



ANNUAL REVIEW 2011 - 2012 २०६८ - २०६९

BHIM BAHADUR GAINED WEIGHT QUICKLY, EATING LIKE A HORSE. HE BECAME THE SMILEY BOY OF THE CENTRE. THE MOTHER LEARNED HOW TO WRITE HER NAME AND TO HOW TO KNIT SOCKS FOR HER CHILD. SHE LEARNED A LOT ABOUT NUTRITION AND COOKING, SAYING, "I FOUND NEW HOPE AND COURAGE AGAIN FOR ME AND MY CHILDREN."

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FRONT COVER BHIM BAHADUR WITH HIS MOTHER AND SISTER KAMALA

ANNUAL REVIEW 2011-2012

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DIRECTORS' LETTER



DEEPENDRA GAUTAM, SEETA GURUNG

It is our privilege to serve in INF and see the Lord's hand and blessings in so many ways in the middle of national uncertainty which has caused difficulties for management, staff, clients and partners. Despite many challenges what has been achieved will, we hope, inspire you to be even more involved with the work of INF in the days to come.

This year INF celebrated sixty years since its founding in 1952, and appropriately, this year has been a time of reaping rewards for the many years of hard work invested by so many throughout these sixty years. INF was awarded the prestigious international *Stop TB Partnership Kochon Prize 2011* for its remarkable contribution to TB control in Nepal's Mid Western region by delivering quality services and charitable support to patients. INF also received best NGO award from Kaski District Development Committee for its contribution to leprosy treatment and socio economic rehabilitation of persons with disabilities. These recognitions are the result of many years of service by dedicated hard-working expatriate and national staff who show such resolve in treating highly infectious and stigmatized diseases. On behalf of INF supporters worldwide we want to take this opportunity to express our gratitude to all of them.

We also wish to express our gratitude to the Government of Nepal, non-government organisations, community based organisations, donors, supporting and praying partners, churches and individuals around the world who have provided direct and indirect support for INF, without which we could not have achieved anything.

Finally, we would like to thank God for His faithfulness in guiding, providing, strengthening and blessing INF for the last sixty years. May His name be glorified.

Deependra Gautam
Executive Director
INF Nepal

Seeta Gurung
Acting Executive Director
INF Worldwide

INF NEPAL SUMMARY

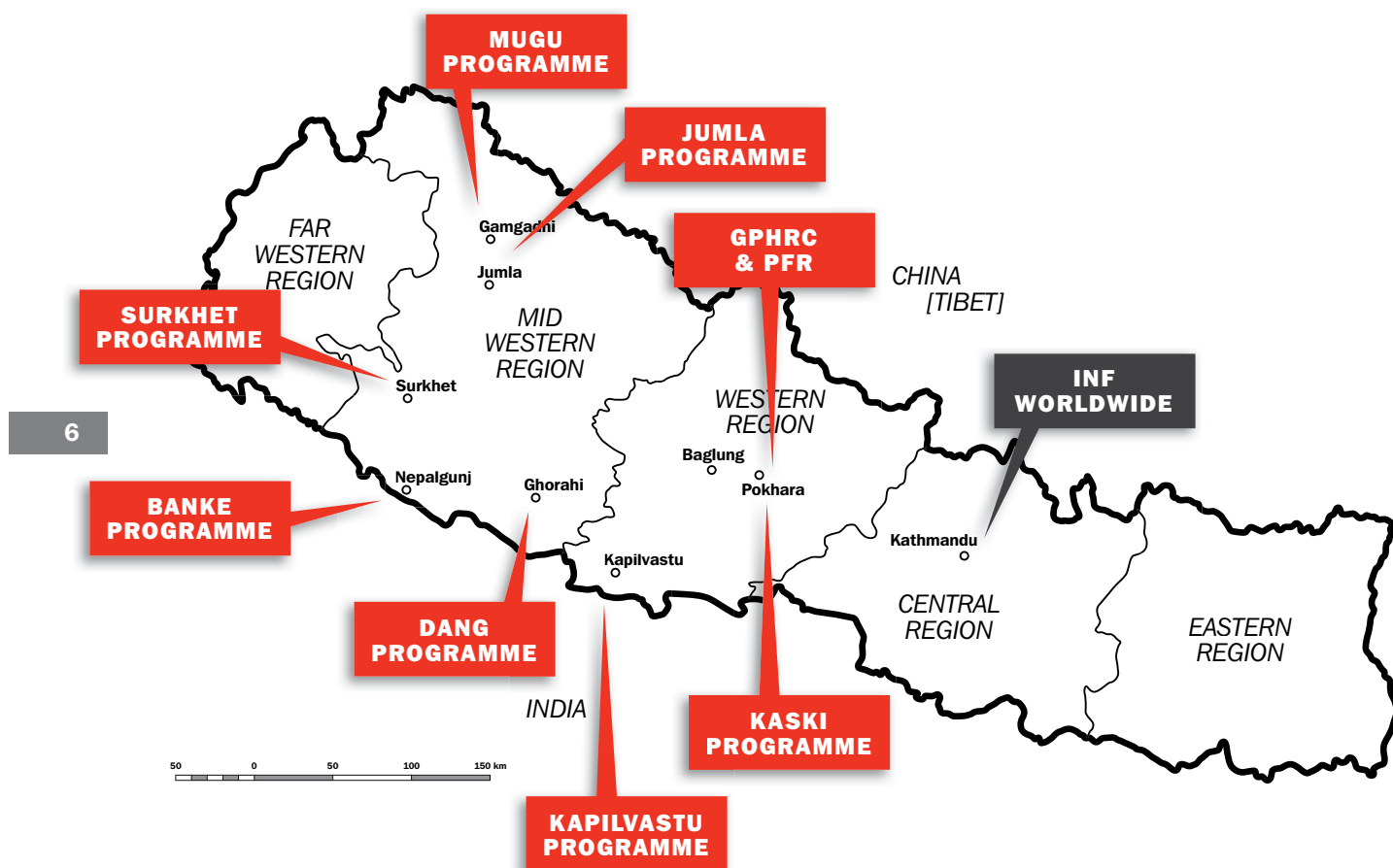
INF Nepal is a Christian non-government organisation implementing health and development work to improve the quality of life of people in western Nepal, with a focus on treatment and community based rehabilitation of those suffering from leprosy, tuberculosis, HIV/AIDS and spinal cord injuries. INF also addresses general health through programmes in nutrition, community health and development and supporting government health services. Medical camps bring volunteer medical specialists from around the world to provide top quality surgery and treatment to remote villages.

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

INF NEPAL IMPLEMENTING STRUCTURE



INF locations in Nepal



GPHRC = GREEN PASTURES HOSPITAL AND REHABILITATION CENTRE, PFR = PARTNERSHIP FOR REHABILITATION

INF Banke Programme

The INF Banke Programme is based in Nepalgunj and has four main sections run by a staff of 59 Nepalis and one expatriate volunteer:

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

INF Dang Programme

The INF Dang Programme is based in Ghorahi and has two main sections run by 31 staff:

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

INF Kaski Programme

The INF Kaski Programme office based in Pokhara used to provide administration, financial management, technical and liaison support to the Green Pastures Hospital and Rehabilitation Centre [GPHRC], the Partnership For Rehabilitation [PFR], Paluwa, and Kapilvastu sections. This has been restructured to improve management efficiency:

- Kapilvastu is now a separate district programme [see adjacent report].
- GPHRC and PFR now share resources under direction of the INF Nepal Central Office.
- The Kaski Programme Office was closed in the last quarter of the financial year.
- The Paluwa office in Pokhara had been providing services to HIV/AIDS patients since 1999, but since there are many other non-government agencies providing similar services it was decided to close this section in Pokhara. The Paluwa work is, however, continuing in other centres.

INF Green Pastures Hospital & Rehabilitation Centre [GPHRC]

GPHRC, located in Pokhara, is a tertiary referral centre, providing treatment of leprosy and rehabilitation of spinal cord injury and other patients with disability. The leprosy work runs a skin disease clinic helping to detect new cases of leprosy and treat patients, including surgery. This is supported by physiotherapy and occupational therapy, health education and counselling. The orthopaedic department provides appliances to both leprosy and disabled, especially prosthesis for amputees.

