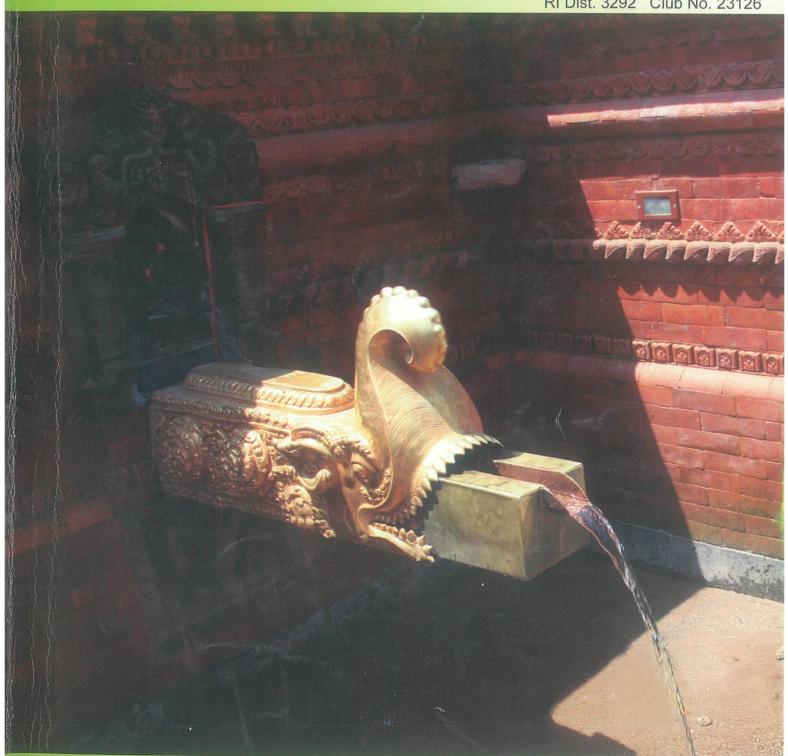


OF PATAN RI Dist. 3292 Club No. 23126



LALITDHARA SOUVENIR ISSUE

२६ औं स्थापना विशेषाङ

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WITH BEST WISHES FROM

RTN. M.L. KAYASTHA & RTN. CHANDRALEKHA KAYASTHA

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Location : Boudhabari, Teku, Kathmandu





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Location : Sundhara, Kathmandu

B&B HOSPITAL

Main Block & Extension Block

NEPAL BAYERN ELECTRIC BUILDING

Location : Patan Dhoka, Lalitpur

KATHMANDU TOURISM BOARD BUILDING Location : Bhrikuti Mandap, Kathmandu



Aerial Perspective View



PAROPAKAR MATERNITY & WOMEN'S HOSPITAL (PRASUTI GRIHA) **EMERGENCY BLOCK**

Location : Thapathali, Kathmandu



AGRICULTURAL DEVELOPMENT BANK LTD. CENTRAL TRAINING CENTRE

Location : Madhyapur, Thimi, Bhaktapur



Location : Gworku, Lalitpur .

KATHMANDU PLAZA : Commercial Complex

Location : Kamaladi, Kathmandu





NABIL HOUSE: CORPORATE OFFICE BUILDING Of NABIL Bank Ltd.

Location : Kamaladi, Kathmandu





RESIDENTIAL BUILDING OF Rtn. B.L. Mallapaty

Location : Bhainsepati, Lalitpur





RESIDENTIAL BUILDING OF MR. B.K. SHRESTHA **EXTENSION & RENOVATION PROJECT**

Location : Bhainsepati, Lalitpur

JIRI HOSPITAL REHABILITATION PROJECT OT/IPD BLOCK

Location : Jiri, Dolakha



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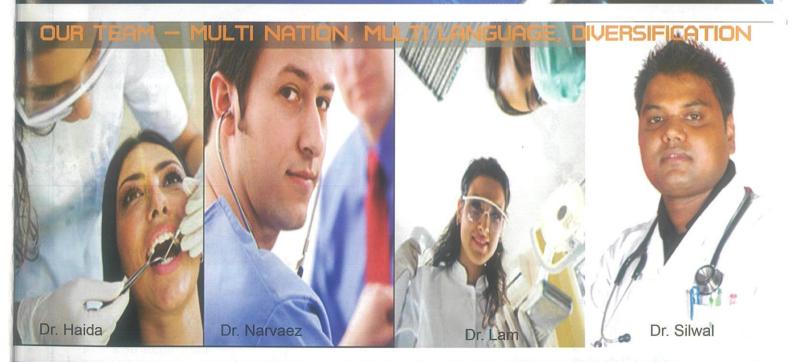
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Editorial

On behalf of the Editorial Team, coordinated by Rtn. Kamal Mani Dixit with the membership of Rtn. Bharat Narsing Joshi, Rtn. Mahendra Thapa, and myself, and the ex-officio membership Rtn. Jamuna K. Tamrakar, I have the honour to write a few words about this Lalitdhara Souvenir issue and the extraordinary year that RCP has just concluded.

We are very proud of the efforts of all the RCP family who have followed the Rotary motto of "Service above Self", which culminated in recognition by the District with the award of "Best Club of the Year". It has been a great privilege to bring the RCP to this pinnacle for the first time ever in a year when the District Governorship was one of our own, Rtn. Tirtha Man Sakya, who is back with us with the title of IPDG.At the same time, as noted by President Rtn. Jamuna Krishna Tamrakar,we are faced with higher levels of responsibility to continue to do our best.

By virtue of these successes, besides the customary information and club reports, in this year's Lalitchara Souvenir we have included articles around the twin themes of 'Service' and 'Fellowship'. The first theme is represented in articles about the service projects covered by Rtns. R.R. Pandey on the Disability Awareness, Narayan G. Halwai and myself on School Scholarships, Ganesh R. Shrestha on the Nepal Orthopedic Hospital and Dr. Prakash R. Regmi and Mahendra Thapa on the Chepang Community.

The second theme on fellowship is supported by articles that help us learn from the wealth of knowledge and experience of fellow RCP Rotarians. These include Rtns. Matsyendra Kayastha's researched work on 'Water for Health', Dr. Biswo B. Sharma's introduction to the 'myths and realities' in Psychiatry, Piyush B. Bajracharya's summary of the practical aspects of 'Ayurveda', and lessons to learn on 'Heart Attacks' from the personal life story of Narayan Halwai.

To capture it all, the article on the 'Four Way Test' by Rtn. Kamal Mani Dixit provides not only the historical background of these Rotary principles, but also contextualizes it in the Hindu philosophy. The key concepts from the Upanisad of 'Satyam vada, Dharmam chara' summarize the 'Four Way Test' in these two Sanskrit phrases essentially meaning 'honesty' and 'duty' in a broader sense.

All of us in the Editorial Team take this opportunity to thank the contributors and sponsors of this annual issue. We would also like to acknowledge the wonderful work of the out-going Board under IPP Rtn. Dr. Prakash R. Regmi and welcome the new team under Rtn. President Jamuna Krishna Tamrakar and wish them all the best.

Bijaya Mallapaty Editorial Team Member Lalitdhara Souvenir Issue

Editorial Board



Kamal Mani Dixit



Bijaya Mallapaty



Bharat N. Joshi



Mahendra Thapa

Best wishes

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ROTARY INTERNATIONAL

KALYAN BANERJEE President, 2011-12

TEL 1.847.866.3467 FAX 1.847.866.3390 kalyan.banerjee@rotary.orgu



President, Rotary Club of Patan, RI District 3292, Nepal 1 July, 2011

Dear Friend,

It is my pleasure to congratulate you on your installation to the office of 2011–12 Rotary club.

A year in Rotary office is a special opportunity, one to cherish and make the most of.

Because ultimately, we are in Rotary for one simple reason: to change the world. We aspire to live our lives ethically, honestly, with our Four-Way Test to guide us. We share goodwill and friendship, and try to see the worth of every human being. We are not interested in the lowest common denominator, for Rotary is anything but common. That is why we work to elevate ourselves and thereby, to elevate the world.

That is why you and I have chosen to share, with Rotary, one of our most valuable possessions: one full year of our lives. We are willing to give this great gift because we believe that it is the best way, the surest way, to be the change we ourselves hope to see—for whatever that change is, we can achieve it better when we do it together, through Rotary.

I send my best wishes for a wonderful and productive year of Rotary service.

Sincerely,

Kalyan Banerjee President, 2011-2012

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Dist. Governor's Message



Rtn. Jamuna Krishna Tamrakar., 1 July, 2011 President Rotary Club of Patan

Dear President Jamuna,

I am immensely pleased to learn that Rotary Club of Patan is publishing a souvenir to mark its Charter and Installation ceremony. I believe that the installation ceremony is a critical event which brings zeal to all the club officers and its members to fulfill one's responsibilities. Thus I congratulate you, your team and all club members in marking this occasion.

Rotary, since its inception, has focused on service - a service that prospers the needy and their needs. The needy people then remember the helping character of Rotarians for their whole life. In the year 2011/12, RI President Kalyan Banerjee calls for, "Reach within to Embrace Humanity;" it is Rotarian's guiding principle, and one that is worthy of constant remembrance. Let us also remember the three things the RI president prioritized, "Family, continuity, and change" for the Rotary involvement in 2011/12. These three words are critical for how we do our work, and particularly how we embrace humanity.

RI has added a new avenue- "New Generation"to its services. In the spirit of the "new generation", I urge you to prioritize the youth (Rotaracts & Interacts) who are the leaders of tomorrow. By focusing and training the youth, we will be able to both preserve the future and support the development of energetic Rotarians who will take Rotary to more prestigious heights.

I believe that the support provided by you and your team in 2011/12 will enable us to be a model district. I appreciate your association in 2011/12, and look forward to the accomplishment of one more meaningful Rotary year, for your own Club, as well as the District.

Yours in Rotary

Basu Dev Golyan DG 2011/12, District 3292, Nepal Rtn. Basu Dev Golyan District Governor 2011-12 Dist. Governor's Message

Mailing Address: Shah Udyog Pvt. Ltd. Rani ward no-17, Biratnagar, Nepal Ph.: 021-435310 (R), 420387/88 (O) Fax No.: 021-420360 Email: bdg3292nepal@gmail.com

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on the 26th

INSTALLATION CEREMONY 2009-2010

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President's Message



Dear Fellow Rotarians,

I feel very proud to celebrate this 26th Charter Ceremony of the Rotary Club of Patan and would like to congratulate the past Presidents, Charter Members, and all the Members of this Club who have managed to serve the needy of the society while maintaining the image of our Club.

It is a great honorand privilege for me and my team to take this challenging task to lead the Club, which has just received the Best Club of the year 2011/12 of the District 3292 award from the District. This recognition has encouraged us a lot and at the same time, added a new and higher level of responsibility on our shoulders to continue to do our best.

Our International President, Mr. Kalyan Banerjee's slogan for the Rotary Year 2011/12"Reach within to Embrace Humanity" strongly emphasizes the importance of family, whose support is vital to be able to serve the society qualitatively. I believe this has great significance to all the Rotarians.

Finally, I feel great pride in taking the responsibility as a President of the Rotary Club of Patan for the year 2011/12 and I am confident that with the support of our team and dedicated members, our Club will be successfully handling more service projects to the community and meet all the challenges ahead. My sincere thanks to the Editorial Team, for their dedicated and hard work in completing this Lalitdhara Souvenir issue on time.

With all my good wishes,

Jamuna Krishna Tamrakar President (2011-12) \$0<u>2</u>

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Late Rtn. S.R. Sharma 1985-87



Rtn. M.L. Kayastha 1987-89



Rtn. B. R. Prasai 1989-90



Late Rtn. P. P. Prasai 1990-91



Late Rtn. H. R. Bajracharya 1991-92



Rtn. B.K. Mainali 1992-93



Rtn. B.B. Bajracharya 1993-94



Rtn. Rtn. S. SJB. Rana 1994-95



Rtn. T.M. Shakya 1995 -96



Late Rtn. B.P. Dhital 1996-97



Rtn. R.R. Pandey 1997-98



Rtn. T. Neupane 1998-99



Rtn. Kamal Nyachhon 1999-2000



Rtn. Pushkar M Shakya 2000-2001



Rtn. Narayan G Halwai 2001-2002



Rtn. Yagya B Shrestha 2002-2003



Rtn. Siba B. Rajbhandhary 2003-2004



Rtn. Dr. CP Maskey 2004-2005



Rtn. Gyanu R Shakya 2005-2006



Rtn. Ganesh R Shrestha 2006-2007



Rtn. Keshab B. Mathema 2007-2008



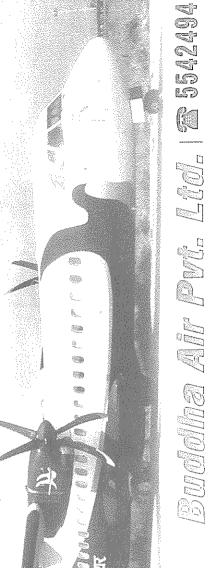
Rtn. Santa K. Shrestha 2008-2009



Rtn. Kedar B. Shrestha 2009-2010



Rtn.Dr. Prakash R. Gegmi 2010-2011



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EXECUTIVE BOARD 2011-2012



Rtn.Jamuna Krishna Tamrakar President



Rtn.Dr.Prakash Raj Regmi IP President



Rtn.Krishna Bahadur Basnet President Elect.



Rtn.Jeevan Kumar Shrestha President Nominee



Rtn.Khruschev Shrestha Vice-President



Rtn.Piyush Bajra Bajracharya Secretary



Rtn. Aarati Thapa Shrestha Joint-Secretary



Rtn.Shiva K Pradhan Club Administration



Rtn.Tulasi Neupane Public Relations



Rtn.Chandralekha Kayastha Membership



Rtn.Gabriele Mallapaty Service Projects



Rtn.Dr.Mukti Narayan Shrestha The Rotary Foundation



Rtn.Bijaya Mallapaty New Generation



Rtn.Bharat Narsing Joshi Treasurer



Rtn.Kedar Bhakta Shrestha Sergeant-at-arms

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Major Club Activities of the Rotary Club of Patan during 2010-11



IPP Rtn. Dr. Prakash Raj Regmi

May 2011: Translation and Publication: "ABCs of Rotary" - Translation of "ABCs of Rotary" and its publication of 1000 copies by Rtn. Kamal M. Dixit.

25 Sept 2010: Walk/Rally for Healthy Heart on World Heart Day – The RCP joined the Rotary Clubs of Patan and other institutions of Heart Net Nepal in this event that was covered by national media to raise awareness that improves general heart health.

26 Sept 2010: World Heart Day Celebration together with Non rotary organizations - The Rotary image is enhanced working together with organizations other than rotary.

2 Oct 2010: Press Conference on the occasion of the '20th Anniversary of Collaborative Community Work in Nepal by Friends of Nepal, New Jersey, USA and the Rotary Clubs - With the participation of the Representative of the 'Friends of Nepal, New Jersey, USA', the press event with the journalist was to highlight the Rotary's inter-country collaborative work for community support work in Nepal.

November 2010: Distribution of 'Vehicle Stickers' with ROTARY logo - This kind of display reminds general public of Rotary's active presence in Nepal.

24 Nov 2010: Rotary Awareness Month Celebration - Sharing of Rotary's work among the Rotary family of Rotarians, Inner Wheels, Anns, Rotaracts, Interacts, in the presence of media persons to help raise the awareness level of Ro-

tary to enhance its image.

December 2010: Production of 3 minutes' documentary on RCP's Chepang Village support Project and its telecast on Sagarmatha TV channel.

April 2011: Publication and display of Rotary's 4 Way Tests in public places - 5000 copies of 4 Way Test pamphlets were published and displayed in public places like Bir hospital notice board, Nepal Heart Clinic, Lalitpur Heart Clinic etc. for patients and general public's benefit.

April 2011: District's advocacy Coffee Table Book "Sankalpa" edited by the RCP Member Rtn. Kamal Mani Dixit released.

8-10 April 2011: Third District Conference - This grand event hosted by RCPatan and inaugurated by the Rt. Hon. Prime Minister of Nepal Mr. Jhalanath Khanal was widely covered by media.

Inter-club Relation

3 July 2010: Rotary Walk "Walk for Health" - Joining hands with other clubs for this cause has helped improve our relations with several Rotary Clubs.

23 Aug 2010: Computers Distribution Programme - The DG handed over a total of 46 computer sets to the Headmasters and Chairmen of 7 schools benefiting some 7000 students. Joining hands with other clubs for this cause has helped improve our relations with participating Clubs/Districts.

9 Oct 2010: Distribution of Humanitarian Awards - This activity was carried out to attract further collaboration with the partner club and the Friends of Nepal, USA, with whom RCP has extensive collaboration.

4 Dec 2010: Rotary Walkathon (Walk for cause) - A large participation of the Rotarians from several clubs strengthened collaboration for a successful cause in supporting the Nepal Orthopedic Hospital expansion.

1 July 2010: Joint Installation Ceremony - In the presence of the President of Nepal Rt. Hon. Dr. Ram Baran Yadav, a large participation and fellowship of the Rotarians from several clubs strengthened interclub relation, mutual understanding and desire to work together for social cause.

26-27 Feb 2011: Rotary Peace Conference in Lumbini – The Peace Conference held in Lumbini contributed a lot in strengthening relations of the RCP with the clubs of zone 15.

27 Aug 2010: The Rotary Conference on "Working together – Serving humanity" – This VIP conference held in the Hotel Radisson, Kathmandu, was participated by a large number of Rotarians from several clubs and non Rotarians.

Rotary Family

26 Aug 2010: DG's Club Visit and Silver Jubilee Charter Night - The DG's annual club visit was combined this year with the celebrations of the RCP's Silver Jubilee Charter Night that had a wide participation.

13 Dec 2010: Celebration of the Family Month - The Family Month was celebrated with a joint meeting of RCP with Inner Wheel and Rotaracts. Family members of Rotarians, DG, other Rotary Club Presidents and invited guests joined this celebration and fellowship. The eldest RCP family member was 84 years of age while the youngest one was of 8 years. The event included talks by the RCP President Dr. Regmi and some other speakers on health and family issues.

