Namaste! Dearest friends, kind supporters, volunteers and everyone involved with Clinic Nepal directly or indirectly. We would like to extend to you our appreciation and gratefulness as we come to the end of yet another successful year of Clinic Nepal. With great pleasure we present to you our sixteenth annual report for the year 2012/2013, where details of the work achieved by your help can be found. Our expectations regarding the future of our projects are optimistic, and with your generous support we can fulfill these ambitions, bringing positive changes to the community of Meghauli. Any suggestions, comments or opinions are more than welcome, so feel free to contact us via the information provided above.

Warm regards from the entire Clinic Nepal Family.

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1) Number of patients treated:

In the last year a total of 5955 patients were treated at the Friendship Clinic with 918 further additional laboratory tests carried out. The value is comparable with previous years’ of patients’ treated - 2009/2010: 6795 and 2010/2011: 6201, 2011/2012: 5504. The previous three years witnessed a pattern of decreasing patient numbers, in contrast to this year’s increase of over four hundred treated patients. As standard of living improved along with education throughout the village population, there was a slow reduction in patients from 2009 – 2012. Development projects such as the Safe Drinking Water and Sanitation Project continue to aid in increasing the level of community health. Improvements made in basic health understanding can yield great short and long term effects in public healthcare. The health education provided by the clinic staff has raised public awareness of hygiene, first aid, and general health issues. Work carried out in this area has led to a reduction of water borne diseases and health problems related to poor lifestyle choices, thus reducing the frequency of patients seeking medical attention. Contrary to the decreasing patient numbers seen before, an increase of patient visits has occurred this year. The increase may reflect the addition of yet more specialists that visit the clinic such as doctors specialized in the field of diabetes and E.N.T (Ear, Nose, and Throat). A larger variety of laboratory tests have been made available for diagnostic use in the clinic. These combined factors enable the clinic to treat a larger number of patients as well as making the facility more sufficient. There has been a shift in the type of diseases being treated by the clinic. Hygienic problems were the cause of most visits during the initial years of Clinic Nepal. However, now as the level of public awareness and knowledge of these issues has been raised, the focus has changed to diseases such as cancer, diabetes, and hypertension.

The success of the recently acquired X-Ray machine has been overwhelming. This key diagnostic tool, allowed for investigations to be carried out that would not have been possible on-site previously. Developing our services is therefore very important, and in the near future we hope to add an ultrasound machine to our clinic. This would greatly enhance the level of medical care available and meet the needs of our patients.

A tetanus vaccination service is offered by us to any patients who require boosters. However, this is the sole vaccination provided, as the government currently funds all World Health Organization recommended vaccines completely free of charge via local health posts.

As well as the total number of patients treated in the clinic (5955), there are large amounts of people provided with healthcare at the various health camps held in rural villages throughout last year. Details of which can be found below.
2) FreeHealth Camp in remote districts and villages

Since the inception of Clinic Nepal, one of the foremost goals has been the improvement of health in even the most remote areas of Chitwan, where access to medical care is very difficult. The challenging logistics of providing health care has been overcome due to volunteers and staff from Clinic Nepal. Their work has included the distribution of medicine, medical examinations, treatments and health education. These services were offered to people who otherwise would have been unable to afford any care. The medical care provided was free of charge for everybody regardless of age or gender.

Due to the success of last year’s specialist dental camps, we continued to invite dentists to attend our health camps. We saw positive outcomes from the camps, as dental hygiene and education improved leading to better health of the local population. As seen throughout previous years, cardiac problems remain a major health issue, which is why a specific heart camp has been continually held to offer the best care possible. Two cardiac patients who could not afford the relevant surgeries were operated on thanks to the funding given by Clinic Nepal. This year our mobile health camps focused on Meghauli and the surrounding area. Gynecology related problems were highlighted as a chief health issue due to this work.

A wide variety of ailments were catered to during these health camps. Many cases showed, infections of the gastrointestinal tract, respiratory tract, urogenital tract, in addition to cardiovascular problems, gynecological issues, and psychiatric disorders. The initial consultation and treatment along with any further investigations was absolutely free of charge.

