



 HIMALAYAN
HEALTHCARE

2013



HHC MISSION STATEMENT

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



2013 annual report

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INTRODUCTION

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

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

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

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

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

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



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

community and government support for its long term sustenance.

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

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

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

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



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

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

www.himalayanhealthcare.org

PRESIDENT'S WELCOME

Dear Friend of Himalayan HealthCare,

Join us as we celebrate our 21st year of operation! This report, a marvelous way to experience our accomplishments and challenges, represents the hard work of Anil and Soni Parajuli and their staff. You will discover the depth and breadth of HHC in the lives of rural Nepalese.

In the last 12 months, in the Dhading Region (north-central Nepal), HHC has:

- Built 55 permanent toilets and 100 efficient, clean-burning wood stoves
- Served 2,665 people in the health posts
- Worked with 17 international volunteers on our trek, treating 800 patients
- Offered family planning to 172 villagers and safe motherhood care to another 130
- Supported an agricultural exchange for 15 farmers which introduced 10 different seasonal vegetables seeds
- Purchased land in the Tipling village for school expansion
- Supported 32 students and 6 teachers, and welcomed 63 women into our Women Empowerment Classes

At the Ilam Hospital (eastern Nepal) we served close to 7,000 patients, and ran 11 outreach medical/dental camps.

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

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

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

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

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

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

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

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

Sincerely,



Robert McKersie, MD, President, HHC

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





HHC continues to provide
three vital programs:

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

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

HHC VILLAGE PROGRAMS

1.0 Village Health Programs

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

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

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

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

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



HHC VILLAGE PROGRAMS



1.1 Village Clinics (Health Posts)

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

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

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

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

1.2 Safe Motherhood and Vaccine Support Programs

Our trained village auxiliary health workers (AHW) and health assistants (HA) have served 2,665 patients during the year in the three villages of Tipling, Serthung and Lapa.

Our trained auxiliary nurse midwife (ANM) served over 130 patients with anti-natal care (ANC), care during delivery and post-natal care (PNC) in the three villages where once there was no midwife. Both the AHW and the ANM continue to educate mothers on the benefits of immunization and encourage them to bring their children to the health posts during the government stipulated monthly vaccination days. 166 children were immunized during the year; receiving

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

- World Health Organization

vaccines for diphtheria, pertussis (whooping cough), tetanus, tuberculosis, polio, and measles.

1.3 National Tuberculosis Program Support

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



HHC VILLAGE

1.4 Voluntary Family Planning

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

1.5 Referred Village Patients

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

PROGRAMS

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

1.6 Nutrition and Vitamins

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

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

prevent blindness and Vitamin A deficiency, but now supports the government Vitamin A program for children under five by monitoring and dispensing Vitamin A during the government stipulated months of April and October. With initial support from Médecins Sans Frontières, (Holland), HHC has researched the use of RUTF (Ready-to-Use-Therapeutic Foods) in treatment of acute severely malnourished children, and is waiting for government approval to launch a pilot program in the Dhading region in 2014-2015.

1.7 Sanitation Project

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

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

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

HHC VILLAGE PROGRAMS

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

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

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raise funds to build toilets for every house and school in the villages of Tipling, Shertung and Lapa.

1.8 Efficient Woodstove Project

Smoke-filled homes are a major cause of lung disease in the village; children and elderly are the most vulnerable. As well, the existing open hearth in the middle of the houses is a danger for fire injuries to children, the elderly and epileptic patients. To address these hazards, since inception, HHC has introduced chimneys in the houses in the village of Tipling.

In 2010, a new and efficient wood stove prototype, modeled on ones promoted by Practical Action in Nepal, was introduced in the villages of Tipling, Sherthung, and Lapa. This inexpensive, easy to

construct, energy-efficient clay design allows the smoke to escape through a chimney and has reduced the consumption of firewood by one-half compared to the traditional stoves the villagers were using.

