



HIMALAYAN
HEALTHCARE

2016
ANNUAL
REPORT



OUR MISSION

Himalayan HealthCare seeks to improve quality of life for some of Nepal's most marginalized communities by providing primary healthcare, community education and income-generation opportunities. This tri-pronged approach to sustainable development empowers villagers to help themselves and become self-supporting over the long-term.



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INTRODUCTION

Himalayan HealthCare (HHC) is a non-profit, non-governmental and non-denominational organization providing health care, education and income-generation opportunities to remote mountain communities in rural Nepal. Since our formation in 1992, HHC has successfully launched local initiatives and community development programs with a particular focus on the regions of Ilam and Northern Dhading, which historically have had little support from government agencies or other NGOs.

For more than two decades, HHC has been committed to the principle that the communities 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. We encourage villagers to develop the tools they need to help themselves over the long-term.

The aftermath of Nepal's civil war, with its political uncertainty, weak governance and struggling economy continues to make life difficult for the Nepalese. In addition, the devastating earthquake in April 2015 only exacerbated the difficult conditions facing the Nepali people. In spite of these challenging conditions, HHC continues to carry out its work to bring health care, education and income generation activities to the villages in which it serves.

HHC first established itself in the isolated villages of Northern Dhading District, a region in Nepal's Ganesh Himal mountain range, roughly 60 miles northwest of Kathmandu. Though relatively close in distance to the capital city, the villages are extremely remote, accessible only by foot—with some a three-day hike from the nearest road going over high passes of 14,000 feet. The villages lacked clean drinking water and electricity and have been affected by the legacy of Nepal's caste system. Our focus in Dhading has been on the Tamang people, as well as the Dalit, who are sometimes called “the untouchables.” These ethnic minority groups still face significant obstacles to self-improvement in Nepal.

In 1992, HHC started its basic primary health care program in the village of Tipling by supplying essential medicines, helping patients secure specialty care in Kathmandu's hospitals and training local villagers to become healthcare providers. Within a few years, HHC had succeeded in establishing and staffing two additional village health posts in other remote neighboring villages providing primary health and many other services to thousands of patients where government services were rudimentary. As part of its health program, HHC organized medical treks at least twice a year to bring international medical professionals to these villages to train HHC local health care workers and to treat hundreds of patients; often changing the lives of our trekkers as much as the lives of the villagers they serve. HHC staff was paid by HHC for over twenty years

until 2013 when the government health providers took over managing the health posts. These health posts continue to serve thousands of people today.

In 2000, HHC expanded its rural health campaign from the northern hills of Dhading and Dolakha, to Ilam, a hill region of two towns and 48 villages near Nepal's eastern border with India. Prior to HHC's involvement in Ilam, the region had only one doctor to serve its 300,000 people. HHC built and staffed a community hospital in 2004 to better serve the villages of Ilam. Patients from neighboring Panchthar and Taplejung districts also found their way to the hospital. Due to popular demand, the Ilam hospital expanded its services to mobile clinics and specialty clinics, benefiting from the expertise of local and international doctors and medical volunteers. The community hospital 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 sustainability.

In addition to primary health care, HHC has also made efforts to strengthen education and local schools in these remote villages. The organization has supported eight village schools directly by funding teachers' salaries, student scholarships and books and supplies, and another ten schools indirectly. Presently, HHC focuses on developing school infrastructure and training teachers together with the District Education Offices.

HHC's projects often focus on women, who form the foundation of the community, taking care of the home and children, fetching water and firewood and engaging in agricultural work beside the men. HHC facilitates skills training and creates work opportunities that enable women to gain more financial independence and self-respect. We also continue to help women learn how to take better care of their children in terms of breast-feeding, vaccinations, hygiene, etc.

HHC also addresses the need for long-term financial solutions for these villages. 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 continue to sponsor micro-enterprise and entrepreneurs in the villages, supporting ongoing income-generating projects and providing seed money and access to markets for new ventures.

One of our most successful projects is our line of handcrafted artisanal goods, JeevanKala. The crafts, which are made from recycled and locally sourced materials, can be found in stores in Kathmandu and throughout North America and Europe. A proud member of the Fair Trade Federation, JeevanKala has trained and supported more than 1,000 artisans in Nepal and raised more than \$1 million to support HHC's programs.

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.

A NOTE FROM OUR FOUNDER

Dear Friends,

2016 was another difficult year for Himalayan HealthCare and the people of Nepal. After the 2015 devastating earthquake with a magnitude of 7.8, more than two decades of HHC's community development work in Tipling, Lapa, Sertung and other nearby villages was demolished. The five-month economic blockade in early 2016 along the border with India severely limited access to fuel, cooking oil, medicines and other crucial supplies. Prices of basic necessities continued to rise unchecked and this has made post-quake rebuilding and recovery work very expensive as well as challenging.

With the government concentrating on post-quake rebuilding and recovery work for millions of affected people, HHC was asked to partner in rebuilding and reconstructing village clinics and schools in the Dhading District where HHC has been active since 1992.

With your support and the tireless work of our field staff, we are rebuilding and are also giving continuity to vital programs of livelihood and training of youths. HHC in 2016 provided services to over 150,000 people in the Dhading District who were directly affected by the 2015 earthquake.

We have continued our commitments to village programs that include:

- Providing training, dignified work and health and education benefits to more than 200 handicraft artisans
- Supporting agricultural programs for 351 farmers
- Providing school stipends to 41 Dalit and other minority children
- Treating 2,053 patients at our Ilam hospital and outreach camps
- Providing high education and vocational training for 14 youths from quake affected villages of northern Dhading

We thank you for supporting these crucial programs in rural Nepal, especially to those of us who have been devastated by the earthquakes, and invite you to read more about the impact of your 2016 donations.

Namaste,

Anil (Sharad) Parajuli

Co-founder, Himalayan HealthCare

VILLALAGE PROGRAMS

HHC's approach to improving the quality of life in rural Nepal and achieving sustainable development consists of three vital pillars: health care, education and income generation. In 2016, however, HHC concentrated mostly in recovery and reconstruction from the earthquake, which was the most important priority for the people HHC had served for over two decades.

