



ANNUAL REVIEW 2010 - 2011 २०६७ - २०६८

BASANTI'S RELATIVE ACCOMPANIED HER TO INF'S FISTULA CAMP IN SURKHET AND WAS SO EXCITED BY SEEING PATIENTS HEALED THAT HE POSTPONED HIS OWN WEDDING SO HE COULD REMAIN WITH BASANTI AND TAKE HER HOME WELL AGAIN

ANNUAL REVIEW 2010-2011

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DIRECTORS' LETTER



Working in partnership is an important feature of the development sector. For INF it can create synergy which enables us to achieve our goal of serving people in need and releasing their potential, so they have a greater sense of dignity and self-respect.

This year started with a budget deficit but at the end of the year, by the grace of God, it finished positively. This positive outcome was the fruit of partnership, partnership with donors and supporters worldwide and most importantly partnership with the One who is the ultimate provider. We are grateful to our partners for their willingness to collaborate with us, so we can serve and stand alongside people in need. We hope the glimpses of INF's work in this Review will inspire you to be involved.

During the year INF entered into new general and project agreements with the Government of Nepal for five years. This has been a great encouragement to INF as it strives to uphold its values of love, compassion, integrity and excellence, giving hope for this life and the life to come. We would like to thank officials of the Government of Nepal for their trust in INF, and for giving us the opportunity to serve the people of Nepal. Our appreciation extends to district- and regional-level officials of the Government of Nepal, non-government organisations, community-based organisations and individuals who have provided valuable support for INF.

Our INF colleagues are the 'backbone' of the organisation. We truly value their dedicated service on behalf of people in need. Thanks are also due to INF's board members. Most of all we are thankful to God, who was faithful throughout the year.

Deependra Gautam
Executive Director
INF Nepal

Seeta Gurung
Acting Executive Director
INF Worldwide

INF NEPAL SUMMARY

INF Nepal is a Christian non-government organisation implementing health and development work to improve the quality of life of people in western Nepal.

In 2010 – 2011 INF Nepal activities were carried out successfully in target areas in Nepal's Western and Mid Western Regions.

As recommended by the Nepal government's Social Welfare Council, INF Nepal has presented the review of its 2010 – 2011 activities according to technical areas [not according to geographical areas, as was the case in previous years]. All of INF Nepal's activities are co-ordinated and directed by the INF Nepal Central Office in Pokhara.

INF NEPAL IMPLEMENTING STRUCTURE

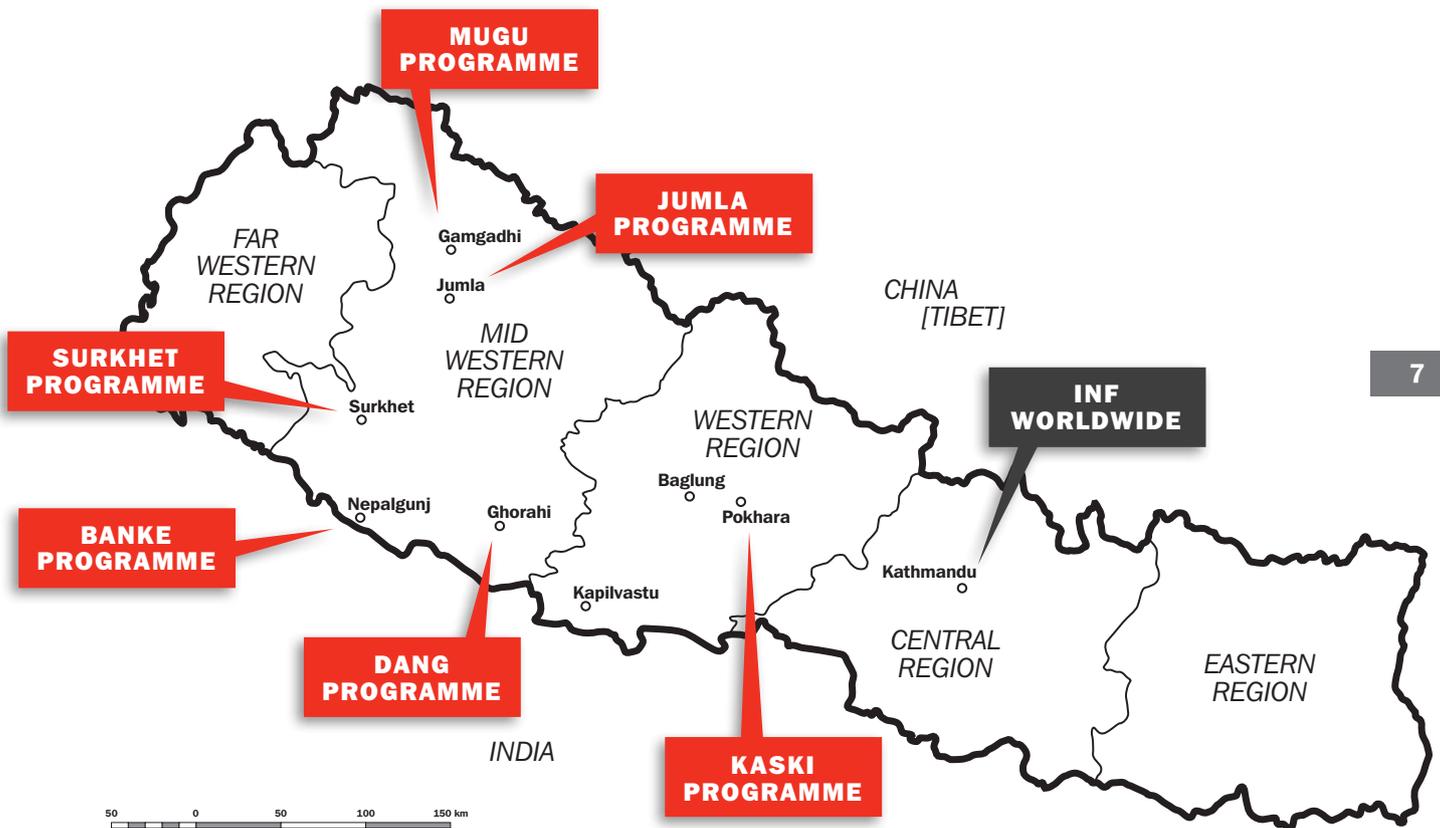
INF Nepal implements health and development work in the following technical areas:

1. community health and development
2. community based rehabilitation
3. leprosy
4. tuberculosis
5. HIV/AIDS and substance abuse
6. spinal cord injury
7. health services support
8. nutrition
9. medical camps

INF Nepal's six district programmes serve approximately 40 districts, mostly in Nepal's Western and Mid Western Regions. INF Nepal has offices in the Kaski, Baglung and Kapilvastu Districts in Nepal's Western Region and the Banke, Dang, Jumla, Mugu and Surkhet Districts in Nepal's Mid Western Region. The total number of staff involved includes 352 Nepali personnel and 20 expatriate volunteers.



INF locations in Nepal



INF Banke Programme

The INF Banke Programme is based in Nepalgunj and has four main sections:

- The Banke Community Health and Development section includes work among displaced people and community based rehabilitation in Raptipari and other parts of the Banke and Bardiya Districts.
- The Nepalgunj Tuberculosis Referral Centre provides TB and leprosy services, with 30 beds for TB patients and 5 beds in a leprosy transit ward.
- The HIV Prevention and Drug Awareness section works with people infected and affected by HIV and drug users.
- The Hospital Support section provides support to the Nepal government's Bheri Zonal Hospital.

Total expenditure was NRs 38,284,321. The total number of staff included 59 Nepali personnel and 1 expatriate volunteer. Donors included: TEAR Australia; Tearfund UK; the Global Fund; the German Leprosy Relief Association; BMS World Mission [UK]; GZB [Netherlands]; ICCO [Netherlands]; US AID; CBM; and individual donors.

INF Dang Programme

The INF Dang Programme is based in Ghorahi and has two main sections:

- The Community Health and Development section, which also includes community based rehabilitation and work with displaced people.
- The Care and Support section, which includes disability prevention and rehabilitation, advice and support for leprosy clients. This section also includes TB and leprosy transit treatment, physiotherapy, neuritis services and footwear provision, and is active in HIV prevention and care.

Total expenditure was NRs 17,820,775. The total number of staff included 29 Nepali personnel and 1 expatriate volunteer. Donors included: Baptist World Aid Australia; TEAR Australia; Tearfund UK; CBM; the German Leprosy Relief Association; US AID; and HADA [Australia].

INF Jumla Programme

The INF Jumla Programme has three sections:

- The Clinic provides treatment for TB and leprosy and runs an 8-bed Nutrition Rehabilitation Centre for malnourished children.
- The Community Health, Development and Rehabilitation section works with community groups in three village areas, and with people with disabilities.
- The Health Services Support section works closely with the government's District Health Office and Karnali Zonal Hospital, health posts and sub-health posts. During the year INF began support for the Zonal Hospital in the provision of comprehensive emergency obstetric care.

