



Himalayan Project

A Danish NGO dealing with Development Aid in Nepal
Kjeldbjergvej 34
7800 Skive
97 54 53 08
klomborg@post11.tele.dk
www.nepalhelp.dk

Conclusion Report Chhirringkharka Community Clinic

at

Chhirringkharka, Bakanje VDC, ward 1 & 2
Upper Solu, Nepal
4. November 2010

In international cooperation between:

PONA Foundation

Himalayan Project Danmark

Chhirring Kharka Community Clinic Construction Committee

written by Kurt Lomborg

Chairman of Himalayan Project Denmark

On 18. October 2010 I arrived at Chhirringkharka with my wife Anne-Marie. At that time Ulla, Nanna and Jytte Jensen had already been there for one day and performed a health lecture for the women of the village. Ulla and I examined all rooms of the clinic and were very pleased with the results. All rooms had been well completed with wooden ceilings and appeared very attractive, complete and with a wonderful smell of fresh



wood. Ulla, Nanna and Jytte already had occupied the hospital room and sickbeds for accommodation and could state that the beds are strongly build. Nanna actually were suffering from cold, so she is actually the first patient hospitalized at CCC. My wife and I were accommodated in the delivery room with running hot water, probably the only room in the whole area with such a facility. We also inspected the shower room by taking a hot shower. Even the weather that day was overcast the water was comfortably lukewarm for several showers. Also toilet was tested several times and the flushing found efficient even without a toilet brush. The kitchen was almost completed with hot water, although the constructor Kami Chhiri was quite unsatisfied with the kitchen shelves which other people had set up in a rush in a too simple way. He will very soon remake all shelves. They had decided not to make the traditional clay stove for firewood, but instead to install electric cooker, as the Bakanje Hydropower Electricity now is in good shape and can deliver sufficient power day and night. The store room was established with shelves on all walls, which Ulla and Jytte already had filled with various equipments from Denmark. In the veranda two solid benches were ready for patients sitting in the shadow on a sunny day or for nervous husbands listening to the labor of their delivering wives.



During the afternoon most of the villagers came to participate in the inauguration ceremony. The traditional strong liquor was luckily exchanged with normal beer which was offered to us in the traditional sherpa style welcoming ceremony. Then many long speeches followed. Most of them just expressing gratitude for this great contribution to their society, so here shall only important parts to be mentioned. First speaker was the Thami peasant whose life was saved recently by the newly educated first aid helpers, as he had eaten some poisonous mushrooms. He already was partly paralyzed when the first aiders forced him to swallow emetic kaliumpermanganat, actually too much with dramatic effect, and slowly he gained control again. He emphasized how great it is, that PONA have established this effective clinic for the betterment of the poor people in this remote community. Several villagers expressed how they had been working hard to produce the highest possible quality of the building; while others expressed that others had been working less hard than themselves. The chairman of the clinic committee told that he already had made agreement with the authorities telling that if we could run

the clinic for 1-2 years with full staff, then we could expect approval from the central administration to take over the running of the clinic. He therefore recommended PONA or HP to employ a doctor and a nurse for the next couple of years. Ulla in her speech expressed how proud and happy she is to see the result of PONA's contribution, but also that PONA only have been helping to bring up the facility, and as soon as the clinic is fully equipped PONA will consider this project as complete from their side. In my speech I actually just repeated what Ulla said emphasizing that also HP will complete our engagement when all is ready for the daily running of the clinic, which will soon happen. But I also promised that HP will visit Chhiringkharka every year to give them advise and good ideas on how to run the economy on its own independent way.

Interrupting all the speeches the villagers performed traditional dances. Especially the 6 young women singing and dancing the shebru (sherpa dance) was impressive, but also the thami's dancing their old simple dance was very nice. Evening came and the farmers had to go home for their delayed work with their animals. A wonderful day had come to an end while we had our dinner before which an overexcited cock had committed suicide.

