Annual Review

2006 - 2007 २०६३ - २०६४

INTERNATIONAL
NEPAL
FELLOWSHIP

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.

Map and Contents

Directors' letter

During the fiscal period of 2006-2007 the service of INF carried on despite major challenges to the continuity of the work. INF enjoyed operational space due to the credibility we have developed over long periods of involvement in communities of the western regions of the nation.

Partnership is characteristic of INF's work. Beginning with support and advocacy by the INF family of organisations, this partnership is facilitated by agreements with the Government of Nepal, INF Worldwide and INF Nepal – as well as other local partner organisations. Partnership extends around the world through agencies that provide human and financial resources. And partnership extends throughout Nepal where INF programmes partner with local communities, organisations and government institutions to carry out the work. This jointly issued review with its jointly written introductory letter is another example of our partnership.

INF's work is characteristically inclusive. We hope that you will note this as you read through this review. INF's work is intentionally available to all who are in need regardless of their ethnic, religious, socio-economic or political background or identity. INF works to provide assistance to people who are challenged by a variety of disabilities and conditions which tend to marginalise them from their communities. INF's work is carried forward in a wide variety of settings, from grassroots community groups through to programmes of varying sizes.

INF's work is planned and implemented in locally relevant ways. We hope that you will note how the components and methods in each programme are varied according to the particular needs of that programme area. This puts a great deal of responsibility on to the staff and managers of each programme. We are immensely grateful for the dedicated cadre of INF staff who carry this responsibility to remote locations and to people who are remote from access to services due to conditions of stigma that cause them to be marginalised from their communities.

Finally, our gratitude is to the loving Creator God who motivates and enables us to express his very best wishes to all who receive our compassionate care and service.

Deependra Gautam
Executive Director
INF Nepal

David Stevens
Executive Director
INF Worldwide

CLIENTS PLAY CHESS AT INF'S DRUG AWARENESS AND REHABILITATION CENTRE

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

TB Referral Centre

Activities	Beneficiaries
TB suspects / patients in OPD [advice / support centre]	21,241
TB referral after diagnosis	1,206 [475 positive, 452 negative, 157 EP]
TB inpatients [in ward]	324
TB health education	21,242
Leprosy outpatients	521
Leprosy referral after diagnosis	112 [69 MB, 36 PB]
Leprosy health education	521
Protective footwear for people with leprosy	85 pairs
MDR TB trial case registration	11
Study C with IUATLD [comparing separate and combined anti-TB medicine]	100 sputum + TB cases
TB drug resistance survey with NTC	96
TB / HIV co-infection survey with NTC	200
Charity provided based on socio-economic assessment	3,725 [food, accommodation, medical investigation, medicine, travel costs etc.]

Drug Awareness and Rehabilitation Centre

Activities	Beneficiaries
Syringe exchange to reduce the risk of HIV / hepatitis etc.	182
Monthly average number of clients attending DIC sessions	95
Drug users adopting safer lifestyle after education / counselling	300
Education in the adverse consequences of drug use	418
Harm reduction counselling	315
Support in becoming drug-free and changing individual / family life	16
Referral for TB screening	16
Referral for TB treatment	4
Hepatitis B screening	16
Psychiatric treatment / referral	2
Health education	43
Help in preventing relapse	16
Narcotics Anonymous meetings initiated	12 meetings
Training for former drug users	2
Vocational training for former drug users	11

HIV pre-test counselling	29
HIV post-test counselling	29
HIV+ self-support groups formed	1 group
Referral to anti-retroviral treatment centre	3
Drug / HIV/AIDS education	10 schools, 2 campuses
Drug / HIV/AIDS orientation	25 FCHVs
Drug / HIV/AIDS orientation	96 young people
Drug / HIV/AIDS orientation	1 session for religious leaders, 2 sessions for Christian women's fellowships
Local media	2 articles, 3 radio programmes
Radio advertising	114 advertisements

Banke Community Development

Activities	**Beneficiaries**
Regular meetings in Nepalgunj	40 SHGs, 1,500 – 1,600 members
Group saving and credit scheme	987
Amount collected in saving and credit fund	NRs 1,500,000
Capacity building training	106
Primary rehabilitation therapy	106
Treatment support for people with disabilities	48
School education support for people with disabilities	8
Vocational training support for people with disabilities	8
Income generation support for people with disabilities	24
Displaced people's groups facilitated	21 groups, 577 people
Education support for displaced children	16
Income generation support for displaced people	560
Toilet construction support	14 families
Local partner organisations	12 LPOs

Bheri Zonal Hospital Support Section

Activities	**Beneficiaries**
Physiotherapy service at Bheri Zonal Hospital	128
Referral of burns cases to other hospitals	10
Construction of physiotherapy premises	1 room

The Banke Programme, INF's second-largest district programme, works in the fields of health and development. Although the main target is improved health and well-being for the people of Banke and Bardiya Districts, it also serves others from the Mid Western Region and Indian border villages. The Programme includes: the TB Referral Centre; the Drug Awareness and Rehabilitation Centre [DARC]; Banke Community Development [BCD]; and the Bheri Zonal Hospital Support Section [BZHSS].

At the end of the year floods in Nepalgunj left the Programme offices under half a metre of water, and the homes of some staff were flooded. The TB Referral Centre had moved to a nearby building a few weeks earlier and, while almost cut off, was not quite flooded. However, within a couple of days of the floods, the Programme had sent out medical teams to assist others affected. This is the second year of flooding and has raised the question of whether the offices should move to a safer location.

At the end of the year the Manager left to take up other duties in INF and was replaced by Dhirendra Rai, previously INF's Dang Programme Manager.

TB REFERRAL CENTRE

The TB Referral Centre is one of the DOTS [Directly Observed Treatment Short course] and DOTS Plus [Multi Drug Resistant TB] centres in Banke. The Centre also supervises DOTS Plus activities in the two DOTS Plus sub-centres of the Mid Western Region, and is the only centre in the region where services are available for outpatients and inpatients. At the end of the year 22 multi drug resistant [MDR] patients were taking second-line treatment from the Centre, 11 of them new cases registered during the year. The Centre participated in a multinational research study started in September 2004 by the Paris-based International Union Against Tuberculosis and Lung Disease [IUATLD], which focuses on a clinical trial of intermittent TB treatment.

The Centre has an inpatient service with 26 beds which provides care to seriously ill patients who cannot access such care elsewhere. Patients with extensive lung involvement, TB meningitis, spinal TB, MDR TB, HIV / AIDS co-infection, drug side effects, reactions and seriously ill TB suspects are admitted to the inpatient unit. Recreation services [games and literacy classes], counselling and health education are available to inpatients and their families, and nutritious food and accommodation are provided free of charge. Some 324 patients were admitted. INF provides financial assistance to poor patients, and 3,275 benefited in this way. After socio-economic assessment of patients and their families, assistance was given for purchasing medicine, investigations, transport, food and accommodation.

There had been a plan to stop leprosy work including neuritis / reaction management for leprosy patients, but this service has not been established in the government health sector. In order to ensure leprosy patients needing diagnosis and those with neuritis and reactions needing steroid therapy did not miss treatment, the Centre continued this service on a small scale. Protective footwear was supplied free of charge to 85 people affected by leprosy.

The Centre has a well-equipped laboratory where investigations are done for diagnosis of TB and leprosy. Sputum checks and skin smear examinations are the main functions, but blood, mantoux, urine, stool and other tests are also carried out. Fluorescence microscopy is available. Some 430 sputum samples were sent to GENETUP Kathmandu for culture and sensitivity testing. A total of 272 litres of reagents [carbol fuchsin, methylene blue, 20% sulphuric acid] were prepared and supplied to the medical store for government microscopy centres in the Region.

Other activities include a rehabilitation service [referral to the Community Based Rehabilitation section for socio-economic support for those needing it], epidemic control, awareness raising and training of government

GAURI AND HER MOTHER

basic health service staff and others in the Region on TB and leprosy treatment. Some 37 students from Nepalgunj Medical College and 42 health assistant students had exposure visits to the clinic, and two auxiliary nurse midwives and one community medical assistant completed their 3-month on-the-job training. Three laboratory assistants came from government and non-government organisations for TB sputum and leprosy skin smear training. Some 23 peons received training in sputum smear preparation and wound care. Medical and paramedical staff were also involved in control of malaria in co-ordination with the District Health Office. In the first quarter a bad attack of malaria in two village areas claimed several lives. The Centre staff participated in TB / leprosy quarterly meetings at district and regional level. The Centre has its own system for monitoring and evaluating staff activities and an independent external monitor, and was visited by the District and Regional TB and Leprosy Assistants, a National TB Centre / World Health Organisation supervisor and the IUATLD.

Gauri's story

MDR TB knows no age or sex barriers. Gauri is 21, lives with her mother and brother near the TB Referral Centre, and says she has been sick for four years. She came to INF's outpatients department three years ago and was treated with anti-TB medicines. Later she was admitted as an inpatient as she was coughing up blood and had noticeable weight loss. She weighed only 35 kilos, was tired and had no appetite. There was a history of her father having TB and being cured. She was accepted into the DOTS Plus programme as she had failed Category 2 treatment. She attends every day for free injections and medicines. The first four months of her two-year treatment included injections six days a week, then she had a second four months of injections three times a week. It is a big commitment to come every day for two years and be observed taking medicine. When she became sick Gauri was studying computers at the local campus, but became too weak to attend classes. After attending the Centre for 20 months, her condition has improved. Her sputum is negative and her weight is 51 kilos.

DRUG AWARENESS AND REHABILITATION CENTRE

The Drug Awareness and Rehabilitation Centre [DARC] is the only drug programme in the Region. Nepalgunj is one of the towns most affected by illegal drug use, and the open border makes drug trafficking easy. DARC has five integrated work areas: harm reduction; treatment and rehabilitation; care and support for HIV+ clients; community awareness; and evaluation and monitoring. The team developed its skills together, promoting the concept of collective support for each client. DARC seeks to provide a holistic approach including physical, mental, social and spiritual care.

Harm reduction activities are carried out through a drop-in centre and regular community outreach. The centre provides harm reduction training, syringe exchange, harm reduction counselling and first aid. Over the past two years drug users in Nepalgunj have experienced fewer physical and health problems, because they have stopped injecting drugs. We believe this happened partly because users coming to the centre are now aware of HIV / AIDS and the adverse consequences of injecting, and partly because more drugs are now taken orally.

Some 174 new users were registered in the centre, bringing client enrolment to 1,203. Some 105 peer communicators were selected from current users, and trained to communicate the need to adopt a safer lifestyle. Harm reduction awareness raising and the weekly clinic have helped reduce the number of abscess cases, other medical problems, overdoses and deaths.

Treatment and rehabilitation for users and their families have been provided through a family-based day care treatment centre, providing detoxification with medical and psychosocial therapeutic support. Some 16 clients were admitted for day care treatment, including one abusing alcohol. Four successfully completed the 5-month course and are in a 12-month period of follow-up. Seven are still in the treatment process, but the remaining five stopped treatment and did not complete the course. One was expelled from the centre because

of violent behaviour, but most dropped out due to lack of family support and low motivation. Family therapy meetings were conducted involving 70 family members, including some whose relatives had not been admitted to the treatment centre. Ten ex-users were provided with counselling, one was referred to an AIDS centre in Kathmandu for care and support, and one was trained as a driver. One HIV+ client gave an interview on local radio and now works for a local HIV / AIDS organisation. Fourteen other ex-clients are working as volunteers for non-government organisations. Next year DARC plans to increase support for ex-users, and strengthen drug-free people's self-support groups, networks and drug-related local organisations.

The drop-in centre and day care rehabilitation centre both provide care and support for clients with HIV / AIDS, such as voluntary counselling and testing [VCT] and education in safer lifestyles and general health. Of 29 clients provided with VCT, 10 were found to be HIV+. These and other HIV+ clients were provided with care and support, along with help in controlling opportunistic infections. Three were referred to other AIDS care systems and one to hospice care in Kathmandu. DARC assisted families in understanding the situation of HIV+ clients, so the families would support them at home.

Awareness of drugs and HIV / AIDS issues is raised among community groups, students, young people, female community health volunteers and churches, and at community gatherings. Some 1,978 students in 12 schools received drug abuse and HIV / AIDS training, with teachers also participating in the sessions. DARC launched a programme on local radio, broadcasting monthly interviews with ex-users. Other awareness raising activities were conducted with other government and non-government organisations, particularly on the occasions of World AIDS Day [1 December] and World Anti-Drug Day [26 June]. Additionally DARC conducted street dramas in different locations.

The Superintendent of INF's Green Pastures Hospital and Rehabilitation Centre [see Kaski Programme report] carried out an evaluation of DARC's work. This reviewed DARC's technical policies, protocols and treatment plans, recommended some changes to staffing structure, and pointed out the need for residential rehabilitation which would provide a broader service, particularly for those living too far away to make daily visits. The recommendations are being implemented and the residential centre should begin operation in November 2007.

Nikhil's story

'Nikhil' lives in Nepalgunj. He was high-caste, but when his parents died when he was a child he lost everything. He went to live with relatives who did not take care of him. He lacked parental love, never had a chance to go to school, and cannot read or write. He went on the streets, came under bad influences, and began using drugs. He spent 18 years as an addict, taking drugs and not working. In order to sustain his habit he started stealing. He had unsafe sex with many girls, and became weak and ill. One day his friends told him about DARC, and he started coming to sessions in the drop-in centre, where he received counselling and clinical support. After two years he realised that drugs were very harmful and that they had ruined his health. DARC contacted his relatives and asked them to help Nikhil come off drugs. After counselling with DARC staff, the relatives became more supportive of Nikhil and he was admitted to DARC's day care drug treatment centre. During treatment Nikhil was diagnosed with TB and hepatitis B, and was found to be HIV+. DARC provided medical treatment and psychosocial support. After treatment and the rehabilitation course, Nikhil disclosed to his relatives and others that he was HIV+ and had TB and hepatitis B. His relatives would not allow him to stay at their house. DARC counsellors continued to visit him in a street hostel and taught his family more about Nikhil's condition. DARC's doctor advised that Nikhil should be sent for anti-retroviral treatment and care for his infectious diseases, and he was referred to AIDS Care System in Kathmandu. Nikhil now wants to live a meaningful life and realises he can live courageously with HIV / AIDS.

BANKE COMMUNITY DEVELOPMENT

Banke Community Development [BCD] includes four units: Nepalgunj Town; the Research and Training Unit [RTU]; the Displaced People's Initiative [DPI]; and Community Based Rehabilitation. All focus with different emphases on community development, primarily through the Group Action Process. From 2007-8 the RTU will merge with the Nepalgunj Town unit to form the new Raptipari unit. BCD has eleven staff and is assisted by seven local community volunteers.