HHC-trained technicians from partnering youth groups in each village build the clay stoves. Bin Thapa Tamang, HHC stove supervisor for the three villages, promotes the stoves ensuring that a growing number of villagers learn about the stoves and are instructed in their construction. The cost of the stove (labor and parts, transport and training,) is approximately \$125 (US). In 2013, 136 new stoves were built directly impacting the lives of over 915 people. There is an increasing interest in our stoves as it decreases the time families spend collecting firewood. Environmentally it has

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

helped decrease the amount of deforestation and has dramatically improved the quality of air that the villagers breathe in their homes.

HHHC used the following Community Based Organizations (CBO), international and domestic partners, and individuals to help with the stove initiative:

- Disable United Centre in Lapa,*
- Rising Nepal Youth Club in Shertung,*
- Rotary International,*
- Rotary Club of Grand Island,*
- Rotary Club of Kopundole,*
- GlobeMed at CU (Boulder, CO),*
- Kuman Tamang in Tipling.*

HHC will continue to raise funds to build one stove in every house in the villages of Tipling, Shertung and Lapa.



Photo: Bob Stern



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

- World Health Organization

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

-United Nations Development Program

HHC VILLAGE EDUCATION

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

2.1 Women's Empowerment

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

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

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

83 women (Tipling (42), Sherthung (21) and Lapa (20) villages) received hands-on training in family planning, safe motherhood, cleanliness, sanitation, and environmental-friendly practices.

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



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

- UNESCO

HHC VILLAGE EDUCATION

2.2 Village School Program

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

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

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

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

well as four in private schools in Kathmandu. To date, 45 sponsored students have graduated from high school through HHC's support and that of our generous funders.

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

A special thank you to Mr. Ramesh Shankar Shrestha and Mrs. Anju Shrestha who have supported our village stipend program for the past six years.

HHC VILLAGE EDUCATION

2.3 Village Youth Managed Projects

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

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



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

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

The villages that HHC serves rely on corn, millet, and potatoes for their livelihood. However, due to the harsh mountain climate and poor soil conditions, these villages annually face food shortages. Even during good years, most families have to feed and support themselves by having members take on work as porters for many months away from home.

In the years since the civil war, a greater number of young men and women are finding jobs outside the country. This helps their families financially, but it forces them to be away from their family for up to four years at a time.

HHC continues to support the villages in various income generating activities to help supplement their small farming incomes. Many of the women

HHC INCOME GENERATION



are now able to support their own families while their husbands, who often work overseas, are away for several years at a time. Many of these women are now managing their own lives and families. In the past eighteen years HHC has supported local entrepreneurial activity including raising chickens, angora rabbits, goats, pigs, cardamom plants, medicinal plants, handicraft making, metal crafting, weaving and knitting.

3.1 JEEVANKALA (ART for LIFE) Project

In 2013 Himalayan HealthCare continued the production, shipment, and sale of environmental-friendly handicrafts. We support hundreds of women artisans and their families in northern Dhading (north-central Nepal) who produce these handicrafts, work that instills both dignity and pride in the artisans. Our brand is JeevanKala, or “Art for Life”; as the art allows artisans to earn their livelihood. JeevanKala has been registered as a handicraft company both in New York, USA and in Nepal since 2012.

HHC, through JeevanKala, funds the production and shipment of handicrafts with the profit



HHC INCOME GENERATION

Photo: Bob Stern



from these handicrafts supporting our humanitarian projects in the villages of the artisans thus directly helping the artisans and their families.

JeevanKala first and foremost ensures that the handicraft proceeds benefit the artisan and their families. These artisans are provided with fair wages, taught the skill-sets needed for crafts production (which in turn are taught to their community members), assisted in becoming self-reliant entrepreneurs, and gain a sense of well being by having involvement in a worthy humanitarian project. Our artisans have a real sense of pride creating exclusive handicrafts that have international appeal and support indigenous craftsmanship. A third of the revenue generated by the sale of these beautiful crafts are returned

to the artisans' communities in the services provided through HHC.

