

## CLINIC NEPAL

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### ANNUAL REPORT – 16<sup>th</sup> July 2011 to 15<sup>th</sup> July 2012

Dearest friends, donors, supporters, volunteers and all of those who have been involved with Clinic Nepal directly or indirectly. We would like to extend to you our kindest gratitude and present to you below our fifteenth annual report for the year 2011/2012. Due to all your treasured support we have been able to reach our 15<sup>th</sup> anniversary and we continue to operate with great effect and optimism for the future. This has been achieved to the credit of and with the great dedication of all those who have made contributions of all forms of this worthy cause and for which we would like to extend our kindest regards and appreciation. If you have any suggestions, comments or opinions which you would like to share on anything detailed in this report, please do not hesitate to contact us via the above details. Hearty regards from the entire Clinic Nepal Family.

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**1) Number of patients treated:**

A total of **5504** patients were treated at the Friendship Clinic during this one year period with further additional laboratory tests carried out. This figure is similar to previous years' numbers- 2010/2011: 6795 and 2011/2012: 6201 (including lab tests), however it has and is, continuing to decrease. This slow reduction in clients is a likely reflection of the on-going improvements in the standard of living and levels of education in the local population. The Safe Drinking Water and Sanitation Project is a continuing development which gives people access to safe drinking water and is providing education to improve their knowledge about how to ensure safe water consumption. Additionally, the health education delivered by the clinic staff provides information about other health-related issues, such as smoking cessation, improving personal hygiene and first aid, of which much of the local population have a poor understanding. These efforts therefore have reduced the rates of many water borne diseases and conditions which are directly related to poor lifestyle choices thus reducing the need for clinic visits. As education and development improves at the community level so too does the care provided by the Nepalese government who now offer 36 medications free of charge from local health posts. This has led to individuals being able to treat themselves for the less serious illnesses which are encountered and allows the clinic more time to deal with the severe and critical cases.

Other interesting changes in the community have also been reflected in the clinic's client base; around 300,000 people in Nepal each year quit subsistence farming for more modern working roles and many more people travel which has resulted in nearly every household having one relation living in a city or abroad. "...an estimated 1,300 Nepalese citizens go abroad for work every single day" (CNN). This has created improvements in the general economic status of the local people and levels of education, leading to changes in patients' expectations of health care and therefore the clinic's service. In the past, patients were largely concerned with symptom control, but now, due to a better level of awareness they more often expect diagnosis and proactive treatment and ultimately resolution of illness. Because of this, many are travelling to the

local cities to seek specialist care rather than visiting local medical clinics. Developing our services is therefore very important; the acquisition of an x-ray machine and other medical equipment are hoped for in the very near future as we continue to improve our facilities in order to meet our patients' needs. We have also seen changes in the types of diseases that are prevalent, as ailments related to sanitation and hygiene are reducing, western diseases such as heart disease, depression and diabetes are becoming more commonly recognised which is bringing new challenges to our health workers.

All vaccination programs recommended by the World Health Organisation are now being funded by the government and provided to the community free of charge through the local health post, therefore making it unnecessary for us to offer these services however we still offer a tetanus vaccination service for those patients who require boosters.

This total number (5504), does not include the people assisted by the many subprojects of Clinic Nepal, this number is a pure reflection of the quantity of patients seen in the clinic's general practice. The details of the health camps and the clinic's other outreach projects including their figures are listed in the sections below.

## **2) Free Health Camp in remote districts and villages**

Clinic Nepal's principal aim of improving the health of some of the most deprived populations in Madi, Chitwan is best illustrated by its remote health camps. These are achieved through volunteers and staff from Clinic Nepal mobilising a large volume of medicines to some of the most remote areas of Chitwan where the accessibility is extremely challenging. The camps provide both medical examinations and treatments to people who are otherwise isolated from medical services and would be unable to additionally be unable to afford any care which could be provided. This service is provided at no charge to everybody, irrespective of age, gender or cultural background.

