ANNUAL REPORT 2015

Karuna-Shechen
Humanitarian Projects in the Himalayan Region
2015 was a very testing year for Nepal and the Nepalese people. In a challenging decade of political instability, economic downturns, unrest, and learning, that has had an adverse impact on overall development, the devastating earthquakes of 2015 wrecked further untold havoc.

Natural disasters do not differentiate, and the first shock of such devastation is always hard to absorb, be it anywhere in the world, and be it amongst the rich or amongst the poor. But as always, in various other situations in the past, the Nepalese people dug in their heels and fought back with resilience and comradery, pulling themselves through the roughest patches.

As the world rallied behind Nepal, help poured in from all quarters, with generous contributions coming in to support relief activities on all fronts. When Nepalese students and their local friends spread their bed-sheets on the streets of New Delhi and pleaded for help for the earthquake victims, even beggars came forward to drop a few coins from their begging bowl, and daily wage earning laborers offered a currency note or two from their hard got daily earnings.

By the close of our earthquake emergency relief operations, we had reached out with emergency supplies to a population of 216,511 in 41,234 households in the remotest 622 villages of 15 worst affected districts, which is just over 7.73% of the total affected population of 2.8 million.

But we cannot claim to have done it alone. From our generous donors and contributors from all over the world, to the selfless beggars and laborers in the streets of faraway cities who put their precious bit into the kitty, to our supply vendors who let the emergency supplies flow unhindered without reservation even when credit sometimes reached levels that would have worried most merchants, to our able and grassroots-knowledged local partners, to the unsurrendering Nepalese people, all of us worked together to make it happen.

Standing in as a participating witness to all this was very, very humbling. When the strength to respond with an antidote to suffering comes out of kindness, those striving in the endeavor seem to become fearless and almost invincible in their effort. And this stands largely true for all our programs, both regular and the earthquake induced. All are driven by the need and aspiration to eradicate, or at the least, ameliorate suffering, and for us, it generates the same energy and urgency. Sometimes, this means looking a bit beyond the ordinary and daring to go a bit beyond the usual - in determining the baselines for interventions, defining objectives, and formulating and implementing methodologies to achieve goals. Our efforts have essentially been geared towards establishing oases of successful models of wholesome rural living, that promises equitable community well-being and a reasonably pleasant life. And in going about achieving this, we have always held that recognizing and incorporating local strengths into development efforts yields maximum dividends.
What might summarily seem to be weaknesses in our eyes, are sometimes the underlying strengths of communities that come in very handy when coping with adverse situations, or even in leading a “pleasant rural life”. The villager living in remote conditions is, in his surroundings, an agriculturist, forester, animal specialist, architect, engineer, builder, mason, carpenter, blacksmith, artist, first-aider, cook, and every other rural skiller you can think of, all rolled into one. And until the dawn of the industrial and consumerism era, many dispensed their skills with passion and dedication which manifested in many locally suitable community well-being technologies that respected local eco and socio systems, and also gave us the most breathtaking and enduring structures and monuments, murals, melodies, etc., etc., without a backing of a “qualification certificate”. Of course, these abilities are either honed by experience, or lost with the lack of practice, which in the later instance, also means that the knack to skillfully adapt to changes is also progressively lost.

This is where we come in. All our programs, be they health, education, agriculture, or environmental, are designed to address local needs and aspirations taking into consideration local realities and local strengths. And we believe this has been the primary catalyst for the continuing success of our programs. It was proved beyond a doubt in our earthquake emergency relief work, where the combination of scale, reach and efficiency of the operations baffled even us. And despite major disruption by the earthquake, the additional responsibility of having to launch major emergency and rehabilitation programs, and the logistical crisis triggered by the recent ongoing political impasse, all planned regular programs of 2015 were also successfully undertaken.

Among our regular programs of 2015, our POP programs in 5 districts helped 161,918 women and our Malnutrition Program in Dhanusha district benefitted 55,496 children and 11,099 families. Serving a catchment population of 335,000, we provided treatment to 41,503 patients at our Clinic in Boudhanath and in the Mobile Medical Clinics operated by the Clinic in and around the Kathmandu valley. 135 terminally ill patients received loving end-of-life care in our Hospice. We supported the reconstruction of 2 Old Age Homes; and, 2255 children continued their education in 21 schools in 9 districts where we intervene through our Schools Support and Children’s Sponsorship Program. Under our Disaster & Emergency Medical First Responder Training Program, we trained 689 Advanced First-Aiders from 673 villages and some from towns, in 15 districts (114 under our regular program, and 575 under the Earthquake Rehabilitation Program). They now provide first-responder emergency medical services to a population of around 500,000, and many who had received training since the start of this AFAT program in 2013, and were in the “right” places, proved their mettle in the post earthquake scenario.
Triggered by the earthquakes, our additional programs in Food Security (incorporating agriculture, animal husbandry, bio-forestry and watershed management), Health, Education, Solar Electrification & Women’s entrepreneurship, Counter-Human Trafficking, and Disaster Preparedness, will not only directly benefit families and communities in over 58 remote villages and 12 rural community schools in 15 districts, it will also create skills-based learning centers for other villages to come to and learn hands-on, and carry forward the model in their own villages.

We do acknowledge that “developing” holds different meanings for different people who have different aspirations. And methodologies for getting there, is an even more complex network of paths, with many organizations and individuals contributing to the effort in diverse ways.

As we go forward into 2016, on our part, we will continue to focus on region-specific solutions that take Nepal’s harsh geography and largely isolated and remote settlements into primary consideration.

We will continue to apply ourselves in acquainting people into appreciating, and preserving by practice, the useful know-hows and other wonderful essentials of their world, that has nurtured them for thousands of years, and which turned out to be the strengths that helped and comforted them though the recent harrowing times.

We will continue to strive to empower and enskill them in ways, both old and new, that will enable them to live well and comfortably in their surroundings.

And consequentially, also arm them with the capability to wisely execute their preference when faced with the choice to move on to other “greener” pastures, or not, without having to take a decision with their back against the wall.

To our large-hearted benefactors, our worldwide Karuna-Shechen team, and our barefoot warriors who get the job done, a big thank you for an extraordinary 2015.
Location of Karuna-Shechen’s Regular Programs in Nepal

Districts where Karuna-Shechen projects are located

Details:

- **Humla**: Mahaboudha Secondary School and Primary/Lower-Secondary Schools
- **Dolpo**: Construction/Support of Jana Jagriti School
- **Kathmandu**: Shechen Clinic and Hospice & Mobile Medical Outreach Clinics, Advanced First-Aid Training under Disaster & Emergency Medical First Responder Training Program, Healthcare Project in Boudhanath
- **Lalitpur**: School Support Program
- **Bhaktapur**: Advanced First-Aid Training under Disaster & Emergency Medical First Responder Training Program
- **Dhading**: Advanced First-Aid Training under Disaster & Emergency Medical First Responder Training Program
- **Kavre**: Community Schools Support, Rainwater Harvesting & Solar Home Lighting Programs
- **Ramechhap**: Community School Support Program
- **Dhanusha**: Community Schools, Pelvic Organ Prolapse (POP) and Malnutrition Programs
- **Baglung**: Pelvic Organ Prolapse (POP), Schools Support Programs
- **Surkhet**: Pelvic Organ Prolapse (POP), Solar Home Lighting & Rural Women Entrepreneurship Programs
- **Bardiya**: Pelvic Organ Prolapse (POP) Program
- **Morang**: Pelvic Organ Prolapse (POP), Community School Support Programs
- **Sunsari**: Pelvic Organ Prolapse (POP) Program
- **Jajarkot**: Solar Home Lighting & Rural Women Entrepreneurship Program
Patient Statistics of Shechen Clinic

Department wise Patient Statistics of 2015
Total: 41,503

- Mobile Clinics: 20,056 (48.33%)
- OPD: 10,881 (26.22%)
- Dental: 6193 (14.92%)
- Himalayan Medicine: 1699 (4.10%)
- Reproductive Health: 1901 (4.58%)
- DOTS: 86 (0.20%)
- Others: 552 (1.33%)

Monthly Patient Figures of 2015
Total: 41,503

- Jan: 2898
- Feb: 2638
- Mar: 2314
- Apr: 3233
- May: 5601
- June: 4524
- July: 4313
- Aug: 5201
- Sep: 2887
- Oct: 3221
- Nov: 2568
- Dec: 2887

Male, Female and Children Patient Ratio
- Male: 32.57%
- Female: 47.07%
- Children: 20.36%

Age Range of Patients
- 1 yr: 257 (0.62%)
- 1-4 yrs: 1048 (2.5%)
- 5-14 yrs: 7329 (17.66%)
- 15-19 yrs: 3058 (7.39%)
- 20-49 yrs: 17,864 (43.04%)
- 50-69 yrs: 8369 (20.17%)
- 70 + yrs: 3578 (8.62%)
This winter, like every other before it, Shechen Clinic has seen many winter visitors from the Himalayan region of Nepal. Riksang is one of them and lives in Charkha village in Dolpa. Located at 4600 meters, Charka is one of the highest villages in the world. But there is no health facility there, and this has forced Riksang to migrate temporarily to Kathmandu, where she can avoid the bitter winter cold and see a doctor.

