

**Kolti, Bajura**  
**Outreach Comprehensive Health Service**  
**November 9-11 , 2025**  
**Ek Ek Paila – 35<sup>th</sup> Paila**



एक एक पाइला

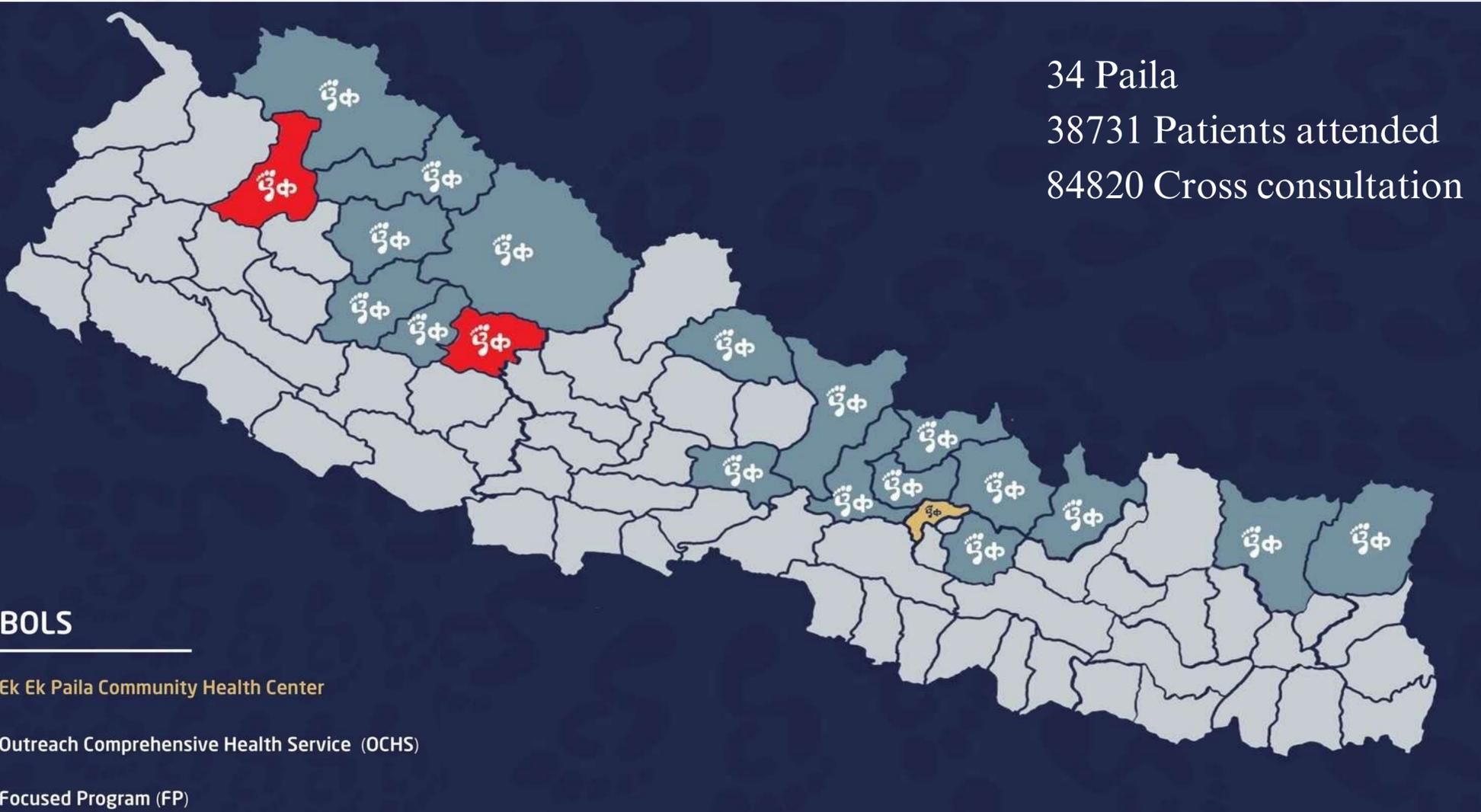


# INTRODUCTION

Ek Ek Paila Foundation is a non-profit, non-political organization dedicated to delivering free medical services to remote and underserved regions of Nepal. Operated by a committed team of volunteer doctors, nurses, paramedics, and community members, the foundation continues its work through the generous support of Nepali donors, Nepali-led organizations, and local governments—helping make its mission sustainably impactful. The organization’s sole focus is to provide healthcare where it is genuinely needed, with the overarching goal of expanding access to quality medical care for vulnerable populations across the country.

