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Do No Harm: Perceptions of Short-term Health Camps in Nepal

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<u>Abstract</u>

Short-term health camps are a growing form of delivering health care services to needy populations. Often these camps, usually lasting around 2 weeks, are led by I/NGOs in developing nations like Nepal and are staffed with volunteers from the Global North. These camps are largely ungoverned, and there are no evaluative techniques in place to monitor the effectiveness of the work done, raising concerns about the unintended consequences of short-term health camps camps. Nepal is particularly vulnerable to this issue because of the vast number of I/NGOs currently operating within its boundaries.

This research sought to expand the conversation surrounding medical volunteerism and health camps and to examine perceptions surrounding health camps and approaches to health development in Nepal from the perspectives of I/NGO staff working in the country. Through semi-structured interviews, key aspects of I/NGOs' approaches to health development and views and experiences surrounding health camps were identified. Research findings show that many I/NGO workers are aware of the limitations and ethical implications of temporary health camps, such as inadvertent medical harm, circumventing the root cause of poverty and ill health, and encouragement of paternalistic attitudes. A strong need is expressed for more effective governance of I/NGOs' health development work.

<u>Acknowledgements</u>

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Introduction

Short-term volunteer trips abroad are a rapidly expanding form of providing development assistance from resource-rich countries in the Global North to countries in the Global South. Some of the most conspicuous types of these trips are medical volunteer trips that seek to deliver some kind of health service such as health education, surgical interventions, or medicine to the indigent population. These trips are often very brief, lasting for 1-3 weeks and seek to reach as many people as possible during that time period. Short-term medical camps are currently the subject of much debate within the global health community because of their transient nature and dubious long-term effects on the health status, poverty, and development of the local population. With thousands of NGOs and INGOs currently operating in Nepal while the state is still in the midst of trying to develop in the post-conflict setting, this issue takes on an even greater importance in Nepal.

Nepal's overall health status has increased tremendously in the last decade, but there are still serious issues to be faced with the growing population and with the inequitable distribution of health between urban and rural areas. National health indicators show a rapidly increased overall life expectancy from 44 years in 1970-1975 and 61 years in 2000-2005 (WHO Regional Office for the South-East Asia Region). Additionally, according to the 2006 Demographic and Health Survey for Nepal, the infant mortality rate in Nepal has been decreasing steadily from 173 in 1970 to 48 in 2006.

However, national health statistics hide the vast disparity between the rural and urban health advances in Nepal. Much of the recent progress with

Nepal's health development is focused in the urban centers. Infant mortality rates for 1996-2006 were vastly lower in urban areas than in rural areas: 37 and 64, respectively (2006 Demographic and Health Survey). Furthermore, in 2006 the percentage of severely malnourished children under five years old was more than two times larger in rural areas than in urban areas according to the weight-for-height measure (2006 Demographic and Health Survey). These health issues and the political instability of the last few decades make Nepal a prime candidate for medical I/NGOs and volunteers.

Moreover, there is a growing prevalence of travel oriented around combining tourism with service projects—a mode of travel dubbed "voluntourism". Travelocity's annual poll found that 11% of respondents planned on participating in some sort of service project during their vacations during 2007, which was a 5% increase from the year before (Rogers 2007). Currently, there are countless websites advertising thousands of service-oriented volunteer trips including Voluntourism.org, GlobeAware.com, and popular travel sites such as Travelocity.com and CheapTickets.com. Many of these trips, which usually last around 2 weeks, include participation in health camps.

A heated discourse is developing around the variety of ethical implications surrounding international engagement with regards to health care. Bezruchka (2000), DeCamp (2007), Crump and Sugarman (2008), and Citrin (2011) raise concern over the lack of scrutiny applied to short-term medical trips. With no formal committee or review board to examine the potential benefits and harms of medical trips, ethical inquiry and evaluation of effectiveness is left in the hands of the trip leaders, many of whom do not consider the prospective of damage resulting from their trip. Many experts involved in this discourse are

strongly voicing the idea that good intentions are not enough; prevention of harm

on the recipients of these projects must be ensured before the trip takes place

(DeCamp 2007; Illich 1984). The alternative is that these trips serve only to treat

the consciences of the volunteers at the cost of the people that they are trying to

help.