“I naturally choose Shechen Clinic,” said Riksang. “Because it’s closest, cheapest and people here speak the same language that I do.”

At Shechen Clinic, Riksang consulted with our OPD doctor and got several tests done. It was revealed that the severe cough she’d been suffering from was normal. She has taken cough syrup and other medicine for cold, and she should be fine in a week.
In 2015, 257 mobile clinics were organized in 95 locations.

In 2015, Mobile Outreach Medical Clinics operated in 95 locations. The monthly patient figures show a peak in July with 4120 patients, followed by June with 3125 patients.

Sonam and Maile Tamang
Sonam is 66 and Maile is 62. They live in a very rural village in Dhading district. After the earthquake, they’ve had to construct a temporary shelter from zinc sheets to live in after their house collapsed. In winter, it doesn’t shield the cold at all, and both Sonam and Maile Tamang have cough, cold and fever. Because of that, they visited our Mobile Medical Outreach Clinic organized in their village to see the doctor and get medicines.

“Our 3 sons are working in Qatar,” said Sonam. “We need them to send us money so we can build a house, but we had to construct the shelter ourselves without them. We also have to look after 7 grandchildren.”

They also farm on a small patch of land, and ensure their grandchildren go to school every day.

“We don’t earn enough, and since the government health post doesn’t have any medicine, we are very glad to have a clinic come to us here,” said Maile Tamang.
### Monthly patient figures of Dental Department in 2015

<table>
<thead>
<tr>
<th>Month</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1077</td>
<td>853</td>
<td>621</td>
<td>2552</td>
<td>293</td>
<td>3125</td>
<td>2552</td>
<td>2293</td>
<td>3125</td>
<td>987</td>
<td>702</td>
<td>1047</td>
</tr>
</tbody>
</table>

Legend for bar chart colors:
- Yellow: Jan
- Orange: Feb
- Green: Mar
- Red: Apr
- Brown: May
- Blue: June
- Black: July
- Green: Aug
- Red: Sep
- Blue: Oct
- Black: Nov
- Green: Dec
The young Kunsang Dolma Sherpa

Our resident Gynecologist is Dr. Kunsang Dolma Sherpa, but this month we met another very young Kunsang Dolma Sherpa in Shechen Clinic. She is, in fact, just 10 months old.

When we met young Kunzang, we realized why the young child was named after our medical doctor.

The young child’s mother, Kanchi Sherpa, was Dr. Kunsang’s patient. She had an abortion due to unavoidable circumstances. But for more than 5 years after that she had tried to become pregnant but hadn’t succeeded. She came to Dr. Kunsang after undergoing several rounds of treatment elsewhere; but as luck would have it, or because of Dr. Kunsang’s correct diagnosis and medication, Kanchi became pregnant a month after her first visit to Shechen Clinic. So when Kanchi’s young daughter was born, she had no doubt what name she would give her daughter.

“I think Dr. Kunsang is very talented, hardworking and really caring,” Kanchi said. “During my pregnancy, she took great care of me when I visited Shechen Clinic every month. During my delivery, she personally came to visit me at the hospital. I really like her as a person and as a doctor, and someday I would want my daughter to become the same. So I had no hesitation in naming her Kunsang Dolma.”

After the birth of her child, Kanchi is visiting Shechen Clinic regularly to give immunization vaccinations to her daughter.
When Mohamad Musa Tshering visited our Himalayan Indigenous Medicine Department in Shechen Clinic, even Amchi Sonam Pelmo was surprised to learn of his history. Mr. Tshering is from Pakistan and he is also ethnic Tibetan. He comes from Baltistan region in Pakistan, which lies near the border with Kashmir.

Mr. Tshering told Amchi Sonam that his grandfather’s generation was able to read, write and speak in the local Tibetan dialectic, but he cannot. He also remembers that there used to be traditional Tibetan medicine in his area but it has all disappeared.

So when Mr. Tshering got the opportunity to travel to Nepal to participate in a management seminar, he immediately wanted to visit an Amchi. His search led him to Shechen Clinic. He told Amchi Sonam that he has gastritis and gout and he has taken many modern medicines. The problem subsided when he took the medicine and returned when he stopped taking medicine. After being on medication for many years, he was convinced he had to take herbal medicine.

In Shechen Clinic, Amchi Sonam prescribed him a medication for a month. Mr. Tshering will take the medicine with him to Pakistan and will remain in touch with Amchi through emails. If the medicine is able to make Mr. Tshering better, he will ask Amchi to send more via parcel.

In 2015, the Himalayan Indigenous Medicine Department of Shechen Clinic in Kathmandu received patients from Pakistan, India, China, Bhutan, Australia, UK, France, USA and Nepal.
The Hospice has 7 beds and the medical team consists of 5 nurses with 4 support staff who work round the clock to provide 24 hours service. Dr. Suresh Maharjan, the visiting Oncologist, visits the Hospice twice a week to examine and supervise patient care. Our medical staff provides compassionate end-of-life care and creates a loving atmosphere while caring for the patients. The Hospice admitted 135 patients in 2015. The occupancy rate throughout the year was 81%.

Types of Patients in the Hospice in 2015

<table>
<thead>
<tr>
<th>Types</th>
<th>Disease</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malignant</td>
<td>Stomach Cancer</td>
<td>7</td>
</tr>
<tr>
<td>Malignant</td>
<td>Lung Cancer</td>
<td>10</td>
</tr>
<tr>
<td>Malignant</td>
<td>Ovarian Cancer</td>
<td>4</td>
</tr>
<tr>
<td>Malignant</td>
<td>others</td>
<td>101</td>
</tr>
<tr>
<td>Non-Malignant</td>
<td>Paralysis and Liver Diseases</td>
<td>13</td>
</tr>
</tbody>
</table>

List of morphine administered by the Hospice in 2015

<table>
<thead>
<tr>
<th>Types</th>
<th>Amount</th>
<th>Used (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long lasting (tablet)</td>
<td>30 mg</td>
<td>22,900</td>
</tr>
<tr>
<td>Long lasting (tablet)</td>
<td>10 mg</td>
<td>14,569</td>
</tr>
<tr>
<td>Short Lasting (tablet)</td>
<td>10 mg</td>
<td>6170</td>
</tr>
<tr>
<td>Short Lasting Syrup</td>
<td></td>
<td>2285</td>
</tr>
<tr>
<td>Short Lasting Injection</td>
<td></td>
<td>1434</td>
</tr>
</tbody>
</table>

DOTS or Directly Observed Treatment Short Course is the name given to the World Health Organization recommended tuberculosis control strategy. Shechen Clinic’s DOTS Center is approved by the Government of Nepal and provides diagnosis and free distribution of medicines for TB patients. The diagnosed TB patients take medication for the entire 6 months under the direct supervision of DOTS Center’s medical staff. All medicines distributed are free of charge.
Pathology Lab

The Pathology Lab employs one full-time and one part-time Lab Technician. The Lab conducts all the basic tests to help diagnose different diseases. If complicated investigations are required, Shechen Clinic works with other pathology labs in Kathmandu to carry out further tests.

| Breakdown of Total Test Figures of Pathology Lab in 2015 |
|----------------|----------------|-----------|---------|
| Male           | Female         | Children  | Total   |
| 1079           | 1785           | 485       | 3349    |

X-Ray

Two part-time Radiographers work in the X-Ray Department, which is open from 9 am to 4 pm every day. X-rays of all body parts are carried out to diagnose different diseases, although x-rays of chest and lower back area are carried out the most. A chest x-ray helps in determining pneumonia, bronchitis, TB, etc., while a lower-back x-ray discloses possible causes of back pain and arthritis.

| Total Patient Figures of X-Ray Department in 2015 |
|----------------|----------------|-----------|---------|
| Male           | Female         | Children  | Total   |
| 382            | 326            | 162       | 870     |

USG

Radiologist Dr. Roshani Pathak works in Shechen Clinic every Friday from 1pm onwards. Most ultrasound scans are carried out in pelvic-abdomen area to determine the state of the kidneys, liver and uterus. The scans also reveal the health of the baby in pregnant women. If any emergency ultrasound is required during the week, it is currently carried out in other facilities in Kathmandu.

| Total Scans Carried out by USG Department in 2015 |
|----------------|----------------|-----------|---------|
| Male           | Female         | Children  | Total   |
| 55             | 425            | 15        | 485     |

Homeopathy

The resident Homoeopathic Doctor at Shechen Clinic is Dr. Ambika Prasad Gyawali. Dr. Gyawali has been with Shechen Clinic since 2000, and is available every Sunday from 10 am to 12.30 pm. In 2015, the Homoeopathy Department saw a 37% increase in patient figure from 2014.

| Total Test Figures of Homeopathy from July to September 2015 |
|----------------|----------------|-----------|---------|
| Male           | Female         | Children  | Total   |
| 49             | 109            | 6         | 167     |

In 2015, Homoeopathy Department saw 37% increase in patient figure from 2014.
Health

It has been four years since the first Pelvic Organ Prolapse (POP) program was launched in 2011. In 2015, 161,918 benefitted directly or indirectly from the program in 6 districts. In 2015, we included Bardiya district in the program, while we gradually scaled down our program in Baglung district after 3 years of activities and highly successful impact. Our POP program activities can be broadly be categorized into 2 areas. They are:

1. Awareness

Awareness is the key activity in the effort to eradicating the POP problem. Due to high illiteracy rate, and lack of knowledge on how the problem arises and on how the prolapse can be treated, POP remains entrenched in the society. This can be successfully countered through awareness activities that are customized according to the local needs. Awareness activities in the program include:

- Street dramas to inform the general public in an attractive and interesting way about POP, how it arises, and how it can be eradicated. This has been found to be highly effective.
- Nutritional fairs – through which we inform people how to lead a healthy life and eat balanced food.
- Publicity – through brochures, posters and wall paintings, we inform the local people about POP.
- Stalls at local markets – when people congregate at a local market, it gives us a perfect opportunity to inform the people about POP. We set up stalls and use brochures, pamphlets and posters to inform the people.
- Orientation program – the programs are held in schools, local clubs and are targeted at young children as well as adults.

