ANNUAL REPORT FY 2019/20

KUNDE HOSPITAL AND OUTREACH CLINICS

SUBMITTED BY

Dr. Kami Temba Sherpa,
Kunde Hospital
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1. Introduction

Background

Kunde hospital, built in 1966 at the request of Khumbu community by Sir Edmund Hillary, has expanded its services to three outreach clinics, public health services and health education projects. The hospital has provided high quality health care services to the local community and visitors visiting the region for over five decades.

Catchment:

The hospital serves the communities of Khumbu and Upper Pharak region, the remote northern part of Khumbu Pasanglhamu Rural Municipality (KPRM) and is located in ward 4 of KPRM. The area is in a very remote mountainous region that extends from an altitude of 2800 meters to 4300 meters from sea level. The region is not yet touched by road and the only way to get in this region is either drive to Phaplu and walk five days or fly to Lukla airport (STOL) and walk two days. Historically, the largest population group in the area has been the Sherpas. More recently people of other ethnic groups have moved into the area. Most of them are government employees, constructions site workers and people working in teashops and lodges. In addition, thousands of trekkers and a large number of seasonal workers (porters and guides) also visit the area during the trekking season.

Reporting Period

This report covers the twelve months period from June 2019 to July 2020. It includes an overview of the hospital and outreach health services provided during this time period, the Covid-19 pandemic effect, a brief description of the major activities conducted, and data related to patients and health services in this fiscal year.

2. Updates on Kunde hospital and Outreach clinics

2.1 Kunde hospital

Physical structure remained in good shape. Besides some minor maintenance on water supply, shower and sewage system no major maintenance were required to be done. The last winter was exceptionally cold and had several episodes of huge snowfall resulting some damages on water supply and sewage system. New coat of waterproof varnish were applied on the wooden floor of hospital office and kitchen.

Medically, the first six months were regular months and the last six months were gone through the covid-19 pandemic. We continue firm on our commitment to provide preventive and curative health services within the Region. We ensure that the health services provided by Kunde hospital and its outreach clinic are always of good quality and affordable for every Nepalese citizens. All patients are given equal

access to the fundamental right of health care and no distinction is made based on origin, caste, or religion.

Our working hours remain unchanged and the hospital opens six days a week from 9 AM to 4 PM and emergency services are available all 24 hours. House calls are done frequently on the request of the families in villages nearby the hospital. The registration fees for Nepalese patients both at Kunde hospital and outreach clinics remain unchanged since the last revision done on May 1st 2018.

2.1.1 Kunde Hospital Staff

Kunde hospital is staffed with six permanent staffs and one part time worker. Our staffs are trained and assigned to carry on multiple essential medical works other than their own field of work for which they are formally trained. This has remarkably supported the overall operation costs of the hospital and prevents the hospital from coming to a standstill if one staff has gone on leave. Everyone has proven their abilities to manage their responsibilities very well without much supervision.

Dr. Kami Temba Sherpa – Chief Medical and Administration Officer
Dr. Mingma Kanchi Sherpa – Medical Officer and Pharmacy Supervisor

Support Staff:
Phura Doma Sherpa - Staff nurse and statistician
Tshering Thendu Sherpa – Laboratory technician, radiographer and bookkeeper
Nima Sherpa – (Auxiliary Nurse Midwife) ANM and clinical assistant
Ming Phuti Sherpa – cook, housekeeper and gardener
Ang Tsumji Sherpa (part time worker) – cleaner

Figure 1: Kunde hospital staff

2.2 Village Health Clinics

We believe that the health workers in village health clinics are key person to deliver public health and primary medical care to the remote community where it takes several hours to reach the nearest hospital. Doctors continue to visit the outreach clinics to provide regular refreshment training to the health workers to make the village health programs more effective and accessible. Supporting the village health workers through training and basic supplies of medicines and equipment continue to be the major responsibility and a high priority of Kunde hospital.

The health workers are trained as Primary Health Care Providers recognized by the government. They are trained to take patient's history, physical examination, treat simple cases, discuss the complicated cases with physicians at Kunde hospital on phones, make referrals, carry on emergency first aid care, deliver health education program to local students and people etc. The clinics are equipped with basic diagnostic equipment, commonly used antibiotics, analgesic, over the counter medicines, dressing/sutures materials, contraception supplies etc. Kunde hospital continues to supervise three outreach clinics located in the most remote villages of Khumbu region. The outreach clinics are located in Thami, Phortse and Monju.

