 to 130,000 patients per year (Ref Annual reports of AMDA-Nepal). These hospitals services have contributed a lot to reduce Infant Mortality Rates from 140 to 25 / 1000 live births (IMR 1990 - 2021) and Maternal Mortality Rate from 539 to 239 / 100,000 live births at present (Ref Google search; IMR and MMR in Nepal in 1990 to 2021 AD). Similarly, they also helped to decrease national Child Death Rates at 31(from 70)/1000 live births (2019) and Crude Death Rates at 6.36 (from 16)/1000 inhabitants (Apr 2021). AMDA-Nepal is providing services as secondary to tertiary level hospitals.

AMDA-Nepal has more than 500 people regular employee and approximately 5000 other locals are getting direct, indirect financial benefit or self-employment through AMDA-Nepal activities in different aspects.

Because of hospital services many paramedical academic trainings (Nursing, Health Assistants, Laboratory Technicians, Skill Birth Attendants etc.) activities are also being conducted in hospitals. Thus, many students has been trained in Medical and paramedical fields from AMDA-Nepal hospitals and a popular training centers.

### **AMDA-Nepal's working philosophy.**

Genuine thoughts, sincere works, feeling of responsibility, unconditional dedication, devoted and motivated staffs and inclusion of local authorities in supportive role of hospital management is the key to success of sustainable hospital services in periphery.

With this philosophy we received many supports for infrastructural development, administrative, technical and technological assistance, health personnel trainings and skill developments. Similarly, AMDA-Nepal added 4 bighas land as its own asset from the donors. AMDA Hospital and AMDA-Mechi hospital buildings are constructed in our own land.

### **Immediate and Future need of AMDA-Nepal**

Preparation and illustrative documentation of Master plan in detail about short and long-term plans, objectives, and future developmental vision of AMDA-Nepal institution.

Specific plan is needed to retain health professional and improvement of quality hospital services.

Need to develop into AMDA Medical College immediately or affiliation with other national and international Medical academic courses /training centers for academic degree courses (MBBS, Postgraduate or super specialty) Fellowship courses / collaborative / exchange or combined training courses conduction with or within AMDA-Nepal.

Need to revision of agreements with clear policies between local partner authorities in changed political scenarios in Nepal.

Emphasis on quality and technically sound experts' services. Market analysis and technologically equipped hospitals and future development activities.

Visionary leadership and effective governance for better services will be most rewarding in future too.

"After hard work, unconditional dedication and tremendous efforts of all AMDA \_ Nepal members, AMDA -International, AMDA Staffs, supportive local & international donors; Local, national & International governments, volunteers; who served AMDA-Nepal are the key asset to success of activities in AMDA-Nepal. Congratulations and Heartily Thank to you all to bring AMDA\_Nepal in the present shape and recognizing us as very active Non Governmental Organization; nationally and internationally. Hope this will continue in the future too for "Better quality of life for Better future" of mankind & AMDA groups."

### **Acknowledgements**

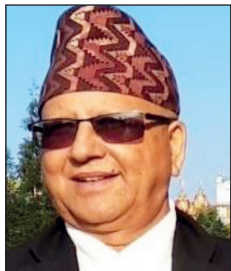
We acknowledge following individuals and institutions, without their supports AMDA-Nepal could not have come in present situation. They are AMDA-Japan, AMDA-International, AMDA Hyogo, Mainichi Newspapers, Japanese people and Government, Japanese Embassy in Kathmandu; Dr Akira Sinihara's family, Yomiury Newspapers, UNHCR, SCF, Rotary Club, Lion Club, Local Municipalities, local Chambers of Commerce and Industries, Land donors (Damak, Dhillabari), Shiva Nagar community forest committee Butwal; Nepal Federal, Provincial, and local governments and all well-wishers. I might have missed some contributors, national and international likewise without intention; your contribution remains immortal. Nepalese people have benefited and will continue to get services till the hospitals stand strong. I also thank Dr Ritisha Pokharel for editing the manuscript.

Thank you all.

\*\*\*



## Appreciation for AMDA



**Mr. Rom Nath Oli**

Chairman, AMDA Hospital Local Management Committee

Previous Mayor, Damak Municipality Office, Damak, Providence No. 1, Nepal

It's been 30 years of service by AMDA Hospital in Damak Municipality as a non-profit making Community Hospital. The hospital initiated providing services from Health Post located at Damak-1 during the first initial 5 years of its establishment and then shifted to its own building at Damak Municipality Ward No 2 with land area of 14899.79 square meter. The black topped roads and footpaths have eased the access to the hospital at present though the graveled roads made access to the difficult during the early days.

I was also the Ex-Official chairman of the Management Committee of the hospital as the Mayor of the Damak Municipality from 2054 BS to 2059 BS. I have been working as chairman of the hospital since 2074 BS. The hospital has been serving people from the hilly and remote districts of Mechi Zone, people from the various Municipalities and Rural Municipalities of Jhapa district and Bhutanese Refugees from the Refugee Camp of Damak 2 and 3. The hospital encountered different challenges during its operations and those challenges have been overcome with combined efforts of hospital administration, management committee and local political parties. The hospital's contribution in Safe Motherhood Program implemented by Nepal Government is commendable which is justified by the numbers of patients admitted in the hospital and the program is still ongoing

The hospital has played prominent role in Covid 19 prevention and control and also has been providing service to financially poor people. We are thankful to all the doctors, medical personnel and other crucial staffs and officials for their service in Covid 19 prevention and control who have worked day and night with their life at risk. I would also like to express my gratitude to Mr. Gyanendra Bahadur Karki and his mother Mrs. Mahesh Kumari Karki and Mr. Keshav Thapa and his father Dilli Ram Thapa and overall Thapa and Karki Family for donating 14899.79 square meter land to AMDA hospital whose worth is about 2 billion Nepalese Rupees at current day.

AMDA hospital has been progressing and flourishing since its establishment and is also providing teaching facilities regarding medical field. All these credit goes to whole AMDA Japan/Nepal team whose optimistic thoughts and supportive actions have AMDA Hospital into existence and at this organization to this level.

There is a good co-ordination between Damak Municipality and AMDA Hospital in various matters and I believe it shall also continue in the coming years too. I would like to express my best wishes for the success and progress of the organization in the future as well.

\*\*\*

## Appreciation for AMDA

**Mr. Gokul Shrestha**

President

Damak Chamber of Commerce and Industry



We are very pleased to know that AMDA Japan-Nepal is going to publish HISTORY ARCHIVE BOOK OF AMDA NEPAL on the occasion of the 30th anniversary of its founding. Primarily it was established as Referral health Center with the purpose of assisting for the treatment of Bhutanese refugees, later it is shaped as hospital and reached a milestone in the field of healthcare in the region. The contribution of AMDA Hospital in providing selfless services while being dedicated to humanitarian service like health has been incomparable the reason why there were very few health providing institutions in the region and, they are far from this area. We had only two big government hospital nearby Mechi Zonal and Koshi Zonal hospital.

In the meantime, various service works have been completed between AMDA Hospital and this association. We have been participating in AMDA Hospital as the hospital has been established in this area and has made this association a member of its management committee. To provide maximum affordable facility in healthcare to the entrepreneurial businessmen under this association. I would like to remind here that in 2075

BS, an agreement was reached between the association and AMDA Hospital to provide disc Junts on health care. Apart from this, various trainings are conducted by the hospital from time to time.

Moreover this, following the values, beliefs and principles of the schools, this hospital has been providing technical health education in various subjects including nursing, pathology and we believe that it will also play a role for the overall development of the technical education sector. The hospital will definitely play an important role in imparting technical education to the future leaders.

We would like to express our heartfelt gratitude to all those who have contributed directly or indirectly to the progress of the hospital during its journey of 30 years. On the occasion of this annual celebration of AMDA Hospital, I would like to express my best wishes to all the dignitaries including the chairpersons of the management committee of AMDA Japan-Nepal, the members of the hospital, the teachers and staff of the hospital and all the dignitaries including the students. Thank You!

\*\*\*

## Establishment of Shiddartha Children and Women Hospital (SCWH) in Butwal - A Reference



**Mr. Jeevan Prasad Ojha**

Past President

Butwal Chamber of Commerce and Industry, Butwal

Member of Local Management committee of SCWH

Butwal Chamber of Commerce and Industry, the first private sector of umbrella organization in western Nepal, has been playing a leading role in the economic and social sectors of the region along with business interests. The Butwal Chamber of Commerce and Industry, an organization older than Butwal Sub-metropolis, was established in 2009 BS and has made great contribution in the field of education and health in the region along with initiatives and advocacy for resolving the problems of business interests and industrialists.

I became the president of the association in 2053 BS. At that time, the former president of the association in Butwal municipality late. Surya Prasad Pradhan was the mayor. At the same time, for the establishment of a children and women hospital outside the valley to provide better treatment for children and women in Nepal, Dr. Rameshwar Pokharel, President AMDA Nepal came to Butwal. He also visited Butwal, Narayangarh, Dharan in the east and various places in the west for the construction of the hospital. When he came to Butwal, he met me and the then mayor of Butwal municipality.

At that time, there was no such specialist hospital outside the valley. We thought that if AMDA Nepal established this hospital in Butwal, the children and women of this region would get better treatment services and we were encouraged to establish this hospital in Butwal in any way possible. After visiting Narayangarh, Dharan in the east and various places in the west including Butwal, the President of AMDA Nepal Dr. Rameshwar Pokharel also proposed to set up this hospital in Butwal.

With the aim of providing better treatment to children and women in the surrounding districts, including Rupandehi, we said we would provide required help to

AMDA Nepal to set up this hospital in Butwal.

The then mayor immediately promised to provide the land. Similarly, on behalf of the Butwal Chamber of Commerce and Industry, I also pledged that the maintenance of the hospital would be done by the Chamber of Commerce and Industry. Then the land was shown in different places of Butwal AMDA Nepal liked the land shown in Butwal Ward No. 7 (former Ward No. 9) Deepanagar. Soon after, the president of AMDA International, Dr. Sigeru Suganami himself came and observed the site. After the land was deemed suitable for the construction of the hospital by all parties, a tripartite agreement was reached between AMDA Nepal, Butwal Municipality (now Sub-Metropolis) and Butwal Chamber of Commerce and Industry for the construction of the hospital on the land.

According to the agreement, it was agreed that the municipality would cordon off the road, electricity along with the land and provide annual financial assistance for the construction of infrastructure, AMDA Nepal would take technical and expert managerial responsibility, the Butwal Chamber of Commerce and Industry would take charge of the maintenance of the hospital.

Immediately financial support was received from AMDA International for the construction of the building and the building was constructed rapidly. The financial support was collected and provided by Japanese citizens.

### **This is How the Hospital was Named**

The hospital was established to provide specialist services to children and women. Lumbini, the birthplace of Gautama Buddha, the pioneer of peace, is in this region and his mother Mayadevi died after the birth of



Gautama Buddha (Siddhartha). The hospital to be set up for the treatment of children and mothers in connection with this incident has been named 'Siddhartha Children and Women's Hospital'.

The hospital, which was established with 50 beds at that time, now has 100 beds. At the establishment of Siddhartha Children and Women Hospital (SCWH) Butwal, the then President of AMDA Nepal, Dr. Rameshwar Pokhrel, a member of the then AMDA Nepal. Dr. Saroj Ojha, the then President of AMDA International Dr. Sigeru Suganami, the then mayor of Butwal Late Surya Prasad Pradhan, then Mayor Bhoj

Prasad Shrestha, then Member of the House of Representatives Bishnu Prasad Poudel, local community and industrialists have made significant contributions. Since the establishment of this hospital, it has made significant contribution in the treatment of mother and child. It is now necessary to promote the services provided by the hospital as a medical institution. The time has come for everyone to think in that direction. Recently, the association has also provided significant assistance in the construction of ICU, ventilator and COVID 19 ward at Siddhartha Children's and Women's Hospital.

\*\*\*

## Appreciation for AMDA



**Mr. Arjun Man Sainju**

Past President

Butwal Chamber of Commerce and Industry, Butwal

I sincerely congratulate AMDA Nepal for its 30th anniversary. And my best wishes that it will continue to provide specialty health services to children and women in this region.

During my tenure (2000-2003 AD) as Vice Chairperson in Local Management Committee of Siddhartha Children and Women Hospital, (SCWH) Butwal; Local Management Committee guideline developed, Butwal Chamber of Commerce & Industry (BuCCI) contributed maintenance fund as provisioned in tripartite agreement, facilitated solving administrative issues and meeting between BuCCI and AMDA Nepal head office for better coordination and management of hospital perused as best practices. Beside these, coordination with Butwal Municipality at its best to develop and materialize the hospital plan. SCWH Butwal envisioned the operation of Nursing College as extension work from the hospital.

SCWH Butwal being only specialty hospital in the region, thus, still to develop services as per the demand in the present time.

\*\*\*

## Appreciation for AMDA

**Mr. Khim Bahadur Hamal**

Immediate Past President  
Butwal Chamber of Commerce & Industry, Butwal



I would like to congratulate AMDA Nepal for 30 years of precious services in Nepal; providing excellent health services to Nepalese people.

During my tenure, labor dispute management, hospital building renovation, developing SCWH into medical college were major achievements. I also remember the grace visit of AMDA Japan delegate to Siddhartha Children and Women Hospital Butwal. Butwal Chamber of Commerce & Industry (BuCCI) has been exemplary in managing health services through community hospitals like SCWH Butwal.

I wish SCWH Butwal plays important role in providing specialty health services to children and women in this region.

\*\*\*



## Appreciation for AMDA



**Mr. Ujjwal Prasad Kasajoo**

President

Butwal Chamber of Commerce & Industry, Butwal

I sincerely congratulate AMDA Nepal for its 30th anniversary. And my best wishes that it will continue to provide specialty health services to children and women in this region.

Nepal is no exception to COVID 19 pandemic, during second wave of COVID-19 in Nepal Lumbini province was one of the most affected regions by death casualty and COVID infection. The hospital bed and basic health services had been overwhelmed and health infrastructure/ facilities in acute pressure. Thus, Butwal Chamber of Commerce & Industry (BuCCI) with support from its members to initiate ICU services in SCWH Butwal to COVID patients. We are also hopeful to extend this service to support to contain possible third wave of COVID 19 in this region.

We are very pleased to get opportunity to serve local people through the SCWH Butwal and assured to extend our support in the future endeavor.

\*\*\*

## Appreciation for AMDA International

**Prof. Dr. Deepak Mahara**

T.U. Teaching Hospital,  
Maharajgung, Kathmandu, Nepal



I would like to take this opportunity to write a note of appreciation on the 30th anniversary of the Association of Medical Doctors of Asia (AMDA), Nepal chapter, established in 1989. My especial appreciation to Prof. Dr. Rameshwar Pokharel, Prof. Dr. Rohit Pokharel, Mr. Nirnal Rimal and many other young and energetic colleagues who have taken initiative to establish this chapter in Nepal.

Over the years, the size, scope, and impact of AMDA's work has grown globally providing community development and emergency relief. I truly appreciate the invaluable support and resources AMDA has provided in Nepal specifically—over the past three decades in the healthcare sector—including the Refugee Camp and hospitals in Damak, Dhulabari and Butwal.

In my tenure as the Executive Director [2014-18] of T.U. Teaching Hospital [TUTH], Nepal was struck by the devastating earthquake in April 2015 – crippling the country and claiming nearly 10,000 lives. Despite the turmoil of the recovery and medical efforts, TUTH was proud to provide excellent care and services to the

people of Nepal, thanks to incredible collaborative efforts and support from AMDA International and Dr. Shigeru Suganami in particular. In fact, Dr. Suganami was so committed to providing relief to Nepal, at that time, he visited TUTH to formally recognize the skills and capabilities of the staff and management throughout the crisis. As a result of this unique situation TUTH and AMDA signed a Memorandum of Understanding (MOU) in partnership to establish a natural disaster management program where staff and expertise from both the countries (Nepal and Japan) can be exchanged during future disasters and relief efforts. This is a testament to the trust and shared hope for continued collaboration in the future. Visit of Dr. Suganami to TU Teaching Hospital in person in his capacity as the president of AMDA International and immediate support provided in the form of finance and affections is a matter of forever pride to TUTH and, me, as an Executive Director of the hospital.

I appreciate all the supports AMDA has provided and congratulate the many years of incredible work.

\*\*\*

## Mega Earthquake 2015 - Humanitarian Help by AMDA and Dr. Suganami



**Dr. Jagdish Prasad Agrawal**

Retired Professor and Former Dean,  
Institute of Medicine, Kathmandu  
Freelance Medical Practitioner and Medical Educationist

An earthquake of Magnitude 7.6 struck with epicenter in Barpak VDC (15 KM depth), Gorkha District (north-west) of Kathmandu; south of China border, on April 25, 2015, at 11:56 local time, creating great impact to different villages and cities including Kathmandu. This resulted in thousands of deaths and injuries leaving millions of people displaced from rural hilly areas and Kathmandu valley. Many aftershocks were continuing, and majority of population remained outside their houses for at least 4-5 nights. Many people lost their shelters and stayed under plastic tents and temporary shelters. The districts of Western and Central Development Region including Kathmandu valley were highly affected by the earthquake. Most affected districts were Gorkha, Lamjung in Western Region and Kavre, Sindhupalchowk, Dhading, Nuwakot, Rasuwa, Dolakha, Ramechhap and Kathmandu valley in the Central Region.



More than 87 international medical teams were mobilized for the treatment of the injured. High priority was given to shelter, food, medicine; a response which aided in early recovery. Government appealed to several national and international organizations to take prompt and specific measures on relief, rehabilitation

and reconstruction targeting the people affected by the April 25 earthquake.



As a part of IOM Post Disaster Need Assessment Team I too went to Sindhupalchok head quarter, Chautara to find our dream of long term cooperation with Chautara District hospital shattered as all the newly constructed buildings were badly damaged ( IOM has a training center next to the chautara district hospital through which IOM was planning to set a model of service through partnership between the academic institution and government Hospitals, which could be a model for rest of the academic institutions of Nepal throughout the country.) Our team, comprising of Prof. Bimal Kumar Sinha, Prof. Bhagwan Koirala and myself, was busy in cleaning the debris of the building and at that time we were told that a team from AMDA HQ had come for help. This was the first time that we met the well-known humanitarian Dr. Suganami who is the President of AMDA International. It was a memorable meeting though unplanned and under unfortunate circumstances.

We discussed the ways to cooperate on emergency basis. From the feedback received from the medical team and in consultation with the chief medical officer of district hospital Chautara, it was felt that long term



medical team assistance is needed to take care of the large scale of the psychosocially & physically affected people. MOU was signed between IOM/TUTH (Institute of Medicine / Tribhuvan University Teaching Hospital) & AMDA International. The overall objective of the relief program was to provide physical, mental and social care and humanitarian services to the people in need in Sindhupalchok.



Outreach Disaster Management Committee (ODMC) was formed and through which teams of doctors, nurses, paramedics, psychologists were deputed on rotation with specific observations:

1. To deliver on spot the basic and emergency health services as required.
2. To provide the continuum of care delivered by the district hospital, PHC and SHP.
3. To strengthen and restrain functionality of the district hospital and health center below district level.
4. To provide counseling and education to mentally traumatized people.
5. To provide test kits, disinfectants for improving the water quality, sanitation and hygiene
6. To provide preventive and curative care for needy people.
7. To provide safety net and special care for most vulnerable population namely pregnant and post-partum mothers, children under five, orphans, widows, elderly and disabled.

This program achieved its objectives with coordination and cooperation of AMDA- Nepal by serving the needy people, training local health resources for ongoing care and support.



Later in 2017 I had an opportunity to visit the AMDA HQ at Okayama, Japan and was moved emotionally to see that from a small office with limited staff, one Man (Dr. Shigeru Suganami) united and motivated medical students and doctors throughout Asia and other countries of the world and through them promoted the health and well-being of the under privileged and marginalized people. To me this was a unique experience. To me he was no less than a saint or angel sent to help the people on this earth. Global Partnership for sustainable Peace (GPSP) and AMDA Multinational Medical Missions are the need of the time.

I was awash with gratitude and pride when Dr. Suganami appreciated and acknowledged the work of Nepalese doctors during the 2015 Mega earthquake and signed an MOU with IOM to help each other on reciprocity.

This MOU was a formal recognition of understanding for cooperation and interaction between the two organizations under the spirit of Open “Sogo-Fujo” in the fields of emergency preparedness, emergency relief, rehabilitation medicine, and other related areas consistent with their founding principles. Through their concerted efforts, the two organizations will continue to make a significant difference for the people in need.

Activities of AMDA Nepal through Damak Hospital which served thousands of Bhutanese refugees and the local people is commendable. So are the activities of AMDA children hospital at Butwal. I congratulate AMDA -Nepal on their 30<sup>th</sup>. Anniversary and wish successful missions in future as well.

\*\*\*

## Experiences, Impressions and Memories of NMA with AMDA during Earthquake



**Prof. Dr. Anjani Kumar Jha,**  
Past President of Nepal Medical  
Association



**Mr. Milan Chandra Khanal**  
Chief Administrative Officer  
Nepal Medical Association

### INTRODUCTION

Natural calamities are inevitable events that lead to chaos, crisis and disaster hindering the overall economic, social, and environmental aspect. On April 25, 2015, a magnitude 7.8 earthquake and hundreds of aftershocks struck Nepal destroying more than 600,000 houses, business premises, and animal shelters in the 14 worst-hit districts. This quake also created landslides and avalanches in the Himalaya Mountains. Thirty-nine of the nation's 75 districts and about a third of the national population were affected. Nearly 9,000 people died and more than 22,000 suffered injuries.

Economic instability, political negligence, corruption, unemployment, unpreparedness, and chronic lack of basic resources hindered the assessment and response planning after earthquakes in Nepal. This collective distress in the long term causes mental health issues including depression, substance abuse and post-traumatic stress disorder among most of the sufferers. Immediately following the earthquake, the Nepal Medical Association organized rescue camps, distribution of first aid and other logistic supplies, and medical camps in the affected areas.

Nepal Medical Association (NMA) is one of the oldest professional organizations of Nepal established in 1951 AD. NMA found the gap in the skills and knowledge among the volunteers to recognize and reduce the ill effects and adverse consequences of trauma and displacement among the affected population. Anticipating the need of psychosocial support and counselling among the victimized populations, Nepal Medical Association promulgated the training program on **"Post earthquake psychosocial support & counselling training for volunteers"** with the collaboration and financial support from Association of Medical Doctors Asia (AMDA) International.

We conducted a 2-day training program delivered by a

qualified psychologist and psychiatrist to about 300 volunteers, health workers, journalists, teachers, and community leaders in various districts of Nepal that were severely affected by the mega-earthquake. The organizing committee coordinated the training program, which was supervised by Dr. Anjani Kumar Jha, President of the Nepal Medical Association. Dr. Mukti Ram Shrestha (NMA General Secretary), Mr. Milan Chandra Khanal (NMA Chief Administrative Officer) is among the members of the organizing committee. Community based assessment is also done for direct evaluation of the training program and its effectiveness.

### ACTIVITIES

The first training session was conducted on 12th June 2015 in the district health office of Dhading district. The president of Nepal Medical Association, Dr. Anjani Kumar Jha inaugurated the training session by saying, "For all the participants, this program provides enough possibilities to learn and share their knowledge and experiences in the field of psychological therapy. I hope that after you complete this program, you will be able to share your acquired knowledge and abilities with your community, workplace, family, friends, and others in need." In total 30 people including local health assistants, community leaders learnt mental health issues, such as PTSD (Post traumatic stress disorder), depression, psychological first aid, stress management and grief counselling skills.

After the positive response from the community, we continued our program in Dhulikhel, Kathmandu, Kavre, Bhaktapur, Lalitpur, and Nuwakot. Due to the high demand of this training, we expanded training sites to other nearby cities of the affected areas including Chitwan, Rupandehi and Arghakhanchi. NMA successfully organized 10 training programs of two day each, in various districts in coordination with local health bodies.

We had local assessment during the training period

with the need and prioritization of the local community. We also communicated with the local bodies, health centers, NGOs and INGOs about the psychosocial issue and need of the people in the district. Even the health workers already involved with governmental, non-governmental and other centers and working in the psychosocial issues participated in the training sessions with the effective use in their works. Another success of the story was the inclusion of the media and health journalists who covered the broad aspect of the general population and raised the awareness of the issue in the communities and people who couldn't directly take part in the training sessions; this magnified the reach of our program.

After the completion of the training, NMA conducted the follow up program to explore and evaluate the change in knowledge, attitude, and practice of the participants about the psychological support and counselling after the training. The program started with a brief orientation from Dr. Saroj Prasad Ojha (facilitator) about the program details and expectations. Dr Anjani K Jha (NMA President) and Dr Mukti Shrestha (NMA General Secretary) formally invited the participants. Then the participants were provided with an objective checklist on training learnings and some subjective questions regarding the feedback on relevance of training, applicability, change in attitude after training and feedback for future.

During the last phase, the participants were divided in three focus group discussions – FGD groups led by three group facilitators (Suraj Shakya, Prabhat K Pradhan, Milan Chandra Khanal, Mr. Sudesh Regmi). The focus group discussion data was used to triangulate the individual forms filled by the participants. The report consists of two types of follow up and evaluation activities: telephone conversation with random participants and an evaluation meeting at NMA office. We periodically monitor and follow the participants through phone conversations with the random participants and in person meeting at NMA office, during the initial period of the implementation of the course program with some structured interview questionnaires prepared to get ideas on implementation and usefulness of training after a certain period.

After 1 month and up to 3 months of successfully completing the training sessions, telephone conversations were held with random participants. Randomly, we discussed and transcribed the information from approximately 20 participants, every 2 to 3 from each training course. The in-depth-interview included some structured questions as well as their feedback on the impact of the training for volunteers and its

implementation in their community. Then we prepared the report of the whole program.

## EXPERIENCES AND IMPRESSIONS

The majority of trainee had prior experience and had participated in post-training activities in their respective communities and affected areas. They gave positive feedback and said it changed their approach to dealing with issues in their community and among affected people. They also had some common feedback that described the relevance of the training program to themselves and how they helped the affected people in better ways than before. The participants also identified major psychiatric conditions and advised and taught the family member how efficient therapy can help patients live their normal life and how to refer them to higher health centers. This gave a positive message to other members in the community and the way they look upon the people with psychological issues.

One of the participants from Dhading district had the following views:

*"I got an opportunity to be trained by psychologists and psychiatrists, which has been very helpful to me. Initially there was more physical damage and people were concerned about shelter and food and their survival but later lots of other problems started adding up and people were finding it hard to cope. There were people with frustrations about not getting enough support from government bodies. So, this started showing up in their daily life. I visited many families and had met with people discussing their problems and during that point of time I realized the importance of being good at listening and the proper implementation of the counselling skills. For this active listening was necessary and helped them with and so on. Many people had minor issues which could be solved in the local setting only."* Mrs. Shanta Shrestha (Participant), Secretary, Jagat Jyoti Community Dev Society, Dhading.

After the training, we wanted to get feedback from the participants regarding the relevance of training, applicability, change in attitude after training and feedback for the future. For this, the participants were provided with an objective checklist on training learnings and some subjective questions. From their feedback form, we wanted to assess their key learning from NMA psychological training, transfer of learning, attitude towards the training and recommendations for future.

Upon discussion, many participants expressed their gratification on getting to know regarding mental health



issues like anxiety, depression, post disaster trauma and PTSD from the professionals. They also mentioned counselling skills as their key learnings. One of the participants summarized key learning as “Mental health issues are common and possible to occur to anyone. However, there is a possibility of a way out, if we maintain patience for some time being.”

*“I have started looking after myself and my family”,* says one of our participants. Many participants mentioned about transfer of training in their own personal life as well as professional life. As an organizer, this gave us great satisfaction to know that they have been implementing the knowledge from their training to uplift themselves and the people in their surroundings. The experience kept coming.

Another participant (health personnel) shared her story of how she started accepting and helping her brother-in-law who increased consumption of alcohol after the earthquake. Initially the whole family had been blaming him for the alcohol issue. During the training she started empathizing with him and she educated the whole family that earthquakes can bring such change in behavior (especially addiction). Then, he was well accepted and now the family has helped him to manage addiction problem.

One of the participants mentioned that they have started acknowledging mental health and psychosocial issues as important factors and whenever they attend any program, they have a different view about post disaster issues than before and have been confident about helping people.

Earthquake was one of the unforeseen events, and a lot of people were scared. Not only have physical losses been a big loss, but many of us also experienced mental

challenges. It was difficult for most of the people to cope with it and they were adopting negative ways which were not right. Since mental health issues and psychosocial aspects of human behavior is less talked about in our part of the world as well as the existing social stigma about mental health issues in our population, there was a huge response and appreciation of the training program that we conducted. This program has been helpful for many people. We were very pleased to receive lots of positive feedback. It is encouraging to hear such positive feedback about the benefits of this program.

## WAY FORWARD

Over 300 participants, including health workers, media personnel, teachers, and community leaders, actively participated in a two-day training at several training sites across the country. This training, being a novel approach and the first of its kind in our country, covered psychosocial aspects and mental health issues following the massive earthquake and was highly appraised by all health workers, stakeholders, and concerned population involved in public health issues.

The trainees shared that they were instrumental in addressing the psychosocial issue in their community and were able to make a difference. The training seemed to have a positive impact on the trainees’ daily lives judging by the improvement in the understanding and skills for the management of post-disaster mental health and psychological issues. They appeared to be using their knowledge and skills to improve themselves, their families, their communities, or their institutions as expressed and reflected in their responses to the follow-up questions.

\*\*\*

## Dealing with the Disaster

**Ms. Anupa Shrestha**  
Former executive producer  
Image channel



Nepal faced an earthquake of 7.8 rector scale in the year 2015 April 25th. The earthquake with its epicenter at Barpak had damaged a lot with the loss of human resources as well as property. Generally Nepalese are not prepared for natural calamities. Due to this nature, right after the earthquake, stakeholders of the society, as well as the public, were not able to figure out the measures to be taken immediately. People did whatever they thought is best for an immediate response since most of them were not aware of disaster management, they don't have any alternative.



Amongst the friend's nation of Nepal Japan has always come forward and helped and supported Nepal in many projects, in this disaster also Japan supported and helped Nepal. DR. Suganami of AMDA arrived in Nepal with a relief team to help. During that phase of the disaster, I was working as an executive producer for Nepal's first private television channel Image channel. Neither the studios of the Image channel nor the building of the Image channel was earthquake resistant so due to this reason for the transmission not to be interrupted, temporary arrangements were made. Along with the AMDA team, my friend Dr. Archana Shrestha Joshi had also arrived in the studio of the Image channel for the interview with Dr. Suganami.

After the interview, Dr. Suganami told that it could have been so beneficial for the country if media houses could learn and see how Japan has been managing the disasters. He has good intentions of helping the media so asked Dr. Archana Shrestha Joshi to carry on with the project and the Image channel got the opportunity to visit Japan. During the month of November in the year 2015 Anupa Shrestha (Executive producer), Thakur Belbase (Sr. Reporter/ producer), and Nabin Shrestha (chief cameraperson) were invited to Japan to learn how media houses perform during natural calamities. We visited different media houses in different cities in Japan. We visited MBS TV, RSK TV, IBC, Mainichi Newspaper, and KSK. This visit gave us knowledge of how media houses work in Japan. We also shoot what we have learned there and later after returning to Nepal we made a program and aired it. It is an amazing experience to see and learn how media houses do drill during the normal time to face at the time of crisis. Every media house has specific equipment and necessary stuff for the different types of disasters. Some media houses even have a scientific way of storing food for the natural calamities. It's an amazing experience to see a few media houses having helicopters with a surveillance camera.



While talking about Media houses in Nepal, not only the Image channel most of the media houses have no proper preparation or handbook of guidelines for functioning during natural calamities. We had a very good and effective experience in Japan, so we didn't miss the chance to share our experience with our media owners, colleagues, and journalist friends. Along with learning various important things regarding natural calamities in Okayama, Osaka, IWATE, Sendai, and Kobe we also got lifetime experience knowing about Japanese culture, food, art, and lifestyle in these different cities of Japan.



Kobe disaster is one of the painful memories captured and displayed in the Kobe Museum, we could see the video footage of the fire outbreak in Kobe after the earthquake. We did observe the photographs, scale model, the theater, the special effects, computer graphics, the big screen, and the audio effects which took us to the time zone of the KOBE disaster. We learn how important is to preserve evidence of disaster for the world to learn. The Great Hanshin -Awaji also gave us the history of disaster in Japan and ways for the future to be saved from the disaster. One of my remarkable experiences was in Okayama Merto Politian Fire

Department. We had a hands-on lesson on how to protect ourselves and others during the outbreak of fire. This training was very impressive and effective. We also had a chance to glance pillars of the basement in the building of the fire department. We had closer look at the pillars. There was various kind of earthquake resistance pillars made by different technologies. When we were in training in the fire department an accident was reported. Immediately a team of firefighters and an ambulance depart for the location for help. We realize how important is to have an ambulance along with the fire department. In our country, there is no facility for an ambulance while calling the fire department. Another important experience we had was visiting a temporary shelter for the survival of Sunami in IWATE. Since we have just gone through the earthquake and survival had no good shelter but is Japanese government taking so good care of their citizens was remarkable and highly appreciable. The small house has all the basic necessary things for survival. Here in Nepal for many years, survival was just living in tents. As journalists, we learned a lot about how to work during the natural calamities and disasters in the short period of Japan's visit. Though our visit was short our experience was for a lifetime.

After returning to Nepal, we continuously made radio and television programs on natural calamities. We were glad to welcome our friends from RSK in Nepal for a shoot after we return from Japan. With the help of Dr. Suganami, Dr. Archana Shrestha Joshi, and the entire AMDA team we could learn a lot and make radio and TV programs to aware media houses, different stakeholders, and the public to spread awareness regarding natural calamities. During 22 years of television and radio experience, this project is one of the best memory experiences of my life.



## Congratulations on the 30th anniversary of the foundation of AMDA Nepal

### Mr. Tomizo Asano

Journalist

Former editorial director of Mainichi Newspaper  
Osaka Headquarters



I would like to express my sincere gratitude.

The relationship between me and AMDA Nepal started with the establishment of Siddhartha Children and Women Hospital in 1998. This hospital became reality by combining the connections and thoughts of many people. After the Great Hanshin Earthquake hit the Kansai region of Japan in 1995, AMDA won the "International Exchange Award" of Mainichi newspapers for its medical support activities in the past years. At that time, I was the director of the social department of Mainichi Newspapers Osaka Headquarters. I had a chance to talk to Dr. Rameshwar Pokharel at the award party. He told us that the infant mortality rate in Nepal was very high, and he wanted to build a hospital for children and women in western Nepal to save lives.

At the time of the Great Hanshin Earthquake, Japan received a lot of warm support and humanitarian aid from all over the world. I thought this would be a good chance to give back as I heard from Mr. Suganami that "Sogo-Fujo"(mutual assistance) is the spirit of AMDA. I asked my co-worker, Mr. Ken Fujiwara, if our company could cooperate with this project, and he immediately agreed and started the "Save children in Nepal" campaign in our newspapers. It had a huge ripple effect and we received goodwill donations from many readers. When I happened to tell such a story to the world-famous architect Tadao Ando, he offered the

architectural design of the hospital voluntarily and he actually made a great hospital with Nepalese architects.

I have another personal reason I would complete this project. I had a daughter named Risako who was born with Down syndrome and passed away before her 3<sup>rd</sup> birthday. I felt deep sorrow for her death but at least she was able to receive the highest standard of medical care. On the other hand, I felt sorry that there were many children in the world were dying without sufficient care.

It has been 24 years since Siddhartha Children and Women Hospital opened. Now the hospital has grown into one of the leading children's and women's hospitals in Nepal and In Japan, it is well known as "Nepal Children's Hospital". It also became a good example of AMDA's motto "AMDA will always be on the frontline as long as there is a life to be saved"

I would like to express my deepest respect and sincere gratitude for the hard work and efforts over the years of AMDA Nepal, the hospital staff, and all those involved, as one the members involved in the establishment of the hospital.

I am looking forward to going to Nepal and seeing the activities of the hospital in the future. For now, best wishes from Japan for the further development and success of AMDA Nepal and "Nepal Children's Hospital".

