

# THE NEPAL TRUST

*Working with Health, Community Development & Hope in the 'Hidden Himalayas'*

## Primary Healthcare Programme



Proposal compiled by: M.S./ Eng. Jeroen R. van den Bergh

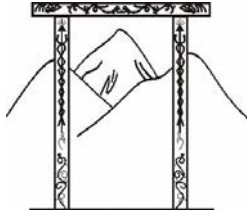
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## Primary Healthcare Programme

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Cover design & photos: Nepal Trust medical staff and villagers Humla, Nepal © The Nepal Trust

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Lay-out by: Jeroen R. van den Bergh

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## MAIN PROJECT FEATURES

1. **Project's Title:** Primary Healthcare Programme
2. **Name of the Proponent Organization:** The Nepal Trust
3. **Location for Project:** Humla District, Nepal
4. **Target Beneficiaries:** 1738 HH of Limi, Muchu, Khagalgaon, Syada, Dadaphaya, Saya, Gothi, Barai, Bargaun VDCs (11,192 people)
5. **Problem Statement:** The immediate problems to be addressed include the lack of basic health services and low levels of health awareness among the population in Humla which contribute to the high levels of ill-health, disease and malnutrition in the district.
6. **Specific objectives of the Project:**
  - a. To provide accessible, responsible, efficient and improved health infrastructure and services
  - b. To raise awareness among local communities about health, hygiene, family planning, sanitation and nutrition
7. **Expected Outputs and Results:**
  - a. Increased access for local communities to upgraded primary healthcare services.
  - b. Increased awareness among locals on both communicable and non-communicable diseases, as well as in general health promotion practices including family planning, sanitation and nutrition.
8. **Expected Areas for Assistance:**
  - a. Purchase/ distribution essential drugs and medical supplies
  - b. Child health education (LD)
  - c. FCHW activities
  - d. Supervision/ monitoring
  - e. Health camps (specific)
  - f. Training/ capacity building
  - g. Media/ promotion activities (IEC)
9. **Project Duration:** 3 Years (36 months)
10. **Total Budget of the Project:** £ 150,000 (Rs. 17,250,000)

## EDITORIAL

This proposal was compiled as a follow-up of yet another year hard work, dedication and commitment under the motto - *Working with Health, Community Development & Hope in the 'Hidden Himalayas'*.

Mountains cover  $\frac{1}{5}$  of the earth's surface area, are crucial to the survival of the world's ecosystems and house about 10% of its population. The greater Himalayan region is the most populous mountain region and sustains more than 150 million people and impacts the lives of 3 times more living on the plains and in the river basins below. Because of their isolation and remote living areas, mountain peoples generally have poor access to employment, health - and social services, roads, markets, electricity and other conveniences that others take easily for granted in their own daily lives. Unimaginable for most of us, unfortunately a harsh reality for most of them.

In an almost forgotten part of the world, tucked away in the 'Hidden Himalayas', The Nepal Trust has been working for more than 17 years in Humla District, the far north western corner of Nepal, against the Tibetan border, to bring primary healthcare services where previously none existed. Healthcare is a basic human right and by implementing primary healthcare in a sustainable way, the quality of life of these impoverished communities can be supported.

This proposal provides an insight of specific health conditions of a region that is lacking the most basic health infrastructure and services, along with the Nepal Trust's proposed intervention strategies relating to maternal and child health, nutrition, sanitation, family planning and hygiene, that aim to contribute to the elimination of the significant visible poverty, hunger and diseases; all factors that cripple these communities, that have been abandoned by their own Government and that struggle every day, just to exist.

Through this proposal we hope to provide you with information about the work that we hope to continue for many years to come with possibly your (or your organisation's) support. I am convinced that the efforts we have made over the years have made a positive impact and in some occasions may even have altered the lives of those in need.

The successes we have achieved is due to (inter)national donors, private sector initiatives, social groups, medical experts and volunteers, as well as local line agencies, Governmental bodies and communities to whom I again wish to express my gratitude.

Testimonials of Rotarians Mr. Neill Hill, Past President of RIBI, who has chosen The Nepal Trust to be his preferred charity in 1998, and the utmost kind words of Dr. Himansu Basu, Past District Governor 2004/5, Past Governor RIBI Service Committee 2007/8 and Chairman International Fellowship of Rotarian Physicians (see annex I) compliment this.

On behalf of The Nepal Trust I look forward to any positive input, discussion, direction or action you may be able to provide our organisation with, as I am sure you can be placed in one of the above mentioned groups. As help is always a welcoming friend, I thank you.

Sincerely yours,



Jeroen van den Bergh  
Director of Operations (UK & Nepal)  
The Nepal Trust

## GLOSSARY OF ACRONYMS

AEPC	-	Alternative Energy Promotion Centre
ATLAS	-	The Association for Tourism and Leisure Education
CATN	-	Centre of Appropriate Technology Nepal
CBS	-	Central Bureau of Statistics
CDO	-	Central District Office/r (District Administrative Office/r)
COPD	-	Chronic Obstructive Pulmonary Disease
DACAW	-	Decentralized Action for Children and Women
DANIDA	-	Danish Intl. Development Agency
DDC	-	District Development Committee
DHO	-	District Health Office
DM	-	Diabetes Mellitus
ESAP	-	Energy Sector Assistance Programme
FCHW	-	Female Community Health Worker
Gastritus (APD)	-	Gastritus (Antro-Pyloro-Duodenal)
GDP	-	Gross Domestic Product
GTZ	-	German Technical Assistance
IEC	-	Information Education Communication
IUCD	-	Intra Uterine Contraceptive Device
HIV/AIDS	-	Human Immuno-Deficiency Virus/Acquired Immuno-Deficiency Syndrome
HDI	-	Human Development Index
HMGN	-	Her Majesty's Government of Nepal
HP	-	Health Post
HPI	-	Human Poverty Index
HQ	-	Head Quarters
ICIMOD	-	International Centre of Integrated Mountain Development
(I)NGO	-	(International) Non Governmental Organisation
LD	-	Little Doctor
LRTI	-	Lower Respiratory Tract Infection
MDG	-	Millennium Development Goal
MoHP	-	Ministry of Health and Population
MTSP	-	Medium Term Strategic Plan
NHRC	-	Nepal Health Research Council
NIDS	-	Nepal Institute of Development Studies
NT	-	Nepal Trust
NTAG	-	Nepali Technical Assistance Group
NTB	-	Nepal Tourism Board
NW	-	North West
PAN No.	-	Permanent Account Number
RDH	-	Regional Health Directorate
RIBI	-	Rotary International in Great Britain and Ireland
SNV	-	Netherlands Development Organisation
STD/STI	-	Sexual Transmitted Disease/Sexual Transmitted Infection
STEP Foundation	-	Sustainable Tourism for Eliminating Poverty Foundation
SWC	-	Social Welfare Council
UN	-	United Nations
UNESCO	-	UN Educational, Scientific and Cultural Organisation
UNICEF	-	UN Children's Fund
UNWTO	-	UN World Tourism Organisation
UK	-	United Kingdom
URTI	-	Upper Respiratory Tract Infection
UTI	-	Urinary Tract Infection
VDC	-	Village Development Committee
WFP	-	World Food Programme
WHO	-	World Health Organization

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### **Background and needs analysis**

Humla district, Nepal's highest and most inaccessible district, is located in the far northwest of Nepal and has a population of around 45,000 living in scattered enclaves in the lower valleys of the Himalayas, between 1500-7300m altitude. Simikot, the district headquarters (indicated with the red dot in the map below), has a dirt airstrip that lands only a few flights per week in good weather. The closest road-head in Nepal to Humla is nine days walk to the south; and from Tibet six days walk away to the northeast. These isolated mountain communities rely on subsistence farming and minimal trade with Tibet and India.



Humla ranks 73/75 in Nepal's Human Development Index (HDI) and 73<sup>rd</sup>, 72<sup>nd</sup> and 73<sup>rd</sup> in Poverty & Deprivation, Infrastructure Development and Women's Empowerment Indexes respectively<sup>1</sup>. Life expectancy rate is 58 years<sup>2</sup>, mortality rate is 32/1000 (WHO, 2008)<sup>3</sup> and child mortality rate is over 30%<sup>4</sup>. Other figures indicate that contraceptive prevalence rate is 44%, immunization coverage is 83% and deliveries performed by trained health workers is 44%<sup>5</sup>.

The overall pattern of ill health in rural Nepal is dominated by infectious diseases, nutritional disorders and maternal and perinatal diseases. It is paramount therefore in any primary healthcare approach to consider the burden of disease within the community and link any proposed health interventions to this analysis. Such an approach allows for a better use of resources - in Humla, the population groups which exhibit the highest levels of mortality, morbidity and malnutrition are women and young children.

Despite several decades of health programmes - in particular family planning - the population growth rate of Nepal continues to outpace agricultural production and parts of the country continue to be food deficit areas; only 1% of Humla, close to where the Maoist insurgency started, is arable (DDC, 2004)<sup>6</sup>. This, and the recent conflict, has an inevitable impact on health issues which resulted in a significant death toll in Humla, where people live under harsh living conditions with the lack of basic primary healthcare and education and limited Government food rations.

Due to the conflict, primary healthcare services have been significantly further diminished. Poor hygiene, quality of water and sanitation, malnutrition, vitamin deficiency, gastro-intestinal ailments (incl. diarrhoea, worms and gastritis), acute respiratory infections, chronic bronchitis, measles, tuberculosis, leprosy and eye conditions (incl. cataracts) all add up to serious health problems. Hard physical labour required for mere subsistence results in frequent trauma, wound infections and long-term musculo-skeletal and arthritic problems.

A volatile post-conflict area early in its rebuilding phase with frequent changes of health administrators and political leaders in key positions at various levels (NHRC, 2006)<sup>7</sup>, inadequate financial support from a changing Government and a lack of career opportunities with adequate incentives for local communities are constant challenges. As a result health services are currently difficult to access, out of service or non-existent. Many trained and skilled individuals have fled in search of improved personal - and job security.

<sup>1</sup> SNV, ICIMOD & CBS/ HMGN - *Development indicators of districts of Nepal*, 2003

<sup>2</sup> UNDP - *Nepal Human Development Report*, 2004

<sup>3</sup> World Health Organization - *Statistics*, 2008

<sup>4</sup> [http://news.bbc.co.uk/1/hi/world/south\\_asia/4082123.stm](http://news.bbc.co.uk/1/hi/world/south_asia/4082123.stm)

<sup>5</sup> Health and Population Survey, 2006

<sup>6</sup> District Development Committee Humla - *District Profile*, 2004

<sup>7</sup> Nepal Health Research Council - *Health Research System in Nepal*, 2006

The project has been prepared in harmony with Nepal's national health policies, particularly the Medium Term Strategic Plan (MTSP) (1997-2017) and its emphasis on Essential Healthcare Service which includes the key elements of safe motherhood and family planning, child health, control of communicable diseases and improved out-patient care.

The project also aims to reinstate and develop primary healthcare provision in accordance with the United Nations Millennium Development Goals (MDGs), particularly those which focus on maternal and child health, poverty reduction and improved nutrition, whilst encouraging recovery of a post-conflict area within the new Federal Republic of Nepal (28 May 2008).

### ***The Nepal Trust and Primary Healthcare***

The Nepal Trust ([www.nepaltrust.org](http://www.nepaltrust.org)) is a Scottish charity and Nepali (I)NGO which over the past 17 years has grown into a cost-effective grass-roots organization. With partners like Nepal Government, UNICEF, UNESCO, DANIDA, AEPC/ESAP, GTZ, Cornell University and Rotary International (various Rotary Clubs in UK, Germany, Holland and Nepal), the Trust has implemented a chain of 5 village health posts with its unique 'Treks-to-Build' Health & Community programme, HIV/ Aids Awareness & Prevention Trainings in coordination with UNICEF/ DACAW, upgraded additional infrastructure in Government-run health posts and the district hospital, trained local people and conducted 3 major health camps in the past 7 years in coordination with the Ministry of Health and Population (MoHP), the Mid Western Regional Health Directorate (RHD) and the District Health Office (DHO).

Current NT partners in Nepal harbour a wide range of specialised skills and utilize a range of viable approaches in their work. For specialized skills, training and problem solving, NT is able to call on the Nepal partners that are not part of this grant application to assist and contribute specialized skills, or as trainers and technical/ management expertise as required.

For a more comprehensive organisation profile see annex II and III.

With its international contacts, Nepal Trust has links to experts in the fields of health which are key for the proposed project. Nepal Trust's medical director is a Consultant Clinical Oncologist at Aberdeen Royal Infirmary and a founding member of Bhaktapur Cancer Hospital (see front cover); Nepal Trust wishes to continue building these relationships and strengthen its partners for a much longer term (10 - 15 years).

The Nepal Trust supports the mountain people of Humla to implement effective Health, Community Projects, Sustainable Tourism & Enterprise Initiatives to improve the opportunities and livelihoods of the people in the 'Hidden Himalayas' of North West Nepal. The Nepal Trust is dedicated to work together with communities of the Upper Karnali River Region of North West Nepal by responding to their needs for improved access to basic health, education, employment, food security & renewable energy resources. The Nepal Trust contributes to this by strengthening the ability of poor communities to help themselves to improve their livelihoods.

### ***Problem statement***

The immediate problems to be addressed include the lack of basic health services and low levels of health awareness among the population in Humla which contribute to the high levels of ill-health, disease and malnutrition in the district. The basic causes of the problems are associated with various issues incl. sociological, cultural, structural, political, economic and the lack of livelihood opportunities to break the grinding cycle of poverty. In recent years, all these problems have been exacerbated by political instability and armed conflict.

### ***Goal***

The main goal of this project is to aid the recovery of this post-conflict area, with a focus on health. The long-term aim is to promote social reconstruction, political stability and social cohesion by developing an improved and sustainable primary healthcare delivery system at grass-roots level, which falls within the new Government policy, paired with income generation and capacity building measures.

### ***Objectives***

The main objectives are:

1. To provide accessible, responsible, efficient and improved health infrastructure and services.
2. To raise awareness among local communities about health, hygiene, family planning, sanitation and nutrition.

In Humla, it is young children who suffer the most from ill health and malnutrition. Therefore, primary health interventions and health awareness campaigns should focus on improving the well-being of this group. Our secondary objectives can therefore be summarised as follows:

1. To provide assistance in the development and expansion of primary healthcare in selected villages in Humla district through the renovation of and direct support to the 5 NT basic health posts.
2. To contribute to the reduction of child mortality and morbidity in Humla.
3. To provide essential healthcare to pregnant women and, when appropriate, essential obstetric care during delivery.
4. To support health workers and primary healthcare volunteers in the project areas with a regular supply of good quality essential drugs and medical supplies.
5. To increase awareness of health, nutrition and hygiene amongst the project beneficiaries through appropriate health promotion activities and campaigns.
6. To provide essential health and medical care to the population through specially organised health camps with a focus on women's health, child health and other specific specialties e.g. dental.
7. To develop partnerships with other health providers in the district to ensure coordination and optimum use of resources in the health sector.

### ***Expected outputs and results***

1. Increased access for local communities to upgraded primary healthcare services.
2. Increased awareness among locals on both communicable and non-communicable diseases, as well as in general health promotion practices including family planning, sanitation and nutrition.

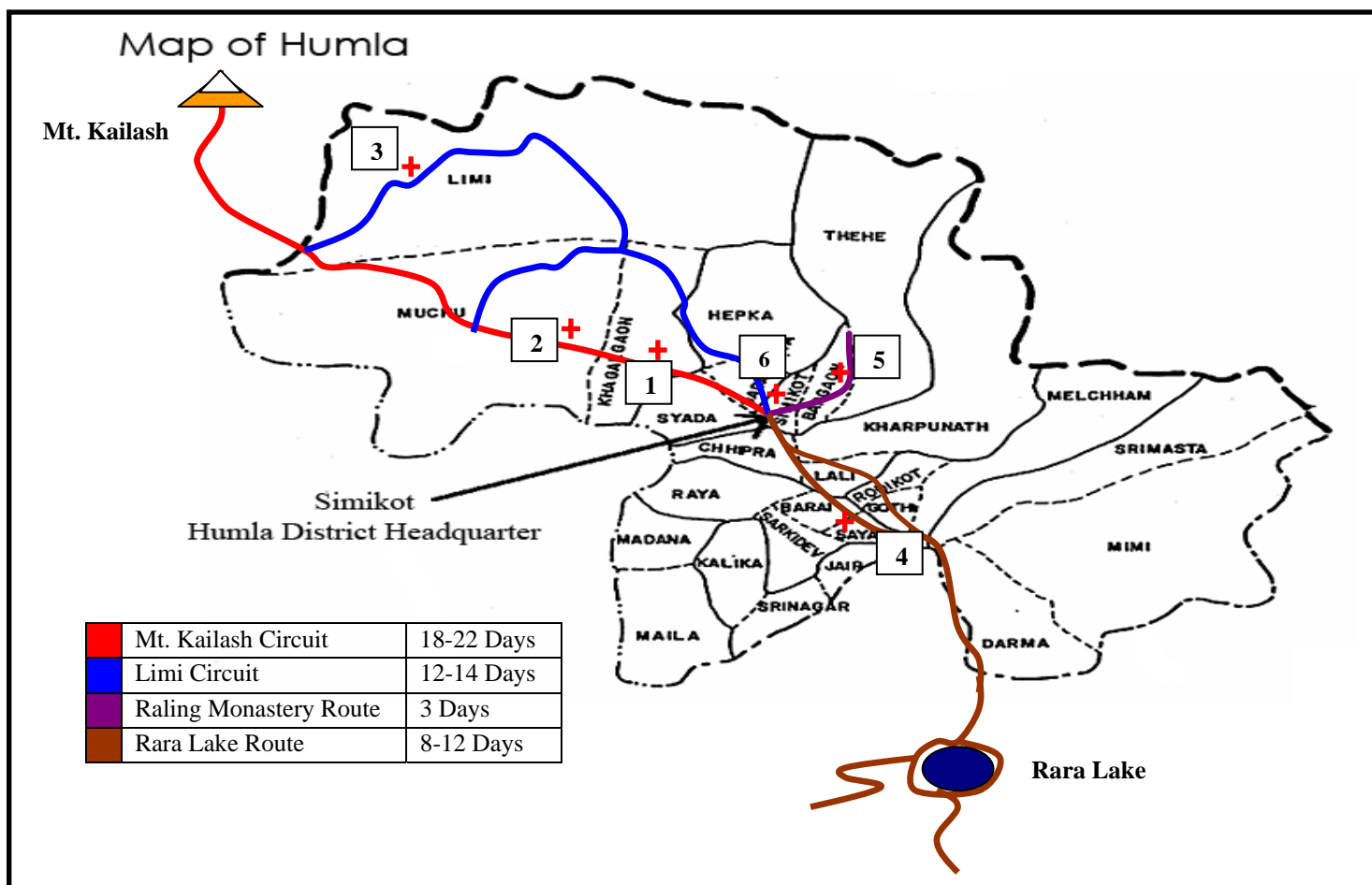
### ***Proposed project activities***

1. In order to sustain essential health services in Humla district, the project will provide direct salary support and allowances to the health workers employed by the Nepal Trust. Appropriate training costs for health staff and local volunteers will be funded by the Trust in the medium term.
2. On a limited basis, essential drugs, first-aid equipment and medical supplies will be purchased and delivered to the health posts supported by the Nepal Trust.
3. The project will support health promotion and health education activities for different groups in the district including women's groups, mother's clubs, school children and teachers. Special emphasis will be given to those activities which promote healthy lifestyles and improved child care.
4. In coordination with the district health authorities, the project will actively promote child immunization and the distribution of vitamin A capsules to all children aged between 6 months and 5 years. These national programmes are undertaken by the MoHP with the support of UNICEF, WHO and NTAG.
5. As part of the national programme of Female Community Health Workers (FCHW), the project will support the training of FCHWs in villages and communities covered by the Nepal Trust's activities.
6. As part of the primary healthcare approach, the project will support local initiatives to improve hygiene and sanitation in the villages. Material will be made available to construct low cost latrines and improved water storage facilities. The Nepal Trust will also promote the use of soap for hand washing in local communities. An example to improve personal hygiene would be to give every mother who gives birth to a baby a gift of soap and information on how and when to use it. Local primary schools will conduct hand washing campaigns for the school children.
7. Information will be disseminated on proper child care and nutrition to local mothers. Classes will be organised on parenting for new families.

