

# Annual Review

2005 - 2006 २०६२ - २०६३





INF ACTIVITIES AND PERSONNEL ARE CONCENTRATED IN THE MID-WESTERN, WESTERN AND CENTRAL REGIONS. HOWEVER, ITINERANT SERVICES OPERATE THROUGHOUT THE COUNTRY. PLACES IDENTIFIED ON THIS MAP REPRESENT CENTRES WHERE INF PERSONNEL ARE BASED.



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## Director's letter

The period 2005-2006 was another year of significant challenges for Nepal. Much of INF's work in Nepal took place in the context of political instability and conflict. This makes some of the particular achievements of the year remarkable and I am extremely grateful to our highly committed staff for their perseverance in often difficult circumstances.

This period represents the first full year of INF Worldwide's operations. It has been a period of planned consolidation, but this has not meant a quiet time! Expatriate members and Nepali staff have been extremely busy managing the changes that have been required to establish INF Worldwide as a strong organisation that builds on INF's past and forges an exciting future.

The middle of this period marked the end of the intensive 'refocusing process' that brought INF Nepal's six programmes in the Western Regions into their current shape. A number of areas of activity have been handed over to the Government of Nepal or to other local organisations in line with long-term planning goals; other new areas of work have commenced. INF has continued to focus on those geographical areas of the country and those technical areas of assistance that seem to be neglected by others.

A lot of energy was invested throughout this 2005 to 2006 period in negotiating a new Project Agreement with the Social Welfare Council. This was eventually signed on 16 June 2006 and forms the foundation for continued and expanding work by INF Worldwide and INF Nepal for the 5-year period commencing 5 December 2005.

I hope that you will enjoy reading this report. Behind the summaries and statistics there are many lives and communities that have been touched and transformed. It also reflects a significant contribution to the growing capacity of government health services throughout the Western Regions of Nepal.

Little of what has been accomplished during this period could have been achieved without the close partnership of many organisations, institutions and people – both in Nepal and internationally. I am extremely grateful for the co-operation of all these partners. I look forward to continuing mutual support in years ahead.

**Steve Aisthorpe**

Executive Director  
INF Worldwide



# BANKE PROGRAMME

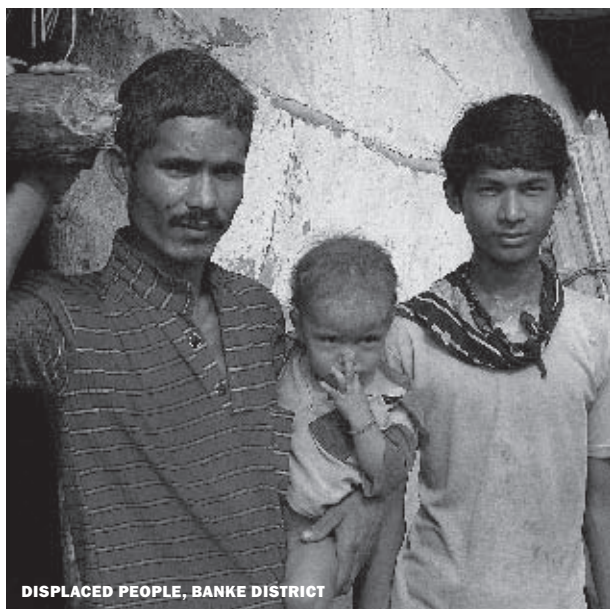
THIS PROGRAMME WORKS IN BANKE AND BARDIYA DISTRICTS. ITS AIM IS TO ENABLE PEOPLE IN THE AREA, ESPECIALLY THE POOR AND DISADVANTAGED, TO OBTAIN IMPROVED HEALTH AND SOCIO – ECONOMIC STATUS. THE PROGRAMME IS MADE UP OF FOUR SECTIONS, EACH IDENTIFIED AS IMPORTANT IN FULFILLING THE ABOVE AIM: THE TB REFERRAL CENTRE; BANKE COMMUNITY DEVELOPMENT [BCD]; THE DRUG AWARENESS AND REHABILITATION CENTRE [DARC]; AND BHERI ZONAL HOSPITAL SUPPORT SECTION [BZHSS]



## BENEFICIARIES

	Area of work	No. of beneficiaries	Comments
1	Inpatients and outpatients services	14,361	TB / leprosy and MDR TB patients
2	Attendance DOTS and DOTS plus	11,856	DOTS plus started January 2006
3	Study C patients	100	2 died of the 100 in the study
4	No. of patients who received charity	2,918	Inpatients and outpatients
5	MDR surveillance	30	Commenced in June 2006
6	TB, HIV surveillance counselling	35	Commenced in June 2006
7	TB cure rate	87%	156 cured out of 179 registered
8	TB conversion rate	84%	112 out of 134 registered
9	Nepalgunj town group members	902 [902x5=4,510]	Members in a total of 43 groups
10	Displaced people, group members	625 [625x5=3,125]	Members in a total of 21 groups
11	CBR direct clients	217 [217x5=1,085]	Clients helped directly by CBR
12	New client contacts by DARC	145	
13	Day care centre treatment	11	2 are now drug-free
14	First aid services provided by DARC	158 clients	
15	Physiotherapy services By BZHSS	40 – 50 / day	





## MAIN ACHIEVEMENTS

With the end of major restructuring of the work, the referral centre has concentrated on TB patients this year. 14,045 patients have been seen and 316 seriously ill patients and patients in transit to other facilities have been admitted. The TB cure rate [87%] and conversion rate [84%] are higher than the national rates. The TB treatment clinical trial, Study C, continued in partnership with IUATLD, the patients have completed treatment and are now being followed up. Leprosy services were also provided to 647 patients. All leprosy treatment is now done by the government health services but diagnostic and referral services continue.

BCD focuses on strengthening community groups, helping them to improve their own situation. The work focuses on women's groups from marginalised communities in Nepalgunj town [43 groups], displaced people [in 2 areas, a total of 21 groups] and people with disabilities. Some of the work is done through local partner organisations.

DARC continued its harm reduction activities including peer support and a drop-in centre, and a day care treatment centre. 145 new drug users were contacted, 158 drug users were helped through the DARC drop-in centre and its clinic, and 11 undertook day care centre treatment for several months. Two are now drug-free and in skills training and a third is now in a female residential treatment centre in Pokhara.

In Bheri Zonal Hospital the support given in this year was in physiotherapy, focusing on local staff training to promote sustainability, while continuing a service to about 40-50 patients per day.

## RESOURCES

The INF Banke Programme has a staff of 61 of whom 5 are expatriate volunteers. The expenditure for the year was NRs 33,493,339.

## CHANGES AND DEVELOPMENTS

This year saw the completion of the restructuring of the work, especially in relation to TB and leprosy work. Changes in the clinic and handover of field work and training to the government health and training facilities led to a number of staff redundancies, though some staff were reassigned within INF as a whole.

At the TB referral centre, together with the National TB Centre and the World Health Organisation a multi-drug resistant [MDR] TB treatment trial began in January 2006 and at the NTC's request MDR and TB / HIV surveillance began from June 2006.

BCD's planned handover of the responsibility for the groups to the local people took a major step forward in Nepalgunj town, where the main committee [Milijuli] has obtained legal registration as a community-based networking organisation. In all of BCD's work local community volunteers [LCVs] have taken on increased responsibility and developed their skills. Numbers in the groups have risen during the year.

DARC moved its day care centre to a site away from the drop-in centre, a place where residential care can be implemented in the future. It also increased the length of the day care and follow-up programmes to help avoid relapses.

The Medical Outreach section was reviewed and it was agreed that the service should end, as there were very few accessible places where such services were needed.

The HIV / AIDS and infection control work stopped at the beginning of the year as the expatriate adviser left.

## **FUTURE PLANS**

It is planned that eventually the TB work will be handed over to the local government hospital but this will take place in a few years' time.

In BCD it is expected that complete handover of the Nepalgunj town work to Milijuli will be done by July 2008. Work in the existing areas with displaced people's groups should be handed over to the communities themselves by July 2007. New communities requiring support are being researched in the next year.

DARC has been preparing for and hopes to open its residential centre for drug users in the coming year.

In BZH the physiotherapy services will be expanded and, if funding permits, further equipped. Training of staff will continue.

## **LIST OF DONORS**

For the TB referral centre and associated leprosy work:

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WORLD HEALTH ORGANISATION

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EUROPEAN COMMISSION [CONTRACT FINISHED MID-YEAR]

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GERMAN LEPROSY RELIEF ASSOCIATION

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STICHTING SUPPLETIEFONDS SONNEVANCK

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EVEREST MARATHON FUND

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GEREFORMEERDE ZENDINGSBOND

For BCD:

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TEARFUND UK

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TEAR AUSTRALIA

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OPERATION AGRI / BMS WORLD MISSION

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BAPTIST WORLD AUSTRALIA

For DARC:

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TEAR AUSTRALIA

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UNITED PROTESTANT CHURCHES OF THE NETHERLANDS

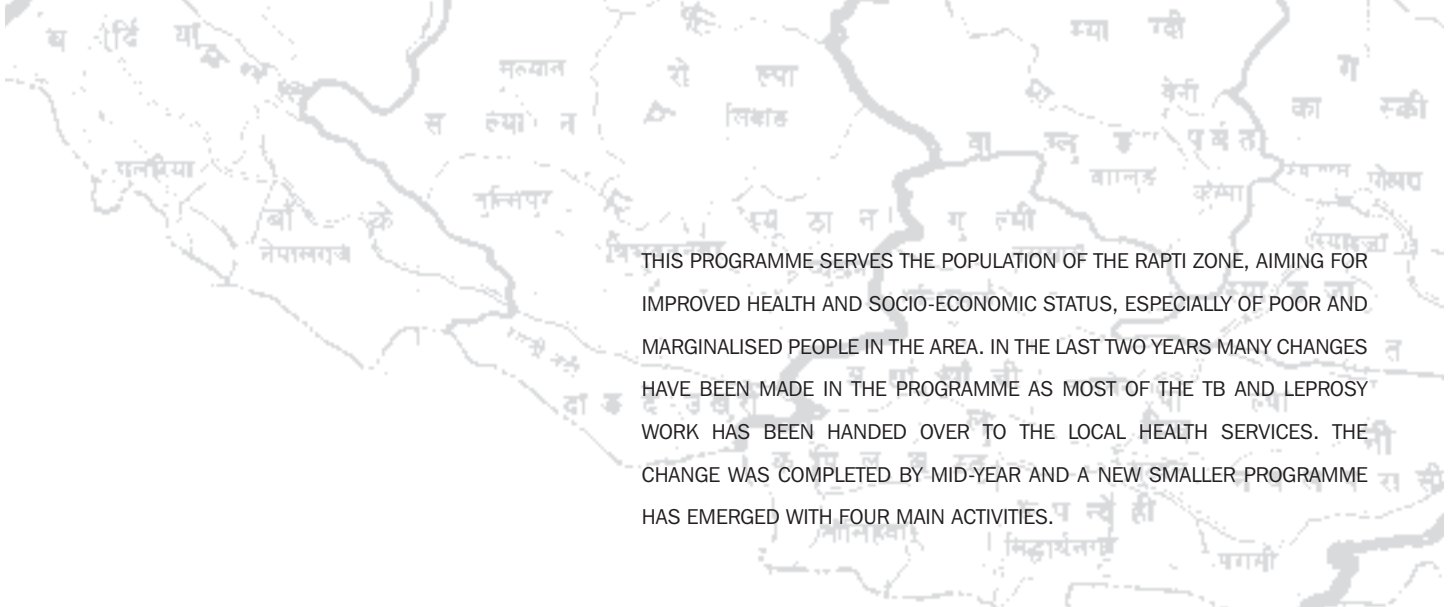
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LITERACY CLASS FOR DISPLACED PEOPLE, GHORAHİ



# DANCE PROGRAMME



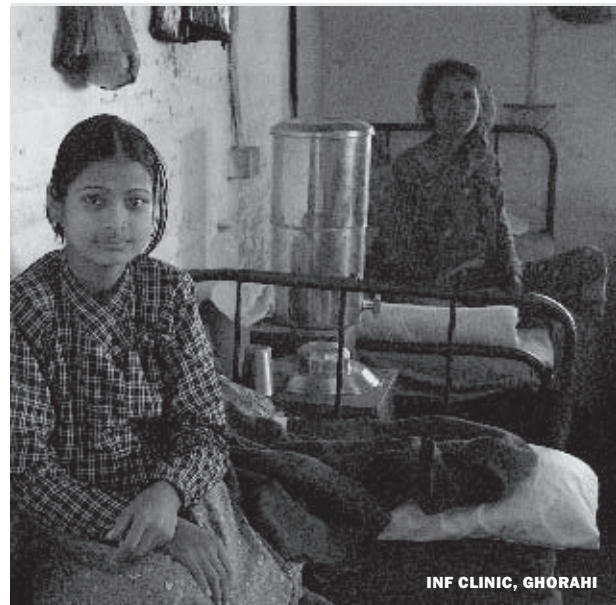
THIS PROGRAMME SERVES THE POPULATION OF THE RAPTI ZONE, AIMING FOR IMPROVED HEALTH AND SOCIO-ECONOMIC STATUS, ESPECIALLY OF POOR AND MARGINALISED PEOPLE IN THE AREA. IN THE LAST TWO YEARS MANY CHANGES HAVE BEEN MADE IN THE PROGRAMME AS MOST OF THE TB AND LEPROSY WORK HAS BEEN HANDED OVER TO THE LOCAL HEALTH SERVICES. THE CHANGE WAS COMPLETED BY MID-YEAR AND A NEW SMALLER PROGRAMME HAS EMERGED WITH FOUR MAIN ACTIVITIES.