Thami Clinic:

The clinic covers the whole Thami valley with total population of around 400 local people. The clinic consists two rooms, an examination room and a waiting room. A new staff quarter with a bedroom and a small kitchen attached to the main clinic is built for the health worker last year. Construction of the staff quarter at Thame clinic was supported by a friend from England who regularly visits the region with trekking groups. Saran Dhoj Rai from Bung is currently working at the clinic.

Phortse Clinic:

The local population of Phortse is around 250, but it is on popular trekking route. Thus, the clinic provides medical services to porters and trekkers during the trekking season. Ang Dawa Sherpa, a local lady is the health worker at Phortse. She is married with one child and has no plan to leave Phortse. She also works as a part time bookkeeping work at Khumbu Climbing Center at Phortse.

Monju Clinic:

The clinic is located at Monju within the school compound and covers from Jorsalle to Phakding. Lhapa Gyelzen Sherpa from Kharikhola is the health worker at Monju clinic. Lhakpa is an excellent health worker, not only good for his work but plays an important role in getting supplies such as vaccines, TB drugs, contraception supplies from local government at Chaurikharka for Khunde hospital. There is a new hospital under construction at Phakding. Several new buildings are built, but there is no sign of operation anytime soon. The Monju clinic is less than an hour walking distance from Phakding. The number of patients at Monju clinic might decrease if the new hospital at Phakding starts to provide services.

2.3 Out Patients' Clinic

Covid-19 has affected our patient number this year. There has been 22% decrease in total patients number compared to last fiscal year. This is because the majority of itinerant workers and new immigrants have returned back to their home following the pandemic. It has to be noted that the population of this group consume 35% of our services. On the other hand, local young Sherpas attending schools and university in Kathmandu and India have returned back to Khumbu, but the number is far less than the temporary workers residing in Khumbu.

The main types of clinical problems seen daily at both hospital and village clinics are similar to previous years with predominantly respiratory tract infection, peptic ulcer disease, skin disease, diarrheal diseases and trauma. Non-Communicable Diseases (NCDs) such as Hypertension, Diabetes Mellitus, arthritis etc. are increasing each year contributing further social and economic burden to the community and the hospital. Fast changes in dietary patterns and behavioral factors are the key factors contributing to the NCDs. Public Health Education both in local schools and on an individual based approach at the hospital and outreach clinics are done regularly to address health related problems on time. The detail updates on clinical activities of the hospital and outreach clinics are presented below. The statistics are collected based on the Nepali calendar, as per the requirement of local and Regional government of Nepal and presented in Appendix I.

2.3.1 Antenatal Care:

Nepal has one of the highest maternal and neonatal mortality rates in the world. Therefore, it is an important area that needs to be addressed and all possible measures have been adopted to improve this field. Antenatal care is well accepted in the region and we believe that more than 99% of pregnant women in the region visit our antenatal clinic. No postpartum mortality has been reported for more than a decade now. Ultrasonography is available at the hospital and all pregnant women are routinely scanned as well as screened for HIV, Hepatitis B, VDRL. A thorough routine physical examination is done to all pregnant women to rule out underlying medical and obstetric problems. Individual based counseling are done to educate prenatal and postnatal related care. Timely referral to higher center is made if there is a need of expertise care, such as elective Caesarean section. An average of three pregnant women in a year are referred to Kathmandu for elective C Section.

2.3.2 Obstetric

The quality of antenatal care directly affects the obstetric outcome. All pregnant women are encouraged to have hospital delivery. A total of 10 mothers gave birth at the hospital accounting for more than 90% of institutional delivery in this fiscal year. The number is less than preview year as the immigrants have returned back to their permanent home following the pandemic. Three pregnant women with mal presentation were referred to Kathmandu for Caesarean section this year.

2.3.3 Family Planning

Family Planning services has continued to be one of the most successful preventive and public health program provided by Kunde hospital and the village health clinics. Contraception is well accepted by both the local and immigrant people. The majority of the young people prefer to have one or two children only. Depot Provera and Norplant remain the most popular contraceptive methods used in the region and there has not been any shortage of supplies in the hospital and outreach clinics. Other methods such as vasectomy and (Intra Uterine Devices) IUDs are less popular in this region.