1. HEALTHCARE

Our village health program began in 1992 by combating acute diarrheal, pneumonia, and other easily treatable illnesses that caused many children to die. Prior to 2013, local health care providers trained by HHC, ran the health posts in Tipling, Sertung and Lapa. HHC also provided basic equipment and medications to these remote health posts. During 2012, the villagers and HHC were able to propose to the local district authorities a proposed cost-sharing plan whereby the government would gradually increase its support of these health providers and health posts. Through this transition process, HHC continued to provide basic equipment and drugs while the supported an increasing share of the salary of the health care 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, HHC was able to move away from direct support of the health posts in 2013. HHC does continue to monitor the activities of the providers both to maintain the standard of care as well as provide essential training, supply of essential instruments and equipment, building infrastructure, and to create sustainable means to support the local health posts.

Village auxiliary health workers and health assistants served over ten thousand patients during 2016 in the three villages of Tipling, Sertung and Lapa, which included anti-natal care, care during delivery, post-natal care as well as vaccines for diphtheria, encephalitis, tetanus, tuberculosis, polio, and measles, where once there was not a single midwife. HHC-trained as well as government hired auxiliary health workers and auxiliary nurse midwives continue to counsel community women groups on family planning based on government guidelines and also provided them with oral contraceptive pills, Depo Provera®, condoms and Intrauterine Contraceptive Devices.

During 2016, HHC provided support for 53 village patients who were referred for specialty care to city hospitals and could not afford the costs for the necessary treatments. Three patients with a history of long term ailments continued to be provided with a full year supply of life-saving medications. We would like to express our special thanks to Mr. and Mrs. Ramesh Shankar Shrestha for their continued support of referred patients from northern Dhading villages.

Basic Pathology Lab:

HHC operated the first basic pathology lab to provide diagnostic support to health care in Sertung village as a trial. Rek Man Tamang of Sertung was provided an eighteen months lab assistant training in Kathmandu and a starting salary to begin simple and routine blood, urine, stool and sputum tests. AFB tuberculosis sputum test was also an important part of this trial. While 81 patients received service from this six months trial, HHC decided to wait till the new health post was built and there was more concrete basis for sustaining the lab.

Cataract Camp:



In 1994, HHC conducted its first eye camp in Tipling with the help of Dr. Steven Zabin, a former HHC Board Member, during which 800 eye patients from five villages of northern Dhading were served out of which 40 patients had cataract surgery to restore their vision.

VILLAGES SERVED DURING 2016 EYE CAMP			
Village	Male	Female	Total
Total	278	312	590
Tipling	42	37	79
Sertung	104	135	239
Lapa	109	110	219
Jharlang	21	27	48
Other Villages	2	3	5

Patients Served During Eye Camp 2016				
	<i>Diseases</i>	<i>Patients</i>		<i>Total</i>
		<i>Male</i>	<i>Female</i>	
Total Patients		293	297	590
1	Cataract	97	64	161
2	Presbyopia	67	55	122
3	Corneal Opacity	23	30	53
4	Conjunctivitis	17	24	41
5	Dry Eye	12	20	32
6	Pseudophakic	13	12	25
7	Refractive Error	9	13	22
8	Ocular Allergy	7	10	17
9	Pterygium	6	7	13
10	Epiphora	6	7	13
11	One Eyed	2	5	7
12	Amblyopia	1	2	3
13	Aphakia	1	1	2
14	Corneal Ulcer	2	1	3
15	Other	9	13	22
16	NAD	21	33	54

SURGERIES DURING 2016 EYE CAMP			
	<i>Male</i>	<i>Female</i>	<i>Total</i>
Cataract	67	60	127
Pterygium	1	2	3
Entropion	<u>0</u>	<u>1</u>	<u>1</u>
Total	68	63	131

In 2016, from December 12th to 20th, HHC organized a second eye camp with the help of Dr. Kamal Khadka, a Nepali ophthalmologist who has served rural marginalized patients during his entire professional life. The eye camp was conducted after HHC carried out a five village campaign over two months to ensure that every eye patient from every corner of this remote valley had a chance to be served. The door to door campaign succeeded in getting 590 patients to the eye camp. The tables show the number of patients seen in



each village and the type of eye diseases that were treated.

HHC would like to express a special thank you to members of the eye team namely, Dr. Kamal Khadka (Senior Ophthalmologist), Dr. Arpan Silwal (Medical officer), Shyam Shrestha (Ophthalmic officer), Kristina KC (OR nurse), Bimala Shrestha (OR assist

nurse) and Yogesh Maharjan (photographer) who worked with the HHC team for the success of this camp. We are also grateful to local health provider and volunteers namely, Rasa BK (Lapa midwife), Prakash Tamang (Borang volunteer), Uttam Tamang (Borang health provider), Moti Tamang (volunteer), Moncha Tamang (Health Assistant), Meka Tamang (volunteer), Binod Tamang (Local AHW), Reka Tamang (local volunteer), Krishna Panta (Principal of Borang School), Jiwan Tamang (local volunteer), Ganesh Tamang (school chairman), Bhuwan Tamang (local volunteer), Krishna Tamang (electrician), Damiratna Tamang (local volunteer) and journalist Amrit Lamsal.

SANITATION PROJECT

Since its inception, HHC has supported latrine projects in the villages of Tipling, Sertung, and Lapa. HHC has supported community members in Tipling, Sertung and Lapa in building over 500 permanent toilets. After the earthquake disaster of 2015, HHC undertook many reconstruction projects and was therefore not in a position to fund any new toilets. HHC did, however, identify 30 toilets that had been destroyed in the earthquake in Tipling village and were able to have them repaired. This helped 162 members of thirty families with toilets. After 2017, HHC will restart its one home one toilet campaign.

DRINKING WATER TESTING IN SERTUNG VILLAGE

Through HHC trained medical lab assistant Rekman Tamang twenty-one water sources that provided water for 472 households in wards 4 to 8 were tested. 86% coliform were seen in the samples but no arsenic was found in the water. HHC used ENPHO's water testing kit and manuals for this test. The health providers were made aware of the state of the water in the villages.

2. EDUCATION

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

Village School Program

Village schools in Nepal are government run and many only provide classes through the fifth grade. The villages have little financial means or manpower to support them with additional staff or funds.. In 1995, after three years of discussion with local leaders, HHC was able to build a new Tipling school building, improve educational standards, and expand enrollment from an initial 15 students to over 300 students. The Tipling school now provides classes through tenth grade, which is line with most schools in Nepal.