HHC, through JeevanKala, continues to manage two stores in Kathmandu, one in Thamel and one in Jawalakhel. The women working in the handicraft project receive higher wages than comparable projects in Nepal.

JeevanKala is a member of the Fair Trade Federation (FTF).

“FTF is the trade association that strengthens and promotes North American organizations fully committed to fair trade. The Federation is part of the global fair trade movement, building equitable and sustainable trading partnerships and creating opportunities to alleviate poverty.

The Fair Trade Federation envisions a just and sustainable global economic system in which purchasing and production choices are made with concern for the well being of people and the environment, creating a world where all people have viable economic options to meet their own needs. FTF seeks to alleviate poverty by continually and significantly expanding the practice of trade that values the labor and dignity of all people. HHC, as well as all of FTF's members, have been vetted and have met some of the highest fair trade standards in the world." (FTF website)

JeevanKala promotes and preserves traditional skills, supports individual entrepreneurial initiatives and community responsibility, and creates products that are

environmentally sensitive and of the highest quality. We will continue to help train women artisans to ensure the quality of the products and long term production, thus ensuring their sustenance.

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

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



HHC INCOME GENERATION

3.2. Livestock

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

In 2013 HHC distributed loans, for medications and other supplies, to trained individuals in Shertung to help maintain the livestock in their village. A new veterinarian technician will be hired in 2014 to further serve the population with additional training in artificial insemination in cattle. This will help increase and improve the cattle population in the three villages. Initial supplies and equipment to support this project will be provided by HHC..



HHC COMMUNITY HOSPITAL - ILAM

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

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

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

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

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

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

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

HHC COMMUNITY HOSPITAL - ILAM

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

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

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

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

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

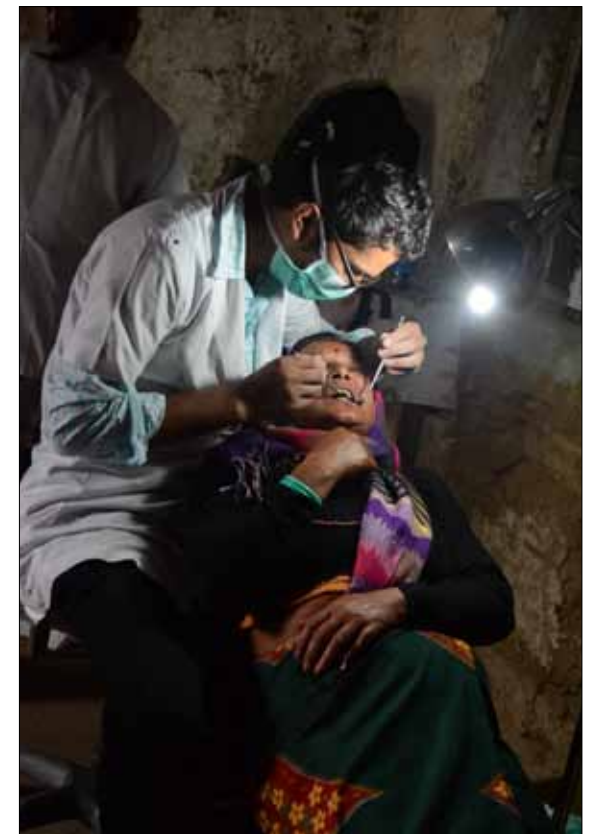


After the successful 2012 obstetrical/gynecological camp conducted by Worldwide Healing Hands founded Dr. Paula Dhanda, a second team was led by her to Ilam in 2013 for a follow up camp. HHC is indebted to Dr. Paula and her team. The hospital staff has benefited from the presence of all of these medical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

Medical And Dental Camps In Ilam Villages

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

Our services have allowed many of our patients to receive their needed specialty care at our hospital, thus saving them from traveling long distances to the medical centers in the terai (low-lands) or the Indian border towns. There were eleven camps carried out by the hospital in Ilam in 2013. 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.