Some experts are worried about the potential damage that unethical

medical practices can cause, such as infection, improper consumption of

medications, or creation of resistance (Bezruchka 2000; DeCamp 2007). Others

are more concerned with the less perceptible, but more long-lasting damage that

these trips may cause such as altering views of health care delivery patterns,

undermining local health care systems, and creation of dependence on foreign aid

(Citrin 2011; DeCamp 2007; Zurbrigg 1984). In particular, the issue of

paternalism amongst volunteer trips from the Global North to developing nations

has served to damage relations between these regions (Corbett and Fikkert 2009).

Ivan Illich highlights this in his speech given at the Conference on InterAmerican

Student Projects in Mexico when speaking to volunteers from the United States:

"You are ultimately-consciously or unconsciously – 'salesmen' for a delusive

ballet in the ideas of democracy, equal opportunity and free enterprise among

people who haven't the possibility of profiting from these." (1968)

Many global health experts are also frustrated with the effectiveness of

short-term medical volunteer trips in breaking the poverty cycle (Citrin 2011;

Corbett and Sugarman 2009; DeCamp 2007; Zurbrigg 1984). If the goal of these

programs is to raise the health status of the population then their resources might

be better spent on working to increase agricultural productivity or advocate for a

policy change. Their efforts to provide relief services are, in some cases,

misplaced. As Corbett and Fikkert state about short-term medical mission trips, "One of the biggest mistakes that North American Churches make—by far—is in applying relief in situations in which rehabilitation or development is the appropriate intervention." (2009:105)

The objectives of this paper are to expand the conversation surrounding short-term health projects, to examine the perceptions surrounding this issue from the perspectives of I/NGO workers in Nepal, and to explore the different approaches to health development by I/NGOs. By comparing the opinions of I/NGO staff that ran short-term health camps with workers with organizations that followed different approaches to increase the health status in Nepal, it was possible to determine some of the key points, issues, and obstacles surrounding health development in Nepal and surrounding temporary health camps.

Methodology

This research was a purely qualitative study and most data were collected through semi-structured interviews. Small portions of data were collected by reading transcripts from forums and meetings surrounding NGOs' roles in development work. Semi-structured interviews were conducted with workers with various organizations that were involved in health projects or I/NGO work in Nepal. These organizations were INGOs, NGOs or were umbrella organizations working to coordinate and advocate for NGOs in Nepal. This research involved a comparative aspect to analyze the contrasting perceptions surrounding short-term health camps and other approaches to health development between organizations with different approaches to health development. For this

reason, I made sure to interview organizations that ran short-term health camps and those that opted for other methods.

The organizations involved in this study were located by various means. The primary means for locating organizations was by looking through directories for INGOs and NGOs in Nepal. The directories I used were the SIT Directory for I/NGOs working in Nepal, the list of members on the website for Association of International NGOs in Nepal (AIN), and the list of NGOs on the website for Nepal Democracy. I also heard about some organizations by word of mouth. After obtaining contact information and determining that the organization did work in the health sector, I would then set up interviews with someone in the organization that worked on health projects.

During interviews I roughly followed a pre-prepared interview guide that was changed slightly depending on which organization's employee I was interviewing. I kept some of the interview questions the same from interview to interview for the purposes of comparison. The main areas addressed during interviews with I/NGOs were as follows:

1. The purpose or mission of the organization in the employee's words
2. The health development projects run by the organization, the overall goal for these health development projects
3. How they determined where to run projects and what projects to run
4. What they see as the most important aspect of their organization's method
5. Long and short-term effects of their projects
6. Level of interaction with the government and the perceived importance of cooperation with the government

(For full interview guide see Appendix A) The main goal of these interviews was to determine from each organization what they did and why and why they did or did not run short-term health camps.