Following the identification of the prevalence of dental problems during the camps last year, one significant change to the programme this year was the initiation of specialist dental health camps. This service also included health promotion with specific regard to oral hygiene and treatments by a dental hygienist. Similarly, throughout last year's camps there was a high incidence of cardiac problems and treatment was provided where applicable. Compared to previous years, we have seen positive change in the quality of life of people in Madi.

Patients who attended the Health Camps were found to have a vast range of health problems. Many had gastrointestinal infections, respiratory conditions, ENT (ear, nose and throat) problems, dermatological conditions, cardiovascular disease, psychiatric disorders and gynaecological issues. We provided and co-ordinated the healthcare management for these ailments absolutely free of charge and beyond any contribution they could afford.

**Below is a table showing the details of each Health Camp:**

<b>Date</b>	<b>Number of days</b>	<b>Location</b>	<b>Number of patients</b>
12 <sup>th</sup> – 16 <sup>th</sup> September 2011	5	Ayodhayapuri VDC	771
19 <sup>th</sup> - 30 September 2011	7	Gardi, Bhairabpur, Debendrapur & Ayodhayapuri VDC	1216
3 <sup>rd</sup> - 5 <sup>th</sup> October 2011	3	Clinic Nepal Meghauri, Devendrapur and Ayadhayapuri (Dental Camp)	186
10 <sup>th</sup> -14 <sup>th</sup> February 2012	4	Pandevnagar, sikaripur and Sitalpur	581
21 <sup>st</sup> – 25 <sup>th</sup> February 2012	5	Chainpur, Sidhuwa	519
1 <sup>st</sup> – 5 <sup>th</sup> March 2012	5	Gardi-1, Bharavpur and Baghauda, 4	560
14 <sup>th</sup> – 17 <sup>th</sup> March 2012	4	Gunjanagar and Dhurbha	874
21 <sup>st</sup> – 24 <sup>th</sup> March 2012	4	Debendrapur, Ghagar, Kharkatta	865
1 <sup>st</sup> – 3 <sup>rd</sup> April 2012	3	Dibyenagar VDC ( Khairghari and Koila)	471
<b>TOTAL</b>	<b>40</b>		<b>Total: 6043</b>

Overall the total number of patients treated was 6043; this was accounted for by 573 female children, 3391 female adults, 620 male children and 1459 adult males.

N.B Children are classed as those aged 15 and below.

### **3) Specific Financial Assistance for Treatments**

Throughout the history of the clinic we have helped many people to access healthcare treatment which they would otherwise not have been able to afford. This has included surgery for heart disease, hernias and prolapse of the uterus (among many others) and this year was no exception. Patients were diagnosed with uterine prolapse at the medical camp and were subsequently transferred directly to a hospital in Bharatpur for immediate treatment. These operations are funded by the government; however, the co-ordination of the care is managed by the clinic staff and most importantly, the clinic utilises its valuable connections to refer directly to specialist doctors with whom the clinic is associated. The transport to and from the hospital is also provided by the clinic ambulance and these services are offered free of charge. Without this service being available many individuals would not have the capacity to make these arrangements and treatment would be delayed and therefore create a significant impact on their health.

Below is listed the details of just some of those who were assisted; this information includes their name and the treatment they received.

Ser. No.	Patient's Name	Disease/Treatment
1	Nirman Thapa	Tonsillitis
2	Godbin Mahato	Hydrocoele
3	Taranatah Mahato	Lymphadenopathy (cancer)
4	Naryan Gayak	Aplastic Anemia Disease
5	Madhu Lamichnie	Piles
6	Chandra Mahato	Open Heart surgery
7	Anil Thapa	Hernia
8	Ritesh Mahato	Phymosis
9	Saroj Ranabhat	Hernia
10	Setoria Mahato	Plastic surgery
11	Sudani Mahato	Thyroid
12	Ankit Mahato	Hernia
13	Indra Bdr Tamang	Skin cancer
14	Bishnu Maya Mahato	Open Heart surgery

#### **4) Emergency aid**

The emergency aid service continues to remain at a ready and alert state, rendering it able to respond to any potential crisis that may arise.