2. Screening Camps and Capacity Building

- Screening camps are organized to find women with POP problems. Those with first degree cases are taught exercises; a ring pessary is inserted for second degree cases; women with third degree are referred to hospitals for free surgery.
- Trainings are organized for local health workers so they can detect and treat the problem locally, unless it requires an advanced consultation and treatment or a surgery. Awareness also enables many housewives to find out the problems in themselves and other problem.
- Village Groups are formed to inform and train local people about POP so they can pass this message to more people in their villages.

Impact

Due to high visibility and very effective awareness campaigns, many women in their conservative societies are now openly discussing about POP. The village level groups set up by the program are also meeting every month to spread the awareness and discover hidden POP cases. We have also refined our awareness activities to include more customized messages to the local people. As a result of orientation programs in schools, young girls are now aware of the dangers of marrying early and how early pregnancy can lead to POP and other problems. Some Village Development Committees that fall within our program area have promised to set aside a separate budget for providing ring pessaries and conduct awareness activities. All this makes the POP program highly successful.
POP numbers in 2015

- Number of street dramas organized: 44
- Total schools visited for POP awareness: 26
- Total screening camps organized: 17
- Women discovered with various POP cases: 324
- Number of nutritional fairs organized: 25
- Number of pregnant women consulted/oriented in POP: 2781
- Total informational hoarding boards installed: 105
- Number of households visited to conduct POP awareness: 3816
- Total stalls setup at local market to inform about POP: 58
- Total Ward & VDC group meetings held to discuss/spread POP awareness: 125

Total direct & indirect beneficiaries: 161,918
In 2015, the Malnutrition program covered 6 Village Development Committees (VDCs) of Dhanusha district. Of the 6 VDCs, 2 were new VDCs, while in the 4 VDCs, our activities continued from 2014. These VDCs are largely agrarian, very deprived, and the literacy rate is quite low. All these conditions, coupled with lack of knowledge on what perpetuates undernourishment, has seen many stunted and wasted children. Because of these prevailing conditions and government neglect, it was felt necessary to launch a Malnutrition program in these VDCs.

Main Activities Conducted in 2015:
1. Nutrition Fairs for pregnant women and parents of children under 5 years of age;
2. Awareness and orientation programs through video shows at local markets, community meetings and schools for girl studying in class 8 to 10;
3. Awareness generation through wall paintings about malnutrition;
4. Home visits to monitor health and nutrition status of pregnant mothers and children under 5 years;
5. Promotion of kitchen gardens and use of revolving fund to encourage farmers to start and sustain kitchen gardens.

Program Facts:
Direct Beneficiaries: 10,496  Indirect Beneficiaries: 45,000
Pregnant women consulted: 1028  Children with Malnutrition discovered: 320
Young & Adolescent who participated in awareness program: 4806

Achievements in 2015:
Through all the integrated activities, the communities have started changing their behavior. The people are now aware of personal hygiene. People now wash their hands before eating, eat mostly cooked food and boiled water, and have a gap of at least 2 years between childbirths.

The women now also regularly visit local health care facilities during pregnancy and after childbirth to check the health of the baby. The whole the community has now become aware of the importance of this activity.

Through nutrition fairs, wall paintings, video shows and orientation programs, the local communities are now aware of the importance of a balanced diet. Most people have started to eat diets that have ample micronutrients and they rely less on just rice and lentil soup.

Looking Ahead in 2016:
The Malnutrition Program will now be scaled up. In 2016, the program will be conducted in 10 VDCs. Of the 10, 4 will be new VDCs. The program will now cover a larger population and will reach out to even more remote places in Dhanusha district.
The advanced first-aid training program, organized under the Disaster & Emergency Medical First Responder Training Program, is designed to progressively create a nation-wide network of community emergency health workers who can dispense on-the-spot pre-hospital medical care in isolated villages of rural Nepal. The program also aims to provide emergency medical response in the event of disasters and earthquakes in the Kathmandu Valley.

Before the earthquakes of April and May, 2015, a total of 4 trainings were held from January to March 2015 and 114 were trained as Advanced First Aiders. Of these, 41 were women and 73 were men.

In line with the overall objectives of the program to reach regions outside of Kathmandu, where health care facilities are moribund or non-existence, we organized training programs in two locations in Dhading districts in February 2015. Both these places are located in the main highway and sees plenty of accidents and other emergency medical needs of the villages along the catchments of the highway. The ambulances the local health facilities operate in the area do not have a trained first-aiders. The local security force that is in-charge of attending to the accident victims in the highway aren't also trained in emergency medical response. Because of this, the two training programs in Dhading included police officers, ambulance drivers, local health care workers, teachers and community workers, among others.

After the earthquakes, and after realizing the enormous benefit that advanced first-aid training will give to people in remote villages, this program became part of the Earthquake Rehabilitation Program.

Advanced First-Aid Training Details:

<table>
<thead>
<tr>
<th>Date</th>
<th>Total Trainees</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-12 January</td>
<td>15 (9 men and 6 women)</td>
<td>Shechen Clinic and NADEM</td>
</tr>
<tr>
<td>3-4 February</td>
<td>40 (20 men and 20 women)</td>
<td>Community Club, Gajuri</td>
</tr>
<tr>
<td>18-21 February</td>
<td>19 (14 men and 5 women)</td>
<td>Shechen Clinic and NADEM</td>
</tr>
<tr>
<td>25-27 February</td>
<td>40 (20 men and 10 women)</td>
<td>Community Center, Malekhu</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>114</strong></td>
<td></td>
</tr>
</tbody>
</table>
The healthcare project, funded by Amis du Tibet, Luxembourg, started from 1 September 2015. In the program, a medical team from Shechen Clinic organizes daily screening camps in Boudhanath area to unearth 5 diseases (Hepatitis B, Tuberculosis, H. Pylori, Diabetes and Cancer) in the local population. In the screening camps, the team first conducts interviews to record the medical history of the interviewees. If they show symptoms or are suspected of having any of the diseases, blood samples are taken for further tests. The program aims to determine the prevalence, rate and pattern of the 5 diseases, and establish if any further medical interventions are required.

Until 31 December 2015, 4 months after the launch of the program, the data below has been revealed:

<table>
<thead>
<tr>
<th>Age group</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 20: 21.6%</td>
<td>Monks/Nuns: 24%</td>
</tr>
<tr>
<td>20 to 40: 48.8%</td>
<td>Teachers: 4%</td>
</tr>
<tr>
<td>40 to 60: 21.9%</td>
<td>Students: 40%</td>
</tr>
<tr>
<td>Above 60: 7.7%</td>
<td>Others: 42%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Married</th>
<th>Unmarried</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female: 1158 / Male: 1028</td>
<td>1135 / 1051</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tuberculosis (TB) Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.5% had TB in the past. The screening detected 7% with mild to moderate chances of TB and only 1% had moderate to good chance of TB.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>H. Pylori Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>22% had past history of H. Pylori but only 11% had any sort of medication. Laboratory tests confirmed 246 out of 1802 tested had H. Pylori. Both the monks/nuns and people living outside of monasteries were found to have H. Pylori.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hepatitis B Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>7% had past Hepatitis B history. Lab tests have yet to confirm the prevailing rate from the current tests. The monks/nuns are higher in the list of suspiciousness of having Hepatitis B.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diabetes Screening</th>
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</thead>
<tbody>
<tr>
<td>Only 2.2% were found to be diabetic during the survey. Lab testing has confirmed 26 samples with blood sugar positive and 21 samples with positive urine for sugar.</td>
</tr>
</tbody>
</table>

So far, no cancer cases have been detected. The program will conduct tests until March 2016. Final report of the program will be published in June 2016.
School Statistics for 2015

Total Students: 313 (Female: 209/Male: 104)
Total Students in the Hostel: 236 (Female: 140/Male: 96)

Objectives of School Support Program in Yalbang, Humla:

- Improve the education and learning environment for children in Upper Humla;
- Increase the educational status of female children in Upper Humla by giving them opportunities to go to school;
- Expand and advance the school facilities and the quality of the education provided by Yalbang School.

