Dedicated to sustainable development

PRESENTED BY

Himalayan Health & Environmental Services Solukhumbu (HHESS)

Sallery, Solukhumbu
From the chairpersons desk

Nepal is geographically divided into 3 regions horizontally from East to the West. The people in northern belts of Nepal in the remote Himalayas have been confronting problems to sustain a living. They are deprived of fundamental human rights, as a result of which many have actively taken part in many political upheavals in Nepal to improve their living standard. Inadequate Social awareness, lack of educational facility, health facility and other minimum requirements, such as transportation, communication, employment, etc. has had a negative impact on the overall quality of life of the people from remote Himalayan belts.

HHESS has been working towards serving the people to improve health, education and awareness in all areas since its inception. The main objective of HHESS is to provide basic human requirements in this geographically stranded area.

I take this opportunity to thank the donor agencies particularly, UNFPA, UN WFP and other international donors, the government of Nepal, civil society, and the communities where we work, who deserve much of the credit for our 2011 achievements. I acknowledge the continuing support of our donors and the hard work put in by the HHESS teams throughout 2011.

..........................

Ngima Tendup Sherpa

Chairperson

HHESS
### Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>ANC</td>
<td>Antenatal Care</td>
</tr>
<tr>
<td>ANM</td>
<td>Auxiliary Nurse Midwife</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>CAC</td>
<td>Comprehensive Abortion Care</td>
</tr>
<tr>
<td>CDO</td>
<td>Chief District Officer</td>
</tr>
<tr>
<td>CEC</td>
<td>Community Eye Center</td>
</tr>
<tr>
<td>CHD</td>
<td>Child Health Division</td>
</tr>
<tr>
<td>DADO</td>
<td>District Agriculture Development Office</td>
</tr>
<tr>
<td>DAGs</td>
<td>Disadvantaged Groups</td>
</tr>
<tr>
<td>DDC</td>
<td>District Development Committee</td>
</tr>
<tr>
<td>DEO</td>
<td>District Education Office</td>
</tr>
<tr>
<td>D/PHOs</td>
<td>District Public Health Officers</td>
</tr>
<tr>
<td>FP</td>
<td>Family Planning</td>
</tr>
<tr>
<td>FFEP</td>
<td>Food for Education Project</td>
</tr>
<tr>
<td>GBV</td>
<td>Gender Based Violence</td>
</tr>
<tr>
<td>GOs</td>
<td>Governmental Organizations</td>
</tr>
<tr>
<td>HA</td>
<td>Health Assistant</td>
</tr>
<tr>
<td>HDR</td>
<td>Human Development Report</td>
</tr>
<tr>
<td>HHESS</td>
<td>Himalayan Health &amp; Environmental Services Solukhumbu</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>IEC</td>
<td>Education and Communication</td>
</tr>
<tr>
<td>INGO</td>
<td>International Non Governmental Organization</td>
</tr>
<tr>
<td>IUD</td>
<td>Intra Uterine Device</td>
</tr>
<tr>
<td>LDO</td>
<td>Local Development Officer</td>
</tr>
<tr>
<td>MCHC</td>
<td>Mother and Child Health Care</td>
</tr>
<tr>
<td>MCHW</td>
<td>Mother and Child Health Worker</td>
</tr>
<tr>
<td>MMR</td>
<td>Maternal Mortality Ratio</td>
</tr>
<tr>
<td>MoHP</td>
<td>Ministry of Health and Population</td>
</tr>
<tr>
<td>NDHS</td>
<td>Nepal Demographic Health Survey</td>
</tr>
<tr>
<td>Acronym</td>
<td>Full Form</td>
</tr>
<tr>
<td>---------</td>
<td>-----------</td>
</tr>
<tr>
<td>NFPs</td>
<td>Nutrition Focal Points</td>
</tr>
<tr>
<td>NGO</td>
<td>Non Governmental Organization</td>
</tr>
<tr>
<td>PAC</td>
<td>Post Abortion Care</td>
</tr>
<tr>
<td>PMC</td>
<td>Phaplu Maternity Center</td>
</tr>
<tr>
<td>PNC</td>
<td>Post Natal Care</td>
</tr>
<tr>
<td>RH</td>
<td>Reproductive Health</td>
</tr>
<tr>
<td>RHD</td>
<td>Regional Health Division</td>
</tr>
<tr>
<td>RRB</td>
<td>Rasatriya Banijya Bank</td>
</tr>
<tr>
<td>RTI</td>
<td>Reproductive Tract Infection</td>
</tr>
<tr>
<td>SGBV</td>
<td>Sexual and Gender Based Violence</td>
</tr>
<tr>
<td>SLC</td>
<td>School Level Certificate</td>
</tr>
<tr>
<td>SMNBC</td>
<td>Safer Motherhood &amp; New Born Care</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>VDCs</td>
<td>Village Development Committees</td>
</tr>
<tr>
<td>VTC</td>
<td>Vocational Training Center</td>
</tr>
<tr>
<td>WFP</td>
<td>World Food Program</td>
</tr>
</tbody>
</table>
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Executive Summary

Nepal is a landlocked country between India and China, with an area of 1, 47,181 square kilometers of land. The total population is close to 28 millions. Ecologically, Nepal is divided into three distinct regions: Mountainous, Hill and Terai. Nepal is predominantly rural, with only 14 percent of the population living in urban areas. A long decade political unrest has affected the lives of rural communities in Nepal. Mainly, women and children have been victimized due to insecurity and increased rate of migration. Moreover, political repression in the country has deteriorated their overall social, economic, health and educational status. This has resulted in increased rates of maternal and child mortality. Besides political unrest geographical diversity has also doubled in worsening the situation of the people from the mountainous region. Due to lack of basic livelihood facilities, the rate of mortality, illiteracy, unemployment, youth migration, etc. is comparatively high in remote rural areas compared to urban areas of Nepal.

Therefore, in order to improve and provide basic facilities to people from rural areas, HHESS has been conducting many programs in health, education and environment since its inception. HHESS has successfully conducted and completed its programs in 2011 under the financial and technical support of UNWFP, UNFPA, and other individual donors. The targeted poor, marginalized, deprived and stranded communities are highly benefitted from the implemented projects.