Until 2012, two high schools, three lower secondary school and fourteen primary schools in the villages of Borang, Tipling, Sertung, 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 its resources from teacher salaries (now covered by the DEO) to increasing support for school infrastructure, furniture, and expansion of compound land. We continue to support stipends for orphaned and Dalit children. 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 2016, HHC with the help

of the school management committees, principals and HHC field staff helped identify and support 31 students, 20 girls and 11 boys, from Tipling, Sertung and Lapa whose families could not afford to put them through school and put food on the table. 20 were girls and 11 were boys.

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

2016 HHC VILLAGE STUDENTS STIPEND			
<i>School/Village</i>	<i>Students</i>		
	<i>Total</i>	<i>Girls</i>	<i>Boys</i>
Donden Devi Secondary, Tipling	7	5	2
Shree Gothen Devi Primary, Tipling	1		1
Mukrap Devi Higher Secondary, Sertung	7	5	2
Chyamra Devi Sec, Sertung	5	3	2
Shree Lapa Secondary, Lapa	8	6	2
Timla Lower Secondary, Lapa	2		2
Himalayan Saraswati Lower Secondary, Lapa	1	1	
	<u>31</u>	<u>20</u>	<u>11</u>

STUDENTS SUPPORTED FOR HIGHER STUDIES AND VOCATIONAL TRAINING BY HHC IN 2016			
		Village	Faculty
1	Melina Tamang	Sertung-2	Science (11 & 12 grade) for teaching
2	Mamita Tamang	Ree Gaun-3	Science (11 & 12 grade) for teaching
3	Ashish Bishwakarma	Ree gaun-7	Education (Major English)
4	Shishir Bishwakarma	Lapa-7	Education (Major English)
5	Sarita Tamang	Jharlang-1	Education (Major English)
6	Sunita Bishwakarma	Sertung-2	Education (Major Nepali)
7	Chingch Rani Ghale	Sertung-5	Education (Major English)
8	Kumari Bishwakarma	Sertung-4	Lab Assistant
9	Prashila Tamang	Sertung-7	Lab. Assistant
10	Sagun Tamang	Sertung-2	Veterinary Junior Technician
11	Smriti Tamang	Lapa-3	Veterinary Junior Technician
12	Prakash Lama	Tipling-1	Health Assistant
13	Anuja Tamang	Sertung-7	Computer Science
14	Aruna Tamang	Sertung-3	Business Management
16	Bim Maya Tamang	Lapa	Health Assistant
17	Suhana Subba	Ilam	Diploma in Pharmacy
19	Budhu Man Tamang	Sertung	Intermediate in Agro Tech
20	Asmita Tamang	Sertung	Intermediate in Agro Tech
21	Phe Dorje Tamang	Sertung	Health Assistant
22	Raju Bishwakarma	Lapa	Survey Engineering

Staff of Children Supported by HHC in 2016			
1	Sanjita K.C	Science	Grade 11
2	Timla Maharjan	Science	Grade 11
3	Prashant Karki		Grade 11
4	Sunaina Maharjan		Grade 3
5	Prajwal Shah		Grade 2
6	Anushka Maharjan		Grade 3
7	Sujan Awale		Grade 1
8	Trishan Magar		Grade 2
9	Amisha Maya Tamang		Kindergarten
10	Sofiya Shrestha		Kindergarten
11	Priyumbada Paudyal		Grade 1
12	Praladh Mani Paudyal		Kindergarten
13	Bishal Basnet	Science	Grade 11
14	Angel Magar		Kindergarten
15	Bivasha Tamang		Grade 1

village health posts, schools, and trades in their villages. 22 students were sponsored by HHC to complete higher studies and vocational training in Kathmandu and Dhadingbesi.

HHC also supports the education of its staff's children. In 2016 fifteen staff children were provided financial support for their education. HHC also supports children who have special needs.

Our student, Suku Maya Tamang, lost her parents in a landslide in 2008 and HHC has created a special fund for her to finish school and higher studies. She is in 8th grade and has blossomed into a beautiful young lady who has dreams to become a doctor one day. We hope to help her dream come true.

Our student Chitra Bahadur who is in 11th grade now and has been with HHC since 2000. Thank you to St. Xavier's School Social Service Center in Kathmandu for providing a home for Chitra for all these years.

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

Chitra Bir Gurung's Story:

- Dr. Robert McKersie

-Carried Into a Medical Camp in a Litter-

Chitra Bir Gurung was brought to our Mabu Village Medical Camp in Ilam in 2000 in a litter led by his grandmother. He was 13, cadaverous, and in agony with every movement. His joints, especially his knees were inflamed and had ballooned, making walking impossible. He was immediately assessed and put on medications including steroids. This was the first time he had sought medical care for this condition. Seeing the state he was in, the team believed that he would probably not live, however he improved significantly in just a few days. To be able to care for him, the medical providers had Chitra travel in a litter with them during the remainder of the trek and then urged HHC to bring him to

Kathmandu for further care, with their pledge of long term financial support for him. (However, as is the case with many good-hearted people who are moved to promise much by what they experience in developing countries, their long term care and support did not materialize).

Chitra was brought to Kathmandu for a better assessment and juvenile rheumatoid arthritis (JRA) was confirmed. Thus began a long and arduous treatment. Once stable and out of the hospital, HHC was in a quandary. His only remaining family, a frail grandmother and uncle with little means, who had looked after him faithfully for years, were in no position to care for someone with his physical needs. Chitra had been conceived after his mother, who was mentally challenged, had been taken advantage of by a village well-to-do man. At the time, the biological father, under pressure from the village council, accepted but did not support Chitra, but later abandoned him after Chitra's mother passed away. Chitra really did not have anyone who would be able to look after him in Ilam. Sending him back to Ilam would be sending him back to die. HHC decided to help look after him long term.



Working with physiotherapy

Anil found Chitra a place to stay in Kathmandu at the Social Service Center run by priests from his old school. It was perfect in many ways as it was very near HHC's office and Chitra could be followed on a regular basis. And he has continued to live here for the last 13 years. During Chitra's first year in Kathmandu, the late Som Raj Subedi, HHC health officer, worked as Chitra's physical therapist, and through these long and intense sessions he progressed to being able to sit in a wheelchair.