GPHRC has a bed capacity of 48 beds for leprosy and 25 beds for rehabilitation, requiring a total staff of 85 including two expatriate volunteers.

INF Partnership for Rehabilitation [PFR]

The Partnership For Rehabilitation [PFR] is based in the GPHRC complex in Pokhara and works with people with disabilities across 14 districts of western Nepal, in the fields of education, housing, income generation, assistive devices, training, medical support and living subsidies. Besides assisting low income patients, PFR provides financial, technical and managerial support to local partner organisations, Self-Help Groups and to church-based organisations. PFR has also been initiating and strengthening a wide range of advocacy and network activities in local, regional and national level.

The total number of staff involved in the programme was 25 including two Expatriate volunteers.

INF Kapilvastu

The Kapilvastu Programme is based in Taulihawa, in the Kapilvastu district and comprises two sections run by a staff of 16:

- Community development and empowerment intervention mobilises Self-Help Community Groups in three Village Development Committees [VDCs].
- Community health intervention works in ten VDCs raising awareness, conducting training, building capacity, establishing mothers' groups and supporting government health institutions.

INF Jumla Programme

The INF Jumla Programme with 33 staff including three expatriate volunteers has three sections:

- The Clinic provides treatment for tuberculosis and leprosy patients, and runs an 8-bed Nutrition Rehabilitation Centre for severely malnourished children.
- The Community Health, Development and Rehabilitation section works with community groups in three village areas, and with people with disabilities.
- The Health Services Support section works closely with the government's District Health Office and has seconded three doctors to provide comprehensive emergency obstetric care at Karnali Zonal Hospital.

INF Mugu Programme

The INF Mugu Programme with 16 staff has been working in community health and development, focused on three VDCs Khamale, Sukardhik and Hyanglu of the Khatyad Belt.

They work closely with community groups, government health institutions and various committees, in order to build capacity, strengthen and empower the villagers with activities emphasising food security, livelihood intervention and support to microfinance activities.

INF Surkhet Programme

The INF Surkhet Programme is based in Birendranagar and is run by a staff of 58 including six expatriate volunteers. It has four sections:

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

INF Nepal Central Office

The goal of INF Nepal is 'sustainable improvement in the health and quality of life in Nepal, particularly the disadvantaged, by contributing to the fulfillment of the Millennium Development Goals and the Poverty Reduction Strategy Paper'. The INF Nepal Central Office in Pokhara, with a staff of 38 including eight expatriate volunteers, provides oversight of INF Nepal programmes through the development of policies, procedures, guidelines, corporate governance standards and internal control systems, in order to fulfill this goal.

Sections within the central office include the Director's Department, Programmes Office with Technical Advisors, the Finance, Organisation Development and Human Resources Departments, the Information Technology section, Donor Team, and the Medical Camps Team.

The INF Central Office also manages the HIV/AIDS work in Baglung District, providing awareness activities and working closely with Dhaulagiri Zonal Hospital in providing comprehensive services to the people affected by HIV/AIDS.



RECEIVING THE KOCHON AWARD AND A PRIZE FROM DDC KASKI

International recognition of INF

THE 2011 KOCHON PRIZE

INF Nepal was awarded the 2011 Stop TB Partnership Kochon prize for the remarkable contribution to tuberculosis control in Nepal's Mid Western region by delivering quality services and charitable support to patients.

The Prize is awarded once a year to persons, institutions, or organisations that have made a highly significant contribution to combating tuberculosis, a disease that globally causes three deaths every minute. The Prize includes US\$ 65,000 and is fully funded by the Kochon Foundation, a non-profit foundation of Republic of Korea.

The 2011 Kochon Prize was jointly awarded to the International Nepal Fellowship and Professor Alimuddin Zumla of the United Kingdom at the 42nd Union World Conference on Lung Health held in Lille, France in October.

INF WON AWARD FROM DDC KASKI

To honour the remarkable contribution of INF in leprosy treatment and socio economic rehabilitation of persons with disabilities, the District Development Committee of the Kaski District awarded INF Nepal with a prize. Local Development Minister Mr. Top Bahadur Rayamajhi was the chief guest of the occasion and seven members of the Constituent Assembly were also present.

Community health and development

The transformation of communities is at the heart of INF's vision; community health and development work is a key strategy for realising this vision. INF implements its community health and development work through community groups, local partner organisations and local government.

ACTIVITIES INCLUDE:

- capacity building, strengthening and empowering individuals and communities through Self-Help Groups;
- raising awareness and educational support;
- income generating projects, savings, credit and micro-finance and livelihood support;
- safe water schemes and support for small infrastructure projects;
- disaster response and climate change mitigation.

Such activities take place in the Kapilvastu, Dang, Banke, Surkhet, Jumla and Mugu Districts.

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ACHIEVEMENTS

Activities	Achievements	Targets
Formation of Self-Help Groups	249 Self-Help Groups formed	242
Leadership training and capacity building	7,471 participants trained	6,668
Education on labour and legal rights of migrants	29,496 migrants educated	24,000
Support for school education to poor families	157 pupils supported	150
Awareness campaign on HIV/AIDS	34,706 people educated	34,000

INF INVOLVEMENT AND HISTORY

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

CONTRIBUTION TO NATIONAL GOALS / MILLENNIUM DEVELOPMENT GOALS

All INF development programmes are designed to contribute to the achievement of national goals and Millennium Development Goals [MDG] as adopted by the United Nations in 2000, as follows:

Goal	Details	INF actions in support
1	<i>Eradicate extreme poverty and hunger</i>	INF runs income generation activities, helps co-operatives provide business loans, and introduces agricultural technology to increase productivity.
2	<i>Achieve universal primary education</i>	INF conducts informal education classes supporting adult education, schooling for poorer families, encouraging parents and supporting local schools.
3	<i>Promote gender equality and empower women</i>	Self-Help Groups, generally comprising over 90% women, are supported in capacity building and provided with opportunities for income generation and community development.
4 & 5	<i>Reduce child mortality and Improve maternal health</i>	INF provides nutrition programmes for children, gynaecological medical camps, mother and child health, ante- and post-natal care through outreach and health facilities, training of health staff and education programmes through Self-Help Groups.
6	<i>Combat HIV/AIDS, malaria and other diseases</i>	Raising awareness, distribution of information materials and HIV/AIDS education through Self-Help Group meetings is a key focus of INF's work in this field, but INF also provides counselling, testing and support for people affected by HIV/AIDS.
7	<i>Ensure environmental sustainability</i>	INF is involved in raising awareness and activities addressing climate change and environmental degradation.

THE IMPACT OF INF'S WORK IN PEOPLE'S LIVES

Most Self-Help Groups have matured to the stage of being independently managed by the local community. They are active in identifying problems, finding and mobilising local resources, and making and implementing plans to improve life. Many groups are looking towards registration as a non-government organisation or cooperative society.

The following are some of the impacts into the local people's lives:

- Groups are able to formulate action plans and implement them.
- Members have developed income generating businesses.
- People are becoming aware of climate change issues and are planting trees, using smokeless stoves, and disposing of waste properly.
- Women are being empowered, actively improving their family life and taking part in community developments.
- Women are receiving medical assistance with safe birth delivery and developing trust in health services.

CHALLENGES FACED AND LESSONS LEARNED

INF has a tradition of working in remote and isolated places where transportation and communication are difficult. One of the biggest ongoing challenges that faces INF is finding and retaining people committed to serving the poor and marginalised in such areas; this takes hard work, patience and an attitude of serving from the heart. We look back with a deep sense of gratitude to all such people who have served so faithfully in the past and made INF the great organisation that it is.

SUSTAINABILITY

INF has understood the importance of ensuring that programmes and projects are self sustaining; this means engaging with communities at every level: local Committees, Self-Help Groups, Village Development Committees [VDCs], Local Partner Organisations [LPOs], and non-government organisations [NGOs]. In this way communities have been enabled to mobilise themselves for development projects and they independently meet regularly to discuss problems, seek solutions and make action plans. Groups are able to think in a long-term manner and work independently of INF, and become non-government organisations or co-operatives at the end of INF's support.