8. In times of food shortages and food insecurity, the Nepal Trust will make available weaning foods to young children as a way of reducing malnutrition and under nutrition. This activity will be conducted in coordination with the offices of the World Food Programme (WFP).
9. Every 6 months, the project will organise a de-worming programme for children in the surrounding villages. Mothers will monitor the worm load of children and report to the health post.
10. In coordination with the local regional and district health authorities, the project will periodically organise Health Camps for the local population. These camps will be organised on specific themes such as dentistry, chiropody, gynaecology, safe motherhood, child health, disability screening etc. These camps will be supported by volunteer specialists from the UK and Nepal.
11. The Nepal Trust will continue to work with other NGOs and agencies to improve the referral system in the district. In particular, support may be provided for secondary care medical facilities at Simikot Hospital, the only hospital in the district.
12. Family planning education and distribution of contraceptives will be supported by the project in target villages. Surgical facilities for the insertion of IUCDs may be supported through special family planning camps at Simikot Hospital.

**Target area**

In first Nepal Trust will enhance access to basic curative health services through rural (sub) health posts in the villages of Kermi (1), Yalbang (2), Halji (Limi Valley) (3) and Sarkegad (4). The health post in Torpa village (5) has been demolished during the Maoists insurgency and the Nepal Trust plans to reinstate this once much used facility in 2011. Once the health post in Torpa is operating again, it will be integrated within this health project as well. For more severe injuries and more sophisticated help, patients should be referred to the district hospital in Simikot H.Q. (6). The map below indicates where the health posts and the hospital in Humla are located (1 - 6) and how much time it takes to approximately reach them.



**Target beneficiaries**

The direct beneficiaries are poorer people in selected communities of Humla district (see above) and the surrounding VDCs along the main trail, including disadvantaged and directly conflict affected groups. The project will be implemented in the villages of Kermi (Khagalgoan VDC, along with Syada - and Dadaphaya VDC), Yalbang (Muchu VDC), Halji (Limi VDC) and Sarkegad (Saya VDC, along with Gothi - and Barai VDC). These VDCs comprise a total population of approx. 11,200 people, as the table below (DDC Humla, 2001) indicates.

HUMLA POPULATION DENSITY OF 2001 (SOURCE - DDC HUMLA)						
S. No.	VDC	Households	Family	Male	Female	Total population
1	Limi	177	177	445	534	979
2	Muchu	165	171	533	570	1103
3	Khagalgoan	190	202	668	608	1276
4	Syada	256	260	796	791	1587
5	Dadaphaya	280	286	967	847	1814
6	Saya	152	156	460	412	872
7	Gothi	190	190	594	574	1168
8	Barai	176	177	520	529	1049
9	Bargaun	152	152	732	612	1344
	<b>Total</b>	<b>1738</b>	<b>1771</b>	<b>5715</b>	<b>5477</b>	<b>11192</b>

Next to indirect

this,

beneficiaries include other local stakeholders, local formal and informal (non) Government institutions, (I)NGOs, passer-by tourists and accompanying trek staff (e.g. guides, porters, horsemen, cooks), tradesmen and merchants.

**Effectiveness and sustainability**

The project involves a bottom up approach whereby the Nepal Trust health workers and health coordinator will be from the respective communities. The communities themselves will be directly involved in sustaining the facilities through committees. The health coordinator, in close collaboration with local communities and in coordination with MoHP, RHD and DHO, will be responsible for local coordination, organizing capacity building and facilitating the process. It is envisaged that NT staff together with the community will then 'scout' other potential individuals into social - and health mobilisers by transferring their own knowledge and skills during the project period. External (Nepali or foreign, as appropriate) medical experts in certain areas will be brought in for short periods to support health workers and provide additional training.

The Nepal Trust will encourage local communities and health workers to attend Government meetings, in order to advocate for better provision of health services within Humla district and apply for additional (Government) funding and support in order to compliment the project where possible, with the aim of building in sustainability measures. The Nepal Trust is constantly looking for new opportunities and partnerships that will further advance its community-led development goals in Humla District and throughout North West (NW) Nepal. Current NT partners in Nepal harbour a wide range of specialised skills and utilize a range of viable approaches in their work. For specialized skills, training and problem solving, NT is able to call on the Nepal partners to assist and contribute specialized skills, or as trainers and technical/ management expertise as required.

**Added value**

By increasing the capability and capacity of healthcare provision, local people will have a greater understanding of the relevance and importance on how their own actions impact their own lives, thus working together, strengthening and mobilizing the community as a whole to act on further relevant issues. A secondary added value is that the status of women and youth groups in the community will be raised as they emerge as key figures in the provision of essential services.

### ***Profiles***

In the upcoming sections the selected Nepal Trust staff and the village profiles, including the local health situation, will be elaborated on. For more comprehensive information about the respective villages - see annex IV - X.

### ***Simikot***

The Nepal Trust has its regional office and guest house located in Humla's HQ Simikot (2900m), from where all the health activities are coordinated by Ms. Pema Doma Lama. Pema is from Yalbang village (2) and has been working with the Nepal Trust for the last 12 years, which makes her one of our longest serving members of staff. She arranges the medicine distribution, prepares patient reports, monitors the health activities and staff and maintains linkages with local Governments and Simikot hospital to assist them in their activities. An example of this is the Gynaecology Camp which has been conducted in Humla by the Nepalese Government in 2008 that she facilitated.

She also is responsible to implement our 'Little Doctor' programmes, which was last held from May to August 2010 and assists medical volunteers. Pema furthermore has been actively involved in all the health camps conducted by Nepal Trust over the years and walked the entire trail from West to East Nepal with Rosie Swale Pope in order to raise awareness for women's health in Nepal and to raise funds for women - and children's healthcare in Humla. Below are some pictures to illustrate the above mentioned.



*Simikot guest house/ NT regional office*



*Pema Doma Lama*



*Pema conducting 'Little Doctor' training*



*Simikot hospital*

*Simikot guest house/  
NT regional office*

*Landing strip*

*Simikot H.Q. (2990m)*

**Kermi**



Kermi village (2850m) is located 1 day walk from Simikot (8 hrs.). The village consists of around 64 households and 9 Lama houses (priests) and has a population of approximately 350 people of Lama origin that practice Buddhism. The main language is Lama language (Tibetan origin) and main economical activities are farming and trade. Main crops are (buck)wheat, barley, chino (small white round seed grain), millet, turnip, radish, green vegetable, pumpkin, apple, apricot and wall nut. The people keep yaks, jophas, cows, sheep, and horses. Kermi has a health post, micro hydro (build by NT), 1 primary school, 2 monasteries, water taps and hot water springs, which attracts much tourists. There is no telephone and only few sanitary facilities.



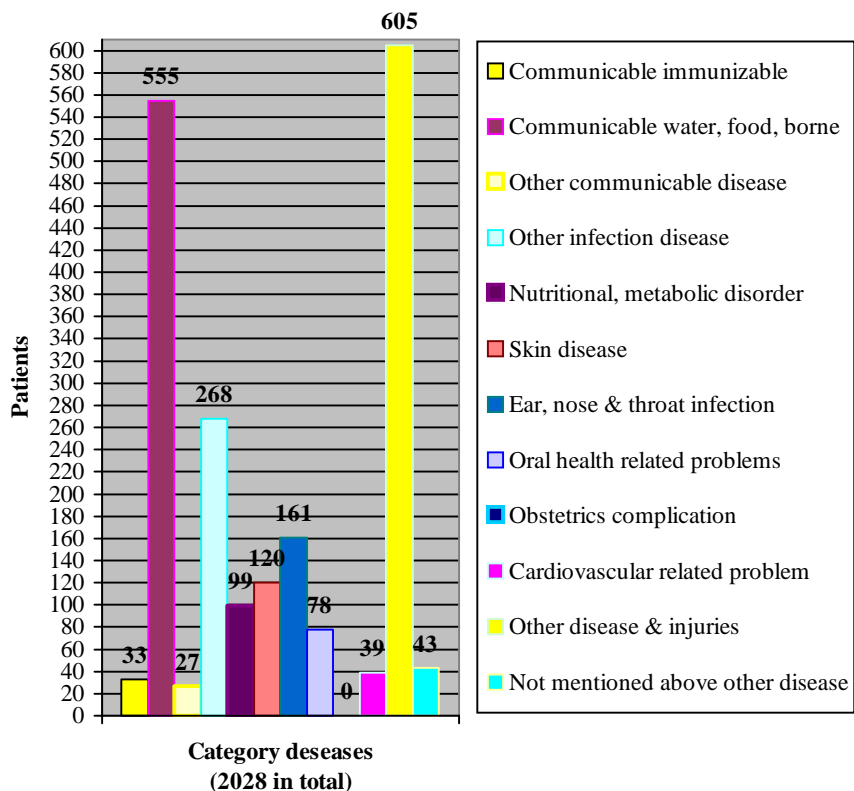
*Mingyur Lama*

The Nepal Trust health worker in Kermi is Mingyur Lama, who is born and raised in Kermi. Mingyur joined Nepal Trust since the construction of the health post in 2001. The villagers nominated and recommended him as the health worker. Ever since, Mingyur has been a key element in Kermi community. The figure below shows the 2008 health statistics of Kermi HP. The category of diseases are as per seasonal patient report - see annex XI - XIV.



*Kermi health post/ NT camp site*

**Health statistics Kermi 2008**



**The five most common medical problems of Kermi village are:**

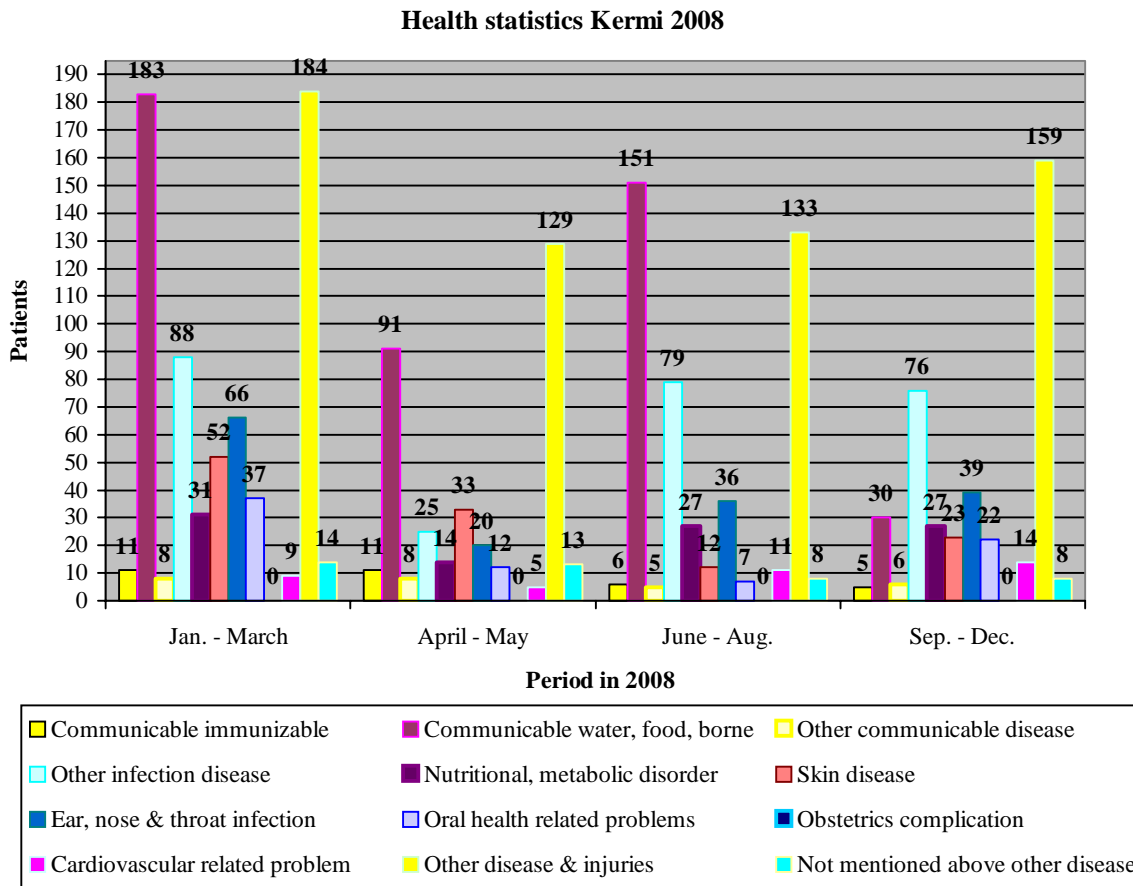
- Delivery
- Pneumonia
- Gastritis (APD)
- Diarrhoea/ Intestinal worms
- Infection disease

**In 2008 the Nepal Trust treated 2,829 people:**

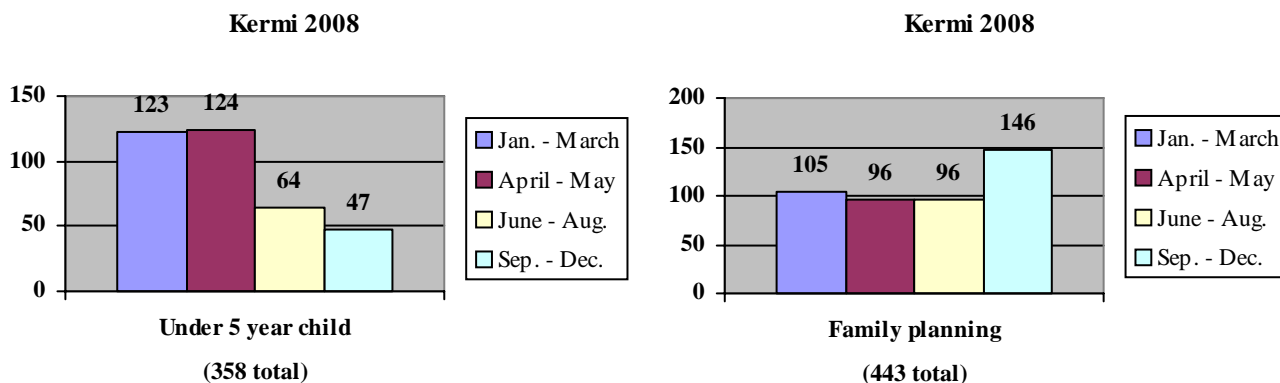
- 2,028 adults and children
- 358 children under 5
- Provided 443 contraceptives



To get an insight in the fluctuations of specific conditions, the number of patients have been divided per season in the figure below. For a comprehensive overview of the number of patients per specific disease - see annex XI.

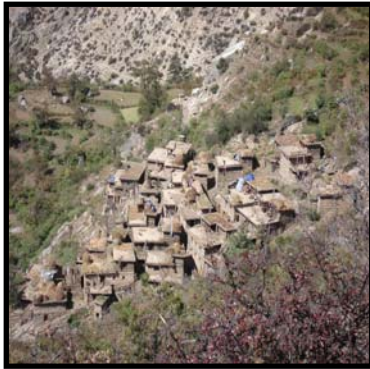


Next to medicine distribution and patient checkups, the Nepal Trust also dedicates special care to young children and infants (under 5 years old) and family planning by educating villagers and providing them with contraceptives, such as depo, pills and condoms. Figures for Kermi HP in 2008 can be found below.



The Nepal Trust health worker also provides once a week health education in the local school to educate children about health, hygiene, sanitation, family planning and first aid. In 2008 alone the Nepal Trust treated 2,028 adults and children, 358 children under 5 years old and provided contraceptives for 443 people in Kermi village; this comes down to a total of 2,829 people.

**Yalbang**



Yalbang village (2820) is located 1.5 day walk from Simikot and about 4.5 hours from Kermi village. The village consists basically of 2 parts, notably Yalbang and Yangar, that have respectively 29 and 26 households and has a total population of approximately 340 people of Lama origin that practice Buddhism. The main language is Lama language and main economical activities are farming and trade. Main crops are (buck)wheat, barley, chiono, millet, mustard, radish, green vegetable, pumpkin, potato, tomato, apricot and wall nut. People keep yaks, jophas, cows, sheep and horses. Yalbang has a health post, micro hydro (in Yangar), 1 primary school, 1 boarding school, 2 tea houses, 1 monastery (with Rinpoche) and water taps. There is no telephone and only few sanitary facilities available.



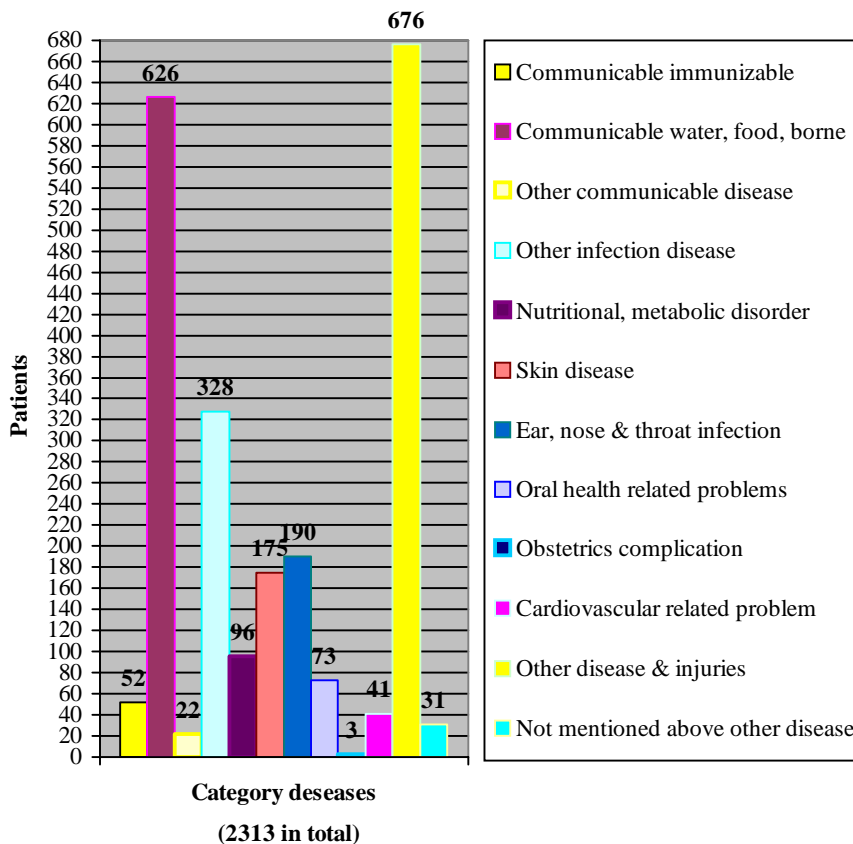
*Sitar Lama*

The Nepal Trust health worker in Yalbang is Sitar Lama, who comes from Muchu, which is few hours from Yalbang. Sitar worked as a government health worker before joining Nepal Trust in 1998. Due to his former work experience, Sitar has extensive knowledge regarding primary healthcare. He has acted in several 'Treks-to-Build' as trek leader and is part of the Yalbang village health committee as well (see photo). The figure below shows the 2008 health statistics of Yalbang HP.



