

Annual Review

2009 - 2010 २०६६ - २०६७





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

Welcome to INF's Annual Review for 2009 - 2010. During the reporting period the situation in Nepal continued to be challenging, with ongoing political instability causing difficulties for management, staff, clients and partners. Despite these challenges, by the grace of God INF was able to achieve many good things, as is evident from this Review.

Despite global financial difficulties, INF was able to invest NRs 209,877,207 in its programmes in the Banke, Dang, Jumla, Kaski, Mugu and Surkhet Districts of western Nepal, serving many people and helping to transform many lives.

The Nepal government's Social Welfare Council carried out an evaluation of INF Nepal, as per INF's agreement with the government. The evaluation praised INF's good work, saying:

The implementation model, experiences and lessons learned from INF are applicable in other organisations in other village areas and districts. INF should share its experiences and expertise with other organisations.

INF intends to continue its work through INF Nepal, and submitted a proposal for the continuation of the work to the Social Welfare Council during this reporting period.

We would like to thank all our staff, both Nepalis and expatriates, for their hard work and excellent service.

We would also like to express our gratitude and appreciation to the Social Welfare Council, government ministries and many other organisations and individuals in Nepal and around the world who directly or indirectly contributed to INF's work through their kind assistance, good will, finance, human resources and prayers.

Finally, we would like to thank God for His faithfulness. We continue to trust Him to provide all that INF needs, may His name be glorified.

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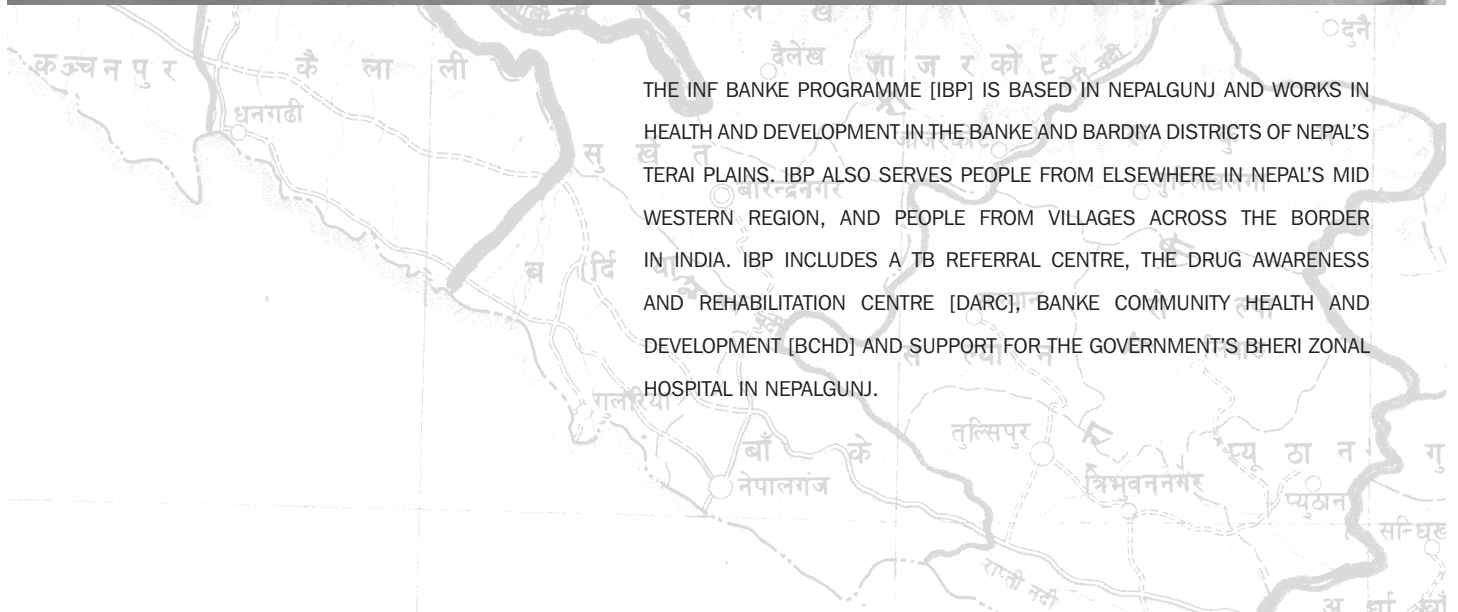
Deependra Gautam
Executive Director
INF Nepal

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Seeta Gurung
Acting Executive Director
INF Worldwide



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 HEALTH AND DEVELOPMENT [BCHD] AND SUPPORT FOR THE GOVERNMENT'S BHERI ZONAL HOSPITAL IN NEPALGUNJ.



BENEFICIARIES

TB Referral Centre

Area of work	Achievement	Target
TB / leprosy patient visits	32,935	20,000
Clients assessed for health needs	2,744	1,666
Referrals	965	800
Advocacy with other treatment centres	16	32
Admissions	462	320
New DOTS patients	111	40
New registrations for DOTS Plus	18	20
Laboratory reagent supply for government	334	240
Laboratory tests including sputum tests	12,722	10,800
Support for DOTS Plus sub-centres	6	12
DOTS Plus meetings	9	12
Patients referred to DOTS Plus sub-centres	6	4
Sputum samples sent for testing to culture laboratory	256	180
Patients in transit ward	32	40
Training for government and NGO staff	45	40
Skill transfer	4	4
DOTS Plus hostel	20	20
Leprosy suspects	654	400
Complicated leprosy treatment	539	330
Weekly neuritis clinic	464	40
Simple footwear supplied for disability prevention	156	110
Default chasing for irregular patients [steroids]	42	20
Community-based socio-economic rehabilitation	2	4
Advocacy service	133	24
Referral to Surkhet / Dang Districts	63	24

Drug Awareness and Rehabilitation Centre

Area of work	Achievement	Target
Drug users / people living with HIV/AIDS identified	83	60
Motivational counselling for current drug users	128	80
Community outreach for drug users	140	200
Distribution of harm reduction education materials	1,934	200
Harm reduction counselling	278	300
Voluntary counselling and testing	37	40
Counselling and clinical support for HIV+ drug users	82	40
School support for children of HIV+ clients	3	5
Clients admitted for treatment in residential centre	78	80
New admissions	36	30
Regular clinic with doctor	73	48
Home-based follow-up for previous year's clients	17	30
New clients followed up	23	10
Skill development training	7	20
Production and printing of educational leaflets	8,968	16,000
Networking with government and NGOs	23	20
Orientation for students [15 schools]	813	800
Orientation for students [3 campuses]	165	100
Orientation for female community health volunteers	45	80
Orientation for youths in community groups etc.	584	80
Orientation for local religious leaders	9	10

Banke Community Health and Development

Area of work	Achievement	Target
Raptipari		
Regular group facilitation	41	40
Group facilitator training	167	240
Business start-up training	96	250
Non-formal education	5	5
Savings and credit training	17	40
Skill development training	118	280
Agriculture / animal health training	4	6
Income generation grant support	100	120
Road gravel	4	6
Hand pump construction	13	9
Irrigation repairs [3 locations]	1	3
Child health training	20	20
Training for female community health volunteers	34	29
Health camp	1	1
Meetings	38	30
Local health post meetings	28	60
Networking with government and NGOs	1	2
Land rights workshop	36	30
Monitoring / evaluation for local partner organisation	4	4
Training for local partner organisation staff	5	6

Displaced People's Initiative		
Facilitation of group meetings	13	13
Group leader training	48	26
Group leader interactions	23	26
Committee formation	2	2
Group workshop	164	190
Skill development training	73	85
Income generation support	15	15
Vegetable farming training	22	26
Support	31	0
Awareness raising street drama	3	3
Child health awareness	2	2
Disaster management training	23	26
Village agriculture training	2	1
Child health campaign	137	52
1-day health camp for women	63	150
Land rights advocacy training workshop	76	26
Treatment support	2	0
NGO / community organisation / church agreements	2	3
Capacity building for local partner organisation staff	7	12
Community Based Rehabilitation		
Survey	54	23
Disability awareness raising	54	60
Disability orientation for school teachers	13	12
Income generation skills development training	52	30
People with disabilities in groups	145	45
Seed money distribution	9	12
Agreements with local partner organisations	3	3
Clients referred to local organisations	112	60
Basic needs support	34	28
Vocational assessment	33	30
Medical rehabilitation	36	20
PRT service	90	60
Job placement / business creation	9	10
Counselling	78	20

Bheri Zonal Hospital Support Section

Area of work	Achievement	Target
Supervision and training of medical students	2	2
Physiotherapy service	3 hrs/wk	3 hrs/wk
Physiotherapy equipment	1	4
Physiotherapy treatment at INF TB clinic	15	4
Transfer to other facilities	6	8
Provision of medicine / food / tests via Poor Fund	123	100

TB REFERRAL CENTRE

The TB Referral Centre is one of the DOTS [Directly Observed Treatment Short course] centres in Nepal's Mid Western Region. It is the only DOTS Plus [multi-drug-resistant TB] centre in the Mid Western Region. The centre supervises and monitors activities in the four DOTS Plus sub-centres in the region. The centre is the only facility of its type in the region where services are available to outpatients and inpatients. During the year 71 multi-drug-resistant [MDR] cases were registered. The success rate for MDR treatment is 82%.

The centre has an inpatient service with 26 beds, providing care for seriously ill TB patients. There is 24-hour medical and nursing care for TB patients with complications. These complications include: extensive lung involvement; TB meningitis; spinal TB; MDR TB; TB with HIV/AIDS co-infection; drug reactions; side effects; and serious illness. Recreation services, literacy classes, counselling and health advice are provided for inpatients and their families. Nutritious food and accommodation are provided free of charge. A total of 462 patients were admitted to the TB ward.

The centre has a well-equipped laboratory for the diagnosis of TB and leprosy. Sputum testing for TB and skin smear examination for leprosy are the main functions. Blood tests, Mantoux tests, urine and stool tests are also carried out. Fluorescence microscopy is available. A total of 256 sputum samples were sent to Kathmandu for culture and sensitivity testing. There were 12,722 AFB sputum tests, 363 leprosy skin smear tests and 4,189 lab tests during the year. A total of 334 litres of laboratory reagents [carbol fuchsin, methylene blue and 20% sulphuric acid] was prepared and supplied to medical stores in the Mid Western Region for use in microscopy centres.

The centre provides training in TB and leprosy treatment for other health facilities, government health staff, partner NGO staff and other qualified personnel, so

improving the quality of TB work throughout the region. Many paramedical students benefited from their experience at the clinic.

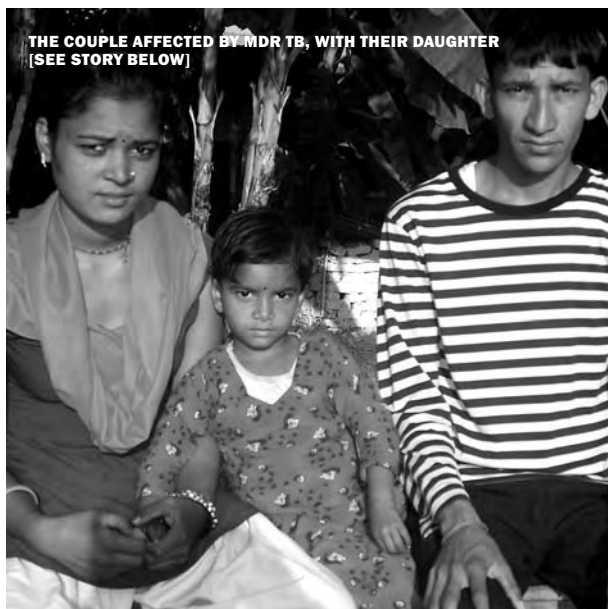
A three-month skill transfer programme is offered to recently qualified community medical auxiliaries, assistant nurse midwives and staff nurses. One auxiliary and three nurse midwives benefited from the programme during the year.

The centre has a Poor Fund which provides financial assistance for needy patients. During the year 6,490 patients benefited from the fund. Assistance was given through the provision of medicine, tests and help with transport costs. Assistance is given after socio-economic assessment of patients and their families. Food and accommodation are free for all patients admitted. A total of 156 pairs of protective footwear was supplied free of charge to people being treated for leprosy.

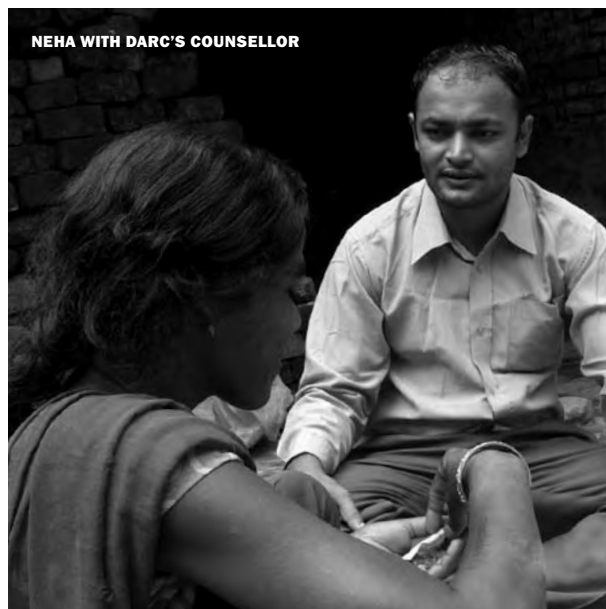
The centre provides counselling, health advice, education and assessment for the socio-economic rehabilitation of TB and leprosy patients, and makes referrals to IBP's Community Based Rehabilitation section.

The centre provides the following TB advice and support services: suspect screening; diagnosis; case registration and treatment of DOTS patients; MDR diagnosis, treatment and referral to DOTS Plus sub-centres as required; post-diagnosis referrals to other health facilities; counselling and advocacy with other health facilities; health education for outpatients; training for basic health staff and paramedical and medical students; and networking with the District Health Office and Regional Health Directorate.