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Number of days</th>
<th>Location</th>
<th>Number of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>23rd - 27th July 2012</td>
<td>5</td>
<td>Clinic Nepal, Meghauli(Dental camp)</td>
<td>190</td>
</tr>
<tr>
<td>28th September – 4th October 2012</td>
<td>7</td>
<td>Ayodhayapuri VDC, Bagai, Dachwin Ayodhapuri, Ganesh Kunja, Ghaghar</td>
<td>1151</td>
</tr>
<tr>
<td>7th - 11th October 2012</td>
<td>5</td>
<td>Ayoadhayapuri VDC, Devendrapur, Sitalpur, Bankatta</td>
<td>651</td>
</tr>
<tr>
<td>29th November 2012</td>
<td>1</td>
<td>Kabilash, Chitwan</td>
<td>96</td>
</tr>
<tr>
<td>30th December 2012</td>
<td>1</td>
<td>Gaguri, Dhading</td>
<td>224</td>
</tr>
<tr>
<td>14th – 22nd February 2013</td>
<td>9</td>
<td>Megauli VDC, Golaghat, Jogitol, Andrauli, Ghanga, Khayarghari, Gunjanagar</td>
<td>973</td>
</tr>
<tr>
<td>2nd March 2013</td>
<td>1</td>
<td>Clinic Nepal, Meghauli(Heart Camp,Gangalal ktm)</td>
<td>112</td>
</tr>
<tr>
<td>17th March 2013</td>
<td>1</td>
<td>Baghkhor, Nawalparasi</td>
<td>328</td>
</tr>
<tr>
<td>26th April 2013</td>
<td>1</td>
<td>Megahuli, Andrauli</td>
<td>76</td>
</tr>
<tr>
<td>24th May 2013</td>
<td>1</td>
<td>Jagatpur</td>
<td>112</td>
</tr>
<tr>
<td>6th June 2013</td>
<td>1</td>
<td>Khayargharis</td>
<td>160</td>
</tr>
<tr>
<td>26th, 28th, 29th June 2013</td>
<td>3</td>
<td>Bayarghari, Suk-School, Bhayadi</td>
<td>297</td>
</tr>
<tr>
<td>TOTAL</td>
<td>36</td>
<td></td>
<td>Total: 4370</td>
</tr>
</tbody>
</table>
During all twelve health camps, a total of 4370 were treated, this number consists of 522 female children, 2428 female adults, 497 male children and 923 adult males. N.B Children are classed as those aged 15 and below.

3) Specific Financial Assistance for Treatments

Over the sixteen years of Clinic Nepal’s history we have strived to deliver healthcare treatment to patients that cannot necessarily afford any specialized medical care. The treatments we offered included surgery of kidney stones or prolapsed rectum. One patient diagnosed with phimosis by our clinic staff was for example, swiftly transferred to a hospital in Bharatpur for the necessary surgery. By links developed over the years with multiple medical facilities, we can ensure good communication and excellent specialist referrals for our patients. Financial assistance for those below the poverty line requiring further medical intervention was arranged and paid for by our organization. In addition emergency patients are not required to pay for transportation between medical facilities as it is provided by our clinic ambulance. Patient health benefits from the ambulance service a great deal as some of them would otherwise not have the resources to receive quick and efficient treatment.

The table below includes examples of some of our patients and diseases encountered.