#### **5) The Clinics Antenatal, Health Awareness and Medical Services Door to Door Project.**

The Clinic has in previous years offered expectant mothers an independent midwifery service which included advice about pregnancy, antenatal check-ups, birthing service and 'health and hygiene' advice. Up until early 2012 this was still the case, however, the local government health post has since developed its services to become the birthing centre for Meghauli and now employees a number of midwives including experienced practitioners who offer specialist care. In light of this change, the demand for this service at the clinic had declined and our staff now refers expectant and new mothers to be seen at the government health post where appropriate care can be provided. Despite this, we do still provide free pregnancy tests to women and all services regarding pregnancy should they be required. The health post in turn works in co-operation with the clinic, referring women seeking specialist consultation by a gynaecologist who continues to visit our site on a weekly basis. The government aid posts have also gone on to further their capabilities within many other fields of healthcare which has reduced the requirement for the clinic's health awareness projects and vaccinations programme. Although these services are now provided by the government health posts, the clinic still remains capable of providing these services should they be required as they so often are.

It is with joy to be able to state that the clinic continues to have great success with its health awareness projects. By introducing the health education programme the level of knowledge with regard to personal and community health continues to grow with great effect. This has resulted in a reduced number of cases of communicable disease, avoidable poor health conditions and illness presenting at the clinic. Despite this, the requirement for medical assistance is ever

present and so the clinic is glad to be able to offer a 'door to door/home visitation service' for those who are unable to attend or travel to the clinic whatever the reason may be in order that appropriate care can be given to those in need.

#### **6) Psychological Counselling Project**

Mr Aaita Ram B.K., a senior health assistant who has specialised in Psychological care, continues to work at Clinic Nepal 6 days each week, providing a vital counselling service to our patients. The patients who receive psychological support are usually referred for counselling by clinic staff, often presenting initially with secondary physical symptoms. Mr B.K is also able to refer patients to Bharatpur hospitals for consultations with doctors, for further investigations and/or treatments.

#### **7) Ambulance service**

Since launching the ambulance service in 2008, the vehicle has been used to a great extent. This year the ambulance has been utilised for 458 people with 45 of these people using the service free of charge as they would have been unable to afford transport otherwise.

Approximately 12% of the beneficiaries were pregnant women, a figure that has reduced from last year due to the requisition of an ambulance by the government health post; the birthing centre for Meghauli. Others transported included cardiac patients, individuals attacked by snakes and wild animals and victims of road traffic accidents.

In addition to emergency and patient transport services, this vehicle aids the remote health camps by transporting medicine, equipment and patients which would not be possible without this essential vehicle. The ambulance is an imperative tool which is used in transporting staff and vast medical supplies/equipment to remote areas of Chitwan in order to reach people whose location makes getting to health facilities extremely difficult and expensive.

#### **8) Sponsored children**

Clinic Nepal is pleased to report that during the academic year of 2011/12 a total of 90 children from under-privileged families (some of whom are orphans), completed their studies which were fully funded by the clinic's programme. Their reports are promising with many of them expressing aspirations to become doctors, pilots, nurses and teachers. 51 of these children reside in our free boarding accommodation on the site at Aasha ko Kiran Sishu Shihar Kindergarten in Daldale, further information about which is in the next section. The remaining children live with their families or relatives.

#### **9) Aasha ko Kiran Children's Home**

Aasha ko Kiran Children's Home in Daldale, Chitwan was founded nine years ago, starting with just seven children but is now a happy home to 51 youngsters, ranging from ages 4 to 16. Some of these children are orphans or from broken homes, but the majority are originally from Meghauli with many from the very poor area behind the clinic; with all coming from families who simply cannot afford to provide their offspring an acceptable standard of living or education. With crucial funding from donors, initially from Gibraltar, Vida Util Barcelona, Germany Clinic Nepal, and now from other international benefactors, the home was set up and is run from Hari's sister Bhagwoti and her husband Bishnu's home on the same site as Aasha ko and Kiran Kindergarten. Our decision was made to run the hostel from this site because the potential cost of renting a property in Meghauli is unmanageable.