Highlights of 2015

- The 3rd batch of grade 10 students of Maha Boudha School appeared for School Leaving Certificate (SLC) exams in 2015 and the results were published on 19 June 2015. Out of 13 students who attended the SLC exams, 9 students passed exam in 1st division and 1 students passed in 2nd division. The school's pass rate of 76.6% is one of the highest in Humla.
- On 14 and 15 September 2015, the students of Maha Boudha School participated in the Children's Day festival in Simikot. During the inter-school competition organized during the festival, the students of Maha Boudha School stood first in Dance, and Art & Crafts competitions, and were second in the Debate competition.
- On 06 August, 35th Annual School Day and Parent's Day was organized in Maha Boudha School. The Chief Education Officer of Humla district was the chief guest on the occasion, and different games, dramas and dances were organized by the students. Many parents also visited the school.
Programs Implemented in 2015 to realize the overall objective:

- Organized computer classes;
  In Humla, where life still revolves around farming, and where local people haven’t yet seen cars and computers, it is vital to groom the young students in computer education so they can adapt to student life in modern cities when they move to other areas for higher education. With this in mind, computer education was introduced in the school by Karuna-Shechen. Currently, 10 desktop computers run Midas e-classes, which augments lessons in English, Science and Maths. In addition to that, the students also learn about computer hardware and software, including simple programming in HTML. Each student spends about 4-5 hours each week on a computer, which they use very enthusiastically.

- Scholarship program for 130 students was continued. This enabled the students to get textbooks, notebooks and uniforms, and meals in the hostel operated by Himalayan Children Society;

- Food Assistance:
  Food items like rice, flour, sugar, tea, ghee, species, pulses etc., were purchased mostly from Tibet (China) and were transport to Yalbang. Some were brought from Simikot. This is a very big and intricate operation and there are storage rooms in Hilsa, Muchu, Yalbang and Simikot, to store and transport the food. The Hostel also served seasonal fruits like apples, apricots and vegetables like spinach, carrots, radish, potatoes, green vegetables. They are mostly grown in Yalbang or surrounding villages.

- Uniforms:
  Uniforms like tracksuits, jackets, inner wear, shoes have been provided to the students this year.

- Textbooks, stationery and notebooks:
  Textbooks, stationery and notebooks were purchased form Kathmandu and were delivered to Yalbang. Like last year, the parents of the students contributed funds to transport the textbooks from Nepalgunj to Simikot.

In 2016
Karuna-Shechen will continue to provide scholarship to 130 students in 2016 so they can get quality education in Maha Boudha School and stay in the hostel. We will also support the administration of Himalayan Children Society so they can function effectively and run the complicated operation in Humla successfully.
The 7 community schools are located in very remote 7 villages of Humla. These community schools were all badly managed before our intervention. With our support, the schools now offer regular classes, much improved facilities, and can now boast of improved student attendance rate, less teacher truancy, and more active participation of parents and members of management committee. Even the local community has shown more interest in the school.

The support program to 7 schools started from 2013 and will run until 2016. After next year, we hope the community will be able to sustain the achievements made by the schools, and the government will be able to offer better resources. We have already empowered the management committee to take necessary steps to achieve this, and they have promised to do this.

The table below shows the number of students and total beneficiaries in 7 schools.

<table>
<thead>
<tr>
<th>School</th>
<th>Village</th>
<th>Students (direct beneficiaries)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arniko Primary School</td>
<td>Muchu</td>
<td>30 (Girls: 15 / Boys: 15)</td>
</tr>
<tr>
<td>Buddha Lower-Secondar School</td>
<td>Hepka</td>
<td>115 (Girls: 73 / Boys: 42)</td>
</tr>
<tr>
<td>Chyasara Primary School</td>
<td>Chyaduk</td>
<td>18 (Girls: 11 / Boys: 7)</td>
</tr>
<tr>
<td>Khasarpani Primary</td>
<td>Yari</td>
<td>41 (Girls: 20 / Boys: 21)</td>
</tr>
<tr>
<td>Motiram Primary School</td>
<td>Khagalgau</td>
<td>48 (Girls: 18 / Boys: 30)</td>
</tr>
<tr>
<td>Namdu Chomu Primary School</td>
<td>Tangi</td>
<td>26 (Girls: 12 / Boys: 14)</td>
</tr>
<tr>
<td>Namkha Khungzom Primary School</td>
<td>Dinga</td>
<td>24 (Girls: 13 / Boys: 11)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>302 (Girls: 162 / Boys: 140)</td>
</tr>
</tbody>
</table>
Highlights of the program in 2015

Teaching in Local Language:
The dialects in Upper Humla differ from one village to another village but their origins are from Tibetan. From the year 2013, we have been offering classes in local language in the 7 community schools. The course is authorized by the Government of Nepal, and is offered with the help of teachers we have provided the schools. The courses are available from grade 1 to 5.

Improved School Infrastructure
In 2015, we have successfully completed the construction of two toilets in Chyasara Primary School. We also renovated 2 classrooms of the same school, as well as 1 classroom of Khasarpani School and 2 classrooms of Buddha Lower-Secondary School. We also provided desks, benches, cupboards, office tables and chairs to Buddha Lower Secondary School, Araniko Primary School and Namdu Chomu Primary School.

School Attendance
The school attendance books of all 7 schools have reported that from 2013, the year our support started, the attendance of the students have improved steadily each year. The number of class days have also improved.

Management Committee Meetings
All 7 schools hold regular management committee meetings. In 4 schools, the meetings took place every month, while in 2 schools they were held bi-monthly in 2015. In 1 school, the meetings were held thrice in 2015. This is a sign that the committee members are becoming serious about improving the schools and are taking more responsibilities.

In 2016
The same support that was provided in 2015 will continue. The schools will continue to get 1 teacher each (2 for Buddha Lower-Secondary School) so they can teach in the local language and provide support to the local government appointed teachers. Himalayan Children Society, our local implementing partner, will continue to monitor the school. They will also organize more management committee meetings to ensure the members are more active and aware of their responsibilities. The Himalayan Children Society will also continue to encourage the local communities to take more active interest in the schools.
After 16 months of construction, the Jana Jagriti School in Sheri Village, Dolpa, opened from July 2015. The school currently has 41 children, aged between 7 and 11, out of which 34 are girls.

The Jana Jagriti School is a community school, which means the school does not charge any tuition fee. In all community schools in Nepal, the Government of Nepal provides a small grant to run the school and teachers to teach in the school, while the school elects a School Management Committee that will manage the school.

In July 2015, the Jana Jagriti School elected a new School Management Committee with 8 members coming from 4 different local villages, from where the children come to study in the school. The Principal of the School, who is a Government pointed teacher, is the 9th Committee Member. The Committee elected Mr. Dorjee Gurung, a local from Sheri Village, who played a prominent part in the construction of the school, as the Chairperson. Mr. Gurung will work with the principal of the school to manage the daily affairs of the school.

Currently, all the students are studying in grade 1, as they hadn't gone to school before. From next year, older students and students who do well will move to higher grades.

Since the Government grant to run the school isn't enough, and the Government has only provided only 2 teachers, Karuna-Shechen has provided addition financial assistance to Dolpo Himalayan Gakar Hungtrampa Foundation (DHGHF), a local NGO that worked with Karuna-Shechen to construct the school, to run the school as well as hire two local teachers.

The Hostel
32 students stay in a hostel. Karuna-Shechen supported the running of the hostel in 2015. The hostel is run with the help of DHGHF, which has encouraged the parents of the students to donate flour, rice and other edible items so their children can enjoy healthy diet in the hostel.

Adult Literacy Classes
The school runs adult literacy classes to people of 3 villages in the evening time. Since most of the local people are illiterate, these classes will give them the skills to read and write in their own and Nepali languages, and also teach them to do simple maths. Every day, around 18 people are taught by two teachers appointed by DHGHF.

School Schedule
Since the school is located at 4 thousand meters and will be covered with snow during much of the winter season, winter vacation started at the end of October. The school will remain closed until the end of February. After that, the school will continue without having a holiday until the end of June, when it will be closed from 2 weeks because of Yarshagumba picking time. In this schedule, the school is will remain open for 7 and half months. This should be just enough time to finish the course and have time for exams.
The area around the school was affected by the earthquake but the school itself didn't suffer any structural damage. As a result, the school was able to resume the classes quickly. The students had suffered from earthquake trauma, but being in the school and with the help of the teachers, they were quickly able to overcome their fears.

This year, Panchakanya School has seen much improved results. The dropout rate is lower, the student attendance rate has improved, and more management committee meetings were held that last year. The students also appear more enthusiastic than ever to come to school. The addition of a school ground has given the students a place to play during the breaks.

**Highlights of 2015**

- Involvement of more management committee members and the members are more active now. The members were trained by Karuna-Shechen to play more active role to improve the school.
- Realizing the need for the school to print teaching materials and exam papers, we donated a printer. The teachers now do not need to travel for 30 minutes to a nearby town to make a print out.
- Both the teaching hours and the number of days the school is open have increased in 2015.

