एक एक पाइला

Naraharinath, Kalikot
Outreach Comprehensive Health Service
April 6-8, 2025 (Chaitra 24-26,2081)
Ek Ek Paila - 34th Paila

INTRODUCTION

Ek Ek Paila Foundation is a non-profit, non-political organization committed to delivering free medical services to remote and underserved regions of Nepal. Operated by a dedicated team of volunteer doctors, nurses, paramedics, and community members, the foundation continues to function through the generous support of Nepali donors, Nepali-led organizations, and local governments—making its efforts partially sustainable to date. The organization focuses exclusively on providing healthcare where there is a genuine need, with the overarching goal of improving access to quality medical care for vulnerable populations across the country.

Established in the aftermath of the devastating April 2015 earthquake that claimed over 9,000 lives, Ek Ek Paila emerged as an emergency response initiative to provide urgent medical aid to rural, disaster-affected areas. In its first year, the foundation mobilized healthcare professionals who volunteered one week each month to carry out medical outreach programs across Nepal. The first outreach was conducted on June 6, 2015, in Sindhupalchowk district—one of the hardest-hit areas.

Since then, Ek Ek Paila has completed 33 major Outreach Comprehensive Health Service (OCHS) programs, along with several smaller, localized initiatives across the country. To date, the foundation has served over 35,385 patients through more than 78,162 cross consultations, demonstrating a strong and ongoing commitment to community-based healthcare delivery.

WHY NARAHARINATH, KALIKOT?

Naraharinath Rural Municipality is a remote administrative division in Kalikot District, Karnali Province, Nepal. Established on March 10, 2017, as part of Nepal's federal restructuring, it amalgamated the former Village Development Committees of Kumalgaun, Kotbada, Rupsa, Malkot, and Lalu into a single local government unit. The municipality spans an area of 143.86 square kilometers and is divided into nine wards, with its administrative center located in Kumalgaun. As per the 2021 census, Naraharinath has a population of approximately 22,458 residents, with a nearly equal gender distribution. The region is mountainous, prone to landslides, and depends heavily on subsistence farming, livestock, and medicinal herb collection. Infrastructure, healthcare, and education services are limited.

The health status of Naraharinath Rural Municipality in Kalikot is poor, reflecting the broader challenges faced by remote areas of Karnali Province. Healthcare facilities are limited, with only one primary health care center and a few health posts serving the entire population. Access to medical care is difficult due to rugged terrain and lack of transportation infrastructure. Diseases such as kala-azar (visceral leishmaniasis), pneumonia, and diarrhea are prevalent, and malnutrition among children remains a serious concern. Child health indicators show high rates of infant mortality, malnutrition, and communicable diseases. Frequent medical camps are needed to fill healthcare gaps, as many residents otherwise go without proper diagnosis and treatment. Overall, Naraharinath struggles with insufficient health services, making it a priority area for health interventions and community support.

OVERVIEW OF 34TH CAMP

Ek Ek Paila conducted 3 day- outreach comprehensive medical and surgical camp at Yogi Naraharinath Adharbhut Aspatal, Naraharinath, Kalikot from April 6 to April 8, 2025 free of cost. This Outreach comprehensive health service (OCHS) was organized in collaboration with Bhotkhola rural municipality. In the span of 3 days, Ek Ek Paila Foundation rendered services to 3436 individuals. Approximately 5000 cross-consultations were done within different departments.

The medical and surgical services provided a wide range of specialties, including Ophthalmology, ENT (Ear, Nose, and Throat), Dental, Obstetrics and Gynecology, Dermatology, General Medicine, Pediatrics, Orthopedics, General Surgery, Radiology and Pathology. Free medicines, santitary pads, toothpastes and glasses were also provided to patients.

OPHTHALMOLOGY

- The total number of patients examined was 799.
- A total of108 eyes (106 patients)underwent cataract surgery and 3 excision of Pterygium.
- Among the patients that underwent Cataract surgery, 2 patients underwent bilateral cataract surgery.
- Many patients with cataracts also had Pseudoexfolation Syndrome.
- Among other eye conditions, Presbyopia and dry eyes were commonly seen.

Recommendations:

The high volume of patients that underwent cataract surgery in this community suggests that cataract surgical programs should be conducted once a year or every alternate year in this community.

Pseudo exfoliation syndrome is often accompanied by glaucoma which can cause irreversible blindness .This warrants screening for glaucoma in the future. This can be attained by training the ophthalmic assistant stationed in the primary health center of Naraharinath rural municipality to do a clinical screening for glaucoma. This will help identify and prevent glaucoma blindness in the future.