2.3.4 Immunization and Postnatal Care program

Our monthly vaccination program was slightly affected by Covid-19 as the government had directed to all the health institutions not to implement the vaccination program in order to maintain the "physical distancing". But following a widespread criticism from general public and other organizations, the government had changed their policy and we were able resume the vaccination program. Vaccination is well accepted and the coverage has been excellent in the region. Health workers stationed at Outreach clinics continue to play a major role in counseling the mothers and making sure that not a single child in their catchment misses the regular vaccinations. The regular Immunizations given at Khunde hospital are BCG, Polio, DPT (diphtheria, pertussis and tetanus), HIB (haemophilus influenza B), Measles, Pneumococcal vaccine, vaccine against Japanese encephalitis. Rota virus vaccine has just been introduced in Nepal and we are in process to add it to our regular vaccination program in near future. The government provides all vaccines, drugs for Tuberculosis and contraception supplies free of costs to the hospital.

2.3.5 Postnatal Clinic

A separate Postnatal Care Clinic is conducted on every immunization day, as this is the day babies are brought to hospital for their monthly immunization shots. The postnatal care involves thorough physical examination, counseling for proper care of new babies, exclusively breast feeding for 6 months, contraception use, Vitamin A and Iron supplements etc. On the same day, well baby check is done and growth chart is used every time when the babies are weighed. Protein Energy Malnutrition (PEM) has not been found in the region for many years and explicit counseling for dietary advice is given to every individual mother in order to avoid micronutrient deficiencies. Babies in the region are doing excellent and not a single underweight baby has been found in this fiscal year.

2.3.6 Tuberculosis

Tuberculosis still remains a major public health issue in Nepal. As per the Natioanal TB Program (NTP) recent report, over 44000 new infections occurs annually, accounts 5000-7000 life lost and nearly 10000 are still not diagnosed and treated. There has been significant reduction in TB cases in Khumbu and upper Pharak region since the last decade. We had four patients diagnosed with tuberculosis at Kunde hospital this year. Three young local Sherpas with Pleural Effusion

Tuberculosis (very common in third world country) and one older local lady with pulmonary tuberculosis have successfully completed their treatment course and all recovered very well. Sputum test for TB bacteria is the gold standard investigation for Tuberculosis and the sputum test are done regularly in our laboratory for all the suspected cases seen in the hospital and outreach clinics. Kunde hospital is the only government DOTS (direct observation therapy short course) center in this region and we are working closely with District Public Health Office and National TB Control Center. Every effort is made by the hospital for our staffs to attend short training course run by the District Health Office or other authorized organization.

2.3.7 Non-communicable Disease:

Hypertension:

The number of people with essential hypertension is increasing largely due to increased health awareness and people coming more to the hospital and clinics to have their Blood Pressure checked up. Currently around 60 chronic hypertensive patients are under medications. Treatment compliance is relatively good. Most patients are on combination therapies a considerable resource implication for the hospital, as it requires lifelong treatment. A cost recovery system with patients may have to be considered in near future if the hypertensive cases continue to increases.

Diabetes Mellitus:

Similarly, Type Two diabetic Mellitus is increasing in the area. We believe that this is due to the combination of multiple factors such as increasing health awareness leading to more frequent screening as well as changes in life style. However, it is very encouraging that treatment compliance is not an issue in this community compared to other parts of Nepal. We believe this is largely due to adopting considerable time on counseling provided to each individual patient. Type One Diabetes Mellitus is not common in this region and as of today we don't have anyone on insulin therapy.

Arthritis:

The other common and more frequently seen patients are those with osteoarthritis. Osteoarthritis of knees accounts for 90% of the arthritis seen among the older population, especially older Sherpa women. Kunde hospital provides regular supportive care with anti inflammatory drugs, infiltration of steroid injection, physiotherapy and education for life style modification. However, we have few patients whose quality of life is so severely affected that TKR (total knee replacement) are the only last solution. The surgery is done in Kathmandu but unfortunately it is limited only to affluent families because of its long morbidity and the high cost.