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### Facts

| Total Staff: | 8 (7 teachers & 1 support staff) |
| Teacher provided by Karuna-Shechen: | 2 |
| Total number of rooms: | 6 (1 used for office) |
| Total students: | 49 (22 boys/27 girls) |
| On-going Karuna-Shechen support: | Textbooks and stationery; computer printer; leased school playground; teachers |

**Catchment area of the school:** Poor farmers and landless migrate workers who cannot afford to pay tuition fees
Sundarimai Primary School is located in a very rural area. The local community depends on farming and the literacy rate is very low. Even local people who migrate to urban areas and abroad for work only get low paid menial work as they do not have any skills. The school is trying to change that by educating the students but the school faces many challenges the school is located in a remote place.

Before our intervention, the school didn't have toilets, drinking water and the teachers remained absent without any notice for long periods. We have built toilets and rainwater harvesting system, and capacity built and empowered the school management committee. As a result of this, the chairperson of the committee and the other members are now actively checking the performance of the teachers and ensuring the classes are organized on time. All this has resulted in lower dropout rate, higher pass rate and the teachers now organize the classes on time.

Highlights of 2015
- Election for the new school management committee was held and a new committee, with a new chairperson, was elected.
- The committee has already met three times since September and has promised to run the school better than the last one.
- The teachers and the staffs appear to be more motivated because of improved school facility with toilets and rainwater harvesting system. They arrive on time and all the classes are also organized on time.

Sundarimai Primary School

Facts

<table>
<thead>
<tr>
<th>Total Staff:</th>
<th>8 (7 teachers &amp; 1 support staff)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher provided by Karuna-Shechen:</td>
<td>3</td>
</tr>
<tr>
<td>Total number of rooms:</td>
<td>6 (1 used for office)</td>
</tr>
<tr>
<td>Total students:</td>
<td>43 (19 boys/24 girls)</td>
</tr>
<tr>
<td>On-going Karuna-Shechen support:</td>
<td>Provided textbooks and stationery; sports materials</td>
</tr>
<tr>
<td>Catchment area of the school:</td>
<td>Local villagers, who are mostly subsistence Tamang farmers</td>
</tr>
</tbody>
</table>
Shree Prabhat Primary School

The school is one of our success stories as it has managed to ward off competition from nearby private schools and actually increase student enrollment. This isn't the case in a majority of the community schools as they steadily lose students to private schools. The reason for this is that community schools are badly run while private schools offer better quality.

Through our support, Shree Prabhat School now has better infrastructure, trained and motivated teachers, better environment as the students get uniforms and stationeries, and better quality education as the classes are organized on time and the teachers take care of the students to ensure they are learning and improving.

All this has arisen through better support from management committee and active participation of the local community. Today, the school has classes up to grade 8 and organizes many extra-curricular activities also. Now, our efforts will be to ensure these improved are sustained for many years.

Highlights of 2015
- For third successive year, the school has experienced lower dropout rate and higher enrollment rate.
- The earthquake didn't affect the school and the classes resumed after the aftershocks subsided, so the students didn't face major disruption.
- Regular School Management Committee and Parents-Teachers meeting held to discuss management of the school and the quality of education.

Facts

| Total Staff: | 13 (4 teachers & 3 support staff) |
| Teacher provided by Karuna-Shechen: | 4 |
| Total number of rooms: | 10 (1 used for office) |
| Total students: | 179 (91 boys/88 girls) |
| On-going Karuna-Shechen support: | Provided textbooks and stationery; rainwater harvesting system; teachers |
| Catchment area of the school: | Deprived people of a nearby village |
Namo Buddha Primary School, Kavre (up to grade 5)
Students: 94 (boys: 51 / girls: 43)  Staff: 8 (7 teachers / 1 assistant)
We provided a teacher since the school was running multi-grade teaching. Finished installing rainwater harvesting system in the school and also constructed a fencing around the school, so the students and the property and the equipment of the school can remain safe.

Tarkeshwori Lower-Secondary School, Ramechaap (up to grade 8)
Students: 94 (boys: 46 / girls: 48)  Staff: 9 (8 teachers /1 assistant)
Karuna-Shechen has provided 3 teachers to the school because it is located in a remote region and lacks resources. The students in the school come from very deprived and marginalized communities, so the school must continue to offer quality education to uplift these communities. We also provided stationers and textbooks to motivate the students to study.

Bajrang Rastriya Primary School, Dhanusha (up to grade 5)
Students: 177 (boys: 79 / girls: 98)  Staff: 7 (6 teachers /1 assistant)
The school was able to construct a building after receiving the funds from Government. Karuna-Shechen supported the school by providing 2 teachers, and 15 sets of benches and chairs for the classrooms and stationeries. As a result of the support, student dropout rate has decreased, student enrollment rate has increased and the parents are now more interested to send their children to school.

Rastriya Lower-Secondary School, Dhanusha (up to grade 8)
Students: 368 (boys: 162 / girls: 206)  Staff: 12 (11 teachers /1 assistant)
In 2015, Karuna-Shechen supported the school by providing 2 teachers, stationeries, sports materials, and we constantly monitored their progress. Though there were challenges to implement the activities, mainly due to political instability, the school did see lower dropout rate and higher student attendance rate.

Jagriti Primary School, Morang (up to grade 5)
Students: 66 (boys: 29 / girls: 37)  Staff: 4 (4 teachers)
After seeing the lack of resources at the disposal of the school and the poor quality of infrastructure, Karuna-Shechen started supporting the school from 2015. This year, we constructed toilet and a tube well to draw water for the use in the toilet and wash the hands and feet of the students. We also distributed uniforms and stationeries to the students, and provided a teacher to the school. All this ensured, immediate improvement in the quality of education imparted by the school.
The ONGD-FNEL/Luxembourg funded component of the Nepal School Support Program, started from October 2015. The program will run until 2018. The program was planned to start from April 2015 but was delayed by the earthquake. Under the program, Karuna-Shechen will support following community schools:

<table>
<thead>
<tr>
<th>Name of the School</th>
<th>District</th>
<th>Year of the Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uppalchaur Lower-Secondary School</td>
<td>Baglung</td>
<td>2015-2018</td>
</tr>
<tr>
<td>Shivalayan Primary School</td>
<td>Baglung</td>
<td>2015-2018</td>
</tr>
<tr>
<td>Balmandir Primary School</td>
<td>Baglung</td>
<td>2015-2018</td>
</tr>
<tr>
<td>School yet to be confirmed</td>
<td>Kavrepalanchok</td>
<td>2017-2018</td>
</tr>
</tbody>
</table>

**Nature of Support**

The schools in Baglung will received comprehensive support. In Uppalchaur School, the program will construct better classrooms. In Shivalaya School, a fencing wall to protect students and the property of the school will be built. A sanitation to better manage solid waste will be constructed in Balmandir School.

The program will also empower management committee, train teachers, and work with local community to improve the schools. A teacher will also be provided to each school so the schools can provide quality teaching. In addition to that, uniforms, stationeries and textbooks will also be distributed to the students.

In Shree Bisankhu Narayan Secondary School, Lalitpur, Karuna-Shechen will work with management committee members and the teachers to improve the performance of the school.

**Activities Implemented**

The program has already appointed a program officer to implement the activities. The program officer has already visited the schools in Baglung twice, organized management committee meetings, and selected a teacher for Balmandir School. Karuna-Shechen has also met the principal and management committee members of Shree Bisankhu Narayan School to start the support activities.

**In 2016**

More support activities will be implemented in 2016. The students of 3 schools in Baglung will receive uniforms and stationeries. The program will also improve the library of Shivalaya and Uppalchaur Schools. A teacher will be hired in Upallachaur and Balmandir Schools, and teacher training will be organized to motivate and improve their skills. Karuna-Shechen will also persuade management committee members to a play more active role in the 3 schools in Baglung and in Shree Bisankhu Narayan School.
The Children education sponsorship program started in 2002. By 2006, the number students receiving the sponsorship had reached 52. The sponsorship ends after the students pass SLC (grade 10 School Leaving Certificate). This year, 20 students (7 boys/13 girls) received the sponsorship. In 2013, it was decided to phase out this program, whereupon no more students are being added into the sponsorship program.

In 2015, 5 students appeared for SLC exams. 4 of the students passed with excellent grades. In 2016, 7 students will appear for SLC exams. This will reduce the number of sponsored students to 13.

Most of the students that receive sponsorship are from very deprived families in remote regions of Nepal. In Kathmandu, these students can receive good education in a very good school. The sponsorship program pays for their monthly tuition fee, exam fee and annual enrollment fee, and their hostel fees, if the students are staying in a hostel.
In Namo Buddha School, after the local villagers contributed free labor to construct the reserve tank, all remaining work for the rainwater harvesting system has been completed. The area around School suffers from water scarcity and the rainwater harvesting system will benefit 81 students and 6 staffs. The students will be able to drink water from it and wash their hands and feet.