ORTHOPEDICS

- A total of 719 orthopedic consultations were conducted during the camp.
- The majority of patients presenting with musculoskeletal complaints such as osteoarthritis (OA) of the knee, low back pain, multiple joint pain, and various forms of spondylosis.
- These conditions were primarily related to the physically strenuous lifestyles and harsh terrain of the region. To address these issues, procedures including intra-articular injections, cast and slab applications, and implant removals were performed.
- 1 patient with patellar instability was referred to National trauma center for further assessment and treatment.

GENERAL SURGERY

- Total consultations – 267
- General trends of cases- General surgical cases like Hernia, Benign anorectal disease (hemorrhoids, anal fissure) , BPH, Cholelithiasis.
- Many Benign and possible malignant swelling/lumps in various parts of body more than usual incidence were encountered.

Procedures:

Ø Excision of a large subcutaneous lipoma (10 x 11 cm) in interscapular region.

Ø Exploration, toileting and biopsy of chronic non healing ulcer right thigh

Ø Incisional biopsy of suspected marjolins ulcer post burn contracture right leg

Ø Excision of soft tissue swelling – 4

Recommendations:

Ø Trucut biopsy gun for corecut biopsy of the lesions.

DERMATOLOGY

Total 393 patients were examined out of which 41% were male and 59% were female. The commonest diagnosis was eczema. Two common causes of eczema were photosensitivity and dry skin. Infections and infestations were seen in 22.7% of patients. Fungal infections were the commonest followed by scabies.

Interesting findings:

· Cutaneous tuberculosis was suspected in 4 patients.

· Precancerous skin lesion - Actinic keratoses (AK), Basal cell carcinoma (BCC) and Squamous cell carcinoma (SCC) were seen in one patient each.

· Vitiligo was seen in 4.7% of the patients which is more than usual.

· Ichthyosis vulgaris which is a genetic condition leading to dry/scaly skin was seen in 2.1% of patients.

· 4.7% of patients had some forms of congenital malformations like nevi of different types and hemangiomas.

Interventions:

· Skin biopsy was taken from 2 patients with suspected cutaneous tuberculosis and FNAC was done from 1 patient.

· For the patient with BCC, excisional biopsy was done with margin and was referred to higher center for further management.

· For the patient with AK, electrocautery of the lesions were done.

· The patient with suspected SCC did not come for biopsy.

· Excisional biopsy of Eccrine Syringofibroadenoma was done.

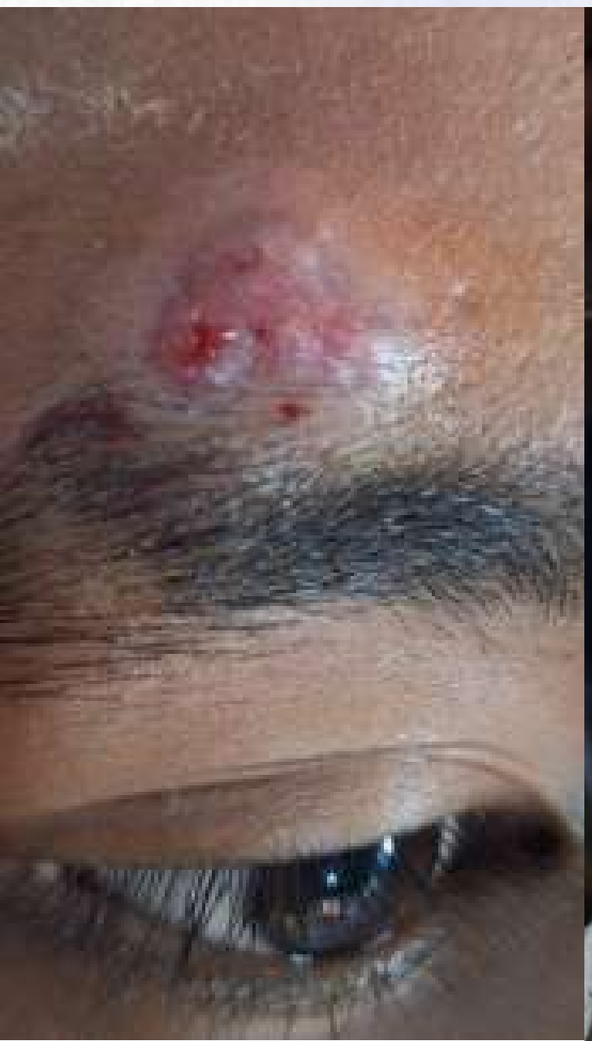
· Necrotic skin tags and two large verruca were also removed with electrocautery.