All participants knew of their rights, the risks, and the benefits of participating in this study. After being fully informed, no participant requested anonymity; therefore I freely mentioned names, organizations, and titles when appropriate within this text.

The largest obstacle I ran into when conducting research was being unable to find an organization that was running a short-term health camp during my research period. This was part of my original plan so that I could analyze what when on during a short-term health camp and talk to the volunteers, recipients, and workers of the camp. I spent a lot of time at the beginning of my research period trying to coordinate with organizations and find groups running short-term health camps during my research period. I was told by several organizations that they stop running health camps around March because of the monsoons. Other organizations had just finished a camp or were not scheduled to run one until after my research period. I had to heavily modify my research plan in light of not being able to coordinate travelling with a health camp. Instead of focusing on volunteers' and community members' perceptions of health camps, I instead narrowed my focus to looking specifically at I/NGOs' employees' perceptions of health camps and comparing and contrasting the perceptions of workers with organizations that did and did not run short-term health camps.

In conducting this research I also ran into difficulties stemming from the necessarily short time period in which it had to be done. It was difficult to effectively network in such a short time period, especially while I was still trying to frame my research around being able to accompany an organization on a short-term health camp. In order to obtain sufficient amounts of data, I felt rushed to conduct interviews, and it was very difficult to sufficiently plan and re-frame my

research when facing obstacles. This resulted in a small sample size that made drawing substantial conclusions difficult. Further research in this area is needed to determine more conclusive findings.

These feasibility and planning issues led to various biases and limitations in my study. The main bias present in my research resulted from my method of finding organizations to include in my study. By finding most of these organizations online or by word of mouth, smaller, lesser-known organizations were left out of my research. Organizations like this probably have not been established in Nepal as long as the organizations involved in my research. For example INF and UMN have been working in Nepal since 1952 and 1954, respectively. Organizations that have not been working in Nepal for this long would likely have fewer resources and have very different views on the importance of working with local institutions, effectiveness of short-term health camps, and methods of determining need.

This method of study also means that INGOs that do not have local offices in the Kathmandu area were left out of my research. This represents a large bias in my study because there are countless INGOs and organizations that organize quick, in-and-out medical volunteer trips. Talking with workers and volunteers with these organizations could have been invaluable to my research and provided fascinating insights into perceptions of short-term medical volunteerism and health camps. Workers with organizations that have local offices are undoubtedly more invested and committed to development work and long-term positive impacts in Nepal and would thus be more aware of the intended and unintended effects of their actions.

Another bias present in my study is that the large majority (5 out of 7) of the I/NGOs in my research were Christian organizations. This research involves examining viewpoints concerning moral issues within health development, such as doing more harm than good with humanitarian work. Religious beliefs would certainly have an effect on workers' philosophies and opinions concerning these matters and would therefore skew the results of this research. I was not able to collect enough data on non-religious affiliated I/NGOs to do a comparative study between these two groups, but this would be a good area for further study.

Research Findings

Research findings are divided into two sections. The first section includes the varying perceptions of short-term health camps from the organizations' perspectives. The second section summarizes the approaches health development work of each organization. This section is further sub-divided into two sections summarizing specific aspects of the organizations' approaches that were identified as important by organizations: (1) the level of interaction with the government and (2) the criteria for determining what need to address.

Perceptions of Short-term Health Camps

There were a wide variety of opinions among the interviewed I/NGO staff surrounding short-term medical work in Nepal. Some workers had entirely positive perceptions of health camps while others were vehemently opposed or somewhat neutral on the subject. Both sides cited various ethical, moral, and logistical reasons for their viewpoints. Many workers acknowledged that I/NGO work in health sector comes with certain problems and ethical implications such

as duplication of efforts, lack of follow up, and non-compliance with government

regulations, but all workers believed that I/NGOs should still play an important

role in delivering development activities in the future.

