



Ek Ek Paila

38th
OUTREACH
COMPREHENSIVE
HEALTH SERVICE

APIHIMAL GAUPALIKA-04, DARCHULA

31st Mar , 1st and 2nd April, 2026 (Chaitra 17, 18 & 19 - 2082)

Introduction

In the remote hills of Nepal, where roads disappear, and access to healthcare is often a distant dream, a simple illness can become life-threatening. For many families, the nearest hospital is days away: out of reach not just geographically, but financially.

It was in the wake of the devastating April 2015 earthquake-an event that claimed over 9,000 lives : that Ek Ek Paila Foundation took its first step. What began as an urgent response to a national tragedy soon became a movement rooted in compassion, resilience, and purpose. A group of dedicated healthcare professionals came together with a shared belief: that quality healthcare should not depend on where someone lives. From its very first outreach on June 6, 2015, in Sindhupalchowk, one of the hardest-hit districts, Ek Ek Paila began reaching those who had long been overlooked. Volunteer doctors, nurses, paramedics, and community members committed their time and skills, often traveling for days, to serve patients who had nowhere else to turn.

Since then, that single step has turned into a journey of impact. The foundation has conducted 38 major Outreach Comprehensive Health Service (OCHS) programs and numerous initiatives across Nepal. Behind every number is a story of a mother receiving safe treatment, a child seeing clearly for the first time, an elderly patient finding relief after years of suffering.

To date, Ek Ek Paila has touched the lives of over 45,804 patients through more than 97154 cross-consultations. But beyond the numbers lies something greater: trust restored, dignity preserved, and hope rekindled in communities that need it most.

This work is only possible because of the generosity and belief of supporters like you, Nepali donors, organizations, and local governments who stand behind this mission. Together, we are not just delivering healthcare; we are building a future where no one is left behind simply because of where they are born.

Adhering to our mission we continue to deliver healthcare to remote and underserved communities of Nepal. One step at a time “Ek Ek Paila”

Api Himal Gaupalika - a remote, isolated Village in Darchula



In the far-western frontier of Nepal, Darchula district lies where the Himalayas meet isolation. Bordering India to the west and Tibet (China) to the north, this rugged district is defined by steep mountains, scattered settlements, and limited infrastructure. Many villages are accessible only by foot, with journeys to the nearest health facility taking several hours—or even days—especially during monsoon seasons when landslides and flooding cut off entire communities. Darchula is home to an estimated population of ~130,000–150,000 people, most of whom live in rural areas dependent on subsistence agriculture and daily wage labor. Despite their resilience, these communities face significant barriers to accessing even the most basic healthcare services. But beyond geography and numbers lies a deeper reality: a silent burden of untreated illness.

In Darchula, the most common and pressing health challenges include:

Communicable diseases : Respiratory infections, diarrheal diseases, and skin infections remain widespread due to limited sanitation and health awareness.

Chronic illnesses : Hypertension, diabetes, and chronic respiratory diseases often go undiagnosed and unmanaged for years.

Maternal and child health risks : Limited access to antenatal care, skilled birth attendants, and pediatric services increases preventable complications.

Malnutrition and anemia : Particularly among women and children, affecting growth, immunity, and overall wellbeing.

Eye and dental problems : High prevalence of untreated cataracts, refractive errors, and dental infections due to lack of specialized care.

Mental health concerns : Often overlooked, yet significant due to isolation, poverty, and migration-related stress.

Healthcare facilities in the region are limited in both reach and resources be it trained personnel or diagnostic tools or essential medicines. For many, seeking care means crossing difficult terrain or even traveling across borders, which is not always feasible.

This is why we at Ek Ek Paila decided for a health camp in Darchula.

Overview of 38th OCHS

Ek Ek Paila Foundation successfully conducted a three-day Outreach Comprehensive Medical and Surgical Camp in Khandeshwari Secondary School, Apihimal-04, Darchula, on March 31, April 1 & 2, delivering all services free of cost. This Outreach Comprehensive Health Service (OCHS) program was organized in close collaboration with Apihimal Rural Municipality, ensuring effective coordination and community reach.

Over the course of OCHS, the foundation provided healthcare services to 1,592 individuals (457 males and 1135 females), facilitating approximately 3,395 cross-consultations across multiple specialties—highlighting both the scale of need and the depth of service delivered.



The OCHS offered a comprehensive range of medical and surgical services, including: Ophthalmology, ENT (Ear, Nose, and Throat), Dental, Obstetrics & Gynecology, Dermatology, General Medicine, Pediatrics, Orthopedics, General Surgery, Radiology, and Pathology.

Beyond clinical care, the initiative focused on holistic patient support. Beneficiaries received free medicines, sanitary pads, toothpaste, tooth brushes, hand wash gels, powder, moisturizing lotion and soaps, ensuring not only treatment but also dignity, prevention, and improved quality of life.