The center with HHC's help then send Chitra to school. But after a year it became evident that he was unable to attend school regularly due to



Chitra making JeevanKala craft

his JRA, which with his growing body made for increased joint and postural deformities, and the powerful immunosuppressant medications made him prone to many deadly diseases, not to mention the side effects of the medicine. As the year progressed, however, both the medications and medical services in Kathmandu improved. As well, a rheumatologist began helping HHC with Chitra's care. And although he would often be quite ill for extended periods, he always had high-spirits and a good temperament and did his best to be more independent through vocational trainings. HHC tried him at tailoring, which he enjoyed, but his hands and feet were too deformed to operate a sewing machine which he unfortunately had to give up after a few months. At this time HHC could not find any other vocational center that could help him with training due to his debilitating deformities, the need for a regular chaperone and also him constantly being ill.

In the last three years, as the center he was staying at had both managerial and modality changes, he was asked to be independent and he began to do HHC's

JeevanKala handicraft work. Although his condition does not allow him do a lot, he continues to work diligently. He would push himself to the HHC office (15 minutes travel) every working day, hail or high waters, and did his utmost. HHC pays him a small salary and also a stipend. He eats and lives at the center.



Standing again

However, three months ago, he went through a heavy depression and had reached the point where he spoke about death and dying to our staff every day. It may have been triggered by the change in management at the center who wanted to shift him to their other center for the mentally challenged, where a past experience at this center had been very traumatizing. At this point, all of Chitra's life experience and condition caught up with him and he physically started to waste. HHC was both sad and concerned for Chitra.

Anil, during a visit to a hospital in Delhi in January 2013 had a chance to meet with severely physically disabled patients who were helped back to walking after decades of incapacity by his dear friend Dr. Shishir Kumar. This gave Anil hope for Chitra. After weeks of discussion we were able to send him to Delhi for this life changing set of surgeries.

The Surgery

In early October Chitra traveled with his aid to New Delhi and underwent two 12 hours surgeries. The first replaced his left knee and hip, and one week later his right knee and hip were replaced.

Excerpts from Dr. Kumar's and Anil's emails after Chitra's surgeries:

Dr. Kumar, "I performed the first set of surgeries on Chitra yesterday. It was a marathon 12-hour session, starting from 11 am and finishing at around 11:30 pm. Because of the deformed spine we had to resort to an unusual method of airway control called 'awake fire-optic intubation' after which he was anaesthetized and I started the surgery. The bones were extremely brittle due to the disease per se and also due

to years of disuse. We have managed to replace the left hip which will now regain full function. I have also replaced the left knee which now has movement from 30-100 degrees and hope to achieve the last thirty degrees by traction over a period of time. The surgeries tested all my twenty years of experience. Because of his immune-compromised status, there was a lot of bleeding and we had to transfuse almost 20 units of blood components. He is still on a ventilator and we plan to wean him off today.

If all goes well we are planning the right hip and knee surgery on Friday.”

Chitra did have his second surgery, replacing his right hip and right knee, and it was successful.

Dr. Kumar, “Chitra is doing well and has been sent to the ward. He is moving his hip freely and also his knee. Due to years of disuse his muscles are atrophied and will need to be reprogrammed to perform the function they were meant to do.”

Anil, “Chitra calls me almost every other day and he sounds excited about trying to get back on his feet literally.”

Chitra can now stand on his legs, albeit for short periods. With time and continued physical therapy he should be able to move more freely with a walker, and we hope someday to be able to walk with only a cane or on his own. This surgery has given this young man a new lease on life, his spirit has improved and he has hope.

Anil, “The plan now is to help him be as independent as possible so that he does not have to rely on HHC or the center if he can help it. He can possibly go back to school through the center or us and eventually find suitable vocation or whatever he wants to achieve.”

The cost of this surgery, \$10,000, was generously paid for by Tim Cotton in memory of Jean Abraham. We thank Tim for his unbridled generosity to HHC and the people of Nepal. We also thank Dr. Kumar for his immense surgical skills, waiving huge fees and other costs of the surgeries and for providing and caring for Chitra for months in Delhi.

At present, Chitra has recovered well after surgery. He was keen to go back to school in spite of a long break. After work hard he appeared for the 10th grade national exams and successfully graduated with a ‘B’. He’s in 11th grade now and working to do well in the 12th grade national exams so that he can train further to be independent.

HHC has supported Chitra for 16 years and continues to cover Chitra’s school and medical expenses.

3. INCOME-GENERATION

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

JeevanKala (Art for Life)

In 2016, HHC continued the production and sale of fair trade, environmentally friendly artisanal products under its crafts line,



JeevanKala. Hundreds of women artisans who produce these crafts, along with their families, are supported by this project, 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 Kathmandu in Nepal, one in Thamel and one in Jawalakhel at the HHC Nepal office.

In 2016, after our launch of the e-commerce website, www.jeevankala.com, our supporters have been able to purchase JeevanKala crafts online, and we participated in NY NOW, New York’s largest international trade show. The profits from the sale of JeevanKala crafts support HHC’s humanitarian programs in Northern Dhading.



JeevanKala is a proud member of the Fair Trade Federation, which stringently vets its members for adherence to the following fair trade principles: Create Opportunities for Economically and Socially Marginalized Producers; Develop Transparent and Accountable Relationships; Build Capacity; Promote Fair Trade; Pay Promptly and Fairly; Support Safe and Empowering Working Conditions; Ensure the Rights of Children; Cultivate Environmental Stewardship; and Respect Cultural Identity.

We thank Gita KC, Laxmi Maharjan, Rabina Maharjan, Saru Maharjan, Jyoti Shrestha, Gyani Maharjan, Sanu Chori Maharjan, Shoba Magar, Lali Maya Bulung, Ishwori Karki and the many artisans who provide quality work, and Soni KC Parajuli with support from Rajan Paudyal and Madhav KC, for helping to manage this unique

handicraft project.