Next day we went through the whole account of the project until now, which is represented later in this report. The account was very clear and I approved without comments. There was a nice budget surplus which had come up because several villagers had worked voluntarily without salary. We went through the clinic meticulously to describe which details still were remaining to be completed. Kami Chhiri agreed to complete this work within the next couple of months. I gave them advice on various income creating issues which they could implement for income for the clinic. Taking fee for consultation. Buying medicine to sell with a certain percentage of profit. Taking an annual fee from villagers. Opening a microcredit program where half of the interest rate is given for the clinic. Offering local tourist trek with the tents provided. Applying municipality and health authorities. In cooperation with other health facilities in Bakanje to achieve governmental approval as a delivery centre. And finally we discussed the future staff of the clinic which is educated or on the way to be educated by PONA; and how the clinic on their own should employ them and give them a salary.



In Kathmandu we had already meet the three Auxiliary Midwife Nurses which were in their one month practical training at Patan Hospital, returning back to the ANM-School in Phaplu by mid November, and completing their education in May 2011. One of them is living in Chhiringkharka and wishes to stay there to do her job. The two others are from Sagar-Bakanje and Kenja and will return to their respective village's health facility to work there. And all three will in all possible ways cooperate each other to promote that all three clinics shall work together as one unity.

The eight First Aid Workers which were educated during March-April 2010 is already working actively. Especially four of them very proudly approached us to inform that they had already saved the life of the mushroom eater, bandaging 10-12 injuries and given headache medicine for countless. One of them is at same time the volunteer midwife, who have received two small courses on the subject, but otherwise have learnt by doing.

One woman has now moved to Chhiringkharka after being married to a local farmer. She is educated CMD (Child-Mother Assistant); a fifteen month education to be compared with Health Worker, but specialized around pregnancy, birth and early child problems. She also wishes to give her contribution to the clinic.

And not to forget the local dhama (witchdoctor) in his red rubber boots. He can come in contact with the nature gods which tells him which plants can cure the actual suffering. He has approved our courtyard which he finds very useful for his ecstatic dance.

Ulla and I agreed that the *Construction Phase* was completed almost in full, with the minor amendments as described below. And also that the *Educational Phase* will be completed in May, when our ANMs have completed their education. We therefore agreed that we should as soon as possible initiate the last phase, the *Equipment Phase*, and also that we should do it immediately with disbursement from HP, so it can be delivered before I visit Chhiringkharka on my second Upper Solu project supervision in November 2010.

So as a conclusion on this report I will express my highest satisfaction with the work of the Chhiringkharka Community. And therefore I will recommend that PONA-Foundation can transfer the final donation under the Project Description for Himalayan Project.

Chhiringkharka Community Clinic CONSTRUCTION ACCOUNT (Phase 1):