9 Sept 2010: Family Fellowship at Five Spice Restaurant, Pulchowk, Lalitpur.

20 Nov 2010: Family Fellowship at Café de Patan, Mangalbazar.

4 Mar 2011: Family Fellowship at Peri Peri Restaurant, Dhobigat, Lalitpur.

19 Mar 2011: Family Fellowship at RCP Rtn. Kamal Mani Dixit's residence, Lalitpur - About 41 RCP members and the family of RCP joined the pot luck event to strengthen the fellowship within the RCP family. This special gathering included 5 members of the GSE Team from the Rotary District 7890, USA.

Vocational Award

1 Nov 2010: Vocational Award Distribution - Award Title (i) Health Care, (ii) Women Empowerment, and (iii) Public Awareness Programme. This was the first ever Vocational Award Ceremony with 3 awardees (Mrs.Srijana Rajopadhya from Bir Hospital, Ms.Arati Chataut and Narayan Shrestha from NTV), organized by RCP with the participation of the DG in a special ceremony.

20 April 2011: One of the Host Clubs for Rotary Award for Vocational Excellence 'Gopal Kamla Rajbhandari Rotary Award for Vocational Excellence' worth N. Rs. 1 million - The award was handed over to Dr. Ram Kantha Makaju Shrestha of Dhulikhel Hospital at a grand reception at the Presidential Palace in the presence of the President of Nepal and RIPE Rtn. Kalyan Banarjee.

Career Counseling

12 March 2011: Career counseling of youths – The RCP President Dr. Prakash R. Regmi conducted the ½ day Career Counseling session to 30 youths of Patan. The training was focused on Career Development. The RCP members and students from Siddhi Mangal HS School participated in the programme.



Literacy

Scholarship distribution: Under the Prajapati Education Endowment Fund, during the year 2010-11, the RCP distributed scholarship support to 639 students in 27 schools in Lalitpur District. 61% of the supported students were girl students.

Public Health

14 Aug 2010: Rotary Seminar on Non-Communicable Diseases Prevention and Control - Presentations were made on various non-communicable diseases by experts/doctors of respective fields to increase public health knowledge and awareness.

July 2010: Publication and distribution in several districts of Nepal of 5000 copies of the Pamphlets on Health Issues – "Go Red for Women" jointly with the Nepal Heart Foundation and the Inner wheel Club of Patan.

July 2011: Medical Support to a Female Heart Patient from Humla-This programme sponsored by the RCP and Nepal Heart Foundation helped a post open-heart surgery (Valve Replacement) patient from remote and economically deprived region of Humla, Mrs. Juna Sunar, with 2 kids.

21 April 2011: Donation of Medicines to Public Health Office, Tamghas, Gulmi – The RCP donated Injection Benzathine Penicillin, Streptokinase, Adrenaline and some other emergency care medicine worth N. Rs 50,000 to the Public Health Office, Gulmi.

7 July 2011: Talk Programme on Role of Family Members on Care of Heart Patients - Members of the Rajkarnikar Society benefited from the talk programme given by the RCP President Dr. Regmi.

14 Aug 2010: Publication and Distribution of Health Bulletin on NCDs Prevention and Control – The publication and distribution of 1000 copies of the above bulletin was carried out by the RCP and the NHF.

10 Sept 2010: Heart check-up of the school children, Azad Higher Secondary School, Bane-

pa - The examinations were conducted by RCP President Dr. Prakash R. Regmi that included 334 students.

16 Sept 2010: Healthy Lifestyle Education - A total of 100 people from 5 schools, with the participation of 80 class IX students, 15 teachers and 5 others were given a Healthy Lifestyle talk by RCP President Dr. Prakash R. Regmi in collaboration with Mr. Bimal Shrestha of Nepal Heart Foundation, Kavre Branch, Banepa.

11 Sept 2010: Modeling on Health Journal for "Go Red for Women" Campaign - "Go Red for Women" modeling photographs for health journal Sadhana to raise women's awareness on heart problems was organized by the RCP with the participation of 8 Members and Anns, jointly with Nepal Heart Foundation and Kamana Publication.

24 Sept 2010: Health Camp, Dhading - This Health Camp was held at Shree Bageswori Higher Secondary School, Malekhu, Dhading, A total of 350 children were examined by Dr. Regmi, Dr. Gyanendra Lal Amatya, Dr.Amina Shrestha, and Dr. Pushkar Sharma.

25 Sept 2010: This Rheumatic Heart Disease screening programme was organized by RC Kathmandu West

with services provided by RC Patan. 100 heart screenings were done by Dr.Regmi.

20 April 2011: Uterine Cancer Screening and Awareness – The RCP, jointly with Inner Wheel Club of Patan, organized screening for Uterus Cancer in Tamghas. Altogether 139 women were examined by Gynecologist Dr. Shanti Joshi and Technician Bimala Manandhar.

12 Feb 2011: Polio Vaccination Campaign – The Polio vaccination was done by the RCP Members in Lagankhel Booth. The RCP President Dr. Prakash R. Regmi participated in 5 districts for Polio Vaccination on the same day.

12 March 2011: Free Health and Dental Camp, Siddhipur - A free health and dental camp was held at Siddhipur jointly with the Rotaract Club



of Patan benefiting 350 people that were examined. The examinees included Heart, Dental, Diabetes and Neurology patients. Free medicines were distributed and ECG and blood sugar tests were also done.

14-17 March 2011: Mega Health Camp, Bandipur - This Mega Health Camp held in Bandipur was a joint project of 7 Rotary/Rotaract Clubs from Nepal, 6 Rotary Clubs of Malaysia, Singapore and Brunei, and 5 other supporting organizations from Nepal.

Avoidable Blindness

17-23 April 2011: Eye examination and Surgery at Tamghas Hospital - Eye examination of 358 patients and 85 cataract surgeries were performed by Doctors from Rana Ambika Shah Eye Hospital, Bhairahawa. This was one of the many activities performed during the Mega Health Camp in Gulmi, a joint project of the RCP with the Rotary Club of Patan South and 14 other organizations from Nepal.

Service to Senior Citizens

20 Nov 2010: Medical Service & Lifestyle Advice to Senior Citizens - Blood pressure screening and talk on lifestyle issues with interaction was conducted for senior citizens of Banepa. The service was provided by RCP President Dr. Prakash R. Regmi and Bimal Shrestha from Nepal Heart Foundation, Kavre.

Service to Physically Challenged

7 July 2010: Health Check-up Camp at CBR, Patan - During this health camp, 40 physically challenged children were examined with necessary advice given.

30 July 2010: Heart Scanning Test to physically challenged children - Sponsorship for heart scanning of 12 physically challenged children from the Community Based Rehabilitation Centre (CBR) was provided by the RCP and the Nepal Heart Foundation. The scanning tests were performed by Doctors at Lalitpur Heart Clinic, Pulchowk.

September 2010: Support for Treatment (Plastic surgery of a burnt girl) - Support for the treat-

ment of Ms. Laxmi Thapaliya, 14 Years, with epilepsy and burn contracture on neck and face by RCP. The plastic surgery was done at the Sushma Koirala Memorial Hospital., Sakhu, Kathmandu.

22 Feb 2011: Health Check-up of Children with Epilepsy - Rtn. Dr. Amina Shrestha from RCP did the examination of 16 Epileptic children who were physically challenged at the Community Based Rehabilitation (CBR), Patan. They were also provided with medical advice and medicines.

Downtrodden and Neglected children

September 2010: Support for Treatment – The RCP provided support to the treatment of Ms. Sangita Tharu, 15 years, with deformity of hands and legs with surgery done at the Nepal Orthopedic Hospital, Kathmandu. She was a neglected child and was unable to walk before surgery. Now, after surgery, she walks with special orthopedic shoes. Nepal Hilfe Association from, Kulmbach, Germany, was the supporting organization for this project.

Mid-day Meal Project 2010/11 - Mid-day meals (3 days in a week) are provided to 175 under nourished school children of Chepang ethnic group studying in Chandibhanjyang, Kalikhola, which is a 30 minutes' walk uphill from motorable road. Last year, meals were provided 2 days a week. This project has improved the overall health and attendance status of the school children.

Water and Sanitation

Dec 2009- Feb 2011: Water and Sanitation project - Water and Sanitation hardware and software were provided to 8 schools. These schools also benefit from the RCP scholarship programme and toilet improvement programme.

4 July 2010: Tree Plantation at Godavari
The tree plantation activity was conducted with
the plantation of some 200 trees with the aim
of a Rotary Forest development at Godavari. 10
RCP Rotarians contributed to this.

Rotary - RCC relation

7 Dec 2010: Establishment of the RCC - Sup-

port to the economically underprivileged and deprived Chepang community primary school led to a needs assessment study done by the RCP Members, the results of which led to the establishment of the RCC, Chandibhanjyang.

10 Jan 2011: Development of a Rotary Model Village - Survey of Chandibhanjyang Chepang Village was done by RCP. There are around 1500 inhabitants. One family has up to 12-13 children. Some of them live in the jungle and do not have adequate food to eat. RCP has developed and started a plan of developing this village into a Model Rotary Village. Efforts are being made to promote poultry farming, cattle-raising, bee hives for honey, developing a cultural museum, and family planning programme etc.

Rotary - Rotaract Relation

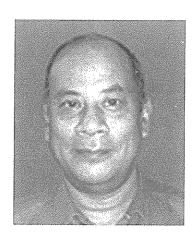
7 March 2011: Talk program on role of Youth on Nation's development - This event was organized jointly by the RCP and the Rotaract Club of Patan. Presentations were made by RCP Presi-

dent Dr. Regmi and Rotaract Club President Prama Shrestha.

7 May 2011: Blood Pressure and Blood Sugar Measurement Training - This event was jointly organized by the RCP, the Rotaract Club of Lalitpur and the Nepal Heart Foundation. Altogether 45 persons (Rotaracts, Anns and other volunteers) were trained to measure blood pressure & blood sugar using simple medical devices. The training was conducted by the RCP President Dr. Prakash R. Regmi, Technicians from Nepal Heart Foundation and Wakhardt Limited, India.

Rotary - Interact Relation

6 Feb 2011: Sanitation and Environment Improvement of School Surroundings - Members of the RCP and Interact started their 1st project with the establishment of a "Bal Bikash Kosh". The RCP contributed N. Rs. 6000 to this foundation. It was decided to plant trees, flowers and clean the surroundings of the school in Chandibhanjyang. Newly formed Interact members were very happy to participate in this activity.

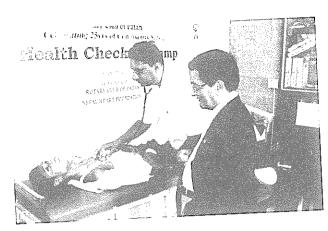


Late RCP Rtn. Krishna Bahadur Pradhan

In loving memory of our dear friend Rtn. Krishna Bahadur Pradhan's untimely demise on 6th of Chaitra 2067. May his soul rest in eternal peace.

Bereaved Rotary Club of Patan Family

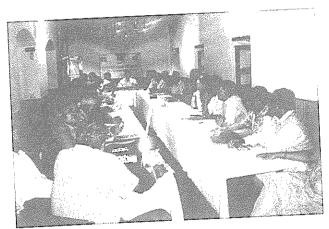
Photo Gallery



Check-up at CBR



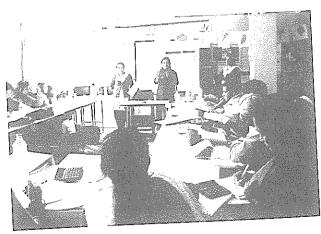
Check-up of Physically Challenged



Club Meeting



Joint Installation Ceremony



Dietician Training



RCP Family fellowship

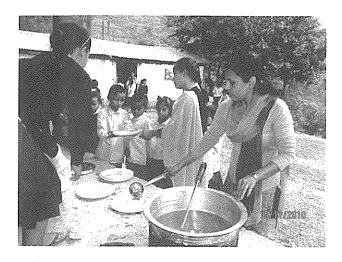
Photo Gallery



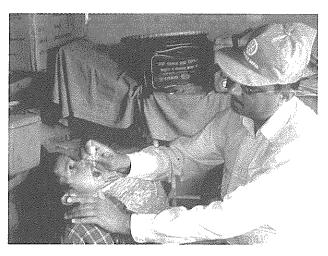
With GSE Team during Holi



Interact Chandibhanjyang



Mid-Day Meal Programme



Polio-Thopa administration



Walk for Cause



Walk for Health Walk for Rotary



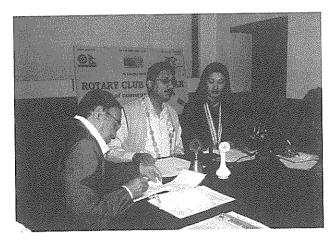
Photo Gallery



Humanitarian Award Ceremony



Host: District Conference



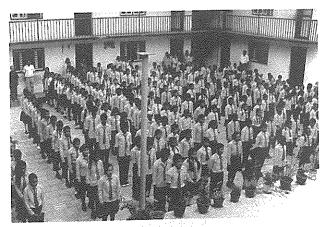
Joint Meeting with Rotaract



TRF Alumni Meet



Computer Handover Ceremony



Sunakothi School with largest number of students supported by PEEF



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On its 26th installation CEREMONY

Our service

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कथं कदाचित् नयाँ वा पुरानो (क्रनिक) रोग लागेमा

सम्भन्होस्

पीयूषवर्षी औषधालयं, हःखा, ललितपुर

सम्पर्कः

विशेष राय सल्लाहः

७:00 - ८:३० बिहान आईतबार देखि शुक्रबारसम्म

४:00 - ५:३० बेलुकी आइतबार र बिहिबार

हाम्रो विशेषता

वाथ, मधुमेह, अल्सर, लिभरको रोग आदिका आयुवेर्दिक उपचार



Committee Plan for 2011-2012

Club Administration – Shiva K. Pradhan, Director/Chairperson

Administration/Attendance

Coordinator: Piyush Bajracharya Mahendra B. Thapa Members:

Kedar B. Shrestha Mahendra Thapa

Rotary Info/Bulletin/Website

Coordinator: Kamal Mani Dixit Gabriele Mallapaty Members:

Padam L. Maharjan

Fellowship/Programmes Club Assemblies

Coordinator: Kedar Bhakta Shrestha Krishna B. Basnet Members:

Ganesh R. Shrestha

Club Mentors

Siba B. Rajbhandary Narayan G. Halwai

Kedar B. Shrestha Matsyendra L. Kayastha

Club Trainer

Ganesh R. Shrestha Puskar ManShakya

Membership – Chandra Lekha Kayastha, Director/Chairperson

Members: Puskar Man Shakya Yagya B. Shrestha

Service Projects - Gabriele Mallapaty, Director/Chairperson

PP Endowment Fund

Coordinator: Narayan G.Halwai

Members: Sharada Prasai, Lochan Gyawali

Matsyendra L. Kayastha

Bhim B. Kshetry, Bijaya Mallapaty, Mahendra Thapa

Physically Challenged

Coordinator: R.R.Pandey Members: Kamal B. Nyachhyon

R.R. Pandey, Dr. Prakash Raj Regmi

Nepal Orthopaedic Hospital

Siba B. Rajbhandary Ganesh R Shrestha

Health Activity Committee

Coordinator: Prakash R. Regmi (Dr.) Amina Shrestha (Dr.) Members:

Shivaji B. Silwal (Dr.)

Senior Citizen's Home

Matsyendra L. Kayastha Kedar B. Shrestha Biswo Bandhu Sharma (Dr.)

The Rotary Foundation – Dr. Mukti N. Shrestha, Director/Chairperson

GSE/Member Exchange Fund Raising

Ganesh R. Shrestha, Kamal B. Nyachheon Puskar Shakya, Dr. Amina Shretha

Krishna B. Basnet, Shivaji Bikram Silwal (Dr.)