In Bacchaladevi School, construction of sedimentation tank and guttering are already complete, and the reserve tank started collecting water during the monsoon. This winter, the students have started using the water from it. Karuna-Shechen has also constructed 4 toilets as part of the program.

In Mahakala School, guttering work is completed. Reserve and sedimentation tanks and hand pump have also been installed. Boundary fencing and a gate were also erected to protect the rainwater harvesting system in the school. The students and the teachers are now using the water that was stored their during the monsoon season.

In Sundarimai School, a hand pump has been installed and construction of the rainwater harvesting system has been completed. The reserve tank has already started collecting water and the staffs and the students will be able to draw water from the hand pump from July 2015.
9 women, 2 from each of the 4 villages of Dailekh, Jajarkot, Surkhet and Kavre districts, and 1 woman from Makwanpur district were trained as solar technicians and entrepreneurs in 2014.

In 2015, a total of 242 solar home lighting systems were installed in Dailekh and Jajarkot in January 2015 (95 in Jajarkot and 145 in Dailekh) as part of the program that continued from 2014. All the houses where the systems were installed do not have electricity, are deprived, and have school going children.

Two workshops were also set up in Dailekh and Jajarkot districts. The workshops will be run by the women trained in Kathmandu, and they will maintain and repair the systems.

In Kavre, 210 sets were handed over to Namaste Banepa to install the systems in the district. Namaste Banepa finished installing the system in 2015.

The Rural Solar Electrification Program will now be part of our over earthquake rehabilitation program. After September, Karuna-Shechen has conducted many site visits in earthquake affected district to finalize the program. This will be reported under the earthquake rehabilitation program.
The old age home in Bhutan is located in Begena Monastery and was constructed in 1965-66. The Home needed to be rebuilt because the living condition for the 22 senior citizens (14 women and 8 men) was not suitable for habitation. The Home didn't provide any insulation during the harsh winter months and leaked water during the monsoon season. All the residents of the Home do not have any relatives or any children to support them. This is the only place they can live.

The reconstruction of the Home was started after some donation was received. But since this was not adequate to complete the construction, Karuna-Shechen set aside a budget of US$ 13,000.00 to co-fund the construction of the Home. The funds were transferred in July 2015, after which the constructed work, which had stalled due to the lack of funds, was completed. The newly built Old Age Home was inaugurated on the 16th of November 2015. All the senior citizens are now living in the Home.
Following the 7.8 magnitude earthquake on 25 April 2015, and countless aftershocks after that, large and dangerous cracks appeared on the walls of the Old Age Home in Namo Buddha. The building was constructed using mud bricks, and no cement or concrete pillars were used for support. The use of mud bricks gives good acoustics and air conditioning, but it doesn't hold together during powerful earthquakes. As a result, the Home became unsafe to live in. It needed to be immediately demolished, and a new building needed to be constructed.

The main purpose of the Home is to assistant the elder people who want to stay in a quiet place where they can practice meditation and do other rituals. The Home provides shelter, food and medical services to the people staying in the Home.

Karuna-Shechen allocated US$ 95,000 to build a new home that will be earthquake resistant and will have 13 rooms, 2 more than the old home. The 2 extra rooms will be used for the staff and other guests to stay. It will also have separate male and female toilets. A Mani wheel will also be constructed at the front of the Home so the people can walk around it for prayer and exercise. The old structure has been demolished, but the reconstruction work has not started because of the current fuel shortage. The reconstruction will start immediately as and when the fuel shortage improves and the situation allows for the construction to be conducted normally.
2.8 million people were affected by the earthquakes, according to the National Population Census of Ministry of Home Affairs, and the UN pleaded for US$ 423 million to respond to emergency needs.

Given the magnitude of the destruction and the needs, we set up our own intervention priorities based on a practical and workable ratio of the needs, resources available and our overall response capacity.

Among those who were affected by the earthquake were:
- Those who have access and connections to aid and assistance;
- Those who have the possibility of access and connections to the assistance network;
- Those who have always been in the fringe of development and have no access to any immediate possibility of help.

The 3rd category made up the largest segment of the stricken population, scattered in remote small villages of the affected districts.

For Karuna-Shechen, it has always been a mission to address the needs of those who have been left out, and despite the huge challenge this decision would pose, we were compelled to go by the same spirit, and we chose to go for the third segment of the affected population, and among them to the most neglected.
Since 2000, Shechen Clinic & Hospice has been providing quality medical care to the people of Boudhanath, where there is a large migrant community from the Himalayan region of Nepal and Tibet, and also to deprived and remote regions in Kathmandu Valley through mobile medical clinics.

**Details of Shechen Clinic’s Activities:**

- A non-profit, charitable unit, Shechen Clinic has been able to help the poor and deprived population who cannot afford treatment in private clinics.
- Every year, Shechen Clinic treats around 50,000 patients through its various medical departments: the Out Patient Department, Mobile Medical Outreach Clinic, Pathology and X-ray labs, USG, DOTS Center, Dental Department, Gynecology and Reproductive Health, Himalayan Indigenous Medicine (also known as Tibetan Medicine), Homeopathy, and the Hospice.
- Immediately after the earthquake, Shechen Clinic mobilized 2 mobile medical outreach medical teams daily, and reached out to the worst affected areas of the valley and its peripheries.
- Shechen Clinic also distributed emergency relief materials to many earthquake-affected villages.
The Shechen Eco Group was founded in November 2011 by a group of monks in Shechen Monastery. The Group promotes and participates in environmentally sustainable activities within and outside the monastery. The monks of Shechen Monastery, who are either studying or teaching in the Monastery, are members of the Shechen Eco Group.

Shechen Clinic & Hospice trained 49 monks from the Shechen Eco group as Advanced First-Aiders in 2013. The training equipped the monks to give basic life support, basic trauma support and how to manage the sick and the injured in a medical emergency or a disaster situation. These monks were very active during the post-earthquake period, providing treatment and distribution emergency relief materials to remote villages.
Established in 2013, LOOKS Nepal is a grassroots non-governmental organized based in Banepa, Kavre. Before the earthquake of April 2015, LOOKS Nepal was predominantly working in the education sector, supporting community schools with different kind of activities in Kavre district.

After the earthquake, LOOKS Nepal worked with Karuna-Shechen to reach very remote and rural villages of Kavre, Sindhupalchok, Dolakha and Ramechhap districts.

LOOKS Nepal was able to mobilize a large number of extremely motivated volunteers during the relief distribution. The volunteers were able to go on data collection missions, help in purchasing materials required for relief distribution, and travel for relief distribution operations to remote villages.

Due to its dedicated volunteers, strong research and local support, LOOKS Nepal easily managed to prioritize earthquake survivors according to the degree of material and mental loss they had suffered and distribute relief materials accordingly.
INHURED International has been a front-runner in Nepal’s, as well as the region's human rights movement. The organization represented various UN forums relating to human rights and in the SAARC, including UN High Level Dialogue on Migration and UNHCR-NGO Annual Consultations. INHURED International is also a founding trustee member organization of NEOC, the National Election Observation Committee, a watchdog organization that is responsible for monitoring elections in Nepal. NEOC and has a network spanning all corners of the country and has the capacity to mobilize teams in every election polling booth.

INHURED International works with UN Centre for Human Rights; UNESCO, UNHCR; OHCHR; Amnesty International; Human Rights Watch; Asian Human Rights Commission; The Hague Appeal for Peace; South Asia Forum for Human Rights (SAFHR); South Asia Human Rights Documentation Centre (SAHRDC), Oxford University-Summer School on Forced Migration; Bureau of Population, Refugees and Migration; The Tibet Fund; Lutheran World Federation; ActionAid Nepal; National Election Observation Committee (NEOC), Asia Pacific Refugee Rights Network (APRRN); Asian Network for Free Elections (ANFREL); Peoples’ SAARC, South Asia Alliance for Poverty Eradication (SAAPE); Accountability Watch Committee (AWC) and all major human rights, relief and development institutions based in Nepal and abroad.

As mentioned earlier page, INHURED International is a founding member of Nepal Election Observation Committee (NEOC). Though NEOC is mandated to only oversee and supervise elections, the organization agreed to allow INHURED International to use its network around the country to gain valuable information regarding the level of destruction and help required in remote villages, and also help in the distribution of relief materials in these areas. With this arrangement in place, INHURED International was able to supply relief materials, efficiently to most of the earthquake affected districts in a very short span of time.
Karuna-Shechen’s earthquake relief program has officially come to a close. At an expenditure of US $ 837,280.00, we provided emergency relief to a population of 216,511 in 41,234 households in 622 remote villages in all the 15 affected districts.