SN	Date	Subject	Unit Price	Quantity	EXPENSES						INCOME		
					Labor	Stone	Wood	Cement	Materials	Others			
1	2066/1/17	Rope and level pipe									245		
2	2065/12/18	electronic materials								3.990			
3	2066/6/2	White cement	1.250	2 sacs				2.500					
4	2066/12/6	tools								3.995			
5	2066/12/6	transfortation									11.000		
6	2066/12/6	cement	760	75 sacs				57.000					
6	2066/12/6	other materials									13.300		
7	2066/12/6	iron rod	18	125 kg						10.000			
7	2066/12/6	other materials									27.030		
8	2066/12/6	tin roof	8.180	5 bundle						40.900			
8	2066/12/6	tin roof	8.180	3 bundle						24.540			
8	2066/12/6	tin roof	1.957	5 pcs						4.875			
8	2066/12/6	skylight	1.280	18 pcs						23.040			
8	2066/12/6	gutter	550	8 pcs						11.550			
8	2066/12/6	pipe 20 mm	3.490	400 m						13.960			
8	2066/12/6	tank	5.000	1 pcs						5.000			
8	2066/12/6	tap	2.000	4 pcs						8.000			
8	2066/12/6	others									11.425		
9	2066/3/15	cement	1.050	12 sack				12.600					
9	2066/3/15	grill	636	11 pcs						7.000			
10	2066/3/15	glass								3.000			
10	2066/3/15	Kami Chhiring for KTM									3.000		
10	2066/3/15	Kami Chhiring lodge food									8.000		
11	2066/1/29	ration rice									34.000		
12	2066/4/5	ration									54.700		
13	2066/4/5	stonecutting	210	290 MD	60.900								
13	2066/4/5	stone transportation	180	619 MD	111.420								
13	2066/4/5	stone transportation	180	73 MD	13.140								
14	2066/4/5	bricklayer salary		536 MD	125.610								
15	2066/4/5	wood for windows and doors	12	865 hat				10.386					
15	2066/4/5	dara batta	12	1575 hat				18.906					
15	2066/4/5	ceiling wood	12	2707 hat				32.484					
16	2066/1/27	carpenter salary	200	54 MD	10.800								
16	2066/3/32	skilled carpenter salary	300	14 MD	4.200								
16	2066/3/32	carpenter salary	250	28 MD	7.000								
16	2066/4/20	carpenter salary	300	19 MD	5.700								
16	2066/4/20	carpenter salary	250	32 MD	8.000								
17	2066/2/25	wood transportation						9.764					
18	2066/2/25	cement transportation	15	600 kg				9.000					
19	2066/2/21	tin and others transportation	50	543 kg						27.200			
19	2066/2/21	tin and others transportation	30	706 kg						21.180			
20	2066/2/21	sand	70	627 tin			43.890						
21	2066/2/21	gravel	40	750 tin			30.000						
22	2066/3/15	ration									96.620		
23	2066/12/10	solar heater panel								60.000			
24	2066/12/10	ladder								8.000			
25	2066/10/29	transportation								6.000			
25	2066/10/29	transportation Gumdel Chh	600	6 MD						3.600			
26	2066/5/16	furniture etc			48.000								
27	2066/5/25	plastic chair purchase	800	10 pcs						8.000			
27	2066/5/25	varnish	230	16 liter						3.600			
27	2066/5/25	power saving bulb	300	5 pcs						1.500			
28	2066/5/28	wood	12	600 hat				7.200					
29	2066/5/30	pipe purchase								15.000			
30	2066/06/12	solar fitting charge etc	350	54 MD	19.900								
31	2066/06/12	carpenter salary	350	36 MD	12.600								
31	2066/06/12	fooding and lodging									5.000		
32	2066/10/10	registration and certiccate									3.879		
32	2066/10/10	fooding and lodging									12.042		
	2009/04/2	income from PONA										391.856	
	2009/06/20	income from PONA										740.286	
	2010/02/10	income from PONA										204.298	
	2065/10/12	opening bank account by CCC										3.000	
					427.270	73.890	78.740	81.100	313.930	280.241		1.339.440	
					1.255.171								
										BALANCE:		84.269	
												30.000	
												54.269	
												60.000	
												60.000	

BUDGET for remaining details by 19. October 2010:

As per list on next page

Excess from construction budget amount which can be used for running of clinic:

Support for running of clinic by VDC:

Given as a loan for Bakanje Hydro Electricity for 20% p.a.

REMAINING PHASE 1 CONSTRUCTION DETAILS BY 19. OCTOBER 2010

Below mentioned minor details will be done within the construction budget as mentioned in above account, by the constructor Kami Chhirri Sherpa for 30.000 NPR.