<table>
<thead>
<tr>
<th>Ser. No.</th>
<th>Patient’s Name</th>
<th>Disease/Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gokul Lamichhane</td>
<td>Hydrocele</td>
</tr>
<tr>
<td>2</td>
<td>Sunai Mahato</td>
<td>Hernia</td>
</tr>
<tr>
<td>3</td>
<td>Susan Rayamajhi</td>
<td>Prolapsed Rectum</td>
</tr>
<tr>
<td>4</td>
<td>Bikram Mahato</td>
<td>Hernia</td>
</tr>
<tr>
<td>5</td>
<td>Fohara Mahato</td>
<td>Kidney stone</td>
</tr>
<tr>
<td>6</td>
<td>Diwash Mahato</td>
<td>Hernia</td>
</tr>
<tr>
<td>7</td>
<td>Pradip Chepang.</td>
<td>Hernia</td>
</tr>
<tr>
<td>8</td>
<td>Subash Chepang</td>
<td>Phimosis</td>
</tr>
<tr>
<td>9</td>
<td>Sajana Chhetry.</td>
<td>Tonsillitis</td>
</tr>
<tr>
<td>10</td>
<td>Sanjeeb Sharma</td>
<td>Hernia</td>
</tr>
<tr>
<td>11</td>
<td>Dayaram Chinal</td>
<td>Hypothyreosis</td>
</tr>
<tr>
<td>12</td>
<td>Budhisara Adhikari</td>
<td>Kidney stone</td>
</tr>
<tr>
<td>13</td>
<td>Pabitra KC</td>
<td>Neurologist Medication treatment</td>
</tr>
<tr>
<td>14</td>
<td>Sunil Mahato</td>
<td>Hernia Medication</td>
</tr>
<tr>
<td>15</td>
<td>Ram Ghimire</td>
<td>Liver hemorrhage and Alcohol hepatitis</td>
</tr>
</tbody>
</table>

4) Emergency Aid

Ready to be called upon at any given time, our emergency aid service remains poised to deliver valuable aid quickly in the event of any crisis, for example flooding.
5) **The Clinics Antenatal, Health Awareness and Medical Services Door to Door Project.**

The government has opened a birthing centre in 2012 employing midwives and practitioners to provide a good health service to expectant mothers. We can therefore focus on other areas but we still offer consultations and advice such as free pregnancy tests. Our midwife continues to visit pregnant women throughout the village twice a week. Further to that, the Clinic’s gynecologist continues to have a weekly slot delivering specialist’s care. Not only in gynecology but in many other fields, the government has expanded their aid through their health posts. This relieves some of the pressure on the Clinic, but we still remain prepared for anybody in medical need.

Great growth has been witnessed with regards to personal and community health. This has been the result of our continued health awareness program which increases the understanding of personal hygiene and therefore reducing communicable diseases and illnesses related to poor knowledge of general health.

Not everybody is able to attend the Clinic for i.e. palliative patients. Our “door-to-door” home visitation service offers medical care to these people who would otherwise not receive medical assistance such as administering dressings and delivering medicine.

6) **Psychological Counseling Project**

Mr Aaita Ram B.K., a senior health assistant who has trained in psychological care, continues to work at Friendship 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 Services**

Since launching the ambulance service in 2008, the vehicle has been used to a great extent. This year the ambulance has been utilised for 411 people with 47 of these people using the service free of charge as they would have been unable to afford transport otherwise. The rest only paying minimum cost.

Approximately 16% of the beneficiaries were pregnant women, a figure that has reduced from previous years 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 2012/13 a total of 91 children from under-privileged families (some of whom are orphans i.e. due to parents being killed by wild animals), 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, teachers, policeman and soldiers. 52 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 Hostel**

Aasha ko Kiran Children’s Home in Daldale, Chitwan was founded 10 years ago, starting with just 7 children in one small room, is now a happy home to 52 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, SIS Yogagroup, Germany Clinic Nepal, and now from other international benefactors. The home was set up, and is run, free of charge on the land and house belonging to Hari’s sister Bhagwoti and her husband Bishnu’s on the same site as Aasha ko 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.

Bhagwoti is responsible for the running of this children’s hostel. Many children thrive due to our support; two children have successfully achieved their school leaving certificates, and one of the sponsored children has recently qualified as a nurse. This accomplishment raises another need however as the children are motivated to attend further education and ultimately funds are required to ensure that this desire can be met.

The children are offered their accommodation and all food in a caring home-style setting. Every child is in full-time education whether kindergarten, public school or private school depending on age thanks to their individual sponsors. Time not spent in school is used by the children to study. This is aided by donations such as laptop (with internet access), stationery and books. In order to increase the quality of this facility, we always have a need for clothes, play items or educational material. An onsite farm provides the home as well as the kindergarten with resources such as food, milk and bio-gas. This instills important personal characteristics, necessary for a life-time.