Some success stories are:

- In Banke Raptipari the community has established a primary school in Fattepur, contributed to teacher's salaries and obtained some funding from the District Education Office, and have constructed a good school building.
- In Dang the Community Resource Management Centre collected funds to install a hand water pump, and procured funds from the Environmental Preservation Organisation for smokeless ovens and bio-gas plants.
- In Mugu Self-Help Groups registered two NGOs which have continued to work with INF and other organisations in rural development and microfinance.

Ram Kumar's story

Ram Kumar Tiwari lives in Hariharpur VDC in Kapilvastu district. He started farming vegetables after receiving training from INF, but despite being very motivated he initially faced a lot of problems from sceptical and unsupportive family members and neighbours. He had little money for buying seed or providing irrigation. But there is a saying that “when one has desire, there is a way” and he has proved this true. He worked very hard and the vegetables that grew on his fields looked very good. Seeing Ram’s wonderful vegetables in the field, his family members were inspired and encouraged and started to support Ram Kumar, and to enjoy the benefits of eating different kinds of vegetables every morning and evening and of earning money by selling produce. His family members are now very supportive, helping him and taking responsibility for the farm.

Ram Kumar is also inspiring his neighbours and is a model for his Self-Help Group. He is now planning to develop his vegetable farm into a seed production centre. By doing this he would not only be able to sell fresh vegetables, but to sell seeds too. He has discussed with his Self-Help Group the possibility of starting a joint venture vegetable farm in which all members will work with heart and soul and, when it is time to harvest, will share the income equally. His vision for lifting others up is much appreciated: “We appreciate his concern to work with heart and soul and to lift each other up by understanding each other’s condition.”

Through producing vegetables, he is not only able to earn enough for the expenses for his daily living, but it is enough to pay for the schooling of his children too. Ram Kumar and his family members are very happy now.

COMMUNITY BASED REHABILITATION [CBR]

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

ACHIEVEMENTS

Activities	Achievements	Target
Vocational training for people with disabilities	51 people trained	57
Income generation schemes	76 families helped	70
Educational Scholarships	325 children assisted	350
Homes and schools modified to accommodate disabled people	27 homes, 72 schools, 5 new homes built	36, 68, 3
Provide assistive devices	102 people helped	36
Disability orientation programme to Village Development Committees	27 VDC secretaries trained	30

INF INVOLVEMENT AND HISTORY

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INF developed the Partnership For Rehabilitation [PFR] in the 1970s to meet the needs of patients undergoing clinical rehabilitation at Green Pastures Hospital and Rehabilitation Centre. After assessing an individual's situation PFR would design and implement ways to enhance participation in community life. By the 1990s this process had matured to link directly into the community, seeking their support for, and ownership of, the rehabilitation process. The CBR project ran from 1999 to 2005, pioneering a bottom-up approach to rehabilitation which empowered communities to meet the needs of members with disabilities.

From 2006 CBR activities were extended to all Mid Western region programmes [except Mugu] and in some of the very remote mountains of western Nepal where no other organisations operate. From 2011 CBR activities were further strengthened with the support of Christian Blind Mission.

All this aligns well with the principles outlined in the United Nations Convention on the Rights of Persons with Disabilities which was ratified by Nepal in 2010.

In the past people with disabilities tended to be excluded from every sector of society; education, health, and employment either by the stigma associated with diseases like leprosy, or just practicalities such as lack of mobility. But through community based rehabilitation many people with disabilities, and their families, now have hope and an improved quality of life.

CONTRIBUTION TO NATIONAL GOALS / MILLENNIUM DEVELOPMENT GOALS

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

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

The Nepal government's Ministry of Women, Children and Social Welfare has set 17 goals for the rehabilitation and social inclusion of people with disabilities. INF's community based rehabilitation work contributes to most of these goals, such as increased access to assistive devices, social inclusion of people with disabilities, development of vocational skills, improved livelihoods for people with disabilities and their families, increased access to buildings, and increased access to health and education.

THE IMPACT OF INF'S WORK IN PEOPLE'S LIVES

INF's community based rehabilitation work has impacted many by:

- Changing peoples' perceptions of disability allowing people with disability better integration in to community life.
- Improving access to education for children with disabilities.

- Enabling people with disabilities to earn an income and provide for their families.
- Increasing access to health services.
- Providing assistive devices and therapeutic support at home including modifications to houses and surroundings.
- Increased participation of people with disabilities in organisations such as school management committees, health post management committee, and other community groups.

CHALLENGES FACED AND LESSONS LEARNED

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

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

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

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

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

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

SUSTAINABILITY

The target is for all of INF's CBR work to be self-sustaining after external funding and support ends and in most cases this is being achieved. Most Self-Help Groups of people with disabilities are linked with VDCs which support them financially. INF provides training for community members such as VDC secretaries, local health workers, and school teachers in how to assist people with disabilities.

INF's efforts have been assisted by a recent Nepal government initiative promoting the formation of village disability rehabilitation committees; INF is trying to mobilise these committees so that they can ultimately take over INF activities.

INF works with local partner organisations in Salyan, Pyuthan, Dang, Dailekh, Jajarkot, Jumla, Lamjung and Gorkha Districts, some of which have successfully accessed modest government funding.

Deupur's story

Deupur Village Development Committee [VDC] is in a remote village in Parbat district where 90% of the people rely on agriculture for their living. The village lies about 50 km to the northwest of Pokhara. Around 2 % are living with disabilities according to figures from Nepal Disabled Upliftment Society's report. Most of the people with disabilities [PWDs] are not aware of their rights. As a result, they and their families are not accessing health, education and other services provided by the government.

INF's Partnership For Rehabilitation [PFR] ran an interaction programme among PWDs, their families and relevant community members. Thirty people eagerly participated in the programme in which PFR staff taught the participants about different services available. They asked PFR for help in obtaining assistive devices to improve mobility of PWDs and a week later a physiotherapist visited to assess needs. PFR assisted those who were unable to afford the devices but really needed them. Daily life is now easier for these people enabling them to participate in social activities and family members are able to support their health care needs.

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DEUPUR VILLAGE DEVELOPMENT COMMITTEE [VDC]

Leprosy

INF continues to work with the government Leprosy Control Division to provide tertiary leprosy care and support to leprosy control in the Western and Mid Western regions. Funding difficulties forced a reduction in leprosy work in Dang and Banke. Patients are transferred from these district clinics to Surkhet Referral Centre or the Green Pastures Hospital and Rehabilitation Centre for more complex treatments.

Prevalence of leprosy in Nepal dropped below 1-in-10,000 in 2009. However, new cases continue to occur and many patients need care for the rest of their lives. INF provides diagnosis, treatment and essential care for leprosy patients with severe reactions and disabilities. Activities take place in the Kaski, Dang, Banke, Surkhet and Jumla Districts.

ACHIEVEMENTS

Activities	Achievements	Targets
New case diagnosis	366 new cases	256
In-patient treatment of leprosy patients	1,050 admissions	772
Outpatient treatment	6,017 patients treated	4,900
Self-care training	395 patients trained	276
Provision of leprosy footwear and assistive devices	1,331 patients helped	1,500
Leprosy training for medical professionals	354 professionals trained	400

INF INVOLVEMENT AND HISTORY

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

CONTRIBUTION TO NATIONAL GOALS / MILLENNIUM DEVELOPMENT GOALS

The 2011-2015 Enhanced Global Strategy for Further Reducing the Disease Burden due to Leprosy includes the following 12 elements.

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

10. Developing sustainable training strategies at global and national levels to ensure availability of leprosy expertise in endemic countries.
11. Exploring use of chemoprophylaxis as a tool to prevent occurrence of new leprosy cases among household contacts.
12. Fostering supportive working arrangements with partners at all levels.