The hostel provides full board, all food and provisions to the children in a home environment. All of the children are in schooling; with funds from their individual sponsors, the children attend the kindergarten, public school or private school which is dependent on their age and ability. When they aren't in school the children spend the majority of their spare time at home studying; there are now six donated laptops with internet access although are always in need of things such as new books to read, clothes, stationeries with which to write, and items with which to play. There is also a farm on the same site as the school; this is an important source of food, milk and bio-gas for the home and kindergarten. Whilst providing for the children it also allows them to learn valuable skills in home keeping and other essential lessons and skills which will be needed later in life.

In the past year some major development has been completed; there is now a third floor with two volunteer guest bedrooms, 2 bathrooms, and a computer room/library. The second floor has been completely renovated, so there are now 3 bedrooms for the students and one guest bedroom. All five rooms on the first floor have now been completed and are housing students. With the new rooms came more bunk beds and now only a few of the younger children are sharing beds, also volunteers have purchased mosquito nets fitted with Velcro to be removable for all the bedrooms. In addition, the donations at the hostel have also included toiletry racks so all of the students have a place for their toothbrushes and soap and significant plumbing work is currently underway to add more showers and sinks for the students.

The prospects for the future of the home are still challenging but not unattainable with the continued support. Due to the ages of the children now, many of them are likely to reach further education stage at the same time and will mean that resources are likely to be stretched if all children are going to be sponsored for higher education. We aim to never refuse a child with potential the opportunity for on-going education, so meeting this demand is ambitious.

## **10) Vocational and Skills-Development Training**

Sponsoring youths into higher education also forms an integral part of the clinics' endeavour to enable long-term improvements in the Nepali economic status. A total of 7 young people from disadvantaged families have been sponsored with four of those still currently undergoing their studies which include one staff nurse, two lab technicians and one midwife. One other individual has now completed their studies, is working as a fully-fledged midwife and is currently being considered for a government scholarship to medical school. The other two are working in Kathmandu.

### **11) Kindergarten**

The establishment of our kindergartens began in 2001. The inspiration for this initiative came from Hari, who began searching for more opportunities for development following the success of the clinic. He saw that the methods of education and care for young children in Nepal differed greatly from those which he had seen in developed countries. After gaining exposure to many kindergartens abroad, he recognised that their holistic, comprehensive approach to education would be a valuable addition to his community in Chitwan. Therefore, when he returned, he founded the first kindergarten facility in Sukranagar, Chitwan and began the long process of changing the views and practices of teachers, parents and children. Today Clinic Nepal manages and funds three kindergartens in Nepal for children aged 3 to 6:

- a) Prabhat bal Kshichha Sadan Kindergarten, Sukranagar, Chitwan. A Total of 33 children attend this facility: 14 girls and 19 boys. 3 teachers are employed here.
- b) Aasha ko Kiran Sishu Shihar Kindergarten, Kendra, Daldale, Nawalparashi. A total of 68 Children attend this facility: 31 girls and 37 boys. Full scholarship student 52 and 16 are full payment. 5 teachers employed here.
- c) Wolf Gang link Kindergarten. A total of 46 Children attend this facility: 24 girls and 22 boys. 3 teachers employed here.

All of the kindergartens follow a similar approach in their focus for the children, including lessons in daily living, health and hygiene promotion and both Nepali and English language, following the Montessori programme of education, taught to the kindergartens teachers by volunteervisiting international professionals. Each day one hot meal is provided for every child; parents are encouraged to supply the ingredients for their own child's meal in order to establish family involvement in the project. This is a new initiative and is still being formed. Once a month we meet with the children's mothers to discuss the same topics taught to the children in order to create a unified understanding and forward thinking family environment with the aim to enable each child to reach their full potential and increase their chances of entering further education, thus improving their and their families' long-term prospects.