Through donations received over the years, the hostel now consists of ten fully-furnished bedrooms and three bathrooms. Facilities also include volunteer guest bedrooms and a library/computer room. 2011 due to fundraising we were able to contribute more furniture to the children’s’ hostel, as well as renovating all of the bathrooms. Installed during 2012 was a 375 liter capacity solar powered water heater. Improvements to the facility also included the addition of ten new solar panels and three new batteries in 2013, now providing a 24-hour supply of electricity to the hostel. This set up enables full lighting both inside and outside of the home all year round, without relying on the main line, as well as being a green source of energy.

Electrical wiring in the hostel has been improved, and now of a high standard. All of this combines to create a great space for living and learning.
It is an ambitious aim to grant access to all levels of education for every child. We firmly believe that with the support from donors we can achieve this goal, opening up opportunities for the children involved.

10) Vocational and Skill 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. We are glad to give an update on our seven sponsored students from last year. It brings us great pleasure to report that all have successfully qualified and they are now working in health care and other jobs in various areas throughout Nepal. Coming from disadvantaged backgrounds, one amongst them is now working as staff nurse, two completed their studies as lab technicians and one is a midwife. These four join previous success stories we have helped create. With the help of friends some of our bright student has obtained full grant to scholarship in colleges abroad, this year in Canada.

Higher education remains one of the major interests of Clinic Nepal as we look to advance the health sector along with granting better economic opportunities for Nepal and its people.

11) Kindergarten Projects

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 recognized 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. Clinic Nepal manages and funds three kindergartens in Nepal for children in the beginning aged 3-6 now 2-6 Families are encouraged to provide ingredients for the daily hot meal that is given to all children.

a) Prabhat bal Shikshhya Sadan Kindergarten, Sukranagar, Chitwan – Last year 65 children attended this facility where 3 child care providers are employed. 40 children including 12 boys 28 girls formed the pre nursery class. In Nursery 10 boys 7 girls were taught. The remaining 8 children belonged to the Playgroup. From that year 15 of the eldest continued to government school or boarding school therefore, currently 50 attend this Kindergarten, 24 of who are boys and 26 girls. Prabhat bal sikshya Sadan Kindergarten received a donation of teaching materials as well as tables and seats. The Kindergarten stills needs more school supplies and maintenance work.

b) Aasha ko Kiran Kindergarten, Daldale, Nawalparashi – During the past year a total of 72 including 47 girls and 25 boys were taught by 5 child care providers. We were able to donate some teaching tools to Aasha ko Kiran Kindergarten. To aid with improving the learning process there is a constant need for education items to better the facilities.
c) Wolfgang Linke Kindergarten - A total of 70 Children attended this facility last year amongst them, 29 girls and 41 boys. 22 children completed Kindergarten and continued government schools, piveet boarding school. Currently, in Pre- Nursery 14 girls as well as 12 boys attend. The Nursery consists of 14 girls 8 boys. In the Lower Kindergarten grade there are 4 boys and 6 girls. Combined there are a total of 58 pupils this year. Expanding from last year, we have now established three classes, meaning the employment of one additional child care provider to the previous teaching staff of three. Next year we plan to add one more class (Upper Kindergarten grade), meaning that students could advance directly to Grade one. This facility also provides space for the local scout group to meet every Saturday. Wolfgang Linke building on Aashaban Farm in Dharampur, Meghauli has now been completed with the construction of an office, a surrounding wall and a gate. But still the ceiling, painting, furnishing and electrical work needs to be done.

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 volunteering 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.

12) Scouts

The Scouts form an important group in the village community. Serving as a social and educational institution, as well as providing environmental, hygienic, and social assistance to the area. Meetings occur for two hours every Saturday morning in Wolfgang Linke Kindergarten in Dharampur, Meghauli taught by Mrs Shrijana B.K. 36 children aging from 11 to 15 years attend, divided between three groups of girls (Crow, Koili, and Dove) and three groups of boys (Goat, Horse and Lion). Classes are based around the teaching of key life lessons and positive attitudes. Physical games, English lessons, painting, music, and arts and crafts create the foundations of a fun and educational program that benefits both the children and the population of Meghauli. Every year various volunteers from different countries contribute with their experience and generosity. We can proudly report that through donations the scout group has now received official Nepali Scout uniforms which make them stand out as young leaders and role models.