\*\*\*



## A Retrospective Glance: The Siddhartha Children and Women Hospital Project



**Mr. Tadao Ando,**  
Architect, Tadao Ando Architect & Associates

May I express my sincere congratulations on the 30<sup>th</sup> anniversary of AMDA Nepal. With its profound commitment to the humanitarian cause thus far, one would find it not easy to gauge how many human lives the chapter has saved around the world. From the bottom of my heart, I pay my highest respect to AMDA for its unfaltering pursuit of protecting those at risk, even if the act of salvation could often put oneself in jeopardy.

Initially, what prompted us Japanese to get involved with the Siddhartha Children and Women Hospital project was our way of giving back to the international community for all the support we received at the time of the Great Hanshin Earthquake that struck western Japan in 1995.

I was one of many people who had been deeply impressed by AMDA's global humanitarian activities with its core efforts being disaster medical relief on a non-profit basis. Because of this, it was such an honor

for me to play a role in this project. Although there were many obstacles along the way due to various constraints pertaining to building regulations at the time, the hard work of everyone at AMDA Nepal brought the project to immense success.

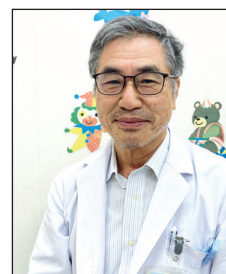
After learning that around 750,000 mothers and children have visited the hospital with over 50,000 babies having been delivered there in the last 20 years, I was convinced that this medical facility has been truly loved by people in the region. To this day, the hospital has been consolidating a foothold in the locality by constantly providing better services. As someone who was part of the whole construction process, nothing can make me happier than witnessing such a magnificent development over the years.

All I wish for now is AMDA Nepal to continue working enthusiastically and persistently for the treasured children of Nepal.

\*\*\*

## Congratulatory message on the 30th Anniversary of AMDA Nepal

**Dr. Toshihiro Muraji**



I would like to extend my warmest congratulations on your 30-year anniversary of AMDA Nepal. I am very much honored that Dr. Eguchi, who succeeded in AMDA Hyogo, provided me with this opportunity.

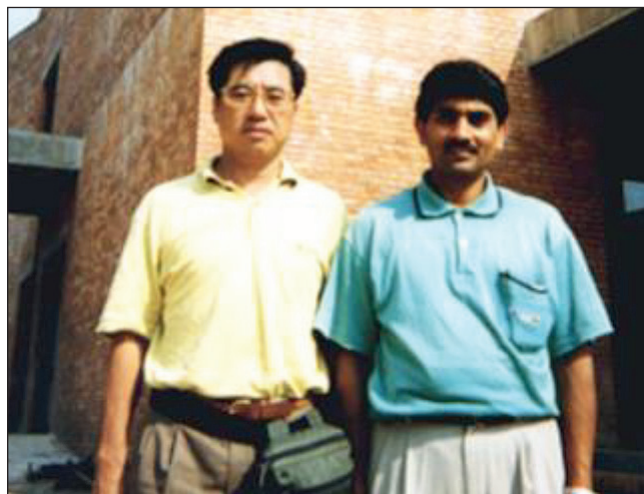
In the early 1990s when I first met Dr. Rameshwar Pokharel while he was studying at Kobe University, Department of Pediatrics, I was one of the young staff surgeons at Kobe Children's Hospital. He wished to study pediatric surgery. He was trying to realize his dream of establishing a hospital for sick children and women in Nepal and invited me as a technical advisor. I had to think about this invitation seriously because I was not sure how much I could do for the Nepalese people. I was young and had my own dream to succeed as a pediatric surgeon in Japan. With his enthusiasm and inspiration from Dr. Shigeru Suganami, a founder of AMDA, and Mr. Ken Fujiwara, a pressman at Mainichi News Paper Company who campaigned for this project, it did not take long for me to decide to try both.



*Figure 1. With the parents and the baby after discharge*

The first thing that I did was to see the current practice of pediatric surgery in Kathmandu. Within a few years, encountered a baby with an ileal stoma for small bowel atresia, and I successfully closed it. The parents came up to me after surgery, expressing their gratitude. It was a wonderful and unforgettable moment in my life as a pediatric surgeon (Figure 1). In 1998, the hospital was inaugurated, and the opening ceremony was great

(Figure 2 & 3). The most impressive thing was the fact that the people participating in the ceremony were not only local city officers and hospital staffs but cheerful village men and women and children (Fig 2). Since then, I visited several times once a year in summer, staying for a week to operate on some patients with Dr. Manoz Shrestha who had spent a year with me at Kobe Children's Hospital for pediatric surgical training.



*Figure 2 With Rameshwar Pokharel at the hospital under construction (1997.3~1998.9)*

Over the past three decades, the world was not changed. we have seen conflicts among nations and tribes. But certainly, I am honored to have a moment in my life to feel that we are part of a single human family. I wish you all the best in your persistent effort in the health-care practice for local children and women in the future.



*Figure 3 With cheerful children*

\*\*\*

## Congratulate on the 30<sup>th</sup> Anniversary of the AMDA-Nepal



**Mr. Shunsuke Suzuki**  
Project Manager in Nepal (2000-2001)  
Board Director, AMDA-MINDS

I am very pleased to congratulate you on the 30<sup>th</sup> anniversary of the AMDA-Nepal Chapter. By joining AMDA in 1999 started with the appointment as project manager of Nepal projects in Butwal, Damak, and Kathmandu that were supported by the AMDA-HQ. I was moving around the three locations by local buses. It was my role, among others, to ensure that various donors in Japan would recognize their contributions as

part of social development and the improvement of medical and humanitarian situations in the target areas of the country.

Ownership is a key to sustainability when working in the development arena. Millions of dollars have been wasted elsewhere as many projects left very little when intervention ended, But in Nepal, especially those projects with AMDA-Nepal have not faded away. Instead, they have lasted for decades. Even now the hospitals in Butwal and Damak and the clinic in Kathmandu are still providing specialized medical and dental services to the beneficiaries of their local communities.

I am extremely honored to have worked with the members and staff of AMDA-Nepal, and proud of being a part of the history of the AMDA-Nepal Chapter.

Finally, I wholeheartedly wish AMDA-Nepal continuation of its endeavor in humanitarian and development purposes even after this auspicious occasion.



\*\*\*



## The aspirations of Dr. Akira Shinohara and my heartfelt commiserations for the victims of the big Kobe earthquake

**Dr. Takahiro Eguchi**  
Chairperson of AMDA Hyogo



I would like to congratulate AMDA Nepal on its 30<sup>th</sup> anniversary. Dr. Muraji and I established AMDA Hyogo in February 1998 to support Siddhartha Children and Woman Hospital (SCWH). Initially, I served as the Director-General of the finance office. However, I assumed the position of the chairperson of AMDA Hyogo in June 2007 at Dr. Muraji's request.

I was able to continue to support AMDA Hyogo for such a long time because of the formative experience I attained during the big Kobe earthquake victims despite being a casualty myself. I could not save many of the injured people and I had to confront the misery of many human beings. However, Kobe overcame that natural disaster and recovered with tremendous help from countries worldwide including Nepal. We were honored to inaugurate SCWH in return.

Akira Shinohara was the first to support SCWH. He was my age but was soon thereafter diagnosed with malignant lymphoma. Yet, he fought the deadly disease and tried his best to inaugurate the hospital. He died in November 1996.

A joint memorial service was held on the 10<sup>th</sup> anniversary of SCWH for Akira Shinohara, the earthquake fatalities in Japan, and the patients who unfortunately died in SCWH under our care. Guests

professing varied religions were invited, including Hindus, Buddhists, Christians, and Muslims in keeping with the AMDA philosophy of co-existing in diversity.



The building for the family members of patients was constructed in January 2014 in an attempt to soothe them. SCWH is soon celebrating its 25<sup>th</sup> anniversary and we at AMDA Hyogo continue our persistent efforts to support SCWH. Please bear with us.

\*\*\*



## On the 30th Anniversary of the Establishment of AMDA Nepal.

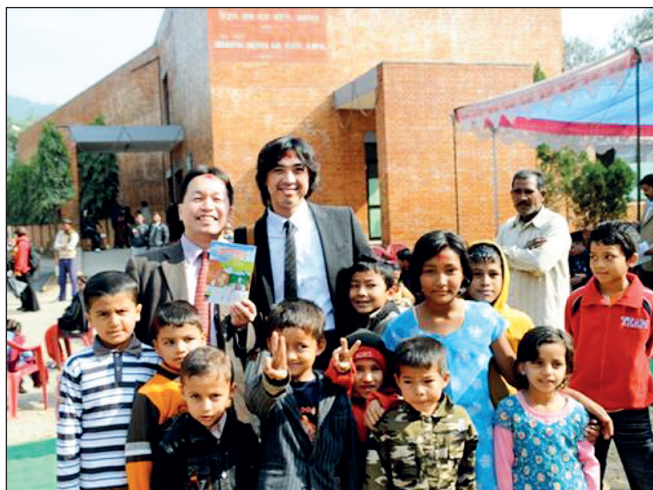


**Dr. Yoshihiro Suzuki**

AMDA Emergency Relief Network Registered Doctor

First, I would like you to accept my sincere congratulations on the 30<sup>th</sup> anniversary of the establishment of AMDA Nepal.

The relations with AMDA Nepal and I started in 2008 when I wrote and painted the picture book for the 10th anniversary of Siddhartha Children Women Hospital (SCWH). So, I participated in cooperation for SCWH as an author of a picture book not as a doctor at first.



I went to Nepal and attended the ceremony for the 10<sup>th</sup> anniversary of SCWH. I sincerely appreciate the support and hospitality of the members of AMDA Nepal at that time.

I have heard various information about SCWH from AMDA and affiliated organizations, however, I visited SCWH in 2008 only. I have thought it's great that only Nepalese staffs operate SCWH very well.



There is one event that I regret. I'm very sorry that I could not take part in the support activities of AMDA for the big earthquake in Nepal in 2015. Because it was just before when I moved to Zambia to work and support the hospital in a very rural site in the country for about one year. Of course, it is better not to occur, if there will be a big disaster in Japan or Nepal, I hope to let us cooperate to relieve the victims.

COVID-19 has made it difficult to get to and from each other's countries over the last few years, but we believe our strong relationship will continue.

I hope AMDA Nepal will continue to grow and achieve great results for the people in Nepal and over the world.

Thank you very much.

\*\*\*

## Congratulatory Message on the 30th Anniversary of AMDA Nepal

**Prof. Dr. Takushi Sato**  
AMDA Board Member



Allow me to extend my heartfelt congratulations to AMDA Nepal on the 30<sup>th</sup> anniversary of its foundation. To this day, I still recall clearly the first time I worked with the esteemed chapter in 2015 when the country was going through tremendous suffering.

At the time of the 2015 earthquake in central Nepal, I had the honor of working with a team of enthusiastic doctors, nurses, and staff from AMDA Nepal. I was deeply moved by their commitment in saving as many lives as possible.



Coincidentally, among the members was Dr. Diwash who later became a catalyst in my forging ties with the AMDA Nepal family. Knowing that I was an endoscopy specialist, Dr. Diwash asked me if he could receive my

technical guidance. In fact, this was the beginning of AMDA's endoscopy project in Nepal.

The following year, Dr. Diwash was invited to Japan to undergo three-month endoscopy training at Okayama Saiseikai General Hospital. This experience must have had a huge influence on him, given the fact that he became one of the most seasoned endoscopists in Nepal in recent years.

In February 2018, I started providing technical guidance on upper gastrointestinal endoscopy and seeing patients at AMDA Damak Hospital. During this time, the doctors, nurses, and staff at the hospital became my dear friends, whose friendship I shall cherish for a lifetime.

Being a doctor from Japan, it is indescribable how happy I have been to be able to contribute to the development of endoscopy in Nepal. It is my ardent wish that doctors from both Nepal and Japan continue deepening exchanges in the years to come.

As much as I expect more Nepalese doctors to partake in the project, I am hoping to see more Japanese doctors in joining our future cooperation. It brings me joy whenever I imagine what kind of collaboration lies ahead of us.

In closing, may the whole AMDA Nepal family be blessed with prosperity in the next three decades.

\*\*\*



## My involvement in Nepal Earthquake Emergency Relief activities as a coordinator of AMDA



**Dr. Archana Shrestha Joshi**  
Project officer, AMDA

In 2012 Okayama Prefectural University, Department of Nursing planned to invite two nurses from AMDA Nepal under the agreement of cooperation with AMDA International and Soja City when I was writing my Ph.D. thesis researching Caring in Nepal. AMDA has its head office in Okayama city, and I was with the two nurses during their training period as a Japanese Nepalese translator. During their visit, we went to the AMDA head office, and I met Dr. Shigeru Suganami, President of AMDA, for the first time. He explained AMDA's philosophy and history, and it was impressive. Mutual assistance, partnership, and local initiatives were brilliant ideas for NGOs. I saw many NGOs that work based on sponsorship, so the concept of AMDA is unique. At that time, I thought I could meet him again and listen to his philosophy and experiences. I also had a chance to visit the AMDA Nepal head office, Siddhartha Children and Women Hospital, AMDA Damak Hospital, AMDA Mechi Hospital, and other project sights in Eastern and Western Nepal during my study time. I met doctors, nurses, and staff who were very dedicated to their work and serving people in the hospitals and communities.

In April 2015, I completed my Ph.D., and my parents were in Japan to attend my graduation ceremony. They were supposed to leave on 27th April, but on 25th April, a devastating earthquake hit Kathmandu. Immediately, I called my sister and other relatives to check about their condition and safety. Though my family and relatives were safe, they had to spend time under open spaces because aftershocks continuously occurred, and the government of Nepal warned and declared not to return home. Nepal has no official evacuation center, so people had to spend days and nights in open spaces. My parents, my husband, and I were very restless that day, and we didn't know what to do. I still remember all of us roaming inside the room, and we couldn't find any words to communicate with each other.

In the evening, I received an email from Ms. Tae

Namba from AMDA. According to the mail, the first team has been already prepared to go to Nepal and is communicating with AMDA Nepal for emergency relief activities. She invited me to come to the AMDA head office to collect information about the Nepal earthquake. I was relieved to have a chance to serve Nepal during the earthquake from Japan. I went to the AMDA office on Monday. They had already dispatched the first medical team, and the second medical team was also going to dispatch. I was provided a laptop and was collecting newly updated news from Nepal. My parents' air ticket has been changed to 7th May so I told them I could go to Nepal after my parents left for Nepal if needed.



Dr. Suganami came to the AMDA office, and we had a meeting regarding emergency relief activities in Nepal. He was going to Nepal with the third medical team. He asked me to join the team and go to Nepal with him, but Ms. Tae Namba and Ms. Takako Narisawa (board of directors) were worried about me because my parents were still in Japan, and I had to take care of my parents. Dr. Suganami assured me that my parents would be proud of me if I served Nepal in this difficult situation. I talked to my husband and parents, and they all agreed that I should go to Nepal with Dr. Suganami. Ms. Tae Namba became emotional and hugged me, thanking me for my willingness to go.

On April 30, 2015, the third medical team, consisting of two doctors, and one nurse, including one coordinator was dispatched to Nepal via Singapore Airlines. When we arrived in Nepal on May 1st, the airport was full of volunteers from different countries. I felt that the whole world had come together to help Nepal during that time. And I was grateful to the volunteers who were serving Nepal earthquake victims, and at the same time, I felt devastated by the scale of the disaster and the number of people affected. I witnessed the incredible work being done by AMDA firsthand and other organizations on the ground. I saw doctors and nurses working tirelessly to provide medical care and volunteers distributing food

and supplies to those in need. I also had the opportunity to visit some of the local communities affected by the earthquake and see its devastating impact on people's lives.

As the coordinator of AMDA, my main responsibilities were to organize the medical team's activities and liaise with local NGOs and the Nepalese government. We worked with the Ministry of Health and Population and visited several hospitals and health centers in the affected areas, including Shindhupalchok, Dhading, Gorkha, Nuwakot, and Rasuwa districts. We provided medical services to the victims and distributed essential medicines, blankets, and other relief materials.

During our relief activities, we encountered many challenges, including language barriers, lack of electricity, and communication problems due to the destruction of physical and communication infrastructure. However, the team's dedication, hard work, and support from local NGOs and the government helped us overcome these challenges.

We also encountered many heart-wrenching situations, such as meeting a mother who lost all her children in the earthquake and a father who lost his wife and daughter. Although these experiences were emotionally challenging, they strengthened our desire and commitment to help as many people as possible.







Despite the immense challenges, the spirit of hope and resilience that I encountered in Nepal was heartwarming. In the face of such a tragedy, the people of Nepal remained determined to rebuild their communities and their lives. And while my involvement in the relief efforts was just a small part of the larger response, it was an experience that left a profound impact on me. It taught me the power of community coming together to help those in need in times of crisis. And it reminded me that, no matter how far apart we may be, we are all



part of the same human family and are responsible for caring for one another.

Overall, my involvement in Nepal earthquake emergency relief activities as a coordinator of AMDA was a life-changing experience. It gave me a new perspective on life and a deeper appreciation for the value of mutual assistance, partnership, and local initiatives. I am grateful to have had the opportunity to serve the people of Nepal in their time of need and to be part of the AMDA family.

\*\*\*



## Digital glimpses of history of AMDA Nepal



*Nutrition Survey at Sanischare Camps*



*children in feeding center\_Djibouti*



*Dr. Shigeru Suganami and Dr. Tomoko Suganami*



*AMDA Hospital Supported Patthari Health Post*



*Health Care and Education during Earthquake Nepal*



*Smart Exchange and Views*





*Earthquake Rescue Work Evaluation Meeting*



*Dr. Narayan, in Back row Dr. Sangeeta Baral,  
Dr. Suganami and others volunteers*



*AMDA volunteers preparing ER clinic*



*ER medical team in Sindhuplanchowk*



*SCWH Staff in Japan*





*Cultural dance on 10th Anniversary of SCWH*



*SCWH 10th Anniversary*



*SCWH 10th Anniversary*



*MOU Signing between AMDA Nepal and Japanese Embassy Kathmandu in November 2012*



*OPD (SCWH) in initial days*



*Okada Friendship Ambulance*





*Sakuntala Guragain Presentation during Japan Visit*



*Discussion on different MCH tools*



*Child hospital visit, Okayama in Japan*



*In OT of Government Hospital in Japan*



*Charity bazar organized for SCWH in Japan*



*Taking Care of COVID-19 patients and postnatal mother*





*Taking Care of COVID-19 patients and postnatal mother*



*Performing USG with Dr. Rajiv (Radiologist)*



*Interaction Session with participants*



*AMDA Staff in AMDA- Nepal Central Office*



*AMDA-Nepal Rupandehi Project site*



*Serving injured in Philippines*





*Serving injured in Philippines*



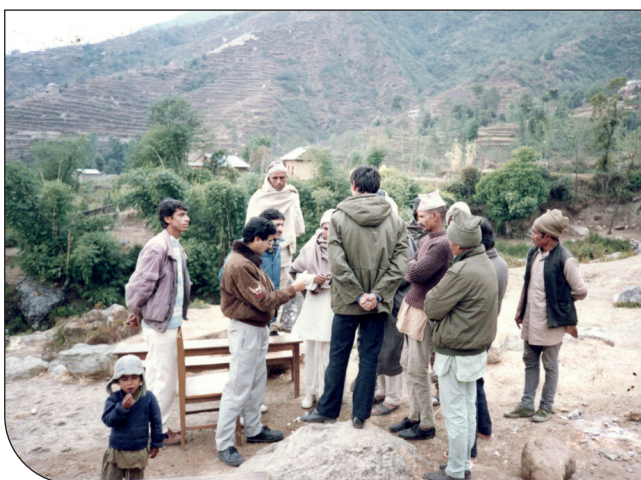
*AMDA Hospital, Damak, Gynae Cancer patient post operative period*



*AMDA Hospital, Damak, Gynae Cancer patient post operative period*



*1991 Bishnu Gaun Clinic establishment*



*1991 Bishnu Gaun Clinic establishment*



*1991 Bishnu Gaun Clinic establishment*





*Former Primeminister KP Sharma Oli during foundation laying ceremony of ICU block of AMDA Damak Hospital*



*Former Primeminister KP Sharma Oli during foundation laying ceremony of ICU block of AMDA Damak Hospital*



*H.E. Mr. Ogawa former Ambassador of Japan during inauguration ceremony of ICU block of AMDA Damak Hospital*



*H.E.Mr. Ogawa former Ambassador of Japan during agreements signing ceremony for ICU construction through grass root project*



*MOU with Nepal Medical association, Nepal Earthquake 2015*



*MOU with TUTH, Nepal Earthquake, 2015*





*Dr. Prakash, Dr. Nabin, Dr. Rameshwar and Dr. Nayeem, President of AMDA Bangladesh (left) in AMDA Hospital Damak.*



*Dr. Saroj, Dr. Anjan, Dr. Suganami, Nepal earthquake 2015*



*Dr. Shigeru Suganami and Dr. Don Lauo, President of AMDA Singapore with former Mayor Ram Nath Oli.*



*Dr. Tanara, President of AMDA Indonesia(right) with Dr. Nabin*



*former Finance Minister Shankar Prasad Koirala visited AMDA Hospital Damak*





*Food distribution Nepal earthquake 2015*



*Nepal earthquake Emergency relief activities at Nuwakot, 2015*



*Siddhartha Children and Women Hospital 1998 Nov 2nd*



*TUTH Team, Nepal Earthquake ER, 2015*



*Cleaning program organized by AMDA Hospital Damak in Damak City*



*2018 with Dr. Sato at AMDA Hospital Damak*

### My experience in AMDA-Nepal



**Prof. Dinesh Binod Pokhrel**  
Past President of AMDA-Nepal

#### *How did I get involved in AMDA?*

When we were the 4<sup>th</sup> Year MBBS student of Institute of Medicine, Maharajgunj Kathmandu, Nepal in the year 1986-1987; the only medical student's representative body Nepal Medical Student's Society (NMSS) got an invitation to attend AMSA (Asian Medical Student's Association) meeting in Japan and the executive body of NMSS unanimously decided Rameshwar Pokharel to represent the meeting on its behalf.

After returning back from the meeting Dr. Pokharel briefed about the meeting's proceedings and scope of AMSA specially in the underdeveloped and developing countries within Asia. He also reiterated the decision and the need of forming a national body of AMSA as a local chapter of it and hence a national body of AMSA under his chairmanship was formed.

Graduation, AMDA-Nepal chapter was formed as the parental organization of AMSA, under the presidency of Dr. Rameshwar Pokharel in the year 1988 and was formally registered at the chief District Office of Kathmandu in the year 1989 as a national Non-governmental organization myself as a founder Joint secretary of it. Since then I have always been actively involved in AMDA-Nepal's activities in following positions.

- |                                  |                 |
|----------------------------------|-----------------|
| 1. Founder Joint Secretary       | 1988            |
| 2. President                     | 1997-1999       |
| 3. President                     | 1999-2001       |
| 4. Advisor, AMDA-Nepal           | 2001 till date  |
| 5. Coordinator, AMDA-PHCP for BR | 2001-2003       |
| 6. Coordinator, AMDA-PHCP for BR | 2004-2020       |
| 7. Coordinator, PAPC             | 2022- till date |

#### **Major activities accomplished during my tenure as founder Joint Secretary of AMDA-Nepal:**

- As the Coordinator of the program, accomplished the Emergency relief activity for flood victims of Sarlahi district and rehabilitation services for three months
- Performed all the targeted activities of Vishnu village community development project and prepared & disseminated the project report to the government, local community and donor agency
- Worked in a team to establish of health post at Damak for the community and referral center for Bhutanese refugees

#### **Major activities accomplished during my tenure as President of AMDA-Nepal:**

- Organized the first AMDA-International conference in Nepal and attended subsequent international conferences in Pakistan, Cambodia, and Taiwan
- Signed agreement to Construct and establishment of SCWH in Butwal
- Negotiation and signed agreement with FHI-Nepal in STI/HIV prevention program
- Negotiation and signed agreement with UNHCR for PHCP for Bhutanese Refugees in Nepal
- Unanimously appointed as the "Regional Focal person for PAR-in AC (partnership in action) of UNHCR" and participated several rounds of NGO consultative meetings in Geneva from 2000 to 2002
- Attended Ministerial meeting of UNHCR in Geneva in the status of regional focal person of South Asia and Pacific



- g. Lead a rescue mission for the project coordinator at Djibouti, Central Africa
- h. Developed several working policy documents/ Guidelines for AMDA-Nepal namely;
  - Recruitment policy
  - Procurement policy
  - Financial management policy
  - Code of conduct
  - Established AMDA-welfare fund and its management policy
- i. Regularized and fixed date for two general assembly (each of program and budget) every year
- j. Attended the first APRO meeting held in Kobe, Japan and delivered a speech in the topic “Disaster management in Nepal”

### ***My exposure in AMDA-Nepal's first Project***

Bishnu village community Development project was the very first project of AMDA-Nepal which was one of the unique and model project of AMDA-Nepal. It was a project designed for two years financially supported by Nippon Telecommunication and the major component of it was to prepare and involve the community for its development in Education, Health & sanitation and income generation with local community's active participation. The project supported some part of the materials and the rest was carried out by the community themselves. Within the two and half years time, the project was accomplished.

AMDA- Nepal members volunteered to achieve its objectives by visiting the site **Bishnu village** (located about 14 kms north east of center of Kathmandu) every Saturday; where 182 households were scattered in around 4.5 square kilometer in a hilly topographic land. A charity clinic providing free health checkup, dispensing medicines and establishing referral mechanism in TU Teaching Hospital and Kanti children Hospital was conducted. They also oriented the teachers to improvise children's health and education, adult literacy program was conducted targeting to illiterate house wives and encouraging them for their active involvement in income generation and livelihood. House to house visit was conducted to provide community education for water and sanitation. Initially there was some resistance and lot of reluctance from local community to actively participate in this project, but after having several rounds of meeting and focused group discussion with the local leaders, social workers and the teacher of the only primary school, they agreed on it. The major achievement of the project was:

A single room primary school was upgraded to 3 rooms and two toilets with a roof top water tank one each for male and female child/Teacher

95% percent child were getting their primary education up to class 3 in contrast to only 40%

More than 80% of the households had a functional latrine in contrast to only 8 % prior initiation of the project

100 % households had supply of safe drinking water in contrast to only 30%

Around 60 % housewives received adult literacy program

Around 45 % women got involved in some income generating activities like tailoring, Carpet thread weaving, goat/chicken farming etc.

The achievement of the project was disseminated to the local community leaders/social workers, government authorities and was also witnessed by around 58 observers from Japan and it was highly appreciated

### ***Experience in NGO-NGO partnership***

A short-term partnership with BP memorial Health Foundation was experienced from 1991-1993 in providing services to local community at Sarlahi and Damak. Although the aim of both organizations were almost same, the variation in implementing modalities and taking leadership differed and hence I had to decide to terminate the partnership after several rounds of high level discussions with the executive members of both the organizations. Both the organizations realized that having similar objectives of two or more organizations, working together at one place causes conflict in terms of its ownership, performance evaluation and difference of organizational norms. Hence, it would be worth for such organizations to work separately so that the performance and the existence of each of the organizations can be observed and assessed.

### ***Emergency relief in Sarlahi district***

Immediately after the devastating flood affecting Sarlahi district in July 1992, AMDA-Nepal dispatched a team to the affected area to assess the damage caused by it and based on the findings of the assessment, a proposal was developed and sent to AMDA-HQ for the possibility of its implementation. As a coordinator of Nepal Chapter, I took the responsibility and two experts from AMDA-HQ and two members from AMDA worked day and night for three months and were able to achieve the following goals. The principle applied for its effective implementation was: involvement of the local community leaders, teachers, social workers and volunteers.



- a. Emergency medical assessment and management
- b. Distribution of relief materials such as Utensils, blankets, cloths, soaps etc
- c. Regular health check up and management of sick persons: the vulnerable and affected victims
- d. Health educations to the school children in affected areas
- e. Health awareness program to the general population and focused group discussion with elderly people
- f. Water, sanitation and sewage disposal program in the community
- g. Renovation and electrification of school through gas production from sewage (Gobar gas Plant)
- h. Regular water supply in schools
- i. Toilet construction in school

### ***AMDA's Involvement in UNHCR***

In 1995 AMDA became the partner of UNHCR to provide the primary referral service through its Health center later upgraded to AMDA-Hospital and continued to provide this service till 2001.

From 2001 AMDA-Nepal became the only UNHCR partner to provide all three levels (Primary, Secondary and tertiary) of health services to Bhutanese Refugees and this project continued for twenty years up to the end of 2020.

From 2022 AMDA-Nepal has again been the partner of UNHCR implementing the project called PAPC (Protection and Assistance to people of Concerns of Nepal)

### ***AMDA's Involvement in FHI-Nepal***

AMDA has remained one of the consistent implementing partners of FHI-Nepal since 2001 till date working in the prevention and care program of STI and HIV with the financial support of US-AID

It has largely been able to establish care and prevention centers focused to targeted key populations (female sex workers and their clients, MSW/MSM and IDUs) in more than 20 districts of Nepal

It has also been able to train several thousands of health

workers from government health facilities as well as from several NGOs working in this field, to deliver effective services from their work place.

As an STI consultant and the member of technical advisory group to FHI-Nepal since 2001, I have been able to contribute several working guidelines and documents in the form of National STI Case management Guidelines, HIV/AIDS prevention, Care and support Guidelines, STI training Manual, Standard operating procedures for STI prevention and care program, STI/HIV monitoring tools etc

### ***Experience in facing challenges***

While working in AMDA in different capacity, I personally experienced several ups and downs. As a national NGO and a chapter of International organization, it was difficult at times to meet the objectives of both at the same time.

At one end, Undue pressure from politicians and local leaders, selfish attitude of members and some staff also brought some negative impact in the organization at times causing mistrust and conflict with AMDA-HQ and donor agencies and even caused some disturbances in implementing the program activities.

While at the other end, the overwhelming support from public such as volunteering to donate land, physical facilities and supporting on its activities selflessly, and impartial judgment from higher authorities of donor agencies worked as an inspiration to continuously work further to achieve its goal.

AMDA- Nepal, the only National medical NGO having three hospitals at different locality and several projects funded by International agencies, struggled hard to achieve the goodwill and credibility of its present status. It has been possible by the team effort of all AMDA members with common understanding for a common cause. The transparent working principles guided by its several policies and guidelines have remained a valuable asset of the organization and has largely been trusted by the funding international agencies. Strengthening its activities through local participation where possible, an NGO like AMDA can largely contribute to the community development as a complement to fill the gap in the government services.

\*\*\*

## Medical profession, personal experience, vivid exposure, and learning.

### Dr. Harish Chandra Upreti

Professor of Pathology,  
Devdaha Medical College/KU, Butwal, Nepal



#### Background:

I did medical graduation from Tribhuban University, Institute of Medicine (TU/IOM), Maharajgunj, Kathmandu at 1990 AD. That time, only 30 students were taken after entrance examination in each batch, and I was in 5<sup>th</sup> batch. I was registered in Nepal Medical Council as the permanent member on 7 August 1991 with the registration number of 1476. I did Master of Philosophy (M. PHIL) in Pathology from University of Dhaka, Bangladesh at 2000 AD. Specialty registration was done on 18 June 2009. I am Life member of Medical Association of Nepal, Life member of Association of Clinical pathologists of Nepal and Life member of Association of Medical Doctors of Asia-Nepal (AMDA-Nepal). Since 2017, I am member of International Academy of Pathology (MIAP), Nepal division.

I was born in Koshi zone, Terathum district of Nepal (Eastern Nepal) at 28/04/1959. I received primary school education in Terathum district, secondary school education in Jhapa district and higher secondary school education in Kathmandu, Nepal. I am married with Pramila Rijal from Biratnagar (Morang district) on 11 July 1988. We have one daughter and a son.

AMDA-International: Association of Medical Doctors of Asia (AMDA), was established in 1984 by Dr. Shigeru Suganami, in Okayama, Japan. Over time, AMDA has evolved to its present size, scope, and capacity, engaging in Emergency relief and integrated community development all over the world. As shared by Dr. Shigeru Suganami, he was shocked by certain photographs he saw, taken at the time of World War II, when he was a senior high school student. It became a root cause leading him to choose medical profession. Later on, his journey to South East Asia and Middle East through 10 countries, when he was a 4<sup>th</sup> year medical student, gave him awful holistic picture of general people in Asia suffering due to conflicts, natural disasters and poverty. Somewhere deep-rooted humanitarian emotions were probably active, so after becoming a Medical Doctor, at 1979 AD, his team went

to Thailand and offered medical services to the Cambodian Civil War refugees. He did not notice warm welcome, and circumstances did not allow them to serve the refugees. Then Dr. Suganami started to think about networking, for friendship and partnership so that we can do humanitarian efforts throughout Asia and all over the world. These were the stimuli beyond formation of Association of Medical Doctors of Asia in 1984, as shared by Dr. Suganami. Now there are 30 AMDA International Chapters (30 Chapter countries) and AMDA-groups in Japan. For detail information refer to [www.amdainternational.com](http://www.amdainternational.com)

AMDA-Nepal: Association of Medical Doctors of Asia-Nepal (AMDA-Nepal) was established in 1989 as a chapter of AMDA-International, Japan and was officially registered in the government office as an NGO in 1989. It is a humanitarian, nonprofit-making, non-political, non-sectarian, Non-Governmental Organization working with its mission to promote the health and well-being of the underprivileged and marginalized people under the slogan “Better quality of life for better future”. For detail information refer to [www.amda.org.np](http://www.amda.org.np)

General assembly is the supreme body of AMDA-Nepal, consisting of 33 life members now. General assembly normally, resides twice each year. AMDA-Nepal has six core policy documents, which are followed strictly for management purpose.



*56<sup>th</sup> General Assembly of AMDA-Nepal*



I joined AMDA-Nepal as a life member at the beginning time of 1990 AD. Exact month and day I could not remember. First activity we did, after I joined, was doing a community survey in Bishnu Village Palika (now called Budanilakantha municipality). That time I was a young Medical Doctor with lots of enthusiasm. We were mostly fresh graduates of TU/IOM and MBBS batch mates. We had time but had difficulty of fund. It was a low-cost community work where we had to go house to house with questionnaire, get the answers, analyze data, and present it among ourselves. After analysis we saw that there is problem of personal hygiene, health education and proper sanitation. Most of the houses had traditional kitchen and were using wooden logs to cook food. As far as I remember electricity supply was also not available in most of the houses. There was big problem of toilets. Almost all houses were not having toilets. Then we prepared a community program of health education and sanitation. We visited several times to the community and educated them about the importance of personal hygiene and sanitation. We taught them how to build low-cost pit-latrines using locally available materials. We worked voluntarily and made it a success. Many years later, I have worked on behalf of AMDA-Nepal as an AMDA-Doctor in Sushma koirala memorial Hospital Sankhu, Kathmandu in 2001 for about six months

I joined Government of Nepal, Ministry of health since, 10 February 1992 as a medical officer after passing free competition public service examination in 3<sup>rd</sup> position. I was then posted to Mechi Zonal Hospital, Jhapa district. There, I noticed presence of Bhutanese Refugees along the river belt of Kankai River, driven to Nepal due to inter-ethnic conflict in Bhutan, escalated during the 1990s. The UNHCR recognized most of the arrivals between 1990 and 1993; by 1996, the camp populations had peaked at more than 107,000 persons. The government of Nepal and the UNHCR managed them in seven different refugee camps in Jhapa district of Nepal. AMDA-Nepal was a young NGO that time. We discussed among ourselves and realized that we have a team of young Medical Doctors who are willing to serve the refugees and help Nepal Government, UNHCR-Nepal, and international community to address the problem. We were ready to take the responsibility of health care part of service to the refugees. Among the AMDA-Nepal members, I was in Zonal Hospital of Jhapa, there was acute problem of every basic need for refugees which I realized when I was assigned by Government Hospital to provide medical service to the refugees, temporarily settled in Riverbank of Kankai river. That time I saw them in roughly built huts and tents suffering from malnutrition,

diarrheal diseases, respiratory tract infections, skin diseases, malaria, jaundice, measles, scurvy, tuberculosis, malaria, cholera, and beriberi. Added to it were violence against women and children and marginalization and depression, substance misuse and suicide. We talked again and started advocacy in favor of AMDA-Nepal, thinking that if we got the chance to serve them, we will prove us as best health care providers. Following this our AMDA-Hospital Damak was given a status of implementing partner of UNHCR serving as a primary referral hospital to more than 2/3 Bhutanese Refugees. Then after 10-12 years, the responsibility of primary health care for Bhutanese refugees was also given to AMDA-Nepal. Since 2002 January we succeeded to take over the responsibility of the Project called “Primary Health Care for Bhutanese Refugees, PHCP for BR)”. Before AMDA, it was being taken care by SCF. It was due to joint effort of some 1990, s Doctor friends with AMDA spirit. Friends in Kathmandu were lobbying in UNHCR-Kathmandu and myself was lobbying in UNHCR-Jhapa. I remember that time, Mr. Arun Salla was the chief of UNHCR-Jhapa. Initially he refused my requests for meetings. I continued my efforts, after some time, he gave time, and we had a meeting when I explained him about our capacity, commitment, and organizational profile. From Kathmandu office also we were doing same things. Then slowly things moved in positive direction. I do not know exactly, but I think our AMDA-International office might have played important role. My designated Roles & Responsibilities in AMDA-Nepal:

4.1 Executive Member of AMDA-Nepal: I was elected and worked as AMDA-Executive Committee Member for two consecutive terms, at 2001 AD and again at 2003 AD. I have played active role in the development of infrastructure for AMDA Hospital Damak in Kharkhare and old site in the premises of Damak Health Post of government of Nepal. AMDA Hospital Damak in Jhapa district was established in November 1992, as AMDA referral center of 15-bed capacity with the help of AMDA International, and Damak Municipality. In 1995, it was upgraded to 30 bed and was given a status of implementing partner of UNHCR serving as a primary referral hospital to more than 2/3 Bhutanese Refugees in addition to the service to the local patients. I was involved in the monitoring and evaluation of AMDA Hospital Damak and AMDA Institute of health sciences in Damak, several times.