Prabhat bal sikshya Sadan Kindergarten received a donation of carpet, a dry-erase board and school supplies. The kindergarten still needs more carpeting, Montessori teaching materials and maintenance work.

Aasha ko Kiran Kindergarten received a donation of a swing-set/slide for the children to play with in the mornings and at the end of the day.

Wolf Gang Linke building on Aashaban Farm in Dharampur, Meghauli is very close to completion. Donations this year provided the kindergarten with 7 inside doors, 9 small tables for the children to write on, a shoe rack, Montessori teaching materials and an outside gate with 2 doors. Furniture, ceiling, improved electrical wiring, and plumbing still need to be installed. Wolf Gang Linke continues to be enjoyed by both the kindergarten classes and the Scout group.

## **12) Support to Government School**

For the past five years, we held free health camps in Rastriya Primary School Dachhin Ayodhayapuri. During every health camp, we saw the pupils from very poorest indigenous families as well as the lack of a teacher at the school. Thus, we have decided to help the Primary school to set up a trust. School can invest in education with the income they receive from the trust.

## **13) Scouts**

The Scouts continue to meet once a week for two hours on a Saturday morning at the Wolf Gang link Kindergarten in Dharampur, Meghauli led by teacher Mrs Shrijana B.K. The groups comprises of six sections; three groups of girls (Koili, Dove and Crow) and three groups of boys (Horse, Goat and Lion). There are 36 children in total with ages ranging from 11 to 15 years old. Each week the children spend their time exercising, learning English through playing, making art, and receiving invaluable lessons about life, including health promotion and environmental education. Their programme follows the international standard curriculum for all Scouts and benefits from many guests through the year, including international volunteers from various professions. Through donations the scouts have all been measured and should very soon receive official Nepali Scout uniforms allowing them to stand out as young leaders in Meghauli.

Volunteers this summer worked with the scouts every evening for 4 weeks on environmental and health initiatives. The volunteers working with the Clinic created and donated 700 reusable bags which the scouts then handed out door-to-door to the community in an effort to reduce waste plastic and spread what they learned. The clinic would like to create more bags and continue this project when funds become available.

## **14) Income Generating Programmes**

Whilst many of Clinic Nepal's projects treat healthcare problems, it is widely acknowledged that poverty is a primary cause of ill-health. In order to address this crucial issue, the Income Generating Programme uses funds to purchase goats to donate to some of the poorest families in Meghauli. This enables the families to utilise the goat for its produce and for breeding so that they can sell their young, thus creating a sustainable and self-sufficient form of income.

Listed here are the names of 2 women one is widow and another is alcoholic husband's wife who

received a donation of one buffalo per family.

- ⌚ Jamuna Chhetri
- ⌚ Krishna Kumari Mahato

Listed here are the names of 48 Megghauli residents (nearby Clinic), all women who are widows or from poor families, who received a donation of one goat per family.