American volunteers from GPE (global peace exchange) supported the scouts for one month. During this time they helped by creating and distributing reusable bags in order to reduce plastic. Lessons on health and environmental issues were taught by the volunteers. Furthermore, the scouts were encouraged to lead by example, by clearing litter, and posting “public service announcements” – posters regarding environmental matters, that urged the entire community to get involved.

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In July, a group of French scouts visited Meghauli for two weeks kindly donating money that was used for purchasing fruit trees. Scouts of Meghauli received the trees to plant in their fields, it was mandatory for each scout to plant at least one fruit tree and they planted 160 trees, benefiting families by providing a source of fruit-in Nepal fruits are a luxury- and also spreading awareness of environmental education in the community.

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Local and international interns and volunteers contribute to the scout program each year. They are invited to teach anything that may be of value, resulting in the scouts having been taught a broad range of topics including first aid and a number of fun and educational games.

The aim is to build friendship, to inspire local and international understanding regardless of culture, politics, religion or ethnic group, to create good leaders and to be helpful to the community.

For the first time in 27 years, an international scout jamboree took place in Chitwan. This event brought together 4000 scouts from all over Nepal as well as 500 scouts coming from foreign countries. Two of the volunteers along with sixteen scouts from Meghauli’s scout group had the great opportunity to be part of this joy filled week.


13) Income Generating Programs

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 below are the names of 78 Meghauli residents (nearby Clinic), all of whom received one goat per family.

<table>
<thead>
<tr>
<th>Saraswati Maya Chaudhari</th>
<th>Durga BK</th>
<th>Sanu Chaudhari</th>
</tr>
</thead>
<tbody>
<tr>
<td>Niru Thapamagar</td>
<td>Mangali BK</td>
<td>Bachani Mahato</td>
</tr>
<tr>
<td>Laxmi BK</td>
<td>Rita Mardani</td>
<td>Mina Mahato</td>
</tr>
<tr>
<td>Jeni Mahato</td>
<td>Ganga Chaudhari</td>
<td>Bhimkumari Bhusal</td>
</tr>
<tr>
<td>Nirmala Mahato</td>
<td>Pancha Maya Bote</td>
<td>Laxmi Thapa</td>
</tr>
<tr>
<td>Puja Mahato</td>
<td>Pramila Bote</td>
<td>Bimala Thapa</td>
</tr>
<tr>
<td>Saraswati Mahato</td>
<td>Maya Bote</td>
<td>Sabitry Thapa</td>
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<tr>
<td>Sukmaya Mahato</td>
<td>Sukmava Bote</td>
<td>Santi Mahato</td>
</tr>
<tr>
<td>Sita Kumara Mahato</td>
<td>Ganga Bote</td>
<td>Chandra Kumara K.C</td>
</tr>
<tr>
<td>Melina Raut</td>
<td>Jitia Mahato</td>
<td>Janaki Ranamager</td>
</tr>
<tr>
<td>Chhanniya Mahato</td>
<td>Rankumari BK</td>
<td>Dil Maya Thapa</td>
</tr>
<tr>
<td>Dan Kumara Mahato</td>
<td>Bhadra Kumara Bhandari</td>
<td>Kamala Ranamagar</td>
</tr>
<tr>
<td>Kopila Pariyar</td>
<td>Sukmaya Mahato</td>
<td>Sita Basel</td>
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<td>Cema Chhetry</td>
<td>Fulkumari Mahato</td>
<td>Sita Gurung</td>
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<td>Sumitra Adhikari</td>
<td>Devi Pariyar</td>
<td>Ujeli Nepali</td>
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<td>Maya Devi Chhetry</td>
<td>Rita Thapa</td>
<td>Fulmaya Kunwar</td>
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<td>Chhu Maya Gurung</td>
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<td>Fulmati Pariyar</td>
<td>Fulmaya Ramamagar</td>
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<td>Bhabisara BK</td>
<td>Muna Chhetry</td>
<td>Gyanu Gurung</td>
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<tr>
<td>Renuka Bhujel</td>
<td>Aaitimaya Kumal</td>
<td>Sonu Bhujel</td>
</tr>
<tr>
<td>Bishnu Maya Mahato</td>
<td>Ganga Maya Chhetry</td>
<td>Santi Paudel</td>
</tr>
<tr>
<td>Fulmaya Chaudhari</td>
<td>Batuli B.K</td>
<td>Saraswati Bhusal</td>
</tr>
<tr>
<td>Tila Basnet</td>
<td>Samjhana BK</td>
<td>Sabita Subedi</td>
</tr>
<tr>
<td>Radhika Chhetry</td>
<td>Rekha BK</td>
<td>Dhankumari Maghi</td>
</tr>
<tr>
<td>Janaki Mahato</td>
<td>Prem Kumara BK</td>
<td>Dhrami Magar</td>
</tr>
<tr>
<td>Chitra Kumara Neupane</td>
<td>Gopi Thapa</td>
<td>Gita Rana</td>
</tr>
</tbody>
</table>
This program targets a group of select people most in need and donates goats bought from received funds. Many great successes have been achieved from this project, last year a total of 78 goats were donated through this service.