4.2 Project coordinator of AMDA-Nepal for “PHCP for BR” from January 2002-June 2005 AD and worked with UNHCR- Jhapa and UNHCR-Kathmandu to implement the project.

### Key responsibilities in this project were:

- A. Managing sustainable health service delivery to 7 refugee camps located in Jhapa district (Bhutanese refugees),
- B. Establishing supply chain and continuous supply of medicines and consumables,
- C. Monitoring and evaluation, report writing and budgeting for next year,
- D. Liaison with UNHCR-Kathmandu office, AMDA-Nepal Jorpati, DPHO-Jhapa, various govt. Hospitals, Bhutanese organizations, and other donor agencies,
- E. Liaison with UNHCR local office, chief district officer and AMDA Hospital Damak, Jhapa,
- F. Developing patient referral guideline to various gov. Hospitals with help of UNHCR Kathmandu (Donor agency), G. Developing SGBV guideline with help of UNHCR-Kathmandu.

### Key achievements were:

- i. Successfully implemented the project called "Primary health care project for Bhutanese Refugee" (PHCP for BR).
  - ii. Successfully developed patient referral and SGBV case management guidelines and implemented.
  - iii. Successfully established and implemented medicine and consumables supply chain.
  - iv. Excellent coordination with all stake holders and UNHCR-Kathmandu and UNHCR-Jhapa office.
  - v. Quarterly monitoring and reporting in line with set indicators and budgetary expenses.
  - vi. Represented AMDA-Nepal and UNHCR-Nepal in a training called "Emergency International Humanitarian Response "staff safety training " centre, UNHCR, Thailand from December 7-12, 2003".
- 4.3 Coordinator for AMDA-Hospital Damak (July 2005-2006 AD): I have played active role in the development of infrastructure for AMDA hospital Damak. I did monitor and evaluation of AMDA Hospital Damak and AMDA Institute of health sciences in Damak, as a coordinator, on behalf of AMDA central office Kathmandu.
- 4.4 Project Coordinator of AMDA, VCT/STI service delivery project from 1st January 2007- Nov 30, 2007: I was coordinator of this project for about one year. I was trainer of AMDA-ASHA STI syndromic case management training held at 21st to 26th Nov. 2006 in Kathmandu. Topics covered were infection control and Lab. diagnosis of common STIs. Represented AMDA-Nepal in AMDA International conference in Delhi with then President of AMDA-Nepal Dr. Pashupati

Regmi.

- 4.5 Elected and worked as Treasurer of AMDA-Nepal at 31 Oct 2009 and worked for 2 years. Worked actively to improve the financial situation of AMDA-Nepal. I was team leader for revision and reform of AMDA-Nepal's administrative regulation.
- 4.6 Elected AMDA-Executive member at 18 Nov 2019, working to date, as AMDA\_ ExCom Member. This time myself and Dr. Narayan Bahadur Basnet (Member of AMDA-Nepal) performed NABH-2012 based "Monitoring and Evaluation of AMDA Siddhartha Children and Women's Hospital (SCWH), Butwal, Province 5, Nepal" between 8 Feb 2020- 11Feb 2020. We audited its six months activities from 17 July 2019-16 July 2020.

SCWH NICU during our M/E visit at 8-11 Feb 2020





### Our Conclusion of M/E of SCWH:

Close observation, interviews, various hospital records and meeting with hospital care workers as well as local leaders based on pre-prepared checklist showed satisfactory level of health care activities in SCWH. More physical infrastructure and modern medical equipment are needed to accelerate level of care in the hospital. Timely appointment of vacant positions, development of a system for patient safety and risk management, guidelines preparation and/or adoption and implementation, oxygen plant installation, routinely maintenance of physical structures, research activities initiative, expansion of laboratory and imaging services were major recommendations for better care. A regular monitoring and evaluation of the hospital is mandatory to upgrade its activities and maintain standard of care by AMDA-Nepal central office.

My career in Government of Nepal, Ministry of Health, and population (MOHP):

Started at 10/02/1992	Medical officer
Promoted by PSC to	Consultant Pathologist
Promoted by PSC to	Chief Consultant Pathologist
Additional responsibility by NAMS/Bir Hospital	Associate Prof. of Pathology
Promoted by NAMS/Bir Hospital	Professor of Pathology
Appointed to the post of Director	Director of National Public health Laboratory, Teku, Kathmandu
Retired at 04/27/2019	From Director, NPHL,
08/01/2019 to date	Prof. of Pathology, DMC/ KU, Butwal, Nepal.

I was nominated by Government of Nepal for country focused training course in HIV/AIDS, at research institute for microbial diseases, Osaka University from Oct 2, 2002 – Nov 1, 2002, organized by JAICA and was completed successfully. That time I visited Osaka, Kyoto, and Tokyo cities of Japan, got opportunity to see Japanese culture, development, and hospitality.

I have worked in government of Nepal MOHP, for 27 years 3months. Before joining government, I was working in TU/IOM, teaching Hospital, Kathmandu. I worked there for six years as an instructor and house officer. Totally, it becomes 33 years 3 months of service to the nation and people.

Besides these, I did part time job in the post of Consultant Pathologist in Norvic International Hospital, Thapathali, Kathmandu since 16 July 2008 for 4 hours

after 5.0 PM, Sunday to Friday continuously for 11 years. I left this job since 17 July 2019, basically due to Covid 19 related threat, poor preparedness for infection prevention and due to attraction of Professor of Pathology job in a medical college. Now also, I am working as a Professor of Pathology in Devdaha Medical College, Butwal under Kathmandu University. Due to Covid 19 related threats, I was forced to take online classes at the time of Covid 19 peaks. We were forced to take University year final examinations of 2020 as guided by university, based on online platforms. Students were at their homes, some had good internet connections, and some had poor connections. We (internal and external examiners & students) had to face lots of difficulties due to poor audio. Repeating the questions and answers (from students) again and again took lot of time and effort. While taking examination, we came along one Covid 19 positive, symptomatic student. I asked her are you ready for examination? She said, "I have little cough and mild fever, I am ready". Then we started questioning her, she was speaking with some difficulty in a low pitch voice, it appears that she was a good student, so she could secure pass marks. Later, when Covid crises was over that year and we met in college, students were requesting us for repeat classes on many topics, they said online platform was uneasy for them and they could not ask questions freely when they wanted further explanation. Even though I would like to thank online platforms like, Zoom, meet.google.com etc. which saved us from academic year loss.

### Volunteer services done:

Once I became life member of AMDA-Nepal, I was bound to do volunteer services whenever required and I have done it time to time, especially at the early days of AMDA-Nepal. I became life member of Nepal Medical Association (NMA) in 1991, since then I am committed for our professional organization. I was elected in the post of Joint treasurer of NMA in 2005 for a tenure of 2 years. It was when Nepal was full of political unrest. Political parties in Nepal were in roads with an aim to change the political regimen. They openly invited all professional organizations to participate in the movement and to help them. They publicly said that they will change themselves also and will work for the welfare of people and country in a transparent way. We were in turmoil but ultimately decided to help them. It was a time of great political turmoil in Nepal. We helped from NMA within our limits from health sector. From AMDA-Nepal, we members of AMDA were rescuing and treating injured people at the spot of violence and taking them to

hospitals. We were moving around with an ambulance and were providing medical service under the banner of AMDA-Nepal.

Founder Executive Member of SAARC Medical Association (SMA): It was formed in Dhaka, Bangladesh at 2005 AD. It was very difficult to pursue India and Pakistan to agree unanimously for the post of president of SMA. Finally, it was agreed that India will take the President post, Pakistan will take vice-president post and Bangladesh will take general secretary post. Nepal got two posts, joint secretary and one executive member. Dr. Kiran Shrestha (then general secretary of NMA) and myself were attending the summit from Nepal. Unfortunately, it could not be functional for long time.

Member of Siddeshwor Development Committee, Budanilakantha municipality, Kapan-Bekh, Kathmandu: Kapan-Bekh is a relatively new settlement where I stay at present. During early days (2002/3), it was with limited houses without basic things like sewage and good road. We donated and volunteered through this committee and managed support of local organizations and became able develop sewage system and black topped road. Now these are taken over by government and our Siddeshwor development committee is not functional or inactive.

I am life member of Association of Clinical Pathologists of Nepal (ACPN). During early days, I have served the organization as an Executive member and later I have helped whenever required voluntarily.

Acknowledgement: I would like to extend special thanks to AMDA-International and to our International President Dr. Shigeru Suganami for your dedication to humanitarian assistance through community development, health services and relief efforts with “Sogo-Fujo” (cycle of reciprocating assistance) spirit. All this has led to the achievement of 18 outstanding awards to AMDA-international which include awards like “Gandhi award for service to humanity” (2007/11) and “The 2<sup>nd</sup> UN Boutros Ghali award” ( 2005/9) and “Award from the Japanese Ministry of foreign affairs in

acknowledgement of contribution to international understanding” ( 1993/10). I would like to extend our gratitude to the board of Governors of AMDA-International for their all the efforts and wise leadership. I would like to remember and extend our best wishes to all the AMDA Chapters (30 Chapter countries) and AMDA-groups in Japan.

I would like to thank and acknowledge the founder president and all the past and present Presidents of AMDA-Nepal for their remarkable contributions and leadership. I would like to thank and acknowledge all the members of AMDA-Nepal for their valuable contributions. I feel indebted to all the donors and community leaders who have helped AMDA-Nepal to stand in present position. Special thanks to all AMDA-Nepal employees who have been very much sincere and dedicated to the cause of AMDA-Nepal. I would like to express my tribute to Dr. Naveen kumar Thakur, whose early demise has shocked us. We would like to extend our heartfelt condolence to his family.

### **Experience and Learning:**

Government Job: Mostly comfortable, sometimes difficult, and occasionally horrible. It is probably due to politico-social and economic conditions in low-income countries, and I think it is similar in all low-income countries.

NGO Job: Though part-time job done only in one NGO (AMDA-Nepal), mostly comfortable but uncomfortable for about a month after every 2 years, sometimes if any difficulty GA solves it.

Private Company Job: Mostly comfortably uncomfortable, at times causing insomnia, rarely apparently sweet words with homonyms.

Life: Like water of a river with constant flow, sometimes like water drops on Colocasia leaves but “we have to move continuously fulfilling all our duties and responsibilities without fearing outcomes because outcome is not in our hands and without self-blame even if outcome comes in contrary” (Spirit of a sloak in Bhagawat Gita).

\*\*\*



## Twenty-eight Years of Devotional Involvement - AMDA



**Dr. Narayan Bahadur Basnet**

Director, Consultant

Children's Medical Diagnosis Center (CMDC)

Human life is vulnerable to diseases and disability since its origin. Emergency medicine is the most rewarding sphere of modern medical sciences if applied with the knowledge and skills intelligently and wisely. Many human mortality and disability occurs due to natural or manmade disasters. Association of Medical Doctors of Asia (AMDA) has been doing a lot in the endeavors regionally and globally. AMDA Nepal, established officially on March 4, 1991, joined the hands with AMDA International to achieve its goals mutually. I became a part of AMDA Nepal not long after the completion of MBBS from the Institute of Medicine, Tribhuvan University (IOM, TU), Kathmandu Nepal.

### Early Days

I took the full responsibilities of Referral Health Centre for Bhutanese Refugees in Damak of Jhapa district of Nepal as a clinician and chief of the center in June-July 1993. A large number of refugees had been attending the center. My work as a clinician turned out to be a challenge as well as opportunity to understand the pain, suffering, and vacant living condition of many people of ill-defined identification, refugees. However, I tried my best to serve the refugees with acute physical and mental illnesses and stress in the early days after their arrival to Nepal. This was an exciting medical as well as managerial experience after my medical graduation!

### Cambodia

It was about 27 years ago that I initiated a brief journey to a war-torn country, Cambodia, to participate in AMDA Cambodia as a full-time medical coordinator with my wife and our 7-month-old son. Cambodia had just completed its election after about two decades of civil war that turned this beautiful country, world-famous Khmer civilization, and Angkor Wat, into a killing field.

We started our journey from Kathmandu to Bangkok (BKK). We flew from BKK to a small airport, Phnom Penh, heavily guarded by armed military force. We headed to AMDA office and met the staff there. It was an unknown equatorial-climatic city with ex-French colonial remnant where we spent a complete one year. It was a bit fierce experience in the initial few weeks but gradually we utilized godly-gifted power of adaptation to understand nature and nurture of people, place, and environment and above all my 'mission'. My mission was to renovate, restart and regularize curative, preventive, and promotive health services in Kong Pong Speu, a southeast province of kingdom of Cambodia, along with coordination of expatriate and local doctors, health workers, INGOs, NGOs, visiting Japanese guests to AMDA and all sectors of society.

Regular work consisted of clinical activities. Moreover, I tried my best not to leave any area to be served in the community. In the meantime, we completely regularized the services despite intermittent security threat and occasional attack in the hospital itself. Interestingly we extended AMDA free medical camps services in the services-restricted Khmer-rouge (red Khmer) area. We served internally displaced communities with ample medicine, qualified doctors, and health professionals. Opportunities prevailed on me to interact/exchange with contemporary international organizations working all over the country.

We diagnosed many fever cases as malaria and treated with injectable, enteral, and oral antimalarial medications. Dr. Sangeeta Baral Basnet started skin outpatient services in the hospital for the first time in the region. All the facilities of the hospital have been restarted, improved, and upgraded. Training programs for local doctors and health personnel started. Some Japanese friends also conducted research on environmental health. Dr. Hiro Takayama, a resident of

Fukuoka, was one of them who visited the community several times to conduct research on water and environment of the local community.

We had to struggle a bit to raise our kid because of some problems like getting baby milk and food, hot and humid climate, and behaviors of psychologically disturbed/perverted people. Often, I faced negative attitude of many people in the working environment initially. Despite awkward situation and working style differences I managed to coordinate the local and international staff, INGO/NGOs, AMDA Japan and the local community. I also learned individual's knowledge, attitudes, behavior and practices by observation, participation and interactions with the patient, families, and communities.

A notorious scenery of a torture center 'Tuol Sly,' a school converted to a torture center in Khmer regime (1969-1974) in Phnom Penh city, was a place for brainstorming where one can understand how human can be so poisonous/dangerous/cruel to its fellow members who shared the same culture, education, and civilization!

We visited Siem Reap to see Ankur Wat with our kid on holiday. It was an exciting, thrilling and a memorable trip. We enjoyed Ankur Wat and the Khmer civilization. Extraordinary architecture and the size of the monument reflected a fantastic brain they had!

I shared my observations and experiences in Cambodia by various publications such as local newspapers, AMDA Journal and academic journals.

My devotional work as well as availability of water, food, medicine, transportation, and budding group work played a big role in motivating people to achieve my/our goals. Finally, re-establishment of a hospital and its services in a province located 65 km away from the capital city, Phnom Penh, had achieved.

## Japan

I served AMDA International Medical Information Center, Tokyo from December 1997 to March 2001 to work towards its purpose of providing foreign nationals with the same appropriate medical services as the Japanese. I understood how a language barrier could be an obstacle to get appropriate medical care in a foreign set-up.

## Nepal

AMDA Nepal served Bhutanese refugees by conducting various medical and health activities since early days. Again, I went to the refugee camps in 2014 with our team mission to conduct research on acceptability and

use of female condom. It was also a good chance for me to recall the initial AMDA Nepal activities in Damak, Jhapa.

I/we, AMDA Nepal members, initiated various activities immediately after The Great Earthquake Nepal 2015. I often surprise the energy that God has gifted to humans to serve the fellow members who suffer with overwhelming problems of everything - life, living and death. Together we managed to serve our fellow members of the society especially in and around Kathmandu valley. This initiative was further strengthened by strong support of AMDA International president, Dr. Shigeru Suganami. His stimulating inner drive is always a praiseworthy zeal and jewel to AMDA fraternity.



My active involvement in AMDA Nepal's early initiative to support humanitarian and health aid to the urban dwellers living in the camps of Kathmandu

In 2020, we conducted a monitoring and evaluation study in AMDA Siddhartha Children and Women Hospital (SCWH) Butwal in Province 5 of Nepal and found the hospital in satisfactorily condition despite limited financial and human resource difficulties.

Vivid waves of experiences in AMDA, both work and daily family life, reminds me of the years of devotional services in close cooperation with seniors, colleagues, friends, and well-wishers of AMDA at home and abroad. I continuously expect, hope, and believe in maintaining, promoting, innovating and discovering activities of AMDA-Nepal and AMDA International in the years to come.

Thank you all.

## Memories in Print and Presentation

Some of my/our publications and presentation focused on AMDA activities were:



## Publication

Upreti HC, Basnet NB. **Monitoring and evaluation of AMDA Siddhartha Children and Women Hospital (SCWH) Butwal, Rupandehi, Pradesh-5, Nepal.** Report submitted to AMDA Nepal, Jorpati, Kathmandu, Magh 2076 (2020 AD).

Basnet NB, Basnet SB, Basnet A. **The Great Earthquake Nepal 2015.** [Online]. <http://cmdc.com.np/nepal-earthquake-2015.php> [Accessed on June 24, 2021].

Basnet NB (Team leader/Coordinator/Coinvestigator), Acharya LB (Principal Investigator), Aryal D, Rimal N, Dotel B, Kamkong CB, Regmi S (Coinvestigators), Kafle D, Sapkota N (Research Assistants). **Acceptability and use of female condoms among couples in Bhutanese refugee camps in Jhapa, Nepal.** Study report submitted

to FHD/DoHS & UNFPA Lalitpur, Nepal by AMDA-Nepal, Kathmandu, Nepal, 2014.

Basnet NB. **Clinical study of malaria in Phnom Srouch district hospital, Cambodia.** J Nep Med Assoc 1995;33:204-209.

Basnet NB. **Medical/Activities report of AMDA Cambodia.** AMDA Journal 1994; vol. 17(5); 17(6); 17(7); 17(10); 17(11); 17(12). Association of Medical Doctors of Asia (AMDA) Headquarters, 310-1, Narazu, Okayama 701-12, Japan. [Japanese and English].

## Presentation

Poudel T, Basnet NB. **Monitoring and evaluation of Siddhartha Children and Women Hospital Butwal (SCWH).** Presented in AMDA General Assembly (GA), Baisakh 9, 2074 (April 22, 2017).

\*\*\*

## My experience of AMDA Nepal's activity towards cancer prevention in Nepal

I have been attached with AMDA Nepal since my student days. During the general assembly of AMDA Nepal I used to hear about the various activities of the AMDA international with regards its relief activities in different countries during natural disasters. I have been quite impressed by the activities of AMDA International regarding its activities for the social cause.

In this issue, I would like to share the AMDA Nepal's role in the preventive aspect of female cancer, one of the most important causes of non-communicable disease (NCD), which cause a big impact on women's morbidity and mortality. According to WHO's estimate, NCDs takes approximately 60% of the death cause in Nepal. The estimate of WHO International Agency for Research on Cancer for 2018, breast and cervical cancers ranks top three with lung cancer as the most common cancers in Nepal. The coverage rate of cancer screening is low, and many cases come with frank cancer and sadly in late stage as well. AMDA-Nepal started a pilot project for Breast and Cervical Cancer Screening (AGWC: AMDA Gokarneshwar Wellness Clinic) in Gokarneshwar Municipality, Kathmandu, under the partnership with the local government since January 2021. The main objective of this project is early detection of breast and cervical cancer cases.



*Breast and Cervical cancer screening site at the health post*

The activities which have been carried out in this regard are educational activity for screening such as training for Female Community Health Volunteers (FCHV) as they play pivotal role in identifying and calling the women for screening to the screening camp. The direct beneficiary would be the women aged 30-60 years, and

**Dr. Neebha Ojha**

Obstetrician and Gynecologist  
TUTH



Health post/center staff, FCHV. All residents in the municipalities would be benefitted as well.

Screening Services at Health Posts/Centers have been started and despite Covid pandemic till date we have conducted 6 screening camps at health posts/centers, and 254 women (30-60 years) underwent screening test. Due to the COVID-19 pandemic, AGWC has been suspended, but the coordination with the municipality is going on for the resumption. Side by side, screening training for staff of Health Posts/Centers is also going on.



### Training Activity

The key achievements have been the finalization of the equipment's and supplies for the health posts, IEC materials for information dissemination. We have proceeded with the preparation on training to the health post staff and coordinated with the training center for the training. Side by side, we are also moving forward with the record keeping and data entry of service details had been commenced, as it would provide the concrete data and basis for further work in this field for research activities. Thank you AMDA Nepal for initiating such novel activity in partnership with local government for public service in the preventive field in the community.

\*\*\*



## Me as a part of AMDA



**Prof. Rohit Kumar Pokharel, MD, PhD**  
Founder Member (Treasurer) AMDA-Nepal

When I was in final year medical student at Maharajgunj campus, Rameshwor Pokharel introduced me in AMSA activities in Manamaiju, Kathmandu clinic. Later during my internship, he came with concept of establishing AMDA Nepal as a country chapter of AMDA International. After series of meetings, we (Rameshwar, Nirmal and myself) decided to legally register AMDA Nepal in government system as an NGO. To meet the minimum number of founding members of seven we invited three more near and dear friends (Shisir, Dinesh and Sunu) and on request of Rameshwor, Rishi was also included. AMDA Nepal was formally registered in CDO office of Kathmandu in 1990. With a deep-seated feeling of working together, we widened the circle of dear and near friends and many friends were included as a member of AMDA Nepal.

The Budhanilakantha community development project (Bishnu Gaun project) supported by the AMDA International was the starting activity from AMDA Nepal. Visiting the village every Saturday used to be most awaited weekends for us. As a coordinator, Nirmal run this program with enthusiasm and dedication. I still remember the community drug scheme run by the community people themselves.

In early 90', there was influx of Bhutanese refugees from eastern boarder of Nepal. Resided in the bank of Mai River of Jhapa, health condition of the refugees was terribly poor despite of care from, Red cross, SCF and LWF as implementing partners of UNHCR. Refugee issue was not much discussed in Kathmandu at that time, however I became aware of this while I was voluntarily providing weekly health service to cart pushers (Thela) organized by INSEC. I put the agenda on 'involvement of AMDA Nepal in Bhutanese refugee' in the executive committee meeting and was unanimously decided to move ahead. For a feasibility study, a team was sent to Jhapa in my leadership. Other members of the team were Nirmal Rimal, Nabin Thakur, Harish Chandra Upreti (then working at Mechi Zonal Hospital), Kamal Rimal, Raju and Bijaya.

With permission from UNHCR, we organized one-week camp in the refugee camp at Mai Khola. We examined patients and distributed medicines that we had collected at Kathmandu. The situation of refugees was heart breaking with high morbidity, mortality, lack of food and shelter. There was a great need of higher-level medical care close to their settlement. The report of the feasibility study was sent to AMDA International and Dr. Rameshwor (President of AMDA Nepal studying in Kobe University). Our proposal was accepted, accordingly AMDA-Nepal decided to establish "Referral Health Center for Bhutanese refugees" as a joint program with BP Memorial Health Foundation. A committee was formed at the central level to coordinate between the two organizations. Dr. CL Bhusal, Mr. Biyogi Budhathoki and Dr. Nirmal were in the coordination committee. Since I raised the agenda, I was unanimously given the responsibility of Co-coordinator of the project and was supposed to work at Damak, Jhapa as a full-time doctor and manager. Because of the political insecurity during that time, initiating new activity at Jhapa was a big challenge. That time I was working as a senior house officer in department of Orthopaedics at TUTH. Despite of lots of hesitation and nervousness I accepted the challenge, to go to Damak, and my wife accompanied me as a protective shield. No one was known and familiar to me at Damak. On arrival, I knew that Mr. Balchandra Subba was the in-charge of Damak Health post. He was senior to me in Maharajgunj Campus. I was overwhelmed with his acceptance and help to me. Mr. Subba provided one health post room for AMDA-Nepal to run the clinic as well as the office, and later an incomplete building of the health post was given to AMDA and we completed the building to run the referral health center. He also facilitated in advocacy of the program to local people and political parties. Mayor of Damak Municipality Mr. Indra Budhathoki was another great supportive personality for the AMDA Nepal to establish at Damak.

Despite of repeated request to UNHCR and SCF, there was lot of resistance; we were not included in the list of refugee caregiver. I would like to thank Dr. Hideki Yamamoto who used to visit Nepal frequently and was a big strength to me to talk to UNHCR and SCF regarding AMDA's involvement in refugee care. In one meeting, Dr. Yamamoto in anger even said 'Japan is one of the major supporters of UNHCR and that support is from tax paid from we Japanese people.' Many a times, we used to come out of the meeting room with red faces. I made a good personal relation with the health workers inside the camp and sent one of my staff (Mr. Sitaram Mishra), who was selected to work inside the camp by SCF. He used to refer the cases to our center secretly; we used to treat them free of cost. Once we started getting more and more cases, we sent the list of refugees treated in our center to UNHCR field office Chadragadhi. For the first time UNHCR invited me to participate in monthly reporting of implementing partners, AMDA was only an invitee. Almost at the end of the meeting I was given time to present activity of our center. After my presentation, there was a big objection from SCF. However, our real data was accepted by UNHCR, and we were included in the list of caregiver partners. With heavy heart, SCF started referring cases to us and the treatment cost was re-imbursed. This was a big financial relief for AMDA. The portable USG and X-ray machines brought by Rameshwor as a hand piece from Japan helped to run the center as a hospital. Regular USG service provided by Ananda was a big financial support to the center. Presence of Shankar and regular visit of Anand was a great moral support to me.



*Hand over of ambulance from Hideki Yamamoto to Damak*

During those initial difficult days, many AMDA Nepal members, namely, Yogendra and Dinesh served the

center by providing their services in rotation. The contribution of Dr. Bimal Dhakal, Dr. Narayan Basnet and Japanese Doctor Akira Shinohara is highly appreciated. (Unfortunately, I had to participate the funeral of Dr. Shinohara in Japan).

I remember two major incidences that I experienced and belief that both of them became milestones for development of AMDA hospital and our partnership with UNHCR.



*USG service by Dr. Ananda*

1. **First caesarian section operation:** It was Saturday; one patient was brought to our center in a bull cart. It was full term pregnant lady with difficult labour. That time Dr. Shankar Huzdar, who had done 2 years' house officership in gynecology and obstetrics at TUTH, had already joined the center. Dr. Anand Acharya was also at Damak for his regular USG service (he used to travel in public bus all the way from Biratnagar to Damak every weekend). Shankar diagnosed the case as obstructed labour, needing immediate caesarian section. We counselled the patient party for referral. But patient party said they cannot afford to go anywhere and surrendered to us. We were afraid that even if referred she might die on the way to the nearest hospital. We had just established an operation theater for minor surgeries. Being in charge of the center I had to decide whether to undertake the case. We three with nursing in-charge Ms. Meena Pradhan discussed about the situation and decided to undertake the case for CS. Instruments, gauzes, pads and dressings were re-sterilized. All nursing staffs were called. The patient was given spinal anaesthesia, Anand decided to monitor the vitals standing in the head end, I assisted Shankar. Fortunately, it was a successful surgery both mother and the baby were safe. This was the first ever CS in Damak. This might be the seed for development of AMDA Damak hospital as an excellent center for maternity service in eastern Nepal.





*Operation at AMDA Hospital, Damak*

## 2. **Berry-Berry epidemics in Bhutanese camp:**

When we were silently competing with SCF, we started getting cases of flaccid paralysis from different refugee camps. Dr. Bimal and I were working during that time. Initially, we were also not very sure about the diagnosis. We compiled the information from each case, there was a common finding of peripheral neuropathy with insidious onset without trauma and fever, and associated with bilateral deep angular stomatitis. We made a provisional diagnosis of Berry-Berry, a thiamin deficiency disorder after going through books available with us. We had not officially announced the epidemics, however, to our great surprise it was covered by BBC. "Poor food supply to Bhutanese refugees, Berry-Berry epidemics in refugee camp in Nepal" was the news. I was called from Geneva regarding the issue. I replied positively. Within a week a nutritionist (Ms. Rita) from WHO visited Damak to verify the condition. We showed all cases admitted in our center and showed the outcome of cases treated with Thiamin injection (we had to buy Thiamin vials in black from Siliguri). She was convinced and appreciated our clinical diagnosis and treatment provided. This incidence had negative impact on LWF and SCF. LWF was responsible for logistic management of refugees including food and SCF for health care inside the camp. However, this incidence made our role stronger in UNHCR system. This might be the base for AMDA's partnership with UNHCR in Nepal. Positive support from AMDA international/Japan was strong back support to us.

After acceptance of the project and with assurance from AMDA international and AMDA Japan I started working at Damak and recruited lower level staff, nurses and paramedics. Unfortunately, for some reason the budget was not released for almost 3 months. AMDA Nepal at that time was in its infancy and had no funds. Communication with Japan at that time was

not very easy like today. Despite of the desperate wait I could not get funds to pay the salary of my staff (especially the lower staff) for almost three months. I had to borrow money from my Dad to pay the salary of lower staffs who did not have other source of income. I returned it back after receiving the fund from Japan.

Orthopaedic surgery was my field of interest and had two years of work at TUTH. I served many orthopaedic cases at Damak. I designed a wooden frame for Gallows' traction locally; many small children with fracture shaft of femur and hip pathology were treated in the domiciliary basis.

Work at Damak was made easy by full hearted cooperation from the executive committee and members of AMDA Nepal. Presence of Rameshwor and Nirmal in Japan and their frequent visit with Japanese volunteers was a great support. Ms. Narisawa was bold and friendly lady who used to visit us frequently to facilitate us to make report and proposals for further support from Japan. In one year, the incomplete building of Damak health post was completed for the referral health center and was certified as a 25-bed hospital run by an NGO. Though this was named after the Bhutanese refugee, this hospital served both local people and refugee. I appreciate the support and contribution of Bhutanese doctors Dr. Bhompa Rai, Dr. Chhetri and Dr. Khatiwada. Honest hard work by all nurses, paramedics and admin and supportive staffs made my work and stay at Damak memorable.

During that time, many AMDA-Nepal members and other doctors participated in international missions of AMDA International, which was considered to be a great opportunity. I missed those opportunities since I was chained by responsibility of Damak project.

One of the challenges for all of us that time was our academic career; we were only medical graduates having 1-2 years of house officer ship in our field of interest, waiting for postgraduate education. Since postgraduate education was not started in the country, we were exploring it in other countries. I went to Bangladesh from Damak by land to appear MS Ortho entrance exam and was selected for diploma in Orthopaedic surgery, but I declined the admission. Fortunately, with help from Rameshwor, I was selected as a scholar of Japanese Minister of Education, and got admission in Kobe University in 1994. I handed over the responsibility of Damak to Rajiv Khanal (later Dhruva Koirala) and treasurer ship to Saroj Ojha. When I arrived Kobe, Rameshwor and Nirmal were in Japan. Whenever we used to meet, besides our family talk, future of AMDA-Nepal was the main topics of our talk.

### **Mega earthquake in Kobe and Butwal Hospital:**

In 1995 January, western Japan was hit by mega earthquake named 'Hanshin Awaji Daishinsai', Kobe city was most affected. I was living with my family at Kharatodai, near Arima Onsen in mountainside of Kobe city. Our apartment was safe but there was gas leak. We lived in a school for one week when my daughter was four and my son was three months' baby. With great difficulty I sent my scared family back to Nepal. I was alone, and used to visit University Hospital and affected areas every day. Lots of supports was gathered from different parts of Japan, homeless people used to be que to get food, clothes and other supports. I joined the support team helping them to distribute the stuffs. Within few days a team of AMDA was also deputed to Kobe, Nirmal was also in the team. Later, Rameshwor joined the team after returning from Nepal. Japanese people were emotionally touched by the volunteer support from Nepalese Doctors during the difficult time in Japan. Kobe recovered from the disaster very soon. Deep sited emotional feeling of Japanese people wanted to gift something useful for Nepalese people. We proposed 'Siddhartha Children and Women Hospital' (SCWH) project. This was covered by the Mainichi News Papers and Yomiuri Sinbun, very popular national newspapers. This made us easy to advocate more for SCWH. Dr. Shinohara Memorial Trust established by Shinohara family was another



*Charity bazar organized in Jusco, okayama for Siddhartha Children & Women Hospital, Butwal*

big supporting hand for the novel work. Rameshwor worked very hard to advocate and coordinate Nepal and AMDA HQ. Ultimately, after completing the University exam, he could return to country with Butwal Hospital. Nirmal was in Okayama coordinating with HQ and I was coordinating with supporting hands in Hyogo to collect support for the hospital. I remember, in 1998 a

charity bazaar was organized at JUSCO supermarket at Okayama to collect support for SCWH. Prof. Kedar Bhakta Mathema, Ambassador of Nepal to Japan was the chief guest of the event. Nirmal and I joined school children's campaign in Okayama to collect donation for the Butwal hospital. My real time translation of speech by HE Mathema into Japanese was interesting. Audience had a good laughter time. I am very happy that both the hospitals, AMDA Damak and SCWH, are successful and serving people of Nepal.

**AMDA Medical College:** My study was finishing in early 1999, before that I visited AMDA HQ at Okayama. I with Nirmal, proposed for "AMDA Medical College" in Nepal to Dr. Suganami. He was very happy with the proposal. We discussed till late night regarding different aspects of Medical College. We thought, inclusion of 'international disaster relief' in the curriculum of AMDA medical college will make it different from others. All AMDA-Nepal members will be the faculties of their respective departments and, faculties will be called from AMDA-Bangladesh and AMDA- India and other countries as per need. It was, of course, a mega project demanding commitment from each member of AMDA-Nepal. I sent a proposal draft to AMDA-Nepal. After my return to Nepal, I proposed the AMDA Medical College in executive committee and in general assembly. I still feel very sorry that I could not convince my fellow friends for AMDA Medical College; otherwise, AMDA could have contributed much more to the country.

Over the period of five years, there was lots of development in AMDA Nepal; more involvement was on STI and HIV/AIDS projects and refugees. Anil was more involved in these projects. AMDA Dhulabari hospital and AMDA Institute of Health Sciences of has been established. Nirmal played a crucial role in establishing AMDA Dhulabari Hospital in the model of partnerships between AMDA Nepal, Mechi Municipality and Mechi Chamber of Commerce, a unique AMDA model. Sunu was one of the key person to establish AMDA Institute of Health Sciences and Yagyaraj was coordinating the project together with continuation of USG service at Damak. Shankar had taken the sole responsibilities at Damak, the hospital and other projects. I was also involved in one of HIV/AIDS project but I had little contribution in the project. However, I could coordinate AMDA Damak Hospital, Dhulabari hospital and AMDA institute HS together with STI project. I feel happy that during those two years of coordinator ship I revived the orthopaedic service in Damak hospital. I also run orthopaedic clinic in AMDA-Dhulabari hospital. Presence of Shailesh and





*AMDA Nepal at Battisputali*

Nabin as anaesthesiologist made my work easy. I never practiced outside AMDA Hospital. Sunu provided eye service at Damak. Dipak, Madhav and Tarun served on rotation for some time. Nirmal was managing AMDA PHCP project as a partner of UNHCR and on his request, I regularly visited Jhapa to provide Orthopaedic service to the Bhutanese Refugees.