Founded in the aftermath of the devastating April 2015 earthquake—which claimed more than 9,000 lives—Ek Ek Paila began as an emergency response initiative to deliver urgent medical aid to rural, disaster-affected communities. During its first year, the foundation mobilized healthcare professionals who volunteered one week each month to conduct medical outreach programs throughout Nepal. The first outreach mission took place on June 6, 2015, in Sindhupalchowk district—one of the regions most severely affected by the earthquake.

Since then, Ek Ek Paila has carried out 34 major Outreach Comprehensive Health Service (OCHS) programs, along with numerous smaller, localized initiatives nationwide. To date, the foundation has served over 38,731 patients through more than 84,820 cross-consultations, reflecting its strong and sustained commitment to community-based healthcare delivery across Nepal.



# WHY BAJURA?

Bajura is a remote hill district located in Nepal's Far-Western region. Its landscape is dominated by steep mountains, narrow valleys, and scattered rural settlements spread across difficult terrain. The district lies at elevations ranging from low river basins to high Himalayan foothills, making transportation extremely challenging. Kolti, one of the main gateways, connects the district through a small airstrip, as road access is limited and often disrupted by landslides and seasonal weather.

## **Geographic & Socioeconomic Challenges**

Rugged terrain forces many residents to walk hours—sometimes entire days—to reach markets, schools, or health facilities.

Most families rely on subsistence farming, which is highly vulnerable to drought, low productivity, and climate-related hardships.

Limited road networks and poor infrastructure lead to isolation, especially during the monsoon season.

Food insecurity and poverty are widespread due to low agricultural output and lack of stable income sources.

## **Condition of the Health Sector**

Health facilities are few, understaffed, and unevenly distributed; several areas are reachable only by foot.

Emergency referrals are difficult because vehicles cannot access many villages, and air evacuation is costly and weather-dependent.

Maternal and child health indicators lag behind national averages, with low institutional delivery rates and limited availability of skilled birth attendants.

Malnutrition, diarrheal diseases, respiratory infections, TB, and skin conditions remain common due to poor sanitation, unsafe drinking water, and low awareness.

Eye-health issues such as cataracts, refractive errors, and chronic infections are prevalent, often going untreated for years.

Diagnostic services, specialists, and essential medicines are frequently inadequate or unavailable.



# OVERVIEW OF 35<sup>th</sup> CAMP

Ek Ek Paila conducted a three-day Outreach Comprehensive Medical and Surgical Camp in Kolti, Bajura, from November 10–12, 2025, providing all services free of cost. This Outreach Comprehensive Health Service (OCHS) program was organized in collaboration with Budhinanda Rural Municipality.

Over the course of three days, Ek Ek Paila Foundation provided healthcare services to 4,229 individuals, with approximately 8,000 cross-consultations conducted across various departments.

The camp offered a wide range of medical and surgical specialties, including Ophthalmology, ENT (Ear, Nose, and Throat), Dental, Obstetrics and Gynecology, Dermatology, General Medicine, Pediatrics, Orthopedics, General Surgery, Radiology, and Pathology. In addition, patients received free medicines, sanitary pads, toothpaste, and eyeglasses, ensuring comprehensive support beyond clinical care.



# OPHTHALMOLOGY

- The total number of patients examined was 1250.
- A total of 143 underwent cataract surgery.
- There was high rate of visual impairment as the cataract was advance.



# ORTHOPEDECS

- A total of 600 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, intra-articular injections were performed.



# GENERAL SURGERY

## 1. Introduction

The surgery team participated in the Ek Ek Paila surgical and health camp held in Kolti, Bajura. The main aim was to identify ,treat the surgical cases and refer to higher center or the needed cases.

## 2. Total Patients Seen : 263

Male : 94

Female : 169

## 3. Key Clinical Findings and interpretation

There were variety of surgical cases among those visiting the camp. The majority of the patients had general surgical cases which includes different benign lumps, Cholelithiasis, anorectal diseases, Benign enlargement of prostate, varicose veins ,Hernias and hydrocele with stone disease both cholelithiasis and renal calculi. Surprisingly , a very few cases of malignant or malignant looking lesions are encountered.

## 4. Surgical procedures

Although many cases need surgical interventions and can be performed in that settings, we performed only 4 surgical procedures under local anesthesia due to lack of time and Operation theatre slots. The surgical cases performed are:

- Giant Lipoma nape of neck
- Tumoral calcinosis - right pelvic region
- Calcified sebaceous cyst lower back
- Incision and drainage of infected sebaceous cyst cheek

## 5. Way forward

In further camps, if the infrastructure allowed us , we can perform other surgical cases including hydrocele, some selected hernias and others.

I recommend to have a core cut biopsy needle also in next camps for taking tissue biopsy of the swelling/lumps.