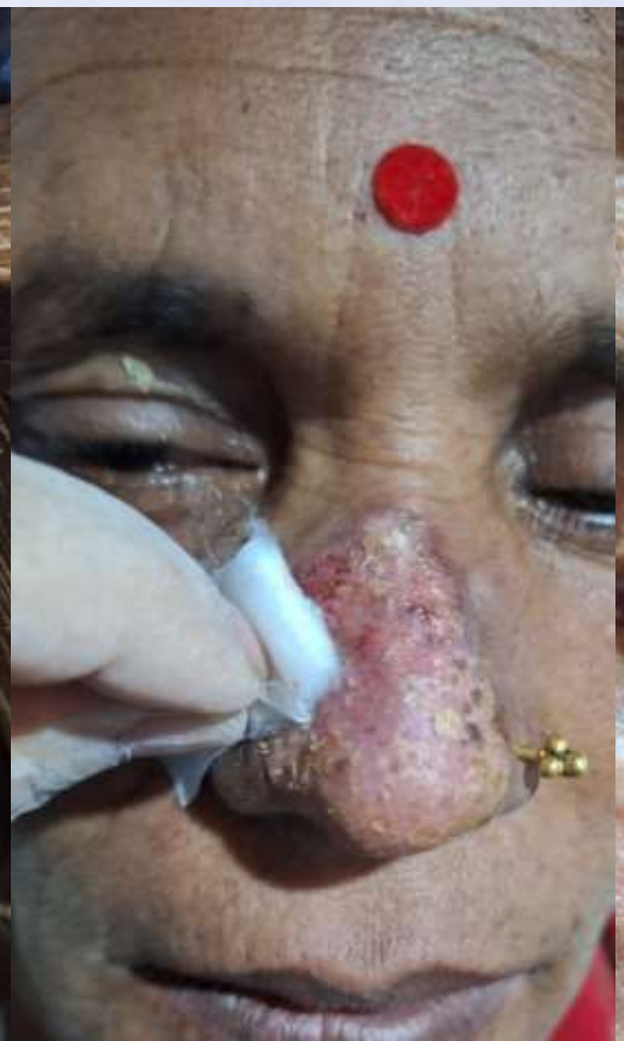
·Patient with Lupus erythromatous, lichen sclerosus and spirotrichosis were given medicines and follow up instructions in higher center.

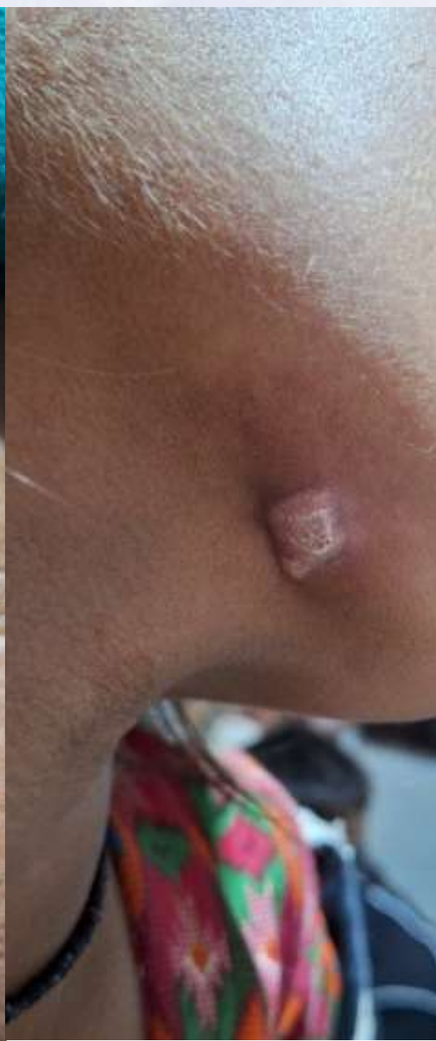
· Intralesional steroid was given in a patient with keloid.

Recommendations:

1. Proper hygiene should be maintained by regular washing and taking bath regularly.
2. Dry skin was a very common problem especially in children. So they should be advised to use any form of moisturizer (oil/ghee/creams) as per their convenience.
3. Ultraviolet radiation induced photodermatitis was quite common. So they should be advised to protect their skin from sunlight by covering with clothes, wearing hats/masks and wearing sunscreen (if possible) especially between 9 am to 3 pm.
4. For prevention of fungal infections- keeping the areas dry, wearing cotton clothing and wearing clothes appropriate to the weather should be advised.







GENERAL MEDICINE

- A total of 940 consultations were conducted, reflecting significant unmet healthcare needs in the area. Among the services provided,
- 18 upper gastrointestinal (GI) endoscopies were performed, with common findings including hiatus hernia, gastric polyps, and gastritis.
- The most frequently diagnosed conditions were hypertension, acid peptic disease, chronic obstructive pulmonary disease (COPD), gastroesophageal reflux disease (GERD), bronchial asthma, hemorrhoids, and migraine headaches.
- These findings highlight the burden of both non-communicable and gastrointestinal diseases in the community, underscoring the need for improved primary and specialized healthcare services.

