



2013-2014



HIMALAYAN  
HEALTHCARE

# 2013-2014 annual report

## HHC MISSION STATEMENT

**T**he mission of Himalayan HealthCare is to create sustainable development programs in remote villages of Nepal to help improve the quality of life for its people. Himalayan HealthCare achieves its mission by providing primary healthcare, community education and income generating programs that enable people to be self-supporting in the long-term.

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# INTRODUCTION



**H**imalayan HealthCare (HHC) is a non-profit, non-governmental and non-denominational organization. In 2013 we marked our twenty-first year of sustained involvement with the villages in the Dhading and Ilam regions of Nepal. Since our formation in 1992, HHC has successfully launched local initiatives and community participation programs to encourage villagers to develop the tools needed to help themselves. Our staff continues to carry out our work despite physical and other hardships caused by the ongoing political changes in Nepal.

For over two decades, HHC has devoted itself to improving conditions in villages that have little support from the government or other NGOs. HHC now serves over 12,000 people in the three villages of Dhading and many more in the villages

of Ilam. We are committed to the principle that the people we assist can be best served by a long-term commitment that addresses their fundamental needs and helps establish a foundation for meaningful and multi-generational improvements in their lives.

HHC first established itself in the isolated villages of Dhading, a region in the Ganesh Himal of Nepal (north of the capital Kathmandu), where people live in difficult conditions. Villagers often have little to eat, and children still die of illnesses due to malnutrition. Education is very rudimentary. These mountain villages can only be accessed by foot, and lack clean drinking water and electricity. Our focus in Dhading has been on the Tamang and Dalit people in the villages of Tipling, Shertung and Lapa. Many of these villagers are

from ethnic minority groups, which is still a significant obstacle to self-improvement in Nepal.

**I**n 1992, in a single village, we began our basic health program of de-worming, rehydration therapy during diarrhea illnesses, antibiotic treatment of respiratory and other acute infections, and distribution of supplemental vitamins. Today, three village health posts provide these and many other services. They are staffed by local villagers trained by HHC as health providers. These health posts now serve thousands of people in remote and isolated villages where government services are rudimentary. HHC Medical treks, twice a year, bring international medical professionals to these villages; often changing the lives of our trekkers as much as the lives of the villagers they serve.

**F**rom the northern hills of Dhading and Dolakha, in 2000 HHC expanded its rural health campaign to Ilam, a hill region of two towns and 48 villages near the eastern border of Nepal, which previously had only one doctor for 250,000 people. HHC opened its community hospital in 2004 to serve this region of Ilam; patients from neighboring regions of Panchthar and Taplejung have also found their way to the hospital. The Ilam hospital expanded its services to mobile clinics and specialty clinics through international doctors and medical volunteers. Presently, we are working towards a comprehensive community-owned rural health system modality in coordination with the district health office. The community hospital as a model hopes to find ways to improve the quality of care to serve the rural community with affordable and equitable healthcare. It also seeks

community and government support for its long term sustenance.

**O**ur work takes many forms: We supply essential medicines to the villages and help patients secure specialty care in Kathmandu's hospitals while we train locals to become health providers. We supported eight village schools directly by funding teachers' salaries, student scholarships, and books and supplies, and another ten schools indirectly. Presently, HHC focuses on school infrastructure development and teacher training in conjunction with the District Education Offices (Government of Nepal or GoN). HHC projects often focus on women who are the foundation of their homes and society. They take care of the home and children, fetch water and firewood, and engage in farm work beside the men. We facilitate skills

training and create work opportunities enabling women to gain more financial independence and self-respect. We continue to help women practice safer motherhood.

HHC addresses the need for long-term financial solutions for these villages. We continue to sponsor ongoing income generating projects and we provide seed monies to support new ones. Our programs train villagers as teachers, health providers and skilled technicians. Many of our sponsored students have assumed the responsibility of leading their people.

We have also established a line of handicrafts (named Jeevan Kala) produced by artisans from the villages we support. This line of eye-catching goods is now being sold in Kathmandu, the United



States and other markets. 100% of the proceeds from these sales are returned to Nepal to help support HHC's programs. Much of the raw materials for the handicrafts come from recyclable trash, reinforcing the idea that our work in the villages can be sustainable as well as beautifying the environment.

The aftermath of the civil war, with its political uncertainty, struggling governance and economic drudgery, continues to make life difficult for the Nepalese. The operating premise of HHC is to help villagers to become self-reliant by addressing their basic healthcare, education and income-generation needs. We hope to give the villagers a foundation for a prosperous future independent of our assistance. HHC exists to provide care, opportunity and hope to the people of rural Nepal.

[www.himalayanhealthcare.org](http://www.himalayanhealthcare.org)

## PRESIDENT'S WELCOME

Dear Friend of Himalayan HealthCare,

Join us as we celebrate 22 years of operation! This report, a marvelous way to experience our accomplishments and challenges, represents the hard work of Anil and Soni Parajuli and their staff. You will discover the depth and breadth of HHC in the lives of rural Nepalese.

In 2013 and 2014, in the Dhading Region (north-central Nepal), HHC has:

- Built 149 permanent toilets and 214 efficient, clean-burning wood stoves
- Served 15,492 people in village health posts
- Worked with 49 international volunteers on our treks, treating 2,482 patients
- Offered family planning to 1,530 villagers and safe motherhood care to another 657
- Supported agricultural exchanges for 38 farmers and introduced a variety of different crops
- Purchased land in Tipling village for school expansion and in Shertung village for agricultural use
- Supported 89 students and 6 teachers, and welcomed 218 women into our Women Empowerment Classes

At the Ilam Hospital (eastern Nepal) we served close to 8,899 patients, and ran 20 outreach medical/dental camps.

Our model of community development, enabling the Nepalese to help themselves, has reduced the under-five mortality rate in the villages where we work to below national averages. This is quite an accomplishment when one realizes that we are working in rural areas where such statistics are usually many times higher than national averages.

This last year has also seen the growth of our income-generating line of artisan crafts, under the brand name "JeevanKala". The number of JeevanKala items our artisans are producing is increasing, and they are eye-catching! We have been attending trade shows to market these products to wholesalers, and we will have these items available for sale on our website in the near future.

Caring for the World Films' documentary, "Hearts in the Himalayas," a moving account of our work, has garnered 15 prestigious awards since its release in 2012, and most importantly, has allowed our story to be told to a wide audience.

Our challenges are many: geographical, political, and now with a five-year worldwide economic slowdown, financial. We have had to "tighten our belts," but we have not lessened our commitment to the communities where we are involved. At present, we are determining the most cost-effective and self-sustaining modality for our community hospital in eastern Nepal. (More details later in the report). We are also continually reviewing our programs to determine the most efficient manner to bring our services to the majority of the people in the communities we serve.

I am fortunate to be able to travel to Nepal on a regular basis and see first-hand the work we do. I have mentioned it in the past and it is worth repeating, I always come back to the States feeling that I have deepened my solidarity with humanity as a result of our work in Nepal.

My time in Nepal, whether meeting our Nepalese staff in Kathmandu, or getting my aging legs up the mountains on one of our medical treks, always leaves me inspired and reenergized, and allows me to see the fruits of our labor and the impact that we are having in Nepal – thanks to your generous support. Simply put, your support has helped save lives and reduced suffering in Nepal.

I speak for the whole HHC organization when I say, Thank You. We will continue to provide healthcare, education, and income generating opportunities to Nepalese, regardless of their gender, caste, religious or political beliefs, or ability to pay.

Your continued stewardship will help us continue this work. I hope this report inspires you to contribute at any level that you are able.

Sincerely,

Robert McKersie, MD, President, HHC

PS: All gifts and contributions to HHC are tax deductible. We thank you for your support!





**HHC** continues to provide three vital programs:

1. primary healthcare,
2. education,
3. and income generation.

Poverty is at the root of Nepal's poor health and illiteracy outcomes. Given the close inter-relationship of poverty and health, and subsequent economic consequences, HHC seeks to address this cycle in a systematic way allowing the villagers to achieve an improved quality of life.

## HHC VILLAGE PROGRAMS

### 1.0 Village Health Programs

Our village health program began by combating acute diarrheal, pneumonia, and other easily treatable illnesses that caused many children to die. At that time, the infant mortality rate (IMR) was 225 per 1,000 in the village of Tipling; and one HHC-trained health provider soon made a significant difference, with many fewer children dying needlessly. The parents then began to have faith in the health providers and the health post emerged as the center of HHC village activities. In order to improve the hygiene of the village, HHC introduced literacy classes that taught the importance of clean water and the use of latrines – the result was that resources were able to be shifted from the purchase of worm and diarrhea medicines and allocated towards education and

programs. Because children are one of HHC's priorities, we helped the villages improve their school programs. We began by installing toilets and clean water faucets in the Tipling school.

Today we are working directly with nine of the eighteen schools in the region. As a direct result, the children in these villages have become much healthier. In 1993, prior to our work in this area, the Under-Five Child Mortality Rate (U5MR) was 225 per 1,000 live births. In 2012, the U5MR in the villages of Tipling, Shertung, and Lapa were 33 per 1,000; 39 per 1,000; and 32 per 1,000, respectively. This year (Jan-Aug 2013) the U5MR is 19 per 1,000; 13 per 1,000; and 29 per 1,000, respectively. This is on pace to reduce the average U5MR in these villages from 35 per 1,000 in 2012 to 31 per 1,000 in 2013.

This is below the national average for Nepal of 48/1000. (World Bank data 2012).

Since our beginning, over 500 medical professionals have volunteered on our medical and dental treks and have helped raise hundreds of thousands of dollars to support our village programs. These volunteers provide vital training as they work alongside our Nepali health providers thereby assuring continuity in our village health programs.



# HHC VILLAGE PROGRAMS



## 1.1 Village Clinics (Health Posts)

Prior to 2013, local health providers, trained by HHC, ran the health posts in Tipling, Shertung and Lapa. HHC also provided the basic equipment and drugs in these remote health posts.

During 2012, with the villagers and HHC's proposed cost-sharing, step-wise plan towards long-term self-reliance and sustainability, the government gradually increased its support of these health providers and health posts. Antibiotics, vitamins, iron, folic acid, and deworming medications continue to be part of the basic formulary. HHC continued to provide basic equipment and drugs to these remote health posts with the villages supporting an increasing part of the salary of the health providers as well as

one-half the cost of the health post medicines. With the government plan of increased support for village healthcare, and the local youth leaders' guidance, we were able to move away from direct support of the health posts.

In 2013 HHC stopped its direct involvement with the running of the village health posts to provide an opportunity for the local authorities and health providers to carry on the services that HHC provided for two decades. HHC will continue to monitor the activities of the providers both to maintain the standard of care as well as provide essential trainings, supply of essential instruments and equipment, building infrastructure, and helping create sustainable means to support the local health posts.

## 1.2 Safe Motherhood and Vaccine Support Programs

Our trained village auxiliary health workers (AHW) and health assistants (HA) served 15,492 patients during 2013 and 2014 in the three villages of Tipling, Serthung and Lapa.

Our trained auxiliary nurse midwife (ANM) served over 657 patients with anti-natal care (ANC), care during delivery and post-natal care (PNC) in the three villages where once there was no midwife. Both the AHW and the ANM continue to educate mothers on the benefits of immunization and encourage them to bring their children to the health posts during the government stipulated monthly vaccination days. 1,076 children

Health is "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity."

- World Health Organization

were immunized during the year, receiving vaccines for diphtheria, pertussis (whooping cough), tetanus, tuberculosis, polio, and measles.