# DERMATOLOGY

- Dermatology saw a total of 370 cases.
- The patients were varied. The majority of cases in this camp was slightly different and comprised of auto immune diseases including psoriasis vulgaris, lichen planus and vitiligo vulgaris.
- Other cases included Photo induced diseases like polymorphic light eruptions. Chronic itching of the lesions had led to lichenified lesions in almost most of the patient.
- Scabies was the most common infectious disease identified during the camp, followed by fungal infections.
- Two cases of glandular TB was worked out with biopsy performed, a case of leprosy and skin tuberculosis were referred and biopsy was also performed for one skin cancer ( Basal Cell Carcinoma) and further treatment will be planned once the reports are made available.
- There were 2 minor surgery cases done including intralesional steroid injection for keloid in 5 patients.
- Since almost 25 percentage of the total patients examined had autoimmune skin diseases the prevalence of diabetes, thyroid disorders and other autoimmune diseases need to be screened amongst the patients on a regular basis.



# GENERAL MEDICINE

## 1. Introduction

The Medicine Department of Ek Ek Paila participated in the 35th Paila health camp with a multidisciplinary team providing comprehensive medical services to the local population. The focus was on diagnosing common illnesses, identifying risk factors, and offering counselling and referral where necessary.

## 2. Team Composition

Dr. Sudhamshu K.C.

Dr. Shritee Vaidya

Dr. Ashok Sharma

Dr. Sarah Marty (Observer)

## 3. Patient Load

Total patients seen: 1081

Gender distribution: Female: 70% and Male: 30%

The high number of female attendees reflects greater need for accessible primary care among women in the community.

## 4. Key Clinical Findings

### 4.1 Predominant Diseases

Respiratory illnesses were the most common presentation.

Chronic Obstructive Pulmonary Disease (COPD) was particularly prevalent.

### 4.2 Risk Factors Identified

High tobacco consumption across both genders.

Extensive use of household firewood for cooking, contributing significantly to chronic respiratory disease.

Malnutrition, especially among women, indicative of socioeconomic and dietary gaps.

Early marriage and high parity, worsening nutritional vulnerability and chronic illness risk.

## 5. Non-Communicable Diseases (NCDs)

### 5.1 Hypertension

A notable proportion of newly diagnosed hypertension cases was detected.

Many previously diagnosed hypertensive patients were not taking medications, highlighting poor treatment adherence and need for counselling and follow-up systems.

### 5.2 Musculoskeletal Conditions

Arthralgia and osteoarthritis were among the major complaints, reflecting physically demanding daily labor and aging-related issues.

## 6. Liver-Related Findings

Alcohol-related liver disease was present but less common compared to similar regions of Nepal.

Hepatitis B prevalence: approximately 8–10%, indicating a continued need for screening and vaccination strategies.

Fatty liver disease was less common relative to other areas where Ek Ek Paila has worked.

Few cases of hydatid cyst diagnosed.

# GENERAL MEDICINE

## 7. Diagnostic Procedures Performed

Upper GI Endoscopy: 30 cases

Diagnosed conditions included:

- Esophageal varices
- Gastric ulcers

Upper abdomen ultrasound (USG): 50 cases

Used for evaluating hepatobiliary, pancreatic, and abdominal complaints

Findings supported the lower prevalence of fatty liver in the population.

## 8. Summary & Interpretation

The 35th Paila highlights a community with a high burden of respiratory disease, driven primarily by tobacco exposure and chronic indoor air pollution. The presence of malnutrition, early marriage, and multiple childbirths further complicates women's health status.

The camp uncovered significant gaps in NCD detection and management, particularly hypertension and chronic joint diseases. While alcohol-related liver disease was less prominent, the 8–10% Hepatitis B prevalence remains an important public health concern.

Despite limited resources, essential diagnostics like endoscopy and ultrasonography enabled early identification of serious conditions such as varices and gastric ulcers.

## 9. Conclusion

The Medicine Department's efforts at the 35th Paila successfully identified key health challenges in the community and delivered crucial clinical services to 1081 patients. The findings reinforce the need for continuous outreach, preventive health education, vaccination expansion, and improved access to chronic disease follow-up and treatment.



# NEUROLOGY

- A 7-month-old female infant was identified with a complex congenital neurological malformation, including lumbar meningomyelocele and hydrocephalus, associated with paraplegia and neurogenic bladder. Neurosurgical intervention (ventriculoperitoneal shunt) and palliative care are required. Referral to neurosurgery and transport to a tertiary center are essential to prevent progression of hydrocephalus.
- An adult male (approximately 55–60 years) presented with severe chronic cerebellar ataxia, resulting in profound gait impairment, inability to stand independently, and marked upper limb ataxia. No curative treatment is available; however, the condition requires long-term supportive management including counseling, physiotherapy, and palliative care.
- A high prevalence of peripheral neuropathic symptoms was observed among elderly patients, including tingling, numbness, and reduced sensation in the hands and feet. Likely etiologies include chronic peripheral nerve damage related to prolonged manual labor, carpal tunnel syndrome, polyneuropathy, and nutritional deficiencies (e.g., vitamins and minerals). These conditions are significantly disabling though not life-threatening.
- Multiple additional neurological conditions were encountered in both pediatric and adult populations. Patients with Parkinson's disease were identified, highlighting the need for availability of antiparkinsonian medications such as Levodopa/Benserazide.