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

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

THE IMPACT OF INF'S WORK IN PEOPLE'S LIVES

INF's main focus in leprosy is 'care after cure' which aligns with the Government of Nepal Priorities. At an individual level, INF provides treatment for leprosy reactions and ulcers thus reducing the risk of developing permanent disability. Self-care training empowers leprosy patients to manage their disabilities and avoid developing new impairments. Leprosy affected people are also provided with mobility aids such as shoes, crutches, artificial limbs and wheelchairs.

Dal Bahadur Oli's story

Dal Bahadur Oli is 50 years old and lives in a village called Uttar Amrai in Dang. It takes six hours by bus from his home to INF Surkhet where he has been receiving Multi Bacillary [MB] and Multi-Drug Therapy [MDT] treatment for leprosy. A year after completing the treatment he was referred to INF Dang for treatment of recurrent Erythema Nodosum Leprosum [ENL], a complication of leprosy, which presented as nodules on his lower limbs and face, with a tingling sensation in both feet. Steroid treatment was started immediately along with lamprene to reduce the ENL. Dal Bahadur made a rapid recovery and after one month of hospitalisation he was discharged to the self care unit at INF Surkhet where he was given two weeks training in preventing further injury to his hands and legs.

Dal Bahadur also suffers from epilepsy and during training he fell and injured his spine. He was unable to move so complete bed rest and epilepsy treatment were given in the ward. At the same time the ENL recurred and treatment with thalidomide was given. He spent six months in care. Eventually he was able to walk again and the ENL subsided and in June 2011 he was able to return to his home.

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CHALLENGES FACED AND LESSONS LEARNED

INF has found it increasingly difficult to find funding for leprosy work from international donors. In 2009 the German Leprosy Relief Association, which has funded INF leprosy work for more than 20 years, cut its support substantially as the German government cut its support. Donors now demand project proposals for funding and this is difficult for ongoing clinical work.

Another difficulty is the unwillingness of Government hospitals in Ghorahi and Nepalgunj to take on leprosy work or even treat leprosy affected people needing general medical treatments.

SUSTAINABILITY

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



DAL BAHADUR OLI

Tuberculosis

Tuberculosis is still a major health problem in Nepal, especially in the Mid Western and Far Western Regions. The National Tuberculosis Centre reports more than 40,000 new cases each year, with a small but increasing proportion [3%] of new cases being multi-drug resistant strains of tuberculosis. The situation is further complicated by HIV/AIDS co-infection. INF Nepal continues to provide diagnosis, treatment and other essential care for TB patients in the Banke, Surkhet, Dang and Jumla Districts.

ACHIEVEMENTS

Activities	Achievements	Targets
Outpatient services for suspect TB cases	36,001 outpatients treated	32,600
Diagnose new TB cases	1052 new cases diagnosed and treatment started	832
HIV counselling provided to at risk patients	590 patients counselled	160
Treatment success rate for DOTS patients	78% success	85%
New Multi-drug resistant TB patients registered	25 new patients	40
Provide Multi-drug resistant TB outpatient service	12,667 outpatients treated	3,600
Sputum test for tuberculosis	20,448 people tested	12,000

INF INVOLVEMENT AND HISTORY

INF began providing services for TB patients with the establishment of 'The Shining Hospital' in Pokhara in the 1950s. INF began a TB Project in Kaski District in 1971 and in Surkhet and in Ghorahi in 1973. In 1976 INF established the 'Shining TB Clinic' in Pokhara. In 1986 INF became a partner in Nepal's TB Programme in the Mid Western Region and established a referral centre in Nepalgunj. In 1992 a TB clinic was started in Jumla.

CONTRIBUTION TO NATIONAL GOALS / MILLENNIUM DEVELOPMENT GOALS

The 2010-2015 National Strategic Plan uses the ideas of the Stop TB Strategy to increase case finding in Nepal, and hence reach the goal of reducing the mortality, morbidity and transmission of TB until it is no longer a public health problem. Impact targets are to halt and begin to reverse the incidence of TB by 2015 and halve prevalence and mortality rates by 2015 relative to 1990 levels. Outcome targets are: to achieve a case detection rate of new smear-positive cases of 82% nationally; and reach

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

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

- ➔ Operational Research – this will provide solutions for issues such as gender inequality among TB cases, the value of radio communication, statistical data etc.
- ➔ Monitoring and Evaluation – this will check that targets are being reached, and follow up transfers in and out and migration cases.
- ➔ Planning and Administration – this will co-ordinate all of the above.

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

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

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

IMPACT OF INF'S WORK IN LOCAL PEOPLE'S LIFE

INF's TB work has contributed to a decline in TB incidence over the past 20 years through support of the Nepal Government National TB Programme, providing TB diagnosis and treatment at a health post level. In more recent years INF has provided support in the treatment of complicated TB cases, which cannot be managed by government health services. INF's success in treating drug resistant TB [MDR-TB] has been replicated in government centres in the Mid Western Region with active support from INF's Nepalgunj TB Centre [NTRC]. The net result is that, unlike other less-developed countries, TB remains under control in Nepal.

CHALLENGES FACED AND LESSONS LEARNED

Multi-drug-resistant TB is difficult to treat, requiring long and complex drug regimens which must be adhered to closely. In 2009, INF conducted an

Gita's story

internal evaluation of its NTRC and found that 78% of multi-drug-resistant TB patients were treated successfully – a rate which is significantly higher than rates reported in other developing countries. The provision of an inpatient facility and hostel for multi-drug-resistant TB patients is thought to be a critical factor in ensuring good patient adherence to the treatment regimen. INF will continue this approach and provide hostel accommodation for patients through its local partner organisation.

- A very heavy burden of outpatients for TB and leprosy treatment at NTRC [more than 36,000 visits plus more than 12,000 MDR patient visits] is difficult to manage in the current clinic building and with the current level of staff.
- An increasing proportion of TB patients need to be counselled and tested for HIV infection on the basis of self-reported risk factors.
- Treatment success [78%] is below the goal of 85% largely because of defaults among patients transferred to other TB centres. Referral processes need to improve.

SUSTAINABILITY

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

Multi Drug Resistant tuberculosis [MDR] knows no age or sex barriers. Gita came to INF's Out Patients Department four years ago very sick, coughing up blood and with noticeable weight loss. She was admitted and treated for MDR TB.

Only 21 years of age, Gita explained she had been sick for four years and on medicines for two years. She had been studying computing but had to withdraw; she was too weak and sick to attend classes. She weighed only 35 kgs and was very tired with no appetite. Her father had previously been cured of TB.

She was admitted to the DOTS [Directly Observed Treatment, Short-course] programme and attended to daily to receive free injections and medicine. As for most Nepalis, it was a big commitment to come to the centre every day to be observed taking her medicine, but Gita persisted and after two years of steady improvement she was declared cured of MDR TB.

With treatment she was able to resume her study and hopes to become a Nurse. Gita recently revisited the MDR TB hostel to encourage patients to continue with their treatment and that they too can once again be well.

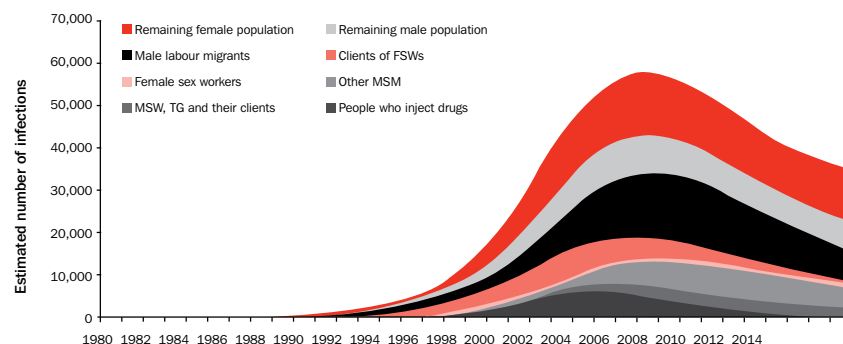
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GITA WITH HER MOTHER

HIV/AIDS and substance abuse

A government report published in 2012 highlights the role of male migrant labourers being infected by HIV through contact with sex workers and subsequently spreading the disease among the general low-risk population back in Nepal, with close to 12,000 new infections estimated among migrant labourers during 2011.