Among the organizations involved in this study, only employees for one

organization had an entirely positive perception of short-term medical work. This

organization, International Nepal Fellowship (INF), which is a Christian INGO,

has been working in Nepal since 1952 and has run surgical camps in mountainous

regions regularly since the 1990s. Ellen Findlay and Eka Dev Devkota, who

managed and organized the surgical camps, saw the camps as effective in

achieving their overall goal to "relieve suffering". They also described the

importance of the camps within INF, describing them as "the flagship of INF"

and explaining that they "gave INF a good name." When describing the

difficulties faced in initiating the surgical camp projects, one INF project

manager expressed irritation with the main points of contention over short-term

work—namely cost-effectiveness and sustainability.

> When we started, someone said to me, "…The camps are
> not cost-effective." …and I said, "Well, when you say it's
> not cost-effective, who are you talking about? If you're
> saying it's not cost-effective for INF, then I bet you're
> right. But if you're saying it's not cost-effective for the
> patients, that's a load of rubbish."… And "it's not
> sustainable". And I said, "Well, as far as I'm concerned the
> sustainable bit is the patients who've been healed…The
> business is still the patient, and if through when we're
> there—the health education they receive, the treatment they
> receive—they pass it on to other people, that's the
> sustainable bit." (Ellen Findlay 2012)

Project managers Scott and Sarai Smith from another INGO that runs

short-term volunteer trips, MountainChild (MC), also believed in the benefits of

the trips, but expressed the idea that the positive effects of the trips occur mostly among the volunteers and not as much among the recipients of the projects. MC project managers cited " people building" as one of these positive effects—the idea that by coming to volunteer in Nepal, volunteers develop a greater sense of global awareness and civic responsibility, and then the potential is greater for these volunteers to become long-term workers or to donate to the organization.

Scott and Sarai, like the workers of other I/NGOs and state actors, also acknowledged the large potential for short-term volunteer work to have adverse effects. Staff with Britain Nepal Medical Trust (BNMT), Youth Power Nepal (YPN) and the state also expressed concerns over the work of I/NGOs in the sectors of health and development.

Scott, Sarai and actors within state organizations like the Social Welfare Council (SWC), all raised concern over the issue of paternalism among INGOs that do short-term medical work in rural areas. In a roundtable meeting in February between non-state actors such as the NGO Federation of Nepal (NFN) and the Association of International NGOs in Nepal (AIN) and state actors such as SWC to discuss key issues surrounding I/NGOs' roles in development work, state actors raised the point that "it is a must that INGOs do not implement development programs themselves, but work through local partners." Scott and Sarai echoed this sentiment when they stated that they try to work with health post workers whenever possible to "avoid paternalism". Other organizations' workers also expressed the importance of working with the local government, but did not explicitly mention that this was in an attempt to diminish the effects of paternalism.

Another issue that was acknowledged with I/NGOs' short-term camps in rural areas was the duplication of efforts. State actors brought this up as well during the roundtable meeting in February as a key issue with I/NGOs' development work. Shanti, the Maternal, Child Health, and Nutrition Specialist with World Vision (WV) explained that WV does not run medical camps because the government already provides free health services at health posts so "Why should we duplicate these services?" In some cases the duplication of efforts went beyond just simple redundancy. INF project managers described an instance in which another INGO was simultaneously running a medical camp in the same area.

> Well, they couldn't understand our concept. They couldn't take it on. It was beyond them… They were very negative about the government… And we were working with any other organization that's there, but we were objectionable [to them]…they couldn't understand that we could have surgery in the buildings that they had, and then they wouldn't let us have the beds, and it was terrible.
> (Ellen Findlay 2012)

The lack of follow-up with short-term medical camps was another issue raised by many I/NGO workers. For some workers, the lack of follow-up brought up issues of ethical medical practice. "What about quality care?" asked Dr. Poonam Rishal, a research project manager for BNMT, when describing her experience of having to help 150 patients in four hours without providing proper post-operative care during her time working as a doctor for ADRA health camps. A worker with YPN also expressed concern over administering drugs in villages

without the means to monitor the proper consumption of these drugs, as this is an easy way to create further health problems or create resistant strains of illnesses.