In the year 2011, HHESS conducted various new programmes on health, education, and environment like SGBV and Reproductive Health camps in 7 conflict affected districts namely, Dang, Kapilvastu, Bardiya, Surkhet, Kalikot, Rukum , Rolpa, Basic Logistic Orientation to FCHVs in 30 VDCs of Kalokot district, Maternal and Neonatal Health Care project Nepal in Dhanusha and Mahottari district, Capacity Development training Programmes like Participatory Monitoring and Evaluation, Ventilator training, SBA training, Coffee Cultivation Programmes. Orthopaedic Camps in Rukum, Mahottari and Lukla, Uterine Prolapse Surgical Camp in Solukhumbu were also carried out in 2011. At the same time HHESS has been successfully continuing its initial programs like Phaplu maternity Center, Dental Services, Scholarship programme and community medicine program, Solu Community Eye Center, etc.
The programs conducted by HHESS in 2011 are listed below:

1. Maternal and Child Health Care Program (MCHC)
2. Sexual and gender based violence Reproductive Health camps
3. Phaplu Maternity Center
4. Solukhumbu Community Eye Center
5. Dental services Program
6. Basic Logistic Orientation to FCHVs
7. MIDSON activities
8. Vocational Training Center
9. Uterine Prolapse Surgical camp in Solukhumbu
10. Orthopaedic surgical camps
11. Coffee cultivation program
12. Telemedicine Program
13. Scholarship Program
14. Village Health Unit
15. Community medicine program
16. Maternal and Neonatal Health Care project Nepal
17. Capacity Development training Programs
Chapter-1

INTRODUCTION

1.1 Overview of the Organization

HHESS is a non government, non political and nonprofit organization. HHESS has been working with many NGOs and INGOs alongside partner organizations in the implementation of projects since its inception. Our main objective is to improve the quality of life of remote Himalayan poor and marginalized people providing them basic life skills and facilities such as basic education, health facility, social and environmental awareness etc.

In 2011, with the financial and technical support of different donor agencies, HHESS has conducted so many health related programs such as maternity Centre, SGBV reproductive Health camps, Dental Service, Community Eye Center, Oral Health Community Medicine, etc. Similarly, Vocational Training, Scholarship Program, Health Education were the skill development programs conducted by HHESS. It was found that these programs have made a significant positive impression among the rural natives.

1.2 Objectives

The main objective of HHESS is

- To uplift the living standard of the poor, marginalized people of remote rural areas by providing them with basic health facilities, skills development training programs, awareness and education support programs etc.

Specific Objectives

1. To bring about positive changes in the project implemented areas by conducting social awareness program.

2. To produce health workers of different levels.

3. To encourage local people's participation in all activities related to thier development.

4. To conduct programs on environment preservation and alternative energy production.
5. To conduct programs to help victims of natural disaster in close coordination with government authorities.

6. To establish vocational training centre and provide trainings to local people to develop skilled manpower within the community.

1.3 Project Location

HHESS has its project activities mainly in the rural areas where the people are deprived of basic living facilities. At the time of its establishment, HHESS used to work in only some selected VDCs of Solukhumbu district, however, over the years it has spread its working areas to far western region of Nepal.

In 2011, HHESS has conducted several programs in Far Western, Mid Western and Eastern districts of Nepal.

Overview of Annual programmes

Table 1: Annual Program Components

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Programmes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mother and child health Care Program</td>
</tr>
<tr>
<td>2</td>
<td>SGBV Reproductive Health Camps</td>
</tr>
<tr>
<td>3</td>
<td>Phaplu Maternity Center</td>
</tr>
<tr>
<td>4</td>
<td>Solukhumbu Community eye Center</td>
</tr>
<tr>
<td>5</td>
<td>Dental Services Program</td>
</tr>
<tr>
<td>6</td>
<td>Basic Logistic Orientation to FCHVs</td>
</tr>
<tr>
<td>7</td>
<td>MIDSON activities</td>
</tr>
<tr>
<td>8</td>
<td>Vocational Training Center</td>
</tr>
<tr>
<td>9</td>
<td>Uterine Prolapse Surgical camps</td>
</tr>
<tr>
<td>10</td>
<td>Orthopaedic Surgical Camps</td>
</tr>
<tr>
<td>11</td>
<td>Coffee Cultivation Program</td>
</tr>
<tr>
<td>12</td>
<td>Telemedicine Program</td>
</tr>
<tr>
<td>13</td>
<td>Scholarship Program</td>
</tr>
</tbody>
</table>
14. Village Health Unit
15. Community Medicine Program
16. Maternal and neonatal program Nepal
17. Capacity development training Programs

1.6. Funding Agencies

The programmes launched in the year 2010 were funded by various INGOs, NGOs and other individual donors. At local level, governmental and non-governmental agencies were also involved in the program. The donor agencies are presented below;

Table 2: List of Donor agencies

<table>
<thead>
<tr>
<th>S.N</th>
<th>Name of Funding Agencies</th>
<th>Acronym</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>United Nations Population Fund</td>
<td>UNFPA</td>
</tr>
<tr>
<td>2</td>
<td>United Nations World Food Program</td>
<td>UNWFP</td>
</tr>
<tr>
<td>3</td>
<td>Nepal Family Health Program</td>
<td>NFHP</td>
</tr>
<tr>
<td>4</td>
<td>Himalayan Trust</td>
<td>HT</td>
</tr>
</tbody>
</table>
Chapter-2

Implementation status of programs

2.1. Mother and Child Health Care (MCHC)

Nepal’s maternal mortality rate continues at an unacceptably high level. While maternal mortality figures vary widely by source and are highly controversial, the best estimates for Nepal suggest that approximately 6,900 women and girls die each year due to pregnancy-related complications. In addition to it, the nutritional status of mothers and children under five is extremely poor. Nepalese women are highly affected by malnutrition especially in non-mountainous regions. In Nepal, food shortages due to seasonality contribute to malnutrition.

HHESS has been implementing Maternal and child health care program since 2007 for the first time on a pilot basis as a NGO support. Goal was to minimize overall constraints in regular government-implemented MCHC districts, such as programme becoming more distribution-oriented than providing health services to mothers and children. Currently, it is being implemented in 51 VDCs of 9 districts of Nepal

MCHC activities

- Delivery of MCHC related health services (ANC, PNC, Growth monitoring and Counseling)
- Food assistance (Super cereal) to pregnant/lactating women and children aged 6 to 36 months

Table 3: MCHC Program status

<table>
<thead>
<tr>
<th>S.N</th>
<th>Project implemented Districts</th>
<th>Total no. of VDCs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Dadeldhura</td>
<td>7</td>
</tr>
<tr>
<td>2.</td>
<td>Doti</td>
<td>8</td>
</tr>
<tr>
<td>3.</td>
<td>Bajura</td>
<td>2</td>
</tr>
<tr>
<td>4.</td>
<td>Baitadi</td>
<td>4</td>
</tr>
<tr>
<td>5.</td>
<td>Darchula</td>
<td>9</td>
</tr>
</tbody>
</table>
The total number of Nursing mothers, Boys and girls and the nutrimix distributed are presented in the table below:

**Table 4: Annual Progress status of MCHC program**

<table>
<thead>
<tr>
<th>District</th>
<th>No of VDCs</th>
<th>ENMs</th>
<th>Total Children</th>
<th>Total Nutrimix distributed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Boys</td>
</tr>
<tr>
<td><strong>Eastern Development Region</strong></td>
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<td></td>
</tr>
<tr>
<td>Solukhumbu</td>
<td>5</td>
<td>6656</td>
<td>10200</td>
<td>10316</td>
</tr>
<tr>
<td><strong>Mid Western Development Region</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salyan</td>
<td>3</td>
<td>2167</td>
<td>3338</td>
<td>3219</td>
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<tr>
<td><strong>Far Western Development Region</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dadeldhura</td>
<td>7</td>
<td>10406</td>
<td>14222</td>
<td>13917</td>
</tr>
<tr>
<td>Doti</td>
<td>8</td>
<td>10814</td>
<td>13405</td>
<td>13648</td>
</tr>
<tr>
<td>Bajhang</td>
<td>6</td>
<td>9418</td>
<td>12612</td>
<td>12888</td>
</tr>
<tr>
<td>Darchula</td>
<td>9</td>
<td>8595</td>
<td>11649</td>
<td>11368</td>
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<tr>
<td>Baitadi</td>
<td>4</td>
<td>4759</td>
<td>7630</td>
<td>7401</td>
</tr>
<tr>
<td>Bajura</td>
<td>2</td>
<td>1657</td>
<td>2285</td>
<td>2265</td>
</tr>
<tr>
<td>Achham</td>
<td>3</td>
<td>3738</td>
<td>5621</td>
<td>5894</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>58210</strong></td>
<td><strong>80962</strong></td>
<td><strong>80916</strong></td>
<td></td>
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</table>
MCHC Trainings

In 2011, Three days Social Mobilization training and Review Meeting was conducted in Mid and Far western regions with 32 participants in total (13 males and 19 females). Similarly, Three day MCHC Refresher orientation/training programme was conducted in 3 districts namely Achham, Doti and Bajura in April 2011. One day training on SPHERE was conducted in Dhangadi on 24 Nov 2011. And finally a One day MCHC Annual Review meeting was conducted in Darchula and Salyan district in Dec 19th and Dec 23rd respectively.

The participants were concerned government line agencies and representatives from District Agriculture development office (DADO), Women Development Office (WDO), Chief District Officer (CDO), District Education Office (DEO), FFEP Unit Chief and Local Development Officer (LDO), and the participants from VDC level were Senior Assistant Health Worker (SAHW), Mother and Child Health Care Workers (MCHW), Village Health Worker (VHW), Auxiliary Nurse Midwife (ANM), MCHC storekeepers, FFEP EDP Storekeepers, etc.

The details of different trainings conducted and program organized in 2011 are given below:

Table 5: MCHC Training Programmes carried out in 2011

<table>
<thead>
<tr>
<th>S.N</th>
<th>District</th>
<th>Date</th>
<th>Type</th>
<th>Level</th>
<th>Male</th>
<th>Female</th>
<th>Total Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>VDCs (Far and mid west)</td>
<td>18-20 March 2011</td>
<td>Three days Social Mobilization training and Review Meeting</td>
<td>District</td>
<td>13</td>
<td>19</td>
<td>32</td>
</tr>
<tr>
<td>2</td>
<td>Achham</td>
<td>1-3 April, 2011</td>
<td>Three day MCHC Refresher orientation/training programme</td>
<td>District</td>
<td>13</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>3</td>
<td>Doti</td>
<td>5-7 April, 2011</td>
<td>Three day MCHC Refresher orientation/training</td>
<td>District</td>
<td>27</td>
<td>15</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>District</td>
<td>Start Date</td>
<td>Event Details</td>
<td>Program Type</td>
<td></td>
<td></td>
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<td>------------</td>
<td>---------------</td>
<td>--------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Bajura</td>
<td>9-11 April 2011</td>
<td>Three day MCHC Refresher orientation/training programme</td>
<td>District 11 6 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Darchula</td>
<td>19 December, 2011</td>
<td>One day MCHC Refresher Training and Review Workshop</td>
<td>District 28 13 41</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Salyan</td>
<td>23 December, 2011</td>
<td>One day MCHC Refresher Training and Review Workshop</td>
<td>District 20 10 30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Sphere Training (Dhangadi)</td>
<td>24 November, 2011</td>
<td>One day orientation on SPHERE</td>
<td>District 39 11 50</td>
<td></td>
<td></td>
<td></td>
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</table>

**Total** 151 78 229
Table 6: MCHC Mission Visits

<table>
<thead>
<tr>
<th>S.N</th>
<th>District</th>
<th>Date</th>
<th>Type</th>
<th>Level</th>
<th>Male</th>
<th>Female</th>
<th>Mission member</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Solukhumbu</td>
<td>5 to 9 April, 2011</td>
<td>High level mission</td>
<td>District</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>Doti and Dadeldhura</td>
<td>18 to 23 September, 2011</td>
<td>MCHC Review Mission</td>
<td>Central Visited district and VDCs</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>Salyan</td>
<td>16 to 21 October, 2011</td>
<td>MCHC Review Mission</td>
<td>Central Visited district and VDCs</td>
<td>4</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11</td>
<td>6</td>
<td>17</td>
</tr>
</tbody>
</table>

A high level mission was carried out in Solukhumbu district from April 5 to 9 2011 which was a district level visit with 4 mission members. Similarly, in September, MCHC Review mission was carried out in Doti and Dadeldhura where the mission members visited district and the program implemented VDCs. Another Review mission was carried out in October 2011 in Salyan district.
2.2 Sexual and Gender based Violence and Reproductive Health Camps

The project title “Ensuring recognition of sexual violence as a tool of conflict in peace building process in Nepal through documentation and provision of comprehensive services to women and girl victims/survivors” is funded by UNFPA and UNICEF. The project primary aim is to address the culture of silence around sexual violence during the conflict and its aftermath in order to ensure recognition in the Nepal peace process. The provision of reproductive health services is used as the entry point in order to identify and document incidences of violence. Victims will also be supported to access justice and be empowered to participate in transitional justice and other peace building activities.

Achievements of the program

In 2011, HHESS conducted SGBV and RH camps in 6 conflict affected districts, Dang, Kapilvastu, Surkhet, Kalikot, Rukum and Rolpa and the follow up camps in Bardiya, Dang, Kapilvastu, Surkhet and Kalikot. The first phase camps completed by the end of August 2011 where a total of 9503 beneficiaries received the reproductive or other general health services. The number of women receiving RH services was 4813 and the general health services were received by 3957 beneficiaries. 4487 (47.22%) of the total beneficiaries were dalits and janajatis.

Till December 2011, the follow up camps have been completed in 5 project districts. The main purpose of the follow-up camps is to bring back the clients who have come to the first camp for further treatment or service. However, many new clients also benefitted from the follow-up camps. During the follow up camps, there were a total number of 4235 beneficiaries. Out of which 2061 received reproductive health services and 2372 received general health services and
2212 were dalits and janajatis. Free Uterine prolapse surgeries were also carried out in the patients screened from the camps. In the year 2011, a total number of 123 surgeries were carried out in Nepalgunj Medical College Kohalpur from the 7 project implemented conflict affected district.