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

ACHIEVEMENTS

Activities	Achievements	Targets
Awareness raising events	821 events arranged	740
HIV Awareness programmes on local FM radio	483 programmes aired	502
Distribute Information, Education, Communication [IEC] materials to target groups	44,490 materials distributed	42,000
To assess Most At Risk People receiving appropriate care	85% of those assessed	80%
Conduct voluntary counselling and testing for HIV	1,250 people tested	1,428
Assist poor patients with treatment and access to services	256 sponsored by the Poor Fund	120
Provide facilities and support to people living with HIV	110 people have assisted	120

INF INVOLVEMENT AND HISTORY

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

CONTRIBUTION TO NATIONAL GOALS / MILLENNIUM DEVELOPMENT GOALS

The MDG goal with respect to HIV/AIDS is “to have halted by 2015 and begun to reverse the prevalence of HIV among people aged 15 to 49 years.” The 2012 report states that: “The rate of new HIV infections throughout Nepal has reduced significantly during the last five years essentially owing to the targeted prevention interventions among key population groups.” It is not clear whether the prevalence of HIV in 15-49 year olds has declined.

INF's outreach to labour migrants, a key risk group, will contribute directly to the achievement of this MDG goal.

IMPACT OF INF'S WORK IN LOCAL PEOPLE'S LIFE

INF aims to increase HIV awareness among at risk groups such as labour migrants at border crossings in Nepalgunj and Mahendranagar. In Dang, returning migrants are also targeted while general community attitudes are addressed through awareness raising.

CHALLENGES FACED AND LESSONS LEARNED

Securing funding for HIV/AIDS work is an ongoing challenge.

There is a high stigma attached to HIV in Nepal, meaning that HIV affected people face the same barriers and exclusion as people affected by leprosy and disability. INF helps people affected by HIV to develop skills so that they can support themselves and address the stigma of the disease.

Vocational Training Centres [VTCs] serving people with HIV/AIDS are finding that people often show up at different centres, making it difficult to keep accurate records. It is proposed that VTCs should work with the District AIDS Advisory Committees or zonal hospitals.

When starting any new work INF has again been reminded of the importance of thoroughly engaging all stakeholders to ensure broad support.

SUSTAINABILITY

Advocacy on behalf of migrant labourers has empowered migrants to stand up for their rights, reducing incidences of exploitation. INF partner churches are increasingly taking responsibility for supporting migrants and people living with HIV/AIDS, but will need financial support in order to be effective. INF is also working with local authorities to reduce exploitation and increase support for migrants.

Kabita's story

Kabita is a 23 year old HIV positive widow. In 2005, at age 16, she got married. After a few months, her husband went to work in India, but soon died. Kabita was pregnant at the time. Her husband had been diagnosed as having HIV/AIDS but his family did not tell Kabita. They blamed her for his death and chased her out of their house. She felt very confused and worried. Six months later she delivered her first baby. After a normal delivery she suffered heavy blood loss and was admitted to Hospital needing a blood transfusion. There she found out she was HIV positive. She was devastated, feeling depressed and isolated.

She joined the Prasansha church and the pastor referred her to INF Paluwa, she was counselled and received information about HIV/AIDS. There she made friends with a fellow HIV/AIDS sufferer and widow. As they shared their problems Kabita was encouraged and she decided to live for her daughter and her bright future.

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INF Paluwa helped Kabita set up a small tailoring business in her mother's house, earning money to support her daughter's study. She is happy and satisfied from her work. Kabita is attending church regularly and the pastor is encouraging her. She has forgiven her husband and his family and is motivated to share with others about HIV so that no one should suffer like she did, wanting to share the hope, peace and encouragement she finds in Christ. She is thankful to Paluwa staff and asks for prayer for her and her daughter's future.



Spinal cord injury

Physical rehabilitation for spinal cord injury [SCI] is under-serviced in Nepal. INF provides physical rehabilitation services for people with spinal cord injury at Green Pastures Hospital and Rehabilitation Centre and in the INF Surkhet clinic.

Staff in both centres continued to develop their technical skills through visits and training from experts from overseas, especially a group of therapists from Toronto called “Nepal Ability”. A wheelchair project funded by USAID continued in both centres and this provided wheelchairs for SCI patients as well as modifications of their homes to make them wheelchair accessible.

ACHIEVEMENTS

Activities	Achievements	Targets
Admissions of Spinal Cord Injury [SCI] patients	75 admissions	96
Provide reconstructive surgery to SCI patients	31 surgeries performed	68
Provide orthopaedic appliances	140 patients helped	68
Provide physiotherapy and occupational therapy	3,160 treatment sessions conducted	3,200
Provide patients and carers with health education	605 training sessions conducted	480
Provide wheelchairs	1,175 people helped	1,200

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INF INVOLVEMENT AND HISTORY

Spinal cord injury rehabilitation services began in INF’s Green Pastures Hospital and Rehabilitation Centre in Pokhara in 1997, using skills and experience acquired in the rehabilitation of people affected by leprosy in the preceding 40 years. Green Pastures has set aside 40% of its beds [25 beds] for general rehabilitation, including rehabilitation of spinal cord injury patients. In Surkhet an 8-bed rehabilitation unit in INF’s Leprosy Referral Centre was established in 2002 for people with SCI and those needing other forms of neurological rehabilitation, such as people affected by strokes or cerebral palsy.

CONTRIBUTION TO NATIONAL GOALS / MILLENNIUM DEVELOPMENT GOALS

There are no relevant national goals or Millennium Development Goals specifically addressing rehabilitation of people with spinal cord injury. However, as Nepal has recently ratified the United Nations Convention on the Rights of People with Disabilities it is now responsible to “undertake to ensure and promote the full realisation of all human rights and

Laxmi's story

I am 26 year old Laxmi Chaudary. I am married with three children who all go to school. We live in south west Nepal, in an area called the Terai. My husband and I are manual labourers – this is our only way to generate an income for our extended family. We earn very little and do not have our own home.

While working, I fell from the roof of a house, damaging my spinal cord. While still unconscious, my husband took me to the government hospital, but they could not care for me and sent me to Lucknow in India. They could not help either and sent me back to Nepalgunj.

INF staff referred me to INF's Rehabilitation Unit in Surkhet [about three hours drive north]. I did not want to go but eventually my family and I agreed. I had so many problems; I could not control my bladder or bowel, roll over by myself in bed or sit up or stand. I could do nothing for myself; I was completely dependent on others. At first I did not co-operate with the therapists, but they still came twice a day. As I started to improve, I began to believe. The therapists also taught my husband and son how to help me.

Now I am very happy; having had 3 ½ months of on-going rehabilitation therapy, I am much better. I can move about my bed and sit up independently. I can wash and dress myself. I can stand using a walking frame and move around in my wheelchair. I am no longer totally dependent on others. The INF workers have arranged for me to have a wheelchair accessible home so that I can continue to live an independent life when I get home.

fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability" [Article 4]. Governments are encouraged by the United Nations to include people with disabilities in developments addressing the Millennium Development Goals.

IMPACT OF INF'S WORK IN LOCAL PEOPLE'S LIFE

SCI is a major disability and usually limits or ends a person's capacity to earn their own living. For the family the costs of hospitalisation have a major impact on savings and may necessitate selling property. Despite the huge number of people with spinal injuries who have not yet benefitted from rehabilitation and training provided by INF, those that have are generally able to earn an income and support their families.

CHALLENGES FACED AND LESSONS LEARNED

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

SUSTAINABILITY

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





Health services support

INF provides support to government regional, zonal and district hospitals as an important part of the development of sustainable health services in Nepal. INF provides services such as capacity building for hospital staff, training, comprehensive emergency obstetric care, and hospital based HIV activities.