## 1.3 National Tuberculosis Program Support

Tuberculosis has always been a serious health threat in the villages of Nepal. HHC initially diagnosed and treated all cases in the villages. However, with the improvement of the government tuberculosis program and the DOT (Direct Observation Therapy) program implementation, our village health providers at the clinics now identify potential TB cases and refer them (and when necessary escort) to either



## HHC VILLAGE

### 1.4 Voluntary Family Planning

**H**HC-trained AHW and ANM counsel community women groups on family planning based on government guidelines. They continue to provide oral contraceptive pills, Depo Provera®, Norplant®, and condoms. 413 beneficiaries took advantage of the various services provided in 2013.

### 1.5 Referred Village Patients

**V**illage patients who are referred for specialty care to city hospital typically cannot afford the costs for this healthcare. HHC provides support for patients in such need. In 2013, we provided financial support to over 40 critically ill patients including two heart surgeries.

## PROGRAMS

### 1.6 Nutrition and Vitamins

**H**HC's research on the nutritional status of children under five in the village of Tipling, showed that over 50% of the children were malnourished or underweight. Based on these findings, mothers have been encouraged to bring their children to the health posts for regular evaluations and care. Mothers are supported and trained, by village health providers, in the proper preparation and storage of blended foods that are high in protein and vitamins from local food grains. In addition, visiting health posts have supplied multi-vitamins and minerals since 1992.

Prior to the government program, HHC initially provided Vitamin A capsules (sustained release) every six months for over eight years to help

“Open defecation perpetuates the vicious cycle of disease and poverty and is an affront to personal dignity. Countries where open defecation is practiced have the highest numbers of deaths of children under the age of five, high levels of undernutrition, high levels of poverty and large disparities between the rich and the poor. Lack of safe, private toilets makes women and girls vulnerable to violence and is an impediment to girls' education.”- WHO and UNICEF joint document

prevent blindness and Vitamin A deficiency, but now supports the government Vitamin A program for children under five by monitoring and dispensing Vitamin A during the government stipulated months of April and October. With initial support from Médecins Sans Frontières, (Holland), HHC has researched the use of RUTF (Ready-to-Use-Therapeutic Foods) in treatment of acute severely malnourished children, and is considering a partnership with an international organization to provide this for the villages.

### 1.7 Sanitation Project

**S**ince inception, HHC has supported temporary latrine projects in the villages of Tipling, Shertung, and Lapa. These sanitary systems were first initiated through the adult literacy classes; lessons

were created in the syllabus to teach the importance of a proper sanitation system.

The literacy teachers were retrained in latrine building and taught this valuable skill to their students. Subsequently, each literacy student was asked to build their own temporary pit latrine as illustrated in their book; to ensure that the students complied, they assisted one another with the building of the latrines. Within two years over 150 pit latrines were built in these three villages. In addition, the village committee enacted a ban on defecating near water sources and has an active campaign to encourage villages to build and use these temporary latrines. Over the years HHC has also funded public toilets in schools and other communal areas of the villages. In 2009, HHC launched a permanent toilet (pans style) campaign in northern

# HHC VILLAGE PROGRAMS

Dhading to build a toilet with a septic system for every household. HHC first began this in partnership with the village of Shertung after consultation with the political leaders. HHC funded the costs of the building materials (corrugated tin sheets for the roof, plain tin sheets for the door, cement and reinforced steel bars for the slab, and large pipe for the septic tank). Each household provided the property to build the toilets, building materials (wood and stones, available in the village), and labor.

In 2013 with the help of Rotary International, Rotary Club of Grand Island, Rotary Club of Kopundole, and GlobeMed (University of Colorado at Boulder Chapter) HHC helped build 57 permanent toilets in three villages with a population of 12,165 people. In 2014, HHC built

92 toilets in Tipling, Shertung and Lapa. Among them, 25 toilets were funded by GlobeMed. The remainder were built using HHC's own funds. A total 550 people are using the toilets in the three villages.

## 1.8 Efficient Woodstove Project

Smoke-filled homes are a major cause of lung disease in the village; children and elderly are the most vulnerable. As well, the existing open hearth in the middle of the houses is a danger for fire injuries to children, the elderly and epileptic patients. To address these hazards, since inception, HHC has introduced chimneys in the houses in the village of Tipling. In 2010, a new and efficient woodstove prototype, modeled on ones promoted by Practical Action

in Nepal, was introduced in the villages of Tipling, Shertung, and Lapa. This inexpensive, easy to construct, energy-efficient clay design allows the smoke to escape through a chimney and has reduced the consumption of firewood by one-half compared to the traditional stoves the villagers were using.

HHC-trained technicians from partnering youth groups in each village build the clay stoves. Bin Thapa Tamang, HHC stove supervisor for the three villages, promotes the stoves ensuring that a growing number of villagers learn about the stoves and are instructed in their construction. The cost of the stove (labor and parts, transport and training) is approximately \$125 (US). In 2013, 136 new stoves were built directly impacting the lives

“Indoor air pollution – generated largely by inefficient and poorly ventilated stoves – is responsible for the deaths of an estimated 1.6 million people annually. More than half of these deaths occur among children under five years of age. - World Health Organization

of over 915 people. In 2014, 115 new stoves were built with 617 people benefiting.

There is an increasing interest in our stoves as they decrease the time families spend collecting firewood. Environmentally they have helped decrease deforestation and improve the quality of air that the villagers breathe in their homes.

HHC worked with the following organizations to implement the stove initiative: Disable United Centre in Lapa, Rising Nepal Youth Club in Shertung, Rotary International, Rotary Club of Grand Island, Rotary Club of Kopundole, GlobeMed at CU (Boulder, CO) and Kuman Tamang in Tipling.



Photo: Bob Stern





“Empowered women understand their value to society and can demand their right to access quality health services.”

- World Health Organization

“In addition to improving the lives of individual women and girls, gender equality improves the prospects of families, communities and nations. When gender inequalities are reduced, more children go to school, families are healthier, agricultural productivity improves and incomes increase.”

-United Nations Development Program

## HHC VILLAGE EDUCATION

Since 1993 HHC has supported village schools and adult literacy programs. Before our village programs were initiated, only a handful of children attended. Today, all of the villagers realize the importance of education.

### 2.1 Women's Empowerment

HHC's non-formal education program began in 1993 with one center in one village; by 1998 it had expanded to 27 centers in three villages. Over 90 percent of the students were women but some children who had had no formal schooling joined these classes as well.

Women showed great interest in these four-hour classes held after dinner, focusing on safer pregnancy, immunization, family planning, hygiene, latrine sanitation, alternative farming techniques, cash crops, skill training, voting rights, and women empowerment. To date, over 4,000 students have benefited from these programs, learning to read and write in Nepali, and over 60 children went on to enroll in school. HHC provided the facilitators' salary, blackboards, reading and writing material and other essentials, and the students contributed by transporting these materials to the villages.

In 2008, after many years of conducting literacy classes, HHC, at the suggestion of participants, began vocational training classes, entitled, Women Empowerment Classes. In 2013, 83

women from Tipling, Lapa and Shertung received hands-on training in family planning, safe motherhood, cleanliness, sanitation, and environmental-friendly practices. In 2014, 155 individuals went through the program.

These classes were taught by Hom Bahadur Tamang, Thurup Tamang and John Tamang in Tipling; Padam Lama Tamang and Jir Ghale in Sertung; and Suni Maya Tamang, Sabin Tamang and Prem Maya Tamang in Lapa. This practical training has enabled these women to not only help themselves but also teach others. For example, they have learned to build a latrine in their home and also use these skills to help others do the same. Classes were held in Tipling specifically for blacksmiths (Dalit), which have traditionally been excluded from advancement.



“Education is a fundamental human right and essential for the exercise of all other human rights. It is a powerful tool by which economically and socially marginalized adults and children can lift themselves out of poverty.”

- UNESCO

## 2.2 Village School Program

Villages schools in Nepal are government run and require help with additional staff and funds. The villages have little financial means or manpower to support them. In 1995, after three years of discussion with local leaders, HHC was able to build a new Tipling school building, improve standards, and expand enrollment that initially was only 15 students (up to fifth grade). Presently, the Tipling School has over 300 students and has added grades six through ten.

Until 2012, two high schools, three lower secondary school and fourteen primary schools in the villages of Borang, Tipling, Shertung, and Lapa received support from HHC in the form of teachers' salaries, training programs,

school renovation, and instructional materials. Beginning in 2013, at the instruction of the District Education Office (DEO) in Lalitpur, HHC shifted our resources from teacher salaries (now covered by the DEO) to increasing our support for school infrastructure, furniture, and expansion of compound land. We continue to support stipends for orphaned and Dalit children. In 2013 and 2014, HHC trained teachers served over 1550 students, and over 110 of these students took the national high school exam.

There are only two high schools in northern Dhading and most students in the rural areas stop attending school after their primary years due to lack of financial support. In 2013, HHC supported 42 students, kami (blacksmith) and other caste orphans, in the local public schools as

well as four in private schools in Kathmandu. In 2014, HHC supported 43 students in local public schools and two for higher studies in agriculture.

Many of the high school graduates are further supported when they attend technical schools and colleges. They receive training as health providers, teachers, and skilled technicians (carpentry, plumbing, tailoring, sewing, and knitting) and typically assume the running of their village health posts, schools, and trades in their villages.

A special thank you to Mr. Ramesh Shankar Shrestha and Mrs. Anju Shrestha who have supported our village stipend program since 2007.

# HHC VILLAGE EDUCATION

## HHC VILLAGE EDUCATION

### 2.3 Village Youth Managed Projects

HHC has supported village students for twenty-one years and these students have in the last few years initiated community-based organizations (CBO). In 2013 HHC supported Mothers' Groups in Shertung, Sewa Nepal in Tipling and Apanga Ekta Kendra (persons with disabilities) in the Lapa villages. These groups in turn support HHC's medical camps, building of permanent latrines, campaigns against malnutrition, and conduct women literacy classes and other HHC village projects.

HHC instructs these youth groups in organization and leadership skills to enable them to manage present village programs and projects and



develop new ones. With the birth of these youth groups, HHC's advisory role will increase.

The youth groups are also conducting social awareness campaigns that are showing encouraging results as more villagers choose to build toilets, send children to school and to participate in other village activities. HHC has also provided office furniture as well as computer training to the members of these groups to enhance their management of these programs.

### 2.4 School Survey

In September, HHC developed a school survey to study the resources, student population, physical structures and needs of twenty schools in Tipling, Shertung and Lapa villages in northern Dhading. A report on the conditions and needs of each school was created to guide future programs related to school infrastructure and teaching training. The complete survey is available on our website, [www.himalayanhealthcare.org](http://www.himalayanhealthcare.org).

### 2.5 Timla Hostel Building

On October 2, 2014, HHC began construction on a hostel building in Timla in the village

of Lapa. During the construction period, local community members from 156 households contributed eight days of labor to the project, a decision that was collectively reached after consultation with the villagers.

From October to the end of December, 750 days were contributed toward leveling the land, carrying stone, wood and other building materials and lobbying for funds from government agencies, including the District Education Office, District Development Office, and others. Funds were also collected locally and from generous donors in the United States.

The project was initiated when HHC became aware of forty children from the remote corners of the Ankhu Khola valley in northern Dhading

who were struggling each day to get to school

Upon completion, the hostel will have beds, bathrooms, lights, water supply and dining room that can also be used as a study hall.

It is HHC's hope that upon completion of the hostel, children will no longer have to walk two hours every day to and from school, sleep in the rain and cold away from family and cook, live and study on their own.

### 2.6 Computer Classroom

In 2014, HHC donated ten pieces of plexiglass for a computer classroom at Lapa Secondary School at a cost of \$100 (US), including transportation.

## HHC INCOME GENERATION

HHC continues to support various income generating activities in the villages, including raising chickens, angora rabbits, goats and pigs; harvesting cardamom and medicinal plants; and weaving, knitting and metal crafting.