This camp stands as a testament to Ek Ek Paila's commitment to delivering accessible, inclusive, and impactful healthcare to some of Nepal's most remote and underserved communities.



A total of **478 patients** were examined over three days, including **154 males and 324 females**:

- A total of **19 cataract surgeries** were successfully performed during the camp.
- The most common conditions encountered in the OPD were refractive errors, presbyopia, and dry eye, the latter likely associated with prolonged exposure to firewood smoke.
- Pterygium cases were also observed; however, as they were neither visually significant nor recurrently inflamed, patients were counseled and advised to follow up at Geta Eye Hospital for cosmetic surgical management if desired.
- Cases of refractive error and presbyopia will be further managed by the ophthalmic assistant stationed at the Gokuleshwor Eye Center, who provides services three days a week.
- A one-month follow-up for cataract surgery patients is scheduled for Baisakh 19, 2083 (Saturday) at Khandeshwari secondary school, Apihimal-04(the camp site). During this visit, refraction will be performed, and glasses and medications will be distributed. Additionally, provision has been made for free distribution of presbyopic glasses to patients presenting with an Ek Ek Paila OPD card.

Notable Follow-up: One patient suspected of glaucoma during the camp has since presented to Geta Eye Hospital for further evaluation and workup.



Ear, Nose & Throat (E.N.T)



Executive summary: In this three-day comprehensive Health Camp we provided a specialized ear, nose, and throat care to an underserved population. The camp focused on diagnosis, medical management, and identifying candidates for surgical intervention. Over **450 patients** were screened and treated during this period.

Patient Demographics & Statistics :

- Outpatient Attendance (OPD): 314 patients
 - Age Distribution : Range: 1 month to 95 years
 - Higher prevalence among elderly population (60+ years)
- Gender Distribution [Ratio (M:F) - 1 : 1.5] : Male: 125 & Female: 189
- Major Surgical Procedures Performed:
 - Myringoplasty / Type I Tympanoplasty: 15 cases(Right Ear: 5Left Ear: 10)
- Minor Surgical Procedures
 - Wart Excision: 1 case
 - Mole Excision: 1 case
- Referrals (Total: 19 cases)
 - Patients were referred for advanced care due to:
 - Chronic Otitis Media (Squamosal type)
 - Chronic Rhino sinusitis with severe DNS
 - Neck masses and thyroid swelling
 - Suspected malignancies (including Basal Cell Carcinoma)

Ear, Nose & Throat (E.N.T) *contd..*

- Clinical Findings & Diagnosis Breakdown :
Our findings highlighted a significant need for otological care and geriatric ENT services in the region.
- Ear (Otology):
 - Presbycusis: (31 cases) The most frequent diagnosis among the elderly, often accompanied by comorbidities like DM (Diabetes Mellitus).
 - Hearing Loss: Significant cases of SNHL (Sensory Neural Hearing Loss), emphasizing the need for hearing aid accessibility.
 - Chronic Otitis Media (COM) Mucosal/ Squamosal Type : Total 31 cases, 15 cases (COM Mucosal) underwent myringoplasty.
 - Several cases identified for future surgical (OT) follow-up.
 - Ear Wax: A very high volume of patients required ear syringing/cleaning.
- Nose (Rhinology):
 - DNS (Deviated Nasal Septum): Numerous symptomatic cases.
 - Rhinosinusitis/ Allergic : High incidence of both acute and chronic cases, likely influenced by local environmental factors.
- Throat (Laryngology/Head & Neck):
 - Cases of Pharyngitis, Globus Pharyngeus, and urgent referrals for Laryngeal masses were identified.
 - Minor surgical procedures, including mole excisions, were performed onsite.
- Key Achievements
 - Vision for Hearing: Successfully identified and counseled dozens of patients on hearing restoration, aligning with the goal of "opening a window" for those hard of hearing.
 - Surgical Screening: Identified a cohort of patients requiring more complex interventions (COM, DNS, Masses) for referral or future surgical camps.
- Community Education: Provided direct counseling on ear hygiene and the importance of early intervention for ENT issues.





Challenges & Recommendations

Access to Technology: There is a clear demand for portable audiometry and hearing aid fitting services in these remote areas.

Follow-up Care: Patients with chronic conditions (like COM or suspected masses) require a structured referral pathway to Kathmandu or regional centers.

Conclusion:

The health camp at Api Himal was highly successful in addressing immediate ENT needs and highlighting the systemic requirement for specialized care in Darchula. The passion for resolving ear-related problems continues to drive our mission to improve hearing and quality of life in Nepal's most remote corners.