The centre was involved in awareness raising activities on World TB Day, World Leprosy Day and World AIDS Day. Staff were involved in swine flu and epidemic control, and the centre was involved in leprosy case validation and skin camps for leprosy elimination in Banke, Bardiya and other districts in co-operation with government health facilities.



THE COUPLE AFFECTED BY MDR TB, WITH THEIR DAUGHTER
[SEE STORY BELOW]



NEHA WITH DARC'S COUNSELLOR

The centre has an up-to-date record of TB and leprosy clients and activities. Staff participated in quarterly TB and leprosy meetings at district and regional levels. There were periodic visits by district, regional and national TB supervisors, together with other supervisory visits for TB monitoring and evaluation. The centre has its own internal monitoring and evaluation, carried out on monthly, four-monthly and yearly bases. Patient satisfaction interviews are conducted by an independent observer.

A TB client's story

My wife and I were examined in the INF TB centre and diagnosed with MDR TB. The treatment consists of taking medicine for 18-24 months. We have a 2-year-old daughter who is also taking TB medicine. We were accepted in the MDR TB Hostel run by a local church partner of INF, and can stay there for the duration of our treatment. In the Hostel we are given good food and are with other people who are in a similar situation. It's a nice place to rest and recover from our illness.

DRUG AWARENESS AND REHABILITATION CENTRE

The Drug Awareness and Rehabilitation Centre [DARC] was initiated by INF in 2000. Clients come from Banke, Bardiya and other districts.

DARC contacts drug users, provides harm reduction information, educational material and harm reduction items such as condoms, new syringes and needles, distilled water and bleach powder. The centre also provides first aid.

A drop-in centre provides training in behavioural change, distributes harm reduction information and educational material, provides recreation, counselling, voluntary HIV testing, care and support and clinical and referral services.

A residential drug treatment service is provided for five months, followed by a year-long home-based follow-up service to help clients remain drug-free. The residential centre can accommodate 12 clients.

DARC conducts awareness-raising activities about drug use and HIV/AIDS for communities, students, women's groups, young people, religious leaders and local authorities via local radio and workshops.

DARC provides care and support for HIV+ drug users, including counselling, medical check-ups, treatment and referral, nutritional support and schooling support for clients' children.

DARC has provided financial and technical support for a local NGO called Change Team Nepalgunj, which runs a transit home for people living with HIV/AIDS. The NGO has been formed by a team of former drug users.

Neha's story

Neha [name changed], 28, visits DARC's drop-in centre. She started using drugs aged 12. Her father and a younger brother died as a result of drug use, her mother and other siblings are users. She earns money working as a prostitute and selling drugs. DARC staff counsel her at her home, and are preparing her for voluntary HIV testing and possible referral to a rehabilitation centre.

BANKE COMMUNITY HEALTH AND DEVELOPMENT

The Banke Community Health and Development [BCHD] section has three units: Raptipari; the Displaced People's Initiative; and Community-Based Rehabilitation [CBR].

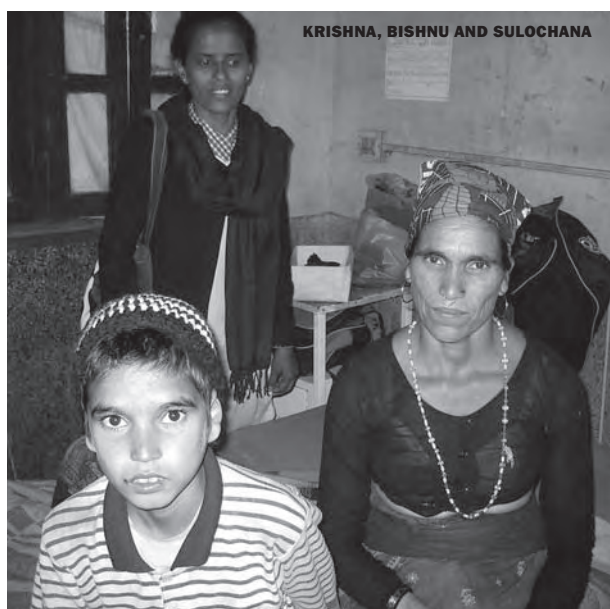
BCHD has completed two and a half years of work with poor and marginalised communities in the Fattepur and Gangapur village areas of Raptipari. There is a field office in Fattepur and six community facilitators, including a team leader, are based there. Most planned activities and targets were achieved during the year. BCHD works directly with marginalised communities and indirectly with others through health awareness activities. A total of 41 self-help groups has been formed, others may be formed in future. It has been easier to run health activities now that there is a community facilitator. A number of health activities have begun, including community awareness raising and training for female community health volunteers and others. The community health facilitator also runs a child health programme. Local partner organisation Mahila Milijuli has registered a co-operative society and begun savings and credit activities.

BCHD runs integrated CBR activities in the groups. It has been very effective for the community facilitator to run CBR work, especially for inclusion of people with disabilities and referrals to other disability organisations. Data about people with disabilities is regularly updated by BCHD.

Communities have started solving problems themselves, building toilets with local resources and making improvements to roads. The facilitators are key people in this community development work.

Pahadipur's story

INF works with the community of Pahadipur in Raptipari. Initially it was very difficult, as local people wanted to know why INF was not providing them with materials. However, a group formed and was helped with training by INF. Group members used local resources to build toilets for each household and improve the road, cleaned and tidied the neighbourhood and began literacy work for women. The group even provided a toilet, solar power system and phone line for the local police station in co-operation with local authorities. Police personnel often refer local people involved in quarrels to the group for conflict resolution. The Pahadipur group is now a role model for other local communities.



KRISHNA, BISHNU AND SULOCHANA

BHERI ZONAL HOSPITAL SUPPORT SECTION

The Bheri Zonal Hospital Support Section [BZHSS] provides services to the government hospital in Nepalgunj: support for physiotherapy work; advocacy for poor patients; and a poor fund. The section's work involves three INF expatriate volunteers, two government physiotherapy staff and a patient advocate from local partner organisation Sarwangin Sewa Samaj.

Krishna's story

INF patient advocate Bishnu Bhattarai helped to organise the referral of Krishna Adhikari from Bheri Zonal Hospital to Kathmandu for specialist treatment for a heart condition. Bishnu was able to help with transport, food and lodging costs using money from INF's poor fund. Krishna underwent a heart operation in Kathmandu and is now healthy and back at home with his mother Sulochana. Without assistance from Bishnu and the INF poor fund, Krishna would not have been able to receive the treatment he needed.

RESOURCES

IBP had 58 staff, of whom four were volunteer expatriates. Expenditure was NRs 35,138,079.

DONORS

For TB Referral Centre:

GERMAN LEPROSY RELIEF ASSOCIATION

GLOBAL FUND

INF AUSTRALIA RELIEF FUND

STICHTING SUPPLETIEFONDS SONNEVANCK, THE NETHERLANDS

For DARC:

TEAR AUSTRALIA

AUSAID, AUSTRALIA

REFORMED MISSION LEAGUE, THE NETHERLANDS

ICCO, THE NETHERLANDS

CHURCH IN ACTION, THE NETHERLANDS

For BCHD:

GERMAN FEDERAL MINISTRY FOR ECONOMIC CO-OPERATION
AND DEVELOPMENT

GERMAN LEPROSY RELIEF ASSOCIATION

OPERATION AGRI, UK

TEAR AUSTRALIA

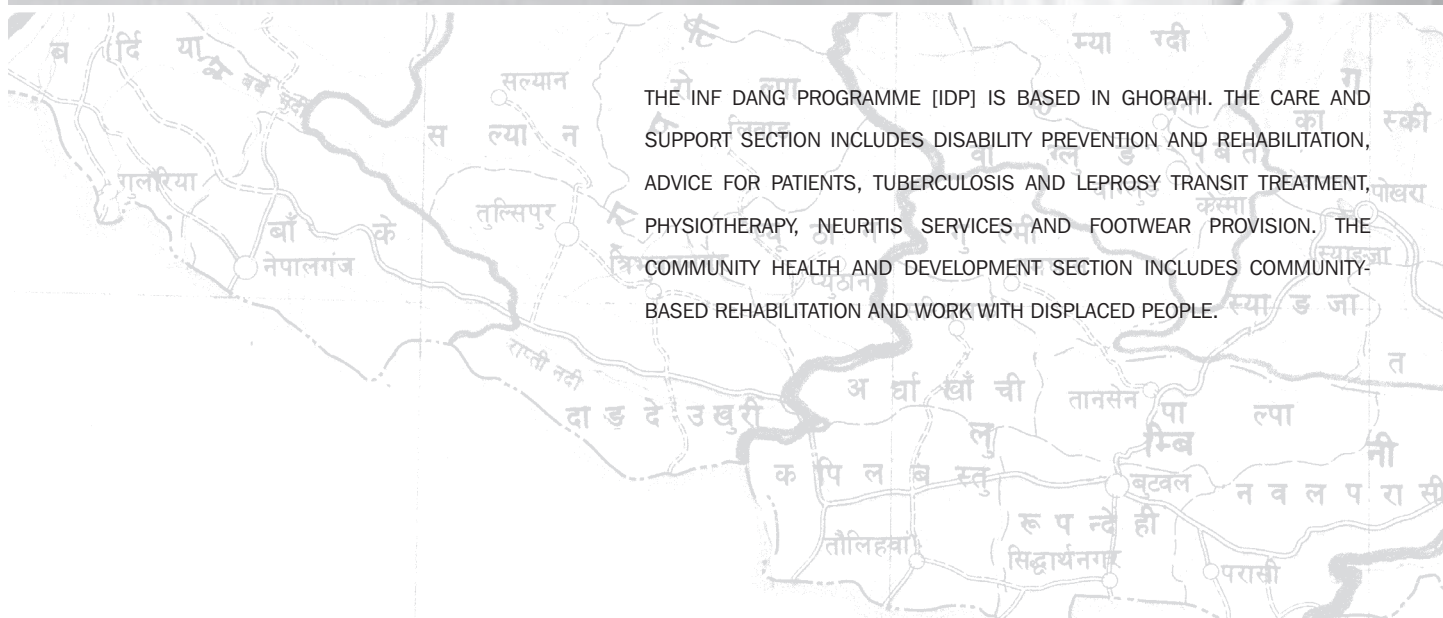
AUSAID, AUSTRALIA

US AID

For BZHSS:

BMS WORLD MISSION, UK

INTERSERVE CANADA



BENEFICIARIES

Care and Support

Area of work	Achievement	Target
Clients seen	1,673	1,600
General rehabilitation admissions	5	7
Leprosy 2-week self-care admissions	20	25
Other leprosy admissions	60	70
Transit patients	47	50
General rehabilitation outpatients	153	155
Leprosy outpatients	1,390	1,400
5-day POID training for government basic health staff	7	8
1-day POID training for health post workers	10	10
3-day basic POID training for church volunteers	10	10
Residential clients	208	200
General outpatients seen	101	100
Leprosy outpatients seen	67	70
Health education / self-care training	402	400
Exercise training / supervision	396	400
Trial walking	4	4
VMT / ST tests	305	500
Manual muscle testing	11	15
Canvas shoe provision	148	150
MCR provision [3mm and 8mm]	87	100
Counselling	158	150
Advocacy	41	50
Health education	1,156	1,100
Wound care	85	100
Leprosy confirmation diagnosis	16	20
Reaction / neuritis treatment	25	20

Community Health and Development

Area of work	Achievement	Target
Self-help groups formed	40	40
Group leaders selected	80	80
Two-stage group facilitation training	154	154
Smokeless oven construction training	28	28
Kitchen garden training	43	43
Savings and credit training	34	34
Micro-business training	29	29
Community co-ordination meetings	81	81
Personal hygiene / sanitation workshops	337	350
Health awareness meetings [including schools]	308	320
Women's / children's rights workshops	139	150
Drug misuse orientation	150	100
Albendazole drug distribution	283	300
Acute respiratory infection training	97	100
Health posts visited regularly	2	2
Ante- / post-natal training for government health workers / midwives etc.	26	26
One-day ORS workshop	13	15
Literacy classes, Khola and Bela areas	3	3
Toilet construction	31	50
CBR training for local partner organisations	6	4
CBR training for self-help groups	6	4
CBR rehabilitation training for local organizations	5	7
CBR disability meetings for self-help groups	84	60
CBR seed money for self-help groups	7	4
CBR awareness-raising events [disability / HIV/AIDS / health education]	54	28
CBR lobbying / advocacy visits to stakeholders for disability rights	12	12
CBR clients directly supported	14	17
CBR clients assessed at home for direct support	6	8
CBR help [education / housing / referral / income generation / PRT etc.]	25	21
CBR PRT training for community workers	7	7
CBR clients benefiting from local partner organisations	199	200
CBR clients recommended for disability identity card	299	310
CBR local partner organisation awareness events [1,417 beneficiaries]	33	35



CARE AND SUPPORT

The clinic served 1,675 patients including 153 general rehabilitation outpatients, 1,390 leprosy outpatients, 5 general rehabilitation inpatients, 60 leprosy inpatients, 20 leprosy inpatients for a two-week self-care training course and 47 transit inpatients.

A one-day training course on prevention of impairment and disability was held in the District Health Office in Rukum for ten health post workers. A five-day initial training course on prevention of impairment and disability was held in Ghorahi for seven health post staff from Salyan District. A three-day basic training course in prevention of impairment and disability was held in Ghorahi for ten church volunteers.

One member of staff joined the training team from the Leprosy Control Division in Kathmandu and the INF Banke Programme and conducted a basic leprosy training course for health post and sub-health post staff from Salyan District.

One member of staff joined the case validation and record report team from the INF Banke Programme, the Regional Directorate of Health and Dang District Health Office and assisted the team for four days.

Sixteen people had confirmation diagnosis of leprosy. Half had disability at diagnosis, and a quarter had visible impairment.

A total of 148 pairs of shoes was distributed to people affected by leprosy.