### 3.1 Jeevan Kala (Art for Life)

In 2013 and 2014, HHC continued the production and sale of environmentally friendly artisan products under its crafts line, Jeevan Kala. Hundreds of women artisans who produce these crafts, along with their families, are supported by this project, which

# HHC INCOME GENERATION

Photo: Bob Stern



which instills dignity and pride in the artisans. JeevanKala, meaning “Art for Life,” has been registered as a handicraft company in the United States and Nepal since 2012 and maintains two stores in Nepal, one in Thamel and one in Jawalakhel. The profits from the sale of JeevanKala crafts support HHC’s humanitarian programs in northern Dhading.

JeevanKala first and foremost ensures that the handicraft proceeds benefit the artisan and their families. These artisans are provided fair wages, taught the skill-sets needed for crafts production (which in turn are taught to their community members), assisted in becoming self-reliant entrepreneurs, and gain a sense of well being by having involvement in a worthy humanitarian project.

JeevanKala has been a proud member of the Fair Trade Federation (FTF) since 2013.

“FTF is the trade association that strengthens and promotes North American organizations fully committed to fair trade. The Federation is part of the global fair trade movement, building equitable and sustainable trading partnerships and creating opportunities to alleviate poverty. The Fair Trade Federation envisions a just and sustainable global economic system in which purchasing and production choices are made with concern for the well being of people and the environment, creating a world where all people have viable economic options to meet their own needs.” (FTF website)

JeevanKala, as well as all of FTF’s members,

have been vetted and have met some of the highest fair trade standards in the world.

We thank Laxmi Maharjan, Rita Karki, Rabina Maharjan, Saru Maharjan, Jyoti Shrestha and Gita KC for providing quality work, and Soni KC Parajuli, with support from Chandra Tamang and Rajan Paudyal, for helping manage this unique handicraft project.

We invite all friends and supporters of HHC to look for these beautiful gift items on [www.himalayanhealthcare.org](http://www.himalayanhealthcare.org) and to support this important project. We also invite friends to host sales in their homes and in the process raise funds for all the village programs.

## 3.2. Livestock

The 32,000 livestock in Tipling, Shertung and Lapa villages are important for the survival of the 13,000 people in this region. HHC trained veterinarian technician, Chhen Tamang of Lapa, and several skilled local villagers she has trained, manage livestock medical problems, from diarrhea to potential epidemics, that can affect this entire animal population.

In 2013 HHC distributed loans for medications and other supplies to trained individuals in Shertung to help maintain the livestock in their village. In 2014 HHC hired a new veterinarian technician, Nirajan Acharya, to plan to provide additional training in artificial insemination in cattle. This will help increase and improve the cattle population in

the three villages. Initial supplies and equipment to support this project will be provided by HHC.

## 3.3. Agriculture

There are a total of six Kami communities in the northern Dhading region. They have fallen behind the Tamang people in education, income generation, health and land ownership with few exceptions. In 2014, HHC hired Mr. Jaylal B.K. to serve as a supervisor for a Lower Caste Upliftment Program.

In 2014, HHC supported the purchase of land for the Kami people of Kharsha in Shertung. Fourteen households benefited from the purchase and are doing community-based vegetable farming in a greenhouse on this land. HHC

## HHC INCOME GENERATION

supplied plastic and a boundary net for the greenhouse at a total cost of approximately \$225 (US). HHC also contributed seeds for ten different kinds of vegetables, including cauliflower, cucumbers, chilies, carrots, tomatoes, radishes, turnips, pumpkins and local crops.

In July, HHC hired agriculture technician, Tenjen Tamang, and formed 14 agriculture groups in three villages. In May and September of 2014, HHC organized agriculture exposure tours in Ilam for 23 people from northern Dhading. Ilam was chosen due to the similar resources and climate it shares with Dhading. Participants observed cash crop farming of ginger, chilies, cardamom and kiwi as well as fish farming, tea farming and processing, cheese making and artificial insemination of cows. Participants met Mr. K.P. Raymajhi, manager of Jagriti Multipurpose Cooperative, who shared his knowledge of organizing and running a cooperative.



## HHC COMMUNITY HOSPITAL - ILAM

In April 2004, HHC launched the Dr. Megh Bahadur Parajuli Community Hospital (DMBPCH) in Ilam, in the eastern most part of Nepal. Before the building of this hospital, over 250,000 people living in 48 villages and two large towns had only one doctor, at the local government hospital, providing healthcare. Patients had to spend their much-needed resources visiting hospitals across the border in India or in larger Nepali towns many hours away.

As per the initial plans, the hospital would help standardize healthcare at the district level, be a model of a decentralized healthcare system in rural and semi-rural Nepal, and find means to be sustainable. Within five years of the completion of the hospital, we had envisioned training local leaders to manage the hospital to a level where it could be handed over to the community in a self-sustaining manner. This plan would have allowed

the hospital to be independent of HHC financially. HHC would continue to support and advise the hospital through the training of local health providers, coordination of both international medical and dental volunteers, running of the medical and dental village camps, as well as donation of equipment and instruments.

Due to the civil war (1996-2006), which raged in the country and crippled the Ilam District Hospital (government) and local economy, we extended the handover date by several years. In 2009, three years after the war, the government hospital was upgraded and specialists were brought back to the community; in time the community demanded more specialists, such as gynecologists and surgeons, from HHC's community hospital, which was beyond our financial means. Compounding this was the unfavorable post-civil war political chaos and financial strain on the government and country.

A smooth and simple transfer of the hospital during this time was not going to be realized.

In 2013 we pushed the local community and the authorities further to help us find a way to transition the hospital into the community's hands. We worked to create various new modalities of running the hospital. We also invited an MIT Sloan School of Business team of graduate students to study future possible modalities for the hospital.

Two principal options were discussed with the community and the local authority. The first option was to merge the government district hospital and our community hospital with a strong autonomous management team consisting of eminent local leaders and local government officials. This option required the government at the highest level to agree with this plan, which would be difficult under the present bureaucratic structure.

## HHC COMMUNITY HOSPITAL - ILAM

The other option was to run the hospital as a corporation and offer specialty services. Unfortunately, this would increase the cost of healthcare, which the community could only afford if it was subsidized.

HHC continues to seek a safe-landing and solution for our hospital, one that will honor our guiding principal of healthcare for all and one that will acknowledge the needs of all of the stakeholders, from patients to local and central leaders. The hospital has been run, for the last three years, at less than capacity, with HHC having to downsize staff and expenses while a new modality is sought.

In spite of the slow-down, the staff was able to provide quality care to over 6,980 patients including the medical camps in 2013 and 5,401 in 2014. The hospital provided outpatient and inpatient care, minor surgery and casting, delivery

and antenatal clinic care, family planning, outreach clinics, and medical and dental camps. In 2013 and 2014, the community hospital, with Drs. Manoj Hang Limbu, Saroj Sanba Subba, Bindu Gurung, Bimlesh Kumar, Rakshya Parajuli and Bijay Khadka, and dental surgeon Dr. Krishna Subedi provided 24-hour service to Ilam. Special thanks to them!

During 2013 several international medical and other volunteers supported the hospital staff in Ilam. HHC is grateful to Drs. Maria Hy (ob-gyn), Susan George (pediatrician, UK) and Ernesto Jones (MDGP, UK). An MIT Sloan School of Management team researched possible new business modalities for the community hospital. We are most grateful to the MIT Sloan Global Health Delivery Lab Team: Briana Burgess, Konstantina Georgaki, Kaustubh Pandya, David Rabinowitz and their professor Dr. Janet Wilkinson.



After the successful 2012 obstetrical/gynecological camp conducted by Worldwide Healing Hands founded Dr. Paula Dhanda, a second team was led by her to Ilam in 2013 for a follow up camp. HHC is indebted to Dr. Paula and her team. The hospital staff has benefited from the presence of all of these medical providers and enjoyed having them in Ilam.

## Medical And Dental Camps In Ilam Villages

The Dr. Parajuli Community Hospital continues to bring healthcare to the doorsteps of the villagers; this has engendered trust in Nepal's healthcare providers who historically have been a part of a healthcare system that was archaic and poorly managed. The medical camps have also allowed the villagers to learn about the various services available at our hospital.

Our services have allowed many of our patients to receive their needed specialty care at our hospital, thus saving them from traveling long distances to the medical centers in the terai (low-lands) or the Indian border towns. The hospital in Ilam carried out eleven camps in 2013 and nine camps in 2014. These camps were run with the support of the hospital staff, local village committees and organizations and clubs, international organizations and many other individuals. HHC is grateful to all of them.



# MEDICAL TREKS

**H**HC organized three medical treks in 2013 and 2014. International physicians, dentists, nurses, health workers, as well as other volunteers, participated to supplement the efforts of the Nepalese medical staff. Medical treks are a unique way to see Nepal and meet and help local people. Treks typically last two weeks and start in Kathmandu. HHC arranges the transportation from Kathmandu into the rural region, where the trekkers begin walking. Two to three days into the trek, HHC establishes a medical or dental camp for a four-day period. During the camp, trekkers treat villagers from the surrounding areas with the assistance of HHC staff and local health providers.

The Dhading region trek features remote villages along the Tibetan border with opportunities to see the beautiful mountains of the Ganesh, Langtang, and Manaslu Himal.

**T**he medical treks are conducted in the Dhading region to provide services to villages and to help train the local community health providers.

**I**n the spring of 2013, 15 volunteers treated 771 patients at camps in the villages of Shertung and Lapa. Eighty-six of those patients were referred to health facilities in Kathmandu and Dhading Besi.

Spring 2013 trek volunteers & staff:

## International:

Dr. Elizabeth Ashford, General Practice (UK)  
Juliet Ashford, Student Volunteer (UK)  
Dr. Lorri Beatty, ER (Canada)  
Olivia Chang, Resident (Canada)  
Moreen Fried, Social Mobilizer (USA)  
Shawn Keefe, Teacher (Canada)  
Dr. Amar Marshu, ER (UK)  
Dr. Robert McKersie, Family Medicine (USA)  
Dr. Janice Onorato, Neurology (USA)  
Lisa Ray, Social Mobilizer (USA)  
Aaron Sagin, MBA, (USA)  
Alana Sagin, Resident, Family Medicine (USA)  
Dr. Todd Sagin, Family Medicine & Geriatrics (USA)  
Ryan Satovsky, Resident (USA)  
Jane Thiefels, RN, (USA)  
Anastasia Tschida, Social Mobilizer (USA)  
Ben Wheatley, Resident (USA)

## Nepalese:

Sapta Ghale, HHC Dhading Field Coordinator  
Phe Dorje Tamang, HHC Health Coordinator  
Chandra Tamang, HHC Officer  
Bin Thapa Tamang, HHC field supervisor  
Bhagya Sunuwar and 11-member kitchen team  
Roma Tamang, sherpa crew  
Yaku Tamang, sherpa crew  
Dek Ghale, sherpa crew  
Sitashma Parajuli, Student intern  
Priyasha Parajuli, Student Volunteer  
Saharsha Parajuli, Student Volunteer



Spring 2013 Medical Trek

## MEDICAL TREKS

Spring 2014 trek volunteers & staff:  
International:

Dr. Jonas Johnson, ENT Specialist (USA)  
Dr. Carol Wiggins, OBGYN, (USA)  
Dr. Thanh Andreakos, ER (USA)  
Dr. Karen Kost, ENT Specialist (Canada)  
Dr. Paul Stephensen, Orthopedics (Canada)  
Dr. Jackie Yaris, Physician (USA)  
Dr. Katherin Garlo, Physician (USA)  
Dr. Steven Tanner, Resident, ER (USA)  
Dr. Christopher Stordard, Resident, ER (USA)  
Dr. Steven Garrow, Resident, ER (USA)  
Curt H. Audin, RN (USA)  
Barbara Audin, RN (USA)  
Daniel Dlugose, RN (USA)  
James Gaffney, HHC US Director (USA)  
Janis Johnson, Volunteer (USA)  
Julia Yaris, Volunteer (USA)  
Maria Andreakos, Volunteer (USA)

