

ANNUAL REVIEW 2013 - 2014 २०७० - २०७१

A MOTHER'S JOY SHINES THROUGH HER SMILE AT
HER SON'S DISCHARGE FOLLOWING SUCCESSFUL
TREATMENT AT THE JUMLA NUTRITION
REHABILITATION CENTRE

आइ.एन.एफ.को परिकल्पना:

नेपालमा र बाहिर रहेका
सबै नेपालीहरूले येशू
ख्रीष्टमा भरिपूर्ण जीवन
अनुभूत गर्दै परमेश्वर र
उहाँको सृष्टिसंग सुमधुर
सम्बन्ध तथा स्वास्थ्य,
शान्ति र न्यायको प्रवर्धन
गर्न सबैसँग मिलेर
सेवा गर्नेछन् ।

आइ.एन.एफ.को मिशन:

येशू ख्रीष्टको
सु-समाचारलाई वचन
र कर्मद्वारा चरितार्थ
गर्नका लागि स्वस्थताको
प्रवर्द्धन गर्ने, गरीबी तथा
सामाजिक असमानता
विरुद्ध लड्ने, मण्डलीहरूलाई
प्रोत्साहित गरी सहकार्य
गर्ने र सृष्टिको संरक्षण
गर्दै नेपालीहरूलाई सेवा
पुर्‍याउने ।

INF's vision:

Nepali people in Nepal
and beyond experiencing
fullness of life in Jesus Christ
and serving with others to
promote health, peace,
justice and harmony with
God and His world.

INF's mission:

To live out the good news
of Jesus Christ in word and
deed by serving Nepali
people through promoting
health, fighting poverty and
social injustice, working with
and encouraging churches,
and caring for creation.

ANNUAL REVIEW 2013-2014

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ACRONYMS

AGM	Annual General Meeting
APD	Assistant Programmes Director
ART	Antiretroviral Therapy
BCHD	Banke Community Health and Development
CBR	Community Based Rehabilitation
CWD	Children with Disabilities
CHD	Community Health and Development
CPAC	Central Project Advisory Committee
DDC	District Development Committee
DPAC	District Project Advisory Committee
EHTC	Ear Hospital and Training Centre
EOC	Emergency Obstetric Care
FD	Finance Director
GPHRC	Green Pastures Hospital and Rehabilitation Centre
GO	Government Organisation
HP	Health Post
HSS	Health Services Support
INGO	International Non-Governmental Organisation
LT	Leadership Team
MC	Management Committee
MDGs	Millennium Development Goals
MDRTB	Multi-drug Resistant TB
NCO	Nepal Country Office
NGO	Non-Governmental Organisation
ODD	Organisation Development Director
OPD	Outpatient department
PD	Programmes Director
PFR	Partnership for Rehabilitation
PLHIV	People Living with HIV & AIDS
PRSP	Poverty Reduction Strategy Paper
PRT	Primary Rehabilitation Therapist
SCI	Spinal Cord Injury
SCU	Social Care Unit
SHP	Sub Health Post
TB	Tuberculosis
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
VACC	Village AIDS Coordination Committee
VCT	Voluntary Counselling and Testing
VDC	Village Development Committee
WRH	Western Regional Hospital

DIRECTORS' LETTER



It is our pleasure to present the Annual Review of INF activities in Nepal for the year 2013-14 [2070-71]. What a year of blessing, from God and our supporters, enabling us to achieve the objectives and targets set last year.

We have had to manage various challenges this year, including funding deficits. These led us to restructure INF in Nepal in order to be more effective and efficient, which also led to a reduction in numbers of staff. Although change is difficult, we aspire to become better at meeting the changing needs of time and context, and facing the challenges ahead.

During the year some reviews and evaluations were conducted, both internally and externally [including by the Social Welfare Council [SWC], particularly in our clinical services and human resource policies. We are now adopting the reported suggestions and recommendations. This year [2014-15] the final evaluation of the activities of the current agreement will be carried out by the SWC and we will be focusing on planning for the next 5-year agreement [2015-20].

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Our thanks go to the whole INF family, as well as national and local government agencies whose help and cooperation have been significant during the year, and our members of staff, both nationals and expatriates, who have worked hard to achieve these results. The cooperation of local communities and stakeholders is highly appreciated. Our supporters and partners deserve special thanks for their generosity and prayers. We hope that the highlights of our activities presented in this review will inspire you to continue to be involved in our work.

Thank you for your partnership!

Miss Seeta Gurung
Nepal Country Director
Nepal Country Office

Dr Ganga [Prem] Subedi
Executive Director
INF Nepal

Two handwritten signatures in black ink. The top signature is cursive and appears to be "Seeta Gurung". The bottom signature is also cursive and appears to be "Ganga Subedi".

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

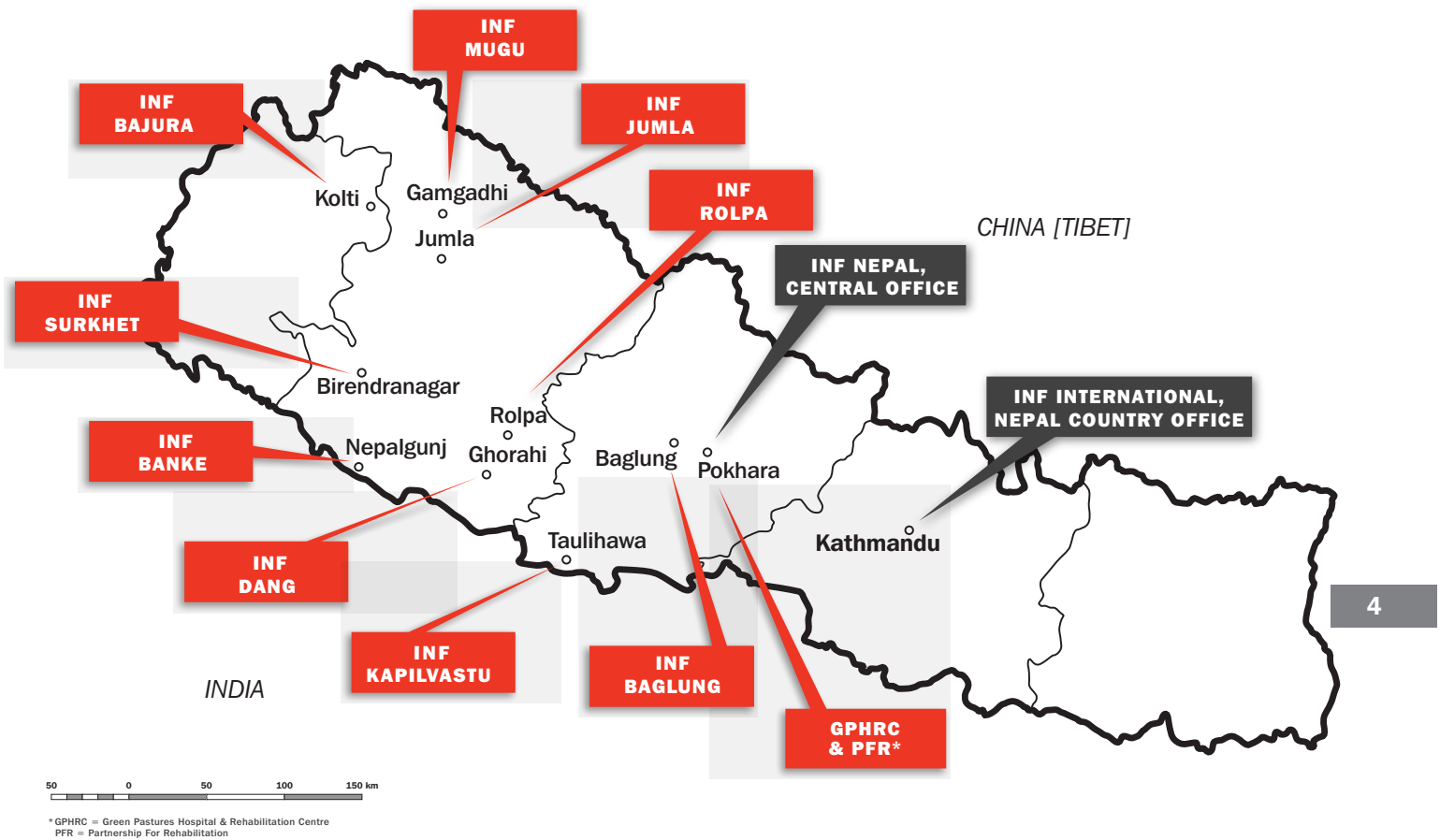
INF Nepal has been implementing health and development interventions, particularly in the technical areas of Leprosy, Spinal Cord Injury [SCI], Tuberculosis [TB], HIV/AIDS, Community Based Rehabilitation [CBR], Community Health and Development [CHD], Hospital Support Services [HSS], Nutrition, and Medical/Surgical Camps. This has been done through 11 district branches and offices [Bajura, Baglung, Banke, Dang, Jumla, Kapilvastu, Kanchanpur, Kaski, Mugu, Rolpa, and Surkhet] across the Western, Mid-Western and Far-Western regions.

The total number of staff involved in the implementation of our work totals 386 nationals and 20 expatriate volunteers.

INF NEPAL IMPLEMENTING STRUCTURE



Branches and Offices of INF Nepal



INF Banke Branch

Banke Branch is based in Nepalgunj and has four major sections. Banke Community Health and Development [BCHD] is implementing community health and development work in Raptipari and other areas of Banke and Bardiya. Nepalgunj Tuberculosis Referral Centre has provided services for TB and leprosy. It has 30 beds for TB patients and five beds in the leprosy transit ward. The Paluwa section has been working with people affected and infected with HIV/AIDS. This section also manages the Migration Support programme that has been implemented in two border areas: Nepalgunj [Banke] and Mahendranagar [Kanchanpur]. This section commenced migrant support work with the goal of reducing the vulnerabilities of Nepalis migrating to India in search of work, as well as of their dependants remaining behind. The Hospital Support Section provides support to Bheri Zonal Hospital.

INF Dang Branch

Based in Ghorahi, INF Dang has two major sections. The first is the CHD section, which implements CHD and CBR services. The second, the Care and Support section, provides TB and leprosy transit treatment including physiotherapy, neuritis services and the provision of shoes. This section also implements work in HIV prevention and care, including awareness programmes and Voluntary Counselling Testing [VCT] services.

INF Green Pastures Hospital and Rehabilitation Centre [GPHRC]

GPHRC is a tertiary referral centre located in Pokhara and is currently working in two areas, leprosy and the rehabilitation of people with spinal cord injuries and other general disabilities. It covers the western region of Nepal but referrals are received from other INF centres as well as from local partner organisations. In the field of leprosy, GPHRC is responsible for new case detection and the management of leprosy reactions and ulcers. It also runs a skin clinic. The leprosy and general disability work is supported by physiotherapy and occupational therapy, health education, and counselling. GPHRC also provides surgical facilities for SCI, post burn contracture, club foot correction etc. The Orthopaedic Department provides appliances to patients as needed, especially prostheses to amputees. GPHRC has a capacity of 48 beds for leprosy and 25 beds for general disability. GPHRC also manages a small team based in the Western Regional Hospital, working in the Social Care Unit and managing the poor fund.

INF Partnership For Rehabilitation [PFR]

Partnership for Rehabilitation [PFR] is based in Pokhara but has been working for people with disabilities and people affected by leprosy in 16 districts of the Western Region. PFR has three units which provide education, housing, income generation, assistive devices, training, medical support and living subsidies to its clients. PFR also provides financial, technical and managerial support to Disabled People's Organisations [DPOs], Leprosy affected People's Organisations [LPOs], Self-Help Groups [SHGs] and church-based organisations. In addition PFR has been initiating a wide range of advocacy and networking activities at a local, regional and national level.

INF Kapilvastu Branch

Based in Taulihawa, Kapilvastu district, this INF branch has been implementing its work through three sections. Community development and empowerment has been carried out in three VDCs in the district. The community health intervention has been implemented in 10 VDCs in the district, through community awareness raising, training, capacity building, mothers' group mobilization and supporting government health institutions. MCH clinics have been introduced and run as model clinics in three VDCs' health institutions. The CBR section worked across the six districts of Lumbini.

INF Jumla Branch

INF Jumla Programme has three sections. The Clinic has 10 beds for leprosy, three beds for TB and two beds for general patients. This section also runs a Nutrition Rehabilitation Centre with eight beds meeting the urgent needs of severely malnourished children. The Community Health Development and Rehabilitation section has been working with community groups in three VDCs in Jumla. This section also works with people with disabilities. The Health Support Service section worked closely with the District Health Office and Karnali Zonal Hospital.

INF Mugu Branch

INF has been working in Mugu District in community health and development since 2001. This work is focused in three VDCs, Khamale, Sukardhik, and Hyanglu of the Khatyad Belt. INF Mugu works closely with community groups, user groups, government health institutions and various committees. It also carries out other activities such as food security and livelihood intervention in the targeted VDCs. This branch has been providing technical support to two cooperatives for micro finance activities in the Soru Belt [previously an INF working area].

INF Surkhet Branch

The INF Surkhet Branch is based the Birendranagar municipality. The Surkhet Referral Centre [SRC] provides inpatient services for people with leprosy complications and for those with general disabilities. Patients come from all over the Mid-Western Region. The CHD section has been implementing its work, including CBR, in the Surkhet, Dailekh and Jajarkot districts. The Support and Self Care section provides self-care training for leprosy-affected clients and orthoses for people with leprosy and disabilities. The General Rehabilitation Unit offers intensive therapy to clients with general disabilities. The HSS section works closely with government institutions, including the Mid-Western Regional Hospital [MWRH]. The particular focus of the HSS is obstetric fistula awareness raising and surgical intervention for women affected by these fistulas.

INF Bajura Branch

This branch was established this fiscal year and has been working in community health and development. The work is focused in three VDCs to the north-east of Martadi; Wai, Jukot, and Sapata of Kolti. INF Bajura works closely with community groups, user groups, government health institutions and various committees in order to build their capacity, strengthen and empower them. It also carries out other activities such as food security and livelihood intervention in the targeted VDCs.

INF Baglung Office

INF Baglung Office has been working in the field of HIV/AIDS. The work is focused in the four VDCs of Baglung, working closely with

Dhaulagiri Zonal Hospital to provide comprehensive services to people infected and affected by HIV and AIDS. Major activities include awareness raising, counselling, training and networking, hospital support, PLHIV support group mobilisation, poor fund support, and Village AIDS Coordination Committee [VACC] mobilisation.

INF Nepal Central Office

INF Nepal Central Office is based in Simpani, Pokhara, and has been providing support to INF Nepal's district offices in developing, reviewing and updating policies, procedures, guidelines, corporate governance standards, and internal control systems. It also provides support to ensure the proper implementation of those policies and procedures across the organisation to fulfil the organisation's vision, mission and goals.

INF Central Office has various departments. The Director's Department provided the overall leadership direction to the organisation and organised the INB, Leadership Team and Central Project Advisory Committee [CPAC] meetings. The Programmes Department oversaw and supported the strategic and operational development of all district-based offices, both technically and managerially, to ensure quality service to the beneficiaries. The Finance Department provided support to the programmes in their budgeting, financial management and control, and ensured that the financial resources were effectively used by complying with INF financial policies and donor agreements. The Donor Team supported district offices in donor relations such as proposal writing and reporting. The Organisation Development department provided support to revise and strengthen the organisation in good governance, reviewed the organisational structure and recommended changes to the Board. The Human Resource Department revised and implemented the employment manual and other HR related policies. The Information and Communications Technology [ICT] department maintained effective and smooth ICT systems such as email, internet and database throughout the organisation. The Technical Advisors provided input into planning and monitoring, as well as contributing to proposals and reporting.

Community health and development [CHD]

The transformation of communities is at the heart of INF's vision, and CHD work is a key strategy for realising this vision. INF implements its CHD work through community groups, user groups, and other various local committees. Activities include capacity building, awareness raising, non-formal and other educational support, income generation, savings and credit, climate change awareness raising, safe drinking water, livelihood support, small infrastructure support, disaster response and community health activities including Mother and Child Health [MCH].

The table below shows the targets and achievements for the CHD work implemented in Kapilvastu, Dang/Rolpa, Banke, Surkhet, Jumla, Mugu, and Bajura districts in this fiscal year.

