Annual Review

2007 - 2008 २०६४ - २०६५

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.

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Directors' letter

The fiscal year of 2007 – 2008 was one of consolidation for both INF Nepal [the INF non-government organisation registered in Nepal which has its Central Office in Pokhara] and INF Worldwide [the INF international non-government organisation registered in Australia which has its International Service Office in Kathmandu]. Despite limited numbers, personnel have worked with immense commitment to make INF Nepal and INF Worldwide stronger and more effective organisations. Working together with INF Nepal continues as the primary focus of INF Worldwide.

INF Worldwide continued to support the six district programmes of INF Nepal as well as its central functions through provision of finances, secondment of expatriate expert volunteers, consultancy and other support services. All of these activities are in accordance with the three-party agreement between INF Worldwide, INF Nepal and the Government of Nepal's Social Welfare Council.

The six INF Nepal programmes – based in Kaski, Banke, Dang, Surkhet, Jumla and Mugu Districts – provided services to parts of more than 30 districts in the Western and Mid Western Regions of Nepal. A total of NRs 139,680,678 was granted to INF Nepal to support its various activities during the year.

INF has benefited greatly from a superb fundraising effort called 'Get a life!' over the past year. Supported by excellent materials from the INF Worldwide Communications Department and fundraising initiatives run by the INF organisations in other parts of the world, 'Get a life!' has enabled a significant amount of funds to be specifically directed towards project work serving persons with disability who are from some of the most poor and marginalised communities in Nepal.

Our sincere thanks go to all the people and organisations around the world who supported INF through prayer, finance and human resources. Despite many uncertainties in our national and international contexts, INF Nepal and INF Worldwide continue to depend upon the care and provisions of our Eternal Father God who does not change.

Deependra Gautam
Executive Director
INF Nepal

David Stevens
Executive Director
INF Worldwide

NEPALGUNJ TOWN CENTRE

BANKE PROGRAMME

THE INF BANKE PROGRAMME [IBP] IS BASED IN NEPALGUNJ AND WORKS IN HEALTH AND DEVELOPMENT IN THE BANKE AND BARDIYA DISTRICTS OF NEPAL'S TERAI PLAINS. IBP ALSO SERVES PEOPLE FROM ELSEWHERE IN NEPAL'S MID WESTERN REGION, AND PEOPLE FROM VILLAGES ACROSS THE BORDER IN INDIA. IBP INCLUDES A TB REFERRAL CENTRE, THE DRUG AWARENESS AND REHABILITATION CENTRE [DARC], BANKE COMMUNITY DEVELOPMENT [BCD] AND SUPPORT FOR THE GOVERNMENT'S BHERI ZONAL HOSPITAL.

BENEFICIARIES

TB Referral Centre

Area of work	Beneficiaries
TB suspects / patients in OPD [advice / support centre]	23,193
TB suspects registered	12,827
TB cases diagnosed	1,152
TB referrals to government health posts after diagnosis	138
TB inpatients in ward	360
Leprosy outpatients	219
Leprosy referrals after diagnosis	132
People affected by leprosy supplied with protective footwear	112
MDR TB trial case registrations	34
Study C with IUATLD [comparing separate / combined anti-TB medicine]	93
Slides for sputum tests for TB diagnosis	12,608
General laboratory tests	1,333
Government staff trained in sputum slide preparation	86
Government health staff visiting TB Referral Centre	53

Drug Awareness and Rehabilitation Centre

Area of work	Beneficiaries
Monthly average client attendance at drop-in centre sessions	300-350
Clients contacted	1,305
Clients receiving harm reduction therapy	470 [130 new]
Clients receiving 5-month residential treatment	35 [17 completed, 8 still being treated, 4 referred, 6 dropped out]
Clients receiving 1-year follow-up after 5-month treatment	23
Clients receiving skill development training	9
Families counselled	167 families
People attending drug abuse awareness training	1,833 students, 1,200 Christian youths, 32 religious leaders, 37 government female health volunteers, 40 INF staff
Health education material produced	12,000 copies
HIV+ clients receiving care and support	21
HIV+ clients supported with CD4 count	29
HIV+ clients treated for opportunistic infections	34
HIV+ clients supported with antiretroviral treatment	12

Banke Community Development

Area of work	Beneficiaries
Groups handed over to local organisation Mahila Milijuli	71 [5,500 members]
Village areas in Raptipari benefiting from new work	2 [30,000 population]
Self-help groups formed in Raptipari	5 [30 more planned]
Displaced people served	1,524
Group leadership training	20 group leaders
Group workshops	175 group members
Income generation support	55
Support for displaced people through local partner non-government organisations	7 NGOs
Disabled people included in self-help groups	12
Support for treatment of people with disabilities	39
Support for housing, education and food for people with disabilities	21
Local partner organisations for people with disabilities	6 LPOs

Bheri Zonal Hospital Support Section

Area of work	Beneficiaries
Referrals to other hospitals	5 [4 burns, 1 spinal cord injury]
Poor Fund support for treatment, transport and food	80
Patient advocacy service	681
Patients receiving free beds after advocacy	80

TB REFERRAL CENTRE

IBP's busy TB Referral Centre in Nepalgunj provides TB and leprosy services for large numbers of people from Nepal's Banke and Bardiya Districts and Karnali Zone. People from elsewhere in Nepal and from India also come for treatment.

The outpatients service provides: screening of TB suspects; TB diagnosis; TB case registration and treatment with DOTS [Directly Observed Treatment Short-course]; referral after diagnosis to appropriate health facilities; counselling and advocacy for patients needing appropriate care in other health facilities; and health education.

The Centre is one of those in Nepal providing DOTS treatment, and also provides treatment for multi-drug resistant [MDR] TB [DOTS Plus]. It is the only DOTS Plus centre in Mid Western and Far Western Nepal. The Centre provides daily DOTS treatment for first-line TB patients and DOTS Plus treatment for MDR patients. The Centre also supervises and monitors DOTS Plus activities in the three DOTS Plus sub-centres in the Mid Western Region.

The inpatient service has 26 beds to provide care for seriously ill TB patients who need inpatient treatment and cannot access it elsewhere. The service is available 24 hours a day. Patients are admitted with extensive lung involvement, TB meningitis, spinal TB, MDR TB, TB with HIV/AIDS co-infection, drug reactions, side effects and other serious illness. Recreation services [games, literacy classes], counselling and health education are

provided for inpatients and their families. Nutritious food and accommodation is provided free of charge.

The Centre has a well-equipped laboratory where investigations are performed for TB and leprosy diagnosis. Sputum checks and skin smear examinations are the main functions. Blood tests, mantoux tests, urine tests and stool tests are also carried out. Fluorescence microscopy is also available.

The Centre has been involved in research with the International Union Against Tuberculosis and Lung Disease, based in Paris. Study C focused on a clinical trial of intermittent TB treatment begun in September 2004, and follow-up was completed at the end of June 2008.

The Centre provides skill transfer in the areas of TB and leprosy for the government's basic health service staff, non-government organisation staff and other individuals. The Centre is keen to develop relationships with the government and other organisations by providing support and training and so improving the quality of TB care in the Mid Western Region. A three-month customised skill transfer programme was recently offered to recently qualified community medical auxiliaries and nurses.

Deepa's story

Deepa is originally from Darjeeling in India. Her husband is from Dailekh District. She got TB, defaulted on her first treatment in India and failed her second treatment. Her husband works in Delhi and their 6-year-old son lives with grandparents in Dailekh. Deepa misses her son very much and looks at photos of him often. She has responded well to MDR TB treatment at IBP's TB Referral Centre and her sputum is now negative. However, she still has 20 months of her two-year residential treatment to complete. She has gained three kilos in weight, which she attributes to the medicine and food provided for her as an inpatient at the Centre.

DRUG AWARENESS AND REHABILITATION CENTRE

IBP's Drug Awareness and Rehabilitation Centre [DARC] has been in operation for five years. It is the first drug rehabilitation programme in Nepal's Mid Western Region. DARC is located in Nepalgunj, one of the towns most affected by illegal drug use in Nepal. The open border with India makes drug trafficking comparatively easy. DARC's staff develop their skills together, serving 'Each client individually' and working as a team. DARC's approach is holistic, providing physical, mental, social and spiritual care.

At DARC's drop-in centre there are harm reduction activities and community outreach programmes. Harm reduction activities include: behaviour change sessions; syringe exchange; counselling; and general first aid. During the year DARC's harm reduction programme supported over 300 drug users. Through harm minimisation, behaviour change and peer communication, users are prepared for maintaining a drug-free lifestyle. Out of 300 users, 34 were selected as peer communicators, trained and mobilised. Additionally, 130 new users were registered and provided with education and counselling about drug addiction and HIV/AIDS.

As part of a community awareness raising programme, drug and HIV/AIDS education was provided to 1,833 school students, 40 INF staff, 1,200 Christian youths, 32 local religious leaders and 37 female health volunteers. About 12,000 items of Information Education Communication material on drugs and HIV/AIDS were distributed. In addition, DARC carried out drug-related motivational radio interviews, newspaper articles and street programmes.

A residential centre for drug treatment was started in November 2007 and can accommodate 12 people. The course lasts five months with a year's home-based follow-up. During the year 41 users [including 7 from the previous year and 6 follow-up clients] were supported through treatment and rehabilitation.

WOMEN INVOLVED IN A SELF-HELP GROUP FOR DISPLACED PEOPLE

DARC also provides care and support for clients with HIV/AIDS, including voluntary counselling and testing, education in safer lifestyles and general health improvement. During the year 20 HIV+ users were provided with care and support. Another 34 users were provided with HIV counselling and testing. A further 64 HIV-affected people were supported by a partner organisation, 29 were tested for CD4, 34 were treated for opportunistic infections, and 12 were supported with antiretroviral treatment.

Indu and Nayan's story

Indu is from an affluent and well-known family. She was given in marriage to Nayan two and a half years ago. She discovered that Nayan was taking drugs. She found out about DARC through a radio programme and got in touch for more information. She talked with Nayan about the treatment DARC offers for those trapped in drug addiction and finally convinced him to go to the DARC centre. Nayan's treatment was not easy, but it was successful. Thanks to the efforts of DARC's staff and his wife's support he was able to change. Indu has become very involved with DARC, attending its programmes and having counselling with DARC staff. Nayan is now about to finish his treatment.

BANKE COMMUNITY DEVELOPMENT

INF's Banke Community Development section [BCD] has three senior staff together with eight community facilitators and four local community volunteers.

BCD's Nepalgunj Town work was handed over to Mahila Milijuli, a local non-government organisation, on 13 January 2008. Mahila Milijuli has been formed by local people who have worked with BCD for the last twelve years. It now has its own legal status, making negotiations with local government much easier. Group leaders have taken responsibility for continuing the work. BCD now focuses on building capacity in Mahila Milijuli, which is trying to register as a co-operative so it can revolve money deposited by members as monthly savings.

BCD moved into the Raptipari area, establishing a field office in the Fattehpur village area and beginning work there and in the Gangapur village area on 15 January 2008. These areas were chosen because of their health, economic and social status. BCD collected population data, did a household listening survey, formed and facilitated groups, met with committees, built relationships and co-ordinated with other organisations. In Raptipari, BCD will focus on: group empowerment in the most marginalised communities; health awareness; and work with local community structures, civil society and committees. Where BCD's Nepalgunj Town work benefited 950 families, a population of almost 30,000 may benefit in Raptipari.

BCD works with people displaced from villages by economic conditions. The work of BCD's Displaced People's Initiative [DPI] in Mankhola and Kohalpur was handed over to local communities on 16 July 2007. DPI has begun work in Shakti Nagar and Bikash Nagar in Rajena village's Ward 4 in Banke District. A DPI community facilitator has been posted in the field near the community for better understanding, relationships and access with local people.

DPI's two former community groups have formed their own non-government organisations. JSIC [Janakalyan Social Improvement Committee] has been formed in Mankhola, while USIC [United Social Improvement Committee] has been formed in Kohalpur. Both organisations are preparing proposals to submit to DPI so that they may become local partner organisations. They are also working with others including the village development committee office to seek resources for agriculture, income generation and school construction. The groups in these two locations facilitated by DPI include 1,359 members from 269 households.

DPI also develops local non-government organisations' capacity to work for displaced people. DPI has been working with seven local partner organisations.

NUR AHMAD KHAN'S SHOP

BCD's Community Based Rehabilitation work [CBR] has two staff and one local community facilitator. CBR works in three areas: building the capacity of existing BCD and DPI community groups in the area of disability; building the capacity of local non-government organisations to work for disabled people; and socio-economic rehabilitation for poor disabled individuals, including people affected by leprosy and TB.

CBR has been concentrating its awareness raising activities in community groups in Nepalgunj, Mankhola and Kohalpur. There is regular updating of data on people with disabilities. People with disabilities are included in and supported by groups related to BCD and DPI and there is ongoing awareness raising for these groups in the area of disability issues.

In Nepalgunj groups there were 118 people with disabilities, in Mankhola 65, and in Kohalpur 62. Some received basic physiotherapy from the BCD facilitator and were regularly assisted and supported by the INF physiotherapist. Many were referred elsewhere for further treatment, assistive devices, education, income generation opportunities etc.

CBR staff supported seven local partner organisations, which received informal training in primary rehabilitation therapy from INF's facilitator and CBR adviser, in addition to financial and organisational development support.

Nur Ahmad Khan's story

Nur Ahmad Khan, 26, runs a shop in Belahari village with daily takings of around NRs 700 and a profit of around NRs 150. Three years ago while labouring in India he suddenly collapsed and became unable to walk. Friends took him to hospital for treatment, but he was not cured. A few months later he returned to Nepal and his father took him to Bheri Zonal Hospital in Nepalgunj for treatment. He was then referred to INF's Green Pastures Hospital and Rehabilitation Centre in Pokhara where he was treated for a few months before returning home. Two years ago BCD helped him to start a shop. The shop is now successful, and his father helps him to purchase goods from Nepalgunj and Rupaidiha. His brother and sister are able to go to school now and his family are very happy. He is grateful to INF.