Nepalese:

Rajan Mani Paudel, HHC Officer  
Sapta Ghale, HHC Dhading Field Coordinator  
Pradip Pokharel, Lab Technician  
Bin Thapa Tamang, HHC field supervisor  
Roma Tamang, Sherpa  
Yaku Tamang, Sherpa  
Yogen Taman, Sherpa  
Bhagya Sunuwar and kitchen team  
Phedorje Tamang, Student  
Kristina Parajuli, Student Volunteer  
Sitashma Parajuli, Student Volunteer  
Priyasha Parajuli, Student Volunteer  
Saharsha Parajuli, Student Volunteer  
Shambhu Sign Thakuri, Liegeman  
Dr. Bijay Khadka, HHC Community Hospital  
Sibitri, District Health Office  
Dr. Shyam Pokharel, District Health Office  
Dr. Sabin Paudel, District Health Office

Fall 2014 trek volunteers & staff:  
International:

Dr. Gary Nichols, Pediatrics (USA)  
Dr. Caroline Jones, Family Medicine (UK)  
Dr. Gail Goldstein, Dermatologist (USA)  
Dr. Corina Bassity, Family Medicine (USA)  
Dr. Angela Pickens, Pediatrics (USA)  
Dr. Caroline Bwango, ER (USA)  
Dr. Katherin Garlo, Physician (USA)  
Dr. Steven Kowalsky, Pharmacist (USA)  
Barbara Rose, NR (USA)  
Jessica Ruby, NR (USA)  
Moreen Friend, Social Worker (USA)  
Jordan Tursi, Physiotherapist (USA)  
Peter Bowers, Archeologist (USA)  
Belinda Kinn, Teacher (USA)  
Ellie Falletta, Volunteer (USA)  
Maria Andreakos, Volunteer (USA)

Nepalese:

Kul Mani Pokharel, HHC Trek Manager  
Shambhu Thakuri, HHC Dhading Liaison  
Sapta Ghale, HHC Field Coordinator  
Goma Dulal, HHC Accounts Officer  
Jiwan Kumar Malla, District Health Office  
Bishnu Rijal, DHI  
Machhindra Neupane, DPHI  
Dev Ratna Maharjan, DLTO  
Dr. Shyam Prasad Dhodari, MO, DHO  
Thambar Bdr. Shrestha, Office Assistant  
Ramsingh Tamang, Ophthalmic Officer  
Sonam Tamang, Eye Worker  
Bin Thapa, Porter in Charge  
Yaku Tamang, Sherpa  
Yogen Tamang, Sherpa  
Sombar Ghale, Sherpa  
Bhagya Sunuwar and kitchen team  
Apurya Singh, Student Volunteer



Spring 2014 Medical Trek

In the spring of 2014, seventeen international volunteers took part in HHC's medical trek and helped treat 980 patients in Shertung and Lapa. 82 patients were referred for specialty care in Kathmandu or Dhading Besi, and seventeen were assigned to village health staff for monitoring and regular follow up.

HHC was joined by sixteen international volunteers for the fall 2014 trek. 731 patients were treated in Tipling and Shertung, of which fifty-five were referred to centers in Kathmandu or Dhading Besi for diagnosis and/or treatment. HHC will support 50% of the medical costs of referred



# HHC PARTNERS



GlobeMed volunteers in Nepal, 2013  
Eva Adler, Chris Klene, Ellie Falletta, Natalie Water, Taylor Simmons



GlobeMed volunteers in Nepal, 2014  
Charles Linkenheil, Jasmine Bains, Marie McDonnell, Ramya Palaniappan, Chris Klene

## GlobeMed Supported Projects

**G**lobeMed aims to strengthen the movement for global health equity by empowering students and communities to work together to improve the health of people living in poverty around the world. GlobeMed envisions a world in which health – the ability to not only survive but thrive – is possible for all people.

Founded by students in 2007, the GlobeMed network engages over 2,000 undergraduates at 55 university-based chapters throughout the U.S. Each chapter is partnered one-to-one with a grassroots health organization in one of 19 countries throughout Africa, Asia, North America, and South America.

[www.himalayanhealthcare.org](http://www.himalayanhealthcare.org)

In 2013 and 2014, GlobeMed partnered with HHC to support these projects:

### Village Sanitation Program:

GlobeMed continued to support HHC's One-Home-One-Toilet campaign (permanent latrine) project in three northern Dhading villages which allowed 30 household latrines to be built with materials supplied by HHC and labor provided by families receiving the materials. This will allow for a total restructuring of the sanitation situation in the villages.

### Income Generation:

GlobeMed continued to support HHC's program that provides Dalit Kami women with income-generation opportunities. The impact of this program in the long term is to empower

the women through literacy, education, advocacy, and self-worth to help reduce the high rate of domestic violence and alcoholism and to improve the educational opportunities and healthcare access in the Kami community.

### Efficient Woodstove Program:

GlobeMed has shown a keen interest in the efficient woodstove program launched by HHC in 2009 and has been supporting this project since 2011. The efficient woodstove reduces by half the use of firewood compared to the traditional open-hearth stoves use. In addition, these stoves are designed to vent the wood smoke to the outdoors, substantially reducing the smoke in the homes of the villagers and thus reducing lung disease and upper respiratory infections.

## Letter from Eva Adler, GlobeMed External President

The end of 2013 not only marks the fifth year of a rewarding partnership between Himalayan HealthCare (HHC) and GlobeMed at CU Boulder, but also marks the incredible strength behind 50 bright and determined University students. Though GlobeMed at CU Boulder and HHC are two worlds apart, both organizations share the same vision, grit and passion for global health equity. Most importantly, together they harness voices of today's youth to drive change and make tangible impacts within global health.

GlobeMed at CU Boulder is one of the 55 chapters nationwide which aims to strengthen the global health equity movement by empowering students and communities to work together to improve the health of people living in poverty around the world. GlobeMed was initiated by a group of students at Northwestern University, who were outraged at the injustices they saw around the world. With students at the forefront, GlobeMed built innovation, energy, and passion into its deep commitment to address global injustices and disparities. GlobeMed believes that every student regardless of background, discipline, or skill sets has a unique place in this movement. University chapters are paired with one grassroots partner organization to address education, health, and income disparities tailored to the culture and context at hand. GlobeMed chapters support their partners with more than just financial contributions. GlobeMed students advocate for global health issues on campus, mobilize faculty during outreach events, and travel onsite to work on supported projects alongside partner organizations. Students therefore, not only gain leadership experience, but also gain global perspectives, knowledge of project implementation, and skills to equip them as future leaders in global health.



The GlobeMed chapter at CU Boulder has surpassed its 5th year and has seen great success. This past year alone, we exceeded the \$30,000 monetary goal and raised \$34,472.38 to directly support preventative health (sanitation latrines and efficient cookstoves), community education (women's empowerment and student stipends), medical referrals, and income generation programs in Nepal. The chapter also exceeded internal goals by hosting its first Colorado GlobeMed conference and the first 5K Holi Color Run on the Boulder campus.

Furthermore, it has been an honor and privilege to work alongside GlobeMed at CU Boulder and Himalayan HealthCare for the past 4 years. Bold goals are made my bold people, and here at CU Boulder, our students, supportive faculty, and family at HHC, make that dream a reality. From personal experience on the ground and on campus, I can proudly say that our partnership is unique and is intrinsically linked to success.

For more information about the GlobeMed network please visit [www.globemed.org](http://www.globemed.org) and [www.globemedcu.org](http://www.globemedcu.org) to learn more about the GlobeMed chapter at CU Boulder. For additional questions about our partnership please contact [ucboulder@globemed.org](mailto:ucboulder@globemed.org).

With great pride and genuine solidarity,

Eva Adler, External President of GlobeMed at CU Boulder



## HHC PARTNERS

### JOLKONA FUNDS 2013

Jolkona and HHC have been partnering since 2010. Jolkona funds projects around the world by encouraging donations of all sizes (starting at \$5), thus allowing donors to choose a project that fits their budget and interests. Jolkona seeks to involve the young and less affluent in philanthropy by reaching out through their online platform and media sites such as Facebook and Twitter. Jolkona was founded with the idea that every drop of giving counts, hence the name Jolkona that means drop of water in Bengali. "Small drops can add up and have a ripple effect of change" is the motto of Jolkona.

Projects are divided into the areas of arts and culture, education, empowerment, environment, and public health. Jolkona brought over \$6,800 in donations to HHC in 2013 and 2014. Donors receive a photo of the recipient and information on the family benefitting from their gift.

Jolkona donors support HHC by designating contributions for 1) a child's education in Kathmandu for one year, 2) an energy efficient stove or latrine for a village family, 3) projects in women's health at our village clinics, or 4) cataract surgery for the elderly. You can visit Jolkona on the web at: [www.jolkona.org](http://www.jolkona.org).

Jolkona Foundation was founded in 2009 by Adnan Mahmud, a Seattle Microsoft Research Program Manager, and Nadia Khawaja, a University of Washington graduate student. The Jolkona Foundation is staffed by volunteers and one paid software developer. Operating expenses are covered by donations to Jolkona specifically for that purpose so that organizations like HHC receive 100% of pledged donations.

"Factors that contribute to health outcomes, such as sanitation and access to health care, are marked by significant disparities that disproportionately affect ethnic minorities, who make up a higher portion of the population of Nepal's rural regions. Insecure access to food and water is especially pronounced for indigenous groups, especially in mountainous regions."  
- Minority Rights Group International



## DRI Supported Projects

Direct Relief International provides medical assistance to improve the quality of life for people affected by poverty, disaster, and civil unrest in the United States and throughout the world. For over a decade, DRI has continued to support the medical programs of HHC in Nepal by providing essential material resources – medicines, supplies, and equipment. In 2013, DRI donated 2,885 pounds of medical equipment and supplies, at a value of \$9,368.01 to help the Nepalese people. These supplies were used to serve patients in the remote villages of Tipling, Shertung and Lapain Dhading (north-central Nepal) as well as in the villages of Ilam district in eastern Nepal. HHC is extremely grateful to DRI for their continued support.

## WITH GRATITUDE

We are most grateful to the many wonderful individuals and organizations in Nepal, and from other parts of the world, who have helped us through the generosity of their funds, time, and in-kind donations. We would like to recognize them here and express our hopes for their continued support.