Gastritis:

Gastritis is another very common problem seen among Nepalese patients. Large portion of annual drug budget goes on H2 Blocker and proton-pump inhibitor (PPIs). Functional dyspepsia is common and often responds well to anti-depressant medicines. Considering the high prevalence of Gastric cancer among local Sherpa

population, we take the cases seriously especially among the older age group and family history of gastric malignancy.

Given the high prevalence of *Helicobacter Pylori* infection among all age groups of local Sherpas shown in the study conducted in 2010, we have adopted some changes in our treatment regimen for the management of dyspeptic patients. The ideal management to eradicate H pylori is Test and Treat method and there is plan to set up testing facilities at our laboratory in near future. This could be an opportunity to reduce the burden of upper gastro intestinal disease, which appears to be so common in local Sherpa community in Khumbu and Pharak region.

Chronic Obstructive Airways Disease (COPD):
COPD is a globally significant public health problem and there is high prevalence of COPD in Nepal. It is one of the most common causes for hospital admission in Kunde hospital during the winter season. Those who need frequent hospital admission are advised domiciliary Oxygen since we have reliable electrical power supply in Khumbu and we have now around five patients on domicillary oxygen therapy. Prevalence of COPD appears to be higher among women than men possibly due to the longer periods of time spent indoor cooking or doing household chores. Heavy exposure to cigarette smoking, indoor pollution like traditional cooking stoves and combustion of solid biomass fuels such as animal dungs and firewood are most common causes of COPD. Currently, we have five COPD In Sherpa community, cigarette smoking is not an issue as women don't smoke but heavy exposure to indoor pollution from cooking on animal dungs and firewood was a huge problem prior to development of hydro power plant in Thami valley. The major settlements such as Namche, Thami valley, Kunde /Khumjung and surrounding villages are well benefitted from hydroelectricity provided by Khumbu Bijuli (electricity) Company. Now the traditional way of cooking pattern is replaced by electrical cooker and refrigerators are used by most of the household families. These changes have brought remarkable impact in the health of the people in Khumbu.

2.3.8 Acute Mountain Sickness:
In the past, acute mountain sickness was predominantly seen among the foreign trekkers. However, this has gradually declined over the years due to better information, education and readily available rescue helicopters. It is now a major medical problem seen among the lowland Nepali porters and guides and lowlanders working at construction sites. We had seen around 10 patients with acute mountain sickness in the last fiscal year and more than 85 % of them were lowlander Nepali Patients. Few cases of, most probably Chronic Mountain Sickness (monge's disease) have been noticed among the lowlander Nepalese people who have migrated to the region. They are present with marked hypoxaemia (very low level of Oxygen in blood), increased red blood cells in the blood and gradually development of Heart failure. Descending to lower altitudes is the only treatment option. Unfortunately, this will continue to be a major problem and challenges in future.

Figure 2: Patient being treated at Kunde hospital

3. COVID – 19 pandemic: Impact and response

3.1 Covid-19 pandemic: Nepal Scenario

As Covid-19 pandemic has changed many aspects of people's life across the world, Nepal is no different. Being the land locked country between China, where the disease was first identified, and India where the cases of COVID -19 are growing most rapidly, Nepal was no doubt in high risk zone of contracting the virus. The first COVID-19 case was reported on January 13 in a Nepalese student of Wuhan University, China who returned home. The public laboratory in Nepal didn't have reagents at that time, so samples were sent to Hongkong for testing. This was the first ever-reported case not only in Nepal, but also in the whole South Asia Region. No case was reported until at the end of March when a young Nepalese girl returned home from Europe who tested positive. Soon after the second case is tested positive, and the Government then imposed a nationwide lockdown, which is still in place.

Without adequate preparedness and planning, the sudden decision to impose the countrywide lockdown and international flights ban has massively affected tourism and other economic sectors. In addition, as Nepal heavily relies on China and India for protective gear such as masks, PPE, sanitizers, gloves and general medical and surgical supplies, export ban from these countries has created a huge scarcity in supplies causing mental stress and anxiety among the frontline healthcare workers and publics.

The negative economic impact of the lockdowns has huge effects on socio-economically disadvantaged communities. It has been reported that suicide cases during lockdown has jumped by 25% as compared to record maintained before the lockdown. That is, an average of 20 people in a day have committed suicide since the enforcement of the lockdown. Institutional delivery is reported to have dropped down by 50% so as the vaccinations program, which has been halted in many parts of the country.