PolioPlus

Coordinator: Tulasi Neupane

Biswa Nath Rai Members:

Jeevan Kumar Shrstha

PublicRelations - Tulasi Neupane, Director/Chairperson

Activity Reporting

Coordinator: Bijaya Mallapaty Padam L. Maharjan Members:

Shiva K. Pradhan

Advocacy & Media

Coordinator: Tulasi Neupane

Members:

Kamal B. Nyachhyon

Khrushchev Shrestha

New Generation – Bijaya Mallapaty, Director/Chairperson

Rotaract: Khruschev Shrestha

Interact: Chandralekha Kayastha

RCC: Som Paneru



रोटरीका 'चार कसी' (फोर-वे-टेस्ट)



रो. कमलमणि दीक्षित

कम्प्युटरमा भनों, इन्टरनेटमा पसेर गुगलमा 'रोटरी फोर— वेटेस्ट' ठोकेर 'सर्च' गऱ्यो भने चार सेकेन्डमा भण्डै पचास करोड जित 'रिजल्ट' देखाउँछ । कहाँकहाँ खोज्नु ? के मात्रै लेख्नु ? त्यसैवाट एउटा कुरा के थाहा हुन्छ भने सन् १९३२ मा पिहलोपटक लेखिएर सन् १९४२४३ मा रोटरीमा अपनाइएको हो 'फोरवेटेस्ट' अिन सन् १९५४५५मा मात्र 'फोरवेटेस्ट' को किपराइट रोटरी इन्टरनेसनलमा सरेको हो । अिन मात्र यो विधिवत् रोटरीको आफ्नो वस्तु भएको थियो । त्यो किपराइट यसका जन्मदाता अर्थात् सर्जक (लेखक) हर्बट जे.टेलर (हर्ब)ले आफू आर.आई. का प्रेसिडेन्ट भएका बेला आफ्नो संस्था (क्लब एलुमिनियम कम्पनी) वाट यता सारिदिएका हन्।

वास्तवमा आपना छँदाखाँदाको राम्रो तलव दिने 'ज्वे ल टी' कम्पनी छाडेर स्वेच्छाले एउटा टाट पल्टिन लागे को कम्पनी 'क्लब' मा त्यसलाई उठाउन उक्साउन भनेर आएका थिए हर्व । अमेरिकाको सन् तिसको डिप्रेसनले गाँजे का बेला, ड्ब्न लागेका कम्पनीलाई बचाउन उनले केके गरे होलान् ! कल्पना गरे हुन्छ । तर एउटा नाटकीय क्रा चाहिँ उनले गरे नै । एक दिन मनमा विचारमन्थन गर्दागर्दै उनलाई लाग्यो कुनै पनि बिग्रेको संस्था चलाउन त्यसलाई पहिले विउँताउन्पर्छ । हर्वले सर्वप्रथम त्यही गरे । उनले आफ्ना कर्मचारीको मनोबल बढाउने उपाय सोचे । आफू पनि धार्मिक प्रवित्तका थिए हर्व । उनले कामदारहरूको मनमा नैतिक वल भर्नुपर्छ भनेर एउटा उपाय निकाले । इमान्दारी । त्यसका लागि उनले कामदार कर्मचारीहरूका निमित्त एउटा नैतिक आचरण संहिता तयार पारे एक सय जित शब्द भएको । त्यो अलि लामो भएको जस्तो लाग्यो उनलाई र अलि सङ्क्षिप्त पारी उनले त्यसलाई 'सातबुँदे' बनाए । त्यसरी, हाम्रो यो 'फोर–वे' पहिले 'सेभे नवे' भएर पैदा भएको थियो भन्ने वृभनुपर्छ । तर हर्बलाई अभौ चित्त व्भोन र उनले त्यसलाई अभौ छोटो पारे— अनि त्यो यस्तो भयो-

Is it the TRUTH
Is it FAIR to all concerned
Will it build GOODWILL and BETTER
FRIENDSHIPS
Will it be BENEFICIAL to all concerned

यसप्रकार जन्मेको हो रोटरीको यो 'फोर-वे-टेस्ट'। यो सिद्धान्त वनाउन त बनाए हर्बले तर त्यसलाई लाग् गर्न भने उनले निकै परिश्रम गर्न् पऱ्यो । उनको कम्पनीका सबै लाई यही सिद्धान्तअनुसार काम गर भने उनले "बेइमानी नगर, जाली फटाहा क्रा नगर, सिद्धान्तमा अड"। तर त्यो सिद्धान्तमा अडेर वस्न सजिलो थिएन। सवैतिर मन्दी छाएको बेला उनको भाँडा वर्तन वनाउने कम्पनीमा एकपटक ४१ हजार डलरको अडर आयो । कम्पनीको उन्नतिका लागि त्यो पैसा अत्यन्त काम लाग्ने हुने थियो । तर त्यो किन्ने भएको व्यक्तिले अनैतिक 'डिस्काउन्ट' दिएर ती वर्तनहरू वेची अरू डिलरहरूलाई निचा देखाउने जुक्ति निकालेको रहेछ । यो क्रा व्भोपछि हर्बको क्लब कम्पनीले त्यो ५१ हजारको अडर लिन इन्कार गरिदियो भए पनि बिस्तारै हर्बको कम्पनी उँभो लाग्दै आयो र उन्नतिको शिखरमा प्ग्यो । यो देखेर सन् १९४२ मा आर.आई. का डाइरेक्टर रोटेरियन रिचर्ड मेनरले त्यो 'फोर-वे-टेस्ट'लाई रोटरीले अपनाउने प्रस्ताव बोर्डमा राखे। र त्यो स्वीकृत पनि भयो, रोटरीको भोकेसनल सर्भिसतर्फ ।

यो हो इतिहास 'फोर-वे-टेस्ट'को । त्यसपछि यो 'फोरवे-टेस्ट' संसारका १०० भन्दा बढी भाषामा अनुवाद भैसकेका छन् । नेपालीमा भने यो पहिलोपटक रूपान्तरित भयो २०४४ सालमा मात्र रो. कमलमणि र वासुदेवले प्रकाशित गरेको 'रोटरीका कुरा'मा । त्यस कितापमा 'क्लबको कुरा' भनेर पाटन रोटरी क्लबका संस्थापक अध्यक्ष रो. सुरेन्द्रराज शर्माले भूमिका लेखनुभएको थियो । त्यो कितापमा 'फोर-वे-टेस्ट'लाई अङ्ग्रेजीमा त्यसै रूपमा दिएर त्यसपछि लेखिएको थियो अङ्ग्रेजीका यी चार सूत्रलाई ठीकसँग नेपालीमा उतार्न

सिकंदैन तापिन त्यसको मोटामोटी भाव यसरी निकाल्न सिकन्छ-

- १. के सत्य क्रा यही नै हो त ?
- २. के यसबाट कसैलाई पनि अन्याय पर्देन त ?
- ३. के यसले मैत्री र सद्भावनामा वृद्धि गर्ला त?
- ४. के यसले सबै पक्षको हित गर्ला त?

थप लेखेको थियो "रोटेरियनले कुनै पिन काम गर्दा 'फोर —वे—टेस्ट' अर्थात् 'चार सूत्रे कसी' बमोजिम परीक्षण गरी हेर्नुपर्छ । यो 'चारसूत्रे कसी' आचारसंहिता होइन तर रोटेरि यनहरूले कुनै कुरा गर्दा यो भन्दा या चार सूत्रले जाँचेर मात्र गरे राम्रो हुन्छ भनिएको हो ।"

रोटरीका यी चारकसी भनौँ, 'फोर—वे—टेस्ट' वास्तवमा हाम्रा वेद उपनिषद्हरूले भनी आएकै कुरा हुन्। रोटरीका यी चार सूत्रलाई हामी उपनिषद् (तैत्तरीय, शिक्षावल्ली)का दुई सूत्रमा समेट्न सक्छौँ—

"सत्यं वद, धर्मं चर"
वेदको यो 'सत्यं' भनेको वास्तबमा 'ट्रथ' होइन,
'इमान्दारी' हो 'अनेस्टी' । भन्न खोजेको कुरा यत्ति हो
रोटेरियनहरूले आफ्ना क्रियाकलापमा 'सत्यं' अथवा
इमान्दारी अंगाल्ने हो भने कैल्यै अन्यथा हुने छैन । तर
यो इमान्दारी सर्वव्यापी हुनुपर्छ, सबैतिर ढाक्ने हुनुपर्छ ।
पैसा, रकम कलमका कुरामा, मित्रताका कुरामा, पारिवारिक
सम्बन्धका कुरामा, व्यापारलेनदेनका कुरामा इत्यादि सबै
तिर इमान्दार हुनुपर्छ रोटेरियनले । रोटरीको 'फोरवेटेस्ट'को
'इज इट द टूथ' र 'विल इट बी वेनिफिसियल अल' भने

को त्यही वेदको 'सत्यंवद'को व्याख्यात्मक रूप हो भन्ने वृभ्गों हामी। अनि माथिको मन्त्रमा "धर्म चर" भनेको पिन धार्मिक कर्मकाण्ड गर भनेको होइन। गीताको 'कर्म नै धर्म हो' भन्ने उपदेशलाई चरितार्थ गर्छ यसले। भन्छ— धर्म गर अर्थात् आफ्नो कार्य राम्रोसँग, लगनका साथ गर। हामीले वृभनुपर्छ 'धर्म चर' भनेका असल काम गर भनेको हो। 'फोर—वे—टेस्ट' को 'इज इट फेयर टु अल ?' 'विल इट वी वेनिफिसियल अल' भनेकै लाई सूत्र रूपमा बताएको हो भनेर वृभन् उचित हुन्छ।

यो 'फोर-वे-टेस्ट' को प्रयोग गर्ने बारे रोटेरियनहरूमा केही अन्यौल छ । 'काम गर्दा र बोल्दा' यो सम्भेर गर्ने गर भनिन्छ । आखिर के सिम्भिने हो त्यहाँ 'फोर-वे' को ? त्यसलाई यसरी वृभ्भौं । भनौं तपाई एकजना डाक्टर हुनुहुन्छ । तपाई कहाँ एकजना पेसेन्ट आयो । उसलाई 'असाध्य' (निको नहुने) रोग लागेको तपाईलाई थाहा भयो । त्यो कुरा तपाईले उसलाई कसरी बताउने या नवताउने ? उसको उपचार गराउने कि नगराउने ? के गर्दा राम्रो हुन्छ ? यो तपाईले राम्ररी सोचेर गर्नुपर्छ के गर्दा विरामीको भलो हुन्छ, उनको परिवारको भलो के मा छ, के गर्दा कतैतिर कटुता उत्पन्न हुँदैन इत्यादि सबै सोचिवचार गरेर मात्र तपाईले उनलाई भन्नु या उनलाई उपचारमा संलग्न गराउनु उचित हुन्छ । त्यस्तै हो विकलसाहेब र कुनै भगडियाका सम्बन्धमा पनि । यहाँभन्दा बढी भन्नु नपला रोटरीका चारकसी, 'फोर-वे-टेफ्ट' का बारेमा ।

१ साउन २०६८

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Rt. Hon. Dr. Ram Baran Yadav President of Nepal





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Member

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Past President

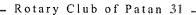


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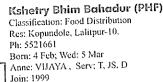
Born: 25 May; Wed: 7 July Anne: CHANDRA LEKHA Join: 1984, Serv: P. S. AG E-mail: mlkayastha@gmail.com







Senior Member

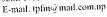






Neupane Tulasi P. (MPHF+3)

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tion Chirperson



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Member



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President Nominee

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Shrestha Yagya Bahadur (PHF)

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Shrestha Khruschev (PHF)

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Silwal Dr. Shivaji Bikram (PHF)

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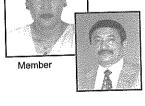


President



Tamrakar Jamuna Krishna (PHF)

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Shrestha Dr. Mukti Narayan (PHF)

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Email: dr.mnshrestha@gmail.com

Join: 2008 Serve: D



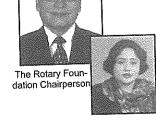
Member



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Rabi Shakya Office Secretary, RC Patan Mob:9849196363



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Rotary Club of Patan 2011-12

Grouping of Rotarians for Quaterly Fellowship Dinner

Group 1(July/Aug/Sept)

- 1. Bijay Bajracharya
- 2. Krishna B.Basnet
- 3. Kamal Mani Dixit
- 4. Suresh C. Lakhey
- 5. Keshab Bhakta Mathema
- 6. Shreedhar S. Rana
- 7. Dr.Prakash Raj Regmi(GC)
- 8. Tirtha Man Shakya
- 9. Dr.Mukti Narayan Shrestha
- 10. Dr.Shivaji Bikram Silwal

Group 2(Oct/Nov/Dec)

- 1. Kiran Shrestha
- 2. R.R.Pandey
- 3. Piyush B. Bajracharya(GC)
- 4. Narayan G. Halwai
- 5. Ganesh Raj Shrestha
- 6. Santa Kumar Shrestha
- 7. Gabriele Mallapaty
- 8. Som Paneru
- 9. Dr. Chandra B. Shrestha
- 10. Biswa Nath Rai

Group 3(Jan/Feb/March)

- 1. Bhim B. Kshetry
- 2. Tulsi Neupane(GC)
- Kamal Nyachhyon
- 4. Satya Pradhan
- Puskar Shakya
- 6. Arati T. Shrestha
- 7. Kedar Bhakta Shrestha
- 8. Khruschev Shrestha
- 9. Jamuna Krishna Tamrakar
- 10. Padam Lal Maharjan
- 11. Mahendra Thapa

Group 4(April/May/June)

- 1. Bharat N. Joshi
- 2. Bijaya Mallapaty
- 3. Sharada Prasai
- 4. Siba B. Rajbhandary
- 5. Jeevan K. Shrestha
- 6. Shiva Pradhan(GC)
- 7. Yagya B. Shrestha
- 8. Biswa Bandhu Sharma
- 9. Amina Shrestha
- 10. Matsyendra Lal Kayastha
- 11. Chandralekha Kayastha

मानसिक रोग सम्बन्धी परामर्श

तथा

विविध औषधिहरूको लागि हामीलाई सम्भःनुहोस ।

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डिल्लीबनार ४४२०१९९



Rotary Nepal Disability Awareness Campaign Project

A Noble Initiative of RID 3292(Nepal) & 5030(USA)



PP Rtn. R. R. Pandey

The Rotary Nepal Disability Awareness Campaign Project was designed to address some of the key issues surrounding disability in Nepal. Background research indicated that there is a lack of general awareness amongst families and communities about children and persons with disabilities. The community has neither the understanding nor knowledge or awareness of where to access information or facilities of identifying a disability, its causes, treatment or services regarding rehabilitation or corrective medical services. The issues relating to disability are further compounded by traditional beliefs, ignorance and ancient practices. Stigma and discrimination associated with disabilities act as major barrier towards rehabilitation and corrective treatment.

With these challenges in mind, the project began with 4 core objectives. The first objective was to increase awareness about people with disabilities and their capabilities via an integrated media and communications campaign. The second objective was to disseminate information on various disabilities, the services available, and opportunities for work and education available to people with disabilities. The third objective was to establish a call-centre which would direct callers (people with disabilities or families living with a person with a disability) to a relevant organization that provides services, education and opportunities that are relevant to them. Finally, our fourth objective was to provide direct benefits to people living with disabilities through club-to-club partnerships.

All the work that has been done as part of this campaign has been carefully planned and implemented to meet the objectives of this campaign.

An integrated mass communication campaign was launched in 7 pilot districts: Kathmandu, Lalitpur, Bhaktapur, Morang (Biratnagar), Kaski (Pokhara), Rupandehi (Butwal), and Kailali (Dhangadi). This included communication on television, radio and print, as well as non-mainstream mediums such as school notebooks.

A call centre was established with the aim of providing an information portal for people and families of people living with disabilities. The centre is manned by people with disabilities. The toll free number for the call centre is 16600103292. All of our advertising campaigns used real-life people living with disabilities. That was a conscious decision on our part to reach out to those living with disabilities and create communication that is moving, inspiring and authentic.

Each of the TVC's (Television Commercials) featured a person with a disability (hearing impairment, visual impairment, and physical impairment) with Rajesh Hamal, the Goodwill Ambassador for this campaign. Each of them carried a message of integration, encouraging and urging communities to become sensitive to the needs of people living with disabilities and extend our help in whatever way we can. They also stressed the importance of creating disability friendly public spaces so that people with dis-



abilities can participate more fully in communal life.

The radio spots highlighted three major issues related to disability: traditional beliefs, disability in school settings, and commuting problems of people with disabilities. Additionally, a fourth radio spot highlighted the success a person with disability can achieve if helped and encouraged by those around him/her.

Finally, the print campaign stressed the importance of providing assistance and opportunities to people with disabilities by highlighting people with disabilities who have succeeded in some way in their lives. The print advertisements feature people with disabilities and highlight their strengths and abilities. The core message of these materials is that people with disabilities can also achieve and flourish if they are given compassionate attention and opportunities for growth and learning. The primary objective of these communications was to encourage each one of us to take a step towards to enriching their lives.

Similarly, the billboards express a call to action. They encourage passersby to provide suitable help, education and opportunities to people with disabilities. They also highlight the need for disability friendly public spaces.

All the communication for this campaign has been created with the aim of building stronger bridges between people with disabilities and the rest of the community so that each can contribute to and enrich the lives of the other.

Since this project is collaboration between RI District 3292 of Nepal and 5030 of USA, it works on the spirit of collaboration across continents. Twenty-five clubs from Nepal have already partnered with clubs in the USA and provided joint assistance to several worthy areas of need including women with disabilities, cerebral palsy. visual and hearing impairment, clean drinking water, and several projects to provide vocational training to people living with disabilities. In the pursuit of the fourth objective to provide direct benefits to people living with disabilities, a total of over \$440,000 worth of projects has been raised through club-to-club partnerships. The goal is to partner more clubs from Nepal with suitable clubs in the USA(as of this writing, there are 5 partner projects with approximately \$125,000 in the pipeline), to create an even greater impact on the lives of the people and families living with disability in Nepal.

Project Contacts:

Nepal – RR Pandey – Email:ramjeep2003@ya-hoo.com

USA - Robert Rose - Email: rob@trifc.org



MEDIGRA

Sildenafil 25 & 50 mg Tablets

A priceless gift to enjoy life every day



BIOXY

Vit. A 5000 IU, Vit. C 150 mg, Vit. E 25 IU, Betacarotene 10 mg Capsules

Prevents heart attack & stroke One capsule daily

Rotary Club of Patan Nepal (RCP) Prajapati Education Endowment Fund (PEEF)



PP Rtn. Narayan G. Halwai



Rtn. Bijaya Mallapaty

Education for Nepali School Children

Rotary Club of Patan (RCP), Nepal has been spearheading initiatives in the field of education for years out of a commitment towards the intellectual development of the youth in the country. In a country like Nepal, one of the Least Developed Countries in the world with a Gross National Income per capita equivalent to US Dollars 490 in 2010 (World Development Indicator Database, World Bank) many children do not profit from the fundamental human right to empower themselves through learning.

The Nepalese government had declared its commitment to free primary and, since a few years, to secondary education for all. However, the government's coverage does not include all school related expenses, therefore in order to encourage lower-income families to continue sending their children to school, RCP initiated the education fund.

RCP's Scholarship Programme

To support children's education in Nepal, the Rotary Club of Patan (RCP) established the "Prajapati Education Endowment Fund" (PEEF) in 1991 and simultaneously launched a Scholarship Programme to bridge the education gap for children from economically underprivileged families. RCP implemented the scholarship program in government schools, each year selecting four students enrolled in Class 6 to receive financial assistance until the completion of Class 10 as a supplement to family expenses on education. The need-based assistance package has

been offered on a staggering scale to take into account student's educational performance. From the school year 2011/2012, the package has been maximized for all (Rs. 1,500 per child), with higher amounts (Rs. 2,000 per child) to recognize students performing with distinction.