LIVESTOCK PROJECT

In 2016, HHC continued providing the only veterinary care in the region to help farmers maintain their livelihood from animals. Tens of thousands of livestock in Tipling, Sertung, and Lapa village are vital to the survival and livelihood of the Tamang communities of Northern Dhading, who rely on livestock to produce fertilizer, milk and meat for consumption and for sale locally. HHC veterinary technician Man Bahadur Tamang continued to serve the animal population of the three villages, walking several hours a day to cattle sheds that are scattered over a large mountainous area. In 2016, he provided 1200 dosages of vaccines for the first time and also treated 63 animals for various infections and ailments. On request, 35 animals were castrated to improve the grade of meat as is customary in Nepal. Man Bahadur also conducted basic livestock training in Sertung and Tipling at twelve different places where

538 farmers participated. The training mainly focused on grass and fodder management and the importance of timely vaccination. While Man's service is fully funded by HHC, we ask the community to purchase medicines and vaccines for the long term continuity of the vet program of northern Dhading. Under Man Bahadur's leadership, HHC began the trial of artificial insemination (AI) in cattle project in the hope to improve the cattle population in the three Northern Dhading villages. HHC supported Man Bahadur AI training at a government center in Pokhara city and the frozen semen of *Jersey* cow, *Ajamery* goats and *Murhha* buffalo were transported by porters in nitrogen tanks to the villages. As a trial only seven animals were artificially inseminated of which five showed positive results. More study and tests will be carried out in these animals for the future of this project in the region.

HHC Veterinary Support in 2016							
<i>Service Provided</i>	<i>Animals</i>					<i>Total</i>	<i>Farmers Benefitted</i>
	<i>Cow</i>	<i>Water Buffalo</i>	<i>Goat</i>	<i>Yak</i>	<i>Dog</i>	<i>Animals</i>	
Treatment	33	10	11	0	9	63	209
HHBQ Vaccine	1076	66	0	8	0	1150	1227
Artificial Insemination	4	3	0	0	0	7	40
Castration	4	0	10	0	0	14	35
Total	1117	76	22	8	9	1234	1511

AGRICULTURE

These remote and mountainous villages of Northern Dhading have traditionally been dependent on crops such as corn, potato and millet, which are highly susceptible to unpredictable weather and have a high risk of pest infestation. This, combined with junk food brought in on mules from larger centers, resulted in poor nutrition and food insecurity for the region.

HHC started agricultural programs in 2009, providing various training programs to local farmers, distributing seeds and organizing regular learning expeditions to agricultural sites in Ilam. HHC continues to work with 351 farmers who are members from fourteen groups created in the three villages. As more such farmers' groups are created, HHC hopes that it will bring about a collective effort to cultivate for healthier crops including a variety of nutritious vegetables and fruits. This will improve the overall nutrition of the farmers' families and could provide a cash crop for these farmers, which normally live and work in a barter culture.

To give impetus to 'need for better nutrition', HHC initiated the 'one family one kitchen garden' campaign several years ago where distribution of vegetable seeds and materials for greenhouse tunnels for maintaining higher temperatures for vegetables was promoted. Our data in 2016 shows that almost 55% of Sertung village now grows tomatoes, cabbages, chilies and other vegetables that they did not traditionally grow. To push this drive further, HHC started the experimental farm in Sertung village in 2015. The two-room building in the half acre property is completed and the terraces and the green houses already have several vegetables and fruit trees growing. This center has been used to demonstrate simple modern agricultural techniques adapted to this region while it displays vegetables and other plants that can be grown well as food or commercially. Farmers now have access to seeds, seedlings, fruit trees and other farming materials in one center which is not available locally. In 2016, hundreds of farmers visited the center where they purchased a variety of vegetable seeds throughout the year, which were made available through collection from several centers and shops in Kathmandu. The center also has a computer that is attached to a large screen which was used to show videos on how to grow vegetables and other foods, the hazards of pesticide, balanced nutrition, etc. More videos will be created in the Tamang language to help the farmers further.

HHC also carried out various agro-trainings for over 200 farmers of Tipling and Sertung in 2016 with the help of HHC agro-supervisor Soviyat Shrestha and HHC trained techs Budhiman Tamang and Ashmita Tamang. The farmers learned about mobilization of farming resources, micro-saving and loan for farming improvement, making compost more efficiently, using pear available in abundance locally along with local herbs and plants for making vitamin-rich compost, making bio-pesticides using animal urine with local plants and herbs, hazards of using chemical pesticides, etc. HHC will also continue to use this center for more training for farmers where information is shared and disseminated through visiting experts for the benefit of the 10,000 farmers that live in three villages.

HHC Agro-training for Farmers in 2016				
<i>Training</i>	<i>Village</i>	<i>Participants</i>	<i>Duration</i>	<i>Outcome</i>
Mobilization of resources and savings for farmers	Sertung & Tipling	106	2 days	Farmers understood why pooling resources and saving schemes would help those who live in small and isolated villages
Compost Making	Sertung & Tipling	52	1 day	Farmers were taught to use easily available materials to make compost more efficiently
Bio-pesticide	Sertung & Tipling	42	1 day	Farmers understood how to make bio-pesticide using locally available plants and waste and the hazards of chemical pesticides
Vitamin rich fertilizer	Tipling	20	1 day	Farmers understood the use of decayed fruit, vegetables and herbs to make vitamin rich fertilizer to grow for vegetables

HHC also campaigned to help farmers grow specific cash crops. The villages of Tipling, Sertung and Lapa live in a traditionally barter culture where it was difficult to generate cash. Most of the people are solely reliant on farming and were therefore severely limited in what goods and services they could buy. In order to give them more purchasing power, the farmers agreed that they needed to cultivate more cash crops. HHC then brought in 50,000 cardamom (spice) seedlings from Ilam, some five hundred miles away in the eastern border of Nepal. The cardamom plants were collected from the Ilam farms, transported in a truck for twenty hours to the end of the road and then carried by mules to this geographically difficult region which took about ten days. 40,000 of the seedlings were bought immediately in days by over 100 farmers. Experts

HHC 2016 Cardamom Project Report			
<i>Village</i>	<i>Plants Bought</i>	<i>Beneficiaries</i>	<i>Households</i>
Tipling	9,982	75	15
Sertung	18,390	390	65
Lapa	<u>12,253</u>	<u>172</u>	<u>18</u>
	<u>40,625</u>	<u>637</u>	<u>98</u>

4,753 seedlings were planted at HHC experimental farm as control for cardamom study and to show to visiting farmers who are interested to grow in the future

believe that *Bharlang* species of cardamom is hardier with less chance of infections and were therefore the choice for growing in northern Dhading. The spice will be ready to harvest after the third year and it has a good market in Nepal which should help the farmers make good cash income. The farmers were provided information and a small training on cardamom during the sale. The seedlings were sold at a cost to cost basis. There is already more demand in the villages for cardamom and so in 2017 HHC will facilitate the cardamom project and help more farmers.



Building a greenhouse at HHC experimental farm using local materials

ILAM HOSPITAL

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.