*Yalbang Health Committee 2008*

**Health statistics Yalbang 2008**



**The five most common medical problems of Yalbang village are:**

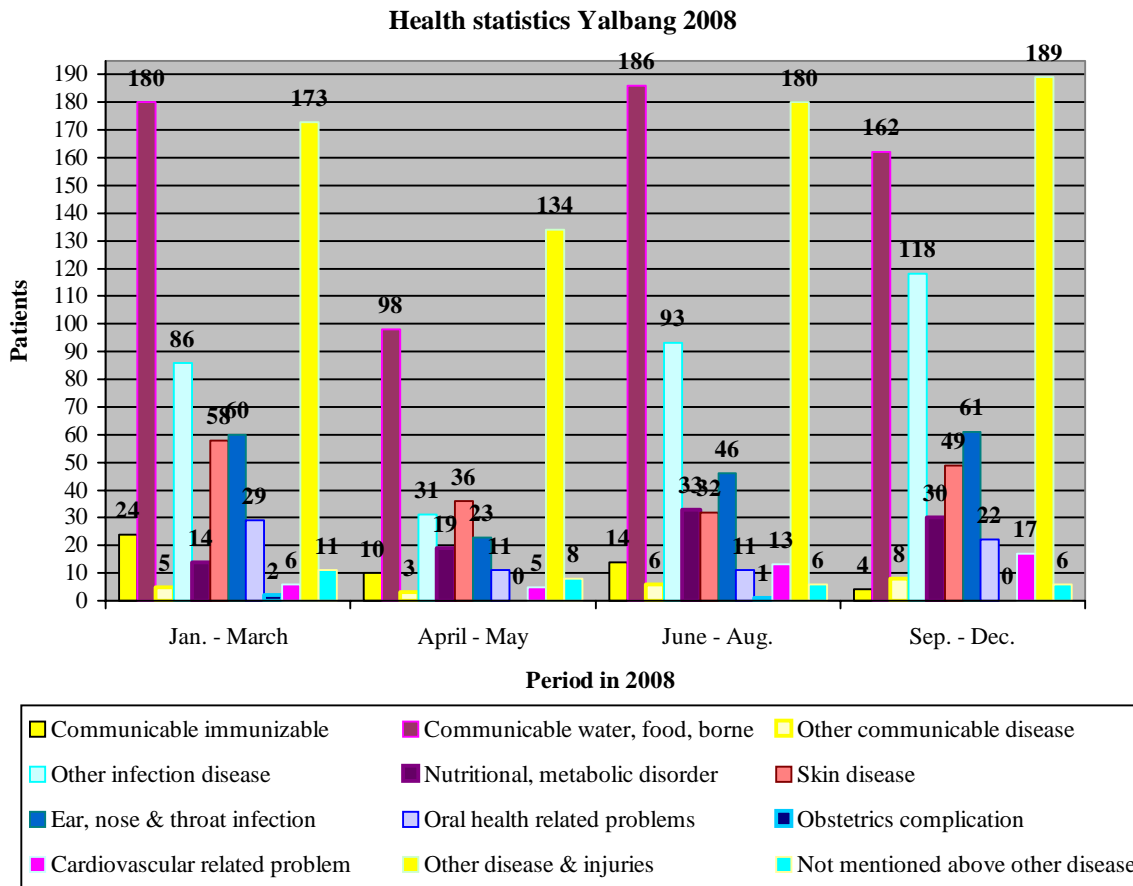
- Gastritis (APD)
- Arthritis
- Pneumonia
- Diarrhoea/ Intestinal worms
- Infection disease

**In 2008 the Nepal Trust treated 3,111 people:**

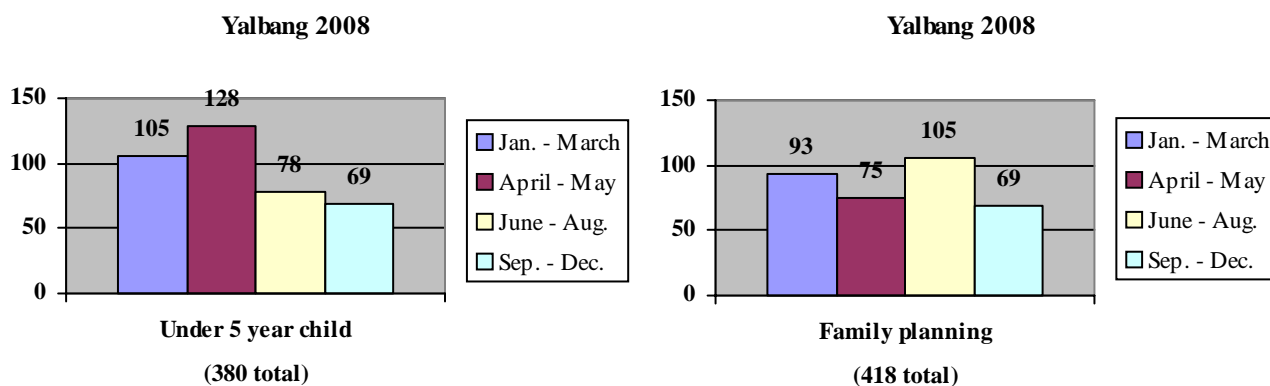
- 2,313 adults and children
- 380 children under 5
- Provided 418 contraceptives



To get an insight in the fluctuations of specific conditions, the number of patients have been divided per season in the figure below. For a comprehensive overview of the number of patients per specific disease - see annex XII.



Next to medicine distribution and patient checkups, the Nepal Trust also dedicates special care to young children and infants (under 5 years old) and family planning by educating villagers and providing them with contraceptives, such as depo, pills and condoms. Figures for Yalbang HP in 2008 can be found below.



The Nepal Trust health worker also provides once a week health education in the local school to educate children about health, hygiene, sanitation, family planning and first aid. In 2008 alone the Nepal Trust treated 2,313 adults and children, 380 children under 5 years old and provided contraceptives for 418 people in Yalbang village; this comes down to a total of 3,111 people.

**Halji (Limi Valley)**



Halji village (3670m) is next to Til and Yang 1 of the 3 villages in Limi Valley and is located 8 days walk from Simikot and 2 days from the Tibetan border. The village consists of 96 households and has a total population of approx. 480 people of Lama origin that practice Buddhism. The main language is Lama language and main economical activities are farming and trade (wood). Main crops are wheat, barley, peas, radish, green vegetable, potato and oil seed. People keep yaks, jophas, mules, oxes, cows, sheep and horses. Halji has a health post, micro hydro (build by NT), 1 monastery (Nepal's oldest - 11<sup>th</sup> century), 1 school and many religious sights (e.g. shrines, chortens, mani walls). Halji is considered one of the last truly hidden Buddhist jewels. There is no telephone and only few sanitary facilities available.

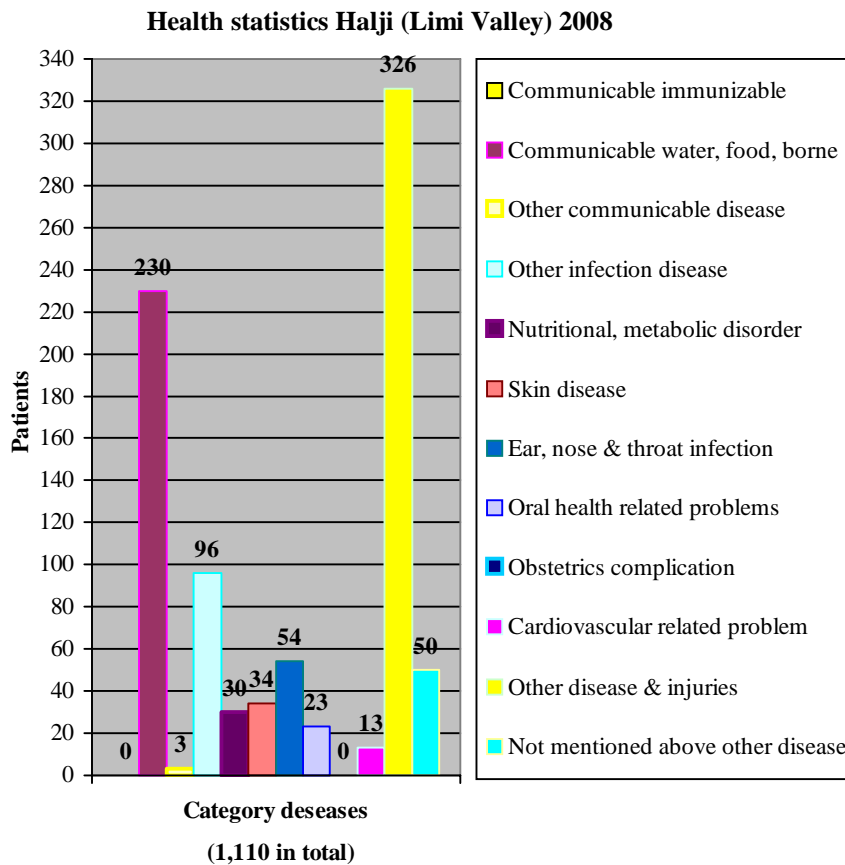


The Nepal Trust health worker in Halji is Kendrup Lama, who is born and raised in Halji. Kendrup has worked for Nepal Trust since the construction of the health post in 2001 by Nepal Trust. The health post is an official registered government health post, but as governmental support is lacking, Nepal Trust is the only one that provides healthcare in one of the most remotest corners of Nepal. The figure below shows the 2008 health statistics of Halji HP.

*Kendrup Lama*



*Halji health post with solar*



**The five most common medical problems of Halji village are:**

- Gastritis (APD)
- Arthritis
- Pneumonia
- Diarrhoea/ Intestinal worms
- Infection disease

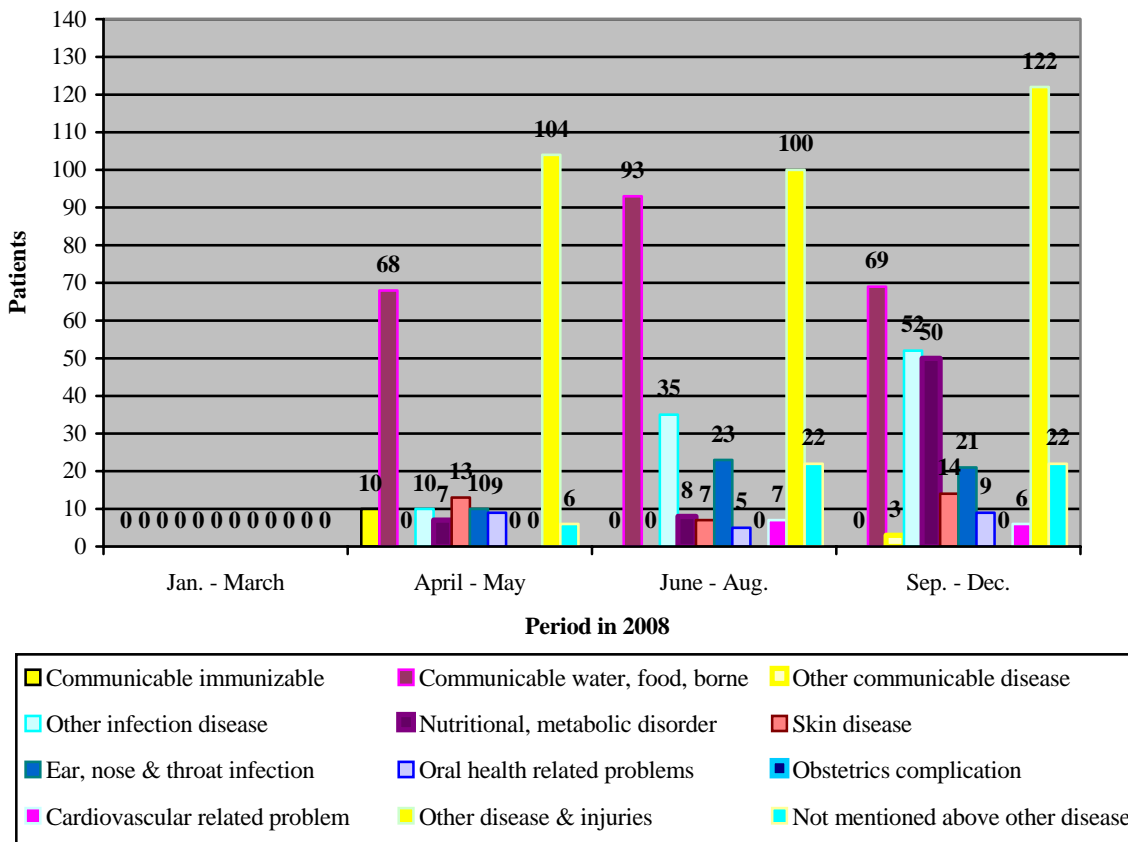
**In 2008 the Nepal Trust treated 1,110 people:**

- 859 adults and children
- 127 children under 5
- Provided 124 contraceptives



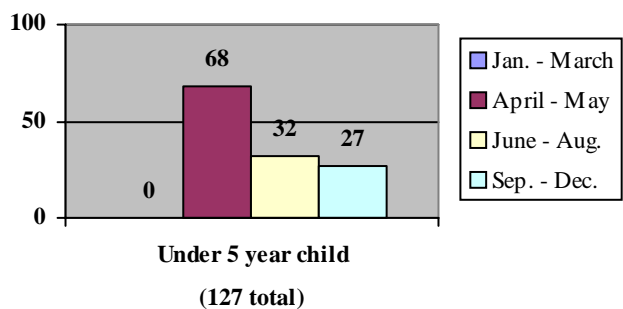
To get an insight in the fluctuations of specific conditions, the number of patients have been divided per season in the figure below. Please note that due to harsh weather conditions Halji is covered under heavy snow during the winter season, which makes access to Limi Vallley impossible. Due to this, patient reports could not be collected, which explains the missing data in the first season. For a comprehensive overview of the number of patients per specific disease - see annex XIII.

**Health statistics Halji (Limi Valley) 2008**

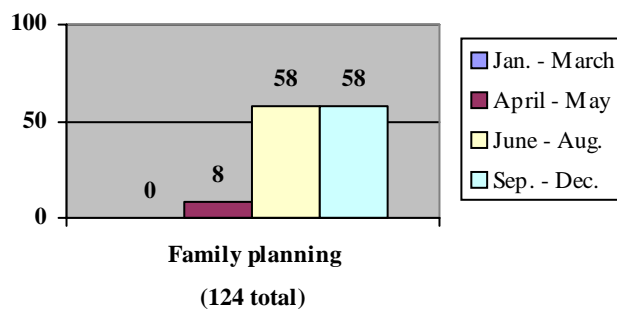


Next to medicine distribution and patient checkups, the Nepal Trust also dedicates special care to young children and infants (under 5 years old) and family planning by educating villagers and providing them with contraceptives, such as depo, pills and condoms. Figures for Halji HP in 2008 can be found below.

**Halji (Limi Valley) 2008**



**Halji (Limi Valley) 2008**



The Nepal Trust health worker also provides once a week health education in the local school to educate children about health, hygiene, sanitation, family planning and first aid. In 2008 alone the Nepal Trust treated 859 adults and children, 127 children under 5 years old and provided contraceptives for 124 people in Halji village; this comes down to a total of 1,110 people.

**Sarkegad**



Sarkegad (2350m) is located 2 days walk from Simikot (south) in a food water deficient area. The village consists of around 10 households and has a total population of approx. 60 people of Thakuri and Chhetri origin that practice Hinduism. The health post is located in the centre of Gothi - , Saya - and Barai VDCs and serves all respective villages consisting of 410 households in total (4000 people). The main language is Nepali and main economical activity is farming. Main crops are wheat, millet, maize, chili, pumpkin and herbs. People keep goats, cows and chickens. Sarkegad has a health post, micro hydro (under construction by Nepal Trust in Gothi), 1 primary school and 1 food depot. There is 1 solar phone, but there are no water taps or any sanitary facilities available.

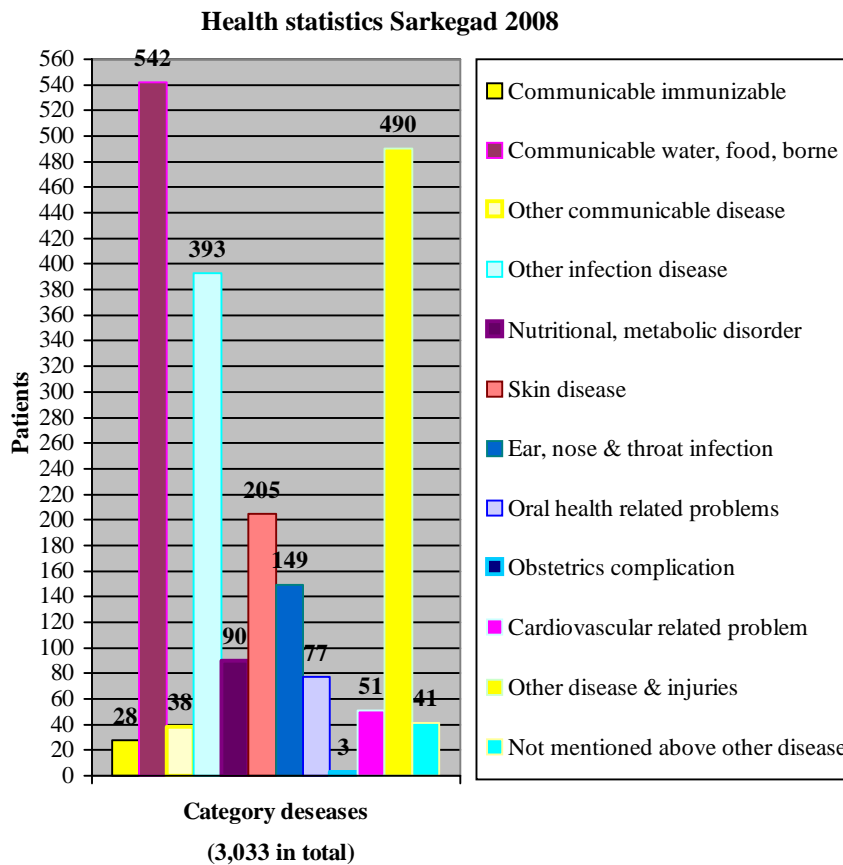


The Nepal Trust health workers in Sarkegad are Nil Bikram Shahi and Dhanmal Thakullo, both from Gothi. The health post, constructed in 1999 by Nepal Trust during a ‘Trek-to-Build’, has once been destroyed by Maoists. The health post is an official registered government health post where Government and Nepal Trust are working together. The figure below shows the 2008 health statistics of Sarkegad HP.



*Nil Bikram Shahi*

*The Nepal Trust Trek-to-Build ‘99*



**The five most common medical problems of Sarkegad village are:**

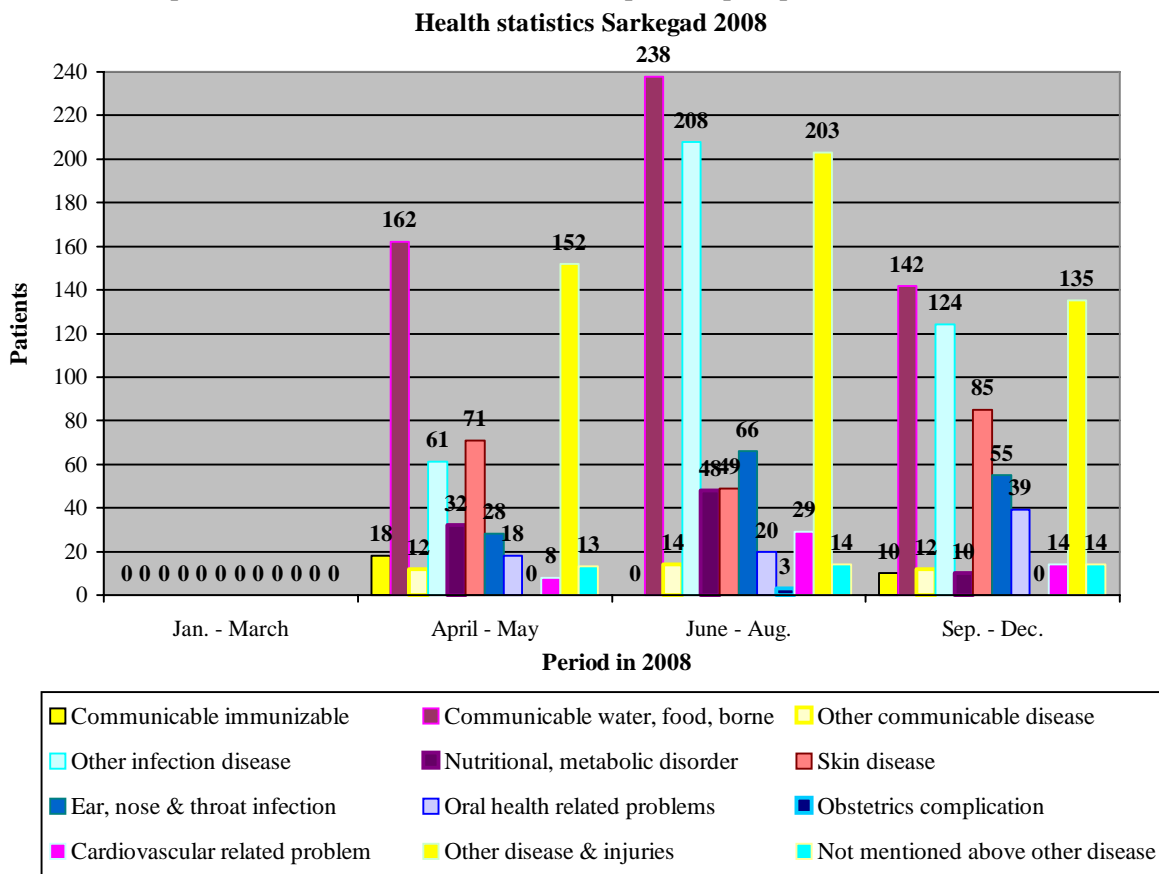
- Delivery
- Gastritis (APD)
- Malnutrition
- Amoebic Dysentery/Amoebiasis
- Diarrhoea/ Intestinal worms
- Infection disease

**In 2008 the Nepal Trust treated 3,033 people:**

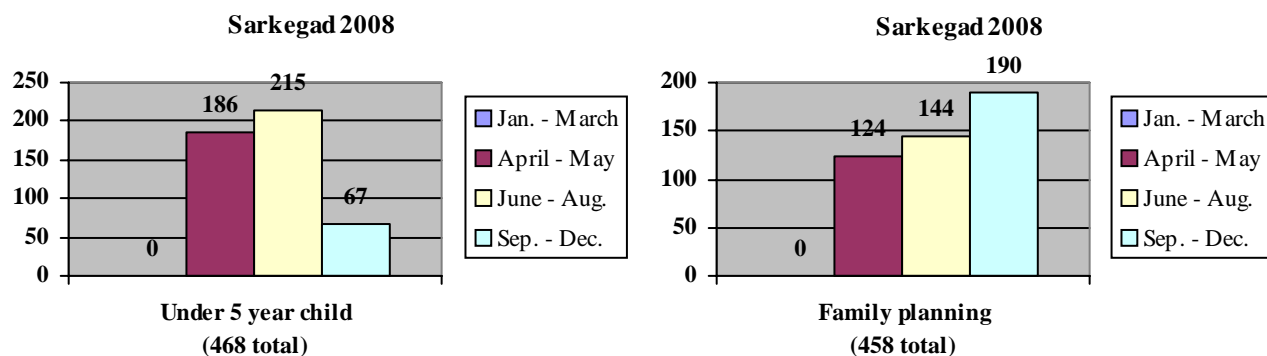
- 2,107 adults and children
- 468 children under 5
- Provided 458 contraceptives



To get an insight in the fluctuations of specific conditions, the number of patients have been divided per season in the figure below. fluctuations of specific conditions, the number of patients have been divided per season in the figure below. Please note that the health post was destroyed during the Maoist conflict. As result the clinic was not operational for long time and the Nepal Trust only staffed the clinic again since April 2008. Due to this, patient reports could not be collected, which explains the missing data in the first season. For a comprehensive overview of the number of patients per specific disease - see annex XIV.