### INDIVIDUALS:

Mr. & Mrs. Ramesh Shankar Shrestha  
 Mr. Milan Gurung  
 Dr. Rabindra Shrestha, KMC  
 Dr. Sunil Kumar Singh, Army Hospital  
 Mr. Dharma Gautam, Ilam  
 Mr. Rathan Chaudhary, Ilam  
 Mr. Tara Akhteen, Ilam  
 Mr. Dambar Khadka, Ilam  
 Mr. Santosh Katuwal, Ilam  
 Mr. Madhan Shrestha, Ilam  
 Mr. Grishma Subba, Ilam  
 Mr. Ram Bhadur Rai, Ilam  
 Mr. Hari Shrestha, Ilam  
 Mr. Milan Osti, Ilam  
 Ms. Anita Oli, Ilam  
 Ms. Pushpa Timilsina, Ilam

### ORGANIZATIONS & INSTITUTIONS:

HHC Nepal Board of Directors  
 HHC US Board of Directors  
 Ministry of Health  
 Ministry of Finance  
 Ministry of Child, Women and Social Welfare  
 Nepal Medical Council  
 Chief District Office, Ilam  
 District Health Office, Ilam  
 Eastern Regional Director of Health, Dhankuta  
 Nepal Red Cross Society District Branch, Ilam  
 Red Cross Society, Himalayan Branch, Singfring, Ilam  
 Social Welfare Council  
 Nepal Red Cross, Central Blood Bank, Kathmandu  
 Ilam Municipality and DDC Ilam  
 Chief District Office, Dhading  
 DHO and DEO, Dhading  
 NCDC, Ilam  
 Mahila Jagaran Sangh, Ilam  
 Pariwartha Yuba Club, Ilam  
 Udhyami Mahila Ekai, Ilam  
 Udhyog Banijya Sangh, Ilam  
 The Peer Foundation, Ilam  
 Ilam Municipality Office, Ilam  
 Nepal Electricity Authority Branch Office, Ilam  
 Nepal Police, Ilam  
 Ilam Chambers of Commerce, Ilam  
 Ilam F.M., Ilam  
 Nepal Bani F.M., Ilam  
 Fikal F.M., Ilam  
 Ilam Post Daily, Ilam  
 Ilam Express Daily, Ilam  
 Sandakpur Daily, Ilam  
 Himalayan Tol Bikash Sastha, Singfring-8, Ilam  
 Mechi Bahuuddeshiya Samaj, Singring-7, Ilam

## OUR DONORS 2013

We thank our many friends and supporters. Everything we do for the people of Nepal is made possible by these wonderful individuals and organizations who have made both monetary and in-kind donations. We are pleased to recognize them here, and express our hope for their support in the future.

### \$25,000 +

Timothy Cotton  
 GlobeMed

### \$10,000 - \$25,000

Eugene and Diane Natali  
 Healing Hands  
 Global Giving  
 Network for Good  
 Jolkona Foundation

### \$5,000 - \$10,000

Robert McKersie and Michele O'Toole  
 David Johnson  
 Moreen Fried and Janice Onorato

### \$1,000 - \$5,000

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 Shiela Carroll  
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 St. Thomas Episcopal Church  
 Arthur and Anne Crumlish  
 Janis Johnson  
 Laura Milner and Barb Brooks  
 Megan Neuman  
 James O'Leary  
 Donna Doughton and Joel Eckhaus  
 The Ellis Group  
 John Yost  
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### Up to \$1,000

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 Corina Bassity  
 Mary Early  
 Nita Patel  
 George Pfol  
 Lisa Hay  
 Christina Madden  
 Jack Levine  
 Dea Angiolillo

### Up to \$1,000, cont'd

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### \$150,000 +

Timothy Cotton

### \$25,000 +

GlobeMed

### \$10,000 - \$25,000

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### \$5,000 - \$10,000

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# OUR DONORS 2014

Up to \$1,000, cont.

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Joanne McCartin



The view of Lapa village, northern Dhading District  
Photograph by Louis John Decarlo

## Fundraising Events

**H**HC holds events each year in North America where trek participants, Ilam hospital volunteers, donors and friends come together, share stories, get a report on recent activities, and learn more about what we are doing. The events also help raise funds to support HHC's programs in Nepal. We try to hold events in different cities and at various times of the year.

### HHC Presentations at UPMC Pittsburg

On Sept. 23rd, 2013 HHC presented the 'Hearts in the Himalayas' film made by Debi Lang to the faculty and others at the Eye and Ear Institute Hall at UPMC, Pittsburgh. The program was hosted by Dr. Jonas Johnson, MD, Chair, Department of Otolaryngology followed by a dinner at the University Club in HHC's honor. HHC was represented by David Johnson, MD, past president and Anil Parajuli at the event. HHC is very grateful to Dr. Jonas and wife Janis for hosting the event and Anil Parajuli.

[www.himalayanhealthcare.org](http://www.himalayanhealthcare.org)

On September 23rd afternoon, the World Affairs Council of Pittsburgh hosted a seminar for school students at the Pine-Richland High School where other students joined via videoconference and participated in the event. Anil Parajuli spoke on A Closer Look at Nepal. Approximately 40 students attended. Anil's remarks were followed by a Q & A session moderated by Ms. Amiena Mahsoob of the Council. Gene and Diane Natali, long term supporters of HHC, also attended the event.

**O**n Sept. 24th, 2013 a Breakfast Briefing at the River's Club was hosted by the World Affairs Council of Pittsburgh where Anil Parajuli spoke on - From Civil War to Democracy: The Challenging Terrain of Daily Life in Nepal. The briefing remarks were for approximately 25 minutes followed by a Q & A session moderated by Dr. Steven E. Sokol, President and CEO of the World Affairs Council of Pittsburgh. Approximately 15-20 people attend the event.



**A**fter the breakfast briefing, Dr. Sokol walked with Anil Parajuli to the KQV Radio Studios for a radio interview for the program titled - Pittsburgh Global Press Conference. The half-hour taped interview on KQV 1410 AM was hosted by Dr. Sokol and Anil Parajuli answered questions on Nepal and HHC's work. The interview is available online as a podcast after the broadcast date. HHC is grateful to Dr. Sokol and his team at the the World Affairs Council of Pittsburgh.

### ALASKANS SUPPORTING HIMALAYAN HEALTHCARE

By Moreen Fried

The Blue Loon. Pure Fairbanks. An old military surplus Quonset hut, this venue houses a movie theatre sized screen, a stage, bar, small restaurant and dance floor. Needless to say, I was nervous what Anil would think. When we drove up, he started taking pictures and said "This is great." The evening started 130 attendees off with a glass of champagne as they

checked in at the door. While everyone settled in, guests perused two silent auction tables; one with desserts and another with a combination of Jeevan Kala and donated local artisan crafts. All of the items out for auction sold. (You may be wondering about the dessert tables, as was Anil, until he saw women circling and paying several hundred dollars for locally baked items. We have to fatten up for the long winter). For those who did not want to add calories or take crafts home, a special projects table was set up that allowed people to donate to building pharmacies in Nebir and Khading, sending 10 kids to school, setting up a women's empowerment group in Khading and building 10 new stoves. I am proud to say that all of the projects were fully funded.

**A**nil's talk prepared people for viewing the documentary "Hearts in the Himalayas" as guests dined on food with an Indian/Nepalese flare. Anil's presence, coupled with the documentary resulted in guests asking how they can contribute to our world community. A local folkabilly band, Steve Brown and the Bailers, played original music as people danced and ate desserts until well after midnight. Who knew Anil was such a good dancer.

People are still asking questions about HHC; donating money; and looking forward to the next event. To date, the Alaskans Supporting Himalayan HealthCare event has raised \$24,000.

### NYC FUNDRAISING EVENT:

**O**n September 21st, 2013 30 friends and supporters of HHC met at Astra for an evening of wine and hors d'oeuvre and a chance to learn about HHC's work in Nepal. Founder and Executive Director, Anil Parajuli, President, Dr. Robert McKersie, and Treasurer, Tim Cotton each gave updates on the work of HHC and Jeevan Kala. Anil showed an inspirational power point and Jeevan Kala products were sold at the event. We thank BOD Christina Madden for the planning of this successful fundraiser. We hope to see you at our future NYC events!



# ILAM MEDICAL CAMPS

## 2013

We are privileged to present the following report of our healthcare and dental care activities in the isolated villages of the Ilam District of eastern Nepal.

Prepared by Rabin Rayamajhi and Khyam Raj Ghimire, this report shows the villages in which medical camps were held throughout 2013 and 2014 and the many organizations, medical practitioners, and volunteers who dedicated their time and expertise, and to whom we are very grateful.

S.N	Mon	Village	Type	Hospital Team	Patients	Supported by
1	Jan	Chamita	OBGY N Dental OPD	DMBPCH Team: Dr. Manoj Hang Limbu (Medical Officer), Mr. Kiran Niroula (HA), Mr. Kapil Mani Chaudhary (HA), Ms. Shrinkhala Dawadi (Staff Nurse), Ms. Amrita Pithakoti (ANM), Mr. Khagendra Thakuri (Ward Attendant), Mr. Mani Ram Niroula (Receptionist), Mr. Rabin Raya Chhetri (Team Leader)  Manav Dental Hospital Team: Dr. Kishore Datta (Dental Surgeon), Mr. Kusal Subedi (Dental Assistant)  International Volunteer: Dr. Maria Anna HY  Invited Guests: Mr. Dhama Gautam, Mr. Prakash Prasad Pokharel, Mr. Rajesh Parajuli	485	Camp Organized by: Chamita & Phakphok VDC, Ilam  Special Thanks To: District Health Office Ilam for providing free medicine, Chamita & Phakphok Village Development Office Staff, Health Post Chamita & Phakphok Staff, Local Co-operative of Chamita & Phakphok, and Nepal Police Force, Phakphok.  Local Volunteers: Ms. Juna Rai, Mr. Hari Rai, Ms. Shova Lamichane, Ms. Muna Rai, Mr. Mangesh Rai

S.N	Mon	Village	Type	Hospital Team	Patients	Supported by
2	Mar	Siddithumka	OPD	DMBPCH Team: Dr. Saroj Sanba Subba (Medical Officer), Mr. Kapil Mani Chaudhary (HA), Mr. Mani Ram Niroula (Receptionist), Mr. Rabin Raya (Team Leader)  Ilam District Hospital Team: Dr. Sunil Sah (MD/OBGYN), Mr. Ganesh Rizal (HA), Mr. Lila Subedi (ANM)	385	Camp Organized by: District Development Office, Ilam
3	Mar	Maimajhuwa	OPD	DMBPCH Team: Dr. Manoj Hang Limbu (Medical Officer), Mr. Kiran Niroula (HA), Mr. Khyam Raj Khatri (Hospital Director), Mr. Rabin Raya (Team Leader)  Ilam District Hospital Team: Dr. Madhukar Dahal (MD/OBGYN), Mr. Ganesh Rizal (HA), Mr. Lila Subedi (ANM)	178	Camp Organized by: District Development Office, Ilam
			OPD	DMBPCH Team: Dr. Saroj Sanba Subba (Medical Officer), Mr. Kapil Mani Chaudhary (HA), Ms. Khem Kumari Rai (Pharmacist), Ms. Amrita Pithakoti (ANM), Mr. Khagendra Thakuri (Ward Attendant)		Camp Organized by: Gorkhe VDC, Women Rights Community Gorkhe Ilam  Special Thanks To: District Health Office Ilam for providing free Medicine, Nepal Police Force,



# ILAM MEDICAL CAMPS 2013



S.N	Mon	Village	Type	Hospital Team	Patients	Supported by
4	Mar	Goricha		Attendant), Mr. Nandu Rai (Ward Attendant), Mr. Milan Gurung (HHC), Mr. Rabin Raya Chhetri (Team Leader)  International Volunteers, MIT Group: Mr. Kaustubh Harish Pandya, Ms. Konstantina Georgaki, Mr. David Pierce Rabinowitz, Ms. Briana Ashley Burgess	332	Mane Bhanjang.
5	Apr	Sulubung	Dental OPD	DMBPCH Team: Dr. Saroj Sanba Subba (Medical Officer), Dr. Krishna Subedi (Dental Surgeon), Ms. Dipa Rai (Staff Nurse), Ms. Lila Subedi (ANM), Ms. Nandu Rai (Ward Attendant), Mr. Khagendra Thakuri (Ward Attendant), Ms. Khem Kumari Rai (Pharmacist), Mr. Mani Ram Niroula (Receptionist), Mr. Rabin Raya Chhetri (Team Leader), Mr. Milan Gurung (HHC)  Ilam District Hospital Staff: Dr. Paras Sah (Medical Officer)  Health Post Staff: Mr. Fajung Sherpa (HA), Ms. Ganga Gautam (ANM)	205	Camp Organized by: Shree Sulubung Nari Ekata Samudayek Bikash Sashta Sulubung  Special Thanks To: District Health Office Ilam for providing free medicine, Nepal Police Force, Maipokhari.  Local Volunteers: Mr. Pukar Burjha, Mr. Diwas Lungeli, Mr. Niroj Burjha, Ms. Susmita Burjha, Ms. Gita Lungeli, Mr. Karan Thapa Magar, Mr. Anup Rai, Mr. Madan Gurung, Ms. Kamala Subedi, Ms. Yasodha Subedi, Ms. Budha Maya Gurung, Ms. Shanti Maya Gurung