The Department of General Medicine successfully managed **433 patients** over three days, demonstrating strong community involvement. This OCHS camp revealed a significant need for medical consultation in the community. Following Common health issues observed included: Undiagnosed chronic conditions: Hypertension, diabetes mellitus

- Headache complaints: Likely related to heat exposure and strenuous outdoor farming activities
- Respiratory diseases: Various cases of bronchial asthma, COPD requiring monitoring and follow-up
- Musculoskeletal pain: Attributed to the challenging terrain and physical labor in Darchula.
- Psychiatric cases: There were few cases of mental health issues such as depression, anxiety which required further referral to specialist.
- Many patients had limited prior access to healthcare, highlighting the importance and impact of this outreach.
- The consultations enabled early detection, guidance, and counseling for several chronic and acute conditions.

The OCHS was highly impactful, providing much-needed medical support to a vulnerable population. Patients received evaluation, advice, and referrals where necessary, fostering awareness and preventive care.

Dental Surgery



A health camp was successfully organized by the Ek Ek Paila Foundation at Api Himil Gaupalika, where essential oral healthcare services were provided over a period of three days.

Patient and Procedure Summary:

- Total number of patients attended: 334
- Total number of extractions: 258 (including pediatric cases)
- Hemi-section procedures: Approximately 8–10 cases (mainly upper permanent molars)
- Suturing: 3 cases required interrupted black silk sutures .



The patient demographic showed a higher number of female patients compared to male patients. Key observations included a significant lack of oral health awareness, poor oral hygiene practices, and insufficient knowledge regarding dietary habits, contributing to persistent and progressive dental caries.

- A concerning finding was the number of children under 14 years undergoing extraction of permanent molars, indicating delayed presentation and limited access to early dental care.
- Patients with potentially salvageable carious teeth were advised to visit nearby dental facilities with experienced professionals for root canal treatment and further management.
- Overall, the dental team effectively addressed immediate oral health needs while also highlighting the necessity for increased awareness, preventive strategies, and improved access to dental care services in the community.

Dental Surgery contd..



Preventive Health Awareness campaign: [dantapuram]

Over the past few days, we had the privilege of connecting directly with around 600 individuals, sharing simple yet life-changing messages on health and hygiene.

- 1000 toothbrushes and 1000 toothpastes were distributed.
- One-to-one awareness created deeper understanding and personal commitment
- Core Messages Shared:
 - The mouth is the gateway to the body.
 - Teeth are our real jewels.
 - Brush before going to bed.
 - Rinse (flush) the mouth with plain water after every meal or drink.
 - Packed/junk foods are seeds of disease.
 - Eat natural, wholesome foods.
 - Avoid tobacco and areca nut.



A total of **128 pediatric patients** were seen during the camp, including 68 males and 60 females. Two echocardiography (ECHO) evaluations were performed. One showed normal findings, while the other revealed a case of complete atrioventricular septal defect (AVSD) with severe pulmonary arterial hypertension (PAH).

- The most common presenting complaint was non-specific abdominal pain, followed by constipation and acid peptic disease. Among dermatological conditions, cases of eczema, scabies, seborrhoeic dermatitis, and tinea corporis were noted.
- Respiratory conditions were relatively less common, with only a few cases of upper respiratory tract infections (URTI), bronchiolitis, and bronchial asthma.
- Notable case: A 5-year-old female presented with Down syndrome phenotype, hypothyroidism, and complete AVSD with severe PAH, complicated by Eisenmenger syndrome. Consultation was conducted with specialists at Shahid Gangalal Hospital via phone. The case was deemed inoperable, and palliative management was advised.



A total of **311 patients** were evaluated over three days.

The majority of patients presented with osteoarthritis (OA) of the knee, low back pain, multiple joint pain, and generalized musculoskeletal pain.

- Procedures and Interventions:
 - Distal radius fracture management (plaster application with referral for X-ray).
 - Dorsal wrist ganglion excision under local anesthesia.
 - Right thigh lipoma excision and palm foreign body cyst removal under local anesthesia (Histopathological examination revealed lipoma).
 - In addition to medical and procedural interventions, physiotherapy was advised for appropriate cases to support long-term functional improvement and pain management.
 - The high prevalence of osteoarthritis and musculoskeletal complaints may be attributed to factors such as difficult terrain leading to increased mechanical joint stress, nutritional deficiencies, limited health awareness and lifestyle factors.



A total of **203 patients** were evaluated, including 69 males and 134 females.

Procedures Performed:

- Excision of sebaceous cyst (left zygomatic region)
- Excision of lipoma (left scapular region)
- Excision of mucous retention cyst (left lower lip)
- Excision of corn (3 cases)
- Incisional biopsy (2 cases)

The pattern of surgical diseases observed was consistent with common general surgical conditions, including benign swellings, benign ano-rectal diseases, hernias, post-burn contractures and keloids, and varicose veins.