14) Safe Drinking Water and Sanitation Project

Construction began 2013 for our Safe Drinking and Sanitation Program. This is scheduled for completion within two years. We aim through this project to deliver running water to most households in Meghauli VDC. 6 ward out of the 9 ward Meghauli VDCs (Village Development Community) of Chitwan district should benefit from this scheme. When completed, this project has the capacity to benefit around 20,000 people, serving 1765 households. The office building, underground reservoir and overhead water tank are close to being finished, and the pipeline (distribution length of 56019 meters) is due to be constructed this year. A large sum of money has been donated by Clinic Nepal in order to bring to action this grand plan with a huge potential benefit. Management of the project is the responsibility of the Meghauli Water Project Committee consisting of local people, which this year saw the election of a new board of members tasked with continuing the excellent work. The work of the predecessors was honored with a ceremony presented by Clinic Nepal. In every aspect we have supported this project, not only financially, but also technically, and with regards to administration. We continue to monitor the facilities to ensure the project runs efficiently and effectively.

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In 2009 we were proudly able to declare Meghauli 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 Meghauli residents. Meghauli 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 Organization 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.
Summary of the Surveillance of Water pump:

Under the water project launched by NEWAH in associate with Clinic Nepal before 10 years, there were 246 total pumps/wells installed in different ward of Meghaulii V.D.C.

We carried the survey of these pumps for 8 days. From this survey we came to know that among the installed pump 201 water pumps are functioning well and people are using it in their daily life. 35 of the pump are not working/function and rest 10 pumps are missing!

The reasons behind not used or not functioning pumps are:

- **Improved income source:** In this 10 years’ time people are going aboard which brings remittance to the family and each family can install their private tube well in their houses.
- **Migration:** In the looking for better life people sold their land and migrate to the city which makes the pump not used.
- **Lack of the equipment:** The equipment like washer, libri used for pumping for our installed pump is different from the other local pumps so availability of these equipment is low and hence it is hard to find in cities.
- **User Committee:** User committee are not active like earlier as beginning of the project. The time passes and things are changing.
- **Ignorance:** Once the pump is out of service, no one from user group shows the interest to maintain it and they simply ignore it and fetch the water from other (different) pumps.
- People like to have their own pumps rather than public one as they are able to install and maintain it and they simply ignore it and fetch the water from other (different) pumps.

Note: according to our survey we find that 18% of the pumps are not in use hence out of order.

Summary of the Surveillance of toilet:

Out of the 2,861 latrines that we built **we surveyed 23 of the poorest house hold**

We carried out the observation to our project under sanitation. We had construct or donate the toilets to the poor family like Bhote, untouchable caste and Tharu. In total 23 latrine were built to those families around Friendship Clinic Nepal. Among 23 latrine 15 latrine are in use and rest 8 latrine are not in use!

The reasons of latrine which are not used are:

- Due to the attack of wild animals to the Bhole village and their shelter. They were scared and shifted to safe place now. Since Bhole tribe were living very close to community jungle and river Rapti.
- 2 of the latrine are not in use due differences of opinions amongst the families.)