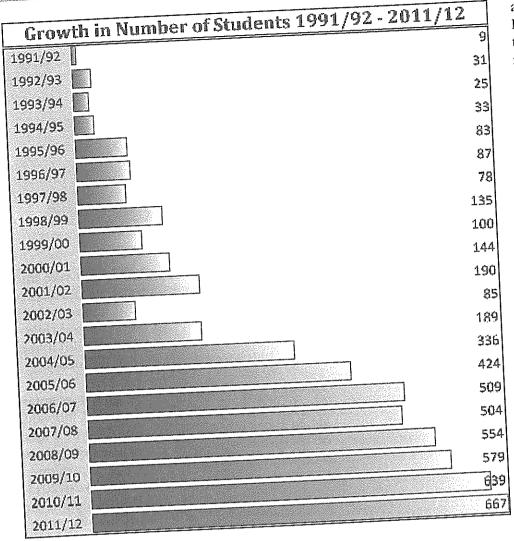
Through generous donations from fellow Rotarians, other charitable institutions and individuals, RCP has mobilized funds to support a total of 1810 students, about 60% girls, over a span of more than a decade. The girls represented 62% of these students in the school year 2011-12. During the selection and distribution of the first instalment of scholarships this year, nineteen Rotarians, Anne and one granddaughter of a Rotarian of RCP took part, many of them making several visits. The RCP's supplement to their educational costs has allowed these students to continue attending school while reducing the burden to their economically poor families. In the year 2011/2012, the number of students receiving scholarships reaches 667 (62% girls) from 27 participating schools. The programme aims to reach the target of supporting 1000 students annually.

Although ambitious, RCP has full faith in the realization of this target and the benefit that the economically deprived children of Nepal stand to gain from its initiative.

Management of the Scholarship Programme

The Fund is managed by a RCP Committee which meets regularly to discuss policy and practice. This year, the RCP further strengthen the Trust





Fund by deciding to limit all investments (Fixed Deposits) to the financial institutions with deposit insurance guarantees. Every 3-4 months a progress report, including detailed account summaries, is submitted to the RCP General Meeting. All activities, from record-keeping, liaising with donors, communicating with schools, selecting suitable candidates, and checking-up on student performance are conducted by the RCP team in a transparent manner and on a voluntary basis. This effort has been the prime driver in the success of this programme. In addition to the resources, the donation of valuable time and expertise by the highly motivated Rotarians, ensure that there are no overhead costs to manage this model scholarship programme.

The Trust Fund has reached an amount of Nepalese Rupees 7,214,153 and there are additional annual contributions of Rs. 281,200 as detailed in the annex 1. The anticipated income being generated by the Trust Fund together with the additional annual contributions have brought about a budget of Rs. 1,043,000 for the planned total number of scholarships to 667 for the school year 2011-This would 2012. again be the highest number since the establishment of the Trust Fund.

Criteria for Student Selection

Students are selected not on a merit basis but rather on the basis of their economic need. In order for students to qualify for assistance, the RCP Selection Committees take into account the following RCP criteria:

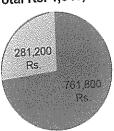
income low household/inability to pay for school fees, books, station-

ary and other education-related costs part of a large family with many children/ school-going siblings

no father or mother or both

not working as domestic helpers whose education would be the responsibility of the house owner.

The PEEF 2011-12 Scholarship to 667 students Total Rs. 1,043,000



From Trust Fund Income

From Annual Contributions

How Funds are Raised

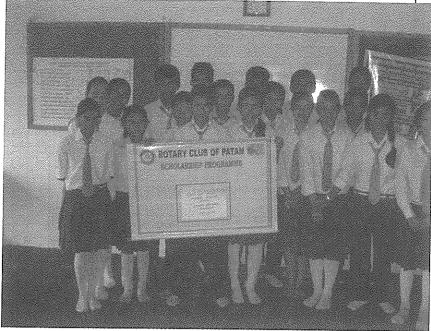
A one time contribution of NPR 15,000 (approximately USD 250) supports one student's scholar-ship for perpetuity through interest earned from investing these funds in secured, maximum interest-bearing accounts by Rotary. With the growth in the number of students supported, RCP has also decided to advocate only this mechanism (stopping any new annual contributions), as this ensures continuity of the scholarship programme.

Feedback Provided to Donors

Each donor is assigned a student for a period of five years, from Class 6 to Class 10, after which the scholarship is transferred to a new student beginning again from Class 6. Donors receive a statement of annual examination scores together with the student's receipt of scholarship money. In addition a photograph of the student is also sent wherever possible. (See Annex. 1 with a list of sponsors and the latest funding details)

Examples of Scholarship Distribution at Schools in the presence of the Rotarians of RCP:





A Little Goes a Long Way

The regular feedback from students, school management, and first-hand observation by RCP Rotarians demonstrate that the value of a small monetary donation is exponentially larger when calculated in non-monetary terms. To name a few: improvement in the child's well-being, ex-

panded outlook and increased potential to develop communities. The RCP is also using this flagship programme for a multiplier effect by directing other support programmes such as computer labs, library materials, provision of potable drinking water, toilet facilities health check-ups etc. to these schools.

In continuing the splendid swing of sharing, we encourage donors, Rotarians and non-Rotarians alike, to contribute to the noble goal of educating 1000 disadvantaged students in Nepal every year.



Annex 1 (ref. Form 2): RCP, PEEF - List of Sponsors with Amount and Student Numbers as of 31 July 2011

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		71	d		Pascai Maharjan, USA (son)			5,000			-	1
		72	,		Poonam Maharjan, USA (daughte	r)	-	5,000			\dashv	1
		73	1	í	Emi Ashikawa Maharjan, USA (daughter-in law)		-	5,000	\perp		_	
	f	_	+		On Padma Maharjan's initiatio	n	-+	00,00			\dashv	6
	ļ	74			Rtn. Piyush Bajra Bajracharya			15,000	_	1,60	u	2
	Ì	79	;	a	Mandar Bajracharya (Rtn Piyush son), USA	8		24,86	0			2
1	ļ		+		On Piyush Bajracharya's initi:	atio	n	69,80	60	1,60	00	4
			+		Late Prajapati + Sharda + Shiki							
1		7	6		Prasai Late Prajapati Prasai			14,00	00			1
_1		-	7	b	Sharda + Shikhar Prasai			150,	000			10



			Con	tribution	
SN		Sponser's Name	Trust Fund	Annual	Stud. Nos
78	с	Mr. Andre Gilloz, Switzerland	453,290		30
79	d	Mr Georges A Cuendet, Switzerland	381,227		25
80	е	Ms Vera & Mr C Trachaz, Switzerland	573,473		39
81	f	Mrs. Ines Ramaut, Belgium	28,488	<u> </u>	2
82	g	Mr Patric & Mrs Martine, Belgium	13,972		1
83	h	Ms Rita Jefer Weber, Switzerland	11,000		1
		On Prasai Family's initiation	1,625,450	ļ <u>.</u>	109
84		Rtn Puskar Shakya		3,200	2
85	a	Madam Teresa Cruz, Portugese Consular	112,767		7
86	ь	Mr. Andre De Jonckheere, Belgium Consular	10,000		1
		On Puskar Shakya's initiation	122,767	3,200	10
87		Rtn. Rabendra R Pandey	15,000		1
88	a	Khagendra Piyush Education Guthi	15,000	14,400	10
89	ь	Rtn. Robert Rose & Anne Gina, USA	15,000		1
		On Rabendra R Pandey's initiation	45,000	14,400	12
90		Rtn Siba B Rajbhandary and Family	161,295		11
91	a	Mrs. Mary Pradhan, USA	38,290		3
92	b	Mrs Deepa Hada Rustum, USA	46,920		3
93	c	Mr. Yakshya B. Malla, USA	15,094		1
94	d	Mr. Keits Smith, Australia	46,000		3
95	e	Ms. Linda Starodub, USA	17,033		1
96	f	Mrs. Richard C. Goldman, USA	7,547		1
97	g	Obi & Vibha Joshi, USA	14,400		1
98	h	Dillon Lal, USA	12,010		1
99	i	Rtn. Susan Sola, USA	35,248		2
100	j	PDG Amitav Mukerjee, India	39,500		3
101	k	Prayag Man Pradhan, Australia	15,000		1
102	1	Dr. Tulsi Maharjan	35,585		2
103	m	Late Hari Bhakta Dongol (Tulsi's Uncle)	148,000		10
104	n	Late Krishna Manandhar (Madhu's Father)	455,950		30
105	0	RC BranchBurg, USA		48,000	30
106	p	Late Kul Narayan Maharjan (Tulsi's Father)	139,625		10
107	q	Wen-Chinan Yang Memorial Scholarship	148,000		10
108	r	Sponsor for orphan student 1	15,000	***************************************	1
109	s	Sponsor for orphan student 2	15,000	····	1
110	t	Sponsor for orphan student 3	15,000		1
		Sub-total Tulsi Maharjan's Initiation	972,160	48,000	95
		On Siba Bhakta Rajbhandary's initiation	1,420,497	48,000	126
111		Rtn Yagya B Shrestha		3,200	2
112	а	Dr. Sumi + Subin Shrestha	-	3,200	2
		On Yagya Shrestha's initiation		6,400	4
		Total on initiations	5,671,163	271,600	537

			Con	tribution	
SN		Sponser's Name	Trust Fund		Stud. Nos
		Contribution from individual RCP members			
113		Rtn. Aarti Shrestha		3,200	2
114		Rtn. Bharat N Joshi		1,600	1
115		Rtn. Jamuna K Tasurakar	75,000		5
116		Rtn. Bijaya Bajracharya	1,000		
117		Rtn. Biswa Nath Rai		3,200	2
118	Ī	Rtn. IPDG Tirtha M Shakya	15,000		1
119	1	Rtn. Kamal B Nyachhyon	15,000		1
120	1	Rtn. Kamal Mani Dixit	108,500		7
121		Rtn. Kiran, Aarti & Usha & Ava Shrestha	15,000		3
122		Rtn. Prakash R Regmi, Dr.	45,000		2
123		Rtn. Santa Kumar Shrestha	25,111		2
124		Rtn. Shreedhar Shumsher JBR	15,000		1
125		Rtn. Suresh Lakhey	77,000		5
126		Rtn. Tulasi Neupane	15,000		1
		Sub-total Individuall Contri RCP members	406,611	8,000	33
127		Rtn. PDG Shekhar Mehta, India	25,000		2
128		Rtn. Alan Cope, Isle of Man, UK	1,000		
129		Rtn. Denik Jrak, Belgium	1,000		
130		Rtn. Gale Jones, New Mexico, USA	14,807		1
131		Rtn. Jim Sinclaîr, USA	14,497		1
132		Rtn. Siddhi B Shakya	3,000		
133		Bhism R Prasai, Dr	15,000		1
134		Chandra P Maskey, Dr	15,000		1
135		Chirinjibi Acharya	15,000		1
136	<u> </u>	Dhruva Bahadur Raut	1,000		
137	ļ	Dhruva Thapa	1,000		
138		Gyanu R Shakya	15,000		1
139	<u> </u>	Karna B Shakya	15,000		ı
140	<u> </u>	Madan Rai	15,000		1
141	<u> </u>	Moti L Shifpakar	13,000		1
142		Om Rajbhandary	6,000		
143	ļ	PDG T Manekshaw	25,001		2
144		Prachanda Pradhan, Dr	30,000		2
145	ļ	Ram Singh Thapa	15,000		1
146		RC Patan including Voc. Fund	439,074		23
147	 	Sagar Shumsher JBR	5,000		
148		Saheed Dharma B Mathema (Renu)	15,000		1
149	ļ	Samjhouta Nepal	340,000		22
150	<u> </u>	Shiyo Kaju Netsu, Japan	5,000		
151		Shreedhar Acharya	71,000		5
152	ļ	Vishnu P Dhittal	6,000		
153		Yasodhara Basner (Krishna's wife)	15,000	1,600	2
		Sub-total	1,136,379	1,600	69
		Grand Total	7,214,153	281,200	639
		Additional Scholarships using Trust Fund	***************************************		28
		Total Scholarship for 2011/12	1,043,000		667

WATER FOR HEALTH



PP Rtn. M.L. Kayastha

Who does not want to be "HAPPY"?
But to be happy, you have to be "HEALTHY".
Health is the number one Wealth.

Many of us do not think about the state of our health until we are ill. But being mindful of our lifestyle choices and paying attention to the way we feel can help us take steps to ensure that we are doing everything we can to optimize our health. Eating a well-balanced healthy diet, drinking lot of pure water and exercise are keys to good health.

To be healthy, next to proper breathing (oxygen), you have to be properly hydrated. Drinking less water or unintentional chronic dehydration is one of the root causes of many diseases. You are not only what you eat, you are also what you drink.

Water is the best drink for health; it is the elixir of life and a fountain of youth. Water is the basis of all life that includes our body. Our body is around 70% water - blood that transports nutrients is 82% water, lungs that provide oxygen are 90% water, the brain that is the control of our body is 76% water, even our bones are 22% water.

Our health is truly dependent on the quality and quantity of the water we drink.

As it is beneficial to all concerned, in line with the Rotary's Four-Way Test, I would like to highlight drinking sufficient potable water for a healthy living. This would not only prevent, but also help cure many of the diseases we face. Water is

most important in reestablishing and monitoring proper pH and boosting our immunity. Our body loses around 2.5 liters of water every day, so it is extremely important to constantly replenish our supply of it. Water assists in removing toxins and neutralizes acids from the body. Water is also the conductor of electrochemical activity from cell to cell, so we should be drinking between 1.5 to 3 liters of potable water per day depending upon our weight, climate, weather and physical activity. We should be drinking $\frac{1}{2}$ oz. of water for every pound of body weight (33 ml for every kg.). For example a 60 kg. weighing person should drink a total 2 liters of water in a day. It should be noted that about 20 percent of our water need comes from the food we eat, and that water in fruits and vegetables is very good alkaline water.

While thinking of the benefits of drinking water, we should also not drink too much water at a time as it can cause water intoxication (Hyponatremia, loss of sodium) or brain to swell. However, it is very rare. And those suffering from kidney and other serious diseases should not be drinking much water without advice from the Doctor.

A very important point is that the drinking water has to be pure and potable, as contaminated water with pathogenic bacteria, viruses, microorganisms, water born parasites, chemicals and other pollutants are sources of diseases like Cholera, Typhoid, Hepatitis A of E, Diarrhea, etc. For good potable water, we can use Alkaline water filters, Carbon filters especially with ultraviolet water purifiers, filtered and boiled



water, filtered and Solarized water (water kept under sun from 6 to 8 hours in while or light blue glass bottle). Filtering out the impurities, bacteria, chlorine, lead and other contaminants with quality home water filtration system, at the point of use, is economical, convenient and environmentally friendly.

Dehydration may be a cause of many types of degenerative diseases, like Asthma, Arthritis, Hypertension, Diabetes (type 2), Alzheimer, etc. It turns out that most of what we drink, especially coffee, soda, soft drinks and alcohol – dehydrates the body and they are also highly acidic.

Water provides many benefits, some of which are:

- Prevents constipation. Constipation is generally cured within one week.
- Clears toxin waste from different parts of the body and takes it to the liver and kidneys for disposal.
- Removes toxins from the body including fat stores even helping in reducing weight.
- Fights fatigue as lack of water can trigger daytime fatigue.
- Prevents some colds and can lessen the severity of other colds and flu.
- · Lessens the occurrence of kidney stones.
- Serves as a dietary aid by reducing hunger when drinking extra water. In many cases symptoms of hunger are similar to dehydration.
- Cleans the skin and keeps it looking younger by keeping it properly hydrated.
- Increases the efficiency of red blood cells in collecting oxygen in the lungs.
- It is the main lubricant in the joint spaces and helps prevent arthritis and back pain.
- Dilutes the blood and helps to reduce high

blood pressure, and prevents from clotting during circulation reducing the risk of heart attacks and strokes.

- · Helps lower blood cholesterol.
- Helps prevent and manage early adult onset diabetes.
- Gives lustrous and shines to the eye and also helps prevent glaucoma.
- Helps prevent the loss of memory as we age, reducing the risk of Alzheimer's, and Parkinson's, diseases.
- There are many other benefits of drinking sufficient pure water every day.
- Getting started on Water Therapy:
- Early morning after you get up from bed, start drinking 1 to 2 glasses of water slowly increasing up to 4 glasses (maximum 1 liter) of pure water first thing in the morning.
- You can do morning duties and any exercise after that.
- Try not to drink or eat anything for 45 minutes.
- Drinking water in the morning in empty stomach is medicinal.
- Drink 1 or 2 glasses of water half an hour before meals.
- Limit drinking water during meals to 1 glass, preferably warm water.
- After meals, drink water only after 1 to 2 hours (better).
- Then we can sip water in between meals.
- Drink a total of minimum 1½ to 3 liters of pure drinking water per day (half ounce of water per 1 pound of body weight or 33 ml for every kg.).

If we are committed to a healthy life style, let us make drinking enough natural pure water a habit of our life. It won't take long to feel the benefit. It is almost a free investment for our long term health. Best wishes.

Disclaimer: The above information is based on intensive self-study especially available in the Internet and published journals. Readers should exercise their own judgment and care with respect to its use. The writer shall not be responsible for any consequences.







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48 Rotary Club of Patan -

Myths and realities in Psychiatry.



Rtn. Dr. Bishwo B. Sharma

When I first decided on Psychiatry and work in the field of mental health, many of my relatives were confused and frustrated. They were worried that I will not get enough patients to treat and will not have an opportunity to have a good career. Even my senior colleagues, who were already working in Nepal, seriously persuaded me to change my decision and the reason was almost similar: there is not enough opportunity in the country to work as a Psychiatrist.