Table 7: Total beneficiaries served by HHESS in 2011 (First phase camps)

<table>
<thead>
<tr>
<th>Districts</th>
<th>No of clients in VDC 1</th>
<th>No of clients in VDC 2</th>
<th>Total number of clients</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dang</strong></td>
<td>Shreegaun</td>
<td>Lamahi</td>
<td>1691</td>
</tr>
<tr>
<td></td>
<td>739</td>
<td>952</td>
<td></td>
</tr>
<tr>
<td><strong>Kapilvastu</strong></td>
<td>Chandrauta</td>
<td>Hathausa</td>
<td>1792</td>
</tr>
<tr>
<td></td>
<td>885</td>
<td>907</td>
<td></td>
</tr>
<tr>
<td><strong>Surkhet</strong></td>
<td>Babiyachaur</td>
<td>Avalching</td>
<td>2349</td>
</tr>
<tr>
<td></td>
<td>1360</td>
<td>989</td>
<td></td>
</tr>
<tr>
<td><strong>Kalikot</strong></td>
<td>Rachuli</td>
<td>kotbada</td>
<td>1304</td>
</tr>
<tr>
<td></td>
<td>632</td>
<td>672</td>
<td></td>
</tr>
<tr>
<td><strong>Rukum</strong></td>
<td>Rukumkot</td>
<td>Aathbiskot</td>
<td>1437</td>
</tr>
<tr>
<td></td>
<td>746</td>
<td>691</td>
<td></td>
</tr>
<tr>
<td><strong>Rolpa</strong></td>
<td>Ghartigaun</td>
<td>Sulichour</td>
<td>930</td>
</tr>
<tr>
<td></td>
<td>462</td>
<td>468</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td>9503</td>
</tr>
</tbody>
</table>
Table 8: Total beneficiaries served by HHESS in 2011 (Follow up camps)

<table>
<thead>
<tr>
<th>Districts</th>
<th>No of clients in VDC 1</th>
<th>No of clients in VDC 2</th>
<th>Total number of clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bardiya</td>
<td>Basgadhi</td>
<td>Thakurdwara</td>
<td>1042</td>
</tr>
<tr>
<td></td>
<td>534</td>
<td>506</td>
<td></td>
</tr>
<tr>
<td>Dang</td>
<td>Shreegaun</td>
<td>Lamahi</td>
<td>603</td>
</tr>
<tr>
<td></td>
<td>243</td>
<td>360</td>
<td></td>
</tr>
<tr>
<td>Kapilvastu</td>
<td>Chandrauta</td>
<td>Hathausa</td>
<td>973</td>
</tr>
<tr>
<td></td>
<td>517</td>
<td>456</td>
<td></td>
</tr>
<tr>
<td>Surkhet</td>
<td>Babiychaur</td>
<td>Awalching</td>
<td>922</td>
</tr>
<tr>
<td></td>
<td>481</td>
<td>441</td>
<td></td>
</tr>
<tr>
<td>Kalikot</td>
<td>Rachuli</td>
<td>Kotbada</td>
<td>697</td>
</tr>
<tr>
<td></td>
<td>379</td>
<td>318</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>4237</strong></td>
</tr>
</tbody>
</table>

2.3 Phaplu Maternity Center

Phaplu Maternity Center has been providing basic health services to facilitate the poor and marginalized women with the support of a German INGO and personal donation of Mr. Carlos Vejarino, Paris, France. The main objective of the program is to provide maternity health Services for poor and marginalized groups and to provide Special training to ANM and staff nurses.

In 2011, various health services were conducted at Phaplu maternity center. Mainly, it has provided health services for poor patients similar to Post Abortion Care, emergency cesarean sections without any charge. Similarly, Comprehensive Abortion Care up to twelve weeks of pregnancy was provided by the trained doctors. The facility of Comprehensive Abortion Care has made a great impact among the people in Solukhumbu district. Most of them were found very happy and satisfied with the services they received.

In addition, some achievements were listed end of the fiscal year which is given below;
A total 157 patients were admitted and discharged.

Out of total, 83.4 percent patients were detained normal delivery and other patients were complicated delivery followed by 2.5 percent C/S, 5.1 percent by Vacuum, 1.2 percent by Breech and retained placenta was sound in 6.3 percent of the total admitted patients, while the rest 1.2 percent were forceps delivery.

2.4 Community Eye Center (CEC)

CEC is one of the major programs conducted by HHESS in Solukhumbu district. It was established in 2005 in close coordination with Tilganga Eye care Center. CEC provides eye care services and refers patients to Tilganga Eye Hospital depending on the seriousness of the case. It also provides training to ophthalmic assistants in Solukhumbu district. The main objective of this center is to provide health facilities regarding eye care of poor and needy people at an accessible location, to provide health services as early as possible and to make aware of about eye problems of local people and refer them to Kathmandu as per need. Basically, Solu CEC reports problems like visual disturbance, conjunctivas disorder, Lid and adnexa, cataract, retinol disorder, etc in this district. Patients flow rate in the community eye center Solukhumbu has been increasing yearly.

Throughout the year 2011, a total number of 6244 patients received various services from Solu CEC. Out of which 2730 were male and 3514 were females. The number of old patients receiving services was 372 while the rest 5872 were the new ones.

Yearly patient flow in Solu CEC

The number of patients seeking eye services from CEC has dramatically increased in the year 2011. The fig below represents the increasing trend of patients flow in the CEC.
**Figure 1: Yearly Patient flow in Solu CEC**

![Yearly Patient flow in Solu CEC](image)

**Medicine User (Age and Sex) distribution of CEC**

A total number of 2430 people were medicine users in 2011 predominated by female users. 1400 of them were females and 1030 were males.

**Table 9: Medicine user 2011**

<table>
<thead>
<tr>
<th>Month</th>
<th>0-14</th>
<th>15-59</th>
<th>&gt;60</th>
<th>Total in month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Jan</td>
<td>9</td>
<td>15</td>
<td>51</td>
<td>48</td>
</tr>
<tr>
<td>Feb</td>
<td>10</td>
<td>12</td>
<td>28</td>
<td>64</td>
</tr>
<tr>
<td>Mar</td>
<td>22</td>
<td>24</td>
<td>56</td>
<td>88</td>
</tr>
<tr>
<td>Apr</td>
<td>15</td>
<td>24</td>
<td>63</td>
<td>116</td>
</tr>
<tr>
<td>May</td>
<td>24</td>
<td>27</td>
<td>58</td>
<td>74</td>
</tr>
<tr>
<td>Jun</td>
<td>24</td>
<td>18</td>
<td>76</td>
<td>115</td>
</tr>
<tr>
<td>Jul</td>
<td>28</td>
<td>24</td>
<td>85</td>
<td>126</td>
</tr>
<tr>
<td>Aug</td>
<td>11</td>
<td>20</td>
<td>66</td>
<td>108</td>
</tr>
<tr>
<td>Sep</td>
<td>16</td>
<td>20</td>
<td>76</td>
<td>129</td>
</tr>
</tbody>
</table>
Optical User (Age and Sex) distribution

In 2011, a total number of 775 were Optical Users where the number of males and females were 386 and 389 respectively.