Donors for CHD work: BWAA, Tear Australia, Tearfund, INF Australia, ICCO, Fairmed, InterAct Asia, Saron Church, INF UK.

ACHIEVEMENTS

Activities	Indicators	Targets	Achievements
Formation and facilitation of SHGs	No. of SHGs	491	490
Awareness and capacity building to SHGs	No. of SHGs	491	493
	No. of people	9,273	9,054
Income generation support to SHGs	Income generation support to SHGs	438	327
Coordination and networking	No. of SHGs	491	493
	No. of people	10,278	10,077
Strengthening of local health institutions	No. of health institution	20	20
Awareness raising on climate change and environmental degradation	No. of SHGs	434	398
	No. of people	7,335	6,623
Developing practice on peace and reconciliation	No. of SHGs	491	493
Graduated from NFE classes	No. of people literate	589	589
Support for school education to poor family	No. of children	217	258
Agricultural promotion [kitchen gardening]	No. of people	429	2,305

THE HISTORY OF INF'S CHD WORK

INF Nepal has a long history in the field of CHD work. The first project was instigated in 1986 in Burtibang, Baglung District. After six years of experience, INF started another project in Myagdi. In 1998 CHD work started in Nepalgunj, and in 2001 Mugu, Dang, Jumla and Surkhet also incorporated this type of work in their plans. Later, in 2007, CHD work started in Kapilvastu District. INF further expanded and started similar work in the Bajura and Rolpa Districts in 2013.

INF uses the participatory community-led development approach through the Group Action Process [GAP]. All the development interventions are through direct implementation and partnership with various user groups, local committees, SHGs, CBOs, and LPOs. Geographical Working Areas

INF has been implementing CHD work in 31 VDCs in seven districts in the Western, Mid-Western and Far-Western Development Regions. The work covers the north to the south and incorporates high mountain, middle hill and Terai districts.

CONTRIBUTION TO NATIONAL GOALS AND MDGS

The INF CHD interventions are linked with national goals and the Millennium Development Goals [MDGs].

→ **Contribution to MDG 1**

Income generation activities included supporting and establishing cooperative societies providing loans for small businesses, as well as introducing modern technology for agriculture to increase food production.

→ **Contribution to MDG 2**

Running non-formal education classes [adult and child literacy], schooling support to poor students, interaction with and encouragement to parents through different activities and support to local schools.

→ **Contribution to MDG 3**

SHGs had more than 90% women members and they received various training on capacity building and providing opportunities for income generation. Women were involved in decision making in social work. They received regular facilitation for analysing their problems and were given a forum for unity to face problems in their communities.

→ **Contribution to MDG 4**

Nutrition programme for children, services through health camps, and support to local HP/SHP for reliable quality services as well as support to run regular and effective MCHH ORC and Antenatal Care clinics.

→ **Contribution to MDG 5**

Through Antenatal Care and Postnatal Care clinics at outreach and health facilities, arrangement were made for EOC fund, and regular education on reproductive health through SHG meetings, with mothers groups and providing training to HP/SHP maternal health staff.

→ **Contribution to MDG 7**

Awareness was raised and activities involving reducing environmental degradation and other training were carried out.

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

Most of the SHGs have become mature and are now independently run by a group facilitator. They are active in identifying problems, finding and mobilising local resources, and making plans and implementing them. In most of the places where SHGs have advanced and are mature, they have been self-mobilised and are functioning as the main committee moving towards registration as an NGO or cooperative. The following are some of the impacts:

- groups are able to make their own action plans and they are implementing these plans
- group members have started various income generating businesses and are earning money for their livelihood
- group members have been made aware of climate change issues and as a result some have planted fruit and other trees, installed smokeless stoves in their homes and dug small pits in front of their houses for disposing of rubbish
- women are being empowered and are actively involved in improving their family life and taking part in development interventions
- women have been made aware of domestic violence through SHG meeting
- women are receiving safe delivery service in birthing centres and there is an increase in the number of beneficiaries in health institutions
- communities' trust in health institutions' services and in health workers have increased, Health Facilities Support Committees [HFSCs] are working actively and are empowered to seek resources
- a mutual relationship between health staff, community, and HFSC members has been established at a local level
- as a result of empowerment through SHGs, VDC level Disaster Risk Reduction Committees [DRRC] have been formed in most of the working VDCs
- people have safe drinking water and better sanitation
- people have become literate through non-formal education

CHALLENGES FACED AND LESSONS LEARNED

There is unequal participation of men and women in the SHGs, that is, there is less involvement of males in the SHGs in comparison to women [>95% women]. Therefore, sometimes, it is difficult to complete action plans where there is a need for coordination with outside people and to transport goods from outside. One of the prime lessons learned is that to get better results in the long term, full participation of beneficiaries is essential.

INF has been implementing its community health and development work in very remote and isolated places where transportation and communication are quite challenging. Staff members with great commitment, hard work, patience and a serving attitude are crucial to work with and for poor and marginalised people. It is a significant challenge to get and retain this kind of staff for these areas.

SUSTAINABILITY

INF implements its programmes through user groups, local committees, self-help groups, community based organisations and local partner organisations. INF's working approaches, processes and tools have increased their capacity and have built their confidence towards self-reliance. INF has selected local community mobilisers and provided skills and built their capacity to facilitate the SHGs in the long term. These skilled and equipped people remain in their communities after the project has ended. During the project period in each VDC, all SHGs are encouraged to form a VDC level coordination committee [main committee] by involving representatives from each of the SHGs. The coordination committees meet regularly and think about common issues to develop their community and continue the work that has been implemented during the project period. These committees will be registered as either an NGO or a cooperative and will be sustainable in the long term.

INF has already experienced and seen some good signs that previous groups have had a positive impact on the community. These main committees were able to continue to mobilise all the existing groups for their own development. They have been independently meeting regularly, discussing and analysing their problems, and have been seeking ways to improve. A large number of action plans have been independently and successfully implemented in their communities, making their own decisions with a great sense of ownership. INF is confident that the SHGs will be mobilised through these main committees for further development and for seeking resources from outside agencies independently.



Tuladhara's Story

Thirty-eight-year-old Tuladhara Rokaya lives with her family of nine in a small village in the Mugu District, one of the poorest and most remote districts of Nepal. This is her story...

My husband was a drunkard and gambler. He used to come home at midnight after drinking and we would argue and fight. He lost all our money. Our society is male dominated, so a woman like me does not have any power or influence over her husband. I was always upset whenever my husband drank too much. He slowly got worse and financial difficulties overwhelmed us. We often couldn't find enough to eat. My community strictly follows traditional values where women are not allowed to take part in social activities. Most of the time, we are busy in the home doing things like collecting firewood, caring for children and doing the cooking. We never participated in community meetings.

When INF Mugu started to work in our community, they encouraged us to form a Self-Help Group that met regularly. During the group meetings INF's staff ran discussions about women's rights and empowerment. This knowledge has had a big impact on our lives. Now we women are taking part in group meetings and workshops. We are even able to speak out in front of big gatherings about our rights.

Initially my husband ignored what I had to say but slowly he began to listen to what I was saying. He started caring and helping me with work. Gradually his drinking and quarrelling has begun to decrease.

I am very thankful to INF; my life is gradually changing for good.



Community Based Rehabilitation [CBR]

Rehabilitation of those with disabilities remains at the core of INF's vision and is strongly linked with the other technical areas of work. INF implemented its CBR work both directly and in partnership with LPOs/CBOs. CBR activities included capacity building, awareness raising, reduction of stigma through advocacy and rights, socio-economic rehabilitation and vocational training, house modifications and the provision of disability aids. The aim is to see people with disabilities empowered and taking an active part in their society.

The main funding partners for INF's CBR projects were GLRA, USAID/World Learning, CBM, INF Australia, Tear Australia, INF UK, Transform Aid International, Lilian Fund and Sasakawa Memorial Health Foundation Japan.

The following are the achievements of CBR work through PFR, Kapilvastu, Dang, Banke, Surkhet, Jumla and Mugu in this year.

ACHIEVEMENTS

Activities	Indicators	Targets	Achievements
School sensitisation on disability and education to teachers and officials to create disabled friendly environment in the schools	No of schools	7	7
Organise disability orientation to school students	No of students	409	233
Provide three day orientation/training to various groups [school teachers and management committee members, CWDs, health workers] on inclusive education	No of teacher	144	204
Disability orientation to VDC secretaries	No of events	34	23
National level advocacy to make Nepal government accountable to implement UNCRPD in coordination with NFDN	No of workshop	2	1
Conduct advocacy workshop/training for local government officials to implement the provisions mentioned in the UNCRPD and other laws and policies.	No of participants	150	114
Provide technical support to make schools and other buildings accessible to CWDs	No of schools	46	46
Provide materials for modification of schools where CWDs are currently studying	No of events	43	22
Child rights training to children's club members to facilitate inclusion of CWDs	No of events	13	14
Formation and establishment of SHGs	No of groups	16	16
Provide seed money to SHGs to run as revolving funds	No of groups	8	10
Form and strengthen inclusive children's clubs in schools	No of groups	15	15
Exposure visit to children's club members to see inclusive education	No of participants	20	29
Exposure visits for SHG members	No of participants	20	17
Provide one month basic CBR training to CBR workers from SHGs and DPOs	No of participants	17	16
Conduct various three day training [group management and leadership, micro business and saving credit] to members of SHGs and DPOs	No of participants	298	186
Provide home based therapeutic support to CWDs through DPOs/CBOs	No of clients	494	513
Provide micro-credit for income generation for SHGs	No of participants	25	22
Provide psychosocial counselling and Primary Rehabilitation Therapy services	No of clients	661	729
Vocational training for clients [tailoring, weaving, computer, mobile repair]	No of clients	23	21
18-month CMA/ANM/veterinary/sub-overseer training	No of clients	7	7
Provide various agro-based training	No of clients	41	20
Micro credit for income generation for individual clients [eg goat/pig/ buffalo/poultry/shop/tailoring/agriculture]	No of clients	100	118
Provide integrated education to children of people affected with leprosy and disability	No of clients	363	376
Provide support for building new house and repair to clients	No of clients	19	14
Provide three month Primary Rehabilitation Training to CBR workers from DPO/CBOs	No of CBR workers	12	12

INF HISTORY OF INF'S CBR WORK

Community Based Rehabilitation [CBR] for people with disabilities and their families is a major technical area of work for INF. Partnership for Rehabilitation [PFR] was established in the mid-1970s to meet the needs of individuals undergoing clinical rehabilitation at Green Pastures Hospital and Rehabilitation Centre. For almost 20 years the emphasis was on assessment, treatment and other interventions to enhance participation in community and social life. By the 1990s this process had matured to include linking the client and the intervention directly into the community and seeking their material support and ownership for the rehabilitation process. CBR project [1999-2005] pioneered a bottom-up approach to rehabilitation [community capacity building], which complemented the individual assistance given and enhanced the ability of the community to meet the needs of its own members with disability.

From 2006 the CBR project was extended to the Mid-Western Region programmes [except Mugu]. During 2006-2010 inclusion and empowerment have been the main strategies to provide and promote holistic services to people with disabilities and their families. At this time CBR was extended to all INF working areas of the Western and Mid-Western Regions, including some of the very remote mountain areas of western Nepal.

In 2011 CBR activities were further strengthened and extended with the support of CBM. When Nepal ratified the United Nations Convention on the Rights of Persons with Disabilities [UNCRPD] in 2010, INF also developed its programmes and activities to be in line with the Charter. Rather than just providing services to people with disabilities, INF now places more focus on empowering them and their families and building an enabling environment at home and in the community by working with formal and informal groups and organisations [DPOs, GOs and SHGs].

As a result of our efforts working together with individual and communities, people with disabilities and their families in the Western and Mid-Western Regions have received encouragement and hope for life. As their functional capacity has increased, they are now able to do more for themselves, they are more vocal for self-advocacy and eventually their level of participation has increased. In this way, their quality of life has gradually improved. Working with

persons with disabilities needs coordination to ensure every sector of development – education, health, employment – provides inclusive services where everyone is welcome and able to participate. INF CBR seeks to reach all these sectors through the range of activities regarding empowerment and inclusion.

GEOGRAPHICAL WORKING AREAS

INF has been implementing CBR work in Western, Mid-Western and Far-Western development regions of Nepal. As regional referral centres for three development regions, INF has received clients referred from community-based organisations, health posts and VDCs for rehabilitation from most of the districts in these regions.

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

The result areas for the INF CBR work are as follows:

- ➔ building community awareness in disability and increased participation of PWDs in the community
- ➔ increasing access to education for children with disabilities
- ➔ improving the livelihoods of people with disabilities and their families
- ➔ increasing access to health for people with disabilities
- ➔ strengthening self-help groups of people with disabilities and their families
- ➔ strengthening the organisations of people with disabilities
- ➔ facilitating the provision of assistive devices and provide therapeutic support at home

The intended outcomes were to increase participation of people with disabilities in the community, including decision making, increased income to improve their livelihood through training and support for business creation, improved mobility and accessibility, plus involvement in self-help groups and DPOs.

Impacts:

- increased participation of people with disabilities in their communities and families
- as a result of increased leadership abilities people with disabilities have also been involved in the VDC council
- people with disabilities have participated in school management committees and health post management committees
- school management committees are aware and have suggested implementing the policies regarding inclusive education
- some health posts have been made disability friendly, people with disabilities have easier access to the service
- children with disabilities are included in mainstream schools as a direct result of INF CBR projects providing inclusive education training for families and teachers
- schools have installed ramps to ensure accessibility for students with disabilities
- health workers in local health posts can identify types of disability and refer to appropriate institutions for further intervention
- people with disabilities and their families are participating in viable income generation activities and contributing to their family needs
- mobility of people with disabilities has increased with the help of assistive devices, therapy services and modifications to houses and surroundings
- self-help groups of people with disabilities and the organisations of people with disabilities are strengthened and are able to mobilise local resources to have increased access to government facilities
- groups have their own savings schemes and individuals can access loans to help solve their problems

CONTRIBUTION TO NATIONAL GOALS AND MDGS

INF CBR activities contributed to the achievement of the first and second MDGs. People with disabilities are the poorest of the poor with 80% living below the poverty line. While they experience economic poverty, they are also excluded from education, health and employment opportunities. INF CBR activities ensure inclusion and participation in community and family life, thereby alleviating situations of poverty.

Our activities have also contributed towards the second goal, which concerns education. INF CBR has worked to eliminate barriers that prevent children with disabilities from going to school. As a result of this work, schools are now more accessible and teachers have the skills and knowledge to include children with special needs in their classrooms.

The Government of Nepal's Ministry of Women, Children and Social Welfare set 17 goals for the rehabilitation and social inclusion of people with disabilities. Our CBR work contributes to these goals by increasing access to assistive devices, promoting social inclusion, developing vocational skills, improving livelihood opportunities, increasing access to public buildings, and to health and education.

CHALLENGES FACED AND LESSONS LEARNED

- For the DCA work, social workers found it difficult to carry out planned visits on time because of problems with travel. Therefore, staff will be based in the district to reduce travelling time.
- Regular update, coordination and networking with INGOs, NGOs and GOs are good practices to avoid duplication of work and to increase use of resources. We need to identify the organisations that are working in the target communities in order to make good relationships and coordinate with them.
- Objectives of mutual partnerships with DPOs and CBOs must be very clear. INF, as a promoter, needs to encourage them to be independent from the beginning. The role of INF should be more facilitative to help them to think for themselves. This motivates them towards sustainability from the beginning.
- Progress measuring or evaluation tools should be consistent within the organisation.

Sarita's Story

Thirteen year-old Sarita Sunar lives in Banke District on the hot plains of Nepal, near the Indian border. When she was two-years-old, a tree near her home blew down in a storm and injured both her legs. She was taken to a hospital where the doctor had to amputate part of both her legs. At about the same time, her mother died and her father remarried. Sarita was sent to live with her grandparents.

Sarita grew up crawling to get around, she's had difficulty going to the toilet and has been unable to attend school. She has suffered from constant blisters on her hands from crawling, her clothes were often filthy and she was often worried about the daily difficulties of her life.