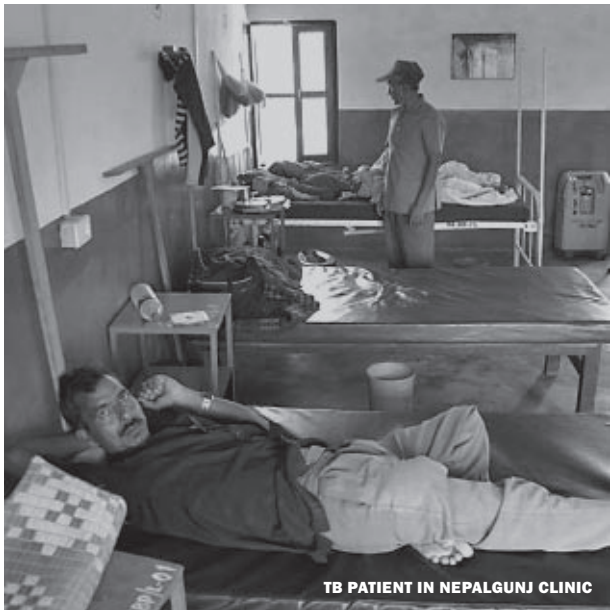
BCD implements work directly but also develops or works with local partner organisations [LPOs]. There were 12 LPOs, 8 for displaced people and 4 working with people with disabilities. From July there will be 14. At the end of the year BCD handed over two areas to community groups. In Man Khola and Kohalpur the DPI groups have formed committees which they are trying to register as non-government organisations. In the coming year the Nepalgunj Town programme will be handed over to Mahila Milijuli, a non-government organisation registered by self-help groups. BCD will support these LPOs with funding, and staff will continue to provide training, workshops and monitoring.

In Nepalgunj Town, BCD helped community members form and register Mahila Milijuli as a non-government organisation. The new legal status makes negotiations with local government easier, and gives the committee members and group leaders confidence, making them take their responsibilities very seriously. There are 47 Nepalgunj Town groups, with 20-40 members each, meeting on a regular basis. BCD plans to hand over this programme to Mahila Milijuli in six months' time. Milijuli advocates on behalf of the groups at the municipality office with regard to frequent problems such as drainage and sanitation, and advocates for disabled group members. It focuses on income generation, providing assistance for the purchase of rickshaws, buffalo-keeping and grocery shops. In the coming year it plans to begin agricultural work and vegetable farming.

BCD staff and local community volunteers monitor the groups every four months, ranking them according to criteria such as group participation, facilitation and problem-solving skills. Setting indicators for activity and empowerment, health and the economic situation makes it easier for BCD staff to identify which groups are weaker in which areas, so that they can focus on these. The local community volunteers' experience and skills have developed and they now facilitate all the groups, not just the stronger ones. In addition to building the organisational capacity of Mahila Milijuli and individual groups, limited support has also been provided by BCD for infrastructure activities and health initiatives. Business development and other skills are strengthened directly by INF and also through linking communities with other training providers.

The RTU provided training and workshops for the staff of other BCD units, community members, other parts of INF and, occasionally, other organisations. The training included facilitation skills, savings management, organisational development, proposal and report writing, and advocacy. The RTU assisted with evaluations of different parts of INF, particularly community work programmes, and researched new work areas from the points of view of target groups, implementation and geographical area. From July 2007 the RTU will merge with the Nepalgunj Town unit to start new work with poor and marginalised people in Raptipari.

Community Based Rehabilitation [CBR] has only been part of BCD's work for two years, but staff have developed their skills and roles and are working well. Awareness raising has concentrated on the Nepalgunj Town groups, and a survey was carried out to find the number of people with disabilities in these groups. As a result, group members and people with disabilities are trying to form joint self-help groups to improve support. CBR is also doing awareness raising with regard to disability issues among community groups and their leaders. So far 103 people with disabilities have been identified in the Nepalgunj Town groups and



TB PATIENT IN NEPALGUNJ CLINIC

assisted where possible. BCD staff have provided basic physiotherapy exercises, referrals for further treatment, assistive devices, education, income generation opportunities and so on.

CBR has taken responsibility for some ex-leprosy patients who are severely disabled and need ongoing support. Previously they were provided with financial assistance by INF's TB and leprosy clinic, but they and their families are now being helped by CBR to find ways of generating their own income and becoming independent. No new groups of people with disabilities were set up during the year, as it was felt that wherever possible people with disabilities should be integrated into existing community groups. In future, when a new BCD group is formed, the CBR team will be closely involved to ensure that people with disabilities are included. CBR staff also supported four LPOs, providing informal training in primary rehabilitation therapy, and financial and organisational development support.

DPI has been working mainly in Kohalpur and Man Khola, with a total of 577 community members in 21 groups. Kohalpur has 9 groups and the main committee has been registered as a non-government organisation with the Social Welfare Council. It has already co-ordinated with the Village Development Committee office to get resources for putting gravel on the road. Man Khola has 12 groups and its main committee has been developing well and is now working on a partnership proposal to submit to INF. DPI has begun to work with this committee in partial partnership in order to prepare it for taking on all the work in Man Khola in future. The main committee has begun to seek resources for agriculture, income generation and school construction. Group meetings were assisted by the local community facilitator, though responsibility has now been transferred to the group leader. DPI plans to hand over the work in Man Khola and Kohalpur to the main committees in July 2007.

BHERI ZONAL HOSPITAL SUPPORT SECTION

INF has a physiotherapist assigned to Bheri Zonal Hospital [BZH], who works closely with the hospital physiotherapy assistant, physiotherapy peon and the patient advocate, a position she initiated and funds. However, she was away for half the year without a replacement, so during this time it was not possible to continue to provide training to the physiotherapy assistant and peon, or clinical training to physiotherapy students from the three-year physiotherapy certificate course at Dhulikhel Medical Institute. However, as the peon was very new to physiotherapy work, INF's BZH section provided funding and arranged for him to attend a three-month community based rehabilitation training programme at the Hospital for Rehabilitation of Children in Banepa.

In 2006 INF found a Dutch donor willing to fund an extension to the existing small BZH physiotherapy room. Work began in April 2007, with the approval of BZH management, but is still to be completed due to delay in the receipt of funds and the Nepalgunj floods. The same donor also gave a new hot wax bath, ultrasound equipment and other items for patient treatment.

At the beginning of the year, the physiotherapist developed a socio-economic assessment to be conducted by the physiotherapy assistant to identify poor patients for assistance from a new INF BZH poor fund. Help is given to BZH patients for medicines, food and other expenses, and transport for patients being referred, for example to INF's Green Pastures Hospital [usually for spinal cord injuries], Tansen Hospital [for burns] or Sushma Koirala Hospital near Kathmandu [for burns]. During the year 128 patients and some of their carers were given assistance, 10 of them serious burns injury cases. Money to set up the poor fund came from various sources including the physiotherapist's family and friends, however work is needed to ensure ongoing funding in future.

Many of the patients needing help are identified initially by the patient advocate. This is a new position started in 2006, because the physiotherapist found she was spending a lot of time directing and helping patients who had come long distances and did not understand what to do when in Nepalgunj. From the beginning, BZH management were very open to the need for the position and agreed to it, but were unable to provide funding for the role. The post is therefore funded through a partnership between INF's BZH section and a local church's community-based organisation, and has proved to be an extremely valuable asset in providing much-needed pastoral / social / counselling care to the patients. The position is currently only part-time [60%] and a review has confirmed that there is sufficient need to justify a full-time post.

The physiotherapist is currently on maternity leave but hopes to be involved at BZH for one or two days a week on her return, particularly in funding issues pertaining to the poor fund and patient advocate.

RESOURCES

At the end of the year the Banke Programme had 54 staff, of whom four were volunteer expatriates. Total expenditure was NRs 34,725,000. The TB Referral Centre accounted for NRs 10,000,000, while DARC and BCD accounted for nearly NRs 8,000,000 each.

DONORS

For TB Referral Centre:

GERMAN LEPROSY RELIEF ASSOCIATION

GLOBAL FUND

WORLD HEALTH ORGANISATION

INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE

STICHTING SUPPLETIEFONDS SONNEVANCK, THE NETHERLANDS

For DARC:

TEAR AUSTRALIA

UNITED PROTESTANT CHURCHES OF THE NETHERLANDS

For BCD:

GERMAN LEPROSY RELIEF ASSOCIATION

GERMAN FEDERAL MINISTRY FOR ECONOMIC CO-OPERATION AND DEVELOPMENT

AUSTRALIAN BAPTIST WORLD AID

TEAR AUSTRALIA

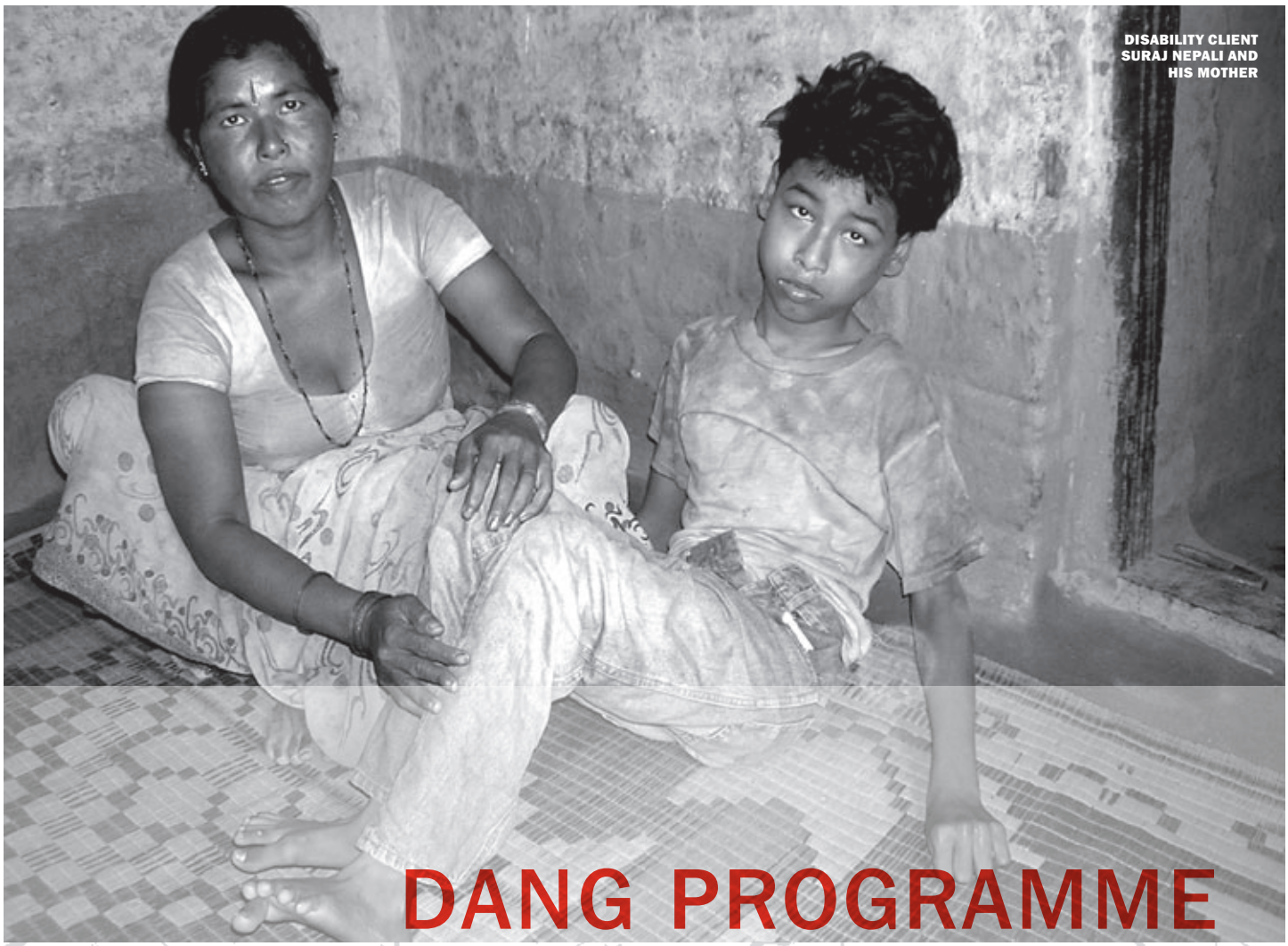
OPERATION AGRI, UK

TEARFUND UK

UNITED PROTESTANT CHURCHES OF THE NETHERLANDS

For BZHSS:

INDIVIDUAL DONORS



DISABILITY CLIENT SURAJ NEPALI AND HIS MOTHER

DANG PROGRAMME

THIS PROGRAMME SERVES THE POPULATION OF THE RAPTI ZONE, AIMING FOR IMPROVED HEALTH AND SOCIO-ECONOMIC STATUS FOR POOR AND MARGINALISED PEOPLE. IN THE LAST FEW 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. A NEW SMALLER PROGRAMME HAS EMERGED.

BENEFICIARIES

Section	Area of work	Beneficiaries
Advice and Support	Assessment service	2,275 people
	Referral to treatment centres after assessment	1,712 people
	Assessment unit admissions	119 admissions
	Leprosy diagnosis confirmation	27 cases
	Neuritis service	453 patients
Disability Prevention and Rehabilitation	Patients service	583 patients
	General disability admissions	25 admissions
	Provision of shoes / orthotics	196
	Repairs of shoes / orthotics	30
	2 weeks' residential self-care training	39 people
	Physiotherapy services	442 people
	Muscle / sensory testing for people with leprosy	481 people
	6-day POID training for government health workers	20 health workers
Community Based Rehabilitation	Continued support for Local Partner Organisations	2 LPOs
	Handing over LPO	1 LPO
	Training for LPOs	71 people at 5 events
	Community awareness raising	365 people at 9 events
	Community selection	3 communities
	Self-help group formation	4 SHGs [45 members]
	Training for SHGs	48 people at 3 events
	Socio-economic support	32 clients
	Referrals to rehabilitation centres	14 clients
	Advocacy service	4 clients
Displaced People's Initiative	Income generation support	39 people
	Non-formal education support	29 people
	Partial scholarships	84 students
	Health camp	969 people
	Capacity building training [3-5 days]	64 people
	Advocacy service	31 people
	Emergency support [treatment, food, clothing etc.]	27 people
	Support for housing construction	4 houses
	Support for toilet construction	42 toilets
	Drinking water supply repair	4 units
	Support through LPOs	1,285 people
Health Support Services	Maintenance support for hospital equipment	1 x-ray machine
	Donation to health camp	1 LPO

SURAJ NEPALI WITH HIS MOTHER

Consolidation continued after re-organisation in December 2005. Parts of the programme will undergo a formal evaluation in 2008 and there are plans to expand the work into new areas. Towards the end of the year the Manager was transferred within INF and replaced by a successor.

DISABILITY PREVENTION AND REHABILITATION

The Disability Prevention and Rehabilitation section [DPR] is based in Ghorahi and provides services to all five districts of the Rapti Zone, covering a population of 1.5 million. The Zone includes some of the poorest, most conflict-affected areas of the country, and four districts are mountainous. Travel is difficult and infrastructure and health facilities are limited. DPR assists people with disabilities to access good-quality care and reach their full potential, with priority given to leprosy-affected, poor, needy and marginalised people. It provides: two-week residential self-care and wound care training for leprosy clients; inpatient services for general rehabilitation clients and pre- and post-operative leprosy and reconstructive surgery clients; physiotherapy for outpatients and residential clients; protective footwear for leprosy clients with Grade 1 [WHO] disability regardless of foot deformity; one- to five-day Prevention Of Impairment and Disability [POID] training for government health post staff and Local Partner Organisations [LPOs]; advice, assistance, counselling and referral for people affected by leprosy or disabilities; and a poor fund for those unable to pay the cost of medical treatment.