Initially, the lack of testing has been a problem in Nepal as there was only one laboratory equipped to test the virus. Huge investment and expertise were involved to adopt WHO recommended RT-PCR testing protocol that required RNA extraction kit, costly RT-PCR machine and trained technicians. Currently, there are around 24 testing laboratory equipped for Corona virus stationed in different parts of Nepal. Following a widespread criticism, the government has recently escalated number of virus testing (eight to ten thousand a day) and number of positive cases has been sharply increasing since the last few weeks. At this reporting period, Nepal recorded 37,340 COVID-19 cases and 207 deaths. Of those tested positive, 98% were asymptomatic with mortality rate of 0.2 %. Government figure shows that majority of the positive cases are among the returnees from India and gulf countries but it is merely a matter of time before community level of spread becomes norm.

Since the testing facilities are limited only in urban areas, all the reported news of Covid-19 in Nepal is exclusively of the urban areas where the virus-testing laboratory are located. Many remote districts including Solukhumbu where there is no testing facility are under reported or untouched by the medias.

3.2 COVID-19 pandemic: Impact and awareness programs in Khumbu Region

The sudden impose of nation wide lockdown had spread alertness wave all over Nepal. We have received many public health advisories and guidelines on prevention and control of Covid-19. But most of them are not practical to apply in low capacity settings and weak health care system like ours where "social distancing" is culturally impossible to maintain, access to running water supply is rarely available to every household in Khumbu, hand sanitizers and surgical masks are impossible to find in the local market. Even in March through April, the water is so cold that it required frequently heat up even at our hand washing station at the hospital. Virtual Zoom meeting was organized by Himalayan Trust Nepal and discussion about the current crisis and challenges were held.

Priorities have been set based on our resources, local people's behavior and understanding. Our first and utmost priority was the safety of our health care staffs at hospital and at our outreach clinics, as we didn't have any Personal Protection Equipment (PPE) at Khunde hospital. Considerable anxieties have arisen among the staffs until we received the PPEs and other accessories supplies donated by the American Himalayan Foundation, USA.

Our second priority was to find the best way to deliver public health messages and educate every individual in the region about the precaution measures to control the virus. We decided to choose the influencers groups in the community like youth groups, women/mothers group, Gomba management committee, local students/teachers and held small group interaction meetings and provided awareness programs in local language.

Figure 3 & 4: Kunde hospital doctors conducting community awareness programs in various villages about COVID-19 precautionary measures

Third priority was to continue coordinate with local government and security forces (local police and army) in order to enforce the precaution measures in practice.

With no virus-testing laboratory in the region, it is hard to say the status of the Corona virus infection in Khumbu. People are wondering about the vaccines but some degree of herd immunity may developed before the availability of effective vaccines. There was influenza like illness outbreak in Khumbu at the end of the last month and some of our staffs also developed the symptoms. There has not been any death in Khumbu in whole spring until in the first week of August when we had four deaths in Khumbu. A local man of early thirties in Thami valley died of symptoms suggestive of brain hemorrhage, a lady of early sixties in Khunde on palliative care with lung carcinoma, an elderly lady with multiple chronic medical problem in Khumjung with acute renal failure and a middle aged lady in Pangboche with no known medical illness all passed away within a week span.

The nation wide lockdown hasn't been abided by the people in Khumbu and remote villages in Nepal partly because the lack of government presence in the area to enforce it. With no restriction in people's movement within Khumbu, daily life of people in Khumbu have not been affected much. People were able to perform the farming work and the celebration of numerous summer festivals such as *Manirimdu, Dumji, Ngungne, Fangni* in usual ways without maintaining social and physical distancing.

Sudden announcement of cancellation of all the Spring mountaineering expeditions, travel restriction in and out from different international destinations, suspension of domestic and international flights at the start of trekking season hugely affected the local people of Khumbu heavily depended on mountaineering and tourism for their livelihoods. People may not suffer much this year with food shortage as the food and commodity was stored from last season and will last for few months. Most of the itinerant workers returned back to their home. Absence of tourism and development activities in the region reminds of the time back in early 1970s.