Damak hospital was developed exponentially by hard work of Dr. Bal Kumar KC, Dr. Shankar Adhikary and Dr. Surekha Adhikary, Dr. Shailesh Bhagat, Dr. Nabin and many more. SCWH was shouldered by Binod after Rameshwor. In the center, the Dental clinic and general clinic was running smoothly. Young energetic staffs were nicely coordinating activities of AMDA.

It gives me immense pleasure to see the status of AMDA Nepal today. Started by few young Nepalese medical graduates and persistently encouraged by Dr. Suganami, AMDA Nepal has taken the height of national and international level health care provider organization. I, as one of the founders of AMDA Nepal would like to acknowledge the unconditional support by local people, government of Nepal, people and government of Japan and other friends across the globe for the support to develop AMDA Nepal.

*(This article includes only where my involvement was direct in AMDA activities. I do appreciate other members of AMDA-Nepal, doctors, health professionals and admin staffs who have directly and indirectly helped AMDA).*

## "An Experience of Nepal Earthquake, 2015"

**Prof. Dr. Saroj Prasad Ojha**  
Past President of AMDA Nepal



On 25<sup>th</sup> April 2015, a magnitude of 7.8 on the Richter scale earthquake hit Nepal killing nearly 9,000 people and leaving more than 22,000 injured. This huge tremor, the strongest since the great earthquake in 1934 A.D., destroyed many buildings in central Nepal including ancient temples, palaces and the UNESCO World heritage monuments in the Himalayan Mountain of Nepal. Its hypocenter was in Gorkha region, which was about 80km north-west of Kathmandu, the capital city of Nepal. There were hundreds of aftershocks following the earthquake, among which a magnitude of 7.3 earthquake occurred 17 days later, which caused additional damages and casualties.

25<sup>th</sup> April 2015, 11:56 a.m. It was a typical bright and sunny Saturday afternoon, and I was enjoying lunch with my family, which included my mother, wife, daughter, and son, when I felt a sudden intense shaking of the ground under me. It took me a few precious seconds to recognize it for what it was. "Earthquake! It's an earthquake!" was what I could hear people outside my home screaming. We immediately rushed under the dining table where my eighty-six-year-old mother struggled to get under there with us. But eventually, we were all there sitting under the table, where my mother was chanting prayers after prayers, my daughter was whimpering as if in pain and I was in absolute mental anguish as I felt the power of mother nature in such a frightening display.

It lasted for about 50 seconds and by the time it subsided, and all my family and I made it out of our house unharmed, there were hundreds of people gathered on the street. Everyone was distraught and scared. We were getting news from all over Nepal where we learned that many houses had collapsed, even more people had lost their lives and the injuries were numerous. Dharahara, a great landmark tower of the capital city had also collapsed which shook us all.

At that time, I was the president of AMDA Nepal. About two hours after the earthquake hit Nepal, I got a call from the AMDA headquarters, Japan informing me that Dr. Shigeru Suganami, the president of AMDA international, was already on his way to Nepal with earthquake relief aids, which gave me a great sense of relief and reassurance.

After recovering from the initial shock, our AMDA Nepal team got right into action. The relief aid from AMDA headquarters were brought to Tribhuvan University Teaching hospital (TUTH) where we were able to conduct social relief efforts. In Kathmandu, AMDA Nepal was able to start medical camp from the third day post-earthquake. SCWH Butwal and AMDA Hospital Damak, other cities of Nepal, also took relief aid for the earthquake victims in earthquake devastated city of Gorkha and started medical camps there as well.

As the aftershocks were strong and frequent most hospitals in Kathmandu, were unable to run operating theaters due to the safety risk whereas Tribhuvan University Teaching hospital (TUTH) which was constructed by the Japanese government was fully functional and running even during the midst of this disaster.

AMDA international, under leadership of Dr Suganami with the help of local imitative of AMDA Nepal also provided great financial aid during such a harrowing time after the earthquake. The then executive director of TUTH Prof. Dr. Deepak Mahara was given one million NPR and then dean of Institute of Medicine, Prof Dr JP Agrawal was also given financial support for the conduction of psychosocial training to the health workers and conduction of medical camp in the earthquake affected Sindhupalchowk district.

Also, the then president of Nepal Medical Association (NMA) Dr. Anjani Kumar Jha was given financial



support by Dr Suganami for the psychosocial and capacity building training to all the health workers in Nepal. This program in collaboration with me, the NMA and the psychiatrists from Psychiatrists 'Association of Nepal (PAN) with PAN members went to various districts of Nepal for psychosocial counseling. Also, AMDA Nepal central office, Jorpati, Kathmandu in association with SCWH Butwal and AMDA Hospital Damak conducted relief activities in various districts of Nepal for the earthquake victims.

In the annual anniversary of TUTH, the then financial minister of Nepal Government, Honorable, Mr. Gyanendra Bahadur Karki who was the chief guest honored Dr Shigeru Suganami in a special function in Kathmandu.

Post-earthquake, psychosocial problems such as Post Traumatic Stress Disorder (PTSD), adjustment disorder, depression were commonly seen in the people affected by the earthquake. To help people going through these problems, medical doctors and paramedics who were given psychosocial training were dispatched to the heavily earthquake affected areas. This program lasted for about a year after the earthquake.

As the president of AMDA Nepal, with the help of AMDA Nepal members and staffs and in collaboration with AMDA headquarter under leadership of Dr. Suganami, this experience has been a very important part of our lives where we learned invaluable lessons. This is an example of what can be achieved when we come together to help each other during a natural disaster. In difficult times for us to be able to contribute meaningfully to the society, we first need a positive attitude towards it.

As Dr. Suganami always says "Happiness comes later", let us all come together and create meaningful partnerships to contribute for the betterment of our society and its bright future.

#### **Acknowledgments:**

I'd like to thank Dr Shigeru Suganami, AMDA Nepal members, AMDA Nepal staffs, AMDA International, all AMDA International Chapters and all the volunteers who worked hard to provide selfless assistance to the earthquake affected people of Nepal during the earthquake in 2015.

\*\*\*

## Trust in Medicine: An experience in AMDA HOSPITAL

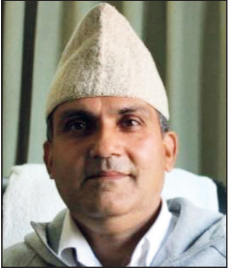
**Dr. Shankar Huzdar**  
Member  
AMDA Nepal



AMDA Nepal, AMDA International in cooperation with Damak Municipality established 15 Bed Referral Health Centre in Damak, Jhapa to serve the Bhutanese refugees residing in 3 Beldangi and 1 sanishare camps in Jhapa and Morang Districts of Nepal in December 1992. This was the second Hospital in Jhapa after Mechi zonal Hospital (Public Hospital) in District Headquarter Bhadrapur. People used to go to Biratnagr 65 km away from Damak, or Kathmandu or Silliguri India for Health services. Patient transfer to the health facility was challenging since there was only one ambulance available in the district located 47 km away from Damak. AMDA ambulance was the second one and very appreciated by the community. There was one health Post, 1 Medical Doctor in his private clinic in the city and few paramedics and nurses have private clinics. Number of patients visiting the health post per day was 150-200. The Referral Health Centre was located in the health post premises. It was decided that the referral Centre will see the referred cases only.

\*\*\*

### Recalling History: An Inspiration



**Mr. Sudesh Regmi**  
Chief administrative Officer

#### Acknowledgement:

It is a noble work to archive history of an organization, which binds individuals into a community and instills a group with a distinct identity. I would like to extend my sincere gratitude to Dr. Rameshwar Prasad Pokharel, and his team for the establishment of AMDA Nepal with the consent of Dr Shigeru Suganami who established AMDA in Okayama city Japan, expanding its chapters to many other countries/cities with a mission to serve the unserved, reaching the unreached marginalized and underprivileged people with a humanitarian heart. Dr Suganami, who is now taking the lead role to archive the history of AMDA Nepal for uniting we all, associated with it. A history with a narrative thread helps us understand what is happening around, reminding ourselves where we stand, where we have been and where we are going. Knowing the history of a group to which we belong, can help us understand ourselves, with some unfolding stories. I am also feeling proud to be a part of AMDA mission.

#### Admirable helping hands:

There are several noble and selfless people, contributing for making good history of AMDA Nepal, who never wait any award and accolade for their contribution. Support of these noble people have been a great motivation to help us move towards our goal of building better future for mankind. The donation and volunteerism of all these well-wishers is admirable, without which AMDA Nepal would not have completed these successful 30 years.

There are number of people, family, group, community, associations, and organizations, who have extended their kind support and cooperation to build a good history of AMDA Nepal. The contribution of these helping hands was acknowledged during the 25<sup>th</sup> anniversary of AMDA Nepal. Once again, thank you helping hands for your generous support. We would

like to appreciate your kind donation and contribution of make these successful 30 years.

Thapa family and Karki family for donating land in Damak, Jhapa where a 100 bedded AMDA Hospital and AMDA Institute of Health Science is situated.

Khanal family for donating land in Dhulabari Jhapa where AMDA Mechi Hospital is situated.

Gokarneshwar municipality for providing land in Jorpati Kathmandu, where Central office of AMDA Nepal is situated.

The Government of Nepal for providing land through the Butwal sub-metropolitan city in Butwal Rupendehi, where a 100 bedded Siddhartha Children and Women Hospital is situated. AMDA Nepal have received grant and support from the government through its different ministries and departments in different time for the public health activities and the improvement of medical infrastructure.

Tsuyama Rotary Club Japan for providing grant in 1997-1998, at the beginning days of AMDA Nepal for the building construction where the central office of AMDA Nepal and community support unit is situated. This building is completed with the added support from different donors and is being used for adult literary class, dental clinic, central office operation and different community health activities including trainings.

The Japanese people and the government of Japan through the Embassy of Japan in Kathmandu for providing grant in different time to construct building for AMDA Hospital Damak, AMDA Mechi Hospital Dhulabari and Siddhartha Children and Women Hospital, Butwal.

AMDA Hyogo, AMDA MINDs and several Japanese organizations through AMDA International for providing grant to construct patient family house in SCWH, maternity wing in SCWH and to purchase important medical equipment and vehicles, including



the ambulance for AMDA Nepal's hospitals.

UN agencies (UNHCR, WFP, IOM, UNFPA, UNDP/GFATM), international/national NGOs (FHI360, MBI/CHR, FPAN, ADRA, Plan, NSI, AMDA MINDS, LWF, Rotary clubs, Lions club, Federation of Nepalese Chamber of Commerce, and Industries in Butwal and Mechinagar)

AMDA International for providing grant and support for several emergency medical missions in Nepal and abroad.

### **Journey in AMDA Nepal:**

#### **AMDA Hospital**

It gives me immense pleasure to recall the duties I completed as an employee in AMDA Nepal's project and missions since May 1999. I remember a day; an advertisement published in the Rising Nepal, a daily newspaper inviting application for an officer position in newly established "Siddhartha Children and Women Hospital", Butwal, Rupandehi. I had just completed master's degree and searching better job, however I was working in the government owned reputed corporation. It turned into a surprise, as I was selected for AMDA Hospital, Damak. Damak was a new city for me. I enjoyed new friends and culture. I attempted to uplift name and fame of AMDA Hospital, initiating good public relation as the unit head of administration. I was appointed to Damak just after a team left AMDA Hospital Damak and started their private hospital business. That time, AMDA Hospital Damak was affected with alienated staff/doctor. Hospital management could successfully revitalize team building, and gradually developed it as one of the best and renowned hospital in Jhapa. Establishment of a police bit inside hospital premises, fencing of hospital compound, improvement of water supply and electricity (diesel generator), utilization of Kharkhare building for academic activities, installing power supplies were few works carried out with the help of my seniors and colleagues (Dr Shankar Huzdar, Dr Shankar Adhikari, Mr Ghanendra Adhikari, Mr Bhim Dhamala, Mr Dipak Khatiwada, Mr Netra Chamlagain, Mr BP Mishra, Mr Ramananda Chaudhary and many others).

#### **Primary Health Care Project for Bhutanese Refugees**

Country was badly affected with conflict and civil aggression. I was about to return to my previous job. Meantime, UNHCR approached AMDA Nepal to takeover "Primary Health Care Project" for Bhutanese refugees settled in seven different camps. I was nominated as a feasibility study team member to take

over the project as an implementing partner of UNHCR from the Save the Children (UK). AMDA Nepal's management requested help to manage new challenge accepting a new position in the Bhutanese Refugee project. I started my new assignment as a senior officer in Bhutanese refugee project on 1 Jan 2021. This job helped to realize the difficult situation of homelessness. In many settings, refugees are neglected and treated as beggar with no choice. Comparatively, refugee friends in Nepal had better life; however, they were forced to live with homelessness and had limited access to basic human essentials. The entire refugee communities were patience, helpful with big heart and humanity. I lost and indulged within refugee project/community. I am thankful to Dr Nirmal Rimal, Dr Durga Bhandari, Dr Sanjay Rimal, Mr. Baburam Nepal, Mr. Bhawagati Chaudhary, Mr. Surya Chandra Pokhrel, Ms. Sita Sapkota, Mr. Manorath Dahal, Mr. Pravakar Chalise, Mr. Jagadish Shrestha, Ms. Sony Bassi, Mr. Biddha Kishor Singh, Mr. Chandra Shah, Mr. Shashi Lal Karn, Mr. Keshav Neupane, Mr. Pant, Mr. Dayaram Neupane and many other colleagues for the guidance and cooperation, I received during my tenure in the refugee project. My gratitude also goes to very kind, helpful and cooperative seniors/friends from Bhutan Health Association, Dr Bhampa Rai, Dr Purna KC, Dr Suresh Kshretri, Mr. Purwa Lama, Mr. MP Bhattarai, Mr. Prem, Mr. DB Rana, Mr. Shantiram Pokharel, Mr. Shiv Chapagain, Mr. DB Kshetri, Mr. Prem Deyali, Mr. Tikaram Sharma, Mr. Dambar BK and many others. I could never forget all these good people. I wish, AMDA Nepal play a role help Bhutanese refugee friends until they have their own home, citizenship, and a dignified human life.

#### **Central Office, Kathmandu**

The office bearers before I joined AMDA Nepal, Kathmandu were Dr. Ramesh Prasad Acharya (Director), Dr. Nirmal Rimal (CEO) and Mr. Sunil Poudyal (Senior Officer). The predecessor, Dr Acharya played a crucial role to obtain land from Gokarneshwar municipality and constructed a building for AMDA Nepal office in Jorpati. The major and sustainable programs of AMDA Nepal were started during the tenure of Dr Acharya. Dr Acharya also served as the President of AMDA Nepal for 4 years. The strong management footing established by Dr Acharya will be remembered forever. Dr Nirmal Rimal, who is also a founder member and actively involved in several community-based humanitarian activities are remarkable. Dr. Rimal was keen to expand municipal level hospitals in Nepal. He played major role to obtain land from Khanal family to establish AMDA Mechi

Hospital in Dhulabari. I would like to recall the days, I worked as his subordinate staff in Bhutanese refugee project for 5 years. Dr Rimal is a good manager, and above this, a good mentor. Mr. Sunil Poudyal, unfortunately leave this world untimely, served AMDA for about 4 years. Mr. Poudyal was sincere, dedicated and a person with missionary spirit. I am thankful to all these predecessors, who built easy work environment in AMDA Nepal office, Kathmandu.

I am happy to mention that AMDA Nepal is grown-up to serve around 150000 people a year through its hospital. Every year 80 students are enrolled for nursing and general medicine education. Coverage of districts through community-based project has cross 30 so far. More than 450 persons are directly employed, including 50 over medical doctors. More than 30 regulations/guidelines are developed and executed to manage its entire operation. Annual regular budget of self-sustained program is approx. NRs 400 million.

AMDA Nepal has increased better facilities for service delivery and strengthened ability to enable more people

to seek its services. The present demonstrates the breadth and quality of AMDA Nepal's work, and it also shows how, it has made changes and set directions that reinforce the excellence. These achievements though tangible, have not submerged us with internal satisfaction. Rather, they inspire and re-energize us with the determination to provide better health service to the people in need.

The emergency medical mission and the humanitarian work of being supported by AMDA international has inspired and given us the purpose and momentum over the Thirty years. We will sustain these vitalities as we mark our 30th anniversary by celebrating the past to inspire fresh and better future. We are committed to set our priorities to meet the responsibilities of humanitarian works.

I wish the present and the leaders to come perform their duty, realizing that a sense of history is not to be a slave to the past but, rather, to acknowledge its power.

LONG LIVE AMDA AND ITS MISSION!

\*\*\*

### My Journey in AMDA



**Dr. Kishor Kumar Singh**  
Chief Consultant, MDGP  
AMDA Hospital, Damak

My life was nowhere to where it is now back then. I have worked hard for a long time now as a successful doctor and it is all possible due to the environment, I got here at AMDA. The AMDA family has given me a lot more than anyone can think of. I am proud to have gotten into AMDA as the first placement of my career. In June 2005, I started off under Dr. Shankar Prasad Huzdar and Dr. Bedanidhi Khatiwada as a MDGP consultant who guided me to my journey of success. I was confident enough towards my responsibilities and trust that were entrusted to me by my patients and make sure to provide better services with better and accurate diagnosis for the well-being of the patients.

Initially when I first joined, the institution was only a general hospital limited with a few trainings like CMA, ANM and lab assistant. It was okay doing for that moment of time but we needed to gear up with time. We grew up with time. I worked and am working giving services in the OPD, OR, ER and trainings. Me along with my team took initiative, worked together to bring more trainings in the hospital like MLP and SBA which was solely aided by the Nick Simons Institute.

After my initial appointment, in 2006, I volunteered for a rescue program in Philippines under AMDA international. That was a lifetime experience. After four years of continuous dedication, I was appointed as the Medical Superintendent on 5<sup>th</sup> February 2009. During this period, there were a lot of complications and hardships I faced carrying loads of responsibilities upon me. I had to come in favor of the patients, my colleagues, and fellow members as they had anticipated a lot from me. With time, we all got along well and me and my team overcame a lot of dreadful events. Without the help of my team, I could not have tackled all the problems myself. My journey as the Medical Superintendent of AMDA lasted for about four years.

We were helped a lot by the Nick Simons Institute. A

Maternity wing was established in AMDA, Damak in 2012. With the introduction of the new wing, the hospital and the Institution shared the same entity no more and were separated to two different sectors. The hospital was one part while the institution was the other. The separation of the hospital and institution was even better when other new trainings were introduced to AMDA like RUSG, PTC, MA, and AA. With time, our family has grown more larger and bigger. Our hospital has upgraded from a 75-bed facility with ICU to a 100 bed one with a NICU that will be operational shortly. With that increment on our side, we have increased number of specialized fields. We have Anesthesia, ENT, Obstetrics and Gynecology, Dental, Dermatology, Orthopedics, Physiotherapy, Pediatrics and many more. With these, our hospital is now more facilitated than ever and with better services for the betterment of the patients. Currently, our team is delighted to have services for the COVID-19 patients at our utmost efforts.

At a nutshell, I had a joyful experience in AMDA, and I am grateful to AMDA for that. I would like to thank both AMDA International and AMDA Nepal to work for their organization and keeping their hopes on me. I would like to thank all my colleagues and all the ancillary staffs who were always there to help me at all times needed. I would like to thank my friends and family for always supporting me, having my back, and motivating me to do better for the hospital every day. Without them, it would be difficult to have my body and mind cope with every kind of stress. I am working and will always for the betterment of the hospital and dedicate the hospital with all I have. I promise to be more exemplary to my juniors in the coming days and dedicate the hospital with all I have. It is a part of my life and will always be cherished within me forever.

\*\*\*



## My 20 years' Experience with AMDA



**Dr. Nabin Dhakal**

Chief Anesthesiologist  
AMDA Hospital Damak

I joined AMDA in 2002 after completion of my medical studies in Russia. I have been very lucky to be a part of an organization like AMDA which is dedicated towards a peaceful world without poverty through medical help for all.

It has been a long journey with lots of ups and downs. I have worked through emergency relief programs in Nepal and abroad. I have worked in peace through a medical project in AMDA Djibouti. The 2005 earthquake in Indonesia, 2015 earthquake in Nepal, 2017 flood in Nepal were very challenging environments to work as a medical professional. I was overwhelmed at times. Our team had to work with minimum resources and medical supplies in an environment where there were many constraints to provide basic medical care.

These experiences made me realize that AMDA's efforts alone are not enough to bring positive change and peace through proper medical care in a country like Nepal. A lot of work needs to be done in collaboration with the other stakeholders like local and central government; Community Action Groups and other people working for similar good causes at various levels of the society.

One of the highlights of my time at AMDA was an opportunity for a scholarship for specialization under the mentorship of the AMDA Indonesia's president Prof DR. Andi Husni Tanra.

In Nepal, I was assigned with the administrative role for the AMDA Damak Hospital as a chief Medical and Administrative officer in 2014. During the years in the leadership role, I was exposed to many other stakeholders in the society. I had the opportunity to hear from the community on what the community expected from AMDA. Many people did not understand what AMDA stands for and what our goals are. The expectations of AMDA from the community was very high. I had to explain to the community that we are an

organization run by the community and for the community. I had to make people understand that the privileged people had a responsibility towards some non-privileged people of the society. At times I had to deal with people from opposing sides of the civil war which had just ended. Through joint help with other community stakeholders, community actions groups and AMDA's donors we were able to upgrade to AMDA Hospital Damak. I was able to work with all the stakeholders to add various departments like ENT, dermatology, orthopedic and dental services to the hospital. Setting up ICU and working towards completion on NICU were some of the accomplishments I share with the Damak community. Starting various new services like non-invasive surgery; endoscopy and colonoscopy services which can be used for the medical services of the community and the non-privileged people were some of the achievements during my work with AMDA.

No hard times I dealt with in my 20 years at AMDA would have prepared us for what we are dealing with now since the start of COVID-19 pandemic. I found myself at the frontline again in helping the venerable people of our society. I was working 24/07 with my colleagues and still was not enough. Hardest part was losing so many lives which could have been prevented if we had more medical resources. I was infected by the virus myself and had to lose my colleagues and fellow medical professionals to the virus. It has been the most challenging, overwhelming, and dangerous times of my life and career with AMDA.

We will keep on going and working towards peace though medical help. I would like to give a hearty thank you to all the donors and generous people who have shown so much generosity for helping people in need. There remains more to be done and I am with AMDA in every step to make peace a reality.

\*\*\*

## My Experience of My Workp Place



**Dr. Bimla Budhathoki**

Senior Consultant [Obstetrician and Gynecologist]  
AMDA Hospital, Damak

Let me introduce first. I am Dr. Bimla Budhathoki, an Obstetrician and Gynecologist. Despite Damak as my hometown, I studied outside of Damak. I completed my postgraduate on 2007 from BPKIHS, Dharan, Nepal. I continued working in BPKIHS for 2<sup>1/2</sup> year. As my father devoted to social service in our own birthplace, he wanted us to join him. I left BPKIHS and joined AMDA Hospital, Damak. I chose this profession by my choice as I thought, I am female, it would be easy to deal with female health problems. But now I realized, as an Obstetrician, it is very stressful and hectic medical profession. In obstetric, if we do not make quick and right decision, things may go wrong within a blink of eyes. We need to deal with two lives, mother, and baby, so always physically, mentally and emotionally stressed.

### AMDA HOSPITAL- MY PERCEPTION:

AMDA Hospital is a good platform for the healthcare workers who wants to serve people. As it is a community hospital with affordable and reasonable charges, good volume of all varieties of patients from eastern hilly and remote regions take health care services. Working

in this hospital will give a good opportunity to develop skills and experiences, treating huge range of people with variety of diseases. Till date whatever services the hospital has provided is more than enough with minimum resources and backups. I feel very proud to be an employee of this hospital. I am great full and would like to thank Dr Shigeru Suganami, a founder of AMDA from Japan, who established AMDA. My endless gratitude for such a wide vision of pioneer of AMDA.

### JOURNEY IN AMDA TILL DATE:

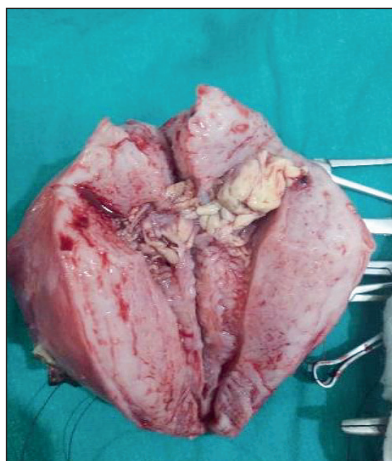
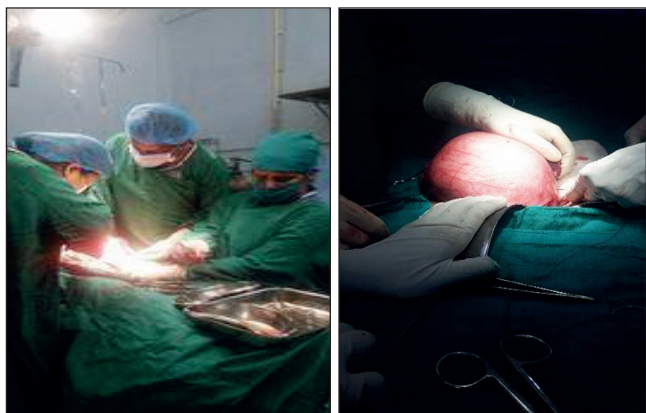
I joined AMDA hospital as a consultant in the department of obstetrics and gynecology along with my husband (Dr Prakash Sharma) in 2010. During the time of our entry in this hospital, there were 5 consultants(2MDGPS,1GYNAE,1ANAESTHESIST,1 SURGEON) and 5 medical officers only, including us. At that time the hospital was in two place, outpatient department in health post premises and in patient in its own building at KHARKHARE, about 2km apart. The hospital runed its services with less staffs. We had gynae dept, surgical, medical, radiology, ophthalmology, and dermatology department.

Working environment of this Hospital is very good. Our every staff of all levels are very friendly and respectful. Especially the nursing staff, they are well experienced, good at work and respectful to each other. They are loyal and sincere at work. The hospital is well known as maternity hospital, though it provides other services since beginning. During my early days we were three doctors (1 gynae,2 General Practitioners) giving maternity services. We are helped by 2 junior residents of BPKIHS. We had very hard time in those days, every other day we had 24 hours duties, no post duty off. Past 6 years, we are 7 doctors (3 gynae, 4 general practitioners) working in department of gynae. Each year 5000-6000 women take maternity inpatient services. Maternity service is under **safe motherhood**





program. And these large number of deliveries for obstetrician is a physical, mental, and emotional nightmare. Along with it, we perform all gynae major and minor surgeries. Most of the people of eastern hilly region and eastern region are benefitted by the services of AMDA Hospital.



*Gynae surgery performed by me (Hysterectomy in 22 years female for CA endometrium)*

Labor ward is always crowded with laboring patients. The nursing staff in labor ward plays a vital role to shape our pregnant mother and baby in good health. Our staffs are all SBA trained for conducting deliveries. I feel very proud to work with those trained, energetic, enthusiastic nursing staff. Hat's off to our nursing staff who is always there to support me in complicated cases, timely informing me, being alert and react immediately for the action. Without the good support of them it is impossible to conduct those large number of deliveries.

Maternal and perinatal mortality can never be zero, and we must deal with situations of both happiness and sadness. Pregnancy and its good outcome are a celebrated joyous moment, but at the same time a loss of life can be devastating, and obstetrician has to be in the forefront to explain the loss which is the herculean job in itself.

Very few patients and their relatives realize that pregnancy is not a simple natural process with always a happy ending, things can go wrong within a moment. All this gives us tremendous mental stress.

We conduct training too. Post graduate students of family medicine department of BPKIHS have 3 months posting in our gynae department. Likewise, we conduct skill birth attendant and medical abortion training too to healthcare workers.



*Conducting medical abortion training*



*Teachers Day celebration by Resident of BPKIHS*

I was lucky enough to get one training in gynae laparoscopy in Japan after 7 years of my service to this hospital. My 3months stay in Japan was quite good. Though I was not satisfied with the training at hospital, as the training couldn't full fill my expectation, couldn't practice much. Leaving aside my academic experience, I got lot to know about Japan, its culture, the people. I would like to thank Dr. Nabin Dhakal and AMDA Japan and OPEIC staffs for giving me an opportunity to visit Japan and make my stay in Japan very joyful.





*Certificate receiving ceremony*



*Certificate receiving ceremony*



*Most memorable day (Picnic with AMDA, Damak family)*



*Visit to clay house as a refreshment (organized by OPEIC, Japan)*



Memorable moments are the days when I get success in doing complicated cases and patients discharge hospital with smile on face.

We not only work 24/7 but try to relief our stress and share happiness among whole staff twice a year. Apart from our hectic duties we do get together, dance, eat, drink and play. This fun filled get together has brings harmony among all of us. My best memories of AMDA are these get together, one Teej and another Picnic. Whole staff of this hospital join the party and have Apart from hectic duties in hospital, I sometimes enjoy my days serving needy people.



*(My husband birthday celebration with homeless disabled children)*



## MY OBSERVATION

### AMDA Nepal (Head office):

AMDA hospital is fully governed by AMDA Nepal. Whatever decision the hospital must make, the permission should be taken from AMDA Nepal. I am not satisfied with the work performed by AMDA Nepal. They do not interact with the working staff of hospital. Do not come and visit hospital and share the feelings of staffs, how they are working, any difficulties in working, nothing for encouragement. Moreover, many of the staff level upgrade is stacked back. It would have been better if the organization and hospital had mutual interaction.

Staffs like it when they are appreciated either by their executives or their Boss. Every good work and extra effort exhibited by an employee is meant to be respected and acknowledged. Failing to recognize the staffs may often result in a demotivation in work. Henceforth, appreciating the work of staffs becomes very crucial. Each executive must ensure that their staffs are happy at work, so that happy and motivated staffs can achieve impossible. It's the employees who fuel the growth, and through appreciation, you can empower the employees.

### Hospital Administration:

Staff of admin are good. They are doing their work properly. They try to solve the problem of hospital as soon as possible.

### Doctors:

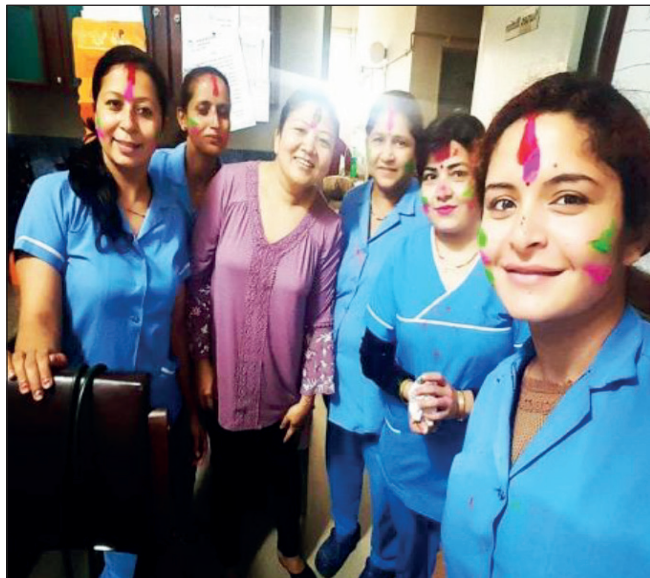
The best part of this hospital are the Doctors. Few doctors are very dedicated to their work. We work together as family. Despite less salary, they have done hard to strengthen the service. Having a supportive team is what every employee desire in workplace. Because of this healthy working environment, almost all senior doctors are being able to be retained. My gratitude to all the doctors, who has worked altruistically.

### Nursing, paramedics other staff:

Nursing staffs are the core of hospital, without whom, we doctors become incomplete at providing care to the patients. It's the nursing staff, who provides tender love and care to the patients, which builds up willpower in patients. So, half of the disease has been cured with the good care and emotional support of nursing staff. This hospital is half field with old, experienced staffs. There

are few staffs working since the hospital was established. So, most of these staffs have love and affection towards the beneficiary of hospital. They are very much dedicated to their work.

Almost all the staff from respective field have done tremendous, sincere work for upbringing of welfare of this hospital.



*(Happy moments with my ward staff)*

### Pandemic

First, my gratitude to all the staffs of AMDA Hospital, Damak, especially those working in covid ICU, WARD and EMERGENCY, drenched with sweat with the PPE hiding their fear and anxiety. I salute them, for their dedication towards their work. I feel very proud to say that all the staffs in COVID duties worked hard without hesitation and fear in serving patients. The visitors and patient so happy with the treatment and care during the

stay in hospital. Almost every person gives their words of appreciation, and some even give money for the nurses as token of love. These words of appreciation are good enough for the encouragement and enthusiasm in working.

This hospital has served several COVID-19 affected patient till date. And, we are the hospital of Damak treating referred covid positive surgical cases (LSCS and appendicitis) from other hospitals. Some staffs (doctors, nursing staff, paramedics, health aids, helpers) were affected with COVID 19 Disease. But with the grace of God, all were mildly affected and got cured.

It's the dedication of all the staff that led to success of AMDA Hospital, Damak being held today.

My journey in this hospital till today is so humbling, and the credit goes to all the staffs of the hospital who has supported and loved me and continue to get till the end of my service to AMDA.



*Caesarian section performed in  
COVID-19 affected patient*

At the end, I would like to thank AMDA JAPAN for giving me this opportunity to scribble few words on my own.

\*\*\*



# Performing EGD in Primary Care Hospital. My Journey, My Experience and Challenges



**Dr. Diwash Raj Bohora**  
MBBS, MD (Internal Medicine)

It gives me immense pleasure to share my Experience in starting and conducting endoscopy in our community based AMDA hospital, Damak, Nepal. We started endoscopy service in our hospital since Nov 21 2017. Although It has not been a long time we begin the service but we feel happy to announce that our service is continuous and a lot of patients (Local and Rural) have benefited from this service in terms of disease identification and treatment related to upper gastrointestinal tract disease.

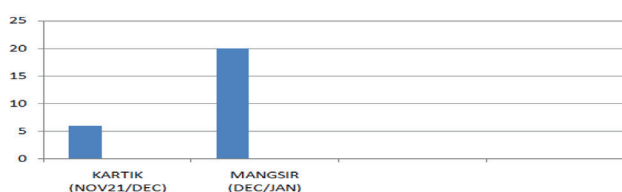
To begin with, I received Endoscopy (UGI/LGI) training from Okayama Seisaikai General Hospital, Okayama, Japan. Even though the training programme was short this training programme created a benchmark in elevating my understanding in the field of gastroenterology and nurtured my enthusiasm to work in the field of hepatobiliary and gastroenterology. I am fortunate to be trained under the best Gastroenterologists and be able to be familiar with the newer advancement and technologies in the field of gastroenterology. Their knowledge, work, dedication and skills always inspires me. I express my sincere gratitude to the Doctors, Staffs and the Hospital. Likewise I am also thankful to AMDA and Dr Nabin Dhakal for encouraging me and arranging training programme in Japan.