A total of 83 people affected by leprosy received wound care for hand and foot ulcers.

A total of 22 patients was referred to the section, while the section referred 56 patients to other treatment centres.

Pare Budha's story

Pare Budha, 46, came to the INF clinic in Ghorahi several years ago. He had developed visible impairment to his hands and feet. However, after a year's regular anti-leprosy treatment he was cured, although his visible impairments remain and limit his activities. However, by practising the self-care that he was trained in while he was an inpatient he has been able to prevent his limbs from becoming even more badly damaged. The INF clinic regularly provides him with special protective footwear. He is always very appreciative of the treatment and care he has received from INF.



COMMUNITY HEALTH AND DEVELOPMENT

Community Health and Development work began in the Gobardiya and Bela village areas of Dang District, with the goal of bringing sustainable improvements in health and quality of life for poor and marginalised people. Both village areas are near the Rapti River and the border with India to the south. Local people face many social, economic and cultural challenges. The border area is isolated and travel is difficult.

INF assists with group formation. Community members and self-help groups identify problems. INF helps with regular group facilitation and training for group leaders and members, enabling them to take responsibility for long-term problem-solving and helping to maximise social inclusion.

Bela's story

Six self-help groups in the Bela area have been trained in rights and health. The INF facilitator has encouraged group members to work together, and they have all begun savings schemes. The six groups have built a school house, after making bricks themselves and requesting financial support from local authorities, who have also agreed to their request for the construction of a road in the area. The groups are now attempting to ensure their land is registered and that local jungle is officially declared a 'community forest' for them to control, use and preserve in accordance with government policy. They have also approached authorities in Dang District about establishing a water pump, and a water tap is already under construction. One group member says: 'INF has opened our eyes so we can improve our community for our children'.

RESOURCES

The INF Dang Programme had 20 staff, including one expatriate volunteer. Expenditure was NRs 14,441,553.

DONORS

For Care and Support:

GERMAN LEPROSY RELIEF ASSOCIATION

For Community Health and Development:

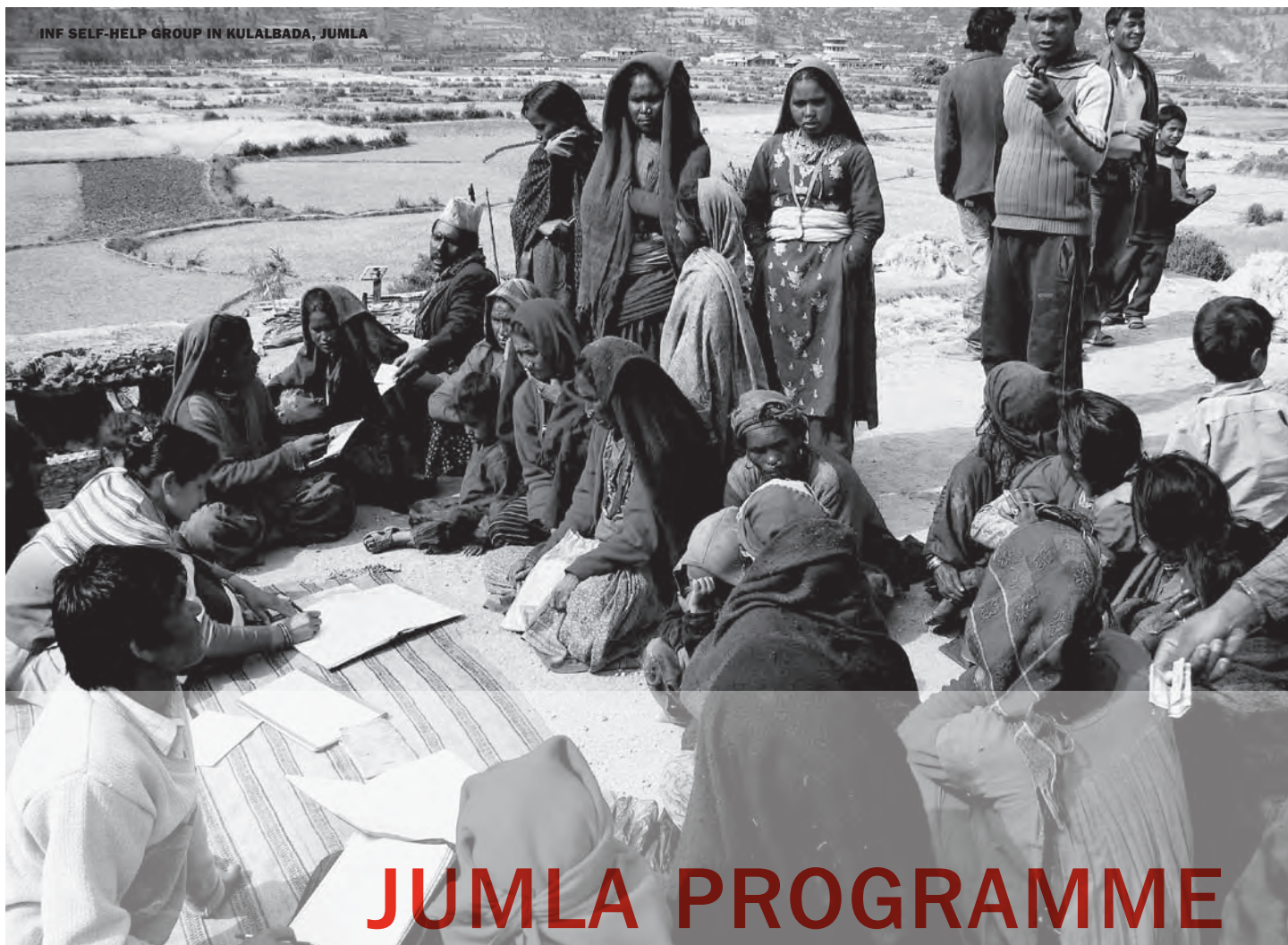
GERMAN FEDERAL MINISTRY FOR ECONOMIC CO-OPERATION
AND DEVELOPMENT

GERMAN LEPROSY RELIEF ASSOCIATION

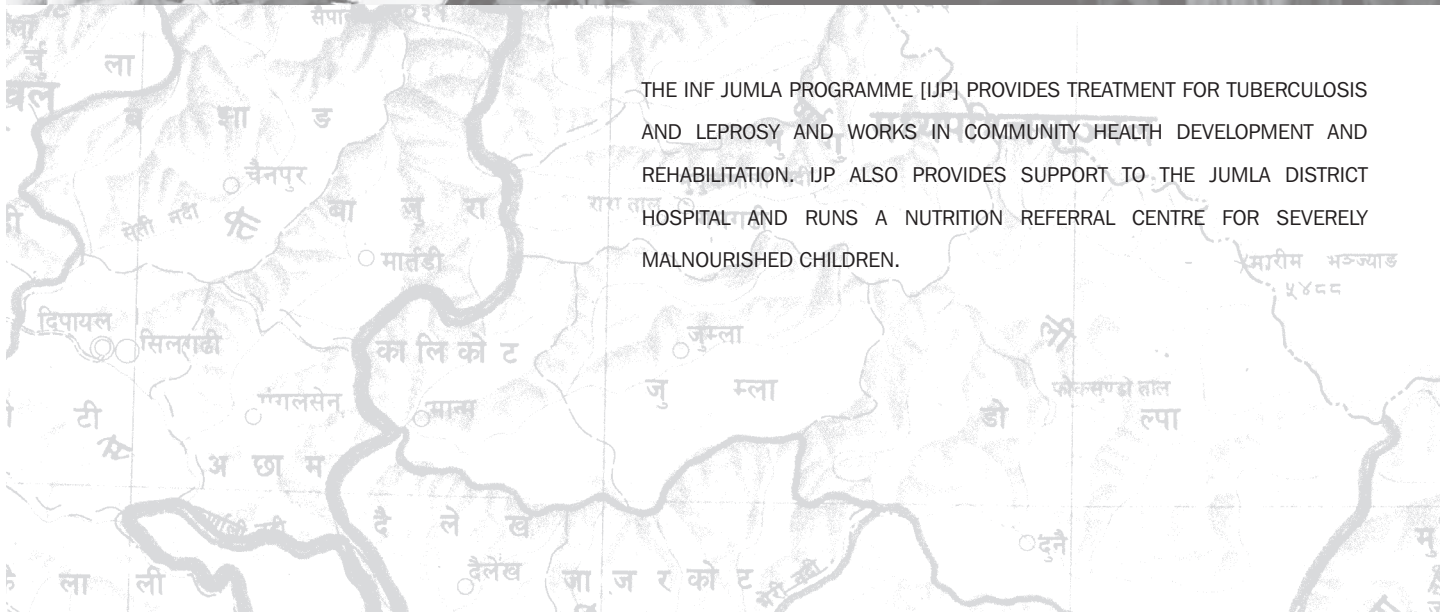
BAPTIST WORLD AID AUSTRALIA

US AID

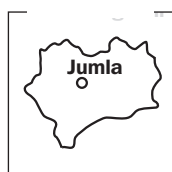
INF SELF-HELP GROUP IN KULABADA, JUMLA



JUMLA PROGRAMME



THE INF JUMLA PROGRAMME (IJP) PROVIDES TREATMENT FOR TUBERCULOSIS AND LEPROSY AND WORKS IN COMMUNITY HEALTH DEVELOPMENT AND REHABILITATION. IJP ALSO PROVIDES SUPPORT TO THE JUMLA DISTRICT HOSPITAL AND RUNS A NUTRITION REFERRAL CENTRE FOR SEVERELY MALNOURISHED CHILDREN.



BENEFICIARIES

Community Health Development and Rehabilitation

Area of work	Achievement	Target
Support for District Hospital mother / child clinic and ante-natal services	48	96
Specialist training for District Hospital / NGO staff by INF specialists / staff	1	1
HIV/AIDS testing and counselling in District Health Office centre	0	60
Psycho-socio-economic assessment / counselling for potential clients	1	5
Follow-up for former HIV/AIDS clients receiving direct assistance	2	4
Awareness raising	24	20
HIV/AIDS awareness workshop for female community health volunteers	72	61
Training for staff of targeted health posts	69	68
Training for voluntary / mother and child health workers	4	3
Ante-natal / mother and child health patients examined	4,563	4,680
Gynaecology / skin / ear / dental services	3	3
Nutritional survey of children under 5 with 21 self-help groups	1	1
Follow-up of child clients of referral centre	330	30
Facilitation of community group meetings with staff of 3 health posts	26	30
Facilitation of group formation in new working area	1	1
Groups meeting monthly	138	170
Identified problems solved	195	200
Facilitation of group action plans using own / external resources	1,358	1,403
Drinking water systems	0	2
People trained	307	367
Exposure visit for group members	44	44
People successfully using new income generation skills	28	24
People supported through income generation etc.	290	104
Follow-up for former clients receiving direct assistance	249	224

Clinic

Area of work	Achievement	Target
Support for District Hospital physiotherapy services	54	60
1-week course for medical auxiliaries / assistant nurse midwives	62	60
Support for poor patients	97	112
Inpatient treatment for complicated TB / leprosy etc.	89	66
Inpatient treatment for nutrition	51	61
Prevention of impairment and disability training for patients	47	40
Special footwear provision	59	70
Tuberculosis laboratory tests	575	410
Leprosy laboratory tests	18	32
Tuberculosis cases found	7	12
Leprosy cases found	9	12
Physiotherapy for tuberculosis / general patients	95	60
DOTS patients treated	60	40
Support for defaulter chasing	1	4
Skin / ear / dental / burns outpatients [including leprosy / tuberculosis]	12,578	11,000
Awareness raising for army / police camp / INGOs / NGOs	4	4
Special events	6	6
Referral centre services for seriously malnourished children	136	240
Nutrition training for female community health volunteers, 6 village areas	134	134
Nutrition training for INF staff / INGOs / NGOs	18	18
Awareness-raising activities	20	15

COMMUNITY HEALTH DEVELOPMENT AND REHABILITATION

The Community Health Development and Rehabilitation [CHDR] section focuses on formation of women's groups in poor low-caste areas around Jumla's district centre and beyond. The groups discuss and analyse local problems and carry out action plans to address them.

The section directly supports people who are extremely poor, particularly people with disabilities or women whose husbands have died or abandoned them. The section aims to improve their livelihoods by helping them to develop small income-generation projects and supporting the education of their children.

The section encourages communities to network with other INGOs, NGOs and community-based organisations in Jumla District to raise awareness and improve services for the poorest people. Awareness raising in the areas of health and prevention of disease and disability is carried out in self-help groups.

The section oversees rehabilitation field work, including work among clients with tuberculosis, leprosy and malnutrition.

CHDR supports government health services with training at the District Hospital and for staff in six targeted health posts. The health posts are supported each month by INF staff who run mother and child health and ante-natal clinics. Training is also regularly provided for auxiliary health workers, health volunteers, assistant nurse midwives, mother and child health workers, female community health volunteers and health post support committee members. Mobile clinics are run on a quarterly basis in remote areas of Jumla District. There is regular co-ordination with the District Health Office, INGOs and NGOs to facilitate work, for the advantage of the community, and to avoid duplication of effort.

The section works with the government's District Education Office and local communities to set up Community Education Centres in areas where there is no habit of sending children to school. These pre-school facilities 'fast-track' children so they gain the habit of attending school and are educated up to the level of Class 3, after which they can attend the regular government school.

The section provides technical and financial support for two local partner organisations: Rehabilitation and Community Development Services; and Disabled, Rehabilitation and Development Centre. These partners work throughout the district, supporting self-help groups for people with disabilities, raising awareness of disability among communities and local government departments, and providing education opportunities for children with disabilities.

Harka's story

My name is Harka Nepali, my mother is a widow who has had a lot of counselling from INF since 2007. INF trained me in shoe-making and gave me a grant to start a shoe business. I ran a mobile shoe business until I found a small room to work in. Now I work in partnership with five other people and a local business group helps us with two rooms, equipment and wages. The local village development committee is also helping us. It has been a long road to get to this stage, and I am grateful to INF for their help for us.