BHERI ZONAL HOSPITAL SUPPORT SECTION

IBP provides support for Nepalgunj's Bheri Zonal Hospital [BZH], the largest government hospital in Nepal's Mid and Far Western Regions, through: physiotherapy provided by an expatriate physiotherapist; patient advocacy with local partner organisation Sarwangin Sewa Samaj; and a Poor Fund for inpatients and transport of patients to other facilities [for example patients with burns or needing rehabilitation for spinal cord injuries or amputations].

Involvement this year was limited, as the expatriate physiotherapist was on home leave, this also limited opportunities for physiotherapy training. However, one member of BZH staff did a one-week course as follow-up to a three-month course which IBP organised the previous year. Four burns cases and one person with spinal cord injury were referred to other hospitals.

IBP's BZH Patient Advocate assisted poor, disabled and illiterate patients and those without assistance in the outpatients and emergency departments, directing them to the right facilities in the hospital and elsewhere. She tries to help inpatients, especially those in the Poor and Helpless Ward and Burn Wards.

IBP's BZH Poor Fund helped 78 patients and their caregivers with money for food, medicine and medical tests. Money was also given to BZH from the Poor Fund when stocks of drugs ran out due to a large influx of patients affected by floods. The Poor Fund has also paid for life-saving transport of rehabilitation or burns patients to INF's Green Pastures Hospital and Rehabilitation Centre in Pokhara, Tansen Hospital and Sushma Koirala Memorial Hospital.

IBP's local partner organisation Sarwangin Sewa Samaj [SSS] is a committee of New Zion Church in Nepalgunj. INF helped SSS with a successful application for funding from the UK's BMS World Mission. SSS and IBP each pay part of the BZH Patient Advocate's salary. New Zion Church helped the Patient Advocate to assist 30 patients with clothes, financial support etc.

Amrita's story

Amrita, 22, is from a low caste and life has been a struggle for her and for her husband. She was married at the age of 20 and has two children. She is from Mahendranagar in Kanchanpur District in the Far Western Region of Nepal. When she was pregnant with her third child, her husband broke both his legs in an accident. He was referred from Mahendranagar Hospital to BZH. Amrita begged and collected donations for his treatment in Mahendranagar and their transport to Nepalgunj. BZH provided him with a free bed and food but Amrita had no food for herself or their two children. Being heavily pregnant she was unable to work and so began to beg on the streets in Nepalgunj. She was then admitted to BZH for the birth of her baby. This meant her husband had no carer, and neither did she or their children. However, IBP's Patient Advocate Bishnu met them, got clothes for them and, with help from INF's Poor Fund, made sure they had food to eat. Bishnu has continued to help them, providing counselling, a listening ear and advocacy.

RESOURCES

At the end of the year IBP had 60 staff, of whom three were volunteer expatriates. Expenditure was NRs 22,812,823, with the TB Referral Centre accounting for approximately NRs 9,700,000.

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

DISABILITY CLIENT IN GHORAHI

DANG PROGRAMME

THE INF DANG PROGRAMME [IDP] IS BASED IN GHORAHI, THE CENTRE OF DANG DISTRICT, AND SERVES THE PEOPLE OF NEPAL'S HILLY RAPTI ZONE [POPULATION 1.6 MILLION]. MOST PEOPLE HERE MAKE THEIR LIVING FROM AGRICULTURE. TRANSPORT IS DIFFICULT, ESPECIALLY IN RUKUM DISTRICT. LITERACY IS 40%. IDP PLANS TO START A NEW COMMUNITY HEALTH AND DEVELOPMENT PROJECT TO STRENGTHEN HEALTH SERVICES, RAISE AWARENESS, IMPROVE ENVIRONMENTAL AND MOTHER AND CHILD HEALTH, AND EMPOWER LOCAL COMMUNITY GROUPS TO ASSESS THEIR OWN HEALTH AND DEVELOPMENT NEEDS AND TAKE ACTION TO MEET THEM.

BENEFICIARIES

Advice and Support

Area of work	Beneficiaries
Ward admissions	92 TB / leprosy patients
Ward bed-days	397
Neuritis clinic outpatients	511 visits
TB-related clients assessed in outpatient clinic	210 assessments
Leprosy-related clients assessed in outpatient clinic	2,219 assessments
Confirmed new leprosy diagnoses	26
Clients provided with health education / advice	1,642
Clients counselled	624
Follow-up visits to late neuritis patients	13 visits
General medical / surgical clients supported [via Poor Fund, referral, treatment etc.]	35
Clients receiving charity	957
Socio-economic assistance for HIV+ clients	3
Advocacy for HIV+ clients	4
5-day training course for Nepal government staff	34
3-day training course for community volunteers	15
CATS bed-days [LPO supported by Advice and Support section]	1,820
Adult literacy	16
Support from Poor Fund	1,500

Disability Prevention and Rehabilitation

Area of work	Beneficiaries
Clients seen	865
General rehabilitation admissions	23
Leprosy 2-week self-care admissions	30
Other leprosy admissions	19
Total admissions	72
General rehabilitation outpatients	106
Leprosy outpatients	440
Total outpatients	546
5-day POID training course for health workers	34 [2 courses]
3-day POID training course for community volunteers	15 [1 course]
Physiotherapy residential clients	39 sessions
Physiotherapy clients seen in District Hospital	25 sessions
General outpatients seen	131 sessions
Leprosy outpatients seen	880 sessions
Health education / self-care teaching received	422 visits
Exercise taught and supervised	426 sessions
VMT / ST tests	880 assessments
Manual Muscle Tests [MMTs] performed	16 assessments
Canvas shoes provided	109 pairs
Deep-soled shoes provided	29 pairs
MCR insoles provided [3mm and 8mm]	87
Footwear repairs provided	5
Other orthotic devices given	30
Literacy clients	55
Counselling clients	34

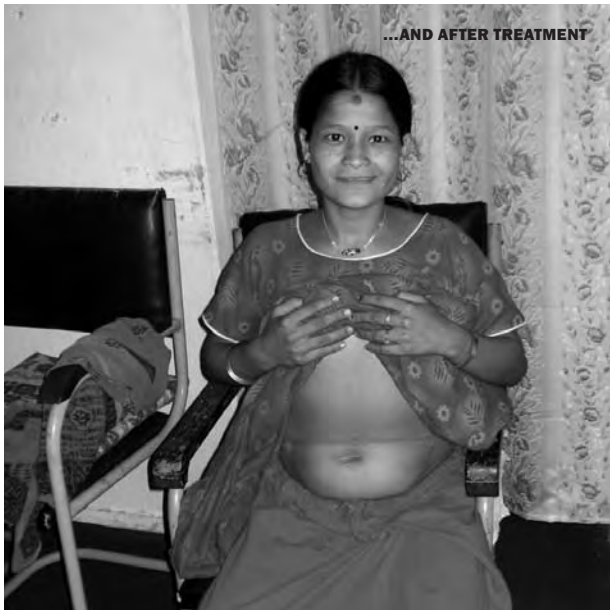
Displaced People's Initiative

Area of work	Beneficiaries
Income generation support	28
Partial scholarships	48
Medicine distribution	1,095
Capacity building training course	208
Emergency support	35
Toilet construction support	1
House construction support [for meetings, with furniture]	1
Drinking water supply construction and repair	5
LPOs supported	3 LPOs
Support through LPOs	1,937 [388 households]

Community Based Rehabilitation

Area of work	Beneficiaries
Functioning LPOs	3 LPOs
Functioning self-help groups	5 [74 members]
Capacity building for LPOs	62 people [7 events]
Capacity building for self-help groups	48 people [5 events]
PRT skills training course for community workers	3
Awareness raising events [disability / HIV/AIDS / health education]	468 people [18 events]
Clients referred to section for direct support	59
Clients assessed at home for direct support	28
Direct support [education / housing / referral / income generation / living support / PRT]	31
Community awareness raising by 3 LPOs	3,607 people [85 events]
Disabled people directly benefiting from 3 LPOs	1,007

SHIVA BEFORE TREATMENT...


...AND AFTER TREATMENT

ADVICE AND SUPPORT

The Advice and Support section provides TB and leprosy services that the government and others are unable to provide, and enables people affected by TB and leprosy to access care at the appropriate health facility. The service is targeted towards poor and marginalised people in the Rapti Zone, but people from neighbouring districts are also assisted. Services include: a weekly neuritis outpatient clinic; confirmation of leprosy diagnoses; an inpatient ward; assessment, diagnosis and referral for TB and leprosy patients; assessment, diagnosis, treatment and referral via a Poor Fund for other clients; counselling; health education; advocacy; home visits for follow-up, defaulting clients and socio-economic assessment; income generation for HIV+ clients; training for government health staff; and technical, management and financial support for the CATS hostel for TB and leprosy patients.

The section supports CATS, a Christian partner organisation running a hostel for TB and leprosy patients, youth awareness programme, school health education, scholarships for poor children and community transformation. The section provides financial support for the hostel and the Medical Advisor gives medical, technical, donor liaison and management support. The section has helped provide training in disability and prevention of impairment to local church members, and provides medical assessment, treatment and referral for poor patients from the churches. The focus of the work with CATS is capacity building for sustainability. Training and medical services are dependent on availability of trained personnel and funding.

There has been an unexpected increase in the flow of clients. There are few other services in the Rapti Zone for leprosy patients, who are still stigmatised in government and private health facilities. It is expected that the flow will not decrease sharply, especially the flow of leprosy-related clients. Positive changes in attitudes towards the disease among health workers, together with improvements in infrastructure and supply methods, can bring significant changes for leprosy patients, but as experience has shown in other countries this can be a long process. The section will only cease to be needed once such improvements have taken place.

New HIV/AIDS work which had been planned did not take place due to a change in higher-level INF policy. The section was involved in limited work with HIV+ people such as income generation, home visits, advocacy and assistance in acquiring antiretroviral drugs.

Drug supply in the government system is not always reliable and patients referred to the district hospital or health posts for leprosy medicines are not always able to obtain them. The INF Medical Co-ordinator has taken up the issue with leprosy control authorities but problems continue.

Shiva's story

Shiva, 20, is from a remote village in Dang District. When she arrived at IDP she was breathless, malnourished, weak and unable to stand or sit easily by herself. Her abdomen was huge, distended by fluid. Her husband and family had abandoned her, only her mother continued to support her. Her father had died when she was young and her mother had struggled to feed and clothe the family, educating the children was not possible. Shiva developed abdominal TB as a child and several years of treatment at IDP's clinic were needed to cure her. Years later she returned in the hope IDP could help her again. She had married young to a neighbouring villager. With no prospects in the village they went to Kathmandu where they worked as labourers in a brick factory, carrying and loading bricks in clouds of brick dust and smoke. Although Shiva enjoyed living in Kathmandu, she became sick after a year and was unable to work. Her husband became angry and replaced her with another 'wife'. He threatened to kill Shiva if she did not go away. Sick, illiterate and having nobody to assist her, she was helpless. After begging she raised the money to return to her mother in Dang who brought her to the IDP clinic. She was assessed and provided with the fare to travel to the nearest centre where treatment is available. On her return, IDP continued to provide her with free treatment. She is now much better, but her husband will not take her back. She lives with her mother and helps to support the family.


BUDDHI RAM NEPALI, AGED 44

DISABILITY PREVENTION AND REHABILITATION

IDP's Disability Prevention and Rehabilitation [DPR] section seeks 'to enable and support people affected by leprosy or other disabling conditions to reach their full potential'. The section prioritises leprosy-affected, poor, needy and marginalised people. DPR includes the following services: a two-week residential training programme in self-care and wound care for leprosy clients; an inpatient ward for general rehabilitation and leprosy clients [before and after reconstructive surgery, treating ulcers etc.]; an outpatient service for general rehabilitation clients; physiotherapy for outpatients, inpatients and leprosy self-care residential clients; diagnosis and referral assistance for patients with serious or complicated conditions; footwear for leprosy clients with World Health Organisation Grade 1 or higher disability; provision and repair of orthotic devices; counselling and advocacy; adult literacy classes; home visits; 1- and 5-day training courses in Prevention Of Impairment and Disability [POID] for the staff of government health posts and local partner organisations; a 3-day POID training course for local community volunteers; physiotherapy support for the local government hospital; networking with organisations involved in similar services; and a Poor Fund.

The IDP centre is the only place in the Rapti Zone where self-care and POID services are available. DPR serves both people with disabilities and their carers. As well as serving clients with treatment, physiotherapy, health education and preventive measures DPR improves the knowledge, skills and experience of health workers and community volunteers in disability care and prevention. In the reporting period the number of general rehabilitation patients accessing DPR increased significantly.

A three-day POID course was provided for 15 members and leaders of seven churches in Dang District. The leaders found the training very beneficial, asked for more training in Dang and recommended that training be given to church members and leaders in the other four districts of the Rapti Zone. Since their training, participants from the churches have been better able to identify people with disabilities who could benefit from IDP's services and have referred them to the IDP centre. DPR provides care and rehabilitation for church members with leprosy and general disability. The section improves the self-esteem and awareness of clients with leprosy and disabilities so that they are better able to claim their rights.

Government leprosy services are problematic and TB and leprosy work handed over to them in 2005 is not always being done satisfactorily. Clients are not always able to access leprosy medicine from government services.