Furthermore in Nepal I am being guided and trained by Professor Dr Takushi Sato. I am very lucky to get a mentor/ teacher like him. The approach, procedural techniques, identification of lesions, diagnosis that I learned from him is very enlightening. I am always thankful to him for his guidance and teaching. Prof. Dr Takushi Sato visited our hospital and conducted seminar on endoscopy twice in last 3.5 years. The first visit was in 23rd Feb 2018 to 4th March 2018. We were able to perform UGI endoscopic procedures in more than 70 cases. This seminar was focussed on skill development, identification of gastric lesions and interpretation. The visit was like a blessing to me. He taught me and my mistakes were rectified. These

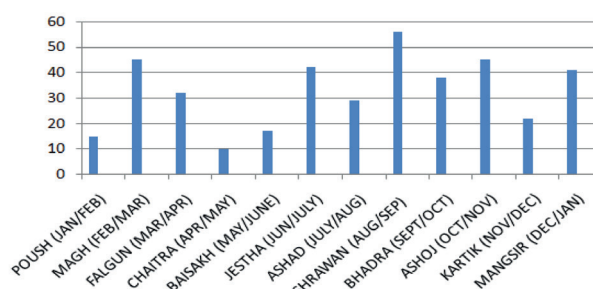
sessions were a huge opportunity for me to interact and learn from him. The second visit was on Feb 17 2019. The endoscopy seminar continued for 7 days. We performed endoscopy in more than 90 cases in 5 days time. Both this session was very helpful to me in skill development, proper diagnosis, performing biopsies and performing endoscopic interventions like banding. Recently we had webinar meeting in 15th February 2021 on Good endoscopy technique and proper identification of stomach and esophageal lesions. Last but not the least I am very thankful to Prof Dr Takushi Sato for making him available any time in social media platform despite his hectic schedule to guide me and help me to make diagnosis and further treatment approach. Even though it was difficult time when we meet (Nepal Earthquake, 12th May 2015) we overcome the difficulties and set new goal together. I am very thankful to Prof. Dr Takushi Sato.

## Endoscopy census

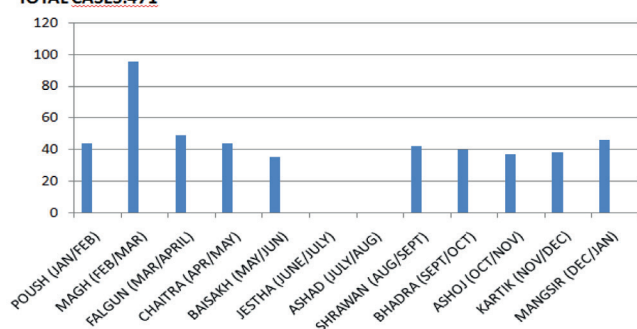
YEAR 2017  
TOTAL CASES: 26



YEAR 2018  
TOTAL CASES: 392

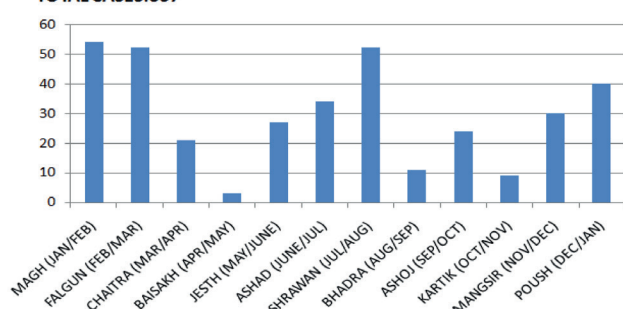


**YEAR 2019**  
**TOTAL CASES: 471**



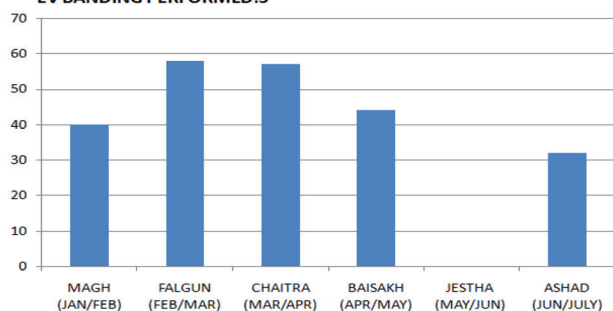
Note: The service was interrupted in June and July because the scope was sent for maintenance.

**YEAR 2020**  
**TOTAL CASES: 357**



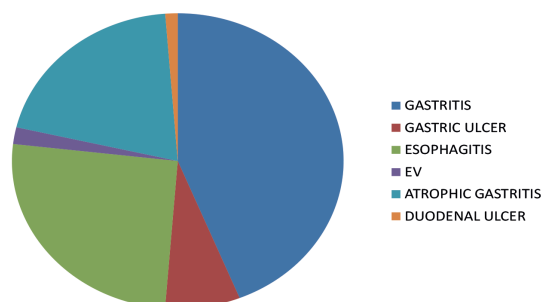
The first wave of COVID-19 started since last of march 2020 and lock down started in Nepal. So the cases of UGIE declined. However by the end of July the number of cases increased slightly. On November 9 2020 I was tested positive for SARS-CoV2 so I had to go for isolation hence service interrupted. Again the second wave started since beginning of may 2021 the service is interrupted.

**YEAR 2021**  
**TOTAL CASES: 231**  
**EV BANDING PERFORMED: 5**



The common diagnosis in our setting is Gastritis (Infective)/ Duodenitis, Gastric ulcer, Duodenal ulcer, Atrophic gastritis, Esophagitis, Esophageal varices.

Other less common findings in our set up is Duodenal Stricture, Esophageal Sub Mucosal Tumor, Esophageal Stricture, Gastric Carcinoma, Gastric Polyp, Aberrant Pancreatic Tissue in stomach, Aberrant Gastric Tissue etc.



## EGD Challenges

### SETUP/ RESOURCES:

Initially our hospital did not have endoscopy machine. After I returned from the training we could not start the service immediately. It almost took 6 months to obtain endoscopy machine after I came back from training. I am very thankful to AMDA Japan and the effort made by Dr. Nabin Dhakal for making the availability of endoscopy machine in our hospital. At present we have separate endoscopy room, Fujinon endoscope machine, with separate cleaning area and one assistant nurse.

### EXPERTISE/ EXPOSURE

I express my sincere gratitude to Professor Dr. Takusi Sato for the constant guidance and encouragement. Only because of his help, guidance, concern towards my work and the service it has helped me to improve my approach towards the patient and made me follow standard protocol. All this guidance and support helped me to overcome my ignorance and anxiety and be able to continue and keep improving the EGD service in our setup.

I feel myself very fortunate to be able to start EGD service in our community based hospital and help patients with diagnosis and treatment. As well as I am very eager to start lower gastrointestinal endoscopy and endoscopic interventions in our setup in the near future. I hope we will be able to expand our services soon. My sincere thanks to AMDA Japan Tae Namba San (Board Member), Archana Joshi and all who have been part of this venture.

Thank you.

\*\*\*

## Memory of Training/Exposer Visit



**Mr. Bhim Dhamala**

Administrator [A/F]

AMDA Hospital, Damak

I have been associated with AMDA since 1992. I am currently working in AMDA Hospital, Damak from November 15, 1997, and have carried out different role and responsibilities since past. During my tenure, AMDA Hospital, Damak had nominated me for an exposer visit/training of hospitals in Okayama, Japan in November 2018. I moved from Nepal via. Kuala Lumpur International Airport to Narita International Airport and via. Malaysian Airlines to Tokyo on September 30, 2018. I then travelled to Shinagawa station by Narita Express and reached at 10 AM morning. I had earlier plans to move to Narita station, but I had to travel to Koenji station, Tokyo because a Typhon had stopped Shinkansen services.

I travelled from Tokyo to Okayama by Shinkansen (HIKARI Super Express, 479) and arrived in Okayama at 8:30 PM. and met with Namba San and Archana Joshi Mam and went to check-in in a guest house.



During my training period in Okayama, I visited different hospitals, clinics and AMDA International HQ. I also met President of AMDA International Dr. Shigeru Suganami and other staffs. We all shared our ideas and experiences to each other. I gained a lot of experiences after the visit of different hospitals. I have

committed to fully utilized my gained knowledge and experiences.

### SAISEKAI General Hospital, Okayama:

Visiting SAISEKAI General Hospital, I learnt that a simple and short procurement policy had been adopted and monthly plans/visions had been set to achieve planed goals. Patients were dealt and counseled using latest technology and innovations. There was a clean and quite environment for patients and visitors.

### AMDA HQ, Okayama:

I met Ms. Hikari Namba Manager of Finance and board member of AMDA). She explained and shared ideas regarding the procurement and payment system of AMDA HQ. I also met Dr. Prof. Suganami. He made a briefing about the current activities and future plans of AMDA.



**Kurashiki Central Hospital:** Kurashiki Central Hospital is a private teaching hospital founded by former president of Kurashiki Boseki Ltd. My visit was mainly focused on the practices including waste disposal, procurement system, chain of command, Indoor and



Outdoor services. I am very much thankful to Dr. Tetsunori Ikemagi, Chief Director of Emergency Medicine and Critical Care center of Kurashiki Central Hospital and his entire team for providing their valuable time and information's regarding the hospital.

#### **Okayama Prefecture University:**

Kuboki, Soja-shi Okayama and Ms. Junko Sakaki, (Ph. D)., Associate Professor from Department of Nursing warmly welcome me there. During my visit, I visited different departments and observed the various activities performed by the University.

I later moved to Takasugi Children's Clinic to meet Dr. Hisashi Takasugi. Dr. Takasugi provided a short briefing about the activities of the Clinic.

I also visited AMDA International in Okayama city on October 10, 2018. I met many AMDA staffs, and we shared ideas and experiences to each other. At the end, I travelled from Narita International Airport and arrived back to Kathmandu as scheduled

#### **Summary of Major Findings:**

Suppliers supplied Medicine supplies in almost every hospital.

Well-equipped and furnished hospitals.

Admirable management of cleaning and sanitation.

Excellent patient counseling/dealing.

Arrangement of all facilities inside the hospital.

Segregation of hospital waste.

Short procurement system (No stock keeping).

Green and healthy environment inside the hospital.

Lawyers were used to solve the various hospital legal issues.

Coordinative Patient referral mechanism among hospitals.

Implementation of Insurance facility: 70% by Companies and 30% by self.

Every people firmly follow rules and law.

#### **Acknowledgement:**

I would like to extend my deepest gratitude to AMDA HQ for providing me this training and exposure visit. I am thankful to Dr. Shigeru Suganami, President of AMDA Japan and Dr. Archana Shrestha Joshi (Project Officer) for their coordination, guidance, and support. I am also thankful to all staffs of AMDA HQ for their kind hospitality and cooperation during my time in the whole training/exposure visit.

Also, I would like to thank Dr. Nabin Dhakal, former Medical Superintendent of AMDA Hospital and AMDA Nepal C/O for providing and managing such opportunity to enhance my knowledge and experience. I would also forward my appreciation to all the hospitals for their enthusiasm and eagerness to share their ideas and experiences which made my duration enjoyable and memorable.

\*\*\*

## My experience with AMDA Hospital Damak Jhapa



**Dr. Rakesh Sah**

I worked as a medical officer in AMDA for 2 years, the first thing I learnt there was to care and emotionally connect with the patients. I do remember of my mentors over those years who not only taught me the art and skill of medicine, but more importantly how to be a doctor.

Caring for ill and serious patients among medicine, pediatrics, surgery in emergency as well as inpatient was most rewarding experience in my life, it become very easy dealing with and treating the patients as my senior doctors were very helpful

The best part of the thing in AMDA is the teamwork, like when I get any difficulty situations to deal the whole team member of doctors were there to help me and sort out the situations

As we know AMDA has always been helping in any kind of disasters and other help situations in national

and international way as in 2018 AMDA participated in helping the flood stuck victims in Kerala and Karnataka of India, it was very difficult situations in the people living over there in Karnataka and I had an opportunity to work as a medical doctors , we worked as team member in collaboration with AMDA India

It was different experience treating the patient who were victim of flood, situations were not the same as we treat patient in hospital and the victim in camp, we had to pass over different difficulty situations

Finally, we were done, awarded with many more appreciations certificate from state government of India

Special thanks to all the doctors, medical staffs and AMDA members of Damak, Jhapa, Nepal and thanks to Madam Archana Joshi for all your help.

\*\*\*

## AMDA-Nepal PHCP for BR in Memory

**Dr. Mira Khadka**

Associate Public Health Officer  
UNHCR, Bangladesh



I joined AMDA (Association of Medical Doctors of Asia)-Nepal on June 2017, as a Health Coordinator (HC) for the Primary Health Care Project (PHCP) for Bhutanese refugees (BR) located in Damak. The project was funded by donor agencies such as UNHCR, IOM and WFP. Refugees anywhere in the world are a vulnerable group and in the case of BR, it was no different. The training, I received in medical school and the education, I received during post-graduation in public health, along with job experiences working as a medical officer (MO) in hospital emergency settings, working as a MO in the army hospital where I was involved with pensioners and geriatric population along with various other work experiences were all I had as job experience when I had applied for the post of HC. Though I possessed no experiences in working with the refugee population, the selection committee found me desirable for the assigned job.

Looking back and introspecting in year 2021, at the period of nearly two years I spent in Damak was both a learning experience personally and professionally.

Working as a Health Coordinator in AMDA Nepal for BR, I was to interact with and handle multiple donor (UNHCR, IOM and WFP) funded projects, and manage Health and Nutrition services to Refugee population with more than 100 staff to supervise and implement the program. The job required constant and smooth interactions among various agencies, and quick communication was crucial in case of emergencies. Without having prior experience of working with refugees, it was a challenge I was determined to undertake for I believe if one practices the principle of 'categorical imperative' i.e., put simply 'treat others the way you want to be treated yourself' one can overcome many challenges that one incurs when working in big teams, that must constantly work towards betterment of the refugee population.

Working in AMDA was like working in a big joint

family and every member supported and treated each other with understanding and care making the project a success. As an integral implementing partner, with immense support from AMDA PHCP for BR- UNHCR closed its sub office, Damak for Bhutanese Refugees successfully after operating more than 25 years.

The range of service AMDA provided to UNHCR, IOM and WFP were colossal. From ensuring proper treatment and medical referrals to Bhutanese Refugees of Jhapa and Morang camps, to building and nurturing good relationships with the camp-based community-based organizations (CBOs) and engage them in providing relevant services, AMDA PHCP for BR coordinated multiple bilateral discussions with Government of Nepal, UN agencies and related Person of Concerns (PoC). I remember series of coordination meetings with health insurance board in Kathmandu and in field to enroll refugees in health insurance program of Nepal. Smothering the stories in the refugee camps that the health insurance was against refugees' benefit, we overcame such negativity by organizing disseminating information and educating the refugee population as to how to get enrolment- AMDA was successful in creating a sustainable solution for health for the remaining refugees in camps. On retrospect, I recall meetings formally and informally with health facilities in Jhapa and Morang districts of Nepal for integration of services.

AMDA PHCP for BR has a history of serving refugees for long. So, to share the learnings and contribute to serving another refugee population, I was deployed to Bangladesh for a week. It was an impactful experience which enriched my desire to work for refugees and people in need. Also, my interaction with the dynamic team was memorable. I remember and thank my AMDA Bangladesh team for hosting me.

As a young female working as a Health Coordinator, who dresses not conventionally- I recollect some





challenges when people were not taking me seriously. However, with the focus I have towards my work and respect I give to people, it was just a matter of time-when support from all the staffs, partners, UN agencies came swamping. I cannot describe all the fond memories I have collected in my two years engagement with AMDA PHCP for BR- It is simply too many.

Working with refugee not only makes you humane but force you to rethink your life. It was and is an awakening experience and holds true “count your blessings” -we are so consumed by our trivial problems; we sometimes forget there are more suffering, and our fellow brothers and sisters are homeless/stateless/displaced and more. This should only make us work for humanity and support each other but we are entangled in this vicious circle of fulfilling our selfishness. We all should possess the attitude of gratitude and be ready to help the people in need. Any benevolent act may bring smile to



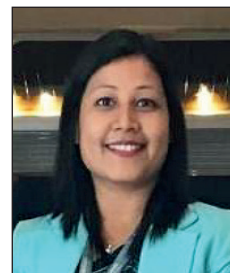
someone's life which fulfils our duties as human.

I would like to thank all my colleagues who turned into friends at AMDA PHCP for BR. My sincere thanks to Prof. Dr Dinesh Binod Pokhrel, Project Coordinator of AMDA PHCP for BR, Suman Nepal, Project manager, Niraj Dhungana, Senior Finance Officer, Deepak Mahat- Heath Information System and data officer- the last standing pillar. My sincere thanks to UNHCR, IOM and other partner agencies colleagues, AMDA Nepal and its affiliations and to all my dear staff. My special thanks to refugee Community health workers (CHW) of Beldangi and Sanischare camps who contributed so much towards uplifting the health status of the refugee population. Lastly, my deepest gratitude to all the Bhutanese refugees living in Nepal and abroad and hope and pray that future generations all over the world do not have to lose their homes because of conflicts in any form.

\*\*\*

## Experience and Memories in AMDA

**Ms. Punam Gauro**  
Senior Nursing Officer  
AMDA Hospital, Damak



Sharing my experience with AMDA-Nepal as an employee of AMDA Hospital, Damak for ten years, gives me an immense pleasure. The recent decade of my life has been a period of golden opportunity. I started my professional journey as a nursing officer at AMDA Hospital, Damak back in November 2011. As a novice employee, I had mere clinical and managerial experiences required by the post, I was appointed to. I really had no idea with the working environment of the institution at the time of joining. Yet, I believed, somehow, I can be comfortable and prove myself within the big organization. I was confident enough towards the probable responsibility I would get and the mere challenges I would face in the days to come.

I was fortune enough to observe and experience the growth of AMDA-Damak, one of the largest and finest birthing centers of eastern Nepal, with my eyes. A decade ago, it was limited to 50 bedded primary hospital. Limited medical and surgical facilities were provided by a handful of dedicated doctors and staffs. The institution grew with time and coped itself very well with the demand of modern healthcare. To name a few milestones, the hospital was able to start its own highly sophisticated maternity building by the year 2012. Similarly, immunization program began in 2015. The intensive care unit (ICU) service was initiated in 2017 with a separate and dedicated ICU unit.

Another notable milestone of AMDA-Hospital, Damak within the recent years is the establishment of AMDA Institute of Health Sciences (AIHS). The institute, within few years of establishment, earned an esteemed reputation in eastern Nepal as one of the finest PCL Nursing colleges. General medicine program was started in the year 2018 and the new institute building was inaugurated in the same year.



*Hardworking Students of AIHS (General Medicine and Nursing)*

At the hospital, family planning service was launched as a separate unit from 2020. The construction of NICU building has recently been completed and NICU/PICU service is expected to begin very soon. The hospital is recently upgraded to 100 bedded one and in the current pandemic situation, 34 beds including the general, cabin and ICU beds have been allocated to COVID 19 patients and a team of expert doctors and medical



personnel from the hospital are deployed for the care of COVID 19 infected patients. Collaboration with the local and provincial government in COVID care is an exemplary step of AMDA Hospital, Damak.

To cope up with the modern healthcare needs, this organization provides health trainings and social service programs. AMDA Hospital, Damak is one of the largest training centers for various health training programs run by National Health Training Center (NHTC). To name a few, Skilled Birth Attendance (SBA), Mid-Level Practicum (MLP), Rural Ultra Sono Grapy (RUSG), Anesthesia Assistant (AA), Medical Abortion (MA), Primary Trauma Care (PTC), Long-Acting Reversible Contraception (LARC) are the training courses currently being offered to health workers and paramedics serving in the different part of the country. Since its establishment, AMDA Hospital, Damak has contributed introducing competent health workforce for the country. It gives us great pleasure to hear the numerous positive feedbacks about training sessions from different attendees. We are most delighted when our skills, competency and professionalism were said to have translated into additional knowledge for the participants.



*Conducting Class (Medical Abortion)*



*Demonstration to the participants*

I feel immensely blissful to be a part of AMDA Hospital, Damak. It has provided me great opportunities to grow myself as a professional health worker and a better citizen. I have achieved both the professional and academic growth from AMDA, Damak. My journey within this organization passed from an instructor to a trainer, and to a matron within a period of four years. I spend 3 years as matron of the hospital which I regard as the most valuable responsibility I would get in such a short time of joining.

I got an opportunity to pursue on-the-job master's degree in nursing with scholarship from the Government of Thailand. After completing the degree, I joined AIHS as General Medicine (GM) faculty. Two years passed by, and I can feel that I have put my all efforts to enrich my students with what I have learnt in my life. I am also working as a clinical trainer at the hospital.

During my time in the organization, I got tremendous opportunities to serve and grow. I travelled to Philippines as a rescue member of typhoon. In 2015, when Nepal was hit hard by an earthquake, I along with my team members, went to Sindupalchowk and served the injured people. I took care of many mothers and neonates of the community in this crisis. Similarly, I got an opportunity to visit Japan, where I received an advanced training on maternal and child health. When I visited various hospitals and municipalities of Japan, I realized that small things could make a big difference in a hospital setting. I tried to implement those practices to AMDA Hospital, Damak after I came back.



*Sharing session in Japan*



*Interview given with the help of Ms. Archana*



In conclusion, AMDA-Damak has greatly influenced my professional career. The AMDA team has always appreciated my contributions, ideas, and hard work. I feel fortunate to be a part of this wonderful organization.

Thank you, AMDA-Japan, AMDA-Nepal and AMDA-Damak for teaching me humanity and care. I wish to spend more golden decades with the organization.



*Happy moments with Japanese seniors*



*Token of love from Mayor of Sojya city (Japan)*

\*\*\*

# Relation between AMDA Hospital and the rural areas of Nepal For which it provides services



**Ms. Tika Devi Subedi**  
Matron  
AMDA Hospital, Damak

AMDA Nepal was established in 1989 as a chapter of AMDA- International, Japan and was officially registered in the government office as an NGO on March 4<sup>th</sup>, 1991. Its mission is to promote the health and well-being of underprivileged and marginalized people.

AMDA Hospital was established as an AMDA referral center of 15-bed capacity with the help of AMDA International, and Damak Municipality in November 1992. In 1995, it was upgraded to 30 beds and started working as an implementing partner of UNHCR serving as a primary referral hospital to more than 2/3 Bhutanese Refugees in addition to the local patients. It also provides services to the people from remote districts who need to walk even days to reach this hospital. AMDA Hospital provides specialty services of Anesthesiology, General Medicine, Surgery, Gynecology, Radiology, Pediatrics, Orthopedics, ENT, Dental, Eye etc.

AMDA Hospital provides free services to poor and marginalized people. Government health programs like Safe Motherhood Program and Health Insurance program have been implemented in the hospital which has been providing a lot of facilities to the public. During the COVID 19 pandemic period, from 1<sup>st</sup> Variant Wave till now, AMDA Hospital is providing continuous services to many Covid infected patients.

AMDA Hospital, Damak as a part of AMDA Nepal has carried out many missions. Besides these missions, AMDA Hospital provides services to the people from remote districts. AMDA Hospital though located in Jhapa District, has a catchment area of Taplejung, Panchthar, Terathum, Illam, Dhankuta and other surrounding districts too. People of those districts come to hospitals seeking various health services especially delivery services.

Despite all these, patients from the different districts have to bear various challenges to seek health services in Regional Health facilities. Due to the difficult geography and low economic status of the people, it is very difficult to travel to the hospitals for further

treatment. To overcome such challenges, AMDA Hospital has been conducting various medical camps and provides treatment to the needy. To overcome such challenges, AMDA hospital in coordination with Nepal Government has been conducted various training for the public health workers of Nepal. The major objective of these trainings is to decrease the Maternal Mortality, Neonatal Mortality and Emergency Management. AMDA Hospital has been conducting various trainings such as Skill Birth Attendant (SBA) from 2008, Anesthesia Assistant (AA) from 2012 and Rural Ultrasound Training (RUSG) from 2016. These trainings have been useful both directly and indirectly in providing services to rural area people. Trainings such as Mid-level Practicum (MLP), Medical Abortion (MA), Primary Trauma Care (PTC) are also conducted here.

Skill Birth Attendant (SBA) training was started by AMDA Hospital in 2008. It is skill-based training for nurses. It includes managing normal childbirth care and identification of complications, manage and refer cases, delivery of the baby and care of the postnatal mother. It includes care for both mother and newborn. Its aims to reduce the neonatal and maternal mortality rate. It is 60 days training session. Till date, 558 SBA participants have been trained. The data has been presented below:

S.No.	Districts	No. of Participants
1.	Bajura	1
2.	Bhaktapur	1
3.	Bharatpur	3
4.	Bhojpur	10
5.	Dadheldhura	4
6.	Dang	2
7.	Dhading	4
8.	Dhankuta	3
9.	Dolkha	10
10.	Illam	55
11.	Jhapa	102
12.	Kalikot	2
13.	Kathmandu	2
14.	Khotang	28
15.	Lahan	2
16.	Lalitpur	2
17.	Lamjung	6
18.	Mahottari	12

S.No.	Districts	No. of Participants
19.	Makwanpur	2
20.	Manang	3
21.	Morang	30
23.	Mugu	5
23.	Mustang	1
24.	Nuwakot	2
25.	Okhaldunga	35
26.	Panchthar	38
27.	Parsa	3
28.	Ramechhap	10
29.	Rautahat	3
30.	Rautahat	3
31.	Rupandehi	2
32.	Salyan	2
33.	Saptari	2
34.	Shanhuwashava	27
35.	Sindhuli	3
36.	Sindhupalchock	6
37.	Siraha	4
38.	Solu	2
39.	Sunsari	20
40.	Taplejung	70
41.	Terathum	32
42.	Udayapur	4

Anesthesia Assistant Training was started by AMDA from 2012. It was initiated by Nick Simons Institute (NSI) to start safe surgery in rural areas because no anesthesia doctors worked in the district hospitals of Nepal. It is a one-year course and is monitored by National Academy of Medical Science (NAMS). A total of 25 participants have been trained till date and are working in various district hospitals. Participants includes Health Assistants and Nurses. Ministry of Health and Nick Simon's Institute (NSI) also provide 6 weeks Anesthesia training to the Doctors.



AMDA Hospital started Rural Ultrasound (RUSG) Training in 2016. It provides training to nursing staff working in the rural health facility. The training period is 21 days which mainly focuses on the obstetric scan of pregnant women. AMDA Hospital is the only recognized RUSG training site of the Nepal Government. The trained manpower later provides Ultrasonography services to pregnant women in all



trimesters and postpartum in remote areas where no Radiologists are available. Doing scans, they identify abnormalities and refer patients to higher centers for management. One element of antenatal care unavailable to most women in remote and rural areas is Ultrasonography scans of the fetus. It is recommended to all pregnant women undertake scans for the early detection and management of complications and fetal abnormalities.

Total of 260 nursing staffs have been trained till date and are continuously providing ultrasonography services and referring those complicated women timely to the higher facility. AMDA Hospital has been directly or indirectly help in decreasing Maternal Mortality and Neonatal Mortality rate as well as providing timely scans to remote areas women who never scanned or must travel far for scanning to detect fetal condition.

S.No.	Districts	No. of Participants
1.	Achham	2
2.	Arghakhanchi	3
3.	Baglung	5
4.	Bajura	2
5.	Banke	1
6.	Bardiya	1
7.	Bhojpur	11
8.	Dailekh	1
9.	Dang	1
10.	Darchula	4
11.	Dhading	17
12.	Dhankuta	2



13.	Dipayal	1
14.	Dolakha	2
15.	Dolpa	1
16.	Gorkha	2
17.	Gulmi	5
18.	Humla	1
19.	Illam	9
20.	Jajarkot	1
21.	Jhapa	16
22.	Kalikot	2
23.	Kapilvastu	1
24.	Kaski	2
25.	Kathmandu	1
26.	Kavre	3
27.	Kavrepalanchok	10
28.	Khotang	12
29.	Kohalpur	1
30.	Lalitpur	1
31.	Lamjung	2
32.	Mahottari	1
33.	Makwanpur	3
34.	Mugu	3
35.	Myagdi	2
36.	Nawalparasi	2
37.	Nuwakot	9
38.	Okhaldunga	7
39.	Palpa	3
40.	Panchthar	8
41.	Parbat	1
42.	Pyuthan	3
43.	Ramechhap	9
44.	Raswa	1
45.	Raswa	1
46.	Rolpa	4
47.	Rukum	3
48.	Sankhuwasabha	8
49.	Sindhuli	23
50.	Sindhupalchok	11
51.	Solukhumbu	7
52.	Sunsari	1
53.	Syanjha	1
54.	Taplejung	13
55.	Terathum	7
56.	Udayapur	8

AMDA Hospital located in Jhapa District has a direct relation with rural areas people providing health services. In rural areas, people get various services in their home place from AMDA Hospital through Medical Camps. Trainings like Rural Ultrasound (RUSG) services provides ultrasound scans by Nursing staff where no Radiologists are available. In such way, AMDA Hospital has a very close relation with remote districts providing health services.



AMDA Hospital does not only provides training but is also involved in Follow-up Enhancement Program of the trained manpower in the various districts of Nepal. It is jointly organized by National Health Training Center and Nick Simon Institute. I too am involved in the program to follow up the quality services provided by our trained manpower in their workplace. I also found various health and awareness related problems and felt various additional training are in need to the people of remote districts for easy accessibility of quality health services.

As I am Matron of the AMDA Hospital and have been involved as SBA Trainer and RUSG training Coordinator since past 5 years. I am glad to provide training to remote district trainee who later provide services to rural areas people.

*Sources: Training Records of AMDA Hospital.*

\*\*\*

## Care From Heart

**Ms. Kamala Ghimire**  
Anesthesia Officer  
AMDA Damak



People wearing long white dresses and black shoes always fascinated me as a child. Seeing them helping others and curing their pain developed a very keen interest regarding nursing in me. Time passed by but my enthusiasm didn't go away. I decided to join a nursing course soon after I completed my SLC. However, I got the opportunity to be among the first batch of nursing students in AMDA Hospital. At first, I cluelessly followed my daily routine but gradually I started understanding my patients and their grief. Listening to their stories would hurt me deep inside and, I often felt like running away. But slowly, I realized that nobody is perfect. Everyone has something or the other going on in their life but what makes us different is how we deal with it. Nevertheless, I got used to it and these are the only things that keep my life going.

After completing my set of lectures, I started working at Siddhartha Children and Women Hospital which used to be a branch of AMDA. I continued my further

studies while working at this hospital. I have spent most of my working hours inside the operation theatre which also gave me a chance to engage in an Anesthesia Course. I work at AMDA hospital today inside the Anesthesia department. The best part of my job is giving anesthesia to the women who are in labor pain. The fact that these women are giving birth to another human being is fascinating enough and, when I give them anesthesia to relieve their pain, the smile on their faces lightens my day.

I have a very deep connection with AMDA Nepal as I have given all my productive age to this hospital. It has become a part of me. AMDA Nepal has opened the window of opportunities for me and help me learn so much about life. It has also given me the chance to meet new people and make new friends without whom my life would be incomplete. I find myself privileged to work at AMDA. I respect my job and I'm very proud of it.

\*\*\*

## A True Incident



**Ms. Sunita Simkhada**

Senior Staff Nurse

In-charge, Maternity ward AMDA Damak

It was 2 p.m., I, along with other sisters were working in the labor room of the maternity ward. From operation theatre room, we are informed that Dr. Bimla is coming for patient round and to be ready for that Dr. Bimla visited patients ward and explained each care giver and visitor of the patients about the health conditions of their respective patients.

After that, While Dr. Bimla were talking about the possible impacts/dangers about the health of the mothers and newly born babies in this critical pandemic situation, we saw a serious patient being brought in a stretcher and heard the families of the patient crying and weeping— "Sister ..... Doctor ..... Please! See our daughter ....."

We rushed fast forward to find out the condition of the patient and other possible preparation for the treatment.

There are not only stable patients in the hospital each time. but some patients are admitted in the ward brought serious from outside, are either complicated set up always ready to give quick and fast service to such complicated patients. We have been doing such preparation since long. We always check the expiry date of medicines drugs and other emergency equipment's functions/condition in the emergency ward.

So, we made every arrangement ready by the side of patient. The patient was in a very serious shock condition as she was suffering from heavy vaginal bleeding and high fever situation. Some of us started towards shock management of the patient and other sister started to call the doctor. Among us, some went on monitoring other patients of the ward and some other started psychological counselling to the relatives and family members of the patient. It was chances of leaving monitoring work to other patients, if all the available manpower pay attention for the simple patient. Some other doctors like Dr. Purosottam and Dr. Shikhar also entered the ward. We, jointly, went on for

immediate management of the patient. Afterwards, the patient showed some stable condition than before and the condition off the bleeding case as well as the patient come towards normal situation. Then, we tried to find out the reason behind being so shocked by the patient. From the detail case history and examination, we come to know that she has septic shock. Previously, nearly 4 months before, the patient had aborted her pregnancy without any advice and guidance of any doctors, but just by herself with some medicine available from local pharmacy. We had sent for blood test in the laboratory and the report showed that her Hemoglobin was 2gm/dl and total WBC count was 30,000/mm<sup>3</sup>. We, immediately, started blood transfusion and went on monitoring the patient, accordingly the advice and



instruction of the doctors. Due to the poor economic condition of the patient, all the fees and other charges was made as free treatment. The patient was discharged from the hospital after a non-stop week-long treatment from the doctors and nurses.

The words of the father of the patient's, still echoed in my ears, after they were on the way towards their home. He was said "You are our Lords, the God, our savior, you saved our almost dying daughter, whom we had no hope of being alive again, thank you, you are the god for poor people like us". We also become glad to see their smiling faces full of thankfulness along with their heart-touching words of praise and gratitude.

\*\*\*



## A True Incident

The ward was glutted with uproar of women writhing due to labor pain. Every bed in the ward was occupied. Amidst all, in one of the beds laid a woman (Smarika) who was pushing with strong contraction. I approached her and performed her per vaginal examination and noticed detention of the cervix. Retiring her to labor Room No. 1, I asked the patient to continue pushing along with providing her physiological support. I was continuously counselling and empathizing her to overcome such painstaking process. After 15-20 minutes of the strenuous procedure finally the baby was out. I started managing the third stage of labor and took out the placenta. Suddenly I felt a hard extraneous mass attached to the placenta. The patient was roaring in extreme pain and was sweating excessively. I immediately called my fellow staffs and signaled them to take vital signs. The blood pressure had decreased to 40/30 mm of Hg. The patient was under shock. Tensed and confused one of my duty mates rushed to call the medical officer on duty. This was our (Medical officer and nursing staffs) first case of such complication and we all were clueless.

On the same day, senior gynecologist (Dr Bimala Budhathoki) of AMDA hospital was on leave as her mother was battling between life and death while fighting against cancer. As Smarika's case was critical, Dr. Bimala was consulted through phone call. She diagnosed the complication as a uterus inversion and ordered to shift the patient to operation theatre affirming to reach the hospital as soon as possible. Dr. Bimala immediately headed towards the hospital leaving her mother in death bed without a second thought. The environment outside the operation theatre was in a state of panic. The visitors were pleading to save the patient's life no matter what it cost. Fortunately, Dr. Bimala arrived, and operation was successful. The patient's condition was stable and was shifted to Bed no 7. Blood transfusion was performed and then after her vitals were closely monitored. The visitors who second ago were begging and pleading to save life of the patient, started blaming the hospital and staffs for previous critical condition of patient and asserted it was due to the staffs' carelessness. After a series of blaming and

**Ms. Usha Devi Nepal**  
Senior ANM  
AMDA Hospital, Damak



scolding, the visitors were mollified by the doctors. Dr. Bimala, instead of changing her OT gown and rushing to her mother remained there counselling those obdurate visitors. She finally returned her home after those adamant visitors were convinced.

I had my double duty (evening and night) that day. I was busy with the patient when the phone rang around 10 or 11 pm. I answered the call. Dr. Prakash (MDGP of AMDA hospital and spouse of Dr. Bimala) spoke from the other side, "Sister, could you please send oxygen cylinder to my in-laws' home.....? My mother in law's condition is critical ". I hung him up and immediately called one of the drivers requesting him to deliver the oxygen cylinder. No sooner had I put down the receiver, the phone rang again. I heard doleful voice of Dr. Prakash saying, "The oxygen cylinder will be of no use sister, mom has passed away". I felt pathetic, melancholy surrounded me, and different thoughts hovered in my mind. I started analyzing the series of events that had happened throughout the day. I thought of the patients' visitors who joined both hands to request the doctors and staffs to save their loved one's life, raised the same hands to blame and demonize the doctors. At instant they forgot the hardship and sacrifice of the hospital staff. I then thought of Dr. Bimala who left her mother in the death bed and came to save her patients life. Even after successful operation she didn't even receive a word of thanks from the visitors, but series of blame and insults. In the whole process she was unable to stay with her mother even when she was counting her last breath.

This was only one such cases out of many cases happening in day-to-day bases in every hospital setting. Health professionals always keep their patient's life in the foremost, but people spill their frustrations and anger onto them. It may take decades for people in our country to understand the sacrifice of health workers and stop demonizing the venerated profession.