## BENEFICIARIES

Section	Area of work	No. of beneficiaries
Advice and Support	Assessment service	1,441 people
	Referral to treatment centres after assessment	1,256 people
	Leprosy diagnosis confirmation	16 cases
	Neuritis service	418 patients
Disability Prevention and Rehabilitation [DPR]	Patients service	293 patients
	2 weeks' residential self-care training	17 people
	Physiotherapy services	59 people
	Voluntary muscle / sensory testing for people with leprosy	266 people
	6-day POID training for government health workers	17 health workers
Community-Based Rehabilitation [CBR]	Disability awareness raising	315 people at 13 events
	Referral to rehabilitation centres	25 people
	Primary rehabilitation training	12 people with disabilities
	Disability orientation	3 organisations [98 people]
	Socio-economic support	15 new clients, 13 existing clients
Displaced People's Initiative [DPI]	Income generation support	24 people
	Non-formal education support	80 people
	Partial scholarships	81 students
	Health camps	3 camps, 831 people
	Capacity-building training [3 to 5 days]	76 people
	Advocacy service	22 people
	Emergency support [treatment, food, clothes etc.]	34 people
	Support for housing construction	4 houses
	Support for toilet construction	58 toilets
	Drinking water supply repair	8 units
	Support through LPOs	675 people
Health Support Services [HSS]	Maintenance support for the hospital building	Done
	Inpatient beds and equipment donation	10 beds and equipment
	Assistance for 5-day orthopaedic camp	Done





## MAIN ACHIEVEMENTS

In the first half of the year handover of the remaining diagnostic and treatment services for leprosy and TB patients to the government health services was completed and the skin services transferred to the local hospital. The programme maintained an advice and support service to assist those people who did not know where to get services and to support the new service providers.

The main activity in support of the government hospital was related to the handover of diagnostic and treatment services for leprosy, TB and skin. It included assistance with building repair and donation of beds and equipment. Support was also given to an orthopaedic camp and occasional support was given in physiotherapy and obstetrics during visits by INF volunteers.

Support for communities of displaced people continued. Staff worked through local partner organisations and directly to help people form self-help groups and to provide capacity building and income generation training, non-formal education and scholarships. Three health camps were held, assistance was given to build toilets, advocacy was carried out on behalf of displaced people and some small emergency needs were met.

## RESOURCES

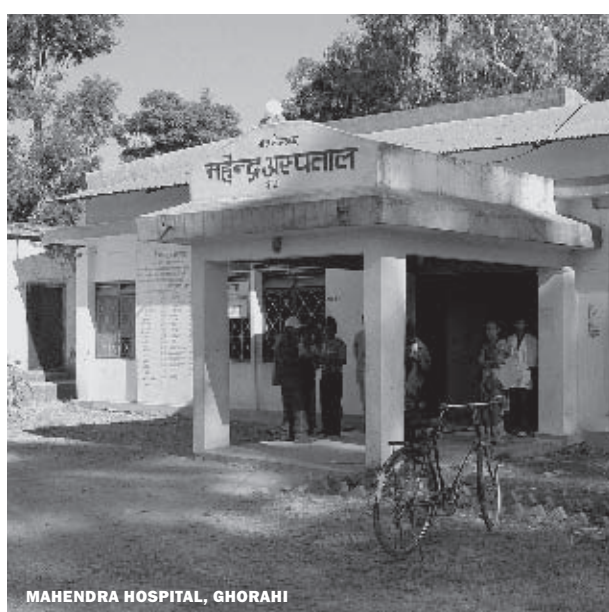
Eighteen staff, including two expatriate volunteers, worked in the programme. The expenditure for the year was NRs 8,714,311.

## CHANGES AND DEVELOPMENTS

This year saw the completion of the restructuring of the work, especially in relation to TB and leprosy. Closure of the clinic and handover of field work and training to the government health and training facilities led to a number of staff redundancies, though some were reassigned within INF as a whole.

The advice and support for leprosy and TB patients began as the outpatient services were transferred. Staff carried out assessment of leprosy and TB patients, referred them to appropriate treatment centres and supported government health workers with advice on managing complicated cases of TB and leprosy and with confirmation of diagnosis of leprosy.

Disability prevention and rehabilitation, previously part of the clinic and field work, continued as a separate section in two ways. A small residential unit was opened for those needing to learn self-care - an intensive two-week programme of training in self-care is given to them, while others attend as outpatients for physiotherapy. Community-based rehabilitation work was begun with meetings on awareness of disability held at village level directly, and through three other organisations. People with disabilities were given basic rehabilitation training, and government health workers were trained in the prevention of impairment and disability. Fifteen families were provided with socio-economic support.



## **FUTURE PLANS**

The coming year will be one of consolidation of the extensive changes in the programme.

The community-based rehabilitation and work with displaced people will expand into other districts of the Rapti Zone in the next few years.

If funding permits, staff will visit the government district hospitals for relationship building and training and begin an HIV / AIDS awareness-raising programme in local communities.

## **LIST OF DONORS**

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WORLD HEALTH ORGANISATION

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EUROPEAN COMMISSION [CONTRACT FINISHED MID-YEAR]

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GERMAN LEPROSY RELIEF ASSOCIATION

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BUNDESMINISTERIUM FÜR WIRTSCHAFTLICHE ZUSAMMENARBEIT  
UND ENTWICKLUNG

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TEAR AUSTRALIA

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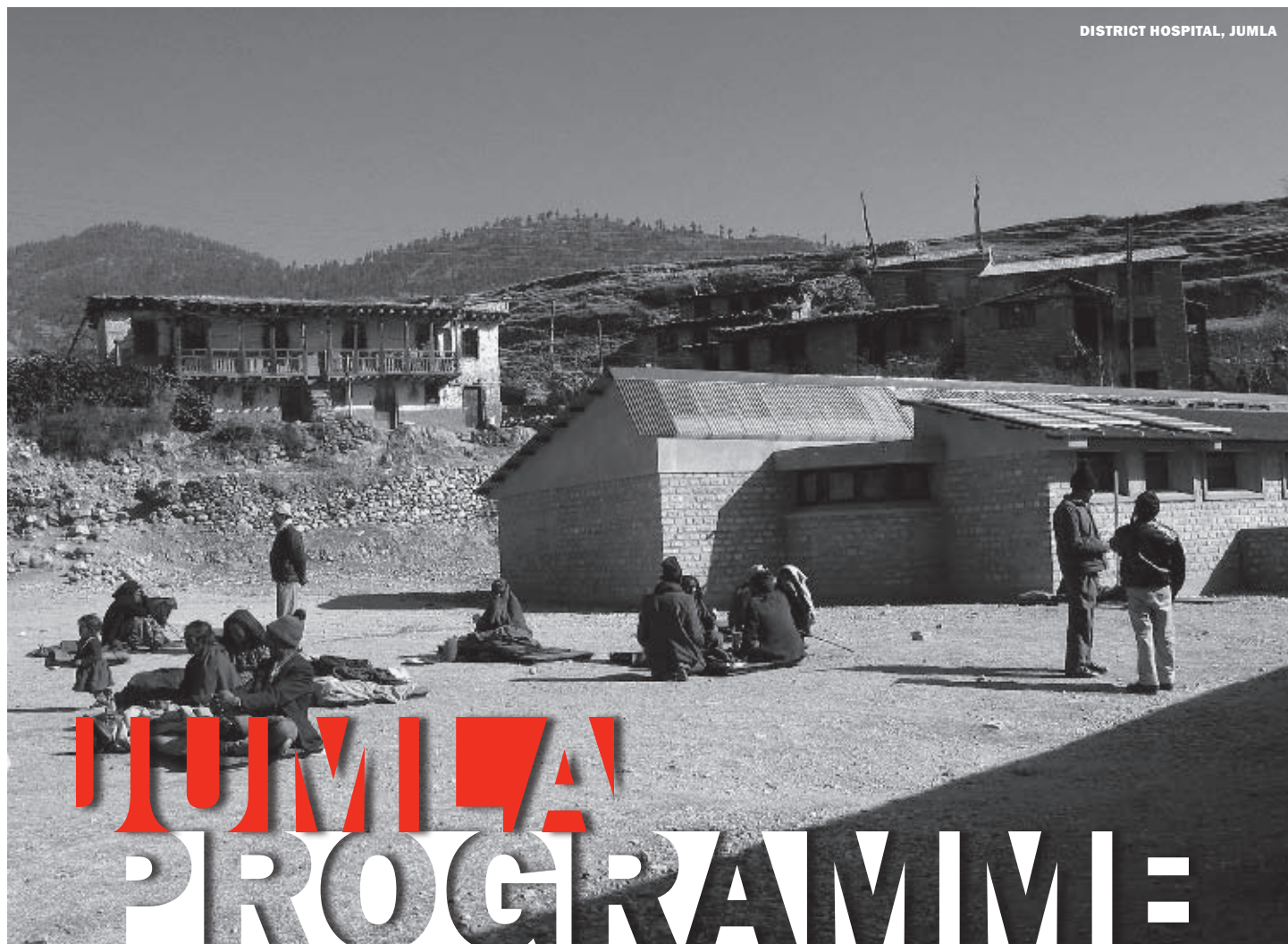
UNITED PROTESTANT CHURCHES OF THE NETHERLANDS

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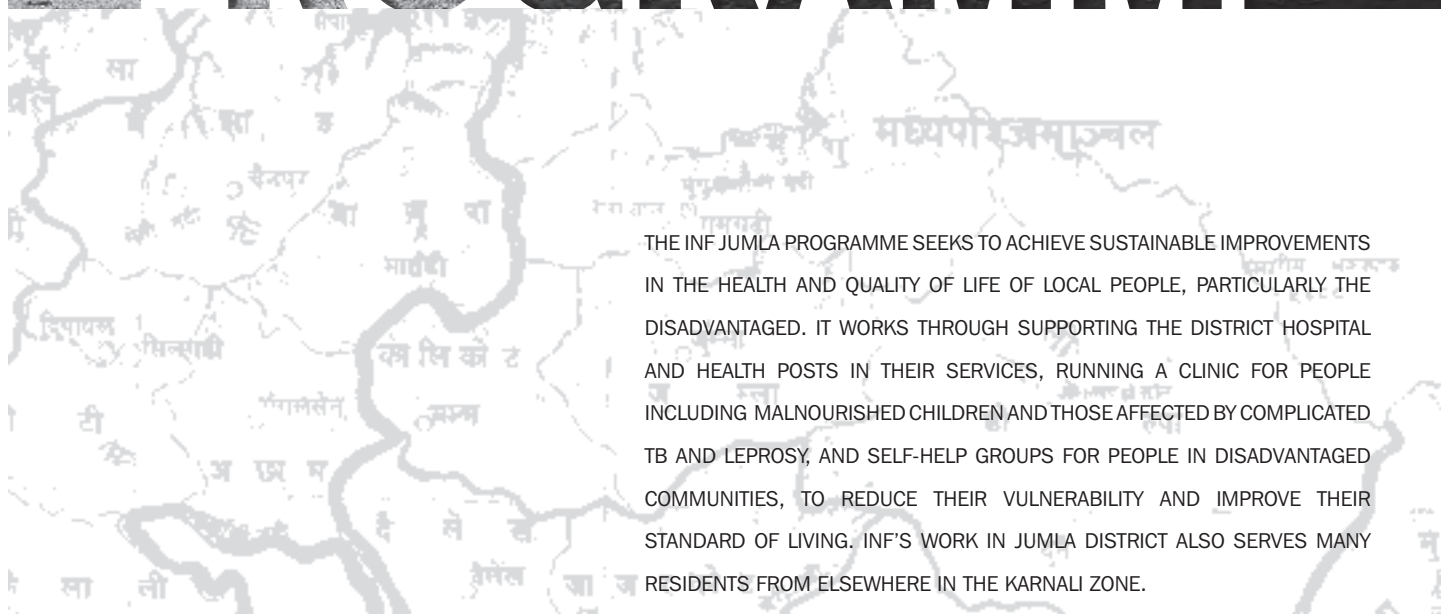
TEARFUND UK