ACHIEVEMENTS

Activities	Achievements	Targets
Fistula Camp outpatients	50 patients treated	40
Fistula surgery	31 surgeries performed	30
Fistula awareness training to Government health staff	286 public servants trained	283
Orthopaedic and minor operations	311 surgeries performed	n/a
Normal deliveries	489 births	n/a
Caesarean Section, breech and vacuum deliveries	81 births	n/a

INF INVOLVEMENT AND HISTORY

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

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CONTRIBUTION TO NATIONAL GOALS / MILLENNIUM DEVELOPMENT GOALS

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

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

Ram Kala's story

On Sunday, January 22, 2012 someone brought an injured woman to the emergency ward of Bheri Zonal Hospital. She was unconscious and had injuries on her face, leg and elsewhere. Hospital staff admitted her and put her in the “helpless” bed, for patients without any caregiver. After three days she regained consciousness, but was unable to speak. Bisnu and Mina, INF patient advocates, helped her by providing food, changing her clothes, and assisting her with ablutions.

The Doctor knew she needed surgery, but by law was not allowed to operate because she had no relative with her. Her leg remained infected for a long period. It took three months before she started speaking a few words. She knew her name is Ram Kala Malla and that she had children, but she could not remember where her home was or how her accident occurred.

She slowly regained her memory and recalled stepping off a still moving bus and getting knocked over. She does not know who brought her to the Hospital. She also remembered where her home was and began to urge Mina and Bisnu to help her get home. They were able to find her home and discovered that her husband had been searching for her, unaware of what had happened. They all expressed gratitude to Bisnu and Mina for their help.

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IMPACT OF INF'S WORK IN LOCAL PEOPLE'S LIFE

INF is committed to developing sustainable health services in Nepal with support of government hospitals complementing support for government programmes in Fistula, comprehensive emergency obstetric care, leprosy, tuberculosis and HIV. Well-trained and motivated government health staff will have a major positive impact on the health of Nepali people.

CHALLENGES FACED AND LESSONS LEARNED

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

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

SUSTAINABILITY

INF has worked consistently with government to improve health service delivery, particularly in western Nepal. In 60 years of work, INF has strengthened government health services in all districts where it has been active. INF will continue this work, in the belief that strong government health services are essential for the development of the nation.



RAM KALA WITH BISNU AND MINA

Nutrition services

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

ACHIEVEMENTS

Activities	Achievements	Targets
Provide a nutrition referral centre for seriously malnourished children	142 children admitted	160
Follow-up of children after discharge from referral centre	320 children followed up	280
Nutrition training for mothers	142 mothers trained	98
Nutrition awareness raising for Self-Help Groups and schools	18 Self-Help Groups trained	18
Nutrition awareness raising for traditional healers	26 healers trained	20

INF INVOLVEMENT AND HISTORY

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

CONTRIBUTION TO NATIONAL GOALS / MILLENNIUM DEVELOPMENT GOALS

The first Millennium Development Goal [Eradicate extreme poverty and hunger] includes the following target [1c]: "reduce by half the proportion of people who suffer from hunger" as measured by prevalence of under-weight children below five years of age and the proportion of the population below the minimum level of dietary energy consumption. The 2010 report states that: '49% of Nepali children under five are chronically malnourished [stunted]. This figure is within the top five in the world. Although there has been some development on the hunger indicators in the past, the recent rapid rise in food prices and the consequences of climate change pose the main challenges in achieving the target. The limited growth in agricultural output needs to be addressed through increased irrigation facilities, improved market access and better use of seeds, fertilisers and pesticides, as well as giving due attention to climate change and de-forestation.'

Bhim's story

Bhim Bahadur's mother was 17 when she got married and after one year she had a daughter Kamala. Her husband began to drink alcohol and beat her because he wanted a son. Then he suddenly left and never returned; nobody knows what happened to him. She became worried and depressed and lost weight. She was unable to take care of her children and did not know what to do as she had no skills and was illiterate.

Her parents helped her to rent a room and she was able to find some gardening work. She was so busy working to provide for her children that when her 26 month old son became sick with dysentery and a chronic eye infection he did not get the necessary care.

When they finally went to the District Hospital they were referred to INF's Nutrition Referral Centre, where the nurse noticed that both mother and child were sick and thin and admitted them immediately. Despite being over two years of age, the boy weighed only 7.5 kg. Under pressure from her employer the mother was only able to stay two weeks with her son. But she received counselling and comfort, sharing her pain and difficulties with the nurses. Bhim Bahadur gained weight quickly, eating like a horse. He became the smiley boy of the centre. The mother learned how to write her name and to how to knit socks for her child. She learned a lot about nutrition and cooking, saying "I found new hope and courage again for me and my children."

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IMPACT OF INF'S WORK IN LOCAL PEOPLE'S LIFE

Treatment of malnourished children, combined with education of mothers in using nutritious locally available food, is an essential service in the Karnali zone. This is linked with an outreach programme which seeks to address food insecurity issues in the area.

CHALLENGES FACED AND LESSONS LEARNED

Ongoing research into the extent of child malnutrition and maternal feeding practices is needed to improve the effectiveness of programmes.

SUSTAINABILITY

Education of parents to bring about sustainable change in feeding habits depends on the overall development of the Karnali zone which the INF Jumla Programme is addressing by establishing local Self-Help Groups.



BHIM BAHADUR WITH HIS MOTHER AND SISTER KAMALA

Medical camps

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

ACHIEVEMENTS

Camp Dates	Details	Targets	Achievements
2011 November 7-15	Gynaecology Camp in Dailekh District Hospital	Outpatients – 1,050 Surgeries – 105	Outpatients – 720 Surgeries – 77
2011 November 22-30	Ear Achham [Mangalsen]	Outpatients – 980 Surgeries – 115	Outpatients – 1,367 Surgeries – 141
2011 December 06-12	General Surgical in Achham [Mangalsen]	Outpatients – 1,100 Surgeries – 115	Outpatients – 1,199 Surgeries – 107
2012 March 19-27	Gynaecology in Kolti PHC, Bajura	Outpatients – 1,020 Surgeries – 120	Outpatients – 789 Surgeries – 54
2012 April 02-10	Ear in Kolti PHC, Bajura	Outpatients – 1,020 Surgeries – 120	Outpatients – 1,120 Surgeries – 126

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INF INVOLVEMENT AND HISTORY

INF has been running camps since 1993. As the government and other groups have begun to run similar camps in district centres, INF have moved further out, holding camps offering specialist surgery at health posts among the most remote and poorest Nepali people.

CONTRIBUTION TO NATIONAL GOALS / MILLENNIUM DEVELOPMENT GOALS

INF gynaecological and fistula camps address the fifth Millennium Development Goal [Improve maternal health]. In a 2010 United Nations Development Programme report, it was stated that maternal mortality

Durga's story

Durga Shai [23] lives in the remote far west of Nepal. Although heavily pregnant, she still worked hard every day. She went into labour suddenly, but the baby would not come. After two days her family decided to carry her to the hospital.

The baby girl was successfully delivered by caesarean, but when Durga got up to go to the toilet, she realised that she couldn't hold her urine anymore. As days went by Durga realised that there was permanent damage done – she was now constantly wet. Her clothes smelt terribly. Soon the family noticed. They worried and wondered what to do. Durga's father-in-law took her to Kathmandu to see a specialist but they could not cure her. They could not afford to take Durga to India for an operation.

Then the family heard on the radio that an INF team was coming to Kolti, a small town close by and wondered if the foreign doctors would have some advice or be able to help. Durga was seen by the INF team and they confirmed that she had a vaginal fistula and needed a complex operation. One of the specialist camp doctors had experience in fistula surgery, and they were able to operate. For two weeks she had to use a urinary catheter, an anxious time for Durga, hoping that she might be cured. When the catheter was removed her hopes were fulfilled. What joy! No longer did she have to worry, once again she could go out to the market and meet with friends and sit with other mothers playing with her daughter. No more shame, no more pain ... a new life!

has fallen by about 50% since the mid-1990s, from 539 to 281 cases per 100,000 births. However, only 1-in-5 births are attended by a skilled birth attendant. INF seeks to contribute to further achievements in these technical areas.

IMPACT ON THE LOCAL PEOPLE'S LIFE

INF camps provide services to the poorest and most marginalised communities in the country.

