Annual Report
2024 July /25July

BS 2081/82

(prepared by Dr Rajesh N Gongal)

2025.

This year, we celebrate 25 years of serving the people and our nation. What an incredible journey it has been—one that has deeply enriched our lives. We are humbled by the trust, patience, and love that families have shown us, and we feel truly blessed to have walked alongside so many patients and their loved ones during some of life's most difficult times.

We are proud to have been the first modern palliative care centre in the country. From the early days when even the term hospice and palliative care was familiar to but few, we have come a long way together. Looking back, it fills us with joy to know that in the year 2000 we planted the very first seeds of palliative care in Nepal.

In 2005, we began our community-based services in the Kathmandu Valley, visiting patients in their homes. Since nearly 80% of our people live in rural areas, we knew it was important to bring care closer to them as well. In 2014, we started our rural outreach program in collaboration with Patan Academy of Health Sciences in one municipality of Makwanpur district, training mid-level health workers already serving in their own communities. The success of this model gave us the confidence to expand to other municipalities of Makwanpur and beyond, and so in 2019 we started our first community based rural palliative care training program. In 2025 , community-based palliative care had spread across most areas of Bagmati Province .

This year, we are focusing on strengthening our services in Bagmati Province, and next year, we plan to extend our work to yet another province. None of this would have been possible without the dedication of our team, the kindness of the people we serve, and the generous support of many national and international friends and partners. To each one of you who has walked with us on this journey, we say a heartfelt thank you.

We are also excited to share that construction of our new building in Dhapakhel has already begun. The structure is almost complete, and within a year, we hope to see it come alive with the spirit of care and compassion. We are deeply grateful to all those—both here at home and abroad—who have supported this dream. We still have a long way to go in raising the remaining funds, but with your continued encouragement and friendship, we are confident we will get there.

From the bottom of our hearts, thank you for being part of our story.

Inpatient service

This year we looked after 111 patients in the inpatient unit of which 3 were non-cancer patients. This service is provided free for patients.

Conditions of the patients

Conditions	**Nos**
Carcinoma lungs	26
Carcinoma stomach	15
Carcinoma Breast	8
Carcinoma colorectal	15
Carcinoma liver/Gall bladder	10
Carcinoma oesophagus	7
Carcinoma cervix/ovary	6
Haematoloical malignancy	4
others	17
Non-cancer	3
Total	**111**

Age group of patients

Age group	**Nos**
<20	4
21-40	10
41-60	38
61-80	46
>80	13

Community based service in Kathmandu Valley

This year we helped 107 patients in the community in Kathmandu Valley which can be as near as the next door neighbor or as far as the foothills of the hills around the valley. This service is provided free for patients.

Conditions of the patients

Conditions	**Nos**
Carcinoma lungs	19
Carcinoma stomach	13
Carcinoma Breast	7
Carcinoma colorectal	13
Carcinoma liver/Gall baldder	13
Carcinoma oesophagus	8
Carcinoma cervix/ovary	7
Haematoloical malignancy	4
others	16
Non-cancer	7
Total	**107**

Age group of patients

Age group	**Nos**
<20	8
21-40	7
41-60	41
61-80	42
>80	9

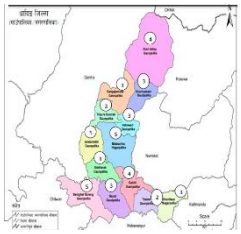
Rural Community based palliative care

Since we initiated our work in rural palliative care in Thaha Municipality in 2014 in collaboration with Patan Academy of Health Sciences(PAHS), a lot of progress has been made. Last year Health Ministry of Bagmati Province signed a MoU with Patan Academy of Health Sciences to support the training of the rural palliative care workers. With this help ,in the last fiscal year, we trained 150 rural palliative care health workers which has taken the number of HWs we have trained to 250 , which included few from Myagdi in Gandaki province and few in Sarlahi in Madhes Pradesh. The following is the number of rural palliative care Health workers spread out across Bagmati Province.