By that time, it was difficult for me to take these suggestions as I had already made up my mind. I knew that a Psychiatrist in Nepal will be overloaded with patients and serious mental health problems. Despite that obvious fact that mental health problem is overwhelming, the myth that mentalhealth is not a problem is dominating people's opinion. The most common myth about mental illnesses is that they are rare in society, and are not important problems of underdeveloped and poor countries. The reality is just to the contrary. If we speak about leprosy, which is endemic in Indian sub-continent, it is 1 %. Similarly, in a society with poor health services, average prevalence rate of blindness is around 1%. Whereas the average prevalence rate of mental illness in all societies and communities irrespective of the level of development, religion, culture, rural or urban location, is the same, i.e. almost 15%. Men, women, people of advanced age, and even children are not spared from the affliction of mental malady.

In Nepal therefore, out of the population of around 30 million Nepalese, we can estimate that 4.5 million suffer from some kind of mental illness at any particular point of time. This figure itself speaks about the magnitude of the problem. I am particularly highlighting this misconception as this myth is so overwhelming that even many government authorities, health planners and

other responsible people think along this line, and as a consequence the most prevailing health problem in the society gets minimum attention. The problem is more severe due to its predominance among the most productive population of the country. Most of the mental illnesses start at adolescence and young age and creates lifetime of suffering in majority of the cases. One can easily imagine how this myth is detrimental not only to the suffering individual, but also to the society at large. The community of Psychiatristsmust do a lot more to educate people at large, so that people realize that it is one of the most pertinent public health problems and the State has to give it the priority it merits. Let me elaborate this with a few more facts. There are many more myths prevailing in the society which hinder timely treatment and service delivery to mental health patients. Let me mention a few of them. Most people think that when we talk about mental illnesses, these are always the serious diseases, something like being "crazy" and insane. The reality is entirely different. Very serious mental illnesses like craziness or insanity covers only 1% ofthe general population. The remaining 14% belong to mild disorders where a person is leading an apparently functional life. This myth creates a lot of stigma even in developed societies. People hesitate to visit mental health professionals and continue the suffering, which could have been easily alleviated. People hide the fact that someone in the family is suffering from mental illness. People prefer to consult other specialists and do not acknowledgethe need when they are suggested to visit mental health professionals. Due to this stigma and fear of being labeled as mentally sick, many people discontinue their treatment prematurely, drop out of the treatment program and complicatetreatablemental illnesses. Thanks to the continuous coverage of this issue by media, and efforts of mental professionals in educating the masses regarding prevention and treatment, the

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situation has been changingsteadily. Still the larger society needs more information and advocacy. I remember the early days of my professional life as a Psychiatrist, when even my own patients and their relatives used to avoid me in public. Sometimes, I was invited alone the next day to their homes in the pretext of some social gathering.

Another myth which is often expressed in relation to mental health is that mental illnesses are difficult to treat, need special setup for treatment and that most are incurable, whereas the reality is just opposite. Many of the mental diseases, even very serious ones respond very well to adequate and timely treatment. People who never faced mental problems in their family or among their relatives cannot imagine how miraculous, sometimes the treatment becomes. The patient who is in complete disarray with total loss of self-control becomes perfectly normal and symptom free after a few days of treatment. Though many psychiatric problems reoccur after a while if preventive measures are not taken, recovery is very good with modern treatment approach. Here I should mention that majority of the patients could be successfully treated at home even without admission to a hospital. Not only that, treatment of psychiatric patients can be administered at the community level by paramedics. Our mental health policy envisages delivery of mental health services to people by health workers at the community level, once they are properly trained. This fact itself tells us that treatment of mental illnesses is much easier in comparison to many other fields of medicine. Except some psychiatric emergencies, in majority of the cases, there is no urgent need to solve the problem instantly. Recovery in most of the cases is slow but thorough, with little investigation.

When we talk about myths in mental illnesses, there is a general belief that seriously ill people are dangerous. With a very few exceptions like those with head trauma, history of brain infection, epilepsy with possibility of rage with dangerous traits, all other patients, if carefully handled and due respect given to their feelings, are quite calm and positively responsive to our endeavor to assist them. Here I have to mention that some patients, because of the nature of the illness, could possess risk to their own life. Chronically ill people think themselves as a burden to the family and society, and depressive people with pessimism see no future for them

selves. They could be prone to self-destruction. But regarding the risk to others, I must say that in my 30 years of professional life, I have never encountered a situation that pose a threat to my life, or riskof being injured.

Many people still think that mental illnesses are not the diseases in conventional sense. They think that these are rather the influence of spirits, result of bad luck and misfortune, or misdeeds. Such people, instead of visiting doctors and hospitals, prefer to go to traditional healers, astrologers, shamans and other practitioners of occultism and black magic. It was well known from the very ancient time that metal diseases are caused by the disturbance in the brain. Even in ancient Greece, the famous physician Hippocrates described the diseases like depression, epilepsy, excitement as a result of the affliction of the brain. In our society, it is not surprising to see a big crowd of mental patients and their relatives in front of the house of a traditional healer. Almost all my patients either have visited faith healers before coming to me or would visit afterwards. Though it is totally false to believe that mental illnesses can be caused by evil spirits, misfortune, and so on and so forth, we cannot dismiss and ignore these misconceptions while they are prevailing in the society. We have to educate and correct this thinking and resulting behavior. There still are many more myths, false beliefs and misconceptions regarding the cause of mental illnesses, its treatment and the patients. It is not possible to mention all in this brief account. The purpose of this writing is just to highlight a few important points which are directly affecting the result of our work.

In conclusion, mental illnesses are the diseases of the body, specifically of the mind, and like other maladies have their own cause, course and ultimate consequences. The science dealing with this problem is like any other field of medicine. Likewise, work in this field is not different from other medical specialties. We have to deal with serious mental illnesses as well as milder ones. We have a lot of effective treatment tools where the patient can be fully cured. Like in other field of medicine, we have to treat the patients, work for primary and secondary prevention and run rehabilitation and supportive programs for those who are chronically ill. So let us work together against the myths and misconceptions and reinstate Psychiatry to themainstreamto help the 15% population of the society.

अायुर्वेदको व्यावहारिक पक्ष



रो. पीयूषवज्र वज्राचार्य

हामी आयुर्वेदको कुरो गर्छों र यो विषय प्राचीन वेदसँग सम्बन्धित छ भन्ने कुरो सर्वविदितै छ । यसका कतिपय पुराना कुराहरू अहिलेको विश्वमा मेल खाँदैन त कसै लाई तत्सम्बन्धी कुराहरू मिठो नलाग्न सक्छ । अतः यहाँ आयुर्वेदमा उल्लिखित केही घतलाग्दा प्रसङ्गहरू, जुन पहिले पनि सत्य र लोकप्रिय थिए अहिले पनि उत्तकै मननयोग्य छन्, प्रस्तुत गर्न खोजिएको छ ।

आयुर्वेद भन्नासाथ यौटा नाम आउँछ : चरक । यो नाउँ एक जना ऋषिको हो । ती ऋषिले यौटा किताब सर्वप्रथम लिखित रुपमा प्रस्तुत गरे । त्यस किताबको नाम हो "चरक संहिता" । यो किताब आयुर्वेदका आठओटा भाग (अष्टाङ्ग आयुर्वेद) को १ भाग कायचिकित्सा तन्त्र अर्थात् (Internal Medicine) सँग सम्बन्धित छ । अर्को शब्दमा भन्नपदां तत्कालीन 'इन्टर्नल मेडिसिन'को यो (विश्वकोश) इन्साइक्लो पेडिया हो। यो किताब करिब २५२६ सय वर्ष पहिले ले खिएको हो भन्ने इतिहासिवद्हरूको अनुमान छ । यहाँ त्यस किताबको यितको लामो गन्थन प्रस्तुत गर्नुको मतलब अहिले तल जित पिन आयुर्वेदका रमाइला व्यावहारिक पक्षहरू अधि सारिने छन् ती सबै उही किताबको आधारमा हुने छ । यसमा लेखकको व्याख्या मात्र समाहित हुने छ भन्ने कुरा पाठकवर्गलाई स्पष्ट गर्न चाहन्छ ।

आयुर्वेद स्वास्थ्यसम्बन्धी ज्ञान हो । स्वास्थ्यसँग २ पक्ष गाँसिएको हुन्छ त्यो हो दुःख र सुख । दार्शनिकहरू अपरिहार्य दुःख मृत्यु, रोग, बुढेसकाल, प्रियविछोड र अप्रिय योगलाई मान्छन् । आयुर्वेदविद् भने निरोगी स्वस्थ जीवन नै सुख हो भन्ने परिभाषा दिन्छन् । हाम्रो स्वस्थतामा शारीरिक र मानसिक दुवै अनिवार्य छ । शारीरिक स्वस्थता ३ वटा स्तम्भमा स्थिर रहन्छ । त्यो हो व्यायाम, सन्तुलित आहार र दिनचर्या । आधुनिक परिवेशमा धेरै जसोले व्यायाम र आहारलाई महत्व दिएर जीवन स्वस्थ गर्न प्रयास गरे पनि दिनचर्यालाई उनीहरूले खास विचार गरिएको देखिँदैन । यहाँ दिनचर्या भन्नाले विहान उठेदेखि गर्नुपर्ने स्नान, पूजा पाठ, ध्यान व्यान, निन्द्रा आदि सबै बुिभन्छ । हुन त पूजा ध्यान मनसँग सम्बन्धित विषय भएको हुँदा त्यो मानसिक स्वास्थ्यमा चर्चा गर्नु उपयुक्त हुन्छ ।

मानसिक स्वस्थतालाई निरन्तरता दिने ३ ओटा शक्तिको भूमिका हुन्न् घार्मिक आस्था, सकारात्मक शोच र सार्वजनिक हितको भावना । घार्मिक आस्था भन्नाले आन्तरिक शक्तिले आत्मानुशासन गर्न मदत गर्छ । आफूले के गर्नु हुन्छ र के गर्नु हुंदैन, अरूलाई केही सिकाउनुभन्दा पहिले आफैले त्यो कुरो पालना गरेको छ कि छैन, यस्ता कुरा विचारणीय हुन आउँछन् । जस्तै—

9) आत्मसंयम राख्नु, पापी उपर पिन पाप नगर्नू । मनुष्यले जानी वा नजानी आत्मसंयम राख्न नसकेपछि काय, वाक्, चित्त, तिन प्रकारको पाप मध्ये कुनै पिन पाप गरिरहेको हुन सक्छ ।

दार्शनिकहरूको भनाई अनुसार हातखुट्टा चलाएर लड्नु शारिरीक पाप हो । गाली गर्नु, कसैलाई चित्त दुख्ने गरी बोल्नु बोलीरुपी पाप हो र मनमनै सराप्नु, कुभलो चिताउनु, चित्तरुपी पाप हो ।

२) इन्द्रियको वशमा नपर्नु र इनिद्रयलाई वशमा राख्नु— यो वाणीले के दर्साउछ भने मान्छेको मनका २ पाटा हुन्छन् । १. एक पाटो जिन्दगी के छ र, रसरंग गरेर आनन्द गरेर विताऊँ । यहाँ के गर्नु हुन्छ के गर्नु हुन्न भनी सोच्नु पछिको कुरो हो भन्ने लाग्छ तर २. राम्रो पक्षले इन्द्रियलाई वशमा नराखी मन लागी गर्न थाल्यौं वा मन लागी खान थाल्यौं भने अवश्यमेव हामी अफ्यारोमा पछौं । स्वस्थ शरीरमा वाधा पुग्छ । मन लगाम नभएको घोडा जस्तै हुन्छ। अर्को व्यवहार मा ध्यान दिनु पर्ने कुरो हो ।

३) केही उदार हुनु, ४) प्राणी मात्रलाई माया गर्नु, ५) दीनदुःखीको सेवा गर्नु, ६) भ्रुटो नवोल्नु, ७) क्रोध हर्ष कावुमा राख्नु, ८) क्षमावान् हुन्, ९) डराएकोलाई सान्त्वना दिनु, ११) उपकारी हुनु, ११) दुष्ट, मूर्ख, उन्मत्तहरूको सङ्गत नगर्नु, १२) जुवा र कुलतमा नलाग्नु, १३) स्त्रीलाई आदर गर्नु, १४) हेला नगर्नु, गृह्य सबै नखोल्नु १५) घमन्डी नहुनु, १६) शोक नियन्त्रण गर्न सक्नु, १७) प्रकृति स्मरण गर्न सक्नु, १८) परश्ची (परधन) र परस्त्रीको अभिलाषा नगर्नू। यी सबै घांमिक आस्थासंगै मन नियन्त्रण गर्न चाहिने सूत्रहरू हुन्।

मानसिक स्वस्थता कायम गर्न र मन दृढ वनाउन हामीलाई अत्यावश्यक कुरो शान्ति हो र सकारात्मक शोच । यस्तो शोचले हामीलाई चिन्ता कम गर्छ, भय शान्त गर्छ र आत्मविश्वास वढाउँछ । यो शोचको उदय कसरी हुन्छ भन्ने पक्षको जवाफमा आयुर्वेदको निम्निलिखित धारणा वा उपदेश व्यक्त गरिएको छ । जस्तै शुभ शुभ वोल्ने, प्रतिज्ञा पुरा गर्ने, धैर्यवान् हुने, उत्साही हुने, सत्यवादी हुने, रागद्धे पक्षो कारण मारण गर्न सक्ने वन्ने, उत्तम व्यक्तिको आलो चना नगर्ने, स्वजनलाई अविश्वास नगर्ने वढी नवोल्ने, त्यस्ते कसैको गुह्य खोज्दै निहँड्ने वा गुह्य भन्दै निहँड्ने अर्थात कसैको वारेमा कुरा गर्दा वा टीकाटिप्पणी गर्दा उनको गुह्य कुरो आफूलाई थाहा भए पनि त्यो गोप्य नै रहन् दिन् वंश हुन्छ । अरूको गुह्य कुरो व्यक्त गरेर न त आफूलाई फाइदा न त दोश्रो पक्षलाई फाइदा हुन्छ ।

अर्को विचारणीय विषय कसैको सफलतामा होइन, सफलताको कारणमा ईर्प्या गर्नु भन्ने उल्लेख गरिएको पाइन्छ,। जब हामी कसैको उन्नित भएको देख्छौं त हामीलाई उक्त व्यक्तिको श्रीसम्पित र इज्जतको वढुवा भएकोमा अलि डाह लाग्छ,। तर यसरी ईर्प्या गरेर हाम्रो केही हुनेवाला छैन, यसले त के वल आत्मग्लानि हुन्छ,। यस्तो परिस्थितिमा उक्त व्यक्तिको उन्नितको आधारशिला के हो त्यतातिर ध्यान दिएको खण्डमा हामीले अवश्यमेव केही नयाँ कुरा पाउछौं, जस्तै कसैको उन्नित हुनुमा ऊ आफ्नोभन्दा वढी मेहनत गर्ने, आफुभन्दा

वहीं वोल्न जान्ने वा जननालाई प्रभाव पार्न जान्ने हुन सक्छ वा आफुसँग भएको भन्दा वहीं ज्ञान हुन सक्छ। त्यस्तो केही पत्ता लगाउन सके सफलनाको शिखरमा पुग्न कुनै कठिनाइ हुने छैन।

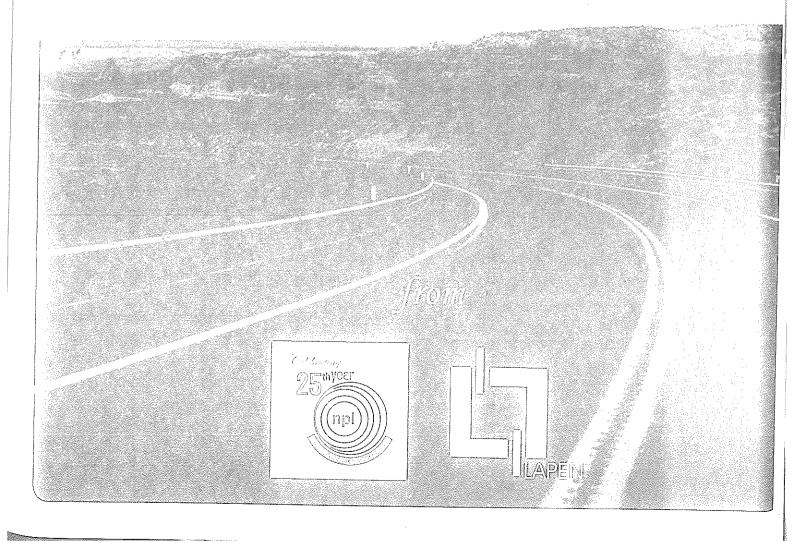
मनलाई सधें आनन्द र प्रफुल्ल पानं 'सर्वजन हिताय' भन्ने भाव निकै आवस्मरणीय छ । यस भावले हासीमा कुनै पनि प्रकारको टेन्सन आउदेन । निम्निलिखित वृंदाहरू सर्वजन हित सोच्ने व्यक्तिले सम्भन् जर्मा छ : समयानुसार सबैको हित हुने मिठो वाली वाल्ने, शान्तिप्रिय हुने, उपकारी हुने, दुर्गितमा परेकोलाई रक्षा गर्ने, कसैलाई हेला नगर्ने, कसैको कडा वोली सहन सक्ने क्षमता वृद्धि गर्ने, सवैलाई विश्वास नगर्ने, अविश्वास पान नगर्ने, अधैर्यवान् नहुने, सामप्रधान हुने, एकमुखी नहुने, पृत्रं वालचाल सुरु गर्ने, परदोष वोल्दे नहिंडुने ।

धेरैजसो मानिस आफू सुखी वन्न पाए पुग्छ भन्ने सोच्छन्। तर आफू एक्लो खुसी पनि हुन सिंकदैन, आफू एक्लो सुखी पनि हुन सिंकदैन। त्यस्तै वाटोमा होस् या कुनै ठाउँमा भेटे को आफल्तलाई सवभन्दा पिहले आफैले वोल्नु राम्रो पक्ष हो। यदि यस्तो नभएको खण्डमा उक्त व्यक्तिले आफूसँग नवोलेको वोभ्न मनमा हुन्छ। आफूले पिहल्यै वोल्दिए सो व्यक्तिले आफ्नो मान वा माया प्राप्त गरको महसुस गर्छ र दास्रो पटक भेट्दा उसले आफूलाई मान दिन्छ वा माया दिन थाल्छ। हरेक व्यक्तिको यौटा राम्रो वानी, राम्रा कुराको तारिफ गर्नुभन्दा नराम्रा कुरा प्रचार गर्दे जाने हुन्छ। आयुर्वेदले कसैको दोप भन्दै निहंडन् भन्नको अर्थ यही हो कि कसैको राम्रो पक्षलाई तारिफ गर्न सिक्नु तर नराम्रो पक्षलाई कोट्याएर चर्चा परिचर्चा नगर्नू। यस्तो गर्न सके वा मिकाएमा भविष्यमा सबैको भलो हुन्छ।