All raw cement floors to be painted with durable EPOXY-coating
All ceiling planks will be cut at floor 2 inch over floor for proper floor cleaning
2 coat hangers in bedroom, 2 hangers in delivery room and 2 hangers in examination room
Two doors at rack in bedroom for nurse to store bed gear
Not tight water valve will probably tighten automatically – otherwise fixe it
Matte glass (blur glass) in window in delivery room
Glass cabinet in delivery room can be fixed on the wall
Cupboard in Examination room, can be fixed on the wall – same size as glass cabinet
Maybe changing the examination couch when hard mattress arrives

KITCHEN:

Racks shall be set up straight
Left table shall be put up higher so it will not be used as seat
Towel hanger rack
Electric plate for cooking

SHOWER:

Set up a fixed bench
Shelf for clothes over bench
Blur glass in window
Hanger for clothes and hanger for towel
Triangle shelf for soap
Mirror
Repair water tap

TOILET:

Hanger for towel and hanger for clothes
Toilet chair

PHASE 2: EDUCATIONAL PHASE ACCOUNT:

Currency Rate: 13,00 NPR/DKR 72,00 NPR/US\$

	Budget		Account	
	US\$	US\$	DKR	NPR
Chhemi Sherpa	1.351	1.140	6.315	82.100
Subita Tamang	1.351	0	0	0
Sabita Ghimere	486	658	3.647	47.409
Furwa Sherpa	0	625	3.462	45.000
Dinnerparty for 40 ANM-students	0	361	2.000	26.000
TOTAL ANM-training	3.188	2.785	15.424	200.509
First Aid Training	2.378	2.558	14.170	184.205
TOTAL PHASE 2 Education	5.566	5.343	29.593	384.714
Budget surplus:	223			

The account gave a Budget Surplus, mainly because the original budget mentioned two girls from Chhiringkharka to have full educational support. It was Chhemi Sherpa and Subita Tamang. But only Chhemi gave sufficient entrance examination to be admitted.

The original budget mentioned a minor support to Sabita Ghimere, but as above mentioned Subita Tamang was out of budget, it was decided to raise the support of Sabita Ghimere with the amount, which she had to spend for practical training in Kathmandu.

Instead another girl from Bakanje VDC was admitted, Furwa Sherpa from Kenja. To achieve a cooperation between the 3 health posts in Bakanje, it was decided to support Furwa from the surplus amount from Subita Tamang..

And finally, not to do too much difference between the girls it was decided to let Chhemi also support her study from her own side.

First Aid Training came out a little more expensive than original budget caused mainly by falling the currency rate.

During our stay in Kathmandu we had a meeting with Doctor Mingma. He is the doctor who started Phaplu Hospital and over 25 years have made it a very nice hospital under the local conditions. Phaplu Hospital is the central health unit under which Chhiringkharka Clinic is working. He is also the one who opened the ANM Training Centre in Phaplu. And now he is employed in Ministry of Health and responsible for the distribution of personnel and facilities for local health posts all over Nepal. He expressed his warm enthusiasm about our Chhiringkharka Clinic and promised us all the support which he could influence from central side. The day after our meeting our 3 ANM girls celebrated their last day of their one month practical training at Patan Hospital in Kathmandu together with their colleagues. Namgyal and I therefore decided to show our good will by taking part of this ceremony and by sharing the bill with Doctor Mingma. We feel sure that this was a good investment and actually a nice event too.

PHASE 3: EQUIPMENT PHASE

By inspecting the building construction, Ulla and I found the work completed in an extend so we could continue the project to complete the Phase 3 by providing the equipment which should be available in a small hospital. We were well aware that the personnel available for the next period wouldn't be able to utilize all the equipment which we decided to purchase, as it will be beyond their educational level. But now we are here, and better having to many objectives than missing them some day. And by providing a relatively advanced equipment, the chance might come that the community and the health authorities would provide personnel which can utilize provisions already available.

We therefore by end of October bought the equipment as mentioned below at Bikash Surgical Concern Pvt. Ltd., Tripureshwor, Kathmandu. Our assistant Tika Ram Rai was at that moment at project work in Bakanje VDC, so we called him back to Kathmandu to pack a pick-up together with other educational equipment for schools in Bakanje. That is the reason why we have shared the transportation between PONA and Himalayan Project. Tika Ram went to Jiri by the end of the hard surface road. Here the load was transferred to a bigger truck to take it all the way for Bhandar by end of the rugged mud road. The villagers of Chhiringkharka were carrying the load the rest of the way back home. Therefore there are no expenses on that part.