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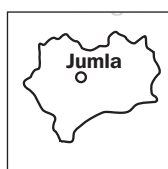




# JUMLA PROGRAMME



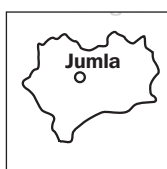
THE INF JUMLA PROGRAMME SEEKS TO ACHIEVE SUSTAINABLE IMPROVEMENTS IN THE HEALTH AND QUALITY OF LIFE OF LOCAL PEOPLE, PARTICULARLY THE DISADVANTAGED. IT WORKS THROUGH SUPPORTING THE DISTRICT HOSPITAL AND HEALTH POSTS IN THEIR SERVICES, RUNNING A CLINIC FOR PEOPLE INCLUDING MALNOURISHED CHILDREN AND THOSE AFFECTED BY COMPLICATED TB AND LEPROSY, AND SELF-HELP GROUPS FOR PEOPLE IN DISADVANTAGED COMMUNITIES, TO REDUCE THEIR VULNERABILITY AND IMPROVE THEIR STANDARD OF LIVING. INF'S WORK IN JUMLA DISTRICT ALSO SERVES MANY RESIDENTS FROM ELSEWHERE IN THE KARNALI ZONE.





## BENEFICIARIES

	Area of work	No. of beneficiaries	Comments
1	Pregnant women's monthly check-up in 5 and later 7 HPs	1,344 in HPs and over 800 gynæcology	Gynæcology by 2 visits from INF Gynæcologist, includes 20 operations
2	Children's weighing and vaccination.	1,647	
3	2-day mobile clinic [camp]	116	Including 20 referred for operations
4	Nutrition Referral Centre	65 children	
5	Training for DHO staff	35 people [98 person-days]	
	Training for SHG members	190 person-days	Approximate
6	Health awareness-raising	450 [approximately]	Includes SHGs, schools, HP communities
7	20 Self-Help Groups	403 members	
8	Facilitation of water provision	97	
9	Facilitation of 'child toilets'	102	
10	Disabled clients receiving rehabilitation	38	Includes at least quarterly follow-up
11	LPO SHG members	148	All are people with disabilities
12	Inpatients	88	Leprosy 60, TB 21, other 7
13	Outpatients	8,788	Ear 1,542, skin 6,787, burns 175 and dental 284
14	Poor fund	92 assisted	Including 20 referred for operations from the camp
15	Health education	3,116	Approximate [includes self-care]





TREATMENT ROOM, JUMLA

## MAIN ACHIEVEMENTS

Regular services for maternal and child health continued in the health posts. The clinics are now popular with the women and health post staff are beginning to get involved in running them.

Health post workers and NGO staff were given training in HIV / AIDS and are sharing information in the community.

The hospital was helped with follow-up of an ear camp and a plastic surgery camp, and by the visits of an INF gynaecologist who performed surgery.

Another camp was run by the programme two days' walk from Jumla, 116 patients were seen and 20 people were referred for reconstructive surgery in Pokhara and Kathmandu.

The clinic admitted leprosy patients with complicated ulcers, drug reactions or needs for self-care training, and TB patients who were seriously ill or had TB for a second time, as well as seriously malnourished children. The outpatients included TB, leprosy, skin, ear, dental and burns patients.

Severely malnourished children referred by health posts, the District Hospital and other NGOs in the area were treated in the nutrition referral centre. They received locally available nutritious food, medical treatment and care. The mothers were taught how to prepare feeds and trained in all areas of child care.

The 20 village self-help groups began to show results. The women in the groups were much better able to think through their problems, access local resources and start to solve matters for themselves. Sixteen of the groups completed action plans such as organising paving of a pathway, toilet building, water supply and non-formal education classes. Similar work with 10 groups of people with disabilities was done through an NGO called 'Rural Community Development Services' which grew in capacity during the year.

Direct rehabilitation services for people with disabilities also continued with clients given various types of help. Income generation support was not very successful because of lack of acceptance in the community and clients' lack of education and poor health. Monthly follow-up helped. A physical rehabilitation class continued weekly and clients benefited from visits by two physiotherapists during the year.

Child education centres have continued, with children transferred into government schools last year doing very well in their first year in school, new children starting at the centres and the facilitators continuing to attend monthly workshops.

## RESOURCES

The programme has 22 staff, of whom 2 are expatriate volunteers. The total expenditure was NRs 8,307,987.

## CHANGES AND DEVELOPMENTS

The DOTS clinic for TB patients was transferred from the INF clinic to the District Hospital, but some support continues. TB case finding started in the hospital laboratory. These changes are the beginning of a sustainable government TB service in the district.

The nutrition referral centre increased its bed occupancy towards the end of the year.

## FUTURE PLANS

The nutrition referral centre plans to expand and do more community follow-up, if funding allows.

## LIST OF DONORS

WORLD HEALTH ORGANISATION

EUROPEAN UNION

GERMAN LEPROSY RELIEF ASSOCIATION

TEAR FUND NETHERLANDS

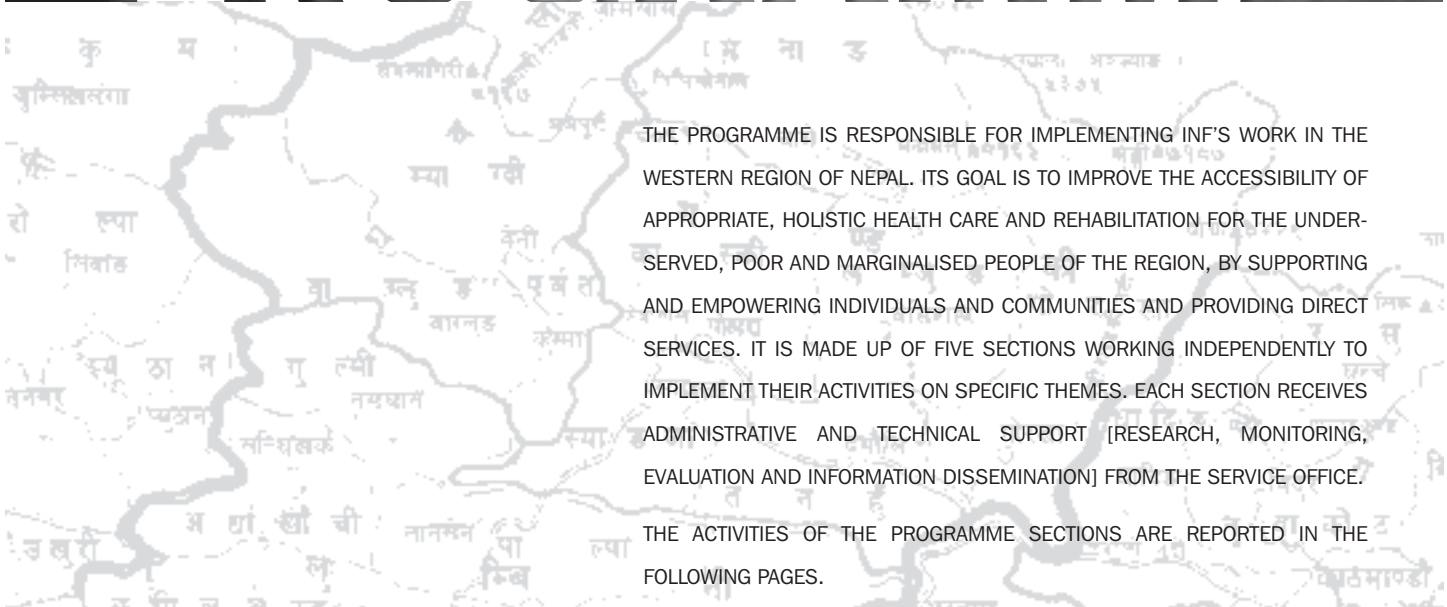
TEAR AUSTRALIA

GEREFORMEERDE ZENDINGSBOND



CLIENTS AT INF'S GREEN PASTURES HOSPITAL AND REHABILITATION CENTRE IN POKHARA

# KASKI PROGRAMME



THE PROGRAMME IS RESPONSIBLE FOR IMPLEMENTING INF'S WORK IN THE WESTERN REGION OF NEPAL. ITS GOAL IS TO IMPROVE THE ACCESSIBILITY OF APPROPRIATE, HOLISTIC HEALTH CARE AND REHABILITATION FOR THE UNDER-SERVED, POOR AND MARGINALISED PEOPLE OF THE REGION, BY SUPPORTING AND EMPOWERING INDIVIDUALS AND COMMUNITIES AND PROVIDING DIRECT SERVICES. IT IS MADE UP OF FIVE SECTIONS WORKING INDEPENDENTLY TO IMPLEMENT THEIR ACTIVITIES ON SPECIFIC THEMES. EACH SECTION RECEIVES ADMINISTRATIVE AND TECHNICAL SUPPORT [RESEARCH, MONITORING, EVALUATION AND INFORMATION DISSEMINATION] FROM THE SERVICE OFFICE. THE ACTIVITIES OF THE PROGRAMME SECTIONS ARE REPORTED IN THE FOLLOWING PAGES.



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## Green Pastures Hospital and Rehabilitation Centre

THE CENTRE IS PART OF THE KASKI PROGRAMME. IT WORKS WITH TWO TYPES OF PATIENTS, LEPROSY PATIENTS AND THOSE WITH NON-LEPROSY REHABILITATION NEEDS. LEPROSY STILL ACCOUNTS FOR JUST OVER HALF THE WORK OF THE CENTRE. NON-LEPROSY REHABILITATION INCLUDES WORK WITH SPINAL CORD INJURY PATIENTS, CHILDREN AND ADULTS WITH CLUB FEET, BURN CONTRACTURE PATIENTS, PATIENTS WITH HEAD INJURIES AND STROKES, PATIENTS WITH CONFLICT-RELATED INJURIES AND PATIENTS WITH DEVELOPMENTAL DELAY.



## BENEFICIARIES

### Leprosy activities

	Area of work	12 months 2062-2063
1	OPD attendances, by type	MDT 888, RFT 1,678, dermatology 6,262, disability 1,343
2	Laboratory tests	7,145
3	Micro-cellular rubber protective shoe inserts	154
	Pairs of fitted shoes and MCR sandals provided	436
4	Leprosy reconstructive surgical operations	72
	Septic surgery	127
5	Patient assessments	416

### Non-leprosy activities

	Area of work	12 months 2062-2063
1	General rehabilitation outpatient visits	1,343
2	General footwear	176 shoes
	Above-knee prosthesis	39
	Below-knee prosthesis	61
	Spinal braces	36
3	OT assessments	Spinal cord injury 182, neurological 48, amputee 12, cerebral palsy 22, burn 17, hand injury 13, miscellaneous 19
4	Percentage bed occupancy	95%





## MAIN ACHIEVEMENTS

### Leprosy

Outpatient numbers fell by 6.5%, an outcome suggesting the training of government health workers has enabled them to deal with leprosy patients more effectively, and that the incidence continues to fall. However the dermatology clinic continued to be popular, accounting for almost two thirds of the outpatient visits. Leprosy inpatients are about 60% of the total. Patients were admitted for treatment of complicated ulcers on hands and feet, treatment of reactions and drug-related complications, self-care training and surgery. Patients were fitted with shoes or protective inserts, reconstructive and septic operations were performed and a two-week self-care course was run.