Table 10: Optical user (Age & sex) description 2011

<table>
<thead>
<tr>
<th>Month</th>
<th>0-14 Male</th>
<th>0-14 Female</th>
<th>15-59 Male</th>
<th>15-59 Female</th>
<th>&gt;60 Male</th>
<th>&gt;60 Female</th>
<th>Total in month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>0</td>
<td>3</td>
<td>20</td>
<td>15</td>
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<td>2</td>
<td>21</td>
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<tr>
<td>Feb</td>
<td>2</td>
<td>6</td>
<td>15</td>
<td>10</td>
<td>3</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>Mar</td>
<td>2</td>
<td>2</td>
<td>38</td>
<td>29</td>
<td>7</td>
<td>2</td>
<td>47</td>
</tr>
<tr>
<td>Apr</td>
<td>2</td>
<td>5</td>
<td>27</td>
<td>35</td>
<td>5</td>
<td>0</td>
<td>34</td>
</tr>
<tr>
<td>May</td>
<td>2</td>
<td>7</td>
<td>37</td>
<td>29</td>
<td>9</td>
<td>3</td>
<td>48</td>
</tr>
<tr>
<td>Jun</td>
<td>0</td>
<td>4</td>
<td>53</td>
<td>35</td>
<td>3</td>
<td>1</td>
<td>56</td>
</tr>
<tr>
<td>Jul</td>
<td>0</td>
<td>3</td>
<td>38</td>
<td>37</td>
<td>7</td>
<td>2</td>
<td>45</td>
</tr>
<tr>
<td>Aug</td>
<td>1</td>
<td>6</td>
<td>14</td>
<td>26</td>
<td>2</td>
<td>3</td>
<td>17</td>
</tr>
<tr>
<td>Sep</td>
<td>1</td>
<td>9</td>
<td>23</td>
<td>37</td>
<td>5</td>
<td>0</td>
<td>29</td>
</tr>
<tr>
<td>Oct</td>
<td>1</td>
<td>5</td>
<td>22</td>
<td>31</td>
<td>1</td>
<td>2</td>
<td>24</td>
</tr>
<tr>
<td>Nov</td>
<td>1</td>
<td>2</td>
<td>18</td>
<td>23</td>
<td>4</td>
<td>4</td>
<td>23</td>
</tr>
<tr>
<td>Dec</td>
<td>0</td>
<td>0</td>
<td>19</td>
<td>11</td>
<td>3</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>Total in year</td>
<td>12</td>
<td>52</td>
<td>324</td>
<td>318</td>
<td>50</td>
<td>19</td>
<td>386</td>
</tr>
</tbody>
</table>
Outreach Micro Surgical Eye Clinic

Outreach Microsurgical eye clinic was organized at Solu Community Eye centre Phaplu, on 19-21th of May-2011. It was organized with the coordination of Solu community eye centre, Solu Hospital Phaplu, Himali Health and environmental services phaplu and Nepal Redcross Society Solukhumu. Six screening Camp was conducted in different part of the Solukhumbu district. (ie Basa, Deusa, Waku, Taksindu, Tingla and Necha Bedghari). Seventy Five patients had got Cataract surgery and three patients got entropion surgery.

All of the Cataract patients have received small incision cataract surgery (SICS) with IOL surgical procedures. Most of the patients were attended from the remote and rural village. Seventy Five patients had got Cataract surgery and three patients got entropion surgery. Among them the surgical performance was remarkable for the local organizer. They found it was successful and needy people benefitted in their own area.

Eye Problems in Solu CEC

The prevalence of conjunctivitis was found to be the highest among all the eye problems. In the year 2011, the number of patients attending the CEC with conjunctivitis was 697 and 568 suffered from refractive errors. Blindness in both eyes was found in just 2 patients and cataract was found to be prevalent among 74 patients.
Figure 2: Eye Problems in Solu CEC

Outreach Activities

In 2011, a total of 1221 patients received services through screening eye clinics. 1426 were served through school screening and 171 were served through satellite eye clinics, and 1098 received services through OMEC.

Figure 3: Outreach activities of Solu CEC
2.5 Dental Services Program

HHESS has been executing Dental Service Programme since 2007 at Phaplu, Solu hospital with the aim to provide dental services and conduct public awareness campaign at the local level targeting poor and needy people. In 2011, HHESS conducted dental programmes at Phaplu, Solu hospital where numerous dental services and conduct public awareness campaign at local level targeting poor and needy people. Patients from the 32 VDCs of Solukhumbu district received the services from the dental program. In 2011, HHESS conducted dental programmes at Phaplu Solu where numerous dental patients visited. A total of 2115 patients were served with different dental services. Similarly, dental camps with services such as scaling, filing, extraction, removable partial dentures, X-ray and root canal treatment were also provided.

Figure 4: Dental services provided by HHESS
2.6 Basic Logistic Orientation to FCHVs

The basic logistics orientation programme for FCHVS was conducted in 30 VDCs of Kalikot district from 6th April – 6th May, 2011.

The general objective of the programme was to monitor and support in quality supervision of basic logistics orientation programme for FCHVs in Kalikot and Mugu districts of Nepal.

Process

- Nepalgunj ToT: 15-16 Chaitra, 2067
- District level preparation: 26-27 Chaitra, 2067
- One day VDC level Orientation: Baishakh 2nd – Baishakh 19, 2068

The Training of Trainer (ToT) was provided to Kalikot and Mugu district level stakeholders on 29-30 March 2011 in "Basic Logistics Orientation to FCHVs" at Nepalgunj organized by LMD/NHTC and supported by NFHP II. The other participants of ToT were HHESS and IRHDTC. Then, the two day district preparation workshop was held in Kalikot on 9-10 March 2011. The participants of the workshop were the in charges of thirty health facilities. A one day VDC level orientation was actually implemented from 15 March-2 April 2011.

The HHESS team monitored and evaluated the orientation in all VDCs using standard checklist. The training standard assessment was used to evaluate the whole training process. The checklist was used to assess the local facilitators' performance during the programme conduction.
Similarly, Baseline survey forms were also used to assess the availability of key commodities with FCHVs. Pre-test & Post-test questionnaire were used for evaluation of logistics knowledge of FCHVs at the beginning and end of the programme. The HHESS team also handled all the administrative issues at the end of day throughout the orientation programme.

2.7 Midwifery Society of Nepal

The Midwifery Society of Nepal (MIDSON) is the national professional organization of midwives who are working in different areas of Nepal. It is instituted to strengthen midwifery services and advocate and lobby midwives voices in improving maternal and neonatal health in the country, especially in rural and hard to reach areas. It develops, promotes and safeguard the professional rights of midwives to promote the health of women, children and families; strive for the professional recognition nationally and internationally and strengthening high standard of midwifery service and profession; and work for ensuring availability, accessibility and utilization of effective and quality reproductive health

HHESS has been working with MIDSON since last year, providing technical and administrative support to carry out CME and other programmes and has been supporting MIDSON to create a separate and independent cadre of midwives. In the year 2011, CME was conducted in 3 development regions, Celebration of World Breast Feeding Week in August and the celebration of World Midwives Day in 5th may 2011 took place. In Nepal for the second time Midwifery Society of Nepal (MIDSON) marked this day by organizing different activities on 4th and 5th May 2011 with a rally, documentary show of the rural nurse midwives’ services and candlelight vigil in the memory of mothers who lost their lives during childbirth.
Programmes carried out by MIDSON in 2011.