The local District Disabled Coordination Committee referred Sarita to INF Banke. INF staff worked with the Hospital for the Rehabilitation of Disabled Children [HRDC] near Kathmandu. INF organised transport for Sarita and enabled her to travel far from home. At HRDC she was given artificial legs, which have transformed her life.

Sarita is now able to do everyday activities independently, including getting to school where she is studying in class nine. She has been given a scholarship so that she can continue her studies.

Sarita is very happy. "I got a new life because of these new legs".

- ➔ Mobilising children's clubs for social work within the community was very successful. Street dramas by club members are raising awareness of local issues and instigating changes in community attitudes. Campaigns to clean the community, build toilets, avoid child marriage and fighting against gender discrimination were the main issues raised by the performances.
- ➔ Mobile camps enabled people who would not have been able to reach their district headquarters to obtain disability ID cards.

SUSTAINABILITY

INF CBR aims to build sustainability by working in partnership with DPOs, CBOs, SHGs and all levels of government. Through advocacy, networking and training, INF CBR builds the capacity of partner organisations and government agencies. As partners develop an understanding of disability, changes in policy ensure ongoing sustainable change for people with disabilities into the future and beyond INF CBR's input. Providing practical skills and knowledge to local partners in rehabilitation techniques leaves communities empowered to continue with therapy treatments and counselling that ensures the best outcomes for people with disabilities into the future. The formation of SHGs empowers local people to be the determinants of their own futures as revolving funds and business skills training support income generation activities that enable life-changing results.

INF CBR provides local partners with supports such as training in proposal writing, local resource mobilisation, organisational management, and advocacy with the view to ensure sustainability of disability initiatives/ programmes at a grass-root level. INF CBR's advocacy and support encourages linkages between local government, DPOs and CBOs to ensure local ownership of decision-making. Locally driven solutions have resulted in financial support for people with disabilities and community volunteers to continue beyond INF CBR's involvement. It is recognised that some local governments have been more receptive than others to support local groups and organisations financially. However, with ongoing capacity building and awareness raising, including pressure from the local community to mobilise existing resources, sustainable change will take place.



HIV/AIDS and Substance [Drug] Abuse

The Mid and Far-Western Regions are relatively poorly served with HIV/AIDS services compared to other regions of the country. This is despite a growing need, due in part to the number of migrant workers infected with HIV returning to these areas from India. HIV/AIDS services include awareness raising, voluntary counselling and testing [VCT], treatment and management of Sexually Transmitted Infections [STIs] including HIV infection, advocacy for people living with AIDS [PLAs] and support for people infected and/or affected by HIV/AIDS. It also supports education and advocacy through its CHD work and provides outreach to 'at risk' groups. These will include TB patients and drug users in Nepalgunj.

Donors for HIV/AIDS and Substance [Drug] Abuse work: Tearfund, Tear Australia, GZB, ICCO, INF New Zealand, and INF UK.

ACHIEVEMENTS

Activities	Indicators	Targets	Achievements
Community outreach to meet clients in the field and encourage them to attend other sessions in Community Resource Centre [CRC]	No of new clients	60	111
Selection and mobilisation of volunteers/peer communicators	No of communicators	12	12
Referrals of drug users to other residential treatment centres for drug treatment	No of clients	8	5
Support for various laboratory tests	No of clients	60	39
Health Education and Harm Reduction Behaviour Change Communication [Hepatitis, STI, HIV and Drug] sessions in CRC	No of sessions	96	158
Provide education sessions about safer sex practice, demonstration and video shows	No of clients	840	1,005
Provide motivational counselling and moral education to PLHA and drug users to change unethical behaviour	No of clients	352	416
Family counselling to families of current drug users and PLHA to strengthen family support	No of families	60	80
Provision of transit home facility in CRC for needy clients [games, newspaper, shelter, etc.]	No of supports	188	193

THE HISTORY OF INF'S HIV/AIDS WORK

INF Nepal started working in HIV/AIDS in 1995 through its 'Naulo Ghumti' programme [now independent of INF Nepal] for the prevention of HIV/AIDS, targeting high-risk groups of injecting drug users and commercial sex workers. These groups had the highest HIV prevalence rates, as measured during 1997. In the meantime, INF Nepal joined hands with national HIV prevention initiatives and collaborated closely with the National Centre for AIDS and STD Control and other like-minded organisations. As part of HIV prevention, INF Nepal helped injecting drug users to stop drugs and offered substitution therapy to shift from injection to oral intake. To prevent HIV/AIDS, INF Nepal started providing drug treatment, combining a harm reduction and behaviour change intervention among high-risk groups, that is, syringe exchange, condom promotion and community awareness.

As INF Nepal gained experience in HIV/AIDS intervention, it established a department called 'Paluwa' to exclusively work for HIV/AIDS issues in 1999. Since its establishment, Paluwa focused its efforts towards prevention, treatment and care and support. During its 13-year history INF Paluwa has made a significant change in the life of persons infected and affected by HIV/AIDS and has been successful in raising the level of community awareness about HIV/AIDS.

Currently INF Nepal has been integrating HIV/AIDS into its other health and development projects across all its working districts and assisting the government's work in its prevention, treatment, care and support.

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

Although there has not been an external evaluation of INF Nepal's HIV/AIDS programmes, we can confidently say that INF Nepal has been successful in reducing the HIV/AIDS rate among injecting drug users, commercial sex workers and general communities.

INF Nepal is initiating a group action approach among HIV/AIDS infected and affected persons and their families. This has a positive impact on the lives of people affected by HIV/AIDS, as they have learnt coping skills, have a platform for sharing and learning of their problems and achievements and they are

being able to claim their right to access to health services.

INF Nepal is helping them to have access to free HIV testing and counselling services, CD4 counting and Antiretroviral Therapy [ART] and care and support programmes. They are living a longer life with HIV/AIDS and are also engaging in income generation activities.

CONTRIBUTION TO NATIONAL GOALS AND MDGS

Combating HIV/AIDS is the sixth MDG and INF Nepal has been contributing towards achieving this goal. The Nepal Government has also developed an HIV/AIDS strategy plan [2011-2016] with a two-pillar strategy:

- optimising HIV prevention
- provision of HIV treatment care and support

INF Nepal has been involved in both parts of this government plan. As part of prevention, INF Nepal has been working to reduce the sexual transmission of HIV among commercial sex workers and the general population through HIV testing and counselling, a comprehensive condom programme, and behaviour change communication. Likewise, as part of treatment care and support, INF Nepal has been providing services such as treatment of opportunistic infections, referring clients to ART centres, using income generation activities to empower people infected and affected, and, in some cases, by providing road fare, food and accommodation during their travel and stay for ART and other treatment.

CHALLENGES FACED AND LESSONS LEARNED

The reduced global and other funding for Nepal is the main challenge for HIV/AIDS organisations and this has also affected our work. Social stigma and discrimination attached to HIV/AIDS and towards people infected and affected by HIV/AIDS has been a major challenge. To overcome these challenges we have been empowering affected people to claim their rights and manage their own development. Now the basic HIV/AIDS service is available from the government healthcare system.

SUSTAINABILITY

INF Nepal's working areas focus on awareness, HIV testing and counselling. This has increased the number of people who are HIV+ seeking treatment and counselling. If we stop working for them, the number of people reaching the health care service will reduce, as the government service is still not able to reach to the grassroots level.

Where INF Nepal has been working, it has developed informal community structures [that is, self-help groups] and has developed coordination between primary and secondary stakeholders. This has created opportunities to share their problems and get help from the nearest service centres.

INF Nepal has been working together with churches, community groups, self-help groups and other like-minded organisations to increase HIV/AIDS awareness and the reach of services related to HIV/AIDS.



Sati sells Chickens

Sati got married when she was 19. Her husband, Ramesh*, had worked in India for five years before he returned to Nepal and married Sati. Ramesh and Sati had known each other prior to their marriage as they were from same village. The couple worked as farmers but Ramesh felt unsatisfied and returned to India. When he next returned home he was unable to work due to illness. Sati took him to different hospitals for treatment but Ramesh hid his real illness from her.

After seven years of marriage, Ramesh died and Sati was devastated. A few years after her husband's death, her brother took her to the Western Regional Hospital, in Pokhara, for an HIV test. Sati was shocked and felt very depressed after discovering she was HIV+. She received treatment at the hospital and her doctor referred her to INF Paluwa, Baglung Centre, for further care and support. She attended several counselling sessions and joined the INF Paluwa support group.

Sati was encouraged to visit a PLHIV [this needs to be explained?] group and their work. INF helped Sati start a small chicken breeding business. Carrying 60 chickens at one time in a basket she goes to the market to sell them.

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Sati has been managing all her expenses from this income and has started saving some of her profits. She is a huge encouragement to other members of the group. She hopes to help other HIV-affected women in remote areas of Nepal. Sati says, "I am thankful to INF and its donors for empowering me".

*RAMESH'S NAME HAS BEEN CHANGED TO PROTECT HIS ANONYMITY.

Nutrition Services

Malnutrition is a major problem in many of INF Nepal's working areas. INF has been running a Nutrition Rehabilitation Centre [NRC] in Jumla. It provided support to severely malnourished children and their mothers. INF is also carrying out malnutrition prevention activities at the community level through awareness raising in self-help groups, training and teaching mothers of malnourished children, and training school teachers and traditional healers.

Donors for nutrition work: INF Australia, Samaritan's Purse.

ACHIEVEMENTS

Activities	Indicators	Targets	Achievements
To manage rehabilitation for malnourished children	No of children	150	126
Bed occupancy	No of bed days	2,130	2,684
Provision of re-admission to children	No of children	12	5
Medicine for malnourished children	No of children	150	138
Medicine charity to poor malnourished children	No of children	30	67
'Litho' [super flour porridge] cooking classes to mothers of admitted children	No of mothers	162	138
Literacy classes	No of mothers	48	65
IG training or skill development of mothers	No of mothers	48	39
Day feeding centre in community in two VDCs	No of CNC	160	207
Unmanageable children referred to higher centre	No of children	4	4
Advertise NRC role with stakeholders	No of participants	100	100
Provide training to 54 SHGs	No of SHG members	450	1,140
Training for traditional healers	No of participants	80	107
Training for 24 mothers groups	No of participants	216	1,270
Workshop for teachers	No of participants	20	20
Training for FCHVs	No of FCHVs	36	38
Counselling NRC mothers	No of mothers	162	138
Nutrition training for sub-HP staff	No of participants	4	10
Super flour support for poor children	No of children	12	12
Education support for poor children	No of children	12	12

THE HISTORY OF INF'S NUTRITION WORK

Due to the high number of malnourished children under five years of age, and as a part of an integrated programme, INF Jumla Branch established a nutrition clinic in 2006. Initially INF started with an awareness programme at the community level but gradually the need for a rehabilitation centre was realised because of the high percentage of children under five seen with a high level of malnutrition. Other poor practices of feeding and caring for children were observed. As a result, INF Jumla established the Nutrition Rehabilitation Centre in 2011 with eight beds. To keep up with demand the number of beds later increased to 10.

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 the mothers receive training in how to care for their children and feed them properly. 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.

GEOGRAPHICAL WORKING AREAS

INF nutrition work is mainly focused in Mid-Western Nepal, and primarily in Jumla. INF has been directly working in four VDCs namely Raralihi, Kudari, Malikathata and Mahaboipatarkhola of the Jumla district.

INF Jumla's 10-bed NRC provides clinical management and rehabilitation of severely malnourished children. Based in Jumla's district headquarters, it provides extensive services for the district, as well as to Karnali as a whole.

CONTRIBUTION TO NATIONAL GOALS AND MDGS

The first MDG [eradicate extreme poverty and hunger] includes the target [1c], "Reduce by half the proportion of people who suffer from hunger" as measured by the prevalence of underweight children below five years of age, and the proportion of the population below the minimum level of dietary energy consumption. Half of Nepali children under five are chronically malnourished with stunted growth.

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

The establishment of a Community Nutrition Centre [CNC] in Mahaboipatarkhola VDC was difficult as it was originally planned for the Malikathata VDC. The location was changed as a programme of the Nepal Government's District Public Health Office was implemented in Malikathata VDC.

In the two new VDCs, Malikathata and Mahaboipatarkhola, the health posts and their support committees are completely inactive. Consequently, there are constant difficulties in running the Out Reach Clinic [ORC] clinics and mothers groups. In order to activate them, more input and, in particular, some activities with the HP support committee would be necessary.

Karnali Academy of Health Sciences took over the Karnali Zonal Hospital. Since its management changed, people have to pay for every service the institution provides. As a result of this, poor and marginalised people are suffering and they want to come to INF for free services for their children. In such a context, the services of INF NRC have become even more important.

More information regarding child malnutrition and maternal feeding beliefs and practices is needed to design interventions that are more effective.

Strong and Healthy Babies

Fifteen-month-old Trisana was the firstborn in her family. She lives with her mother and father in the remote Jumla District of Western Nepal, where the influence of traditional healers is strong. Trisana became very sick and she was taken to a healer for treatment but without success, in fact her condition became worse. One of the health volunteers from her village heard about Trisana and suggested she may be malnourished. She knew about the INF Nutrition Rehabilitation Centre [NRC] in Jumla and she immediately referred Trisana.

When Trisana arrived her condition was deteriorating: she was weak, had loose skin, sunken eyes, dry hair, loss of appetite and diarrhoea. She weighed only six kilograms. Once in the NRC she was well treated and given proper food. Her mother was taught how to care for Trisana and how to prepare healthy food. Her mother also was taught other activities like knitting and kitchen gardening. After 23 days in NRC, Trisana's health had improved and her weight had increased to 8.9 kilograms.

"Before treatment, our whole family was sad and worried about her condition, because she is our first child. After treatment, I am very happy to see that my daughter's health has improved," said Trisana's mother.

SUSTAINABILITY

Education of parents to bring about a sustainable change in feeding habits depends on the overall development of the Karnali zone. Local self-help groups formed by the Jumla programme are essential for sustained change in these communities. INF has initiated the community nutrition centre together with local people and local health institutions which will help to promote the sustainability of the work.



Tuberculosis [TB] services

In 2070-71 [2013-14], there were two TB referral centres in the Mid-Western Region run by INF. One was the Nepalgunj TB Referral Centre [NTRC] in Banke and the other was the Jumla TB Centre. Both centres provided new TB diagnosis, and management and treatment of TB patients with complications. After diagnosis, the majority were referred to their nearest health post for treatment.

NTRC had an OPD and a 30-bed in-patient service. This clinic also treated drug resistant TB patients under the government guidelines. INF handed over the TB clinical work of Banke to the National Anti-TB Association from 1 Asar 2071 [15 June 2014]. As such, INF no longer runs TB clinical work in Banke.

INF Jumla Centre is now the only INF centre doing TB clinical work. Jumla Centre also has an OPD and three in-patient beds for TB patients. Apart from diagnosis and complication management, Jumla Clinic treats CAT II patients.

Donors for TB work: NTC/Global Fund [NSA], GLRA, INF Australia, GZB, Saron Church, SIM, individual donations, local operational income.

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ACHIEVEMENTS

Activities	Indicators	Targets	Achievements
TB and leprosy patients are given good advice on where to find appropriate care and support and to access that care [from the OPD section]	90% of clients who present are able to access appropriate care from the centre to which they are referred	90%	90%
Outpatient services for suspect TB cases	No of OPD services	28,016	16,170
HIV counselling provided to Cat 1 patients with risk factors and all Cat II patients	No of patients receiving VCT	200	505
Provide local DOTS service	No of registered patients	80	98
Treatment success rate for DOTS patients	% treatment success	85%	78%
New MDRTB patients registered	No of registered patients	24	56
Patients with complicated TB; TB/HIV co-infection or Multi Drug Resistant TB [MDRTB] admitted	No of admissions	320	420
Treatment success rate for MDRTB patients	% treatment success	70%	77%
Operate a lab for TB patients	No of sputum tests	11,200	14,751

THE HISTORY OF INF'S TUBERCULOSIS WORK

INF has a long history in TB control work in Nepal. There are no exact records as to when INF began to treat TB patients because it was treating TB patients through its Shining Hospital from the beginning. INF started formal TB work in 1971 by beginning a TB project in Kaski. INF gradually expanded its TB work in the Mid-Western Region by starting TB clinics in Dang and Surkhet districts in 1973 and 1986 respectively. In 1986, INF became a regional counterpart in the Nepal Government's TB Programme in the Mid-Western Region and began to provide technical support and training to health workers of all 15 districts. This support continued up to 2005. In 2004-05, there was a major restructuring of INF health work in the Mid-Western Region and INF decided to continue its TB service only from two centres, Banke and Jumla. All other activities [technical support and training] were stopped from 2005 because most of the government treatment centres were capable of doing TB work without INF's support.