Total expenditure was NRs 18,868,771. The total number of staff included 22 Nepali personnel and 1 expatriate volunteer. Donors included: INF Australia; the German Leprosy Relief Association; GZB [Netherlands]; Samaritan's Purse Canada; and the Jumla District Health Office.

INF Kaski Programme

The INF Kaski Programme is based in Pokhara and has four sections:

- Green Pastures Hospital and Rehabilitation Centre provides services for people affected by leprosy, spinal cord injury, disability and skin disease.
- The Partnership For Rehabilitation [PFR] works for people with disabilities and leprosy in 14 districts of Nepal's Western Region. PFR empowers local partner organisations and self-help groups and raises community awareness to create a positive environment for people with disabilities.
- 'Paluwa' provided services for people infected and affected by HIV/AIDS, including voluntary counselling and testing, sexually transmitted infection services, an 'essential package of care' service, and community and home-based care. Paluwa supported the government's Western Regional Hospital in Pokhara and Dhaulagiri Zonal Hospital in Baglung with CD4 counts, anti-retroviral treatment and provision of a poor fund. Paluwa also organised awareness raising on HIV/AIDS prevention, treatment, care and support services in Baglung.
- The Kapilvastu Community Health and Development section is based in Taulihawa in Kapilvastu District, and implements community health work in 5 village areas and community development work in 2 village areas.

Total expenditure was NRs 102,181,651. The total number of staff included 137 Nepali personnel and 2 expatriate volunteers. Donors included: the German Leprosy Relief Association; GZB [Netherlands]; the International Committee of the Red Cross; US AID; The Leprosy Mission International; the Finnish Christian Medical Society; CBM; INF Australia; TEAR Australia; the Sasakawa Memorial Trust Japan; ICCO Netherlands; and Fairmed Switzerland.

INF Mugu Programme

The INF Mugu Programme has two sections:

- The Community Health and Development section works in the Bhee and Natharpu village areas with community groups, user groups, government health institutions and committees, using the Group Action Process, a participatory approach to community development, to build capacity. Activities include micro-finance and livelihood support.
- The Migration Support section works in the border areas of Nepalgunj and Mahendranagar, increasing the effectiveness of migration to India as a livelihood strategy by reducing the vulnerability of economic migrants and the dependants they leave behind.

Total expenditure was NRs 14,271,126. There were 18 Nepali personnel and 0 expatriate volunteers. Donors included: TEAR Australia; Tearfund UK; GZB [Netherlands]; and ICCO Netherlands.

INF Surkhet Programme

The INF Surkhet Programme is based in Birendranagar and has four sections:

- The Leprosy Referral Centre treats patients from across Nepal's Mid Western Region and supports the government's Mid Western Regional Hospital.
- The Community Health and Development section includes community based rehabilitation and support for displaced people. This section works in the Surkhet, Dailekh and Jajarkot Districts. The section provided support to community groups in awareness raising, formation and facilitation of self-help groups, income generation, micro-finance, education and environmental conservation.
- The Support and Self-Care section provides socio-economic and community-based rehabilitation services, mobility appliances [special shoes, wheelchairs etc.], self-care training, house modification, income generation support, living support, scholarship support and physical and occupational therapy for people with disabilities and leprosy.
- The Hospital Support Services section works with government institutions, notably the Mid Western Regional Hospital, organises fistula camps and carries out a fistula awareness programme for government staff.

Total expenditure was NRs 32,880,867. The total number of staff included 49 Nepali personnel and 8 expatriate volunteers. Donors included: the Swedish Medical Mission; the German Leprosy Relief Association; Interact Sweden; Saron Church Sweden; Tearfund UK; EMMS International [UK]; and TEAR Australia.

INF Nepal Central Office

The INF Nepal Central Office provides support to INF Nepal programmes through the development of policies, procedures, guidelines, corporate governance standards and internal control systems. It also monitors the implementation of policies and procedures across INF Nepal to fulfil the organisation's vision, mission and goal. The goal of INF Nepal is 'sustainable improvement in the health and quality of life in Nepal, particularly for the disadvantaged, by contributing to the fulfilment of the Millennium Development Goals and the Poverty Reduction Strategy Paper'. The Central Office reviews systems and procedures and updates them as necessary. The Office has a number of departments and sections:

- The Director's Department supports directors and managers. The Executive Director provides overall leadership and direction and organises meetings of the INF Nepal board, the Management Team and the Central Project Advisory Committee.
- The Programmes Office oversees and supports strategic and operational development of all programmes, technically and managerially. It ensures that beneficiaries receive good-quality services.
- The Finance Department supports programmes in budgeting, financial management, monitoring and control. It ensures financial resources are used effectively by complying with INF financial policies and donor agreements. The Department plays a key role in recruiting programme finance officers and mentoring them so that INF policies and procedures are well implemented. In the reporting year the Department completed INF's 5-year budget to 2015.
- The Donor Team supports programmes and sections in proposal writing and donor reporting.

- The Organisation Development Department began work in January 2011. Its goal is to strengthen the knowledge, skills, behaviour and attitudes of staff, enabling them to contribute even more effectively towards the fulfilment of INF's vision.
- The Human Resources Department is responsible for HR issues and Central Office administration.
- The Information Communication Technology section is responsible for setting up effective ICT systems, including e-mail, internet and databases, and helping ICT staff in programmes.
- Technical Advisers provide input into programme planning and monitoring for all programmes and sections. They ensure technical quality and keep an overview of internal and external technical issues and the preparation of reports.
- The Camps section holds medical and surgical camps in different locations.

Central Office expenditure was NRs 17,623,514. Camps expenditure was NRs 8,080,673. The total number of staff included 35 Nepali personnel and 8 expatriate volunteers. Donors included: BMS World Mission [UK]; Tearfund UK; and INF Worldwide.

Community health and development

The transformation of communities is at the heart of INF's vision.

Community health and development work is a key strategy for realising the vision. INF implements its community health and development work through community groups, user groups and committees. Activities include: capacity building; strengthening and empowerment; awareness raising; non-formal and other educational support; income generation; savings and credit, and micro-finance; safe drinking water schemes; livelihood support; small infrastructure support; disaster response and advocacy; and climate change activities. Activities take place in the Kapilvastu, Dang, Banke, Surkhet, Jumla and Mugu Districts.

ACHIEVEMENTS

Activities	Indicators	Targets	Achievements
Self-help group formation, facilitation through meetings	Groups no.	205	205
Leadership / other training [capacity building, group dynamics, facilitation, development]	Participants no.	1,460	1,400
Resource provision [road gravel, hand pumps etc.]		88	76
Group workshops on government policy and human rights	Participants no.	60	326
Advocacy training	People no.	776	847
Advocacy for access to services	Groups no.	205	205
Education in labour and rights for migrants, two border areas	People no.	12,000	15,450
Income generation grant support [goat- / pig- / poultry-keeping, shops etc.]	People no.	132	179
Non-formal education classes	Classes no.	15	19
Savings and credit training for co-operatives	Co-operatives no.	10	12
Savings and credit and other training [vegetable farming, goat-keeping, driving, rickshaw repair, sewing etc.]	People no.	526	654
Meetings [forest groups, school committees, health posts, water scheme users etc.]	Meetings no.	96	95
Networking and co-ordination with agencies and local government offices	Workshops no.	6	8
Disaster / risk training for groups	Groups no.	205	205
Disaster management training for leaders	Participants no.	40	169
Afforestation		1,600	8,000
Mother and child health awareness	Groups no.	205	205
HIV/AIDS awareness, two border areas	People no.	27,123	30,000
Nutrition awareness	Groups no.	205	205
Children's health competition	Places / Children nos.	12 / 800	25 / 900
Disaster / risk reduction for groups	Groups no.	205	205
Strengthening health post committees	Health posts no.	18	19
Encouraging government staff to monitor health post data	Health posts no.	18	19
Encouraging health post staff to improve outreach and ante-natal / mother and child health clinics	Health posts no.	18	19
Supporting female community health volunteers	Volunteers no.	147	288
Climate change / environmental awareness	Groups no.	205	205
Climate change orientation	Groups no.	205	205
Climate change / environmental workshop	Participants no.	88	269
Helping groups identify responses to climate change [droughts, floods, cold weather]	Groups no.	15	22

INF INVOLVEMENT AND HISTORY

INF Nepal has long experience in community health and development. INF began community health and development projects in: Burtibang in Baglung District in 1986; Myagdi District in 1992; Nepalgunj in 1998; Mugu, Dang, Jumla and Surkhet Districts in 2001; and Kapilvastu District in 2007.

CONTRIBUTION TO NATIONAL GOALS / MILLENNIUM DEVELOPMENT GOALS

All INF development interventions contribute to the achievement of national goals and Millennium Development Goals, as follows.