Table 11: Continuing Midwifery Education and follow ups

<table>
<thead>
<tr>
<th>SN</th>
<th>Region</th>
<th>Total</th>
<th>Training dates</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Eastern</td>
<td>21</td>
<td>23-25\textsuperscript{th} of July, 2011</td>
<td>Biratnagar Nursing Campus, Biratnagar</td>
</tr>
<tr>
<td>2</td>
<td>Mid western</td>
<td>23</td>
<td>23-25\textsuperscript{th} of September, 2011</td>
<td>SBA Training Centre, Bheri Zonal Hospital, Nepalgunj</td>
</tr>
<tr>
<td>3</td>
<td>Far western</td>
<td>28</td>
<td>16\textsuperscript{th} -18\textsuperscript{th} November, 2011</td>
<td>Dhangadhi</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>72</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. **Celebration of International Day of Midwives**

   **First Day:** 2068/01/21 (Morning: 6.00 am to 8.00 am);

   Rally from Paropakar Maternity and Women' Hospital, Thapathali to Santibatika, Ratnapark.

   **Second Day:** 2068/01/22 (Evening: 5.00 pm to 7.00 pm); documentary show of rural midwives in Rotary Club, Thapathali and Candle lightening in Maitighar Mandala, Maitighar.

2. **Desk Review Workshop of Midwifery Components in Existing Nursing Curriculum**

   Midwifery Society of Nepal (MIDSON) in support of UNFPA had organized a three day **Desk Review Workshop** of midwifery curriculum on 19\textsuperscript{th} -21\textsuperscript{st} September, 2011 (Aswin2-4, 2068 B.S ) at Nursing Campus, Maharahun, Kathmandu to identify the gaps in existing midwifery curriculum with global standards of ICM midwifery education.
3. National Launch of World’s Midwifery Report in supports of UNFPA was launched nationally on 12th August, 2011 to conduct a panel discussion to strength the maternal and neonatal health in Nepal To launch and disseminate the first world midwifery report from Durban to Nepal.

4. Curriculum dissemination workshop on post basic Bachelors Degree in midwifery was organized on December 7 2011 in Hotel Summit with the objective to assemble the stakeholders from maternal and child health, higher education and government sectors to attain expertise required improving the proposed degree curriculum.

5.2.8 Vocational Training Center

Technical Education and Vocational Training

Himalayan Health and Environmental Services Solukhumbu (HHESS) has successfully completed various short term vocational and skill development trainings in Solukhumbu district. The main aim of the training programs was to support their self skill development, income generation and strengthen the living standard for livelihood on own locality.

In 2011, organization has implemented various trainings such as J. House Wiring Electrician, Tailoring, Cook and Weaving and knitting with the financial and technical support of Government of Nepal, Ministry of industry, Commerce & Supply, Cottage & Small industry Development Board (CSIDB), Everest Paper Art and HHESS. The participants were from diverse socio-economic background of remote VDCs of Solukhumbu district.

Objectives of the Training program

The main objective of the trainings is to provide skill development opportunity as well as quality education for poor and marginalized people to upgrade their living standard. Some specific objectives of the project are as follows:

a. To support self-development opportunities through vocational and life skill education for the youths and interested people

b. To provide technical and input support for production and income generating activities

c. To reduce the ratio of unemployment problems
d. To produce human resources with better quality and of relevance in the domestic and foreign labor market

**Target Group/Beneficiaries**

The training programs were targeted to the unemployed youths, women and SLC drop out students.

**Major Achievements of the Programmes**

a) *Cook Training*

In 2011, organization has designed and conducted short term cook training for youths, SLC drop out students, women, and other interested people with the aim to provide skill development trainings and quality education. HHESS has successfully implemented the training program from 20\textsuperscript{th} March 2011 to 19\textsuperscript{th} May 2011 in Solukhumbu Technical & Vocational Training Center (STVTC), Phaplu, Solukhumbu district.

The training course was based on CTEVT curriculum. The programme was substantially successful and achieved its expected objectives. Remote districts in Nepal are highly suffering from unavailability of all levels of quality education. In such a context, the project has produced 28 trained cook from the different twelve VDCs of Solukhumbu.

All participants were trained and received certificate after completion of the training. The training certificates were provided by HHESS at Solukhumbu Technical and Vocational Training Center (STEVTC), Phaplu, Solukhumbu. The trainees were awarded on the day of the science school inauguration. The training certificates were distributed by Dr. Migmar Gyalzen Sherpa, an honorable patron of HHESS.
Mainly, youths and women in rural/remote areas are depriving from basic education, skill development trainings and economic opportunities. An equitable social and economic development is not possible unless the youths are educated and empowered. Considering this fact, the program was purely targeted for youths and women who are in need of such opportunities. Additionally, the following points can be mentioned as its outcomes:

- After the completion of the course, the students have got self-confident in cooking and hospitality
- All trainees participated actively during the training period and no problem of dropping out.
- Some of the trainees are found to be working at different hotels and restaurants as soon as they completed their training course.
- Most of the trainees have started their own entrepreneur at their local level after receiving the ideas from the training.

b) J. House wiring Electrician Training

The conducted training program was also jointly organized by CSIDB and HHESS in 2011. The main objectives of the training are; to support self-development opportunities through vocational and life skill education for the youths and interested people, to expand the supply of skilled and employable manpower by increasing access to quality training programs, and by strengthening the vocational and technical training, to help the apprentices to provide knowledge and skills on house wiring electrician and to produce human resources with better quality and of relevance in the domestic as well as foreign labor markets.

In this training, there were 14 participants from twelve remote VDCs of Solukhumbu district. Out of total, two female and 12 were male participants. The provided training increased and
strengthened their self confident to earn for themselves in a better way after getting skill training; and now, they have become able to apply their practical knowledge and skills in the local market.

c) Tailoring Training

In the year of 2011, a short term Tailoring training program was also successfully implemented at Solukhumbu Technical Education and Vocational Training Center (STEVTC), with the financial and technical support of CSIDB and HHESS organization.

The training program was started from 2067-10-15 to 2068-02-14 at STEVTC. A total 10 students (9 female, 1 male) from different VDCs namely; Pancham, Jubu, Basa, Kerung, Necha, Salyan, Tamakhani, Tapping and Necha Batase were participated for the training program.

As far as the achievement of this programed is concerned, almost all participated trainees are found to be engaged in the same profession. Most of the apprentices have started their own tailoring business and few of them are working as a professional staff at different tailoring centres.

d) Weaving & Knitting Training

One of the most important programs launched in 2011 was weaving and knitting training program, which was successfully conducted with the support of Everest Paper Art, HHESS and CSIDB in Solukhumbu district. During the course of training, a total 20 female participants were actively participated from different VDCs with motley of socio-economic background.