Next to medicine distribution and patient checkups, the Nepal Trust also dedicates special care to young children and infants (under 5 years old) and family planning by educating villagers and providing them with contraceptives, such as depo, pills and condoms. Figures for Sarkegad HP in 2008 can be found below.



The Nepal Trust health worker also provides once a week health education in the local school to educate children about health, hygiene, sanitation, family planning and first aid. In 2008 alone the Nepal Trust treated 2,107 adults and children, 468 children under 5 years old and provided contraceptives for 458 people in Sarkegad village; this comes down to a total of 3,033 people.

### ***Project duration***

3 Years (36 months).

### ***Implementation process/ methodology***

Adequate research, project surveys, site visits and evaluations have been conducted by qualified foreign and Nepalese (medical) experts in advance in order to justify the feasibility and necessity of this health project and to determine the most needed components for implementation. The bulk of the work will be undertaken by the local people and (Government) health workers, supported by (foreign) volunteers with the needed skills and will be supervised by the Nepal Trust. The implementation process/ methodology has the following phases:

- Identify the local need
- Conduct feasibility study
- Identify donors, stakeholders, staff and beneficiaries
- Prepare action plan based on participatory methods
- Mobilize project staff and local communities and other stakeholders
- Implementation of the project
- Liaise with Governmental bodies, donors and other stakeholders
- Monitoring and evaluation

For a comprehensive (tentative) implementation plan and work schedule see annex XV.

### ***Roles and Responsibilities***

#### **The Nepal Trust**

The main role and responsibility of the Nepal Trust is to safeguard clear and transparent communication (reporting, documentation, finances) towards project donors and other public and private stakeholders involved and to provide long-term fundraising, promotional, technical, volunteer and managerial assistance towards the Primary Healthcare Programme on an international level.

In addition, the Nepal Trust has the responsibility to raise, channel and monitor funding for the project in an appropriate and transparent way and look for suitable external donors, part-time consultants and volunteers to streamline the project related activities. For an overview of banking procedures see annex XVI.

#### **Implementing agencies**

The main role and responsibility of the implementation agencies are to facilitate and structure the process of carrying out the projects as per donor's request in a proper, cost effective and efficient way. Hereby the implementation agencies have the task to set-up and maintain communication with local (governmental) bodies (VDCs, DDCs, NGOs, etc.) and arrange all documentation and logistics needed to streamline project implementation.

Subsequently implementation agencies have the duty to supply the donor agencies with clear and transparent reporting/ documentation and accounting of all project related matters and to provide long-term fundraising, promotional, technical, volunteer and managerial assistance towards the Primary Healthcare Programme on national level.

#### ***Linkage and coordination with Humla district line agencies***

The Nepal Trust will register the Primary Healthcare Programme with all necessary documentation at the Social Welfare Council (SWC) and with the Chief District Office (CDO) in order to proceed with all activities. The Nepal Trust will cooperate and work through registered local service providers, NGOs, CBOs, village-based cooperatives and private sector partnerships; and the Nepal Trust will respect and follow all government regulations and Nepalese laws as well as local customs and laws as regulated by the Humli District Development Office (DDC) and Village District Committees (VDCs).

## ***Evaluation/ monitoring/ reporting***

### **Monitoring/ Evaluation**

Monitor Performance Against Objectives - by the use of Evaluations, Reports and Surveys etc. - e.g. bi-annual project progress reports:

- The health coordinator and Nepal Trust staff will make scheduled site visits;
- Donors from Nepal and the UK will monitor the project;
- The Nepal Trust & involved donors will not only visit but also work hands-on at the site;
- The project supervisor and Nepal Trust will produce bi-annual progress reports;
- Reports/ photos/ video submitted from Nepal Trust, volunteers and university students;
- Independent consultants from other (INGOs) will be used to evaluate the project;
- The Director of the Nepal Trust UK will be open to feedback from donors and field reports from locals and independent evaluators and take necessary actions to improve the project;
- The Nepal Trust will send reports to participating donors and other project partners.

Donors are encouraged to visit and monitor the project site and to get hands-on involved in the implementation of the project. The Nepal Trust can, in consultation with the donors, arrange a tailored made 'Trek-to-Build' which will be separately budgeted for in case donors wish to do so.

The Nepal Trust is supported in its sustainable tourism initiatives by organisations such as Nepal Tourism Board (NTB), SNV, STEP Foundation, UNESCO, UNWTO, Nepal Institute of Development Studies (NIDS) and ATLAS.

### **Evaluations**

- Project Evaluations: the main emphasis is effective project management, transparent accounts, reporting and communication at all levels between Nepal Trust staff in UK, Kathmandu and in Simikot, Humla. Ultimately progress reports are the responsibility of the UK based INGO and the Nepali NGO working in tandem with project staff and beneficiaries.
- Medical/ Technical Evaluations: to be presented by the project staff and qualified medical volunteers, Rotarians, independent evaluators and by representatives of Nepal Government.
- Independent Evaluations: external service providers will produce evaluation reports on all project activities that will be used to help personnel to improve the project and will be made available upon request to all involved parties.

### **Reporting Schedules**

Reports will be the responsibility of the Nepal Trust in Nepal. Work activities, project progress and monitoring-reports will be prepared bi-annually and sent to the appropriate government offices of Nepal Government, donor organisations and other contributing parties. The Nepal Trust managers in Kathmandu and Simikot, along with local staff, will track and record project progress and submit reports, requests and recommendations for improvement through the Nepal Trust office in Kathmandu.

The Nepal Trust plans to make at least three monitoring and evaluations trips to Humla per year to record progress with photos and video. With the exception of independent evaluators, all reports will be prepared by the Nepal Trust and be made available upon request. Donor organizations from the UK and Nepal will also make site visits to conduct project monitoring and evaluations.

Financial reports will be kept up-to-date with income and expenditure clearly delineated backed-up with monthly project bank statements, along with necessary invoices, vouchers and signed audit reports by a registered Nepali Internationally certified accountancy firm, e.g. BRS of Kathmandu, Nepal who have been in the employ of the Nepal Trust Scotland.

## ***Management of project***

### **The Nepal Trust's management capacity (expatriate/ national)**

Expatriates: 1 (1 Country Representative)

In order to safeguard, guide and monitor all (financial) procedures/ projects and to optimize transparent feedback to and from donors and other stakeholders regarding all activities, The Nepal Trust estimates the need of at least 1 expatriate, who will be based fulltime in Kathmandu, Nepal on behalf of the UK based INGO.

### **Local operating partner's management capacity**

Local: 10 (1 Manager + 1 Finance Administrator + 8 Field Staffs)

In order to carry out the project and to assist the Nepal Trust's Country Representative, the local implementation partner/ NGO (Nepal Trust Nepal) will mobilize the necessary administrative/ field staff to guide and monitor all (financial) procedures/ projects and to optimize transparent feedback to & from donors and other stakeholders regarding all activities. External project staff will be identified and hired as per project requirement.

### **Project's target communities, i.e. role in project management**

The target communities in Humla are those living in the 8 VDCs mentioned on page 12. The local communities are encouraged to set up/ work through their own village health committees to 1) support the existing NT projects and those of other stakeholders and 2) to liaise with local Governments, line agencies, (I)NGOs and villagers to support the project where possible. Due to the fact that the health posts are strategically located along the main tourism/ trading trails between Nepal and Tibet, as much as possible of the area will be covered.

### ***Cost***

The Nepal Trust is able to carry out this proposed 3-year project for £150,000. This price is based on 5 health posts (Kermi, Yalbang, Halji (Limi Valley), Sarkegad and Torpa) that include operational cost related to 5 trained local health workers (male/ female) and 1 local health coordinator (female) to participate for 36 months.

In addition, the cost include medicine distribution (e.g. for communicable diseases, family planning, immunizations, diseases related to water and food, ear -, nose -, throat infections, nutrition, skin diseases, oral problems, obstetric complications, cardiovascular related problems, etc.). For a list of specific medicines - see annex XVII.

Next to this, the programme incorporates child health education programmes through local schools, also known as 'Little Doctor Programme' (6 per year), specific health camps with volunteer expert support (2 per year), ongoing maintenance/ rehabilitation works to keep the 5 health posts in a proper state, skill training of local staff (incl. Government health workers) to build up the local capacity, and media coverage/ promotion through Information, Education, Communication (IEC) (e.g. IEC tools include pictorials and radio spots targeting maternal and child health) for 3 years.

All logistical arrangements, transportation from Kathmandu to Humla (by bus and airplane), local porters, communication - and admin/ project support cost are included. Currency inflation and contingencies have been taken into account.

For a detailed overview please see the table below.

\* 1 Pound Sterling = 115 Nepalese Rupees (February 2011)

S.N	Particulars	2012	2013	2014	Total Pounds	Total Rupees
1	Essential drugs	£4,000	£4,000	£4,000	£12,000	1,380,000
2	Medical supplies	£5,000	£5,000	£5,000	£15,000	1,725,000
3	Child health education (LD) (6x)	£9,000	£9,000	£9,000	£27,000	3,105,000
4	FCHW activities	£2,000	£2,000	£2,000	£6,000	690,000
5	Supervision/ monitoring	£2,000	£2,000	£2,000	£6,000	690,000
6	Health facility rehabilitation	£3,500	£3,500	£3,500	£10,500	1,207,500
7	Transportation	£5,500	£5,500	£5,500	£16,500	1,897,500
8	Health camp (2x)	£12,000	-	£12,000	£24,000	2,760,000
9	Training/ capacity building	£4,000	£4,000	£4,000	£12,000	1,380,000
10	Media/ promotion activities (IEC)	£500	£500	£500	£1,500	172,500
11	Admin/ project support	£6,500	£6,500	£6,500	£19,500	2,242,500
	<b>TOTAL</b>	<b>£42,000</b>	<b>£54,000</b>	<b>£54,000</b>	<b>£150,000</b>	<b>17,250,000</b>

It is envisaged that all Nepal Trust activities are supportive and supplementary towards Nepal Government's healthcare efforts and are implemented in close cooperation with local line agencies.

#### **Inflation implications (if applicable)**

Due to the uncertain rates in Nepal inflation is almost a certainty. Most implications are related to transport of medicines and equipment, travel cost, and local resources which become more and more scarce.

#### **How will any exchange gain be used?**

Exchange gain will be used for project overheads, project supporting cost, medicines, transportation, financial incentives for staff, etc.

#### **Disposal of assets**

For the project period assets will be property of Nepal Trust, who will hand over any equipment to those who run the health posts after the 3<sup>rd</sup> year.

#### **Unspent funds**

Unspent funds will be placed into a revolving fund to cover (future) operational cost, project supporting cost, overheads, medicines, transportation, training, field visits, etc.

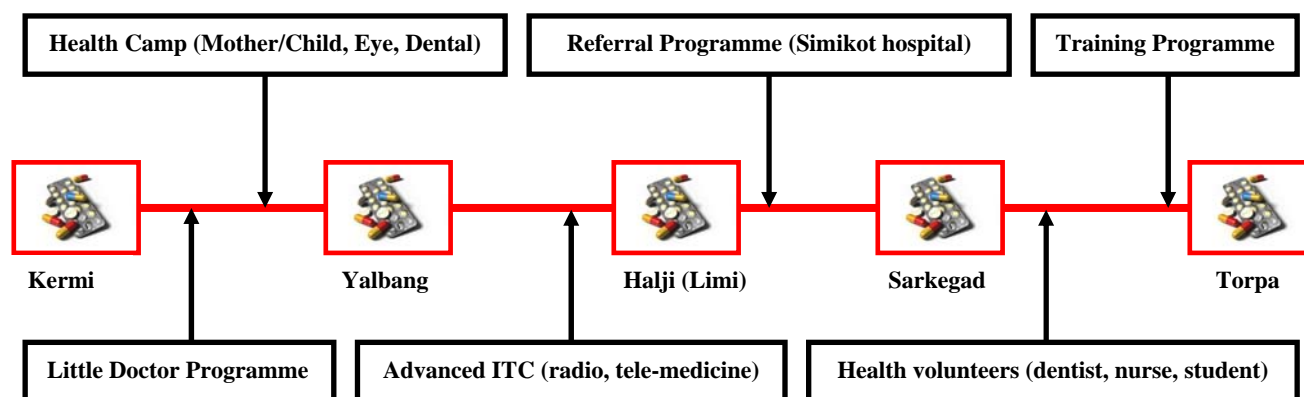
**Future prospectus**

This Primary Healthcare Programme can be considered the **red wire** of our health project and forms the core of the Nepal Trust health activities in Humla. The running of 5 health posts in Kermi, Yalbang, Halji (Limi Valley), Sarkegad and Torpa serves as the operational basis which Nepal Trust will build upon.

The Nepal Trust will try to expand its health programme in future with other activities related to health and education that will be integrated within this framework and that can tap in to enhance the current systems in place accordingly. Hereby one can think of:

- Expansion of our ‘Little Doctor’ Programmes (LD) - to provide health education to local school children;
- Conducting specialized health camps - to address specific medical conditions;
- Organize training programmes - to increase the capacity of local medical staff;
- Upgrade health facilities - through advances technology methods;
- Establishment treatment facility in Simikot hospital - for proper referral;
- Set up volunteer programme - to assist and train local health staff;
- Etc.

The figure below illustrates this future prospectus.



**An overview**

Over the years the provision of primary healthcare has been proven successful and we hope to continue this for many years to come with your support. In the following table the main features are once more given:

<b>Name of the Proponent Organization</b>	<b>The Nepal Trust</b>
<b>Project Description</b>	<b>Primary Healthcare Programme</b>
<b>Location for Project Implementation</b>	<b>Humla District, Nepal</b>
<b>Target Beneficiaries</b>	<b>9 VDCs consisting of 11,200 people</b>
<b>Project Duration</b>	<b>3 years (36 months)</b>
<b>Cost (based on 5 health posts &amp; staff)</b>	<b>£150,000</b>

### ***The Nepal Trust details and contact information***

Business address : The Nepal Trust  
106B Drymen Road, Glasgow  
G61 3RA, Scotland, UK  
Telephone / Fax : Tel: (+44) 07917 571627  
Mobile : 07810 304774/5  
Website : <http://www.nepaltrust.org>  
Email : [admin@nepaltrust.org](mailto:admin@nepaltrust.org)

#### Key staff

▪ Jeroen van den Bergh : Country Director (Nepal/ UK) - [jeroen@nepaltrust.org](mailto:jeroen@nepaltrust.org)  
▪ Jigme Lama : Programme Manager - [jigme@nepaltrust.org](mailto:jigme@nepaltrust.org)  
▪ Pema Doma Lama : Health Coordinator Humla

#### Medical advisors UK

▪ Dr. David Hurman : Medical Director/ Honorary Rotarian  
▪ Janet Griffin : Sr. Nurse/ SRN HVDN  
▪ Stewart McNab : Ex-Head UNICEF Nepal  
▪ Dr. Donald Brown : GP/ Rotarian

#### Medical advisors Nepal

▪ Dr. Ajit Khanal : Secretary/ Ex District Health Officer Humla  
▪ Dr. Shyam Sunder Mishra : Little Doctor Creator/ Ex Regional Director of Health of the Mid  
Western Development Region  
▪ Dr. Ram Basnet : Medical Advisor

Lawyer: : R & R Urquhart  
117-121 High Street Forres, Moray, IV36 1AB

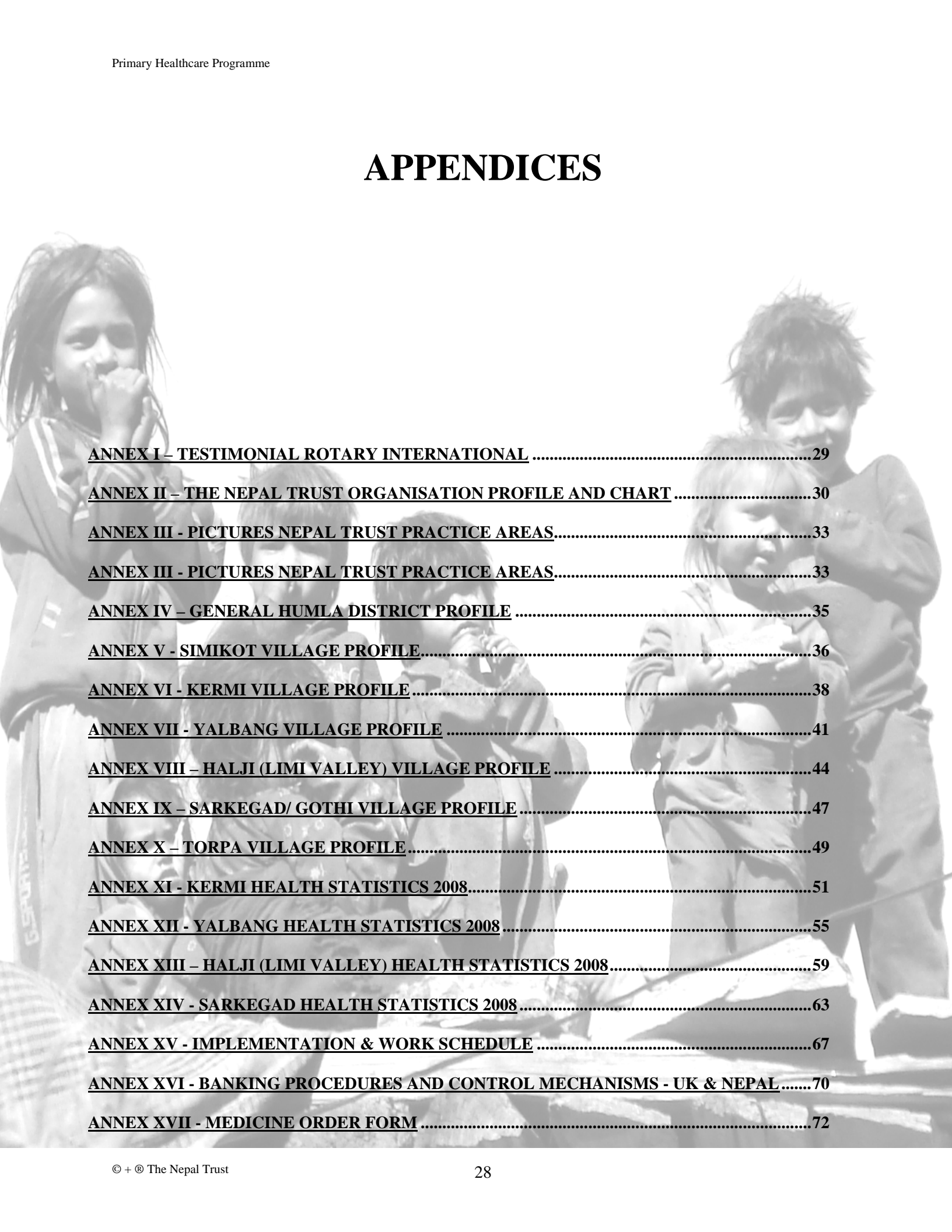
Auditor: : MacKenzie Kerr  
Chartered Accountants and Registered Auditors  
Redwood, 19 Culduthel Road, Inverness, IV2 4AA  
Tel: 01463 235353; [KRoss@mackenziekerr.com](mailto:KRoss@mackenziekerr.com)