Current situation is as below:

Makwanpur :61

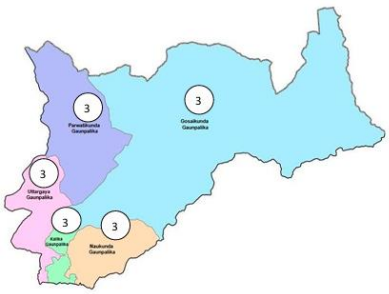
Dhading : 48



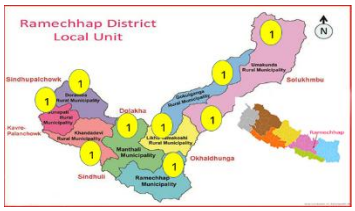
Nuwakot: 34

Sindhuli : 28

Rasuwa: 15

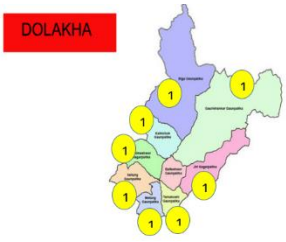


Ramechhap : 9



Sindhupalchok 12

Dolkha : 8



South Lalitpur: 10

In the last fiscal year, the health workers made more than 6000 home visits and more than 4000 telephone calls to support more than 1100 patients, of which 73 % were patients with non-malignant conditions.

Home visits

Conditions	Home Visit	Telephone consult
Cancer	2173	1874
Non-Cancer	4633	2659
Total	**6806**	**4533**

Number of patients and conditions

	No. of patients
cancer	315
Non-cancer	878
Total	1193

Trainings conducted

This year we conducted several two days training program training 260 health care professionals and 5 rural palliative care training with 150 participants.
We also conducted one community volunteers training program at Makwanpur district.

The Building Project at Dhapakhel

SOUTH-WEST VIEW

SOUTH ELEVATION

Hospice Building under construction

The construction of the new building at Dhapakhel is going on at good speed.The structural part of the building has been completed ; brick works are now being done. Fund raising is continuing but more effort needs to be put to raise funds to complete the building on time. This will house 20 beds including 5 for pediatric patients and will have facilities for training and online continuous medical education for rural palliative care workers and other health professionals.

Behind every number, there is a story……

More than 6000 home visits in rural Nepal. These may seem like numbers, but behind every number there is a story, story of pain and immense suffering but also story of resilience and hope.

Story from Sindhupalchok
(unedited in the words of the healthcare worker Manisha Karki)

The patient's name was Sukumaya Tamang, aged 68 from Sindhupalchowk. From the health post I work with, her home was about a 30-minute walk away. On the first day I visited, she had large open wound on left side of her neck, never diagnosed and her wound was severely infected, giving off a foul smell, and surrounded by many flies. She was also in extreme pain. Her hair was long and hadn't been combed since she became ill. That day, I thoroughly cleaned her wound, applied Metronidazole powder, and dressed it properly. Then, with her permission, I cut her hair. I also gave her some pain relief medication.

After I cleaned her wound and cut her hair, she expressed that her pain had subsided and that she felt some relief. She folded her hands and greeted me with a 'Namaste', saying, "Even my son hasn't looked back at me, but you came to see me."

At her home, only she and her husband lived. On the day I visited, her daughter was also present. I advised her husband on maintaining hygiene and giving her medicines on time. I told them I would return to clean the wound again and then left.

When I visited again, she said, "Nani, when will you come again? I've been waiting for you." When I asked why, she said, "I was in so much pain, but when you came and cleaned the wound, the pain started to lessen." She gave me her blessings and even touched my feet as a sign of deep respect. At that moment, I felt that maybe she didn't need to do that — I hadn't done anything so big to deserve it.

Over time, I got to talk to her more. Her son hadn't returned home in a long time. Even when people from the village informed him that his mother was seriously ill, he didn't come. She deeply wanted to see him. I asked her daughter for his contact number to try to reach him, but his phone was switched off, and I couldn't get in touch with him or call him to visit.