Buddhi's story

In pain and unable to walk, 44-year-old Buddhi Ram Nepali came to IDP for help. Eight months previously, while working as a labourer building roads in India, a large rock fell on his left leg causing a compound fracture. Buddhi was x-rayed at hospital but no operation was performed. His leg was put into a cast and he was sent home. After three months he went to a private medical centre to have the cast removed and was given another cast for five months. This was removed at the government hospital in Dang and he was referred to IDP for assistance. His left lower leg was visibly deformed, was causing great pain and was unable to bear weight. An x-ray confirmed malunion of tibia / fibula fracture. He needed an operation to re-break the bones in the right places. The operation is not available in Dang and he was too poor to travel or pay any medical costs. He and his wife have five daughters in a small house on unregistered land. They have just a couple of chickens. His labouring had been their main source of income, and they had taken out a loan to cover the cost of previous treatments. IDP arranged for his transfer to Kohalpur Medical College, where the operation was successfully carried out. He returned to IDP for post-operative care and rehabilitation. His leg is now straight and he is free of pain. He can walk unassisted and work again to support his family. He is very grateful to INF.

DISPLACED PEOPLE'S INITIATIVE

The Displaced People's Initiative [DPI] works with poor community groups to improve their health and well-being in settlements of people displaced from their original homes for economic, political or other reasons. DPI also works with surrounding host communities. Its strategy is to partner with other organisations, local partners assisting displaced people in its work areas.

After an initial survey, DPI originally worked with displaced people in Tribhuwannagar. It still works in that location but now also works in other areas where people have settled after being displaced from other parts of the Rapti Zone.

DPI provides basic health, education and income generation, its working approach is the Group Action Process. DPI implements services directly and through three local partner organisations [co-operation with a fourth partner was completed in January]. The three partners are: Community Development Unity Centre [CDUC]; Baal Utthan tatha Mahila Sachetana Yuwa Club [BUMSYC]; and SAFE Nepal.

DPI works to improve the quality of the displaced people's lives through the formation of self-help groups, and by helping with income generation, scholarships, safe drinking water, basic housing, capacity building, awareness raising, advocacy training, health support, emergency support etc. DPI intends to start work with new local partner organisations in the coming year.

Training for self-help groups and local partner organisations has been provided in leadership, advocacy, health education for teenagers, report and proposal writing, account keeping, income generation etc. There has been support for basic infrastructure such as drinking water supply and toilets. Displaced children have been assisted with scholarships to help them attend school. There have been positive changes in the attitudes of displaced people and many are now more hopeful about improving their situation.

The groups are now able to work independently and can approach local government and other organisations to claim their rights and express their needs. DPI training has enabled them to write proposals and advocate for their communities.

The local partner organisations have experience of working with local people who trust them more now that they co-operate with INF. They are forming their own partnerships with other organisations. DPI's capacity building training courses have been of great help to them.

The displaced people feel development is for them and that it is something they can do. This sense of ownership is vital for the sustainability of their activities.

Community groups are now able to write proposals and reports as a result of INF's training. INF has helped them to access local resources and assert themselves for their own development. The groups run their own income generation activities, which have been successful

Displaced people have approached government agencies for assistance with citizenship, electricity, water, bridges etc. Some have received scholarships from local schools. Others are now aware that they need to get land certificates from government authorities.

Attitudes have changed so that: daughters are now sent to school as well as sons; there is less discrimination against women; medical doctors are consulted rather than witch doctors; there is less discrimination against people from lower castes; and health and sanitation is improving with the result that there has been a decrease in communicable diseases.

GROUP MEMBERS ON A HEALTH EDUCATION COURSE

Belandanda's story

Belandanda is a community in the Chailahi village area of Dang District. It had a bad reputation for prostitution, drunkenness and stealing. It is a place where people have settled after being displaced from their homes elsewhere in Dang and in Rolpa, Pyuthan, Argakhanchi, Rukum and Salyan Districts. Some have been displaced by conflict, others by poverty, unemployment and problems with rich landlords.

One woman said 'People don't know each other, they don't co-operate or support each other. Men play cards all day and drink in the evenings, then they quarrel at night and the neighbourhood is like hell. That's why we have a bad reputation.'

DPI formed three groups in the area to discuss local problems and make and implement decisions. Since then the community has changed visibly. There is more of a feeling of 'we' rather than 'me'; income generation schemes have begun; people help each other; illiteracy has decreased from 75% to 25%; people are confident that they can improve things by working together; it is easier for local people to identify what is good and bad for their community and family; they have begun to work with the government and other organisations to improve the community; economic improvements mean almost all children are able to attend school; there are less quarrels, as people are more busy; people are more aware; a small meeting hall has been constructed with DPI; each group member has a toilet in their own home, having paid 80% of the cost with DPI paying the other 20%; women are in positions of leadership; girls are being sent to school, and discrimination against girls has decreased; women are studying in non-formal education classes, dramatically increasing literacy rates; and local people keep the neighbourhood clean.

Other people living locally have changed their formerly negative attitudes towards the displaced people and have joined in with them after seeing their efforts.

Three groups have collected NRs 200,000 and are lending it to members. Now nearly all members have some kind of work, raising their economic status. The three groups have together formed a single main committee of eleven people which they would like to register formally as a non-government organisation.

COMMUNITY BASED REHABILITATION

IDP's Community Based Rehabilitation [CBR] section works in Dang, Salyan and Pyuthan Districts and plans to start work in Rukum and Rolpa Districts in the near future. CBR builds the capacity of three local partner organisations working in the area of disability, through financial support, mentoring and training.

CBR also assists self-help groups for disabled and marginalised people. Existing self-help groups [for example groups formed by the DPI section] are encouraged to include people with disability and stigmatising disease. In addition, new self-help groups are established through existing community structures such as churches, together with the assistance of local community facilitators. This means the groups are more likely to be sustainable. The groups are empowered and strengthened by training in group leadership and micro-business, vocational training etc. It is expected that ten new self-help groups will have been established by the end of 2008.

CBR also tries to change community attitudes towards disability. CBR staff work with schools, non-government organisations, churches etc., raising awareness of disability and trying to reduce stigma with interactive programmes designed to encourage people to include the disabled and stigmatised in their groups. Lobbying and advocacy are carried out to ensure disabled people receive employment and education rights.

CBR is also involved in socio-economic rehabilitation and direct client assistance in the form of counselling, vocational assessments, income generation training, home follow-up assessment and referral for operations and rehabilitation. Where there are no other resources, CBR meets the basic needs of clients, including people with leprosy and TB who are unable to generate their own income.

CBR also encourages networking between disability service providers in the Rapti Zone, to improve access to services and improve their quality.

The three local partner organisations and five self-help groups function well. One local partner in Dang called FHRD has a 28-month contract for disability work with the Hong Kong donor Linklaters. CBR helps FHRD with monitoring and reporting, but is seeking to ensure that FHRD will be independent next year.

First established as a self-help group by CBR, the Dang Gobardiya village group has become a community-based organisation and has recruited its own local community facilitator. The group used NRs 10,000 from its village's development committee for data collection, awareness raising, and referring clients. The group intends to register as a non-government organisation, drawing on funding from local resources and other non-government organisations. As a result of advocacy by community groups set up by INF, local government is becoming more aware of the needs of disabled people and authorities are ready to allocate 5% of their budget for the welfare of the disabled.

Self-help groups in churches in Dang and Salyan have been active in rehabilitating disabled people. The Salyan group has carried out awareness programmes, including a village-level disability workshop which helped disabled people to access services. CBR expects to begin a formal partnership with Salyan church to improve local rehabilitation services.

Local private and government organisations now include people with disabilities, and there is greater participation by disabled people in community activities.


PUSPA BEFORE TREATMENT

Puspa's story

Puspa Gharti, 14, lives with her parents in Laxmipur village, near the town of Ghorahi. She was disabled by burns when she was 3 years old - her right arm was fixed to her chest, and the fingers of her right hand were joined together. She found it difficult to get dressed and her mother had to wash her. Her family had no idea that she could be helped by surgery. They were too poor to pay for any medical treatment, they had just enough money to feed and clothe themselves.

At the end of 2007, CBR's local partner organisation FHRD visited her and made an assessment. FHRD's worker Kanti Sharma told Puspa that she could be helped by surgery. Puspa was initially delighted until she realised her family had no money to pay for treatment. Her parents were afraid that surgery would cost them lots of money.

Kanti contacted HRDC children's rehabilitation hospital in Kathmandu and explained the situation. The hospital agreed to perform surgery free of charge. Puspa stayed in hospital for six weeks and had two operations on her arm, chest and fingers.

Now Puspa's arm, chest and fingers are no longer stuck together. She can do many things she could not do before, and can live on her own and cook for herself. She attends FHRD's primary rehabilitation therapy centre three times a month for physiotherapy exercises which have improved the range of movement in her shoulder, elbow and fingers. Puspa is very happy and feels she has a completely new life. Her family are very happy too. She is studying in Class 9 in a government school in Ghorahi, and helps other disabled people by referring them to CBR and FHRD too.

HEALTH SUPPORT SERVICES

In addition, IDP's Health Support Services provided a donation for a health camp organised by the district hospital and two new rooms for a health service building.

RESOURCES

IDP had 22 staff including two volunteer expatriates. Expenditure was NRs 11,033,661.

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

COLLECTING WOOD IN JUMLA

JUMLA PROGRAMME

THE INF JUMLA PROGRAMME [IJP] 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, SOCIO-ECONOMIC REHABILITATION OF TB AND LEPROSY PATIENTS AND PEOPLE WITH DISABILITIES, SELF-HELP GROUPS WITH PEOPLE IN DISADVANTAGED COMMUNITIES, AND SUPPORTING LOCAL PARTNER ORGANISATIONS TO DO SIMILAR WORK. THE AIMS ARE TO REDUCE PEOPLE'S VULNERABILITY AND IMPROVE THEIR STANDARD OF LIVING. INF'S WORK IN JUMLA DISTRICT ALSO SERVES MANY RESIDENTS FROM ELSEWHERE IN NEPAL'S KARNALI ZONE.

BENEFICIARIES

Area of work	Beneficiaries	Comments
Nutrition Referral Centre	179 children	
Malnourished children followed up	278 visits	
Gynæcologist visits	380 operations	
Ante-natal / mother and child clinics	1,557	6 health posts
Child weighing	1,005	
Chest camp	880	3 referrals for category 3 TB
Mobile dental clinics	1,101	6 clinics
Training for District Health Office staff	18	
Training / workshops for self-help groups	52 / 180	
Outpatients	10,740	Ear, skin, burns, dental, TB, leprosy, nutrition
Inpatient admissions	114	TB / leprosy
Poor Fund patients	125	
Health awareness raising	4,470	Self-help groups 2,340, schools 900, health posts 1,230
Health education for in- and outpatients	2,255	21% of outpatients had health education
Self-help groups	782	41 groups
Orientation for self-help group leaders	10	Tour to Nepalgunj
Facilitated water provision	125 families	5 self-help groups
Facilitated pan / cement toilets	110 / 35	All in use
People training days	235	
Child education centres	45	26 boys, 19 girls, 44 enrolled in government school
LPO self-help group members	243	153 male, 90 female, 95% people with disabilities in 18 groups
Disabled clients receiving rehabilitation	56	Includes at least quarterly follow-up
Staff training	13	25 courses: laboratory refresher, report writing, dressing, septic surgery, cross-cultural management, nutrition and palliative care, rights-based, community based rehabilitation management, computing, HIV / AIDS refresher, basic nutrition, ante-natal care observation

MAIN ACHIEVEMENTS

Regular services for maternal and child health and support of six health posts continued. After several surveys, many of the health posts changed this year from the ones supported last year. Women in the new areas are coming more quickly to the health posts for services than was previously the case.

Health post workers and non-government organisation staff were trained or orientated in HIV / AIDS, surgical dressing, nutrition and health post management. There were orientation tours to Palpa District and Chapagau in Kathmandu.

INF's gynæcologist made her two regular month-long visits to Jumla. A chest camp was run one day's walk from the district centre to help increase the rate of new TB detection, helped by the local District Health Office. Two-day mobile dental clinics were run at each IJP-supported health post, with awareness raising and toothbrush distribution at local schools in the relevant areas.

CLIENT AT JUMLA CLINIC

The clinic admitted leprosy patients with complicated ulcers, drug reactions or needs for self-care training, and TB patients who were seriously ill or had TB for the second time, as well as seriously malnourished children. The outpatients included TB, leprosy, skin, ear, dental, burns and malnutrition patients. Physiotherapy classes were discontinued, but monthly visits were made to seven local people and 72 physiotherapy consultations were done.

Severely malnourished children referred by health posts, the District Hospital and other non-government organisations in the area were treated in the nutrition referral centre. They received locally available nutritious food, medical treatment and care. Mothers are taught and trained in all areas of child care while in the centre, and whole families and communities are included in teaching when children are followed up in their own communities.

The 41 self-help groups are in different stages of maturity, with the original ten groups virtually running themselves and forming their own community-based organisation. The women are able to recognise their problems and know now how to access their own and local resources in order to improve their own standard of living. Action plans have been completed involving street and forest road making, toilet building, retaining wall construction, tapstand making, organisation of labour and payment from the District Development Committee, and installation of solar and smokeless stoves.

Direct rehabilitation services for 56 people with disabilities, TB and leprosy continued, with clients given various types of help, for example income generation support, house repairs, medical support and vocational training.

Child education centres continued in two villages, with 44 children being transferred to government schools. The first group of children to be transferred are now studying in Class 5. No children failed their class examination, with eight of the children coming first or second in four different classes.

Self-help group and child education centre facilitators continue to attend monthly workshops where discussions about problems and solutions and further learning are held.

Bhote's story

Bhote BK, 50, arrived from the neighbouring district of Kalikot, after suffering for more than two years from tingling and burning sensations and loss of feeling in his hands and feet. He had been to traditional healers many times and offered goats as sacrifices, with no effect. He had visited his local health post, also with no effect. Eventually his neighbour told him to go to INF in Jumla, where he discovered he had multibacillary leprosy. At the time he had suffered for three months with a large ulcer on his foot which would not heal. He was admitted to INF's clinic for a month, and started taking medication for leprosy and received treatment for his ulcer. He was able to learn about leprosy and its effects as well as about general health. He left the clinic very grateful that his ulcer had healed, as it could have become cancerous.