As in other Programmes re-organised in December 2005, numbers of leprosy clients have been lower than expected but are starting to pick up again. The section only began operating in its present form two years ago and a formal evaluation is planned for 2008. In the future DPR would like to extend its work in the outlying districts of the Rapti Zone.

Suraj's story

Suraj Nepali is a 13-year-old boy with cerebral palsy. He lives in Ghorahi with his parents and two younger sisters. His family is poor, his parents work as labourers in the town for 50 or 60 rupees a day, less than US$1. They cannot afford to hire a carer for Suraj or leave a member of the family at home to take care of him. Suraj's sisters both go to the government school. His parents were worried about Suraj, lying on a bed all day with nobody to look after him. There was no toilet at home. They felt Suraj was a burden because he could not work and earn money for the family, but instead needed a lot of care. A local partner organisation found Suraj while collecting disability data. The staff found out that if Suraj had a wheelchair he could go to school and get an education. Lacking the resources to buy a wheelchair, they referred him to the INF Dang Programme and, after socio-economic assessment at Suraj's home, INF provided him with a wheelchair which enabled him to attend school. INF's social worker encouraged the family to make an accessible toilet for Suraj. As there were no other groups locally, INF staff helped the family plan the toilet and provided 60% of the 8,500 rupees cost, with family members providing the rest. Suraj is happy to have the wheelchair and, with the help of his sisters, he uses it to go to the government school. The toilet enables him to take better care of himself at home. His parents now have a more positive attitude towards him and are considering supporting his further education.

COMMUNITY BASED REHABILITATION

Community Based Rehabilitation [CBR] only started in January 2005 and the first year was a period of learning and establishing the section. The 2006-7 period was different, seeing the start of direct results and raising of awareness among local people about disability issues. There are now five staff including an expatriate CBR and Primary Rehabilitation Therapy Adviser, plus two local community facilitators.

The overall purpose of CBR is to see improvements in the socio-economic, psychosocial and health status of people with disabilities, people affected by leprosy and those with other stigmatising conditions. CBR pursues this purpose by promoting community participation and good-quality rehabilitation interventions in partnership

with clients, their families, communities and other organisations. INF carries out community capacity building and direct client assistance with individuals. Community capacity building includes awareness raising, networking and strengthening community groups and other organisations so they can provide rehabilitation locally. After a formal evaluation, the section handed over work to local partner organisation FHRD. With help from INF's Donor Relations Adviser, FHRD obtained funding from a Hong Kong donor for a 28-month disability project. INF will provide monitoring in the early stages. In Salyan and Pyuthan INF began partnerships with one local organisation in each district.

CBR is helping four community groups in which 45 people with disabilities, their families and marginalised people can increase their knowledge and skills to run rehabilitation services. INF provides direct needs-based support [advocacy, income generation, referral, vocational training, schooling, treatment etc.] either through existing groups or with individuals. Direct client assistance services cover the whole Rapti Zone, and community capacity building takes place in three districts, Dang, Salyan and Pyuthan [but may extend to Rolpa and Rukum in the next two to three years]. The section plans to recruit two more local community facilitators in the areas where it works, and to develop its primary rehabilitation service. For this it wishes to hire a Nepali physiotherapist.

The national CBR conference was held in Dang at the invitation of Dang Disability Network, co-ordinated by FHRD. The Chief District Officer was impressed by the Network and sent a letter to all offices in Dang instructing them to include disabled people in their programmes. FHRD will monitor implementation of these instructions. Advocacy by the Network has resulted in implementation at local level of 50% travel discounts, free education and resource allocation according to government policy with regard to people with disabilities.


KAMALA

Kamala's story

Kamala Malla, 50, lives in a three-room house in Ghorahi with three sons, one daughter, two daughters-in-law and a grandson. Her husband works in a remote district and can only visit once a year. Kamala contracted leprosy at the age of 10, her anæsthetic hands and feet became infected and deformed, so that fifteen years ago she needed to have her left leg amputated. Until 2006 she was dependent on living support from INF's leprosy programme, but with changes in the structure of INF's programmes and the introduction of Community Based Rehabilitation in Dang, she was able to find another way to live. In 2006 INF ran a disability orientation programme for Pratabhi Church, which Kamala had joined after becoming a Christian through the witness of leprosy workers at Anandaban Hospital, where she had been fitted with a prosthetic leg. Soon a self-help group of disabled and marginalised members of the church was established and she became an active member. She received a loan of NRs 5,000 [about US$80] from the group to buy basic daily provisions and fresh vegetables. INF gave her NRs 2,200 and she added NRs 1,000 of her own and bought a second-hand shop to sell the provisions in. At first business was hard, as people did not want to buy from her because of their fear of the disease spreading to them. However, slowly the attitude of the community changed when they saw friends from church visiting her and buying from her and not being afraid. They came to understand that leprosy is not contagious once treatment has been completed, and since then the shop has become profitable. She has returned the NRs 5,000 loan to the self-help group to be used by others like her. She now makes an average daily profit of NRs 65 [about US$1] and can feed her family fresh vegetables every day. She is no longer dependent on living support from INF but makes a living through her own business, and has pride in her achievement. There are still challenges to face – recently thieves stole NRs 5,000 from the shop – but the self-help group is working together to help her deal with the loss.

ADVICE AND SUPPORT

The Advice and Support section was created at the time of INF's 2005-6 re-organisation to provide TB and leprosy services that the government and other organisations had not been able to provide, and to enable people affected by TB and leprosy to access

the care they require at the appropriate health facility. The section provides a weekly clinic for treatment of leprosy reactions and neuritis, confirmation of leprosy diagnosis, referral for TB, leprosy, skin and HIV+ patients, a transit ward service, counselling, health education, advocacy, financial support for poor clients, and training and assistance for government health staff. Because of their confidence in INF's work, people from neighbouring districts also come and benefit from the service. As with other sections reorganised in 2005-6, client numbers started lower than expected but rose again and staff saw an increase in the confirmation of leprosy diagnosis. A leprosy neuritis clinic has continued to be necessary due to the absence of other provision, and the development of nerve impairment, deformity, disability and emergence of new cases will not stop even after technical elimination of leprosy.

During 2008 INF's Medical Co-ordinator and an evaluation team will review services provided by the section, and an additional community health project may be developed.

DISPLACED PEOPLE'S INITIATIVE

The Displaced People's Initiative [DPI] has been involved in the development of communities of vulnerable people in Dang displaced from different parts of the Rapti Zone for various reasons. DPI has provided basic services for them in health, education and income generation, implemented directly and through local partner organisations.

DPI uses the Group Action Process, through which it helps vulnerable and marginalised people to analyse their own problems so they are able to maximise long-term support. DPI focuses on awareness raising and capacity building among group members so they can identify problems, analyse them as a group and co-ordinate with other organisations and government offices to solve them. DPI provides support to individuals and group members, based on needs for emergency support, income generation, drinking water supply, toilet construction, hut construction, capacity building training etc. It also helps with advocacy and support for formal and non-formal education.

One achievement was the handover to the community of responsibilities in one area where DPI has been working. Seven self-help groups DPI had helped start in Tribhuwannagar formed a committee which registered itself in Dang as the Community Development Unity Centre [CDUC]. DPI is handing over work with these groups to CDUC and plans to begin new work in Gangaparspur from July.

Displaced people in urban areas often have no resources. Often they cannot return to their home villages despite improvements in the security situation. They come from different places, belong to different castes, speak different languages and have different cultures and religions, so it can be hard to encourage them to work together. However, the formation of a capable self-help group or community organisation like CDUC can be life-changing for many.

RESOURCES

The Programme had 20 staff including two volunteer expatriates. Expenditure was NRs 10,339,000.

DONORS

GERMAN LEPROSY RELIEF ASSOCIATION

GERMAN FEDERAL MINISTRY FOR ECONOMIC CO-OPERATION AND DEVELOPMENT

HADA AUSTRALIA

SIM AUSTRALIA

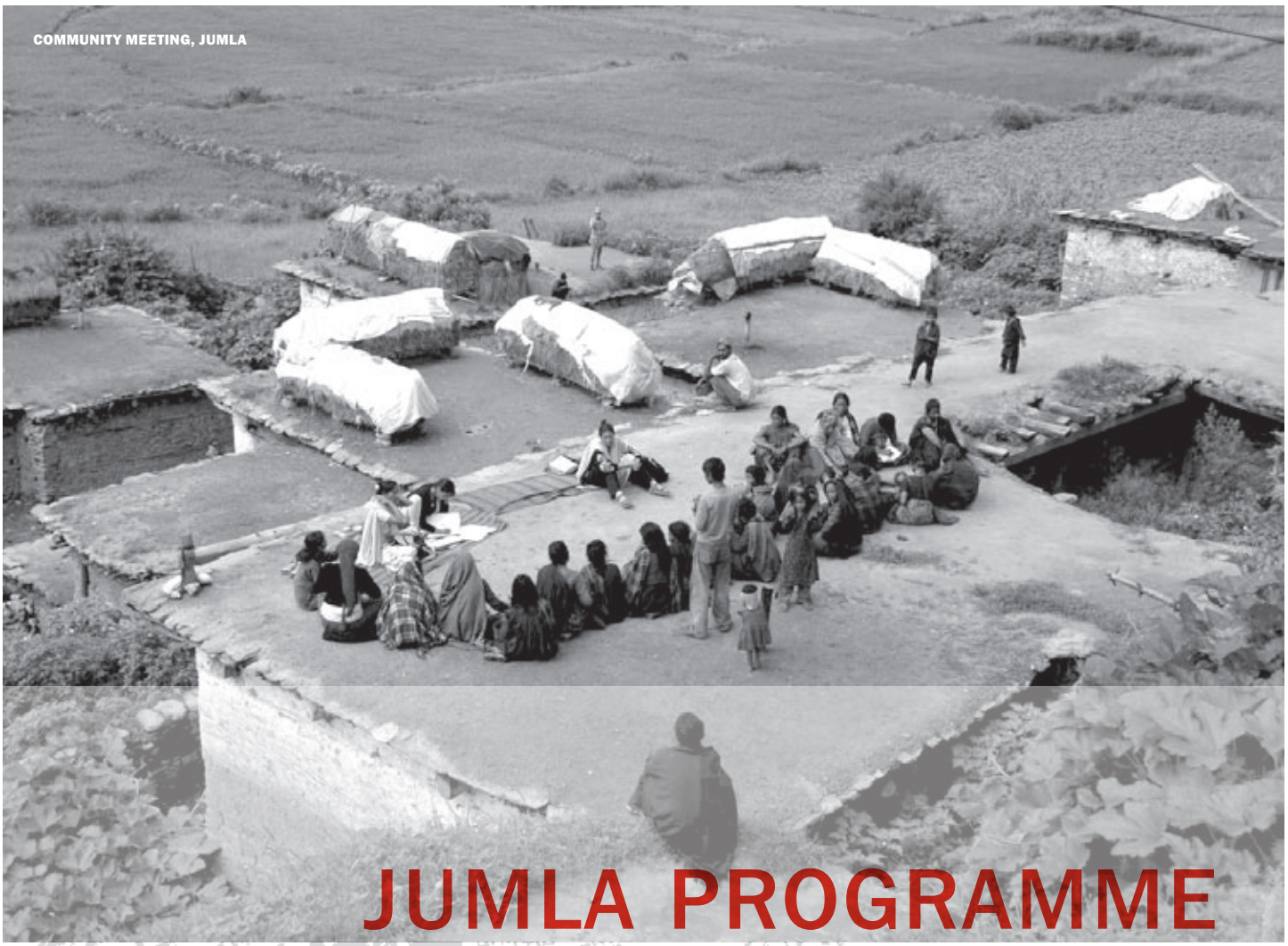
SIM NEW ZEALAND

UNITED PROTESTANT CHURCHES OF THE NETHERLANDS

TEARFUND UK

TEAR AUSTRALIA

BMS WORLD MISSION, UK



COMMUNITY MEETING, JUMLA

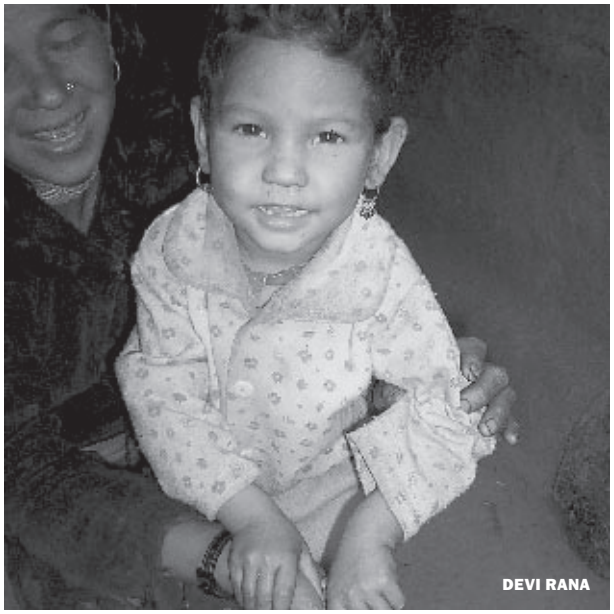
JUMLA PROGRAMME

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	Beneficiaries	Comments
Pregnant women's monthly check-up in 5 and later 7 HPs	1,484 and over 480 gynæcology	Gynæcology by 2 visits from INF Gynæcologist, includes 25 operations
Children's weighing / vaccination	2,306 / 1,974	
2-day mobile clinic	116	Including 20 referred for operations
Dental camp / 3-day mobile dental and ear clinic	300 / 1,000	Approximate
Nutrition Referral Centre	154 children	
Training for DHO staff	21 people	
Health awareness raising	800 [approximately]	Includes SHGs, schools, HP communities
26 Self-Help Groups	464 members	4 taps for 5 SHGs
Facilitation of water provision	625	
Facilitation of child / pan / cement toilets	25 / 25 / 8	
Children attending Community Education Centres	87	
Disabled clients receiving rehabilitation	48	Includes at least quarterly follow-up
Training days	78 / 54	
LPO SHG members	184	90% people with disabilities
Inpatients	55	Leprosy 37, TB 10, other 8
Outpatients	9,176	Ear, skin, burns, dental, TB, leprosy
Poor fund	95 assisted	
Health education	2,509	Includes self-care

INF Australia Projects Director Kerrie Worboys carried out an external evaluation of the INF Jumla Programme and commented on the good liaison with the District Health Office, health post staff, local partners and other non-government organisations. She confirmed that the long-term objective should remain the gradual handover of all direct health care service provision from the INF clinic to the government hospital. She stressed the importance of involvement in the community and home visits to make an impact, and suggested the use of radio to give key health messages – this is now being done. During the year field work extended into more remote areas, some as much as one and a half days' walk from the district centre.