# DENTAL SURGERY

- Total consultations: 467
- 208 extractions were performed.
- High caries index among children leading to extraction of first molar in most cases.
- Poor oral hygiene
- Severe periodontitis noted, caused by inadequate oral hygiene maintenance.
- 1 biopsy and 1 scaling was done.



# PEDIATRICS

## 1. Introduction

Pediatric team participated in the Ek Ek Paila surgical and health camp held in Kolti, Bajura. The main focus of the department was not only to identify and treat the common health issues, but also try to find out the cause and educate them regarding the risk factors for their common ailments.

## 2. Total Patients Seen : 181

Male : 123

Female : 58

Male : Female ratio = 2.1:1

There were less number of children in comparison to overall patients in the camp. This might be due to the fact that the camps were organized on the weekdays and they had to go to school. There were less number of girls being taken to the camp as compared to the boys. This might be due to sex preferences.

## 3. Key Clinical Findings and interpretation

- There were variety of cases among those visiting the camp. The majority of the patients had Gastrointestinal complaints, most of which were due to chronic constipation, worm infestations and gastritis.
- There were few cases of acute gastroenteritis as well. These findings may suggest the change in the food habit of these children. Availability and increase use of junk foods among the children might be the cause of increase in the number of constipation. Findings of diarrheal diseases can be attributed to the lack of personal hygiene and use of contaminated water and foods.
- Respiratory problems were also common, mostly upper respiratory illness and few cases of acute bronchiolitis, Reactive airway diseases and bronchial asthma were present. Acute Otitis media was also present.
- Many of the children were complaining of leg pain as well which were attributed to vitamin D deficiency as well as the growing bone pain. Maybe the terrain and the need of walking a long distance for their daily activities could be the cause.
- Few cases of spastic cerebral palsy (due to birth asphyxia), hydrocephalus/ neural tube defects were also seen. These could be attributed to lack of proper antenatal care ( not taking folic acid before and during conception and pregnancy) as well as postnatal care.
- Other cases diagnosed included eczema, seborrheic dermatitis, breath holding spells, febrile seizure, Urinary tract infection etc.
- One case of Polyarticular Juvenile rheumatoid arthritis with uveitis was diagnosed and referred for further workup and management. Similarly another patient with disseminated tuberculosis with fungating mass on the cervical region along with Hepatitis B was also referred for further management.

# PEDIATRICS

## 5. Pediatric Echocardiography

Screening Echo was done for 7 cases by our pediatrician/ pediatric cardiologist . Six were normal. One had Severe pulmonary stenosis with RV dysfunction with ASD shunting right to left and was referred for further management.

## 6. Conclusion

Pediatric team successfully examined 181 patients and provided services through proper diagnosis and management. Few cases needed further workup and were referred. The key highlights identified by the team to improve the health of child in kolti includes :

- Proper antenatal care,
- Proper birthing care
- immediate newborn/ Postnatal care,
- Dietary Modification ( avoidance of junk foods)
- Clean Drinking water
- Personal hygiene improvement
- Availability of quality health care.



# EAR, NOSE AND THROAT (E.N.T)

## 1. Introduction

The ENT team participated in the Ek Ek Paila surgical and health camp held in Kolti, Bajura. A total of 687 ENT patients were evaluated, and 19 surgeries were completed including endoscopic MRM.

and endoscopic myringoplasty.

## 2. Chronologically Arranged OPD ENT Cases

### Ear Conditions

Wax – 54

Otomycosis – 3

Acute Otitis Media (AOM) – 9

COM Mucosal – 143

COM Squamous – 22

Tinnitus – 4

Presbycusis – 102

Vertigo – 2

Microtia – 1

### Nose & Sinus Conditions

Allergic Rhinitis – 38

Acute Rhinosinusitis – 8

Chronic Rhinosinusitis – 13

DNS – 14

### Throat & Larynx Conditions

Allergic Pharyngitis – 26

LPR – 59

Hoarseness – 14

Non-specific throat discomfort – 20

Oral ulcer – 1

Papilloma (Buccal) – 1

### Head & Neck Conditions

Thyroid disease – 10

Cervical lymphadenopathy – 5

Lipoma Neck – 1

Keloid Pinna – 2

Preauricular cyst – 1

CA Tongue – 1

### Pediatric / Developmental

Delayed speech & language – 1

### Foreign Body

Foreign body – 4

### Miscellaneous

MRC – 2

PAS – 1

Normal – 103

**Total OPD Cases: 687**



# EAR, NOSE AND THROAT (E.N.T)

## 3. Surgical Procedures Performed

### Endoscopic Surgeries

Endoscopic Modified Radical Mastoidectomy (MRM) – 2

Endoscopic Myringoplasty – 13

### Other Procedures

Sebaceous cyst excision – 1

MRC procedure – 2

Keloid excision – 1

**Total Surgeries: 19**

## 4. Advantages of Endoscopic Ear Surgery

Endoscopic ear surgery was highly beneficial in this remote camp setting:

- **Minimally invasive:** Reduced tissue trauma, faster healing, no post-auricular incisions.
- **Cost-effective:** No need for microscopes; reduced hospital stay saved significant patient expenses.
- **Portable:** Easily transported and ideal for rural surgical camps.
- **Superior visualization:** 0° and 30° lenses improved access to hidden recesses.
- **Quick recovery:** Most patients discharged same day or next morning.

## 5. Recommendations

1. Continue periodic ENT outreach in remote regions.
2. Establish hearing aid support programs for presbycusis patients.
3. Provide regular training to local health workers on early ENT disease detection.
4. Implement telemedicine follow-up to reduce unnecessary travel.
5. Expand endoscopic ear surgery services to other rural hospitals.
6. Conduct community awareness campaigns on ear hygiene and safe practices.

## 6. Conclusion

The ENT team successfully examined 687 patients and performed 19 surgeries with significant impact through minimally invasive endoscopic methods. The camp improved access to quality ENT care in Kolti, Bajura and highlighted the importance of continued outreach services.

# OBSTETRICS AND GYNECOLOGY

Total patients seen: 382, Age group: 16-75 years

All patients counseled for cervical cancer screening followed by:

Cervical cancer screening for age group (30 - 55 yrs) with Visual inspection with acetic acid (VIA). Total number: 210

**Note:** Preferred screening is by HPV but single Visit Approach (SVA) screening and treatment was opted. From screening, VIA positive patients were 14, 12 of whom were given treatment with thermo-coagulation, and two biopsies were taken.

## Minor procedures done: Total: 16

1. Total biopsies taken: 14. All biopsies were unremarkable

i. Polypectomy: 8

ii. Cervical biopsy: 4

iii. Endometrial biopsy: 1

iv. Manual Vacuum Aspiration (MVA) for incomplete abortion: 2

v. Labial tag excision: 1

## 2. Interesting cases:

i. Condyloma referred to dermatologists

ii. Gartner's cyst

iii. Primary amenorrhea: 2 {absent uterus, blind vagina with absent uterus}

## 3. Other important cases:

i. Recurrent abortion

ii. Uterovaginal prolapse: 9 (5 patients were given a ring pessary and the rest advised for surgery. One patient came to Maternity Hospital, Thapathali, Kathmandu, and got free service.

iii. Pyometra: 1

## 4. Total pregnancies seen: 5

## 5. Problems seen in women in the community:

i. Multi parity till para 9 seen

ii. Early marriage and early childbearing

iii. Smoking

iv. Less water intake

## 6. Menstrual hygiene for adolescence and reproductive age:

The Gynae team distributed menstrual pads and also counseled on how to maintain menstrual hygiene.



# RADIOLOGY

**Total USG = 321**

**Significant Findings = 146**

**Interventions ( 2) :**

- a) **USG guided Right Supraclavicular Block as regional anaesthesia for reduction of chronic right elbow dislocation**
- b) **USG guided diagnostic tap of left leg pyomyositis**

**2. OBG ( 45) :**

**Obstetrics scan = 8 ( Early without embryonic pole x 2 ,6 wks ,9 wks x 2 , 16 wks , 27wks , 36-37wks with H/O Leaking & severe oligohydramnios)**

**Bulky Uterus = 13 ( with endometrial polyp x 2 , fibroids x 6 , adenomyosis, endometrial hypertrophy x 2 & post abortion changes)**

