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Project Naamjai 2018

Text by Lee Pei Yu in collaboration with Dr Evelyn Wong Yi Ting | Photos by Project Naamjai

Project Naamjai was first launched in 2012 with the intention of understanding the needs of the people in rural Chiang Mai as well as establishing a relationship with the community there. With the help of the local pastor and leader in Chiang Mai, Pastor Pireot, we have been running medical camps for the local villagers, in addition to raising funds to help improve the infrastructure for the local student hostel.

Last year, our humble team of eight (four medical students and four doctors) returned to Mae Na Chon in Chiang Mai,



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Thailand, to serve the villagers again. Led by a common interest and goal, we came together to form a close-knit team, each contributing our own unique skills and strengths. We are proud to have accomplished, in the nine days there, what we did as a small team of eight. The memories and experiences we shared with the locals, and with our fellow teammates, are something we will keep close to our hearts for a long time to come.

Lodged in the mountains, we were awoken with morning mist and our afternoons were filled with dust. Along the countryside, we saw lorries packed with corn, young children riding motorcycles independently and old women with the occasional cow along the road. Every morning's sunrise was a visual spectacle to wake up to.

Medical programme

Our main programme was the four half-day sessions of medical camps, held in three different villages. The long ride up to where they lived gave us a first-hand experience of the difficulties villagers face in getting access to healthcare.

With medications obtained from a local pharmacist and the support we

received from the local community, we travelled between two to three hours into the mountains each day, running clinics in various communities. In each of these communities, we saw a variety of conditions, many of them our "bread and butter" cases of respiratory tract infections and chronic musculoskeletal pain – a result of their livelihood as farmers. Each of us played our part; as the villagers patiently waited for their turns, we took on the different roles of seeing patients, dispensing medicine and conducting needs assessment (a new initiative this year). With a questionnaire crafted specially for this community, we aimed to assess the prevalence of chronic diseases, especially hypertension. We also performed a qualitative assessment of their perception of health in hopes of picking up something we could work towards in our following visits. The language barrier definitely complicated the process, and we were glad to have the help of our local friends who volunteered their time to help with translation. While we understood that the care we rendered was only a temporary measure to solve their problems, we were touched by the gratefulness they showed as we passed them their medications, and it was a

demonstration of the importance of having access to healthcare.

Local interactions

On one of the nights, we bonded with the schoolchildren over arts and crafts, where we let their creativity flourish through making their own friendship bracelets and crafting their own personalised musical shakers. This was followed by a dance session specially choreographed to a Thai pop song hit by fellow teammate Sudesna. We also had the opportunity to join them for a night of Christmas carolling under the stars in the cooling weather. Their voices resonated through the dark, carrying with them a common faith and their well-wishes to the households for a better year ahead.

Their community spirit was heart-warming to say the least. Through our home visits that ran concurrently with the medical camp, we witnessed the importance of family support for people suffering from debilitating medical conditions, especially in isolated rural villages like these. Family members came together to provide transportation to the nearest healthcare facility when needed. We saw how those more proficient in English came forward to help us convey instructions on how to take their medications when we struggled with our minimal grasp of the Karan language. We experienced the “kampung spirit” that our elders

experienced – something that we have perhaps lost in the rush of urbanisation and technological advancement.

Infrastructural project

Our physical strengths were also put to the test, as we completed the back-breaking work of building a concrete wall (just a few metres) surrounding the compound we were living in, adding on to what our predecessors of Project Naamjai 2015 had done. The student hostel currently houses about 80 children of ages ranging from three to 14 years. Most of the children living in the hostel come from villages very far away from the public school and each child’s expenses per year is 2,000 baht (about S\$80). In the coming years, we hope to participate in a collaborative project to assist in the building of a new hostel for the community, in view of the expanding number of students.

The nine days in Thailand opened our eyes to the complexity of healthcare in the developing nations. While we hope that our collaboration with the locals there will help their communities grow, this trip was also a self-fulfilling one that served to heal and replenish our spirits worn out by the hectic nature of medicine. The chance to help the locals with their acute medical needs was a reminder of why we chose this career path – to do good for the patients that entrust us with their health, problems and personal stories. ♦



Pei Yu is a third-year medical student from National University of Singapore Yong Loo Lin School of Medicine. She still has much to learn, but she appreciates opportunities like this to hone her clinical skills. She hopes that these personal interactions with the different communities and working together with her fellow colleagues will help her to be a patient-centred and competent doctor in the future.



Dr Wong is currently a senior resident from the Department of Medical Oncology, National Cancer Centre Singapore. She has been involved in medical missions for the last nine years. She would like thank her institution and programme directors for always encouraging her to lead these trips.



Legend

1. Mr Gabriel Low Wei Ting, M5 medical student, leading the team for door-to-door medical assessments and to meet needs of the villages
2. Example of the local homes that the villagers stayed in during our medical camps
3. Most of the small children suffered from worms; we tried to hide the deworming tablets in biscuits and bread. In picture: Dr Evelyn Wong
4. With the local community leaders that we have been working with over the last few years



4