Notable Cases:

A case of acute appendicitis with fecolith (resolved) was identified and referred to Seti Zonal Hospital for elective appendectomy.

A case of giant post-burn keloid was observed in collaboration with the pediatrics team.





A total of 139 patients were evaluated in the dermatology OPD during the camp.

The most frequently encountered conditions included eczema, polymorphic light eruption (PMLE), fungal infections, scabies, melasma, allergic contact dermatitis (ACD), urticaria, and acne.

Key Observations and Preventive Advice:

- **Hygiene:** Emphasis was placed on maintaining proper personal hygiene through regular bathing and cleanliness.
- **Dry Skin:** A high prevalence of dry skin, particularly among children, was noted. Regular use of moisturizers (oil, ghee, or creams) was advised.
- **Photodermatitis:** Ultraviolet radiation–induced skin conditions were common. Patients were counseled on sun protection measures, including protective clothing, hats or masks, and the use of sunscreen where available, especially between 9 AM and 3 PM.
- **Fungal Infections:** Preventive measures such as keeping affected areas dry, wearing cotton clothing, and using weather-appropriate attire were recommended.





A total of 301 patients (age range: 16–80 years) were seen by the gynecology team during the camp, addressing a wide spectrum of reproductive and women’s health concerns.

1. Cervical Cancer Prevention & Screening

- Women were extensively counseled on cervical cancer prevention, screening, and treatment.
- Screening method used: Visual Inspection with Acetic Acid (VIA)
- Total screened (age 28–55 years): 205
- Note: Although national guidelines recommend screening from age 30, 8 women aged 28–29 were included due to early marriage and increased risk factors.
- VIA positive (precancerous lesions): 15
- Treated with thermocoagulation: 11 (eligible cases)
- Referred for cervical biopsy & histopathology: 4

Approach:

While HPV testing is the preferred screening modality, the team adopted a Single Visit Approach (SVA)—ensuring immediate screening and treatment where feasible, in alignment with Nepal’s resource-appropriate guidelines.

2. Antenatal Care

- Total antenatal cases: 13
- Adolescent pregnancies: 4

3. Gynecological Conditions Managed

- Pelvic Organ Prolapse: 3
 - 1 pessary removed (infection & bleeding)
 - 2 managed with ring pessary
- Infertility Cases: 3
 - Primary amenorrhea: 2
 - 1 suspected PCOS (further workup required, including partner evaluation)
 - 1 with irregular cycles (?thyroid dysfunction)
 - Secondary amenorrhea: 1
 - Recurrent Abortion: 2
 - Counseling provided for further management



4. Notable Cases Requiring Referral

- Appendicular lump / fecolith: 1 → Referred to surgical OPD
- Ovarian tumor (ORADS 4): 1 → Referred to Dhangadi
- Lipoma: 1 → Referred to surgical OPD

5. Minor Procedures Performed

- Total procedures: 11
 - Polypectomy: 5
 - Cervical biopsy: 4
 - Nabothian cyst excision: 1
 - Papilloma / Lipoma (medial thigh near vulva): 1
 - All biopsy samples were sent for histo-pathological evaluation. Reports revealed chronic cervicitis, cervical polyp.

6. Community Health Insights

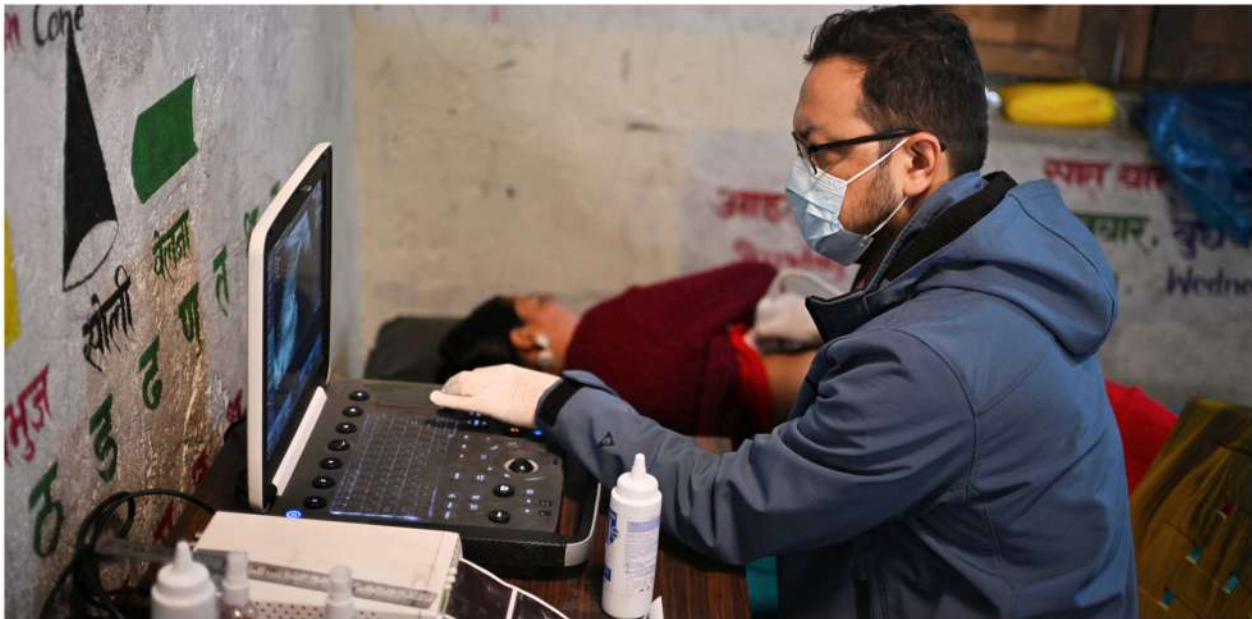
- Early marriage and early childbearing remain prevalent, contributing to increased reproductive health risks.