- **Millennium Development Goal 1** [Eradicate extreme poverty and hunger]: income generation activities; helping co-operatives provide business loans; and introducing agricultural technology to increase production.
- **Millennium Development Goal 2** [Achieve universal primary education]: non-formal education classes supporting schooling for poor families; encouragement of parents; and supporting local schools.
- **Millennium Development Goal 3** [Promote gender equality and empower women]: self-help groups are over 90% women and are trained in capacity building and provided with opportunities for income generation and decision-making about community development; and groups are helped in problem analysis, resource identification and working together to address problems.
- **Millennium Development Goal 4** [Reduce child mortality]: nutrition programme for children; health camps; and support for health posts in mother and child health, ante-natal care and post-natal care through outreach and health facilities.
- **Millennium Development Goal 5** [Improve maternal health]: ante- and post-natal clinics through outreach and health facilities work with mothers' groups and train health post maternal health staff; and reproductive health education through self-help groups.

- **Millennium Development Goal 6** [Combat HIV/AIDS, malaria and other diseases]: awareness raising; distribution of information materials; HIV/AIDS education through self-help group meetings; and voluntary counselling and testing and other services, support and care for people infected and affected by HIV/AIDS.
- **Millennium Development Goal 7** [Ensure environmental sustainability]: awareness raising; activities to address climate change and environmental degradation.

CHALLENGES FACED AND LESSONS LEARNED

For better long-term results the full participation of beneficiaries is essential. Careful handling of sensitive issues at community level is crucial. Forming and developing organisations at community level is important.

SUSTAINABILITY

People in INF's target areas come together in self-help groups and so can mobilise themselves for their own development. Groups meet regularly and independently of INF and are involved in discussion and decision making, analysing problems and seeking ways for improvement. Thousands of action plans have been put together independently of INF and implemented successfully in communities. Communities have real ownership.

Target groups are able to think in a long-term manner and work independently of INF, and become non-government organisations or co-operatives at the end of INF's support. Nine NGOs and ten co-operatives have registered after INF completed its work in different areas, and they now run well. Seven NGOs work in partnership with INF on an annual agreement basis. These NGOs are able to access assistance from other organisations and government agencies.

Pipalpate's story

Co-operatives run well and have good management. Funds generated and mobilised in co-operatives range in size from NRs 400,000 to NRs 7,800,000, depending on the number of members and the longevity of the funds. Groups no longer depend on money lenders charging high interest. These co-operative funds are used for businesses and other purposes and have low interest rates. People in target areas are better able to access good education and health and to make a living as a result of their own micro-enterprises which are supported through income generation schemes.

The INF Surkhet District health and development programme provides orientation programmes for mothers' groups regarding group roles, responsibilities, accountability, objectives and community health. One such group is in Pipalpate, led by female community health volunteer Laxmi Nepali. An INF local community facilitator helps Laxmi and other volunteers elsewhere to motivate groups, organise regular meetings and discuss issues. The Pipalpate group has become very organised and is committed to attending meetings in a punctual way. They have a red flag which they raise, signalling the start of their meetings. Any member who arrives after the flag is raised has to pay a small penalty for their lateness. Group members have now organised the construction of toilets in their homes.

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A MOTHERS' GROUP MEETING IN PIPALPATE

Community based rehabilitation

Rehabilitation of people with disabilities is a core part of INF's work. Community based rehabilitation is implemented with local partner organisations and community based organisations and also includes direct client assistance. Activities included: capacity building; awareness raising; reducing stigma through advocacy; socio-economic rehabilitation and vocational training; and house modification and provision of assistive devices to empower people with disabilities so that they can play an active part in their families and in wider society. Activities take place in the Kapilvastu, Dang, Banke, Surkhet, Jumla and Mugu Districts.

ACHIEVEMENTS

Activities	Indicators	Targets	Achievements
Establishing and strengthening self-help groups for people with disabilities and their families	Regular meetings	5	5
Awareness raising in groups on disability issues	Meetings organised	80	82
Group leadership and management training	Training sessions provided	65	50
Seed money for group income generation activities	Group members taking loans	17	13
Vocational and skill development training for group members	Members with own business	25	16
Group account-keeping and management training	Groups meeting independently	17	8
Group rights and advocacy training	Groups able to raise issues locally	32	33
Technical and financial support for disabled people's organisations	Organisations able to help local disabled people	10	10
Advocacy workshops with government agencies and stakeholders to create a disability-friendly environment	Accessible infrastructure	12	11
Orientation for construction workers association on disability-friendly environments	Workers no.	3	2
Disability inclusion training for NGOs and local government	People with disabilities included in local organisations	17	17
Home modifications for people with spinal cord injury	People independently mobile	32	52

Assistive device provision [hearing aids, glasses, orthotics, prostheses etc.]	Increased social participation of people with disabilities	40	27
Wheelchair repair and maintenance	Increased wheelchair durability	30	65
Organising interactions between people with disabilities, families and local policy-makers	People with disabilities interested in policy implementation	4	3
Sensitising people with disabilities and families about government plans and policies	People with disabilities interested in policy implementation	8	9
Inclusion of people with disabilities in community groups	70% of identified people with disabilities included	40	42
Helping people with disabilities to get disability identity cards	People with disabilities with cards	10	10
Awareness raising in 40 communities	More people with disabilities requesting support	40	27
Disability orientation for health workers and female community health volunteers in 4 districts	People with disabilities accessing health services	3	2
Advocacy workshop with government agencies and stakeholders on rights of people with disabilities	Respect for rights of people with disabilities	3	2
Publication and distribution of twice-yearly rehabilitation bulletin and other awareness raising materials	Materials distributed	1,700	2,000
Disability orientation for school teachers	Schools accessible to people with disabilities	16	10
Lobbying for employment and education opportunities for people with disabilities		17	11
Socio-economic assessment	Clients no.	300	290
Psycho-social counselling	Clients no.	400	425
Support for basic medical rehabilitation	Clients no.	20	21
Income generation support	Clients no.	45	43
Vocational and other training [tailoring, weaving, maintenance, goat- / pig- / buffalo- / rabbit- / poultry- / bee-keeping]	Clients no.	109	95
Micro-business training	Clients no.	24	32
New business support [goat- / pig- / buffalo- / rabbit- / poultry- / bee-keeping]		45	43
Follow-up services	Clients no.	200	255
Integrated education for clients' children	Children enrolled at school	68	72
Basic medical rehabilitation support	Clients no.	20	21
Food and shelter subsidy for living support clients	Clients no.	40	12
Support for new house construction	Houses no.	4	1

INF INVOLVEMENT AND HISTORY

INF community rehabilitation work began in 1975. The concept of community based rehabilitation was introduced by the World Health Organisation in 1978. In the early stages of INF's work in Nepal, people affected by leprosy were rehabilitated in home villages or settlements. Stigma was so great that people affected by leprosy were not accepted back by families after treatment. Health education, leprosy awareness activities and advocacy in families and communities became important parts of the work, together with support for settlements and livelihoods.

From the mid-1980s INF extended its target group from people affected by leprosy and began to help people with other disabilities. In the mid-1990s INF began community capacity building for the rehabilitation of people with disabilities, including the formation of self-help groups for people with disabilities and families, and disabled people's organisations, building capacity through training, facilitation and networking.

Nepal's government ratified the United Nations Convention on the Rights of Persons with Disability and its optional protocol in 2010. The World Health Organisation and other major international agents in disability published Community Based Rehabilitation guidelines in 2010, and INF has since modified its activities accordingly.

CONTRIBUTION TO NATIONAL GOALS / MILLENNIUM DEVELOPMENT GOALS

INF community based rehabilitation activities have particularly contributed towards the first Millennium Development Goal [Eradicate extreme poverty and hunger] and the second Millennium Development Goal [Achieve universal primary education]. Eighty per cent of people with disabilities in Nepal live below the poverty line, and people with disabilities are excluded from education, health and employment opportunities. INF support for people with disabilities and their families has improved their socio-economic condition in many ways.

There are barriers to the education of children with disabilities, and INF is working hard to make schools inclusive by helping them to be accessible and training school teachers.

The Nepal government's Ministry of Women, Children and Social Welfare has set seventeen goals for the rehabilitation and social inclusion of people with disabilities. INF's community based rehabilitation work contributes to most of these goals, such as increased access to assistive devices, social inclusion of people with disabilities, development of vocational skills, improved livelihoods for people with disabilities and their families, increased access to buildings, and increased access to health and education.

CHALLENGES FACED AND LESSONS LEARNED

Working with people with disabilities in rural areas is challenging. There is often a lack of support from families and communities, poor transport and physical inaccessibility. The absence of reliable data and baseline information also causes difficulty in planning services.

INF tries to mobilise communities to overcome problems, as ultimately they are the ones who can change their own situations.

There is a need to conduct pre-assessment surveys before projects are implemented. It takes considerable time, effort and money to conduct surveys, but without baseline information it is difficult to measure the changes INF makes in communities and lives.