### Disability

Outpatient visits increased. Spinal cord injury patients provided the largest inpatient work load, while burn contractures were the second-largest group, with most needing surgery. The year-on-year increase in amputee rehabilitation continued, many with conflict-related injuries, and above- and below-knee prostheses were made and fitted. Others suffering from head injury, spina bifida, club feet and cerebral palsy were also given rehabilitation advice and help.

The occupational therapy, physiotherapy and orthopaedic appliances departments and the laboratory gave support to all parts of the hospital. Counselling was given to about 10% of patients, especially those facing a life of disability after an accident. Health education continued in all departments, while the pressure sore rate for acute spinal cord injury patients was less than 15%, a figure that compares favourably with SCI units in more developed countries, reflecting the effectiveness of the health education provided to patients and their care givers. Basic numeracy and literacy classes were given to inpatients, and students continued their school education while they were inpatients.

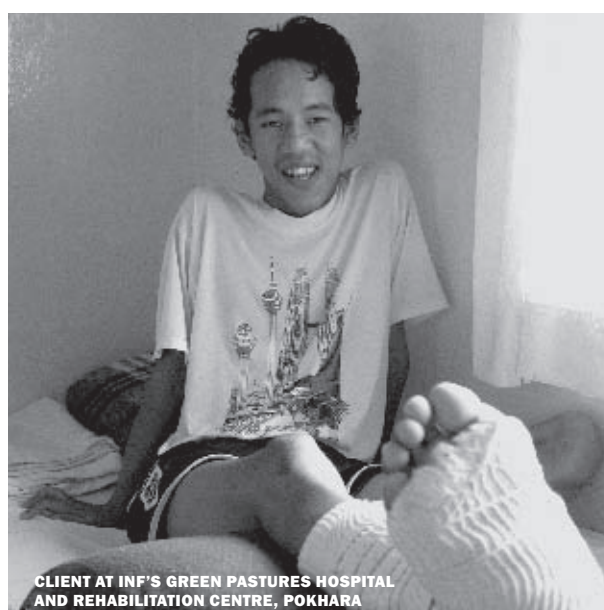
## RESOURCES

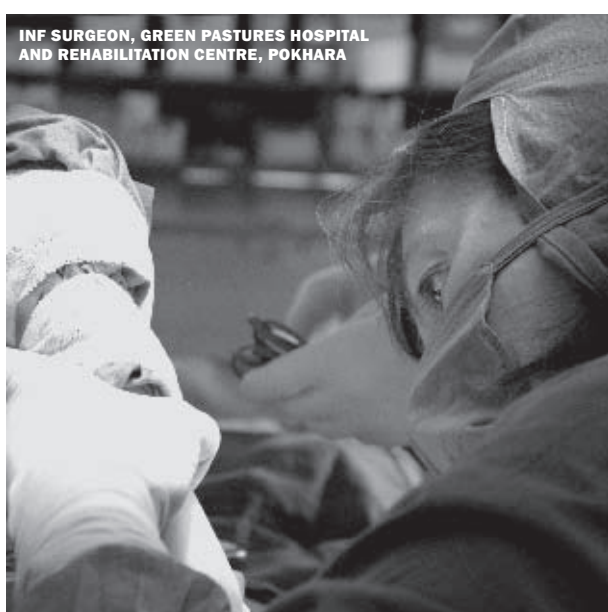
There were 64 staff in the centre, 4 were expatriates in an advisory capacity. The total expenditure for this section during the reporting year was NRs 25,115,748.

## CHANGES AND DEVELOPMENTS

There were no significant changes in the focus of work at GPHRC. Minor changes in support service structure and a change in emphasis towards teaching on disability camps were seen.

Patients with conflict-related disabilities increased with the ceasefire, the backlog of need will cause this trend to continue as long as freer travel is available.





INF SURGEON, GREEN PASTURES HOSPITAL  
AND REHABILITATION CENTRE, POKHARA

## FUTURE PLANS

There will be a continuing demand for specialist leprosy services during the coming year, and leprosy will continue to account for 50-60% of the centre's work.

The non-leprosy rehabilitation work will continue to expand slowly. Concerns about the long-term survival of many spinal patients after discharge, especially in remote areas, will mean stricter patient selection, in particular assessment of the motivation and ability of families to care. A male spinal cord injury peer counsellor is needed to help improve patient services.

A new expatriate surgeon with experience in burns and reconstructive surgery will join the team in the coming year, and lead to a greater operative load of reconstructive surgery. One area of this, the treatment of children with cleft lip and palate, will end as there are now other facilities of a very high standard able to do this.

## LIST OF DONORS

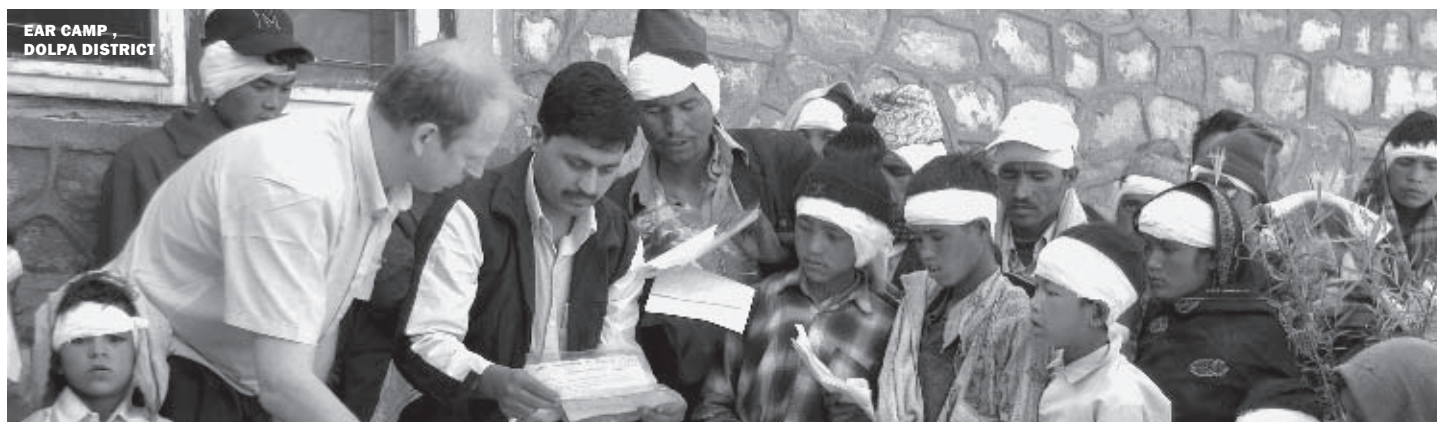
AMERICAN LEPROSY MISSION
BMS WORLD MISSION
ASHA CLINIC
GERMAN LEPROSY AND TB RELIEF ASSOCIATION
HELPING OTHERS
INTERSERVE CANADA
INTERNATIONAL COMMITTEE OF THE RED CROSS
THE LEPROSY MISSION INTERNATIONAL
LILIANE FUND
MANIPAL TEACHING HOSPITAL
PRESBYTERIAN CHURCH OF CANADA
PROMISE NEPAL
ROTARY CLUB, POKHARA MID-TOWN SECTION
SHAKTI NEPALHILFE
SWINFEN TRUST
TEAR FUND NETHERLANDS

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## Outreach [including Camps]

OUTREACH IS A SECTION OF THE KASKI PROGRAMME. IT WAS STARTED IN ORDER TO SUPPORT INTEGRATED HEALTH SERVICE PROVISION AT COMMUNITY LEVEL THROUGH ADVOCACY, AWARENESS AND TRAINING IN RELATION TO LEPROSY, DISABILITY AND HIV / AIDS DIRECTED TOWARDS DIFFERENT STAKEHOLDERS INCLUDING HEALTH SERVICE PROVIDERS. IT HAS CONTINUED TO SUPPORT PARTNER ORGANISATION PNL IN LEPROSY CONTROL AND SERVICES. CAMPS WERE ORGANISED IN TARGET AREAS FOR LEPROSY CASE FINDING, BUT ALMOST ALL LEPROSY CONTROL AND TREATMENT ACTIVITIES HAVE BEEN INTEGRATED INTO BASIC HEALTH SERVICES.

CAMPS, THOUGH PART OF OUTREACH, WORKS SEPARATELY. TEAMS OF MEDICAL AND SUPPORT PERSONNEL WORKED IN BASIC CONDITIONS FOR ONE TO TWO WEEKS IN SIX REMOTE AREAS PROVIDING GYNAECOLOGICAL, EAR AND SURGICAL SERVICES TO POOR PATIENTS.



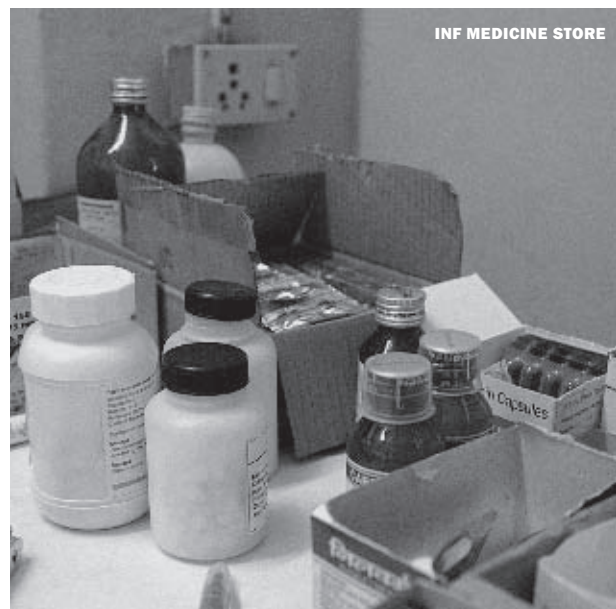
## BENEFICIARIES

	Area of work	No. of beneficiaries	Comments
1	Orientation in leprosy, HIV / AIDS, disability and integrated health service	1,739	1-day orientation
2	Training for government staff	14	3-day course by BIKASH
3	Health awareness-raising for young people	520	1 day
4	Training Outreach staff in HIV / AIDS	3	9-day course

## Camps

	Type of camp	No. of beneficiaries	Districts
1	Gynaecological	1,712	Gulmi, Surkhet, Myagdi
2	Surgical	728	Gulmi, Arghakhanchi
3	Ear	1,772	Bajura, Gorkha





## MAIN ACHIEVEMENTS

This was the first year of wider activities after the handover of leprosy control to the basic health services. Advocacy and awareness-raising activities in relation to HIV / AIDS, leprosy and disability and support for the provision of basic health services began in target communities in Kapilbastu District. The start of the activities was delayed by the conflict. Work in each target community began with a village-based orientation programme. Members of mothers' groups, teachers, students and female community health volunteers were trained in leprosy, disability, HIV / AIDS and integrated health care, including issues of stigma and isolation. Young people from the areas were given health awareness training. Government staff were also trained in HIV / AIDS, leprosy and disability, with the NGO BIKASH providing the training. At the same time support was given to the NGO PNL in its work with leprosy patients and people with physical disabilities.

### Camps

Six camps seeing a total of 4,000 people were run in district hospitals. These were treatment camps aimed at relieving the suffering of patients who have not been able to access medical care often needed for years.

## RESOURCES

There were six staff and the expenditure was NRs 5,566,392 [not including Camps].

Camps had a permanent staff of four and used both expatriate and Nepali volunteers for the actual camps. Camps' expenditure was NRs 4,979,832.

## CHANGES AND DEVELOPMENTS

After the changes of the past few years the new work of Outreach reported above finally began.

## FUTURE PLANS

Review of the initial stages of the work of Outreach and the needs of the area suggested that sustainable changes in health and quality of life for the people of Kapilbastu District will take longer and require a more integrated approach than at first thought. The section will therefore work for a longer period and integrate health and community development in the district, rather than expanding into other districts.

Camps will continue to offer services to the district hospitals in the hilly regions. The services offered will continue to be dental, gynaecological, ear, plastic surgery and general surgical camps.