INF's Jumla TB Centre was established in 1980, aiming to provide TB services to the people of Karnali Zone and Nepalgunj TB Referral Centre in 1996 focussing the population of Terai districts, Banke and Bardiya which are the districts with the highest prevalence rate of TB in the mid-western region. Currently, INF is doing TB work only in these two centres.

GEOGRAPHICAL WORKING AREAS

Nepalgunj TB Referral Centre [NTRC] covers mainly Banke and Bardiya districts which have a high number of TB cases. The majority of the people coming to NTRC are from these two districts. This centre is also specialises in treating Drug Resistant [DR] cases. Therefore, DR patients from the whole Mid-Western Region come to this centre for treatment and other management. NTRC also runs two hostels [one in Nepalgunj and another in Birendranagar, Surkhet] through Local Partner Organisations [LPOs] for DR TB patients where the patients from various districts of the mid-western region stay and complete their treatment. Impact of INF's work in local people's lives

INF TB Centres in Nepalgunj and Jumla continued to provide diagnosis, complication management and treatment services. The cases in OPD have been decreasing in both centres compared to last year due to many new sputum microscopy centres opening in health posts and health centres. People are also going to these microscopy centres for diagnosis and treatment. This is a very promising sign for sustainability.

INF's major achievements for TB work in 2070-71 [2013-14]:

- 711 cases [696 at NTRC and 15 at Jumla Clinic] were diagnosed as new cases
- There is also provision of charity for general medicines for poor people affected by TB. INF provided charity to 80% of people who attended the clinics in this period
- In regards to awareness raising about TB, INF Jumla Clinic organised awareness raising programmes in which 991 students and 20 teachers attended from different schools
- The staff of both centres participated in the function of World TB Day which was celebrated by district Public Health Offices

Network and coordination meetings with National TB Centre, Regional Health Directorate Office, District Health Offices and other stakeholders were continued in this period as well.

CONTRIBUTION TO NATIONAL GOALS AND MDGS

INF's TB work contributes in MDG 6, "combat HIV/AIDS, malaria and other diseases [TB]", by supporting national and global TB control. Both INF TB centres work as diagnostic and complication management centres and all of the cases diagnosed in these centres are referred to health posts, hospitals or primary health centres for treatment.

CHALLENGES FACED AND LESSONS LEARNED

Even having handed over its 20 years of TB clinical work to the National Anti-Tuberculosis Association of Nepal [NATA], INF continues to face challenges and learn new lessons. Some of the major lessons learnt were:

- There is a close relationship between training and developing our staff and the sustainability of our work. If we develop the skill of our staff, they are able to transition to other organisations. For example, about 75% of the staff working in NTRC were hired by TB Nepal [an NGO]. This NGO is currently running a TB clinic in Nepalgunj in partnership with NATA.
- Without an effective exit plan, we faced difficulty in handing over TB clinical work and it took a long time and a lot of discussion. We should have a good exit plan for all of our projects in advance so that handing over and phasing out can be managed smoothly and efficiently.
- We learnt that a good team of staff is necessary not only for implementing activities but also for phasing out or for handing over a project. With a unified staff, any challenges can be faced and overcome more easily.
- The practice of infection control in INF clinics is very effective and might be an example for other clinics and hospitals.

Prem's Hard Lesson

32-year-old Prem's parents died of Tuberculosis [TB] when he was just a child. He belonged to a poor family and grew up with his uncle and aunty. At around 16 he travelled to India for work where he married a Nepali girl also working in India.

One day, Prem had a fever but was unable to treat it properly with regular medicine. Several days later the fever returned, he saw a doctor who diagnosed him with TB. He started to take anti-TB medicines and his health improved. When he began to feel better he neglected the advice of the doctor and he stopped taking the medicine and started back at work. After a few months, he again fell ill with a continual fever, swollen body, coughing and spitting sputum mixed with blood. He visited the doctor who told him that due to Prem's negligence the TB was not cured and his condition had worsened. On the advice of the doctor, he again started to take anti-TB medicines. Sadly his wife left him while he was struggling with poor health.

Unable to work Prem had no money to survive in India as he had been surviving on his wife's earnings. He returned to his hometown in Kalikot only to discover that his uncle and aunty had died. Other relatives refused to allow him to live in their house; he was alone again. Villagers took pity on him and collected enough money to send him to Bheri Zonal Hospital, Nepalgunj, for treatment.

With the help of INF advocates, he was transferred to the INF TB centre. There he was diagnosed with multi-drug resistant [MDR] TB but it was too late. Despite administering MDR TB medicines there was no improvement. Despite of a lot of effort and good care from INF staff, Prem's passed away. It's hoped that Prem's story will encourage others to take medicine regularly and complete prescriptions.

SUSTAINABILITY

The National TB Centre, an authorised government body, leads the TB work throughout Nepal. As such, issues of sustainability are ameliorated.

The diagnosis and treatment of TB [except MDR treatment] is now available in most government health posts, primary health care centres and hospitals. The TB treatment facility is now integrated into basic health services. The government health system is capable of managing TB work in Nepal. For the last 10 years, TB control in Nepal has largely been funded by the Global Fund to fight AIDS, TB and malaria [GFTAM]. Accordingly, the TB work has become sustainable in Nepal.

INF handed over its TB clinical work of Banke to TB Nepal, an NGO, in June 2014. TB Nepal will be running a TB clinic in Banke in partnership with NATA. NATA is now authorised by the National TB Centre to run TB clinical work throughout Nepal and is financed by GFTAM.



Leprosy Services

INF works closely with the Nepal Government to support leprosy elimination through its three clinics in Surkhet, Jumla, Nepalgunj and its hospital in Pokhara.

Green Pastures Hospital and Rehabilitation Centre [GPHRC] has 73 beds of which 48 are allocated for leprosy patients. GPHRC's services include medical, surgical, nursing, physiotherapy, occupational therapy, prosthetics, orthotics, counselling, wheelchair and self-care training for leprosy affected and disabled people. The Hospital utilises an effective charity system through which poor people who are affected by leprosy and disabilities can obtain medical services and treatment free of charge. GPHRC is the major referral centre for leprosy affected people with complex medical complications from the INF leprosy clinics in the Mid-Western Region.

The Leprosy and Disability Referral Centre [LDRC] in Surkhet serves both people affected by leprosy and those with general disabilities. The main leprosy service provided by LDRC is leprosy complication management and treatment through its OPD and 30-bed inpatient facilities. This is the main referral centre for leprosy in the Mid-Western Region. Other centres like Nepalgunj and Jumla refer patients to this centre for management of leprosy complications. This centre provides 24-hour nursing care together with other services such as the distribution of appropriate footwear and self-care training to people affected by leprosy with anaesthetic hands and feet.

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Nepalgunj TB Referral Centre runs an OPD and has allocated five beds for leprosy affected people. The leprosy service of NTRC treats people affected by leprosy in Banke and Badiya Districts, which are the districts with the highest prevalence of leprosy in the Mid-Western Region. Due to its proximity to India, a lot of Indian people also come to NTRC for leprosy diagnosis and other leprosy complications management. This clinic works as a transit clinic and the people who need further care and long admissions are referred to the LDRC in Surkhet.

INF Jumla Clinic has eight beds for affected by leprosy and it serves as a leprosy referral centre for the Karnali zone. This clinic receives referrals from the government treatment centres of Karnali Zone.

Donors for leprosy work: GLRA, SMM, Fairmed, BMS, GZB, InterAct Asia, INF Australia, INF New Zealand, INF North America, INF UK, MBW Germany, SASAKAWA, TLM, St Francis Leprosy Guild, SIM, PCC, individual donations, local operational income.

ACHIEVEMENTS

Activities	Indicators	Targets	Achievements
New case detection	No of new cases diagnosed	140	405
Self-care training given to patients	No of patients attending GPHRC and Surkhet	228	227
Provision of leprosy footwear and assistive devices	No of patients attending GPHRC and Surkhet	1,200	1,611
Training medical professionals in leprosy	No of professionals trained	240	647

THE HISTORY OF INF'S LEPROSY WORK

Leprosy work began in INF right from the beginning of the Shining Hospital in Pokhara. Later, in 1957, INF purchased some land in the Naya Gaon area of Pokhara and the first temporary buildings for five patients were constructed. This land was later developed as Green Pastures Leprosy Hospital. After the completion of the work on the Green Pastures hospital buildings, a total of 96 beds were available for treating people affected by leprosy. INF started its first leprosy treatment centre in the Mid-Western Region at Ghorahi, Dang in 1973. Surkhet and Jumla leprosy clinics were started in 1976 and the Nepalgunj clinic in 1996.

INF worked as the government counterpart in leprosy control from 1975 to 2005. The working area of INF was the Western and Mid-Western Development Regions, in close cooperation with the Leprosy Control Division.

INF now works to support the Leprosy Control Division in the management and treatment of leprosy complications, for which the government hospitals are not yet ready. GPHRC [Pokhara], LDRC [Surkhet] and Jumla Leprosy Referral Clinic are continuing this work.

GEOGRAPHICAL WORKING AREAS

The coverage of INF's leprosy centres is according to the location of the centre. GPHRC, in Pokhara, provides services to the people in the whole Western Region. The Leprosy Referral Clinic in Surkhet covers the Mid-Western Region, Jumla Leprosy Centre targets the Karnali Zone and Nepalgunj Leprosy Centre serves the people of the Terai districts, Banke and Bardiya, which have the highest prevalence rate of leprosy in the Mid-Western Region.

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

In recent years, INF's main focus has been 'care after cure' for leprosy affected people. At an individual level, providing effective treatment for leprosy reactions and ulcers reduces the risk of developing permanent impairments and disabilities. In addition, INF provides self-care training to empower leprosy affected people to manage their condition and avoid developing new impairments. Leprosy affected people are also provided with mobility aids such as shoes, crutches, artificial limbs and wheelchairs as needed.

In this period:

- INF Leprosy Centres examined and treated 6,145 clients
- 405 new cases [122 in GPHRC, 237 in NTRC, 36 in LDRC, 10 in Jumla Clinic] were detected and referred to government treatment centres for treatment
- the total number of admissions of leprosy affected people as in-patients was 1,192 [723 in Pokhara, 185 in Banke, 233 in Surkhet and 51 in Jumla]
- self-care training was given to 227 people affected by leprosy [121 at GPHRC and 106 in LDRC]

Considering the findings of the year, the flow of people affected by leprosy in all centres is significant. This is due to different awareness raising activities. Most people are now aware of leprosy and its signs and symptoms. Although new leprosy diagnoses are high, most of them are in an early stage. Another positive development in leprosy treatment is the reduction in grade 2 disabilities. Now very few people come to the clinics with severe deformity.

The stigma associated with leprosy has decreased to some extent in urban areas but still prevails in remote areas. School health education programmes might be

an effective technique for raising awareness among village students who can in turn reach semi-literate or illiterate people.

CONTRIBUTION TO NATIONAL GOALS AND MDGS

INF contributes to the Leprosy Control Division of Nepal to address the following areas [in particular the Enhanced Global Strategy for Further Reducing the Disease Burden due to Leprosy by 2015]:

- improving the quality of clinical services for diagnosis and for the management of acute and chronic complications, including prevention of disabilities/impairments, and enhancing the provision of rehabilitation services through a well-organised referral system
- supporting all initiatives to promote Community-Based Rehabilitation [CBR] with special attention given to activities aimed at reducing stigma and discrimination against persons affected by leprosy and their families
- developing sustainable training strategies at the global and national levels to ensure availability of leprosy expertise in all endemic countries

INF's leprosy work is in line with the national leprosy plan and policy. It supports the government in reducing the prevalence of leprosy and disability caused by leprosy. INF submits leprosy work achievement reports regularly to district, regional and national government offices. INF also provides support to the government from time to time in leprosy case validation and active case finding in districts with high leprosy prevalence.

CHALLENGES FACED AND LESSONS LEARNED

INF has nearly 60 years' experience in running hospitals in Nepal. Like other INGOs we have focused on the neglected groups, specifically people affected by leprosy and more recently people affected by other disabilities. For a long time, leprosy services at our clinics were well funded from overseas donors, but as their priorities changed, funding for hospital work has decreased. What funding is available is project based, that is, it is directed to a specific issue among patients and is time limited, with little or no funding for staff.

On the other hand, the care after cure is a main service which is still required for people affected by leprosy. There are many people affected by leprosy who are suffering from deformity of hands and feet and need continuous care and treatment. Most of these people are very poor and cannot afford the treatment costs of other hospitals. Furthermore, due to the stigma against leprosy, they do not want to go to other hospitals where they may not get good care and treatment.

Like other mission hospitals we have served poor people who are unable to pay for their services. In our agreement with the Government of Nepal we do not charge people affected by leprosy for their in-patient treatment. Due to a funding crisis, INF is facing difficulties to continue the hospital work. We need to discuss this with the government as there is a need to charge for some services in order to sustain the work of the hospitals.

The formation of leprosy self-help groups at the clinic or the community level is a helpful strategy not only for prevention of impairment and disability through proper counselling and facilitation but also for better integration and reducing stigma.

Man Bahadur's Story

My name is Man Bahadur Bista. I am 37 years-old and have a beautiful wife and children. I have been supporting my family by working our fields but it is never enough so I also work as a labourer during the dry season.

Nine months ago, my hands and legs began to feel numb. I thought it must be because of working hard so I went to a nearby pharmacy for treatment. I took their medicines, which gave some temporary relief. My legs and hands were soon burning again and I started to lose sensation in my right hand. Small blisters on my face and below my knees started to appear. Terrified, I went to a hospital but none of the prescribed medicines worked. I travelled to a hospital in India and then back to one in Kathmandu, Nepal but there too they could not help. I had spent lots of money and time and I was desperate, tired and frustrated. Eventually I heard about INF Surkhet where my symptoms were finally diagnosed as leprosy.

It was not easy for me to accept that I had leprosy. I was worried my family and community would shun me and I would be alone. I was sad and depressed but also somehow relieved that finally I could get the right treatment. I received counselling which helped me to accept my situation; I had leprosy, which can be cured with proper treatment and care. I also saw other patients who had the same disease and talked with them and gradually my fears reduced.

INF Surkhet not only treated me but also provided nutritious food, a comfortable bed, protective slippers and other services which helped my recovery. My wounds are almost healed. I am very grateful to all health care providers for their constant care and support.

SUSTAINABILITY

With the combined effort of the government, INF and other organisations, more people are now aware of leprosy. The social stigma associated with leprosy has reduced to some extent. More people are visiting INF clinics even from the remote villages of the districts, including Jumla, for leprosy services. However, the sustainability of the leprosy work is always questionable. As long as funding is available, INF will continue the complication management and new case diagnosis work. Ensuring our work is 'sustainable' is a complex issue that will require input from government and major donors.





Health Services Support [HSS]

INF's Health Services Support aims to strengthen government health services by developing their capacity. In this, INF closely works with the government regional, zonal and district hospitals as an important part of the development of sustainable health services. INF provides expert technical assistance like physiotherapy, gynaecological and obstetric fistula treatment and funds the costs for treatment of poor patients and patient advocacy work.

Currently INF is working in three areas:

- ➔ patient advocacy – working in close coordination with Bheri Zonal Hospital [Nepalgunj], MWR Regional Hospital [Surkhet] and Western Regional Hospital [Pokhara] in patient advocacy. There are one to two patient advocates in each centre who guide patients to the proper department of the hospital and assist the hospital in assessing poor patients for free services.
- ➔ gynaecological and obstetric fistula treatment - an expat volunteer, who is a gynaecologist, is supporting MWR Hospital [Surkhet] to treat gynaecological conditions, including obstetric fistula cases. She is also transferring her skills to the doctors of this hospital and other district hospitals of MWR
- ➔ poor fund provision – INF has its poor fund provision in almost all government hospitals where INF is directly working. The INF's poor fund is used only when the government free service is not sufficient

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Fistula awareness raising programme was planned to finish up in the third quarter of the year. It was delayed due to the national election and unfavourable weather to fly Dolpa and Mugu. Therefore training in three districts Mugu, Humla and Bajhang was completed in the fourth quarter of the year.