7. Menstrual Hygiene Support

- Approximately 300 sanitary pads distributed directly to women
- Additional 50 pads provided to the birthing center for ongoing distribution
- Counseling conducted on menstrual hygiene practices for adolescents and women of reproductive age

8. Key Observations & Positive Outcomes

- Good awareness and uptake of family planning methods within the community
- Previous exposure to cervical cancer screening programs noted
- Strong adherence to Single Visit Approach (SVA) allowed.
- Immediate treatment of most precancerous lesions via thermo-coagulation
- Biopsy and referral for non-eligible cases.



- A three-day free ultrasound screening camp was conducted in Api Himal, Darchula, with the objective of improving access to essential diagnostic services in a remote and underserved region of Nepal. The camp focused on early detection of common medical, surgical, and gynecological conditions, enabling timely referral and intervention.
- Patient Demographics
 - Total patients screened: 222
 - Gender distribution: Approximately 65–70% female
 - Age range: 5 to 80+ years
 - Majority age group: 25–60 years
 - The higher female participation reflects both the burden of women’s health issues and the unmet need for accessible diagnostic services in rural communities.

Summary of Clinical Findings

1. Obstetrics & Gynecology (27%) – Highest Caseload
 - Ovarian cysts, uterine fibroids, adenomyosis, and endometrial abnormalities were commonly detected.
 - 12 confirmed pregnancies were assessed with gestational age evaluation.
 - Highlights a significant unmet need for routine reproductive health screening.
2. Gastrointestinal Imaging (24.3%)
 - Fatty liver (12.6%) was the most prevalent finding.
 - Gallbladder pathologies (stones, polyps, sludge) and hernias were also observed which required surgical consultation.
3. Genitourinary System (14.4%)
 - Hydronephrosis and renal cysts were the most frequent findings.
 - Other abnormalities included bladder conditions and prostate enlargement.
4. Pediatric Cases (10.4%)
 - Majority of scans were normal.
 - Some cases showed cysts and mild hydronephrosis, requiring follow-up.

5. Other Notable Findings

- Musculoskeletal: Lipomas, ganglion cysts, tendon injury, and soft tissue collections.
- Head & Neck: Thyroid lesions (TIRADS 2–3), lymphadenopathy, multinodular goiter.
- Vascular: Varicose veins and one arteriovenous malformation.
- Oncology-related: Suspicious ovarian cystadenoma and thyroid carcinoma follow-up cases requiring advanced imaging.
- Emergency cases: Suspected/confirmed appendicitis referred for surgical management.
- Cardiac (ECHO): One congenital heart defect identified.

• Key Highlights

- The camp successfully delivered diagnostic services to a remote population with limited or no access to imaging facilities.
- High patient turnout indicates strong community trust and unmet healthcare demand.
- Fatty liver disease emerged as a significant concern, suggesting the need for lifestyle and dietary interventions.
- Women's health conditions accounted for the largest proportion of cases, emphasizing the importance of targeted reproductive health services.

• Conclusion

- The ultrasound screening camp was highly impactful, benefiting 222 individuals by providing early diagnostic insights and guiding further management. The findings highlight a dual burden of non-communicable diseases and untreated chronic conditions, reinforcing the importance of sustained outreach efforts. Such initiatives play a critical role in bridging healthcare gaps and bringing essential diagnostic services closer to underserved communities in remote Nepal.