DENTAL SURGERY

- Total consultations: 452
- Total extractions: 221
- Total restorations: 26

Key Findings

- Most individuals require treatment.
- High caries rates observed among both adults and children.
    - Nursing bottle caries prevalent due to prolonged breastfeeding.
    - Many children have gross decay in permanent first molars, possibly linked to parents working away and poor dietary habits.
- Lack of dental health awareness, especially in the elderly, compounded by high smoking rates in females.
- Two cases of amelogenesis imperfecta (genetic enamel disorder).

Achievement

- Successfully addressed concerns of a young parent with neonatal tooth seen in her 10 days old child(superstitious belief in the community regarding neonatal tooth).
- Distributed 500 toothpaste among patients.

Recommendation

Dental awareness program in the community focusing on

- Proper brushing and flossing technique.
- Discontinuation of prolonged breastfeeding.
- Education on healthier food habits, the risk of junk food and overall oral hygiene.

PEDIATRICS

- A total of 232 pediatric consultations were carried out during the medical camp in Naraharinath, revealing a range of developmental, nutritional, and congenital issues.
- Among the key findings were 10 cases of malnutrition and 9 children with neurological concerns, including developmental delays, hydrocephalus special educational needs, cerebral palsy, seizures, and abnormal neurological presentations.
- Cardiac issues were identified in three children—one symptomatic and two asymptomatic.
- Congenital conditions included cleft lip and a probable case of hypothyroidism, while two children presented with chromosomal disorders, specifically Down syndrome.
- Other cases included five requiring surgical evaluation, one child with thyroiditis, and a child showing gross hepatosplenomegaly with anemia.

Recommendations:

1. Train local health workers to detect developmental issues early (e.g.during immunizations) and ensure timely referrals.
2. Enhance nutritional screening and provide adequate support to families.
3. Set up video counselling with psychologists for adolescents—mental health noted as a concern.
4. Implement strong programs and support systems to prevent teenage pregnancy and child-related risks.

EAR, NECK AND THROAT(E.N.T)

- Total Consultations: 256
- Total ENT Surgeries: 22
  - # Endoscopic Surgeries: 18
  - # Minor Surgeries: 4

- Most of the common diseases were presbycusis, deviated nasal septal, sensory neural hearing loss, chronic otitis media, upper respiratory tract infection, impacted wax.

- These findings indicate a substantial prevalence of both chronic and age-related ENT conditions, reflecting the need for regular specialist outreach and better access to diagnostic and surgical ENT care in this underserved community.

OBSTETRICS AND GYNECOLOGY

Total Consultation: 368

Age group: 14 to 72 years

Activities included:

1. Counseling on Menstrual Hygiene and menstrual pads distributed.
2. Counseling on cervical cancer screening and prevention.
3. Screening method:

i. VIA for 30 to 49 years

ii. VIA plus PAP smear using an endocervical brush for the age group above 49 years.

- Total screened: 102 (A Few excluded due to menstruation) in the age group.
- All were advised for HPV screening if approachable or provided.

Among the total screened:

- Treatment with Thermocoagulation: 12 (VIA positive)
- Cervical biopsy: 11 (VIA Positive)
- Histopathology report: out of 11, 10: chronic cervicitis, and one Ca cervix (Keratinizing Squamous cell carcinoma.

Other minor procedures:

1. Polypectomy: 5 (Histopathology consistent with cervical polyp)
2. Vulval biopsy: 1 (histopathology consistent with Lichen Sclerosus)
3. Biopsy from posterior Vaginal growth : Histopathology: Features of malignancy not seen)
4. Excision of Vulval Lipoma 1 (Histopathology: Acrochordon(Skin Tag) Vulva
5. Manual Vacuum aspiration (MVA) 2 for incomplete abortion

- Ring pessary given: 4
- ANC Care: 3

Cases seen: Ectopic vesicae, recurrent abortion, fibroid uterus, polycystic ovaries, cervical cancer, VIA positive cases, lichen sclerosis, vulval lipoma, prolapse, abnormal uterine bleeding, urinary tract infection, cervical polyps, cases of infertility, puerperal sepsis, cervicitis, PID.

Note: The majority of people are married before they are twenty years old, even before they are 15. The majority are multigravida by age 25-26 years. Poor hygiene, less water intake, Smoking by girls, and women .

Based on the geographical terrain, access to healthcare is difficult. However, advocacy can be implemented, and a strong referral mechanism is needed.