We also found that the raw cement floor wasn't suited for a hospital, as various repulsive materials could enter deep into the floor giving seat for unhygienic conditions. Therefore 40 liter of EPOXY coating was included in the equipment. We were promised a lifetime on 10-20 years on that coating, but even after that time the cement will still be impermeable for most subjects.

A few items were not purchased, either because they were not readily available or probably not that necessary. It will be considered later by Himalayan Project during our inspections in future. Other materials as Journal Cards were only available in a too complicated version, which we can't expect the available personnel to utilize. Himalayan Project will later provide a simple and workable solution from Denmark.

Only complication for now is that now all the equipment will arrive at the clinic before the floor have been coated and before the last cupboards and cabinets have been produced. But Namgyal and I will visit Chhiringkharka next week on our second inspection round, so we will manage that problem.



Equipment for Chhiringkharka Community Clinic

Currency Rate **12,9** NRS/DKR
69 NRS/US\$

Particulars	No.	NRS		US\$	DKR	Group Price		
		Unit Price	Budget price	Budget price		NRS	US\$	DKR
Furniture of non-local materials:						78.545	1.138	6.089
Epoxy Paint for all floors	1 set	36.020	36.020	522,0	2.792			
Delivery Bed	1 pcs	11.450	11.450	165,9	888			
Wheel Table with metal bucket	1 pcs	11.225	11.225	162,7	870			
Doctors revolving chair	1 pcs	2.800	2.800	40,6	217			
Wheel Chair	1 pcs	6.500	6.500	94,2	504			
Stretcher for mountain	1 pcs	4.500	4.500	65,2	349			
Whiteboard with pens	1 pcs	2.500	2.500	36,2	194			
Watches	3 pcs	500	1.500	21,7	116			
Calendar	1 pcs	150	150	2,2	12			
Toilet chair	1 pcs	1.900	1.900	27,5	147			
Bed gear:						39.595	574	3.069
Mattress with waterproof cover	6 pcs	3.500	21.000	304,3	1.628			
Soft Mattress cover	pcs	1.400	0	0,0	0			
Rubber cover sheet	17,6 m	200	3.520	51,0	273			
Rubber cover sheet	10 m	100	1.000	14,5	78			
Bed linen	6 pcs	0	0	0,0	0			
Blanket leight	5 pcs	750	12.800	185,5	992			
Blanket heavy	2 pcs	2.800						
Pillow	5 pcs							
Towel big	5 pcs							
Towel small	10 pcs							
Bed pan	1 pcs	450	450	6,5	35			
Urine pan men plastic	1 pcs	150	150	2,2	12			
Kidney trays	5 pcs	135	675	9,8	52			
Uniforms:						1.200	17	93
Uniform with sleeves	pcs	0	0	0,0	0			
Apron	4 pcs	0	0	0,0	0			
Hair cover	10 pcs	0	0	0,0	0			
Mouth band	20 pcs	0	0	0,0	0			
Rubber gloves	10 pair	60	600	8,7	47			
Latex examination gloves	2 pcks	300	600	8,7	47			
Washing equipment:						6.880	100	533
Washing Bowl	2 pcs	475	4.000	69,0	310			
Floor clothes	5 pcs	250						
Towel bucket	pcs	325						
Dust bin	5 pcs	230						
Waste buckets - red	3 pcs							
Brooms	2 pcs	230						
dust pan	2 pcs							
Sandal	3 pcs							
Water buckets - metallic	3 pcs	960	2.880	41,7	223			
Measures:						6.950	101	539
Baby weight	1 pcs	1.950	1.950	28,3	151			
Body weight	1 pcs	1.200	1.200	17,4	93			
Height meassurer & weight	1 pcs	3.800	3.800	55,1	295			
Examination Tools:						15.565	226	1.207
Blodpressure - high quality	1 pcs	1.500	1.500	21,7	116			
Stethoscope	2 pcs	1.400	2.800	40,6	217			
Thermometer - 12 pcs	1 pack	540	540	7,8	42			
Otoscope Pakistani	1 pcs	2.000	2.000	29,0	155			
Pen light	1 pcs	750	750	10,9	58			
Halogen lamp on foot	2 pcs	3.800	7.600	110,1	589			
Knee hammar	1 pcs	175	175	2,5	14			
Mouth spatula 100 pcs	2 pack	100	200	2,9	16			
Delivery Tools:						8.440	122	654
Speculum	pcs	550	0	0,0	0			
Plain catheter	3 set	80	240	3,5	19			
Delivery & Episotomy Set	1 set	6.235	6.235	90,4	483			
Gally pot for gauze and cotton	1 pcs	475	475	6,9	37			