Networking with other non-government organisations is essential to understand what others are doing, and their capacity and willingness to work together or integrate activities into those of INF.

Government resources are available, even at village level, but there is a need for training and technical support to ensure appropriate use. INF needs to work more closely with local government authorities and provide training.

Self-help groups and disabled people's organisations are successful and able to liaise with other organisations and advocate for their members. INF needs to form more self-help groups and empower them for their own development.

Working with local partner organisations is effective and should be continued.

Phirphire's story

SUSTAINABILITY

Most INF work will be sustained even after external funding and support stops. Most self-help groups of people with disabilities and families are linked with village development committees which support them financially. INF trains village development committee secretaries to help people with disabilities. INF's efforts to develop the capacity of local health workers, school teachers and community members also provide sustainability. INF tries to balance financial and technical sustainability through links with village development committees and forest user groups, and training local health workers, teachers and community members. Some areas of work require long-term commitment, such as the provision of assistive devices.

The Nepal government recently promoted the formation of village disability rehabilitation committees. INF is trying to mobilise these committees so that they can ultimately take over INF activities.

INF works with local partner organisations in Salyan, Pyuthan, Dang, Dailekh, Jajarkot, Jumla, Lamjung and Gorkha Districts. Most have accessed modest government funding. Some local partners have mobilised large [but one-off] funding from government. Local partners are well recognised by government, and INF partners in Salyan and Pyuthan were asked to undertake a disability survey by their district development committees. Most local partners act as a useful resource for government, and advocate for access to disability identity cards.

INF staff recently organised a workshop to discuss disability issues with representatives from fifteen local authorities in the Tanahun District of Nepal's Western Region. One of the fifteen was Dhurba Raj Lamichhane, the development committee secretary from Phirphire village. He was so impressed by the INF workshop that he decided to arrange a further meeting involving local representatives of all of the main political parties, facilitated by INF staff. As a result of this further meeting, each of the political parties agreed to give due consideration to disability issues in the formulation of their plans for development.

The parties also organised a large meeting of people with disabilities and members of their families, again facilitated by INF staff. As a result of this last meeting, a self-help group for people with disabilities was established and Chun Kumari Gurung, the mother of a child with learning difficulties, was chosen to be the group's chairperson. The group is now very active, and has referred five villagers to INF's Green Pastures Hospital for people with disabilities in Pokhara. At Green Pastures the villagers have been helped with rehabilitation, and provided with assistive devices to improve their quality of life. The group is now making a plan of action for the coming year, and local authorities have recently decided to make a grant of NRs 100,000 for the group's activities in support of people with disabilities.

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INF STAFF MEET PEOPLE WITH DISABILITIES IN PHIRPHIRE

Leprosy

Prevalence of leprosy in Nepal dropped below one in 10,000 in 2009. However, new cases continue to occur and many patients need care for the rest of their lives. INF provides diagnosis, treatment and essential care for leprosy patients with severe reactions and disabilities. Activities take place in the Kaski, Dang, Banke, Surkhet and Jumla Districts.

ACHIEVEMENTS

Activities	Indicators	Targets	Achievements
New case detection	New cases diagnosed	200	360
Inpatient treatment	Admissions to INF clinics	800	1,113
Outpatient treatment	Patients attending INF clinics	1,500	5,036
Self-care training	Patients attending Green Pastures / Surkhet	260	232
Provision of leprosy footwear and assistive devices	Patients no.	1,400	1,429
Leprosy training for medical professionals	Professionals trained in Kaski / Surkhet	240	407

INF INVOLVEMENT AND HISTORY

INF began leprosy work in 1952 when its first medical services were started in the 'Shining Hospital' in Pokhara. In 1957 fifteen acres of land were purchased in the Naya Gaon area of Pokhara and the first temporary buildings for five patients were constructed. In 1970 work was completed on the buildings of the Green Pastures Hospital and Rehabilitation Centre, with 96 beds available. In 1997, with the successful implementation of the National Leprosy Control Programme, prevalence began to fall and INF introduced non-leprosy rehabilitation. Currently Green Pastures has 73 beds, 48 for leprosy. In 1973 INF opened leprosy services in Ghorahi in Dang District. In 1976 INF began services in Surkhet, Nepalgunj and Jumla, providing care for people throughout Nepal's Mid Western Region.

CONTRIBUTION TO NATIONAL GOALS / MILLENNIUM DEVELOPMENT GOALS

The 2011-2015 Enhanced Global Strategy for Further Reducing the Disease Burden due to Leprosy includes the following twelve elements.

1. Sustaining political commitment at national and local government levels in endemic countries.
2. Strengthening routine and referral services in integrated health systems in endemic countries.
3. Using the rate of new cases with grade two disabilities among new cases per 100,000 population as a key indicator to monitor progress, in addition to other indicators.
4. Implementing innovative approaches for case finding to reduce delay in diagnosis and occurrence of grade two disabilities among new cases, including examination of household contacts of cases at the time of diagnosis or within a time span close to diagnosis, and incorporating special efforts to improve control activities for populations living in inaccessible and suburban areas.
5. Improving quality of clinical services for diagnosis and management of acute and chronic complications, including prevention of disabilities and impairments, and enhancing provision of rehabilitation services through a well-organised referral system.
6. Supporting initiatives to promote community based rehabilitation, with special attention given to activities aimed at reducing stigma and discrimination against people affected by leprosy and their families.
7. Ensuring supply of drugs for multi-drug therapy free of cost, and effective distribution systems in endemic countries.
8. Establishing and maintaining a surveillance system to prevent and limit development and transmission of resistance to anti-leprosy drugs.
9. Promoting development of more effective drugs and regimens to treat leprosy and its complications.
10. Developing sustainable training strategies at global and national levels to ensure availability of leprosy expertise in endemic countries.
11. Exploring use of chemoprophylaxis as a tool to prevent occurrence of new leprosy cases among household contacts.
12. Fostering supportive working arrangements with partners at all levels.

INF particularly contributes to Nepal's capacity in addressing the fifth, sixth and tenth elements above.

The Nepal government's plan 'A leprosy-free Nepal' is consistent with the World Health Organisation's 2011-2015 strategy. In 59 districts with prevalence of less than 1 in 10,000, diagnosis and management of leprosy complications will be done at district hospital level or above. Only in the 16 districts with prevalence greater than 1 in 10,000 will diagnosis and management at health post level be maintained. Therefore the government is looking to partners to strengthen leprosy services at district, zonal and regional hospitals. Other government priorities include: involvement of private practitioners in providing leprosy services; strengthening leprosy surveillance; increasing services for under-served populations, particularly in urban settings; strengthening regional health training centres; sustaining awareness of leprosy; and promoting community based rehabilitation.

CHALLENGES FACED AND LESSONS LEARNED

INF has found it increasingly difficult to find funding for leprosy work from international donors. In 2009 the German Leprosy Relief Association, which has funded INF leprosy work for more than twenty years, cut its support substantially at the same time that the German government cut its support. Donors now demand project proposals for funding and this is difficult for ongoing clinical work.

Another difficulty is resistance in hospitals in Ghorahi and Nepalgunj to the idea of taking over leprosy work or treating people affected by leprosy who need general medical treatment.

SUSTAINABILITY

Government plans to manage leprosy complications at district hospital level have yet to be realised. INF is ready to provide training for government health staff in district hospitals in the treatment of leprosy complications, and to provide referral services for more difficult cases through the INF Leprosy Referral Centre in Surkhet and INF's Green Pastures Hospital and Rehabilitation Centre in Pokhara.

Ballu's story

I'm Ballu Chaudhary. I'm 35 and come from Bardiya District. I used to work as a rickshaw puller, but got numb, dry marks on my body. Friends suggested I should go to INF in Banke District. INF told me I had leprosy. I was shocked and my friends and neighbours didn't want to have anything to do with me. My wife left me for another man and took our child. However, I got counselling and medication from INF. After some initial reactions the medication went well. INF's counselling gave me a reason to live, I learned that leprosy was not the end of everything for me. INF has helped to make me into a new person. I met a nice woman with leprosy who was also treated by INF, and I hope to marry her. INF plans to buy me a new rickshaw so that I can start work again. I'm very grateful to INF.

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BALLU CHAUDHARY

Tuberculosis

Tuberculosis is still a major health problem in Nepal, especially in the Mid Western and Far Western Regions. The situation is complicated by drug resistance and co-infection with HIV/AIDS. As a result, INF Nepal has continued to provide diagnosis, treatment and other essential care for TB patients. TB work is carried out in the Banke, Surkhet, Dang and Jumla Districts.