S.N	Mon	Village	Type	Hospital Team	Patients	Supported by
6	Jun	Sumbek	OPD	DMBPCH Team: Ms. Jyoti Basnet (ANM), Ms. Amrita Pithakote (ANM), Ms. Junee Gurung (ANM), Ms. Maya Devi Shrestha (Ward Attendant), Mr. Khagendra Thakuri (Ward Attendant), Ms. Khem Kumari Rai (Pharmacist), Mr. Khyam Raj Ghimire (Hospital Director), Mr. Mukesh Shwa (Eye Worker), Mr. Rabin Raya (Team Leader), Mr. Milan Gurung (HHC)  International Volunteer: Dr. Susan George (MBBS, MRCPCH, PhD)  Sub Health Post Staff: Mr. Dilip Poudel	165	Camp Organized by: Late. Mr Gopi Dewan's Family, Sumbek  Special Thanks To: District Health Office, Ilam, Nepal Police Force, Jamuna Ilam
7	Jun	Maipokhari	OPD	DMBPCH Team: Ms. Jyoti Basnet (ANM), Ms. Lila Subedi (ANM), Mr. Khagendra Thakuri (Ward Attendant), Mr. Khyam Raj Ghimire (Hospital Director), Mr. Rabin Raya Chhetri (Team Leader), Mr. Milan Gurung (HHC)	146	Camp Organized by: Purbeli Taxi Bewasayi Sang Ilam  Special Thanks To: District Health Office Ilam,
8	Aug	Shree Antu	OPD	DMBPCH Team: Dr. Saroj Sanba Subba (Medical Officer), Ms. Jyoti Basnet (ANM), Ms. Lila Subedi (ANM), Ms. Nandu Rai (Ward Attendant), Mr. Sunil Karki (Ward	179	Camp Organized by: Pariwartanshil Yuwa Club, Ilam  Special Thanks To: District Health Office Ilam for providing free medicine and Nepal Police Force,





# ILAM MEDICAL CAMPS 2013



S.N	Mon	Village	Type	Hospital Team	Patients	Supported by
				Attendant), Ms. Khem Kumari Rai (Pharmacist), Ms. Rita Neupane (CMLT), Ms. Roma Gurung (CMLT), Mr. Khyam Raj Ghimire (Hospital Director), Mr. Rabin Raya Chhetri (Team Leader), Mr. Milan Gurung (HHC)  Volunteers: Mr. Bhagirath Khanal (HA), Mr. Bijaya Rai (Pharmacist), Ms. Sandya Shrestha (CMA)  Sub Health Post Staff: Mr. Laba Raj Khanal (HA)		Shree Antu, Sarnaibung Ilam.
Sep	DMBPCH		OBGY	DMBPCH Team: All DMBPCH Staff	960	Camp Organized by: Himalayan HealthCare, Nepal  Special Thanks To: World Wide Healing Hands, District Health Office Ilam, Nepal Police Force Ilam, Armed Police Force Ilam  Trainees: Ms. Mamata Loktam (SN), Ms. Chitra Kala Limbu (ANM), Ms. Saraswati Lamsal (ANM), Ms. Pratina Tamang (ANM), Ms. Lila Subedi (ANM), Ms. Amrita Pithakote (ANM), Ms. Babita Lingdom (ANM), Ms. Asmita Joshi (HA), Ms. Hima Raya (ANM), Ms. Devika Bhattarai (ANM), Ms. Shrinkhala Duwadi (ANM), Ms. Anita Oli (ANM), Ms. Junee Gurung (ANM), Mr. Purna Tamang (CMA), Ms. Jyoti Basnet (ANM), Ms. Rita

S.N	Mon	Village	Type	Hospital Team	Patients	Supported by
				Nepali Volunteers: Dr. Asha Jha (Ob-Gyn), Dr. Chunumila Maharjan (Ob-Gyn), Mr. Amber Amatya (Management Consultant), Mr. Sunil Shah (Anesthetist), Ms. Lisa Chand Thakuri (Senior Staff Nurse)		Kharel (ANM), Ms. Sabita Sunam (ANM), Ms. Neeta Dhimal (ANM), Ms. Kalpana Khanal (ANM), Ms. Pushpa Thapa (ANM)  Local Volunteers: Mr. Bhanu Bhakta Poudel, Mr. Darwin Niroula, Mr. Lila Raj Raut, Mr. Praveen Jung Rayamajhi, Ms. Gita Khatiwada, Mr. Nirmal Raya, Ms. Pratiksha Dhakal, Mr. Bipin Dahal, Ms. Anju Luitel, Mr. Indra Nepal, Ms. Gita Basnet, Ms. Bina Acharya, Ms. Sneha Rai, Ms. Punam Tamang, Ms. Sina Tamang (ANM), Ms. Jharna Tamang (ANM), Ms. Sandha Cherrjung, Ms. Summuima Rana, Ms. Mamata Loktam, Ms. Susmita Lama, Ms. Shrinkhala Dawadi, Ms. Manisha Sing Khatri, Ms. Anima Basnet, Ms. Sita Bista
10	Dec	Mabu	Dental OPD	DMBPCH Team: Dr. Bijay Khadka (Medical Officer), Dr. Krishna Subedi (Dental), Ms. Amrita Pithakote (ANM), Ms. Lila Subedi (ANM), Ms. Jyoti Basnet (ANM), Ms. Khyam Kumari Rai (Pharmacist), Mr. Sunil Karki (Ward Attendant), Mr. Khagendra Thakuri (Receptionist), Ms. Salina Basnet (CMLT), Mr. Khyam Raj Ghimire (Hospital Director), Mr. Rabin Raya Chhetri (Team Leader), Mr. Milan Gurung (HHC)	232	Camp Organized by: Mai Valley Hydro Power Pvt. Ltd. Pulchowk Lalitpur, Kathmandu  Special Thanks To: District Health Office Ilam, Nepal Police Force, Mabu Ilam



# ILAM MEDICAL CAMPS 2013



S.N	Mon	Village	Type	Hospital Team	Patients	Supported by
				<p><u>International Volunteer:</u> Dr. Ernesto Jones</p> <p><u>Volunteer:</u> Mr. Pradip Khadka (CMLT)</p>		
11	Dec	Maipokhari	Dental OPD	<p><u>DMDPGH Team:</u> Dr. Bijay Khadka (Medical Officer), Dr. Krishna Subedi (Dental), Ms. Amrita Phithakote (ANM), Ms. Lila Subedi (ANM), Ms. Jyoti Basnet (ANM), Ms. Dipa Rai (Staff Nurse), Ms. Khyam Kumari Rai (Pharmacist), Mr. Sunil Karki (Ward Attendant), Mr. Khagendra Thakuri (Receptionist), Ms. Rita Neupane (CMLT), Mr. Khyam Raj Ghimire (Hospital Director), Mr. Rabin Raya Chhetri (Team Leader), Mr. Milan Gurung (HHC)</p> <p><u>Volunteer:</u> Ms. Sita Khanal (HA)</p>	300	<p><u>Camp Organized by:</u> Ilam Sagarmatha English School, Maipokhari-1, Ilam</p> <p><u>Special Thanks To:</u> District Health Office Ilam</p>

# ILAM MEDICAL CAMPS 2014

S.N	Mon	Village	Type	Hospital Team	Patients	Support by
1	Jan	Goduk Liderty House	General	<p>Dr. Bijay Khadka (Medical Officer), Ms. Dipa Rai (Staff Nurse), Ms. Lila Subedi (ANM), Ms. Rita Neupane (CMLT), Mr. Khyam Raj Ghimire (Admin Officer), Mr. Rabin Rayamajhi (Camp Manager)</p>	33	Mahila Jhagaran Sanstha
2	Feb	Janakalyan N.E. Ma. vi. Singring	Sealant	<p>Dr. Krishna Subedi (Dental Surgeon), Ms. Amrita Phithakote (ANM), Ms. Lila Subedi (ANM), Ms. Jyoti Basnet (ANM), Mr. Ram Bdr. Gurung (Gardner), Mr. Rabin Rayamajhi (Camp Manager)</p>	52	
3	Mar	Gajurmukhi	OPD, Dental	<p>Dr. Bijaya Khadka (Medical Officer), Dr. Krishna Subedi (Dental Surgeon), Ms. Dipa Rai (Staff Nurse), Ms. Lila Subedi (ANM), Ms. Jyoti Basnet (ANM), Ms. Amrita Phithakoti (ANM), Ms. Rita Neupane (CMLT), Mr. Sunil Karki (Ward Attendant), Mr. Khyam Raj Ghimire (Admin Officer), Mr. Rabin Rayamajhi (Camp Manager)</p> <p><u>Volunteer:</u> Dr. David Johnson (MD, HHC Past President)</p> <p>Mr. James Gaffney (HHC US Director)</p>	296	District Health Office



Photograph by Louis John Decarlo

# ILAM MEDICAL CAMPS 2014



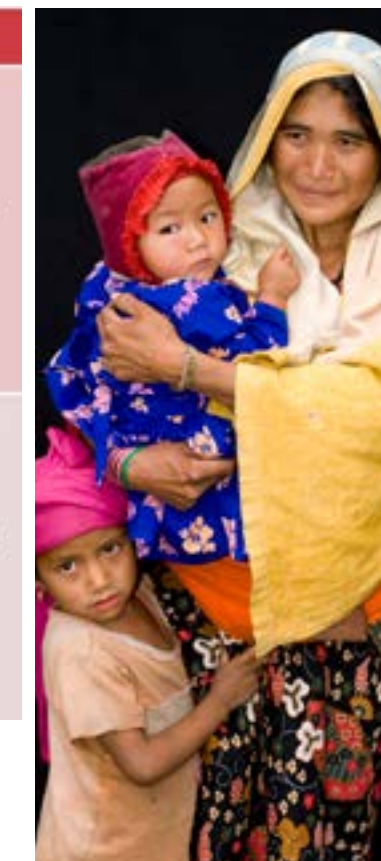
Photograph by Louis John Decarlo

[www.himalayanhealthcare.org](http://www.himalayanhealthcare.org)

S.N	Mon	Village	Type	Hospital Team	Patients	Support by
4	Mar	Jimmale	OPD, Dental	Dr. Bimlesh Kumar Gupta (Medical Officer), Dr. Krishna Subedi (Dental Surgeon), Ms. Lila Subedi (ANM), Mr. Khagendra Thakuri (Receptionist), Mr. Khyam Raj Ghimire (Admin Officer)	329	District Development Committee, Ilam District Health Office, Ilam
5	Mar	Gajurmukhi	Dental	Dr. Krishna Subedi (Dental Surgeon), Ms. Amrita Pithakoti (ANM), Mr. Khagendra Thakuri (Receptionist)	179	District Development Committee, Ilam District Health Office, Ilam
6	Mar	Phuyattapa	OPD, Dental	Dr. Krishna Subedi (Dental Surgeon), Dr. Bijay Khadka (Medical Officer), Ms. Amrita Pithakoti (ANM), Mr. Khagendra Thakuri (Receptionist)	290	District Development Committee, Ilam District Health Office, Ilam
7	May	Devkota Pra. Vi. Ilam	Sealant	Dr. Krishna Subedi (Dental Surgeon), Ms. Amrita Pithakoti (ANM), Ms. Lila Subedi (ANM), Ms. Jyoti Basnet (ANM), Mr. Ram Bdr. Gurung (Gardner), Mr. Rabin Rayamajhi (Camp Manager)	40	

