

Lesson development in detail
Competence area: Nepal, the Bible and us lesson 7
Lesson: Rehabilitation of children with disabilities
Objectives: After this lesson, the children will know more about dangers that face children in Nepal and how the have been helped.
Time: Lesson can be as long as you like
<p>Content: Read or share about Acts 20: 7-12</p> <ul style="list-style-type: none"> • Since Nepal is a mountainous country life can be dangerous. Many small children fall and get hurt very badly, or they burn themselves on fires when cooking or candles when there is no electricity for lights. The hospital is often days away, and many areas have no roads, so many don't get help or get help only after a very long time. • Share some of the stories below with the children. • Make a collage of pictures and stories and how UMN was able to be like Paul to these children. Use it in your exhibition on what you have been learning about. • Continue your fund raising activities.
<p>Ideas of how to present this lesson.</p> <ul style="list-style-type: none"> • Group discussion • Show the pictures of the children and tell their stories • Have a craft time making a collage with risks for children in Nepal and how UMN helps them. Write prayer points for these children underneath or make little cards that people from the church can take home to pray for these and other children. • Action according to previous plans
<p>Ideas of practical assignments that can go with the content of this lesson "homework", things they can do independently on their own or in a group to apply what they have learned in the classroom</p> <ul style="list-style-type: none"> • Depends on what your group action plan is
<p>Additional information that might be helpful for the teacher (please adjust to the age group you are working with)</p> <p>Health System: Nepal is divided into 75 districts and each district is divided into Village Development Committees (VDC) .Altogether there are 4000 VDCs. There is a health policy that in each district there should be one district hospital and each district hospital should have at least 3 doctors. Some districts are big and have many doctors but often, there is only one doctor. Below the district hospital,there are primary health care centres. In rural areas these often do not have doctors, only health workers with only 1-2 year training.</p> <p>Children do not usually go to the doctor for check-ups. Children under the age of one should have 5 immunizations, about 85% nationally have immunizations. Under three year, they are encouraged to have a nutrition check-up monthly but the coverage is low; people do not bring their children to the clinic except for very serious cases.</p>

In Nepal there are not enough hospitals. Only the big health posts will have a doctor, others might have a local volunteer who has some basic training. Except for the big towns many village people may need to walk for one or two or more days to get to the hospital. Patients often do not get quality service when they need it.

In government hospitals if a patient needs to stay in hospital they must take a helper to stay in hospital with them. The helper will sleep in the same room as the patients and will bring food, wash them, help them with toilet visits etc. The nurse only does medical things like give injections, take the temperature or bring the medicines.

What does this mean for children in Nepal? Here are a few stories from children in two districts in Nepal, from all the other districts in Nepal UMN could share similar stories.

Children At Risk Dhading

Prabin

Bishanmaya lives by the river bank in Dhading district, There are 7 members in her family. They have made a temporary tent and during the rainy season, they live in a rented place one hour by car away from the district headquarters. Their economic condition is pretty bleak. They make their living by breaking and transporting river stones to be used for constructing buildings. From this income, children are sent to school. She has a son named Prabin, whose legs have been crooked since birth. He cannot walk properly nor can work or play with friends. He studies in Srijana Jagriti Higher Secondary School in grade 3. His school is far and it is difficult for him to walk a long way. He has been taken to hospital several times but was given a pair of crutches (during the first check-up) and medicine only. There has been no proper treatment. His friends also call him by the nickname “*Bange*” (which means a person having crooked leg in Nepali). Some villagers and classmates beat him. They feel children like Prabin must have been punished by the gods for something bad they did in a previous life. Therefore they beat him. When he goes to the school, his mother is worried by the thought that he would be beaten up by his classmates. He is always dressed in full length trousers so that others would not notice his crooked legs. His mother admits his unwillingness in his studies. He has not been helped by any of the organisations. In school, other students receive clothes while Prabin has not received anything.

After filling UMN's scholarship form through a local partner, he was selected to have good quality surgical treatment. He has been receiving ongoing rehabilitation thereafter. Now, he can walk much better than before and he says it is easier for him to go to school. He can even carry stones in smaller amount. His brother said that there has been a progress in his studies compared to before. While he was in grade 2, he did not like to go to school but now he likes going to school and even does his home assignments. His friends have started to care for him and neighbours also treat him well. His uncle admits that there has been a lot of improvement in him. He is grateful to UMN for the help he received.

Sagari

Sagari lives in Dhading district in a small village one hour away from the district headquarters. She is disabled and lives with her grandmother. Their economic condition is very low. Her father does not work but drinks a lot of alcohol. Her mother is beaten up by her father while he is drunk. Her mother owns a local hotel. She has one younger brother who also lives with the grandmother. Sometimes her mother sends money to them. Her grandmother cares for them whenever she receives money from their mother when she doesn't receive money she threatens them by saying that she will send them back to their mother. Sagari has only two fingers on her right hand since birth. Now she is 13 years old. She studies in grade 5. When she was small, she was taken to a hospital near Kathmandu but she could not get proper treatment. She studies in a government high school and they provide a school uniform and school bag regularly. All her school teachers love her but her friends tease her

calling “*Dudi*” (which means a person not having finger/s in Nepali). This makes her feel very sad. Housver, she is a laborious student. She knows that if she does not study usll, none of the organisations would help her. She is incapable to work with her right hand so she uses her left hand (which is 'not done' in Nepal). . She is unable to do the household chores. Her brother helps to wash her clothes or she washes it herself with one hand. She is sad about her right hand and she is also sad that she could not stay with her father and mother. She came in contact with UMN through their local partner organization. She has faith that UMN would help her and she hopes that she could get a scholarship. She says that though she can work with one hand, she can see clearly and walk easily. While she usnt to hospital she saw many patients suffering from rehabilitation which made her feel that she is not only one. Therefore she has stopped worrying about her own condition.