ACHIEVEMENTS

Activities	Indicators	Targets	Achievements
Outpatient services for suspect TB cases	Outpatient treatments	24,200	29,128
HIV counselling for category 1 patients with risk factors and category 2 patients	Patients no.	140	156
Local Directly Observed Treatment Short-course service	Registered patients no.	80	105
New multi-drug-resistant TB patients registered	Registered patients no.	20	38
Multi-drug-resistant TB outpatient service	Outpatient visits no.	4,800	7,546
Patients admitted with complicated TB / HIV co-infection / multi-drug-resistant TB	Admissions no.	320	565
Laboratory sputum tests	Tests no.	10,000	14,744
Support for multi-drug-resistant TB sub-centres in Mid Western Region	Monthly visits no.	12	12

INF INVOLVEMENT AND HISTORY

INF began providing services for TB patients immediately after the establishment of 'The Shining Hospital' in Pokhara in the 1950s. INF began a TB Project in Kaski District in 1971. In 1973 INF TB clinics began in Surkhet and in Ghorahi in Dang District. In 1976 INF established the 'Shining TB Clinic' in Pokhara. In 1986 INF became a regional counterpart for Nepal's TB Programme in the Mid Western Region. INF's Nepalgunj TB Referral Centre was established, and in 1992 an INF TB clinic also began work in Jumla.

CONTRIBUTION TO NATIONAL GOALS / MILLENNIUM DEVELOPMENT GOALS

The 2010-2015 National Strategic Plan uses the ideas of the Stop TB Strategy to increase case finding in Nepal, and hence reach the goal of reducing the mortality, morbidity and transmission of TB until it is no longer a public health problem. Impact targets are to halt and begin to reverse the incidence of TB by 2015 and halve prevalence and mortality rates by 2015 relative to 1990 levels. Outcome targets are: to achieve a case detection

rate of new smear-positive cases of 82% nationally; and reach and maintain a treatment success rate of 90% by 2015. Since the ultimate goal is to eliminate TB from Nepal by 2050 [so that there is less than one new sputum-positive TB case per million population per year], the Nepal TB Programme and partners have a vision to pursue the following initiatives to reach this long-term goal:

- **Improving Diagnosis** – microscopy services will increase by 125 over 5 years; female community health volunteers will be mobilised to increase case finding and carry out contact tracing of family members of registered TB cases.
- **High-quality Directly Observed Treatment Short-course** – in addition to diagnostic centres, a further 75 treatment centres will be added.
- **Laboratory Network** – Nepal’s ‘NTC’ laboratory will gain accreditation to become the National Reference Laboratory and will upgrade to liquid-culture medium; culture facilities will expand to three regions.
- **Practical Approach to Lung Health** – initiatives will reach 29 districts by 2015, increasing diagnosis and treatment of all respiratory diseases.
- **Infection Control** – measures will be introduced to reduce nosocomial infections.
- **Respiratory Hospital** – a hospital will be established in the Kathmandu valley by 2014.
- **TB/HIV collaboration** – this will be implemented and maintained in 35 districts to reduce morbidity of TB/HIV co-infection.
- **Multi-Drug-Resistant TB Management** – this will expand to a total of 80 centres and sub-centres across the country, increasing accessibility for people with multi-drug-resistant TB.
- **Public-Private Mix** – the Nepal TB Programme will engage with the private sector in 35 municipalities to improve diagnosis and treatment of TB and so decrease the occurrence of multi-drug-resistant TB.
- **Advocacy, Communication and Social Mobilisation** – intensified activities will spread throughout the country so all 75 districts will benefit and case detection will rise above 80%.

- **Operational Research** – this will provide solutions for issues such as gender inequality among TB cases, the value of radio communication, statistical data etc.

- **Monitoring and Evaluation** – this will check that targets are being reached, and follow up transfers in and out and migration cases.

- **Planning and Administration** – this will co-ordinate all of the above.

As a result of the activities listed above, it is hoped that TB will decrease in Nepal because of early diagnosis and rapid treatment.

The sixth Millennium Development Goal [Combat HIV/AIDS, malaria and other diseases] has the following targets: reduce incidence, prevalence and death rates associated with TB [target 6.9]; and increase proportion of TB cases detected and cured under Directly Observed Treatment Short-course [target 6.10].

The United Nations Development Programme’s 2010 report on multi-drug resistant TB concluded that ‘a well-performing and integrated National TB Control programme has resulted in a significant decline in TB cases [in Nepal], from 460 cases per 100,000 inhabitants in 1990 to 244 today’.

CHALLENGES FACED AND LESSONS LEARNED

Multi-drug-resistant TB is difficult to treat, requiring long and complex drug regimens which must be adhered to closely. In 2009 INF conducted an internal evaluation of its Nepalgunj TB Referral Centre and found that 78% of multi-drug-resistant TB patients were treated successfully – a rate which is significantly higher than rates reported in other developing countries. The provision of an inpatient facility and hostel for multi-drug-resistant TB patients is thought to be a critical factor in ensuring good patient adherence to the treatment regimen. INF will continue this approach and provide hostel accommodation for patients through its local partner organisation.

SUSTAINABILITY

TB control in Nepal is largely funded by the Global Fund to fight AIDS, TB and Malaria. INF is a sub-recipient of this funding. The Global Fund was 'created to increase resources to fight three of the world's most devastating diseases, and to direct those resources to areas of greatest need'. It seems likely that Nepal will continue to receive this funding for the National TB Programme and its partners including INF.

Baburam's story

Baburam Lamichanne, 30, fell ill with glandular TB. Someone in his village in Dang District told him about INF and he went to the specialist INF TB clinic in Nepalgunj in Banke District. He felt desperate and said he had simply come to die. However INF gave Baburam multi-drug-resistant TB treatment and he began to improve. Because his treatment began late he also suffered from pus in his chest, however this was successfully drained with a special tube. After counselling from INF Baburam is much more positive and has begun to make plans for his future. 'Despite everything I still have hope,' he says.

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BABURAM LAMICHANNE



HIV/AIDS and substance abuse

Nepal's Mid and Far Western Regions are relatively under-served by HIV/AIDS services compared to other regions, yet there is a growing need due partly to migrant workers infected with HIV who return to these areas from India. INF HIV/AIDS services include: awareness raising; voluntary counselling and testing; treatment and management of sexually transmitted infections, including HIV; advocacy for people living with AIDS; and support for people infected and / or affected by HIV/AIDS. INF also supports education and advocacy through its community health and development work and provides outreach activities for 'at-risk' groups, including TB patients and drug users in Nepalgunj.

ACHIEVEMENTS

Activities	Indicators	Targets	Achievements
HIV awareness programmes on local FM radio	Broadcasts no.	100	19
Distribution of information materials among target groups	Materials distributed	21,000	20,350
Demand-creation sessions for voluntary counselling and testing and sexually transmitted infection services among most at-risk people	People no.	752	1,704
Sexually transmitted infection examinations for most at-risk people	People no.	888	1,624
HIV voluntary counselling and testing according to guidelines	People no.	1,380	2,458
Basic health care for people living with HIV/AIDS including treatment of opportunistic infections, nutritional support, referral for anti-retroviral therapy and clinical support	People no.	160	540
Poor Fund payment for treatment	Clients no.	200	3,817
Regular home-based care visits for people living with HIV/AIDS	People no.	144	503
HIV-related counselling [voluntary counselling and testing / anti-retroviral therapy adherence etc.] for patients at Western Regional Hospital	Clients no.	520	1,791
Facilities for support group meetings for people living with HIV/AIDS	People no.	160	602
Schooling support for children of HIV+ clients	Students no.	10	9
Identifying drug users and people living with HIV/AIDS and forming trusting relationships	Clients no.	60	132
Selection and mobilisation of peers to communicate about adverse consequences of drug use	Communicators no.	48	47
Clean needle / syringe distribution and collection of used syringes	Needle / syringe nos	1,000	3
Harm reduction counselling, drug / HIV/AIDS / other health education through drop-in centre for safer lifestyles	Clients no.	300	168
Awareness raising workshops for students, young people, female community health volunteers, religious leaders, ward members, churches etc.	Participants no.	1,000	1,294

Ram's story

Ram BK, 8, comes from Nepal's Salyan District. His grandfather brought him to INF's TB clinic in Nepalgunj, as he thought that Ram had TB. Thin and frail, Ram was diagnosed HIV+. His father had died four years earlier after becoming HIV+ while working in India. Although he is HIV+, Ram has a lot of will power and has big dreams for his future. He says: 'I'm going to be an aeroplane pilot.'