The other concern expressed about the lack of follow-up with medical camps was that there was no way to evaluate the effectiveness of the camps. Dr. Rishal expressed her frustration over having to simply write prescriptions "like a dumb person" when nobody was evaluating the effectiveness of the camps. This was frustrating to do from a researcher's perspective she explained, and caused her to question, "Is it justified? Me being a doctor, coming for three days—and I'm not really helping because most of the people have chronic diseases."

However, workers with most I/NGOs had a mostly neutral perception of short-term medical camps. Many, like the health team leader for United Mission to Nepal (UMN) and Shanti with WV, simply expressed that they preferred to focus more on a preventative approach to health development rather than a curative approach. For this reason, they explained, their organizations did not run medical camps, but they still ran short-term health programs that focused on education and awareness.

I/NGOs' Approaches to Health Development Work

Among the I/NGOs included in this research, many had similar approaches to health development that involved running a wide variety of projects targeted at different aspects within the health sector, such as awareness projects, building community development centers, and education projects. The larger organizations like INF and UMN have the resources to establish a much wider array of health development programs than the smaller organizations like MC, which only runs short-term projects right now but is hoping to expand into

follow-up activities according to Scott and Sarai. INF, MC, and Dail (an NGO that targets slum populations) are the only organizations in this study that run medical camps, although almost all programs run some sort of short-term health projects such as awareness projects. Two aspects of I/NGOs' approaches were brought up repeatedly in several interviews and were identified as important aspects of the organizations' approach: the level of interaction with the government and the criteria for determining what need to address.

Level of Interaction with Government

All I/NGOs that were interviewed interacted with the government to the level required by law. They were registered with the Social Welfare Council and, if they were practicing medicine, they were also registered with the Nepal Medical Council (NMC). By law, organizations running development programs must also coordinate with the local level government institutions and include them in the planning and budgeting stages. All organizations, with one exception, expressed their commitment to following this policy as well.

The one exception was the NGO Dail, which works in the slum areas in Kathmandu. The chairman of Dail expressed a desire to work with the government more closely, but explained that the government largely ignores slum regions in Kathmandu, so collaboration is extremely difficult.

Some organizations' staff saw cooperation with the government as a very important aspect of their approach and worked extremely closely with the government. These organizations were INF and UMN, which have been working in Nepal for decades and are very well known INGOs. INF medical team managers explained that working with the government closely was helpful

because establishing useful connections made their work in rural Nepal much more efficient and effective.

> We've worked with government long enough to know the strengths and the weaknesses. And one of the strengths was if you got on with the government you'll get anywhere. If you don't get on with the government, you'll get nowhere… And in Nepal, well you might've known already, if you don't have a relationship with people, you might as well pack your suitcases and go home because working in Nepal is built on relationships. (Ellen Findlay 2012)

UMN works closely with the government on a more political level. The health team leader for UMN, Netra Prasad Bhatta, explained that the organization had modified their new 5-year plan because they now "have to consider the government's priorities as well." This modification mirrors the state's shift towards decentralization. They also coordinate with the government to determine which regions in Nepal are most in need of development. Some organizations, such as BNMT and YPN, also work with the government as a means to advocate for their cause.

It also warrants mentioning that among the workers that were aware of the problems stemming from short-term medical work, many of the Nepali staff placed much of the blame for these problems with the government and the lack of a stable political situation. Among Nepali I/NGO workers there was a lot of frustration with the government for various reasons: ignoring their cause, failing to effectively govern I/NGOs due to internal problems, or not seeming to put much effort into developing a working, newly-contextualized strategy plan.