Pathology

The Pathology Department conducted a total of 535 laboratory investigations during the camp, providing essential diagnostic support to clinical services and facilitating timely patient management.

- Test Distribution:
 - Biochemistry (222 tests): Included blood glucose, uric acid, renal function tests (RFT), and liver function tests (LFT)
 - Serology (261 tests): Screening for HIV and Hepatitis B (HBsAg)
 - Complete Blood Count (CBC): 36
 - Bleeding Time (BT): 20
 - Urinalysis: 24
 - Urine Pregnancy Test (UPT): 8
 - FNAC and Cytology: 5
 - Biopsies: 17
- Key Findings:
 - All serological screenings for HIV and HBsAg were non-reactive, with no positive cases identified during the camp.
- Conclusion:
 - The high volume and range of investigations performed highlight the critical role of the pathology services in supporting accurate diagnosis, guiding treatment decisions, and strengthening the overall effectiveness of the health camp.



Pharmacy



The most commonly distributed medications included:

- Antibiotics: Ciprofloxacin, Cefixime, Amoxicillin–Clavulanic acid, Amoxicillin, Azithromycin , etc.
- Analgesics/NSAIDs: Paracetamol, Aceclofenac, Diclofenac, Naproxen
- Proton Pump Inhibitors (PPIs): Pantoprazole, Omeprazole
- Respiratory Medications (COPD/Asthma): fluticasone, salbutamol, budesonide (Seroflo Rotacaps, Asthalin Inhaler, Foracort Rotacaps)
- Supplements and OTC Medications: Zinc, Calcium, Vitamin D3, calcium, vitamin B, B12, Iron, and Folic Acid
- In addition, medications for chronic conditions, including antihypertensive and antihyperglycemic agents, were provided as per patient needs.
- Alongside pharmaceuticals, essential personal care and hygiene items such as liquid hand wash sachets, shampoo sachets, baby soap, baby powder moisturizing lotion, tooth brush, tooth pastes and reusable sanitary pads were also distributed to support overall health and hygiene.

Referrals and Follow Up

S.N	DEPARTMENT	SPECIALITY	NO.OF PATIENT	REASON FOR REFERREAL	REFERRAL CENTER
1	GENERAL MEDICINE	PULMONOLOGY- UROLOGY ENDOCRINOLOGY GASTROENTEROLOGY NEUROPSYCHIATRY NEPHROLOGY RHEUMATOLOGY GENERAL SURGERY	1 1 3 1 1 1 1 4 1	HEMOPTYSIS BRONCHIAL ASTHMA KIDNEY STONE DIABETES MELLITUS HEMATEMESIS ANXIETY DISORDER CHRONIC KIDNEY DISEASE RHEUMATOID ARTHRITIS ABDOMINAL HERNIA	SETI PROVINCIAL HOSPITAL, DHANGADI
2	OPHTHALMOLOGY	-	1	GLAUCOMA SUSPECT	GETA EYE HOSPITAL, DHANGADI
3	E.N.T	-	19	CHRONIC OTITIS MEDIA (SQUAMOSAL TYPE) CHRONIC RHINO SINUSITIS WITH SEVERE DNS NECK MASSES AND THYROID SWELLING SUSPECTED MALIGNANCIES (INCLUDING BASAL CELL CARCINOMA)	SETI PROVINCIAL HOSPITAL, DHANGADI
4	GENERAL SURGERY	-	1 1	ACUTE APPENDICITIS WITH FECOLITH (RESOLVED) KELOID	SETI PROVINCIAL HOSPITAL, DHANGADI
5	OBS-GYNECOLOGY	-	1	OVARIAN TUMOR(ORADS 4)	SETI PROVINCIAL HOSPITAL, DHANGADI

Referrals and Follow Up

- Referrals from the 38th Outreach Comprehensive Health Service were systematically documented and submitted to Apihimal Rural Municipality.
- A total of 36 patients were referred to higher centers for specialized consultation, diagnostic evaluation, and further management.
- All referral reports were handed over to the municipality's health in-charge to ensure effective coordination and follow-up. The health coordinator will facilitate communication between patients and referral centers, supporting continuity of care.
- This structured referral system aims to ensure timely follow-up and minimize delays in accessing appropriate healthcare services.