Out of total 20 participants, nine got Weaving training for 3 months and eleven participated on knitting training for 45 days. All participants are very much happy to get the skill development training in their own locality. As they got well training, they are found very confident and curious to implement the skills practically.
Additional Programs

I) Annex Program

Under the special coordination and help of HHESS, Annex program was approved by CTEVT in 2011 for the first time in the district. This training program is being run by Jana Jagriti Higher Secondary School with the financial and technical support of CTEVT and HHESS. In this program, T-SLC course named as agriculture JTA (Plant science), 40 students from myriad of socio-cultural symbiosis are included in this 18-month. This agricultural program is believed to be highly benefitted for the locals as the trainees hail from different remote VDCs of Solukhumbu.

II) Capping Ceremony

HHESS organized a Science school inauguration program and capping ceremony at Technical and vocational training center on 21st May 2011. In the program, Zeke O’Connor, the current president Karen O’Connor participated as a chief guest, presence of former president of Sir Edmund Hillary Foundation, Canada, Dr. Mingmar Gyalzen Sherpa, Patron of HHESS participated as a chairperson of the program. Similarly, Mr. Ngima Tendup Sherpa, Chairperson of HHESS and the board members, among others were also participated as guests of the program.

The capping ceremony for the students was also organized at the same time at Phaplu, Solukhumbu. In this ceremony 28 trained students were received a course completion certificate. The training certificates were distributed by Dr. Mingmar Gyalzen Sherpa, patron of HHESS.

2.9 Uterine Prolapse Surgical camp in Solukhumbu

Uterine Prolapse surgical camp was organized in the district hospital of Phaplu, Solukhumbu district from 8th -22nd Chaitra 2067 with the support and active participation of EcoHimal and Prolapse Uterus Down Under Team. 512 women between the ages of 15 to 69 years received treatment and care free of cost. Women from adjoining districts like Khotang, Okhaldhunga, Ramechhap also benefitted from this camp. Out of 512 women, 77 women were diagnosed to
have different degrees of Uterine Prolapse. 24 of them had first degree prolapse, 25 had second degree and 28 had third degree Uterine prolapse. Ring pessaries were inserted in 25 women. The women attending the camps received counselling related to Uterine Prolapse and Pelvic floor exercises. Thirty Three women were screened for surgery but surgery was performed only in 25 women. 4 of the screened women refused surgery while the rest 4 were not fit for the surgery. In addition to all these, the camp also provided the reproductive and general health services to the women with disorders like Cervicitis, Vaginitis, Fibroid uterus, pelvic inflammatory disease, Urinary tract Infection (UTI), hemorrhoids, COPD etc.

### Table 12: Total cases identified with Prolapsed Uterus in Solukhumbu

<table>
<thead>
<tr>
<th>Age groups</th>
<th>15-19</th>
<th>20-24</th>
<th>25-49</th>
<th>&gt;50</th>
<th>Total cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st and 2nd degree</td>
<td>3rd and 4th degree</td>
<td>1st and 2nd degree</td>
<td>3rd and 4th degree</td>
<td>1st and 2nd degree</td>
<td>3rd and 4th degree</td>
</tr>
<tr>
<td>Total cases</td>
<td>2</td>
<td>32</td>
<td>14</td>
<td>15</td>
<td>14</td>
</tr>
</tbody>
</table>

The UP Surgical Camp proved to be very beneficial to the women of Solukhumbu district as well as the other adjoining districts as the rural women lack such access and facilities.

#### 2.10 Orthopedic Camps

In the year 2011, Mobile Orthopedic surgical camps were conducted by Dr. Pierre Soete, with the technical assistance from Nepal Mountain Mobile Hospital. The Orthopedic surgical camps were conducted from 14th November to Dec 3rd 2011 in District Hospital of Musikot, Rukum Nicole Nicky Hospital of Lukla and Mahottari District Hospital in Mahottari. The patients with different Orthopedic disorders like Osteoporosis, Osteomyelitis, fractures and dislocations were treated and different minor and major surgeries were carried out as well. A total of approximately 97 surgeries were carried out and around 1100 patients benefitted from the camp.
2.11 Coffee Cultivation Program

In the context of Nepal, coffee is one of the highly potential as well as important cash generative crops. However, coffee is predominately grown by resource poor and small scale farmers under marginal upland condition. Coffee cultivation has an enormous potential to provide farmers a good employment and income generation opportunities especially in the Himalayan hill regions of Solukhumbu district where there is a huge amount of land and suitable climatic condition for growing the coffee successfully.

On the other hand, Nepalese highland and organic coffee is known in the international markets owing to its high quality cupping and sound fragrance. Especially, Nepalese coffee has high demand in Japan, America, South Korea, Germany and the Netherlands etc.

Considering the importance of high value crops including coffee and with the view of expanding the production and productivity, HHESS organization has been implementing coffee farming in...
various VDCs namely, Deusa, Wanku, Kanku, Basa, Mukli, Kangel, Sllyan, Necha, Jubu, Lokhim, Pawai, Sotang and bung VDCs of Solukhumbu district. The main objective of this program are; to promotion of organic coffee production, processing and marketing of high value crops in the national as well as international market and to support farmers for their self income generation.

In this context of emerging coffee as a valuable commodity, with the support of organization, total 4,383 coffee plants were cultivated in different VDCs of solukhumbu district. During the year of 2011, organization has also hired two trained staffs for effectively run program in upcoming days.

2.12 Telemedicine Program

Telemedicine has been provided by HHESS at Phaplu Hospital, Solukhumbu since 2007. The main objective of this programme is to provide online health facility, under the supervision of health personnel, to the poor needy people of different remote VDCs. It has played a vital role in keeping medical records of patients. After studying the medical records, suggestions & prescriptions are written online. Laboratory investigation reports, X-Rays, Ultrasound & ECG reports can also be viewed through the net. Day to day progress of the patients can be followed up through online. The data and total medical record of the patients, who got health facilities provided by HHESS in 2010, are uploaded online by using Telemedicine service. In September 2010, MoHP, GON, took over this program after finding out its success in Solukhumbu District. Patan Hospital is chosen as the Specialist Centre for this program.
2.13 Scholarship Program

HHESS organization has provided different levels of scholarships to the poor and marginalized students. Students from low socio-economic groups are provided scholarships for their higher study. Students from remote Himalayan districts are highly benefitted by this scholarship programme. Providing adequate opportunities to the youths is aimed at producing quality human resources.

In the year 2011, many students have got scholarships for further studies. They are currently studying at different colleges and universities within the country. Mr. Kismat Gurung, is studying plus two in science in Kathamandu valley, similarly, Mrs. Sarita Bhujel is studying Lab technician (HA) and Mr Mingma Chiring Sherpa is doing MDGP at Patan Academy of Medical Science with the financial support of HHESS.