DEVI RANA

Devi Rana's story

Devi Rana was 3 years old when the Programme's field staff first met her. At that time her mother was pregnant with her second child. The field staff invited Devi's mother to the Nutrition Referral Centre three times before they eventually came. It was thought Devi might be suffering from cerebral palsy and that she should be checked. She weighed only 6.4 kilos, could not walk or speak, and hardly acknowledged anyone. She was severely malnourished and registered off the scale at minus 4 Standard Deviations. Devi stayed for five weeks, put on 3.4 kilos, started to talk and walk, and became the child in the clinic with the biggest smile. Devi's mother realised that her previous care was insufficient, and she became a role model for the other mothers in the clinic at the time. Monthly follow-up provided encouragement to the family, especially when Devi lost weight. The family's second daughter has now been born and her early life will be very different from Devi's.

HEALTH SERVICES SUPPORT

The Health Services Support section continued to assist the District Hospital and seven health posts in the area of mother and child health. Two of the health posts are new for the Programme and were identified as priorities by the District Health Office because of their great need and remoteness. Subsequently work in three health posts was phased out after the appointment of auxiliary nurse midwives there. A continuing problem was the frequent transfer of government health staff, sometimes very soon after specialist training provided by the Programme. Four training courses were given to individual hospital staff and health post staff, and the INF Gynæcologist Dr Shirley Heywood [based in the Mid Western Regional Hospital in Surkhet] continued regular visits to Jumla's hospital to help local women. The Programme also carried out health awareness raising in local non-government organisations, community groups and schools.

The Programme began a 6-bed Nutrition Referral Centre which saw 154 children [211 admissions], with every child followed up. Home follow-up visits are more effective in producing behavioural change than calling the mothers to the clinic. The Centre had a 96% occupancy rate, and long-term donor support has enabled the Programme to extend the Centre's facilities.

CLINIC

The main purpose of INF's referral clinic in Jumla is to support the District Hospital in the diagnosis, treatment and supervision of TB and leprosy control activities. In order to try and prevent stigmatisation, general skin, ear, dental and burns cases are also examined, treated and managed in the clinic. The clinic helped 55 patients [123 admissions].

After many years of INF's work in Jumla, the beginning of sustainable TB health care provision by the government is taking shape. However, the number of Category II patients in the INF clinic doubled this year, which is a cause for some concern. There is still no District TB and Leprosy Assistant, which has made it difficult to arrange TB and leprosy meetings. The clinic's inpatient facilities were used for monitoring complicated TB and leprosy cases involving drug allergy, reaction, complicated ulcers or prolonged physiotherapy rehabilitation. Prevention of impairment and disability classes and health awareness training are also provided to outpatients. There were over 9,000 patients, and the clinic staff also gave valuable assistance in a three-day dental and ear camp run by an ex-member of staff six hours' walk from the district centre. Almost 1,000 patients were seen.

COMMUNITY DEVELOPMENT

Greater freedom to travel within Jumla District has enabled the extension of community development activities. These continue to focus on basic health and hygiene awareness, income generation training and support, education for children, and socio-economic rehabilitation. Joint committees have been formed by the self-help groups, with the aim of taking over the first ten groups in the three villages where the Programme

COMMUNITY GROUP LEADER

has been working, and INF has started to facilitate new groups in new areas. A second community facilitator and two local facilitators were employed, four surveys were carried out, and two new areas were taken on with six new self-help groups. There are now 26 self-help groups with 464 members. The older groups have matured, developing 31 of their own action plans, including plans for a drinking water system, toilets and two roads [completed]. In addition, they are managing their own finances, with ten of the newer groups being provided with seed money in the last six months. Five types of income generation training have been given [on six occasions], together with group leadership training and six poverty workshops.

REHABILITATION

During the year, 31 socio-economic rehabilitation clients were supported with office and home assessments, initial support and [for 90% of clients] monthly follow-up. This regular follow-up helped clients to improve attitudes and therefore their own long-term rehabilitation and acceptance within the community. Support and follow-up for widows [13] and individuals with disabilities continued. The monthly discussion and support group started last year has borne fruit in people who have taken more responsibility for their lives and the lives of their children.

The Community Based Rehabilitation [CBR] work continued to expand in quality and quantity, though without an increase in staff. Greater co-ordination across all field work meant that CBR was encouraged through the broader self-help groups. Four people with disability were helped by their local self-help group and are now well integrated into their own society.

EDUCATION

The two Community Education Centres [CECs] were regularly attended by 87 new children and a new CEC class began. Twenty-eight children transferred to local government schools and 6 transferred to a local private school. Many continue to be among the top students in their classes, while their parents' attitudes to education have also changed.

PARTNERS

Networking with other local non-government organisations ensures greater geographical coverage and less duplication of work. Our local partner organisation Rural Community Development Services made much headway and its micro-business activities among its disabled self-help group members are remarkable.

RESOURCES

The Programme had 22 staff, including two volunteer expatriates. Expenditure was NRs 10,564,000.

DONORS

GERMAN LEPROSY RELIEF ASSOCIATION

GERMAN FEDERAL MINISTRY FOR ECONOMIC CO-OPERATION AND DEVELOPMENT

CENTURION TRUST

SAMARITAN'S PURSE

TEAR AUSTRALIA

TEAR FUND NETHERLANDS

WORLD HEALTH ORGANISATION

REFORMED MISSION LEAGUE, THE NETHERLANDS

INF'S GREEN PASTURES HOSPITAL AND REHABILITATION CENTRE

KASKI PROGRAMME

THE INF KASKI PROGRAMME [IKP] IS INF NEPAL'S LARGEST PROGRAMME AND IS RESPONSIBLE FOR INF'S HEALTH AND DEVELOPMENT WORK IN NEPAL'S WESTERN REGION. BASED IN POKHARA, IKP HAS FIVE SECTIONS, EACH OF WHICH HAS A SEPARATE REPORT. FROM NEXT YEAR THERE WILL BE FOUR SECTIONS – GREEN PASTURES HOSPITAL AND REHABILITATION CENTRE, PARTNERSHIP FOR REHABILITATION, PALUWA AND KAPILVASTU COMMUNITY HEALTH AND DEVELOPMENT PROJECT [KCHDP, FORMERLY OUTREACH]. WITH THE MOVE OF THE KCHDP OFFICE TO TAULIHAWA IN NEPAL'S KAPILVASTU DISTRICT, THE CAMPS SECTION [FORMERLY PART OF OUTREACH] WILL NEXT YEAR BE ADMINISTERED BY INF NEPAL'S CENTRAL OFFICE.

Green Pastures Hospital and Rehabilitation Centre

GREEN PASTURES HOSPITAL AND REHABILITATION 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 MORE THAN 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.

SUM MAYA, A YOUNG BURNS SURGERY CLIENT

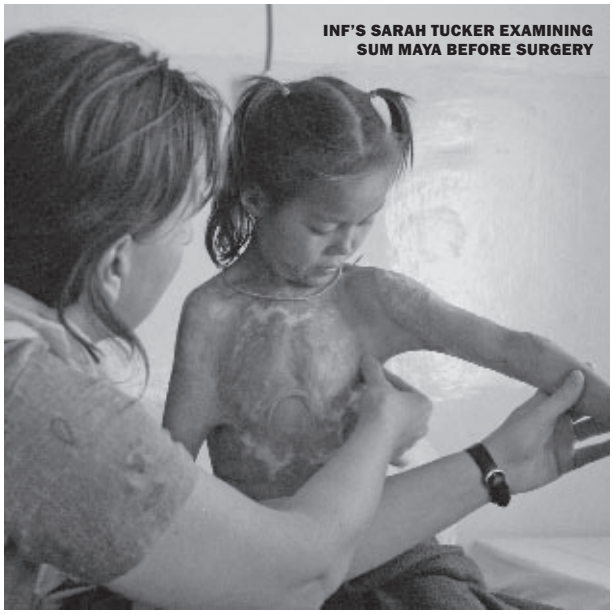
BENEFICIARIES

Leprosy activities

	Area of work	12 months 2063-2064
1	OPD attendances, by type	MDT 919, RFT 1,577, dermatology 5,519
2	Laboratory tests	7,434
3	Micro-cellular rubber protective shoe inserts	235
	Pairs of fitted shoes and MCR sandals provided	456
4	Leprosy reconstructive surgical operations	12
	Septic surgery	82
5	OT assessments	294
6	Assessment clinics	120

Non-leprosy activities

	Area of work	12 months 2063-2064
1	General rehabilitation outpatient visits	1,071
2	General footwear	90
	Above-knee prosthesis	31
	Below-knee prosthesis	39
	Spinal braces	22
	Orthosis	57
3	OT assessments	Spinal cord injury 182, neurological 40, amputee 28, cerebral palsy 22, burn 13, hand injury 13, miscellaneous 19
	Assistive devices	145
4	Assessment clinics	241
5	Percentage bed occupancy	100%



INF'S SARAH TUCKER EXAMINING SUM MAYA BEFORE SURGERY

ADMISSIONS

The work of Green Pastures Hospital and Rehabilitation Centre [GPHRC] continued to be divided into leprosy work, which consumes 63% of staff time and resources, and non-leprosy rehabilitation, which consumes the remaining 37%. The reporting year saw a 26% decline in admissions for leprosy and a 24% fall in admissions for rehabilitation. By far the most common reason for admission of leprosy patients is the treatment of ulcers and leprosy reactions. A much smaller number now require reconstructive surgery than did in previous years. Admissions for spinal cord injury rehabilitation also fell with only 33 patients admitted, in contrast to the 55 admitted the previous year. Surgical activity during the first six months of the year was low until the arrival of an expatriate surgeon in the later half of the year. The rehabilitation patients are a disparate group, but currently the most frequent reason for admission is for elective plastic surgery. Spinal cord injuries, although numerically small, occupy a great deal of staff time and resources. We also admit a small number of patients each year with serious non-leprosy skin disease and autoimmune diseases where treatment is not available locally. We stopped providing treatment for patients with cleft lips, because nowadays a high-quality service is available in Pokhara, with a poor fund to assist those in need.

There are increasing numbers of patients who have a 'diagnosis' of leprosy made at Green Pastures. This figure is unlikely to reflect a change in prevalence but rather a change in referral pattern, because most are referred by other health care providers.

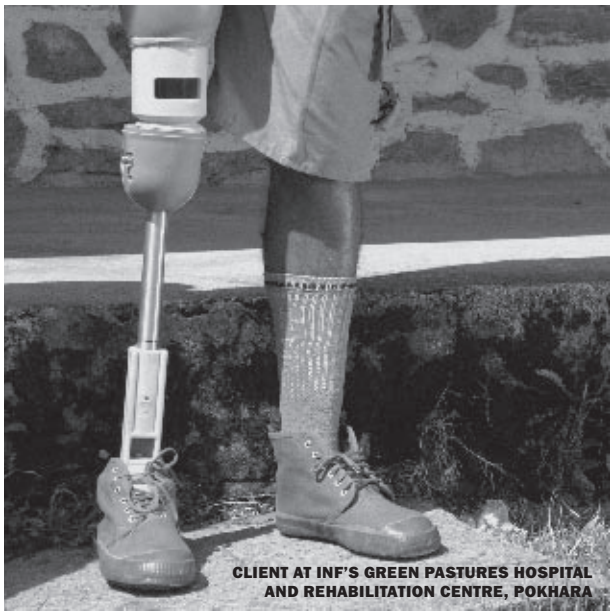
Providing reliable follow-up for our patients remains a problem. Even in areas where a Local Partner Organisation is known to be working, follow-up does not always take place.

Sum Maya's story

Sum Maya is 7 years old and was scalded with boiling water when she was younger. As the wounds healed the scar tissue tethered both her arms to her sides, making it impossible for her to wash or dress herself. She came to Green Pastures for a series of operations to free her arms and her neck. The first operation freed one arm and, once staff had gained her confidence, they freed her other arm and neck. The operations were followed by a concentrated period of physiotherapy and occupational therapy. Although surgery for a young child is never easy, it can be life-changing. Sum Maya moved from being dependent on others for her washing and dressing to being able to do these things independently. Whether it is leprosy or burns, the aim of treatment at Green Pastures is to make our patients as independent as possible.

ARTIFICIAL LIMBS

The fitting of lower-limb prostheses also decreased this year. However, in 2007-8 we hope to have six staff seconded to Cambodia for prosthetics training under the umbrella of the International Committee of the Red Cross assistance programme. The conflict in Nepal was unusual in producing the same number of upper- as lower-limb amputees. Landmines were little used, but home-made socket bombs were a common cause of injury, particularly hand injuries as they were being assembled. For the first time staff will begin training and then the provision of upper-limb prosthetics. We will focus our attention on bilateral amputees and will provide functional rather than cosmetic prostheses.



CLIENT AT INF'S GREEN PASTURES HOSPITAL AND REHABILITATION CENTRE, POKHARA

RESEARCH

There were unexpectedly large numbers of scientific papers published from GPHRC. This was a one-off event due to Dr Richard Schwarz and Dr Wim Brandsma dealing with their unfinished work in early 2006, and is not expected to be repeated next year. However, January 2008 will see the start of a research study trying to improve wheelchair design and cushioning for paraplegic patients. The study will be led by Dr Joy Wee, a research consultant rehabilitation physician from Toronto, and Carol Scovil, a biomechanical engineer seconded by Interserve Canada.

During the next year the laboratory will be looking at the viability and cost-effectiveness of introducing automated laboratory testing systems for the most frequently requested biochemical tests.

RESOURCES

We raised more money than we spent. Institutional donors provided 56% of the total income for the year, but the hospital is now increasingly dependent on small donors, who gave 28.8% of our income. The remainder was made up of local income from patient fees, charges and rents.

At the end of the year GPHRC had 63 staff, of which three were volunteer expatriates. Expenditure was NRs 24,916,000.