Criteria for Determining Need

In determining where to work and what kinds of programs to implement, each organization tried to determine populations that do not have "equal access" to health care, but most organizations ended up following this line of logic to a different conclusion and deciding to address different populations. For example, INF only runs medical camps in remote areas because they feel that "remote people don't get a fair crack of the whip where distance is concerned. That's why we go there. We will not do Terai because people… because people can go on a bus and go there, there, and there…Because people in the hills don't have access" (Ellen Findlay 2012). Project managers for MC, which also focuses on working in remote mountainous regions, echoed this sentiment. Dail and YPN, however, work primarily in slums and prisons, respectively because these populations are largely ignored by other I/NGOs and the government. WV and UMN used government statistics and other health indicators to determine which regions were the most needy in terms of health.

Some organizations had very different views on the financial accessibility of health care to certain populations. Ellen and Eka Dev Devkota with INF explained that they work in remote mountainous regions because they do not have enough money to travel the long distances to the health posts or hospitals. Shanti with WV, however, explained that WV does not run medical camps because all populations already have access to health care services via the government health posts, so they simply work to educate remote populations on the services that the government provides for them. "It's not because they don't have money," she said. "It's because they aren't aware."

After determining which population to address, most organizations expressed their views on the importance of delivering development activities based on the perceived needs of the locals. Many organizations talked with community members and did situational analysis before implementing programs. Certain organizations that were donor-driven or sponsor-driven like UMN and WV had to take into consideration donor's and sponsor's criteria as well in implementing projects since they depended on these sources for financing. For example, WV can only work in villages that have Internet access because they have to be able to communicate with sponsors.

Discussion/Analysis

Although the breadth and scope of this research was necessarily narrow, it was wide enough to begin to explore the perceptions and some of the ethical implications surrounding short-term health camps. I was able to determine several interesting themes surrounding I/NGOs' work in the health care sector.

One such point was the differing perceptions between expatriates and Nepalis of what it meant for a project to be "effective". Short-term medical camps were described strongly as both "effective" and "not effective" by workers for different organizations (Ellen Findlay 2012; Poonam Rishal 2012). Expatriates from Europe or America had more of a tendency to label a project as "effective" by looking at the impacts upon individual stakeholders, whether these individuals are the volunteers themselves or the recipients of the care. Examples of this are "people-building" or seeing the project as "cost-effective for the patient" (Scott Smith 2012; Ellen Findlay 2012). Nepalis, however, tended to look more at the impacts on the community-level when determining the

effectiveness of a project. This reflects a cultural difference in ways of thinking and in perceptions of self. Westerners, especially financially well-off Westerners, are particularly individualist in their manner of thinking about individuals' roles in society (Corbett and Fikkert 2009). This means that more emphasis is placed on an individual's potential to succeed or impact their society as illustrated by expressions like "Be all you can be". On the opposite end of the spectrum is the collectivist perception of an individual's role in society, which is more prevalent countries like Nepal (Corbett and Fikkert 2009). This style of thinking emphasizes values like loyalty and self-sacrifice and is more concerned with the good of the community than the good of the individual. These contrasting perceptions of self are evident even in differing perceptions of the effectiveness of short-term health camps.

This also raises interesting questions about measuring the effectiveness of health camps. Should effectiveness be measured at a community level or at an individual level and which individuals should be included in this measure? If many of the positive effects of the camps do indeed happen among the volunteers, such as "people building", should these effects be taken into account when evaluating the success of health camps? Are volunteers and community members equal stakeholders in health camps, and can camps be labeled as "successful" if only one group of stakeholders benefits? These are pressing questions that warrant further examination and analysis.