4. Health Status

4.1 Overview of Health Status in Nepal

Nepal, with its population of nearly 28 million and Annual GDB growth rate of 4.40 is amongst the poorest nations of the world. Although most health indicators have in fact improved significantly in recent years, Nepal still has a long away to go to even reach the South Asian average. The positive health indicators are that the life expectancy has risen in recent years estimated to be M/F 69/71 in 2016, considerable reduction in fertility rates (birth per woman) from 3.1 to 2.39 (2012) and it is said to be largely attributable to foreign employments. Maternal and child health remain important issues but recent statistic shows some improvement in both maternal and childhood mortality.

4.2 Health Indicators in Khumbu/Pharak:

Although we don't have comparable data to compare them directly as the demography survey done in 2003 was the last survey done in this region. However, we experience that Health status of Khumbu/Pharak population are in many aspects far better than most part of Nepal. The positive health indicators are no maternal mortality for nearly two decades, high immunization coverage - more than 99% of children in our catchment area are immunized, well nourished children, high turned out in antenatal clinic, high rate of institutional delivery, high rates of contraception use and marked reduction in infectious diseases like Tuberculosis, gastroenteritis etc. This is the direct result of continued quality health service provided by Kunde hospital and outreach clinics for a period of over five decades.

Contraception programs conducted by Kunde Hospital and Outreach clinics have been one of the most successful Public Health Program of Kunde hospital. As a result, most of the young couples have one or two children only. The positive impact is that mothers are healthy, untimely mortality are remarkably reduced, the overall socioeconomic condition have improved and families are able to afford to send their children to better schools.

4.3 Demographic changes in Khumbu:

The local Sherpa population residing in Khumbu is gradually declining each year. For example, Kunde village where the hospital is located alone have 6 out of 50 families move permanently to USA, more than 20 families have moved to

Kathmandu and only occasionally visit Khumbu. Numbers of children studying in Kathmandu or abroad are increasing, and chances of them returning home is pretty low. There has been a growing trend in local Sherpas moving down to Kathmandu and India during winter season partly to escape from cold and also to attend Buddhist teaching. This has explained that the patient number during these two months in winter has been declining since the last few years.

The fast growth of tourism in the region contributes to some population shift from down valley to higher altitude trekking areas. The exact number of these populations in our catchment area is hard to ascertain as they fluctuate season by season and change their location and lifestyle so quickly. These groups of population increasingly use the hospital resources.

5. Imrovement in Clinical Care activities:

5.1 Telemedicine:

Telemedicine linked to University of Virginia has helped us improve patient care. We have done several Telemedicine consults for complicated medical cases and found the link very useful. I believe this network will continue to facilitate us for the access of quality medical practices for the long run.

5.2 Continue Medical Education (CME):

Kunde hospital is included in the **Continuing Medical Education on Stick** program organized by a group of retired volunteer doctors from US. The goal of the program is to make medical information more easily available for rural doctors like us. The content is loaded in Thumb Drives and a small device connected to our desktop computer. We have found it very informative and certainly very useful to improve our patient care and we encourage all our medical staffs to use it as frequently as possible.

5.3 UpToDate:

It is a software system contained with evidence-based clinical resource that is written by over 5700 physician authors, editors and peer reviewers. It is available both via the Internet and offline on personal computers or mobile devices. It requires a subscription for full access which cost US 519$ in a year. Annual subscription of free access to physicians working in third world countries is also available. The software access is used daily and is found to be very helpful both for patient care and ourselves practicing medicines in remote area like Kunde.

6. Concluding Remarks

The SEHF Canada has funded the entire operation cost of Kunde hospital and the outreach clinic from the year 1976 to the end of year 2017 and 80 % of the total cost from the beginning of 2018 to the end of year 2020. The tireless, longstanding and dedicated generous financial supports from Sir Edmund Hillary Foundation not only saved thousands of lives, it has enable us to establish sound Health Care Institution for the future in this remote part of region. I personally and on behalf Kunde

hospital and the Sherpa communities in this region gratefully acknowledge and express our sincere gratitude to The Sir Edmund Hillary Foundation SEHF, Canada. The tireless hard work of Mr. Zeke O'Connor, the Founder and Executive Director, Ms. Karen O'Connor - the President of SEHF, all the Board members and hard-working staffs at the Toronto office are truly appreciated by all of us.