DONORS

GERMAN LEPROSY RELIEF ASSOCIATION

REFORMED MISSION LEAGUE, THE NETHERLANDS

INTERNATIONAL COMMITTEE OF THE RED CROSS

SASAKAWA FOUNDATION, JAPAN

THE LEPROSY MISSION INTERNATIONAL

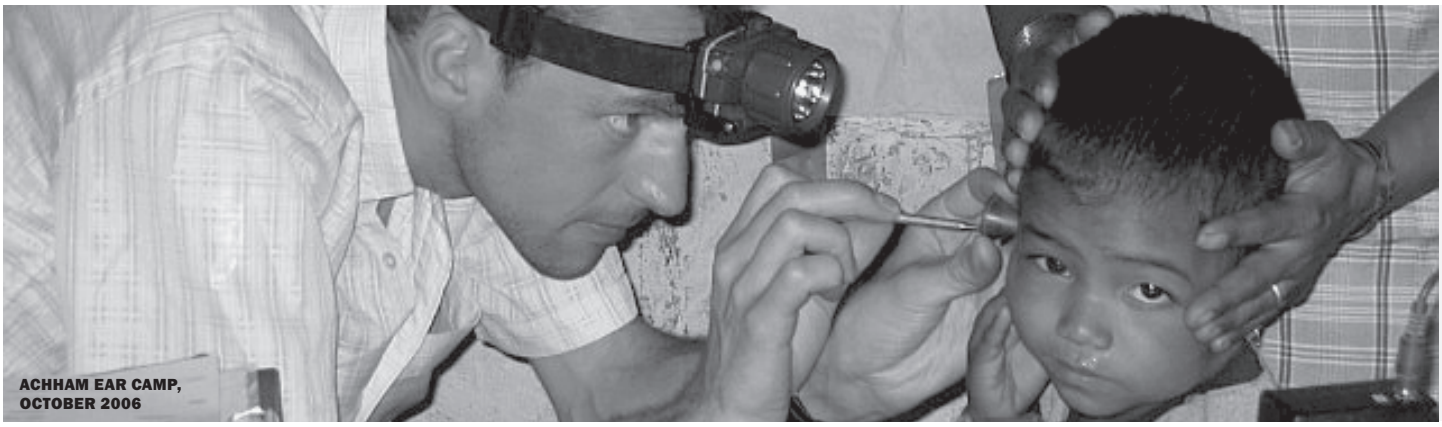
SAINT FRANCIS GUILD

INDIVIDUAL DONORS

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.

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



ACHHAM EAR CAMP, OCTOBER 2006

BENEFICIARIES

Outreach

	Area of work	Beneficiaries	Comments
1	Orientation in leprosy, HIV/AIDS, disability, integrated health	1,737	1-day orientation for teachers, NGO staff, church members
2	Referred clients with disability	6	4 to PNL Butwal, 2 to Green Pastures Pokhara
3	Disability training	21	For health post managers
4	Management training	38	For health post management committee members
5	Motivational tour for basic health staff and FCHVs	22	To INF MWR work areas
6	Construction support for sub-health posts	2 posts	Banskhor and Patna

Camps

	Type of camp	Beneficiaries	Districts
1	Gynæcological	2,200	Mugu, Surkhet
2	Ear	1,722	Achham, Doti
3	Surgical	658	Rolpa
4	Dental	656	Achham, Jumla, Kapilvastu
5	Plastic surgery	62	Kaski

OUTREACH

The second half of the year saw an increase in political violence and was spent restructuring for a new focus and approach to the work. The Outreach section performed a series of awareness-raising activities and organised several orientation courses on disability, HIV / AIDS and leprosy for female community health volunteers [FCHVs], school teachers, mothers' groups, high school students and government health staff in 20 of the 80 village development committee [VDC] areas of Kapilvastu District. It also broadcast regular health awareness messages on local radio and through wall paintings at most health post and sub-health post buildings. Some disability activities were handed over to the Disabled Upliftment Society, a leading disability organisation in Kapilvastu. The Outreach section focused on three areas, HIV / AIDS, leprosy and disability, and planned to work in 40 VDCs. However, it was unable to cover all its planned activities. A short internal field-based technical review recommended that the section start a new, more focused community health and development project using the Group Action Process and covering 5 VDCs initially. Outreach

was restructured and became the Community Health and Development Programme Kapilvastu [CHDPK] from 15 July 2007. The programme will have a small office in Kapilvastu District and the work will be integrated and based on group facilitation and community involvement to improve the health and well-being of people in the target areas.

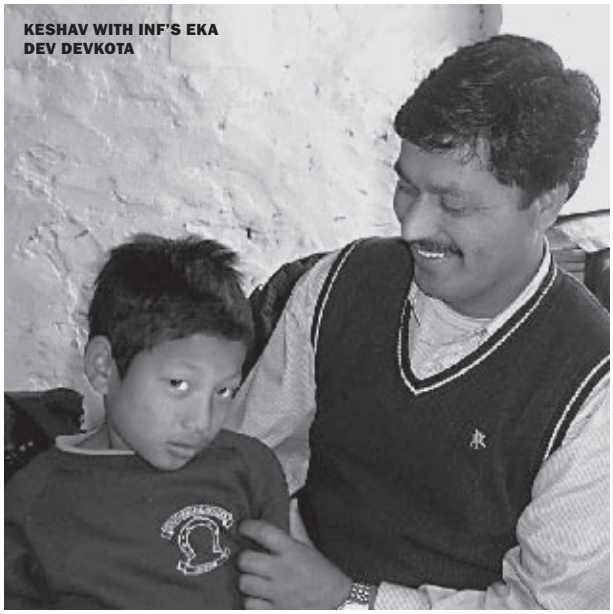
Falguni's story

Falguni lives in Kapilvastu District. Two years ago her neighbours found out she was affected by leprosy and would no longer talk to her. She was discriminated against in her community. She was told that leprosy is the result of sins in a past life. With the help of a female community health volunteer [FCHV], she was taken to a health centre by her family and on examination was diagnosed with the PB form of leprosy and treated.

INF's Outreach section provides leprosy training for FCHVs, who are then able to play a vital role in changing village attitudes towards people with leprosy. Falguni's neighbours are now co-operative and positive towards her. They know that leprosy is caused by bacteria. Now Falguni is actively involved in raising awareness and visiting the homes of other leprosy-affected people. She feels she now has a new life.

CAMPS

The Camps teams of medical and support personnel work in basic conditions in remote, mountainous and hilly areas of western Nepal, providing short-term medical services to many poor patients who otherwise would not have access to such services. A total of 12 dental, plastic surgery, ear, gynæcological and general surgery camps were conducted, with 4,700 people seen as outpatients and more than 550 receiving operations. One camp due to be held in Bajura had to be relocated to Surkhet at short notice due to the breakdown of a helicopter. Because of the relocation of Outreach to Kapilvastu, Camps will be transferred from the Kaski Programme to the Central Office from July 2007.



KESHAV WITH INF'S EKA DEV DEVKOTA

Keshav's story

Keshav, an 8-year-old boy, attended a medical camp and was found to have large staghorn stones in both kidneys. Due to the possibility of post-operative complications, the camp surgeon was unwilling to remove the stones in such a remote area. Five years ago, Keshav's father had gone to the Middle East and had not been heard of since. INF agreed to pay for the costs of Keshav's operation, and to help his mother financially so that she could stay with him during his treatment. He was referred to Kathmandu for his operation, which went well. Keshav is now back in Rolpa District. Without the operation he would have died.

RESOURCES

At the end of the year the Outreach section had ten staff, five of them [including one expatriate volunteer] in Camps. Expenditure was NRs 13,802,000 [including NRs 8,550,000 for Camps].

DONORS

For Outreach:

GERMAN LEPROSY RELIEF ASSOCIATION

TEARFUND UK

TEAR AUSTRALIA

For Camps:

STICHTING LILIANE FONDS

AUSTRALIAN BAPTIST WORLD AID

INDIVIDUAL DONORS

Paluwa

PALUWA IS A SECTION OF THE KASKI PROGRAMME. IT IS INVOLVED IN HIV- AND 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'.

AIDS AWARENESS CAMPAIGN

BENEFICIARIES

	Area of work	Beneficiaries	Comments
1	VCT services	1,148	1,188 new clients visited VCT site, 1,196 had pre-test counselling, 1,149 were tested for HIV, 1,148 received results and had post-test counselling, 356 were HIV+
2	Basic care and support by VCT centre for PLWHA	162	Includes transport, food, accommodation, materials etc.
3	Basic treatment at weekly clinic for PLWHA	541	39 clinics run, 496 PLWHA diagnosed and treated for opportunistic infections
4	Basic treatment at weekly clinic for new PLWHA	164	Many received poor fund assistance
5	Sexually transmitted infection services	350	182 diagnosed with STIs, 156 received treatment
6	Home-based care	173	68 new clients
7	Training for PLWHA, carers, family, NGOs, youth	202	Care and support, Community- and home-based care, Advocacy etc.
8	Training in HIV / AIDS VCT, STI, Care and support	1,390	1-day orientation
9	Training via LPO Asal Chhimeki	3,707	63 events for local churches and community members
10	Regional Hospital poor fund assistance	7,115 occasions	Around 2,800 patients unable to afford treatment were assisted
11	Regional Hospital poor fund assistance for PLWHA	1,314 occasions	

Client take-up increased significantly, partly as a result of outreach and peer education activities among vulnerable groups, and partly because two community mobilisers from target groups were recruited and trained. Paluwa started to provide more integrated health services to people most at risk and people living with HIV / AIDS [PLWHA]. Alongside the continuing Voluntary Counselling and Testing [VCT] and basic health services for HIV-infected and –affected people, Paluwa began Sexually Transmitted Infection [STI] services from January 2007. A total of 1,148 clients received comprehensive VCT services, and 356 were found to be HIV+. In the last six months, 350 new people attended the STI clinic, and 96 came for follow-up.

Paluwa strengthened its home-based care service, providing over 50 clients with regular services [more than double last year's figure]. Some 250 PLWHA received assistance including psychosocial support, business start-up, material assistance, food and accommodation. Some 541 PLWHA received medical assistance and most of the 164 new clients were provided with free treatment, using resources from the poor fund.

Devi's story

Devi [not her real name] is a 38-year-old woman with three daughters. Although she did not know before her wedding, her husband was an injecting drug user, and after eleven years became very weak, spent a month in intensive care and died. Her youngest daughter then became very ill. Through one of her neighbours Devi joined a church where she met some of INF's Paluwa staff. They suggested she come to Paluwa for counselling and HIV testing, as they knew her husband had been HIV+. Paluwa's counsellor provided her with pre-test counselling. Her test showed she was HIV+. Although she was initially very shocked, she was encouraged by post-test counselling. With support from INF's 'Partnership For Rehabilitation' she received income generation assistance and was given a mobile vegetable stall and a loan of NRs 2,000 with which to buy vegetables. She sells the vegetables with the help of her two older daughters. Her children's education is supported by their church, and a Paluwa team visits the family once or twice a month to talk about health, hygiene, nutrition and self-care. Devi comes to Paluwa regularly to attend the support group meeting and for a check-up at the weekly clinic. She is happy that, even though she is HIV+, she is able to earn a living and has hope for a better future for her daughters.

TRAINING

Paluwa conducted training on HIV / AIDS care and support for 202 people, and orientation for 1,390 people from various target groups. Training and orientation focused on raising HIV / AIDS awareness among people at risk. This created increased demand, with significant numbers of those reached coming to Paluwa for various services. A secondary focus was on reducing stigma and discrimination, especially among mother's groups. Partner organisation Asal Chhimeki ['Good Neighbour'] conducted a variety of awareness programmes for local church groups and community members, providing training for 3,707 people. Paluwa provided a small grant to an organisation run by PLWHA called 'Friends of Hope', which operates a residential facility for destitute PLWHA.

SOCIAL CARE UNIT IN WESTERN REGIONAL HOSPITAL

Paluwa managed the Social Care Unit in the Western Regional Hospital, providing assistance to poor and destitute people and PLWHA. Paluwa supports the Hospital with HIV- and AIDS-related counselling, anti-retroviral therapy, prevention of mother-to-child transmission and CD4 cell count activities.

MIGRANTS AND NEW WORK

During VCT, more migrants and their families were found to be HIV+. Nearly 70% of those found to be HIV+ [260 out of 350] were from this group. It was not possible to provide continued care and follow-up for many of this group, as most live in remote areas. Paluwa hopes to extend its services to another district in 2008.

RESOURCES

At the end of the year Paluwa had 19 staff, of whom none were volunteer expatriates. Expenditure was NRs 9,003,000.

DONORS

FAMILY HEALTH INTERNATIONAL

TEARFUND UK

UNITED PROTESTANT CHURCHES OF THE NETHERLANDS

INDIVIDUAL DONORS TO INF'S 'REMEMBER ME' CAMPAIGN

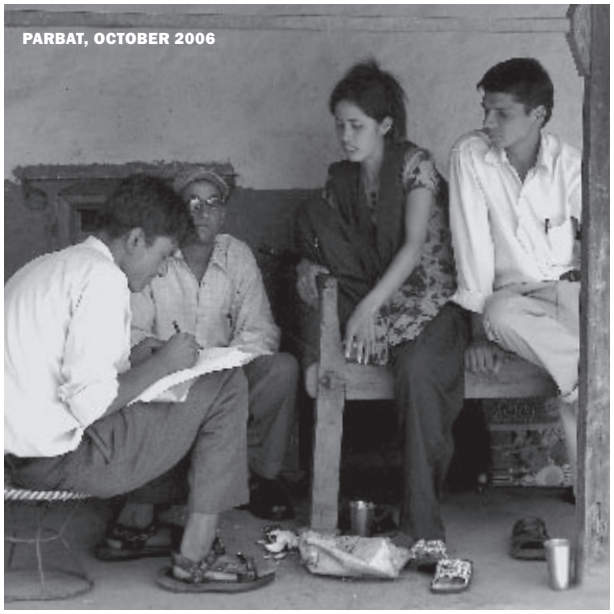
Partnership For Rehabilitation

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.

CLIENT WITH DISABILITY, POKHARA

BENEFICIARIES

Area of work	Beneficiaries	Comments
Clients	321	193 males, 128 females, 126 people with leprosy, 195 PWD
Advocacy training for community members	35	3-day course
Rehabilitation training for community members	161	3-day course
Socio-economic assessment	187	1-day assessment, 45 assessed at office, 142 assessed at home
Vocational assessment	18	1-week assessment
Vocational training	7	Normally 6-month training course in tailoring / weaving / handicrafts / fabric painting
Farm training	36	1 week to 1 month, depending on type
Agricultural training	14	1-month course
Training with local organisations	12	
Micro-business training	21	5-day course
Self-help groups	128 groups	1,200 members
Local partner organisations	15 organisations	14 formal, 1 informal, 5 are disabled people's organisations
Basic Community Based Rehabilitation training	20	4-week course
Partners' review meeting	47	3-day meeting
Referrals	23	3 with travel expenses
Micro-enterprise start-up support	35	
House construction and renovation	10	Financial support
Sheltered housing	5	Clients housed in PFR-run facilities
Others including living support	59	
Formal education	62 children	
Micro-business training for community trainers	8	5-day course
Disability training for women	15	Participants from government women's development office
Referrals via local partner organisations	446	Advice, training, advocacy etc.


PARBAT, OCTOBER 2006

SOCIO-ECONOMIC ACTIVITIES

PFR started socio-economic rehabilitation activities in 1975 and has pioneered a community participatory approach to rehabilitation in western Nepal. PFR currently works in 15 districts in direct client support and 8 districts in developing and strengthening communities and organisations. For Community Based Rehabilitation [CBR] it works from within communities to facilitate the clinical, social and economic rehabilitation of people with disabilities, including leprosy-related disabilities. From the beginning of 2006 the target group was expanded to include people living with HIV / AIDS. It is expected that coverage in each district will increase gradually, but the number of communities served within each district will vary depending on need.

Bishnu's story

Bishnu has physical disability and lives with his wife and two small children. The family was very poor and lived in a rented home, from which Bishnu used to work as an occasional construction labourer on private building sites. PFR helped him to acquire a rickshaw and snack items so that he could begin a mobile snack shop. The cost was NRs 14,088 [around US$220], including NRs 11,438 for the rickshaw, NRs 1,650 for cooking utensils and NRs 1,000 for raw materials. He earns money using the rickshaw to carry loads for people, and his wife runs a small snack shop in their home. They earn about NRs 200 per day.