CHANGES AND DEVELOPMENTS

The Nutrition Centre extension was almost finished for IJP's anniversary celebrations on 2 and 3 May 2008. Many INF and local officials were present to celebrate INF's 30 years in Jumla.

After three surveys in very remote parts of Jumla District, work with 16 new self-help groups was started.

More general patients were admitted to the clinic this year, usually they are referred elsewhere as INF does not have the resources to help them. Otherwise the clinic is running with no change of focus.

IN SEPTEMBER 2007 DHAN WAS 21 MONTHS OLD, WEIGHED 6.8 KG, WAS 73 CM LONG, AND HAD PERSISTENT DIARRHOEA, VITAMIN A AND B DEFICIENCY AND RECURRENT FEVER

AFTER TREATMENT IN INF'S NUTRITION CENTRE [WHERE HE GAINED 1.7 KG) AND REGULAR FOLLOW-UP DHAN WEIGHED 11.1 KG ON 25 JUNE 2008 AND WAS 85 CM LONG

Dhan's story

Dhan Bahadur Sunar's mother used to feed him regularly with packaged noodles which are widely available in local shops but contain lots of artificial taste-enhancing additives. Dhan became addicted to noodles and would eat nothing else. He became very malnourished with severe micronutrient deficiency. His poor diet caused him to develop severe oedemas, as excessive sodium was affecting his kidneys and almost causing heart failure. His mother listened to INF's advice and started to feed Dhan with 'super porridge', a mixture of soya beans, wheat and corn, and locally available nutritious food. Initially it was a battle to help Dhan develop good eating habits, but the struggle was worthwhile. Dhan now eats locally available nutritious food five times a day. He has no recurrent infections and is bouncy and happy. His nutritional status is almost back to normal for his age. He now has a 7-month-old brother who has also happily started eating super porridge and is a cheerful child.

FUTURE PLANS

Health support services will focus more on working with grass-root level health post staff and health post support committees in order to help make INF's work in Jumla more sustainable after handover to the community.

Gori's story

My name is Gori Kala Sunar, I'm 38 and a former leprosy patient. When I was 13 I was married and had a son but he died. Soon after I contracted leprosy, my husband left me and took a second wife. I left his village and went to live with my father, brother and his wife. I received treatment for my leprosy at this time and apart from occasional recurring ulcers I had no further problems with it. However, my sister-in-law always used to argue with me and eventually after many years I went to live in the forest alone. Later my sister-in-law joined the local self-help group in our village that was run by INF. The self-help group knew my situation and asked INF to help me by giving me goats and training. I was happy to get the goats and training, and as a result of this my family's attitude towards me changed and I am now living with them again.

RESOURCES

IJP has 22 staff, of whom two are volunteer expatriates. The Karnali Support Office in Nepalgunj is shared with the INF Mugu Programme and has 3 staff. Expenditure was NRs 13,057,777.

DONORS

GERMAN LEPROSY RELIEF ASSOCIATION

PRESBYTERIAN CHURCH OF CANADA

SAMARITAN'S PURSE

TEARFUND NETHERLANDS

TEAR AUSTRALIA

INF AUSTRALIA

GERMAN FEDERAL MINISTRY FOR ECONOMIC CO-OPERATION AND DEVELOPMENT

REFORMED MISSION LEAGUE, THE NETHERLANDS

PASTORAL CARE STAFF AT GREEN PASTURES

KASKI PROGRAMME

THE INF KASKI PROGRAMME [IKP] IS RESPONSIBLE FOR CARRYING OUT INF NEPAL'S HEALTH AND DEVELOPMENT WORK IN THE WESTERN REGION OF NEPAL. BASED IN POKHARA, IKP'S ACTIVITIES COVER 14 OUT OF 16 DISTRICTS IN THE REGION AND SERVE PEOPLE FROM OTHER DISTRICTS. INF BEGAN ITS WORK IN POKHARA IN 1952. EXPENDING HALF OF INF NEPAL'S TOTAL BUDGET AND EMPLOYING HALF OF ITS WORKFORCE, IKP IS THE LARGEST OF INF NEPAL'S SIX DISTRICT PROGRAMMES. IKP HAS FOUR SECTIONS WHOSE OVERARCHING VISION IS 'TO IMPROVE THE ACCESSIBILITY OF APPROPRIATE, HOLISTIC HEALTH CARE AND REHABILITATION FOR THE UNDER-SERVED, POOR AND MARGINALISED PEOPLE OF THE WESTERN REGION OF NEPAL, BY SUPPORTING AND EMPOWERING INDIVIDUALS AND COMMUNITIES, AND PROVIDING DIRECT SERVICES'.

Green Pastures Hospital and Rehabilitation Centre

GREEN PASTURES HOSPITAL AND REHABILITATION CENTRE PROVIDES TERTIARY REHABILITATION FACILITIES FOR PEOPLE DISABLED BY ANY CAUSE, BUT ESPECIALLY THOSE WITH COMPLICATIONS DUE TO LEPROSY OR OTHER NEURO-DISABILITIES. FOUNDED ON 3 DECEMBER 1957, IT HAS DEVELOPED INTO A WORLD-FAMOUS LEPROSY TREATMENT CENTRE, WITH MANY IMPORTANT PIECES OF LEPROSY RESEARCH AND DEVELOPMENT HAVING BEEN COMPLETED HERE. IN 1997, IN THE FACE OF DECLINING DEMAND FOR LEPROSY SERVICES, INF TOOK THE DECISION TO DIVERSIFY INTO REHABILITATION. NOW, ALONG WITH PROVIDING SPECIALIST LEPROSY SERVICES, GREEN PASTURES HAS BECOME A QUALITY REHABILITATION CENTRE.

GREEN PASTURES

BENEFICIARIES

Leprosy activities

Area of work	Beneficiaries
OPD attendance by type	MDT 930, RFT 1,404, dermatology 5,051
Laboratory tests	7,605
Micro-cellular rubber protective shoe inserts	189
Pairs of fitted shoes and MCR sandals provided	408
Leprosy reconstructive surgical operations	12
Septic surgery	87
OT assessments	327
Assessment clinics	112

Non-leprosy activities

Area of work	Beneficiaries
General rehabilitation outpatient visits	1,183
General footwear	188
Above-knee prosthesis	27
Below-knee prosthesis	81
Spinal braces	23
Orthosis	90
OT assessments	234
Assistive devices	122
Assessment clinics	280
Percentage bed occupancy	100%

BACKGROUND

Despite changes within the country and at Green Pastures, one thing that remains unchanged is the continued dedication of the staff, enabling Green Pastures to provide a high standard of care both to leprosy and rehabilitation patients. Green Pastures functions primarily as a hospital providing holistic care for the most needy and marginalised in society.

Green Pastures' unique skill base after many years of specialised leprosy work has equipped its staff to provide a holistic care package for rehabilitation. The demands for this service continue to increase. While leprosy prevalence is declining, leprosy admissions have not reduced significantly in the last three years.

The year saw major changes in staffing at Green Pastures. Dr Iain Craighead was replaced by Sandra Boone as Superintendent. A medical officer and nursing officer left, and two new medical officers and a nursing officer were recruited.

PATIENTS

Patients often had a difficult time coming to Green Pastures for treatment. As a result of national elections there were regular disruptions to transport. Continuing shortages of petroleum and rising prices for petrol and diesel made it harder for patients to travel for treatment.

Green Pastures provides services for two main types of patients, those affected by leprosy and those requiring rehabilitation. The leprosy work consumes nearly 60% of time and resources, the remainder being devoted to non-leprosy rehabilitation.

There was a slightly higher number of leprosy outpatients compared to the previous year, but rehabilitation patient numbers remained roughly the same. The dermatology clinic remains the main section of the outpatients department, and Green Pastures provided dermatological services to over 4,500 patients.

Traditionally the referral base for Green Pastures has been other INF clinics. However, as the range of work has widened considerably, the referral base has also widened. Green Pastures now accepts fully-funded referrals for reconstructive surgery from Handicap International [two patients per week] and fully-funded referrrals for general rehabilitation from the International Committee of the Red Cross [one patient per week]. The wider referral base gives Green Pastures a higher national profile and guarantees that a percentage of rehabilitation work is fully funded.

ADMISSIONS

There were 757 admissions, 60% for leprosy and the remainder for non-leprosy rehabilitation. This represented an 8% reduction in leprosy admissions and a slight increase in non-leprosy admissions. With reducing prevalence of leprosy, the pattern of leprosy activities is changing. While Green Pastures has continued to admit approximately the same numbers of leprosy patients over the past three years, the demand for reconstructive surgery within the group has declined. While reconstructive surgery reduced, the number of ulcer admissions increased. This indicates that Green Pastures may need to give more emphasis to self-care in order to resolve the recurrence of ulcers.

In terms of non-leprosy work, Green Pastures' reconstructive surgery service for post-burns contracture increased. Green Pastures' skill base in rehabilitation following hand surgery lends itself perfectly to this and has been very successful. Spinal cord injury work continues to be challenging. However, the fact that less than 2% of patients developed bed sores during their stay at Green Pastures is a major achievement. Demand for spinal cord injury beds always exceeds capacity and Green Pastures tries to give priority to those with most potential for improvement, both physically and in terms of their home environment. Green Pastures values the input of IKP's Partnership For Rehabilitation in this

MAN BAHADUR AT GREEN PASTURES

area, but lack of funding for follow-on care results in readmission of patients with bed sores and needing further expensive surgery. It is hoped that Green Pastures' study into long-term outcomes for spinal cord injury patients will guide it and INF Nepal to develop a strategy to improve long-term health for spinal cord injury patients.

Man Bahadur's story

Man Bahadur, 15, was badly burned on his right arm and both lower legs when he was just one month old. His right hand was of minimal functional use and he could only get around by crawling until he was referred to Green Pastures. He had surgery for his hand which he is delighted with, as it is now much more functional. Green Pastures' orthotics department manufactured special prostheses for him and he walked for the first time in his life. Now he is hard to keep up with! He is now a young man beginning to see a future for himself. He has been discharged, but Green Pastures staff look forward to seeing him from time to time when he comes to have his prostheses renewed.

IMPACT AND SUSTAINABILITY

Green Pastures has been operating for more than 50 years and has refined its services to become today's Green Pastures Hospital and Rehabilitation Centre. In terms of impact, although its area of clinical work has expanded to include general rehabilitation, the main vision remains the same – to provide high-standard holistic care to the poorest and most marginalised in society. With reduction in prevalance of leprosy, Green Pastures has gradually increased its general rehabilitation work, but this has had implications for funding, resulting in more reliance on individual donors.

Green Pastures has taken a multi-threaded approach to sustainability, including finance, security, government liaison, and broadening of the skill base and referral base. In order to maintain good donor relations, Green Pastures publishes monthly and quarterly newsletters. It is in discussion with INF Nepal's Donor Team as to how to bridge gaps in leprosy and non-leprosy funding. The hospital management team is also considering ways of improving income-generation capacity.

UPDATING STAFF SKILLS

The majority of staff are long-term. In order to improve and update the skill base of staff Green Pastures was assisted by the International Committee of the Red Cross to send eight staff to Cambodia for exposure visits. Two nursing staff had opportunities to attend basic leprosy training locally. A 'Nepal Ability Team' from Toronto in Canada continues to visit and assist with hands-on training, this year focusing on psycho-sexual function of spinal cord injury patients, and bowel and bladder control.

RESOURCES

Expenditure was NRs 31,591,083. There were 66 members of staff, including four volunteer expatriates.

DONORS

AMERICAN LEPROSY MISSION
GERMAN LEPROSY RELIEF ASSOCIATION
REFORMED MISSION LEAGUE, THE NETHERLANDS
HANDICAP INTERNATIONAL
INTERNATIONAL COMMITTEE OF THE RED CROSS
THE LEPROSY MISSION INTERNATIONAL
LEPROSY RELIEF EMMAUS SWITZERLAND
STICHTING LILIANE FONDS, THE NETHERLANDS
SASAKAWA MEMORIAL TRUST, JAPAN
SHAKTI NEPALHILFE
TEARFUND NETHERLANDS
INDIVIDUAL DONORS

Kapilvastu Community Health and Development Programme

THE KAPILVASTU COMMUNITY HEALTH AND DEVELOPMENT PROGRAMME [KCHDP] WORKS IN VERY POOR AREAS IN KAPILVASTU DISTRICT, SEEKING TO IMPROVE THE HEALTH AND WELL-BEING OF THE POPULATION THROUGH COMMUNITY DEVELOPMENT WORK AND BASIC HEALTH SERVICE SUPPORT AT PERIPHERAL HEALTH FACILITIES.

INF COMMUNITY FACILITATOR MEENA MAHATO [LEFT] AT A WOMEN'S GROUP MEETING

BENEFICIARIES

Area of work	Beneficiaries
Meeting with government / local authorities	20 government officials took part
Meeting with community members / leaders	200
Training in Group Action Process / participatory development	3 staff
Community screening to identify / rank marginalised village areas	2 VDCs
Leprosy / HIV/AIDS / disability orientation	132 teachers and students
Reproductive health orientation	50 community health volunteers
Meetings with health post management committees	4 meetings
Medicine / equipment provision	6 sub-health posts

BACKGROUND

KCHDP was established this year in Taulihawa, Kapilvastu's district centre, and works in five Village Development Committee [VDC] areas – Mahuwa, Hariharpur, Rajpur, Buddhi and Barkalpur. In Mahuwa and Hariharpur the main intervention was through the Group Action Process, focusing on the empowerment of people who are vulnerable and marginalised. KCHDP aims to improve the health and quality of life of the people of Kapilvastu District in a sustainable manner.