CLINIC

In recent years TB patients had reduced in number. However, this year there were nine inpatients, including seven new cases [three of them serious Category 2 cases], and bed occupancy was higher than anticipated [38%, compared to the anticipated 15%]. One patient relapsed due to failure to complete the course of medication and poor nutrition.

IJP has started sputum testing for family members of TB suspects. All usable samples have been negative so far.

IJP supports the Public Health Office in TB case finding, and found seven new cases [a case finding rate of 19%]. The District Health Office found another 22 cases [61%], which gives a case finding rate of 80% for Jumla [the national target is 70%].

IJP laboratory facilities are used for TB case finding, leprosy skin smear tests and routine stool and urine tests for inpatients.

IJP staff helped facilitate three District TB and Leprosy Office workshops, encouraging and advising District Health Office staff in case finding, slide preparation and late patient tracing.

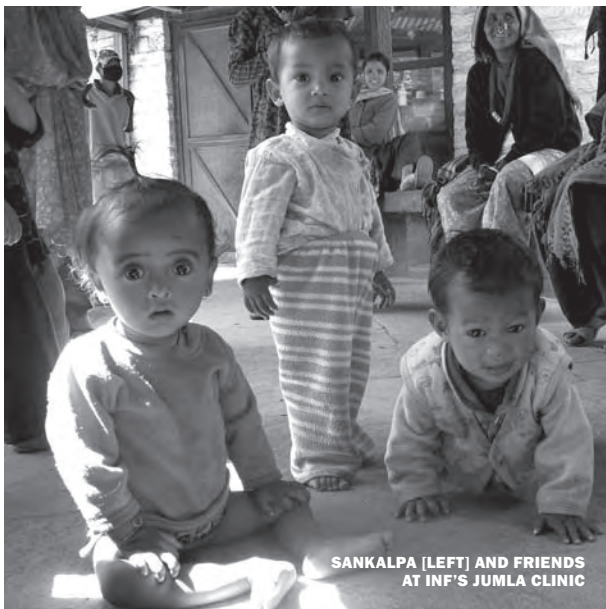
IJP staff go regularly to six target health posts to support District Health Office staff in monitoring TB and leprosy work. These health posts are performing well in comparison to others. They supply DOTS treatment for TB patients and take follow-up sputum smear slides in a timely manner. This helps to ascertain sputum conversion rates at two and five months and whether the patient has become negative and is on the way to being cured [eight months]. TB cards are well maintained and TB drugs are given on time. Late patient follow-up tracing is carried out, and case-finding sputum slides are properly prepared.

Co-ordination with the doctor in the District Hospital is good. He helps in the nutrition centre with sick children and sees TB / leprosy / general patients on ward rounds twice a week.

IJP provides inpatient bed facilities for leprosy patients with neuritis, reactions, eye problems or ulcers. Patients learn about self-care and health education. Non-leprosy cases with burns / skin problems etc. are also admitted. During the year there were 43 inpatients [ulcers 42%; reactions / neuritis 30%; eye care 5%; self-care 2%; prevention of impairment and disability 5%; other cases 16%]. Bed occupancy was 35%.

Ram Laxmi's story

An INF community health worker sent me to Jumla District Hospital for an ante-natal check-up. The District Hospital referred me to Nepalgunj for specialist treatment but I could not afford the plane fare. However, someone told me to apply to INF for help. INF gave me the money for a return plane ticket and my child was born safely in the hospital in Nepalgunj. If I had not been helped by INF I would have died. I am so thankful to INF.



SANKALPA (LEFT) AND FRIENDS
AT INF'S JUMLA CLINIC

Sankalpa's story

Sankalpa, aged just 13 months, was admitted to INF's nutrition referral centre suffering from malnutrition [-4 Standard Deviation]. He and his mother stayed for four weeks, and his weight increased from 7 kilos to 8.1 kilos. Sankalpa's mother learned the importance of feeding him nutritious food often throughout the day, and maintaining good hygiene. She even took part in a radio awareness programme and talked about what she had learned from INF. She returned for follow-up on her own initiative six weeks later. Sankalpa had continued eating 'superflour' as recommended and his weight was good. Both Sankalpa and his mother are now doing well.

RESOURCES

IJP had 19 staff including one volunteer expatriate. Expenditure was NRs 16,211,743.

DONORS

For CHDR:

GERMAN LEPROSY RELIEF ASSOCIATION

TEARFUND NETHERLANDS

REFORMED MISSION LEAGUE, THE NETHERLANDS

INF AUSTRALIA RELIEF FUND

US AID

TEARFUND UK

For Clinic:

GERMAN LEPROSY RELIEF ASSOCIATION

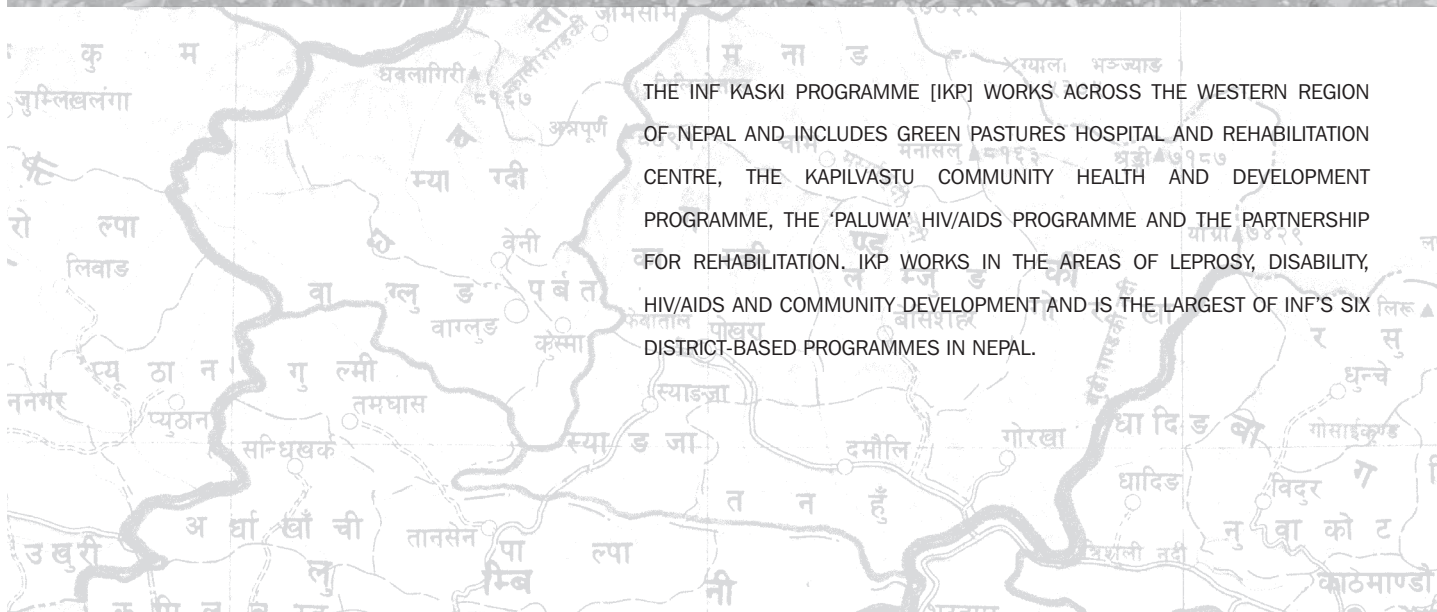
SAMARITAN'S PURSE CANADA

PRESBYTERIAN CHURCH OF CANADA

BMS WORLD MISSION, UK



KASKI PROGRAMME



Green Pastures Hospital and Rehabilitation Centre

GREEN PASTURES HOSPITAL AND REHABILITATION CENTRE [GPHRC] WAS FOUNDED IN 1957. ALTHOUGH CLINICAL WORK HAS EXPANDED FROM SPECIALIST LEPROSY SERVICES TO INCLUDE GENERAL REHABILITATION, THE GOAL REMAINS THE SAME – TO PROVIDE HIGH-STANDARD HOLISTIC CARE TO THE POOREST AND MOST MARGINALISED MEMBERS OF SOCIETY.



BENEFICIARIES

Area of work	Achievement	Target
Diagnosis of new leprosy cases	107	70
Leprosy reaction admissions	326	232
Leprosy ulcer admissions	142	100
Outpatient treatment of leprosy reactions	525	760
RFT patients examination	1,293	1,180
Skin clinic for new leprosy cases	5,392	4,200
Physiotherapy	4,583	740
Provision of leprosy footwear and assistive devices	635	668
Spinal cord injuries	32	44
Amputees	57	100
Reconstructive surgery	7	72

INF's Green Pastures Hospital and Rehabilitation Centre [GPHRC] began leprosy work in 1957 and continues to provide compassionate care for the poor and destitute, and to provide medical services that are not available elsewhere. Since 1997 GPHRC has been providing rehabilitation services for people with general disabilities, primarily people with spinal cord injuries but also amputees. GPHRC is the only centre providing these rehabilitation services in the western regions of Nepal. GPHRC's goal is to provide high-quality rehabilitation services to disadvantaged, poor and marginalised people in western Nepal, to improve their quality of life.

In December 2009 the registered prevalence of leprosy in Nepal fell below 1 case per 10,000 people. This is the target level set for the year 2000 to achieve the 'elimination of leprosy as a public health problem'. Nepal was one of the last three countries to achieve this goal. While it does not mean that new cases of leprosy will not occur, it does mark a point beyond which we can expect to see leprosy gradually disappear, which is great news. However, GPHRC can expect to continue to be busy providing services to people affected by leprosy for many years to come.

In 2009 – 2010 INF developed a five-year plan and proposal for another five-year agreement with the government of Nepal [2011 – 2015]. The government's Social Welfare Council evaluated the services provided by INF for the government of Nepal, including GPHRC. Their report was highly complimentary about the standards of work done throughout INF, including GPHRC.

GPHRC's five-year plans include continuation of leprosy services including diagnosis, treatment of leprosy complications, awareness raising and rehabilitation of leprosy-affected people. GPHRC will have a key role to play over the next five years in leprosy services, as leprosy expertise and awareness decline in other centres. In other types of rehabilitation, GPHRC plans to develop more holistic services through staff training and further outreach for people with disabilities.

A new project which began in April 2009 has given GPHRC the capacity to provide wheelchairs to 1,200 people over three years. The project will provide clients not only with new wheelchairs but with training in the use and repair of the chairs and modification of their homes and surroundings so that they are more 'wheelchair-friendly'. This is a considerable challenge in

the mountainous terrain of Nepal. However, the need was highlighted by a study of the situation of patients with spinal cord injury a year after discharge from GPHRC.

The study was conducted by a Canadian biomechanical engineer who worked at GPHRC for two years, based on home visits to 24 clients. The situation of clients was difficult: of 37 discharged, 9 had died. Of the remaining 28 clients, 24 were interviewed at their homes. Of these, 15 used wheelchairs, 4 required gait aids and 5 walked unassisted. Since discharge, 13 had developed pressure sores and 8 had been readmitted for treatment at GPHRC. Urinary tract infections had been developed by 11 clients, and 4 were hospitalised. An assessment of client abilities to perform daily living activities showed that 10 had become more independent, 11 were unchanged and 2 had become more dependent after discharge. With regard to client participation in communities, 19 indicated 'severe' or 'extreme' restriction. Among clients surveyed, 6 were earning enough to support themselves, while 4 more earned some income, 2 were in training, 7 helped with tasks at home and 5 had no employment. Most wheelchair users [12 out of 15] could not independently enter their homes, and 14 out of 19 using assistive devices required assistance to access their communities.

These findings were presented at the 1st National Spinal Cord Injury Conference in May 2010, organised by the Asian Spinal Cord Injury Network [AsCon] and held at GPHRC. The conference brought together 40 people from across Nepal as well as experts from India and a team from the University of Toronto. In their twice-yearly visits the Toronto team gave staff orientation in the psychological and sexual needs of spinal cord injury patients.

GPHRC is a part of the rehabilitation services provided by INF in Nepal's Western and Mid Western Regions. INF-wide rehabilitation meetings recommenced in

2009 and staff from INF's Banke, Surkhet, Dang and Jumla Programmes met twice in the year with GPHRC staff to improve rehabilitation services across INF through better co-ordination of patient referrals and staff training. GPHRC staff visited the INF rehabilitation section in Surkhet to provide on-the-job advice to medical, nursing and therapy staff.

The financial year ended with an evaluation of leprosy services by two external experts from The Leprosy Mission International. Their report was very positive about the standard of leprosy work at GPHRC and gave clear advice on how to improve it further in coming years.

GPHRC received funding from the Finnish Christian Medical Society to improve the infrastructure of the hospital through construction of a new outpatient building and scholarships for a GPHRC administrator to study health care management, a doctor to study for an MD degree and theatre and occupational therapy staff to have in-service training.

The impact of the work of GPHRC is seen in the lives of its patients. GPHRC measures and reports on the impact of its work for management and donors through regular newsletters which contain patient stories.

GPHRC will remain dependent on donors for funding. However, a number of approaches have been taken to improve sustainability as much as possible.

Firstly, building relationships with other INGOs and NGOs working in the rehabilitation sector has been very successful. The National Association of Service Providers in Rehabilitation [NASPIR] is working with government in planning service provision for people with disabilities at a national level. A voucher system for provision of rehabilitation services to disabled people reimbursed from the national budget may be developed. GPHRC has been recognised as the key rehabilitation centre for the Western Region in government planning.



Nar Bahadur's story

Nar Bahadur had part of his right leg amputated after it was crushed by a boulder as he was clearing debris from a landslide. Money from an INF 'poor fund' helped to pay for his surgery at the Western Regional Hospital in Pokhara, he needed nine units of blood. Later he was able to go to INF's Green Pastures Hospital and Rehabilitation Centre in Pokhara for fitting of an artificial limb. He needs vocational training after his rehabilitation, so that he can earn a living and continue to support his wife and daughter.