A year after starting his business, Bishnu was able to repay a loan of NRs 1,500 from PFR, to buy some land and build his own house. His family life has become easier and he sends his children to school. The family say the mobile snack shop changed their life, and they are grateful to PFR.

DIRECT CLIENT ASSISTANCE

PFR's approach includes direct socio-economic rehabilitation of people with disabilities as well as community-level awareness raising and capacity building. The target for direct client assistance was 200 new clients for the year, including needs assessment, vocational training, income generation, education, housing, old age support, referral to other organisations and miscellaneous support, besides the formation of self-help groups [SHGs] and provision of a revolving loan fund. The number of clients seen was 321 in 14 of the 16 districts in the Western Region and Chitwan District in the Central Region. We are in the process of constructing a two-room residence for spinal cord injury patients near the office, which will be completed next year. We also intend to make our premises more accessible to wheelchair users in 2007-8.

SELF-HELP GROUPS AND LOCAL PARTNERS

By mid-July 2007 there were some 128 self-help groups [SHGs] with a total of around 1,200 members. Some of the groups had been formed directly by PFR and some by partners, but all are now managed by local partner organisations [LPOs]. In total, LPOs supported over 2,000 clients. The original target was 10 LPOs but by the end of the year there were 15 [14 formal and 1 informal] working in eight districts in the Western Region. Five of these LPOs are disabled people's organisations [DPOs]. PFR prefers to support DPOs, as people with disabilities have a better idea of the services they need and their members have more credibility when advocating on behalf of these organisations. We have agreed to enable two LPOs to become independent, but began four new ones, focusing on the Lamjung and Gorkha Districts. In order to assist LPO staff with advice, support and encouragement, PFR organises an annual Local Partners Review. This year it was attended by 47 people, and many individuals and organisations received advice on running SHGs and LPOs, and on socio-economic rehabilitation [SER].

TRAINING

Because of the need in other organisations for basic disability training, PFR continued to give courses [a 3-week basic community based rehabilitation course and a 1-week refresher course]. To date 20 people from 15 organisations have benefited from the basic course, while 18 have done the refresher course. Further training for SHG members in disability, micro-business and agriculture was also given, and workshops were held in six locations with the aim of reducing the stigma related to disability.

NETWORKING

Local and district networks were supported and strengthened in each working district, and PFR played a key role in the CBR National Network of Nepal. INF's CBR adviser is currently the chairperson. The national SER network has been less active and needs to be reinitiated, however PFR has already activated local SER networks. Much of the focus in the networks and SHGs is on inclusion and the rights of people with disabilities, reduced transport costs, disability allowance, disability identity cards and free further education.

RESOURCES

At the end of the year PFR had 21 staff, of whom two were volunteer expatriates. Expenditure was NRs 14,294,000.

PFR MANAGEMENT TEAM VISIT

DONORS

- GERMAN LEPROSY RELIEF ASSOCIATION
- GERMAN FEDERAL MINISTRY FOR ECONOMIC CO-OPERATION AND DEVELOPMENT
- REFORMED MISSION LEAGUE, THE NETHERLANDS
- SASAKAWA FOUNDATION, JAPAN
- TEAR AUSTRALIA
- TEARFUND UK
- INDIVIDUAL DONORS TO INF'S 'REMEMBER ME' CAMPAIGN

Speech and Language Therapy

SPEECH AND LANGUAGE THERAPY [SLT] IS A SECTION OF THE KASKI PROGRAMME. SLT AND SUPPORT FOR THE POOR FUND AND SOCIAL CARE UNIT [SEE PALUWA] ARE THE REMAINING AREAS OF INF SUPPORT FOR THE WESTERN REGIONAL 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.

INF CLIENTS INTEGRATED INTO LOCAL PRE-SCHOOL

BENEFICIARIES

Area of work	Beneficiaries	Comments
Clients	376	Includes new in- and outpatients in WRH, 1,630 therapy sessions held
Ear moulds and hearing aids	103	Includes children and adults, 12 were given free for poor patients in WRH
Training for LPO members	n/a	

PREPARATION FOR HANDOVER

Speech and Language Therapy [SLT] provided a service to children and adults presenting with communication, hearing and swallowing problems. After many years of INF SLT support to the Western Regional Hospital [WRH], the last expatriate therapist will finish there at the end of summer 2007. Much of the recent work has therefore concentrated on making sure that the SLT work in the hospital will continue. An SLT service was also provided one half-day per week in Green Pastures Hospital and Rehabilitation Centre.

There was a major shift in the style of SLT service delivery. It changed from being solely delivered by an expatriate to being delivered by an SLT Assistant. WRH recruited a volunteer for on-the-job training and subsequently gave her a salaried position as SLT Assistant. Her on-the-job training continued and through INF she was also able to attend formal training on Cleft Lip and Palate and Hearing Impairment. Providing the SLT Assistant with on-the-job training integrated with the actual delivery of the service and enabling her to take on the responsibility of providing a basic SLT service was thus the main focus of the year. The level of service provision was deliberately reduced to a basic level in line with what the Assistant was expected to deliver. Awareness raising was done with referral agents to explain the level of therapy to be expected from an SLT Assistant. In WRH SLT is a fully functioning part of the ENT Department and work was done to ensure that the SLT Assistant was accepted as part of the ENT team.

The SLT service will be completely handed over to WRH and the actual service delivery will be provided by the hospital-appointed SLT Assistant. Billing for SLT services was successfully introduced within the WRH system in line with payment for other hospital services. The SLT Poor Fund which provides financial support for those unable to pay for SLT will remain with the Social Care Unit in WRH run by Paluwa [see Paluwa report above]. The SLT Assistant and the ENT Department will be able to refer SLT patients to the Unit for assessment for eligibility for financial support for SLT or hearing aids, which are now provided through the hospital pharmacy.

An SLT scholar with the PROTRAC scheme has completed the first year of a three-year Bachelor's degree in Speech Pathology and Audiology. It is hoped that on completion of her studies, she may secure appointment to the graduate SLT post in WRH.

INF'S ROSIE SLEATOR WORKING WITH A STROKE PATIENT

Ram's story

Ram came to WRH when he was three years old. His mother was worried that, even though he appeared to be very clever, he was not talking and did not seem to hear what people said to him. A hearing test revealed that he had a significant hearing loss. Ram was fitted with a good hearing aid and came for SLT. The time came when he should have been going to school, but because of his hearing loss his mother was unable to secure his admission.

Ram attended a deaf class in the local private school. He loved his school experience and quickly adapted to school routine. In addition to normal reading and maths, the teacher worked on his speech and language and Ram now attempts to say many words. He will soon transfer to a local school close to his home and it is anticipated that with the progress he has made this year he will now be granted admission.

TRAINING AND OTHER SERVICES

Services to hearing-impaired and voice patients continued to develop. A fully functioning hard ear mould lab was set up in the ENT Department and a visiting UK audiologist provided three weeks of advanced training to the WRH audiometrician. The donation of a portable audiometer from the UK enabled the expansion of the hearing testing service to young children. An endoscopic camera and monitor were purchased to develop services to patients at the weekly voice clinic. The camera also enabled the ENT surgeons to do more teaching to trainee doctors coming through the department.

A major cleft lip and palate secondary surgery camp was organised in WRH in partnership with INF Camps [see Outreach report above] and with a visiting surgical team from the UK. Specialist surgery was provided to cleft lip and palate patients. Two other cleft palate speech camps were run and two days of training were also provided to cleft palate speech assistants supported by the Interplast Surgical Outreach Programme at Model Hospital in Kathmandu.

A three-day workshop on working with hearing-impaired children was run in WRH. This was very well attended by Nepali speech pathologists / audiologists, teachers of the deaf and parents. Awareness posters were made for WRH on 'What is an ear mould?' and 'Talking to your child'. A DVD was made of speech therapy exercises for voice patients and is being used very successfully with patients presenting with voice disorders. SLT presented two papers on the SLT work in WRH at a national ENT conference in Kathmandu.

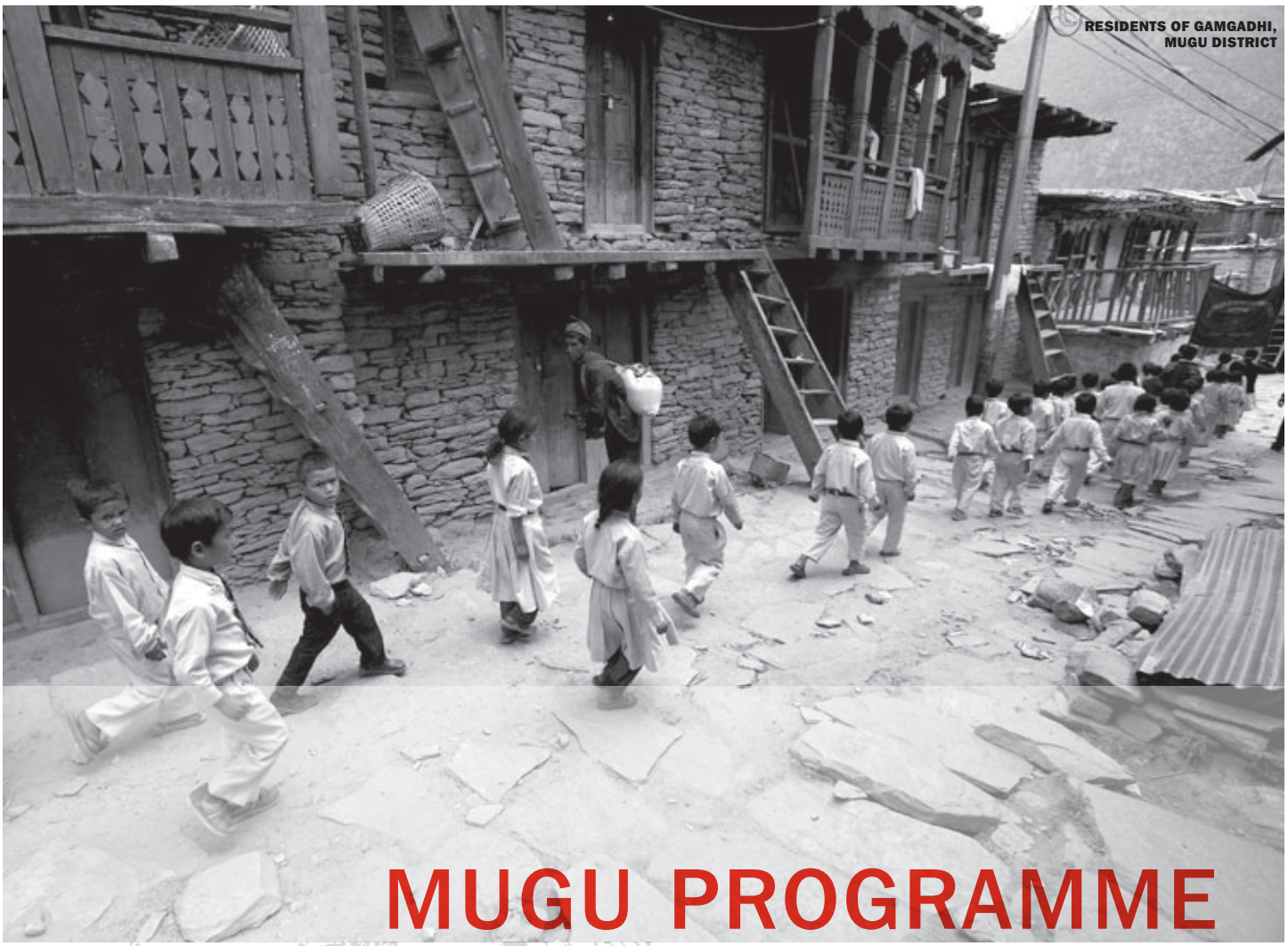
A class was established in a local private school for five pre-school deaf children [see Ram's story above]. The SLT therapist provided weekly support to the class teacher and principal of the school. All five children received intensive teaching and had the opportunity to integrate with hearing children. Three other children with cochlear implants are also attending the same school. All the children made very good progress.

RESOURCES

There was just one volunteer expatriate working in SLT. Expenditure was therefore limited to NRs 386,000.

DONORS

INDIVIDUAL DONORS TO INF'S 'REMEMBER ME' CAMPAIGN



RESIDENTS OF GAMGADHI, MUGU DISTRICT

MUGU PROGRAMME

THE PROGRAMME WORKS MAINLY WITH VILLAGE DEVELOPMENT COMMITTEES IN THE STRATEGIC AREAS OF HEALTH AND LIVELIHOOD SECURITY, IN ORDER TO ENABLE THE PEOPLE AND RESIDENTS OF MUGU DISTRICT TO TAKE RESPONSIBILITY FOR AND BRING ABOUT POSITIVE CHANGES IN THEIR COMMUNITIES, INSTITUTIONS AND ORGANISATIONS, RESULTING IN IMPROVED HEALTH AND QUALITY OF LIFE FOR ALL, PARTICULARLY THE DISADVANTAGED.

BENEFICIARIES

	Area of work	No. of beneficiaries	Comments
1	Health facility support committees	30 members	3 committees were provided with training
2	DOTS committee workshop	42 members	2 workshops
3	Patients treated	4,677	Dental, MCH, ANC, TB, leprosy, referrals outside district
4	Health awareness raising	3,475	HIV / AIDS, TB, leprosy, hygiene for students, teenagers, male and female community members
5	Week-long gynæcology camp in Mugu Hospital	600 patients	32 major operations
6	Health training	114	Skin, dental, safe motherhood, TB, leprosy for government health staff, community health volunteers [FCHVs, TBAs, HFSC members]
7	Community group facilitation	550	21 groups
8	Water supply and other infrastructure	516	Drinking water, water mills
9	Income generation support	6	
10	Nutrition support	84 children	
11	Literacy	100	

The INF Mugu Programme [IMP] completed most of its planned activities in the reporting period. Fourteen community groups were handed over to community members and are being run successfully. Dental clinics, mother and child health clinics and ante-natal clinics were handed over to the District Health Office [DHO]. The Programme trained DHO staff and provided initial support for the skin clinic in Mugu Hospital. A week-long gynæcology camp was organised in Mugu Hospital by INF Camps and 600 people were seen as outpatients. During this period 32 major operations were carried out. Difficulties were encountered in securing community participation, especially in drinking water schemes. This is because other local and international non-government organisations working in the same village areas as IMP have paid community members for their involvement. IMP maintains that community members must participate voluntarily in their own projects as this leads to greater commitment and community empowerment.

MUGU PROGRAMME MANAGER BUDDHI THAPA

COMMUNITY WORK

IMP's work uses the participatory Group Action Process to help community groups identify and support the destitute and most severely marginalised in their own communities. During the year the groups identified six very poor people and helped them to run income generation activities. Fourteen community groups were handed over to community members. Next year IMP plans to send small teams to begin work in two remote and very poor village areas in the Soru Belt.