2013 SPRING MEDICAL TREK

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

www.himalayanhealthcare.org

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

The medical trek was conducted in the Dhading region to provide services to villages and also to help train the local community health providers. In April, the medical team trekked to the highest point of Phansang Bhanjyang Pass at over 13,000 ft., and held camps at the villages of Sertung and Lapa. 771 patients were served of which 86 patients were referred to health facilities in Kathmandu and Dhading Besi.

With gratitude to the trek volunteers & staff:

International:

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

Nepalese:

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



HHC PARTNERS

GlobeMed Supported Projects

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

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

www.himalayanhealthcare.org

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

Village Sanitation Program:

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

Income Generation:

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



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

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

Efficient Woodstove Program:

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



Letter from Eva Adler, GlobeMed External President

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

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

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

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

For more information about the GlobeMed network please visit www.globemed.org and www.globemedcu.org to learn more about the GlobeMed chapter at CU Boulder. For additional questions about our partnership please contact ucboulder@globemed.org.

With great pride and genuine solidarity,

A handwritten signature in blue ink, appearing to read "Eva Adler".

Eva Adler, External President of GlobeMed at CU Boulder



HHC PARTNERS

JOLKONA FUNDS 2013

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

Projects are divided into the areas of arts and culture, education, empowerment, environment, and public health. In 2013 Jolkona brought \$6,775 in donations to HHC. Donors receive a photo of the recipient and information on the family benefitting from their gift.

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

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

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

- *Minority Rights Group International*



DRI Supported Projects

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

WITH GRATITUDE

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

INDIVIDUALS:

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

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District Health Office, Ilam
Eastern Regional Director of Health, Dhankuta
Nepal Red Cross Society District Branch, Ilam
Red Cross Society, Himalayan Branch, Singfring, Ilam
Social Welfare Council
Nepal Red Cross, Central Blood Bank, Kathmandu
Ilam Municipality and DDC Ilam
Chief District Office, Dhading
DHO and DEO, Dhading
NCDC, Ilam
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Pariwartha Yuba Club, Ilam
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Nepal Electricity Authority Branch Office, Ilam
Nepal Police, Ilam
Ilam Chambers of Commerce, Ilam
Ilam F.M., Ilam
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Fikal F.M., Ilam
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Ilam Express Daily, Ilam
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Himalayan Tol Bikash Sastha, Singfring-8, Ilam
Mechi Bahuuddeshiya Samaj, Singring-7, Ilam

OUR DONORS

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

\$25,000 +

Timothy Cotton
GlobeMed

\$10,000 - \$25,000

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

\$5,000 - \$10,000

Robert McKersie and Michele O'Toole
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Kathryn Fortin

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Kenneth Martin



ILAM MEDICAL CAMPS

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

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

S.N	Mon	Village	Type	Hospital Team	Patients	Supported by
1	Jan	Chamita	OBGY N Dental OPD	<p><u>DMBPCH Team:</u> Dr. Manoj Hang Limbu (Medical Officer), Mr. Kiran Niroula (HA), Mr. Kapil Mani Chaudhary (HA), Ms. Shrinkhala Dawadi (Staff Nurse), Ms. Amrita Pithakoti (ANM), Mr. Khagendra Thakhuri (Ward Attendant), Mr. Mani Ram Niroula (Receptionist), Mr. Rabin Raya Chhetri (Team Leader)</p> <p><u>Manav Dental Hospital Team:</u> Dr. Kishore Datta (Dental Surgeon), Mr. Kusal Subedi (Dental Assistant)</p> <p><u>International Volunteer:</u> Dr. Maria Anna HY</p> <p><u>Invited Guests:</u> Mr. Dharma Gautam, Mr. Prakash Prasad Pokharel, Mr. Rajesh Parajuli</p>	495	<p><u>Camp Organized by:</u> Chamita & Phakphok VDC, Ilam</p> <p><u>Special Thanks To:</u> District Health Office Ilam for providing free medicine, Chamita & Phakphok Village Development Office Staff, Health Post Chamita & Phakphok Staff, Local Co-operative of Chamita & Phakphok, and Nepal Police Force, Phakphok.</p> <p><u>Local Volunteers:</u> Ms. Juna Rai, Mr. Hari Rai, Ms. Shova Lamichane, Ms. Muna Rai, Mr. Mangesh Rai</p>