RADIOLOGY

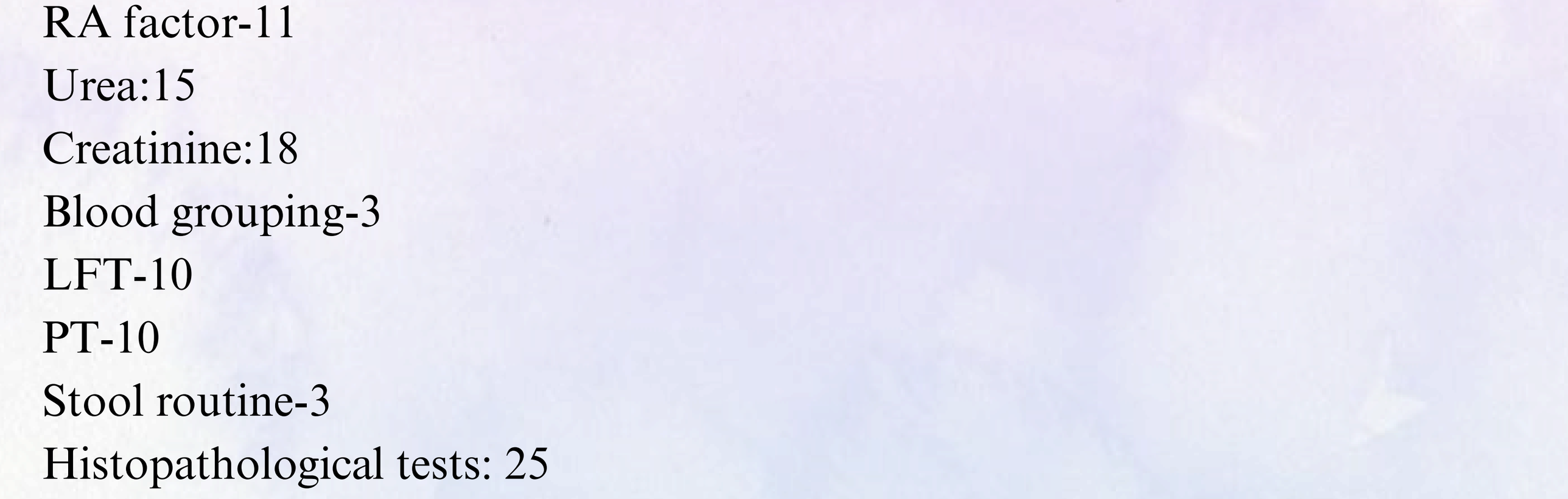
- A total of 274 ultrasound procedures were performed during the medical camp, covering various regions such as the abdomen, pelvis, breast, neck, and obstetric scans.
- The most frequently observed findings included adnexal cysts, bulky uterus, nephrolithiasis (kidney stones), cholelithiasis (gallstones), hepatic hemangioma, gallbladder polyps, sebaceous cysts, uterine fibroids, lipomas, fatty liver disease, and varicose veins.
- These results reflect a high prevalence of gynecological, hepatobiliary, renal, and soft tissue conditions in the population, underscoring the importance of diagnostic imaging access in identifying and managing a wide spectrum of diseases in remote communities.

PATHOLOGY

- 316 patients had done lab work up.
- 564 lab tests were done.

Lab tests which were done during this camp: CBC, blood urea, blood creatinine, blood glucose, urine routine, liver function test, urine pregnancy test, serology-hepatitis b-HBsAg, Hepatitis c-HCV, HIV.

HIV/HBSAG/HCV Serology- 234 (Hepatits B Positive-3)
RBS-148
CBC-29
ESR-3
Uric acid-5
Blood grouping-3
Urine routine -52
UPT-5
CRP:12
RA factor-11
Urea:15
Creatinine:18
Blood grouping-3
LFT-10
PT-10
Stool routine-3
Histopathological tests: 25
Pap Smear- 42