A village leader's story

Unless we can go to a grinding mill we cannot make food for our families, and in our culture this work is done only by women. There is a grinding mill in another village and we used to have to go there, but waiting for a turn caused lots of aggravation and tension. We came to an agreement in a meeting and made a plan to make a grinding mill. INF provided a technician, piping and cement and we did all the work. Now it is running very nicely. After completing toilet construction, building the grinding mill and cleaning up the village, our group decided to work on a drinking water scheme in the village. After an awareness programme we knew that the river water was not safe to drink. We asked INF to help us with the water scheme with cement, plastic piping and a technician, and we collected sand and gravel, dug a canal for the pipeline, collected stones and so on. We built a water system. Now we have water taps in our village. We did not have any idea about unity, working together or forming community groups before INF's arrival in our village two and a half years ago. Now we have changed our village and we are united.

HEALTH

Strengthening of government health institutions and raising of health awareness in the community ran according to plan. Health Facility Support Committees are active and meeting regularly in the target area. In co-ordination with the DHO it was possible to establish DOTS TB treatment sub-centres in nine health posts in the district, and a skin clinic in Mugu Hospital. Co-ordination with government and other organisations is a key part of the health work.

MIGRANTS

During the reporting period IMP started migration support work. We carried out a pilot survey among migrants from the Karnali Zone in two places near the Indian border, Nepalgunj and Mahendranagar. We recruited ten volunteers for migrant work in the Nepalgunj area, providing them with six days of training. Our Migrant Assistant carried out awareness raising and advocacy at the bus station, hotels and places where most migrants stay in Nepalgunj. An expatriate INF Member helps migrants in New Delhi and northern India. This is a pilot project and it will be developed further next year.

RESOURCES

At the end of the year IMP had 12 staff, of whom none were volunteer expatriates. Expenditure was NRs 5,316,000.

DONORS

GERMAN LEPROSY RELIEF ASSOCIATION

GERMAN FEDERAL MINISTRY FOR ECONOMIC CO-OPERATION AND DEVELOPMENT

TEAR AUSTRALIA

TEARFUND UK

UNITED PROTESTANT CHURCHES OF THE NETHERLANDS

YOUNG GIRL CARRYING A CHILD, SURKHET DISTRICT

SURKHET PROGRAMME

THIS PROGRAMME WORKS IN DAILEKH, JAJARKOT AND SURKHET DISTRICTS. ITS PURPOSE IS 'TO SEEK TO EFFECTIVELY AND EFFICIENTLY FULFIL THE UNMET FUNDAMENTAL HEALTH AND DEVELOPMENT NEEDS OF THE POOR AND MARGINALISED PEOPLE IN THE AREA, AND SUPPORT OTHER ORGANISATIONS TO DO THE SAME'. CURRENTLY THIS IS DONE THROUGH SERVING AND CARING FOR INDIVIDUALS, STRENGTHENING COMMUNITIES AND LOCAL ORGANISATIONS AND SUPPORTING THE GOVERNMENT HEALTH SYSTEMS.

BENEFICIARIES

Area of work		Beneficiaries	Comments
Obstetric and gynæcological	Procedures performed	36 procedures	Excluding Camps
	Consultations given	742	Excluding Camps
	Operations by INF-trained doctors	59 operations	
Training of government health staff		20 staff	Basic burns care, prevention of disability, 13 health post staff, 7 hospital staff
		2 doctors	Endoscopy, gynæcological surgical skills
Inpatient treatment		110	About 5% are readmitted
Outpatient treatment		389	10% are frequent visitors, 103 on treatment, 286 RFT
Government staff training		19	
Client / inpatient HE in self-care unit / ward		193	80 SCU, 113 ward
Shoe manufacture and distribution		225	200 canvas, 25 MCR slippers
General intensive physiotherapy		30	19 inpatients, 11 outpatients
Rehabilitation support	Direct	42	2 resettlement, 4 living support, 9 income generation, 7 integrated education support, 20 other
	Through partner organisations	230	DPI and CBR
Self-help group formation		21	8 DPI groups [20 members in average group], 13 disabled groups including PAL [8-20 members per group]
Awareness / advocacy training	Direct	110	
	Through partner organisations	Over 500	Group members
Income generation activities	Direct	105	Groups
	Through partner organisations	230	Households

Changes in INF which came into effect in December 2005 led to the need to establish new routines and build the capacity of staff to perform new or changed roles. Possibly as a result of inaccurate rumours suggesting the closure of INF Surkhet, patient numbers in the Leprosy Referral Centre have been lower than anticipated and this has had knock-on effects for the Support and Self-Care work too. Staff do not believe that the low numbers of patients they are seeing truly reflect the situation, and since the end of 2006-7 they have seen an increase in the numbers of people coming to the Centre. At the end of the year the Programme Manager left to take up other duties within INF and was replaced by Kum Gurung, previously INF's Banke Programme Manager.

LEPROSY REFERRAL CENTRE

The Leprosy Referral Centre [LRC] seeks to provide support to the government's leprosy control programme in Nepal's Mid Western Region. There is an assessment and referral unit to provide leprosy diagnostic facilities, advocacy and a referral system for the government's health staff. A 30-bed inpatient facility provides holistic medical and nursing care for people with leprosy complications and, where necessary, referral to more specialised centres. There are also activities to provide people affected by leprosy with self-care teaching, health education and support.

The LRC is the referral centre for the whole of mid-western Nepal and its services cover 15 districts. Complicated cases of leprosy need two to six months' admission for ulcer and reaction complication management, which it is not possible for the government health services to provide, as one patient is not allowed to occupy a bed for more than a week. The government health services are also short of time, manpower and resources, which means they are unable to concentrate on one complication. Additionally, the handling of leprosy complications is not widely understood.

There were two difficulties in the work this year. Miscommunication about INF's change process among the community and government staff led to a belief that INF Surkhet was no longer doing leprosy work. As a result leprosy patients were no longer referred to the LRC, which achieved only 80% of its target, though this now seems to be improving. Similarly, the movement of the Regional Hospital to a new site 4 kilometres away from the LRC made it more difficult to provide support to patients and training to staff. However, INF hopes to be able to move its Advice and Referral Unit to the hospital as soon as space can be found.

HOSPITAL SUPPORT

The Hospital Support section works with the district hospitals of the Surkhet Programme area and provides obstetrics and gynæcology support and mentoring to district hospital doctors and other health workers throughout the Mid Western Region, as requested. The expatriate gynæcologist also participates in INF and other gynæcology camps [see the Camps section of the Kaski Programme report above]. In the Surkhet area the Programme has focused on the Mid Western Regional Hospital and more recently the Dailekh District Hospital, assisting them on request and as possible to improve and develop the services they are able to offer, particularly to the poor, disabled and marginalised groups in the population.

INF's poor fund assists needy individuals to obtain treatment and operations at their local hospital or, where necessary, at a higher centre. A supply of medicines, sutures and other disposable items has been provided at the Regional Hospital for doctors to use for poor patients needing cæsarean section or gynæcological surgery. The Programme has also appointed a health service support volunteer who works with children admitted to the hospital, playing with them and providing books and toys to keep them happy and occupied during their stay. An occupational therapist recently joined INF's Surkhet team and will work part-time with the section.

THE GYNAECOLOGY CLIENT, JUST BEFORE LEAVING HOSPITAL

INF ran three gynæcology camps based at the Mid Western Regional Hospital during the year, receiving excellent co-operation from the hospital gynæcologists and other staff. The first camp was planned for Bajura District but the chartered helicopter was unavailable due to technical failure, the hospital staff at Surkhet accepted and hosted the camp at one day's notice, and a successful camp was run. The second camp was planned and run in co-operation with local non-government organisations working with women suffering uterus prolapse, and the third camp was again at short notice when the International Rescue Committee requested assistance in running uterine prolapse camps in their project village areas in Surkhet District [see the gynæcology client's story below].

A gynæcology client's story

While assessing prolapse patients for the January Surkhet gynæcology camp, the INF gynæcologist met a woman in Salkot who had suffered from vesico-vaginal fistula for the past 30 years, ever since her first baby was stillborn following a difficult home delivery. She survived that experience but years of urine incontinence and 15 further unsuccessful pregnancies followed.

At the gynæcology camp we were able to repair the hole in the woman's bladder. She was not an easy person to look after as she was very depressed. Until the urinary catheter was removed two weeks after the operation she would not believe that the operation could be successful, but it was.

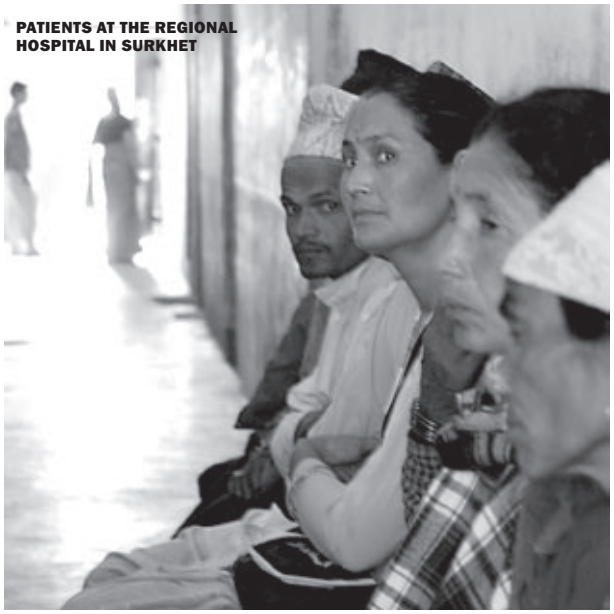
Considering the high percentage of women who deliver their babies without skilled care, and the difficulty in accessing emergency obstetric care when problems arise, one would expect many such patients. At the gynæcology camps in Rolpa and Mugu this year we met five more women suffering from this condition. INF's gynæcologist is hoping to have training in repairing more complicated fistulae in order to be able to offer surgery and train the gynæcologists in Surkhet in this procedure.

SUPPORT AND SELF-CARE

Support and Self-Care consists of: a 10-bed training unit; a 4-bed rehabilitation unit; and a unit providing protective shoes. The self-care unit provides a two-week course for ex-leprosy patients, ensuring they understand their disease, know how to avoid complications resulting in disability, and learn how to live with existing disability. The training can include health education, farming, occupational therapy, literacy classes and cooking. The general rehabilitation unit provides physiotherapy to patients with disabilities. It covers the Mid Western Region and accepts referrals from INF's Green Pastures Hospital in Pokhara [see Kaski report], the Regional Hospital in Surkhet and the Zonal Hospital in Nepalgunj. The staff provide health education, literacy classes and physiotherapy in the LRC. An expatriate occupational therapist arrived at the end of the year and will be offering therapy as part of the service of the unit.

A self-care client's story

A woman from Jajarkot travelled three days to INF's Surkhet Programme. Four years before, she had found anæsthesia and cracks on her feet and had gone to the village witch doctor. Despite spending a lot of money and sacrificing chickens and goats she was not healed. Because of her ulcers her neighbours shunned her, and she and her husband felt hopeless. Her condition became worse day by day until a leprosy-affected woman who had been treated and received health education in INF's Leprosy Referral Centre met her and told her about the Centre. She came and was referred to the self-care unit. Her husband also attended health education sessions with her. When they learned about leprosy, its causes, signs and symptoms, the husband realised that he had some anæsthetic patches on his body. When checked by the staff he too was found to have leprosy and started to take medicine. After treatment and 14 days' self-care training together, they returned to their home very happily with knowledge of how to care for their anæsthetic hands, feet, eyes and so on. They had also learned about general hygiene, goat-keeping and farming. When they left they thanked INF, because now they know leprosy is a bacterial disease which can be cured.



PATIENTS AT THE REGIONAL HOSPITAL IN SURKHET

COMMUNITY HEALTH AND DEVELOPMENT

The Community Health and Development section undertakes all forms of community facilitation and development in the Surkhet Programme's three districts, creating and supporting self-help groups in village areas and undertaking economic rehabilitation work for people affected by leprosy and people with disabilities. The section also works with displaced people.

Each Displaced People's Initiative group has built toilets and wells. Increasing unity enables groups to identify and use outside resources to develop their communities. Group members are increasingly running group meetings by themselves and offering help to other groups as well. The groups of people affected by leprosy are seeing a gradual improvement in members' self-esteem and advocating for rights and facilities from the government. In some areas people affected by leprosy have been able to join community groups and committees of other organisations and institutions. In addition, direct client assistance has enabled individual people affected by leprosy and people with disabilities to become independent and start income-generating activities to support their families and their children's education.

The section has worked with health post management committees, making them more aware of their role and responsibilities to provide better health services to their communities. Mothers' groups and female community health volunteers have also been made more aware of local health problems, and some mothers' groups have received seed money to establish emergency obstetric care funds. Groups have started to collect money for internal credit schemes to provide revolving loans for income generation or emergencies.

From July 2007 there will be no direct support to Community Based Rehabilitation groups. This will be provided through local partner organisations, with INF responsible only for facilitating training and orientation, capacity building, monitoring, supervision and evaluation of the groups and partner organisations.

RESOURCES

At the end of the year the Programme had 35 staff, of whom seven were volunteer expatriates. Expenditure was NRs 17,698,000.

DONORS

GERMAN LEPROSY RELIEF ASSOCIATION

GERMAN FEDERAL MINISTRY FOR ECONOMIC CO-OPERATION AND DEVELOPMENT

INTERACT, SWEDEN

SARON CHURCH, SWEDEN

SWEDISH MEDICAL MISSION

TEAR AUSTRALIA

TEARFUND UK

UNITED PROTESTANT CHURCHES OF THE NETHERLANDS

FINANCIAL MANAGEMENT TRAINING COURSE HELD FOR SENIOR STAFF AT INF NEPAL CENTRAL OFFICE

INF NEPAL CENTRAL SUPPORT OFFICE

INF NEPAL, AS AN NGO REGISTERED IN KASKI DISTRICT, HAS ITS OWN BOARD AND AN EXECUTIVE DIRECTOR WHO IS RESPONSIBLE TO THE BOARD TO ENSURE THAT THE PROGRAMMES ARE MANAGED EFFICIENTLY.

THE INF NEPAL CENTRAL OFFICE EXISTS TO SERVE THE SIX PROGRAMMES OF INF NEPAL REPORTED ABOVE AND TO PROVIDE LEADERSHIP, DIRECTION AND TECHNICAL ADVICE TO THE ORGANISATION AS A WHOLE. THE CENTRAL OFFICE COMPRISES THE DIRECTOR'S DEPARTMENT, FINANCE DEPARTMENT, PROGRAMMES OFFICE, PERSONNEL DEPARTMENT AND IT SUPPORT OFFICE.

Pokhara

The Central Office provides leadership, direction and technical advice to the organisation as a whole. It comprises the Executive Director's Department, Programmes Office, Finance Department, Personnel and IT Support. The Central Office is based in Pokhara, but the Programmes Office includes the Technical Advisers who are located with two of the programmes, and one of the Donor Team staff is based in Kathmandu. The Executive Director's Department includes the Security Resource Team and also services the INF Nepal board.