This year the security situation was better than previous years. The daily activities of hospital were not disrupted during 'bandh' [strikes] called by small political groups. Our advocates continued their duty even in the period of bandh. There was no fear inside the hospital because people who lead bandh do not target hospitals and other emergency services.

Donors for HSS work: American Fistula Foundation, Nepal Government/CEOC, GZB, BMS, INF Australia, INF UK, The Gay and Keith Talbot Trust, individual donations, local operational income.

ACHIEVEMENTS

Activities	Indicators	Targets	Achievements
Provide gynae and obstetric consultation and surgical treatment to women in MWR hospitals	No of hospitals visited, outside Surkhet	4	4
Provide HIV-related counselling eg pre/post-test and supportive counselling, ART adherence and PMTCT counselling, etc to the patients attending Western Regional hospital [WRH]	Number of clients receiving counselling services from WRH SCU	624	1,232
Assist WRH in the implementation of ART, PMTCT and CD4 count services	Number of WRH events supported	24	220
Provide social care to destitute people seeking treatment in Western Regional hospital [WRH]	Number of clients receiving Social care from WRH SCU	192	141
Administer poor fund to poor and destitute patients attending WRH	Number of patients receiving poor fund	6,000	13,954
Organise regular coordination meetings at least once in a quarter with WRH staff doctors/nurses to discuss issue related to HIV/AIDS, poor fund, Social Care	Number of meetings organised	4	4

THE HISTORY OF INF'S HEALTH SUPPORT SERVICES

INF's involvement in the support of government hospitals started in 1976 by providing support for the construction of a new building for the Gandaki Zonal Hospital [now Western Regional Hospital] in Pokhara. This building helped Gandaki Zonal Hospital to upgrade its capacity to 150 beds and to establish a laboratory service. INF has been providing hospital support services in other district, zonal and regional hospitals since 1992 including Bheri Zonal Hospital in Nepalgunj, Mid-Western Regional Hospital [MWRH] in Surkhet and Karnali Zonal Hospital in Jumla. The support for Bheri Zonal Hospital and MWRH has been continued whereas the support for Karnali Zonal Hospital has been stopped after the responsibility of the hospital was taken over by Karnali Academy of Health and Sciences [KAHS] in 2013.

GEOGRAPHICAL WORKING AREAS

Health Support Services of INF is currently in three places: Pokhara, Surkhet and Nepalgunj. INF's support for Karnali Zonal Hospital has been stopped since last Asar [June] because the management of this hospital has been taken over by the Karnali Academy of Health and Science [KAHS] from this year. The KAHS does not need any special support from INF because they are running all services on their own.

INF is providing its technical and financial support to the hospitals in these places mainly through patient advocates and poor fund provision.

1. Mid-Western Regional Hospital, Surkhet:

INF has been working with MWRH in Surkhet since 2003 by developing gynaecological and other services including obstetric fistula treatment. INF is providing SBA [skilled birth attendant] training to government doctors of other hospitals in the Mid-Western Region where caesarean sections are newly established. MWRH covers mainly Surkhet, Dailekh, Jajarkot and Kalikot districts of the Mid-Western Region. The HSS team also visits other areas to run training on fistula awareness for government health workers.

2. Western Region Hospital [WRH], Pokhara:

INF and WRH jointly run the Social Care Unit [SCU]. The SCU cares and provides financial support for poor people who come to seek hospital services. INF has its own Poor Fund for people who are unable to get free service from the hospital due to lack of funds or not meeting the criteria. In addition, INF's staff who are deputed to work in SCU, also support the hospital in running an HIV/AIDS programme which provides CD4 count services and counselling and supporting the anti-retroviral [ARV] treatment distribution. The people from all districts of the Western Region come to the WRH for medical services.

3. Bheri Zonal Hospital [BZH], Nepalgunj:

BZH is one of the most well equipped government hospitals in the Mid-Western Region, and people from most of the districts of this region come for treatment. INF works with BZH in order to build capacity of the hospital to develop and sustain particular areas of service for the good of the population of the area. Currently, INF works in two areas in BZH:

- supporting patient advocacy services through a local partner organisation for helping poor patients to reach the appropriate departments of the hospital and improve access to the government free service and medicines
- provide support from INF poor fund if the free government treatment is not sufficient.

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

Mid-Western Regional Hospital Support

With the support of INF, the doctors of Mid-Western Regional Hospital [MWRH] performed gynaecological examinations and treated 382 outpatients and performed or assisted 32 obstetric or gynaecological operations at the hospital.

INF organised an obstetric fistula surgical camp in MWRH during the period 17 February to 11 March 2014. 69 fistula patients and seven diversion case follow up patients were seen in the OPD. Out of them, 46 patients had fistula surgery, either fistula repair or related procedures. One patient had prolapse surgery, one patient who came for follow up after diversion had laparoscopic cholecystectomy. Another follow up fistula patient had surgery for incisional hernia. 15 patients had urinary incontinence due to issues other than fistula and were managed accordingly.

Fistula awareness programme was conducted in eight districts, Gorkha, Lamjung, Dolpa, Dailekh, Bardiya, Mugu, Humla and Bajhang and provided fistula training to 339 government health staff, mainly Auxiliary Nurse Midwives from health posts, sub-health posts and primary health centres. Fistula training was provided to 12 SBA trainees in the Mid-Western Regional Hospital. INF also provided fistula training to 181 community members.

INF patient advocates provided support and help to patients visiting MWRH. 18,725 people benefited from this service. HSS also supported MWRH in

the management of the hospital poor fund. 5,111 assessments were made and the patients were able to receive free services. INF supported 36 patients for treatment which was not available from the MWRH poor fund. 14 patients were supported for their travel costs and treatment in Kathmandu and Chitwan.

An INF expatriate volunteer pharmacist supported the MWRH pharmacy work. She dispensed medicine to 371 patients and entered data for 4,353 patients in the computer. An INF Rehabilitation Assistant supported MWRH for physiotherapy exercise and counselling services. 272 patients benefited from this service.

Western Regional Hospital Support

The staff of SCU supported 1,232 people for VCT and other counselling and assisted 220 people for ART, CD4 count and PMCT. 13,954 poor people received support for treatment and medical tests.

Bheri Zonal Hospital Support

In 2070-71 [2013-14], INF assisted 195 people from the INF poor fund by paying for medicine and medical investigation cost. Patient advocates supported 3,104 people to find appropriate departments, 1,563 people by speaking on their behalf with doctors, nurses, hospital administrators etc. 1,678 people received free food and treatment from the hospital after help from patient advocates. Patient advocates also counselled 5,663 patients for taking treatment appropriately and regularly. 222 poor patients were supported for daily food, clothes and travel costs for travelling to other hospitals.

CONTRIBUTION TO NATIONAL GOALS AND MDGS

INF's support for treatment and management of gynaecological problems and fistula problem at the Mid-Western Regional Hospital directly contributes to the Millennium Development Goal 5 – "Improve maternal health". Other health support service programmes of INF also contribute in this MDG indirectly.

Caring for Mother and Child

In March 2014, Nepal police brought an unconscious 25-year-old woman named Nisha to Bheri Zonal Hospital along with her six-year-old daughter.

When our patient advocates [Bisnu and Mina] met Nisha's daughter, she explained what had happened to her mother. Her father had been working in a foreign country and had given her mother HIV. When her grandfather and uncle discovered that her mother was infected by HIV, they immediately kicked out Nisha and her daughter out of their home. Nisha and her daughter took shelter in the local public school and began begging to survive. A few days after admission, Nisha regained consciousness. She also explained that they had been thrown out of the family home because of the stigma associated with AIDS. The pair travelled to Nepalgunj and began to stay around the Bageshwory temple where they could collect money from devotees.

While Nisha was in hospital patient advocates, Bishnu and Mina, helped her by feeding, changing her clothes, providing medicine from INF's poor fund. In addition, they also ensured that she was taking medicine regularly. After a few days, Nisha was fully conscious but her health began to deteriorate. Nisha had developed other diseases and had a wound on her back. Despite medical treatment and nursing care, her condition deteriorated and finally she died in April of 2014. After her death, Bishnu and Mina wanted to find Nisha's daughter a suitable orphanage. Eventually one of the nurses took her home with the hope of adopting her as her own daughter.

SUSTAINABILITY

In order to address the fistula problem in the long run, INF is planning to establish a fistula treatment centre in MWRH for regular and effective treatment of fistula patients. When the hospital is able to run this centre, it will be handed over to the hospital.

The BZH Physiotherapy Department is now staffed by hospital employees [previously it was INF staff or expatriate volunteers] so it continues without financial support. The treatment quality, attitude and compassion values learnt by the staff will continue.

The government has already established a social care unit in Western Regional Hospital. However, INF still covers 50% of the salary of the staff who work in this unit. The government pays the remaining half of their salary.



NISHA'S DAUGHTER TAKING TEA IN HOSPITAL BED



General Disability including Spinal Cord Injury [SCI]

INF provides rehabilitation services in two places, Green Pastures Hospital and Rehabilitation Centre [GPHRC] in Pokhara and Surkhet Rehabilitation Centre in the INF Surkhet Programme. Both centres have qualified physiotherapists and occupational therapists and run out-patient as well as in-patient services. Other centres of INF, especially Banke and Dang, provide wheelchairs to people with general disabilities, including SCI.

Green Pastures Hospital and Rehabilitation Centre [GPHRC]

GPHRC has a physiotherapy department which is the OPD for the examination of people with general disabilities including SCI. The Hospital reserves eight beds for the management and treatment of SCI patients.

GPHRC has made significant improvements to its facilities in this reporting period. The old out-patients department has been remodelled to provide a large meeting room and wheelchair accessible bathroom and offices for the Hospital's social services department. In addition, the design work for a new 12-bed spinal cord injury ward, funded by the Finnish Government through the Finnish Christian Medical Society was finalised. The construction is under process. The remodelling of the Physiotherapy and Occupational Therapy rooms will also improve patient services.

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Surkhet Rehabilitation Centre [SRC]

The SRC has OPD and in-patient services with nine beds and one pre-discharge client bed for activities of daily living [ADL] training. The OPD is for people with a range of disabilities. In-patients receive intensive therapy [physio and occupational therapy] to help them gain maximum possible independence. We also provide mobility aids according to need, for example, wheelchairs, walkers, crutches, walking sticks, mattresses, toilet chairs and stools.

Donors for general disability/rehabilitation work: USAID, BSF, ECHO, FCMS, GZB, ICRC, INF UK, InterAct Asia, Everest Marathon, individual donors, local operational income.

ACHIEVEMENTS

Activities	Indicators	Targets	Achievements
Admissions	No of new patients admitted for rehabilitation	64	93
To provide orthopaedic appliances to patients as needed	General footwear [no of pairs]	52	44
	Orthopaedic bracing [no of braces]	28	16
	No of orthoses	24	96
To provide physiotherapy services to patients as needed	Clinical and Functional Measurement Assessments [no of sessions]	480	2,409
	COVS [no of sessions]	316	301
	If incomplete no of patients requiring mobility aids	52	231
To provide Occupational Therapy to patients as needed	No of assessments	64	332
	No of assistive devices	52	492
	No of treatment sessions	1,300	3,911
To provide counselling	No of peer counselling sessions	92	1,091
	General counselling for SCI patients [no of sessions]	444	206
	Counselling for patient carers [no of sessions]	392	215
To provide all patients and their carers with health education	No of sessions	496	680

THE HISTORY OF INF'S GENERAL DISABILITY WORK

Rehabilitation services started in GPHRC in 1997 utilising skills and experience acquired in the rehabilitation of people affected by leprosy in the preceding 50 years. GPHRC has set aside 40% of its beds [25 beds] for general rehabilitation, including SCI patients. In Surkhet, an eight-bed rehabilitation unit within the INF Leprosy Referral Centre was established in 2002 for SCI and other neurological rehabilitation [eg strokes, cerebral palsy]. INF centres in Jumla, Banke, and Dang as well as other NGOs refer patients to GPHRC and Surkhet for rehabilitation.

their family, patients become able to take care of themselves so that their family members can go outside for work. Their participation and involvement in family and community also has been improved.

Green Pastures Hospital and Rehabilitation Centre

We are collecting data to assess the quality of our rehabilitation services for people with spinal cord injury [SCI measure, SCIM] and assessing which measures will be appropriate for amputees and children affected by cerebral palsy.

GEOGRAPHICAL WORKING AREAS

There is no specific geographical area for this work. Patients from all districts of Western, Mid-Western and Far Western Regions come to INF's GPHRC and SRC for treatment and rehabilitation. There is provision of a 'poor fund' and charity for poor patients in both centres.

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

Patients have benefitted and have been empowered to do their daily activities themselves at home. Now, they do not have to be totally dependent upon their family for ADL. With minimum support from

In 2070-71 [2013-14], GPHRC admitted a total of 64 SCI patients, provided medical and other therapies and conducted seven primary closure surgeries. The hospital distributed appropriate footwear to 111 people with disability, orthopaedic bracing to 287 SCI patients, and wheelchairs to 158 people. The physiotherapy department of the GPHRC conducted 2,409 sessions of clinical and functional measurement assessment. The staff of the occupational therapy department did 332 sessions of OT and provided assistive devices to 492 SCI and other disabled people. In this period, GPHRC staff carried out 165 sessions of counselling for SCI patients and 629 sessions of health education to SCI and their careers.

Surkhet Rehabilitation Centre [SRC]

A total of 427 patients [81 inpatients and 346 outpatients] benefited from SRC's services during the reporting period. Each one of them received physiotherapy and occupational therapy according to their need. In addition to this, 195 patients received mobility devices and 61 patients received assistive devices. 107 patients received self-care training where they learned various aspects of protecting themselves while cooking, working in fields and other activities. Furthermore, 545 pairs of shoes were distributed among patients.

CONTRIBUTION TO NATIONAL GOALS AND MDGS

There are no national goals or MDGs which directly link with this type of rehabilitation. However since Nepal has ratified the UN Convention on the Rights of Persons with Disabilities it is now obliged to "undertake to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability" [article 4]. INF is contributing to fulfil this UN Convention by treating and providing rehabilitation services through GPHRC and SRC directly and through other centres indirectly.

CHALLENGES FACED AND LESSONS LEARNED

Recent developments in rehabilitation work in INF show us that there are many people with disabilities who have no access to rehabilitation and who, with appropriate therapy and mobility devices, can regain their independence, earn a livelihood, and participate in their communities. INF leads the way in rehabilitation in Nepal and should be engaging more government and non-governmental organisations in meeting this enormous unmet need.

INF's decision in the mid-1990s to diversify from leprosy and begin rehabilitation work in GPHRC was, in retrospect, both timely and prescient. However, we have not been able to find major donors with a focus on physical rehabilitation and wheelchairs. The USAID/World Learning project [2010-13] finished well within budget and gives us a good reputation for future funding. However, major donors are not providing many calls for proposals.

It will be very difficult to sustain the work and its beneficiaries if there is no external support. We will be unable to treat patients who are in need. If INF withdraws from this work, hundreds of patients and thousands of indirect beneficiaries will be deprived of treatment and support that might change and simplify their lifestyle.

Learning to Walk Again

22-year-old Narayan had a good job working in a non-governmental organisation. He was leading a happy and contented life and then one day he found a white discharge from his nose. It continued for seven days before his family took him to hospital.

It took two and half days on foot and bus to reach the hospital where he was given medicine but it didn't resolve his symptoms. One day he suddenly fell unconscious. His family decided to take him on the long journey to Kathmandu, almost 98 hours away, to a neurological hospital. There he was diagnosed with meningitis. After a month he finally regained consciousness but his family had run out of money to pay the hospital bills forcing them to return to Surkhet. Nearly five months later a relative told him about INF.

With little hope of improvement, Narendra came to INF Surkhet Programme's General Rehabilitation Unit [GRU]. At the time he had no movement in his legs, his upper body was very weak and he had pressure sores. He was completely dependent on his father for everything. For two months, twice a day, he received therapy and medication. Now he is able to sit on the edge of his bed unsupported, lift two kilogram weights with his arms, transfer himself to his wheelchair and propel himself. He began to move his legs in a controlled way and eventually was able to stand up with a walker and, recently, much to his great pleasure, he started to walk with a walker.