2.14 Village Health Unit

HHESS has established a number of rural health clinics in various VDCs of Solukhumbu district and other districts as well with the aim to provide basic health services at village level. The organization has constructed its own building for health unit in Thupten Chholing, Khari Khola, Kinja and Nele. HHESS has appointed different staffs to support essential medicines and equipments in different VDCs of Solukhumbu and other districts. These health units have been providing health services to local community people. Mainly these clinics have been providing health services related to family planning, vaccination, health awareness and general medical services. HHESS has appointed an ANM in Kinja of Bhakanje VDC, 1 HA in SHP of Gudel VDC, 1 CMA in Sankhuwasabha district, 1 ANM in Lapchi VDC of Dolakha district. On the request of local community, HHESS has appointed a doctor and a staff nurse in health post of Namche VDC of Solukhumbu district.

2.15 Community Medicine Program

The Community Medicine program is another major program of HHESS. It has been started since 2001 in Solukhumbu district with the coordination between District Health Office (DHO) and Solukhumbu District Hospital Development Committee. The major objective of this program
is to provide essential medicines at a reasonable price to local people on a regular basis, and to provide regular services to the patients.

During the year 2011, large number of remote rural community's people had received this facility at Phaplu Maternity Centre. After the implementation of Community Medicine Program, poor and needy people who could not afford medicine at high price are being highly benefitted.

2.16 Maternal and Neonatal Health Care project Nepal

HHESS with the technical and financial assistance from the Agnes B foundation has been carrying out Maternal and Newborn Health Care project in Gauribas-6 and Kalapani -7 of Mahottari district and Bahunmara-6 of Dhanusha district. The programme has so far provided services to 90 pregnant women of the program implemented VDCs. The major objective of the programme is to ensure the wellbeing of the pregnant women and the fetus. ANC check up is carried out home to home in bicycle by the staffs that are trained by Solukhumbu Village Ultrasound Program in the use of the Portable Ultrasound Device. They determine the condition of the fetus in uterus by the use of Portable ultrasound Devices and any abnormalities identified are referred to Janakpur Hospital for proper management. The staffs in addition to the ANC checkup provides counseling in the regular use of Iron capsules, Tetanus Toxoid vaccination, importance of nutrition in pregnancy and Institutional Delivery and Post Natal care after the delivery as well. Among the 90 pregnant women who received services through the program, 15 have already delivered the babies among which 3 complicated pregnancies were identified at the early phase and referred to Janakpur Hospital for the complication management.

2.17 Capacity Development Training programmes

In 2011, organization has conducted scat of capacity building training programs for its working staffs. The main aim of the programs was to strengthen the staff’s working capacity with quality services in the field as well as organization. The conducted training programs are as follows;

I) Advance Skill Birth Attendance training
II) Skill Birth Attendance training
III) Participatory Monitoring and Evaluation training
IV) IUD training
V) HA training
During the fiscal year, One Dr. received Advance Skill birth attendance training and five staff nurses have participated in Skill birth attendance (SBA) trainings. Likewise, six staffs of HHESS had participated on Participatory monitoring & evaluation training which was conducted by Kathmandu Training Center (KTC), for one week. The program has really provided a bundle of working skills and encouraged the staffs to confront challenging tasks related to PM&E. Similarly, five staffs have got IUD training, and one has got Health Assistant training for 6 months in Bir Hospital.
Chapter-3

FINANCIAL DETAILS

3.1 Financial Management and Planning

HHESS financial management plan consists of financial management, planning and reporting system. The accounting system is based on cheque and cash basis. It maintains all books of accounts related to receipts and expenditures. All cash receipts and expenditures are computerized as an accounting system which is accepted by both the Government of Nepal and Donor agencies. HHESS financial management system is governed by organizational standard financial management manual which is internally and externally accepted.

For effective implementation of HHESS program activities and monitoring of financial documents regular auditing is done by internal and external auditors. The external audit is carried out by office of Auditor general as an organizational board decision and chaulagai associates is assigned as internal auditor for the year 2011.

Similarly, for effective planning and monitoring of funds, HHESS has opened its main account in Standard Chartered Bank (SCB), Kathmandu and Rastriya Banijaya Bank(RBB) in Solukhumbu as a current account for both operating expenses and program expenses.

HHESS prepares financial report on a monthly, trimester and half yearly basis for the purpose of review by internal financial management, planning and reporting to the donor agencies. The report comprises of different sections including brief descriptions of project process. It is comprehensive report that includes reporting formats, which covers expenditures, physical progress and details financial information.

3.2 Annual financial support from donors

In the year 2011, UNFPA, UNWFP, NFHP, and other individual donors also provided financial and technical support to HHESS.
Conclusion

In the year 2011, HHESS conducted various programs on health, education, employment, environment conservation, etc. targeting the poor, conflict affected and the needy people. In 2011, some districts of Eastern, Mid-Western and Far-Western belts of Nepal were covered.

Health related programmes such as MCHC, CEC, Health Camps, Maternity Services, Community Medicine Program, Community Dental Program, etc. have played a vital role in uplifting the health and the educational status of people living in remote districts of Nepal. Programs like SGBV reproductive health camps and various orthopaedic camps and Uterine Prolapse Surgical camps conducted by HHESS in 2011 proved to be a boon for the rural people who do lack the access and basic awareness regarding health.

Women, children and elderly people were highly benefitted by the programs. A clear concept of personal, social and environmental health has emerged among the beneficiaries as a result showing improvement of consciousness among the people of the project areas.

Similarly, programs related to education have provided scholarship opportunities to a lot of deserving candidates. To upgrade the living standard of local needy people along with scholarship programmes, HHESS has conducted various types of skill development and related vocational and technical trainings. Moreover, it has been beneficial in spreading social awareness about the importance of education in human life.

HHESS since its establishment has always been committed for the sustainable development of the rural community through its various programs and is still giving continuity to its tradition of serving needy and rural people.
Annex 1

Executive Board Members

Dr. Mingmar Gyalzen Sherpa  Patron
Mr. Ngima Tendup Sherpa      Chairperson
Mr. Nuru Lama              Deputy Chair Person
Mr. Mingmar Gyalzen Sherpa      General Secretary
Ms. Bhagwati Gurung       Secretary
Ms. Kanchhi Maya Sherpa      Treasurer
Ms. Ang Pema Sherpa        Member
Mr. Buddha Raut            Member
Mr. Shree Dhowj Rai        Member
Ms. Kanchhi Sherpa         Member
Annex 2

Annual Income and expenditure in 2011 (HHESS)

<table>
<thead>
<tr>
<th>S.N</th>
<th>Particulars</th>
<th>Expenditure(Rs)</th>
</tr>
</thead>
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<tr>
<td>1</td>
<td>Central administrative expenses</td>
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<td>2</td>
<td>WFP (MCHC)</td>
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<td>3</td>
<td>UNFPA/UNDP camp expenses</td>
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<td>CWS</td>
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<td>5</td>
<td>NHFP</td>
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<td>6</td>
<td>Phaplu Maternity Center</td>
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<td>7</td>
<td>Thupten Chholing Clinic Expenses</td>
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<tr>
<td>8</td>
<td>Dental clinic</td>
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<td>9</td>
<td>Up surgery</td>
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<tr>
<td>10</td>
<td>Others</td>
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<tr>
<td></td>
<td>Total Expenses</td>
<td>515658601.61</td>
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