There were also variances observed in the perception of "accessibility" with regards to health care services. Accessibility can refer to cultural, social, financial, or geographic accessibility, however many workers only defined accessibility as financial or geographic. Among organizations that worked in

mountainous, remote regions, accessibility to health care services was defined mostly as geographic accessibility. This influenced these workers' perceptions of which regions were "most needy"; the "most needy" regions were the ones with the least *geographic* access to health care services. Therefore, these workers' organizations often implemented programs to provide services that mountain-dwelling Nepalis had little access to because of *distance*, including health care services and modern education programs. Defining "accessibility to health care services" as financial accessibility was another common definition. Organizations with workers that defined access from a financial point of view often ran camps dedicated to the provision of health services and medicines to populations with very little money, such as rural or slum populations. No workers in this research defined accessibility in cultural or social terms.

As a means of health development—even as a mode of humanitarian work—short-term health camps are surrounded by numerous ethical issues. These issues range from practical problems of unintended medical harm to less perceptible problems of undermining the effectiveness of a local health care system that is still developing. Although there is undoubtedly a need for further research into this matter, the growing prevalence of medical volunteer trips to countries in the Global South adds urgency to the issue. From the perspectives of many of the I/NGO workers, the research that has been done thus far is conclusive enough and the discourse has grown enough to necessitate more action be taken to reduce the potential for harm caused by short-term medical work.

As a whole, I/NGOs running health development projects in Nepal are very aware of the potential for health camps to result in negative and unintended

consequences. There seems to be a general, albeit slow, movement towards implementing new methods that lessen the likelihood of causing unintended harm, such as responding only to the self-perceived needs of locals or working with the local government health workers during camps. However, many organizations still do not employ these methods, and the health development workers that are most aware of this potential for harm are the ones that have stopped running health camps in favor of pursuing other more feasible, cost-effective methods. Although international health organizations are becoming more diligent about trying to balance the potential for good outcomes with the potential for unintended consequences, there is still a critical need for closer scrutiny of short-term health projects.

In particular, the need for follow-up and evaluative techniques for these projects was strongly expressed. This need was vocalized during several interviews as the essential next step to make health camps more effective. Having proper and standard follow-up procedures would reduce the likelihood of serious medical complications resulting from medical camps and surgical camps. This would also serve as a way to determine the actual effects of the camp so as to better plan and implement camps in the future. Proper follow-up and evaluative techniques would thus help to solve two of the most significant shortcomings of short-term health camps.

On a policy level, I/NGO workers and state actors expressed a need for clearer and more effective governance of INGOs and NGOs. Currently, there are four acts regulating the actions of non-state actors. The main act governing NGOs is the Organization Registration Act (1978). This act is outdated; it was implemented under the Panchayat system during which the political atmosphere

was not conducive to a flourishing civil society (Daya Safar Shrestha 2012). The next act, the National Directive Act (1961) is also an "outdated" act governing non-state actors. The Local Self-Governance Act (1999) was formulated especially to govern at the local level and is considered the 2nd constitution of the government (Daya Sagar Shrestha 2012). This is the act that legally requires organizations that work at the local levels to involve the local government in the planning stages of projects. Finally, the Social Welfare Act also governs I/NGOs; it is under this act that the Social Welfare Council was established, but even state actors admit that the effectiveness of the SWC to govern non-state actors operating within Nepal is severely undercut by internal strife ("Aiming for Consensus…"). The fact that there are four different acts governing the actions of I/NGOs makes it difficult for these organizations to operate effectively within the country while still following all of the bureaucratic regulations, especially when some of these regulations are still in operation from a completely different historical period and social context. This contributes to the sidestepping of many legal requirements by organizations delivering development assistance, especially INGOs who are only in Nepal for a short time to run health camps or other service projects.

The issue of contradictions between donor's (or sponsor's) requirements and responding to local issues raises interesting ethical implications. Shanti with WV explained that the restriction of having to work only in villages with Internet access was difficult to deal with; sometimes a nearby village would be more desperately in need but WV couldn't work there because of this restriction. Many organizations expressed the importance of delivering development activities in

response to local needs, but these organizations can't function at all without financing. At what point does one start to take priority over the other?