## LIST OF DONORS

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GERMAN LEPROSY RELIEF ASSOCIATION

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TEARFUND UK

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TEAR AUSTRALIA

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INDIVIDUAL DONORS [CAMPS IS ENTIRELY SUPPORTED BY INDIVIDUALS]

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## Paluwa

PALUWA IS A SECTION OF THE KASKI PROGRAMME. IT IS INVOLVED IN HIV / AIDS RELATED ACTIVITIES, ESPECIALLY CARE AND SUPPORT FOR THOSE INFECTED. TOGETHER WITH ITS PARTNER ORGANISATIONS, PALUWA CONTINUED AWARENESS RAISING FOR THOSE MOST AT RISK AND TRAINING WITHIN THE COMMUNITY, BUT CONCENTRATED MAINLY ON PROVISION OF SERVICES FOR PEOPLE AT RISK AND THOSE INFECTED. THE ACTIVITIES INCLUDED VOLUNTARY COUNSELLING AND TESTING [VCT], SUPPORTIVE COUNSELLING, BASIC CLINICAL CARE AND PALLIATIVE CARE. SOCIO-ECONOMIC INTERVENTIONS FOR PEOPLE LIVING WITH HIV / AIDS [PLWHA] AND THEIR FAMILIES CONTINUED IN ASSOCIATION WITH PARTNER ORGANISATIONS, PRINCIPALLY WITH INF'S 'PARTNERSHIP FOR REHABILITATION'.



## BENEFICIARIES

	Area of work	No. of beneficiaries	Comments
1	VCT services	369	443 clients had VCT, 417 had pre-test counselling, 383 were tested for HIV, 369 received results and had post-test counselling, 58 were HIV+
2	Basic care and support service by the VCT centre for PLWHA	98	This includes transportation, food, accommodation, materials etc.
3	Basic treatment at weekly clinic for new and existing PLWHA	378	47 clinics run
4	Basic treatment at weekly clinic for new PLWHA	128	Many received poor fund assistance
5	Home-based care	17	
6	HIV / AIDS care and support training for NGO staff, PLWHA, INF staff etc.	104	3-day course
7	Training in HIV / AIDS VCT, care and support for various groups	2,534	1,300 through partner organisation Asal Chhimeki Nepal
8	Western Regional Hospital Poor Fund assistance	500	



## MAIN ACHIEVEMENTS

Paluwa's centres attracted new clients for pre-test counselling, HIV testing, post-test counselling and test results, of these 58 were HIV-positive. PLWHA were assisted as necessary with health care, food and accommodation, other material support and in business creation.

Awareness, care and support training was given to many people through NGOs, churches and other support groups, about half through the NGO Asal Chhimeki.

The Social Care Unit in the Western Regional Hospital, including its associated poor fund, is now managed on a day-to-day basis by Paluwa. Access to the poor fund is by a standard economic assessment and help was given to over 5,000 patients during the year. Staff in the unit advocated for the provision of care for HIV / AIDS patients. Anti-retroviral treatment is now available in the hospital and the attitude towards PLWHA is more positive.

Significant emphasis was placed on establishing and strengthening the referral network as Paluwa cannot provide all services need by PLWHA. Some new partners were identified and links were established with them.

## RESOURCES

There were 14 staff in Paluwa and the total expenditure was NRs 5,516,439.

## CHANGES AND DEVELOPMENTS

This year Paluwa closed down its old centre in Ramghat and merged its services with the new centre at Prithvi Chowk. This merger was a strategic move to make the centre more accessible to the clients.

A weekly clinic providing basic clinical care to PLWHA started. The clinic provided health checks, prophylaxis, treatment for opportunistic infections, nutritional advice, referral and clinical support for anti-retroviral treatment. A poor fund was available to help with costs.

Involvement in the Social Care Unit at the Western Regional Hospital increased.

## FUTURE PLANS

Services for clients with other sexually transmitted diseases will be included in the work in the next year, and home- and community-based care will increase. Work may expand into a second district in the coming year.

## LIST OF DONORS

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FAMILY HEALTH INTERNATIONAL NEPAL

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TEARFUND UK

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UNITED PROTESTANT CHURCHES OF THE NETHERLANDS

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## Partnership For Rehabilitation

PARTNERSHIP FOR REHABILITATION [PFR] IS A SECTION OF THE KASKI PROGRAMME. IT IS INVOLVED IN COMMUNITY-LEVEL AWARENESS RAISING AND CAPACITY BUILDING OF COMMUNITIES AND ORGANISATIONS SO THAT THEY CAN BETTER SUPPORT AND PROVIDE OPPORTUNITIES FOR PEOPLE WITH DISABILITIES TO PARTICIPATE FULLY IN SOCIETY. PARTNERSHIP FOR REHABILITATION ALSO PROVIDES DIRECT ASSISTANCE FOR PEOPLE WITH DISABILITIES.



**PFR CLIENT WITH LEPROSY  
MANUFACTURING HANDICRAFTS**

## BENEFICIARIES

Area of work	No. of beneficiaries	Comments
Clients	344	232 male, 112 female, 181 people affected by leprosy and 163 PWD
Vocational / SER assessment	181	21 clients with 6 days' vocational assessment, 160 clients with 1 day's SER assessment
Medical rehabilitation	5	
Referrals	56	
Farm training	54	3-6 days' training
Vocational training	16	5 clients with 1 month's training, 11 clients with 7 months' training
Vocational placement [self-employed and employed by others]	43	
Micro-business training	13	5 days' training
Formal education	54 children	
House construction and renovation	13 houses	
Others including living support	9	
Self-help groups	123	1,108 members
Referral through various LPOs	571	Advice, training, advocacy etc.
Basic disability training for female community health volunteers [FCHVs]	23	4 days' training
Micro-business training of trainers [LPO community workers]	9	5 days' training
Community training	46 [23 SHG members]	5-6 days' training







## MAIN ACHIEVEMENTS

Direct assistance for existing and new clients continued, included needs assessment, vocational training, income generation, education, housing, old age support, referral to other organisations and formation and training of self-help groups with revolving fund provision. The self-help groups are now managed by the 17 local partner organisations [LPOs] of PFR, and all are still functioning. Of these 17, six are disabled people's organisations [DPOs]. These have a better idea of what kind of services people with disabilities need, and a higher credibility while advocating, than organisations set up for people with disabilities. Clients were assisted in 16 districts, 1 district in the Central Region and 15 districts in the Western Region. Social inclusion and rights for people with disabilities are slowly improving.

LPO staff were given advice, support and encouragement, and an annual Local Partners Review was attended by 35 people. Individuals and organisations received advice on running self-help groups, LPOs and socio-economic rehabilitation. 'Basic Disability Training', a 4-week training course, was provided for people from 20 different organisations.

Networks in all working districts have been supported and strengthened and PFR has played a key role in the Community-Based Rehabilitation [CBR] National Network of Nepal.

## RESOURCES

18 staff [including 1 expatriate volunteer] were involved in the work. The total expenditure for this section during the reporting year was NRs 14,054,524.

## CHANGES AND DEVELOPMENTS

Mid Western Region local partner organisations [LPOs] were linked with their respective INF district programmes. Four new LPOs began in Lamjung, Tanahun and Parbat.

## FUTURE PLANS

Strengthening of LPOs [especially DPOs] is planned as a major priority, so that they can be involved in improving communities' attitudes towards people with disabilities and towards stigmatising diseases like leprosy, HIV / AIDS etc.

## LIST OF DONORS

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GERMAN LEPROSY RELIEF ASSOCIATION

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TEARFUND UK

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INF 'REMEMBER ME' CAMPAIGN

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INDIVIDUAL DONORS

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## Speech and Language Therapy

SPEECH AND LANGUAGE THERAPY [SLT] IS A SECTION OF THE KASKI PROGRAMME. SLT AND SUPPORT FOR THE WESTERN REGIONAL HOSPITAL POOR FUND AND SOCIAL CARE UNIT [SEE PALUWA] ARE THE REMAINING AREAS OF INF SUPPORT FOR THE HOSPITAL. SLT IS A NEW SERVICE NEEDED BY CHILDREN AND ADULTS BECAUSE OF HEARING IMPAIRMENT, CLEFT LIP AND PALATE, ACQUIRED NEUROLOGICAL DISORDERS, PHYSICAL DISABILITY, LEARNING DISABILITY, VOICE DISORDERS, DYSFLUENCY, AUTISM AND DELAYED DEVELOPMENT. DIFFICULTY IN COMMUNICATION LEADS TO SOCIAL ISOLATION AND LACK OF ACCESS TO EDUCATION AND EMPLOYMENT. SLT WAS PROVIDED FOR PEOPLE WITH COMMUNICATION OR SWALLOWING PROBLEMS AS PART OF THE HOSPITAL'S ENT DEPARTMENT AND A WEEKLY CLINIC AT GREEN PASTURES HOSPITAL. THE THERAPIST PROVIDED BASIC TRAINING FOR ORGANISATIONS WORKING WITH PEOPLE WITH DISABILITIES.



## BENEFICIARIES

Area of work	No. of beneficiaries	Comments
Clients	347	This includes in- and outpatients in WRH and GPHRC
Hearing aids	28	This includes both children and adults
Ear moulds	32	This includes both children and adults
Training for LPO staff	57	3-day course

## MAIN ACHIEVEMENTS

Provision of a direct service for clients has continued as an essential aspect of the work, however the hospital management agreed to appoint an assistant to provide continuity until a qualified Nepali therapist can be appointed.

A room at the hospital was equipped for the making of ear moulds, and hearing aids continued to be fitted.

Links with a local school resulted in hearing-impaired children [as well as children with developmental delay] being admitted and having the opportunity to be educated alongside hearing peers.

Advocacy for the hearing-impaired continued with presentations at two workshops and a radio interview.

## RESOURCES

The work was carried out by one expatriate volunteer, and the total expenditure for SLT and the WRH poor fund was NRs 1,972,768.

## CHANGES AND DEVELOPMENTS

'Nepalisation' was prioritised, to develop and sustain SLT as an integral part of WRH. As a direct result of this and with the agreement of the hospital management, plans were made for an assistant to be appointed to the Department.

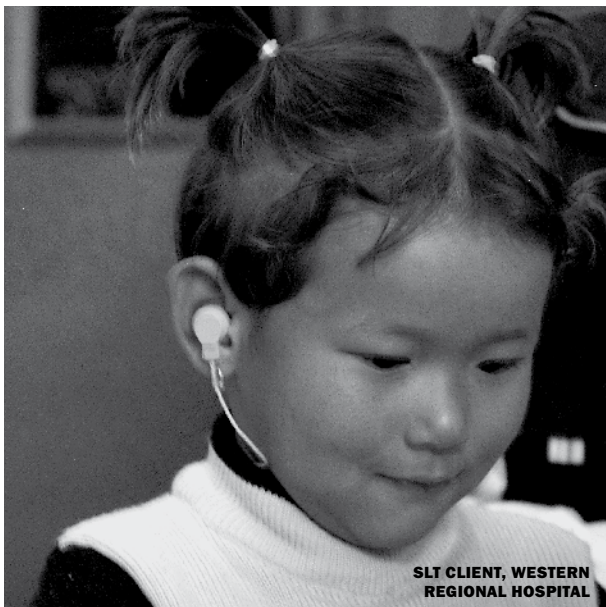
Training for the Kathmandu-based cleft palate speech therapy assistants was completed. Consultancy continues, and joint working during the team's monthly visits to Pokhara.

Day-to-day management of the Social Care Unit and Poor Fund in the Western Regional Hospital was taken over by Paluwa.



## **FUTURE PLANS**

SLT is entering an exciting new phase. It is now in its tenth year of operation in WRH. It is planned that we will continue to build on the quality service that has been established, but the day-to-day service provision will gradually be handed over to a Nepali assistant and, in the future, a qualified speech and language therapist. In the coming year the main focus will be training for the assistant to enable her to work independently, providing a basic level of SLT within WRH.