For half of the reporting year, especially in the period before elections, work was disturbed by the fragile security and political situation in the district. After the elections the situation improved, allowing field-level activities to be implemented, such as community screening and relationship building. Community facilitators and local facilitators have been recruited and trained.

APPROACH

KCHDP came about as INF shifted its focus from leprosy, disability and HIV / AIDS towards community health and development in Kapilvastu. KCHDP aims to provide sustainable improvements in the livelihood of people in five VDC areas in the district. Kapilvastu is home to native Terai plains dwellers and migrants from hill areas. People mainly depend on agriculture and seasonal migration to India for work. Most people have very small land holdings and many depend on sharecropping and working on landlords' farms for their living. Local issues include poor sanitation, malnutrition, low levels of literacy, a high fertility rate, early marriage, and low school enrolment [especially among girls].

KCHDP aims to improve many aspects of the lives of people in the target areas. It has adopted a two-part integrated approach in the community. The first approach, through the Group Action Process, is intended to form and mobilise local groups to meet their local needs and potential, and to take action to solve community issues collectively. Local community facilitators will help the groups. The second approach aims to strengthen local health facilities and their staff, including female community health volunteers, so that the facilities are able to provide basic health services to the local population. KCHDP wants to be as participatory as possible, participation of local people in the community health and development work is an important end in itself.

GANGA RAM IN KAPILVASTU

CHALLENGES AND ACHIEVEMENTS

During the reporting year Kapilvastu saw probably the worst ethnic / communal violence in its history. KCHDP had to vacate the area, together with other organisations. KCHDP's early-year activities were shifted to the second half of the year.

When activities were suspended KCHDP staff were transferred to centres in the Mid Western Region where they were able to learn about community health and development work.

The community development department, working through the Group Action Process, built harmonious relations with target communities. Relations improved with local authorities, who were presented with plans. After community facilitators were hired, KCHDP conducted field-level activities such as social mapping, ranking and community screening. Communities were very welcoming, which was a major achievement.

KCHDP trained female community health volunteers, held a few co-ordination meetings with health post management committees, and distributed essential drugs to needy health posts.

HIRING LOCAL STAFF

Twelve staff currently work in KCHDP. Five are local people. KCHDP deliberately hired local people from target communities so that its work would be accepted. As a result, local people are very hospitable and supportive of the work in the area.

RESOURCES

Expenditure was NRs 4,318,704. KCHDP has 12 staff, of whom none are volunteer expatriates.

Ganga Ram's story

My name is Ganga Ram Kahar, I'm from Chariganwa village in Kapilvastu. Twice I failed to get my school leaving certificate, so I'm still trying to get it. I'm from the 'untouchable' Kahar ethnic group in Nepal's Terai plains. My ancestors were forced to do low-level work, as we were considered low-caste. We were forced to clean dishes in other people's homes and at wedding, birth and death ceremonies. My parents still do this kind of work. It's dirty work but Kahar people have to do it to make a living, we have few alternatives. We get only a little money or food for doing this kind of work. When I got the opportunity to join INF as a local community facilitator I was really happy and considered myself very fortunate. Before I joined INF I didn't have the confidence to speak in meetings and used to avoid making eye contact with other people. When I joined INF I did a basic training course in development and facilitation skills. I had opportunities to meet people in INF and other people in the community. I began visiting each village in my area, meeting lots of people and building a rapport with them. I have learned lots of techniques to help me to work with marginalised people. I'm also from an untouchable and marginalised community, so I know their problems in depth. I'm committed to working with marginalised people and to try and improve their lives through facilitation. I think a lot about how people become socially marginalised, and what we can do to help them. I'm really happy working with INF. It gave me the chance to help marginalised people, and to develop through my work.

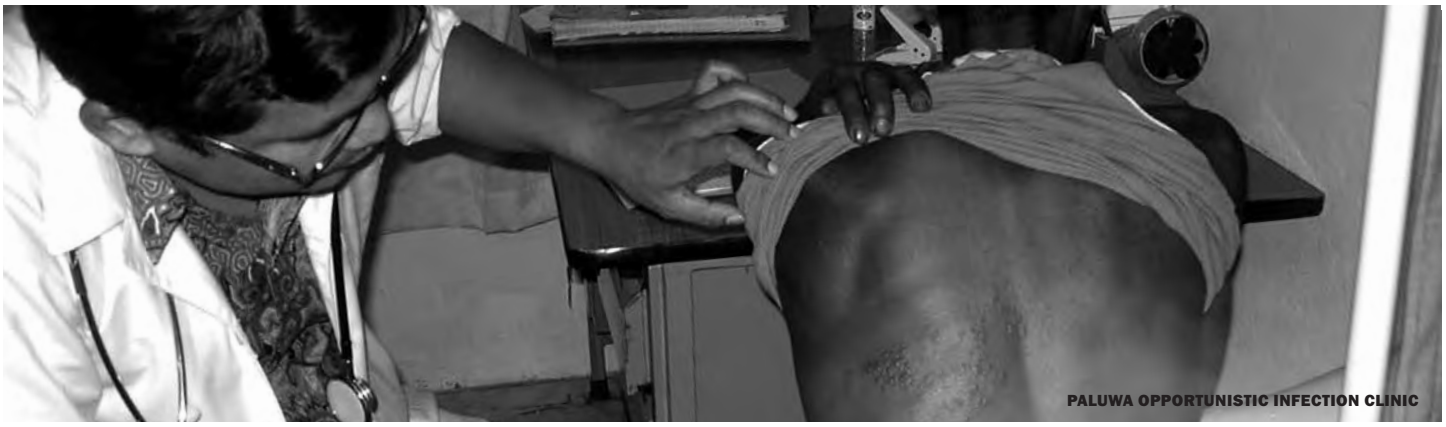
DONORS

LEPROSY RELIEF EMMAUS SWITZERLAND

TEAR AUSTRALIA

Paluwa

PALUWA IS IKP'S HIV / AIDS SECTION AND AIMS TO PROVIDE A CONTINUUM OF CARE SERVICES TO PEOPLE LIVING WITH HIV / AIDS. PALUWA'S INTEGRATED CARE CONSISTS OF SERVICES SUCH AS VOLUNTARY COUNSELLING AND TESTING, COMMUNITY- AND HOME-BASED CARE, MANAGEMENT OF OPPORTUNISTIC AND SEXUALLY TRANSMITTED INFECTIONS, AND INCOME-GENERATION OPPORTUNITIES. PALUWA ALSO MANAGES THE SOCIAL CARE UNIT AT THE GOVERNMENT-RUN WESTERN REGIONAL HOSPITAL IN POKHARA, AND ASSISTS THE HOSPITAL IN HIV-RELATED ACTIVITIES.



PALUWA OPPORTUNISTIC INFECTION CLINIC

BENEFICIARIES

Area of work	Beneficiaries	Comments
VCT services	907	966 clients visited the VCT site, 942 had pre-test counselling, 907 were tested for HIV, received results and had post-test counselling, 67 were HIV+
Care counselling	52	Further counselling was given to those testing positive
Basic treatment at weekly clinic for new / existing PLWHA	225	46 clinics, 221 PLWHA diagnosed and treated for opportunistic infections
Basic treatment at weekly clinic for new PLWHA	104	Many received poor fund assistance
Sexually transmitted infection services	829	274 diagnosed with STIs, 252 treated
Community- / home-based care	60	14 new clients
Training for PLWHA, carers, family members, NGOs, youth	352	8 advocacy / interaction / seminar / network meetings
Basic HIV/AIDS / STIs / care and support orientation	572	9 1-day events
Capacity building for staff members	8	4 events including training / observation tour / workshop
Orientation through LPO Asal Chhimeki	3,081	21 events for local church / community members
Western Regional Hospital poor fund help	3,633 occasions	2,800 patients assisted with a total over NRs 1,000,000
Western Regional Hospital poor fund help for PLWHA	840 occasions	

BACKGROUND

Paluwa continued its focus on providing HIV / AIDS- and STI-related services to people affected by HIV / AIDS and other groups at risk. The quality of the services provided is the major factor attracting clients to Paluwa. There was a smaller number of clients than expected, partly because other organisations now provide similar services to the same target groups. Stigma and discrimination prevented some HIV+ people from coming forward. There was a shortage of money in poor funds which facilitate treatment of the poor and marginalised. The Paluwa Manager left to study for a Master's degree in Public Health and an Acting Manager took over. In the second half of the year a member of staff from the IKP office was transferred to Paluwa temporarily to facilitate data recording and dissemination.

PREVENTION

Voluntary counselling and testing [VCT] remains the central part of Paluwa's work. Compared to the previous year there were less clients, but the number was still high. Most are female sex workers, clients of female sex workers, migrant workers and their partners. During the period 907 received comprehensive VCT services, and 67 were found to be HIV+. Recent trends suggest more migrant workers are being infected with HIV.

People coming for VCT services can now also take advantage of Paluwa's new STI clinic. Some STI clients are also referred for VCT. The STI clinic complements Paluwa's services and plays an important part in preventing the further spread of HIV. The STI clinic is daily and free of charge. During the year 829 new clients came for STI services, and 252 were diagnosed and treated.

SABITA AT PALUWA

TREATMENT, CARE AND SUPPORT

Paluwa has a weekly clinic which provides basic care for people living with HIV. The clinic offers check-ups, treatment and management of opportunistic infections, nutritional advice and referral and support for anti-retroviral therapy. During the year 46 clinics were run, and 221 people living with HIV / AIDS were diagnosed and treated for opportunistic infections. A poor fund provides financial assistance for clients needing treatment and medicine.

If clients wish, Paluwa can provide home-based care. A team of three staff travel to clients' homes to see to their health, check on adherence to treatment schedules and advise on nutrition and self-care as well as raising awareness among family members. Paluwa staff accompany clients to medical facilities to ensure they receive proper care. Paluwa assisted 60 clients with home-based care, and family members. Partner organisation 'Friends of Hope' helped to provide clients with residential facilities during anti-retroviral therapy in Pokhara. Clients also receive assistance for business start-up, food, travel and accommodation.

Sabita's story

Sabita [not her real name], 28, is from a rural area. She was referred to Paluwa from the Western Regional Hospital. She has four children and is the widow of a migrant worker. Her husband tested HIV+ in India and died of AIDS two years ago. When tested at Paluwa she was found to be HIV+. She was very upset and very worried for her children. She attended regular counselling sessions, which helped her to be more optimistic. Her four children tested negative, which made her very happy. She started follow-up counselling and was referred to the Paluwa clinic for opportunistic infections. She could not pay for her travel costs, so these were paid for by Paluwa. Two of her children are now able to study, as they are supported by Paluwa. She was referred to INF's Partnership For Rehabilitation for an income-generation scheme which trained her in goat-rearing. She plans to run a small business to support her family. She is in good health and wants to live life to the full, encouraging other HIV+ people to do the same. She is happy and grateful for INF's support.

SUPPORT GROUP

The Paluwa Support Group includes individuals living with HIV. Paluwa provides space and modest financial assistance for the group to run weekly meetings. Paluwa staff participate in the meetings, advising members on nutrition, healthy living, opportunistic infections and anti-retroviral therapy. The group plays a crucial role in encouraging and comforting individuals who are newly diagnosed.

TRAINING AND AWARENESS

Paluwa conducted orientations, workshops and seminars aimed at raising awareness and reducing stigma and discrimination. There were nine one-day basic HIV / AIDS and STI orientations attended by 572 people including mothers' groups, uniformed personnel, teachers and students. Eight events [advocacy, interaction, network and seminar meetings] were organised for 352 participants, relating to stigma and discrimination. Some programmes also focused on home-based care for people living with HIV. Through local partner organisation Asal Chhimeki ['Good Neighbour'] there was awareness-raising for 3,500 individuals in churches and community groups at 21 events.

SOCIAL CARE UNIT

Paluwa administers the Social Care Unit at the government-run Western Regional Hospital in Pokhara. The unit provides financial and social assistance to poor and destitute patients, including people living with HIV / AIDS coming to the hospital for treatment. Paluwa also supports the hospital in HIV- and AIDS-related activities such as counselling, anti-retroviral therapy, prevention of mother-to-child transmission and CD4 counts.

PUBLICITY AND NETWORKING

Paluwa regularly raises awareness through the public media, which also creates demand for its services. Paluwa had a two-month agreement with the government-run local radio station for broadcasting an HIV-related programme on Mondays. Paluwa is also actively involved in local networking and helped organise quarterly District AIDS Co-ordination Committees which met twice during the period.

RESOURCES

Expenditure was NRs 10,292,231. Paluwa had 23 members of staff, of whom none were volunteer expatriates.

DONORS

FAMILY HEALTH INTERNATIONAL

UNITED PROTESTANT CHURCHES OF THE NETHERLANDS

REFORMED MISSION LEAGUE, THE NETHERLANDS

TEARFUND UK

INDIVIDUAL DONORS

Partnership For Rehabilitation

THE PARTNERSHIP FOR REHABILITATION [PFR] BEGAN AS A REHABILITATION SECTION IN THE 1970S. PFR WORKS WITH PEOPLE AFFECTED BY DISABILITY AND / OR LEPROSY OR OTHER STIGMATISING CONDITIONS, ALONG WITH THEIR FAMILY MEMBERS, WITH THE AIM OF FACILITATING THEIR FULL PARTICIPATION IN THEIR COMMUNITIES. IN ORDER TO ACHIEVE THIS PFR MOBILISES LOCAL COMMUNITY GROUPS AND ORGANISATIONS IN AWARENESS- AND CAPACITY-BUILDING ACTIVITIES, AND PROVIDES DIRECT HELP TO SOME CLIENTS.