On an individual level, a greater sensitivity and more critical awareness among potential volunteers to the possible repercussions of one's actions when planning or taking part in short-term health projects would help to reduce the probability of doing harm. This means educating oneself in the local culture, political situation, and historical background (and language, if possible). Being familiar with the local culture can, at the very least, help to prevent cultural inappropriateness or insensitivity and may also be able to contribute to a better understanding of the difficulties faced when doing development work.

Knowing the current political issues and historical background is also imperative in order to properly contextualize the current health issues. Often prevalent health issues point to larger problems of social justice and inequity. As DeCamp explains, "problems addressed in short-term medical outreach are only symptoms of broader inequalities in health that require radical solutions at the national and international level" (2007:22). Blindly addressing the widespread medical issues often ignores the underlying causes. Zurbrigg also acknowledges this when she states that "simply by their presence…the potential is enormous for international agencies to…contribute to the side-stepping of fundamental causes of poverty and ill-health…and perhaps most negative of all, legitimize the class nature and assumptions of those in power" (1984:135).

In addition to this, research results reflected a recurring theme of frustration among Nepalese workers with the government over the problems with I/NGO involvement in health development work. This is perhaps representative of more widespread exasperation among the population with the lack of political

stability since the end of the conflict in 2006. With state actors repeatedly failing to come to a consensus and extending the deadline for the new constitution, a feeling of exasperation has pervaded among the general population over the government's inability to solve some of the state's most urgent problems (Davis 2012). Expatriates coming to work or volunteer in Nepal should keep this in mind and take into consideration that their actions could serve to widen the growing divide between the state and the public.

For the most part, there is a consensus that with medical volunteer work good intentions are no longer enough. There must be more critical analysis done on the potential unintended consequences of health camps before running them, not in retrospect. There is a vital need for further research to be done in this field in order to determine the effectiveness and actual results of short-term health camps. In the meantime, those considering participating in international engagement with regards to health development should carefully scrutinize prospective organizations and follow a bit of useful advice, especially in the field of medicine: "Don't just do something, stand there."

Conclusion

The ethical implications of international short-term medical work are rampant, but the potential still exists for productive, effective projects to have a positive impact on the health status of Nepal. Fortunately, there appears to be a considerable number of compassionate individuals who want to make a difference in the world; these individuals however need to go farther than benevolence—they need to be aware and critical so that their efforts do not go to waste or worsen the problem.

My hope is that this paper will cause would-be humanitarians to re-check their assumptions and critically analyze their intentions and the intentions of organizations before travelling abroad to do medical work. The propensity is huge for even the most altruistic, well-intentioned Westerners to inadvertently cause harm in developing countries. If nothing else, this paper will remove ignorance and good intentions from the collection of justifications used among Westerners to recklessly "do good" heedless of the effects or consequences.

Appendix/Appendices

APPENDIX A: Interview Guide for use with I/NGO Staff

1) How long have you been working with this organization?
2) Where is the organization based?
3) Does the organization work in other countries besides Nepal?
4) How long has the organization been working in Nepal?
5) What is the purpose/mission of the organization?
6) Is the organization registered with the Social Welfare Council? Why or why not?
7) Does this organization run medical camps? Why or why not?
8) What is this organizations' approach to health development?
9) In what regions does this organization work? How were those regions determined?
10) What projects does this organization run? How were those projects determined?
11) Have you ever participated in a short-term medical camp before? How many?
    a. What kinds of camps were these? (e.g. surgical, family planning, etc.)
    b. What was the purpose of these camps? (e.g. health training, providing health services, etc.)
    c. How long did these camps last for and in what region were they focused?
    d. Describe your experience(s) with these short-term medical camps.
    e. How does it compare to your experience with this short-term camp?
    f. What are the most common medical problems that cause people to come to the camp?
12) From your experience, what were some of the immediate effects of the camps?
13) From your experience, what were some of the long-term effects of the camps?

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