The second approach is income generation. The increase in referrals from neurosurgery centres for post-operative rehabilitation is increasing. This tends to be a patient group which can fund its own treatment and GPHRC will therefore request payment for services according to socio-economic assessment.

Thirdly, a thrice-weekly skin clinic continues to be very popular and so improves GPHRC's local income.

Fourthly, the International Committee of the Red Cross has extended its referral base to include full funding of general disability cases which are conflict-related.

The fifth approach relates to GPHRC's skill base. The transition from leprosy to rehabilitation work is continuing as GPHRC moves increasingly into spinal cord injury work. In order to strengthen the GPHRC skill base in this area GPHRC is working with a Canadian group which comes to Nepal twice a year to provide training in rehabilitation.

The sixth approach relates to capital development. Funding from the Finnish Christian Medical Society has enabled GPHRC to start work on much-needed renovation of the laboratory and hospital wards, and to plan for construction of a new outpatient building.

The seventh approach relates to new donors. This is an ongoing challenge, especially for leprosy, but GPHRC is thankful for increasing interest in funding from The Leprosy Mission. New donors for non-leprosy work are being sought with help from INF UK and INF Australia.

RESOURCES

GPHRC had 65 members of staff, including two expatriate volunteers. Expenditure was NRs 41,361,705.

DONORS

GERMAN LEPROSY RELIEF ASSOCIATION

INF AUSTRALIA RELIEF FUND

REFORMED MISSION LEAGUE, THE NETHERLANDS

SASAKAWA MEMORIAL TRUST, JAPAN

US AID

THE LEPROSY MISSION INTERNATIONAL

SAINT FRANCIS LEPROSY GUILD, UK

FINNISH CHRISTIAN MEDICAL SOCIETY

Kapilvastu Community Health and Development Programme

THE KAPILVASTU COMMUNITY HEALTH AND DEVELOPMENT PROGRAMME [KCHDP] BEGAN IN JULY 2007. KCHDP AIMS TO EMPOWER VULNERABLE AND MARGINALISED PEOPLE IN KAPILVASTU DISTRICT, FACILITATE COMMUNITY USE OF RESOURCES, STRENGTHEN GOVERNMENT HEALTH SERVICES, AND IMPROVE MATERNAL AND CHILD HEALTH. KCHDP WORKS IN FIVE VILLAGE AREAS, STRENGTHENING PUBLIC HEALTH SERVICES. IN TWO OF THE VILLAGE AREAS KCHDP WORKS FOR COMMUNITY EMPOWERMENT AND DEVELOPMENT THROUGH THE GROUP ACTION PROCESS, MOBILISING LOCAL COMMUNITY GROUPS.



VILLAGERS IN SHIVAPURWA WINNOWING GRAIN USING A HAND-POWERED FAN

BENEFICIARIES

Area of work	Achievement	Target
Training and facilitation for groups	40	40
Health post support for village development committees	5	5
Establishing trust in communities	100%	100%
Groups identifying problems and making action plans to resolve them	60%	90%
Groups able to facilitate own meetings after 3-year period	60%	60%
Health post management committees meeting regularly	75%	100%
Awareness raising for women's groups [ante-natal / post-natal care etc.]	500	500
Mothers' group formation	49	50
5-day course in Pokhara for health post / sub-health post staff	6	5
3-day reproductive health course for female community health volunteers	72	70
Health post management committee training course	59	65
Reproductive health course for group members	38	40
Skin camp	902	1,200
HIV/AIDS orientation for groups	40	40
Number of groups benefiting from workshops	17	17
Group formation training course	87	90
Savings and credit record-keeping course	45	50
Village animal health worker course	2	2
Income generation support	47	47

The Kapilvastu Community Health and Development Programme [KCHDP] was established in Taulihawa, the district centre of Kapilvastu, in mid-July 2007. KCHDP works in five village areas: Mahuwa; Hariharpur; Rajpur; Buddhi; and Barkalpur. In Mahuwa and Hariharpur the main intervention has been through the Group Action Process, which focuses on empowering vulnerable and marginalised people. The section aims to improve the health and quality of life of people in Kapilvastu District in a sustainable manner.

The work of KCHDP has progressed greatly since improvements in security and political stability in Kapilvastu. This is the poorest district in Nepal's Western Region. The section aims to empower vulnerable and marginalised people and helps communities to identify resources and use them properly. Community facilitators regularly assist 40 self-help groups in two village areas. They train group facilitators and local community facilitators to sustain the groups.



Shivapura's story

In Shivapura village, INF helps to make people aware of their problems and how to solve them. This is done by forming community groups to discuss issues and decide on actions to be taken. One woman group member says: 'INF has taught us to work together for ourselves, helped us to identify our needs and figure out ways to solve our problems among ourselves'. INF has introduced local women to a source of free seeds, and shown them how to develop vegetable gardens. INF staff are working on making villagers aware of the health problems caused by lack of proper toilets.

RESOURCES

KCHDP had 8 members of staff. Expenditure was NRs 6,651,158.

In the reporting period KCHDP helped groups to develop action plans in order to address community problems and provide resources to assist in implementation of the plans. KCHDP facilitates health post management committee meetings, so that government policies are put into practice and the government health system is strengthened. KCHDP also mobilises the management committees of health posts and sub-health posts so that health facilities are promoted in five village areas. The aim is to promote good health, particularly for mothers and children.

KCHDP promoted vegetable farming as an income generation activity among 268 group members, and provided 35 days of training in animal husbandry for two people from each village area.

In five village areas KCHDP trained 72 female community health volunteers and 5 mother and child health workers in reproductive health and safe motherhood. Government staff use KCHDP as a resource for training.

Community empowerment and development will focus on 54 communities. The number of households involved is 1,000 in two village areas.

KCHDP provided three days of management training to develop the capacity of health post committees. KCHDP organised a co-ordination meeting with the District Health Office and five other health service providers. A survey of children aged under 5 in 909 households found 200 malnourished children. As a result, a one-day course in nutrition was provided for 174 mothers from two village areas. KCHDP also participated in special activities to mark World AIDS Day, World Leprosy Day and International Women's Day. KCHDP also organised a street drama to publicise safer motherhood.

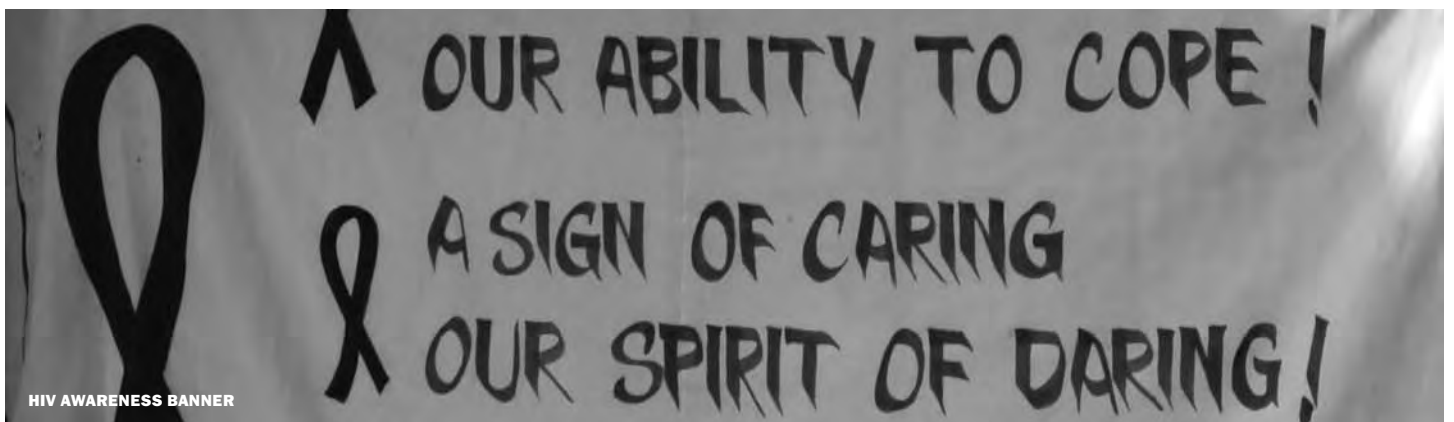
DONORS

TEAR AUSTRALIA

FAIRMED, SWITZERLAND

Paluwa

PALUWA WAS ESTABLISHED IN 1999 AND PROVIDES HIV/AIDS COUNSELLING, CARE, TREATMENT AND SUPPORT SERVICES. THE GOAL IS TO PROVIDE A CONTINUUM OF CARE SERVICES FOR PEOPLE LIVING WITH HIV/AIDS, AND TO PROVIDE EDUCATION FOR HIV PREVENTION. TARGET AUDIENCES INCLUDE THE MOST AT-RISK POPULATIONS SUCH AS FEMALE SEX WORKERS, THEIR CLIENTS, MIGRANT WORKERS AND SPOUSES, AND PEOPLE LIVING WITH HIV/AIDS. PALUWA PROVIDES VOLUNTARY COUNSELLING AND TESTING, A SEXUALLY TRANSMITTED INFECTIONS SERVICE, TREATMENT FOR OPPORTUNISTIC INFECTIONS, AND COMMUNITY AND HOME-BASED CARE, TOGETHER WITH OTHER CARE AND SUPPORT SERVICES FOR INCOME GENERATION AND SCHOOLING. PALUWA SUPPORTS THE GOVERNMENT'S WESTERN REGIONAL HOSPITAL IN HIV-RELATED SERVICES.



BENEFICIARIES

Area of work	Achievement	Target
Comprehensive voluntary counselling and testing services	1,204	1,200
Sexually transmitted infections service [diagnosis and treatment]	509	480
HIV/AIDS treatment through Essential Package of Care clinic	285	180
Community and home-based care	148	145
Training / orientation with local partner organisation Asal Chhimeki Nepal	5,860	3,500
Poor fund provision at Western Regional Hospital	4,467	6,000
Support for Western Regional Hospital in HIV/AIDS-related services	24	24
Counselling for clients, people living with HIV/AIDS and their families	274 / 250	180 / 540
Income generation / livelihood support for clients and their families	7	12
Schooling support [fees / clothes / books] for infected / affected children	34	25
HIV care orientation for NGOs / community organisations / orphanages	21	20
Support for District / Regional HIV/AIDS co-ordination / strategy groups	2	2

Paluwa has provided HIV/AIDS services since 1999. The main goal of Paluwa is to provide a continuum of care for people living with HIV/AIDS, taking every opportunity to prevent HIV. Target groups include most at-risk populations such as female sex workers, their clients and people living with HIV/AIDS. Paluwa provides comprehensive services including voluntary counselling and testing, a sexually transmitted infections service, an Essential Package of Care service, and community and home-based care. Paluwa works to raise HIV/AIDS awareness in local churches and communities, and supports the government regional hospital in provision of HIV/AIDS-related services.

During the reporting period Paluwa continued to provide comprehensive services including integrated health services and other care and support services for people at risk and people living with HIV/AIDS. The integrated health services include voluntary counselling and testing, sexually transmitted infections services and clinical and palliative care for most at-risk populations and people living with HIV/AIDS. Paluwa's services meet national standards. Co-ordination between Paluwa and referral partner organisations was further strengthened. Paluwa continued support to the Western Regional Hospital in provision of HIV/AIDS-related services such as anti-retroviral treatment, CD4 counts and counselling. This is a good example of public-private partnership and has been a model for other government sites for anti-retroviral treatment.

Poverty and HIV vulnerability are linked. Most target groups are disadvantaged, deprived and of low socio-economic status. Thousands of Nepali men and women migrate seasonally to India and other countries in search of employment. Hundreds of young people migrate to Pokhara and other cities from rural areas in search of better opportunities in education and employment. They are vulnerable to HIV infection and at increased risk of sexually transmitted infections. Poor socio-economic

status is one of the main reasons why young women from rural areas go into sex work.

A highlight of the period was the increased client flow in care, support and treatment for people living with HIV/AIDS. These services are provided from the Paluwa clinic and through community and home-based care. The reason for the increase is the holistic nature of Paluwa's work. Paluwa's services are well regarded and other HIV-related government organisations and NGOs refer people living with HIV/AIDS to Paluwa.

Paluwa provided other care and support services for people living with HIV/AIDS such as income generation and schooling support. Around thirty HIV-affected children were receiving schooling support at the end of the reporting period, and income generation support was provided for 9 people living with HIV/AIDS and their families. A Paluwa poor fund has been utilised to support people living with HIV/AIDS in accessing treatment of opportunistic infections and referral to other care providers. More than 300 people living with HIV/AIDS benefited from the poor fund in the reporting period.

The Social Care Unit at the Western Regional Hospital continued to function well. The unit supports the government hospital in HIV-related activities such as counselling, anti-retroviral treatment, prevention of mother-to-child transmission and CD4 cell counts. The hospital is regarded as one of the best anti-retroviral treatment sites in Nepal, and Paluwa has played a vital role in this. The poor fund has improved access to treatment and care for people living with HIV/AIDS in the hospital and throughout the Pokhara valley.

Paluwa expanded its services in Baglung District with support from the Reformed Mission League in the Netherlands. A fully-fledged Paluwa service commenced in Baglung at the end of the reporting period.



Sita's story

Sita, 24, is HIV+. Paluwa provides her and her family with community and home-based care. When the Paluwa team first met her she was very weak and thin. The Paluwa team provided her with emotional support and training in self-care, personal hygiene, sanitation and safer sexual behaviour. When she was made redundant by a factory because of her HIV+ status, Paluwa advocated for her with the factory management and workers' union. Paluwa held an HIV awareness programme for the factory workers, and succeeded in ensuring that Sita was re-employed at the factory. Sita has started anti-retroviral treatment, her health is improving and she is able to take care of herself and her family. The Paluwa team visit her regularly and make sure she maintains her anti-retroviral treatment. Paluwa provides support for the education of Sita's child. Sita is happy, positive and grateful to Paluwa. She says: 'Paluwa gave me a new life'.