Bankers: : Bank of Scotland, 102 High Street, Forres, Morayshire, IV36 1PA

#### Nepalese partner:

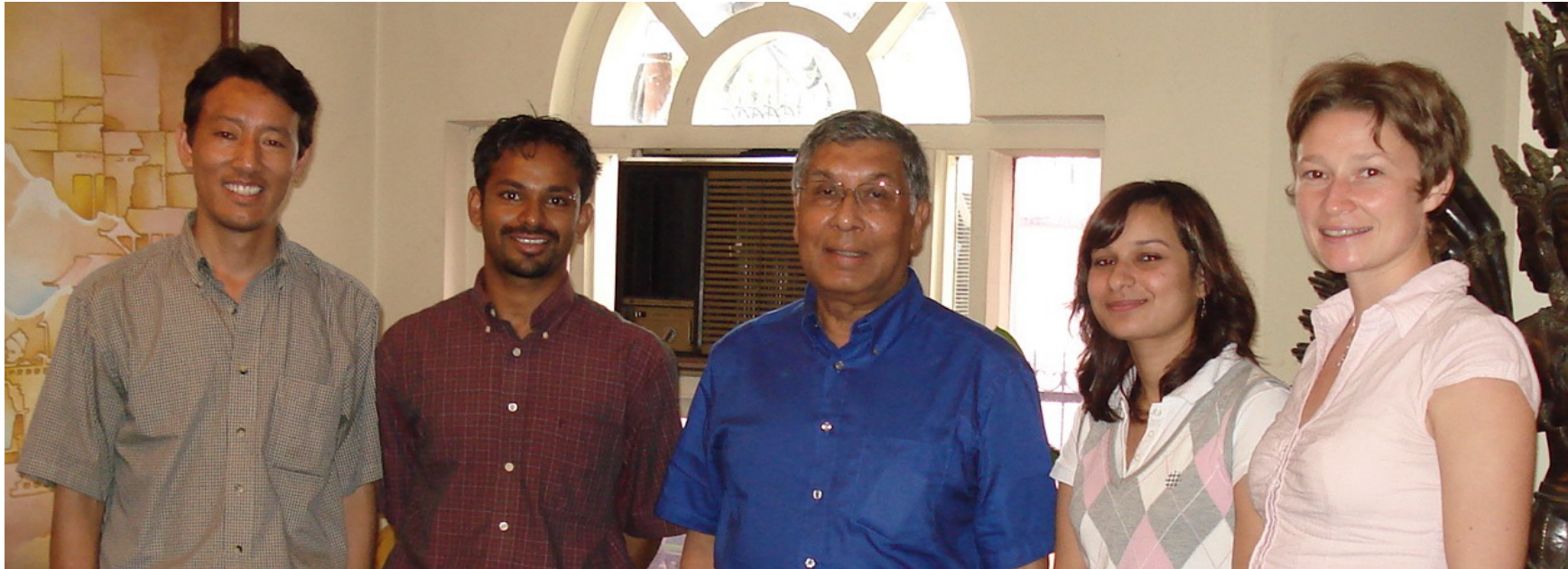
Name of Nepal Organisation : Nepal Trust - *Nepali NGO Partner*  
Business address : Nepal Trust  
G.P.O Box 8975, EPC 4131  
Bansbari, Kathmandu, Nepal  
Telephone/ Fax : Tel.: 4372354 / Fax: 4372354  
Date Founded : (Nepal year - 2051) - 1994  
NGO Registration : CDO Office Kathmandu (319/052/53)  
Social Welfare Council (SWC Reg. No. - 3468)

# APPENDICES

A grayscale background image showing a group of children, some sitting and some standing, in what appears to be an outdoor or semi-outdoor setting. The children are dressed in simple clothing, and the overall tone is soft and focused on the human element of the healthcare program.

<b><u>ANNEX I – TESTIMONIAL ROTARY INTERNATIONAL</u></b> .....	29
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## ANNEX I – TESTIMONIAL ROTARY INTERNATIONAL

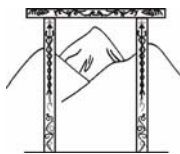


L → R Jigme Lama (NTN), Jeroen van den Bergh (NTS), Dr. Himansu Basu (Rotary International), Dr. Rashmi Sharma (Volunteer), Aditya Eggert (Volunteer)

***“It was a pleasure to have met you and your team during my recent visit to Nepal. Discussing examples of local needs and humanitarian work done by the Nepal Trust, the impact it has made to local communities, and experiencing the commitment of everyone was a unique and valuable experience which I shall remember. You deserve strong support from Rotary.”***

***~ Dr. Himansu Basu, August 2008, Kathmandu, Nepal ~***

## ANNEX II – THE NEPAL TRUST ORGANISATION PROFILE AND CHART



# THE NEPAL TRUST

*“Working with Health, Community Development & Hope in the ‘Hidden Himalayas’ of North West Nepal”*

The Nepal Trust is a Scottish charity and Nepali NGO which over the past 17 years has grown into an amazing cost-effective grass-roots organisation. The Nepal Trust supports the mountain people of Humla to implement effective Health, Community Projects & Enterprise Initiatives to improve the opportunities & livelihoods of the people in the ‘Hidden Himalayas’ of North West Nepal.

### **Importance of mountain life**

Mountains are crucial to the survival of the world’s ecosystems, as they cover  $\frac{1}{5}$  of the earth’s surface area and house about 10% of its population. The greater Himalayan region is the most populous mountain region and sustains more than 150 million people and impacts the lives of 3 times more living on the plains and in the river basins below.

### **Constraints**

Because of their isolation and remote living areas, mountain peoples generally have poor access to employment, health and social services, roads, markets, electricity and other conveniences that others take easily for granted in their own daily lives.

### **How does The Nepal Trust contribute?**

The Nepal Trust wants to create an effective and efficient organization by combining community projects with enterprise initiatives for sustainable development. Its policy focuses on several practices in the areas of health (natural) resource management, education and social enterprise development.

### **Mission**

The Nepal Trust is dedicated to work together with communities of the Upper Karnali River Region of North West Nepal by responding to their needs for improved access to basic health, education, employment, food security & renewable energy resources. The Nepal Trust contributes to this by strengthening the ability of poor communities to help themselves to improve their livelihoods.

### **The Nepal Trusts’ Presence**

The Nepal Trust uses the knowledge and capacity of local communities, (inter)national consultants and volunteers and is supported by donors and partner organisations such as Rotary International and UNESCO.

### **Strategies**

The Nepal Trust has adopted specific strategies for working towards its mission and objectives:

- Use of trekking tourism as a tool of community development and change in lives of remote areas through activities such as ‘Treks-to-Build’ Programs. The Nepal Trust believes that this strategy will benefit both the community and tourists in terms of development and cultural sharing
- Selection of the projects that directly benefit the communities
- Creation of partnerships at international, governmental and local level for the effectiveness in implementation of The Nepal Trust programs in Humla
- Getting communities directly involved in all programs at local level and encouraging them to contribute to the projects
- Mobilization of local people as project staffs and local resources for the projects

### **Areas of specialisation**

The seven major practice areas of The Nepal Trust are:

- Primary Healthcare
- Renewable Energy
- Education and Literacy
- Culture and Heritage Preservation
- Food Security & Agricultural Development
- Tourism- Social Enterprise/ Business Development
- Water/ Sanitation/ Hygiene (WASH)

#### *Primary Healthcare*

The Nepal Trust provides support by implementing a sustainable approach for healthcare by educate, empower & mobilize local communities. Its activities (PPP) are based on the (re)construction of community-run health clinics and organisation of mobile health camps throughout the Karnali Region to provide and improve the basic health conditions (Dental, Eye, Surgery, Woman focused, Ear, Education) of local people.

#### *Renewable Energy - Micro Hydro Power (MHP) and Solar*

The Nepal Trust supports local communities in effective implementations of solar and micro hydro power projects and creates linkages to renewable energy technologies such as solar ovens, improved solar home units & cook stoves, LEDs & new technology, but also computer education & communication. Alternative energy projects contribute to reduction of deforestation, health related problems, support local enterprises and enhance better quality of life.

#### *Education and Literacy*

The Nepal Trust empowers people by education, raising awareness, sharing knowledge & on-the-job trainings. At local community level, The Nepal Trust mobilises local communities to enhance the people's skill level through responsible and accountable (technical) trainings, communication and computer education. The Nepal Trust focuses on the improvement of education standards by improve school and education facilities.

#### *Culture and Heritage Preservation*

The Nepal Trust helps to preserve local culture and heritage sites with a main focus on Nepal's oldest monastery in Halji (+800 years). Next to the renovation of monasteries, The Nepal Trust helps local communities to create business opportunities by linking local arts & crafts to (inter) national markets and facilitates in marketing local architecture, arts & crafts, lifestyles, religion and nature for income generating businesses and tourism based activities.

#### *Food Security & Agricultural Development*

The Nepal Trust supports local communities to optimize their food processing capacities & implements agricultural/ environmental awareness programs to educate people about agricultural development, food security and food storage to increase the quality and quantity of food in remote mountain areas.

#### *Tourism - Social Enterprise & Business Development - 'Treks-to-Build Health & Community'*

The Nepal Trust uses tourism, the world's largest industry, in a responsible way as a driving catalyst for job creation, income generation & local (economic) development in the poorest parts of Nepal. The Nepal Trust organizes & runs (commercialized) 'Treks-to-Build Health & Community' throughout Nepal to develop the Karnali region by combining business with sustainable development. The Nepal Trust is supported by UNESCO to promote Humla Eco-tourism and develop the Humla Natural & Cultural Trail.

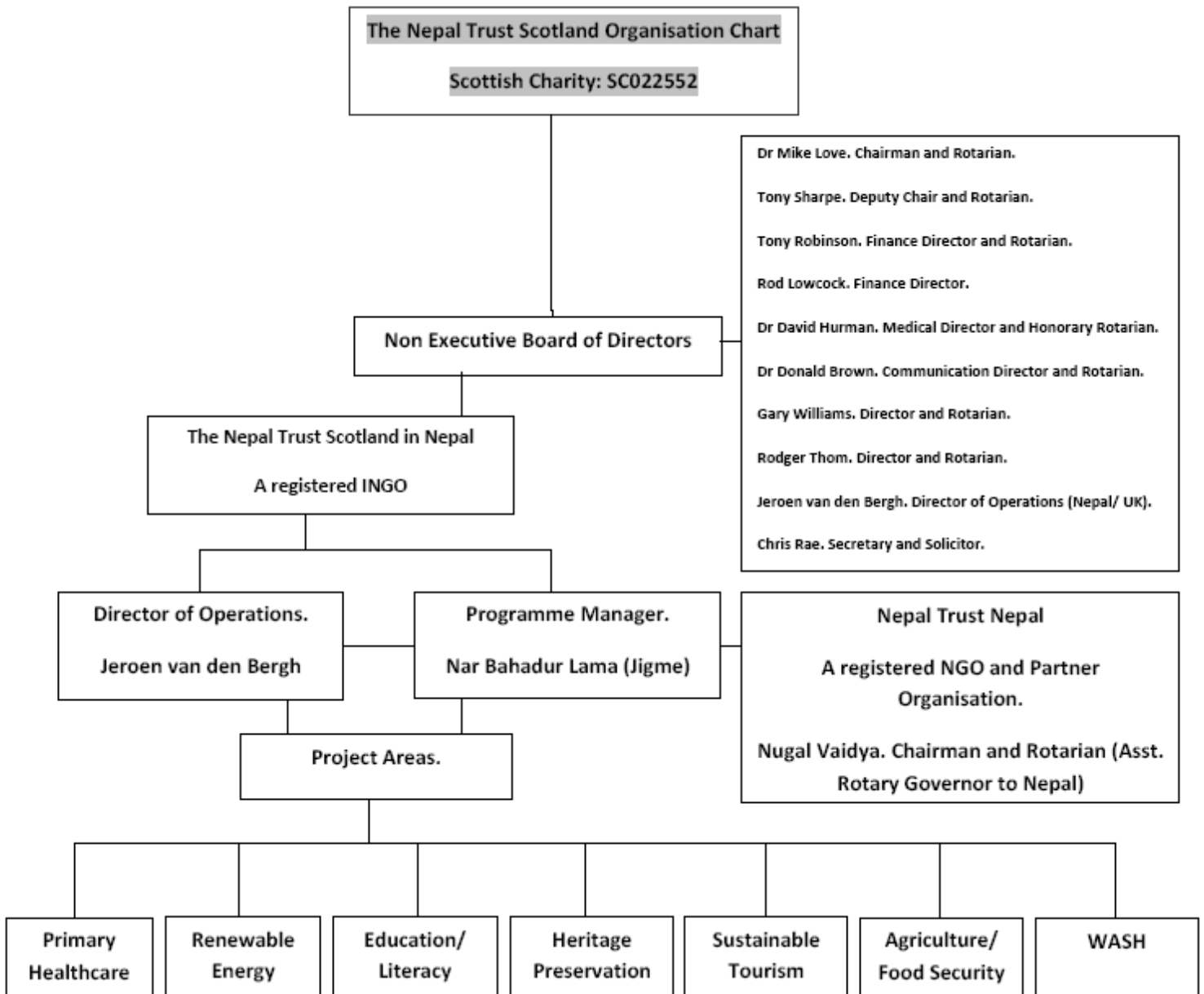
#### *Water/ Sanitation/ Hygiene (WASH)*

The Nepal Trust supports local communities to utilize the world's most important resource – water – in a sustainable way. The Nepal Trust promotes WASH activities and helps people to access clean drinking water resources, provide assistance to raise awareness among communities on the importance on clean drinking water, water provision, sanitation measures and hygiene issues (e.g. food preparation). Clean water contributes to food production, raises the health and hygiene standards in villages, is utilized by local tourism industries and of main importance to daily life of villagers. The Trust is focusing on water supply schemes, promotion of proper water usage and water-health related issues.

### **Volunteer Programs**

The Nepal Trust sets up programs for volunteers to sustain projects on a cost effective basis & distribute specialized knowledge among its project areas. Doctors, nurses, (medical & engineering) students & universities from all over the world and anyone else who can contribute in a positive way, are welcome to use their skills and knowledge to work towards enhancement of the living conditions of local communities in North West Nepal.

Our organisation chart can be found below:



### ANNEX III - PICTURES NEPAL TRUST PRACTICE AREAS

#### Renewable Energy – Micro Hydro Power (MHP) and Solar

Til MHP power house



Halji solar system

Kermi MHP turbine and food grinder



Jang MHP power house

Partners: DANIDA, ESAP, Thapa Engineering, Structo Nepal, AEPC, CATN, Rotary Intl.

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#### Primary Healthcare

Female healthcare



Solar system Simikot hospital

Rotary Doctor Bank in action



Health camp Simikot

Partners: UNICEF, Nepal Ministry of Health, Rotary Intl.

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#### Education and literacy

Nepal Trust guest house/  
regional office/ training  
centre for school children



Little Doctor's health

Solar oven



Solar shower

Partners: UNICEF, UNESCO, GTZ, Nepal Ministry of Health, Rotary Intl.  
Culture and Heritage Preservation

Cultural tourism  
interaction program



Construction  
Raling Gompa

Renovation  
Halji monastery



Local festival and  
mural restoration by Rotary  
International

Partners: UNESCO, Rotary Intl.

Tourism – Social Enterprise & Business Development/  
‘Treks-to-Build Health & Community’

Rotary trek to Ghoti  
50 kW micro hydro



Rotary trek to Torpa  
health post

Rotary trek to Til solar  
project with UK scouts



Rotary trek to Raling  
Gompa

Partners: UNESCO, SNV, UNWTO, STEP Foundation, ATLAS, Nepal Tourism Board (NTB), NIDS, Rotary Intl.

Projects supported by the Nepal Trust to date:

- 5 Micro hydro power plant installations, 1 under construction, 2 planned
- 11 Community solar projects, incl. hospital
- 1 Guest house/ multi purpose training centre
- 1 Hospital & 6 health posts construction/ renovation
- Medical professionals/ supplies
- 1 Ambulance donation to a remote hospital
- 5 Food grinder installations
- 2 Oil press machine installations
- 3 Health camps → 12000 patients treated
- 8 Education and literacy programs
- Heritage preservation → 2 Monastery renovations
- 12 ‘Treks-to-Build Health & Community’ to implement community projects
- Mobile health clinics to remote areas

## ANNEX IV – GENERAL HUMLA DISTRICT PROFILE

A person of Humla is known as Humli.

The district has the following ethnic composition: *Chhetri* (44.2 per cent), *Thakuri* (19.5 per cent), *Lama* (16.1 per cent), *Brahmin* (6.2 per cent), and the occupational casts such as *Kami* (Black Smiths-5.66 per cent) *Damai* (Tailors-2.36 per cent) and *Sarki* (Cobblers-1.2 per cent). In addition the remaining 4.78 per cent of population represents other ethnic group/s.

The Language spoken in the district is *Humli Khas* spoken by 84.38 per cent of the total population, while *Lama Kham* by 15.32 per cent and others by 0.3 percent of the population. It is believe that the Nepali language, the national language of Nepal, is originated from *Humli Khas*. Similarly, 78.2 percent and 20.2 percent of population devote to Hindu and Buddhist religions respectively. In addition the remaining 1.6 percent of population did not specify their religion during census 2001.

The Lama ethnic groups practice the fraternal polyandry system, which is now disintegrating gradually due to various internal and external factors such as modernization, education, social and cultural-mixed with other caste group/s and so on. However, this system is good in terms of the economic aspect and make family bonds strong. A family is not separated after marriage and lives together as a joint family. Therefore, they do not have to divide their properties after they get married. In contrast, *Chhetri* and *Thakuri* castes generally separate from the parent family after they get married. They prefer nuclear family. This is how, Lama ethnic group/s seem to be wealthier than *Chhetris* and *Thakuris*.

The Dalits (locally called *Dom*) such as *Kami*, *Sarki* and *Damai* are still socially discriminated. They are not allowed to use the same water tap that is used by other higher caste i.e. *Chhetri*, *Thakuri* and others. This community is also economically vulnerable.

Below a table which shows the profile of Humla District:

<b>PROFILE NEPAL AND HUMLA</b>			
S.N.	Description	Data	
		Nepal	Humla
1	Total Area	147181sq. km.	5,655 sq. km
2	Altitude Range	90-8848 m.	1500-7300 m
3	Total Households	4,253,220	6,953
4	Total Population	23151423	44,400
5	Average Birth Rate	2.25%	3.20%
6	Gross National per Capita	US\$ 269	US\$ 186
7	Human Development Value	0.526	0.367
8	HDI Rank	136/177 Countries	73/75 Districts
9	Human Poverty Index	38.7	63.8
10	HPI Rank	74/177 Countries	75/75 Districts
11	Life Expectancy	66.6	54.37
12	Literacy Rate above 15 Years	48.6	21.3
13	Gross Domestic Product	US\$ 1420	US\$ 900

### Profile Nepal & Humla

## ANNEX V - SIMIKOT VILLAGE PROFILE

### PEOPLE

- Overall population
  - 3170 (1551 female and 1619 male)
  - 701 Households (Chhetri - 540, Lama - 102 and Ethnic (Dalit) - 59)
- Ethnic groups
  - Chhetri, Ethnic (Dalit), Tamang
- Religion
  - Tibetan Buddhist 100%
- Main language/s
  - Nepali (Khas)
  - Lama
- How people make their living/money-
  - Agriculture (70%)
  - Service (15%)
  - Business (15%)
- Describe any important people/characters in the village
  - **Mukhiya** - ( SinghBir Rokaya, Adana Singh Rawat, Pathe rawat, Ram Bahadur Rawat, Gajat Shahi, Syarap Lama, Narendra Lama)- Judicial work,
  - **Dhami** - (Showane Rokaya - Kala Silta, Janak Rokaya - Kala Silta, Bakta Rokaya Masto, Dhani Rokaya - Masto, Nana Kami - Masto, Dhana Rup Kami - Masto, Rapdan Lama - Mahakal
  - **Judicial work**

### GENERAL

- Is there any specific history of the village?
  - Simikot is the district H.Q.
- Interesting features of the village
  - Viu Stone, Milky lake, Resting place, Rani Ban, Higher Secondary School, Nepal's highest district headquarter is situated in this village.
- Communication facilities
  - Radio, television, F.M. telephone and newspaper facilities are entertained.