INF INVOLVEMENT AND HISTORY

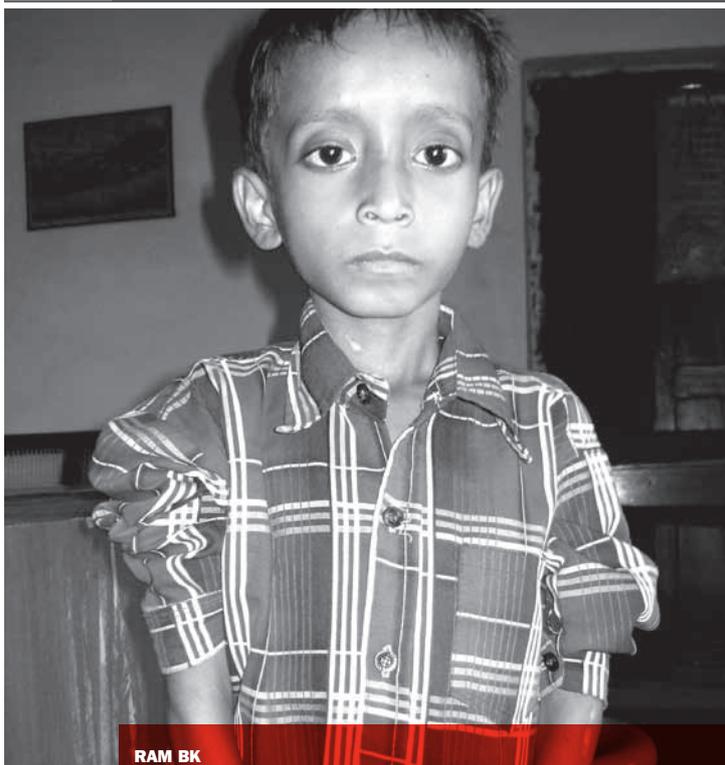
INF started HIV/AIDS and drug services in 1995 in Pokhara. In 1999 similar INF services began in Nepalgunj. In 2009 INF HIV prevention and care work began in Baglung District, and recently services have expanded into other districts in the Mid and Far Western Regions.

CHALLENGES FACED AND LESSONS LEARNED

There were major challenges in securing funding for HIV work in Pokhara after major donor Family Health International withdrew funding in June 2009. Despite multiple applications to other donors, INF was unsuccessful in finding sustainable sources of funding.

SUSTAINABILITY

INF's 'Paluwa' HIV programme in Pokhara proved to be unsustainable in the current funding climate and closed in September 2011. Paluwa work continues at Baglung District Hospital and the Social Care Unit at the Western Regional Hospital in Pokhara.



RAM BK

Spinal cord injury

Physical rehabilitation is an under-served technical area in Nepal. INF provides physical rehabilitation services for people with spinal cord injury in the Kaski and Surkhet Districts.

ACHIEVEMENTS

Activities	Indicators	Targets	Achievements
Admission of spinal cord injury patients	Patients no.	52	88
Reconstructive surgery [tensor fasciae latae / split skin grafts / primary closure]	Operations no.	72	14
Orthopaedic appliances [footwear / braces / orthoses]	Appliances no.	68	53
Physiotherapy / occupational therapy	Sessions no.	1,385	3,703
Peer counselling / general counselling / carer counselling	Sessions no.	760	442
Health education for patients and carers	Sessions no.	400	437

INF INVOLVEMENT AND HISTORY

Spinal cord injury rehabilitation services began in INF's Green Pastures Hospital and Rehabilitation Centre in Pokhara in 1997, using skills and experience acquired in the rehabilitation of people affected by leprosy in the preceding forty years [details can be found in article written in 2005 by Brandsma J. W. et al entitled 'Transformation of a leprosy hospital in Nepal into a rehabilitation centre: the Green Pastures experience', published in 'Leprosy Review' number 76, pages 267-276]. Green Pastures has set aside 40% of its beds [25 beds] for general rehabilitation, including rehabilitation of spinal cord injury patients. In Surkhet an 8-bed rehabilitation unit in INF's Leprosy Referral Centre was established in 2002 for people with spinal cord injury and those needing other forms of neurological rehabilitation [such as people affected by strokes or cerebral palsy].

CONTRIBUTION TO NATIONAL GOALS / MILLENNIUM DEVELOPMENT GOALS

There are no relevant national goals or Millennium Development Goals addressing rehabilitation of people with spinal cord injury. However, as Nepal has recently ratified the United Nations Convention on the Rights of People with Disabilities it is now responsible to 'undertake to ensure and promote the full realisation of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability' [Article 4]. Governments are encouraged by the United Nations to include people with disabilities in developments addressing the Millennium Development Goals.

Bharat's story

Bharat, 32, broke his neck after he fell from a roof. As a result of his accident he was unable to move his body below his neck. When Bharat arrived in INF's clinic in Nepal's Surkhet District he had pressure sores, deformities and contractures in both his legs and his arms due to long-term immobility. However, after treatment from INF in Surkhet, Bharat is now discovering that he has the potential to do a great deal more than he had previously imagined. He is now able to feed himself, to drink, to brush his own teeth, to propel his wheelchair on flat ground, to put on a T-shirt, and to sit on a bed with minimal support, and he is by no means finished yet. Every day he is finding new ways to do new things, and he is building both his muscles and his confidence. He really enjoys doing his different therapy exercises in the INF clinic, and he is always helping the other patients around him with his wonderful example of perseverance and optimism.

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CHALLENGES FACED AND LESSONS LEARNED

The major challenge is the large number of people with old injuries presenting at INF clinics with severe pressure sores. This requires long admissions for sores to heal before rehabilitation therapies can begin. If INF is able to have patients referred without pressure sores then rehabilitation can be done in a five-week admission. The length of admission for someone with pressure sores is up to five months.

SUSTAINABILITY

INF is seeking international donor funding for spinal cord injury services, which are provided without charge in the majority of cases. Recently the National Association of Service Providers in Rehabilitation, of which INF is a member, has lobbied government to provide services for people with disabilities through the National Disability Fund via rehabilitation centres, including centres run by INF.



BHARAT IS NOW ABLE TO FEED HIMSELF

Health services support

INF provides support to government regional, zonal and district hospitals as an important part of the development of sustainable health services in Nepal. INF provides services such as capacity building for hospital staff in different technical areas.

ACHIEVEMENTS

Activities	Indicators	Targets	Achievements
Gynæcological and obstetric consultation and surgical treatment in Mid Western Region hospitals	Hospitals visited from Surkhet	3	3 [Jumla, Achham and Dhankuta]
Technical assistance for training government doctors to develop obstetric and caesarean section skills	Doctors no.	3	2 [Achham and Dhankuta]
HIV-related counselling [pre- and post-test, supportive counselling, anti-retroviral therapy adherence etc. at Western Regional Hospital]	Clients no.	540	285
Poor fund for Western Regional Hospital patients	Patients helped	6,000	4,176
Clinical supervision and training for Nepali certificate and Bachelor physiotherapy students of Dhulikhel Medical Institute / Kathmandu University, with Bheri Zonal Hospital physiotherapist	Students no.	2	0 [students did not come]
Financial support for external courses for Bheri Zonal Hospital physiotherapy staff	Courses no.	2	2
Provision of medicines / food / tests paid for from INF poor fund at Bheri Zonal Hospital	People no.	25	151
Advocacy / help / counselling / physical care for patients by INF patient advocate at Bheri Zonal Hospital	Patients no.	4,000	9,938

INF INVOLVEMENT AND HISTORY

INF provided support for the establishment of the Gandaki Zonal Hospital in 1976, and support for the upgrading of 150 beds there and the establishment of laboratory services. INF has provided hospital support services in other district, zonal and regional hospitals since 1992.

CONTRIBUTION TO NATIONAL GOALS / MILLENNIUM DEVELOPMENT GOALS

The fifth Millennium Development Goal [Improve maternal health] is addressed by INF's work in the Mid Western Region, where the INF gynæcologist supports hospital services, has initiated services for women with obstetric fistula, and trains Nepali doctors.

Hasta's story

Hasta Bahadur Khati developed pains in his waist which became so severe that he was unable either to walk or talk. Despite spending NRs 35,000 on medical treatments and consulting a witch doctor, he did not get any better. Although she was pregnant, his wife decided to take him from their home in a mountain village in Nepal's Far Western Region to the government's Bheri Zonal Hospital in Nepalgunj, where Hasta was diagnosed with bone TB. One of INF's patient advocates at the hospital found Hasta's wife crying and asked her what had happened. Hasta's wife explained their situation and told Meena they did not have enough money to pay for the treatment which Hasta needed, despite having sold all of their goats and a buffalo. INF's patient advocate arranged for the couple to be assessed as potential beneficiaries of INF's poor fund, and they were accepted. INF paid for their food and medicine and, as a result, they were able to remain in hospital for four months. Towards the end of their time in hospital Hasta's wife gave birth to a son called Ashish, a name which means 'Blessing' in Nepali.

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The 2010 report on Nepal's progress towards the fifth Millennium Development Goal states that 'maternal mortality has fallen by about 50% from the mid-1990s, from 539 to 281 cases per 100,000 births. However, only 1 out of 5 births are attended by a skilled birth attendant, linking also clearly to the high mortality rates of new-borns. Access to maternity and reproductive health services should be made universal and free of cost, as provided by the Interim Constitution. The provision and retention of skilled staff and equipped and functioning facilities in rural areas is key to this'.