RESOURCES

Paluwa had 22 members of staff. Expenditure was NRs 13,836,867. Paluwa's financial support for the government's Western Regional Hospital amounted to NRs 46,139.

DONORS

FAMILY HEALTH INTERNATIONAL

REFORMED MISSION LEAGUE, THE NETHERLANDS

ICCO, THE NETHERLANDS

The comprehensive services of Paluwa help many clients and they especially value Paluwa's 'client-friendliness'.

A strong referral network is essential in HIV/AIDS care as one institution cannot address all needs. Co-ordination and networking with different service providers are vital and ensure people affected and infected receive appropriate services. Paluwa actively co-ordinates and networks with partners, and two-way referrals are maintained with six organisations to provide a continuum of care for people living with HIV/AIDS.

Stigma and discrimination remain, along with misconceptions about modes of HIV transmission. Advocacy and awareness raising are important strategies.

Funding is a challenge for Paluwa, which hopes to assess the financial situation on a regular basis and seek new donors.

Many clients, notably female sex workers, are involved in activities which are illegal and outside social norms. It is difficult for them to disclose their situation and they fear arrest by the police, which can result in continuation of unsafe behavior and hinder them from accessing Paluwa's services.

The government of Nepal is increasing its involvement in HIV/AIDS activities, particularly monitoring and evaluation. The District AIDS Co-ordination Committee has established a secretariat and co-ordinator in the District Public Health Office.

The non-government sector is active in Kaski District, and a network of HIV/AIDS-related organisations called the Western Regional Alliance for HIV/AIDS functions with a mandate to reduce duplication of activities and increase co-operation. Paluwa is vice-chair of the alliance.

Partnership For Rehabilitation

THE PARTNERSHIP FOR REHABILITATION [PFR] WORKS FOR THE SOCIO-ECONOMIC REHABILITATION OF PEOPLE AFFECTED BY LEPROSY, DISABILITY AND HIV/AIDS. PFR WORKS WITH INDIVIDUALS, COMMUNITIES AND LOCAL PARTNER ORGANISATIONS HELPING PEOPLE WITH DISABILITIES. PFR'S COMMUNITY CAPACITY BUILDING [CCB] SECTION WORKS WITH COMMUNITIES, LOCAL PARTNER ORGANISATIONS AND GROUPS, WHILE PFR'S DIRECT CLIENT ASSISTANCE [DCA] SECTION WORKS WITH INDIVIDUAL CLIENTS IN TRAINING AND SOCIO-ECONOMIC SUPPORT. CCB PROVIDES TECHNICAL, MANAGEMENT AND FINANCIAL TRAINING. DCA SUPPORTS PEOPLE WITH DISABILITIES OR STIGMATISING DISEASE, TO HELP THEM MEET FINANCIAL AND SOCIAL NEEDS. CCB AND DCA ARE SUPPORTED BY THE VOCATIONAL TRAINING FOR COMMUNITY DEVELOPMENT [VTCD] DEPARTMENT, WHICH PROVIDES RESOURCES FOR VOCATIONAL AND AGRICULTURAL TRAINING.



BENEFICIARIES

Area of work	Achievement	Target
Awareness / advocacy for community groups	93	90
Community capacity training courses	36	36
Local partner organisation support for community-based rehabilitation	6	6
Vocational training	139	102
Education support for children of people with disabilities / leprosy	69	70
House modification for spinal cord injury clients	30	10
Lobbying / advocacy workshop for District Development Committees	7	4
Lobbying / advocacy workshop for Village Development Committees	4	4
Rehabilitation training for female community health volunteers	19	16
Socio-economic assessment of clients with disabilities / leprosy	1,123	340
Vocational training for clients with disabilities / leprosy	299	102
Support for business start-ups for income generation	97	35
Support for homeless / destitute clients	14	11
1-week cerebral palsy management course for parents	13	10
House modification / housing support for clients with disabilities	30	10
Finance / follow-up for schooling of leprosy- / disability-affected children	101	70
Referral to other relevant organisations for further support	52	50

The goal of the Partnership For Rehabilitation [PFR] is to enable people with disability and stigmatising illness to be accepted and participating members of their communities, and to have special needs acknowledged and met by people with disabilities, their families, communities and civil society.

PFR worked for people with disabilities and people affected by leprosy in 14 districts in the Western Region during the reporting period. PFR helped to empower local partner organisations and self-help groups and helped communities to be 'disability-friendly'. As part of its direct client intervention work, PFR provided socio-economic support to individual clients which indirectly benefited 3,500 members of client families. PFR implemented a wheelchair project supported by

US AID in close collaboration with INF's Green Pastures Hospital and Rehabilitation Centre. The project provided wheelchairs, helped modify the houses of people with disabilities, and provided training in the proper use and repair of wheelchairs. Client numbers have increased because of the new wheelchair project. There have been significant improvements in the lives of people with disabilities as they have worked together towards common goals and gained confidence in dealing with local authorities.

During monitoring and evaluation visits to 11 local partner organisations and dozens of self-help groups in remote locations in western regions, PFR has seen significant impact from its partnership with local communities and people with disabilities. Many clients



Bharat's story

Bharat Giri, 46, comes from Lamjung District. He had his right leg amputated after a road accident. He was fitted with an artificial leg at INF's Green Pastures Hospital, where he was also diagnosed with leprosy. PFR gave him a small grant to help him set up a butcher's shop. However, his wife left him and took all the income from the shop so he was forced to close the business. PFR gave him a loan to set up a small hotel business. The hotel was successful and he returned the loan and re-married. He longed to return to his native district Lamjung where he had a small plot of land, and PFR supported him with funding so he was able to build a small house there. Bharat is grateful for INF's support. Without INF he would not have been able to live independently or provide for his family. He is happy to be reintegrated into his home community and hopes to start another hotel business.

feel that PFR has opened their eyes to their potential and taught them about their rights. Clients appreciate the importance of working together and self-help groups in making their voices heard.

Two severely disabled clients [one man and one woman] were candidates in elections to Nepal's Constituent Assembly. Self-help groups have managed savings and credit programmes after seed money was provided by PFR. Groups have run income generation activities such as goat- and pig-keeping, poultry farming and general stores. The groups monitor and encourage these activities themselves. Groups and disabled people's organisations are becoming better able to manage their own activities, and co-ordination and networking function well.

As a result of lobbying and advocacy by PFR and similar organisations, the government has improved services and increased the allocation of funding for rehabilitation of people with disabilities. Community groups including churches, female health volunteers and women's groups work with PFR in rehabilitation activities.

PFR helped local partner organisations to access funding from local government and other donor agencies. Self-help groups mobilise seed money and revolving funds in income generation activities, bringing significant socio-economic changes.

Self-help group formation and local resource mobilisation was achieved through groups in a highly efficient manner, with village development committees recognising the groups and helping them to access funding for rehabilitation.

The government and other organisations have encouraged PFR to share its work pattern with other like-minded organisations.

RESOURCES

PFR had 22 members of staff. Expenditure was NRs 18,997,201.

DONORS

GERMAN LEPROSY RELIEF ASSOCIATION

GERMAN FEDERAL MINISTRY FOR ECONOMIC CO-OPERATION
AND DEVELOPMENT

SASAKAWA MEMORIAL TRUST, JAPAN

TEAR AUSTRALIA

AUS AID, AUSTRALIA

US AID

INF AUSTRALIA RELIEF FUND

Service Office

THE INF KASKI PROGRAMME [IKP] SERVICE OFFICE PROVIDES SUPPORT IN MANAGEMENT, FINANCE, ADMINISTRATION, DONOR LIAISON, STATISTICS AND INFORMATION.



RESOURCES

The IKP Service Office had 22 members of staff. Expenditure was NRs 8,532,169.

MUGU PROGRAMME

THE GOAL OF THE INF MUGU PROGRAMME [IMP] IS 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. IMP WORKS IN COMMUNITY HEALTH, DEVELOPMENT, LIVELIHOOD AND FOOD SECURITY, CHILD-TO-CHILD HEALTH AND ACTIVITIES AMONG MIGRANTS IN THE NEPALGUNJ AND MAHENDRANAGAR BORDER AREAS.



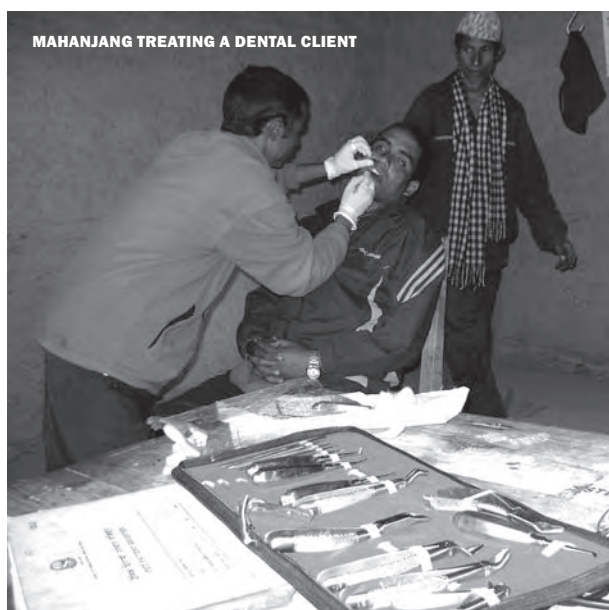
BENEFICIARIES

Community Health and Development

Area of work	Achievement	Target
Training for health facility and service committees	26	26
Technical support for village outreach clinics	5	5
TB / leprosy training for DOTS sub-committee, Bhee	13	11
Reproductive health training for adolescents	89	90
Distribution of shoes for leprosy clients with anæsthetic feet	12	20
HIV/AIDS / STI training for female community health volunteers	17	18
Worm medicine distribution	3,774	0
Toilet / hygiene / sanitation training	937	450
Facilitation of groups producing action plans	21	21
Support for non-formal education students entering school	25	50
Savings and credit training for group facilitators	33	42
Drinking water systems, Bhee and Natharpu	2	2
Support for community in toilet construction	205	220
Drinking water system maintenance training	17	15
Disaster preparedness training	60	64
Support for poor patients in referral for treatment	11	15
Micro-enterprise training	32	30
Income generation support	20	20
Income generation training	257	240
Agriculture training for community volunteers	6	4
Nutrition training for mothers	54	50
Kitchen garden training	200	200
Small irrigation system construction	4	4
Child-to-child training in hygiene / oral health	105	120
Environmental training for child-to-child club	118	120
First aid training for child-to-child students	55	56
Meetings with other institutions	2	2

Migration Support

Area of work	Achievement	Target
HIV/AIDS awareness programme for migrants	34,527	20,000
Small group sessions on HIV/AIDS / safe migration, border areas	8,172	5,000
HIV/AIDS / safe migration communication with carts / rickshaws	2,154	1,500
Counselling centres, Nepalgunj and Mahendranagar	2	2
Emergency support for migrants, Nepalgunj and Mahendranagar	28	50
Orientation for cart drivers about safe migration	241	200
Orientation for hotel owners about safe migration / HIV/AIDS	104	100
Work evaluation [pre-test and post-test]	800	500
Education for migrants in money conversion [groups / individuals]	13,213	10,000
Advocacy for migrants	1,165	1,000



MAHANJANG TREATING A DENTAL CLIENT



PRAKASH IN HOSPITAL

COMMUNITY HEALTH AND DEVELOPMENT

The INF Mugu Programme [IMP] has been serving the Mugu District in the areas of integrated community health and development since 2001. The work now focuses on the two village areas of Bhee and Natharpu. IMP works closely with community groups, user groups, government health staff and committees, using the Group Action Process [a participatory community development approach] in order to build their capabilities and to strengthen and empower them.

IMP's Karnali Service Office [KSO] and Migration Support section are based in Nepalgunj. KSO provides financial, managerial and logistical support to IMP and the INF Jumla Programme.

Mahanjang's story

Mahanjang Shahi is the manager of the health post in Natharpu village. INF has helped him by organising and facilitating a health facility and service committee and providing different training courses and workshops. INF has provided him with technical support to conduct an ante-natal clinic, post-natal check-ups and dental clinic with supplies of medication and equipment. INF has helped him to provide a clinic for skin diseases, leprosy and tuberculosis. INF also provided furniture for the health post. As a result of INF's assistance, Natharpu health post now has its own premises with two large, well-appointed buildings, a toilet, waste pit and wire fence. The health post has become a model for others in the Soru Belt area of Mugu District.

MIGRATION SUPPORT

IMP has been involved in migration support work since 2006. Activities are carried out at the border locations of Nepalgunj and Mahendranagar in the Mid Western and Far Western Regions respectively. IMP's aim is to increase the effectiveness of migration as a livelihood strategy by reducing the vulnerability of migrants in search of work, and their dependants who remain at home. The work includes HIV/AIDS awareness, combating girl trafficking, counselling, advocacy, emergency case support, networking and information dissemination in areas on the border between Nepal and India. The goal is to reduce the risks of exploitation for poor Nepali people migrating to India for seasonal work, and to enable them to remain healthy.

Prakash's story

Prakash was returning to Nepal from India and met another Nepali man on the bus who gave him a biscuit which had been doused in poison. Prakash fell unconscious and the man stole the NRs 30,000 which Prakash had earned in India. INF staff found Prakash unconscious in a border area near Nepalgunj. They took him to hospital where he recovered after two days of treatment. Prakash said: 'You have saved my life'. INF counselled him and provided him with financial support so that he was able to return home to his family.

RESOURCES

IMP had 14 staff. Expenditure was NRs 15,359,941.