Sharmila

Sharmila is 3 years old and lives in Dhading district in a small villagefour hour walking from the district headquarters. Her parents are ordinary farmers. She has 10 members in her family. They have 2 ropanies of land (10,950 square feet or ¼ acre) but they can't cultivate al of it. Sharmila's mother was married when she was very young. Sharmila is the only daughter in her family. She has been disabled since birth. Her right leg is crooked and has four toes. She was unable to walk so she had to be carried everywhere. When her parents would go for farming, she would leave Sharmila at home. When she cried no one would bother to take care of her. Village kids loved to beat her. They would call her by saying “*Bangi*” (which means a person having a crooked leg in Nepali). Sharmila also couldn't go to the bathroom so she would soil her clothes. Some people say that all of this happened because of the sin of her grandparents.

None of the organisation had helped her. It was only after they had filled in the form of UMN through one of the local partner organizations one of the members (named Bhagawati Tiwari) of that club took her to Banepa hospital in Kathmandu. Her right leg was operated and made straight. Her physical structure started to improve. Her grandmother says it is as if her grand daughter has received the greatest gift in life. Before she could not go away from home, now that she can go anywhere. She has been healthier than before. Now she is able to eat and dress herself. Village kids have started to be friends with her. Slowly people have changed their ideas and say that it is not because of her grandparents' sin but because of lack of health services. Her family, especially her grandmother, are grateful towards UMN. They hope that UMN would help her in the future as usll.

From Mugu:

From Darkness to Light

Purnima is a 14 years old girl from a small village 2 to 3 hours walking from the district headquarters studying in class 8. Just like other young girls in her home village, she had hopes and aspiration for better future. But in Dec 2008 all her hopes and aspiration abruptly ended, leading her to darkness and hopelessness.

In the morning of that fateful day while climbing up the staircase of her house carrying a water pot, she slipped and fell, fracturing her left shoulder. Due to financial constraints and inaccessibility of better health facility in Mugu, she was unable to receive medical treatment and was treated locally by the traditional healer. After receiving local treatment for 2 months her situation got worse. She was experiencing great pain due to infection in her fractured bone as pus started oozing out. She says “situation got worse for me as my left hand become totally useless and soon I could not studies, play with my friends, and assist my parents in domestic house hold work. This feeling of helplessness left me in total frustration and in darkness regarding my future”.

One day her parents heard that UMN Mugu provides medical treatment and rehabilitation support for the poor and disable children so they took her to the UMN office asking for

assistance. After coordinating with UMN Thapathali, she was sent to Kathmandu for treatment. In Kathmandu, she was welcomed, encouraged and loved as a member of the family by UMN staff and taken to hospital for treatment. Her left hand was successfully operated and treated on time. Seeing her treatment was successful She said "with UMN's intervention and help, I was saved from my gloomy future, pain and suffering, and I believe it's a divine grace of God manifested through compassion and virtue practised by UMN".

Purnima has returned back to Mugu after 3 months of intensive treatment and rehabilitation and has started going to school regularly. With cheerfulness she says "I am very much thankful to UMN for bringing my life from darkness to light, now I can look forward to my future with optimism. I will always cherish the love, support and encouragement I received from UMN. Now my feeling and love for the disabled has increased".

A new lease of life

Mangale is a 12 years old boy studying in grade 5 . He lives 4 hours walking from the Mugu district headquarters. His father is a poor and handicapped person aged 48, and cannot do hard work for his family's living. Mangale has two elder sisters who do not attend school due to the work they have to do at home. However being a son, Mangle got the opportunity to go to school and was loved by his parents and teachers for being a studious child. Apart from his schooling, he took care of the family's 3 goats and a cow. A few months ago Mangle fell and fractured his left leg when he was grazing goats in a nearby grassland of the village. Due to his family's poor economic condition he was treated locally by the traditional healer instead of taking him to hospital. Infection in his leg got even worse after two months of local treatment. There was regular bleeding and it was very painful for Mangle, and his health got worse day by day. Mangle became anaemic and was unable to have sound sleep. Seeing the plight of the boy, local villagers finally took him to the district hospital. The hospital could not treat the boy and referred him to go outside of Mugu as there is no X-ray machine in the hospital. As Mangle's family did not have enough money to take him to Nepalgunj, they started requesting money from various organizations and people in the Gamgadhi bazaar, near the hospital. They collected Rs.1100. When they approached UMN for assistance Mangale's health condition was critical. His leg was almost gangrenous. Mugu cluster coordinated with UMN Thapathali office and sent the boy to Kathmandu for further treatment. Mangle is now finally back to his village fully recovered and going to school regularly, after 7 months of medical and rehabilitation treatment in the hospital for disabled children in Banepa. He and his family are very thankful to UMN for providing support to rescue him from such a difficult situation and now he has a new lease of life.

Remarks Have old magazines for the collage and prayer cards , provide glue, crayons, copied pictures and stories etc.

Nepal , the Bible and us (2010)