\*\*\*

## AMDA Hospital, Damak



**Mr. Ganesh Neupane**  
Lab. Assistant  
AMDA Hospital, Damak

Located in Mechi Jhapa of Damak market,  
Close by the city in its, perfect,  
Between two large rivers extends east and west  
Ratuwa in the east, Mawa in the west.

The North hilly face looks clean and green  
In the middle of it there's lovely tea garden green.  
The refugee in the Beldangi with huts and home.  
Waiting to return back their country and home.

Japan-the friend of Bhutanese refugee,  
Established this hospital to make safe and easy.  
2060, Jestha 13th of the Nepali year.  
Got an opportunity to serve because of long prayer.

Don't believe in false doctor like spiritualist.  
It's open for 24 hours with doctors and specialists.  
Many came to study in this hospital.  
Gained skill and knowledge one and all.

The pandemic situation spreading in this time  
But AMDA is rising as sun with morning rhyme  
Prevention is better than cure, don't forget,  
Keeping neat and clean, our only aim to get.

\*\*\*

## Hospital



**Ms. Pramila Bhattarai**  
Assistant  
AMDA Hospital, Damak

Hospital is a temple, save it,  
Doctor and Nurse are God, understand it.

Without caring their hunger, they forget  
Moving bed to bed of every patient.

We must respect and motivate them with reward,  
They are as our lord, come please forward.

The lamp of peace you must light,  
No words of libel against them and no fight.

We are only conscious being, so learn to love,  
I for doctors, there must be merry, pity peace and love.

We the human beings born to die, not-immortal,  
The days come sooner or later as we are mortal.

It's a futile to blame them for their deed,  
And no anarchy and chaos in hospitals indeed.

It's an idiot work to surround the hospital,  
They are our lover and savior, do understand all.

The large amount they spent in study and research.  
Is not to kill patients if you search.

No bargaining on the corpse of the dead,  
We need to understand if large books you read.

Hospital is a temple, save it,  
Doctors and Nurse are Gods understand it.

\*\*\*

### Siddhartha Children and Women Hospital Now and Beyond

**Dr. Rajendra Prasad Basyal**  
Medical Superintendent  
SCWH Butwal



A young, enthusiastic, recent pass out with many vivid dreams and a slight fear of new responsibilities, that was me when I joined the AMDA hospital 14 years back. Being a local resident, I knew about the organization as a very reputable and trustworthy institution which was serving the needy from primary to tertiary level of care. I was very obliged to the organization for granting me to be a part of it as a medical officer. As the institution is mainly focused on the welfare of women and children, with time I was more charmed towards the women care and childbirth. I saw many cases where a life was saved, and a new life was born due to the timely management of the complicated and all the cases admitted in the institution. The doctors here always gave priority to the patients. After few months of my join, I got the golden opportunity of master's degree on Obstetrics and Gynecology at the

Institute of Medicine due to the scholarship organized by the AMDA hospital. After passing my master's degree in am now working here with a very prestigious post of Medical Superintendents. The hospital and all the staffs are working tirelessly in the last 22 years without any interruption despite many hurdles both natural and political. We mainly are focused on the patients at are giving our best services at affordable price with minimum resources. But with change in time and new technologies we are somewhat lagging. We are trying to expand our services as superspecialist Centre so that patients don't need to be referred to other centers for laparoscopic surgeries and oncology treatment. For this we must work very hard and have to upgrade and train ourselves, which we are planning and somewhat implementing too.

\*\*\*



## A Walk Down the Memory Lane: Twenty-Three Years to AMDA-SCWH



**Dr. Binod Parajuli**  
Chief Consultant  
AMDA-SCW Hospital, Butwal

Human life is a gift of nature. For a life to survive and thrive, health is the most important factor. There's always been a saying "Health is Wealth", because if one's healthy, they can achieve their desired goals and aspirations in life. I believe one's purpose in life can be achieved if we can help people lead a healthy, happy life, while also being wary of our own.

When I graduated (MBBS) from Tribhuvan University Institute of Medicine, the death rate, maternal mortality rate, child mortality rate was unacceptably high as compared to the developed countries. Being someone who was born and brought up in a village, I had seen many children succumbing to death due to lack of treatment; this memory has been stuck in my mind forever. Seeing that misery, I had taken a vow to myself that one day I will be saving kids like them from the jaws of death. As soon as I graduated, I decided to join AMDA. I already knew about AMDA, while I was doing my MBBS. As far as I knew, AMDA was a social, humanitarian nongovernmental organization working in peripheral areas of the country which especially provided its service to poor and marginalized people. I, first, started providing my service in AMDA Hospital Damak located in Eastern Nepal, where especially Bhutanese Refugees were provided services.

After a few months, with the coordination of AMDA International Japan, AMDA Nepal was ready to start a Children and Women's Hospital in Butwal in western part of Nepal. I was then requested to join the hospital in Butwal. I happily accepted that because I always had a keen interest in serving children. I, along with my wife, came to Butwal. My wife was requested to join SCWH Butwal as a Nursing Officer for the Nursing Management of the hospital. She was previously working in Tribhuvan University Teaching Hospital.

### Memories of Siddhartha Children and Women Hospital, Butwal

Picture of hospital staff from the first day of SCWH

First day of SCWH, 2nd November 1998, was spent on the inauguration ceremony. There was a huge presence of many representatives from different organizations of Japan, along with the President of AMDA International Dr. Shigeru Suganami. In the beginning, there were only 3 of us (doctors) including the Director. Only OPD service was available at first. Setups were not completed. There was limited manpower. I was a person from Eastern part of the country, there was a whole new shift of environment, a completely different place, and a newly established hospital where there were many challenges but there was immense public support with high expectations from the local people. To drive this organization forward in a fast and disciplined manner, we worked very hard every day and night. Due to love and well wishes from public and thorough dedication of the staff, the hospital quickly paced its progress.

One of my doctor friends who had come with me left



after 3 days citing that he couldn't work in such a setup. Then with the help of 2 Nepali and 1 Japanese doctor (Dr. Takahashi who served in SCWH for about a year), we managed this hospital for a certain period. Soon SCWH was able to stand up to the expectations of the local people. After nearly 6 months, indoor services to patients were started. Gradually, other staff and doctors started to add up. The hospital picked up its pace.

In between these times, many Japanese doctors, nurses, project managers as well as volunteers came to SCWH to provide their services and helped to keep the services of the hospital up-to-date. This can be considered as the backbone for the development of the Hospital. After a year of service in SCWH, I got the opportunity to do my Post Graduation in Okayama, Japan. After PG, I continued providing my services in SCWH. Patient flow was gradually increasing. We were constantly concerned with providing quality services to our patients. We had increased hospital beds and staff were also continuously trained. In a short period of time, we were able to establish NICU (Neonatal Intensive Care Unit); this helped us to save many neonates from untimely death. Our Japanese doctors and nurses played a vital role in establishing NICU. I am always grateful to them who helped us wholeheartedly to establish the center.

Initially we started providing service from only one building. Later, Shinohara Memorial Pediatric Wing was created which provided huge help in the service of our patients. There was a great contribution from the family of Late Dr. Akira Shinohara and many other Japanese people in the construction of the building. This was another step in the pre-requisite development of the hospital.

### Experience as a Director

In August 2006, I got the responsibility of Hospital Director. At that point of time, the country was going through a hard time as The People's Movement 2062/63 had just ended in Nepal. Voices were being raised by the staff for the increment in the facilities provided to them. The country's political status was also not so friendly. I took this as both a challenge and an opportunity. With everyone's cooperation and coordination I started moving forward. I served the hospital as the Director for almost 13 years. I would like to express my gratitude to AMDA International Japan, AMDA Hyogo, Japanese Embassy, AMDA MINDS, Other organizations from Japan, AMDA Nepal, Butwal Sub-metropolitan City, Butwal Chamber of Commerce and Industry, Local Organizations, the Local People, and my well-wishers who helped in the progress and betterment of hospital during my tenure.

Siddhartha Children and Women Hospital is a self-sustainable charity hospital that is being operated based on a tripartite agreement between AMDA Nepal, Butwal Sub-metropolitan City and Butwal Chamber of Commerce and Industry. This hospital is a model of friendship and cooperation between Japanese and Nepalese people.

I am forever indebted to **Dr. Shigeru Suganami**, President of AMDA International for his initiation to establish AMDA SCWH and his valuable suggestions to run the hospital smoothly.

I will always remember the help and cooperation provided by our fellow Japanese doctors and nurses, especially **Dr. Murazi, Dr. Ken Ogura, Dr. Iguchi,**

**Dr. Takasugi, Dr. Ishihara** and AMDA Hyogo members, AMDA Minds, doctors and nurses from Kochi Medical School, members from AMDA Japan and Japanese Embassy.

We have been able to provide service through more than 150 beds till date. With time, the physical infrastructures and clinical services have been improved and changed for the betterment.

In this course of time, the following physical infrastructures have been there:

- » Pediatric block
- » Maternity block
- » OPD Block
- » Administrative Block
- » Canteen and patient party house
- » Guard house

SCWH has been providing the following services:

- » **OPD**
  - » Pediatrics
  - » Gynecology and Obstetrics
  - » Pediatric Surgery
  - » General Medicine
  - » Dental
  - » Eye
- » **Indoor**
  - » Pediatric
  - » Pediatric surgery
  - » Gynecology and Obstetrics
  - » Medical
  - » NICU/PICU
  - » Operation Theater
  - » Post operation
- » **Emergency**
- » **Pharmacy**

» **Immunization**

» **Ambulance**

**Diagnostic Services**

- » Laboratory
- » X-ray
- » Ultrasonography
- » Echocardiography
- » CTG (Cardiotocography)
- » Colposcopy

In SCWH, we have been providing **trainings** such as:

- Skilled Birth Attendant (SBA) Training
- Operation Theater technique and management Training (OTTM)
- On the Job Training (OJT) for paramedical and nursing students
- Refresher Training

SCWH has been constantly taking active participation in **Humanitarian Relief Activities:**

- Medical services to the flood victims in different parts of the country
- Medical services to earthquake victims

- Public awareness programs
- Health camps in rural areas

**My Last Thoughts:**

Medical science is an ever-evolving field. I believe that the hospital should also follow the pace of evolution, only then we would be able to provide quality health care services and facilities. Our main motive is to flourish this hospital as a center of excellence in the field of maternal and child health. For this, we should extend the super specialization services without further ado.

**Lastly**, I would like to say that SCWH holds a very special place in my heart. This hospital is like a child to me; I have been working here since the first day of its establishment. I have witnessed this hospital go through all ups and downs. SCWH is not just professionally important to me but also emotionally. I have an immense emotional attachment towards SCWH, so, I have always wanted the best for the hospital and worked hard for its prosperity. I would like to wish AMDA all the very best in achieving many further milestones of success.

\*\*\*



## NICU training trip to Kochi Medical Center Hospital

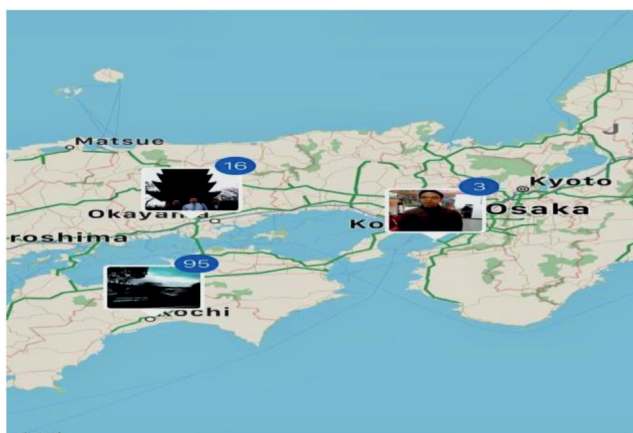
### Dr. Him Shrestha

Sr. Consultant Pediatrician  
AMDA- SCWH



AMDA- Hyogo Japan provided the opportunity to visit Japan for two of the pediatricians working in AMDA-SCWH, Butwal, to upgrade and update their knowledge and skill; so that it would help in the betterment of NICU of SCWH. AMDA- SCWH decided Dr. Binod Parajuli and me for the purposed trip. After all the needful arrangements, we flew by Thai Airlines to Osaka International Airport after about 6 hours transit in Bangkok Airport. We landed at the beautiful Osaka International Airport at 4:17 am of 22<sup>nd</sup> March 2014.

After the airport arrival formalities, we took a bus to Okayama, where we were warmly welcomed by our familiar Maiko San. We were a bit late, so she hurriedly took us to the train station to begin our journey for Kochi. It was an enjoyable journey through the hills and countryside. We especially appreciated the direct long bridges over the rivers and tunnels at the hillsides to straighten the routes and shorten the journey distances. We felt Japan really had reached to the development peak with almost all the recent advancements in technology. The environment looked less polluted, and it was peaceful.



In the early evening we reached Kochi train station. We had a comfortable hotel room booked for each of us near by the Kochi train station at Kitahommachi. In the

same evening, we were invited for the wedding reception of Dr. Mayasuki Ishihara and his bride. It was a great honor for us to attend a Japanese wedding reception and enjoy the wedding formalities and sumptuous dinner. We got the opportunity to meet many of our Japanese friends including Suzuki San, Ishihara San, Uraki San, Maiko San amongst many others. A large cake symbolizing the Mt. Everest was cut to celebrate the wedding reception and honor the excellent friendship between the people of Japan and Nepal. Exchanging of some gifts amongst us was done as a token of love and cherish the friendship.

### Dr. Ishihara's wedding reception

The next morning, Dr. Binod's teacher Prof. Hilleoinoue and his wife had come from Okayama to our hotel lobby to visit us. We were taken out for lunch at a nice restaurant in Okawasuji. Then we went to visit beautiful Marunouchi Palace. After that, Uraki San and Maiko San accompanied us to Urado seaside which was awesome. We enjoyed the scenic seaside by tasting some sea foods and taking many photographs.

From 24<sup>th</sup> March, our formal training at Kochi Medical School Hospital under Kochi University was started. We were warmly welcomed by the faculty members, doctors, nurses, and other staffs at the center. The center was well equipped with all the latest medical equipment and highly skilled medical staffs. Dr. Uraki and Dr. Ishihara accompanied us to the child friendly OPD, the different diagnostic areas, laboratory, the wards and to the NICU, where we did the observations and in-hand trainings including the ventilators and transcranial USG scanning. It was impressive to see the dedicated team at NICU saving extremely LBW and extremely premature babies born as early as 24 weeks of gestations with 650 gm of weight. We were guided by different faculty members for 1 week, where we got the opportunity to update ourselves.

## NICU of Kochi Medical Center Hospital

We also performed a brief presentation regarding our NICU set up at the Pediatric departmental CME program. We also got the chance to observe the maternal wards, delivery rooms with all the latest available equipment. The training came to end on 29<sup>th</sup> March 2014, which was very helpful and memorable.

## High class diagnostic center of Kochi Medical Center

There was awesome cherry blossoming around the hospital premises, and we enjoyed the photo session with the faculty members of the department. We also enjoyed the gathering of all the staffs of the department at a typical Japanese restaurant, where we got to know each other more and enjoy the native dishes. Hopping restaurants at the late night was a memorable experience.

Chairman and Professor Mikiya Fujida, MD, PhD; Department of Pediatrics was very kind to reimburse our air ticket and was more generous to provide some financial grants at the time of bidding us farewell in the morning of 29<sup>th</sup> March 2014.

On the morning of 30<sup>th</sup> March, we checked out of the hotel and went to the bus station, where we were seen off for Okayama by Ishihara San's newlywed couple and Uraki San.



We reached Okayama in the afternoon and were picked up by Maiko San. She took us out for a lunch and took around the city. Then she drove us to see the AMDA headquarters and then we went to see Dr. Takasugi San's private Pediatric nursing home at Soja-Ide. It was well managed with all the necessary equipment. He along with Maiko San took us to visit a park at Soja-Ijirino and then drove us to Soja- Kambayashi. We loved to visit both places. We also enjoyed the countryside sceneries and peaceful village life of Japan on the way.

## Soja- Ijirino

In the evening, Maiko San drove us to the train station of Okayama where our tickets to Osaka was booked in the high-speed bullet train Shinkansen, travelling up to 320 km/hour. Prof. Hilleoinoue San was there to see off us with the dinner packets and some other gifts. We reached the Osaka International Airport in the late evening and checked into Thai Airlines Jet plane to get back to Kathmandu.

It was an awesome and memorable trip which was well arranged to get us the opportunity to get experience of different modes of transportation system available in Japan with visits to varieties of places, foods & activities; though our primary objective was to observe and learn to update ourselves about NICU management at Kochi Medical School Hospital of Kochi University.

We are very much thankful to everyone, especially AMDA- Headquarters to make our trip a good success. We really appreciate for all the hard works put on by our Japanese colleagues. This shall be remembered and cherished as a sign of good bonding between the people of Japan and Nepal. This trip has enriched us with more knowledge and experience and helping us for the betterment of our NICU at AMDA-SCWH.

\*\*\*

## My Journey in Siddhartha Children and Women Hospital, Butwal

**Dr. Sharmila Sharma**

Consultant, Obstetrician and Gynecologist  
Siddhartha Children and Women Hospital, Butwal



I am working as consultant in this Siddhartha Children and Women Hospital for past eleven years. I had some sorts of mixed feelings when I was appointed as consultant in the department of Obstetrics and Gynecology. In one side I was quite enthusiastic to work and serve while in another hand fear was raising in my mind that if I could not provide holistic service for mankind. But I was aware that I should provide service with all my efforts and knowledge to take care of both mother and child.

My father was just 2 years old when his mother (My grandmother) died due to Primary PPH. I was really disappointed to know that my relatives- my grandmother, my aunty and my 8-month-old brother died due to lack of health personnel and proper health service in the health center. My father used to remember this childhood without his mother's lap and often he used to tell me that he could have studied and even to become a doctor. Since my childhood he encouraged me to become doctor to fulfill his dream and to serve. I used to cry listening to him when he explained me all his childhood misery and I that very moment I determined myself to become doctor- Obstetrics and Gynecologist and to save both mother and child.

After returning from my residency I wished and prayed to work in hospital where I can serve thousands of pregnant mother and safe delivery of child. I feel lucky that I was offered job from such prestigious hospital- Siddhartha Children and Women hospital. Sometimes I think my grandmother has blessed me so that I could fulfil the dream of my father to work in this hospital.

I have experienced a lot while working here. I could manage many complex cases of Obstetrics and Gynecology. I am quite happy that I could update my knowledge practically and theoretically. The happier part is that the maternal Mortality and morbidity of this hospital has been declining every year. I wish progress and prosperity of this hospital in coming days.

In 2013 Okayama prefecture provided me with a scholarship for a 3 month program related with obstetrical, gynecological and infertility training at Japan. I would like to thank Siddhartha Children and Women Hospital, AMDA Headquarters and Okayama Prefecture from the bottom of my heart for giving me this opportunity. I hope for similar coordination and help in the future and long live in Nepal-Japan bilateral relationship.

I can never forget the day of 25 April 2015 when the great earthquake hit Nepal. I was getting ready for an operation when I had just scrubbed my hands and started wearing an apron. Anesthesiologist was about to put anesthesia on the patient when the whole operation theatre started to shake. The lamps collided with each other producing loud noises, big oxygen cylinders in the OT started to fall, the patient was getting rattled and scared due to lamps colliding directly above her. Sisters and OT trainee students were grabbing me asking what to do next. Seeing the patient getting scared we decided to cover her until the shaking stopped. At that moment everybody in the OT did not think about their home, kids, spouse, or parents. The only thing we could see was the patient with an undelivered baby and we completely neglected our own safety to cover her.





Two days after the earthquake our hospital put together a team of 6 people including me for medical rescue of affected people in Gorkha district. We carried the medicine ourselves as the road had been blocked due to landslides and medicine carrying vehicles could not pass through. It took us 2 days to reach Saurpani and Bhandari village and then we treated thousands of affected people.

### **Emergency Relief and Medical camp in Earthquake in Gorkha District, Nepal**

During this COVID pandemic the service provided by our hospital is unmeasurable. Most of the hospitals were sealed after doctors and other staff caught the virus. Due to other hospitals being sealed off our hospital AMDA Siddhartha Children and Women Hospital saw a steep rise in the number of patients for 2-3 months. Emergency cases also rose, and it was during this period that I was on duty for 18 hours straight. I did 17 Cases of Caesarean-sections one after the other, which was an incredible challenge for me and something to be proud of as well. I want to thank the whole O.T team, post-operative unit and labor room staff for their diligence, responsibility, and good cooperation. It was due to them that we could successfully treat patients during this great pandemic.

Even though I have been working on this hospital for the past 11 years, I haven't seen as much infrastructural development as it should have been. Due to free delivery service and insurance coverage available in Butwal area patients flow has diverted towards other hospitals. Due to this factor, I believe we should think about expanding our services. Butwal acts as a center to many districts and patients from all over Province 5 come here for medical checkups. In recent times a lot of people have been coming here as infertility patients and the rate at which they are coming for checkups has been increasing. Due to the increasing rate of infertility patients, if we can open an infertility center in our hospital then patients wouldn't have to travel far for treatment, and we could also expand our services and opportunity to treat patients.

Today the hospital saves the lives of thousands of women and children. I want to thank the popular Japanese Newspaper 'Mainichi', AMDA International, Butwal municipality and Industries Butwal chamber of Commerce from the core of my heart for taking the initiation to build such a great hospital where I can work. I want to congratulate AMDA Nepal for its 30th anniversary and I really appreciate the opportunity I have received to put my thoughts as an article.

\*\*\*

## Touching the Untouched at SCW Hospital, AMDA, Butwal

### Dr. Santosh Pokhrel

Consultant  
Pediatrician, SCWH  
drsantoshpokhrel@gmail.com



I was anxious while starting Type 1 Diabetes clinic at Siddhartha Children & Women Hospital as there was not a single patient adhered to this center for long term follow up. After agreement with Life for a child program, we started visiting physicians and pediatricians working in this region and informed them about the free of cost availability of Insulin, Syringes, Glucometer, Strips and HbA1c test for those below 25 years of age. We used local media to share the news.

Gradually the number of patients seeking our care increased. In the very first year we had 15 children and adolescents. Next year there were 25 children under our care. Now on 7<sup>th</sup> year of starting of the clinic there are 65 children receiving the service. Treating Type 1 diabetes is different. The treatment with insulin is only a single part and providing a holistic approach is really a difficult task. To help overcome the psychological issues, we organized one day outing together with Type 1 diabetes children.

Local lions' clubs and rotary clubs helped us by sponsoring the event. During November 2017 around 20 children were gathered, and we visited Ostrich Farm. We had fun and we eat together in the venue.



The next year we were able to gather more than 30 children. A social awareness program was conducted at Deep Boarding School where students there showed their talent by organizing a drama on a story "The Moseka". It tells about a girl suffering from type 1 diabetes and her lifestyle at School and home. Then we had a day Picnic at Butwal Fulbaari. We visited the Zoo and played in a park together. Most of the children and their parents reported that after the event they had very much psychological relief. They could feel that they or their children are not alone in injecting insulin every day, there are many similar stories of many.



Another year it was laxmi Pooja with World Diabetes day. Despite the Lockdown and barriers due to global pandemics we were able to gather 12 girls with Type 1 Diabetes. We celebrated Laxmi Pooja at a local temple and went for a dry picnic at Banbaatika where we had singing, dancing and food sharing together.

Before 2014 AD children with congenital and acquired heart diseases had to go to Kathmandu even for screening if suspected and for regular follow up if found to have it. Another milestone of SCW Hospital is

starting Pediatric echocardiography service. Now those children who need cardiac surgery are only referred to Kathmandu and those who can be medically managed are kept under regular follow up. Every month we screen about 60-70 children suspected to have cardiac disease. We have a large cohort of regular follow up of cardiac patients.



Saving a Rh-positive baby born to Rh Negative mother who developed severe RH incompatibility hemolytic disease is a challenge. For the first time in SCWH, double volume exchange transfusion was carried out successfully in 2016. After those 4 more babies were saved using this same technique.

Always there is more to do, 'to touch the untouched.' We have many children with hematological issues which cannot be fully found out. We need one separate dedicated team for managing children with hematological issues. Similarly, a separate team to deal with pediatric oncology is a need of time. In near future we should work to establish a pediatric oncology center with chemotherapy service.

It gives a great sense of satisfaction while touching the untouched and helping them out in medical field. There is always lot more to do in future. Hope the concerned authorities make faster progress in these untouched issues. Long Live SCW Hospital.

\*\*\*



# History and Development of AMDA Nepal, Siddhartha Children and Women Hospital, Butwal

**Mr. Dhruba Prasad Shrestha**

Administrator  
SCWH, Butwal, Nepal



The Siddhartha Children and Women Hospital (SCWH) has come into existence as a reputed organization because of the heartfelt thanks and gratitude of the Nepalese doctors for their support in the relief work during the Great Hanshin Awaji earthquake in Kobe, Japan. On the other hand, the Siddhartha Children's, and Women Hospital, Butwal, was established as part of the "Campaign for the Relief of Hunger and Poverty and Refugees" by Japan's most beloved Mainichi news papers and Mainichi's Social Welfare Foundation. As a result, Siddhartha Children and Women Hospital was established by AMDA Nepal in collaboration with Butwal Sub-Metropolitan City, Butwal Chamber of Commerce, and Industry and AMDA International.

This hospital is one of the specialized hospitals for children and women. It has become unique and the only hospital in Nepal to treat children and women from the same organization and is the first child and women hospital outside the capital. This hospital has been established with the objective of reducing the infant and maternal mortality rate of the country by adopting the slogan "Better Quality of Life for Better Future" of AMDA Nepal.

The foundation stone of the hospital building was laid on November 2, 1997. During the construction of this building, a tripartite agreement was signed between AMDA Nepal, Butwal Sub-Metropolitan City and Butwal Chamber of Commerce and Industry on August 4, 1998, regarding the operation and cooperation of the hospital. After that, the hospital was approved by the Government of Nepal on October 7, 1998, to operate outpatient services. The hospital was opened on November 2, 1998, and was brought into operation from the outpatient service. On the first day of operation of the hospital, the hospital was run by 27 staff members including 2 doctors.

The hospital received financial, technical, and

administrative support from AMDA International Japan for its establishment and operation. Due to the support of the people of the region in the operation of the hospital and the tireless work of the staff working in the hospital, the hospital became self-sufficient in five years, so AMDA International handed over the hospital to AMDA Nepal.

The hospital was approved for the operation of indoor services from March 21, 1999, up to 50 bed. Then after the Government of Nepal recognized on 2000 March 10 AMDA Nepal, Siddhartha Children and Women Hospital as a charity hospital as per government policy.

In the 1<sup>st</sup> phase of construction in 1998, O.P.D. Services, Indoor Services, Operation Theater, Neonatal Intensive Care Unit ward were operated. As the number of patients in the hospital increased day by day, there was a lack of physical infrastructure which made the hospital administration feel the need for another building. Then the hospital jointly constructed separate OPD building in 2001 AD. with support of Butwal Sub-metropolitan City.

The hospital was upgraded to 100-bed on May 24, 2009.

Since its establishment (November 2, 1998, to July 15, 2021) till now the hospital has treated OPD patients 8,88,413, Inpatients 1,80,102 and 59,854 women have been delivered.

The hospital has been conducting skill Birth Attendance (SBA) training since July 12, 2012, with the approval of the Government of Nepal National Health Training Center. So far, a total of 26 batches have been completed and 249 people have been trained. Operation Theater Technique Management (OTTM) is conducting trainings and till now 16th batch training has been conducted and 81 people have been trained.



*10th Anniversary Of SCWH on 14th March 2013.*

Dr. Shigeru Suganami (President AMDA International ) and Late Surya Prasad Pradhan (former Mayor of Butwal Municipality and Member of Parliament ) on the occasion of 10th Anniversary Of SCWH on 14th March 2013.

There are three types of organograms for the operation and management of the hospital. There is a local management committee at the local level with the

Mayor of Butwal Sub-Metropolitan City as a Chairperson, Butwal Chambers of Commerce and Industries President as Vice Chairman and the Hospital medical superintendent as a Member Secretary. Similarly, there is an internal management committee with a medical superintendent as a chairperson and the hospital administrator member secretary. There is a central executive committee of AMDA Nepal for central management and policy making. Apart from this, there are various sub-committees to facilitate management.

Currently the following services are available in this hospital.

Outdoor service.

Indoor service.

Maternity service.

Emergency service.

Eye treatment service.

Dental treatment services.

Trainings.

Other services: immunization services, family planning services, pharmacy services.

Future plans for this hospital:

To develop as a state level hospital by developing specialization and referral center in the field of pediatrics and gynecology.

To conduct educational programs related to health.

Adding a beds.

To operate blood bank.

Other services need to be added.

\*\*\*

## My Experience in AMDA



**Ms. Sushila Bishwakarma**  
Matron SCWH Butwal

It is a time to celebrate the joys of today... the memories of yesterday... and the hopes of tomorrow. I pray that we have many more beautiful years. On the Occasion of the significant of the 30<sup>TH</sup> Anniversary of the AMDA Nepal, it is a both a pleasure and Honor for me to extend my warm congratulations and the best wishes. It is a grateful to all the Japanese people who have given their kind support for this noble purpose to reduce Maternal and neonatal Mortality rate in our Country through the AMDA SCWH Butwal. AMDA - International continuous to play a substantial role in encouraging and cooperating us by providing different resources to achieve our goal. I Wish you all continue peace, unity, and prosperity. Finally, we hope the genuine relationship and friendship between us will continue in Future also.

On this very auspicious moment I got an opportunity to express my few words which recalled all my memories with AMDA Nepal.

After my 18 years' experience in Mission Hospital, I joined AMDA in 2008 as Matron with the working days I got scholarship for M.Sc. Nursing from AMDA-Nepal, in year 2010 which was really a great opportunity for me to achieve my dream comes true, where my thanking words will be small enough to express. I can't forget the opportunity and always grateful and sincere towards my institution.

I got to be the part of three days Log - Frame Training in Dhulikhel which was conducted by AMDA Nepal where I could explore more interact with the staff of

AMDA Nepal and other staff of different Branches and got to broad out many new ideas of different people.

The second thing I remember when in charge system was discontinued for a time in our Hospital, I even did dual duty for two years by taking all the responsibilities of all wards in charge and also as a matron and I remember the quote said by Florence nightingale Life is hard fight, a struggle, a wrestling with the principle of evil, hand to hand, foot to foot. Every inch of the way is disputed. The night is given us to take breath, to pay, to drink deep at the fountain of power. The day, to use the strength which has been given us, to go forth to work with is till the evening.

The never forgettable memory the pandemic time of COVID-19 where I did 12 hours of dual duty for almost 2-3 months as a ward nurse and matron with one nursing staff which was really a challenging and tough enough , through this article I would like to take opportunity to thanks from all my heart and salute to our staffs (doctors, nurses, supportive staffs and others) who worked in covid ward for continuous 12 hours and also apart from their families for 10 days, yes I truly agree that thank you is very small word for them.

In this pandemic we lost our loving, sincere and hard-working staff Late Mr. Tika Vikram Ghale was painful moment. May his soul rest in peace.

With all these memories once again, I would like to congratulate and wish a very Happy 30<sup>th</sup> Anniversary to all family of AMDA-Nepal. May our institute live longer and longer.

\*\*\*



## My Experience in AMDA



**Dr. Man Bahadur Koiri**  
Siddhartha Children & Women  
Hospital, Butwal (Nepal)

Emergency Relief of victims of flood stuck in early August, Kerala, Cohenganur, India

It was my immense pleasure to participate in the flood relief activities that struck in early August 2018 in Kerala, India. Most of the people were homeless and were driven to home roof and tall buildings. Flood remained for about 48 hours.

Our team consisted of 5-7 doctors, nurses, and paramedics. We were working in collaboration with AMDA India's local public health officers. From AMDA Nepal, I along with Dr. Rakesh Sah and Mr. Punylal were part of the relief campaign. We distributed utensils clothes and other vital necessities needed to alleviate the suffering of affected people. We also conducted free medical camps in rural areas of Chenganur to help the victims of flood. We observed around 200-300 patients every day during the campaign. In addition to that, we also visited schools to help the children who needed medical supervision.

About 60-70% of people complained of fever and loose motion while the rest of the complaints were of joint pain, body ache, vomiting, abdominal ache, itching and others. As per prophylaxis for leptospirosis, we used Doxy cycline. Viral fever and waterborne diseases were most frequently encountered. Our camping covered much more areas of rural people over there.

While working on the campaign, I got to know people of Kerala personally. They were well-mannered and fully literate. There were co-operative and bore good understanding capacity. As for their favorite food, they really like coconut, and they use it in almost every meal.

Finally, it was a deeply rewarding experience for me and for that, I would like to thank AMDA Nepal for providing me with such a great opportunity to help the people in need. I would also like to thank Mrs. Archana Joshi who guided me well to achieve my goal. I would like to grab such opportunities again and again in the future.

\*\*\*

## SCWH: A Memory

**Ms. Suruchi Bajracharya**

Butwal



On 1st November 1998, I first stepped in the commercial hub of Western Nepal, Butwal. After being born and brought up in the Eastern Nepal, I was working in one of the prestigious hospitals of Kathmandu, Tribhuvan University Teaching Hospital. I was sent as a Nursing Officer for Nursing Management by AMDA Nepal to SCWH Butwal while it was just being established. Being someone who was already working in a well-facilitated hospital in Kathmandu, going to a newly established hospital in a new place among completely new strangers, was both a challenge and an opportunity. I had 10 years' experience of working in Teaching Hospital, Kathmandu; along with that I was also trained in Japan for almost a year. This was the reason because of which I was ready to accept that challenge. I knew I was capable enough to take that responsibility.

I came to Butwal on 1st November 1998 from Kathmandu with the team of AMDA Nepal who had come for the inauguration. On 2nd November 1998, in the presence of Dr. Shigeru Suganami, the President of AMDA International and fellow Japanese and Nepali guests, huge inauguration of SCWH was successfully conducted. Straight from the next day onwards hospital services gradually started. In the beginning, there was only OPD service. We provided services amidst limited resources. Because of limited manpower, I worked not only as a Nursing Officer but also in any department when it was needed. I always felt SCWH as my home so I was very careful that no one could point fingers at the services provided by the hospital. The locals had huge expectations from the hospital. We, along with the hospital executive director, were working 24 x 7 for the betterment of the hospital.

Nearly after 6 months, Indoor and Delivery services started. Initially, with less manpower we delivered more services. Staffs were very sincere and dedicated. Everybody had the same motive of providing best quality services to the patients.

After some period, Japanese matron (Noriko San) arrived. With that, gradually Japanese nurses and doctors started coming. This helped the hospital services to gain further heights.

When the Operation Theater Services first started, there were no trained nurses to work in the theater. I, myself, had to get involved 24 hours a day. Slowly I started training my staffs and it eventually got easier. I went to work at any department that required my help. SCWH was like a second home to me.

SCWH is a hospital working in coordination of AMDA Nepal, Butwal sub metropolitan city and Butwal Chamber of Commerce and Industry with the assistance of AMDA International. In the expansion and development of SCWH, they have played a marked role.

Successively hospital beds were added. New Sinohara Memorial Building was constructed. NICU Services also started. Hospital took up its pace. With the aid of all the sectors, hard work and dedication of the staffs, within a very less time the hospital was able to develop as a referral center in the Western Nepal for Women's and Children's healthcare. We should never forget everyone who helped the hospital to attain greater heights.

In between, with the assistance of AMDA Hyogo, I got the opportunity to do an observation visit to Japan. This was my second visit to Japan. In this visit, I got the golden chance to observe and appreciate the praiseworthy works done by AMDA Japan. I got to learn many things in this visit.

To help SCWH come to this greater height of success and prosperity, the unbelievable contribution of President of AMDA International Dr. Shigeru Suganami, President of AMDA Hyogo Dr. Muraji, Dr. Iguchi, Dr. Ken Ogura and other fellow doctors, Japanese Nurses, Japanese administrators, volunteers will forever remain in our hearts.