DONORS

For Community Health and Development:

TEAR AUSTRALIA

TEARFUND UK

ICCO, THE NETHERLANDS

For Migration Support:

TEAR AUSTRALIA

TEARFUND UK

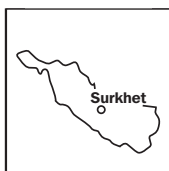
REFORMED MISSION LEAGUE, THE NETHERLANDS

**SURKHET
PROGRAMME**



SURKHET PROGRAMME

THE INF SURKHET PROGRAMME (ISP) OPERATES A REFERRAL CENTRE FOR THE TREATMENT OF LEPROSY PATIENTS FROM ALL OVER THE MID WESTERN REGION, AND SUPPORTS THE GOVERNMENT'S MID WESTERN REGIONAL HOSPITAL IN SURKHET. COMMUNITY HEALTH AND DEVELOPMENT WORK INCLUDES COMMUNITY BASED REHABILITATION AND SUPPORT FOR DISPLACED PEOPLE.



BENEFICIARIES

Leprosy Referral Centre

Area of work	Achievement	Target
New admissions	222	180
Leprosy diagnosis	38	60
Leprosy / skin training for basic health service staff	23	24
Referrals from health posts etc. in Surkhet / Dailekh / Jajarkot	14	12
Septic surgery operations	20	24
Dressings for inpatients	6,307	4,800
Physiotherapy services	148	148
Patients receiving medicine / clothes / shoes / glasses	479	376

Support and Self-Care

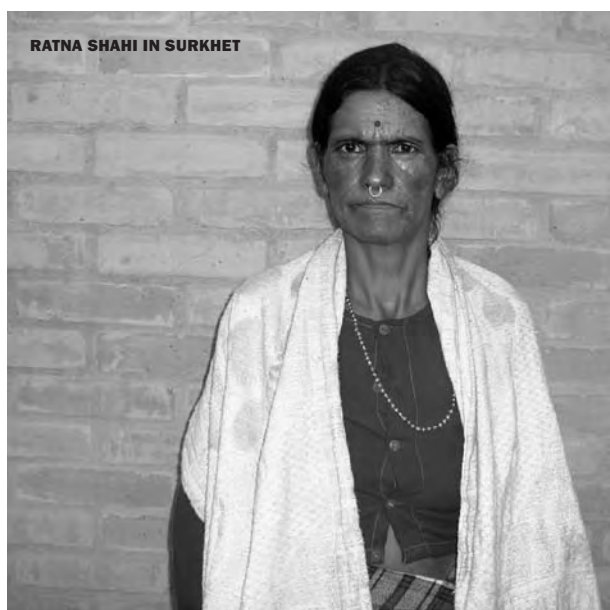
Area of work	Achievement	Target
Clients for Prevention Of Impairment and Disability training	93	118
Canvas shoes for District Health Office	39	28
People with disabilities receiving inpatient rehabilitation / care	30	48
Physiotherapy services	60	60
Counselling for inpatients / self-care clients	204	190
Literacy classes for patients	783	521
Health education for patients / care-givers	1,093	855
Agricultural training for patients	91	118
Special shoes / appliances for patients	90	90
Special footwear / orthoses distribution	450	441

Health Services Support

Area of work	Achievement	Target
Facilitation / participation in health camps	3	3
Patients receiving specialist medical care unavailable in home districts	12	15
Grants to hospitals / health posts for health equipment	2	2
Mid Western Regional Hospital generator repair	1	0
Occupational therapy support, Mid Western Regional Hospital	188	120
Obs. / gynæ consultation / surgery, Mid Western Region hospitals	2	2
Fistula camp	12	0

Community health and development

Area of work	Achievement	Target
Group strengthening training, displaced people's group leaders	20	20
Displaced children receiving education scholarships via self-help groups	35	50
Assistance for displaced people's community infrastructure	2	2
Displaced people's groups benefiting from facilitation of general assembly	3	3
Formal / informal education development	35	55
Workshops for displaced people's groups	11	14
Facilitation of community based rehabilitation groups	27	22
Clients receiving socio-economic rehabilitation support	168	194
Schools receiving orientation in disability issues	4	4
Workshops for community based rehabilitation local partner organisations	87	76
Assistive devices for people with disabilities	73	16
Proposal- / report-writing training for local partner organisations	23	20
Referral support	60	27
Disability orientation for local partner organisations	849	360
Baseline survey / profile of new village areas	2	2
Community health programmes handed over	2	2
Health post committee workshops	2	2
Meetings for female community health volunteers	4	4



LEPROSY REFERRAL CENTRE

The Leprosy Referral Centre provides support for the government's leprosy control programme in the Mid Western Region of Nepal. An Assessment and Referral Unit provides leprosy diagnosis, 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, referrals to more specialised centres. People affected by leprosy are provided with self-care teaching, health education and support. All these activities are in pursuit of the goal of the INF Surkhet Programme, which is to fulfil the unmet health needs of poor and marginalised people in the programme's working area.

Ratna's story

Ratna Shahi, 45, comes from Kalikot District. She was referred to the INF Surkhet Programme by a doctor after she was diagnosed with leprosy. After she was checked and treated by INF she began to recover, although she has lost sensation in her hands and feet as a result of irreversible nerve damage. After treatment Ratna learned how to protect her hands and feet with the INF Self-Care Unit, which also helped her with other general health issues. Ratna is very grateful to the staff of INF.

SUPPORT AND SELF-CARE

The Support and Self-Care section is divided into different units. The Self-Care Unit provides a two-week training course for clients affected by leprosy. The goal of the course is to ensure that patients understand the disease, know how to avoid complications resulting in disability, and learn how to live with existing disability. Training points include health education, agriculture, occupational therapy, literacy and cooking. There are 10 beds available for self-care clients.

The General Rehabilitation Unit has 6 beds and provides physiotherapy and occupational therapy for patients with strokes, spinal cord injuries and so on. The section focuses on the Mid Western Region of Nepal but accepts referrals from INF's Green Pastures Hospital and Rehabilitation Centre in Pokhara as well as the Mid Western Regional Hospital in Surkhet, Bheri Zonal Hospital in Nepalgunj and local partner organisations of ISP's Community Health and Development section.

Lalijung's story

My name is Lalijang Pun Magar, I'm 40 years old. For the last year I've been having treatment for leprosy reactions at INF's Leprosy Referral Centre in Surkhet. I've had a lot of counselling and encouragement. Sometimes I need to stay for quite a long time in the INF clinic because of weakness. I'm very happy that I've had not only treatment but also literacy classes at the INF clinic. I can now read and write and do simple maths. I would like to thank the INF Surkhet Programme for its very good treatment service, and for the non-formal education it provides.



HEALTH SERVICES SUPPORT

ISP enjoys a very good relationship with the government's Mid Western Regional Hospital in Surkhet, and ISP input is welcomed in many areas. ISP has an excellent opportunity to contribute to the development of this important referral institution, which is a vital place of help and healing for poor people in the region.

As the government begins to put into practice plans to increase the number of district hospitals which are able to provide comprehensive emergency obstetric care, the INF gynaecologist has been requested to support and mentor junior doctors in newly established centres for comprehensive emergency obstetric care. Initially support will be given to district hospitals within INF programme areas.

A second medical camp specifically for reconstructive surgery for obstetric fistula was held at the Mid Western Regional Hospital. The response to awareness raising indicates there is a need to develop services for fistula patients and training for Nepali medical practitioners. This new activity has been welcomed and encouraged by the Regional Health Office.

Pauri's story

After a hysterectomy Pauri developed an obstetric fistula, a hole between the bladder and the vagina. Sometimes this can heal if a catheter keeps the bladder empty. She was referred to the INF clinic in Surkhet, and after two weeks with a catheter she stopped leaking urine from the vagina. The catheter was kept for another two weeks to allow the fistula time to heal. Pauri went home well, without any need for further surgery. Without the encouragement of INF staff and her husband, Pauri might have given up and gone home early, but now she is very happy that she stayed and completed the healing process.

COMMUNITY HEALTH AND DEVELOPMENT

The Community Health and Development section serves poor, marginalised and vulnerable people such as displaced people, mothers and children. The section works directly and in partnership with others. Four partner organisations worked with people with disabilities in community based rehabilitation and two worked with displaced people. The section provides direct services for displaced people in two communities in Surkhet District. Another area of work is community health. The section covers two village areas in the Surkhet and Dailekh Districts, supporting the government's primary health care system, especially in care for mothers and children.

Yamuna's story

Yamuna Thapa is a female community health volunteer at Bindhyabasini village sub-health post in Dailekh District. She is involved in ante- and post-natal care, family planning and child nutrition work. The INF Surkhet Programme provided NRs 25,000 each to four sub-health posts, including the one where Yamuna works, so that they could build a primary health care room. Mothers' groups and other local sources also contributed. As a result of the new facilities, the numbers of women having ante- and post-natal checks have increased. Yamuna and the mothers' groups she works with are very grateful to the INF Surkhet Programme.

RESOURCES

ISP had 50 members of staff, of whom 5 were volunteer expatriates. Expenditure was NRs 30,200,843.

DONORS

For Leprosy Referral Centre:

SWEDISH MEDICAL MISSION

GERMAN LEPROSY RELIEF ASSOCIATION

INTERACT SWEDEN

EVEREST MARATHON

For Support and Self-Care:

GERMAN FEDERAL MINISTRY FOR ECONOMIC CO-OPERATION
AND DEVELOPMENT

GERMAN LEPROSY RELIEF ASSOCIATION

US AID

TEARFUND UK

For Health Services Support:

INF AUSTRALIA RELIEF FUND

SARON CHURCH, SWEDEN

For Community Health and Development:

GERMAN FEDERAL MINISTRY FOR ECONOMIC CO-OPERATION
AND DEVELOPMENT

GERMAN LEPROSY RELIEF ASSOCIATION

US AID

TEARFUND UK

SARON CHURCH, SWEDEN

SCENE FROM AN INF EAR CAMP



INF NEPAL CENTRAL SUPPORT OFFICE

INF NEPAL IS AN NGO REGISTERED IN KASKI DISTRICT AND AFFILIATED WITH THE NEPAL GOVERNMENT'S SOCIAL WELFARE COUNCIL. IT HAS ITS OWN BOARD, AND AN EXECUTIVE DIRECTOR RESPONSIBLE TO THE BOARD TO ENSURE THAT ITS PROGRAMMES ARE MANAGED EFFICIENTLY, AND THAT A GOOD RELATIONSHIP IS MAINTAINED WITH INF WORLDWIDE.

THE INF NEPAL CENTRAL SUPPORT OFFICE IS BASED IN POKHARA AND EXISTS TO SERVE THE SIX PROGRAMMES OF INF NEPAL AND PROVIDE LEADERSHIP, DIRECTION AND TECHNICAL ADVICE TO THE ORGANISATION AS A WHOLE. THE OFFICE INCLUDES THE EXECUTIVE DIRECTOR'S DEPARTMENT, PROGRAMMES OFFICE, FINANCE DEPARTMENT, PLANNING AND DEVELOPMENT, PERSONNEL, IT SUPPORT AND MEDICAL CAMPS.

○
Pokhara



The INF Nepal Central Support Office is located at Simpani in Pokhara and provides overall direction, management support, leadership and advice to the programmes of INF Nepal. The office is funded by support charges from each of the six programmes. The office includes three specialist technical advisers in the areas of health, community health and development, and community-based rehabilitation.

A Donor Team is involved with the technical advisers in fundraising. Contributions from some institutional donors have reduced, due in part to the global financial situation. INF Nepal managed to break even over the course of the year, despite starting the year with a large deficit budget. Programme variance reporting was tightened up. Work on the next five-year agreement with government was completed and documentation was submitted to the Social Welfare Council. Technical advisers carried out evaluations of projects and sections and these fed back into improving the quality of work through specialist workshops run for staff. The office co-ordinated the final evaluation by the Social Welfare Council, and comments received from the evaluation team were considered while preparing for the forthcoming agreement.

FINAL EVALUATION

The Social Welfare Council carried out a final evaluation of the work of INF Nepal, in accordance with the five-year agreement with the government. The evaluation highlights the good work of INF Nepal, its good financial management and governance, and states that the implementation model is applicable in other organisations in other areas and districts, saying 'INF should be ready to share experiences and expertise with other organisations'.



2010 – 2015 AGREEMENT

INF Nepal recently produced a five-year plan for the period from December 2010, in line with the five-year direction set out by the INF Nepal board. The document reflects lessons learned over the previous five years and includes corrective measures taken to ensure plans are realistic and easy to monitor. The document is under review by appropriate government ministries and INF expects to sign a new agreement in the near future.

GOVERNANCE

The governing board includes nine Nepali members, the Executive Director as co-opted Member Secretary and the INF Worldwide Executive Director as an adviser. The members have a wide range of experience in management, governance, and technical and financial management. The board is responsible for direction, objectives, policies and planning, and meets each quarter. The board reviews plans, budgets and policies before they are approved. Responsibility for operation of programmes and financial management is delegated to the Management Team.

The board delegates authority for financial control to the Audit Committee. The Treasurer of the board chairs the Audit Committee and other members include the Chair of the board, the INF Nepal Executive Director, the INF Worldwide Executive Director, the INF Nepal Programmes Director, the INF Nepal Finance Director, an expatriate donor adviser and one external member. The committee meets twice a year and reviews financial statements and the comments of internal and external auditors.

CAMPS

The INF Nepal Central Support Office also runs medical camps. During the year the Camps section conducted ear camps in Bajura and Arughat, gynæcology camps in Bajura and Arughat, a dental camp in Arughat, a fistula camp in Surkhet and a general surgical camp in Bajura.

Most patients were poor and unable to pay for treatment, surgery or medicine. Camps pays for food and treatment for poor patients. Those whose condition meant it was not wise for them to receive treatment in a remote location were referred to specialist centres.