CHALLENGES FACED AND LESSONS LEARNED

Problems faced by INF in supporting government health services include: lack of clear understanding from management and staff of target organisations of what is offered by INF personnel; lack of formal agreements with target organisation management; difficulty in maintaining professional skills; and frequent changes of leadership in government health services at all levels.

Where possible INF will seek contracts, written memoranda of understanding or similar agreements with institutions where INF personnel are seconded to work. These agreements should cover issues such as length of service, expected hours of work, place of work, line of responsibility and scope of work.

SUSTAINABILITY

INF has worked consistently with government to improve health service delivery, particularly in western Nepal. In more than 50 years of work, INF has strengthened government health services in all districts where it has been active. INF will continue this work, in the belief that strong government health services are essential for the development of the nation.



HASTA AND HIS WIFE IN BHERI ZONAL HOSPITAL, NEPALGUNJ

Nutrition

Malnutrition is a major problem in many of INF Nepal's working areas. INF runs an 8-bed Nutrition Rehabilitation Centre in Jumla. The centre supports severely malnourished children, raises awareness and provides nutrition support for target communities through INF's community health and development work.

ACHIEVEMENTS

Activities	Indicators	Targets	Achievements
Nutrition referral centre for seriously malnourished children	Children admitted	160	101
Assessing change in family feeding practices after admission to nutrition clinic	Children followed up after discharge	320	289
Follow-up of children after discharge from referral centre	Children no.	180	118
Nutrition training for mothers	Mothers no.	44	41
Nutrition awareness raising for self-help groups and schools	Groups no.	35	35 [875 members]
Education support	Students no.	8	7

INF INVOLVEMENT AND HISTORY

Nepal's Karnali Zone suffers from high levels of food insecurity and under-nourishment. In order to meet the needs of malnourished children, the INF Jumla Programme runs a nutrition programme including a referral centre for seriously under-nourished children. The children receive nutritious food and medical treatment, and their mothers are trained in child care, especially how to provide locally available nutritious food for children in villages. The impact of the teaching is monitored through home visits and assessment of changes in feeding practices in families whose members have attended the referral centre.

CONTRIBUTION TO NATIONAL GOALS / MILLENNIUM DEVELOPMENT GOALS

The first Millennium Development Goal [Eradicate extreme poverty and hunger] includes the following target [1c]: 'reduce by half the proportion of people who suffer from hunger' as measured by prevalence of under-weight children below 5 years of age and the proportion of the population below the minimum level of dietary energy consumption. The 2010 report states that: '49% of Nepali children under 5 are chronically malnourished [stunted]. This figure is within the top 5 in the world. Although there has been some development on the hunger indicators in the past, the recent rapid rise in food prices and the consequences of climate change pose the

Nabin's story

Nabin Mahatara is a young boy from Patmara village in Nepal's remote, impoverished Jumla District. Nabin became weak and stopped growing properly. His mother took him to INF's rehabilitation centre in Jumla where he was diagnosed as malnourished. INF put Nabin on a special feeding programme and provided his mother with basic training in nutrition, hygiene, sanitation and even physiotherapy. Nabin is now much better.

main challenges in achieving the target. The limited growth in agricultural output needs to be addressed through increased irrigation facilities, improved market access and better use of seeds, fertilisers and pesticides, as well as giving due attention to climate change and de-forestation'.

CHALLENGES FACED AND LESSONS LEARNED

More information on the extent of child malnutrition and on maternal feeding beliefs and practices is needed to design more effective interventions. A baseline survey was conducted in 2010 to assess these questions [see below].

SUSTAINABILITY

Education of parents to bring about sustainable change in feeding habits depends on the overall development of the Karnali zone. Local self-help groups formed by the INF Jumla Programme are essential for sustained change in these communities.



Medical camps

INF has run specialist camps in the hill areas of the Western, Mid Western and Far Western Regions of Nepal since 1993. Medical care is given to the poorest of the poor in remote areas who are needy but have no access to specialist services. As the government and other groups have begun to run camps in district centres, INF has moved further outwards into districts. In 2011 INF began holding camps offering specialist surgery at health posts, in order to reach the poorest and most remote people, as primary health centres and health posts lack facilities for patient admission, surgery, blood transfusion and laboratory services. The INF camps team provides equipment, tents and mattresses for patient accommodation, operating tables and power generators, blood transfusion bags and reagents for laboratory tests, and surgical and examination instruments.

ACHIEVEMENTS

Activities	Indicators	Targets	Achievements
Arghakanchi gynæcology camp [25 October – 1 November]	Patients no.	950 [90 operations]	732 [45 operations]
Baitadi ear camp [17-23 November]	Patients no.	900 [145 operations]	909 [127 operations]
Baitadi general surgical camp [30 November – 7 December]	Patients no.	1,400 [130 operations]	882 [133 operations]
Darchula gynæcology camp [6-19 February]	Patients no.	900 [90 operations]	678 [62 operations]
Darchula ear camp [23 February – 2 March]	Patients no.	1,100 [145 operations]	1,073 [144 operations]
Surkhet fistula camp [16 March – 4 April]	Patients no.	100 [50 operations]	68 [58 operations]

INF INVOLVEMENT AND HISTORY

INF has been running camps since 1993. Since 2011 INF has begun to hold camps in health posts in remote areas beyond district centres.

CONTRIBUTION TO NATIONAL GOALS / MILLENNIUM DEVELOPMENT GOALS

INF gynæcological and fistula camps address the fifth Millennium Development Goal [Improve maternal health]. In a 2010 United Nations Development Programme report, it was stated that maternal mortality has fallen by about 50% since the mid-1990s, from 539 to 281 cases per 100,000 births. However, only 1 out of 5 births are attended by a skilled birth attendant. INF seeks to contribute to further achievements in these technical areas.

Basanti's story

Basanti's husband left her after their baby was born dead two years ago. She lives with in-laws who despise her. A nephew of her mother-in-law accompanied her to INF's fistula camp in Surkhet and was so excited by seeing patients healed that he postponed his own wedding so he could remain with Basanti and take her home well again.

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BASANTI AT THE INF FISTULA CAMP IN SURKHET

PARTNERSHIP PROGRAMME



IPP MANAGER IAN CHADWELL WITH MEMBERS OF THE NEPAL CHRISTIAN HOSPITALS ASSOCIATION

The INF Partnership Programme [IPP] supports partner organisations by sending medical and technical experts to share skills and build the capacity of the partners to provide their services to their communities and beyond.

BENEFICIARIES

Area of work	Beneficiaries
Hospital managers interviewed for needs assessment	103
MDGP residents trained in ultrasound	9
Government doctors receiving ultrasound training	6
Staff at annual meeting of Nepal Christian Hospitals Association	30
Nurses attending nursing workshop	13
Community Based Organisations supported	5
Participants in Diploma Course in Pastoral Healing Ministry	8
Health care staff receiving counselling training	141
Volunteers and others receiving counselling training	54
Individual counselling sessions	108

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EXPENDITURE

Community Based Organisations support	NRs 2,656,366
Programme management	NRs 383,980

HEALTH MANAGEMENT TRAINING

In collaboration with the Nick Simons Institute [NSI], the Partnership Programme Manager conducted a needs assessment for management and leadership training in Nepal's rural hospitals. The study covered 31 hospitals in 19 different districts across Nepal. The results showed that there is a need for management and leadership development for staff. NSI, INF and the government's National Health Training Centre have been working together to consider the best way of turning the results of the needs assessment into an appropriate training and development programme. NSI and the government have requested INF's assistance.

ULTRASOUND TRAINING₁

An INF Ultrasound Training Consultant has been seconded to Nepal's National Health Training Centre to support the ultrasound training programmes, and provided assessment for new possible ultrasound training sites within and outside of the Kathmandu valley.

During the reporting period there was a three-month government ultrasound training course for doctors, and the educator continues to provide a one-month ultrasound training programme for the Medical Doctor General Practice [MDGP] students under the National Academy of Medical Sciences [NAMS] programme at Patan Hospital throughout the year. The Ultrasound Consultant also provided a sonography service to the INF medical camp in Darchula.

CHRISTIAN HOSPITALS ASSOCIATION₁

The Nepal Christian Hospitals Association [NCHA] is an informal network of the different mission hospitals working in Nepal. The Association organises events and workshops, circulates information and promotes advocacy on issues of mutual concern to all the hospitals. There are eight hospitals – governed by INF Nepal, the United Mission to Nepal [UMN], Human Development and Community Services [HDCS], The Leprosy Mission and the Nepal Leprosy Trust. During the year the NCHA organised a workshop for nurses in conjunction with Tansen Nursing School, and held an Annual Meeting at Anandaban Hospital. The Partnership Programme Manager supports the Association by acting as its Co-ordinator.