**Small uterus ( Depo Induced) = 1**

**Right Ovarian Cyst = 10**

**Left Ovarian Cyst = 8**

**PCOD = 2**

**?Left Adnexal Dermoid Cyst (Adv: CT scan) = 1**

**Vaginal Bartholin Duct Cyst = 1**

**g) Nabothian Cysts = 1**

**3. Surgery ( 51) :**

**Cholelithiasis = 8 ( one with distended GB)**

**Nephrolithiasis = 5**

**PUJ calculus with hydronephrosis = 2 ( right & left)**

**Epigastric hernia = 2**

**GB polyp = 1**

**UB internal echoes (?UTI) = 5**

**Cystitis = 1**

**Splenic Hemangioma = 1**

**Hepatic Hydatid Cyst = 3**

**Umbilical Hernia = 2**

**Hydrocele = 1**

**Prostatomegaly = 6**

**Epididymo-orchitis = 1**

**Hepatic Hemangioma = 1**

**Acute right pyelonephritis = 1**

**Lt Undescended Testis = 1**

**Chronic Right Pyelonephritis = 1**

**Simple Breast Cyst = 2**

**Simple Hepatic Cyst = 1**

**SFJ incompetence with varicosities = 2 ( right & left)**

**Left Leg Varicosities = 1**

**Left renal cyst / hydrocalyx ( Adv: CT IVU) = 1**

**Right Forearm Large Post Traumatic AVM = 1**

**Left Forehead AVM = 1**

**RLQ Venolymphatic Malformation = 1**

# RADIOLOGY

## **4. Pediatric Cardiology (ECHO) ( 8 ):**

**Normal = 6**

**RA enlargement with Tricuspid Regurgitation + Ascites + Pleural Effusion = 1**

**ASD + Severe PS + PDA + Dyskinetic RV = 1**

## **5. Dermatology (10):**

**Subcutaneous Lipomas = 6 ( one each in left & right neck , left cheek , right thigh , left upper eyelid & epigastric region)**

**Epidermoid Cysts = 2 ( Left Periauricular & Right thigh)**

**Tuberous Sclerosis with facial lesions & hepatic & renal hamartomas = 1**

**Large Left Neck Skin Lesion with ? TB Abdomen = 1**

## **6. Orthopedics ( 5 ):**

**Popliteal Baker's Cyst = 2 ( right & left )**

**Suprapatellar Bursitis & Parameniscal Cysts = 2 ( right & bilateral)**

**Left Thigh Large Hard Mass ? Nature ( Adv: CT + MRI) = 1**

## **7. ENT (10):**

**Multinodular Goiter = 5**

**Thyroiditis = 1**

**Thyroid Colloid Cysts = 4**

## **8. Internal Medicine (15) :**

**Fatty Liver = 6**

**Liver Parenchymal Disease = 2**

**Cirrhosis with ascites , bilateral pleural effusion & pericardial effusion = 1**

**Mesenteric Adenitis = 2**

**Submental cellulitis = 1**

**Cervical Adenopathys (? Tubercular ) = 1**

**Thickened Bowel loops & mesentery ( ? Tubercular ) = 1**

**Budd- Chiara Syndrome = 1**

# PATHOLOGY

- 1772 patients had done lab work up.
- 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.
- 16 biopsies of different body parts were collected and examined .



# PHARMACY

- During OCHS, generalized body aches were among the most common complaints, largely due to the community's physically demanding lifestyle and limited transportation infrastructure. As a result, a wide range of analgesics and muscle relaxants—including Aceclofenac, Diclofenac, Etoricoxib, Ibuprofen + Paracetamol, Chlorzoxazone + Paracetamol, Paracetamol + Codeine, and Naproxen—were frequently dispensed, often alongside PPIs to prevent gastric irritation. Diclofenac gel was also widely used for localized pain.
- Gastrointestinal problems were managed with Hyoscine, Domperidone, and triple therapy for suspected peptic ulcers. Across departments, various antibiotics were prescribed: Amoxicillin in dental care, Amoxicillin–clavulanic acid in internal medicine, Flucloxacillin in surgery, and Azithromycin, Cefixime, and Metronidazole–Tinidazole combinations in gynecology. The ENT department commonly used Ciprofloxacin.
- For respiratory conditions such as COPD and asthma, treatment included inhaled Salmeterol, Formoterol, and Budesonide via rotacaps/rotahalers, as well as oral Salbutamol and Theophylline (Aasma XR). Eye and ear infections were treated with the appropriate topical drops.
- Patients with constipation and hemorrhoids received Lactulose, Protek ointment, and Nitroglycerine ointment. Smaller groups required medications such as diuretics, steroids, antihypertensives, and oral hypoglycemics.
- Overall, the pharmacy distribution focused on NSAIDs, antibiotics, vitamins, PPIs, and antacids, reflecting the community's predominant health needs and highlighting the importance of accessible symptomatic relief in remote settings.