We like to express our sincere gratitude to The American Himalayan Foundation AHF, USA for all the generous financial support. The AHF, USA has generously covered the remaining 20 % of our total costs from the beginning of year 2018 and agreed to scale up it to 50% of the total costs from the beginning of year 2021.

We would also like to express our sincere gratitude to Himalayan Trust New Zealand for the generous commitment to cover 40% of the total cost from the beginning of 2021.

Our international donor organizations are our backbone, your generous financial supports help us to continue in our mission and make it possible for Kunde hospital and its outreach clinics to exist and make the local Sherpa Community a better place to live in this remote region.

I would also like to acknowledge the valuable supports from Dr. Mingma Norbu Sherpa, CEO and his team at the Himalayan Trust Nepal office, Mr Pasang Dawa Sherpa, Chairman and all the executive members of Himalayan Trust Nepal. I believe that strong teamwork is the backbone of every success we achieved in the last 50 years. My special gratitude to my colleagues Dr. Mingma Kanchi, Fura Doma, Tshering Thendu and Nima for all their good work and cooperation.

This will be my last annual report, as I am stepping down from the Hospital Administrative post from the end of 2020 and will be working as part time to support clinical work at Kunde hospital from the beginning of 2021. However, Kunde hospital has been very special for my life and any support that I can provide will always be continued.
Stay safe and hope the pandemic ends soon.

Thank you
Kami Temba Sherpa
Chief Medical and Administrative Officer, Kunde hospital

APPENDIX 1: Statistics

Table 1: Kunde Hospital and Outreach Clinics Attendances by Age and Sex
Shrawan 1, 2076 to Asar 30, 2077 (July 15, 2019 to July 15, 2020)

SN	Month	Kunde Hospital				Total	Outreach Clinics				Total
		Adult		Child			Adult		Child		
		M	F	M	F		M	F	M	F	
01	Jul/Aug	156	204	29	31	**420**	38	51	7	13	**109**
02	Aug/Sep	162	244	26	15	**447**	61	64	15	16	**156**
03	Sep/Oct	145	220	23	18	**406**	46	76	18	18	**158**
04	Oct/Nov	135	219	32	23	**409**	71	94	21	9	**195**
05	Nov/Dec	143	192	38	40	**413**	34	59	8	9	**110**
06	Dec/Jan	68	119	15	22	**224**	24	32	9	1	**66**
07	Jan/Feb	46	115	15	11	**187**	11	16	10	6	**43**
08	Feb/Mar	106	203	29	23	**361**	26	19	2	1	**48**
09	Mar/Apr	113	223	26	27	**389**	48	70	13	10	**141**
10	Apr/May	91	190	14	20	**315**	44	65	5	12	**126**
11	May/Jun	112	200	22	14	**348**	50	82	2	1	**135**
12	Jun/Jul	119	226	13	18	**376**	82	75	13	10	**180**
	Total	**1396**	**2355**	**282**	**262**	**4295**	**535**	**703**	**123**	**106**	**1,467**

Note: The months follow the Nepali months; approximately July 16 to July 15.

Table 2: Maternal/Child health services provided by Kunde Hospital

Shrawan 1, 2076 to Asar 30, 2077 (July 15, 2019 to July 15, 2020)

SN	Month	Obstetric (delivery)						Prenatal Care	Postnatal Care	Referral
		SVD	Vaccum	Breech	Retained placenta	PPh	Still birth			
01	Jul/Aug	-	-	-	-	-	-	7	-	-
02	Aug/Sep	3	-	-	-	-	-	8	3	-
03	Sep/Oct	-	1	-	-	-	-	9	1	-
04	Oct/Nov	-	-	-	-	-	-	5	-	-
05	Nov/Dec	-	-	-	-	-	-	8	-	-
06	Dec/Jan	-	-	-	-	-	-	4	-	-
07	Jan/Feb	1	-	-	-	-	-	6	1	-
08	Feb/Mar	-	-	-	-	-	-	18	-	-
09	Mar/Apr	-	-	-	-	-	-	16	-	2
10	Apr/May	2	-	-	-	-	-	13	2	-
11	May/Jun	1	-	-	-	-	-	20	1	-
12	Jun/Jul	2	-	-	-	-	-	19	2	1
	Total	**9**	**1**	**0**	**0**	**0**	**0**	**133**	**10**	**3**

Note: The months follow the Nepali months; approximately July 16 to July 15.