PFR GROUP DISCUSSION DURING BMZ EVALUATION PROCESS

BENEFICIARIES

Area of work	Beneficiaries	Comments
Clients	691	433 male, 258 female, 237 with leprosy, 195 PWD, 36 other
Medical rehabilitation	4	
Advocacy training for community members	57	3-day course
Rehabilitation training for community members	112	3-day course
Socio-economic assessment	342	
Vocational assessment	17	1-week assessment
Vocational training	25	Usually 6-month courses in tailoring / weaving / handicrafts / fabric painting
Farm training	29	1 week to 1 month
Agricultural training	24	1-month course
Training with local organisations	5	With community workers from local organisations
Micro-business training	26	3-day course
Self-help groups	99 groups	863 members
Local partner organisations	13	10 formal, 3 are disabled people's organisations
Management and accounting training	29 groups	3-day course
Basic community-based rehabilitation training	18	4-week course
Partners' review meeting	41	3-day meeting
Referrals	40	3 with travel expenses
Micro-enterprise start-up support	61	
House construction / renovation	14	Financial support
Sheltered housing	5	PFR-run facilities
Other, including living support	25	
Formal education	77 children	
Micro-business training for trainers	8	5-day course for community workers
Field-based physiotherapy training	31	
Support for physiotherapy clinic	8 LPOs	
Training for students	27	
Workshops	17	Organised by partner organisations for local government and non-government organisations
Disability training for women	33	For female community health volunteers
Referrals through LPOs	126	Advice, training, advocacy etc.

PFR CLIENT PURNA

BACKGROUND

PFR was able to complete most of its planned activities despite political unrest prior to elections. Many clients continued to benefit from direct assistance. Local organisations undertake PFR activities at community level. Despite many good achievements by PFR, people with disabilities in remote areas still lack good rehabilitation services. PFR's largest donor BMZ [the German Federal Ministry for Economic Co-operation and Development] evaluated the work and was appreciative of PFR.

WORKING WITH INDIVIDUALS - DIRECT ASSISTANCE

The Direct Client Assistance unit of PFR helps disabled individuals and their immediate family members. The individuals have access to a wide variety of services including counselling, awareness-raising, education, vocational training, income-generation support, housing support, referrals and other forms of assistance, all aimed at increasing the ability of the family members to sustain themselves socially and financially, and to participate in their communities as well as possible. PFR surpassed its target of assisting 350 new direct clients. The number of existing clients was 255. Most individuals were referred by partners or directly from clinical facilities. Clients coming for an initial visit are assessed to determine what type of support is most suitable for them. PFR focuses mainly on training and business creation, because when people with disabilities start to make an economic contribution they are better accepted in their homes and communities.

Purna's story

Purna, 41, is a Pokhara resident affected by leprosy. Her hands and feet are anæsthetic and she was treated at INF's Green Pastures Hospital and Rehabilitation Centre. She has a small piece of land and a tin-roofed house. Her husband is also affected by leprosy, and they have one son and one daughter. She runs a small shop, and her daughter is doing an Auxiliary Nurse Midwife course. Purna spent NRs 80,000 on her daughter's studies and it was difficult for her to find more, so she took out a loan so that her daughter could complete her education. Because of repayments on the loan she was unable to re-stock her shop, so she asked PFR for support. PFR provided NRs 20,000 for the shop, of which NRs 5,000 was a loan. Her business is doing well and she has refunded the loan to PFR. This year her daughter completes her course and is likely to find a job so she can start to support the family. Purna and her family are grateful to PFR for its help and support.

LOCAL PARTNER ORGANISATIONS AND SELF-HELP GROUPS

Another approach in supporting clients is strengthening community organisations and groups, developing their capacity in community-based rehabilitation. Thirteen organisations are linked with and supported by PFR. Local partner organisations are important for PFR's work, as they implement community-based rehabilitation and advocacy activities at grassroots level. Local partner organisations are becoming increasingly self-reliant, starting local co-operatives and acquiring funds from donors. Three partners are disabled people's organisations with special knowledge of the needs of and services for the disabled.

PFR also supports smaller informal self-help groups. Group members are affected by disability, and direct clients are also members. With four new groups added there are now 99 self-help groups working with PFR. A total of 863 group members receive training in rehabilitation and advocacy. Seed money is provided to the groups. However, in the reporting year PFR postponed grants to some groups as it was felt that they

needed training so that funds could be used effectively. Most self-help groups are managed by local partner organisations.

At the start of the fiscal year PFR organises an annual local partners' review meeting, where it shares experiences, practices, problems and issues. This provides an opportunity to advise, encourage and support partners. This year the three-day meeting attracted 41 participants representing various organisations.

TRAINING

PFR's training is aimed at both individuals and organisations. It organises a variety of training courses for individuals [direct clients and members of self-help groups] in business, agriculture, farming and rehabilitation. The courses are intended to enhance economic capability and skills, and PFR later provides small grants for business start-up. Training is organised at PFR's training centre, PFR's farm or in the community.

For organisations PFR offers a four-week course in basic community-based rehabilitation and a one-week refresher course. In the reporting year 18 participants from 17 different organisations received training. PFR also provides training to local partner organisations in management, accounting and proposal writing. Workshops were conducted which aimed to reduce stigma related to disability.

NETWORKING

Many local and district networks were supported and strengthened during the reporting year. Although the national socio-economic rehabilitation network is inactive, the local network functions well. National-level lobbying and advocacy is now handled by INF's Community-Based Rehabilitation Adviser. Most networking activities focus on advocacy for the inclusion and rights of people with disabilities, notably in the areas of education and social security.

RESOURCES

Expenditure was NRs 16,908,692. PFR had 21 members of staff, of whom none were volunteer expatriates.

DONORS

GERMAN FEDERAL MINISTRY FOR ECONOMIC CO-OPERATION AND DEVELOPMENT

GERMAN LEPROSY RELIEF ASSOCIATION

REFORMED MISSION LEAGUE, THE NETHERLANDS

STICHTING LILIANE FONDS, THE NETHERLANDS

MISSIONSHAUS BIBELSCHULE WIEDENEST, GERMANY

SASAKAWA MEMORIAL TRUST, JAPAN

TEAR AUSTRALIA

INDIVIDUAL DONORS

Service Office

THE IKP SERVICE OFFICE PROVIDES MANAGERIAL, FINANCIAL / ACCOUNTING AND TECHNICAL SUPPORT TO THE FOUR SECTIONS OF IKP.

RESOURCES

Expenditure was NRs 1,769,036. An additional NRs 41,711 was expended on INF's work contribution at the Nepali government's Western Regional Hospital in Pokhara. The IKP Service Office had 22 members of staff, none of whom were volunteer expatriates.

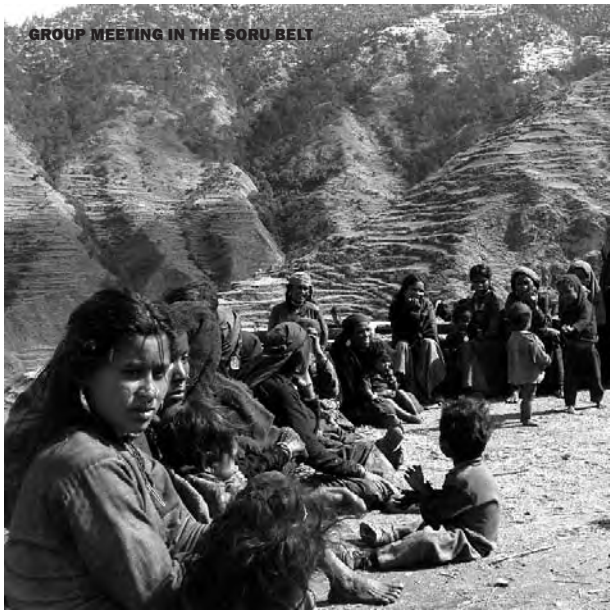
THE INF OFFICE IN GAMGADHI

MUGU PROGRAMME

THE INF MUGU PROGRAMME [IMP] 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	Beneficiaries	Comments
Health facility support committees	26	4 days' training provided to committee members [2 days on role / responsibility, 2 on planning skills]
TB / leprosy and skin	16	16 people affected by leprosy were provided with shoes
Training for TB sub-committee	13	Training in TB / leprosy and sub-committee members' role / responsibility
Dental clinics and services	29	Clinics established in 2 villages, 15 men and 14 women treated by health post and sub-health post
Reproductive health training	286	Village selected adolescents for training
General health awareness raising	996	
Family planning health education	39	During mother and child health clinics in 2 villages
Physical change training	286	3 days for adolescents in Bhee and Natharpu
HIV/AIDS / STI / Safe Sex training	66	2 days' training
Ante-natal / Mother and child health care	260	Ante-natal care for 49, Mother and child health care for 54, health education for 157
Ante-natal care training	56	For husbands
Mother and child health volunteers	27	20 days' training for women from 2 villages
Female Community Health Volunteers	18	3 days' training in 2 villages
Nutrition training	23	For mothers with malnourished children
6-monthly worm medicine	3,724	For residents older than 5 in 2 villages
Personal hygiene and sanitation	1,009	In villages
Community self-help group work	24	Facilitation in 10 groups, 14 were handed over to communities
Group strengthening training	66	For self-help group leaders
Non-formal education	99	5 classes in 2 villages
Safe drinking water	1,049	Constructed scheme in Bhee
HIV/AIDS awareness raising and advocacy	9,649	2 occasions for migrants
Rescue of trafficked young women	15	Migration Assistant and team at Nepalgunj



GROUP MEETING IN THE SORU BELT

COMMUNITY DEVELOPMENT

IMP uses a participatory development approach called the Group Action Process [GAP] in working closely with community groups to help them identify and support the destitute and most severely marginalised in their own communities. In the village of Bhee IMP completed a large drinking water scheme which also caters for other villages. The water source is almost nine kilometres distant from Bhee. Now there are seven tap stands. IMP recruited three people from Natharpu and Bhee villages to help run its community development activities. IMP handed over fourteen community groups to local communities, and formed ten new groups in two remote and very poor village areas in the Soru Belt. The groups are now working to develop their own communities. The IMP team provide regular facilitation, empowerment, education, awareness and advocacy work, all of which are vital in making change achievable in local communities.

COMMUNITY HEALTH

IMP trains government staff at the district hospital and health posts and sub-health posts in target areas, establishing essential clinics and providing training and equipment to make services sustainable. There are now trained, active and capable Health Facility Support Committees [HFSCs] in each health institution in the target areas. IMP provides training in management and planning monitoring workshops to HFSCs to build capacity and facilitate their regular meetings. There are now trained Mother and Child Health Volunteers and Female Community Health Volunteers locally. IMP raises awareness of HIV/AIDS, reproductive health, personal hygiene and sanitation, distributes worm medicine to residents aged over 5, and runs health programmes for schools in target areas.

Jagga's story

My name is Jagga Bahadur Shahi, I live in Nachara village, ward 8 of Natharpu in Mugu District. Our village area is very remote, marginalised politically, socially and economically. Many non-government organisations have tried to develop the community with their own ready-made plans. They wrote successful reports about positive changes but our status remained the same. Most of these organisations have not seen our village but wrote reports in our name. Our villagers suffer from food scarcity, poverty, unemployment, and lack of safe drinking water and sanitation. The life of the community is very difficult. A year ago IMP started working with us, mobilising local people to solve the community's difficulties and problems. In my village a community group was formed by local people with facilitation by INF, its name is Gaun Sudhar Sakriya Samuha. The group includes different castes and genders and includes a social leader, teachers and health volunteer. We meet twice a month and share experiences, ideas and skills to tackle community problems. We make strategic plans and implement them to overcome our problems. INF facilitates and supports our action plans. We have learned about the transmission of HIV/AIDS and sexually transmitted infections, and personal hygiene and environmental sanitation. Sometimes we have training in mother and child health, HIV/AIDS, reproductive health, oral health and so on. Our group decided to improve community health through different activities. We made plans to install a water mill, safe drinking water and smokeless stoves. For the stoves, we received support from INF. The stoves have been of great benefit. Each householder says the smokeless stoves use less firewood and make less smoke and dirt. Our health is improving and we are grateful to IMP. I hope INF will continue to uplift poor and marginalised people economically, socially and culturally and get rid of poverty. We really like INF and appreciate its work. We are thankful for its different kinds of support. Nowadays INF has become part of the community.

MIGRATION SUPPORT

IMP provides support for Nepali economic migrants to India in the border areas near Nepalgunj and Mahendranagar in the Mid and Far Western Regions. A pilot phase for this work was successfully completed, and it is now planned that this work will continue in the long term. IMP has run two six-week HIV/AIDS awareness programmes in bus stations, hotels and other places where migrants gather in Nepalgunj. The programmes include role plays, street dramas and songs. IMP supports migrants crossing the border into India and regularly advocates on their behalf.

RESOURCES

At the end of the year IMP had 12 staff, of whom none were volunteer expatriates. Expenditure was NRs 12,091,536.

DONORS

TEAR AUSTRALIA

ICCO

TEARFUND UK

ALLEN & OVERY ALUMNI, UK

INF AUSTRALIA

OPERATION AT THE MID WESTERN REGIONAL HOSPITAL IN SURKHET

SURKHET PROGRAMME

THE WORKING AREA OF THE INF SURKHET PROGRAMME [ISP] COVERS THE THREE HILL DISTRICTS OF DAILEKH, JAJARKOT AND SURKHET IN NEPAL'S MID WESTERN REGION, WITH A POPULATION OF JUST UNDER ONE MILLION IN AN AREA OF MORE THAN 6,000 SQUARE KILOMETRES. ISP HAS A REGION-WIDE IMPACT THROUGH THE WORK OF ITS HOSPITAL SUPPORT SERVICE AND LEPROSY REFERRAL CENTRE.