# REFERRALS AND FOLLOW-UP

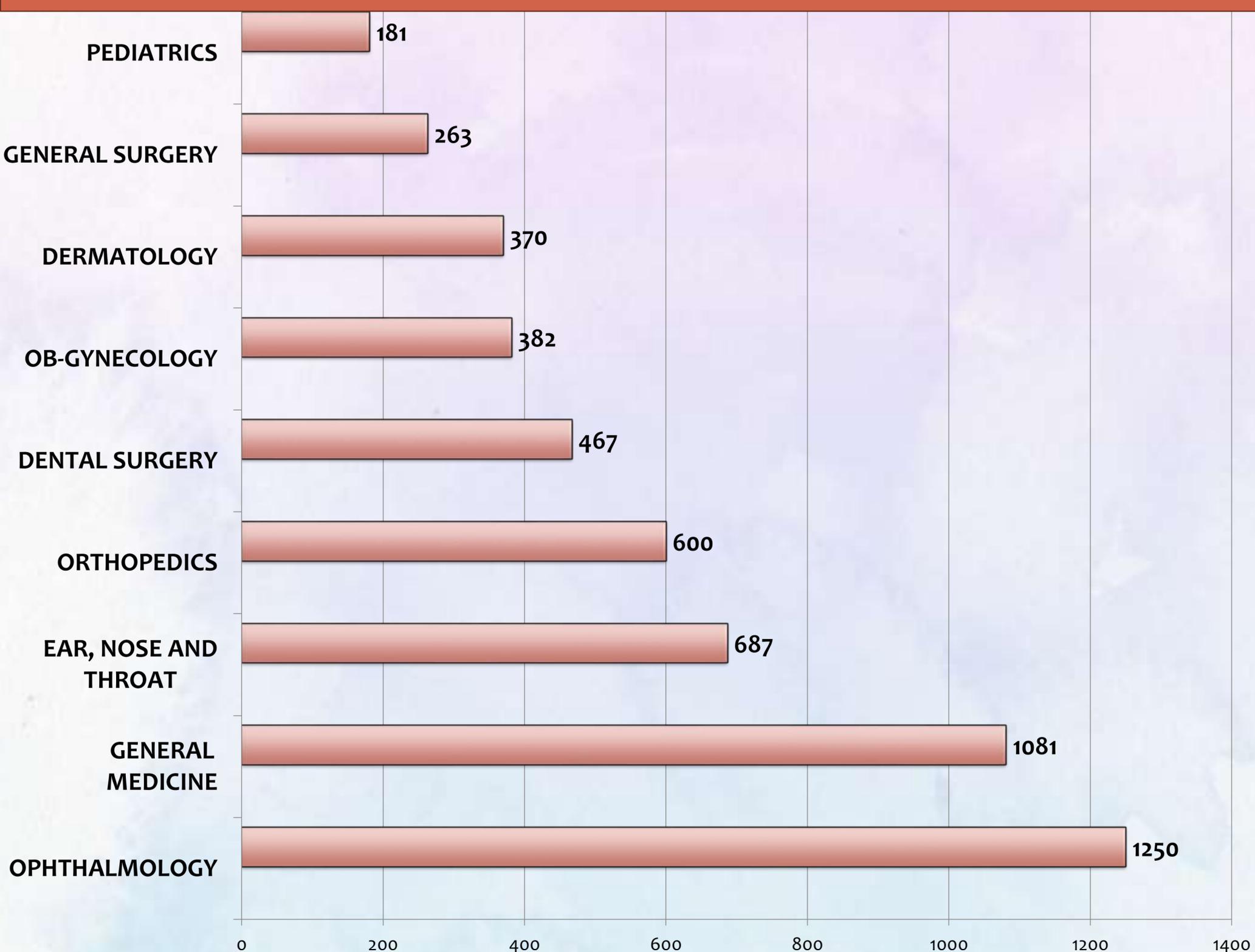
S.N	DEPARTMENT	NUMBER OF PATIENTS	DIAGNOSIS/REASON	REFERRAL CENTER
1.	Orthopedics	1	Fracture of right radius	Higher center
		1	Implant removal	Bayalpata hospital
		1	Chondrosarcoma	Higher center
2.	Dermatology	2	Glandular TB	Higher center
		1	Skin TB	Higher center
		1	Leprosy	Higher center
		1	Basal cell carcinoma	Higher center
3.	Pediatrics	1	Severe pulmonary stenosis with RV dysfunction with ASD shunting right to left	Shahid Gangalal cardiac center
		1	Delayed development	Neuro hospital
		1	Polyarticular Juvenile rheumatoid arthritis with uveitis /SLE	KCH
		1	Disseminated tuberculosis with fungating mass on the cervical region along with Hepatitis B	Higher center
		1	Hydrocephalus	Kanti hospital
		1	Dysmorphism	MRI brain Higher center
4.	Ob-gynecology	5	Utero-vaginal prolapse	Thapathali maternity hospital

- Referrals from the 35th Outreach Comprehensive Health Service have been thoroughly documented and submitted to Budhinanada Rural Municipality.
- A total of 19 patients were referred to various medical centers for specialized consultations, diagnostic investigations, and further treatment.
- Reports and referrals were handed over to the municipality's health in-charge for coordination and follow-up.
- The health coordinator will facilitate smooth communication between patients and the respective healthcare centers.
- This structured referral system is designed to ensure timely follow-up and prevent delays in care for the referred patients.