ILAM MEDICAL CAMPS

S.N	Mon	Village	Type	Hospital Team	Patients	Supported by
2	Mar	Siddithumka	OPD	DMBPCH Team: Dr. Saroj Sanba Subba (Medical Officer), Mr. Kapil Mani Chaudhary (H.A), Mr. Mani Ram Niroula (Receptionist), Mr. Rabin Raya (Team Leader) Ilam District Hospital Team: Dr. Sunil Sah (MD/OBGYN), Mr. Ganesh Rizal (HA), Mr. Lila Subedi (ANM)	395	Camp Organized by: District Development Office, Ilam
3	Mar	Maimajhuwa	OPD	DMBPCH Team: Dr. Manoj Hang Limbu (Medical Officer), Mr. Kiran Niroula (HA), Mr. Khyam Raj Khatri (Hospital Director), Mr. Rabin Raya (Team Leader) Ilam District Hospital Team: Dr. Madhukar Dahal (MD/OBGYN), Mr. Ganesh Rizal (HA), Mr. Lila Subedi (ANM)	178	Camp Organized by: District Development Office, Ilam
			OPD	DMBPCH Team: Dr. Saroj Sanba Subba (Medical Officer), Mr. Kapil Mani Chaudhary (HA), Ms. Khem Kumari Rai (Pharmacist), Ms. Amrita Pithakoti (ANM), Mr. Khagendra Thakuri (Ward		Camp Organized by: Gorkhe VDC, Women Rights Community Gorkhe Ilam Special Thanks To: District Health Office Ilam for providing free Medicine, Nepal Police Force,





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

ILAM MEDICAL CAMPS

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





S.N	Mon	Village	Type	Hospital Team	Patients	Supported by
				<p>Attendant), Ms. Khem Kumari Rai (Pharmacist), Ms. Rita Neupane (CMLT), Ms. Roma Gurung (CMLT), Mr. Khyam Raj Ghimire (Hospital Director), Mr. Rabin Raya Chhetri (Team Leader), Mr. Milan Gurung (HHC)</p> <p>Volunteers: Mr. Bhagirath Khanal (HA), Mr. Bijaya Rai (Pharmacist), Ms. Sandya Shrestha (CMA)</p> <p>Sub Health Post Staff: Mr Laba Raj Khanal (HA)</p>		Shree Antu, Samalbung Ilam.
Sep	DMBPCH		OBGY	<p>DMBPCH Team: All DMBPCH Staff</p> <p>International Volunteers: Dr. Paula Dhanda, Dr. Nancy Reynolds (MD), Mr. Nathan Eugene Dehart (Photographer), Ms. Lonn Marie Hlusko (Ultrasonographer), Ms. Margaret Jennifer Burns (Midwife), Dr. Rafal Jan Wyszowski (MD), Ms. Flora Shepherd Krasnovsky (Psychologist), Lynn Arnold (Midwife), Mr. Nathan Shaheen Powers (Student)</p>	960	<p>Camp Organized by: Himalayan HealthCare, Nepal</p> <p>Special Thanks To: World Wide Healing Hands, District Health Office Ilam, Nepal Police Force Ilam, Armed Police Force Ilam</p> <p>Trainees: Ms. Mamata Loktam (SN), Ms. Chitra Kala Limbu (ANM), Ms. Saraswati Lamsal (ANM), Ms. Pratina Tamang (ANM), Ms. Lila Subedi (ANM), Ms. Amrita Pithakote (ANM), Ms. Babita Lingdom (ANM), Ms. Asmita Joshi (HA), Ms. Hima Raya (ANM), Ms. Devika Bhattarai (ANM), Ms. Shrinkhala Duwadi (ANM), Ms. Anita Oli (ANM), Ms. Junee Gurung (ANM), Mr. Purna Tamang (CMA), Ms. Jyoti Basnet (ANM), Ms. Rita</p>