He is thankful to INF's Surkhet family, especially those in GRU as they have not only treated him, but also gave him hope to regain and live a more independent life.

SUSTAINABILITY

It is challenging to make this work sustainable due to the need of proper skills for care and long admission times, and that other hospitals are not very willing to provide this service. Similarly, the treatment of SCI patients is expensive and the prognosis is not very encouraging. Family support is very important to the rehabilitation process after treatment. Therefore, all stakeholders including the government need to think seriously about how the service could be made sustainable.



Specialist Medical/ Surgical Camps

INF's health camps have been providing specialised surgery to the people of remote areas where no such services are available. INF runs specialised medical camps, such as gynaecology, general surgical, ear, plastics and dental camps. A group of specialist volunteer doctors from overseas countries come to Nepal at on their own cost and run the camps in remote areas supported by the 'Camps team' and other Nepali staff. This camps programme not only provides services to the poor and marginalised people of remote places but also provides an opportunity for the doctors attending the camps to transfer their skills to Nepali doctors where possible.

Donors for Medical/Surgical Camps work: INF UK, INF Australia, INF New Zealand, Shanti Charitable Trust, Sauter Charitable Trust, MBW Germany, individual donations.

ACHIEVEMENTS

Activities	Indicators	Targets	Achievements
Ear surgery	2 camps a year	2,130 [examined] 240 [operations]	2,632 [examined] 360 [operations]
Gynaecology surgery	2 camps a year	2,000 [examined] 230 [operations]	757 [examined] 28 [operations]
General surgery	1 camp a year	2,000 [examined] 240 [operations]	1,060 [examined] 122 [operations]
Obstetric fistula surgery	1 camp a year	30 [examined] 25 [operations]	69 [examined] 47 [operations]

THE HISTORY OF INF'S HEALTH CAMPS

INF 'Camps' programme was developed out of work done in the Western Regional Hospital by Dr Mike Smith and Sr Ellen Findlay. They felt the need to reach the people in the more remote areas of Nepal who had no access to any specialised hospital. Brief research was carried out and it was found that more people came to the hospital from areas where people could easily travel by bus but very few people came to the hospital from the hills and mountains where there was no access to motor roads.

In order to resolve this problem, INF started the Medical Camps Programme in 1993 with a group of five people going to Beni for an Ear Camp. At that time, the Beni road was not opened so the equipment was carried by porters from the road head to the place where the camp was organised. Since then, the Camps Programme has developed and now includes gynaecological, general surgical, plastics, dental as well as ear camps with an average team of 26 people at a time. Now, INF Camps Programme runs on average four camps every year.

GEOGRAPHICAL WORKING AREAS

The health camps are organised in various places of the Western, Mid-Western and Far-Western Regions. The camps are planned for remote districts and are run in close coordination with local district hospitals and district Health Offices.

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

In 2070-71 [2013-14], the Camps Programme ran four medical camps – two ear, one gynaecology and one general surgical. Among these four camps, three were organised in Pyuthan, and one ear camp was held in Pokhara. A total of 4,449 people received services from these camps and 510 minor and major surgeries were done.

Although the main purpose of the Camps Programme is “to identify and provide specialist treatment to people in under-served areas”, one ear camp was organised in the GPHRC complex. This camp was organised in Pokhara because medical service for ear problems is not available in this region and it was necessary to estimate the caseload and severity of ear problems, which might need to be addressed from the future INF Ear Hospital.

CONTRIBUTION TO NATIONAL GOALS AND MDGS

INF contributes the MDG Goal 5 “improving maternal health” through gynaecological and fistula camps. These camps directly help women to improve their maternal health.

CHALLENGES FACED AND LESSONS LEARNED

The experience of running our first ear camp in Pokhara, which is a relatively easy place in terms of transportation and other facilities, has been very encouraging. Most of the people who attended the camp were from the villages of Kaski and we found that ear disease and other related problems is still a serious problem in the villages. This camp has indicated to us a need to work harder for completing the Ear Hospital.

Another challenge for the Camps Programme is the Visa status of expatriates working in Nepal on a tourist visa. Most of the experts who come to Nepal for INF camps are doctors working in other countries. They come to Nepal to serve in disadvantaged and remote areas using their own leave and spending their own money for travel. INF would not be able to run these camps without their involvement.

Sounds good to Subash

SUSTAINABILITY

INF is always concerned about the sustainability of its projects. The service of INF health camps has been considered to be sustainable in following ways:

- ➔ INF has trained a lot of doctors and paramedical workers through INF health camps in different specialisations who are responsible to continue to provide such services in their hospitals, primary health centres and health posts
- ➔ INF has already started to build an ear hospital in Pokhara which will work as the main referral centre for the people with ear problems for the whole of Nepal.

Nineteen-year-old Subhas Bikram Rana is an orphan. He is from Miruwa near Pokhara. He left school while he was studying in Grade 9 and currently has no work as he cannot hear and has a physical impairment. He has a congenital deformity where his ear canal is incomplete and the external ear is deformed. He had enquired about an operation in China but it was both too expensive and he had heard that the infection rate is very high. An INF staff member told him about the INF Camps. Ideally, he would like to have cosmetic surgery as no one will employ him in his current state and his job prospects would be dramatically better if he could hear well.

Subhas underwent a complex operation at a recent INF Ear Camp and should recover completely in the next six months. He was also given a hearing aid. Hopefully his treatment will ensure he is able to find employment. He will get regular follow up treatment by the team in Pokhara and at the next Ear Camp. He usually works as a labourer but needs to rest for the three months following surgery. The Camps programme will cover the cost of his food for those three months of recovery.



Following changes in the constitution of INF International, INF's Partnership Programme and Diaspora Initiative were brought into a single management structure under the direction of the Nepal Country Director. This work is characterised by providing technical advice and support to partner organisations. This is reflected in the new name, "Partnership Sanjaal" ['sanjaal' means network]

INF Partnership Programme [IPP]

HOSPITAL MANAGEMENT TRAINING

The Partnership Programme Manager worked with the Nick Simons Institute [NSI] and the National Health Training Centre [NHTC] to deliver a pilot training programme for managers of four district hospitals. The programme was delivered in the districts themselves with a final workshop held at the Nick Simons Centre in December 2013. Participating hospitals were Jiri and Ramechhap in the Central Region and Pyuthan and Bardiya in the Mid-Western Region. Key learning from the pilot was that the team approach was effective but that there should be more involvement of members of the Hospital Development Committees and that service standards for district hospitals need to be made explicit so that progress towards the achievement of these standards can be easily measured. The results of the pilot were disseminated within the Ministry of Health and Population in April 2014 and a revised approach, called Hospital Management Strengthening Program [HMSP] was proposed. NSI and Ministry of Health signed a Memorandum of Understanding concerning HMSP in June 2014. NSI has requested ongoing technical advice from INF.

SUPPORT TO MISSION HOSPITALS

A Steering Committee for Nepal Christian Hospitals Association [NCHA], an informal network of the mission hospitals, met three times during the year. Despite addressing issues of mutual concern, limited progress was made due to the lack of dedicated human resource to take these issues forward.

The Partnership Programme Manager conducted a review of services at GPHRC, the recommendations of which have informed INF Nepal's planning priorities.

INF provided advice on pharmacy services to different mission hospitals. A member of staff was based in the pharmacy at United Mission Hospital

Tansen. She developed a 'Good Dispensing Practice' course and delivered it to two of the staff working in the pharmacy. Ward pharmacy service was launched in some wards and Standard Operating Procedures for dispensing were printed. A follow up visit was made to Lalgadh Leprosy Services Centre to see how the staff had progressed with recommendations for improvement. A new dispensing bench had been installed and separate windows for giving prescriptions and receiving medicines are now being used. A review of pharmacy services within INF Nepal's clinical services was conducted, following the completion of a project funded by an international donor. The pharmacist also gave lectures at the Tansen Nursing School on pharmacology to first year students. A total of 40 nursing students were taught pharmacology during the year.

A specialist in IT joined the Partnership Programme in February 2014. He is also based at United Mission Hospital, Tansen, to advise and support the hospital in its effective use of IT. He also visited INF Nepal's clinics in Nepalgunj and Surkhet, HRDC's Chaurjahari Hospital [Rukum] and The Leprosy Mission's Anandaban Hospital. As a greater understanding of the IT requirements and staff training needs is uncovered, different strategies will be developed. Ensuring that all mission hospitals generate and use good data is a key output for this post, including reporting to the Government of Nepal's Health Management Information System [HMIS].

COMMUNITY BASED ORGANISATIONS SUPPORT

Community Based Organisations [CBOs] were supported by two members. An NGO Consultant continued the translation and editing of training materials in Integrated Leadership Development. Training was given to staff of United Mission to Nepal [UMN]. A new relationship with SAHODAR, an NGO based in Lamjung, was started. The consultant assisted with planning, budgeting and donor relations as well as acting as an advisor to the Board.

A CBO Advisor was seconded as an advisor to two church based organisations involved in health, development and integral mission work in Western and Mid-Western Nepal. Some highlights included development of new monitoring and reporting forms and increased capability of staff in planning and reporting, setting up on-line presence for the partner

organisations and improvements in female drug rehabilitation treatment and care. One of the partners faces a significant challenge as some funded projects come to an end in 2014-15, so the advisor helped with plans to manage this situation. Three CBOs were supported during the year.

PASTORAL CARE AND COUNSELLING

INF continued support to Elijah Counselling and Training Centre [ECTC] by seconding a Pastoral Care Advisor. This Nepali partner organisation has a mission "to strengthen high quality pastoral care and counselling in Nepal's hospitals, churches and their surrounding communities". In January a Counselling Advisor from INF joined the team at ECTC.

The first batch of the Diploma in Pastoral Care Ministries, delivered in partnership with the Christian Medical Association of India and Tansen Mission Hospital, was completed with six people graduating. Short courses were given to people from different churches, colleges and schools. There was a significant increase in the number of individuals seeking counselling from one of the counsellors in the team. This included marriage and family counselling. ECTC received referrals from two NGOs working with people who have been abused and those caring for people with severe mental health problems. ECTC is a member of Nepal Mental Health Network, which brings together a number of groups that are working in mental health. The Counselling Advisor seconded from INF attends the working group as an advisor.

ACHIEVEMENTS

Activities	Achievements
Diploma in Pastoral Healing Ministry	6 participants
Counselling training lay persons	134 participants
Individual counselling sessions	141 sessions
Supervision and Mentoring	71 sessions

INF Diaspora Initiatives

There are two projects fully functioning under INF Diaspora Initiatives. These projects aim to give holistic assistance to some of the many Nepalis living in and travelling to and from the diaspora, especially migrant labourers working in Asia [including India]. The initiatives have continued to develop throughout the year.

Migrant Link Initiative [MLI]

In Nepal, The Migrant Link Initiative continues to partner with the Nepalese Migrant Unity Network [NeMUN], a Nepali NGO based in Kathmandu Valley. Its aim is to see “Nepali migrants helping and uniting other Nepali migrants around the world.” This is done by referring outbound migrants to Nepali fellowships in their destination countries, providing embassy contact and country cultural information to enable safe and profitable migration experiences. In particular, they help returning migrants by advocating for those who have need of government legal help.

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ACHIEVEMENTS

Activities	Achievement
Numbers of NeMUN members enrolled	871
Hospitality given to migrants, their families & others	197
Migrants given advocacy for legal or medical issues	67
Regional promotional and other meetings in Nepal	7 and 16
Promotional meetings in the diaspora	12
Number of districts visited in Nepal	28

IN THE ASIAN DIASPORA

Visits were made to UAE, Jordan, India, Thailand and Malaysia for formal and informal meetings, including visits on three days to Nepalis in Thai jails. Visitors from Malaysia were also hosted in Nepal, strengthening networks with others working among Nepali migrants.

Story of Keshab

India Migrant Initiative [IMI]

The IMI continued to help partner NGOs in north-west India serving Nepali migrants. This work has been facilitated by local pastors who have volunteered their time to interact with their communities, planning interventions, recruiting congregational members for safe-migration outreach to Nepali migrants passing through or working in their areas, and setting up and supervising the work of tuition and job-skills teachers. They also have been doing advocacy for migrants needing medical or legal help.

The tuition teachers help mostly Nepali children qualify for enrolment and succeed in local government Hindi medium schools. Adult literacy and tailoring instruction has helped wives of migrant workers increase family income, help their children and participate more effectively in the community.

Through the India Migration Initiative [IMI], INF is enabling Nepali congregations in India to help Nepali migrants overcome discrimination and educate their children.

IMI encouraged Keshab, a volunteer community facilitator, to engage with Nepali labour migrants in Delhi where he has been a pastor for a decade. IMI trained Keshab to better understand and support other Nepali migrants. Keshab's church began to build relationships in the local migrant community.

A big concern for Nepali migrants is that their children cannot enrol in Hindi medium government schools. "Most of the migrants have little time to look after their children, especially their school education," says Keshab. "Even if they get enrolled in the government schools, their education standard is very low and gradually, as they grow up, they give up on studying."

Keshab and his church members run tuition classes for Nepali children who are not in school. These classes help children to go on to enrol and succeed in Hindi medium schools.

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INF INTERNATIONAL, NEPAL COUNTRY OFFICE [NCO]

INF International is an Australian-registered INGO with a multinational board. Seeing the benefit of being near to the life-transforming activities of its primary partner organisation, INF Nepal, it manages most of its international operations from the NCO in Kathmandu. One role of this office is to support Nepal-based projects by providing funding, publicising the work, recruiting expatriate volunteers and providing a base for national and international liaison.

INF International is both an entity in itself and a network of member organisations. Each organisation has been functioning strongly in providing support to INF's work in Nepal and to Nepali people around the globe. INF International not only works with other INF organisations but it also seeks to partner with other agencies with which we share our vision, mission and values.

SUPPORT TO INF NEPAL

INF Nepal is the major counterpart agency which implements various health and development activities with support from INF International NCO. INF International's Nepal Country Director also serves on the Leadership Team of INF Nepal.

GOVERNMENT RELATIONSHIPS

Maintaining a positive relationship with the government and other agencies in Nepal is an important aspect of the NCO's function. This year NCO was able to smoothly negotiate visas for expatriate volunteers and other administrative procedures carried out with government departments were also implemented without difficulties. Having previously experienced some difficulties with such procedures we are very grateful that this year's work was achieved with very few problems.

INFORMATION COMMUNICATION TECHNOLOGY [ICT]

The ICT Department provides professional and quality ICT services to NCO in Kathmandu, to INF expatriates throughout Nepal and also to other INF organisations.

RESOURCES

NCO is financially supported by contributions from expatriate volunteers, their seconding agencies and a few other donors. All programme funding for INF Nepal is channelled through NCO with no charges for administrative services. The total expenses for the reporting year stood as NPR 15,677,143.00 [approximately US\$156,000].

COMMUNICATIONS DEPARTMENT

The Communications Department provides outstanding quality print and digital resources and materials to the whole of INF, linking the overall marketing strategy for INF International with local communications strategies of the various INF organisations around the world.

The priorities for the past year were the development of a communications strategy for INF, developing web and social media presence, recruiting Nepali staff and engaging Nepali audiences more, improving support of INF Nepal's donor relations work and re-launching INF's Gift Catalogue.

Priorities for the coming year revolve around strengthening the work began regarding the development of INF's communications strategy, engaging Nepali audiences more, supporting INF Nepal's donor relations work and redeveloping INF's website, as well as further engaging supporters through social media.

PERSONNEL DEPARTMENT

During this fiscal year [2013-14] 21 new expatriate volunteers joined [including two families and six couples] and nine visa post holders [three with spouses] left Nepal after finishing their term of service. Language and cultural orientation training was provided to help the new arrivals to settle well into the new culture and work in Nepal.

The availability of pastoral care support has been appreciated by many, especially those who are serving in remote locations in Nepal.

The Primary Study Centre, in Pokhara and Surkhet, provide primary education, at a quality equivalent to home countries, for expatriate children thus enabling them to continue their studies in Nepal. This essential support service enables parents to work in Nepal whilst ensuring a western education for their children.