BENEFICIARIES

Area of work	Beneficiaries	Comments
Obs / gynæ procedures performed by INF	55	Not inc. INF Medical Camps
Obs / gynæ consultations given by INF	473	Not inc. INF Medical Camps
Obs / gynæ ops done by INF-trained doctors	30	Not inc. INF Medical Camps
Training of government health staff	2	Mid Western Regional Hospital doctors trained in reconstructive surgery for leprosy / burns, 22 patients operated on
Inpatients treated for leprosy complications	125	About 5% of cases are readmitted
Clients attending Assessment / Referral Unit	1,459	Assessing admission needs and confirmation of diagnosis for TB / leprosy
Clients receiving advocacy services	246	185 leprosy-related, 61 TB-related
Clients receiving 14-day POID training	105	POID = Prevention Of Impairment and Disability
Shoes made and distributed	251	Most direct to clients, 17 requests from District Health Offices
General rehabilitation inpatients	28	13 spinal cord, 3 stroke, 5 cerebral palsy, 7 others
Mothers' groups supported	48	
Self-help groups	52	21 direct, 31 through partner organisations, displaced / disabled people's groups, average of 10 people per group
Disability orientation for health posts	41	

The purpose of ISP is to effectively and efficiently fulfil the unmet fundamental health and development needs of the poor and marginalised people in Dailekh, Jajarkot and Surkhet Districts, supporting other organisations to do the same. ISP also provides a referral centre for leprosy services in Nepal's Mid Western Region. ISP's main emphases are:

- Serving and caring for individuals in target groups, seeking their long-term well-being through advocacy work to help them receive their rights; inpatient care for people with leprosy complications; helping people to understand health issues; helping people affected by leprosy to care for themselves better and thereby have fewer physical impairments; integrating people affected by leprosy and disabilities into their communities; helping people with disabilities to become more independent; identifying and managing health-related conditions through health camps; and giving practical support to people who have no other source of economic or social security.
- Building and strengthening communities so that they achieve greater well-being for all members, through advocacy work to ensure communities receive their rights; making community groups more aware of health and development issues such as leprosy, disability, HIV/AIDS, displacement and gender; and developing community capacity through group facilitation in areas such as leprosy, displacement and HIV/AIDS so they can build on their own strengths.
- Developing local organisations so they can better care for the individuals and communities they serve, through raising awareness of and capacity to assist people with leprosy, disability, HIV/AIDS and so on; and bringing organisations together, raising awareness of services available.
- Working with government health systems, helping them to fulfil their aims by ensuring that government treatment centres have a referral point for leprosy and TB; advocating at national level about issues such as leprosy, disability, HIV/AIDS, displacement and gender; developing the capacity of district hospitals and health posts through mentoring and intensive training in health-related areas; seeking to support the government health service in maintaining high-quality TB and leprosy care; and helping Surkhet Regional Hospital to develop a charity fund.

MEENA KUMAL, AGED 11

LEPROSY REFERRAL CENTRE

The Leprosy Referral Centre [LRC] seeks to provide support to the Nepali government's leprosy control programme in Nepal's Mid Western Region. The LRC provides an assessment and referral unit with diagnostic facilities, advocacy and a referral system for government 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 serves all 15 districts in Nepal's Mid Western Region. Complicated leprosy cases need 2-6 months' admission for ulcer and reaction complication management. It is not possible for government health services to provide this, as one patient is not allowed to occupy a bed for more than a week. The government health services are also short of resources which would enable them to concentrate on handling such complications, which are not widely understood.

The LRC conducted a quality management audit and maintained high-quality services. Three members of staff attended the 17th International Leprosy Conference in India. The LRC was unable to appoint a Nepali doctor willing to work in Surkhet, which is perceived to be a remote location. The LRC is concerned that handover of leprosy complication management to government health services will not be possible within the proposed three-year timescale.

Meena's story

Meena Kumal, 11, is a quiet but cheerful girl. After her mother died and her father remarried, Meena was not wanted by her stepmother and went to live with her aunt. Meena began to develop patches on her face and body and was examined in a private medical centre and treated many times with ointment and tablets. Instead of improving, her condition worsened with increased patches, hot swellings and fever. After examination at INF's clinic in Banke District, the doctor referred her to INF's clinic in Surkhet, as she was suffering from multibacillary leprosy with severe 'Type 1' reversal reaction. After a course of treatment her condition improved to the point where ISP could discharge her into the care of the government system which will continue multibacillary multi-drug therapy. ISP provided Meena with health education and training in how to look after herself. She now lives with her aunt again and is well supported and cared for.

LAL KISERA AND HER HUSBAND

HOSPITAL SUPPORT SERVICES

ISP's Hospital Support Services section [HSS] works with district hospitals in ISP's working area, and provides obstetrics and gynæcology support and mentoring to district hospital doctors and other health workers throughout the Mid Western Region. The expatriate gynæcologist also participates in INF and other gynæcology camps. ISP has focused on the Mid Western Regional Hospital [MWRH] and Dailekh District Hospital, assisting them 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 individuals with no other means to obtain treatment and operations at their local hospitals or, where necessary, higher centres. A supply of medicines, sutures and other disposable items has been provided at MWRH for doctors to use for poor patients needing cæsarean section or gynæcological surgery. A hospital support volunteer works with children admitted to the MWRH by playing with them and providing books and toys to keep them happy and occupied during their hospital stay.

ISP enjoys a good relationship with the MWRH and input is welcomed in skill transfer, maintenance and the Poor Fund. ISP's expatriate gynæcologist supports several district hospitals in the region. ISP is concerned by deterioration in the cæsarean section service which it helped to introduce at the MWRH – while ISP can help to develop services, their maintenance is beyond ISP's control.

Lal Kisera's story

Lal Kisera, 35, lives in the Soru Belt in Mugu District with her husband and two children. She had been ill for over two years when her husband brought her to an INF gynæcology camp in Mugu. A blood transfusion was not available in Mugu and it was felt that to attempt to operate on a woman with severe anæmia and a large tumour would be dangerous. She was given iron tablets and medicine to try and prevent a further bleeding episode, and was asked to come to Surkhet a few weeks later for the operation she needed. We did not realise what a struggle it would be for her, but she did come to Surkhet, even arriving on the very date when she had been called. Despite the medicine, she had bled again heavily. Her husband sold their cow to raise funds for the journey and he and their teenage son carried Lal Kisera for four days to Bajura where they were able to get a helicopter to Nepalgunj. Mugu is a mountainous district, their journey up and down steep mountains through monsoon rains with Lal Kisera desperately sick and bleeding must have been terrible. In Surkhet she was admitted to the MWRH where tests showed severe anæmia. Usually relatives and friends donate blood when it is needed. The hospital blood bank has very little blood in stock. Lal Kisera and her husband had no acquaintances in Surkhet. On most days it would have been very difficult to find the amount of blood she needed. However, on the day we arrived at the hospital, soldiers from the army were donating blood as community service. We were able to give four units of blood over the next two days and have more available if needed. After blood transfusion, Lal Kisera was ready for surgery. Surkhet had been without electricity for two days and the battery of the one emergency operating light was low. Just as we were deciding that surgery would have to be postponed the electricity supply returned. The operation went well and the uterus and a large ovarian tumour were removed. Once fit to leave hospital, she and her husband moved to the INF clinic in Surkhet where they rested before setting out on their journey home. INF met all the costs of her operation and treatment, refunded their fare for the journey to Surkhet and arranged transport to an airstrip as near as possible to their home. We hope they will find the money they need to buy a replacement cow.

SUPPORT AND SELF-CARE

ISP's Support and Self-Care section [SSC] consists of three units: a 10-bed self-care training unit; a 4-bed general rehabilitation unit; and a unit providing protective shoes. The self-care unit provides a two-week training course for former leprosy patients, to ensure they understand their condition, know how to avoid complications resulting in disability, and learn how to live with existing disability. The training also includes health education, farming, occupational therapy, literacy classes and cooking. The general rehabilitation unit provides occupational therapy and physiotherapy services for patients with general disabilities. It covers the Mid Western Region and accepts referrals from INF's Green Pastures Hospital and Rehabilitation Centre in Pokhara, the Regional Hospital in Surkhet and Bheri Zonal Hospital in Nepalgunj. Section staff also provide health education, literacy classes and physiotherapy treatment in the LRC.

SSC has developed services for patients in its general rehabilitation unit. A positive evaluation of the self-care unit was carried out by Lalgadh Hospital, while INF's Green Pastures Hospital and Rehabilitation Centre carried out an evaluation of the shoe unit. Occupational therapy is expanding and providing important services for in- and outpatients.

DRUPATI, AGED 24

Drupati's story

She is always cheerful and a great encourager of others. Her ready smile and enthusiastic 'Namaste' greeting betray nothing of the heartache and pain that Drupati, 24, has suffered over the last five years. ISP's Occupational Therapist first met Drupati on a ward round at the government's regional hospital in Surkhet. Drupati had been lying in a hospital bed for four months suffering from a terrible septic pressure sore. When she was 19 and recently married she was shot in the back by a soldier who thought she was a Maoist rebel. The bullet lodged in her spinal cord and, although the army paid to have the bullet removed, she was left paralysed from the waist down. The wound was not treated properly before she was sent home and so, as she was lying on her bed and unable to move, the wound got worse. Four years later she was brought to the MWRH in Surkhet but unfortunately due to limited resources and lack of trained staff Drupati could not get the treatment she needed. She was left without hope, stuck in the hospital. After finding out about her background, ISP's occupational therapist was able to give Drupati exercises for her legs. The therapist was also able to arrange for her to be transferred to INF's Green Pastures Hospital and Rehabilitation Centre in Pokhara, where a specialist surgeon was able to treat Drupati's wound. After six months the wound healed completely and Drupati returned to the INF clinic in Surkhet for five months, receiving physiotherapy and occupational therapy. She is now at home and able to sit up, dress herself, transfer to a wheelchair and move about independently.

COMMUNITY HEALTH AND DEVELOPMENT

ISP's Community Health and Development section [CHD] undertakes all forms of community facilitation and development in ISP's three districts, helping to create and support self-help groups in village areas and undertaking economic rehabilitation work with people affected by leprosy and people with disabilities. CHD also works with displaced people, helping to establish self-help groups which provide training in a wide range of areas including advocacy and leadership.

CHD worked with health post management committees, making them more aware of their roles and responsibilities to provide better health services

in their communities. Mothers' groups and female community health volunteers were made more aware of local health problems, and some mothers' groups received grants 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.

CHD provided rehabilitation support for hospitals, supplying 11 wheelchairs and crutches and psychological rehabilitation for 21 clients. Socio-economic rehabilitation was provided for 56 people. Through self-help groups for displaced people, 10 poor members were helped with medical care and school materials were provided for 55 children. Emergency obstetric care funds and outreach clinics at primary health centres were provided for 48 mothers' groups.

Monitoring partner organisations is a challenge, particularly with regard to financial recording. Vocational assessment is necessary before support for income generation can be given. Support for families is important if socio-economic rehabilitation is to be successful. The role of local community facilitators is vital.

Mohan's story

My name is Mohan Basnet, I'm 41 and live in Dailekh, a day's walk from the district centre. I live with my three sons, daughter and wife. Our main occupation is agriculture. I was a skilled labourer, building houses, living happily with my family. A year ago I was building a house and fell from the top of a wall. My spinal cord was damaged. I was admitted to the district hospital for 15 days, and spent 16 days in Kohalpur Medical College and 7 days in Bir Hospital in Kathmandu. I sold my goats, land, chickens and buffalo to pay for medical treatment. Even after treatment in different places I struggled and developed a big bed sore at home. I came into contact with a disabled people's organisation called Panchakoshi Disabled Development Forum [PDDF] in Dailekh, a partner organisation of INF in Surkhet. They referred me to INF in Surkhet for medical rehabilitation. After a few days at the INF clinic in Surkhet where I received treatment for my bed sore and physiotherapy, I was referred to INF's Green Pastures Hospital and Rehabilitation Centre in Pokhara for a surgical operation on my bed sore. I was treated at Green Pastures and referred back to INF in Surkhet for socio-economic rehabilitation. All expenditure was paid for by INF during my medical rehabilitation. My family and I decided to settle near Dailekh District Hospital so that any bed sores and urinary tract infections I may suffer can be treated quickly. We purchased a bit of land near Dailekh, selling our remaining land in the village. INF has helped us to build a house and provided us with some pigs for income generation. I have learned how to prevent bed sores and get good support from my children and wife. I would like to thank PDDF, INF and my family, especially my wife. She inspired me to keep on going and saved my life. INF will always have a place in my heart.

MOHAN AND HIS WIFE

RESOURCES

At the end of the year ISP had 42 staff, of whom five were volunteer expatriates. Expenditure was NRs 21,246,185.

DONORS

GERMANY LEPROSY RELIEF ASSOCIATION

GERMAN FEDERAL MINISTRY FOR ECONOMIC CO-OPERATION AND DEVELOPMENT

SWEDISH MEDICAL MISSION

TEAR AUSTRALIA

TEARFUND UK

UNITED PROTESTANT CHURCHES OF THE NETHERLANDS

EMMANUEL HEALTHCARE, UK

SARON CHURCH, SWEDEN

INTERACT, SWEDEN

THE INF NEPAL OFFICE AT SIMPANI, POKHARA

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 EXECUTIVE DIRECTOR'S DEPARTMENT, PROGRAMMES OFFICE, FINANCE DEPARTMENT, PERSONNEL AND IT SUPPORT.

Pokhara

The Central Office is based in Pokhara, but the Programmes Office includes the Technical Advisers who are located with two of the programmes, and the Donor Liaison Officer in the Kathmandu office. The Executive Director's Department includes the Security Resource Team and also services the INF Nepal board.

The Executive Directors of INF Nepal and INF Worldwide visited several European countries as part of the renewal of relationships with donors and prayer partners. A visit to New Zealand is planned in February 2009.