ILAM MEDICAL CAMPS

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





S.N	Mon	Village	Type	Hospital Team	Patients	Supported by
				<u>International Volunteer:</u> Dr. Ernesto Jones <u>Volunteer:</u> Mr. Pradip Khadka (CMLT)		
11	Dec	Maipokhari	Dental OPD	DMBPCH Team: Dr. Bijay Khadka (Medical Officer), Dr. Krishna Subedi (Dental), Ms. Amrita Phithakote (ANM), Ms. Lila Subedi (ANM), Ms. Jyoti Basnet (ANM), Ms. Dipa Rai (Staff Nurse), Ms. Khyam Kumari Rai (Pharmacist), Mr. Sunil Karki (Ward Attendant), Mr. Khagendra Thakuri (Receptionist), Ms. Rita Neupane (CMLT), Mr. Khyam Raj Ghimire (Hospital Director), Mr. Rabin Raya Chhetri (Team Leader), Mr. Milan Gurung (HHC) <u>Volunteer:</u> Ms. Sita Khanal (HA)	303	Camp Organized by: Ilam Sagarmatha English School, Maipokhari-1, Ilam <u>Special Thanks To:</u> District Health Office Ilam

2013 Annual Fundraising Events

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

HHC Presentations at UPMC Pittsburgh

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

www.himalayanhealthcare.org

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

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



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

ALASKANS SUPPORTING HIMALAYAN HEALTHCARE By Moreen Fried

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

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

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

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

NYC FUNDRAISING EVENT:

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



BY THE NUMBERS

HHC Outcomes 2013



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

SAFE MOTHERHOOD 2013

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

IMMUNIZATIONS 2013

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

FAMILY PLANNING 2013

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

SANITARY LATRINES 2013

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

EFFICIENT WOODSTOVES 2013

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

HHC VILLAGE PATIENT REPORT 2013

DISEASE	TIPLING		SHERTUNG		LAPA		TOTAL		GRAND TOTAL
	M	F	M	F	M	F	M	F	Total
Gastrointestinal problem	47	49	48	51	53	55	148	155	303
Worms	2	1	0	2	1	1	3	4	7
Skin disease	33	38	40	47	49	51	122	136	258
ARI	24	30	34	31	35	42	93	103	196
ENT problem	29	27	30	37	28	40	87	104	191
Abscess/Cellulitis	1	5	3	5	0	6	4	16	20
UTI	8	20	13	25	18	26	39	71	110
COPD	1	4	3	7	1	4	5	15	20
Viral fever/ unknown cause	9	14	15	10	7	17	31	41	72
Fracture/Trauma	0	1	0	2	1	0	1	3	4
Insect/Animal bite	1	3	2	1	3	2	6	6	12
Oro/Dental problem	25	36	18	27	31	38	74	101	175
Burn/Scald	0	1	1	1	1	1	2	3	5
Sinusitis/ Tonsillitis	7	8	10	13	11	15	28	36	64
Arthritis/Rheumatism	2	5	5	9	12	11	19	25	44
Hypertension	5	6	3	7	7	15	15	27	42
Cyst	0	0	1	0	1	0	2	0	2
Meningitis	0	0	0	0	0	0	0	0	0
Jaundice	1	0	0	1	0	0	1	1	2
Parkinsonism	0	0	1	1	1	0	2	1	3
Epilepsy	2	3	3	1	2	5	7	9	16
Male Reproductive (MRO) problem	7	-	10	-	12	-	29	-	29
Gynecological problem	-	19	-	31	-	38	-	88	88
Malnutrition	3	5	8	13	17	14	28	32	60
GERD	123	172	158	157	150	182	431	511	942
Total patients	330	447	406	479	441	562	1177	1488	2665



BY THE NUMBERS

HHC Outcomes 2013



ILAM HOSPITAL Patients Served 2013

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

WOMEN'S EMPOWERMENT CLASS 2013

VILLAGE	ATTENDEES
Tipling	20
Tipling - Kami	22
Shertung	21

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

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

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



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



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



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

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

- *World Health Organization*



BY THE NUMBERS

HHC Outcomes 2013



Above: Examining a medical camp patient for ear infection.