PHARMACY

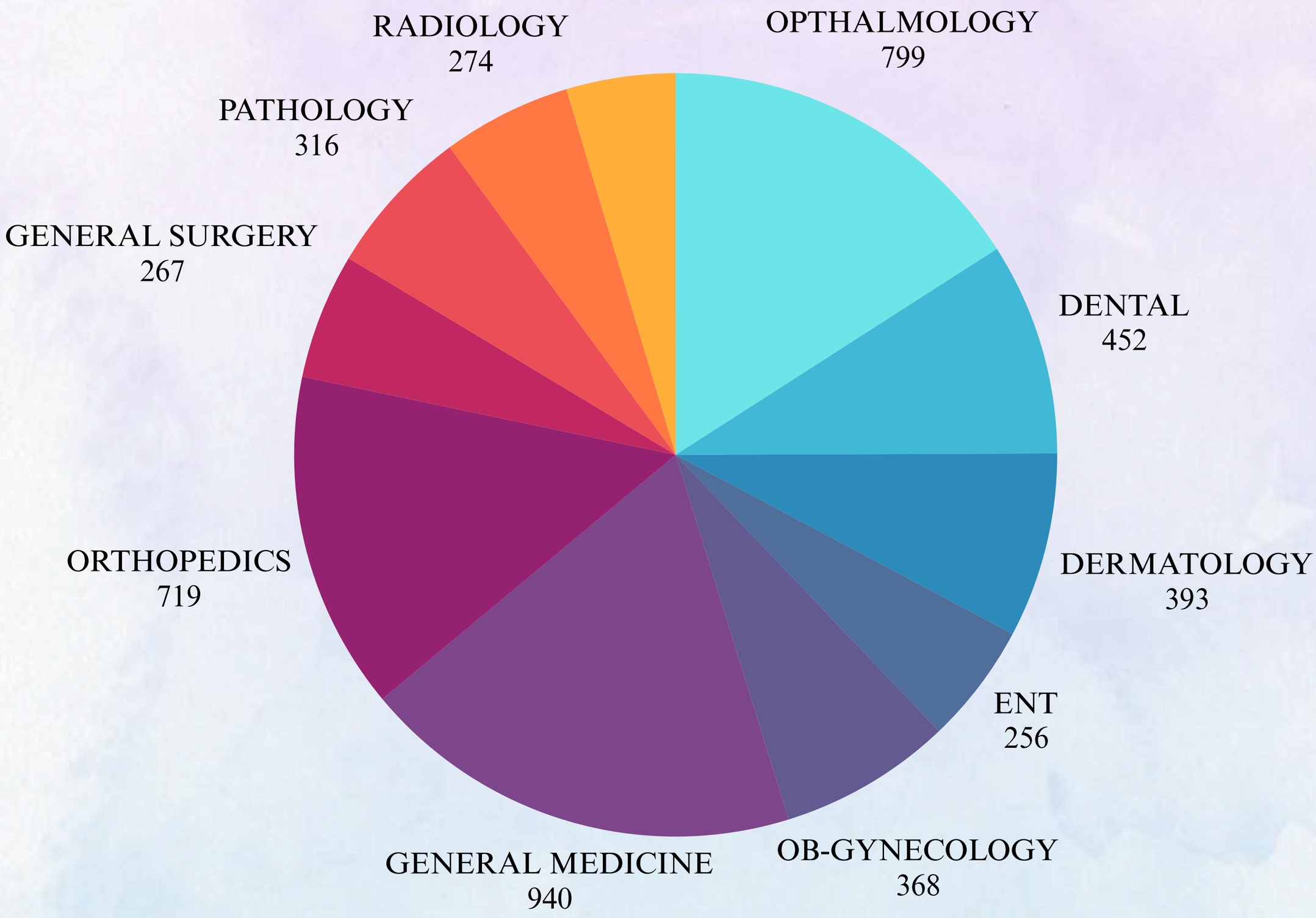
- One of the most common complaints during the health camp in Naraharinath was generalized body aches, primarily attributed to the physically demanding daily activities and poor transportation infrastructure in the region. Consequently, analgesics such as Aceclofenac, Diclofenac, Etoricoxib, Ibuprofen plus Paracetamol, Chlorzoxazone plus Paracetamol, Paracetamol plus Codeine, and Naproxen were widely dispensed, often accompanied by proton pump inhibitors (PPIs) to reduce gastric side effects.
- Diclofenac gel was also commonly prescribed for localized pain relief. Gastrointestinal issues were managed with medications like Hyoscine, Domperidone, and a triple therapy regimen for peptic ulcers.
- A wide range of antibiotics was used across departments: Amoxicillin by the dental team, Amoxicillin-clavulanic acid by internal medicine, Flucloxacillin in surgery, and Azithromycin, Cefixime, Metronidazole-Tinidazole combinations by gynecology for pelvic inflammatory disease. Ciprofloxacin was frequently prescribed by ENT.
- For respiratory issues such as COPD and asthma, inhaled medications including Salmeterol, Formoterol, and Budesonide via rotacaps and rotahalers were used, alongside oral Salbutamol and Theophylline (Aasma XR). Eye and ear infections were treated with appropriate drops.
- In cases of constipation and hemorrhoids, medications like Lactulose, Protek ointment, and Nitroglycerine ointment were dispensed. Smaller groups of patients received diuretics, steroids, antihypertensives, and oral hypoglycemic agents (OHA).
- Overall, the pharmacy distribution was centered around NSAIDs, antibiotics, vitamins, PPIs, and antacids, reflecting the community's primary health burdens and the necessity of accessible symptomatic relief in such remote settings.