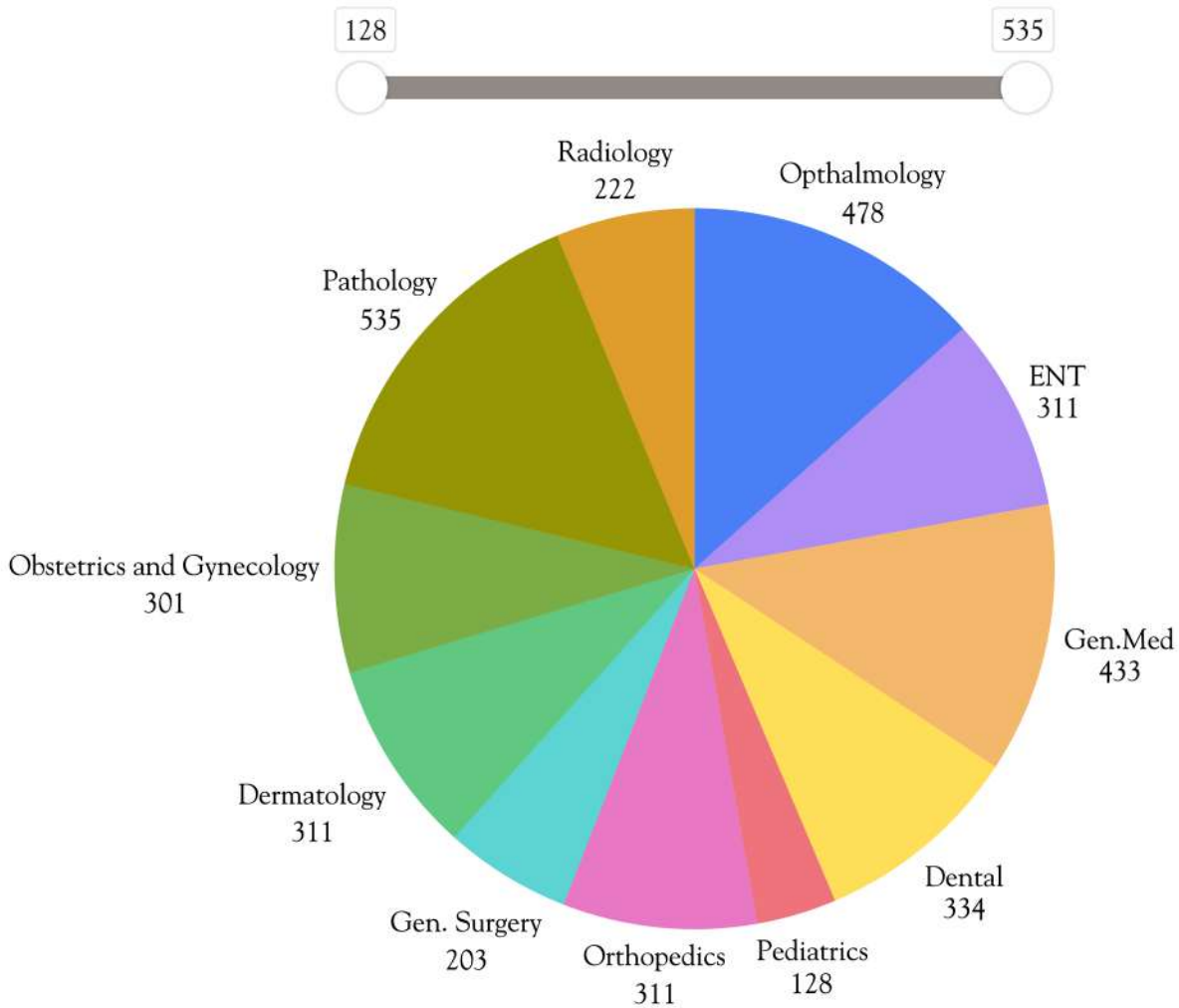
Summary

- The health camp conducted in Apihimal-04, Darchula represents a meaningful step toward bridging healthcare gaps in one of Nepal's remote regions. Through the dedicated collaboration of healthcare professionals, GETA Eye Hospital, and local authorities, the Outreach Comprehensive Health Service (OCHS) successfully delivered essential medical care, health education, and screening services to a significant number of community members.
- Beyond addressing immediate health concerns, the camp placed strong emphasis on preventive healthcare. Community members were actively educated on early warning signs, hygiene practices, and lifestyle modifications, empowering them to take a more proactive role in maintaining their health and well-being.
- A key achievement of the camp was the early detection and initial management of various medical conditions. By identifying health issues at an early stage, the initiative has contributed to reducing the risk of future complications and long-term disease burden within the community.
- The program also demonstrated efficient resource utilization. Through strong coordination with local authorities, overall operational costs were significantly reduced without compromising the quality of care delivered. This collaborative approach highlights a sustainable model for future outreach programs.
- Importantly, patients requiring advanced care were systematically identified, documented, and referred. The health coordinator ensured proper tracking and follow-up mechanisms, facilitating timely investigations and continuity of care beyond the camp setting.