Below: HHC Co-Founder Anil Parajuli and Field Coordinator Sapta Ghale plan the location of Tipling's new school.

MEDICAL CAMP TREK REPORT 2013

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

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HHC FINANCIALS

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

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

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

REVENUE		
	2012	2013
Cash and Securities Contributions	\$316,989	\$354,504
Sales of Goods and Services	37,766	167,696
Investment Income	971	1,056
In-Kind Donations and Services**	171,363	160,605
Donations of Medicines and Equipment	0	0
TOTAL REVENUE	\$527,089	\$523,256
EXPENSES		
	2012	2013
CASH EXPENSES		
Program Expenses	\$208,585	\$209,426
Administrative Expenses	54,419	42,633
Fundraising Expenses	27,671	6,205
TOTAL CASH EXPENSES	290,595	258,264
IN-KIND EXPENSES		
Contribution of Services**	171,363	160,605
Contributions of Medicines and Equipment	0	0
TOTAL IN-KIND EXPENSES	171,363	160,605
DEPRECIATION	10,378	4,737
TOTAL EXPENSES	\$472,336	\$423,606
EXCESS OF REVENUE OVER EXPENSES		
	2012	2013
REVENUES	\$527,089	\$523,256
EXPENSES	(472,336)	(423,606)
EXCESS OF REVENUE OVER EXPENSES	\$ 54,753	\$ 99,650

Make a donation:

By check; mail to: Himalayan Healthcare, P.O. Box 737, Planetarium Station, New York, N.Y. 10024

At our website: www.himalayanhealthcare.org

Organize a fundraising event:

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

Host a Home Sale of Jeevankala gifts:

Support Nepali artisans by selling their handicrafts. See page 19 for the Jeevankala story.

Join a Medical/Dental trek in Nepal

Please visit www.himalayanhealthcare.org for info and dates to Dhading or Ilam.

Sponsor a Child:

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

Support a Village School or Teacher:

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

Finance a Toilet or Efficient Stove:

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

Fund a small business for Dalit women:

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

MARATHON FUNDRAISING:

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

IT'S YOUR TURN

BE CREATIVE

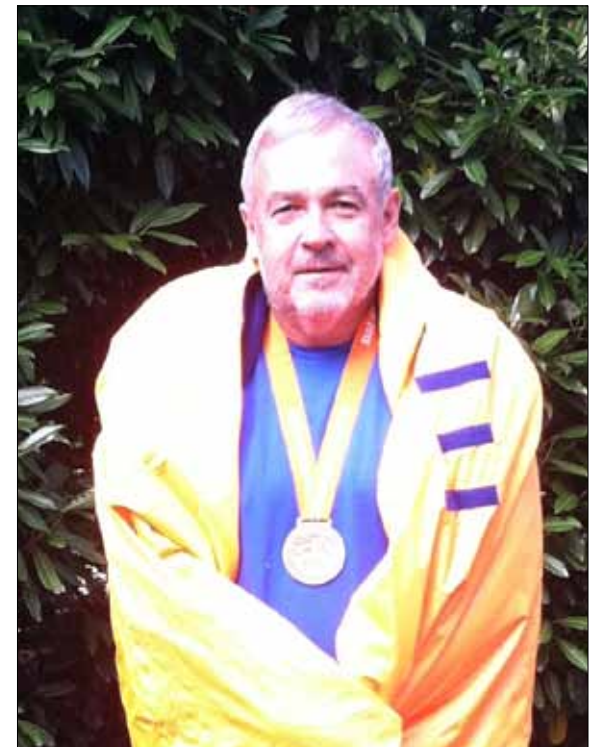
BE GENEROUS

HAVE FUN

HELP HHC

917-274-7345

info@himalayanhealthcare.org





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Photo: Bob Stern