**Earthquake Emergency Relief Program’s Final Figures**

**Overall Earthquake Relief Figures**

<table>
<thead>
<tr>
<th>Districts reached</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td>VDCs reached</td>
<td>153</td>
</tr>
<tr>
<td>Villages reached</td>
<td>622</td>
</tr>
<tr>
<td>Households reached</td>
<td>41,234</td>
</tr>
<tr>
<td>Population served</td>
<td>216,511</td>
</tr>
</tbody>
</table>

| Total Patients Treated in Mobile Medical Clinics | 8,146 |

**Relief Materials Distributed**

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tarpaulin Tents</td>
<td>15,445 pieces</td>
</tr>
<tr>
<td>Rice</td>
<td>692,150 kg</td>
</tr>
<tr>
<td>Beaten Rice</td>
<td>12,820 kg</td>
</tr>
<tr>
<td>Pulse</td>
<td>52,476 kg</td>
</tr>
<tr>
<td>Salt</td>
<td>27,458 kg</td>
</tr>
<tr>
<td>Sugar</td>
<td>41,765 kg</td>
</tr>
<tr>
<td>Soap</td>
<td>70,299 pieces</td>
</tr>
<tr>
<td>Cooking Oil</td>
<td>23,541 liters</td>
</tr>
<tr>
<td>Water Purifiers</td>
<td>340 pieces</td>
</tr>
<tr>
<td>ORS Packets</td>
<td>1,984 packets</td>
</tr>
</tbody>
</table>
## Earthquake Emergency Relief Delivery Data (Partner-wise)

<table>
<thead>
<tr>
<th>Organization</th>
<th>Districts</th>
<th>Villages</th>
<th>Households</th>
<th>Populations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shechen Clinic &amp; Hospice</td>
<td>8</td>
<td>72</td>
<td>2822</td>
<td>9633</td>
</tr>
<tr>
<td>Shechen Eco Group</td>
<td>9</td>
<td>115</td>
<td>7609</td>
<td>45,391</td>
</tr>
<tr>
<td>LOOKS Nepal</td>
<td>5</td>
<td>101</td>
<td>4420</td>
<td>25,055</td>
</tr>
<tr>
<td>INHURED International</td>
<td>12</td>
<td>334</td>
<td>26,383</td>
<td>136,432</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>622</td>
<td>41,234</td>
<td>216,511</td>
</tr>
</tbody>
</table>
The earthquake rehabilitation project is a medium-term, sustainable and comprehensive program launched by Karuna-Shechen in 15 affected districts of Nepal. The program aims to empower the earthquake devastated communities through programs in:

- Agriculture for food security, education, solar and women entrepreneurship program, health, and specifically first-aid skills to prepare local villagers for any future emergency or disaster, awareness and institutional strengthening program to fight human trafficking in badly hit earthquake areas, and disaster preparedness.

Karuna-Shechen is working with 6 local partners to implement the programs hand-in-hand. In July-September, Karuna-Shechen has, with the support of the 6 local partners, gained approval from Social Welfare Council and concerned Government District units to launch the program in all 15 districts, appointed local coordinators to facilitate the smooth implementation of the programs, and organized an orientation program in Kathmandu, where all the local coordinators and the local partners were present to learn about the programs in-depth. The program was rolled out from October 2015.

Rationale:

- If the villages of Nepal had food security essentials in place, the earthquake affected areas might not have needed such extensive deliveries of food relief assistance;
- If they had a network of community first aiders within reach, the pain of many more could have possibly been eased, and a lot more lives could have been saved;
- If their local schools provided excellent education and they facilitated positive exposure of children to hands-on, everyday life skills, their children would not be a burden, but an asset;
- If their energy needs did not lead to deforestation, the mountains above them might not have crashed down upon them, and their water sources would have probably stayed dependable;
- If they were well versed with the perils of sending their children away to far-off lands to “escape from life at home”, and they had the means to resist and counter the lure, they might not have lost so many youngsters to the human trade; and,
- If they were ever-ready for any disaster, they might not have been caught so off guard.
Nepal’s reality:

- A majority of the Nepalese population live in rural Nepal;
- A majority of this rural population are essentially agriculturists;
- Agriculture is by far the largest employer in Nepal, and the provides this population the ready opportunity to be self-sufficient in food;
- This segment of the population is also the most suitably placed to be largely self-reliant, vis-à-vis essential and basic rural needs;
- A majority of rural Nepal is a collection of small, scattered and remote settlements;
- Any strategy for realizing well-being, particularly of this majority, needs to be tailored taking into consideration the geographic, topographic, demographic, social and economic characteristics of the area.

Intervention

- A holistic mid-term rehabilitation intervention strategy to be implemented involving various sectors;
- Empowerment and capacity building, including training and networking, using on-the-ground, hands-on, practical methodologies, is to be the core component of the intervention, and any other form of support that falls within the scope of this intervention, shall only serve to be a catalyst and not a permanent prop;
- 1 project site per sub-program has been selected in each of the 12 districts of Gorkha, Sindhupalanchowk, Rasuwa, Kavrepalanchowk, Dolokha, Ramechhap, Makwanpur, Okhaldhunga, Sindhuli, Dhading, Nuwakot and Solukhumbu;
- Each such project site consists of 1 or more villages per intervention sector within a surrounding catchment periphery area, which has fulfilled the set criteria, such as: that all the various interventions are necessary and can be collectively applied in and around the project periphery, that each such village is ideally be made up of around 100 households, and that 1 primary school (having up to grade 6), the building of which has been damaged and become inhabitable due to the earthquake, shall be selected for intervention, etc.;
- In the 3 districts of Kathmandu, Lalitpur and Bhaktapur, which are considered ‘fairly developed districts,’ the interventions are limited to Disaster & Emergency Medical First Responder Training Program;
- The intervention duration is till 31st December 2017.

Objective

- With the primary objective of setting up successful model villages for inhabitants, bringing together all the various sectors as equal contributors into the wellbeing process, and creating a pool of local, on-the-spot trainers, who can spread their expertise and knowledge into neighboring villages and trigger a self-spiraling, self-multiplying effect, all programs shall be handed over to local community based organizations and/or the respective local government units in the end of the intervention period.
Established in 2004, LEAD Nepal is a non-profit organization with more than a decade of experience in research, implementation, monitoring and advocacy of organic agricultural practices and holistic approach to agriculture and food security systems. LEAD Nepal also specializes in the delivery of agro-forestry, watershed management, animal husbandry, renewable energy, deforestation, and biodiversity. Through agricultural and related practices, the organization also obtains social justice and shows the way for green economic and sustainable growth of deprived and underprivileged regions.

Program Detail
This ‘agriculture and food security segment’ of the intervention program ensures that families self-produce and have access to low-cost, nutritious, healthy and a complete range of seasonal vegetables and staple foods, by re-establishing, promoting and supporting:

- Sustenance farming, including establishment of household kitchen gardens, together with natural/organic composting and pest management;
- Cultivation of staple crops;
- Animal husbandry;
- Watershed replenishment, maintenance and management;
- Bio-forestry;
- Food storage improvement techniques;
- Supporting the cultivation cash crops for added income where suitable, is also a component.

Activities Conducted in 2015
- In August 2015, LEAD Nepal was one of 5 partners that participated in a 1 day orientation program to launch the program formally. The program gave LEAD Nepal an opportunity to get familiar with local and district focal person of the program. These person will assist in the launch, implement and monitoring of the program.
- All necessary paperwork and approval from government institutions (village, district and national level) was completed in September 2015. After that, the program was ready to be launched in 12 districts.
- From 03 to 05 November 2015, LEAD Nepal participated in the rollout program in Kavrepalanchok, Dolakha, Sindhupalchok districts, to launch the programs in these districts.
- The project locations for all 12 districts was finalized. For this, the program officer of LEAD Nepal conducted a 24-day field visit in November/December 2015. The program officer met with government and local people to select the site.

Planned Activities for 2016
- Training and awareness documentary film making, which will tell local people about organic agriculture practices and how this is the best way to fight long term food insecurity.
- Hiring of trainers – the trainers will travel to the villages to trained local people.
- Procurement of training materials
- Designing of 4-day training package for all districts. The trainings will also be held in 2016.
- Setting up ward citizen forum for agriculture and solar components.
Implementing Partner: Nepal Disaster and Emergency Medical Center (NADEM Center)

NADEM was established in 2007 with aim of developing Disaster and Emergency Medicine by educating and training medical and non-medical person to develop nationwide Emergency Healthcare System in Nepal. Since 2013, in partnership with Karuna-Shechen, NADEM has conducted Advanced First-Aid Training in many parts of the country. It is the only non-profit organization of its kind to conduct highly effective and extremely beneficial training programs nationwide.

Program Details
This intensive advanced first-aid training program is designed to progressively create a nation-wide network of community emergency health responders who can dispense on-the-spot pre-hospital medical care in isolated villages of rural Nepal. The activities shall entail:
- Training and deployment of Advanced Community First Aiders;
- Advanced First Aid Training for the AFAs on adolescent, maternity and child health.

Activities Conducted in 2015
A total of 14 trainings have already been conducted from July to December 2015 as part of the program immediately after the earthquake. 575 people were trained, out of which 293 were female and 282 male. Most of the participants were local teachers, community leaders, farmers, members of mother’s group and social workers. The trainings were organized in 7 earthquake hit districts.