Table 3: Contraception method and Immunization given at Kunde Hospital

Shrawan 1, 2076 to Asar 30, 2077 (July 15, 2019 to July 15, 2020)

SN	Month	Contraceptive Services					Immunization Program							
		DMPA	Norplant	OCP	IUCD	Others	BCG	Dpt,hepB, hiB	Polio	PCV	J.E	Measles/ Rubella	DT	VitA
01	Jul/Aug	26	-	1	-	-	1	10	10	6	5	4	5	-
02	Aug/Sep	42	3	1	-	-	2	6	6	5	3	6	3	3
03	Sep/Oct	29	2	-	-	-	-	8	8	7	1	7	5	1
04	Oct/Nov	30	-	3	-	-	-	6	6	4	1	7	5	-
05	Nov/Dec	38	1	-	-	-	-	4	4	-	1	-	5	-
06	Dec/Jan	25	1	1	-	-	1	3	3	3	2	6	8	-
07	Jan/Feb	23	1	-	-	-	1	7	7	10	-	6	12	-
08	Feb/Mar	47	-	1	-	-	-	2	2	3	-	1	10	-
09	Mar/Apr	24	3	2	-	1	-	-	-	-	-	-	12	2
10	Apr/May	25	1	2	-	-	2	5	5	9	11	7	9	1
11	May/June	49	2	2	-	1	2	5	5	6	4	5	10	2
12	June/July	26	6	-	-	1	2	3	3	4	5	5	10	1
	Total	**384**	**20**	**13**	**-**	**3**	**11**	**59**	**59**	**57**	**33**	**54**	**94**	**10**

Note: The months follow the Nepali months; approximately July 16 to July 15.

Table 4: Kunde Hospital Clinic attendances, by main category

Shrawan 1, 2076 to Asar 30, 2077 (July 15, 2019 to July 15, 2020)

SN	Disease Categories	M	F	Total
01	Communicable/immunisable diseases	15	15	**30**
02	Communicable water and food borne diseases	53	47	**100**
03	Communicable STD	2	1	**3**
04	Other infection (Respiratory/urinary/reproductive)	209	276	**485**
05	Nutritional and Metabolic disorder	59	55	**114**
06	Skin and soft tissue infection	108	135	**243**
07	ENT related infection/disorder	73	74	**147**
08	Oral and dental health related disorder	19	23	**42**
09	Eye problem	42	42	**84**
10	OB/Gynae related complication	-	39	**39**
11	Mental Health related problems	53	117	**170**
12	Cardiovascular related problems	143	308	**451**
13	Falls/injuries/fractures	185	77	**262**
14	Surgical problem	19	14	**33**
15	Gastritis/peptic ulcer disease	146	279	**425**
16	Arthritis	109	142	**251**
17	Disease not mentioned above	322	300	**622**
	Total	**1557**	**1944**	**3501**

Table 5: Kunde Hospital - Inpatients and other activities

Shrawan 1, 2076 to Asar 30, 2077 (July 15, 2019 to July 15, 2020)

SN	Months	Admission			Emergency	Minor surgery	Diagnostic test			
		Total	Recovery	Referred			Xray	USG	ECG	Lab test
1	Jul/Aug	-	-	-	8	7	5	9	1	37
2	Aug/Sep	11	9	2	13	9	11	12	-	54
3	Sep/Oct	2	2	-	14	3	13	15	3	46
4	Oct/Nov	4	4	-	16	6	5	8	2	30
5	Nov/Dec	1	-	1	10	5	12	7	3	39
6	Dec/Jan	1	-	1	5	3	6	11	-	18
7	Jan/Feb	3	3	-	4	3	8	9	1	8
8	Feb/Mar	3	2	1	8	1	4	8	1	69
9	Mar/Apr	-	-	2	7	3	5	9	1	49
10	Apr/May	2	2	-	7	2	11	15	-	62
11	May/Jun	5	4	1	7	8	11	17	-	74
12	Jun/Jul	5	4	1	4	8	5	20	4	67
	Total	**37**	**30**	**9**	**103**	**58**	**96**	**140**	**16**	**553**

Note: The months follow the Nepali months; approximately July 16 to July 15.