Equipment for Chhiringkharka Community Clinic							Currency Rate	12,9 69	NRS/DKR NRS/US\$	
Particulars	No.	Unit Price	NRS		US\$	DKR	NRS	Group Price		
			Budget price					US\$	DKR	
Cord clamp	100	pcs	9	900	13,0	70				
Delivery Package (towel etc)		pcs	1.750	0	0,0	0				
Foetoscope	2	pcs	175	350	5,1	27				
Baby clothing / wrapping		pcs	560	0	0,0	0				
Vacuum set		set	3.500	0	0,0	0				
Catheter wit urine bag	3	pcs	80	240	3,5	19				
Surgery Tools:							25.410	368	1.970	
Autoclave 9 x 11"	1	pcs	9.500	9.500	137,7	736				
Drum heavy 9" & 11"	2	pcs	1.350	2.700	39,1	209				
Suture set	1	pcs	2.315	2.315	33,6	179				
Scissor 16,5 cm	5	pcs	145	725	10,5	56				
Bandage scissor (Knee)	1	pcs	375	375	5,4	29				
Eye scissor	1	pcs	95	95	1,4	7				
Tray with cover	2	set	300	600	8,7	47				
Resp INC - Ambubag - silicone	1	pcs	1.800	1.800	26,1	140				
Nebulizer Machine	1	pcs	3.500	3.500	50,7	271				
Suction Machine foot pedal	1	pcs	3.800	3.800	55,1	295				
Dressing and Bandaging:							12.855	186	997	
Dressing tools	1	set	605	605	8,8	47				
Gauze Bandages	5	pack	58	290	4,2	22				
Gauze Swab	1	pack	350	350	5,1	27				
Adhesive tape	60	roll	40	2.400	34,8	186				
Cervical Collar	1	pcs	245	245	3,6	19				
Leg Brace	1	pcs	1.050	1.050	15,2	81				
Arm Brace	1	pcs	375	375	5,4	29				
Knee cap	1	set	195	195	2,8	15				
Mitella	1	pcs	275	275	4,0	21				
Metal bucket	2	pcs	875	1.750	25,4	136				
Metal bbowl	2	pcs	475	950	13,8	74				
Gauze Than	5	pcks	290	1.450	21,0	112				
Chrutch	2	pcs	1.250	2.500	36,2	194				
Spirit swab pot	1	pcs	245	245	3,6	19				
Galli pot with lid	1	pcs	175	175	2,5	14				
Office:							20.170	292	1.564	
Journals / Report Charts		pcs		0	0,0	0				
Box for journals		pcs		0	0,0	0				
Refrigerator	1	pcs	9.000	9.000	130,4	698				
Office stationaries	1		11.170	11.170	161,9	866				
Medicines (desinfectants):							3.550	51	275	
Wokadine	5	btl	210							
Savlon	10	btl	190							
Detol	10	btl	100							
Iodine Cleaning Solution	10	btl	195	3.550	51,4	275				
Birex	10	btl	20							
Liquid Soap	10	btl	40							
Spirit	10	btl	100							
							TOTAL:	219.160	3.176	16.989
	VAT:	13%					VAT:	28.491	413	2.209
							Retail Price:	247.651	3.589	19.198
Transportation:							13.500	196	1.047	
4WD chauffour tipping	1		1.000	1.000	14,5	78				
Kathmandu to Jiri	0,5		9.000	4.500	65,2	349				
Jiri to Bhandar	0,5		12.000	6.000	87,0	465				
TikaRam transport expenses	1		2.000	2.000	29,0	155				
							GRAND TOTAL:	261.151	3.785	20.244