- |                     |                     |                     |
|---------------------|---------------------|---------------------|
| ⌚ Bikani Mahato     | ⌚ Tika Pariyar      | ⌚ Jitrani mahato    |
| ⌚ Kamala Rajbanshi  | ⌚ Kumari Gurung     | ⌚ Asramia Majhi     |
| ⌚ Sumitra Chaudari  | ⌚ Huma Devi Pariyar | ⌚ Kalpani Pariyar   |
| ⌚ Ganga Kuwar       | ⌚ Sangita Mahato    | ⌚ Sarmila Aryal     |
| ⌚ Hui maya Pariyar  | ⌚ Jau Maya Parajuli |                     |
| ⌚ Raj Kumari        | ⌚ Magani Mahato     | ⌚ Shanti B.K        |
| ⌚ Phull maya        | ⌚ Sun Kumari        | ⌚ Radhika B.K       |
| ⌚ Sumita Chaudari   | ⌚ Mahato            | ⌚ Phull Kumari      |
| ⌚ Kabita Gurung     | ⌚ Sitani Mahato     | ⌚ Adhakari          |
| ⌚ Dill Kumari Thapa | ⌚ Hatauri Mahato    | ⌚ Daurupa pariyar   |
| ⌚ Bishnu Kumal      | ⌚ Phull Kumari      | ⌚ Ambika B.K        |
| ⌚ Maya Devi Mahato  | ⌚ Mahato            | ⌚ Rima Rana         |
| ⌚ Mayadevi pariyar  | ⌚ Sita Mahato       | ⌚ Bikani Mahato     |
| ⌚ Gayanu Pariyar    | ⌚ Ramanjiya Mahato  | ⌚ Sumitra Chaudhari |
| ⌚ Sirjana Pariyar   | ⌚ Laxmi Mahato      | ⌚ Rima Rana         |
| ⌚ Sukmaya Majhi     | ⌚ Sita Mahato       | ⌚ Ambika B.K        |
| ⌚ Laxmi gandrbha    | ⌚ Sanu Chaudhari    | ⌚ Daurupa Pariyar   |
|                     | ⌚ Nari Maya Bhujel  |                     |

Clinic Nepal considers this project a success and continues to receive funds to buy goats. Each year we identify more high risk groups of people who would benefit most from the support of this programme.

This year we donated total 2 buffalo and 48 goats.

### **15) Safe Drinking Water and Sanitation Project**

One of our most successful and influential projects has undoubtedly been our Safe Drinking Water and Sanitation Programme. In 2009 we were proudly able to declare Megghauli as a “no open latrine zone”, thanks to seven years of cumulative efforts between Friendship Clinic Nepal, Water Aid UK and Nepal Water for Health to install clean water pumps, wells and toilets to meet the needs of the Megghauli residents. Megghauli consists of 2,861 households with a population of 16,545. Before this project was implemented there were only around 400 toilets in existence and open defecation was common practice, and the majority of the townspeople drank water from natural sources, usually groundwater. 40% of illnesses were thought to be associated with waterborne diseases and open defecation was a serious health risk. Now all 2,861 households have a toilet. A total of 244 hand pumps and 7 ground wells were installed with each pump supplying clean water to between five and ten households. Since its completion, the positive

impact of these changes on the health of the local population has been evident in the clinics' annual disease records. The Safe Drinking Water and Sanitation project is now being managed by the local community; however, as on-going support, we continue to monitor the facilities installed, checking that they are still working efficiently and that they are being used effectively.

The development of the water supply has beyond doubt been one of the most influential changes to the district in terms of improving the health and wellbeing of its residents. However, whilst the wells and pumps are currently still providing lifesaving safe water to thousands of people, there are signs that the long-term efficacy of this scheme in 10, 20 or 50 years' time, is in jeopardy. This is because of a number of unforeseen problems. A handful of wells have begun to dry-up as a combined result of both an unstable natural water source due to the land and climate, and an imperfect well depth because they were built manually, as using drills was unaffordable. During the installation of the pumps, a very small number of water sources were found to have arsenic and iron levels above World Health Organisation recommendations. This poses a serious long-term health risk because it is likely that these levels will worsen over time. Ultimately, the most secure way to ensure a sustainable safe drinking water supply for everybody long-term is by installing plumbing to every home; and this is where the water project comes in.

The government has now selected Megghauli for the Overhead Water Programme. Friendship Clinic Nepal is working with the projects partners; the Nepal Government, Asian Development Bank and the user group (Megghauli VDC people), to help carry out the schemes groundwork and to ensure the communities collaboration. We have already invested a lot of time into helping the project become a success. Awareness of the importance of the water project is a major barrier to its fulfilment; therefore, we have run a number of awareness programmes in Megghauli with the community, political parties and dignities to educate the population about the future risks of the current supply and the benefits of the overhead water proposal. The community itself has to pay an upfront contribution of 5% to the cost of the project, which equates to something like £70 per household. For many families this is a huge amount. Whilst we are working to teach the people that this money is an invaluable investment and hope that they will be able to contribute what they can, we are aware that many will struggle to make this payment.