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. During the year the board continued to work on the development of new vision and mission statements for the organisation. This will be followed up and developed further during the coming year, including feedback sessions with all members of staff in order to introduce the new vision. The board agreed a vision statement whereby INF Nepal will work towards: 'Transformed communities where each individual enjoys health, peace, justice and harmony with God and others, living a dignified life to the full'.

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. Some key finance staff 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]. INF also organised a training course on financial management for 16 senior staff in Pokhara. 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.

TECHNICAL ADVICE

Technical advisers continued to give support through visits to various programmes, especially at times of planning and budgeting. Their regular monitoring activities also continued.

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.

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 to all programmes apart from those in Jumla and Mugu. The

FINANCIAL MANAGEMENT TRAINING AT THE MARK SELWOOD TRAINING CENTRE

ICT Unit was also involved in recruiting IT staff in district programmes. Hardware training was provided to IT staff in Surkhet, while IT staff elsewhere were trained in 'troubleshooting' and maintenance.

In the coming year the ICT Unit will organise software and hardware training using local experts in programmes. The ICT Unit will also focus on improving communications to and from the Jumla and Mugu programmes, and introduce a Wide Area Network [WAN] between the Central Office and district programmes. A centralised network server will be installed in each programme.

CAMPS

INF Nepal's Camps unit is now managed by the Central Office. The Camps unit ran eight medical camps in different parts of the Mid and Far Western Regions: gynæcology camps in Surkhet, Bajura and Dailekh; ear camps and general surgical camps in Kalikot and Dailekh; a plastic surgery camp in Beni; and a dental camp in Dailekh. Many poor patients were treated, often free of charge. The work of the Camps unit is supported by individual donors.

RESOURCES

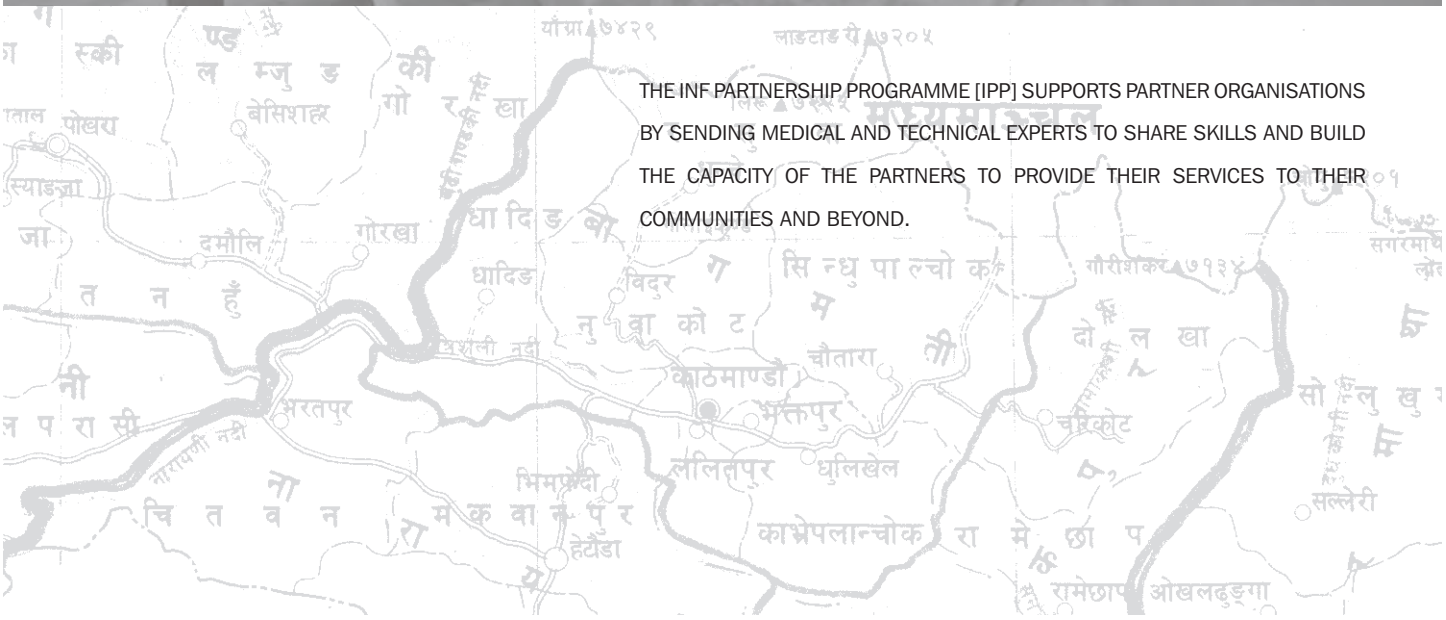
The Central Office had 43 staff [including 11 for Camps], of whom three were volunteer expatriates [none with Camps]. Expenditure was NRs 19,939,946 [including NRs 7,341,789 for Camps].

DONORS

BMS WORLD MISSION, UK

WORKING WITH A PHYSIOTHERAPY CLIENT AT BRAFON

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.

BENEFICIARIES

Area of work	Beneficiaries
Community Based Organisations Support	5 CBOs
DMI physiotherapy graduates [November 2007]	15
DMI clinical supervisor training	20
Physiotherapy for stroke rehabilitation training	16
Patients treated at NSRC [December 2007 – July 2008]	23
Physiotherapy at NSRC [December 2007 – July 2008]	250
Pastoral care and counselling staff training	25
Pastoral care and counselling training for hospital staff	194
Pastoral care and counselling training for community	278
Pastoral care staff bedside teaching	8
Pastoral care and counselling	67

EXPENDITURE

Community Based Organisations Support	NRs 134,479
Physiotherapy	NRs 54,228
Pastoral Care and Counselling	NRs 123,974
Administration	NRs 27,920

PHYSIOTHERAPY EXERCISE AT BRAFON

COMMUNITY BASED ORGANISATIONS SUPPORT

Over the past year support for community based organisations [CBOs] has begun to take shape and relationships are being built with several local organisations. In Baglung District a group wants to build a computer laboratory for the high school. In Nawalparasi a group wants to expand the local primary school and build a hostel for children from remote villages. In Kaski a group wants to develop income generation from bee-keeping. Some national non-government organisations want help with management issues. Each CBO project needs a lot of input to make even modest progress. Therefore only a small number of projects can be supported at any one time.

In this work two key principles are being emphasised. Firstly, the importance of local ownership. A strong sense of local ownership from the concept stage through to completion enhances the relevance and sustainability of the project outcome. Secondly, teamwork. In each project we only work with locally appointed teams. This builds local ownership, and ensures the maximum use of local knowledge and insights.

Whilst each project has a limited number of direct beneficiaries, the key purpose of the programme is to enhance the ability of communities to help themselves. If this is achieved then whole communities will benefit for generations to come.

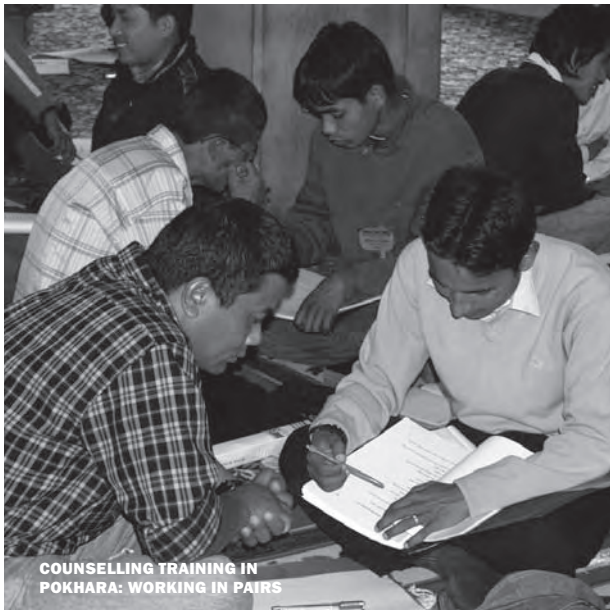
PHYSIOTHERAPY

The physiotherapy work changed significantly. The secondment to Dhulikhel Medical Institute [DMI] finished in October 2007 when the physiotherapy teaching was successfully handed over to national Bachelor-level physiotherapy teachers. Although the DMI graduates are competing with Indian-trained Bachelor-level physiotherapists, they have all successfully found employment, including three with INF, and reports of their work are very positive. Plans are now proceeding to upgrade this course to a four-year Bachelor degree in physiotherapy under Kathmandu University. Over the past five years this partnership has seen the successful establishment of the only physiotherapy course in the country. INF has had a significant influence in the development of physiotherapy in Nepal.

In November 2007 a new secondment was started with a newly formed non-government organisation called Brain Foundation Nepal [BRAFON]. The main aim of BRAFON is to improve the situation for stroke patients in Nepal. In December 2007 BRAFON opened the National Stroke Rehabilitation Centre [NSRC], a small outpatient clinic providing multi-disciplinary treatment to stroke patients. The IPP physiotherapist worked alongside a national physiotherapist providing physiotherapy treatment for the patients and mentoring him in his clinical skills. Stroke rehabilitation is a new concept in Nepal and a prime goal of BRAFON has been to educate the medical profession and the general public about the need for and benefits of proper stroke rehabilitation. To this end BRAFON has sponsored a series of workshops called 'Physiotherapy for Stroke Rehabilitation', led by the IPP physiotherapist and designed for interested Nepali physiotherapists.

PASTORAL CARE AND COUNSELLING

Pastoral care and counselling is a vital part of holistic care for the sick. INF aims to strengthen and develop this sector in Nepal's hospitals. The pastoral care adviser has had input in nine hospitals and three local community groups spread over five regions of the country. The services provided were generally well received and highly appreciated. The services were divided into 4 areas. Firstly, support and training for hospital pastoral care and counselling staff and volunteers. Secondly, training in counselling-related issues for other hospital staff. Topics included communication, conflict resolution and team-building skills. Thirdly, basic counselling skills



COUNSELLING TRAINING IN POKHARA: WORKING IN PAIRS

training for community volunteers. Fourthly, networking with individuals and organisations involved in pastoral care and counselling.

Towards the end of this year the clinical pastoral care work will be handed over. Two national pastoral care resource people from other organisations will probably continue the hospital visiting and support for pastoral care and medical staff.

MAINTENANCE

The Maintenance section of IPP was dormant after October 2007 when the expatriate adviser had to return to his home country because of unexpected family health issues. The only activity was handing over of the adviser's resources and responsibilities to his Nepali colleagues.

ANAESTHESIA

The Anæsthesia section of IPP was dormant. In January 2007 the expatriate adviser finished his term of service in Nepal and returned to his home country. INF continues to look for a suitable recruit to work in the area of training Anæsthetic Assistants.

TRANSFORMATIONAL DEVELOPMENT

The Transformational Development section of IPP was dormant. In June 2007 the expatriate adviser finished his term of service in Nepal and returned to his home country. INF is not currently looking for anyone to continue this work.

OCCUPATIONAL THERAPY

The Occupational Therapy section of IPP was dormant.

ADMINISTRATION

With the declining size of the IPP programme INF has reduced the resources devoted to its administration. The IPP Manager only worked part-time and finished her term of service in Nepal in February 2008. After that administration of the programme was taken over by the INF Worldwide International Support Office.

DONORS

For Pastoral Care and Counselling:

INDIVIDUAL DONORS

STAFF AT THE KATHMANDU OFFICE

INF WORLDWIDE INTERNATIONAL SUPPORT OFFICE

INF WORLDWIDE IS AN AUSTRALIAN-REGISTERED INTERNATIONAL NON-GOVERNMENT ORGANISATION WITH A MULTINATIONAL BOARD. SEEING THE BENEFIT OF BEING NEAR TO THE LIFE-TRANSFORMING ACTIVITIES OF ITS PRIMARY PARTNER ORGANISATION INF NEPAL, IT MANAGES MOST OF ITS INTERNATIONAL OPERATIONS FROM THE INTERNATIONAL SUPPORT OFFICE IN KATHMANDU. ONE ROLE OF THIS OFFICE IS TO SUPPORT NEPAL-BASED PROJECTS BY PROVIDING FUNDING, PUBLICISING THE WORK, RECRUITING EXPATRIATE VOLUNTEERS AND PROVIDING A BASE FOR NATIONAL AND INTERNATIONAL LIAISON.

Kathmandu

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

The International Service Office continued providing funding, recruiting expatriate volunteers and delivering communications services for INF Worldwide, INF Nepal, other INF organisations and partner organisations. The Finance Department of INF Worldwide has become well-established, with accounts and procedures of international standard that satisfied two sets of auditors, Australian and Nepali.

The Communications Department continued to produce premium-quality resources and published materials, and to maintain the INF web site, promoting and communicating the work of INF. A new web site will be launched by the middle of the coming fiscal year 2008-2009.

Another support service that INF Worldwide provides is the recruitment of expatriates as advisers, mentors, trainers and experts for programmes in INF Nepal and other institutions. Recruitment and preparation [language and orientation training] is done through the Kathmandu office.

RESOURCES

The expenditure of the International Service Office was NRs 30,059,224. This covered the expenses of national staff, the operation of the office, support services for expatriate volunteers [including language and orientation training for newcomers, and study centres in Pokhara and Surkhet for primary-level education of the children of volunteers] etc. The number of staff was 25, including nine expatriate volunteers. The cost of services for expatriate volunteers is entirely borne by contributions from the volunteers and their sending agencies. All programme funding for work in Nepal is provided to INF Nepal and other national partners with no deduction for the administrative services of INF Worldwide or the operations of the International Service Office.

DONORS

SAINT JAMES HEMINGFORD GREY, UK

BMS WORLD MISSION, UK

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Front cover Mother and child at an INF ear camp in Awalching PHOTO: ROWAN BUTLER

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