COMMUNITY BASED ORGANISATIONS SUPPORT₁

INF's Community Based Organisations [CBO] Co-ordinator continued to work with a number of CBOs. The major achievement in the year was the successful completion and inauguration of a computer lab in the high school at Burtibang. The project brought together INF [which formerly ran a community health and development project in Burtibang], the Gandaki College of Science and Engineering in Pokhara, and a Kathmandu-based IT business.

Leaders from the community in Burtibang participated in a study tour of rural tourism and income generation in the Kaski and Myagdi Districts which stimulated a number of ideas which they are taking forward.

The Lamakhet Beekeepers also participated in a study tour, looking at beekeeping in Arghakhanchi District. A comb honey marketing innovation to treble profits was also piloted successfully. The constant challenge with all these projects is to ensure local sustainability after INF's input has ceased.

In June 2011, INF signed two new Partnership Agreements with the Community Awakening and Transformation Society [CATS] based in Ghorahi and Asal Chhimeki Nepal [ACN] based in Pokhara. Dr Julie Lincoln transferred from the INF Dang Programme to start working with these two local NGOs as an Advisor. INF will provide technical support and capacity building to these organisations which are working in the field of community development, health education and drug rehabilitation.

PASTORAL CARE AND COUNSELLING₁

INF seconded its pastoral worker into the Elijah Counseling and Training Centre [ECTC]. This Nepali partner organisation has a mission 'to strengthen high quality pastoral care and counselling in Nepal's hospitals, churches and their surrounding communities'.

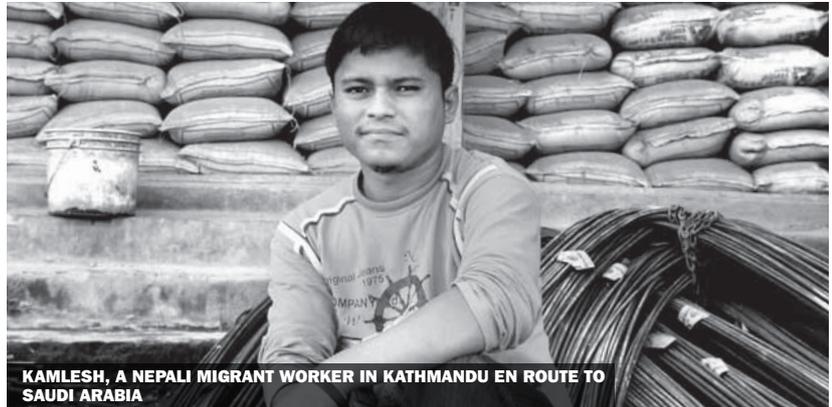
During the year the pastoral care worker provided training for Nepali personnel and volunteers. The registration process for ECTC was successfully completed and in June 2011 a ceremony was held to celebrate the official opening. Two further modules of the Diploma in Pastoral Care Ministries were delivered at the United Mission Hospital in Tansen. Training was provided to health care staff in Tansen Hospital, the INF Surkhet Clinic and for the staff of World Vision. Basic Pastoral Care training was provided for members of a church in Nepalgunj.

ECTC organised a five-day programme called 'Sharpening Your Inter-personal Skills' in conjunction with International Training Partners in Kathmandu, which was attended by 17 participants.

DONORS₁

For CBO Support:
Hope Trust, New Zealand

DIASPORA INITIATIVE



The Diaspora Initiative is a new project of INF Worldwide which works with partner organisations in Nepal and in diaspora locations outside of Nepal, in order to serve Nepali migrants.

BENEFICIARIES

As INF's partner the Nepalese Migrant Unity Network [NeMUN] was only registered towards the end of 2010, it is not possible to record achievements with any degree of statistical significance. However, there is an accumulation of anecdotal evidence to show that a growing number of Nepali migrants are being helped in many practical ways.

MIGRANT LINK INITIATIVE

The Migrant Link Initiative is a new venture for INF which began formally with the signing of the new five-year agreement with the Government of Nepal in 2010, although prior to that informal visits had been made into the Asian diaspora – notably in Malaysia and the Middle East – to assess the problems and needs.

On the basis of information gained through these visits, in early 2011 INF formed a partnership with NeMUN, a new Nepali non-government organisation based in Kathmandu. The aim is to provide a link with Nepali migrants around the world, and especially for labour migrants in Asia [particularly in South East Asia and the Middle East] so that their migrant experience is both safe and positive.

Because NeMUN is concerned with 'Nepali migrants helping and uniting other Nepali migrants' all activities are geared towards migrants and ex-migrants getting together and seeking to find solutions to their problems. A regular monthly gathering in Kathmandu is an opportunity for migrants to share their experiences and problems, and often leads to active measures being taken to help those in trouble. The connections that are being established with Nepali communities in the diaspora mean that help is being given to those with medical, social or legal difficulties overseas, and returnees are put in touch with NeMUN so that they are welcomed back to their home country and helped in appropriate practical ways – with hospitality, hospital appointments, ticket bookings and so on. NeMUN is

also building relationships with various organisations in Nepal – both government and non-government organisations involved in migrant work. One aim for the future is that together we might develop more comprehensive orientation for outgoing migrants so that they leave Nepal with a much better understanding of what lies ahead.

INDIA MIGRANT INITIATIVE;

INF Nepal works in villages and on the Nepal border, while the India Migrant Initiative [IMI] adds a further dimension by its impact in migrant destinations in India. Although clearly not part of the work of INF within Nepal, IMI provides holistic services to migrant communities in Delhi and three other centres in north-west India by partnering with local churches who share the same concern to help Nepali migrants from remote areas of mid-western and far western Nepal – some of the same areas which INF Nepal targets in its programmes.

DONORS;

For Migrant Link Initiative:
INF UK

INF WORLDWIDE INTERNATIONAL SUPPORT OFFICE



INF Worldwide is an Australian-registered international non-government organisation with a multinational board. Seeing the benefit of being near to the life-transforming activities of its primary partner INF Nepal, it manages most of its international operations from the International Support Office in Kathmandu. One role of this office is to support Nepal-based projects by providing funding, publicising the work, recruiting expatriate volunteers and providing a base for national and international liaison.

This was the sixth year after the creation of INF Worldwide. The organisation provided effective and efficient services to its stakeholders in Nepal and around the world. The Kathmandu office provided leadership in taking forward INF Worldwide's vision and commitment to support INF Nepal in its service for needy Nepali people in Nepal and beyond.

During the year INF Worldwide, INF Nepal, INF UK, INF Australia, INF New Zealand and INF North America formulated a new vision statement for INF, as follows: 'Nepali people in Nepal and beyond experiencing fullness of life in Jesus Christ and serving with others to promote health, peace, justice and harmony with God and His world'. There are plans to work on a new INF mission statement, which will be another result of a governance review in INF Worldwide. It is hoped that the new vision and mission statements will help INF to be more effective in serving Nepali people in need.

The International Service Office continued to provide funding, recruit expatriate volunteers and deliver communications services for INF Worldwide, INF Nepal, other INF organisations and partner organisations. The Finance Department produced a statement of accounts and procedures of international standard that satisfied two sets of auditors, Australian and Nepali. Logistics and IT support for expatriate Members, projects and programmes was also provided through the office.

The Communications Department continued to produce high-quality resources and published materials, promoting and communicating the work of INF. The department managed the INF web site and INF's presence in social media such as Facebook, Twitter, YouTube and Vimeo.

Another support service which INF Worldwide provides is the recruitment of expatriates as advisers, mentors, trainers and experts for programmes in INF Nepal and other organisations. Recruitment, securing work permits and visas, and preparing expatriates for service with language and orientation training are all done through the Kathmandu office.

INF Primary Study Centres in Pokhara and Surkhet provided educational facilities for the children of expatriate Members.

The five-year general and project agreements signed in 2005 and 2006 expired on 5 December 2010. As a result of good relationships and co-operation with the Government of Nepal, INF Worldwide was able to sign a new general agreement with the Social Welfare Council on 1 October 2010 for the period of five years from 6 December 2010. A tripartite project agreement between the Social Welfare Council, INF Nepal and INF Worldwide for the same period was signed on 5 June 2011, shortly after the resolution by the Ministry of Women, Children and Social Welfare of an eight-month-long deadlock affecting the project agreements of international non-government organisations.

RESOURCES

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The expenditure of the International Service Office was NRs 15,145,557. This covered the expenses of national staff and the operation of the office. Support services for expatriate volunteers [including language and orientation training for newcomers, and study centres in Pokhara and Surkhet for primary-level education of the children of volunteers] cost NRs 9,597,559. The number of staff was 31, including 14 expatriate volunteers. The cost of services for expatriate volunteers is entirely borne by contributions

from the volunteers and their sending agencies. All programme funding for work in Nepal is provided to INF Nepal and other national partners with no deduction for the administrative services of INF Worldwide or the operations of the International Service Office.

DONORS

Saint James Hemingford Grey, UK
BMS World Mission, UK



THE INTERNATIONAL SERVICE OFFICE TEAM

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