S.N	Mon	Village	Type	Hospital Team	Patients	Support by
8	June	Puwamajhuwa	OPD, Dental	Dr. Krishna Subedi (Dental Surgeon), Dr. Bimlesh Kumar Gupta (Medical Officer), Ms. Amrita Pithakoti (ANM), Mr. Sunil Karki (Ward Attendent), Mr. Khyam Raj Ghimire (Admin Officer), Mr. Rabin Rayamajhi (Camp Manager)	482	District Development Committee, Ilam District Health Office, Ilam
9	June	Maipokhari	OPD, Dental	Dr. Krishna Subedi (Dental Surgeon), Dr. Bimlesh Kumar Gupta (Medical Officer), Ms. Amrita Pithakoti (ANM), Mr. Sunil Karki (Ward Attendent), Mr. Khyam Raj Ghimire (Admin Officer), Mr. Rabin Rayamajhi (Camp Manager)	104	District Development Committee, Ilam District Health Office, Ilam

[www.himalayanhealthcare.org](http://www.himalayanhealthcare.org)



Photograph by Louis John Decarlo

202-746-4094

# BY THE NUMBERS

## HHC Outcomes



**S**abitri Subedi, at left, is a senior midwife who holds a Certificate of Training from the Dhading DHO and HHC, and is responsible for supervising births, ante- and post-natal care, (ANC & PNC) as well as vitamins and immunizations (BCG, diphtheria, polio, and measles) throughout the Dhading District, including the villages of Tipling, Shertung, and Lapa.

### SAFE MOTHERHOOD 2013

VILLAGE	ANC	BIRTHS	PNC	TOTAL
Tipling	14	5	10	29
Shertung	28	12	23	63
Lapa	20	4	14	38
Total Clients	62	21	47	130

### IMMUNIZATIONS 2013

VILLAGE	BCG	DPT	POLIO	MEASLES	TOTAL
Tipling	21	34	w/dpt	11	66
Shertung	24	38	w/dpt	13	75
Lapa	28	36	w/dpt	15	79

### FAMILY PLANNING 2013

VILLAGE	NEW	USING	DEFAULTED	
<b>Tipling</b>				
Condom	1	22	0	
Depo Provera	0	72	0	
OCP	1	4	2	
Norplant	-	2	0	
<b>Shertung</b>				
Condom	3	34	2	
Depo Provera	0	88	1	
OCP	0	17	0	
Norplant	-	2	0	
<b>Lapa</b>				
Condom	1	36	0	
Depo Provera	1	98	6	
OCP	0	36	0	
Norplant	-	2	0	
Total Clients	7	413	11	420

### SANITARY LATRINES 2013

VILLAGE	NUMBER	USERS/M	USERS/F	TOTAL
Tipling	15	110	117	227
Shertung	16	57	45	102
Lapa	26	491	869	1,360
Total	57	658	1,031	1,689

### EFFICIENT WOODSTOVES 2013

VILLAGE	STOVES BUILT	PEOPLE BENEFITTED
Tipling	35	246
Shertung	35	316
Lapa	30	164
Total	100	726

### HHC VILLAGE PATIENT REPORT 2013

DISEASE	TIPLING		SHERTUNG		LAPA		TOTAL		GRAND TOTAL
	M	F	M	F	M	F	M	F	Total
Gastrointestinal problem	47	49	48	51	53	55	148	155	303
Worms	2	1	0	2	1	1	3	4	7
Skin disease	33	38	40	47	49	51	122	136	258
ARI	24	30	34	31	35	42	93	103	196
ENT problem	29	27	30	37	28	40	87	104	191
Abscess/Cellulitis	1	5	3	5	0	6	4	16	20
UTI	8	20	13	25	18	26	39	71	110
COPD	1	4	3	7	1	4	5	15	20
Viral fever/ unknown cause	9	14	15	10	7	17	31	41	72
Fracture/Trauma	0	1	0	2	1	0	1	3	4
Insect/Animal bite	1	3	2	1	3	2	6	6	12
Oro/Dental problem	25	36	18	27	31	38	74	101	175
Burn/Scald	0	1	1	1	1	1	2	3	5
Sinusitis/ Tonsillitis	7	8	10	13	11	15	28	36	64
Arthritis/Rheumatism	2	5	5	9	12	11	19	25	44
Hypertension	5	6	3	7	7	15	15	27	42
Cyst	0	0	1	0	1	0	2	0	2
Meningitis	0	0	0	0	0	0	0	0	0
Jaundice	1	0	0	1	0	0	1	1	2
Parkinsonism	0	0	1	1	1	0	2	1	3
Epilepsy	2	3	3	1	2	5	7	9	16
Male Reproductive (MRO) problem	7	-	10	-	12	-	29	-	29
Gynecological problem	-	19	-	31	-	38	-	88	88
Malnutrition	3	5	8	13	17	14	28	32	60
GERD	123	172	158	157	150	182	431	5	5
Total patients	330	447	406	479	441	562	1177	1488	2665



# BY THE NUMBERS

## HHC Outcomes



Since the government takeover of the northern Dhading health clinics in 2013, HHC has continued to monitor the activities of the health providers to maintain the standard of care and to provide essential trainings, supply medications and equipment, build infrastructure, and provide other support. This indirect engagement has allowed HHC to serve more than 12,000 patients in northern Dhading in 2014.

### SAFE MOTHERHOOD 2014

VILLAGE	ANC	BIRTHS	PNC	TOTAL
Tipling	92	19	35	146
Shertung	107	26	43	176
Lapa	120	34	51	205
Total Clients	319	79	129	527

### IMMUNIZATIONS 2014

VILLAGE	BCG	DPT	POLIO	MEASLES	J.E.
Tipling	54	71	w/dpt	52	50
Shertung	67	87	w/dpt	61	63
Lapa	89	112	w/dpt	77	73

### FAMILY PLANNING 2014

#### VILLAGE

Tipling	
Condom	182
Depo Provera	153
OCP	11
Norplant	4
IUCD	2
Shertung	
Condom	332
Depo Provera	173
OCP	7
Norplant	1
IUCD	0
Lapa	
Condom	213
Depo Provera	212
OCP	23
Norplant	0
IUCD	0

### SANITARY LATRINES 2014

VILLAGE	TOILETS BUILT	PEOPLE BENEFITTED
Tipling	29	168
Shertung	30	178
Lapa	33	204
Total	92	550

### EFFICIENT WOODSTOVES 2014

VILLAGE	STOVES BUILT	PEOPLE BENEFITTED
Shertung	52	317
Lapa	62	300
Total	114	617

### HHC VILLAGE PATIENT REPORT 2014

	DISEASE	TIPLING		SHERTUNG		LAPA		TOTAL		Total
		M	F	M	F	M	F	M	F	
1.	Diarrhoeal disease	37	56	94	122	101	135			545
2.	Presumed non-infectious	71	85	155	377	166	321			1175
3.	Skin disease	64	86	188	304	214	278			1134
4.	Respiratory tract infection	126	258	165	315	223	329			1416
5.	ENT problem	39	51	297	321	233	258			1199
6.	Eye problem	20	22	90	120	38	47			337
7.	COPD/Asthma	25	35	83	125	111	136			515
8.	Oro/dental problem	73	89	169	261	89	103			784
9.	Arthritis/rheumatoid diseases	93	108	57	76	97	146			577
10.	Gynecological problem	0	11	0	24	0	35			70
11.	Urinary tract infection	54	92	35	55	68	91			395
12.	Gastritis/AGE	211	262	248	316	316	374			1727
13.	Parasitic infestation	8	10	102	168	47	132			467
14.	Sexually transmitted disease	2	3	5	8	6	7			31
15.	Epilepsy	2	0	1	1	0	0			4
16.	Tuberculosis	0	1	1	2	2	0			6
17.	Migraine headache	12	33	53	67	72	98			335
18.	Hydrocele	1	0	2	0	1	0			4
19.	Insect or animal bite	1	0	3	1	0	4			9
20.	Hypertension	5	8	33	69	48	86			249
21.	Fracture or injuries	57	92	181	179	151	169			829
22.	Burn and scald	2	3	16	20	1	6			48
23.	Hemorrhoid	2	1	2	3	0	0			8
24.	Malnutrition	2	3	5	7	3	4			24
25.	Other	98	124	142	195	157	223			939
	<b>Total patients</b>	<b>1005</b>	<b>1433</b>	<b>2127</b>	<b>3136</b>	<b>2144</b>	<b>2982</b>			<b>12827</b>



# BY THE NUMBERS

HHC Outcomes



**ILAM HOSPITAL Patients Served 2013**

DENTAL	51	EMERGENCY	669
GENERAL OPD	2,668	REFERRED	2
EYE PATIENTS	0	CAMPS	3,590
<b>TOTAL PATIENTS SERVED:</b>	<b>6,980</b>		

**ILAM HOSPITAL Patients Served 2014**

DENTAL	187	EMERGENCY	405
GENERAL OPD	1,327	REFERRED	0
EYE PATIENTS	0	CAMPS	1,677
<b>TOTAL PATIENTS SERVED:</b>	<b>3,596</b>		

## WOMEN'S EMPOWERMENT CLASS

VILLAGE	2013	2014
Tipling	20	21
Tipling - Kami	22	29
Shertung	21	45
Lapa	0	38

**A**nother number worth noting: 163. That's the number of pages in the Women's Empowerment and Literacy textbook authored in the Nepali language as a collective effort of Anil Parajuli and the HHC staff. For HHC's constituency of Tamang and Kami (blacksmith) people, empowerment starts with literacy and life skills, and moves on to self-image and advocacy.

Subjects include Clean Water; Pregnancy and Birth; Hygiene; Agriculture; Alcohol and Tobacco; Herbs and Medication; and Family Self-sufficiency. All of the lessons in the curriculum are built around the daily life experience of the women.

The following page offers a translation and illustrations from the section on pregnancy.



**B**ody Examination: When a woman is pregnant, she needs to be checked up regularly. When a pregnancy lasts 28 weeks, a woman should go every month. Between 28-36 weeks, she should go every 15 days (two weeks). After 36-birth, she should go every week.

**The Diet of a Pregnant Woman:** Being the right age for a pregnancy is not enough, the woman should also take care of her diet. Eating for herself is not enough. For the child in your stomach, you need to eat as well. Nutritious foods such as fruits, fish, meat, eggs, beans, and liquids must be eaten. Water also needs to be drunk constantly. A pregnant woman should not drink, smoke, chew tobacco, or take drugs while pregnant. This will harm the baby.

A pregnant woman needs a lot of rest. If work has to be done, it needs to be light work. A pregnant woman should not do churning and heavy lifting. She should also stay clean and wear loose clothes. A pregnant woman should have a TT vaccination.

"Empowering women to participate fully in economic life is essential to build stronger economies, achieve internationally agreed goals for development and sustainability, and improve the quality of life for women, men, families and communities."

-World Health Organization



## BY THE NUMBERS

HHC Outcomes



Above: Examining a medical camp patient for ear infection.  
Below: HHCCo-Founder Anil Parajuli and Field Coordinator Sapta Ghale plan the location of Tipling's new school.