Camps

Month	Place	Type	Patients	Major operations
Oct – Nov	Bajura	Ear	1,058	150
Nov	Bajura	Gynæcology	955	90
Nov – Dec	Bajura	General surgical	1,086	144
Jan – Feb	Surkhet	Fistula	11	11
May	Arughat	Gynæcology	1,010	111
May	Arughat	Ear	789	92
May	Arughat	Dental	298	0
TOTAL			5,207	598

RESOURCES

The INF Nepal Central Support Office had 38 members of staff [including the Camps team], of whom 7 were expatriate volunteers. INF Nepal Central Support Office expenditure was NRs 16,561,376. Camps expenditure was NRs 13,464,862. Other designated funds for scholarships and health and life insurance administered by the INF Nepal Central Support Office amounted to NRs 6,370,699.

DONORS

For INF Nepal Central Support Office:

BMS WORLD MISSION, UK

TEARFUND UK

GERMAN LEPROSY RELIEF ASSOCIATION

For Camps:

INF AUSTRALIA RELIEF FUND

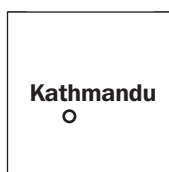
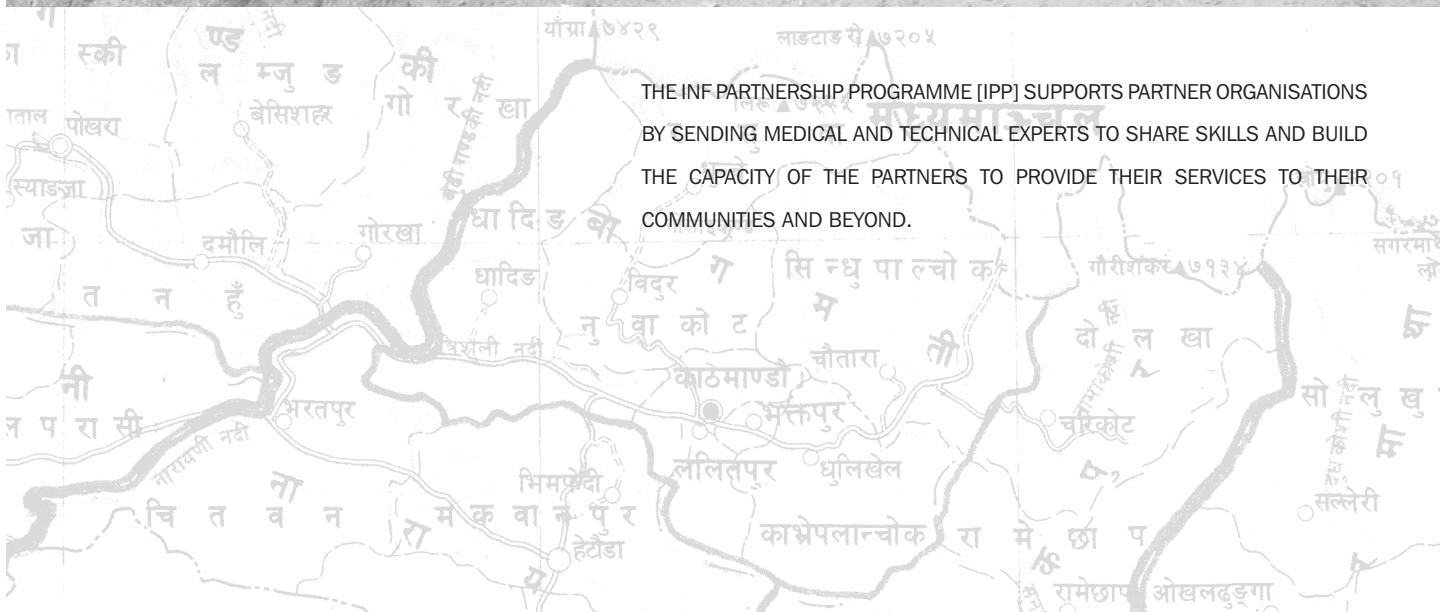
KADOORIE FOUNDATION, HONG KONG

STICHTING LILIANE FONDS, THE NETHERLANDS

INF'S CBO SUPPORT CO-ORDINATOR RICHARD ODELL AND
COMMUNITY LEADERS VISITING YAK FARMERS



PARTNERSHIP PROGRAMME



BENEFICIARIES

Area of work	Beneficiaries
Community Based Organisations Support	3 CBOs
Diploma in Pastoral Healing Ministry	8
Basic pastoral care training, Bardiya and Banke Districts	46
Stress management courses	50
Basic communication skills training	34
Total number of people provided with training	138
Individual private counselling sessions	140
TB capacity building	35
TB patients benefiting from Global Fund grants	36,000

EXPENDITURE

Tuberculosis	NRs 1,395,976
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ULTRASOUND TRAINING

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

During the reporting period there was a three-month government ultrasound training course for MDGP [general practice] physicians, and the educator continues to provide a one-month ultrasound training programme for the MDGP students under the National Academy for Medical Science programme at Patan Hospital throughout the year.

COMMUNITY BASED ORGANISATIONS SUPPORT

The year involved patient pursuit of objectives, especially those related to the Burtibang computer lab project and Lamakhet plans to increase income from bee-keeping. Liaison with INF Nepal continues, especially regarding migrant work on both sides of the Nepal-India border.

With Burtibang the focus was on finalising plans and seeking donors. Local ownership of this locally initiated project continues to be essential for sustainable outcomes. It was encouraging to work with a newly registered organisation of people raised in Burtibang but now living in Kathmandu who are keen to help.

The Lamakhet bee-keepers consolidated their newly registered association. Discussion began regarding marketing honey as a niche product in the form of cut comb, expected to increase income significantly from honey sales over the usual market of liquid honey.



Visits to the village of Pauduar were also made when opportunity arose. Pauduar High School established its own computer laboratory a few years ago with input from a dynamic Nepali entrepreneur who specialised in computerising rural villages and linking them to the internet. The entrepreneur has also given valuable advice for the Burtibang computer project. Linked to the high school is a cheese factory, whose manager has a disabled daughter. Encouragement from INF's Green Pastures Hospital and Rehabilitation Centre in Pokhara and the determination of her parents has seen the daughter make great improvements in mobility and confidence in the past year.

Informal co-operation with the Annapurna Conservation Area Project developed, not only with help to Lamakhet [within the project area] but also with visits to a tea estate and yak farm.

PASTORAL CARE AND COUNSELLING

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

The pastoral care worker and her Nepali team trained Nepali personnel and volunteers. An office for ECTC was opened, an assistant was employed and the organisation started the process of registration with the authorities. A Diploma in Pastoral Ministries course has started in collaboration with Tansen Hospital, and is recognised by the Christian Medical Association of India. Beneficiaries were pastors and chaplains from hospitals and clinics. Basic pastoral care training was given to members of churches in Bardiya and Banke Districts. A course on managing stress and 'burn-out' was developed, and training in basic communication was given to staff of the INF Surkhet and Banke Programmes and Anandaban Hospital.

The pastoral care worker will continue to support the expansion of training programmes for health workers and church volunteers.

TUBERCULOSIS

From December 2008 to May 2010 INF seconded an expatriate doctor to the National Tuberculosis Centre [NTC] as Programme Management Unit Co-ordinator for the Global Fund against AIDS, Tuberculosis and Malaria [GFATM] Round 4 and Round 7 grants.

During the reporting period the INF doctor assisted the National TB Programme [including NTC staff and international and national non-government organisations] with: implementation of the projects funded by the two grants; reporting to GFATM on a four-monthly basis; preparation of the Round 4 and Round 7 Annual Reports; analysis of achievements against targets agreed between the NTC and five sub-recipients [international and national non-government organisations]; and development of the Monitoring and Evaluation Plan and Procurement and Supply Management Plan for the Consolidated National Strategy Application [NSA] with international consultants from Grant Management Solutions in the USA.

The GFATM in Geneva, Switzerland approved the NTC's National Strategy Application and the Round Phase 2 application after budget revisions. These were consolidated into one grant called the Consolidated National Strategy Application [Round 4 Phase, Round 7 Phase 2 and NSA grants] and a new agreement was signed in late 2010 for five-year funding for TB control work in Nepal.

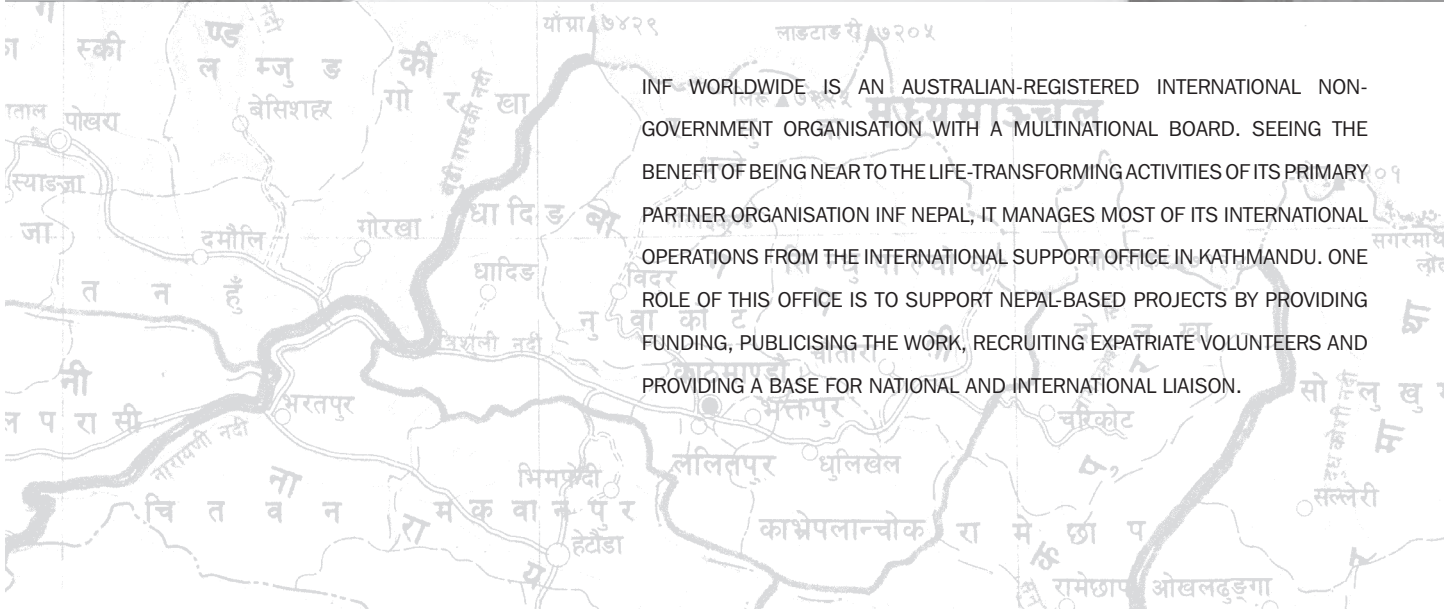
DONORS

For CBO Support:

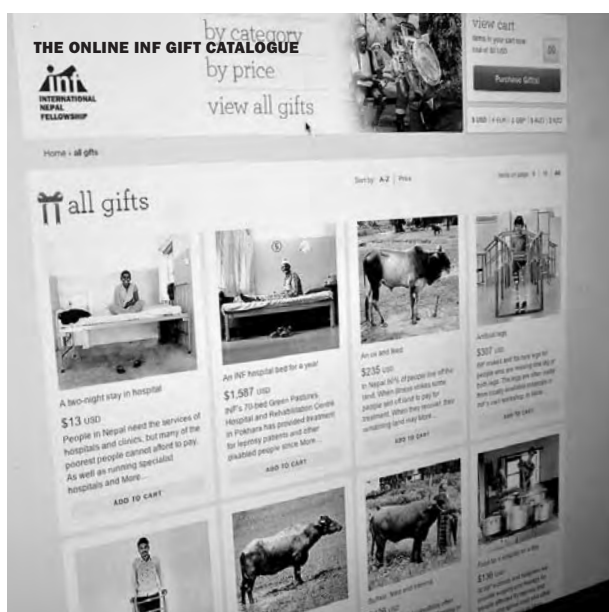
MEDWAY BEE-KEEPERS ASSOCIATION, UK



INF WORLDWIDE INTERNATIONAL SUPPORT OFFICE



Kathmandu



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

The International Service Office continued to provide funding, recruit expatriate volunteers and deliver communications services for INF Worldwide, INF Nepal, other INF organisations and partner organisations. The Finance Department 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 high-quality resources promoting the work of INF. Enhanced online giving facilities on INF web sites greatly increased the level of donations made via the internet.

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

The five-year general and project agreements between INF and Nepal's government were due to end shortly after the reporting period. The Kathmandu office organised a final evaluation of projects six months before the expiry of the relevant agreement. The evaluation team included representatives from the Social Welfare Council, the Ministry of Health and Population, a freelance team leader and a financial expert selected by the Social Welfare Council. The team members were accompanied by the INF Worldwide Liaison Officer and the INF Nepal Planning and Development Manager throughout the evaluation process. The evaluation report presented

in July 2010 stated that INF had made a significant contribution to Nepal's health sector and recommended that INF's work should proceed for a further five-year period, taking into consideration recommendations made by the report.

RESOURCES

The expenditure of the International Service Office was NRs 15,035,266. This covered the expenses of national staff and the operation of the office. Support services for expatriate volunteers [including language and orientation training for newcomers, study centres in Pokhara and Surkhet for primary-level education of the children of volunteers, and housing costs] cost NRs 6,587,242. Staff training cost NRs 77,402. The number of staff was 24, including 12 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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Editing / design / production INF Communications Department, Kathmandu

Film CTP Nepal, Kathmandu [01-525 0466]

Print Hillside Press, Kathmandu [01-427 1755]

Front cover Bhadra Singh Gurung, 45, from Ghachok in Kaski District, sustained a spinal cord injury - the photo shows Bhadra during his second day of wheelchair use at INF's Green Pastures Hospital in Pokhara. PHOTO: Vladimir Antropov



A Christian mission
serving Nepali people
through health and
development work
www.inf.org

**INTERNATIONAL
SUPPORT OFFICE**

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