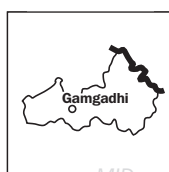
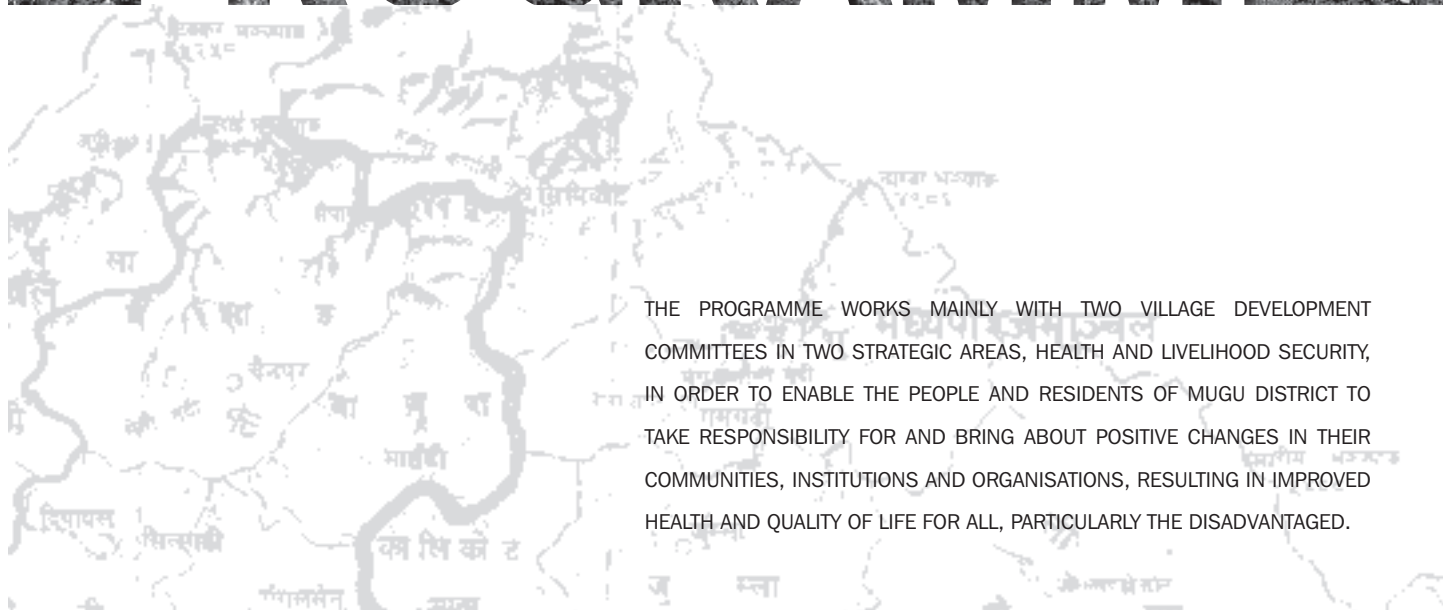
## **LIST OF DONORS**

FUNDS CARRIED FORWARD / INDIVIDUAL DONORS

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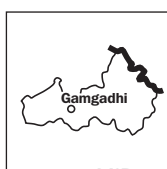
RESIDENT OF GANGADHI,  
MUGU DISTRICT

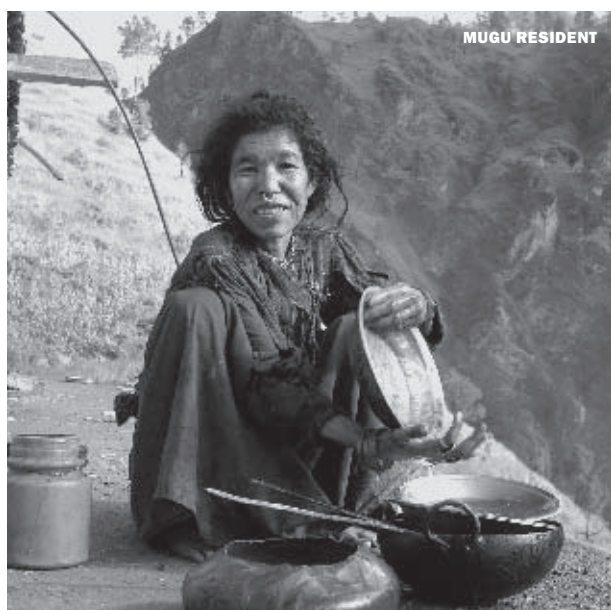




## BENEFICIARIES

	Area of work	No. of beneficiaries	Comments
1	Patient treatment	1,419	Dental, MCH, ANC, TB and leprosy and patients sent out of District
2	Community members' health awareness-raising and training	9,880 person-days	HIV / AIDS, TB and leprosy, personal hygiene awareness [students, teenagers, male and female community members]
3	Training for government health staff	83 person-days	Gynæcology and dental
4	Training for community health volunteers [FCHVs, TBAs, HPSCs]	739 person-days	Safe motherhood, TB and leprosy
5	Groups involving community members facilitated by INF	29 groups	Over 600 people in total
6	Water supply and other infrastructure	147 HH x 5 = approximately 735	Drinking water and water mills
7	Income generation [micro-business] support	9	
8	Nutrition support	36 children	
9	Literacy [new classes]	263	196 participants





MUGU RESIDENT

## MAIN ACHIEVEMENTS

The health strategy aims to increase health awareness among the local population through health education, and to improve the health services available to them in the long term. The programme works to strengthen the existing government health system, including the District Hospital, health posts and sub-health posts in the target areas and, as possible, provides specialist medical and surgical camps to meet acute health needs.

The livelihood security aspects focus on working together with communities to strengthen and improve the effectiveness of their traditional livelihood strategies. The main aspect of this was participatory community development to facilitate community groups, particularly among the disadvantaged, to bring about beneficial changes in their communities, using their own and outside resources.

### Training

Support and training was provided for 3 health post support committees and the District Hospital committee, leading to improvements in services provided [such as dental services] and improved attendance of staff.

Dental training was given for five government health staff and equipment and medicine was provided to health facilities, resulting in a monthly treatment figure of approximately 38 people.

Follow-up and training of 44 traditional birth attendants continued, they attended 82% of the 179 deliveries in the area and a further 9% were delivered in the hospital. FCHVs and TBAs were involved in regular ANC and MCH clinics in government health facilities. Training was given for 81 husbands of pregnant women in pregnancy care and support.

817 people were given HIV / AIDS awareness training, including students, community members, teachers and health volunteers. Reproductive health training was given to teenagers, 256 girls and 44 boys.

Nutritional education and support was given to 36 malnourished children, with an 86% recovery rate.

Twenty-two community groups that were supported successfully accessed resources from other organisations. The groups were also involved in construction projects [drinking water and water mills]. Ten groups identified the destitute in their communities, and training and financial support for the start of micro-businesses was provided on a revolving-loan basis.

Sixty-seven out of 140 participants completed a 5-month literacy class, and new classes began.

## RESOURCES

Thirteen staff ran the programme [including one expatriate volunteer]. The programme expenditure was NRs 7,509,375.

## CHANGES AND DEVELOPMENTS

This was a year of consolidation, not change.

## FUTURE PLANS

The Mugu Programme will move out into the Soru Belt area if the security situation continues to allow this.

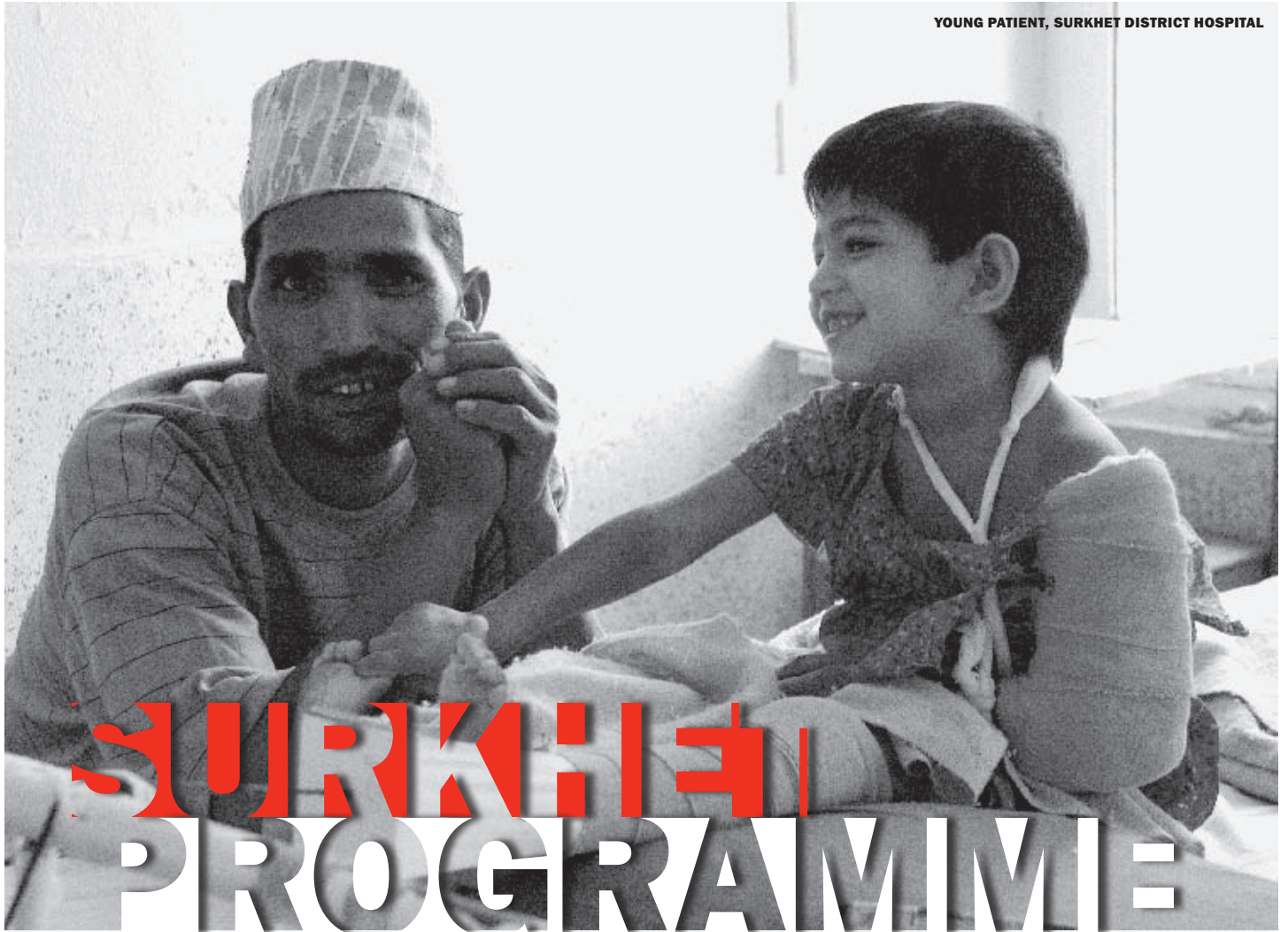
## LIST OF DONORS

TEARFUND UK

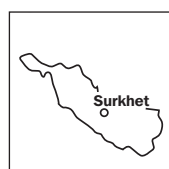
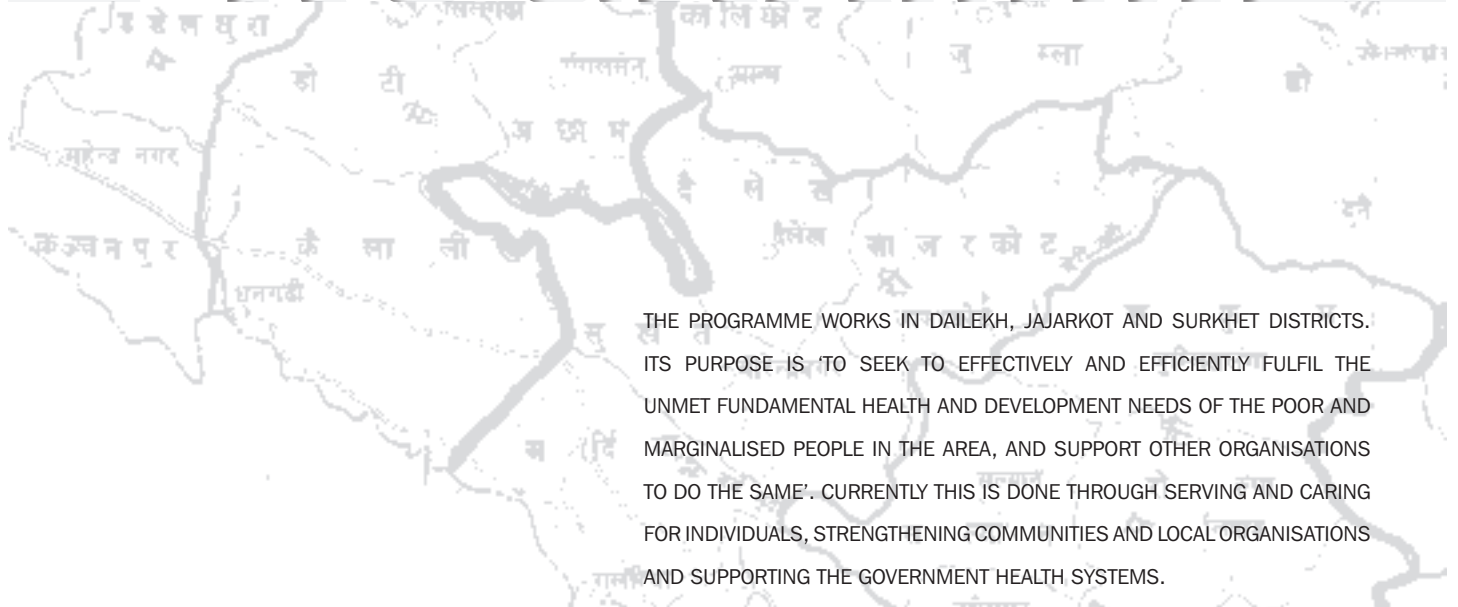
TEAR AUSTRALIA