The government continues to run the Overhead Water Program for Meghaulii. Clinic Nepal is working with the projects partners; the Nepal Government, Asian Development Bank and the user group (Meghaulii VDC people), to ensure the communities collaboration. We have already invested a lot of time into helping the project become a success, and now construction is rapidly advancing. Awareness of the importance of the water project is a major barrier to its fulfillment; therefore, we have run a number of awareness programs in Meghaulii with the community, political parties and dignitaries 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.
15) Farm Project

Aashaban farm in Dharampur, Meghauri situated next to Wolfgang Linke Kindergarten continues to be a source of farm products such as rice, lentils and fruits (mangoes, bananas and lychees). The money generated from the sales of these products help the farm for a long-term sustainability and development. In addition, the farm provides milk for the children attending the kindergarten in order to prevent them from malnutrition as well as bio-gas being used as a green energy source in the facility.

Furthermore, two milking cows, three calves, two goats and two kids were purchased to add to the growing farm. Money raised from the sale of rice and goats is utilized to support the project.

16) Support to Government School

Shree Sajhapur Higher Secondary School, Sajhapur, Meghauri government school (the oldest school of Meghauri established in 1954). Typically made up of many indigenous students, the aim of this project was to increase the standard of education and therefore improve the opportunities available to the youth in this area. Twelve years ago a new school building was built from funds raised by our organization. Our connection with this school continued this year with the donation of a sum of money into a fixed account, the interest from the money enables the school to utilize a continued source of income for educational purposes helping with the purchase of books, and improving facilities etc. Now due to this effort the school is independent and running efficiently, with more than five hundred students benefiting from attending.

17) Internship Program

This year Clinic Nepal invited 56 interns to work and observe. The majority amongst them were medical and dentistry students seeking to gain experience by following the medical staff in the Clinic as well as attending mobile health camps. Nepalese and foreign volunteer doctors helped to teach interns medical knowledge through the treatment of patients. Interns assisted whenever possible, and were able to learn from ailments not commonly encountered in their home country. They had the opportunity to view a different style of healthcare delivered in a remote area, and compare it to a more familiar system.

Interns were also involved in the Kindergarten, improving their teaching skills by shadowing the child care providers and working with the children. Meeting with the scouts, the interns not only delivered lessons but also learned about Nepali culture, language, and the work undertaken by the scouts. Through teaching English and playing new games, interns interacted with children of the community benefiting both the children and themselves.

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, G.B.C., Integral Yoga Centre Gibraltar and AMWA US.
- Our sister supporting organizations: Friendship Clinic Nepal, Bristol, UK; Clinic Nepal Gibraltar; Klink Nepal Hagen and Friendship Clinic Nepal Freiburg, Germany; Committed Supporters for Development e.V, Munich, Germany; Vida Utill 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
- Aita Ram BK - Senior Health Visitor
- Raja Timalsinha - Health Assistance
- Tulsi Thapa Magar - A.N.M (Nurse)
- Saraswoti Mahato - A.N.M (Nurse)
- Binod Kumar Chaudhari - Laboratory Technician
- Sahadev Aryal - Caretaker
- Ashramiya Majhi - Cleaner
- Imnath Adhikary - Farm caretaker
- Dhanalal Busal - Ambulance driver
- Gupta Bdr Bhujel – General duties
- Special thanks to all the kind doctors who came to the clinic to provide their valuable health services.

Clinic Nepal

Total Expenditure for the year 2012-2013 Amount (Nrs)

- Clinic Expenses 40%
- Overhead Water Tank Expenses 29%
- School/Scholarship Program 14%
- Administrative Cost 12%
- Income Generating Expenses 2%
- Farm Expenses 2%
- Scouts Expenses 1%
Clinic Nepal’s Sister

Denmark Germany GIB Nepal Spain UK USA

Clinic Nepal Activities

Medical Education Sanitation

→ Friendship
→ Clinic Nepal
→ Health Camp
→ Health Education
→ Special Treatment

→ Scholarship
→ schooling
→ Kindergarten
→ Vocational
→ Training
→ Scout

→ Latrine
→ Safe drinking
→ water

Personal
Hygiene

Training
Environment
Awareness

Hari Bhandary
Founder Clinic Nepal
Meghauli-5, Chitwan
9th Oct.2013