### PHYSICAL

- Location in the district
  - It takes 10-12 days to get to Simikot from Surkhet, the nearest road hub and 6 days (85 km distance) to get from Simikot to Hilsa, located at the Tibetan border.
- Climate & changes per seasons
  - Rainy season: July - September (15°C to 25°C)
  - 15°C to 20°C in Summer and -10°C to -15°C in Winter, snow up to 4 ft.
- Terrain
  - 25% Farming land
  - 75% River, forest, rocky and grass area.
- Water sources
  - Clean drinking water by pipes and taps.

- Agriculture (what do people grow there, what animals do they keep?)
  - Maize, Buckwheat, wheat, Barley, chino (small white round seed grain), millet, turnip, radish, green vegetable, apple, apricot, wall nuts, potato, bean, mustard etc.
  - Yaks, jopha, cow, horse, donkey, chicken
- Description of a typical home
  - A home has 3 floors – First floor for animals, second floor for people (kitchen, dining, bedroom, etc.) and third floor for religious - and ritual activities.
- Any interesting wildlife?
  - Deer, blue sheep, monkey, fox and birds.

### **EDUCATION**

- What are the school facilities in the village?
  - Primary School - 4
  - Lower Secondary School - 2
  - Higher Secondary School - 1
  - Boarding School - 2 (Grade 1 to 5)
- Where children go to continue their education
  - Children go Surkhet, Nepalgunj, Pokhara and Kathmandu for further education.

### **ELECTRICITY**

- Is there any?
  - Yes (Micro Hydro Power 500 kW and every home has solar power)
- If so, details on frequency, reliability etc.
  - It is reliable and effective 24 hour.
- How has having electricity changed peoples' lives?
  - No more smoke in the houses, hence the houses are more clean and bright.
  - Less use of fire wood, hence less deforestation.
  - Students and teachers have better facilitates and longer hours for study which saves time.
  - Created jobs for 2 persons to operate the micro hydro.
  - People know about micro hydro - and solar projects.

### **HEALTH**

- What are the health facilities in the village?
  - District Hospital, Citta Nepal and Private Clinic, Allopathic Clinic
- Where do people go for further treatment (& how far)
  - Surkhet (35 min. by plane), Nepalgunj (45 min. by plane), Kathmandu (1 hr. 45 min. by plane) and Lakhanau (India).
- Most typical illnesses / problems
  - Gastritis (APD), Diarrhea/ Intestinal worms.
- Details on Mother & Child Health practices
  - Lacking.

## ANNEX VI - KERMI VILLAGE PROFILE

### PEOPLE

- Overall population
  - 350 (170 female and 180 male)
  - 64 Households
- Ethnic groups
  - Lama/ Bhote (However there is no specific term for ethnicity in Tibetan Buddhist communities)
- Religion
  - Tibetan Buddhist 100%
- Main language/s
  - Ancient Tibetan language (a dialect of Tibetan)
- How people make their living/money
  - Agriculture (73%)
  - Trading (herbs/timber, border trade) (25%)
  - Government service: 3 people (1%)
  - Non Government jobs: 3 (1%)
- Describe any important people/characters in the village
  - **Lama (Buddhist teacher/ practitioner)** - Two Lamas, Ang Tsering and Lama Samten, serve as the principle Lama for the village, helping communities in guiding on their Buddhist teaching and practices including daily rituals, birth, death rites and other ceremonies. They also act as traditional Tibetan healers.
  - **Luron (master singer) and musician** - Tsering Norbu is the master singer and musician. He has inherited thousands of age-old songs from his ancestors that very few people in the region have. These songs are about historical events, migrations, social events of ancient times, pilgrimages, word of respect to the famous Kings, Buddhist teachings and advices of famous saints and masters as well as about fun and love.
  - **Local traditional historian** - Gyalpo Lama
  - **Government teacher** - Mangal Lama is a government teacher from the village, as well as an active social worker.
  - **Village Chairman** - The post is empty now.

### GENERAL

- Is there any specific history of the village?
  - During Annual Maji Rimju festival, some people prepare symbols of Potala Palace (Palace of the Dalai Lamas in Lhasa) as a respect and remembrance of the place they originated from. Sagar Lama; a local student believes that this indicates that a group of people (5-6 households were migrated from Lhasa in ancient times).
  - There are a number of households in the village that represent different ancient Tibetan clans from which they originated from. One of them is 'Kyungpa' which denotes to the people of Khyung Lung/Garuda Fort (a place in western Tibet known in the ancient times to be the capital of Guge Kingdom. This was the place where the myths of Shangri-La originated from after the 17<sup>th</sup> century (Christian Missionaries visited the place.) Also there are other clans relating to their origin from different parts of ancient Tibet.
- Interesting features of the village
  - Leikyok Monastery, Hot Spring, Salli Forest, Kang Jak peak, Tung Tang peak, Selima Lake.
- Communication facilities
  - Radio is the main communication tool. There is a post man who occasionally visits the village. It takes 15 days to get mail from Kathmandu or Nepalgunj.

## PHYSICAL

- Location in the district,
  - 1 Day walking distance (8 hrs.) from Simikot and 5 days from Hilsa, located at the Tibetan border.
- Climate & changes per seasons
  - Winter: (November - March).  
All the animals are brought at home, some people travel to lower regions for winter trade/jobs. There is no agriculture work and very limited movement.
  - Spring: April – June. Spring is the time for sprouting of wheat and barley. Plants start to grow.
  - Rainy season: July - September. Rains often/ it's also the season for agriculture.
  - Summer/ warm season: July – September. In the Summer border trade with Tibet takes place. Livestock are taken to higher altitude pastures.
  - 15<sup>0</sup>C to 20<sup>0</sup>C in Summer and -10<sup>0</sup>C to -15<sup>0</sup>C in Winter, snow on average 4 ft.
- Terrain
  - Rocky, limited farming lands.
- Water sources
  - Clean drinking water by pipes and taps brought from Gonpa Lungpa stream.
- Agriculture (what do people grow there, what animals do they keep?)
  - (Buck)wheat, barley, chino (small white round seed grain), millet, turnip, radish, green vegetable, pumpkin, apple, apricot, wall nuts.
  - Yaks, jopha, cow, horse, donkey, chicken.
- Description of a typical home
  - A home has 3 floors – First floor for animals, second floor for people (kitchen, dining, bedroom, etc.) and third floor for religious - and ritual activities.
- Any interesting wildlife?
  - Deer, snow leopard, blue sheep, mountain goat, bear, jackal, musk deer and birds.

## EDUCATION

- What are the school facilities in the village?
  - Primary School (1 - 5 grade)
  - 5 Class rooms , 1 teacher/ office
  - Basic wooden benches and desks
  - Government provides Nepali course books
- No. of children, male & female in school, & typical leaving age
  - 70 students include 20 female and 50 male.
  - 13 years.
- Where children go to continue their education
  - Simikot for further education 12 classes (high school) and Kathmandu for college.

## ELECTRICITY

- Is there any?
  - Yes, Kermi Micro Hydro Power Plant 5.5 kW (constructed by NT)
  - **Gyamtso Lama** - operator for Kermi Micro Hydro project. He is from Kermi village and is 28 years old. He joined the project since the beginning (2000). He has been nominated by the village and received training from Nepal Trust on micro hydro. He also participated during the construction of Til micro hydro in 2003 and wiring in Lali and Halji micro hydro project in 2006 and 2007 respectively.
  - **Lakyap Lama** - assistant operator. He is from Kermi village and is 45 years old. He has been working on and off for the project since 2003 and has also been nominated by the village.
  
- If so, details on frequency, reliability etc.
  - It is reliable and effective.
  - Evening 7 - 10 pm electricity use for lighting. Runs for 12 months a year unless there is a heavy snow and maintenance.
  
- How has having electricity changed peoples' lives?
  - No more smoke in the houses. The houses are more clean and bright.
  - Less use of fire wood and hence less deforestation.
  - Students, teachers have better facilitates and longer hours for study and saves time.
  - Created job for 2 persons also.
  - People know about Micro Hydro Projects.

## HEALTH

- What are the health facilities in the village?
  - Kermi Health Post (NT) - OPD, Health Education, Immunization, Family Planning and necessary advisory sessions.
  
- Where do people go for further treatment (& how far)
  - Tibet (5 days by foot), Simikot (1 day by foot) and Kathmandu
  
- Where would they have to go if NT clinic was not there
  - Khangalgaon, Hepka and Simikot
  
- Most typical illnesses / problems
  - Delivery, Pneumonia, Gastritis (APD), Diarrhea/ Intestinal worms and Infection disease.
  
- Details on Mother & Child Health practices
  - Lacking.

## ANNEX VII - YALBANG VILLAGE PROFILE

### PEOPLE

- Overall population
  - 337 (172 female and 165 male)
  - 55 Households
- Ethnic groups
  - Lama (However there is no specific term for ethnicity in Tibetan Buddhist communities), Tamang and Ethnic (Dalit)
- Religion
  - Tibetan Buddhist 100%
- Main language/s
  - Ancient Tibetan language (a dialect of Tibetan)
- How people make their living/money-
  - Agriculture and farming (80%)
  - Service - 1 Gov. (0.05%), 3 NGO (0.15%)
  - Business (4%)
  - Labour (15.8%)
- Describe any important people/characters in the village
  - **Rinpoche** -Pema Riksal Lama (Main Lama - Namkha Khyunjon Gompa)
  - **Lama (Buddhist teacher/ practitioner)** - Two Lamas, Urgen Chhyodak and Chhabilal Lama, serve as the principle Lamas for the village in Namkha Khyunjon Gumba, helping communities in guiding on their Buddhist teaching and practices including daily rituals, birth, death rites and other ceremonies.–
  - **Dhami** - Latar Lama
  - **Dhami Assistant** - Tasi Lama
  - **Social Service** - Kumar Lama

### GENERAL

- Is there any specific history of the village?
  - People of Challa village (1 day by foot) used to come to Yalbang for the health post and the school (Taplung). Due to lack of water availability they left Taplung. Because of scarcity of water they used to bath using oil. Now also we can see the pond to collect water.
- Interesting features of the village
  - Namkha Khyonjon Gumba, remnants of old palace, cave (Khartok cave), Karnali River
- Communication facilities
  - Radio is the main communication tool. There is a post man who occasionally visits the village. It takes 15 days to get mail from Kathmandu or Nepalgunj.

## PHYSICAL

- Location in the district
  - 2 Days walking distance (12 hrs.) from Simikot and 4 days from Hilsa, located at the Tibetan border.
- Climate & changes per seasons
  - Winter: (November - March).  
All the animals are brought at home, some people travel to lower regions for winter trade/jobs. There is no agriculture work and very limited movement.
  - Spring: April – June. Spring is the time for sprouting of wheat and barley. Plants start to grow.
  - Rainy season: July - September. Rains often/ it's also the season for agriculture.
  - Summer/ warm season: July – September. In the Summer border trade with Tibet takes place. Livestock are taken to higher altitude pastures.
  - 15<sup>0</sup>C to 20<sup>0</sup>C in Summer and -7<sup>0</sup>C to -15<sup>0</sup>C in Winter, snow on average 3 ft.
- Terrain
  - Rocky, limited farming lands.
- Water sources
  - Clean drinking water by pipes and taps, but low quality.
- Agriculture (what do people grow there, what animals do they keep?)
  - Main crops are (buck)wheat, barley, chino, millet, mustard, radish, green vegetable, pumpkin, potato, tomato, apricot and wall nut.
  - Yaks, jopha, cow, horse, donkey, chicken.
- Description of a typical home
  - A home has 3 floors - First floor for animals, second floor for people (kitchen, dining, bedroom, etc.) and third floor for religious - and ritual activities.
- Any interesting wildlife?
  - Deer, snow leopard, blue sheep, mountain goat, jackal, musk deer and birds.

## EDUCATION

- What are the school facilities in the village?
  - Primary School
  - 8 Class rooms
  - Sport ground
  - Camping site
  - Small library, basic wooden benches and desks, small stage
  - Government provides Nepali course books
- No. of children, male & female in school, & typical leaving age
  - 109 students include 69 female and 40 male.
  - 13 years.
- Where children go to continue their education
  - Simikot and Chauganphaya for further education 12 classes (high school) and Kathmandu for college.

## **ELECTRICITY**

- Is there any?
  - Yes, a Micro Hydro Power plant (constructed by KLDP)
- If so, details on frequency, reliability etc.
  - It is reliable and effective.
- How has having electricity changed peoples' lives?
  - No more smoke in the houses. The houses are more clean and bright.
  - Less use of fire wood and hence less deforestation.
  - Students, teachers have better facilitates and longer hours for study and saves time.
  - Created job for 2 persons also.
  - People know about Micro Hydro Projects.

## **HEALTH**

- What are the health facilities in the village?
  - Yalbang Health Post (NT) - OPD, Health Education, Immunization, Family Planning and necessary advisory sessions.
- Where do people go for further treatment (& how far)
  - Tibet (4 days by foot), Simikot (2 days by foot) and Kathmandu
- Where would they have to go if NT clinic was not there
  - Muchu (1 day by foot) - the local health centre and Simikot
- Most typical illnesses / problems
  - Pneumonia, Arthritis, Gastritis (APD), Diarrhea/ Intestinal worms and Infection disease.
- Details on Mother & Child Health practices
  - Most of people use local methods for delivery rather than the health post. Local people only come to get delivery materials and sometimes pregnant women come for check-ups.

## ANNEX VIII – HALJI (LIMI VALLEY) VILLAGE PROFILE

### PEOPLE

- Overall population
  - 480 (235 female and 245 male)
  - 96 Households
- Ethnic groups
  - Lama/ Tamang/ Bhote (However there is no specific term for ethnicity in Tibetan Buddhist communities)
- Religion
  - Tibetan Buddhist 100%
- Main language/s
  - Ancient Tibetan language (a dialect of Tibetan)
- How people make their living/money
  - Agriculture (73%)
  - Trading (herbs/timber, border trade) (26%)
  - Government service: 3 people (0.5%)
  - Non Government jobs: 3 (0.5%)
- Describe any important people/characters in the village
  - **President Limi Development Committee** – Tashi Lakpa Lama

### GENERAL

- Is there any specific history of the village?
  - Halji houses Nepal's oldest monastery (Rinchenling), which is believed to be originated in the 11<sup>th</sup> century.
- Any interesting myths / stories?
  - The monastery originally belonged to the Sakyapa sect and later to the Dri-gung Ka-gyu-pa sect. For centuries, it has been the cultural and religious centre of not only the three villages in the Limi valley but also for all the Bhotia community of upper Humla and western Tibet.
- Interesting features of the village
  - Rinchenling Monastery (11<sup>th</sup> century), chortens, mani walls, stuppas – Halji is very religious.
- Communication facilities
  - Radio is the main communication tool. There is a post man who occasionally visits the village. It takes 20 days to get mail from Kathmandu or Nepalgunj.

## PHYSICAL

- Location in the district,
  - 8 Days walking distance from Simikot (by foot) and 2 days from Tibet (by foot).
- Climate & changes per seasons
  - Winter: Snow (November – March) average 5 ft snow.  
All the animals are brought at home, some people travel to lower regions for winter trade/ jobs. There is no agriculture work and very limited movement.
  - Spring: April - June  
Spring is the time for sprouting of wheat and barley. Plants start to grow
  - Rainy season – August  
Rains often / it's also the season for agriculture, cultivating wheat, barley, peas, radish, green vegetable, potato and oil.
  - Summer/ warm season: July - September  
Border trade with Tibet. Livestock are taken to higher altitude pastures.
  - -10<sup>0</sup>C to 15<sup>0</sup>C in Summer and -10<sup>0</sup>C to -20<sup>0</sup>C in Winter.
- Terrain
  - Rocky, limited farming lands.
- Water sources
  - Glacial streams, normal drinking water.
- Agriculture (what do people grow there, what animals do they keep?)
  - Main crops are (buck)wheat, barley, peas, radish, green vegetable, potato and oil seed.
  - Yaks, jopha, mule, ox, cow, sheep, horse.
- Description of a typical home
  - A home has 3 floors - First floor for animals, second floor for people (kitchen, dining, bedroom, etc.) and third floor for religious - and ritual activities.
- Any interesting wildlife?
  - Deer, snow leopard, blue sheep, mountain goat, jackal, musk deer and birds.

## EDUCATION

- What are the school facilities in the village?
  - Primary School 1- 5 grade
  - 2 Teachers/ office
  - Basic wooden bench and desks
  - Government provides Nepali course books
- No. of children, male & female in school, & typical leaving age
  - 15 years
- Where children go to continue their education
  - Kathmandu and India.

## **ELECTRICITY**

- Is there any?
  - Yes, Halji Micro Hydro Power plant 6.5 kW and solar electrification (constructed by NT)
- If so, details on frequency, reliability etc.
  - It is reliable and effective.
- How has having electricity changed peoples' lives?
  - No more smoke in the houses. The houses are more clean and bright.
  - Less use of fire wood and hence less deforestation.
  - Students, teachers have better facilitates and longer hours for study and saves time.
  - Created job for 2 persons also.
  - People know about Micro Hydro Projects.

## **HEALTH**

- What are the health facilities in the village?
  - Halji Health Post (NT/ Gov.) - OPD, Health Education, Immunization, Family Planning and necessary advisory sessions.
- Where do people go for further treatment (& how far)
  - Tibet (2 days by foot), Simikot (8 days by foot), Nepalgunj and Kathmandu
- Where would they have to go if NT clinic was not there
  - Taklakot and Kathmandu
- Most typical illnesses / problems (& are these different at different times of the year?)
  - Pneumonia, Arthritis, Gastritis (APD), Diarrhea/ Intestinal worms and Infection disease.
- Details on Mother & child health practices
  - Lacking.

## ANNEX IX – SARKEGAD/ GOTHI VILLAGE PROFILE

### PEOPLE

- Overall population
  - 1250 (650 female and 600 male)
  - 230 Households
- Ethnic groups
  - Thakuri and Kami
- Religion
  - Hindu 100%
- Main language/s
  - Nepali (Khas)
- How people make their living/money-
  - Agriculture and farming 73%
  - Gov. service (1%)
  - Business (herbs/timber, border trade) (25%)
  - Non Gov. (1%)
- Describe any important people/characters in the village
  - **Poet, Folk Singer, Dramatist, Literatures**
  - **Dhami** - Judicial Work
  - **Social Service** - C.B. Shahi – Ex MP
  - **Village Chairman** - The post is empty now.

### GENERAL

- Is there any specific history of the village?
  - One cow from the next village used to come to Sarkegad/ Gothi and stayed under the tree daily. The place where cows are staying that is called Goth. Hence the name of this village is called Gothi.
- Interesting features of the village
  - Main helicopter platform for the entire area, Karnali River.
- Communication facilities
  - Radio is the main communication tool. There is a post man who occasionally visits the village. It takes 15 days to get mail from Kathmandu or Nepalgunj.

### PHYSICAL

- Location in the district
  - 2 Days walking distance (15 hrs.) to the South from Simikot.
- Climate & changes per seasons
  - Winter: (November - March). All the animals are brought at home, some people travel to lower regions for winter trade/jobs. There is no agriculture work and very limited movement.
  - Spring: April – June. Spring is the time for sprouting of wheat and barley. Plants start to grow.
  - Rainy season: July - September. Rains often/ it's also the season for agriculture, cultivating Wheat, millet, maize, chili, pumpkin, and herbs.
  - Summer/ warm season: July – September. In the Summer border trade with Tibet takes place. Livestock are taken to higher altitude pastures.
  - 15<sup>0</sup>C to 20<sup>0</sup>C in Summer and -7<sup>0</sup>C to -15<sup>0</sup>C in Winter, snow on average 3 ft.