Patients Served at Hospital in 2016	
Total	2,778
Emergency	37
Outpatient	367
Camps	2374
Minor Surgeries	78
In-patient	152
Total Death	1
Minor Procedures (Catheterization, Plaster)	41
ECG	3
Radiology	28
Pathology	325
Referrals	2
Cataract Surgery	118

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 donations of equipment and instruments. But the eleven year long civil war did not allow the hospital to be handed over to the community as envisioned.

Now that the standard of care through the government hospital has improved at some level, the hospital continues to find ways to serve the community through specialized and outreach camps. In 2016, 2,778 patients were treated and the hospital carried out six camps where 2,374 patients received medical care.

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 medical camps have also allowed the villagers to learn about the various services available at our hospital. 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 CAMPS CONDUCTED BY THE ILAM HOSPITAL IN 2016

2016 Camps in Ilam						
	Month	Village	Type	Hospital and Medical Team	Patients	Support by
1	Jan	Goduk	General	Dr. Niranjana Shrestha, Lila Subedi (Midwife), Amrita Pithakoti (Midwife), Khagendra Thakuri, Khyam Raj Ghimire	115	District Health Office, Ilam Maibeni Festival Management Community, Ilam Community Police Service Centre, Ilam
2	Jan	Shakejung	OPD	Dr. Niranjana Shrestha, Lila Subedi (Midwife), Amrita Pithakoti (Midwife), Mr. Khagendra Thakuri, Rabin Rayamajhi (Camp In-Charge)	60	Ilam DHO; Manav Dental Hospital, Ilam; Netra Jyoti Sangh, Ilam; Bakhkhor Bazaar Management Committee, Rakche, Ilam; Pathivara Travels & Tours, Ilam
			Dental		110	
			Eye		95	
3	Apr	Hospital	Eye	Dr. Kamal Khadka, Dr. Rajesh Sharma, Dr. Laxman Timilsina, Kristina KC (OR Nurse), Iswor Tamang (OR) and the entire staff of Hospital Local Volunteer: Sarchin Rayamajhi, Dipak Thapa, Arjun Tamang, Nitesh Rayamajhi, Kamal Tamang	Total: 1257 Cataract: 118 Minor surgery: 2	Vision 2020 Nepal; Nepal Turkey Foundation, Nepal; Chief District Officer's Office, Ilam; District Health Office, Ilam; District Hospital, Ilam Ilam; Municipality Office, Ilam; Nepal Police Force Ilam; Sungava Saving & Credit Co-Operative, Ilam; Green City Women Group, Ilam Kala Sansar Suppliers, Ilam
4	April	Hospital	Dermatology	Dr. Ghanashyam Jha (Dermatologist), Dr. Rabindra Baskota (Dermatologist) and the entire staff of the hospital and Damber Rai (Nepal Police)	226	Koshi Zone Hospital Biratnagar; District Health Office, Ilam
5	Nov	Goduk	General	Dr. Ram Krishna Acharya, Lila Subedi (Midwife), Jyoti Basnet (Midwife), Khagendra Thakuri (attendant), Sunil Karki (Attendant), Rabin Rayamajhi, Khyam Raj Ghimire	28	District Health Office, Ilam; Mahela Jagaran Sang, Ilam
6	Dec	Barbote	OPD	Dr. Ram Krishna Acharya, Jyoti Basnet (Midwife), June Gurung (Midwife), Sunil Karki (Attendant), Rabin Rayamajhi, Khyam Raj Ghimire	67	District Health Office, Ilam; Shree Barbote Higher Secondary School, Ilam

ILAM HOSPITAL SUPPORT

HHC's Dr. Megh Bahadur Parajuli Community Hospital and medical camps in Ilam rely on the generous support of our hospital staff, local village committees and organizations, international institutions, volunteers and many other individuals. We are grateful to all who supported our operations in 2016.

2016 Staff of Dr. Mgh Bahadur Parajuli Community Hospital			
<i>Admin Staff</i>	<i>Designation</i>	<i>Medical Staff</i>	<i>Designation</i>
Khyam Raj Ghimire	Hospital Director	Dr. Nirajan Shrestha	Medical Officer
Dipak Dhungana	Account Officer	Dr. Ram Krishna Acharya	Medical Officer
Rabin Rayamajhi	Support Service In-Charge	Bina Lungeli	Staff Nurse
Januka Nepal	Receptionist	Juni Gurung	Midwife
Khagendra Thakuri	Receptionist	Amrita Pithakoti	Midwife
Nandu Rai	Laundry Assistant	Lila Subedi	Midwife
Maya Devi Shrestha	Ward Attendant	Jyoti Basnet	Midwife
Ram Bahadur Gurung	Gardner	Rita Neupane	Lab Tech
Sunil Karki	Ward Attendant		
Kamal Lingden	Security		
Kumar Subedi	Security		

EARTHQUAKE RECOVERY 2016

HHC continued its recovery work in northern Dhading in 2016 after the devastating earthquake of 2015, measuring 7.8 followed by hundreds of aftershocks measuring as high as 7.3, which continued for over six months. In total, more than 9,000 lives were lost and upwards of 770,000 homes, 50,000 classrooms and 1,000 village clinics were destroyed nationwide. Entire villages in HHC served Northern Dhading were leveled.

After having provided medical and food relief work for over six months with the support of over 1500 contributors from around the world, HHC started supporting the Government of Nepal in reconstructing health facilities and schools in and around the northern Dhading region where HHC has served for over 25 years. This reconstruction work is supported by the generous funding of AmeriCares Foundation Inc., Brother's Brother Foundation and GlobeMed at Colorado University Boulder. In carrying out this work, HHC, has focused on three vital areas of recovery work; livestock, health facilities and schools.

BROTHER'S BROTHER FOUNDATION LIVESTOCK REPLACEMENT

The earthquake in April 2015 not only demolished buildings and homes and took many Nepali lives, it also killed hundreds of cows, buffalo, sheep, goat, pigs, mules and yak in Tipling, Sertung and Lapa. Livestock numbered in the tens of thousands in these three villages are vital to the survival and livelihood of Northern Dhading communities as they rely on livestock to produce fertilizer, milk and meat for consumption and for sale locally. In late 2015, the Brother's Brother Foundation funding enabled HHC to continue replacement of livestock lost during the quake.