INF NEPAL BOARD

Orientation for board members continued this year with visits to Jumla and Mugu to help them to understand at first hand about the work of INF's programmes there. The Central Office organised a governance training course for the board, to which general members were also invited. Feedback indicated that it was very successful and appreciated. As the general members also represented other churches and organisations where they are involved in leadership positions, it is hoped that these too will also have benefited from this training. As part of the board's development of a new vision for the organisation, workshops were run in all the different centres so that every staff member could contribute to its future direction. A draft vision / mission statement was developed by the board and circulated to all the programmes for discussion among their staff. This will be followed up and developed further during the coming year. The Executive Directors of INF Nepal and INF Worldwide will visit Europe as part of the renewal of relationships with donors and prayer partners.

FINANCE

Improved budgeting formats have provided a clearer picture of the funding position in the programmes and sections, and this year's annual accounts were prepared with perfect reconciliation within six weeks of the close of the financial year. One problem this year was recruitment of our qualified financial staff by wealthier international agencies and INGOs. Three key staff including the central finance manager left INF, so Finance had to spend a significant amount of time on transfers and recruitment. Training for finance staff and programme managers also continued throughout the year, including a one-day training course on finance for non-finance staff organised in Dang, Banke and Surkhet. In the past some individual staff have been sent on external training with MANGO [Management Accounting for Non-Government Organisations], but with support from Linklaters and Tearfund UK an in-house MANGO course is planned for 15 staff for next year. Formalisation of a Donor Team has made possible the assessment of longer-term funding needs, the maintenance of closer donor relationships, and higher standards of timely monitoring and reporting.

HUMAN RESOURCES

The Central Office revised the INF employment manual and for the first time for some while was able to produce a Nepali version. All staff will now be able to read, interpret and apply it in their work in their mother tongue. Plans to establish the Training and Development Unit were delayed due to lack of resources, but the release of James Chinnery from the Surkhet Programme has made establishment of the Unit possible. He has already started short-term planning and long-term thinking for the Unit, which will be formally set up in the coming year. The Central Office organised 'visionary recruitment' and selected three good candidates who were deployed to Surkhet and Nepalgunj, where they are learning quickly. We now have five 'visionary recruits' and the Training and Development Unit will be involved in plans for their training and development.

TECHNICAL ADVICE

The year saw a substantial enhancement of INF Nepal's technical and advisory capability. One of the visionary recruits was appointed to work with the Medical Co-ordinator and another with the Community Health and Development Technical Adviser. This has led to greater input into projects in these areas and the possibility of providing more in-house training to staff. The year also saw the appointment of the first Community Based Rehabilitation Technical Adviser. He co-ordinates CBR work across the programmes, but also took on wider responsibilities as the chairperson of the CBR National Network and as a member of the Minister's committee on disability. In April he was invited to Germany to speak about INF's work at the German Leprosy Relief Association's 50th anniversary celebrations. During the year INF Nepal also began reviewing its HIV / AIDS activities. It will draw up a new policy for implementation in 2008-9.

SECURITY

INF's Security Resource Team was established to provide both national and expatriate staff with information and advice on handling security. During the year it monitored the security situation and provided up-to-date information for making relevant decisions. We are grateful to God that the organisation suffered no serious incidents. The work of the Security Resource Team was particularly appreciated by INF's sending agencies, concerned about risks to the staff they support and who work in the projects. At the end of the year INF's Nepalgunj office and the surrounding areas of the town suffered widespread floods. The Banke Programme was involved in relief work, which will lead to a review in 2007-8 into how best to handle disaster relief.

INFORMATION AND COMMUNICATIONS TECHNOLOGY [ICT]

Apart from regular monitoring of the computer systems, the ICT Unit was able to establish a broadband connection, introduce a new computer brand across INF Nepal, and establish wireless connections in INF's Kaski Programme. In the coming year the ICT Unit will organise both software and hardware training on computers using the local experts in INF's programmes, Jumla and Dang being particular priorities. It will also implement an updated software standard in INF Nepal.

CAMPS

The decision was made that INF Camps [see the Outreach section of the Kaski Programme report above] would be moved under the Central Office, as their activities are broad and cover a variety of locations. The decision became effective from 17 July 2007.

RESOURCES

At the end of the year the Central Office had 25 staff, of whom four were volunteer expatriates. Expenditure was NRs 10,719,807.

DONORS

MOST OF THE CENTRAL OFFICE BUDGET IS RAISED INTERNALLY WITHIN INF NEPAL. BMS WORLD MISSION PARTLY FUNDED THE SALARY OF THE DONOR LIAISON OFFICER.

INF PHYSIOTHERAPIST GILLIAN COATES WITH HER NEPALI SUCCESSOR AT DHULIKHEL MEDICAL INSTITUTE

PARTNERSHIP PROGRAMME

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.

Kathmandu

BENEFICIARIES

Area of work	Beneficiaries
Trainees in Maintenance BMET training course	16
Teachers in Maintenance BMET training of trainers	2
Physiotherapy first-year students	13
Physiotherapy second-year students	14
Physiotherapy third-year students	16
Physiotherapy graduates	11
Physiotherapy training for clinical supervisors	12
Physiotherapy visits to clinical placements	3 days
Anæsthesia trainees completing course at Tansen	3
Clinical Pastoral Care training	416
Clinical Pastoral Care counselling for hospital staff	76

EXPENDITURE

Maintenance	NRs 10,871
Physiotherapy	NRs 94,426
Anæsthesia	NRs 32,715
Clinical Pastoral Care	NRs 69,606
Administration	NRs 115,020

MAINTENANCE

The Maintenance section of IPP worked with the Institute of Engineering for the Biomedical Equipment Technician [BMET] training course, in a partnership administered by the National Health Training Centre. After a time of re-evaluation and advocacy, the BMET course began the training of its second batch in June. Its new administrative and funding partner the Nick Simons Institute contributed the infrastructural improvements and training of trainers necessary to develop the course according to feedback from stakeholders after the first course. Sixteen students were expected to graduate from the course on 14 December 2007. The Maintenance secondee resigned unexpectedly, due to illness. INF's contribution to the activities of the BMET training course will hibernate until a suitable recruit is found to mentor the national tutors and continue the development of the course.

PHYSIOTHERAPY

The Physiotherapy section of IPP worked in partnership with Dhulikhel Medical Institute [DMI] to provide course tutors for a certificate-level physiotherapy course. Half the physiotherapy graduates have chosen to work outside Kathmandu. INF has employed one of the 2006 graduates for its rehabilitation unit in Surkhet. INF now employs two DMI graduates, both involved in disability work. At the Nepal Physiotherapy Association's third national conference in November, some third-year students gave an excellent presentation on the survey findings on disability from their community placement. Two new Nepali teachers were hired to replace two departing expatriates. The full complement of Nepalis is three Bachelor-level physiotherapy teachers and one [DMI certificate-level] physiotherapy teaching assistant. The plan for a major curriculum review was deferred. A minor review of the course structure was done, with changes made in the balance of hours and order of topics taught, as well as other minor logistical issues. A milestone was reached for clinical placements – all the placements were supervised by Nepali physiotherapists, including a number of DMI graduates. Unfortunately several placements in Nepal's 'Terai' plains region had to be cancelled due to ongoing political unrest there. Full scholarships for tuition were provided to three students in the 2007 graduating class. This money was provided by private donations from the UK and elsewhere. There continues to be a strong desire to see a Bachelor-level physiotherapy course established in Nepal. As full-time national tutors are now in post, our secondment to DMI has been completed. This frees IPP's Physiotherapist to share her skills with the Brain Foundation Nepal [BRAFON], which is planning to establish a national stroke rehabilitation centre.

ANAESTHESIA

The Anæsthesia section of IPP worked with the United Mission Hospital Tansen for the training of Anæsthetic Assistants, in a partnership co-ordinated by the National Health Training Centre. The United Mission Hospital Tansen site of the Anæsthetic Assistant Training [AAT] programme produced three graduate trainees in the reporting period. The Anæsthetist finished his term in February. INF's contribution to the activities of the AAT course will hibernate until a suitable recruit is found to co-ordinate and / or teach the course at a new site.

TRANSFORMATIONAL DEVELOPMENT

The Transformational Development section of IPP worked in parnership with Sagoal, a Nepalgunj- and Pokhara-based non-government organisation, to provide a volunteer agricultural expert as a planning and management mentor and technical adviser. In 2006 an external evaluation highlighted the need for Sagoal to consolidate its teams for training and common purpose. The Nepalgunj staff were temporarily moved to Pokhara for a two-year period of intense training and development. An operations manual was developed in order to focus this training, providing a standard towards which the staff members can aim. The Transformational

RICHARD ODELL OF IPP'S COMMUNITY BASED ORGANISATIONS SECTION

Development secondee finished his term in July. INF will no longer second a technical expert to Sagoal. Instead, INF is considering the best method to offer occasional organisational support, possibly via IPP's Community Based Organisations section.

COMMUNITY BASED ORGANISATIONS

The vision of the Community Based Organisations section of IPP is still being refined and expanded, in accordance with INF's new administrative environment and in line with the changing context in Nepal. With an expatriate co-ordinator in place, the section seeks to establish itself in the coming year. Due to illness, this year's plans were again postponed until the next financial year. In the interim, administrative restructuring meant that the section will no longer fall within IPP's remit but under INF's growing Development Department. Next year the section will not be included in the IPP report.

CLINICAL PASTORAL CARE

IPP's Clinical Pastoral Care section aims to support pastoral care and counselling in the hospitals of Human Development and Community Services [HDCS] and other organisations. Because of serious illness IPP's secondee was only active for nine months. The secondee: spent 45 days visiting hospitals with existing counselling departments in Tansen, Pokhara and Nepalgunj; spent 29 days visiting hospitals without counselling departments in Lamjung, Rukum and Dadeldhura; spent 70.5 days providing training in Anandaban, Rukum, Tansen, Pokhara and Dadeldhura; provided 17 introductory classes; provided a five-day basic course for volunteers in Pokhara; spent 26 days providing counselling to hospital staff in Lamjung, Tansen, Rukum, Nepalgunj and Dadeldhura; was an active member of the monthly Pastoral Care and Counselling Fellowship in Nepal; and produced a regular newsletter [there are 64 subscribers in Nepal and elsewhere, numbers are growing].

Next year the secondee plans to: visit all five HDCS hospitals twice a year, providing training; run counselling courses in 4-5 hospitals, including Anandaban and Tansen; run two basic courses for volunteers; build up the counselling departments and volunteer visiting services in Lamjung and Dadeldhura Hospitals; and provide support to Green Pastures Hospital, Bheri Zonal Hospital, Anandaban Hospital and the INF Dang Programme. In the longer term, the secondee hopes to hand activities over to a Nepali counterpart and start a professional training centre in Kathmandu under Nepali leadership.

OCCUPATIONAL THERAPY

IPP's Occupational Therapy section provided a secondee to the Spinal Injury Rehabilitation Centre [SIRC] in Jorpati, Kathmandu. The IPP Occupational Therapist worked with SIRC's therapist to improve the capacity of the technician-level staff. This was a new and short-term secondment, lasting five months. Because this was a short-term secondment and a new relationship, a financial arrangement was not made. The work was funded exclusively by SIRC.

ADMINISTRATION

IPP's Administration supports the IPP sections and provides management, coherence and direction for the programme. The office also advocates for the sections and their clients with government and partners. It develops and maintains partnerships and seeks the resources needed for IPP's work. The administrative assistant was promoted out of IPP to a logistics position in INF Worldwide's International Support Office. The IPP Manager offered less than a full-time contribution due to wider responsibilities in INF. Maintenance of former and current partnerships will be the focus of the coming period, together with support for secondees.

THE NEW RECEPTION AREA AT 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 LAST 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

INF Worldwide is an international non-government organisation registered in Australia. Seeing the benefit of being near to the life-transforming activities of its primary partner organisation INF Nepal, it manages most of its international operations from the International Support Office in Kathmandu. The 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. It is also developing as a hub for various types of work among the diaspora of Nepali people living outside Nepal.

The reporting period was the second year after the creation of INF Worldwide and the first full year of the International Support Office's operations in Kathmandu. The Office provided effective and efficient services to its stakeholders in Nepal and around the world.

A major achievement was the appointment of a new Executive Director and a new Development Director. We said farewell to former Executive Director Steve Aisthorpe, his wife Liz and their two sons John and Scott. A handover ceremony took place in Kathmandu in the presence of the Minister of Women, Children and Social Welfare, the Member Secretary of the Social Welfare Council, other government officials, representatives of INF Nepal and others on 28 March. The new leadership is charged with exploring and developing new initiatives among the Nepali diaspora as well as working to strengthen support for the work in Nepal.

The signing with the Social Welfare Council of the Project Agreement, valid until December 2010, has facilitated renewed enthusiasm and ability to serve Nepali people. It enables continuation of existing work and the development of new initiatives as per the needs of people living in remote parts of Western and Mid Western Nepal.

Another achievement this year was securing gratis visas for INF's expatriate volunteers. In this, INF Worldwide stood by its conviction that it is appropriate to continue to obtain gratis visas and, as a result, an interim agreement was reached, and plans are under way to produce changes in legislation that will provide a similar benefit to all volunteers working in approved positions with international non-government organisations in Nepal. It was a long nine-month process, but our patience and the support from officials in the Social Welfare Council, the Ministry of Women, Children and Social Welfare, the Ministry of Home Affairs, the Ministry of Health and Population, the Ministry of Foreign Affairs and the Ministry of Finance finally resulted in success.

Another highlight of the year was the European tour by the INF Worldwide and INF Nepal Executive Directors. It was possible to meet and strengthen relationships with our member and supporting agencies in Europe, who provide the largest part of our personnel and financial support.

The year also saw the refurbishment of the facilities in the International Support Office, which previously served as a Kathmandu support office for the former single-entity INF in Nepal. This work was dedicated to the fond memory of Tim Frank, who died while working with INF in Nepal.

The Finance unit of INF Worldwide has become well established with accounts and procedures of international standard which satisfied two sets of auditors, Australian and Nepali.

Major plans for the future include the launch of a new web site promoting the work in Nepal, and consolidation of relationships within the worldwide INF family of organisations.

SECURITY GUARD AT THE KATHMANDU OFFICE

RESOURCES

Expenditure was NRs 28,330,269. This covered the expenses of national staff, the operation of the Office and the support of services for expatriate volunteers including Language and Orientation Training for newcomers and Primary Study Centres for the education of volunteers' children. The cost of services for expatriate volunteers is entirely borne by contributions from the volunteers and their sending agencies. All programme funding for the work of INF Nepal is provided with no deduction for the administrative services of INF Worldwide or the operations of the International Support Office.

Staffing [including the International Support Office and three Primary Study Centres] was 23 including seven expatriate volunteers.

DONORS

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

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Front cover Sum Maya, a young burns surgery client at INF's Green Pastures Hospital and Rehabilitation Centre for people with disabilities in Pokhara PHOTO: LIZ WATSON

INTERNATIONAL NEPAL FELLOWSHIP

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