The various activities are being held, some of the activities are noted below:

- Decision was taken regarding the cleanliness of drainage, source of water.
- Permission was taken from Chitwan National Park to implement the project as three parts of the Megghauli VDC is surrounded by Chitwan National Park.
- Survey of project area is completed.
- Primary social survey is being conducted.
- Consultants and contractors have been hired and an office has been established. Megghauli Safe Drinking Water and Sanitation project committee has also been formed.

The project has already started and should be completed in two and half years. Agreements were made between Nawa Bikash Kosh (Development Fund), District Development Committee, Village Development Committee and Megghauli safe drinking water and sanitation Management Committee. This project covers wards no: 3, 4, 5, 6, 7, 8, and 9 of Megghauli VDCs of Chitwan district. Currently this project will benefit all of the population of the Megghauli service area, around 12,000 persons within 1765 households. It will have the capacity to serve almost 20,000

people in the future.

### **16) Farm**

The project at Aashaban farm in Dharampur, Meghauri continues to thrive. This year, one cow was sold and the number of goats, has nearly doubled from last year's 10 to 18; in addition 13 goats were sold. One milking cow was sent to Aashako Kiran Hostel, Daldale. Rice, lentils and fruits such as mangoes, bananas and lychees are growing well on site. This produce is sold, along with some milk to generate income, all of which is fed back into the farm for long-term sustainability and development. The farm provides both milk for the children at the Wolf Gang Linke Kindergarten, importantly combating their risk of malnutrition, and bio-gas (gas filtered from on-site processing cow dung) to be used in the kindergartens kitchen.

### **17) Internship Program**

In this year, we welcomed 27 interns from various stages of medical education, including 8 dentistry students. These interns widened their medical experience by shadowing doctors and nurses at the Friendship Clinic and also attending free health camps, learning not only about community medicine but also about the difficulties of health care provision in remote areas.

At the kindergarten we had a further 10 interns who improved their teaching skills by observing the teachers and interacting with the local children, whilst contributing their own individual skills.

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### **Clinic Nepal would like to extend its warmest gratitude to:**

- 🕒 All of Clinic Nepal's dedicated staff and compassionate volunteers local and overseas.
- 🕒 GB group UK, Integral Yoga Centre Gibraltar and AMWA US.
- 🕒 Our sister supporting organisations: Friendship Clinic Nepal, Bristol, UK; Clinic Nepal Gibraltar; Klink Nepal Hagen and Friendship Clinic Nepal Freiburg, Germany; Committed Supporters for Development, Munich, Germany; Vida Util Barcelona, Spain; Clinic Nepal Inc Atlanta Georgia, US; PiP, Denmark.
- 🕒 All of those generous donors, individual sponsors and kind supporters.

### **Members of Clinic Staff**

- Singh Kunwar - Clinic Operations Manager
- Ram Bhandary - Buildings and Projects Manager
- Sunil Paudel - International Representative
- Aaita Ram BK - Senior Health Visitor
- Tulsi Thapa Magar - A.N.M
- Saraswoti Mahato - A.N.M
- Sanjok Mahato - Laboratory Technician
- Sahadev Aryal - Caretaker
- Ashramiya Majhi - Cleaner
- Imnath Adhikary - Farm caretaker
- Dhan Bahadur Chhetri - Ambulance driver
- Gupta Bdr Bhujel – General duties
- To all of the kind doctors who also came to the clinic to provide their valuable health services.

### **Staff in Training**

- Sajana Ghimire – Staff Nurse

# Clinic Nepal's Sister

UK USA GIB Spain Germany Nepal Denmark

## Clinic Nepal Activities