अन्तमा यी जम्मे २५०० वर्ष पुरानो आयुर्वेदका विचारहरू लेखा रोटरीका चारवटा कमी (फोरवेटेस्ट)को याद आयो। १) सत्यताको कुरो २) सर्वजन हितको कुरो ३) सबैलाई फाइदा हुने कुरो २ ४। वन्युत्वको कुरो । यहां पाठकहरूलाई अनुरोध छ कि माथि उन्लिखित कति कुराहरू रोटरीसँग मेल खान्छ सोचिहेरों । भुभम



Acelebration of love as BRIGHT & ENDURING as SILVER



मलाई हृदयाघात भयो



रो. नारायण गोविन्द हल्वाइ

२०६५ श्रावण १५ गते मलाई हृदयाघात (heart attack) भयो, तर ठीक समयमा अस्पताल पुगेको हुनाले तुरन्तै आवश्यक औषधोपचार हुन सक्यो।यो लेखमा हृदयाघातवारे आफ्नो अनुभव केही लेख्दै छु।

वि.सं २०२६ सालमा इन्जिनियरिङको अन्तिम परीक्षाको परीक्षाफल प्रकाशित भएको टेलिग्राम मात्र पेस गरेको आधारमा कारवाई भई त्यही दिनमा नै शिक्षा मन्त्रालयमा जागिरको लागि नियुक्ति लिएको । तत्पश्चात इन्जिनियरिङ इनस्टट्युट, भवन विभाग, मल्टी डिसिप्लिनरी कन्सल्टैन्टस् र मेह डिसिप्लिनरी कन्सल्टैन्टस् संस्थाहरूमा भन्डै ३८ वर्ष सेवा गरेपछि १८ फाल्गुन २०६४ देखि सेवानिवृत्त भएको हुँ । प्राइभेट संस्थामा मात्र २६ वर्ष संलग्न हुँदा धेरै नै दौडधुप गरिसकेकोले अब त जीवनको बाँकी समय आराम फुर्सदको जीवन बिताउने सुरले आफै सेवानिवृत्त भएको थिएँ। सेवानिवृत भएकोमा परिवार र साथीहरू जम्मै जसोले अहिले नै सेवानिवृत्त हुने समय भएकै छैन भन्दै थिए । सेवानिवृत्त हुँदा म पुरा शाकाहारी थिएँ । मासु माछा नखाने, रक्सी नखाने, चुरोट त धेरै पहिलेदेखि नै नखाएको मैले उच्च रक्तचापको औषधी त वि.सं २०४१ सालदेखि अटुट खाँदै गरेको साथै नियमित डा. प्रकाश रेग्मीज्यू कहाँ स्वास्थ जाँच गराउँदै आएको थिएँ । दिनहुँ बिहान भनन्डै एकघण्टा घुम्न जाने, रामदेवको प्राणायाम, योग र विपश्यना ध्यान पनि नियमित रूपले गरिरहेको हुँ । यस्तो दैनिकीले गर्दा मलाई हृदयाघात हुन सक्छ भनेर शङ्का नै थिएन।

मेरो अमेरिकामा विसरहेको छोरा मनीष विदामा घर आएको थियो। यही समयमा छोराको विहाको कुरा तय भइसकेको हुँदा बुहारी हुनेकहाँ सुपारी दिएर औपचारिक कुरा छिन्ने (engagement) गर्ने सल्लाह भएको थियो। ८ श्रावण २०६५ बुधवारका दिन आफन्तहरूलाई वोलाई सुपारी यसरी दिएर पठाउन लागेको छ भनेर देखाएर साँभ भोज खुवाएको हुँदा अलि दौडधुप भएको थियो। १९ गते श्रावण २०६५ मा छोरा र 'वाग्दान' गरिसकेकी बुहारी र दुई जना नातिहरूलाई लिएर तातोपानी नजिकै 'वन्जी जम्प' को लागि गएका

थियौँ । छोराले त 'बन्जी' मा हामफालेको पनि थियो, मैले भने गरिन ।

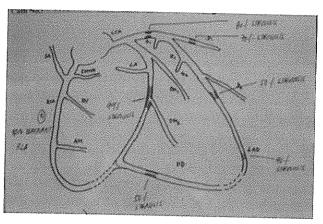
हृदयाघात हुन सुरु भएको हामीले 'बन्जी जम्प' सिद्धचाएर घर फर्कंदा मेरो देब्रे हातको पाखुरामा अलिअलि दुख्न थाल्यो । घरमा आएर 'मुभ' मलम लगाएँ । राती दुखे कोले निद्रा नै लागेन, निद्रा लाग्ने औषधि खाएर सुतें । भोलिपल्ट (१२श्रावण) डा. प्रकाशकहाँ जँचा उन गएँ, ECG लिए र ग्यास्ट्रिकले गर्दा भएको होला भनी औषधि दिनुभयो । तर दुखेको कम भएन । फेरि १३ श्रावणमा विहान नै डाक्टर कहाँ देखाउन गएँ, फेरि ECG लिएर हेर्नुभयो, पहिले गरेको ECG रिपोर्टसँग दाँजेर हेर्नु भयो, केही फरक देखिएन। राती दुखेको अभ बढ्यो । दुखेको कम नभएकोले भोलिपल्ट साँभ्जमा क्लिनिकमा आउन डा. प्रकाशसित समय लिंदा 'चार वजे नै आउन्' भन्नुभयो । सधैं 'साँफमा अवेर आउने नि' भन्नेले किन यति चाँडै बोलाएको होला भन्ने लाग्यो । फोरि ECG लिएर हेर्दा पनि, केही पनि फरक देखिएन। अनि डा. रेग्मीले एकपल्ट अस्पतालमा भर्ना भई निगरानीमा वस्ने सल्लाह दिन्भयो । गङ्गालाल अस्पताल कि नर्भिकमा जाने, भन्नेमा सजिलो छ भनेर नर्भिकमा नै जाने निधो भयो। डा. यादव भट्टलाई उहाँले फोन गरेर राम्रो सित हेरिदिन्होला भनी अन्रोध गर्नभयो।

ज्वाइँ महेशले कार चलाए । मलाई र परिवारलाई निर्भक अस्पताल पुऱ्याइदिनुभयो । रिपोर्टको फाइल लिएर आफै सरासर इमरजेन्सी वार्डमा गएँ । त्यहाँ पुग्दा हात दुखेको भन् बढ्यो, त्यहाँ पिन ECG लिएर हेऱ्यो, त्यसमा के देखायो मैले थाहा पाइन । धेरै हात दुखेकोले मलाई नदुख्ने औषधी ट्याब्लेट ख्वाएको मात्र थाहा छ । छोरी शुभालाई चाँडै बोलाउन भनेको रहेछ । पिछ मुनूले भने अनुसार डा. भट्टले इमर्जेन्सीमा बस्ने डाक्टरलाई उहाँ अस्पतालमा नपुगुन्जेल यसो यसो गर्ने है भनेर दिएको निदे शान अनुसार नै औषधीपचार भइरहेको थियो । डा. भट्ट आउन भएपछि तुरन्त मेरो ECHO लिएँ । अनि मुनूलाई बोलाएर 'हृदयाघात भएको छ, छोरालाई बोलाउनुस, सल्लाह



गर्नुपऱ्यों भन्नुभएछ । पछि मनीषलाई धन्दा मान्नु पर्दैन, तुरन्त यान्जियोग्राफी गर्नुपर्ने भयो । अन्दाजी साढे दुई (२.५) लाख खर्च हुन सक्छ, के गर्ने भनेर सोध्नु भएछ । मृनू र मनीषले जित खर्च भए पिन गर्ने भनेपछि त्यो गर्नका लागि मलाई 'क्याथ ल्याव' (Cath lab) मा लगे । खाटमा सुताएर घ्वारं यताउता दगुराएको अलिअलि चाल पाएको थिएँ, तर कहां लगेको हो, के गरेको हो भन्ने केही पिन थाहा भएन, 'इको' लिएको पिन मैले चाल पाइनं ।

यान्जियोग्राफीको रिपोर्टअनुसार नसा (veins) मा छ (६) ठाउँमा ५१% देखि ९९% सम्म बन्द भइ रहेको देखियो, (साथ मा चित्र)। एक ठाउँमा नसा ९९% बन्द भएकोले हृदयाघात भएको रहेछ। पहिले ९९% बन्द भएको ठाउँमा मात्र खुलाउने, अनि दुई महिनापछि मात्र फोरि अर्को ५१% बन्द भएको ठाउँमा खोल्ने भन्ने निर्णय भयो । LAD ९१% बन्द र अर्को ५१% र ७१% बन्द भएको ठाउँमा केही पनि गर्नुपर्दैन भन्ने डाक्टरको सल्लाह थियो ।



घरमा ढल जाम भई वन्द भयो भने एक ठाउँवाट बाँस घुसाएर भवाभवा गरी जाम खोल्ने जस्तै भनेको नसामा कहीं बन्द भएमा खुट्टाको माथिल्लो जोर्नीसँगै भएको ठूलो नसामा प्वाल पारी त्यसमा सानो पाइप (catheter) भित्र पठाएर पाइपको टुप्पामा जडान गरिएको औजारबाट बन्द भइरहेको नसालाई फुलाएर (ballooning) जाम खोल्ने रहेछ । क्याथेटर भित्र पठाएदेखिको फोटो र बन्द भइरहेको नसाको फोटो जम्मै मेशिनमा देखिने । फोटो हेर्दै पाइपलाई यताउता चलाउँदै वन्द भइरहेको ठाउँमा लगेर वन्द खोल्ने अनि पछि बन्द भएको ठाउँमा खोलिसकेपछि फे रि बन्द नहोस् भनी नसामा सानो स्प्रिङ्ग (Stent) पनि र ाखिदिने रहेछ । कसैलाइ नसा बन्द भएको खोल्ने र स्प्रिङ्ग (Stent) राख्ने दुई कुरा एकै पल्ट गर्ने रहेछ, तर मलाई चाहिँ बन्द भएको नसा खोलेको ६ दिनपछि मात्र २० गते स्पिङ्ग (Stent) राखेको थियो । २२ गते मलाई घरमा पठाइदिए । अरू नसाहरू पनि धेरै बन्द भइरहेकोले दुई महिनापछि फोर यान्जियोग्राफी गरेर ८१% बन्द भइरहेको ठाउँमा पनि स्प्रिङ्ग

(Stent) राखेको छ । दोश्रो पल्ट भने नसा खोल्ने र स्प्रिङ्ग हाल्ने काम एकै पटक गरिदिएका थिए ।

हृदयाघात भएको एक घण्टाभित्र उपचार गर्नुपर्छ । यो एक घण्टालाइ सुवर्ण अवसर (गोलडेन आवर) भन्दा रहेछन । यी एक घण्टा भित्र उपचार गर्न नसकेमा पक्षापात हुन सक्ने अथवा आँखा, मगज, किडनी इत्यादिलाई नोक्सान गर्न सक्ने रहेछ । मलाइ नर्भिक अस्पताल पुगिसके पछि हृदयाघात भएकोले 'गोल्डेन आवर' भित्र नै उपचार हुन सकेको र म वाँच्ने अवसरहरू जुरेको रहेछ ।

१. डाक्टरकहाँ क्लिनिकमा सधौँ साँभमा अबेर मात्र जाने तर त्यो दिनमा ४ बजे नै डाक्टरले आउनु भनेको हुनाले म गएको थिए । यदि पहिले-पहिले जस्तै डाक्टरले साँभ अबेर आए हुन्छ भनेअनुसार म अबेर क्लिनिक पुगेको भए के हुन्थ्यो होला ? २. डाक्टरले अस्पतालमा गएर 'निगरानी' मा राख्नु पर्चो भनी निर्भक अस्पताल जाने सल्लाह दिनुभएको ले म ठीक समयमा अस्पताल पुगेको रहेछु नत्र के हुन्थ्यो होला ? ३. घर पुग्नासाथै तुरुन्तै अस्पताल नगएर, 'पख न एक छिन पछि जाउँला' भनी ढिलो अस्पताल पुगेको भए वा ट्राफिक जाममा परी अबेर अस्पताल पुगेको भए के हुन्थ्यो ? ४. मुनुको नाममा पनि व्याङ्को क्रेडिट कार्ड लिइराखेकोले म बिरामी हुँदा पनि अस्पतालमा खर्च गर्न यो क्रेडिट कार्ड प्रयोग गरेर पैसा जम्मा गर्न सिकयों, नत्र अस्पतालमा तुरुन्त पैसा जम्मा गर्न अरूसंग पैसा माग्दै हिँड्नु परेको भएर ढिलो हुनगएको भए के हुन्थ्यो होला ?

मैले अस्पतालमा नै साथी डा. महेश खक्रेलसँग 'म शाकाहारी, रक्सी र चुरोट नखाने, अफिसको टेन्सन पनि नभएको नियमित व्यायाम प्राणायाम इत्यादि गर्ने मान्छे लाई हृदयाघात किन भयो ?' भनेर सोध्दा उनले भनेका थिए' यदि यी जम्मै नगरेको भए दुई तीन वर्षअगाडि नै तिमीलाई हृदयाघात भइसक्थ्यो । त्यस्तै साथी मछिन्द्रलाल कायस्थले 'पहिले मिठाइ पसल हुँदा तिमीले अवश्य पनि धेरै चिल्लो खाएको हुनसक्छ, पछि कन्सल्ट्यान्सी काम सुरु गर्दा तिमीले दिनहुँ आठदस ओटा फूल खाने गरेको त मलाई थाहा छ, यसैले रगतमा कोलेस्ट्ररोलको मात्रा धेरै भई नसामा जम्दै गयो अनि नशा सांगुरिंदै हृदयाघात भएको हुनु पर्छ' भन्नुभएको थिया । त्यो साच्चै हो रहेछ । पूर्व जन्ममा गरेको पापले गर्दा यसरी दुख पाएँ भन्ने गरिन्थ्यो तर अहिले त यसै जन्ममा गरेको 'अति' क्रियाकलापको परिणाम यसै जुनीमा देखिने रहेछ भन्ने मलाई विश्वास भएको छ । मलाई बचाउने श्रेय मुख्य डा. रेग्मी र मलाई माया गर्ने मेरो परिवारलाई जान्छ । सबैलाई मेरो यथायोग्य धन्यवाद ।

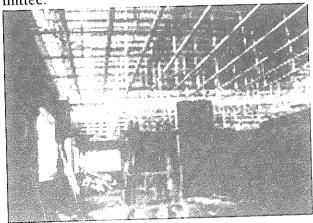
Nepal Orthopaedic Hospital (NOH)

(Extension Progress Report)



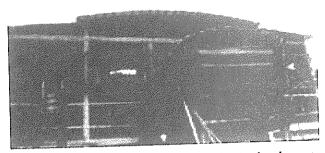
PP Rtn. Ganesh R. Shrestha

The Nepal Orthopaedic Hospital (NOH) is one of the most functional and successful projects of the Rotary Club of Patan (RCP). This hospital was initially sponsored by the RCP. By now it has received support from more than 120 Rotary Clubs from all over the world. The RCP has been deeply involved in many activities organized by the NOH. Two of our club members PP Rtn. Siba B. Rajbhandary and PP Rtn. Ganesh R. Shrestha represent the RCP in the Hospital Management Board (HMB). The HMB has also nominated PP Rtn. Ganesh R. Shrestha as the Co-ordinator of Employees Recruitment Committee.



Looking back to 14 years of successful operation of the NOH, the construction of General Ward Extension (GWE) of 25 beds, when completed in October 2011, will be another feather in the cap of the NOH. The addition of these extra beds will enable the NOH to be a full-fledged 100 bed

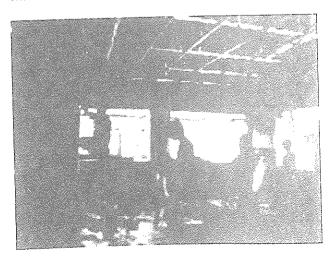
With 100 bed capacity, the NOH will be in a better position to serve the patients in a more efficient manner. The increase in the number of beds will also eventually facilitate the hospital to serve the patients of Kathmandu and the sur-



rounding districts more effectively. It also boosts its income and therebyenables it to provide better facilities to the staff.

The approval of the Matching Grant No. 75113 of US\$ 55,957.00 from The Rotary Foundation in support of the Rotary Club of Maldegem, Belgium and the Rotary Club of Patan, Nepal is most welcome news for the speedy construction and realization of the extension project.

A special note of appreciation has to be made for the generous support of Rtn. Luc Sallens and his friends from Belgium and also Ms.Fenna, Ms.



category hospital.



Miriam & Ms. Ocky of Stichting Help for Nepal (NL).

The NOH also has an arrangement with the Blue Bird City Clinic for running the NOH physio and dexa unit at the Blue Bird Mall, Tripureswar under the dynamic leadership of the Immediate Past Medical Director PP Rtn. Dr. Anil B. Shrestha and the Medical Director Dr. Saju Pradhan. The clinic has all the facilities of ultramodern computerized equipment of Pathology Lab including Bone Densitometry Machine and Complete Physiotherapy Unit.