CHALLENGES FACED AND LESSONS LEARNED

Providing medical and surgical camps services is not easy. Transportation is very challenging; it is usually necessary to carry all the equipment needed and health professionals need to walk in. Rapidly changing government policies make coordination from local level to central level another challenge.

SUSTAINABILITY

Medical and surgical camps are distinct interventions requiring external expertise and therefore do not have the same measure of "sustainability" as INF's other activities at local level.

However, INF often provides training to local health post staff during the camps and health post facilities are often upgraded. Patients treated during camps are referred to local facilities for follow up and the care they receive during camps increases peoples' trust in government services, making them more sustainable. Nepali medical specialists from other parts of the country serve alongside expatriate doctors and learn new skills. INF's leadership in this field has pioneered the way for the government to start organising similar camps in remote areas.



DURGA SHAI WITH DAUGHTER AND FRIENDS

DONORS FOR INF PROGRAMMES AND TECHNICAL AREAS

	Regional Programmes									Technical Areas								
Programme																		
	Banke	Dang	Green Pastures Hospital and Rehabilitation Centre	Partnership for Rehabilitation	Kapilvastu	Junlia	Mugu	Surkhet	Central Office [including Medical Camps, Paluwa Baglung & Ear Hospital]	Community Health and Development	Community Based Rehabilitation	Leprosy and Spinal Cord Services	Tuberculosis	HIV / AIDS and substance abuse	Health Services Support	Nutrition Services	Medical Camps and Ear Hospital	INF Nepal Management & Administration
Actual [NRs]	37,856,665	18,594,111	46,132,964	23,326,092	16,401,865	22,185,823	16,981,733	35,565,477	34,557,416	57,044,034	37,885,447	71,794,553	21,467,543	18,360,484	8,159,343	4,069,226	6,530,844	26,290,673
Budget [NRs]	40,678,955	19,095,723	44,868,267	26,344,973	23,707,724	22,986,208	14,615,931	36,152,976	41,402,409	64,286,632	43,127,056	68,370,723	22,276,981	24,148,384	7,679,503	3,787,765	7,423,809	28,752,313
The Fistul Foundation, America								✓										
Baptist World Aid Australia	✓	✓			✓					✓	✓			✓	✓			
Baptist Mission Society, UK	✓		✓						✓			✓			✓			✓
BSF, UK								✓			✓	✓						
CBM, India [through]	✓			✓		✓		✓			✓							
ECHO, UK			✓									✓						
EMMS, UK								✓		✓								
Everest Marathon, UK								✓	✓			✓						
Fairmed, Switzerland			✓		✓					✓				✓				
FCMS, Finland			✓									✓						
GLRA, Germany	✓	✓	✓	✓		✓		✓			✓	✓	✓					
GZB, Netherlands			✓			✓			✓			✓	✓	✓	✓			
ICCO, Netherlands							✓		✓	✓				✓				
ICRC, Nepal [through]			✓									✓						
INF, Australia			✓	✓		✓	✓			✓	✓	✓	✓			✓		
INF, New Zealand	✓		✓				✓		✓			✓		✓	✓		✓	
INF, North America				✓					✓		✓							
INF, UK	✓		✓	✓		✓	✓	✓	✓	✓	✓	✓	✓		✓		✓	✓
INF Worldwide									✓									✓
Interact Asia, Sweden								✓		✓		✓						
MBW, Germany			✓			✓						✓						
Junlia DHO/CEOC, Nepal						✓									✓			
Global Fund, NSA/NTC [through]	✓												✓					
Presbyterian Church, Canada			✓			✓						✓						
Samaritan's Purse, Canada						✓										✓		
Saron Church, Sweden								✓		✓		✓	✓					
SASAKAWA, Japan			✓	✓							✓	✓						
Sauter Charitable Trust, UK									✓								✓	
Shanti Charitable Trust, UK									✓								✓	
SIM, Australia		✓				✓		✓				✓	✓					
St Francis Leprosy Guild, UK			✓									✓	✓					
Swedish Medical Mission, Sweden								✓			✓	✓						
TEAR Australia	✓	✓		✓	✓		✓	✓		✓	✓			✓				
Tearfund UK	✓	✓				✓	✓	✓		✓	✓			✓				
The Gay and Keith Talbot Trust, UK								✓							✓			
TLM, Holland			✓	✓							✓	✓						
TLMI, UK			✓					✓				✓						
US AID, America	✓	✓	✓	✓		✓		✓			✓	✓						
Western Nepal Disability Trust, UK			✓			✓					✓	✓						
Alan & Nesta Ferguson Trust							✓			✓								
World Vision						✓										✓		
Lloyd George Asia Foundation				✓							✓							
SSS, Netherlands						✓							✓					
Individual donors	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Local incomes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

INF PARTNERSHIP PROGRAMME

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

HEALTH MANAGEMENT TRAINING

After a presentation to senior officials in the Ministry of Health and Population, including the Secretary, in December 2011, the Partnership Programme continued to work with the Nick Simons Institute [NSI] to develop the curriculum and training resources required to deliver an in-service management and leadership training programme for government hospital management teams. The intention is to pilot the programme with a small number of district hospitals during the 2012-13 year.

ULTRASOUND TRAINING

An INF Ultrasound Training Consultant has been seconded to Nepal's National Health Training Centre to support the ultrasound training programmes. The Consultant provides a regular month-long ultrasound training programme for the Medical Doctor General Practice [MDGP] students under the National Academy of Medical Sciences [NAMS] programme at Patan Hospital, as well as being involved in a three-month government ultrasound training course for doctors. She also provided sonography services to the INF medical camp held in November 2011 in Dailekh.

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CHRISTIAN HOSPITALS ASSOCIATION

The Nepal Christian Hospitals Association [NCHA] is an informal network of the different mission hospitals working in Nepal. The Association organises events and workshops, circulates information and promotes advocacy on issues of mutual concern to all the hospitals. There are eight associated hospitals, governed by INF Nepal, the United Mission to Nepal [UMN], Human Development and Community Services [HDCS], The Leprosy Mission and the Nepal Leprosy Trust. During the year the Association organised a workshop for nurses in conjunction with Tansen Nursing School, and held an Annual Meeting at Anandaban Hospital. The INF Partnership Programme Manager acts as coordinator for the Association. Towards the end of the year, a pharmacist from the UK was recruited to the Programme to provide support and advice to different mission hospitals.

COMMUNITY BASED ORGANISATIONS SUPPORT

INF continued support for Community Based Organisations [CBOs] by seconding Dr. Julie Lincoln as an advisor to two church based organisations involved in health, development and integral mission work in Western and Mid Western Nepal, where she was involved in mentoring staff,

running workshops, doing field visits and providing advice in range of areas, including donor liaison, communications, health, development, monitoring, reporting and management.

Some highlights included a review of the TB and leprosy patient hostel and treatment centre in Ghorahi Dang, success in finding new donors, high loan repayment from saving credit groups with successful income generation and commencement of an HIV/AIDS home-based care programme in Pokhara.

PASTORAL CARE AND COUNSELLING

INF seconded a pastoral worker to the Elijah Counselling and Training Centre [ECTC], a Nepali partner organisation whose mission is “to strengthen high quality pastoral care and counselling in Nepal’s hospitals, churches and their surrounding communities,” to provide training for Nepali personnel and volunteers.

The continued growth of ECTC enabled them to appoint a new Training Coordinator in February 2012, which resulted in trebling the number of short term trainings provided from three to ten. The Diploma in Pastoral Care Ministries, delivered in partnership with the Christian Medical Association of India and Tansen Mission Hospital, introduced modules in methodology and students started work on their projects.

BENEFITS

Area of work	Beneficiaries
MDGP residents trained in ultrasound	4
Government doctors receiving ultrasound training	4
Managers from mission hospitals attending annual meeting	22
Nurses attending nursing workshop	14
Community Based Organisations supported	2
Participants in Diploma course in Pastoral Healing Ministry	6
Health care staff receiving counselling training	147
Volunteers and others receiving counselling training	172
Individual counselling sessions	207

Nita’s story

Nita grew up in a large family. Because her family needed money, she started working as a labourer while she was still at school. She started to smoke cigarettes and later marijuana and other drugs. To fund her addiction she became involved in robbery and started prostitution. Many times, staff from the rehabilitation centre run by INF partner Asal Chhimekki [Good Neighbour] Nepal came to visit her. For a long time she refused their help, but eventually realised that there was no way out from addiction on her own.