*In matron office With Japanese volunteer nurses and my colleagues*

Me and my husband have been together in the service of SCWH since the start. In 2006, my husband got the opportunity of being the Director of SCWH; I was the matron at that time. We were advised that two people from a same family shouldn't remain in the managerial post of the hospital. Because of that, in spite of having extreme desire to serve SCWH, I had to take a leave from the hospital after working for 8 long years. Then I started teaching in a Nursing School in Butwal. I worked there for 10 years. Till date, I have been providing quality health services in Butwal using my knowledge and skill.

I have a hallowed relationship with SCWH. It is brought up by us. Even today whenever someone says SCWH, I feel like saying it's our hospital. I have been evidently or in evidently supporting the hospital today and I will be doing this even tomorrow. SCWH has been providing quality health services to the citizens and I wish that SCWH would have a global reach too someday. I wish SCWH to go from strength to strength.

\*\*\*



## My Travel Memory: Health Care Management System in Japan

**Ms. Mana Thapa**

Officer Nurse

Siddhartha Child & Woman Hospital  
AMDA-Nepal, Butwal-Rupandehi



On November 24, 2012, a China Airways flight from the beautiful and peaceful Tribhuvan International Airport of Nepal kissed the clear blue sky and my journey was heading north-east, crossing the hilly range of the Kathmandu valley. My mind was wandering inside with many curiosities while my eyes were glowing with the charming green hills. For a while, I saw a charming Himalayan range shining like a diamond biscuit spread out in front of me from east to west. Holding my breath, my eyes were capturing all the scenarios in the innermost corner of my mind. I did not realize that the speed of the plane and the speed of time had reached Tibet, a region of China, without compromising with my insatiable desires.

The plane landed at Kud-Min Airport in China as there was only a two-hour transit-stay, the time passed while walking around looking at the hustle and bustle of the state-of-the-art airport. It was about half to reach my destination, I still had to take a three-and-a-half-hour flight from this transit point. The plane flew at high speed on a very well-organized wide runway, again looking for a new destination. My eyes were hunger to see something new in a new place, so I was staring at it from time to time. How creative is the human mind, how artistic are the hands of the people?

As I looked away, the city settlements became thinner and dimmer. Somewhere on a hill like ours - thorn, forests, snow peaks, human settlements somewhere. Our flight again flew over the blue sea in about two hours through the far north-east. In a few moments, nothing is visible from the window of the plane but the blue ocean. Similarly, after some time, the land was found in front of our eyes again. The flight attendant gave us a closer look at the destination of our trip while looking at various scenarios and wandering around. The plane was preparing to land at the airport, so everyone was advised to straighten their seats and

fasten their seatbelts. We were also anxious to kiss the ground. In a few moments, the plane came to a halt on the runway. All the passengers hurried to get down with their bags. I stepped the stairs of the plane and landed at the airport in Okayama, the land of the sophisticated and glorious Japan.



At the special invitation of Mr. Sigeru Suganami President of AMDA-Japan, we arrived from AMDA-Nepal to Japan's Okayama Prefectural University in the field of Nursing Health Education and Services to participate in the event with the aim of exchanging professional knowledge, experience and arts and culture of our respective countries. In front of the airport exit, we came across a hoarding with my name and the name of my fellow passenger written on it. He picked up our luggage with our Identity Card and signaled for us to follow him. After a while I reached the well sophisticated star hotel.

### Okayama Prefectural University Japan Professional Team

Next day we attended into the Association of Medical Doctors of Asia AMDA-Japan and Dr. Archana Joshi had explained details of all schedules of the trip. During that occasion we had presented a short description of the Siddhartha Child & Woman Hospital (AMDA-Nepal) Butwal activities besides that; some memorable

Nepalese gift items had hand-over to the Japanese professional team. After the entire travel schedule undergone as follows:

### **School Training:**

On the first day, along with the introduction of the head of the Nursing Training School in Okayama, Japan, we were presented with a cast statue of Gautam Buddha, the pioneer of peace from Nepal. Immediately we went to observe the classroom, laboratory and workshop. A team of 40 trainees from one class group, one senior professor and four other instructors were involved. The use of high computer technology LCD in theoretical classroom makes reading and experimental equipment seem so unique. The heart-beat stethoscope can be heard and checked by both the instructor and the trainee at the same time. There is also an experimental model used to take care of the newborn baby, which makes it feel like a real living baby is there.

### **Takatsuki Child Clinic:**

Dr. Takatsuki established the Takatsuki Child Clinic on his own initiative. Looking at the service facilities and management of this clinic, how could there be so much support from the private sector to the public service? In fact, this is only the best example. A very clean environment in which the child can be provided with basic health services, including activities such as playing, entertaining, reading and writing. The doctors, nurses involved in the treatment and care of the child can give the child what kind of love God really is.

### **Kochi Medical Teaching Hospital:**

Kochi Medical Teaching Hospital is with high quality medical equipment, tools, resources and facilities. After visiting the various wards, units and departments of the hospital and just getting familiar with the working staff, we finally entered to the Gynecology Unit. What kind of chairs are different designs for each patient?



### **Kochi Medical Teaching Hospital**

I was surprised to see the importance of vaccination in our lives; when I saw the practice that only a doctor can give. It seems that; this Kochi Medical Teaching

Hospital is capable with all kinds of state-of-the-art equipment. I felt in my heart that; as soon as any patients enter the hospital premises, half of the patient's pain disappears, really.

### **Okayama Kyukuto Hospital:**

The director of Kyukuto Hospital in Okayama was waiting for us in the wide staff meeting room with his senior colleagues. After a brief introduction to the meeting, he led us in a responsive manner through the Operation Theater, Intensive Care Unit (ICU), Stroke Center, Rehabilitation Center, and Medical Record Section finally we entered the meeting room again. After observing the Kyokuta Hospital in Okaya for about one and half hour, the director of the hospital explained the future plan of the hospital.

### **Kane's Maternal Home:**

This maternity home was established in the name of Sister Kane, a health nurse from Japan. As soon as we arrived at the Maternity Home, the nurses, dressed in Japanese attire, greeted us with songs in their own language, mood, and style. We also handed out various attractive postcards from Nepal, including Lumbini, Buddhism, Mount Everest, as much as we had gifted. Everyone is there and they are excited to see the postcards in a very gentle way. Breaking through the sequence, Sister Kane demonstrated the power point slide of her maternity home. Stunning methods and equipment, resources, before the delivery, looking at the pictorial presentation of the health services provided during and after delivery.



### **An Interaction on MCH issues in Okayama Prefectural University**

### **An Overview of Hiroshima:**

Near the end of our stay in Japan, we planned to visit Hiroshima, which had been damaged by an atomic bomb during World War II. We had to travel a full 6 hours by car and boat to get to Hiroshima from Okayama. After circling the temple of Niya-Jia God in

the middle of the ship, we reached the historic Hiroshima, which was reduced to ashes in World War II.

There is nothing to entertain you, a rundown house in the middle of a garden of colorful flowers. At the same time, it can be easily guessed that an old Japanese message in lion-marble may have a list written in memory of those who died in the blast. Remembering the ridiculous past there, my mind was shrinking and shrinking. In the middle of such a glorious legacy of modernity, we made our way back to Okayama, shortening our journey from this land that seemed to be choked by the atomic bomb.



### Hiroshima Miyagima Temple

After returning to Okayama in the afternoon, our plan was to enter the city and do some shopping. Prof. Dr. Namba visited the main shopping center and helped us with our shopping till late in the evening. What a generous friend and truly compassionate Japanese woman...

### The AMDA:

The Association of Medical Doctors of Asia (AMDA) was established in 1984 and has so far collaborated with 47 organizations, including 30 units. AMDA is the head of an international non-profit organization. The office of AMDA is in Okayama, Japan. AMDA's main goal is to make a humanitarian contribution through the healthcare of the world community.



### AMDA Japan President Dr. Sugamami

In the end, I would like to deliver my sincere thanks to Mr. Sigeru Suganami President of AMDA-Japan for his kind and cordial invitation to Japan. Hopefully I believe that; if hospital administration and management team will egger to catch my experience of this short study and observation tour will little bits contribute to the development, expansion and management of the Siddhartha Child and Woman Hospital AMDA-Nepal Butwal Nepal. Thank You!

\*\*\*



## My Journey in Siddhartha Children and Women Hospital



**Ms. Durga Devi Gauchan**  
In-charge, NICU, SCWH Butwal

Siddhartha Children and Women Hospital was opened in Deewanagar of my hometown Butwal with the support of AMDA International, Japan on 2 November 1998. At that time, I was studying proficiency level nursing at Nepalgunj western Nepal in Nursing College. Later, in the year 2001, I finished my studies, and I was joined to a government hospital in Nepal. I saw the Siddhartha Children and Women Hospital's infrastructure, teamwork, sufficient medical equipment, as well as the Japanese brothers and sisters walking in front of my house, in some corner of my mind, what a wonderful hospital.

And the days were passing by, I was working in a hospital in the far west of Nepal. At that time, even though I was married, and child was born. I abruptly decided to quit my government job and was joined to Siddhartha Children and Women Hospital on January 1, 2004. When I was able to work here, I had a lot of enthusiasm in my mind. There were some medical equipment that I could not see in the government hospital. I was working with the desire to learn as much as possible in his mind, honesty, and diligence in work. I initially worked in the maternity ward and was transferred to the Neonate Intensive Care Unit (NICU).

At first, of course, it was a little difficult. Having to work with small newborns was a completely new experience. As I continued to learn new things in my mind with a positive attitude, I began to rejoice and rejoice in the service of the newborn, showing diligence at work. Meanwhile, in July 2007, the hospital administration sent me to Japan for NICU Training.

At first, I had to go to Japan all of a sudden and my child was too young so I didn't want to go but later when I realized the importance of training I was ready to go to Japan. The training was sponsored by AMDA Hyogo of Japan. I went to Kobe, Japan. My stay there was only 6 months. For the first month, I took a Japanese language class. I was then sent to three

different hospitals in Kobe City for observation training

Initially, I went to Saigai Emergency Hospital for one month training. It was a hospital for senior citizens. Many people used to come there. The hospital had excellent teamwork and energetic staff. As soon as a patient came, all kinds of diagnostic services were performed on the ground floor and the patient was shifted to the first floor for admission. If a new patient is coming, I am very impressed with the way the staff of the entire department gathers immediately and takes immediate action to treat the patient immediately. So, no matter how serious the accident, all the patients were fine. In this hospital, I was able to live sawn disaster management. After a month of training there, I was posted to the second hospital, Rokko Island Hospital. There I trained for two months. It was a general hospital. Not as busy as before. So good nursing care, all the stuff is disposable, no cross infection, everything runs smoothly, so clean I was tickled in my heart.

Then after 2 months there, my third hospital went to Kobe Children Hospital. It was a pure children hospital. Here I trained for 3 months. All kinds of children were treated here. I worked in the Neonate Intensive Care Unit. Children weighing 500 grams would also survive here. There I learned how to give pre-term, term baby nursing care, how to handle, how to store expanded breast milk, how to protect preterm baby from infection, how to breastfeed. When I worked there for three months, I was surprised to see that not a single child died, while in the intensive care unit there were 30 to 40. I was thinking how this could happen in the intensive care unit of our hospital Kobe Children Hospital.

In this way, I completed 6 months of hospital observation training. Due to a slight language problem, I didn't get to learn as much as I wanted, but an ordinary

person like me got a chance to see a dream city of Japan. In fact, I feel lucky to go to the hospital to learn new things and to be able to come there and teach my colleagues.

I have been working in the Neonate Intensive Care Unit here for the last 10 years. Japanese training has taught me hard work, patience, dedication to work and being patient first. The knowledge I have learned, I am using here. Although there is no comparison between our country and Japan, I think we are 100 years behind the Japanese. Poverty is also a big infection and infection is a big problem for the intensive care unit, but I am moving forward with a positive attitude on how to

make the work successful with the facilities available in my environment. I will always be on the lookout for ways to better manage an intensive care unit using the advice and suggestions of my seniors and the knowledge I have learned.

I have spent 17 years in this hospital, so I think this hospital is like my own home, family, I am always moving forward for its success. It has a great working environment. The administration has always encouraged us to work. I am always looking forward to how to heal the patient and how to satisfy the patient's family in the hospital and will continue to do so in the future.

\*\*\*

## Memories of Japan



**Ms. Sakuntala Guragain**  
Principal  
AMDA Institute of Health Science

Every one of us have memories in life either it is happy or sad. And we want to retain happy memories that we treasure the most.

My Japan visits had a very good memory in me. We visited different hospitals (Private and Government hospital), Maternity Centers, Pediatric hospital, and the Municipality Office. Two things really touched me. First was Cleanliness of the hospitals and the other was: the greenery present inside the hospitals.

Visit to Hiroshima was eye opening and heart breaking. Since I was a child, I had heard about the Hiroshima Atomic Bomb blast. I feel myself to be very lucky to visit and see the Hiroshima Museum.

On our last day we visited AMDA International Office and met Dr. Shigeru Suganami-President of AMDA International. He briefly explained about the history of AMDA International and different country offices. I was very delighted to feel his humbleness and generosity.

Japan is the land of contrast and beauty. It is the blend of aesthetically pleasing traditions and advanced technology. It is full of natural beauty and rich in art and cultures.



*Last day at AMDA International Office*

I have been involved with AMDA for 18 years. I have had worked as an Assistant Instructor, Instructor and Principal of AMDA Institute of Health Science at present.

AMDA and I together, we have seen various ups and downs each time we have moved forward. AMDA has provided me many opportunities and has given me a platform to flourish my all-organizational plans.

\*\*\*



## Working with AMDA Nepal

### Mr. Pradip Shrestha

Senior Admin/Finance Officer  
AMDA Institute of Health Science  
Damak, Jhapa, Nepal

The Council for Technical Education and Vocational Training (CTEVT)



I am Pradip Shrestha, from Kathmandu, Nepal. I am Senior Admin/Finance Officer of AMDA Institute of Health Science Damak, Jhapa, Nepal.

In November 2005, I started my career as an Admin/Finance Assistant in the Voluntary Counselling and Testing (VCT) Project of AMDA Nepal, Jhapa. The project was funded by The Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM), UNDP. In this project, I was responsible for Admin/Finance and Information Technology (IT). In addition, I was given the responsibility of VCT Counsellor. In the beginning, providing VCT counseling was challenging for me. However, I fulfilled the challenging task in a pleasurable way. In 2007, I was upgraded as a Senior Admin/Finance Assistant. The project was completed in January 2009. This project enhanced my skills and knowledge in Admin/Finance, IT, and counseling sectors.

In February 2009, I started a new position as Senior Admin/Finance Assistant in AMDA Mechi Hospital, Dhulabari, Jhapa, a newly opened hospital. This

opportunity boosted my skills and knowledge in the hospital sector. In the beginning, the hospital used a manual system in Admin/Finance and Pharmacy units which was very trouble in maintaining documents. In April 2009, a new system (software system) was launched with my great effort. The team appreciated launching the new software. This opportunity boosted my skills and knowledge in Admin/Finance and IT of the hospital sector.

In July 2012, I have joined as a Senior Admin/Finance Assistant of AMDA Institute of Health Science, Damak, Jhapa. Since then, I am working in the same branch of AMDA, Nepal in different positions: Senior Admin/Finance Assistant, Admin/Finance Officer, and Senior Admin/Finance Officer. In the meantime, I am handling the IT division of AMDA hospital and AMDA Institute of Health Science of Damak. This opportunity heightened my skills, knowledge, and experiences.

I am grateful working in AMDA-Nepal since 2005 to date at end of line in different positions in different branches with a pleasant environment.

\*\*\*

### AMDA-Mechi Hospital: My Reflection



**Mr. Yogendra Giri**  
Assistant (Admin/Finance)  
AMDA Hospital, Damak, Nepal

Namaste everybody. I'm Yogendra Giri currently working as an Assistant (Admin/Finance) in AMDA Hospital, Damak. I previously had an opportunity to work as an Assistant (Admin/Finance) in AMDA-Mechi Hospital, Dhulabari. I would like to share my experiences and memories through this article to you all.

My childhood was highly influenced by AMDA-Mechi Hospital. One of the reasons could be it being the only hospital in my hometown and other my father being an employee there. I often visited the place with my father and was always amused to see the Doctors, Nurses and other support staffs who worked there. I had a deep respect to them as they had dedicated their lives for the treatment and care of the needy. I too was always eager to obtain information about the equipment and devices present in the Medical Lab, OPD and Emergency departments. Those visits were always enjoyable and informative. It was during my end days of High School study I think, when a news about AMDA-Mechi Hospital being shutdown became public. It was an unfortunate news and always thought it deserved better.

After two years, when I was engaged in my bachelor's level study, there were some news about plans being made for reopening AMDA-Mechi Hospital. Many people had faced several problems when AMDA-Mechi Hospital was shut down as it was the only Hospital in the Municipality. Thousands of people in the Mechinagar Municipality and its surrounding Municipality and VDCs were deprived of proper medical service. Since then, there had been a constant demand of the locals to reopen AMDA-Mechi Hospital. The Mechinagar Municipality Office and Mechi Chamber of Commerce & Industry in coordination with AMDA Hospital, Damak were planning to reopen the hospital. After some days, a

vacancy announcement for the vacant post of Assistant (Admin/Finance) was announced. I found it as a very good opportunity to start my carrier, so I applied for it. I still remember the recruitment day as it was my first participation in such an event. I had to go through an examination later followed by an interview. I consider myself lucky as my qualifications and skills were a fit for the post and I was selected for the position.

Looking back to my early days in AMDA-Mechi Hospital, those were some memorable days in my career. I received a good opportunity to gain knowledge from the personnel of Mechinagar Municipality Office and Mechi Chamber of Commerce & Industry. I had to work closely in coordination with them and was a remarkable experience for me. We timely succeeded to gather all the necessary inventories, equipment and manpower and finally on the month of September 2015 the hospital was formally back into operation. Kudos to the immense hard work and dedication of all involved in the reopening process. It was a joyful news for all. Many years have passed since then and AMDA-Mechi Hospital has been actively providing medical services 24/7 to the public. Residents have been very much supportive towards it. Many generous donors have made several donations to the hospital. Mechinagar Municipality has also been allocating budgets each year for the infrastructural development of the hospital.

I had an opportunity to work with a diverse work team under a roof that included: Doctors, Nurses, Paramedics, and other support workers. They all were very collaborative and supportive to each other. This diverse range of people who had different qualifications and strengths worked in sync that helped them perform their roles efficiently. They had a common goal of providing best and timely medical treatment for the patients which inspired to perform better as a team and

develop a good working atmosphere in the hospital.

I do admit there were plentiful busy and stressful days where I had to meet a deadline, but they are nothing compared to the feeling I receive memorizing how we were able to bring AMDA-Mechi Hospital back into operation. Since thousands of people every year have been receiving medical services and treatment. Those memories still pacify my mind and soul. Overall, my work experience there was positive. Through

observation and experience, I have been able to obtain new experiences and groom my professional skills and personal attributes. My days in AMDA-Mechi Hospital will always be dear to me. I'm also grateful to my co-workers at the hospital back in my days, personnel of Mechinagar Municipality Office and Mechi Chamber of Commerce & Industry, my seniors at AMDA Hospital and AMDA Nepal C/O who had been very supportive and inspirational to me. Thank you all.

\*\*\*



## AMDA Mechi Hospital my Experience



**Mr. Ujjwal Tara Thapa**

Assistant Admin/Finance  
AMDA Mechi Hospital  
Dhulabari, Jhapa, Nepal  
Aug 25, 2021

After finishing my higher studies, I was hoping to get any accounting job as it was the field of my study and by the grace of God, I finally got one. I am Ujjwal Tara Thapa from Jhapa, Nepal and I am currently working as an Assistant Admin/Finance for a renowned hospital of my region. It has been a couple of years working there and I have accumulated quite an experience. We all go through lot of hurdles when are considering to work on ourselves, support our family and build a stable career. Today I am going to talk about my journey working as an accountant in a hospital and how it changed my perception regarding work.

When I started my job, it was not that easy. Before landing that job, I was not doing anything and the whole nature of work was new to me. It took me couple of months to get used to the procedures and understand the system. I was glad as I had my seniors to assist me with any trouble I used to counter and even thankful to those who took responsibility of my mistakes and helped me to understand better. When I was studying and thought about accounting jobs I used to imagine of banks, financial institutions, trading companies and others but hospital.

It was quite a challenge at the beginning but by time I was getting it and the job became easier and I started to get efficient and effective. Working in a hospital as an accountant I was maintaining not only ledgers but during the times of low manning assisted in maintaining records of patients and supplied essentials required by doctors and nurses and other things if they were under my ability. It's not a big hospital but since it is inexpensive the volume of patients is much more especially during this time of pandemic (Covid-19) as we are currently facing all over the world. Besides maintaining accounts of all the finances related to hospital like income and expenses sometimes we also go through sleepless nights for weeks and it could get

extended regarding the severity of illnesses people are having. Maintaining supplies, keeping stocks and procuring things sometimes can become hectic and one has to be vigilant regarding those things especially in a hospital where people are fighting for life.

It is not a large hospital and sometimes we get full very quickly and with the arrival of new patients, we unfortunately had to inform them to find some other hospitals which are nearby even though it could cost more. Not only that, but sometimes because of lack of equipment we couldn't admit the patient in the hospital and we would refer them to other hospitals with better facilities. This is the area where we are weak and are working tremendously to come to with solution and make our hospital accessible and equipped with modern tools needed for the treatment of patients. Once we achieve those results it would be helpful to the people of low income who are in desperate need of medical assistance but because of financial crisis can't afford it.

After meetings with the local government and concerned parties finally we have some hope of fulfilling what we have desired for our hospital. We are in constant table talk with collaborative parties, local government and some of the renowned multi-purpose cooperative societies who have pledged to provide us fund to increase the capacity of the hospital and improve and add necessary tools and equipment. Therefore, we are now continuously working together in coordination with local government, concerned parties, social worker and institution and large multi-purpose societies to improve our facilities and be of great help to our fellow citizens who are in need of affordable health facilities. As an Asst. Admin/ Finance lot of work needs to be done to go forward with this kind of deal and I am working incessantly to make it happen. Once this objective is completed, I would be delighted of at least doing one good thing in my life. I would also hope to see positive changes in all the sectors that serves humanity as serving humanity is the greatest virtue one can achieve. God bless the world.

Thank you.

\*\*\*

## Digital glimpses of history of AMDA Nepal



*Okayama Prefectural University Officials*



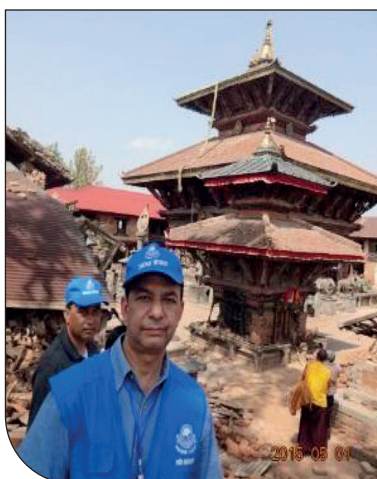
*Conducting Session in Japan*



*Khadi Chaur Post Earthquake Camp Visit By Japanese Team.*



*AMDA Head Quater Japan*



*Dr Narayan Bahadur Basnet  
At Changunarayan Temple*



*Sanitation week celebration*



*Dr. Binod Parajuli with his  
professor*





*Operation Theater SCWH*



*Preparing emergency set*



*With Dr. Sigeru Suganami*



*With my daughter along with Japanese guests*



*OPD Service Opening Ceremony*



*Newly Constructed Building on 1998*





*Earthquake relief program at sindhupalchwok*



*Dr. Narayan Bahadur Basnet and team members' meeting*



*Thanks giving program in Japan*



*Appreciation by community people of Philippines*



*Marunouchi Palace*



*Urado Beach*





*Cherry Blossom at Kochi Medical Center*



*Dinner arranged by Dept of Pediatrics*



*Presentation during Japan Visit.*



*Hiroshima Museum*



*Dr. Ishihara's wedding*

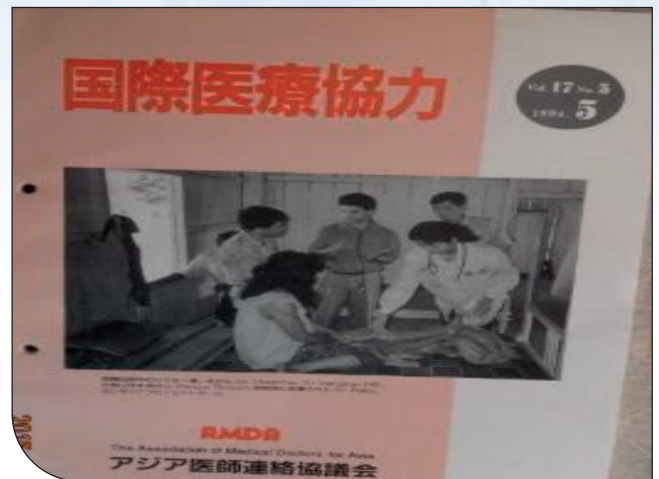


*NICU of Kochi Medical Center Hospital*





*Registration Desk at the screening camp*



*Scanned copy of cover page of AMDA Journal*



*Singaporean medical students at TUTH in 2019*



*Singaporean medical students at TUTH internship program in 2019*



*Singaporean medical students at TUTH in 2018*



*Dr. Suganami and Dr. Rohit at TUTH*





## *From Editor's Desk*

Dear All

It is with great pleasure that we present to you the history archive book on the occasion of the 30th anniversary of AMDA Nepal, a non-profit organization that has made a significant impact on community health service and disaster relief activities.

This book is a compilation of experiences, history, articles, and memories from doctors, nurses, members, staff, volunteers, and supporters who have contributed directly and indirectly through AMDA Nepal's activities for the betterment of mankind and supporting people in need.

The book not only commemorates the achievements of AMDA Nepal but also provides valuable insights into the organization's work, progress, and future goals. The contributions from the writers and supporters have made this book a significant resource for learning, research, and celebration of the things we have achieved.

AMDA Nepal has actively participated in emergency relief activities during natural and man-made disasters in Nepal and globally. The organization's efforts have been possible due to the local government's help, businesses, and local communities' support.

We would like to take this opportunity to express our heartfelt gratitude to all the writers and supporters who helped us complete this archive book. Their dedication and hard work have made this book a reality.

We hope this history archive book on AMDA Nepal will inspire future generations to continue the organization's work and create a better world for all.

Sincerely,

**Dr. Archana Shrestha Joshi**

## Staff List of AMDA Nepal

S. No.	Name	Position	Office
1	Sudesh Regmi	Chief Administrator	AMDA Nepal Central Office
2	Umesh Prasad Acharya	Administrator	AMDA Nepal Central Office
3	Anjana Koirala	Finance Controller	AMDA Nepal Central Office
4	Achyut Sapkota	Senior Officer	AMDA Nepal Central Office
5	Srijana Shrestha	Program Officer	AMDA Nepal Central Office
6	Punya Lal Mahato	Senior Assistant	AMDA Nepal Central Office
7	Ram Babu Deo	Officer (IT)	AMDA Nepal Central Office
8	Renuka Basnet	Assistant	AMDA Nepal Central Office
9	Parwati Bhatta	Clerk	AMDA Nepal Central Office
10	Laxman Lama	Driver	AMDA Nepal Central Office
11	Jagadish Sanjel	Driver	AMDA Nepal Central Office
12	Bishnu Adhikari	Support worker	AMDA Nepal Central Office
13	Tika Prasad Aryal	Support worker	AMDA Nepal Central Office
14	Govinda Khatiwada	Support Worker	AMDA Nepal Central Office
15	Purushottam KC	Gaderner (part-time)	AMDA Nepal Central Office
16	Dr. Nimisha Dhakal	Dental Officer	Shimazu Dental Clinic
17	Subash Dulal	Senior Assistant (Dental Hygienist)	Shimazu Dental Clinic
18	Dr. Kishor Kumar Singh	Chief Consultant ( MDGP )	AMDA Hospital, Damak
19	Dr. Nabin Dhakal	Chief Consultant (Anesthesiologist)	AMDA Hospital, Damak
20	Dr. Prakash Sharma	Chief Consultant ( MDGP )	AMDA Hospital, Damak
21	Dr. Bimala Budhathoki	Consultant ( Gynaecologist )	AMDA Hospital, Damak
22	Dr. Sanjay Rimal	Chief Consultant ( Surgeon )	AMDA Hospital, Damak
23	Dr. Lila Sundar Shrestha	Senior Consultant ( Pediatrician )	AMDA Hospital, Damak
24	Dr. Dilli Raj Rijal	Senior Consultant ( Orthopedic )	AMDA Hospital, Damak
25	Dr. Dibya Tulachan	Senior Consultant ( Radiologist )	AMDA Hospital, Damak
26	Dr. Diwash Raj Bohora	Senior Consultant ( Physician )	AMDA Hospital, Damak
27	Dr. Shikhar Kattel	Senior Consultant ( MDGP )	AMDA Hospital, Damak
28	Dr. Raju Prasad Sah	Consultant ( Gynaecologist )	AMDA Hospital, Damak
29	Dr. Purushottam Majhi	Consultant ( MDGP )	AMDA Hospital, Damak
30	Dr. Satya Narayan Chaudhary	Consultant (Pediatrics )	AMDA Hospital, Damak
31	Dr. Dipayan Pandey	Registrar ( Dermatologist )	AMDA Hospital, Damak
32	Dr. Pabina Karki	Consultant ( Gynaecologist )	AMDA Hospital, Damak
33	Dr. Arun Kumar Sah	Registrar ( Orthopedics )	AMDA Hospital, Damak
34	Dr. Chandra Mohan Shah	Registrar ( Surgery )	AMDA Hospital, Damak
35	Dr. Chandan Thakur	Senior Medical Officer	AMDA Hospital, Damak
36	Sakuntala Guragain	Administrator (Public Health/Teaching)	AMDA Hospital, Damak
37	Amit Raj Pandey	Administrator (Lab)	AMDA Hospital, Damak
38	Suman Kumar Nepal	Administrator	AMDA Hospital, Damak
39	Bhim Bahadur Dhamala	Administrator [A/F]	AMDA Hospital, Damak
40	Dr. Sujeet Kumar Sharma	Officer ( Medical )	AMDA Hospital, Damak
41	Dr. Sunil Jha	Officer ( Medical )	AMDA Hospital, Damak
42	Dr. Ananda Kumar Lama	Officer ( Medical )	AMDA Hospital, Damak
43	Dr. Sajeesh Pathak	Officer ( Medical )	AMDA Hospital, Damak
44	Dr. Jitendra Singh	Officer ( Medical )	AMDA Hospital, Damak
45	Dr. Pawan Kumar Singh	Officer ( Dental )	AMDA Hospital, Damak
46	Tulasa Bhandari	Senior Officer ( Nursing )	AMDA Hospital, Damak
47	Parmila Dewan	Senior Officer ( Nursing )	AMDA Hospital, Damak
48	Dr. Upama Mishra	Officer ( Medical )	AMDA Hospital, Damak
49	Dr. Nagendra Rai	Officer ( Medical )	AMDA Hospital, Damak
50	Dr. Naresh Karki	Officer ( Medical )	AMDA Hospital, Damak
51	Dr. Nirajan Mahato	Officer ( Medical )	AMDA Hospital, Damak
52	Dr. Nisha Karki	Officer ( Medical )	AMDA Hospital, Damak
53	Punam Gauro	Officer ( Nursing )	AMDA Hospital, Damak

S. No.	Name	Position	Office
54	Umesh Ghimire	Officer ( Admin/Finance)	AMDA Hospital, Damak
55	Nirmala Sapkota	Officer ( Nursing )	AMDA Hospital, Damak
56	Luna Bista	Officer ( Nursing )	AMDA Hospital, Damak
57	Sajana Vaidhya	Officer ( Nursing )	AMDA Hospital, Damak
58	Sujita Gautam	Officer ( Nursing )	AMDA Hospital, Damak
59	Anjita Bhandari	Officer ( Nursing )	AMDA Hospital, Damak
60	Puspa Nepal	Officer ( Nursing )	AMDA Hospital, Damak
61	Pradip Shrestha	Senior Officer ( Admin/Finance)	AMDA Hospital, Damak
62	Santosh Kumar Bhagat	Officer ( Lab Tech. )	AMDA Hospital, Damak
63	Ranjeet Kumar Mahato	Officer ( Lab Tech. )	AMDA Hospital, Damak
64	Tika Devi Subedi	Senior Officer ( Nursing )	AMDA Hospital, Damak
65	Kamala Ghimire	Officer ( Anesthesia )	AMDA Hospital, Damak
66	Nirmala Budhathoki	Officer ( Nursing )	AMDA Hospital, Damak
67	Rama Nanda Chaudhary	Senior Assistant ( Admin/Finance )	AMDA Hospital, Damak
68	Kabita Kafle (Niroula)	Senior Assistant ( Health Assistant )	AMDA Hospital, Damak
69	Goma Devi Niroula	Senior Assistant ( SANM )	AMDA Hospital, Damak
70	Sijul Prasad Chaudhary	Senior Assistant ( SCMA )	AMDA Hospital, Damak
71	Devi Prasad Bhattarai	Senior Assistant ( Lab )	AMDA Hospital, Damak
72	Sunita Simkhada	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
73	Bimala Bhattarai	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
74	Hem Raj Pokharel	Senior Assistant ( Health Assistant )	AMDA Hospital, Damak
75	Sarada Basnet	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
76	Pujan Poudel	Senior Assistant ( Lab )	AMDA Hospital, Damak
77	Binu Chongbang	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
78	Samjhana Sangroula	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
79	Tanka Prasad Subba	Senior Assistant ( Lab )	AMDA Hospital, Damak
80	Bal Sundar Sambhampe	Senior Assistant ( Health Assistant )	AMDA Hospital, Damak
81	Sapana Koirala	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
82	Raksha Adhikari (Khatri)	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
83	Shushila Thakuri	Senior Assistant ( SANM )	AMDA Hospital, Damak
84	Pratima Bhattarai	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
85	Saroj Dhakal	Senior Assistant ( Radiographer )	AMDA Hospital, Damak
86	Pradeep Kumar Sah	Senior Assistant ( Anesthesia )	AMDA Hospital, Damak
87	Punam Singh	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
88	Jamuna Goutam	Senior Assistant ( Lab )	AMDA Hospital, Damak
89	Ganesh Rajbanshi	Assistant ( Senior Driver )	AMDA Hospital, Damak
90	Jeet Bahadur Rai	Assistant ( Senior Driver )	AMDA Hospital, Damak
91	Dilip Kumar Bhandari	Assistant ( Electrician )	AMDA Hospital, Damak
92	Devi Prasad Poudel	Assistant ( Darkroom)	AMDA Hospital, Damak
93	Maya Devi Mishra	Assistant ( Admin/Finance )	AMDA Hospital, Damak
94	Rajendra Sapkota	Assistant ( Admin/Finance )	AMDA Hospital, Damak
95	Nahakul Basnet	Assistant ( CMA )	AMDA Hospital, Damak
96	Khagendra Prasad Dahal	Assistant ( CMA )	AMDA Hospital, Damak
97	Damodar Thapa	Assistant ( CMA )	AMDA Hospital, Damak
98	Binuka Bhujel	Assistant ( ANM )	AMDA Hospital, Damak
99	Bindu Maya Pokhrel	Assistant ( ANM )	AMDA Hospital, Damak
100	Rupa Bhattarai	Assistant ( ANM )	AMDA Hospital, Damak
101	Menuka Raut	Senior Assistant ( SANM )	AMDA Hospital, Damak
102	Karmila Dhimal	Assistant ( ANM )	AMDA Hospital, Damak
103	Usha Nepal	Assistant ( ANM )	AMDA Hospital, Damak
104	Lalita Dhungana	Assistant ( ANM )	AMDA Hospital, Damak
105	Pradeep Chandra Nepal	Assistant ( Lab )	AMDA Hospital, Damak
106	Ramila Ghimire	Assistant ( ANM )	AMDA Hospital, Damak