The bone densitometry unit is the nation's only gold standard 'dual emission x-ray absorptiometry' machine. This gives the same results as that done in the USA or Bangkok or Mumbai. This machine is useful for early detection of 'Osteoporosis' which is a disease mostly affecting postmenopausal women, and other patients on different medication or disease. Osteoporosis is a silent epidemic which grows in the country as the nation's population starts to age and the cost

for treatment is a huge burden to the family. Although the disease is so common and important, people do not realize the need to have this test done in Nepal. The World Health Organization (WHO) has made it mandatory for all post-menopausal women to have their DEXA scan done.

This test is very costly in the developed countries. Even in India, some private institutions are charging around IC Rs. 8,000 while the cost for this test is between Nepalese Rs. 3,700 to 5,700 at the Bluebird Clinic. Not many patients come for this test and on average around 10 patients get their DEXA scans done in a month. Special discounts are made for those patients who cannot afford,based on the recommendation of the Doctors. This is considered by many as needed only for rich people,while the disease is equally prevalent amongboth rich and poor people.

A discount of 50% is arranged for Rotarians & Anne for physio and dexa unit when certified by respective club President or Secretary.

COST AND SPONSORSHIP OVERVIEW OF THE HOSPITAL EXTENSION

New Ward Extension	2500000.00	34,843.00 USD	NOH BUDGET
	100000.00	1,394.00 USD	NOH LOTTERY
	700000.00	9,756.00 USD	Nepal Rotary Wheelchair walk
	2000000.00	27,875.00 USD	ANG TSERING FUNDRAISING
	2800000.00	39,024.00 USD	LS & friends
	2041000.33	28,446.00 USD	LS & Belgian Rotary Clubs
	10141000.33	141,338.00 USD	u zugaa noaay Grabs
Public Toilet, Toilet for Infection Ward, and Laboratory Department Extension Patient Waiting Lounge Bed and Furniture-New Ward & Industrial Washing Machine Linen Drying Shades, ElectricLift, Water	657085.14 1200045.75 4014910.00	9,158.00 USD 16,725.00 USD 55,957.00 USD	Belgian Rotary Clubs Stichting Help for Nepal (NL) ROTARY Matching Grant
Treatment Plant, Water Boring, & Generator for Laundry Department TOTAL EXTENSION COST	1638297.20 17651338.42	22,834.00 USD 246,012.00 USD	Stichting Help for Nepal (NL)

Once this extension work is complete, we can expect to generate more income and give additional service to the needy people. The overall credit for the progress of the NOH goes to the

Management Board, the Team of the efficient and well known doctors and nurses, thehonest and dedicated staff members, and to the Hospital Staff Union for their support.

With best wishes from

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Mid-Day Meal and Chepang Village Development Projects

(Projects of Rotary Club of Patan (RCP) to feed the undernourished Chepang children and to establish a Model Rotary Village in Chepang basti)



PP Rtn. Dr. Prakash Raj Regmi



Rtn. Mahendra Thapa

I Mid-Day Meal Project

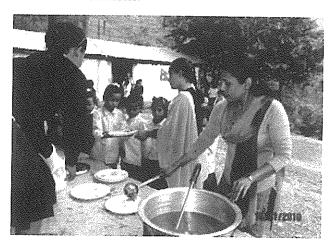
Background

Chepang is the commonly used name given to an indigenous ethnic group living in central and southern Nepal. The Chepangs inhabit in the remote districts of Makwanpur, Chitwan, Gorkha and Dhading. They are one of the economically underprivileged and deprived communities with literacy among them far below national average. They are normally settled in hill slopes along river banks and cultivate the marginal land. The agricultural product that they have is only adequate for about 6 months, and for the rest of the year they have to earn their living either cutting trees and selling as fodder, or working as laborers. They seriously lack food supplies for several months in a year. Due to this, often their children develop high degree of malnutrition and vitamin deficiency.

Initiation of Mid-Day Meal Project at Devi Bhanjyang School

The RCP initiated a feeding programme (midday meal programme) to the Chepang children studying in Devi Bhanjyang Rastriya Primary School located in Chandibhanjyang village, about 3 km from Mugling, or about 110 km Kathmandu in Kathmandu-Pokhara from –Narayanghat Highway, along the banks of Kali Khola (a tributary of Trisuli river). The village is approached by 20 minutes' walk along steep uphill. The Devi Bhanjyang School enrolls about 170 students. However, less than 50% attend the school regularly as their parents keep them at home to look after smaller children while they are away either in agricultural field

or in the forest for firewood. The children are highly undernourished and unclean; they are often infested with diseases related to undernourishment.



The RCP's mid-day meal project started on 3rd June 2009 (26th Jesth 2066). In the first year, children were given meals in school hour twice a week. From the second year, they were given mid-day meals thrice a week. The meal menu consist of a selection of beaten rice (Chiura), egg, seasonal fruit, beans, potato, dhindo of sarbottam pitho (super flour) etc. This programme is intended to improve the nutritional status as well as school attendance of the children.

Committee for meal management

A five member committee has been formed for the mid-day meal scheme. The Chairman of the school management committee Mr. Bhupendra Chepang is also the Chairman of the mid-day meal management committee, and the



headmaster is the member-secretary. It has been made clear that there will be no misuse of the resources provided by the club to the school for this purpose.

Two years audit (June 2009 to May 2011)

- 1. Attendance of the students improved by 15%
- 2. Dropout rate from school decreased by 20%
- Overall nutritional status of the children improved. Anemia in children has significantly decreased.

Project Cost and Club Members' Contribution

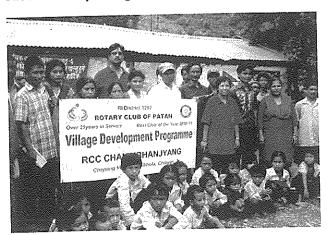
The project cost estimated at Rs 10 per meal/student for an average of 140 students for 100 meal days is N.Rs.140,000 (approx.US\$ 2,000) per school year. Till now, this project has been fully funded by contributions from members of the RCP. Most of the members from the RCP have contributed to this 3 'H' project (Hunger, Humanity and Health). As of this writing, we are still short of necessary funds and, therefore, this is also an appeal to all to make the contribution for the continuation of the project. Through your small contribution, as per the choices below, you can share your happiness and make a large difference.

Average costs: For one month N.Rs 14,000 (US\$ 200)

For one day N.Rs 1,400 (US\$ 20)

II. Chepang Village Development Project - an Outline

The RCP is working on a plan to initiate a village development project in Chandibhanjyang the Chepang Village with an aim to develop it as a Model Rotary Village.



The project is about promoting Chepang Village development in a holistic manner as described in the overall objective of the project below.

Objective:

The overall objective of the project is to reduce poverty, raise the level of nutrition and standard of living, increase agricultural productivity, better the lives of rural populations, and contribute to the growth of village economy of smallholder and landless Chepang farmers in Chandibhanjyang VDC.

The programme is expected to cover various aspects of livestock and agricultural development such as, vegetable production both natural and organic, goat farming, fodder development, leasehold forestry, marketing and post-harvest management, empowerment of women, watershed management, integrated pest management, and consumption.

Expected starting date:

October 2011 initially for 2 years

Funding arrangements:

Funds mobilization will be done by approaching different agencies, donors and development organizations. A total estimated budget in the range of N.Rs.4,000,000 (approx.US\$ 60,000) will need to be broken down under various subprojects for fund-raising purposes.

Partner's responsibility:

RCC Chandibhanjyang Village will mobilize, implement and coordinate the village development project with full responsibility, under the guidance of experts through the RCP.

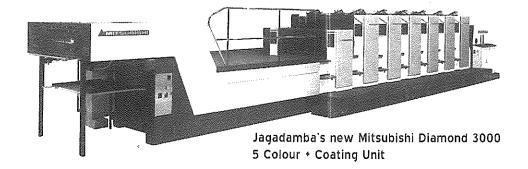
Expected outcome:

The aim of the project is to establish that development for, of, and by the people is affordable, effective and sustainable. This situation will enhance the smallholders and landless Chepang farmers' capacity for efficient production, effective market access, and improve an inclusive and pro-poor development for providing economic opportunities.



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Inner Wheel Club of Patan, RCP, Report for the year 2010-11



Shanti Mathema, President, Inner Wheel Club (2010-2011)

Introduction: The period covering my tenure as the President of Inner Wheel Club of Rotary Club of Patan marked an important occasion for the entire family of RCP as well as the Inner Wheel Members. One of our senior members of the Club Rtn. Tirtha Man Sakva took office as the third Governor of our District. Consequently, his spouse Mrs. Nani Shobha Sakya, one of the active members of our Inner Wheel, became the First Lady. Despite her heavy duties as the First Lady, she continued to attend most of the meetings of our Club and provided valuable support and advice as needed. This period also saw a slight increase in our membership with prospects for more to join. The monthly meetings took place on schedule with more than 85% attendance. During this reporting period, the Club carried out several activities, attended Inner Wheel Club meetings of other Rotary Clubs, joined in welcoming the President of International Inner Wheel Club. Our Club fully participated in the installation of the third Governor of our District. The details of the activities, including support to some projects, are briefly explained in the following paragraphs with some selected photos.

1. PROJECT ACTIVITIES

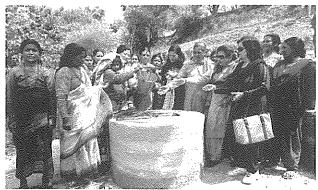
(a) Water project: A generous grant of Rs. 144,001 was received from the Inner Wheel Club of Strasbourg Tivoli, which was handed over to the women of Chapagaon village in a simple ceremony. This fund helped to install some tube wells at Chapagaon's Jarro Rashi ,Ward No. 1. Some members of the Inner Wheel Club visited the project site to hand over the check and to discuss the water project in details. This village, which had also received support from the same Inner



President handing over the check for Chapagaon Water Project.

Wheel to construct water reservoir earlier, is a water scarcity village.

(b) Support to 'Chepangs': In response to the call of the President of the RCP, Dr. Prakash Regmi, Inner Wheel Club members donated several boxes of warm clothes for distribution to the Chepang community, including to the children and women. They also receive support of the RCP in a mid-day meal programme at the school. The mid-day meal programme has helped to increase the school attendance and the learning abilities of the children.



Inner Wheel's support to the water wells

(c) Scholarship: Inner Wheel Club supports (supplemental) 12 girl students in schools in Patan. This support has helped the students to continue their studies, who otherwise would have dropped out due to financial constraints. The scholarshipprogramme goes in tandem with the similar programme of the RCP, although the location of the schools may differ.



Scholarship distribution

(d) Health Camp: A special health camp was organized by the RCP ata village in Gulmi, which was also attended by the Governor and some members of Inner Wheel Club. Besides usual health tests and information, Pap smear tests of about 200 women were carried out. Inner Wheel provided Rs. 10,000 for this purpose. Generous participation of some lady doctors is also gratefully acknowledged.

2. Talk programmes:

- (a) Inner Wheel Club organizes talk programme from time to time, inviting some eminent and knowledgeable people. One of the most senior members of the RCP, Rtn. Matsyendra Kayastha provided a very useful talk on water therapy, which supposedly helps maintain a healthy life. He explained how essential it is to take drinking water at reasonable amount every day. It not only helps to replenish the body water waste, but also assists in dealing with some common ailments including blood pressure, prevention of colon cancer, liver diseases and so on.
- (b) Another important talk programme was jointly organized with the RCP and was de-

livered by Dr. Piyush Bajracharya, an active Rotarian of our Club. He explained how Ayurvedic medicine can positively influence in the treatment of certain health problems as compared to allopathic medicine. He talked about the efficacy of the Ayurvedic treatment, which has no side effects.

3. Visit of the President of International Inner Wheel

Our Inner Wheel Club participated fully in welcoming the President of International Inner Wheel, Mrs. Shah. We participated in the interaction programme together with other Inner Wheel Clubs of our District. Her talk and the bundle of advices and guidance were found to be extremely useful. We also joined hands with other Inner Wheel Clubs to take Mrs. Shah to a cultural tour of the cities. Our Inner Wheel Club also received recognition from her.

4. Visiting other Inner Wheel Clubs: Inner Wheel Club participates from time to time in the meetings of other Inner Wheel Clubs such as Rajdhani Inner Wheel Club and Manjushri Rotary Club of Patan . We look forward to establishing closer relationship with other Inner Wheel Clubs of the District in coming year.



Acting President ShantaShrestha with President of International Inner Wheel

5. In accordance with the established tradition and practice of Inner Wheel Club, a new Board was elected for the year 2011- 2012 with the following members:



Board

Shanta Shrestha President: Immediate Past President: Shanti Mathema Vice-President: Secretary:

Kamala Maharjan Mithila Rajbhandari Nirmala Shrestha Treasurer: Praveena Shrestha **Ioint Treasurer** Bijaya Laxmi Shrestha **Toint Secretary:** International Club Service: Brinda Rana

Executive Members

Nani Sobha Sakya Munu Rajkarnikar Sulochana Pradhan

Members Chandralekha Pandey Rajani Bajracharya Meera Tamrakar Sulochana Nyachhyon Sabitri Rai Upasana Regmi Tika Pradhan Kalpana Pradhan Sajani Paneru Mary Shrestha

Conclusion: I am personally grateful to all my Inner Wheel friends for extending their unhindered support and friendship to me during the tenureof my office. Inner Wheel is also grateful to Rotary Club of Patan for inviting us into their meetings from time to time. We are grateful as always to Rotary Club of Patan for setting aside a space for Inner Wheel in their Souvenir Issue of Lalitdhara. Finally, I would like to extend my warm congratulations and best wishes to the incoming Board under Anne Shanta Shrestha as our new President. I pledge all my support to her and her Board in carrying out the work of Inner Wheel in the coming months.

Executive Committee



Shanti Mathema Immediate Past President



Shanta Shrestha President



Kamala Maharjan Vice-President



Mithila Rajbhandari Secretary



Bijaya L. Shrestha Joint Secretary



Nirmala Shrestha Treasurer



Prayeena Shrestha **Joint Treasurer**



Brinda Rana International Club Service



Nani Sobha Sakya Executive Member



Munu Raikarnikar **Executive Member**



Sulochana Pradhan **Executive Member**

Report of the Rotaract Club of Patan on key activities of Rota Year 2010-11 Club Service





- On 26June, 2010 Rotaract Club of Patan celebrated its 13th installation ceremony at Patan High School. Ugochi Daniels, Deputy Representative of United Nations Population Fund (UNFPA) was the Chief Guest and DG TrithaMan Sakya was the Guest of Honor.
- Rotaract Club of Patan joined the Rotary International 3292 Nepal organized Walkathon on 3 July 2010 "Walk for Rotary Walk for Health" from Patan Durbar Square to Basantapur Kathmandu on the occasion of Rotary Week.
- Rotaract Club of Patan kept a session of inhouse speaking, where the members shared their experience related to their professions on 28 August 2010.
- The award winning documentary "INCLUD-ING SAMUEL" was screened. It focuses on
 a little boy Samuel, son of a photo journalist Dan Habib, and documents his family's
 hopes and struggles as well as the experiences of four other individuals with disabilities
 and their families.
- Talk programmes were conducted on various topics, e.g. Hospitality management by Pratiskhya Rana, Peace Progress in Nepal by Sapana Maharjan, Career aspect in web development(php) by Rtr. Bikesh Raj Bajracharya, Career aspect in programming (dot net) by Rtr. Suresh Thapa and so on.

Professional Development

 Rotaract club of Patan organized a Public Speaking Forum which was held on 11 Sep-

- tember
- 2010. The speaking forum was chaired by Rtr. Bikesh Raj Bajracharya, Past President.
- A week long training programme on website development was conducted jointly with Maya Foundation. The main objective of the program was to give knowledge about websites, which is one of the most important mediums to promote ones organization or event. Ten members from different clubs participated in that training programmeconducted by the resourcepersons of the Rotaract Club of Patan.
- Camera handling training was organized with the resource person Mr. Shikar Bhattarai that includedproper use of the digital cameras, things to consider when buying new cameras, and differences between SLR, DSLR and otherdigital cameras.

International Service

- To inaugurate the Peace Day, a Peace Bell is rung at the UN headquarters. The Rotaract club of Aba Community Base, Dist. 9140, Nigeria organized a project tagged "Translating the word peace in different languages of the world" as part of their international project to which Rotaract Club of Patan participated.
- For those who are lucky, hunger only means that it is time to eat. But for those who are less fortunate, they don't have enough food to eat and this makes them tired and sick. Food and Agriculture Organization (FAO)

(3)

estimates around 1.02 Billion people in the world are malnourished. To help put pressure on politicians on these problems, apetition signing campaign was initiated by FAO through an internet linkhttp://www.1billionhungry.org/shelomitasavitri/impact. Rotaract Club of Patan participated in this campaign to fight against hunger. The Rotaract Club of Patan was the first club to participate in this project from Nepal.

- On the occasion of International Youth Day: Rotaract club of Patan, Rotaract club of Himalayan Patan and Rotaract club of Kathmandu, Rotaract Club of Lalitpur jointly organized an interaction program titled "Youth Leadership: Opportunities and Challenges." Considering the inherent problems of Nepalese youth in Leadership, Entrepreneurship and in the Social Sector, we invited Mr. Gagan Thapa from political sector, Miss Deepti Khakurel from social sector and Mr. Regan Budathoki from business sector, who shared their experiences. As youth leaders, they shared the state of youth leadership and role of youth in political, business and social sectors followed by an interaction programme.
- · Club Salutation was presented to different

Rotaract Clubs with outstanding project, at every general meeting.

Community Service

- The Rotaract Club of Patan organized a Tree Plantation programme to support UN's Billion Tree campaign to reduce and protect global warmingon the occasion of the World International Environment Day at Dhulikhel with Rotaract club of Dhulikhel, Ekata Yuwa Samuha, Dhulikhel municipality, supported by VFS Global Pvt. Ltd.
- Rotaract Club of Patan has been supporting the matching grant project(hearing aid project of Rotary). Rotaract Club of Patan had taken ear impression of carious students in early phase and the ear impression was then delivered to make the ear impression device for these students.
- "Eco-Cycle Rally" organized by green plus in conjunction with Rotaract club of Patan and Rotaract club of Thamel with different media houses and corporations was conducted to pressurize the government for a cycle lane in Kathmandu valley.
- "Mega Health Camp" jointly with Rotary club of Patan was organized at Siddhipur to fulfill the need of providing awareness regarding oral hygiene to local community.