<i>Village</i>	<i>Animals</i>	<i>Households</i>	<i>Beneficiaries</i>
Sertung	197	58	390
Tipling	316	91	490
Lapa	333	93	535
Total	846	242	1415

HHC, through the support of the Brother's Brother Foundation, began the replenishment program of livestock lost during the quake, which continued into January of 2016. Eight hundred sixteen animals worth US\$77,000 were distributed throughout the three affected villages, which directly benefitted 1,415 villagers in 242 households in the region.



VDRC meeting for livestock project

The livestock replenishment project was elaborate. HHC coordinated with the concerned Village Disaster Relief Committees (VDRC) that were formed by the Government of Nepal after the 2015 earthquake to support and facilitate all relief, recovery and rehabilitation work in the quake-affected villages of Nepal. The VDRC members of Tipling, Sertung and Lapa along with HHC's vet tech Man Bahadur Tamang, carried out a house to house survey in the three affected northern Dhading villages and prepared the final list of lost livestock. They hiked for weeks and visited every site and met with every farmer and witnesses for spot verification, and to verify and accept written claims of animal losses. After completion of the verification phase, coupons were distributed and were used as cash to purchase animals from neighbouring regions of Rasuwa and Gorkha. There were also numerous meetings to determine the

price of animals, place of purchase and strategy to bring them to these remote and isolated villages. The response from the farmers was of joy and hope for the future as many had also lost family members and homes during the earthquake and livestock was vital for their survival especially in the post-quake difficult period.

HHC is grateful to Brother's Brother Foundation for the timely support of these 242 families who were at the brink of famine. We would also like to thank the Minister of Livestock of Nepal, Honorable Santa Manawi, for her visit to the remote Dhading villages and inaugurating the livestock distribution program and meeting with the farmers who were devastated by the earthquake. With her support, the Dhading District Livestock Office partially funded a yak for breeding and stock advancement for Tipling. HHC is also grateful to the VDRC members, our staff especially Man Bahadur and Mr. Bharat Budhathoki, for making sure that every farmer who had lost livestock benefitted from the program.

REPAIR AND RECONSTRUCTION OF DHADING DISTRICT HOSPITAL & HEALTH POSTS

AmeriCares Inc. Foundation Support:

In 2015, HHC and AmeriCares Inc. Foundation agreed to collaborate on the repair and reconstruction of eight Dhading area health posts and the renovation of the Dhading District Hospital, HHC was finally given approval after almost a year by the concerned ministries to begin repair of two health posts in Dhading District, namely Bhumisthan and Chattrreurali, as well as reconstruction of five other health posts in Lapa, Tipling, Ree, Pida and Salang. The Jharlang Health Post land issue has delayed the project in this village, which is being worked out by HHC with the help of local authorities.

HHC worked with the Bhumisthan Health Post Committee and at their recommendation, hired two local contractors to manage the labour and supply of construction materials. An older damaged building in the compound of the health post was



Bhumisthan health post before repair



After Repair

dismantled and the site leveled. The partially damaged health post building's outer cement plaster surface was removed and chicken wire mesh was placed with concrete nails and ties throughout the walls, as well on column surfaces, which were then covered with cement plaster. A cement apron wall was constructed around the building to create proper drainage and long term safety of building. All exposed rebar were covered to avoid rusting. The roof was cement plastered inside and outside. The building was given a fresh coat of paint. The land around the building was cut and shaped to safeguard the building from landslide especially during the monsoon season.

Please find detailed report on Bhumisthan Health Post on our website (www.himalayanhealthcare.org).

On June 2nd 2016, there was an official handover ceremony where HHC representatives formally handed over the Bhumisthan Health Post building to the village health post committee with the attendance of officials from the Dhading District Health Office and the Country Director and lead Engineer of AmeriCares Inc. Foundation. The reconstructed health post will serve 10786 from 1450 households.

The retrofitting work in Chattrdeurali Health Post began on 1st September, 2016 and is near completion and will be handed over to the community by early 2017. The columns of the building were jacketed and re-strengthened with additional rebar to make it quake-safe. The health post in Chattrdeurali village was retrofitted where the columns and walls were strengthened to meet the new national building standard (quake-safe)

The reconstruction of the five health posts are in various stages of completion. Salang and Pida are more than 50% completed whereas Tipling and Lapa health posts are close to that in spite of the remoteness of these villages. Sending construction materials to the sites carried by mules and porters takes three days and the lack of proper communication has considerably slowed down progress. The repair of trails and homes in these villages has also begun, which has caused significant labor issues and delays. HHC is patiently and conscientiously managing the reconstruction knowing and respecting the needs of the villagers during this very difficult period post-quake.

CONSTRUCTION OF THE HOSPITAL OUTPATIENT WING AND STAFF QUARTER:

AmeriCares Support:

HHC and AmeriCares are also collaborating on the renovation of the Dhading District Hospital. The construction of the outpatient wing and staff quarters will be carried out under a memorandum of understanding with the Government of Nepal's

Ministry of Health and will follow the Ministry's master plan, guidelines and building codes. The project was only formally approved by the Ministry in November 2016 when it received clearance for building permanent health infrastructures under Nepal's new quake-safe guidelines, HHC was specifically asked by the Dhading District Health Office for support of these buildings so that it would be in a better position to provide quality services to over 250,000 people in the Dhading district.

HHC invited sealed bids from contractors and Habitat Construction Engineering Company was selected to carry out the construction in December of 2016. The final documents will be signed in January 2017, and the construction will begin in February. Completion of the buildings is expected for the first quarter of 2018.

SCHOOL SUPPORT AND RECONSTRUCTION

Supported by Brother's Brother Foundation & GlobeMed at CU Boulder

With significant damage caused to all schools in the Northern Dhading Region during the 2015 earthquake, HHC helped create temporary learning centers for 16 schools in Lapa, Tipling and Sertung for 2167 students to continue their studies in the short-term. In December 2015, HHC signed a memorandum of understanding with Nepal's Department of Education outlining HHC's participation in the reconstruction of schools in Northern Dhading.

HHC received support from the Brother's Brother Foundation (with the support of the Nepali Community of Greater Pittsburgh) and GlobeMed at Colorado University at Boulder for the reconstruction of the first of the four buildings of the Lapa Secondary school. This will directly impact 567 students of which there are 277 girls and 290 boys.