CONCLUDING ACCOUNT:

PONA-Foundation charity donations to Chhiringkharka Community Clinic (CCC) through Himalayan Project

on Bank Account DK2085002651842339

APPROVED BUDGET:

Bakanje Health Survey 2008	945,00	5,29			5.000,00	14,00		70.000	
3 Tents & Matresses	700,00	5,29			3.704,00	13,85		51.300	
HP monitoring & administration	3.171,00	5,63		17.852,00					
Original Construction budget	16.306,00	5,17			84.303,00	14,30	1.206.676		
Additional construction budget	1.953,00	5,28			10.321,00	14,00	144.500		
Phase 2: Education	5.568,00	5,29			29.429,00	14,00			412.000
Phase 3: Equipment	4.000,00				23.250,00	13,00		300.000	
	32.643,00 USD				17.852,00		1.351.176	421.300	412.000
					173.859,00			2.184.476	

Total budget for Nepal

RESULT by 19. October 2010:

	PONA		Himalayan Project			CCC			
	Donation by PONA US\$	rate DKR /\$	INCOME from PONA DKR	ADMIN DKR	TRANSFER to Nepal DKR	rate NRS /DKR	INCOME construct. NRS	others NRS	Education to students NRS
03-10-2008 Bakanje Health Survey 2008					4.973,58	13,52		67.244	
23-12-2008 Transfer from PONA	945,00	5,29	5.000,00						
25-03-2009 Transfer from PONA	8.846,00	5,53	48.541,54						
25-03-2009 HP administration 15%				17.535,00					
25-03-2009 Transfer to CCC					27.437,00	14,28	391.856		
02-04-2009 Transfer to HIPRON (tents)					3.704,00	14,04		52.004	
25-05-2009 Transfer from PONA	10.000,00	5,31	53.070,00						
26-05-2009 Transfer to CCC					53.070,00	13,95	740.286		
17-01-2010 Transfer to Sabita Ghimere Feb-Apr10					425,00	13,57			5.767
22-01-2010 Transfer from PONA	8.360,00	5,28	44.174,24						
22-01-2010 Transfer to CCC					14.762,00	13,84	204.298		
19-04-2010 Transfer to HIPRON (First Aid)					14.927,47	12,34			184.205
19-04-2010 Transfer to Sabita Ghimere May-July10					425,00	12,34			5.245
26-07-2010 Transfer to Chhemi Feb-Oct10 & KTM-training					3.782,51	12,69			48.000
26-07-2010 Transfer to Sabita Ghimere KTM-training					1.576,04	12,69			20.000
26-07-2010 Transfer to Furwa Sherpa KTM-training					1.576,04	12,69			20.000
26-07-2010 Transfer to Sabita Ghimere Aug-Oct10					425,00	12,69			5.393
01-10-2010 Transfer to Sabita Ghimere Nov10-Jan11					425,00	12,89			5.478
02-11-2010 Payment for equipment					20.244,00	12,89		261.151	
02-11-2010 ANM-training completion ceremony					2.017,07	12,89			26.000
	27.206,00 USD			17.535,00	144.796,13		1.336.440	380.399	320.088
			145.785,78		162.331,13			2.036.927	

Total transfer for Nepal

RESULT by 19. October 2010:

-16.545,35
Balance on HP's account

REMAINING BUDGET by 19. October 2010 to complete Phase 2

Transfer to Sabita Ghimere Feb-Apr11	425,00	13,00						5.525
Transfer to Chhemi Nov10-Apr11	2.623,08	13,00						34.100
Transfer to Furwa Sherpa Feb10-Apr11	1.923,08	13,00						25.000
	4.971,15							64.625