Board of Directors for Rota year 2011-12

- 1. President
- 2. IPP
- 3. Secretary
- 4. Vice President
- 5. Jt. Secretary
- 6. Treasures
- 7. Dir. Club Service
- 8. Dir. Professional Development
- 9. Dir. Community Service
- 10. Dir. International Service
- 11. Public Relation
- 12. Web Master
- 13. Editor
- 14. Interact Co-ordinator
- 15. Srg@Arms

- Rtr. Suresh Thapa
- Rtr. Prama Shrestha
- Rtr. Rukamanee Maharjan
- Rtr. Shailendra Shakya
- Rtr. Prajwal Shakya
- Rtr. Anil Maharjan
- Rtr. Alisha Pradhan
- Rtr. Shailendra Shakya
- Rtr. Subin Maharjan
- Rtr. Reenu Shrestha
- Rtr. Pramit Shrestha
- Rtr. Ravi Shakya
- Rtr. Sagar Shrestha
- Rtr. Kishwor Shrestha
- Rtr. Bipin Raj Baidya



सर्वसाधारणको स्वास्थ्य सेवामा समर्पित काठमाण्डौ मेडिकल कलेज, शिक्षण अस्पतालमा उपलब्ध सेवाहरु

विहरंग सेवा प्रत्येक दिन बिहान: ९:०० बजे देखि २:३० बजे सम्म विस्तारित विहरंग सेवा (स:शुल्क) विभिन्न दिन र समयमा (विशेष विदा दिन बाहेक)

विशेष वहिरंग क्लिनिक सम्पूर्ण बाल स्वास्थ्य विद्यालय स्वास्थ्य परिक्षण, पांच वर्ष मुनिका शिशुहरुको विशेष क्लिनिक, दमा क्लिनिक, किशोर-किशोरी क्लिनिक, परिवार नियोजन, क्यान्सर, मधुमेह, नेफ्रोलोजी र मुटुरोग क्लिनिक आदि ।

विशेष सेवा फिजियोथेरापी, प्लाष्टिक सर्जरी, ल्यापरोस्कोपी सर्जरी, गर्भपतन निसन्तान क्लीनिक आदि । चौबिसै घण्टा उपलब्ध सेवा आकस्मिक सेवा ICU/MICU/NICU/PICU प्रयोगशाला, एक्स-रे, औषधि पसल, एम्बुलेन्स सेवाहरु ।

विशेष तथा सःशुल्क विहरंग सेवा मेडिसिन, सर्जरी, बालरोग, प्रसृति तथा स्त्री रोग, आंखा, नाक-कान-घांटी, मानसिक, हाडजोर्नी, चर्मरोग, दन्तरोग।

अन्तरंग सेवा साधारण शैया तथा क्याबिनको सुबिधा (शैया, २ शैया, १ शैया तथा डिलक्स)

अन्य सेवाहरु

सि.टी स्क्यान, इन्डास्कोपी, ब्रोन्कोस्कोपी, कोलोनोस्कोपी, इकोकार्डियोग्राफी, अल्ट्रासाउण्ड, इ.इ.जी, टी.एम.टी, पी.एफ.टी, कल्पोस्कोपी, ल्यापरोस्कोपी, अर्थोस्कोपी आदी ।

नियमित स्वास्थ्य परिक्षण कार्यक्रम

वयस्क व्यक्तिको लागि मेडिसिन विभागले स्वास्थ्य परिक्षण गर्ने ।

- विस्तृत मुटु परीक्षण प्याकेज ।
- सामान्य स्वास्थ्य परीक्षण प्याकेज ।

बालबालिकाका लागी:

सामान्य पूर्ण स्वास्थ्य परीक्षण प्याकेज

नेपाल सरकारको आमा सुरक्षा कार्यक्रम अन्तर्गत जिल्ला जनस्वास्थ्य कार्यालय, काठमाण्डौ र यस अस्पतालबीच सम्भौता भई २०६६ साउन १ गतेदेखि यस अस्पतालमा **निशुल्क प्रशुति सेवा** संचालन गरिएको छ ।

गुणस्तरीय सेवा-सर्वसाधारणको पहुचाभित्र

काठमाण्डौ मेडिकल कलेज पब्लिक लिमिटेड सिनामंगल, काठमाण्डौ संपर्क नं: ४४६९०६३, ४४६९०६४



Rotary Club of Patan Strategic Plan 2011-2012 to 2013-2014

Purpose: Strategic planning is a tool to help us provide long-term direction for our club and create a framework to establish goals and objectives. RCP strategic plan will be a rolling plan and will be reviewed annually and revised as necessary.

Vision: To be a thriving community service organization with continued community support, and a growing membership.

Mission: To foster service above self, to encourage fellowship among members, and to support the development of programs that lead to improved quality of life in our community and throughout the world.

Objectives:

- To maintain a motivated club membership, with leadership potential
- To ensure effective functioning of the Club.
- To enhance visibility of Rotary Club of Patan.
- To maintain good financial health of the Club.
- To balance activities in all five Avenues of Service
- To increase the Club's international outreach.
- To educate members about the Club, Rotary International and The Rotary Foundation

3. Goals: Goals/Strategies

Goal I: a) Maintain a motivated Club membership (50 with 33% female of new membership), with district leadership potential.

Action Steps

- 1. Increase the Club's membership numbers to 50, with 33% female of new membership, through both retaining existing members and attracting new members;
- 2. Develop a membership recruitment plan. Place a high priority in having females and young professionals.
- 3. Retention of membership through "mentor "mechanism and monitoring/reporting at club assembly meetings.
- Develop members into "true" Rotarians by ensuring they understand, support and promote

- the Object of Rotary and support Club, District and International activities and events.
- 5. Develop Rotary leaders by encouraging members to attend Rotary Leadership Institute (RLI) and other District training programmes to have a full understanding of the District level activities and responsibilities.
- 6. Encourage members to visit other clubs and have full comprehension of their activities.
- 7. As founder of NRCL, play leadership role in joint projects and programs.
- 8. Continue quarterly fellowship programme, bimonthly PP meetings and other fellowships.

Goal II Effective club functioning:

- 1. Make timely payment of RI and district dues
- Encourage Sergeant-at-Arms for effectiveness and visibility;
- 3. Communicate 'Salutations' with brief on projects to the clubs saluted;
- 4. Renew/update Club Registration with CDO Office;
- 5. Initiate reporting of projects status to all members
- Improve Club Secretariat functioning by having proper record-keeping, checklist and hand-over mechanism from one year to the other; and provide quarterly financial status updates to all members;
- Explore possibility of a central point/office for several clubs in a common venue to reduce costs;
- 8. Provide a variety of programmes representing all five avenues of service.
- 9. Strengthen information-sharing and improve RCP website through the establishment of a focused group/committee.
- 10. Further strengthen activities with Rotaract, Interact, Inner Wheel and public service organizations.
- 11. Engage with the Rotary Community Corps (RCC) established in Rotary Year 2010/11.
- 12. Continually improve Club's weekly news bulletin Lalidhara digitally

GOAL III: Enhance visibility of the Club Action Steps:

Develop a media/PR plan. Such a plan can include the following elements:



- 1. Invite representatives of the media from time to time, in order to build relationships.
- Press releases/media advisories when speaker/project is particularly prominent.
- Organize scholarship handover functions, with VIP as chief guests and invite media.
- 5. Inform the media of grants distributed after each granting cycle (office).
- 6. Submit at least one story a year to Rotary News and GML for possible publication
- 7. Participate actively in NRCL for our visibility.
- 8. Make vigorous efforts to have media persons join club

GOAL IV-Maintain good financial health of the club

Action Steps:

- 1. Make necessary financial adjustments reglarly.
- 2. Explore alternative sources of income.
- 3. Identify and focus on fund raising activities which are relevant to the Club's community of interest.
- Provide sufficient funds, in a timely manner, to meet the needs of the ongoing Club, District and International projects, agreed by the Board.

Goal V. Balance activities in all 5 Avenues of Service

a) Vocational Service: Encourage club members to serve others through their vocations and to practice high ethical standards.

Action steps:

- Sponsor Vocation month by recognizing, with an award, one person/institution that has worked hard to enhance image of the vocation:
- 2. Establish a committee for vocational activities including preparation of criteria for the vocational award grant.
- 3. Contribute to district level vocational fund,
- 4. Organize one programme each year to help students understand various vocations- career counseling.
- b) COMMUNITY SERVICE Undertake projects and activities to improve life in our community.

Action steps:

- 1. Ensure national level continuity of the Disability Awareness 3H Grant Project
- 2. Raise additional funds and provide administrative support towards reaching scholarship support to 1000 students from the Prajapati Education Endowment Fund (PEEF)
- 3. Initiate health education programme in the scholarship programme schools
- 4. Provide the remaining scholarship programme schools with IT support under the 'Digital Divide' project
- 5. Provide water and sanitation facility in the remaining scholarship programme schools
- Raise Fund and explore new avenues for service projects e.g. orphan students in scholarship schools, or continuation of existing pilot support to school feeding of Chepang students
- 7. Explore new avenues for other service projects
- 8. Have pipeline projects, ready for submission to prospective donors
- c) New Generation: Enhance youth activities
- 1. Host Rotary Youth Leadership Awards (RYLA)
- 2. Nominate candidates for RYLA
- Actively support Rotaract and Interact programmes

GOAL VI: Increase the Club's international outreach

Action Steps:

 Encourage members to attend club meetings whenever they are abroad and search additional ways the Club can generate funds for service projects.

GOAL VII: Promote The Rotary Foundation (TRF)

Action steps:

- 1. Increase the level of understanding of Club members about TRF
- 2. Support the Rotary Foundation through Club and individual contribution (5 Major Donors and 75% members as MPHF), participation in Group Study Exchange (GSE) programmes and education programmes.

Rotary Club of Patan - Annual Budget for Year 2011-2012

SN	Description	Budget	SN	Description	Budget 2011
		2011-12	<u></u>	1	12
	Dues and Refreshment		1.		
	lembership fee		1	RI and District Dues	
	lembers 46 persons * 9500	437,000	·	RI dues (43*\$50*46*1.6015)	17200
	lub support 46 persons*4500	207,000		District Dues (43*900)	5280
1.3 A	dmission fee 3*1000	3,000		Rotary News (43*480*1.6015)	3380
			1.4	-{	258,60
			ļ	Dinner, Tea and Snacks	10000
				Tea snacks (200*25*50)	300,00
				Charter Night	75,00
	1		1.7	<u> </u>	375,00
			1.8		·
4 4	<u>-</u>		· }	Surplus to Club Operation	13,400
1.4 To	otal Income	647,000	1.10	Total Club Dues & Refreshment	647,00
				(Surplus of Rs 13,400 carried to C	lub Operation
	Operation				1
	lub Operation - Income			Club Operation - Expenditure	
	unshine	100,000		Office Operation	6,000
	otary ko kura/Thatta sales	15,000		Printing and Stationary	4,500
	dvertisement Souvenir	150,000	-	Telephone & Communication	4,000
1.4 Tr	ransferred from Club dues &	13,400		Bank charges	1,000
Re	efreshment (A1.10)			Auditor's Fee	10,000
			1.0	Salary @ Rs. 4,000/month	52,000
			1.	Appreciation to speakers, wedding etc	ļ
				Rotract Club	2,500
				Web site	6,000
				Lalitdhara publication	30,000
				Souvenir Printing	75,000
		<u> </u>	_	Installation brochure/Invitation/Expenses	ļ
			1.1.	MG Contribution for 3 projects/\$100	25,000
				Sub-total - Club Operations	216,00
			1.1:	Surplus to Club Programs	62,40
1.5 To	otal Club Operation	278,400	1.10	Total Club Operation	278,40
				(Surplus of Rs 62,400 carried to Club Pro	ogram Income
C. Club	Programs				
Club Pr	rogram 1		Clul	Program 1	
1.1 TI	ransferred from Club Operations	62,400	1.	1 Banner	5,000
'.' B	1.15	02,400	1.:	Health Camp and related program	3000
1.2 ln	terest from Club Emergency Fund	30,000	1,3	Celebration of Rotary Awareness month	500
	HF reconcilation			4 Display 4 way test placard in schools	500
				5 Vocational training	500
			-	6 Career Counselling	500
				7 Adult literacy	500
				8 Service to Senior Citizen	1000
				9 Chepang Project	1000
			}	0 Environment Program	1000
				1 Contingencies	2,40
146	ub-total Club Program (1)	92,400		2 Sub-total Club Program (1)	92,40
	was an over minutes a sandaparies \$ 43		H		
Činh Pr	rogram 2		Cin	o Program 2	
15 84	1id day meal from Rotarians	80,000		3 Mid Day meal	80,00
160	EEF from various sponsors	700,000		4 PEEF	700,00
	Contribution for Club Trust Fund	100,000		5 Club Trust Fund	100,00
	Sub-total Contribution to Programs	880,000		6 Sub-total Program-direct contribution	880,00
	Cotal - Club Programs - C	972,400		7 Total - Club Programs - C	972,40
1.7 1	otal - Char E tograms - C	7/4,400	 	, rosus - Cinn r roksuma - C	
	····		╂─		
	otal A + B +C +D	1,897,800	 	Total A + B +C +D	1,897,80

are operated seprately. Also Matching Grant and 3H Grant Project Funds are also operated separately.

Kampah Rtn. Jamuna K Tamrakar President 2011-2012

Rtn. Piyush Bajracharya Secretary 2010-2011

Rtn. Bharat Nargingh Joshi Treasurer 2011-2012

/I:\Budget123.xls

Signeg b



Rotary Nepal Disability Awareness Campaign

A Noble Project Initiated by Rotary District 3292 Nepal an District 5030 USA

Our Sincere appreciation to all Rotarian/ Rotractors for their support to the success of the project



Project Office: Pulchowk, Lalitpur, Nepal. Toll Free Tel. No. 1660-01-0329





Sagarmatha Insurance Company Ltd.

(A JOINT VENTURE WITH CEYLINCO INSURANCE CO. LTD. SRILANKA)

Kathmandu Plaza, Y Block, forth Floor, Kamaladi P.Box 12211, Kathmandu, Nepal Tel.: 4240896, 4241245, 4247941, 4242523 Fax: 977-1-4247947 E-mail: sagarmatha@insurance.wlink.com.np

> New Road Office: Tel.: 4269973 E-mail: sic@nrbranch.wlink.com.np

Our Service

- **Motor Insurance**
 - Motor Cycle Insurance
 - Private Car Insurance
 - Commercial Vehicles Insurance
 - Fire Insurance
 - Marine Cargo Insurance

- Personal Accident Insurance
- Children Health Policy
- Ladies Protection Insurance
- Traveller's Medi-Calim Insurance
- Miseelancous Insurance
 - Contractor's all Risk Insurance
- Aviation Insurance

BRANCH

Tapha Lho,
Manbhawan, Lalitpur
Tel. 5544106, Fax: 5552961
E-mail: sicpn@wlink.com.np

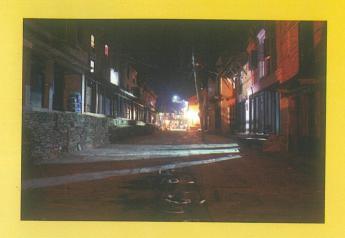
Link Road Ghantaghar
Birgunj
Tel.: 051-523795, Fax: 051-531895
E-mail: sagarmathabrj@atcmail.com.np

Ganesh Bazar Biratnagar Tel. 021-528136 Fax: 021-528136 Durbar Marg Butwal Tel. 071-55941 Fax: 071-55941 Prithivi Chowk Pokhara Tel. 061-535057 Fax: 061-535057

Contact Office: Main Road, Narayanghat, Tel: 056-52964, Birtamode, Jhapa Tel: 023-543437

"Big or Small-Security for All"

Bandipur Mountain Resort





One of the best located luxury resorts in Bandipur which lies almost midway between Kathmandu and Pokhara, eight kms. north from Dumray Bazaar on Prithvi Highway.

From the Resort, you can have a panoramic view of the landscape with breathtaking Himalayan peaks in the background

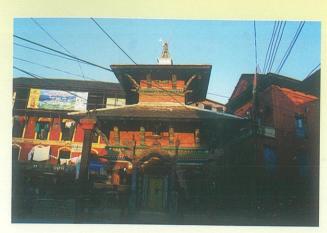


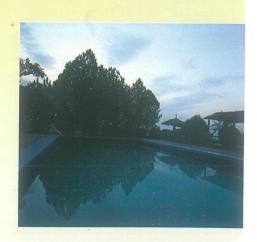




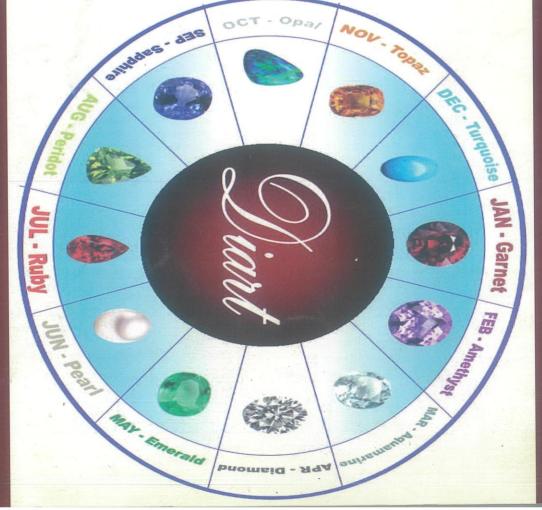


In Bandipur, one can visit Magar and Gurung villages and also some temples in Bazaar area depicting the best example of Newar culture and woodcraft. Hike t Gurunche Hill, Mukunda Sen Ride and Ramkot, an old Magar Village are other attractions for the visitors.









Diamond Jewelry

Phone No. 5523132, 2110742 Pulchowk, Lalitpur.