REFERRALS AND FOLLOW-UP

S.N	DEPARTMENT	NO. OF PATIENTS	REASONS FOR REFERRAL	REFERRAL CENTER
1.	ORTHOPEDICS	1	PATELLAR INSTABILITY	NATIONAL TRAUMA CENTER/HIGHER CENTER
2.	DERMATOLOGY	1	BASAL CELL CARCINOMA	HIGHER CENTER (KARNALI ACADEMY OF HEALTH SCIENCE)
3.	PEDIATRICS	1	MUTISM/APHASIA	KANTI CHILDREN'S HOSPITAL(PSYCHOLOGY DEPARTMENT)
		1	REGRESSION OF MILESTONE POST OPEN HEART SURGERY	MANMOHAN CARDIAC CENTER/KANTI CHILDREN'S HOSPITAL
			CLEFT LIP	KANTI CHILDREN'S HOSPITAL
		1	DELAYED DEVELOPMENTAL MILESTONES	SURKHET HOSPITAL-PEDIATRIC DEPARTMENT
		2	ASYMPTOMATIC HEART MURMUR	SURKHET HOSPITAL-PEDIATRIC DEPARTMENT
		1	HEPATOSPLEENOMEGALY WITH MALNUTRITION	KANTI CHILDREN'S HOSPITAL
		1	TRISOMY 21 AND ACYNOTIC HEART DISEASE	SHAHID GANGALAL NATIONAL CARDIAC CENTER
		1	SYMPTOMATIC HEART MURMUR	SHAHID GANGALAL NATIONAL CARDIAC CENTER
4.	OB-GYNECOLOGY	1	KERATINIZING SQUAMOUS CELL CARCINOMA OF CERVIX	HIGHER CENTER
5.	GENERAL MEDICINE	3	HEPATITIS B POSITIVE	HIGHER CENER

SUMMARY

- The health camp conducted in Kalikot marks a significant step toward improving healthcare access and addressing critical health concerns within the community. Through the collaborative efforts of healthcare professionals, Surkhet Eye Hospital, and local authorities, the Outreach Comprehensive Health Service (OCHS) successfully provided essential medical services, health education, and screenings to a substantial portion of the population.
- In addition to addressing immediate healthcare needs, the camp played a vital role in raising awareness about preventive health measures and encouraging individuals to adopt proactive approaches to their well-being. Furthermore, it facilitated the early detection and management of health issues, potentially averting more severe complications in the future.
- The medical camp costs were successfully reduced through collaboration with local authorities.
- Patient referrals were carefully documented and coordinated by the health coordinator to ensure timely follow-up for further investigations and treatment.