# SUMMARY

- The Outreach Comprehensive Health Service (OCHS) in Kolti, Bajura represented a significant step toward improving healthcare access and addressing critical health needs within the community. Through coordinated collaboration among healthcare professionals, GETA Eye Hospital, and local authorities, the camp delivered essential medical services, health education, and screening activities to a large segment of the population.
- Beyond meeting immediate healthcare needs, the camp contributed to increased awareness of preventive health practices and promoted proactive health-seeking behavior. It also enabled early detection and initial management of medical conditions, thereby reducing the risk of future complications.
- Operational costs were reduced through effective collaboration with local authorities.
- Patient referrals were systematically documented and coordinated by the health coordinator to ensure appropriate follow-up for further investigations and treatment

**NUMBER OF PATIENTS FROM EACH DEPARTMENT**



**Total patients: 4229**

# APPRECIATION

Ek Ek Paila Foundation extends its heartfelt gratitude to our generous donors, without whose support the successful completion of our 35th Outreach Comprehensive Health Service would not have been possible. We are sincerely thankful to following organization for their unwavering support and commitment to improving healthcare access in remote communities of Nepal.

1. Budhinanda Rural Municipality
2. GETA eye hospital
3. Music for Medicine (M4M)
4. Buddha Air Pvt. Ltd
5. Himalayan Bank
6. Nepal life Insurance Co. ltd
7. Individual donors

# **35<sup>th</sup> PAILA TEAM MEMBERS**

- 1.Dr. Suman S. Thapa- OPHTHALMOLOGY
- 2.Dr. Sudhamshu KC -GENERAL MEDICINE/HEPATOLOGY
- 3.Dr. Ashok Sharma- GENERAL MEDICINE
- 4.Dr. Shreeti Vaidya- GENERAL MEDICINE
- 5.Dr. Sabeena Bhattarai-DERMATOLOGY
- 6.Dr. Susan Bhattarai- PEDIATRICS
- 7.Dr. Amit Shrestha- RADIOLOGY
- 8.Dr. Punjan Bikram Thapa- RADIOLOGY
- 9.Dr. Bikram Basukala- GENERAL SURGERY
- 10.Dr. Sapana Amatya Vaidya- GYNECOLOGY
- 11.Dr. Richa Giri- GYNECOLOGY
- 12.Dr. Binita Adhikari- DENTAL
- 13.Dr. Alok Sagtani- DENTAL
- 14.Dr. Aquila Shrestha- DENTAL
- 15.Dr. Dipesh Shakya- ENT
- 16.Dr. Prashant Tripathi- ENT
- 17.Dr. Bishwo Niraula- ORTHOPEDIC
- 18.Dr. Sarah Marti- NEUROLOGY
- 19.Dr. Bikram Bashukala- GENERAL SURGERY
- 20.Dr. Sujan Vaidya- LOGISTICS
- 21.Janaki Magar- ENDOSCOPY ASSISTANT
- 22.Shanti Karki- OPHTHALMIC ASSISTANT
- 23.Mahadip Shrestha- PHARMACY
- 24.Ek Dev Neupane- PHARMACY
- 25.Sudha Bista- GYNE NURSE
- 26.Sabina Khadka- ENT NURSE
- 27.Swastika Sintakala- ENT NURSE
- 28.Samjhana Khakurel -PATHOLOGY
- 29.Dolkar Ghale- PATHOLOGY
- 30.Ashok Pandey-LOGISTICS
- 31.Ashish Bhattarai-LOGISTICS
- 32.Binod Man Shrestha - IT
- 33.Sagun Shrestha- DOCUMENTATION
- 34.Prabhakar S. Thapa- LOGISTICS
- 35.Srijana Pandey- LOGISTICS
- 36.Anita Bhandary Adhikari- VOLUNTEER

## GETA EYE HOSPITAL TEAM

1. Bhagiram Chaudhary
2. Suraj Baldar
3. Ramesh Chaudhary
4. Dhir Bahadur Khati
5. Bibek Bista
6. Damanti Chunaaraa
7. Jageswori Baija
8. Tej Rokaya
9. Samir Khan

## LOCAL VOLUNTEERS

1. Mahesh Karki
2. Kaushal BK
3. Laxman Karki
4. Indra Sunar
5. Khakiina Rokaya
6. Prem Nepali
7. Moti Sunar
8. Aanga BK
9. Padam Lohar
10. Kesar BohoraKapin BK
11. Manju Bhat
12. Sita karki
13. Deuma Dhami
14. Chanda Dani
15. Krishna Bhakta Joshi



कोल्दी आ...  
बु.न.पा.-१, काठमाडौं  
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एक एक पाइला  
#ekkekpala  
शुभ स्वस्थ शिरीर

NO SMOKING