UNITED PROTESTANT CHURCHES OF THE NETHERLANDS

SHANTI TRUST



# SURKHET PROGRAMME



## BENEFICIARIES

Area of work		No. of beneficiaries	Comments
Obstetric and gynaecological	Procedures performed by INF	47 procedures	Most of these are by the Surkhet doctors
	Consultations given by INF	650	
	Operations performed by hospital doctors trained by INF	57 operations	
Training of government health staff		1 ANM, 1 CMA	ANM and CMA supported in primary rehabilitation training to give simple physiotherapy to inpatients
		1 doctor	Hysterectomy training
Inpatient treatment		151	Includes leprosy inpatients, some skin inpatients and some general disability inpatients
Outpatients treatment		930	Short history-taking then referral with advocacy service as needed
Government staff training		12	Dressing and self-care training
Client / inpatient HE in self-care		150	
Shoe manufacture and distribution		251 pairs	
General intensive physiotherapy		12	
Rehabilitation support	Direct	21	1 resettlement, 1 housing, 5 living support, 4 income generation, 4 integrated support, 6 other
	Through partner organisations	105 children	Education support
Self-help group formation		8 groups	Displaced people / disabled, 8-20 members / group
Awareness raising, advocacy training and lobbying	Direct	63	Group members
	Through partner organisations	120	
Income generation activities	Direct	About 150	Group members
	Through partner organisations	230	Households



## MAIN ACHIEVEMENTS

Through the surgical camp, 75 women were able to have urgently needed gynaecology surgery. One doctor from the District Hospital who has received training during the past three years from the INF expatriate volunteer gynaecologist received an award from the International Federation of Obstetricians and Gynaecologists for his services to women in Surkhet. The INF gynaecologist has continued her training visits to Jumla and Dang District Hospitals and also visited Dailekh and Mugu. In Mugu a five-day course in safe motherhood and basic gynaecological care was given.

The leprosy referral centre has had low bed occupancy, probably related to disrupted transport and the conflict. However, the staff have been able to complete necessary training and deliver a high level of care to people referred to the centre as well as supporting the local hospital and health posts with complex issues of leprosy. The separate self-care unit opened and has trained its first 11 clients, 12 others have been given intensive physiotherapy for general rehabilitation.

Among the displaced people the groups formed are beginning to work on community issues, uniting community members, accessing local resources, networking with other organisations and running their own meetings.

Members of the groups formed by people affected by leprosy or people with other disabilities show increased self-esteem and have been able to gain rights and facilities. Partnership with local disability organisations for capacity building is showing some improvements.

Some people affected by leprosy, and a few others, have become independent as a result of direct client assistance such as vocational training, income generation and support for children's education.

## RESOURCES

The programme has 39 staff of whom 6 are volunteer expatriates. Expenditure was NRs 10,829,901.

## CHANGES AND DEVELOPMENTS

The reorganisation of work was completed and new activities begun as planned. More support to Jumla and Dang Hospitals has been possible than was originally planned.

## FUTURE PLANS

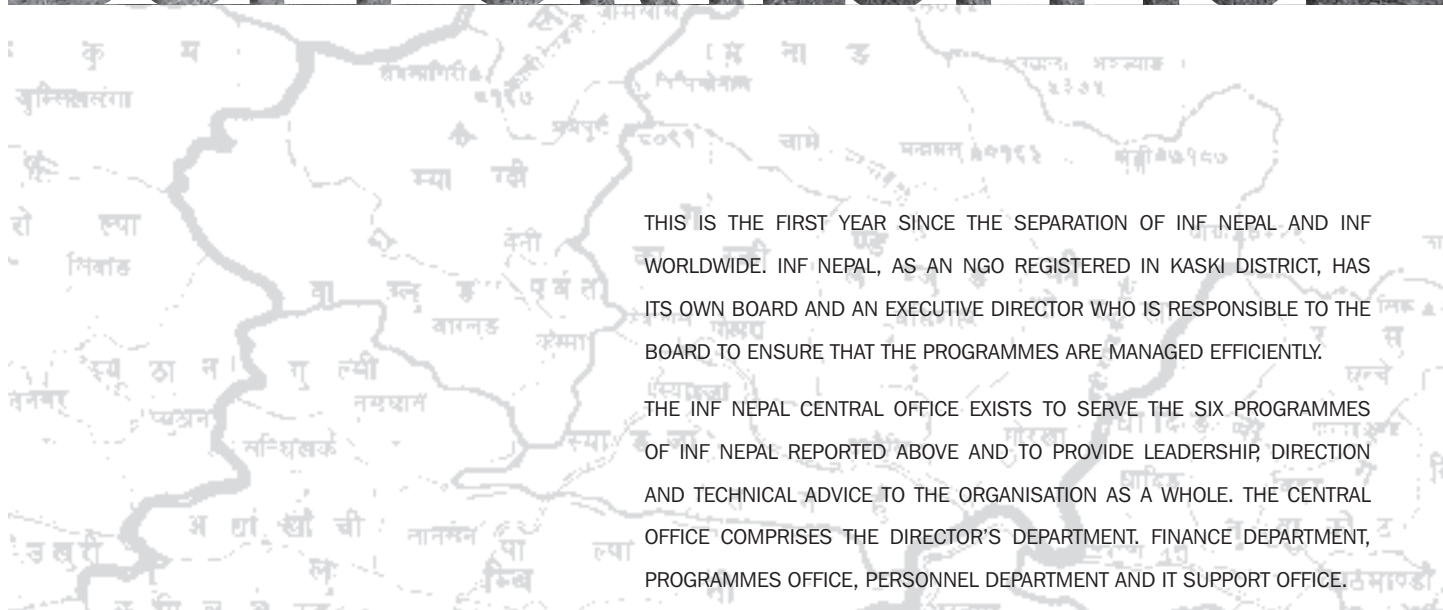
Work in women's health care will be focused on those districts and doctors with a real desire to improve. Continued work with health posts to develop a good chain of referral up and down will be emphasised. Leprosy neuritis clinics in the Regional Hospital should begin, the programme will help set that up and continue its practical leprosy care training for basic health staff and refresher courses for peon staff on dresser and self-care work. Partnerships with and strengthening of disabled people's organisations will be emphasised. Community health work with the disadvantaged, displaced and disabled will start in additional areas.

## LIST OF DONORS

GERMAN LEPROSY RELIEF ASSOCIATION
BUNDESMINISTERIUM FÜR WIRTSCHAFTLICHE ZUSAMMENARBEIT UND ENTWICKLUNG
WORLD HEALTH ORGANISATION
SWEDISH MEDICAL MISSION
TEAR AUSTRALIA
UNITED PROTESTANT CHURCHES OF THE NETHERLANDS
TEARFUND UK
EDINBURGH MEDICAL MISSIONARY SOCIETY
SARON CHURCH
INTERACT
INF 'REMEMBER ME' CAMPAIGN
INDIVIDUAL DONORS



CENTRAL SUPPORT OFFICE, POKHARA



## IMPACT AND ACHIEVEMENTS

INF Nepal was re-registered as a national NGO based in Kaski District.

Improvements in donor reporting systems were completed, including the appointment of a donor finance officer, central collation of donor information, clarification of donor requirements, deadlines and roles, and handover and decentralisation of German Leprosy Relief Association reporting responsibilities. A number of donor applications were made.

Support was provided to programmes in developing relevant donor documents.

Finance systems were improved with more awareness of policies and procedures among the staff. The annual accounts were prepared in good time and better reports were made using 'Moneyworks software' with the help of 'Sustainable Solutions'.

A new budget format was developed for use across INF Nepal. This was a significant step forward despite some difficulties in the completion of budgets which should be resolved in the coming year.

After changes in the programmes, finalisation of redundancy processes and issuing of new contracts was done without significant problems. A new Employment Manual was also introduced and preliminary revisions were made.

Five key posts were 'Nepalised'. These were Finance Director, Kaski Programme Manager, Security Adviser, Donor Co-ordinator and IT Co-ordinator. The need for and numbers of expatriate volunteers decreased.

INF Nepal structure and programme and technical co-ordination issues were clarified, a Programme Co-ordination Forum [PCF] was started and cross-organisational technical advisers were given a clear role, resulting in improved co-ordination and communication between programmes.

IT systems were improved with new e-mail addresses across the organisation, a wireless network and broadband connection established in the INF Kaski Programme, and a secure and reliable network designed for and implemented in the Central Office.

Visits were conducted for INF Nepal board members to the Dang, Surkhet and Banke Programmes.

## BENEFICIARIES

The Central Office indirectly contributes to services for all the beneficiaries of INF Nepal via its own service to programme staff and the organisation as a whole.

## RESOURCES

There were 18 staff members in the Central Office during this year, the number reduced on completion of changes half-way through the year. Total expenditure of the Central Office during the year was NRs 8,634,427.

## CHANGES AND DEVELOPMENTS

A number of posts were Nepalised [see above], technical advisers began to cover all programmes of INF, and the structures of programmes and the Central Office were clarified and embedded in the organisation. The PCF was initiated to improve co-ordination.

## FUTURE PLANS

The office will continue to support the board and the programmes in the ways reported above.

## LIST OF DONORS

Most of the cost of the office is covered by the programmes, as costs are incurred on their behalf. In addition the following donors made contributions for specific work areas.

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BMS WORLD MISSION

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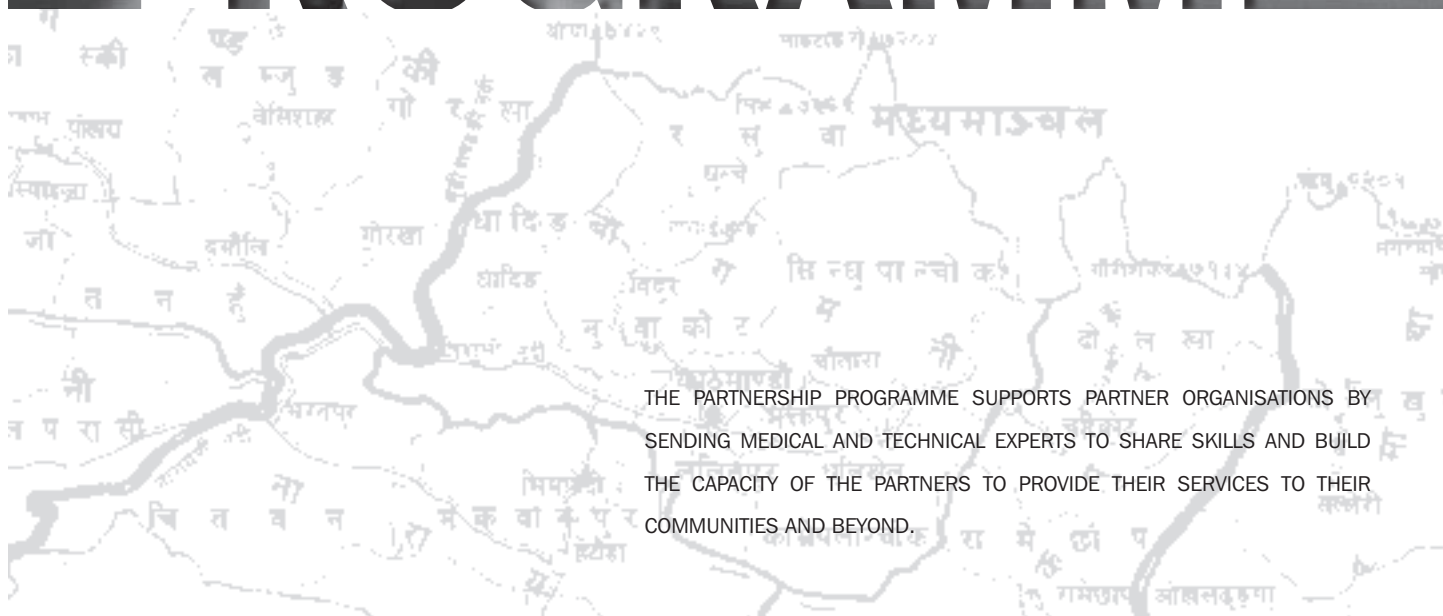
INDIVIDUAL DONORS