EXPECTED RESULT WHEN PROJECT IS COMPLETE:

27.206,00 USD		17.535,00	149.767,29		1.336.440	380.399	384.713
	145.785,78		167.302,29				2.101.552
		5,10	-21.516,51				Total transfer for Nepal

To be transferred from PONA to HP

4.218,92 USD		Balance on HP's account
31.424,92 USD		

PONA's BUDGET **SURPLUS** BY END OF PROJECT:

1.218,08 USD		317,00	6.239,71		14.736	40.901	27.287
	28.073,22		6.556,71				82.924

CONSLUSION

ON THE CHHIRRINGKHARKA COMMUNITY CLINIC PROJECT

This project is one of the most successful projects I have run. First of all the community have been very much committed to this project. They have been working with sincerity and full engagement. The building is definitely the most beautiful and well proportioned health station in Nepal. The fame is already spreading widely in the whole area. It has also meant a lot that Ulla has been so engaged in the project and have visited twice, and also that Nanna joined her this autumn.

And also it shall be remarked that even there is a budget surplus by end of the project. I am well aware that we in the initial stages of the project raised the budget caused by new situations, but finally it showed that we could complete everything in a perfect way within the agreed limits. PONA can be satisfied with this result, or consider letting this surplus to be transferred for the running fund of the clinic. They already have 55.000 NPR remaining from the construction which per agreement will go into the running fund, and furthermore they have received 60.000 NPR from the municipality, which they have given as loan to receive 20% interest which can be spend for salaries etc. If the budget surplus could be added into this fund it would raise the fund with around 82.000 NPR leading to better conditions during the initial stages of the running process.

Or PONA could consider waiting for the next project which Himalayan Project is preparing to upgrade the health situation in Bakanje VDC. Doctor Mingma proposed us that we should give our 3 ANM-students some extra training by sending them on volunteer tasks in the lowland where the birth rate is much higher than in Chhiringkharka, and after that giving two of them 1½ month SBA (Specialized Birth Attendance) training which give them access to perform ultrasound scanning of pregnant women. And one of them special training in eye and oral health, which qualify her to visit schools to perform health checks of students. And furthermore it should be included in this coming project to upgrade both Sagar-Bakanje and Kenja Health Post with same equipment as in Chhiringkharka. If we perform such a project, Doctor Mingma promised us that he will make Bakanje VDC a Centre of Delivery, giving access to the 1.500 NPR which Ministry of Health provide for each delivery performed at one of the clinic.

But anyhow, by transferring the above 4.219 US\$ to Himalayan Project this project can be considered concluded with the highest success in Nepali context. Namgyal Jangbu Sherpa and Myself, Papa Kurt, wish to express our warmest respect and thankfulness towards PONA-Foundation. You have raised the standard of Himalayan Project and of the whole community of Bakanje VDC. And we will continue working in this area to make this clinic function within the community and the community to work within the clinic.

THANK YOU VERY MUCH.!

Remaining Budget to complete the PROJECT:

We hope that PONA-Foundation will approve our account and this final report. Of course further reporting on matters around the clinic will be forwarded for PONA in future.

The above mentioned remaining amount on **4.219 US\$** when hopefully approved, can be transferred to the bank account of Himalayan Project

**Sparbank A/S, Skive, Denmark, #Himalayan Project
IBAN DK20 8500 2651 8423 39**

If PONA-Foundation consider the surplus budget amount to be transferred for Chhiringkharka Community Clinic running fund, the transferred amount shall instead be **5.437 US\$** from which the 1.218 US\$ will be transferred for Chhiringkharka.

From Himalayan Project side we wish to express our gratitude for the good cooperation with PONA-Foundation for the betterment of the population of Chhiringkharka.

Thank you very much



**Kurt Lomborg
Chairman of Himalayan Project**