Each time I went to clean her wound, she would tell me how much better she felt. Perhaps because flies no longer sat on the wound, it hurt less. However, due to poor nutrition, she was also malnourished.

I continued to visit her regularly to clean her wound, but during this time, I had exams, so I couldn't go for a while. One day, I missed her deeply and decided to visit again. Since I couldn't go earlier due to exams, I video called FCHV and asked to check on her. When she visited, she found the patient surrounded by filth and bad odor. The FCHV cleaned her completely, changed her clothes, and cleaned her bedding. The patient blessed her immensely, saying, "May everything go well for you and your family."

That same day, the patient passed away. Later, when I called the FCHV, she told me about her death and said, "We've done a really good deed — the kind of deed that brings us dharma."

How I felt at that time — I've been working in the healthcare field for a long time, and during this period, Patan Hospital provided us with palliative care training. Because of that, we were able to provide home-based care to many patients in rural villages. These were patients completely neglected by their families, but we got the opportunity to care for them. I felt incredibly fortunate.

In life, we can earn money in many ways, but the respect, dignity, and honor we received from these patients — that's something we could have rarely earned otherwise. Through this palliative care training, we received so much love and blessings that it's hard to even put into words. I felt truly blessed.

We may not be able to do a lot, but even the small things we do can make a huge difference in someone's life — that's what I learned through this palliative care experience. I want to express my heartfelt thanks to the entire team at Patan Academy of Health Sciences for providing this opportunity. I hadn't had the chance to say this since I completed the training. I hope this opportunity will be given not only to me but also to many other healthcare workers.

I always say — earning money in life isn't a big deal, earning respect is. You have helped turn that belief into a reality, and for that, I thank you from the bottom of my heart. ❤❤

Story from Makwanpur (unedited in the words of Chiniya Lama)

Mr. Chandra Bahadur Tamang, a 55-year-old resident of Thaha Municipality–3, Makwanpur district, was known to have a somewhat outspoken nature. After his wife left him, he had been living alone. Similarly, his 62-year-old elder brother's wife had also remarried elsewhere. Since both brothers' wives had left, only the two brothers were living together in the house. They managed their lives by taking turns with household chores and farming, sharing both ups and downs.Suddenly, Chandra Bahadur suffered a stroke, which left the right side of his body paralyzed (hemiplegia). His elder brother then had to take responsibility for caring for him. With no one left in the family able to earn, it became increasingly difficult even to meet their daily food needs.

At that point, rural palliative care volunteer Mr. Rajkumar Karki identified the patient during a home visit and decided to take him to Patan Hospital for treatment. Due to financial difficulties, the volunteer coordinated with the municipal mayor to arrange free ambulance service, ensuring that the patient was transported safely to Patan Hospital. The hospital expenses were also managed partly through community contributions and partly by the municipality. After about 15 days of hospitalization, the patient was discharged and taken back home.

At home, the patient experienced pain and was unable to walk or move. However, he did not have money to buy the medicines prescribed by the doctors, and his family did not even have food to eat. The dedicated volunteer sought food support from the community and coordinated with the ward office and municipality to enroll him in free health insurance, through which medicines were delivered directly to his home. The volunteer also worked with the ward chairperson to provide a walking stick, which helped the patient move around his home surroundings. Importantly, the volunteer continued to visit him and listen to him.

The patient has been receiving continuous palliative care services at home from both a health worker and the volunteer. The collective support from the health worker, community palliative care volunteer, local government, and community members has enabled him to access medicines and the social support he needs. Today, he can walk an hour to the local market, simply to enjoy a cup of tea.

The cheerful face of the patient and the happiness seen within the family- through the dedicated efforts of the palliative care volunteer- highlight the significant role such volunteers play in creating a compassionate community.

(with permission from patient/ family)

“Happiness doesn’t result from what we get, but from what we give.

Ben Carson