Training Details:

<table>
<thead>
<tr>
<th>District &amp; Village or Area</th>
<th>Training Dates</th>
<th>Participants</th>
<th>Participants Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kathmandu - Boudha (3 trainings)</td>
<td>01/18 and 25 July</td>
<td>120 (40x3)</td>
<td>90 community police &amp;10 Community Members</td>
</tr>
<tr>
<td>Kavre (Hokse, Panchakal, Kusadevi)</td>
<td>07/15 and 16 Nov.</td>
<td>123 (42-40-41)</td>
<td>local teachers, community leaders, farmers, members of mother’s group and social workers</td>
</tr>
<tr>
<td>Dhading - Toplang</td>
<td>21 November</td>
<td>42</td>
<td>local people and householders, healthcare workers, social workers</td>
</tr>
<tr>
<td>Sindhuli - Majhuwa</td>
<td>28 November</td>
<td>40</td>
<td>local people and householders, healthcare workers, social workers</td>
</tr>
<tr>
<td>Dolakha - Lapilang, Charikot</td>
<td>05 and 06 December</td>
<td>82 (42 - 40)</td>
<td>participants from all sector and wide coverage</td>
</tr>
<tr>
<td>Makwanpur - Tistung, Bajrabarahi</td>
<td>12 and 26 December</td>
<td>84 (43 - 41)</td>
<td>participant from all sector and wide coverage</td>
</tr>
<tr>
<td>Okhaldunga - Baruneshwor, Kuntadevi</td>
<td>19 and 20 December</td>
<td>84 (41 - 43)</td>
<td>participant from all sector and wide coverage</td>
</tr>
</tbody>
</table>

Planned Activities for 2016
In 2016, the advanced first-aid training will be conducted in all 15 districts and in all the locations where the earthquake rehabilitation programs are being conducted. Trainer of Trainers (TOT) is also planned for 2016.
Implementing Partner: Literacy Oriented Organization for Knowledge & Skills Nepal (LOOKS Nepal)

Program Details
80% of the student population in Nepal study in government/community schools. However, these schools often fail to motivate students and the community. There are two very significant reasons for this. They is no effective monitoring due to remoteness of the schools, and the community schools depend on the government for the funding and the supply of teachers, but both the funds and the teachers supplied by the government are not adequate.

While supporting community schools, Karuna-Shechen ensures that the local community is an integral part of the equation, and the school should provide excellent working models for the government to emulate and replicate in other community schools, together with bringing practical changes in some of the flawed policies in education.

Activities Conducted in 2015
- After the necessary paperwork for the launch of the program was completed in September 2015, LOOKS Nepal conducted field visit to all 12 districts to select the schools.
- During the visits, interaction program was held with management committee members of all schools, and the condition of the schools and current needs were noted to plan future activities.
- In November 2015, LOOKS Nepal participated in the rollout program in Dolakha, Sindhupalchok and Kavre districts to launch the program.
- In December 2015, teacher selection process started in all 12 schools.

Planned Activities for 2016
- Provide teachers in all the 12 schools for quality teaching.
- Supply uniforms, stationeries and teaching materials for effective teaching.
- Monitor the schools and organize management committee meetings regularly to ensure the committee members learn their responsibilities and actively participate in the running of the schools.
- Fabricate desks, benches and other required furniture for the schools.
Implementing Partner: **Stupa Development & Associates (SDA)**

Stupa Development & Associates (SDA) was established on 2012 by a group of civil engineers, architects, urban planners, surveyors and management experts with an aim of bringing forth creative yet practical solutions to the civil engineering, architectural, and planning scene. SDA is committed to perform at its best, meeting the requirement of the project, and ensuring the schools construction will be extremely durable and earthquake resistant.

**Program Details:**
The 25 April 2015 earthquake and many powerful aftershocks after it damaged or destroyed more than 24,622 classrooms in 4,932 schools. The schools were closed for over a month affecting the education of more than 500,000 students. Since the resumption of the studies, most of the classes in the earthquake-affected schools have been organized either in the open or in ramshackle shelters constructed from the materials of the destroyed buildings.

Without proper classrooms and unsafe buildings, many students have preferred not to attend the schools and instead remain at home. Many teachers have also reported that the students’ motivation to learn have plummeted at an all-time low as their school buildings lay in ruin.

The initial plan was to immediately provide temporary sheds for the schools to resume, but by the time all the necessary information came through, many schools had already used cheap local resources to set up sheds. It was then decided to go in for earthquake resistant buildings. The program will build a maximum of 8 classrooms in 10 community schools that are located in 10 worst affected districts. These are the same schools that are also recipients of our School Support Program implemented through LOOKS Nepal. The classrooms will be constructed using prefabricated, concrete and earthquake resistant materials.

**Activities in 2015**
The implementing partner was chosen in 2015 and the detail plan was finalized.

**In 2016**
SDA will conduct field visits to all 10 schools. Following that, SDA will work with school management committee and village development committee to seek approval and begin the construction.
Implementing Partner: **Ujyalo Ghar**

Ujyalo Ghar is a leading social venture enterprise in Nepal specializing in training and installation of solar home systems. The company has worked in many urban as well as rural and deprived regions. Mr. Balman Chhantyal, the MD of Ujyalo Ghar, is a leading Solar Technician and a trainer. He has many years of experience in implementing solar electrification projects in Nepal.

**Program Details**

65.7% of Nepal’s population does not have electricity in their homes, and kerosene oil lamps or wood fires meet their lighting needs. Wood fire is known to be responsible for chest and eye affections and fire hazards. Solar electrification is known to have positive impact on children’s education and will help the women in doing household chores more comfortably.

The program will set up a workable model that can be replicated in other areas of Nepal. The program will empower women and build their entrepreneurship and leadership quality so they can be solar technicians and entrepreneurs.

**The activities shall entail:**

- Training and capacity building 24 women, 2 from each such village to become solar technicians and solar entrepreneurs;
- Solar electrifying 100 households in 1 or several surrounding villages in each project area.

**Activities Conducted in 2015**

- Ujyalo Ghar conducted a survey of all 12 districts to select the sites.
- During the survey, Balman Chhantyal, the MD of Ujyalo Ghar, met village, VDC and district representative to finalize plans of implementing the project in 2016.
- Ujyalo Ghar has formed a committee in each district to select the women candidates who will receive solar training in Kathmandu.

**Planned Activities in 2016**

- Selection of 24 women candidates, 2 from each of the 12 districts in January 2016.
- Organize 15 days solar technician and entrepreneurship training in Kathmandu in March 2016.
- Installation of solar home lighting systems in the villages by the trained women in March-June 2016.
- Monitoring and evaluation in October – December 2016.
Counter Human Trafficking

Implementing Partner: International Institute for Human Rights, Environment and Development (Inhured International)

Program Details:
Nepal has always been high in the infamy list for human trafficking and unsafe migration. The current earthquake affected districts have become even more vulnerable, due to many factors - loss of the bread winner or supporting member in the family, sudden detrimental change in the economic status due to material losses, escape of many convicts serving time for trafficking due to collapse of jails and now becoming active again, etc.

A surge in human trafficking has been clearly detected in the aftermath of the earthquake, and counter measures are also being taken. But most efforts have been found to be largely defensive in nature and focuses on apprehending.

The program aims at empowering and enabling communities, strengthening community and family bonds, local, regional and national networking, and to work together with the positive outcomes of other intervention sectors to address the problem at the very source, to weaken and destroy the lure that exposes potential victims to trafficking.

The activities shall entail:
- Intensive and protracted training, awareness and networking of communities, schools, government units, and social groups, village bodies and individuals.

Activities Conducted in 2015
- The process of establishing Migratory Mobility Resource Center has gathered momentum as INHURED International is looking at appropriate venue and is working on creating a website.
- Rollout workshop was completed in all 12 districts. In the workshop, the beneficiaries learnt about the nature, objective and goals of the program, the program duration, and who will be in-charge of it after the program ends.
- The local surveillance groups have been formed in all 12 districts.
- A training program was organized to inform the surveillance group members of their responsibilities and what safer migration is, how human trafficking is and it can be countered.

Planned Activities for 2016
- Production of quarterly newsletters, briefs and docu-drama related to human trafficking, and screening of docu-drama in program sites.
- Community training on human trafficking.
- Production of testimonials, handbook on migration and trafficking, and a booklet called ‘where there is no lawyer’.
- Inter-school essay, song and quiz competition.
Implementing Partner: **International Institute for Human Rights, Environment and Development (Inhured International)**

The intervention aims at strengthening capacities of communities, government and non-government units, village level bodies and individuals so that they are prepared for, and can cope and respond to any unforeseen sudden natural or man-made disasters in the future.

**The activities shall entail:**
Training and capacity building covering aspects of disaster mitigation, preparedness and response, conducting of training, drilling and networking of government and non-government units, institutions, village level bodies, and individuals.

**Activities Conducted in 2015**
- Prepared training manual;
- Nepal Armed Police roped in to conduct the trainings;
- Booked time for interaction with stakeholders (district level - chief district officers, local development officers and district security in-charge);
- Formal invitation letter for the training prepared.

**Activities Planned for 2016**
- Training on disaster preparedness in all 12 district headquarters;
- Monitoring and evaluation.
Thank you