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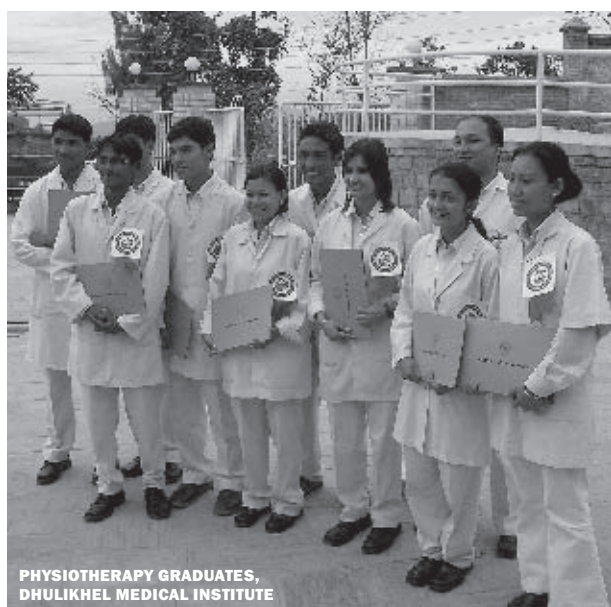
# PARTNERSHIP PROGRAMME



Kathmandu  
○

## BENEFICIARIES

	Area of work	No. of beneficiaries	Comments
Maintenance	Trainees completing the BMET training course	18	
	Institutions receiving returning trained workers	12	
Physiotherapy	First year students	12	
	Second year students	13	
	Third year students	17	
	Graduates during year	11	
	National tutors mentored	3	
Laboratory	Laboratory workers trained in quality assurance	125	1,500 person-days
	Laboratory workers given refresher training	57	1,368 person-days
	Laboratory workers trained in total quality management	9	18 person-days
Anæsthesia	Trainees completing course at Tansen	3	Six-month course
	Institutions receiving trained anæsthetic assistants	3	
	Trainees completing course nationwide	20	
Transformational development	Community facilitators trained	14	98 person-days
	Community leaders trained	9	45 person-days
	Bookkeepers trained	25	39 person-days
	Farmers trained in rice intensification	43	69 person-days
	Administrators trained in logical framework planning	9	22 person-days



## RESOURCES

Section	Expenditure	Comments
Maintenance	325	Some planned purchases postponed, partner bore client training expenses
Physiotherapy	382,691	Two X-ray meters were donated to INF by Unfors Sweden
Laboratory	352,852	Client training expenses borne by partner
Anæsthesia	70,755	Many training expenses borne by partner organisations
Transformational development		Minor expenses paid from administrative funds, a dedicated fund will be established for the following year
Administration	222,955	Funding applications were unsuccessful

The staffing of the programme was three, two Nepalis and one expatriate in management and administration, they organised the secondment of six volunteer expatriate experts into the various sections [one in each of Maintenance, Laboratory, Anæsthesia and Transformational Development, two in Physiotherapy].

## MAIN ACHIEVEMENTS

**Maintenance**, a partnership administered by the National Health Training Centre, including the Institute of Engineering, for the Biomedical Equipment Technician training course.

The first group of 18 students completed their theoretical instruction at the Institute of Education and began practical training in hospitals. In Chaitra they graduated as Biomedical Equipment Technicians. Further work on course development, including an annual programme for the teaching, goals for each subject and new teaching materials were created, including worksheets and flow charts.

**Physiotherapy**, a partnership with Dhulikhel Medical Institute to provide course tutors for a certificate-level physiotherapy course.

The first batch of 10 students graduated in Mangsir at the end of their three-year course. These graduates are now working around the country, feedback on their skill and knowledge level is very encouraging. The hiring of the first full-time Bachelor-level Nepali physiotherapy teacher and one of the graduates as a teaching assistant and administrator enhanced the course teaching.

**Laboratory**, a partnership with the National Health Laboratory to establish a National Quality Assurance Scheme, successfully completed and handed over during the year.

INF support to the national external quality assurance scheme has enabled a fully nationally staffed and managed scheme to be in place with 182 people trained in laboratory techniques and quality assurance, and an improved system of sample distribution to participating peripheral laboratories.

**Anæsthesia**, a partnership co-ordinated by the National Health Training Centre, also including the United Mission Hospital Tansen for the training of Anæsthetic Assistants.

One group of three trainees completed the course at Tansen in Paush and another course began with two participants. The training manual has been added to the 'e-TALC' CD for wider distribution in the developing world, and there have been requests for the manual by places in the South Pacific region.

**Transformational Development**, a partnership with Sagoal, a Nepalgunj- and Pokhara-based NGO, to provide a volunteer agricultural expert as a planning and management mentor and technical advisor.

The partnership with Sagoal continued with 9 CBOs bringing about positive changes in their communities in ways such as installation of water pumps, construction of toilets, non-formal education classes and a dental health camp.



## CHANGES AND DEVELOPMENTS

**Maintenance:** Agreement with the Nick Simons Institute, a health services human resource preparation and support company, was completed to fund improvement of the workshop infrastructure, procure better teaching aids, help administer the course and market it nationwide. The course will also be open to private students as well as government employees.

**Physiotherapy:** Several workshops for clinical supervisors were run and appreciated; this improves the success of student clinical placements.

**Laboratory:** The section is dormant after completion of support to the national external quality assurance scheme.

**Anæsthesia:** The inclusion of new training sites will contribute to the equipping of anæsthetic assistants. Patan Hospital no longer offers the course as their physician anæsthetist resigned. He is now helping conduct the training in his new post at Bharatpur District Hospital.

**Transformational development:** An external evaluation of Sagoal was done and reported high quality management and reporting and suggested ideas for more effective training and closer working relationships with partner organisations. The changes will be implemented in the next year.

**Management and administration:** The staffing was reduced to one part-time administrative assistant when the office combined with the INF Worldwide International Support Office.

## FUTURE PLANS

**Maintenance:** Mentoring of national tutors will complement the ongoing teaching and development of the course. Follow-up visits to previous trainees should increase and research should be done to see the problems they face. New trainees will have practical work opportunities outside the Kathmandu Valley.

**Physiotherapy:** Increasing sustainability of the course by appointing and mentoring Nepali teachers is the main aim for the future.

**Laboratory:** There are plans to recruit a research scientist to help establish a research programme.

**Anæsthesia:** The current secondee completes his term of service half-way through next year, but the course may continue at Tansen through other staff. A new secondee is being sought to be based in Kathmandu and assist in establishing new training sites.

**Transformational development:** The coming year will be the last with a secondee in Sagoal full-time. Support will continue through a CBO support section.

**Community-based organisation support:** A new section to help new groups trying to make a difference in their communities. The staff of the section will help groups with self-assessment and securing the resources, skills, and basic structures needed for the service they are wanting to provide. One or two partnerships will be established in the first year.

**Clinical pastoral care:** A new secondment will begin as a partnership with the NGO Human Development and Community Services. The secondment will establish informal non-professional pastoral care to serve patients both in the NGO's hospitals and in the surrounding communities.

## LIST OF DONORS

All sections have small budgets, as the main input is technical support from volunteers. The programme and all sections ran using carried-forward funds.

UNFORS [SWEDISH COMPANY] GAVE 2 X-RAY METERS FOR THE MAINTENANCE COURSE

SCHOLARSHIP FUND FOR PHYSIOTHERAPY TECHNICIAN TRAINING FUNDED BY INDIVIDUAL DONORS

DONOR LIAISON OFFICER PRATIBHA MANAEN IN THE  
INTERNATIONAL SUPPORT OFFICE, KATHMANDU

# INF WORLDWIDE INTERNATIONAL SUPPORT OFFICE

INF WORLDWIDE'S HEAD OFFICE IS IN AUSTRALIA BUT, DUE TO REASONS OF EFFECTIVENESS AND EFFICIENCY AND A DESIRE TO CREATE LOCAL EMPLOYMENT AND BUILD CAPACITY, SOME INTERNATIONAL FUNCTIONS ARE RUN FROM ITS INTERNATIONAL SUPPORT OFFICE IN NEPAL. THIS OFFICE ACTS AS THE FUNDING, COMMUNICATIONS AND RECRUITING OFFICE FOR INF WORLDWIDE AND ITS NEPAL PROJECT PARTNERS, CARRIES OUT FINANCIAL MANAGEMENT FOR THE INF WORLDWIDE NEPAL PROJECT, IS THE OFFICE FOR NATIONAL AND INTERNATIONAL LIAISON AND IS THE SUPPORT OFFICE FOR INF WORLDWIDE VOLUNTEER EXPATRIATE TECHNICAL EXPERTS WORKING IN THE REGION. BASING THESE FUNCTIONS IN NEPAL OVER THE PAST 50 YEARS HAS CLEARLY SHOWN BENEFIT IN TERMS OF REMAINING RELEVANT TO THE NEEDS OF THE COUNTRY AND IN THE VALUE TO THE LOCAL ECONOMY.

Kathmandu



## MAIN ACHIEVEMENTS

In its first full year INF Worldwide went through a planned period of consolidation, managing the changes that have been required to establish it as a strong organisation that builds on INF's past and forges an exciting future.

The signing of an agreement with the Social Welfare Council of the Government of Nepal involved considerable preparation by INF staff and planning and negotiation with government officials, and new project and general agreements were signed ensuring continuity from previous agreements with the Ministries of Finance and Health.

The office moved from Pokhara, where INF has had its main office since its inception in 1952, to Kathmandu. This increased efficiency but had initial costs, both in terms of finance and staff redundancies.

Support was given to INF Worldwide members seconded to Nepali host organisations, including INF Nepal. Members received support in various areas including IT, pastoral care, and language and orientation training.

Premium-quality resources and published materials were produced and the web site [www.inf.org](http://www.inf.org) was maintained, all promoting and communicating the work of INF and the needs of Nepali people.

Considerable effort was made to ensure that financial governance is embedded within the board's structure and ethos and that the company's financial systems and management meet international accounting standards.

Education support for children of expatriate volunteers continued in several centres. The Primary Study Centre in Pokhara moved from its site in Simpani to one close to Green Pastures Hospital and Rehabilitation Centre, as the focus of volunteer work in Pokhara has moved with the changes.

## BENEFICIARIES

The office indirectly contributes to serving all the beneficiaries of INF in Nepal, via its service to partners and members seconded to them.

## RESOURCES

The expenditure for the year was NRs 23,684,448 and the staffing [including three Primary Study Centres, the International Support Office in Pokhara, the Kathmandu Service Office and Language and Orientation Department] was 52 including 13 expatriate volunteers.

## CHANGES AND DEVELOPMENTS

Negotiations continued after the signing of the Project Agreement regarding the type of visas available to INF Worldwide expatriates, with the hope that we will still be granted gratis visas for those working full-time within Nepal.

## FUTURE PLANS

A new Executive Director will be appointed for INF Worldwide during the coming year.

## LIST OF DONORS

MOST COSTS OF THE INTERNATIONAL SUPPORT OFFICE AND PRIMARY STUDY CENTRES WERE FUNDED BY A SUPPORT LEVY CHARGED TO EXPATRIATE VOLUNTEERS

TEAR AUSTRALIA GAVE A GRANT TO COVER SOME COSTS INVOLVED IN MOVING THE SUPPORT OFFICE FROM POKHARA TO KATHMANDU

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**Front cover** Children in Gamgadhi, Mugu District PHOTO: TIM FRANK



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