S. No.	Name	Position	Office
107	Shusma Bhandari	Assistant ( ANM )	AMDA Hospital, Damak
108	Shanta Nepal	Assistant ( Admin/Finance )	AMDA Hospital, Damak
109	Nar Bahadur Pulami	Assistant ( Admin/Finance )	AMDA Hospital, Damak
110	Januka Chauhan (Sitaula)	Assistant ( ANM )	AMDA Hospital, Damak
111	Bhagwati Ojha	Assistant ( ANM )	AMDA Hospital, Damak
112	Radha Prasad Aryal	Assistant ( Radiography )	AMDA Hospital, Damak
113	Ishwar Baral	Assistant ( Medical Recorder )	AMDA Hospital, Damak
114	Ganesh Neupane	Assistant ( Lab )	AMDA Hospital, Damak
115	Anupa Dahal	Assistant ( Admin/Finance )	AMDA Hospital, Damak
116	Yogendra Giri	Assistant ( Admin/Finance )	AMDA Hospital, Damak
117	Shobha Kumari Poudel Pokharel	Assistant ( Medical Recorder )	AMDA Hospital, Damak
118	Lal Bahadur Dhimal	Clerk ( Senior Helper )	AMDA Hospital, Damak
119	Devi Bahadur Giri	Assistant ( Senior Driver )	AMDA Hospital, Damak
120	Jaya Prasad Bhattarai	Clerk ( Senior Helper )	AMDA Hospital, Damak
121	Shankar Prasad Adhikari	Clerk ( Senior Helper )	AMDA Hospital, Damak
122	Dil Bahadur Rijal Kshetri	Clerk ( Senior Helper )	AMDA Hospital, Damak
123	Tara Devi Bhujel	Clerk ( Senior Helper )	AMDA Hospital, Damak
124	Krishna Maya Budhathoki	Clerk ( Senior Helper )	AMDA Hospital, Damak
125	Harish Chandra Sapkota	Clerk ( Senior Helper )	AMDA Hospital, Damak
126	Hari Prasad Neupane	Clerk ( Senior Helper )	AMDA Hospital, Damak
127	Hangsa Bahadur Dhimal	Clerk ( Senior Helper )	AMDA Hospital, Damak
128	Hari Bahadur Dom (Jamdar)	Clerk ( Senior Helper )	AMDA Hospital, Damak
129	Prem Kumar Chaudhary	Clerk ( Senior Helper )	AMDA Hospital, Damak
130	Bidur Mani Dhital	Clerk ( Senior Helper )	AMDA Hospital, Damak
131	Uma Devi Basnet	Clerk ( Senior Helper )	AMDA Hospital, Damak
132	Sangita Dhakal	Clerk ( Senior Helper )	AMDA Hospital, Damak
133	Goma Khanal	Clerk ( Senior Helper )	AMDA Hospital, Damak
134	Dhan Bahadur Basnet	Clerk ( Senior Helper )	AMDA Hospital, Damak
135	Phul Maya Gautam	Clerk ( Senior Helper )	AMDA Hospital, Damak
136	Kamala Kumari Rai	Care Taker ( Helper )	AMDA Hospital, Damak
137	Prem Prasad Poudel	Clerk ( Senior Helper )	AMDA Hospital, Damak
138	Devi Kumari Thapa (Dhimal)	Care Taker ( Sweeper )	AMDA Hospital, Damak
139	Man Bahadur Darjee	Care Taker ( Sweeper )	AMDA Hospital, Damak
140	Mantut Kumari Rajak	Care Taker ( Laundryman )	AMDA Hospital, Damak
141	Tulsi Prasad Dhimal	Care Taker ( Helper )	AMDA Hospital, Damak
142	Mohan Rajak	Care Taker ( Laundryman )	AMDA Hospital, Damak
143	Khoma Devi Bhandari	Care Taker ( Helper )	AMDA Hospital, Damak
144	Bimala Pokharel	Care Taker ( Cook )	AMDA Hospital, Damak
145	Damanta Devi Neupane	Care Taker ( Cook )	AMDA Hospital, Damak
146	Parmila Bhattarai	Care Taker ( Cook )	AMDA Hospital, Damak
147	Sita Devi Bhattarai	Care Taker ( Helper )	AMDA Hospital, Damak
148	Sharmila Dhimal	Care Taker ( Cook )	AMDA Hospital, Damak
149	Chandra Tamang	Clerk ( Senior Helper )	AMDA Hospital, Damak
150	Daya Devi Darjee	Junior Care Taker	AMDA Hospital, Damak
151	Geeta Marik (Dum)	Junior Care Taker	AMDA Hospital, Damak
152	Bimali Marik (Dom)	Junior Care Taker	AMDA Hospital, Damak
153	Bina Rai (Limbu)	Junior Care Taker	AMDA Hospital, Damak
154	Sher Bahadur Magar	Junior Care Taker	AMDA Hospital, Damak
155	Rudra Shrestha	Assistant ( Technician )	AMDA Hospital, Damak
156	Astha Khatri	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
157	Rushma Baskota	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
158	Indra Maya Limbu	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
159	Ganga Karki	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak

S. No.	Name	Position	Office
160	Ambika Kathayat	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
161	Kusum Sapkota	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
162	Sabina Dhimal	Senior Assistant ( Lab )	AMDA Hospital, Damak
163	Kabita Khanal	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
164	Puja Neupane	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
165	Laxmi Sitaula	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
166	Manisha Sitaula	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
167	Shangnima Lama	Senior Assistant ( Lab )	AMDA Hospital, Damak
168	Puja Rajbanshi	Assistant ( ANM )	AMDA Hospital, Damak
169	Deepa Khatiwada	Care Taker ( Helper )	AMDA Hospital, Damak
170	Tapina Thapa	Care Taker ( Helper )	AMDA Hospital, Damak
171	Tulasha Neupane	Care Taker ( Helper )	AMDA Hospital, Damak
172	Shrawan Kumar Safi	Care Taker ( Helper )	AMDA Hospital, Damak
173	Rakhi Kumari Rajak	Junior Care Taker	AMDA Hospital, Damak
174	Laxmi Dhimal	Helper	AMDA Hospital, Damak
175	Tulasha Ghimire	Helper	AMDA Hospital, Damak
176	Pratistha Kafle	Helper	AMDA Hospital, Damak
177	Bijay Rai	Care Taker ( Helper )	AMDA Hospital, Damak
178	Ratna Devi Poudel	Helper	AMDA Hospital, Damak
179	Reju Gautam	Helper	AMDA Hospital, Damak
180	Bhagawati Sigdel (Regmi)	Helper	AMDA Hospital, Damak
181	Kamal Dhakal	Assistant ( Pharmacy )	AMDA Hospital, Damak
182	Ina Poudel	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
183	Usha Niroula	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
184	Sama Bhattarai	Assistant ( Librarian )	AMDA Hospital, Damak
185	Ambika Prasai	Officer ( Nursing )	AMDA Hospital, Damak
186	Seema Khadka	Senior Assistant ( Health Assistant )	AMDA Hospital, Damak
187	Manisha Shrestha	Senior Assistant ( Lab )	AMDA Hospital, Damak
188	Binu Bhandari	Assistant ( ANM )	AMDA Hospital, Damak
189	Usha Koirala	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
190	Binita Bhattarai	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
191	Muna Thebe	Officer ( Nursing )	AMDA Hospital, Damak
192	Anisha Dangal	Officer ( Nursing )	AMDA Hospital, Damak
193	Nita Gautam	Officer ( PH )	AMDA Hospital, Damak
194	Sita Dhimal	Officer ( Nursing )	AMDA Hospital, Damak
195	Bhawana Dulal	Officer ( PH )	AMDA Hospital, Damak
196	Muna Pokharel	Assistant ( Pharmacy )	AMDA Hospital, Damak
197	Punita Dahal	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
198	Uma Devi Rajbanshi	Helper	AMDA Hospital, Damak
199	Sanjay Chaudahry	Clerk	AMDA Hospital, Damak
200	Chhaya Devi Niroula	Clerk ( ANM )	AMDA Hospital, Damak
201	Ashish Pulami Magar	Clerk ( OA )	AMDA Hospital, Damak
202	Prabina Ghimire	Senior Assistant ( Radiographer)	AMDA Hospital, Damak
203	Chandra Kumari Angbo	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
204	Sita Jimée	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
205	Susma Nepal	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
206	Asmita Bajagain	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
207	Prativa Timsina	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
208	Perisha Basnet	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
209	Suruchi Dhakal	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
210	Sahara Kunwar	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
211	Ashima Bhujel	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
212	Sona Dahal	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak

S. No.	Name	Position	Office
213	Dikshya Shrestha	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
214	Binita Poudel	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
215	Bipisha K.C.	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
216	Rabina Yogi	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
217	Anima Ghimire	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
218	Sima Rai	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
219	Deepsana Bhandari	Senior Assistant ( Staff Nurse )	AMDA Hospital, Damak
220	Ganga Prasad Chaudhary	Helper	AMDA Hospital, Damak
221	Phul Kumari Tamang	Helper	AMDA Hospital, Damak
222	Homa Devi Acharya	Helper	AMDA Hospital, Damak
223	Ashmita Adhikari	Clerk (OA)	AMDA Hospital, Damak
224	Subhadra Nepal	Helper (Cook)	AMDA Hospital, Damak
225	Anita Rai	Helper (Cook)	AMDA Hospital, Damak
226	Kamala Chaudhary	Helper (Cook)	AMDA Hospital, Damak
227	Kamala Devi Dhimal	Helper	AMDA Hospital, Damak
228	Rita Nepali (Darjee)	Helper	AMDA Hospital, Damak
229	Bishnu Maya Bhattarai	Helper	AMDA Hospital, Damak
230	Shova Tamrakar	Senior Assistant (SANM)	AMDA Hospital, Damak
231	Bhumi Prasad Poudel	Messenger (Clerk)	AMDA Hospital, Damak
232	Lokendra Angdembe	Computer Operator	AMDA Hospital, Damak
233	Khuda Rajbanshi	Computer Operator	AMDA Hospital, Damak
234	Kamal Pratap Nepal	Assistant (Generator Operator)	AMDA Hospital, Damak
235	Rojina Tamang	Senior Assistant (OT Technician)	AMDA Hospital, Damak
236	Rubia Kumari Rajak	Helper (P/T)	AMDA Hospital, Damak
237	Sudeep Dhital	Helper (P/T)	AMDA Hospital, Damak
238	Asmita Poudel	Senior Assistant (Staff Nurse)	AMDA Hospital, Damak
239	Merisha Rai	Ward Cleaner	AMDA Hospital, Damak
240	Muna Magar	Ward Cleaner	AMDA Hospital, Damak
241	Sita Marrik	Ward Cleaner	AMDA Hospital, Damak
242	Dalima BK	Ward Cleaner	AMDA Hospital, Damak
243	Nirajan Mallik	Ward Cleaner	AMDA Hospital, Damak
244	Mithun Mallik	Ward Cleaner	AMDA Hospital, Damak
245	Sashi Kala Lawar	Ward Cleaner	AMDA Hospital, Damak
246	Ram Prasad Gartaula	Ward Cleaner	AMDA Hospital, Damak
247	Khima B K	Ward Cleaner	AMDA Hospital, Damak
248	Dhan Maya Niraula	Helper	AMDA Hospital, Damak
249	Bal Bahadur Gurung	Commandar	AMDA Hospital, Damak
250	Gopal Thapa	Assist/Commandar	AMDA Hospital, Damak
251	Govinda Thapa Magar	Security Guard	AMDA Hospital, Damak
252	Parbata Nepal	Security Guard	AMDA Hospital, Damak
253	Bala Ram Acharya	Security Guard	AMDA Hospital, Damak
254	Netra Pradhan	Security Guard	AMDA Hospital, Damak
255	puja shrestha	Security Guard	AMDA Hospital, Damak
256	Purna Bahadur Dhimal	Security Guard	AMDA Hospital, Damak
257	Naren Thapa Magar	Security Guard	AMDA Hospital, Damak
258	Jeet Bahadur Limbu	Security Guard	AMDA Hospital, Damak
259	Murari Sarki	Security Guard	AMDA Hospital, Damak
260	Asbin Basnet	Security Guard	AMDA Hospital, Damak
261	Tilak Fago	Security Guard	AMDA Hospital, Damak
262	Bhola Nath Dulal	Security Guard	AMDA Hospital, Damak
263	Pujan Pulami	Security Guard	AMDA Hospital, Damak
264	Akash Shah	Security Guard	AMDA Hospital, Damak
265	Dik Bahadur Pulami	Security Guard	AMDA Hospital, Damak



S. No.	Name	Position	Office
266	Upesh Darji	Security Guard	AMDA Hospital, Damak
267	Som Kumar Rai	Security Guard	AMDA Hospital, Damak
268	Dambar Bahadur Thapa	Security Guard	AMDA Hospital, Damak
269	Sagar Nepal	Security Guard	AMDA Hospital, Damak
270	Pitambar Dhungana	Police	AMDA Hospital, Damak
271	Nista Thapa	Senior Assistant (Staff Nurse)	AMDA Hospital, Damak
272	Alija Basnet	Senior Assistant (Staff Nurse)	AMDA Hospital, Damak
273	Sabitra Khadka	Senior Assistant (Staff Nurse)	AMDA Hospital, Damak
274	Seerina Basnet	Senior Assistant (Staff Nurse)	AMDA Hospital, Damak
275	Anu Shrestha	Senior Assistant (Staff Nurse)	AMDA Hospital, Damak
276	Pramita Bharati	Senior Assistant (Staff Nurse)	AMDA Hospital, Damak
277	Nisha Sapkota	Senior Assistant (Staff Nurse)	AMDA Hospital, Damak
278	Susma Tamang	Senior Assistant (Staff Nurse)	AMDA Hospital, Damak
279	Sujata Rai	Helper	AMDA Hospital, Damak
280	Sushmita Dahal	Pharmacy Officer	AMDA Hospital, Damak
281	Dr. Binod Kumar Parajuli	Chief Consultant	Siddhartha Children and Women Hospital
282	Dr. Debesh Muni Bajracharya	Chief Consultant	Siddhartha Children and Women Hospital
283	Dr. Girdhar Gopal Gupta	Senior Consultant	Siddhartha Children and Women Hospital
284	Dr. Him Kumar Shrestha	Senior Consultant	Siddhartha Children and Women Hospital
285	Dr. Udaya Kumar Singh	Senior Consultant	Siddhartha Children and Women Hospital
286	Dr. Keshav Raj Sharma	Consultant	Siddhartha Children and Women Hospital
287	Dr. Rajendra Bashyal	Medical Superintendent	Siddhartha Children and Women Hospital
288	Dr. Sashi Shekhar Jha	Consultant	Siddhartha Children and Women Hospital
289	Dr. Sharmila Sharma	Consultant	Siddhartha Children and Women Hospital
290	Dr. Rajesh Kumar Gupta	Consultant	Siddhartha Children and Women Hospital
291	Dr. Santosh Pokhrel	Consultant	Siddhartha Children and Women Hospital
292	Dr. Suman Baniya	Consultant	Siddhartha Children and Women Hospital
293	Dr. Bijaya Lamsal	Consultant	Siddhartha Children and Women Hospital
294	Mr. Dhruba Prasad Shrestha	Administrator	Siddhartha Children and Women Hospital
295	Ms. Sushila Bishwakarma	Matron	Siddhartha Children and Women Hospital
296	Dr. Bal Gobind Chaudhary	Registrar	Siddhartha Children and Women Hospital
297	Dr. Arun Pokhrel	Registrar	Siddhartha Children and Women Hospital
298	Mr. Shiba Prasad Kandel	Senior Officer(A/F)	Siddhartha Children and Women Hospital
299	Dr. Sarita Pandey	Medical Officer	Siddhartha Children and Women Hospital
300	Dr. Rabindra Agrahari	Medical Officer	Siddhartha Children and Women Hospital
301	Dr. Srijana Puri	Medical Officer	Siddhartha Children and Women Hospital
302	Dr. Bhagawoti Poudel	Medical Officer	Siddhartha Children and Women Hospital
303	Dr. Adarsha Bhadel	Medical Officer	Siddhartha Children and Women Hospital
304	Dr. Bishnu Poudyal	Dental Officer	Siddhartha Children and Women Hospital
305	Ms. Mana Maya Thapa	Officer Nursing	Siddhartha Children and Women Hospital
306	Mr. Santosh Kumar Singh	Officer(Pharmacy)	Siddhartha Children and Women Hospital
307	Ms. Radha Hemchuri	Officer Nursing	Siddhartha Children and Women Hospital
308	Ms. Bishnu Maya Thapa	Officer Nursing	Siddhartha Children and Women Hospital
309	Mr. Gyanendra Sharma	Officer(A/F)	Siddhartha Children and Women Hospital
310	Ms. Durga Devi Gauchan	Officer Nursing	Siddhartha Children and Women Hospital
311	Ms. Chandra Kala Belbase Bashyal	Staff Nurse	Siddhartha Children and Women Hospital
312	Mr. Ashish Acharya	Officer Lab	Siddhartha Children and Women Hospital
313	Mr. Ganesh Khadka	Officer Lab	Siddhartha Children and Women Hospital
314	Ms. Bidya Gurung	Officer Nursing	Siddhartha Children and Women Hospital
315	Ms. Gyanu Karki	Officer Nursing	Siddhartha Children and Women Hospital
316	Mr. Rajesh Adhikari	Biomet Technician	Siddhartha Children and Women Hospital
317	Ms. Merina Shrestha	Staff Nurse	Siddhartha Children and Women Hospital
318	Ms. Bhoj Kumari Bhusal	Staff Nurse	Siddhartha Children and Women Hospital

S. No.	Name	Position	Office
319	Ms. Shashi Adhikari	Nursing Officer	Siddhartha Children and Women Hospital
320	Mr. Khem Raj Aryal	Lab Technician	Siddhartha Children and Women Hospital
321	Ms. Saraswati Devkota	Sr. ANM	Siddhartha Children and Women Hospital
322	Ms. Bhim Kumari Shrestha	Sr. ANM	Siddhartha Children and Women Hospital
323	Mr. Shrikant Subedi	H. A.	Siddhartha Children and Women Hospital
324	Ms. Dhanisara Kawor	Staff Nurse	Siddhartha Children and Women Hospital
325	Mr. Jagat Chandra Rajbanshi	Sr. Assistant (Anesthesia)	Siddhartha Children and Women Hospital
326	Ms. Mimmi Kumari Ale Rana	Staff Nurse	Siddhartha Children and Women Hospital
327	Ms. Allen Thapa Magar	Staff Nurse	Siddhartha Children and Women Hospital
328	Ms. Archana Joshi	Staff Nurse	Siddhartha Children and Women Hospital
329	Ms. Sunita Gaire	Sr. ANM	Siddhartha Children and Women Hospital
330	Mr. Yubaraj Amgain	Sr. CMA	Siddhartha Children and Women Hospital
331	Ms. Puspa Poudel Gautam	Sr. ANM	Siddhartha Children and Women Hospital
332	Mr. Dev Prasad Khanal	Sr. Office Assistant	Siddhartha Children and Women Hospital
333	Ms. Pooja Adhikari	Lab Technician	Siddhartha Children and Women Hospital
334	Ms. Shrijana Budhathoki	Staff Nurse	Siddhartha Children and Women Hospital
335	Ms. Sharmila Kunwar	Staff Nurse	Siddhartha Children and Women Hospital
336	Ms. Ritu Ale Balal	Staff Nurse	Siddhartha Children and Women Hospital
337	Ms. Soni Maski	Staff Nurse	Siddhartha Children and Women Hospital
338	Ms. Sangita B. K.	Staff Nurse	Siddhartha Children and Women Hospital
339	Ms. Parbati Khanal	Staff Nurse	Siddhartha Children and Women Hospital
340	Ms. Manisha Gautam	Staff Nurse	Siddhartha Children and Women Hospital
341	Ms. Rami Thapa	Staff Nurse	Siddhartha Children and Women Hospital
342	Ms. Sanam Shrestha	Staff Nurse	Siddhartha Children and Women Hospital
343	Ms. Anjana Chaudhary	Staff Nurse	Siddhartha Children and Women Hospital
344	Ms. Sharmila Thapa	Staff Nurse	Siddhartha Children and Women Hospital
345	Ms. Lumana Shrestha	Staff Nurse	Siddhartha Children and Women Hospital
346	Ms. Rachana Pandey	Staff Nurse	Siddhartha Children and Women Hospital
347	Mr. Krishna Prasad Gyawali		Siddhartha Children and Women Hospital
348	Ms. Usha Shrestha	ANM	Siddhartha Children and Women Hospital
349	Mr. Ishwori Pandey	CMA	Siddhartha Children and Women Hospital
350	Mr. Dina Nath Bhandari	CMA	Siddhartha Children and Women Hospital
351	Ms. Niru Nepal	ANM	Siddhartha Children and Women Hospital
352	Mr. Jhabindra Thapa Magar	CMA	Siddhartha Children and Women Hospital
353	Ms. Samjhana Shrestha	CMA	Siddhartha Children and Women Hospital
354	Ms. Anju Budhaprithi	CMA	Siddhartha Children and Women Hospital
355	Ms. Sushma Rana	CMA	Siddhartha Children and Women Hospital
356	Mr. Mehar Singh Rana	Office Assistant	Siddhartha Children and Women Hospital
357	Ms. Dhanmaya Jhankri	ANM	Siddhartha Children and Women Hospital
358	Ms. Shanta Gyawali	ANM	Siddhartha Children and Women Hospital
359	Mr. Krishna Bahadur G.C.	Office Assistant	Siddhartha Children and Women Hospital
360	Ms. Uma Bajracharya	ANM	Siddhartha Children and Women Hospital
361	Ms. Indu Bhattarai	CMA	Siddhartha Children and Women Hospital
362	Ms. Basanti Ghimire	ANM	Siddhartha Children and Women Hospital
363	Mr. Arjun Bhandari	Lab Technician	Siddhartha Children and Women Hospital
364	Ms. Babita Panday	Lab Assistant	Siddhartha Children and Women Hospital
365	Ms. Renu Rana	ANM	Siddhartha Children and Women Hospital
366	Mr. Rajesh Basnet	Driver	Siddhartha Children and Women Hospital
367	Mr. Bishnu Neupane	Office Assistant	Siddhartha Children and Women Hospital
368	Mr. Gyanu Kharel	CMA	Siddhartha Children and Women Hospital
369	Ms. Padma Gurung	Office Assistant	Siddhartha Children and Women Hospital
370	Mr. Bishnu Prasad Gautam	Assistant Maintenance	Siddhartha Children and Women Hospital
371	Ms. Sita Kumari Bashyal	Nurse Aid	Siddhartha Children and Women Hospital

S. No.	Name	Position	Office
372	Ms. Kalpana Bhandari Ghimire	ANM	Siddhartha Children and Women Hospital
373	Ms. Durga Pandey	ANM	Siddhartha Children and Women Hospital
374	Ms. Asha Puri Giri	ANM	Siddhartha Children and Women Hospital
375	Ms. Manju Rana	ANM	Siddhartha Children and Women Hospital
376	Ms. Janaki Nagarkoti Shrestha	ANM	Siddhartha Children and Women Hospital
377	Ms. Sandhya B. K.	ANM	Siddhartha Children and Women Hospital
378	Ms. Srijana Neupane	ANM	Siddhartha Children and Women Hospital
379	Ms. Gita Rayamajhi	Nurse Aid	Siddhartha Children and Women Hospital
380	Mr. Ishwari Chudali	Lab Assistant	Siddhartha Children and Women Hospital
381	Mr. Abhash Subedi	Lab Assistant	Siddhartha Children and Women Hospital
382	Ms. Sangita K.C. Panta	Office Assistant	Siddhartha Children and Women Hospital
383	Ms. Esther Maharjan	Office Assistant	Siddhartha Children and Women Hospital
384	Ms. Sneha Karki Chhetri Basnet	Office Assistant	Siddhartha Children and Women Hospital
385	Ms. Hemanti Chaudhary	Office Assistant	Siddhartha Children and Women Hospital
386	Ms. Srijana Thapa	Office Assistant	Siddhartha Children and Women Hospital
387	Ms. Devi Kumari Pandey	Sr. Helper	Siddhartha Children and Women Hospital
388	Ms. Prema Kumari Upadhyay	Nurse Aid	Siddhartha Children and Women Hospital
389	Ms. Maya Regmi	Office Assistant	Siddhartha Children and Women Hospital
390	Mr. Nar Bahadur Magar	Sr. Helper	Siddhartha Children and Women Hospital
391	Ms. Sita Rana	Sr. Helper	Siddhartha Children and Women Hospital
392	Ms. Usha Devi Adhikari	Sr. Helper	Siddhartha Children and Women Hospital
393	Ms. Santi Maya Ale Magar	Sr. Helper	Siddhartha Children and Women Hospital
394	Mr. Roma Kanta Baraha	Sr. Helper	Siddhartha Children and Women Hospital
395	Mr. Ashok Sharma Pandeya	Driver	Siddhartha Children and Women Hospital
396	Mr. Suraj Tiwari	Driver	Siddhartha Children and Women Hospital
397	Ms. Narayani Thapa	Sr. Helper	Siddhartha Children and Women Hospital
398	Ms. Yam Kumari B.K.	Sr. Helper	Siddhartha Children and Women Hospital
399	Ms. Mina Kumari Pun	Sr. Helper	Siddhartha Children and Women Hospital
400	Ms. Laxmi Sedai	Sr. Helper	Siddhartha Children and Women Hospital
401	Mr. Narayan Prasad Pandey	Sr. Helper	Siddhartha Children and Women Hospital
402	Mr. TiKa Bahadur Dhenga	Sr. Helper	Siddhartha Children and Women Hospital
403	Ms. Pratima Bhandari	Sr. Helper	Siddhartha Children and Women Hospital
404	Ms. Januka Khadka	Sr. Helper	Siddhartha Children and Women Hospital
405	Ms. Kamala Poudel Jaisi	Sr. Helper	Siddhartha Children and Women Hospital
406	Ms. Nirmala Pandey	Sr. Helper	Siddhartha Children and Women Hospital
407	Mr. Suresh Kathariya	Clerk	Siddhartha Children and Women Hospital
408	Ms. Kamala Thapa	Helper	Siddhartha Children and Women Hospital
409	Ms. Radha Pandey	Helper	Siddhartha Children and Women Hospital
410	Ms. Parbati Rana	Helper	Siddhartha Children and Women Hospital
411	Mr. Ram Bahadur Regmi	Driver	Siddhartha Children and Women Hospital
412	Mr. Mitra Lal Khanal	H.A.	Siddhartha Children and Women Hospital
413	Ms. Manju Shrestha	Staff Nurse	Siddhartha Children and Women Hospital
414	Ms. Sweta Bhusal	Staff Nurse	Siddhartha Children and Women Hospital
415	Ms. Sushma Shrestha	Staff Nurse	Siddhartha Children and Women Hospital
416	Ms. Pratiksha Panthii	Staff Nurse	Siddhartha Children and Women Hospital
417	Ms. Namuna Pun	Staff Nurse	Siddhartha Children and Women Hospital
418	Ms. Jyoti Gahatraj	Staff Nurse	Siddhartha Children and Women Hospital
419	Ms. Anju Thapa	Staff Nurse	Siddhartha Children and Women Hospital
420	Ms. Sunita Pun	Staff Nurse	Siddhartha Children and Women Hospital
421	Ms. Raksha Godar Chhetri	Staff Nurse	Siddhartha Children and Women Hospital
422	Ms. Suman Chaudhary	Staff Nurse	Siddhartha Children and Women Hospital
423	Ms. Pooja Kanu	Staff Nurse	Siddhartha Children and Women Hospital
424	Ms. Durga Adhikari	Staff Nurse	Siddhartha Children and Women Hospital



S. No.	Name	Position	Office
425	Ms. Anusha Nepal	Staff Nurse	Siddhartha Children and Women Hospital
426	Ms. Punam Bishwokarma	Staff Nurse	Siddhartha Children and Women Hospital
427	Mr. Pradeep Ranabhat	Security Company	Siddhartha Children and Women Hospital
428	Mr. Milan Pun Magar	Helper	Siddhartha Children and Women Hospital
429	Mr. Dil Bahadur Thapa	Helper	Siddhartha Children and Women Hospital
430	Mr. Prem Bahadur Thapa	Helper	Siddhartha Children and Women Hospital
431	Mr. Bishnu Bahadur G.C.	Helper	Siddhartha Children and Women Hospital
432	Mr. Tul Bahadur Thapa	Helper	Siddhartha Children and Women Hospital
433	Mr. Nilkantha Kafle	Helper	Siddhartha Children and Women Hospital
434	Ms. Meena Nepali	Helper	Siddhartha Children and Women Hospital
435	Ms. Reeta B.K.	Helper	Siddhartha Children and Women Hospital
436	Ms. Kusum Nepali	Helper	Siddhartha Children and Women Hospital
437	Ms. Amrita Neupane	Helper	Siddhartha Children and Women Hospital
438	Ms. Sunita Ale Magar	Helper	Siddhartha Children and Women Hospital
439	Ms. Sabina Shrestha	Helper	Siddhartha Children and Women Hospital
440	Ms. Yam Kumari G.C.	Helper	Siddhartha Children and Women Hospital
441	Ms. Leela Rana	Helper	Siddhartha Children and Women Hospital
442	Ms. Sita Sunar	Helper	Siddhartha Children and Women Hospital
443	Ms. Tara G.C.	Helper	Siddhartha Children and Women Hospital
444	Ms. Pasupati Thadamagar	Helper	Siddhartha Children and Women Hospital
445	Mr. Sudeep khadaka	Driver	Siddhartha Children and Women Hospital
446	Mr. Madhusudhan Poudel	Helper	Siddhartha Children and Women Hospital
447	Mr. Bhagirath Poudel	Helper	Siddhartha Children and Women Hospital
448	Ms. Hima Bashyal	Helper	Siddhartha Children and Women Hospital
449	Ms. Meena Sunar	Helper	Siddhartha Children and Women Hospital
450	Ms. Saraswoti Kuwar	Helper	Siddhartha Children and Women Hospital
451	Ms. Saraswoti thapa	Helper	Siddhartha Children and Women Hospital
452	Dr. Poshan Raman Tripathi	Medical Superintendent	AMDA Mechi Hospital
453	Dr. Deepak Kumar Shah	Medical Officer	AMDA Mechi Hospital
454	Dr. Sudesh Khanal	Medical Officer	AMDA Mechi Hospital
455	Mr. Tara Thapa	Asst. Adm/Fin.	AMDA Mechi Hospital
456	Ms. Prem Kumari Bimali	Dark room Asst.	AMDA Mechi Hospital
457	Ms. Manju Shree Meche	Asst. ANM	AMDA Mechi Hospital
458	Ms. Rekha Shrestha	Asst. CMA	AMDA Mechi Hospital
459	Ms. Kusum Timsina	Lab Asst.	AMDA Mechi Hospital
460	Ms. Hem Kumari Shrestha	Asst. ANM	AMDA Mechi Hospital
461	Ms. Hema Adhikari	Asst. Lab	AMDA Mechi Hospital
462	Ms. Sushma Pokhrel	Asst. Clerk	AMDA Mechi Hospital
463	Ms. Kunti Uraw	Attender	AMDA Mechi Hospital
464	Mr. Raju Uraw	Attender	AMDA Mechi Hospital
465	Mr. Pradeep Kumar Gangai	Attender	AMDA Mechi Hospital
466	Mr. Vishal Rajbanshi	Asst. CMA	AMDA Mechi Hospital
467	MS. Iksha Kedem	Asst. ANM	AMDA Mechi Hospital
468	Ms. Sushma Rai	Asst. Lab	AMDA Mechi Hospital
469	Ms. Asha Rai	Dark room Asst.	AMDA Mechi Hospital
470	Ms. Shreya Khati	Asst. CMA	AMDA Mechi Hospital
471	Mr. Ramesh Mallik	Cleaner	AMDA Mechi Hospital
472	Mr. Rohit Kumar Uranw	Project Coordinator	EpiC
473	Mr. Yubaraj Wagle	Admin and Finance Officer	EpiC
474	Mr. Prashant Pageni	M&E Officer	EpiC
475	Mr. Dipendra karki	Health Assistant	EpiC
476	Ms. Rashna Ghimire	Health Assistant	EpiC
477	Ms. Pooja Shah	Health Assistant	EpiC

S. No.	Name	Position	Office
478	Mr. Thaku Chaudhary	Field Supervisor	EpiC
479	Mr. Suresh Kumar Majhi	Sr. Lab Assistant	EpiC
480	Ms. Simran Rai	Lab Assistant	EpiC
481	Ms. Devika Chaudhary	CBS	EpiC
482	Ms. Ranjana Rajthala	CBS	EpiC
483	Mr. Roshan Pokharel	CBS-Online Outreach	EpiC
484	Ms. Manisha Bhujel	Clinic Helper	EpiC
485	Ms. Kalpana Chaudhary	DIC Operator/M&E Associate	EpiC
486	Ms. Prithi Maya Limbu	Peer Navigator	EpiC
487	Mr. Pashupati Chapagain	Peer Navigator	EpiC
488	Mr. Dharmendra Chaudhary	Helper cum Messenger	EpiC
489	Mr. Sanjay Gautam	Health Assistant	EpiC
490	Mr. Gokul Dev Acharya	Peer Navigator	EpiC
491	Ms. Tej Kumari Giri	Peer Navigator	EpiC
492	Ms. Raju Kumari Chaudhary	CBS	EpiC
493	Ms. Bhagawati Chaudhary	CBS	EpiC
494	Mr. Ganesh Basnet	CBS	EpiC
495	Ms. Ashrina Bhattarai	M&E Officer	EpiC
496	Mr. Dhiren Kumar Rajbansh	Health Assistant	EpiC
497	Mr. Shushobhit Kumar Saud	Health Assistant	EpiC
498	Mr. Radheshyam Yadav	Health Assistant	EpiC
499	Ms. Laxmi Kumari Rajbanshi	Lab Assistant	EpiC
500	Mr. Dev Kumar Mudiary	Lab Assistant	EpiC
501	Mr. Dilli Ram Nepal	CBS	EpiC
502	Ms. Devi Maya Khadka	CBS	EpiC
503	Ms. Pritika Poudel	CBS	EpiC
504	Mr. Shyam Raj Sharki	Clinic Helper	EpiC
505	Ms. Shobha Kumari Dahal	DIC Operator/M&E Associate	EpiC
506	Mr. Bam Bahadur Lamichane	Peer Navigator	EpiC
507	Mr. Umesh Tamang	Peer Navigator	EpiC
508	Mr. Krishna Gurung	Peer Navigator	EpiC
509	Mr. Rajendra Ruchel	Project Manager	Mother Child Health Project
510	Mr. Sudan Oli	Admin & Finance Officer	Mother Child Health Project
511	Mr. Prayash Lamsal	Program Officer	Mother Child Health Project
512	Mr. Raja Ram Chaudhary	Community Health Mobilizer	Mother Child Health Project
513	Ms. Sunita Chaudhary	Community Health Mobilizer	Mother Child Health Project
514	Mrs. Anusha Yadav	Community Health Mobilizer	Mother Child Health Project
515	Mrs. Barsha Pandey	Community Health Mobilizer	Mother Child Health Project
516	Mrs. Srishtika Chaudhary	Logistic Assistant	Mother Child Health Project

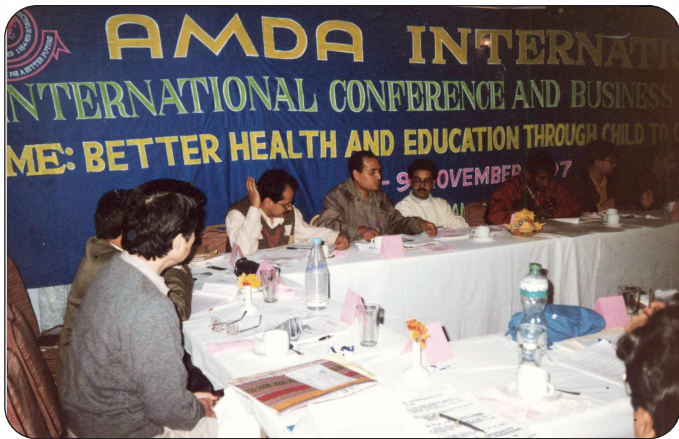




*Observation of AMDA's Activity*



*Opening of SCWH*



*Presenting paper in AMDA-International conference*



*Psychiatric group counseling session*



*Nepal Earthque ER 2015*



*Patient consultation in Kailali 2008*





*AMDA International conference*



*Bishnu village project final report dissemination*



*Children in feeding center\_Djibouti*



*AMDA Hospital Rented House in Damak*



*First visit to bhutanese refugee camps by Dr Rameshwar Pokharel with Japsnese Team before to propose bhutanese refugee referral health center establishment (before developing of amda hospital in damak)*



*Lively interaction with AMDA-International President*