In November of 2016, after HHC met with the Lapa School Committee several times, the demolition of the damaged buildings and collection of locally available construction materials started. The construction and design of the building ensures that the classrooms are earthquake safe, warm, full of light and the repair and maintenance are simple and inexpensive. It is expected to be completed by the middle of 2017 unless there are delays caused by the monsoon season, which begins in June.

GLOBEMED AT CU BOULDER

HHC friends and family,

Steve Jobs once said that “creativity is just connecting things.” We at GlobeMed at the University of Colorado Boulder believe that he was absolutely right. This is why our word of the year was “integrate”. By embracing the beauty in our story, we worked to cultivate a culture of vulnerability, and by drawing connections where so many others see disparate ideas, we created some incredible change together.

It is with great humility that we share what we have accomplished through our partnership with Himalayan Health Care (HHC). Since 2010, our chapter has raised over \$140,000 to help HHC. This includes over \$8,000 sent during the 2016-2017 school year. Although we fell short of our \$10,000 goal, we have learned valuable lessons and have grown immeasurably as leaders. Finances, however, say very little about what GlobeMed is or our relationship with HHC.

This summer, we were able to send four chapter members on our annual Grassroots Onsite Work (GROW) trip. The GROW internship and the stories that come from it allow our entire chapter to see the work HHC is doing in Dhading, and helps maintain a strong partnership. GROW has shown itself to be crucial to giving the GlobeMed community a true sense of connection to the movement for global health equity. We hope that GROW continues to be a platform for story and a tool for reigniting passion.

This year, we hosted another Benefit Dinner and our fourth annual Colorado Global Health Conference through partnership with other Colorado-based GlobeMed chapter: University of Denver and Colorado College. During this conference, we talked about the global health of the Syrian refugee crisis with the e. We made huge strides towards addressing social justice issues in our own community through various volunteering opportunities. We also began the process of cultivating relationships with many different organizations in Boulder that share our passion for public health and social justice, including the University of Colorado's Health Promotions team, the Student Worker Alliance Program (SWAP), a trans-partisan organization called BridgeCU and the Women's Resource Center. These partnerships are just beginning but we believe they hold huge potential for our chapter in the future. In addition to all of this, GlobeMed has continued to put on our many educational sessions, awareness campaigns, community building events, and staff meetings.

The outstanding members of our organization are truly unique in their ability to combine empathy, discernment, and effective leadership and turn ideas into action. Each event took coordination, time, and effort from every staff member and would not have been possible without them.

We cannot thank our partners at HHC for the endless encouragement and support they have provided since 2010. We are excited to see what the upcoming year holds for our partnership. Everyone at HHC has continuously taught us what "whole-hearted" work looks like. They have shown us the resilience it takes to do this work and they have shown us the true meaning of community through their love of their staff and the communities they serve. By teaching us the difficulty in balancing the famous "three-legged" stool that Anil talks so much about, we have seen the possibilities for creativity in the work we do. We are humbled by them and we cannot thank them enough.

Sincerely,
Salome Philip and Tyler Fair
2016-2017 Co-Presidents
GlobeMed at CU Boulder

OUR DONORS

We are grateful for all of the generous donors who make our work in Nepal possible. Following the earthquake, we received an outpouring of support from all corners of the globe as friends of HHC rallied their networks behind our organization and the people of Nepal and it continues. Words cannot express how thankful we are for this generosity and the important work all of our donors have helped us accomplish during this time of immense need.

AmeriCares Inc. Foundation	\$ 145,000		
Brother's Brother Foundation	\$ 42,634.20		
Timothy Cotton <i>Cotton Charitable Trust</i>	\$ 35,000		
		Steven Zabin	\$ 2,000
			Church of Christ Dartmouth College
GlobeMed CU Boulder	\$ 13,300		\$ 929
Janis C Johnson	\$ 10,000	The Ellis Group	\$ 1,500
Donor's Trust Inc.	\$ 5,000	Janice Onorato Living Trust	\$ 1,409
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Kristi Saunders	\$ 5,000	Bruce Bassity	\$ 1,000
		Judy Cotton	\$ 1,000
Felicia Meila-Predovicu	\$ 3,000	Nina M Carroll	\$ 1,000
Anthony (Bill) Ashford	\$ 2,900	Nita & Samir Patel	\$ 1,000
Caroline Jones	\$ 2,865	Robert Stern <i>The Hampton Foundation</i>	\$ 1,000
J Robert Shapiro	\$ 2,800		
Global Giving	\$ 2,715.50	The Benevity Community Impact Fund	\$ 953.30
Roger Brunner & Niesje J. Steinkruger	\$ 2,000		
			John Roscoe
			\$ 500
			Margot Roseman
			\$ 500
			Martha Lynch Biasi
			\$ 500
			Pamela Ogor
			\$ 500

Pichette Counseling Services	\$ 500	Todd Sagin	\$ 200	Janet Burton	\$100
Rebecca Doss	\$ 500			John Jamagin	\$ 100
AK Eine Welt	\$ 499.14	Robin Benjamin	\$ 180	Judith A Lee	\$ 100
Network for Good	\$ 445	Peter S Braveman & Susan Mearney	\$ 170	Judith A Lee	\$ 100
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CONSOLIDATED FINANCIAL STATEMENTS

YEAR 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.

	2016	2015
UNRESTRICTED PUBLIC SUPPORT AND REVENUE		
Public Support		
Cash Contributions	\$ 568,794	\$ 987,597
Contributions of Medical Services	-	81,104
Contribution of Marketable Securities	6,738	11,754
Fundraising Events	2,555	1,685
Total Public Support	578,087	1,082,140
Sales of Products	25,447	18,365
Investment Income		
Interest Income	1	1
Dividend Income	44	91
Total Investment Income	45	92
Total Unrestricted Public Support And Revenue	603,579	1,100,597
EXPENSES & LOSSES		
Cost of Goods Sales	23,764	14,607
Program Services	629,345	778,111
Fundraising	1,891	5,870
Management & General	132,122	150,774
Total Expenses	787,122	949,362
Net unrealized loss on marketable securities	190	708
Net realized loss on sale of marketable securities	861	687
Total Expenses & Losses	788,173	950,757
(DECREASE) INCREASE IN UNRESTRICTED NET ASSETS	(184,594)	149,840
NET ASSETS BEGINNING OF YEAR	258,489	108,649
NET ASSETS, END OF THE YEAR	\$ 73,895	\$ 258,489

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Program Coordinator Kathmandu, Nepal



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