TOTAL NO. OF PATIENTS: 3436
CROSS CONSULTATIONS: 5000

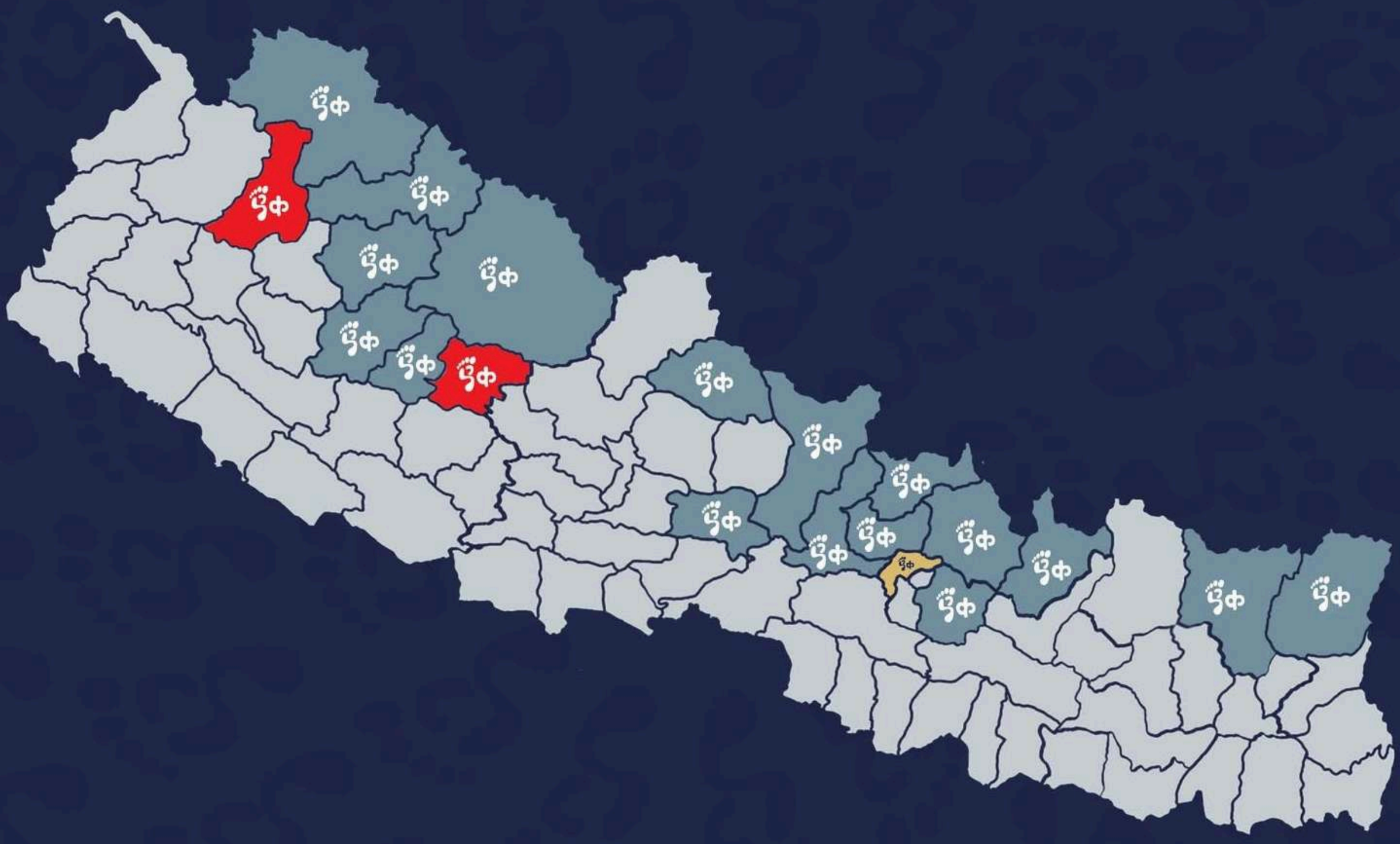
34TH PAILA MEMBERS

1. Dr. Suman S. Thapa- OPHTHALMOLOGY
2. Dr. Sudhamshu KC -GENERAL MEDICINE/HEPATOLOGY
3. Dr. Subodh S. Dhakal- GENERAL MEDICINE/PULMONOLOGY
4. Dr. Bhuban Chapagain- GENERAL MEDICINE
5. Dr. Shristi Shrestha-DERMATOLOGY
6. Dr. Sabina Shah Pahari- PEDIATRICS
7. Dr. Bishika Pun- RADIOLOGY
8. Dr. Sapana Amatya Vaidya- GYNECOLOGY
9. Dr. Madhu PK Tumbahangphe- GYNECOLOGY
10. Dr. Binita Adhikari- DENTAL
11. Dr. Krishna K.C- DENTAL
12. Dr. Kunjan Acharya- ENT
13. Dr. Dipesh Shakya- ENT
14. Dr. Geeta Koju- ENT
15. Dr. Arwinda Shrestha- ORTHOPEDIC
16. Dr. Kishor Bista- ORTHOPEDIC
17. Dr. Bikram Bashukala- GENERAL SURGERY
18. Dr. Ganesh Parajuli- PATHOLOGY
19. Dr. Sujan Vaidya- LOGISTICS
20. Usha Thapa- DENTAL HYGIENIST
21. Mahadip Shrestha- PHARMACY
22. Prashna Pokharel- PHARMACY
23. Sudha Bista- GYNE NURSE
24. Sabina Khadka- ENT NURSE
25. Sanila Khatri-ENT NURSE
26. Ganesh Simkhada- ENT (OT SET UP)
27. Samjhana Khakurel-PATHOLOGY
28. Dipak Bhatta-PATHOLOGY
29. Gopal B.K- ENDOSCOPY ASSISTANT
30. Ashok Pandey-LOGISTICS
31. Ashish Bhattarai-LOGISTICS
32. Philip Hermann Grieb- DOCUMENTATION
33. Juergen Friedrich Altmann- DOCUMENTATION
34. Sagun Shrestha- DOCUMENTATION
35. Sania Shrestha- VOLUNTEER
36. Snigdha Shrestha- VOLUNTEER

SURKHET EYE HOSPITAL TEAM

1. Dr. Sabina Parajuli- OPHTHALMOLOGIST
2. Sonima Thapa- OT ASSISTANT
3. Asmita Shrestha-OT ASSISTANT
4. Santosh Pandey- OT RUNNER
5. Pramod Chaudhary- LOCAL ANESTHESIA
6. Manju Giri- OPD & CAMP MANAGEMENT
7. Manish Ramijal-PRE-OPERATIVE CARE, BIOMETRY
8. Puskar Pandey- STERILIZATION,OT SUPPORT
9. Chhabi Upadhaya- ELECTRICITY
10. Surath Rawal- DRIVER

HEALTH CAMPS



SYMBOLS

- Ek Ek Paila Community Health Center
- Outreach Comprehensive Health Service (OCHS)
- Focused Program (FP)