At the rehabilitation centre Nita felt loved and not condemned. She learned new skills such as sewing, knitting, candle making, card making and fruit processing. She learned about HIV/AIDS and learned to read. She is now able to look after herself and her confidence and self-esteem have improved.

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DIASPORA INITIATIVE

There are now two projects fully functioning under the INF
Diaspora Initiatives.

Migrant Link Initiative

IN NEPAL

The Migrant Link Initiative [MLI] has continued to strengthen its link with the Nepalese Migrant Unity Network [NeMUN], a local NGO in Kathmandu. NeMUN's aim is to see 'Nepali migrants helping and uniting other Nepali migrants all around the world.'

An information broadsheet has been produced and a global network of Nepali contacts is slowly being built up so that migrants in all countries can be put in touch with each other and with people who can help them in times of need.

ACHIEVEMENTS

Together with NeMUN, MLI has served Nepali labour migrants travelling to and from various parts of the Asian diaspora through hospitality, advocacy, prayer, a newsletter, and other forms of practical assistance. NeMUN members have visited Nepali migrant returnees and their families in various villages in 21 Districts of Nepal – giving support, help and advice on how to settle back into life in Nepal.

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Activity	Achievement
Size of the network database	>300
Numbers of NeMUN members enrolled	379
Hospitality given to Nepali migrants & their families	96
Local migrant groups established	2
Migrants given special legal or medical assistance	11
Regional level promotional meetings in Nepal	5

IN SE ASIA [MALAYSIA] AND THE MIDDLE EAST

A formal partnership has been established with the Mobilisation Network, a Malaysian NGO, involved with migrants; and a three month visit was made to Malaysia by the Diaspora Coordinator. Two other visits were made by the NeMUN Chair. During these times, existing links with more than ten groups of Nepali migrants across the country were further built up and more than 60 teaching sessions given. There is, as yet, no formal partnership established in the Middle East, but contacts have been maintained with groups of Nepali migrants already known to us and a three week visit was made to three centres in the United Arab Emirates, during which seven teaching sessions were conducted. The main aim of the visits is to

encourage migrants in what is often a difficult situation and to enrol members for NeMUN, thereby further strengthening the organisation and leading it towards ultimate financial self-sufficiency.

EXPENDITURE

Expenditure was NRs 220,503 which was significantly under budget because full funding was not received until the last two weeks of the financial year. Adjustments will be made in the coming year.

DONORS

Donors include: *BMS World Mission UK, INF UK and individual NeMUN Members.*

India Migrant Initiative

The India Migrant Initiative [IMI] has continued to work among groups of Nepali migrants in Delhi and three centres in the NW of India. Working in partnership with small local NGOs, IMI helps them to provide services like literacy and tuition classes, English, computer, tailoring and other skills, as well as providing health awareness, particularly in relation to HIV/AIDS. A senior Nepal staff member was appointed in the middle of the year. He is based in Nepalgunj and this is helping to further strengthen the links between IMI and the INF Nepal safe migration activities at the Nepal border.

Further information about the India Migrant Initiative email diaspora@world.inf.org

Bina's story

Bina went to work in Kuwait. Almost on arrival she realised she had made a mistake, but there was no easy way to return to Nepal.

She was 'sold' like a slave or an animal to a local family, for whom she had to work up to twenty hours a day. Before long she got sick, but was denied hospital treatment.

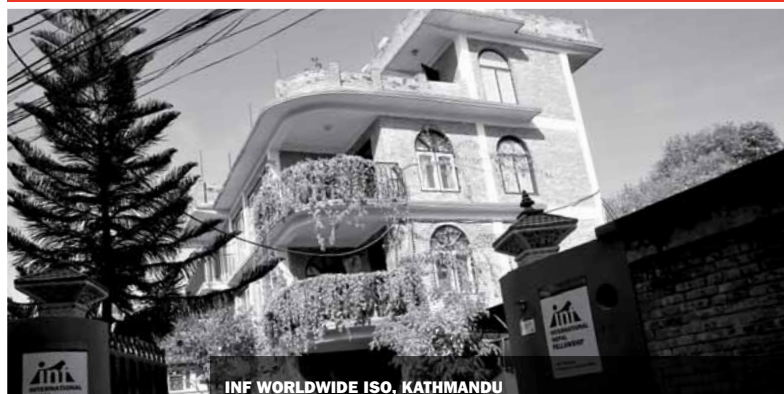
With great difficulty she managed to phone her husband back in Nepal. He turned to NeMUN for help, but formal help proved impossible. However, as Bina reports, "because of NeMUN's prayers and God's grace I was eventually able to return safely to Nepal".

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BINA

INF WORLDWIDE INTERNATIONAL SUPPORT OFFICE



INF Worldwide is a primary partner organisation to INF Nepal established to manage most of the international operations of INF, publicise the work of INF, recruit expatriate volunteers, liaise with international support organisations and provide funding. It seeks to partner with other agencies that share a similar vision and values. Most of its activities are managed from the International Support Office [ISO] in Kathmandu, leveraging the benefit of being near to the life-transforming activities of INF Nepal. INF Worldwide also leads the INF family of organisations based in Australia, New Zealand, North America and the United Kingdom. It is registered in Australia as an international non-government organisation governed by a multinational Board. Since its inception seven years ago INF Worldwide, through the ISO, has provided effective and efficient services to its stakeholders in Nepal and around the world.

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The Board of INF Worldwide provides leadership in taking forward INF Worldwide's vision and commitment to support INF Nepal in its service to Nepali people, both in Nepal and beyond. INF Worldwide has gone through a review of its governance system and structure and the recommendation of this review will be implemented in 2013.

In June 2011 a five-year tripartite project agreement, covering the period December 2010 to December 2015, was entered into between the Government of Nepal's Social Welfare Council, INF Nepal and INF Worldwide. Regular meetings between the Central level Project Advisory Committee [CPAC], comprised of high level government officials, and leadership of INF in Nepal have been instrumental in developing relationships and guiding the programmes and projects, and the ISO has monitored the project implementation.

The ISO provides a range of services to the INF family of organisations. The Communications Department produces quality print and online materials aimed at promoting INF, using advanced technologies such as social media to increase awareness and fundraising exposure for the INF family of organisations. The ISO identifies and channels funds for partners, with the Finance Department producing international quality accounts which are audited in both Nepal and Australia.

The ISO also provides Information Technology and logistical support, and coordinates the recruitment of expatriates as advisers, mentors, trainers and experts for programmes run by INF Nepal and other institutions, assisting with recruitment, work permits, visas, and language and orientation training. The ISO also caters for needs of expatriate volunteers, overseeing health, safety and security matters, as well as pastoral care. The Primary Study Centres in Pokhara and Surkhet cater for children of expatriates, providing world-class education in line with their home countries' standards.

RESOURCES

The expenditure of the International Support Office was NRs 15,510,450. This covered the expenses of the twelve national staff, the operation of the office, support services for expatriate volunteers, language and orientation training for newcomers, and study centres in Pokhara and Surkhet.

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 ISO.

FAITH@WORK

INF Worldwide has been able to encourage Nepali professionals who have Christian faith in their understanding of the importance of faith within and beyond their workplaces through the Faith@Work initiative. This has involved conducting a survey on what it means to follow Christian ethics and norms in the workplace in the Nepali context. The understanding derived from the survey has identified ways in which INF can provide support to Christians in their workplaces. A small resource library has been created and leadership workshops have been conducted in the Mid and Far Western regions of Nepal. These workshops were appreciated by community leaders in rural areas, as they do not get many such opportunities to learn and engage in personal development.





A Christian mission
serving the physical
and spiritual needs
of Nepali people
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