FINANCE DEPARTMENT

The Finance Department has produced financial reports to international standards with sound monitoring and control mechanisms. Our accounts are audited in Nepal and Australia.

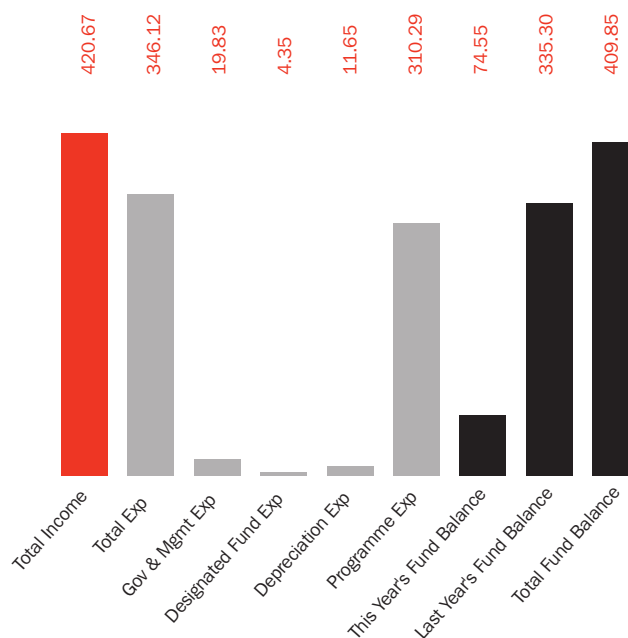
INCOME AND EXPENDITURE

The total income is NPR 420.67m [US\$420,670] and the total expenditure NPR 346.12m [US\$364,140] for the year 2070-71, as given in chart 1 below. This has resulted in a surplus of NPR 74.55m [US\$74,550]. However, not all the surpluses can be used for operating expenditures in the next year, as most of that is restricted to building construction and some is tied up in fixed assets.

The total income is approximately 16% higher compared with the budgeted income of around NPR 364.14m [US\$364,140]. INF was able to raise some additional donations and grants [locally and from overseas] through INF Australia, INF UK and from Nepal as well. INF also received some funds from Embassy and Government. It is good that INF's work is appreciated and funded by local funding partners, though the funding was not that significant compared to the total income. The total expenditure after capitalisation of the major capital expenditures [capital items worth NPR 50,000 [US\$500] or more are capitalised and transferred to fixed assets] NPR 346.12m [US\$346,120]

Chart 1:

Income and Expenditure excluding major capital expenditure and construction [as per the audited accounts]
[Figures are in 10 millions NPR]



The expenditure including major capital expenditure and construction costs, but excluding depreciation, is NPR 387.41m [US\$387,410]. The utilisation of the regular budget is around 91%. The total utilisation of the budget [including construction] is about 86%. The major underspending is on the construction [Nepalgunj office building, spinal cord injury patient treatment building and ear hospital] mainly due to the delay in starting of the construction. There was also intentional savings on some of the activities [ie CHD, CBR, HIV and HSS] as some of the projects under these technical areas were in deficit.

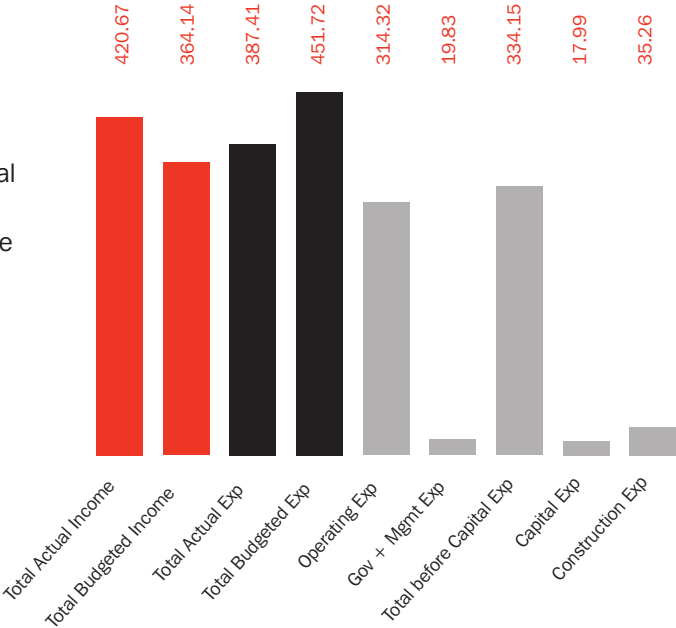
The cost of the central office management and organisational governance represents around 6% of the total operating cost which is NPR 19.83m [US\$19,830]

INF Nepal spent 26.8% in CHD, 15.7% in CBR, 26.6% in Leprosy and SCI, 6.1% in TB, 5.9% in HIV, 4.7% in HSS, 3.4% in Nutrition, 2.1% in Medical Camps, 2.8% in other areas, and 5.9% in central office management and organisational governance with a total cost of NPR 350.83m [US\$350,830] [including operating costs and major capital expenditure, but excluding construction costs].

Likewise, INF Nepal spent 37.67% in Kaski, 7.16% in Kapilvastu, 1.24% in Baglung, 5.09% in Dang, 16.54% in Banke, 13.96% in Surkhet, 8.29% in Jumla, 6.16% in Mugu and 3.89% in Bajura. This is including major capital expenditure and construction cost.

Green Pastures Hospital and some other projects had funding gaps at the start of the year. However, those gaps were managed by a cost minimisation approach and by funds raised during the year.

Chart 2:
Income and Expenditure including major capital expenditure and construction but excluding depreciation [for comparison purposes with the summary budget].
[Figures are in 10 millions NPR]



YEAR END FINANCIAL POSITION [FROM BALANCE SHEET]

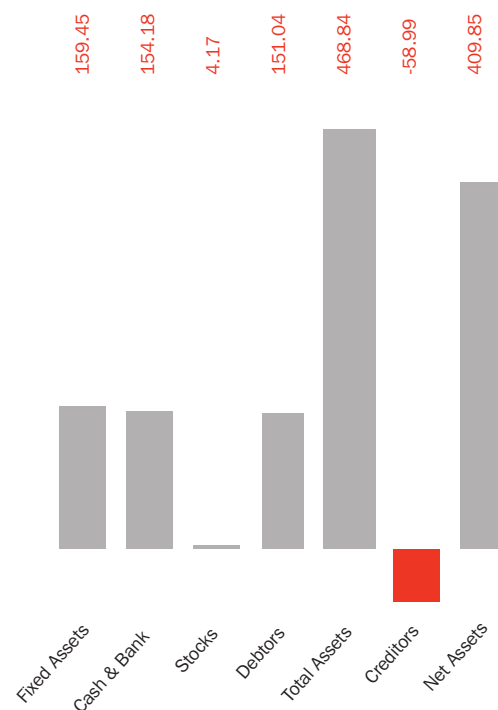
The total assets at the end of the fiscal year 2013-14 is NPR 468.84m [US\$468,840]. Of this, fixed assets represent 34.0%, cash in hand and at the bank [including some term deposits] represent 32.9%, stocks [medicine and medical related] represent 0.9%, and receivables and debtors represent 32.2%. The payable and short-term creditors represent NPR 58.99m [US\$58,990]. The net assets are NPR 409.85m [US\$409,850].

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Chart 3:

Assets and Liabilities

[Figures are in 10 millions NPR]



INF NEPAL DONORS/FUNDERS

Names are in alphabetical order

Donors	Programmes/Projects Funded
Australian Embassy	Green Pastures Hospital - Mobility for Disabled People
BMS World Mission	HSS-BZH,GPHRC,IBP District Management, Central Office/salary
BWAA/Transform Aid International Ltd.	Community Health & Development, CBR, Disaster Relief, Mountain Livelihood & HIV Prevention
BMZ/Terra Tech	INF Goes Green
CBM	Community Based Rehabilitation, Empowerment & Social inclusion of PWDs through Education and Livelihood
CYAN International	General Rehabilitation Unit
EMMS International	CHD - Mother Child Health
Everest Marathon	Green Pastures Hospital/ Mid-Western TB Leprosy Work
FAIRMED	Green Pastures Hospital & Kapilbastu Community Health
Finnish Christian Medical Society	Green Pastures Hospital & Partnership for Rehabilitation - SCI Project
German Leprosy Relief Association	Surkhet Clinic, Mid-Western Tuberculosis/Leprosy Project, Community Based Rehabilitation & Green Pastures Hospital
Global Fund	Banke Tuberculosis Project
GON-Ministry for Woman And Children Welfare	Green Pastures Hospital [Assistive, Prothesis, Orthosis support]
GZB	Paluwa Baglung, Green Pastures Hospital [Pharmacy],TB Leprosy/Health Service Support/Community Based Rehabilitation
Hope for Our Sisters	HSS Fistula Works
ICCO Cooperation	Paluwa Baglung and Food & Nutrition
International Committee of the Red Cross	Green Pastures Hospital
INF Australia Relief Fund	Community Based Rehabilitation, Banke Bheri Zonal Hospital Support, Green Pastures Hospital, Community Health Development & Health Service Support [Nutrition]
INF New Zealand	Banke Migration Work
INF UK	CHD, Central Office [IPRO], Green Pastures Hospital, PFR and HSS Fistula Work
INF UK Mrs. H. Tulloh	INF Banke Building Project
InterAct Asia	Community Health Development, Relief from TB and Leprosy
Presbyterian Church of Canada	Jumla Tuberculosis / Leprosy Clinic
Samaritan's Purse Canada	Nutrition Programme in Jumla
Saron Church	TB Hostel/Community Health - Dailekh Project
Sasakawa Memorial Foundation	Green Pastures Hospital & Partnership for Rehabilitation
Stiftung Ohrchirurgie Nepal [SON]	Ear Hospital
SSS - Netherland	Jumla Tuberculosis
St Francis Leprosy Guild	Green Pastures Hospital
Stichting Liliane Funds	INF Camps, Partnership for Rehabilitation
Swedish Medical Mission	Surkhet Clinic and Goat Project
Talbot Trust	HSS Fistula Work
TEAR Australia / AUSAID	CHD,Paluwa, Displaced People Initiative, Banke Building Project, Disaster Relief and Partnership for Rehabilitation

Tearfund	HIV/Aids - VCT, Comprehensive CHD work, Mugu Khatyad belt sustainable livelihoods
The Allan & Nesta Ferguson Charitable trust	Food Security/Nutrition
The Fistula Foundation	HSS Fistula Work
The Leprosy Mission International	Green Pastures Hospital and Surkhet Clinic
The Motivational Charitable	Green Pastures Hospital & Partnership for Rehabilitation [wheelchairs]
USAID	Green Pastures Hospital, Partnership for Rehabilitation, Community Based Rehabilitation [Wheelchairs]
World Vision	Jumla Nutrition Programme

AUDIT REPORT

୨୦୧୦-୨୦୧୧ [2013-14]

To,
International Nepal Fellowship- Nepal Board
Pokhara, Nepal

REPORT OF THE INDEPENDENT AUDITORS

1. We have audited the accompanying financial statements of **INF- Nepal**, which comprise the Balance Sheet as at Ashad 32, 2071 (July 16, 2014), and the Statement of Financial Activities and Cash Flow Statement for the year then ended, and a Summary of significant Accounting Policies and other explanatory notes.

Management's Responsibility for the financial Statements

2. Management is responsible for the preparation and fair presentation of these financial Statements in accordance with Nepal Standards on Auditing (NSA). This responsibility includes: designing, implementing and maintaining internal control relevant to the preparation and presentation of financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's responsibility

3. Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Nepal Standards on Auditing (NSA). Those Standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depended on our professional judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessment of the financial statements in order to design audit procedures that were appropriate in the circumstances, but not for the purpose of expressing an opinion on the INF internal control. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the management, as well as evaluating the overall presentation of the financial statements.

We believe that our audit evidence we obtained is sufficient and appropriate to provide a basis for our opinion.

Opinion

4. On the basis of our examination, we would like to report that:

- i. We have obtained all the information and explanations, which were considered necessary for the purpose for our audit.
- ii. The INF has kept proper books of accounts as required by law, in so far as it appears from our examination of those books of account.
- iii. The Balance Sheet, Cash Flow Statement and attached Schedules dealt with by this report are in agreement with the books of account maintained by the INF.
- iv. During our examination of the books of account of the INF, we have not come across the cases where the Nepal Board or any member thereof or any representative or any office holder or any employee of the INF has acted contrary to the provisions of law or caused loss or damage to the Organization.
- v. We have not come across the cases where the INF is non-compliant of chapter 17 of Income Tax Act 2002, and
- vi. We have not come across the cases where the INF had carried any objective contrary to its objective. However, income tax has been provided for income generated from minor and incidental activities.

5. In our opinion, the accompanying financial statements give a true and fair view, in all material respects the financial position of the INF as at Ashad 32, 2071 (July 16, 2014), and of the results of its financial performance and its cash flows for the year then ended in accordance with Generally Accepted Accounting Principles.



S. R. Pandey, FCA
Partner

Place: Kathmandu
Date: October 08, 2014

International Nepal Fellowship: INF Nepal Consolidated Financial Statements
Statement of Financial Activities for the year ended 16 July 2014
(In Nepali Rupees)

	Note	Unrestricted funds Nrs	Designated funds Nrs	Restricted operating funds Nrs	Restricted purpose funds Nrs	Capital endowment funds Nrs	Total 2013/14 Nrs	Total 2012/13 Nrs
Incoming resources								
Incoming resources from generated funds								
Donor Grants	3	974,044	2,607,392	234,509,411	106,237,930	-	344,328,777	219,642,503
Donations and Gifts	3	179,877	5,863,978	37,676,103	2,265,253	-	45,985,211	65,996,371
Donated Equipment	4	-	-	-	3,597,676	-	3,597,676	1,576,508
Investment income	5	3,686,559	1,277,014	243,382	676,037	-	5,882,992	6,570,453
Other incoming resources	6	1,226,021	4,200,123	15,413,493	37,591	-	20,877,228	13,719,081
Total incoming resources		6,066,501	13,948,507	287,842,389	112,814,487	-	420,671,884	307,504,916
Resources expended								
Charitable activities								
Programme Expenditure								
Community Health & Development		-	-	90,434,691	286,245	-	90,720,936	74,411,360
Community Based Rehabilitation		-	-	50,875,873	3,779,500	-	54,655,373	46,915,058
Leprosy & Spinal Cord Injury		-	65,582	76,271,128	10,927,556	-	87,264,286	75,995,935
Tuberculosis		-	-	21,366,350	11,000	-	21,377,350	20,845,687
HIV Aids and Drug Services		-	-	20,092,995	815,595	-	20,908,589	19,110,758
Health Services Support		-	-	8,733,664	5,248,957	-	13,982,621	14,232,163
Nutrition		-	-	8,860,241	-	-	8,860,241	5,744,492
Medical Camps		-	-	7,242,015	-	-	7,242,015	6,419,299
Ear Hospital & Training Centre		-	-	-	798,304	-	798,304	849,276
Others		-	-	1,973,425	-	-	1,973,425	1,253,171
		-	65,582	285,850,381	21,867,157	-	307,783,121	265,777,197
Designated Funds Expenditure								
Staff Scholarship & Development Costs		-	1,346,066	-	-	-	1,346,066	458,357
Staff Retirement Benefit Scheme		-	142,005	-	-	-	142,005	183,470
Staff Redundancy Expenditure		-	963,645	-	-	-	963,645	-
Staff Hospitalisation & Death Insurance Scheme		-	1,197,165	-	-	-	1,197,165	1,345,935
Fixed Asset Depreciation Charge		-	11,650,139	-	-	-	11,650,139	10,395,295
Nepalgunj Building Construction		-	-	-	1,310,309	-	1,310,309	0
Others		-	404,623	1,193,798	-	-	1,598,421	835,617
		-	15,703,643	1,193,798	1,310,309	-	18,207,750	13,218,674
Total charitable activities		-	15,769,225	287,044,180	23,177,465	-	325,990,871	278,995,871
Other (income)/expenditure								
Governance and Management Cost		2,757,819	-	15,936,475	1,134,446	-	19,828,740	21,639,992
Foreign currency (gain)/loss		(17,388)	-	-	-	-	(17,388)	(70,417)
(Gain)/Loss on disposal of fixed assets		-	-	-	-	-	-	(334,383)
Others		-	-	-	-	-	-	-
Total Other (income)/expenditure		2,740,432	-	15,936,475	1,134,446	-	19,811,353	21,235,193
Total outgoing resources		2,740,432	15,769,225	302,980,655	24,311,911	-	345,802,223	300,231,064
Net incoming/(outgoing) resources before transfers		3,326,069	(1,820,719)	(15,138,266)	88,502,576	-	74,869,661	7,273,853
Fixed Assets Management Fund Transfer		(872,178)	52,935,488	(10,713,577)	(41,667,515)	-	(317,782)	-
Gross Transfer between Funds		(4,515,107)	(465,887)	5,835,629	(854,635)	-	0	-
Total Fund Transfers		(5,387,285)	52,469,601	(4,877,948)	(42,522,150)	-	(317,782)	-
Net movement in funds		(2,061,215)	50,648,883	(20,016,214)	45,980,425	-	74,551,878	7,273,853
Total funds brought forward	19	8,046,447	230,142,377	56,984,646	30,521,314	9,607,000	335,301,783	328,027,922
Total funds carried forward	19	5,985,231	280,791,259	36,968,433	76,501,739	9,607,000	409,853,661	335,301,783