- Terrain
  - Rocky, farming lands.
- Water sources
  - Clean drinking water by pipes and taps, but it is not managed and often lacking.
- Agriculture (what do people grow there, what animals do they keep?)
  - Main crops are (buck)wheat, barley, millet, maize, chili, pumpkin and herbs.
  - Yaks, ox, buffalo, jopha, cow, horse, donkey, goat, chicken.
- Description of a typical home
  - A home has 3 floors - First floor for animals, second floor for people (kitchen, dining, bedroom, etc.) and third floor for religious - and ritual activities.
- Any interesting wildlife?
  - Deer, mountain goat, jackal and birds.

### **EDUCATION**

- What are the school facilities in the village?
  - Primary School (1 – 5 grade)
  - 5 Class rooms
  - Basic wooden benches and desks
  - Government provides Nepali course books
- No. of children, male & female in school, & typical leaving age
  - 13 years.
- Where children go to continue their education
  - Sarkegad for further education (high school) and Kathmandu for college.

### **ELECTRICITY**

- Is there any?
  - NT is currently constructing a 50 kW Micro Hydro Power plant (ongoing).

### **HEALTH**

- What are the health facilities in the village?
  - Sarkegad Health Post (NT/ Gov.) - OPD, Health Education, Immunization, Family Planning and necessary advisory sessions.
- Where do people go for further treatment (& how far)
  - Simikot (2 days by foot), Nepalgunj and Kathmandu
- Where would they have to go if NT clinic was not there
  - Lali and Simikot
- Most typical illnesses / problems (& are these different at different times of the year?)
  - Delivery, Gastritis (APD), Malnutrition, Amoebic Dysentery/ Amoebiasis, Diarrhea/ Intestinal worms and Infection disease.
- Details on Mother & child health practices
  - Several women died during delivery, due to the lack of proper education regarding pregnancy and natal care.

## ANNEX X – TORPA VILLAGE PROFILE

### PEOPLE

- Overall population
  - 1278 (600 female and 678 male)
  - 172 Households
- Ethnic groups
  - Lama, Ethic (Dalit)
- Religion
  - Tibetan Buddhist 100%
- Main language/s
  - Ancient Tibetan language (a dialect of Tibetan)
- How people make their living/money-
  - Agriculture and farming 73%
  - Gov. service (1%)
  - Business (herbs/timber, border trade) (25%)
  - Non Gov. (1%)

### GENERAL

- Is there specific history of village?
  - The Festival of the Raling Monastery falls around the birthday of Buddha (between the 11th and 15th of the 4th month according to *patro*) and lasts for two days. It takes place at the cave where Guru Rimpoche (Padmasambhava) meditated, which lies on the holy Mount Shelmogang. It is celebrated both by Buddhists and by the Hindu Khasa of Thehe with ancient Shon and Dura dances. During the festival, people commemorate the propagation of Buddhist teachings by renowned masters like Padmasambhava in the 7th century, Milarepa in the 13th century, Zhabkar Rangrul in the 14th century and the Bhutanese master Drug Pema Karpo in the 18th century at Raling Shelmogang.
- Any interesting myths/ stories:
  - In a special song that is dedicated to the festival and an expression of respect and devotion, all sacred pilgrimage sites are praised concluding with the holy Crystal Peak.
- Interesting features of the village:
  - Half day walk from Torpa lies Raling Gompa. A monastery renovated by Nepal Trust. Panchamukhi, Selmukam is known as 2<sup>nd</sup> Mt. Kailash, Bhimmukh Gumba, Humli Dhunga, Nachin Tirtha.
- Communication facilities
  - Radio is the main communication tool. There is a post man who occasionally visits the village. It takes 15 days to get mail from Kathmandu or Nepalgunj.

### PHYSICAL

- Location in the district:
  - Torpa is located 4 hrs. from Simikot, from where it will take 10-12 days to get to Surkhet, the nearest road hub and 7 days (85 km distance) to get from Torpa to Hilsa, located at the Tibetan border.
- Climate & changes per seasons
  - Rainy season: July - September (12°C to 24°C)
  - 12°C to 24°C in Summer and -16°C to -20°C in Winter, snow up to 5 ft.
- Terrain
  - 22% Farming land
  - 78% River, forest, rocky and grass area.

- Water sources
  - Clean drinking water by pipes and taps.
- Agriculture (what do people grow there, what animals do they keep?)
  - Maize, Buckwheat, wheat, Barley, chino (small white round seed grain), millet, turnip, radish, green vegetable, apple, apricot, wall nuts, potato, bean, mustard etc.
  - Yaks, jopha, cow, horse, donkey, chicken
- Description of a typical home
  - A home has 3 floors – First floor for animals, second floor for people (kitchen, dining, bedroom, etc.) and third floor for religious - and ritual activities.
- Any interesting wildlife?
  - Deer, blue sheep, monkey, fox and birds.

### **EDUCATION**

- What are the school facilities in the village?
  - Primary School - 2
  - Secondary School - 1
- Where children go to continue their education
  - Children go Simikot, Nepalgunj and Kathmandu for further education.

### **ELECTRICITY**

- Is there any?
  - Yes, Bargaon Micro Hydro Power Plant 50 kW (constructed by USC Canada, CCS and Asian Development Bank)
- If so, details on frequency, reliability etc.
  - It is reliable and effective for 6 hours in the evening.
- How has having electricity changed peoples' lives?
  - No more smoke in the houses. The houses are more clean and bright.
  - Less use of fire wood and hence less deforestation.
  - Students, teachers have better facilitates and longer hours for study and saves time.
  - Created job for 2 persons also.
  - People know about Micro Hydro Projects.

### **HEALTH**

- What are the health facilities in the village?
  - Government Sub Health Post
  - Health Post constructed by NT - this was the first active health post in the area, but has eventually been destroyed by the Maoists. Torpa health post is to be refurbished in 2010 by NT – funds have been safeguarded for this.
- Where do people go for further treatment (& how far)
  - Simikot, Surkhet (35 min. by plane), Nepalgunj (45 min. by plane) and Kathmandu (1 hr. 45 min. by plane).
- Most typical illnesses / problems (& are these different at different times of the year?)
  - Delivery, Pneumonia, Gastritis (APD), Diarrhea/ Intestinal worms and Infection disease.
- Details on Mother & child health practices
  - Lacking.

## ANNEX XI - KERMI HEALTH STATISTICS 2008

S. No.	Disease Name	Kermi Clinic		Total
		F	M	
<b>A</b>	<b>Communicable immunizable</b>			
1	Measles	0	0	0
2	Whooping Cough	2	1	3
3	Tuberculosis	0	0	0
4	Mumps	3	5	8
5	Chicken Pox	11	11	22
6	Acute gastroenteritis	0	0	0
	<b>Sub total</b>	<b>16</b>	<b>17</b>	<b>33</b>
	<b>Grand Total</b>	<b>33</b>		

<b>B</b>	<b>Communicable water, food, borne</b>			
7	Amoebic Dysentery / Amoebiasis	56	55	111
8	Bacillary Dysentery / shigellosis	26	29	55
9	Diarrhoea	88	90	178
10	Intestinal worms	113	98	211
	<b>Sub total</b>	<b>283</b>	<b>272</b>	<b>555</b>
	<b>Grand Total</b>	<b>555</b>		

<b>C.</b>	<b>Other communicable disease</b>			
11	STD / STI	12	15	27
12	HIV/AIDS	0	0	0
13	Leprosy	0	0	0
	<b>Sub total</b>	<b>12</b>	<b>15</b>	<b>27</b>
	<b>Grand Total</b>	<b>27</b>		

S. No.	Disease Name	Kermi Clinic		Total
		F	M	
<b>D</b>	<b>Other infection disease</b>			
14	ARI ( LRTI)	14	13	27
15	ARI (URTI)	23	30	53
16	Pneumonia	25	22	47
17	Sever Pneumonia	8	7	15
18	Bronchitis	10	3	13
19	Asthma	43	42	85
20	Urinary tract infection ( UTI)	11	12	23
21	Reproductive tract infection M	0	3	3
22	Reproductive tract infection F	2	0	2
	<b>Sub total</b>	<b>136</b>	<b>132</b>	<b>268</b>
	<b>Grand Total</b>	<b>268</b>		

<b>E</b>	<b>Nutritional, metabolic disorder</b>			
23	Malnutrition	3	5	8
24	Anaemia /Polyneuropathy	47	18	65
25	Goiter/ cretinism	2	0	2
26	Diabetes Mellitus ( DM)	2	0	2
27	Dehydration	11	11	22
28	Night blindness	0	0	0
	<b>Sub total</b>	<b>65</b>	<b>34</b>	<b>99</b>
	<b>Grand Total</b>	<b>99</b>		

<b>F</b>	<b>Skin disease</b>			
30	Impetigo / boils/ forecloses	28	20	48
31	Abscess	9	9	18
32	Eczema	1	1	2
33	Fungal infection	16	13	29
34	Scabies	11	10	21
35	Leukoderma / Pigmentation	2	0	2
	<b>Sub total</b>	<b>67</b>	<b>53</b>	<b>120</b>
	<b>Grand Total</b>	<b>120</b>		

S. No.	Disease Name	Kermi Clinic		Total
		F	M	
<b>G</b>	<b>Ear, nose &amp; throat infection</b>			
36	Acute, chronic otitis Media	34	39	73
37	Sinusitis	16	16	32
38	Tonsillitis	19	16	35
39	Pharyngities / soar throat	8	8	16
40	Foren body in respiratory tract	1	4	5
	<b>Sub total</b>	<b>78</b>	<b>83</b>	<b>161</b>
	<b>Grand Total</b>	<b>161</b>		

<b>H</b>	<b>Oral health related problems</b>			
41	Dental carries / toothache	21	33	54
42	Other disorder of teeth	6	7	13
43	Periodontal disease / gum disease	9	2	11
	<b>Sub total</b>	<b>36</b>	<b>42</b>	<b>78</b>
	<b>Grand Total</b>	<b>78</b>		

<b>I</b>	<b>Obstetrics complication</b>			
44	Haemorrhage Ante partum	0	0	0
45	Haemorrhage postpartum	0	0	0
46	Anta partum Eclampsia	0	0	0
47	Postpartum Eclampsia	0	0	0
48	Retained placenta	0	0	0
49	Abortion complication	0	0	0
	<b>Sub total</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>Grand Total</b>	<b>0</b>		

<b>J</b>	<b>Cardiovascular related problem</b>			
50	Hypertension	17	14	31
51	COPD	5	3	8
	<b>Sub total</b>	<b>22</b>	<b>17</b>	<b>39</b>
	<b>Grand Total</b>	<b>39</b>		

S. No.	Disease Name	Kermi Clinic		Total
		F	M	
<b>K</b>	<b>Other disease &amp; injuries</b>			
52	Falls / injuries / Fracture	11	18	29
53	Gastritis (APD)	130	147	277
54	Insect / wasp bite	0	0	0
55	Abdominal pain	62	50	112
56	Arthritis	73	75	148
57	Burns and scald	9	3	12
58	Dog bite	0	0	0
59	Snake bite poisonous	0	0	0
60	Snake bite non- poisonous	13	14	27
	<b>Sub total</b>	<b>298</b>	<b>307</b>	<b>605</b>
	<b>Grand Total</b>	<b>605</b>		

<b>L</b>	<b>Not mentioned above other disease</b>			
61	Not mentioned above other disease	26	17	43
	<b>Sub total</b>	<b>26</b>	<b>17</b>	<b>43</b>
	<b>Grand Total</b>	<b>43</b>		

<b>Sub Total</b>	<b>1039</b>	<b>989</b>	<b>7307</b>
<b>Grand Total</b>	<b>2028</b>		<b>2028</b>

S. No.	Under 5 year child - Disease	F	M	Total
1	Diarrhoea	91	73	164
2	Worms	67	66	133
3	Pneumonia	24	24	48
4	Malnutrition	10	3	13
	<b>Sub Total</b>	<b>192</b>	<b>166</b>	<b>358</b>
	<b>Grand Total</b>	<b>358</b>		

S. No.	Family planning - Contraceptive	F	M	Total
1	Depo	147	0	147
2	Pills	61	0	61
3	Condom	0	235	235
	<b>Sub Total</b>	<b>208</b>	<b>235</b>	<b>443</b>
	<b>Grand Total</b>	<b>443</b>		

## ANNEX XII - YALBANG HEALTH STATISTICS 2008

S. No.	Disease Name	Yalbang Clinic		Total
		F	M	
<b>A</b>	<b>Communicable immunizable</b>			
1	Measles	0	0	0
2	Whooping Cough	4	3	7
3	Tuberculosis	1	0	1
4	Mumps	7	9	16
5	Chicken Pox	13	15	28
6	Acute gastroenteritis	0	0	0
	<b>Sub total</b>	<b>25</b>	<b>27</b>	<b>52</b>
	<b>Grand Total</b>	<b>52</b>		

<b>B</b>	<b>Communicable water, food, borne</b>			
7	Amoebic Dysentery / Amoebiasis	66	57	123
8	Bacillary Dysentery / shigellosis	36	38	74
9	Diarrhoea	103	94	197
10	Intestinal worms	114	118	232
	<b>Sub total</b>	<b>319</b>	<b>307</b>	<b>626</b>
	<b>Grand Total</b>	<b>626</b>		

<b>C.</b>	<b>Other communicable disease</b>			
11	STD / STI	12	10	22
12	HIV/AIDS	0	0	0
13	Leprosy	0	0	0
	<b>Sub total</b>	<b>12</b>	<b>10</b>	<b>22</b>
	<b>Grand Total</b>	<b>22</b>		

S. No.	Disease Name	Yalbang Clinic		Total
		F	M	
<b>D</b>	<b>Other infection disease</b>			
14	ARI ( LRTI)	14	14	28
15	ARI (URTI)	33	31	64
16	Pneumonia	26	31	57
17	Sever Pneumonia	13	5	18
18	Bronchitis	10	11	21
19	Asthma	49	41	90
20	Urinary tract infection ( UTI)	24	20	44
21	Reproductive tract infection M	0	4	4
22	Reproductive tract infection F	2	0	2
	<b>Sub total</b>	<b>171</b>	<b>157</b>	<b>328</b>
	<b>Grand Total</b>	<b>328</b>		

<b>E</b>	<b>Nutritional, metabolic disorder</b>			
23	Malnutrition	1	2	3
24	Anaemia /Polyneuropathy	43	11	54
25	Goiter/ cretinism	4	0	4
26	Diabetes Mellitus ( DM)	0	0	0
27	Dehydration	20	15	35
28	Night blindness	0	0	0
	<b>Sub total</b>	<b>68</b>	<b>28</b>	<b>96</b>
	<b>Grand Total</b>	<b>96</b>		

<b>F</b>	<b>Skin disease</b>			
30	Impetigo / boils/ forecloses	28	32	60
31	Abscess	17	10	27
32	Eczema	1	2	3
33	Fungal infection	29	24	53
34	Scabies	16	15	31
35	Leukoderma / Pigmentation	1	0	1
	<b>Sub total</b>	<b>92</b>	<b>83</b>	<b>175</b>
	<b>Grand Total</b>	<b>175</b>		

S. No.	Disease Name	Yalbang Clinic		Total
		F	M	
<b>G</b>	<b>Ear, nose &amp; throat infection</b>			
36	Acute, chronic otitis Media	42	33	75
37	Sinusitis	15	18	33
38	Tonsillitis	31	15	46
39	Pharyngities / soar throat	10	19	29
40	Foren body in respiratory tract	2	5	7
	<b>Sub total</b>	<b>100</b>	<b>90</b>	<b>190</b>
	<b>Grand Total</b>	<b>190</b>		

<b>H</b>	<b>Oral health related problems</b>			
41	Dental carries / toothache	30	16	46
42	Other disorder of teeth	10	6	16
43	Periodontal disease / gum disease	7	4	11
	<b>Sub total</b>	<b>47</b>	<b>26</b>	<b>73</b>
	<b>Grand Total</b>	<b>73</b>		

<b>I</b>	<b>Obstetrics complication</b>			
44	Haemorrhage Ante partum	0	0	0
45	Haemorrhage postpartum	2	0	2
46	Anta partum Eclampsia	1	0	1
47	Postpartum Eclampsia	0	0	0
48	Retained placenta	0	0	0
49	Abortion complication	0	0	0
	<b>Sub total</b>	<b>3</b>	<b>0</b>	<b>3</b>
	<b>Grand Total</b>	<b>3</b>		

<b>J</b>	<b>Cardiovascular related problem</b>			
50	Hypertension	16	13	29
51	COPD	7	5	12
	<b>Sub total</b>	<b>23</b>	<b>18</b>	<b>41</b>
	<b>Grand Total</b>	<b>41</b>		

S. No.	Disease Name	Yalbang Clinic		Total
		F	M	
<b>K</b>	<b>Other disease &amp; injuries</b>			
52	Falls / injuries / Fracture	25	23	48
53	Gastritis (APD)	147	154	301
54	Insect / wasp bite	0	0	0
55	Abdominal pain	77	53	130
56	Arthritis	67	87	154
57	Burns and scald	7	3	10
58	Dog bite	0	0	0
59	Snake bite poisonous	0	0	0
60	Snake bite non- poisonous	16	17	33
	<b>Sub total</b>	<b>339</b>	<b>337</b>	<b>676</b>
	<b>Grand Total</b>	<b>676</b>		

<b>L</b>	<b>Not mentioned above other disease</b>			
61	Not mentioned above other disease	20	11	31
	<b>Sub total</b>	<b>20</b>	<b>11</b>	<b>31</b>
	<b>Grand Total</b>	<b>31</b>		

<b>Sub Total</b>	<b>1219</b>	<b>1094</b>	<b>7307</b>
<b>Grand Total</b>	<b>2313</b>		<b>2313</b>

S. No.	Under 5 year child - Disease	F	M	Total
1	Diarrhoea	94	85	179
2	Worms	71	55	126
3	Pneumonia	26	32	58
4	Malnutrition	8	9	17
	<b>Sub Total</b>	<b>192</b>	<b>181</b>	<b>380</b>
	<b>Grand Total</b>	<b>380</b>		

S. No.	Family planning - Contraceptive	F	M	Total
1	Depo	104	0	104
2	Pills	64	0	64
3	Condom	0	250	250
	<b>Sub Total</b>	<b>168</b>	<b>250</b>	<b>418</b>
	<b>Grand Total</b>	<b>418</b>		

**ANNEX XIII – HALJI (LIMI VALLEY) HEALTH STATISTICS 2008**

S. No.	Disease Name	Halji (Limi Valley) Clinic		Total
		F	M	
<b>A</b>	<b>Communicable immunizable</b>			
1	Measles	0	0	0
2	Whooping Cough	0	0	0
3	Tuberculosis	0	0	0
4	Mumps	0	0	0
5	Chicken Pox	0	0	0
6	Acute gastroenteritis	0	0	0
	<b>Sub total</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>Grand Total</b>	<b>0</b>		

<b>B</b>	<b>Communicable water, food, borne</b>			
7	Amoebic Dysentery / Amoebiasis	23	14	37
8	Bacillary Dysentery / shigellosis	8	7	15
9	Diarrhoea	37	41	78
10	Intestinal worms	49	51	100
	<b>Sub total</b>	<b>117</b>	<b>113</b>	<b>230</b>
	<b>Grand Total</b>	<b>230</b>		

<b>C.</b>	<b>Other communicable disease</b>			
11	STD / STI	2	1	3
12	HIV/AIDS	0	0	0
13	Leprosy	0	0	0
	<b>Sub total</b>	<b>2</b>	<b>1</b>	<b>3</b>
	<b>Grand Total</b>	<b>3</b>		

S. No.	Disease Name	Halji (Limi Valley) Clinic		Total
		F	M	
<b>D</b>	<b>Other infection disease</b>			
14	ARI ( LRTI)	2	1	3
15	ARI (URTI)	10	12	22
16	Pneumonia	10	4	14
17	Sever Pneumonia	1	1	2
18	Bronchitis	5	4	9
19	Asthma	22	16	38
20	Urinary tract infection ( UTI)	5	3	8
21	Reproductive tract infection M	0	0	0
22	Reproductive tract infection F	0	0	0
	<b>Sub total</b>	<b>55</b>	<b>41</b>	<b>96</b>
	<b>Grand Total</b>	<b>96</b>		