### MEDICAL CAMP TREK REPORT 2013

DISEASE	SHERTUNG	LAPA	OTHER VDCS	TOTALS	
Diarrhea	24	19	3	46	5.0 %
Skin	25	16	1	42	5.4 %
Respiratory Infection	23	17	3	43	5.6 %
Parasite	9	7	0	16	2.0 %
Abscess and Cellulitis	2	3	0	5	.65%
Burn & Scald	3	1	0	4	.52%
ENT/Tonsillitis/Sinusitis	35	35	5	75	9.72%
Eye	32	20	2	54	7.0 %
Urinary Tract	14	15	2	31	4.0 %
COPD	16	10	3	29	3.76%
Oro/Dental	14	7	4	25	3.24%
Rheumatic	4	4	0	8	1.0 %
Mental	2	3	0	5	.65%
Ob-Gyn	15	6	2	23	3.0 %
Malnutrition	3	4	0	7	.9 %
Fracture or Dislocation	8	3	0	11	1.42%
Gastritis or GERD	67	35	5	111	14.4 %
Viral Infection	6	5	0	11	1.42%
Insect or Animal Bite	3	1	1	5	.65%
Cardiac	3	3	0	6	.78%
Hernia	3	2	0	5	.65%
Hypertension	11	11	1	23	3.0 %
Breast	4	3	0	7	.9 %
STD	2	3	0	5	.65%
ANC Check-up	8	4	0	12	1.55%
Male Organ Problem	3	2	0	5	.65%
Hemorrhoid	2	2	0	4	.51%
Arthritis	25	20	1	46	6.0 %
Neuro/Spinal	3	2	0	5	.65%
Epilepsy	3	4	1	8	1.0 %
Migraine	3	2	0	5	.65%
Infertile	2	3	0	5	.65%
Foreign Body	3	3	0	6	.8 %
Cyst and Suspected Cancer	12	9	1	21	2.72%
Routine Check-up	8	8	0	16	2.07%
Other	22	17	2	41	5.32%
<b>TOTAL</b>	<b>422</b>	<b>313</b>	<b>36</b>	<b>771</b>	

### MEDICAL CAMP TREK REPORT SPRING 2014

DISEASE	SHERTUNG	LAPA	TOTALS	
Diarrhea	11	10	21	2.14%
Skin	22	36	58	5.92%
Respiratory Infection	16	9	25	2.55%
Parasite	10	6	16	1.63%
Abscess and Cellulitis	5	4	9	.92%
Burn & Scald	0	1	1	.10%
ENT/Tonsillitis/Sinusitis	69	38	107	9.18%
Eye	43	44	87	8.88%
Urinary Tract	8	7	15	1.53%
COPD	30	22	52	5.31%
Oro/Dental	5	35	40	4.08%
Rheumatic	3	5	8	.82%
Mental	1	2	3	.31%
Ob-Gyn	11	23	34	3.47%
Malnutrition	4	5	9	.92%
Fracture or Dislocation	8	2	10	1.02%
Gastritis or GERD	91	90	181	18.47%
Viral Infection	6	10	16	1.63%
Insect or Animal Bite	2	3	5	.51%
Cardiac	1	6	7	.71%
Hernia	2	2	4	.41%
Hypertension	4	10	14	1.43 %
STD	1	2	3	.31%
ANC Check-up	2	9	11	1.12%
Male Organ Problem	3	3	6	.61%
Hemorrhoid	4	2	6	.61%
Arthritis	64	73	137	13.98%
Neuro/Spinal	5	6	11	1.12%
Epilepsy	3	3	6	.61%
Migraine	6	11	17	1.73%
Infertility	3	2	5	.51%
Foreign Body	3	2	5	.51%
Cyst and Suspected Cancer	5	8	13	1.33%
Routine Check-up	6	8	14	1.43%
Other	5	19	24	2.45%
<b>TOTAL</b>	<b>462</b>	<b>518</b>	<b>980</b>	



Photographs by Louis John Decarlo

MEDICAL CAMP TREK REPORT FALL 2014



DISEASE	TIPLING	SHERTUNG	TOTALS
Diarrhea	13	17	30 4.10%
Skin	55	58	113 15.46%
Respiratory Infection	18	20	38 5.20%
Parasite	8	9	17 2.33%
Abscess and Cellulitis	4	2	6 .82%
Burn & Scald	1	2	3 .41%
ENT/Tonsillitis/Sinusitis	22	26	48 5.20%
Eye	40	42	82 11.22%
Urinary Tract	13	16	29 3.97%
COPD	12	19	31 4.24%
Oro/Dental	10	8	18 2.24%
Rheumatic	1	3	4 .55%
Mental	2	1	3 .41%
Ob-Gyn	7	11	18 2.46%
Malnutrition	7	4	11 1.50%
Fracture or Dislocation	5	9	14 1.92%
Gastritis or GERD	51	48	99 13.54%
Viral Infection	9	7	16 2.19%
Insect or Animal Bite	2	2	4 .55%
Cardiac	4	3	7 .96%
Hernia	2	4	6 .82%
Hypertension	6	5	11 1.50 %
STD	3	2	5 .68%
ANC Check-up	3	4	7 .96%
Male Organ Problem	3	2	5 .68%
Hemorrhoid	1	2	3 .41%
Arthritis	24	22	46 6.29%
Neuro/Spinal	1	2	3 .41%
Epilepsy	3	2	5 .68%
Migraine	2	3	5 .68%
Infertility	1	2	3 .41%
Foreign Body	1	3	4 .55%
Cyst and Suspected Cancer	7	14	21 2.88%
Routine Check-up	6	4	10 1.37%
Other	4	2	6 .82%
<b>TOTAL</b>	<b>351</b>	<b>380</b>	<b>731</b>

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## HHC FINANCIALS

Consolidated Statement of Revenue and Expenses\* for Years ending December 31.

\* Please note that these are unaudited consolidated financial statements prepared by HHC. Audited unconsolidated financial statements of HHC's U.S. and Nepali accounts are available upon request. These accounts exclude activities of Jeevankala, LLC, wholly owned for-profit subsidiary of Himalayan HealthCare, Inc., which is engaged in distributing artisanal handcrafts in the U.S.

\*\* Numerous volunteers have contributed many hours to HHC's program. HHC has valued the program-related services at fair market value because those services constitute an integral part of the efforts of the organization and would be purchased if not provided by volunteers. Equivalent amounts of revenue and expense are recognized for these services.

REVENUE	2012	2013	2014
Cash and Securities Contributions	\$316,989	\$354,504	\$482,211
Sales of Goods and Services	37,766	7,091	0
Investment Income	971	1,056	885
In-Kind Donations and Services**	171,363	160,605	88,482
Donations of Medicines and Equipment	0	0	0
<b>TOTAL REVENUE</b>	<b>\$527,089</b>	<b>\$523,256</b>	<b>\$571,578</b>
EXPENSES	2012	2013	2014
<b>CASH EXPENSES</b>			
Program Expenses	\$208,585	\$209,426	\$246,545
Administrative Expenses	54,419	42,633	163,126
Fundraising Expenses	27,671	6,205	12,404
<b>TOTAL CASH EXPENSES</b>	<b>290,595</b>	<b>258,264</b>	<b>422,075</b>
<b>IN-KIND EXPENSES</b>			
Contribution of Services**	171,363	160,605	88,482
Contributions of Medicines and Equipment	0	0	0
<b>TOTAL IN-KIND EXPENSES</b>	<b>171,363</b>	<b>160,605</b>	<b>88,482</b>
<b>DEPRECIATION</b>	<b>10,378</b>	<b>4,737</b>	<b>9,088</b>
<b>TOTAL EXPENSES</b>	<b>\$472,336</b>	<b>\$423,606</b>	<b>\$519,645</b>
EXCESS OF REVENUE OVER EXPENSES	2012	2013	2014
REVENUES	\$527,089	\$523,256	\$571,578
EXPENSES	(472,336)	(423,606)	(519,645)
<b>EXCESS OF REVENUE OVER EXPENSES</b>	<b>\$54,753</b>	<b>\$99,650</b>	<b>\$51,933</b>

### Make a donation:

By check; mail to: Himalayan Healthcare, P.O. Box 737, Planetarium Station, New York, N.Y. 10024  
At our website: [www.himalayanhealthcare.org](http://www.himalayanhealthcare.org)

### Organize a fundraising event:

We can help you with slides, with our award-winning 20-minute documentary "Hearts in the Himalayas", photos, and participation of an HHC Board member.

Host a Home Sale of Jeevankala gifts: Support Nepali artisans by selling their handicrafts. See page 19 for the Jeevankala story.

### Join a Medical/Dental trek in Nepal

Please visit [www.himalayanhealthcare.org](http://www.himalayanhealthcare.org) for info and dates to Dhading or Ilam.

### Sponsor a Child:

\$10 gives a child books for one year; \$20 buys one month of school; fees and meals; \$40 pays for a local boarding school for one month; \$150 pays for a city boarding school. You will receive reports and photographs.

### Support a Village School or Teacher:

\$50 buys teaching materials for one school; \$100 buys games and sport equipment; \$150 buys library books for one school; \$150 also pays one teacher's salary (200 students) for one month; \$500 buys a computer.

### Finance a Toilet or Efficient Stove:

\$50 buys one efficient wood stove for one family; \$150 provides one sanitary toilet with septic tank.

### Fund a small business for Dalit women:

Enable village 'untouchable' women to become financially independent and able to support their children. \$100 buys seeds and fertilizer for one season of crops; \$200 allows a family to invest in two goats; \$400 buys four goats for a large family; \$1,000 allows the purchase of land for farming, and the ability to sell harvested produce.

### MARATHON FUNDRAISING:

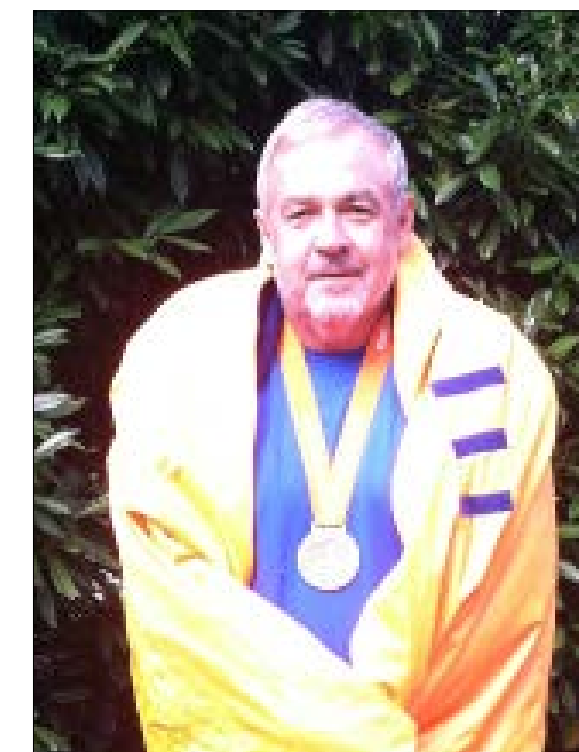
Former trekker Don MacLeod (right) runs for HHC. "Having had my first ever marathon cancelled by Hurricane Sandy, I really needed all the motivation I could get to try it again. There could be no better motivation than running for a good cause, especially one I have been involved with for many years! My two daughters, Fiona and Alana, volunteered to set up a website on Crowdfunder to make it easy for our friends to contribute. I was pleasantly surprised to see we beat our goal with \$10,908 contributed by the starting gun of the NYC Marathon! In addition, we received many emails from friends who wanted to know more about Himalayan HealthCare, so hopefully they will contribute this year as I try to repeat last year's great success!"

## IT'S YOUR TURN

BE CREATIVE  
BE GENEROUS  
HAVE FUN  
HELP HHC

[www.himalayanhealthcare.org](http://www.himalayanhealthcare.org)

[info@himalayanhealthcare.org](mailto:info@himalayanhealthcare.org)





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HEALTHCARE**

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**2013-2014**

Photo: Bob Stern