All income and outgoing resources arise from continuing activities

There are no recognised gains or losses, or movements in funds, other than those disclosed above


Approved on behalf of the INF Nepal Board by


Krishna Adhikari, FCCA
Finance Director


Dr. Ganga Datta Subedi
Executive Director


Dhana Lama
Treasurer


Grishma K Parajuli
Chairman


S.R. Pandey, FCA
Partner
S.R. Pandey & Co., Chartered Accountants
8/10
As per our audit report

Date:

International Nepal Fellowship: INF Nepal Consolidated Financial Statements

Balance Sheet as at 16 July 2014


(In Nepali Rupees)

	Note	2013/14 Nrs	2012/13 Nrs
Fixed assets			
Tangible fixed assets	8	120,556,298	117,342,369
Capital Work in Progress		38,894,495	5,255,020
		<hr/> 159,450,793	<hr/> 122,597,389
Current assets			
Stocks	9	4,171,763	4,364,769
Debtors and prepayments	10	25,260,066	7,483,178
Debtor: receivable from INF Worldwide (INFW)		125,775,967	146,778,230
Cash on deposit, at bank and in hand	12b	154,182,423	126,543,411
		<hr/> 309,390,219	<hr/> 285,169,588
Creditors: amounts falling due within one year	11	(58,987,349)	(72,465,194)
		<hr/> 250,402,869	<hr/> 212,704,394
Net current assets			
Provisions for liabilities and charges	14	-	-
		<hr/> 409,853,661	<hr/> 335,301,783
NET ASSETS			
		<hr/> 409,853,661	<hr/> 335,301,783
Funds			
Unrestricted Funds			
General Fund		5,985,231	8,046,447
Designated Funds		280,791,259	230,142,377
Restricted Operating Funds		36,968,433	56,984,646
Restricted Purpose Funds		76,501,739	30,521,314
Capital Endowment Funds		9,607,000	9,607,000
		<hr/> 409,853,661	<hr/> 335,301,783
TOTAL FUNDS	19	<hr/> 409,853,661	<hr/> 335,301,783


Approved on behalf of the INF Nepal Board by:

As per our audit report


Krishna Adhikari, FCCA
Finance Director


Dr. Ganga Datta Subedi
Executive Director


Dhana Lama
Treasurer


Grishma K. Parajuli
Chairman


S.R. Pandey, FCA
Partner

Date:

S.R. Pandey & Co. Chartered Accountants

International Nepal Fellowship: INF Nepal Consolidated Financial Statements


Cash Flow Statement for the year ended 16 July 2014


(In Nepali Rupees)

	Note	2013/14 Nrs	2013/14 Nrs	2012/13 Nrs	2012/13 Nrs
Net cash inflow/(outflow) from operating activities	12a		70,728,544		47,090,972
Returns on investment and servicing of finance					
Investment income		-		-	
Interest received on bank deposits		5,882,992		6,570,453	
Other interest received		-		-	
Interest payable		-		-	
			5,882,992		6,570,453
Capital expenditure and financial investment					
Payments to acquire tangible fixed assets		(47,525,769)		(24,891,534)	
Receipts from sale of tangible fixed assets		(1,128,974)		1,282,948	
Acquisition of fixed asset investments		-		-	
Disposal of fixed asset investments		-		-	
			(48,654,743)		(23,608,586)
Net cash inflow/(outflow) before management of liquid resources and financing			27,956,793		30,052,839
Management of liquid resources					
Cash used to increase short term deposits		-		-	
Cash from a decrease in short term deposits		-		-	
			-		-
Financing					
Increase in loans		-		-	
Decrease in loans		-		-	
Movement in endowments		-		-	
Transfers between funds		(317,782)		-	
			(317,782)		-
Increase/(decrease) in cash in the year			27,639,011		30,052,839
Net cash resources at the beginning of the year	12b		126,543,411		96,490,573
Net cash resources at the end of the year	12b		154,182,423		126,543,411

Approved on behalf of the INF Nepal Board by:

As per our audit report

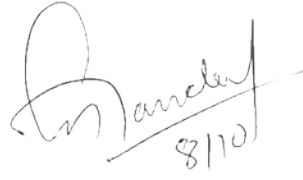

Krishna Adhikari, FCCA
Finance Director


Dr. Ganga Datta Subedi
Executive Director

Date:


Dhana Lama
Treasurer


Grishma K. Parajuli
Chairman


S.R. Pandey, FCA
Partner
S.R. Pandey & Co. Chartered Accountants

International Nepal Fellowship: INF Worldwide
Statement of Financial Activities for the year ended 31 Ashadh 2071 (16 July 2014)
(In Nepali Rupees)

Nepali Rupees]		Unrestricted Funds			Restricted			
		General Funds	Member Support Funds	Designated Funds	Purpose Funds	Total 2013/14	Total 2012/13	
	Note	Nrs	Nrs	Nrs	Nrs	Nrs	Nrs	
INCOMING RESOURCES								
Incoming resources from generated funds								
Donor Grants	2a	-	-	-	334,084,585.88	334,084,585.88	314,711,531.78	
Donations and Gifts	2b	146,964.30	-	-	5,632,638.47	5,779,602.77	740,257.84	
Grants from Organisational Members & Seconding	2c	11,125,731.00	8,798,109.73	-	-	19,923,840.73	13,660,353.35	
Def Income Released from prior period	2d	-	-	-	1,644,904.80	1,644,904.80	4,182,604.75	
Income deferred to future periods	2d	-	-	-	-	-	(1,644,904.80)	
Bank Interest Income	4	2,041,818.29	-	201,779.11	-	2,243,597.40	1,486,772.83	
Primary School Centre Income		-	2,608,847.81	-	-	2,608,847.81	1,994,298.00	
Other Incoming Resources	5	539,271.45	853,558.00	-	22,500.00	1,415,329.45	944,162.94	
Donated Services and Equipment	3	3,596,080.00	1,296,480.00	-	2,068,140.00	6,960,700.00	6,516,960.00	
Total incoming resources		17,449,865.04	13,556,995.54	201,779.11	343,452,769.15	374,661,408.84	342,592,036.69	
RESOURCES EXPENDED								
Cost of generating funds								
Publicity and Fundraising		530,461.64	-	-	-	530,461.64	293,032.21	
Total cost of generating funds		530,461.64	-	-	-	530,461.64	293,032.21	
Charitable activities								
Member support costs								
Member Housing Costs		-	6,250,874.25	-	-	6,250,874.25	5,180,436.93	
PSC Operating Expenses		-	2,209,398.74	-	-	2,209,398.74	2,505,574.66	
Personnel and Member Care		255,752.75	-	-	-	255,752.75	327,958.27	
Mission services								
Partnership Program		-	-	-	320,117.18	320,117.18	171,115.82	
Grants to Other Organisations	2e	-	-	31,339.00	332,701,536.21	332,732,875.21	314,144,895.00	
Programme Development		-	-	-	1,510,437.02	1,510,437.02	1,444,979.41	
INF Diaspora Initiatives		-	-	-	1,298,816.52	1,298,816.52	1,091,916.36	
Donated Services and Equipment	3	3,596,080.00	1,296,480.00	-	2,068,140.00	6,960,700.00	6,516,960.00	
Language and Orientation Training		-	2,279,648.82	-	-	2,279,648.82	530,474.00	
INF/W Operating Expenses		7,336,946.94	-	7,000.00	-	7,343,946.94	7,838,158.24	
INF Conference Costs		3,143,826.83	-	-	-	3,143,826.83	1,565,916.09	
Designated funds expenditure								
Staff scholarship costs		-	-	195,872.91	-	195,872.91	279,956.17	
Fixed asset depreciation charge		-	-	413,558.12	-	413,558.12	473,445.59	
Total charitable activities		14,332,606.52	12,036,401.81	647,770.03	337,899,046.93	364,915,825.29	342,071,786.54	
Governance costs		814,075.26	-	-	8,848,315.11	7,660,390.37	1,372,627.58	
Total operational expenditures	14/15	15,677,143.42	12,036,401.81	647,770.03	344,745,362.04	373,106,677.30	343,737,446.33	
Other (income)/expenditure								
Foreign currency (gain)/loss		(13,398,594.17)	-	-	-	(13,398,594.17)	(5,693,197.08)	
(Gain)/Loss on disposal of major and minor capital equip		(95,000.00)	-	-	-	(95,000.00)	(630,000.00)	
Total outgoing resources		2,183,549.25	12,036,401.81	647,770.03	344,745,362.04	359,613,083.13	337,114,249.25	
Net incoming/(outgoing) resources before transfers		15,266,315.79	1,520,593.73	(445,990.92)	(1,292,592.89)	15,048,325.71	5,477,787.44	
Fixed asset management fund transfer								
Transfer to Scholarship Fund		(29,120.40)	(3,675.60)	-	(7,770.60)	(40,566.60)	-	
Other fund transfers		(4,000,000.00)	-	-	-	(4,000,000.00)	-	
Fund Transfer (out)	16	(4,029,120.40)	(3,675.60)	-	(7,770.60)	(4,040,566.60)	-	
Transfer to Scholarship Fund								
Other fund transfers		-	-	40,566.60	-	40,566.60	-	
Fund Transfer in	16	-	-	40,566.60	4,000,000.00	4,040,566.60	-	
Net movement in funds		11,237,195.39	1,516,918.13	(405,424.32)	2,699,636.51	15,048,325.71	5,477,787.44	
Total funds brought forward	16	38,811,447.86	2,424,380.27	6,931,274.62	10,562,347.64	58,729,450.39	53,251,662.95	
Total funds carried forward	16	50,048,643.25	3,941,298.40	6,525,850.30	13,261,984.15	73,777,776.10	58,729,450.39	

All income and outgoing resources arise from continuing activities.
There are no recognised gains or losses, or movements in funds, other than those disclosed above.

Approved on behalf of the INF/W Board by:

As per our audit report

Dhan Prasad Gurung
Finance Manager
INF Worldwide

INF
INTERNATIONAL
NEPAL
FELLOWSHIP

Seeta Gurung
Nepal Country Director
INF Worldwide



Sunder Man Shrestha, FCA
Senior Partner
Sunder and Co., Chartered Accountants

International Nepal Fellowship: INF Worldwide

Balance Sheet as at 32 Ashadh 2071 (16 July 2014)

(In Nepali Rupees)

	Note	2013/14 Nrs	2012/13 Nrs
Fixed Assets			
Tangible fixed assets	7	494,307.06	827,635.18
Investments		-	-
		<u>494,307.06</u>	<u>827,635.18</u>
Current Assets			
Non-Trading Stocks	8	95,129.27	97,793.59
Debtors and prepayments	9	6,419,063.18	1,480,599.38
Cash on deposit, at bank and in hand	11b	201,504,016.97	221,926,990.64
		<u>208,018,209.42</u>	<u>223,505,383.61</u>
Creditors: amounts falling due within one year	10	(8,958,773.37)	(18,825,338.11)
Creditors: amounts owing to INF Nepal		(125,775,967.01)	(146,778,230.29)
Net Current Assets		<u>73,283,469.04</u>	<u>57,901,815.21</u>
NET ASSETS		<u>73,777,776.10</u>	<u>58,729,450.39</u>
FUNDS			
Unrestricted Funds			
General Funds	16	50,048,643.25	38,811,447.86
Member Support Funds	16	3,941,298.40	2,424,380.27
Designated Funds	16	6,525,850.30	6,931,274.62
Restricted Purpose Funds	16	13,261,984.15	10,562,347.64
TOTAL FUNDS		<u>73,777,776.10</u>	<u>58,729,450.39</u>


Approved on behalf of the INF/W Board by:

As per our audit report

Dhan Prasad Gurung
Dhan Prasad Gurung
Finance Manager
INF Worldwide


**INTERNATIONAL
NEPAL
FELLOWSHIP**

Seeta Gurung
Seeta Gurung
Nepal Country Director
INF Worldwide

Sundar Man Shrestha

Sundar Man Shrestha, FCA
Senior Partner
Sundar and Co., Chartered Accountants

International Nepal Fellowship: INF Worldwide
Cash Flow Statement for the year ended 32 Ashadh 2071 (16 July 2014)
(In Nepali Rupees)

	Note	2013/14 Nrs	2012/13 Nrs
Net cash inflow/(outflow) from operating activities	11a	(22,192,315.65)	28,349,273.93
Returns on investment and servicing of finance			
Investment income	-	-	-
Interest received on bank deposits	2,268,441.22	1,444,292.16	
Other interest received	-	-	
Interest payable	-	-	
		<u>2,268,441.22</u>	<u>1,444,292.16</u>
Capital expenditure and financial investment			
Payments to acquire major capital equipment	(80,230.00)	(61,020.00)	
Payments to acquire minor capital equipment	(513,869.24)	(313,963.90)	
Receipts from sale of major and minor capital equipment	95,000.00	930,000.00	
Acquisition of fixed asset investments	-	-	
Disposal of fixed asset investments	-	-	
		<u>(499,099.24)</u>	<u>555,016.10</u>
Net cash inflow/(outflow) before financing		<u>(20,422,973.67)</u>	<u>30,348,582.19</u>
Financing			
Increase in loans	-	-	
Decrease in loans	-	-	
Movement in endowments	-	-	
Transfers between funds	-	-	
		<u>-</u>	<u>-</u>
Increase/(decrease) in cash in the year		<u>(20,422,973.67)</u>	<u>30,348,582.19</u>
Net cash resources at the beginning of the year		221,926,990.64	191,578,408.45
Net cash resources at the end of the year	11b	<u>201,504,016.97</u>	<u>221,926,990.64</u>

Approved on behalf of the INF/W Board by:

As per our audit report

[Signature]
Dhan Prasad Gurung
Finance Manager
INF Worldwide
Oct-20-2014



[Signature]
Seeta Gurung
Nepal Country Director
INF Worldwide

[Signature]
Sundar Man Shrestha, FCA
Senior Partner
Sundar and Co., Chartered Accountants
Oct-20-2014

APPRECIATION AND AWARDS

We have received appreciation and awards from DDC, VDC, government line agencies and others.



The WRH Board recognised the noteworthy effort and contribution of INF to the hospital right from the beginning. On the occasion of the 57th anniversary the committee decided to provide an appreciation award to INF Nepal.



Rajpur VDC of Dang recognised the significant work and contribution of INF for the development of Rajpur VDC. On the occasion of ODF day of the VDC the committee decided to give an appreciation letter to INF Nepal.

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Womens Development Office Banke gave an appreciation award to INF Nepal



Buddi VDC of Kapilvastu provided appreciation award to INF Nepal



INF Nepal received appreciation and award from Mugu for its remarkable work



INF Nepal received appreciation award from Jayanagar VDC Kapilvastu for its remarkable work



INF Nepal received appreciation and award from DDC Dang for its remarkable work



INF Nepal received appreciation and award from Mugu for its remarkable work



INF Nepal received appreciation award from Saigha VDC of Dang for its remarkable work



INF Nepal received appreciation and award from Gobardiya VDC for its remarkable work



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