<b>E</b>	<b>Nutritional, metabolic disorder</b>			
23	Malnutrition	0	0	0
24	Anaemia /Polyneuropathy	18	3	21
25	Goiter/ cretinism	0	0	0
26	Diabetes Mellitus ( DM)	0	0	0
27	Dehydration	6	3	9
28	Night blindness	0	0	0
	<b>Sub total</b>	<b>24</b>	<b>6</b>	<b>30</b>
	<b>Grand Total</b>	<b>30</b>		

<b>F</b>	<b>Skin disease</b>			
30	Impetigo / boils/ forecloses	4	6	10
31	Abscess	4	1	5
32	Eczema	0	0	0
33	Fungal infection	7	9	16
34	Scabies	2	1	3
35	Leukoderma / Pigmentation	0	0	0
	<b>Sub total</b>	<b>17</b>	<b>17</b>	<b>34</b>
	<b>Grand Total</b>	<b>34</b>		

S. No.	Disease Name	Halji (Limi Valley) Clinic		Total
		F	M	
<b>G</b>	<b>Ear, nose &amp; throat infection</b>			
36	Acute, chronic otitis Media	16	11	27
37	Sinusitis	6	6	12
38	Tonsillitis	5	2	7
39	Pharyngities / soar throat	3	5	8
40	Foren body in respiratory tract	0	0	0
	<b>Sub total</b>	<b>30</b>	<b>24</b>	<b>54</b>
	<b>Grand Total</b>	<b>54</b>		

<b>H</b>	<b>Oral health related problems</b>			
41	Dental carries / toothache	9	6	15
42	Other disorder of teeth	1	3	4
43	Periodontal disease / gum disease	2	2	4
	<b>Sub total</b>	<b>12</b>	<b>11</b>	<b>23</b>
	<b>Grand Total</b>	<b>23</b>		

<b>I</b>	<b>Obstetrics complication</b>			
44	Haemorrhage Ante partum	0	0	0
45	Haemorrhage postpartum	0	0	0
46	Anta partum Eclampsia	0	0	0
47	Postpartum Eclampsia	0	0	0
48	Retained placenta	0	0	0
49	Abortion complication	0	0	0
	<b>Sub total</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>Grand Total</b>	<b>0</b>		

<b>J</b>	<b>Cardiovascular related problem</b>			
50	Hypertension	4	4	8
51	COPD	3	2	5
	<b>Sub total</b>	<b>7</b>	<b>6</b>	<b>13</b>
	<b>Grand Total</b>	<b>13</b>		

S. No.	Disease Name	Halji (Limi Valley) Clinic		Total
		F	M	
<b>K</b>	<b>Other disease &amp; injuries</b>			
52	Falls / injuries / Fracture	4	9	13
53	Gastritis (APD)	65	72	137
54	Insect / wasp bite	0	0	0
55	Abdominal pain	36	29	65
56	Arthritis	44	44	88
57	Burns and scald	0	0	0
58	Dog bite	0	0	0
59	Snake bite poisonous	0	0	0
60	Snake bite non- poisonous	13	10	23
	Sub total	162	164	326
	Grand Total	326		

<b>L</b>	<b>Not mentioned above other disease</b>			
61	Not mentioned above other disease	24	26	50
	Sub total	24	26	50
	Grand Total	50		

Sub Total	450	409	7307
Grand Total	859		859

S. No.	Under 5 year child - Disease	F	M	Total
1	Diarrhoea	30	30	60
2	Worms	17	16	33
3	Pneumonia	17	15	32
4	Malnutrition	0	2	2
	Sub Total	64	63	127
	Grand Total	127		

S. No.	Family planning - Contraceptive	F	M	Total
1	Depo	9	0	9
2	Pills	15	0	15
3	Condom	0	100	100
	Sub Total	24	100	124
	Grand Total	124		

## ANNEX XIV - SARKEGAD HEALTH STATISTICS 2008

S. No.	Disease Name	Sarkegad Clinic		Total
		F	M	
<b>A</b>	<b>Communicable immunizable</b>			
1	Measles	0	0	0
2	Whooping Cough	0	0	0
3	Tuberculosis	0	0	0
4	Mumps	7	9	16
5	Chicken Pox	7	5	12
6	Acute gastroenteritis	0	0	0
	<b>Sub total</b>	<b>14</b>	<b>14</b>	<b>28</b>
	<b>Grand Total</b>	<b>28</b>		

<b>B</b>	<b>Communicable water, food, borne</b>			
7	Amoebic Dysentery / Amoebiasis	52	100	152
8	Bacillary Dysentery / shigellosis	31	42	73
9	Diarrhoea	83	115	198
10	Intestinal worms	52	67	119
	<b>Sub total</b>	<b>218</b>	<b>324</b>	<b>542</b>
	<b>Grand Total</b>	<b>542</b>		

<b>C.</b>	<b>Other communicable disease</b>			
11	STD / STI	18	20	38
12	HIV/AIDS	0	0	0
13	Leprosy	0	0	0
	<b>Sub total</b>	<b>18</b>	<b>20</b>	<b>38</b>
	<b>Grand Total</b>	<b>38</b>		

S. No.	Disease Name	Sarkegad Clinic		Total
		F	M	
<b>D</b>	<b>Other infection disease</b>			
14	ARI ( LRTI)	11	28	39
15	ARI (URTI)	23	49	72
16	Pneumonia	27	29	56
17	Sever Pneumonia	10	14	24
18	Bronchitis	23	17	40
19	Asthma	41	61	102
20	Urinary tract infection ( UTI)	16	40	56
21	Reproductive tract infection M	0	4	4
22	Reproductive tract infection F	0	0	0
	<b>Sub total</b>	<b>151</b>	<b>242</b>	<b>393</b>
	<b>Grand Total</b>	<b>393</b>		

<b>E</b>	<b>Nutritional, metabolic disorder</b>			
23	Malnutrition	6	14	20
24	Anaemia /Polyneuropathy	30	20	50
25	Goiter/ cretinism	8	2	10
26	Diabetes Mellitus ( DM)	0	0	0
27	Dehydration	8	2	10
28	Night blindness	0	0	0
	<b>Sub total</b>	<b>52</b>	<b>38</b>	<b>90</b>
	<b>Grand Total</b>	<b>90</b>		

<b>F</b>	<b>Skin disease</b>			
30	Impetigo / boils/ forecloses	19	31	50
31	Abscess	15	24	39
32	Eczema	7	5	12
33	Fungal infection	13	19	32
34	Scabies	25	34	59
35	Leukoderma / Pigmentation	5	8	13
	<b>Sub total</b>	<b>84</b>	<b>121</b>	<b>205</b>
	<b>Grand Total</b>	<b>205</b>		

S. No.	Disease Name	Sarkegad Clinic		Total
		F	M	
<b>G</b>	<b>Ear, nose &amp; throat infection</b>			
36	Acute, chronic otitis Media	26	29	55
37	Sinusitis	12	21	33
38	Tonsillitis	12	15	27
39	Pharyngities / soar throat	10	14	24
40	Foren body in respiratory tract	2	8	10
	<b>Sub total</b>	<b>62</b>	<b>87</b>	<b>149</b>
	<b>Grand Total</b>	<b>149</b>		

<b>H</b>	<b>Oral health related problems</b>			
41	Dental carries / toothache	26	37	63
42	Other disorder of teeth	5	2	7
43	Periodontal disease / gum disease	3	4	7
	<b>Sub total</b>	<b>34</b>	<b>43</b>	<b>77</b>
	<b>Grand Total</b>	<b>77</b>		

<b>I</b>	<b>Obstetrics complication</b>			
44	Haemorrhage Ante partum	0	0	0
45	Haemorrhage postpartum	0	0	0
46	Anta partum Eclampsia	0	0	0
47	Postpartum Eclampsia	0	0	0
48	Retained placenta	2	0	2
49	Abortion complication	1	0	1
	<b>Sub total</b>	<b>3</b>	<b>0</b>	<b>3</b>
	<b>Grand Total</b>	<b>3</b>		

<b>J</b>	<b>Cardiovascular related problem</b>			
50	Hypertension	11	9	20
51	COPD	15	16	31
	<b>Sub total</b>	<b>26</b>	<b>25</b>	<b>51</b>
	<b>Grand Total</b>	<b>51</b>		

S. No.	Disease Name	Sarkegad Clinic		Total
<b>K</b>	<b>Other disease &amp; injuries</b>			
52	Falls / injuries / Fracture	13	13	26
53	Gastritis (APD)	95	119	214
54	Insect / wasp bite	0	0	0
55	Abdominal pain	50	41	91
56	Arthritis	61	54	115
57	Burns and scale	12	12	24
58	Dog bite	0	1	1
59	Snake bite poisonous	0	0	0
60	Snake bite non- poisonous	10	9	19
	<b>Sub total</b>	<b>241</b>	<b>249</b>	<b>490</b>
	<b>Grand Total</b>	<b>490</b>		

<b>L</b>	<b>Not mentioned above other disease</b>			
61	Not mentioned above other disease	24	17	41
	<b>Sub total</b>	<b>24</b>	<b>17</b>	<b>41</b>
	<b>Grand Total</b>	<b>41</b>		

<b>Sub Total</b>	<b>927</b>	<b>1180</b>	<b>7307</b>
<b>Grand Total</b>	<b>2107</b>		<b>2107</b>

S. No.	Under 5 year child - Disease	F	M	Total
1	Diarrhoea	74	92	166
2	Worms	50	70	120
3	Pneumonia	41	55	96
4	Malnutrition	51	35	86
	<b>Sub Total</b>	<b>216</b>	<b>252</b>	<b>468</b>
	<b>Grand Total</b>	<b>468</b>		

S. No.	Family planning - Contraceptive	F	M	Total
1	Depo	96	0	96
2	Pills	102	0	102
3	Condom	0	260	260
	<b>Sub Total</b>	<b>198</b>	<b>260</b>	<b>458</b>
	<b>Grand Total</b>	<b>458</b>		

**ANNEX XV - IMPLEMENTATION & WORK SCHEDULE**

		2011											
No.	Activities	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
	<b>Proposed preparation period Primary Healthcare Programme</b>												
1	Draft Project Proposal												
2	Identify potential Donors & Partners												
3	Stakeholders Meeting (incl. Humla)												
4	Submit Proposal to Donors												
6	Prepare Project Plan Details												
7	Fundraising/ Networking												
9	Ongoing/ Part-Time Project Marketing & Promotion (Inter)national												
11	Ongoing Communication with Donors												
15	Final Stakeholders Meeting												
16	Finalize Curriculum/ Training/ Manuals												
17	Sign Contract Key Stakeholders												
23	Monitoring/ Evaluation												
24	Documentation/ Reporting												
25	Financial Overview/ Budgeting												
26	Review Project Partner & Stakeholder Agreements/ Contracts												

2012		Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
1	Start Primary Healthcare Programme with Key Management & Staff												
2	Purchase/ transportation/ distribution essential drugs/ medical supplies												
3	Child health education (LD)												
4	FCHW activities												
5	Health facility rehabilitation												
6	Health camp												
7	Training/ capacity building												
8	Media/ promotion activities (IEC)												
9	Ongoing/ Part-Time Project Marketing & Promotion (Inter)national												
10	Ongoing Fundraising/ Networking												
11	Ongoing Communication with Donors												
12	Quarterly Assessment of Staff/ Services												
13	Monitoring/ Evaluation												
14	Documentation & Reporting												
15	Financial Overview & Budgeting												
16	Review Project Partner & Stakeholder Agreements/ Contracts												

2013		Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
1	Purchase/ transportation/ distribution essential drugs/ medical supplies												
2	Child health education (LD)												
3	FCHW activities												
4	Health facility rehabilitation												
5	Training/ capacity building												
6	Media/ promotion activities (IEC)												
7	Ongoing/ Part-Time Project Marketing & Promotion (Inter)national												
8	Ongoing Fundraising/ Networking												
9	Ongoing Communication with Donors												
10	Quarterly Assessment of Staff/ Services												
11	Monitoring/ Evaluation												
12	Documentation & Reporting												
13	Financial Overview & Budgeting												
14	Review Project Partner & Stakeholder Agreements/ Contracts												

		2014											
No.	Activities	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
1	Purchase/ transportation/ distribution essential drugs/ medical supplies												
2	Child health education (LD)												
3	FCHW activities												
4	Health facility rehabilitation												
5	Health camp												
6	Training/ capacity building												
7	Media/ promotion activities (IEC)												
8	Ongoing/ Part-Time Project Marketing & Promotion (Inter)national												
9	Ongoing Fundraising/ Networking												
10	Ongoing Communication with Donors												
11	Quarterly Assessment of Staff/ Services												
12	Monitoring/ Evaluation												
13	Documentation & Reporting												
14	Financial Overview & Budgeting												
15	Review Project Partner & Stakeholder Agreements/ Contracts												

No.	2011 - 2014	2011	2012	2013	2014
1	Activities				
2	Assist in ongoing Fundraising/ Networking				
3	Assist in ongoing Marketing/ Promotion				
4	Support Primary Healthcare Programme through Nepal Trust NGO & INGO				
5	Identify Potential Donors/ Partners to Sustain Primary Healthcare Programme				
6	Integrate Future Projects Nepal Trust with Primary Healthcare Programme				
7	Monitoring/ Evaluation/ Reflection				

## ANNEX XVI - BANKING PROCEDURES AND CONTROL MECHANISMS - UK & NEPAL

The primary bank account for all income and donations is in the UK. This is The Nepal Trust account with the Bank of Scotland. Funds can only be released from the UK account to Nepal, on the basis of a check or bank transfer to the Nepal Trust NGO account at the Standard Chartered Bank in Kathmandu. All financial transactions carried out by the administrator are supervised and checked by the Financial Director. Two signatories are required for every check or bank transfer for the UK and Nepal accounts. The signatories for both the UK account and the NGO account in Nepal cannot be related. Only one Nepal Trust employee in the UK and in Nepal can be a signatory for the respective Trust accounts. The other signatories in both countries must be unpaid and non-employees, these are usually Trustees or in the UK Trust Directors. Our internal financial management procedures are as follows:

### **Physical Controls:**

- Check-book and petty cash are put in a safe place at the end of the day;
- Insurance cover for office contents is in place;
- Segregation of duties.

### **Accounting:**

- All Income is recorded before being paid into bank account;
- Cash donations are counted and controlled by at least two people;
- All expenditure is recorded and invoices filed as 'paid' and dated;
- Petty cash records are kept separately. Up to £100 maximum is held at any one time;
- Any larger amounts required, for say, large mail outs, are agreed to beforehand. Receipts are required for every expense and they are filed in order;
- All transactions are entered on our income/expenditure analysis, which is printed monthly, copies filed and distributed to the Board;
- Reconciliation with bank statements is carried out monthly;
- Checks are made against budgets and any large expenditures or significant variance in project costs, funding requests for Nepal or budget revisions, will be subject to a discussion and review by the Board in the UK;
- Nepal Trust annual accounts are audited by a registered chartered accountant in Scotland and in Nepal and reviewed by both Boards of Directors.

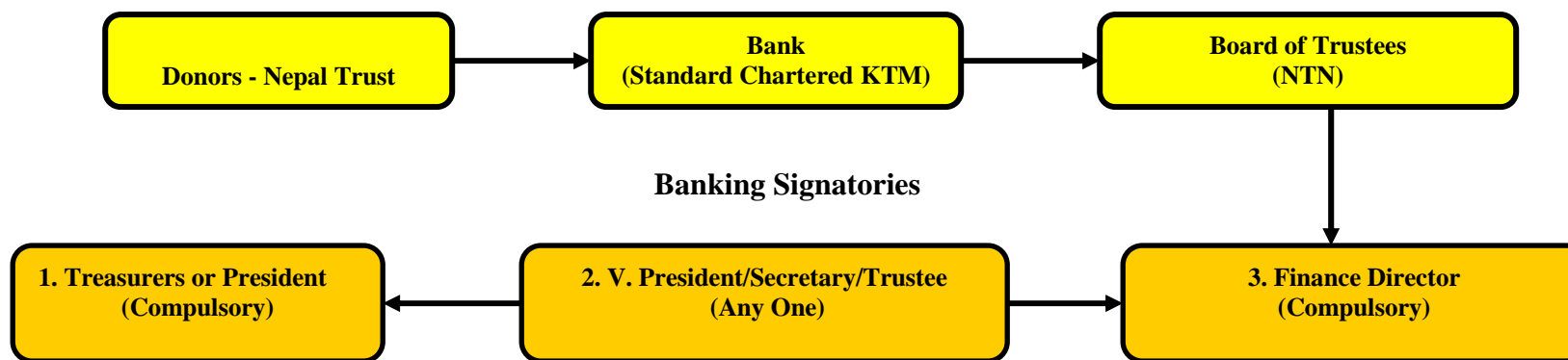
### **Authorization and Approval:**

- Two signatories are required for all check payments and bank transfers, as specified above;
- Regular transfers to NGO account are authorized by the Finance Director or Chairman;
- Transfers of larger amounts are always discussed and agreed with the Board of Directors.

### **Segregation of Duties:**

- Recording of incoming donations and outgoing expenditure is undertaken by the Nepal Trust's Administrator and checked by the Financial Director;
- Approval or authorization for expenditure is given by the Financial Director or in cases of larger sums after discussion with the Board of Directors.

### Nepal Banking & Fund Transfer Procedures – Nepal Trust, Nepal:



#### Bank Signatory Provision:

Three signatories are required for all check payments and bank transfers, as specified in the following points:

- Treasurer or President (Compulsory: any one): Usually the treasurer will be compulsory signatory, but in case of absence, as per his/her required clear authorization letter to the bank, the President shall be the compulsory signatory;
- Finance Director (Compulsory): In case of absence, as per his/her clear authorization letter to the bank, other staffs (Executive Director/Admin Manager) shall be the compulsory signatory for certain recorded and agreed upon period;
- Vice President/Secretary/Trustees (Any One): Vice President or Secretary or any one trustee shall be one signatory out of three.

#### Accounting Provision:

- Nepal Trust Nepal (NTN) Finance Director shall write a request letter to Nepal Trust Scotland (NTS) to release the funds based on the project approved by the NTS and the Social Welfare Council of Nepal. The letter shall be signed by the Executive Director, Finance Director and Admin Manager;
- The Finance Director will inform all the Trustees, core management team and NTS about the arrivals of money from NTS;
- Executive Director shall approve all the cash/bank transactions;
- After the transaction monthly expenditure report will be submitted to NTS of the particular transaction;
- Reconciliation with bank statements is carried out monthly;
- Checks are made against budgets and any large expenditures or significant variance in project costs, funding requests from Nepal, or budget revisions, will be subject to a discussion and review by the Board of Trustees in Nepal and Scotland;
- The Nepal Trust's yearly accounts are audited by a chartered accountant (e.g. BRS);
- Three signatories are required for all cheque payments and bank transfers, as specified above;
- Treasurer shall review the entire transactions quarterly basis and report to the NTS.

## ANNEX XVII - MEDICINE ORDER FORM

The Nepal Trust – Medicine Order Form							
S. No.	Name of Medicine	Quantity	Remarks	S. No.	Name of Medicine	Quantity	Remarks
1	Buscopan			25	Eye drop		
2	Mebendajole			26	Eye ointment		
3	Doxy			27	Ear Drop		
4	Cipro			28	Vitamin B and C tablets		
5	Amoxicillin 250 mg, 500 mg			29	Vitamin B and C syrup		
6	Amoxicillin syrup			30	Iron ( hemax)		
7	Tetrecycillin 500 mg			31	Tinture Iodine 100 ml		
8	Cotrim			32	Calamine lotion		
9	Cotrim syrup			33	Optineuron		
10	Tinidazole			34	Cough Syrup		
11	Metronidajole 400mg			35	Normal Saline		
12	Metro syrup			36	D / 5%		
13	Fruseminde 40 mg			37	RL		
14	Paracetamol 500 mg			38	Fungal cream		
15	Paracetamol syrup			39	Silver salphdiazine cream		
16	Burofen			40	Betadine ointment		
17	Neurobin			41	Gauze bandage		
18	Vitamin B complex syrup			42	Cotton Wool		
19	Expectorent ( Nokop)			43	Adeshiop tap		
20	Avil			44	Cotton gauze pad		
21	Iodine 100 ml			45	Clove oil		
22	Ranitidine			46	Lasix		
23	Antacid			47	Methargine injections		
24	Salbutamol			48	Haedro chloride		For thermometer

**Main supplier:** Medical Services Management Trust Nepal, Kathmandu, Nepal - PAN No. 301605568