Summary

Total Consultations Dept. Wise



Total Cross Consultation : 3567 | Total :Registration : 1592

APPRECIATION

Ek Ek Paila Foundation expresses its profound gratitude to our generous donors and partners, whose unwavering support has made the 38th Outreach Comprehensive Health Service a remarkable success. Your commitment has not only enabled us to reach remote communities of Nepal but has also brought hope, care, and health to countless lives. We are deeply thankful to the following organizations for standing with us in our mission—your belief in the power of accessible healthcare inspires us to continue striving for a healthier, stronger, and more empowered Nepal.

- Apihimal Rural Municipality
- Surya Jyoti life insurance Company Ltd.
- GETA eye hospital
- Shree Airlines Pvt. Ltd
- Marico for Parachute Advanced Baby Products
- Unilever Nepal for ToothPastes
- Individual donors
- Volunteers



38th OCHS Team Member

- 1.DR. SUMAN S. THAPA- OPHTHALMOLOGY
- 2.DR. SUSHAN BHATTARAI PEDIATRICS
- 3.DR. NIRAB KAYASTHA- ORTHOPEDICS
- 4.DR. RAKSHYA PANDEY- PULMONOLOGY
- 5.DR. SAJANI DONGOL- GENERAL MEDICINE
- 6.DR. PUNJAN BIKRAM THAPA-RADIOLOGY
- 7.DR. SAPANA AMATYA VAIDYA- GYNECOLOGY
- 8.DR. RICHA GIRI-GYNECOLOGY
- 9.DR. SABIN GIRI- DENTAL
- 10.DR. BINITA ADHIKARI- DENTAL
- 11.DR. NEIL PANDEY-DENTAL
- 12.DR. SAMSKRITI KOIRALA-DENTAL
- 13.DR. APAR POKHREL-ENT
- 14.DR. SHRISTI SUBBA RAI-ENT
- 15.DR. BIKRAM BASUKALA- GENERAL SURGERY
- 16.DR. GANESH PARAJULI- PATHOLOGY
- 17.DR. SUJAN VAIDYA- PATHOLOGY/LOGISTICS
- 18.EK DEV NEUPANE-PHARMACY
- 19.SUDHA BISTA- GYNE NURSE
- 20.AMRITA DEVKOTA-ENT NURSE
- 21.SHANTI TAMANG-ENT NURSE
- 22.JANAKI MAGAR- NURSE
- 23.SAMJHANA KHAKUREL-LAB TECHNICIAN
- 24.DOLKAR GHALE- LAB VOLUNTEER
- 25.ASHOK PANDEY-LOGISTICS
- 26.ASHISH BHATTARAI-LOGISTICS
- 27.SRIJANA PANDEY- LOGISTICS
- 28.BINOD MAN SHRESTHA-LOGISTICS
- 29.CARTER ZACHARY WILHEM-DOCUMENTATION
- 30.KALAYOGLU EROL MUNCI-DOCUMENTATION
- 31.RANUP SHRESTHA-DOCUMENTATION
- 32.**GETA EYE HOSPITAL TEAM**

- a.DR. SMADH ADHIKARY-OPHTHALMOLOGY
- b.DEV RAJ PANERU-ANESTHESIA/BIOMETRY
- c.PURNA PRASAD PANERU-SCREENING/BIOMETRY
- d.AMBIKA BHATTA-OT ASSISTANT/STERILIZATION
- e.OPI RANA-MOT/STERILIZATION
- f.KRISHNA OJHA-VISION SCREENING



Local Volunteers



1. KALPANA KARKI
 2. CHHAYA DAMI
 3. DEEPEN MANYAL
 4. NEETA DHAMI
 5. UMESH THEKARE
 6. NANDAN THEKARE
 7. SHISHIR BOHARA
 8. ASHOK SINGH DHAMI
 9. DEEPAL TAMATA
 10. LILADHAR ROKAYA
 11. KAMAL ROKAYA
 12. PRAMOD MANYAL
 13. HARI NEPALI
 14. OM PRAKASH BUDHATHOKI
 15. HIRU BOHARA
 16. DHANURI THEKARE
 17. BHAGITA KARKI
 18. LALU BOHARA
 19. BIMALA THEKARE
 20. GAURI THEKARE
 21. KABIR BOHARA
 22. JAMAR BOHARA
 23. PUSHKAR S. THEKARE
 24. AHILYA DHAMI
 25. NARESH RAJ JOSHI
 26. MANOJ MALVA
 27. MAHESH THAGUNNA
 28. BIKRAM SINGH LOTHYAL
 29. ROHIT THEKARE
 30. DAWARA THEKARE
 31. LALU ROKAYA
 32. RAMITA CHAUDHARY
 33. PRADEEP DHAMI
-



THANK YOU

*Ek Ek Paila Foundation
Thapathali, Nepal.*

Contact: Mob : 9840069873 | Email: info@ekekpaila.org
www.ekekpaila.com
