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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.
God is graceful as by His grace we have been able to serve our targeted communities and people for the last 64 years. It is our pleasure to present the Annual Report of INF Nepal for the fiscal year of 2015-2016 [2072-2073] and plans for the fiscal year 2016-2017 [2073-74]. While going through the report I hope you will find it both encouraging and inspiring.

One cannot deny that it has been one of the most difficult years for both Nepal and INF: the devastation from the April 2015 earthquake and its aftershocks; the debilitating crisis of petrol, gas, goods and other supplies; the exodus of the entire INF expatriate team due to protracted visa negotiations with the government.

There is beauty beyond the ashes as international aid arrived and we saw local NGOs, communities and churches rally to help those in need. We saw the strength, perseverance and resilience of the Nepali people amidst all these difficult circumstances. And through all of this, INF continued and intensified its work with, and services to, the poor and marginalised.

We can still rejoice this year as we see God’s blessings in these challenging times. The construction of the Ear Centre was completed and opened in November 2015 and has already treated thousands of people with ear complaints. The Palliative Care Programme is gaining momentum and breaking new ground in caring for people with life limiting illnesses. GPH has extended its orthopedic and spinal services and has already provided surgery and treatment to dozens of patients. The Disaster Response and Resilience Department [DRRD], the INF branch office in Gorkha and the Gorkha Rehabilitation and Community Empowerment [GRACE] project, which formed in late 2015, are already doing great work in response to a number of natural disasters and are bringing recovery and rehabilitation to those affected by the earthquake, particularly the people with disabilities.

A key highlight of this year was the beginning of construction works at Green Pastures Hospital to renovate and refurbish 60 year-old buildings as part of Phase 1 of a long-term plan. We are grateful that we have been able to sign the five-year agreement with SWC for our community work and are in the process of registering our hospitals under the Ministry of Health and other relevant ministries.

We would like to thank the wider INF family, national and local government agencies whose assistance and cooperation have been significant during the year. Similarly, we thank our members of staff, both nationals and expatriates, who have worked tirelessly to achieve the results that can be seen in this report. The support and collaboration from local churches was praiseworthy especially with the earthquake response. The cooperation from the local communities and various stakeholders is highly appreciated. Our supporters and partners [institutions and individuals] deserve special thanks for their support, generosity and prayers.

Thank you.

Established in 1952, INF is Nepal’s longest-serving international non-governmental organisation. INF helps people affected by leprosy, spinal cord injuries, and disability; facilitates development in some of Nepal’s most remote and poorest communities; runs medical outreach programmes and provides medical training as well as supporting and providing assistance to Nepali migrants travelling to India and beyond in search of employment.

Today INF’s work is expansive but broadly falls into two main areas: community and clinical.

INF facilitates community development in poor and rural villages. Community Health and Development [CHD] strategies are implemented in diverse and appropriate ways resulting in long-term and self-sustainable change.

People with disabilities living in remote villages across Nepal often face difficult challenges in every day life. INF’s Community Based Rehabilitation [CBR] programme offers them practical help as well as enabling them to integrate them into their communities.

More recent community programmes including the Nutrition programme, and the Maternal Neonatal and Child Health [MNCH] programme have also proved extremely beneficial.

A brand new community programme was launched following the earthquake of April 2015. The Disaster Response and Resilience Department [DRRD] aims to prepare communities for disasters as well as respond quickly to help and support recovery efforts following a disaster.

INF continues its proud tradition of serving people with leprosy and tuberculosis through its clinical work. It has also expanded its clinical work into new areas.

In November 2015, INF’s new Ear Centre opened, building on INF’s long-standing work with ear disease and growing its training component.

Green Pastures Hospital continues to be a centre of excellence for people with leprosy, ear disease, and general disability. In July 2016, a new proposal was approved to renovate the existing premises and update medical equipment.

The second phase of this refurbishment will see extensions built for further medical services. Green Pastures aims to be a complex offering excellence in healthcare for all forms of disability.

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It is an exciting time for INF. INF is adapting to meet the changing needs of Nepali people while remaining dedicated to serving the most marginalised in Nepal.
INF NEPAL
INF Nepal is a Christian Non-Governmental Organisation [NGO], registered in Kaski District and affiliated with the Social Welfare Council [SWC]. INF Nepal has been implementing health and community development interventions through its Health Services Department, Green Pastures Hospital, Surkhet and Banke Clinics, and through four Community Development Clusters: Banke, Dang, Jumla, and Kaski, with district branch offices in the targeted areas. Each cluster has been managing two to three districts. Community clusters implement the interventions of CHD, CBR, Nutrition, MCH, HIV/AIDS and Migration Support work. Health Services Department manages the work of leprosy, SCI [including general disabilities], fistula, palliative care, ear service and outreach, hospital support services, and some others clinical works.

INF CENTRAL OFFICE
INF Nepal Central Office is based in Simpani, Pokhara, Kaski District, and has been providing support to INF Nepal’s Community Clusters and Health Services Department, district branches and 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 is headed by the Executive Director. The Director’s Department provides overall leadership direction to the organisation. The Programmes Department oversees and supports strategic and operational development of all district based offices, both technically and managerially to ensure quality services to INF’s beneficiaries.

Central Office has also been implementing disaster management and resilience work in response to disaster affected areas and also implements Integral Mission [IM] work.

INF INTERNATIONAL NEPAL COUNTRY OFFICE
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 National Country Office [NCO] in Kathmandu. Its work includes supporting Nepal-based projects by providing funding, publicising INF’s work, recruiting expatriate volunteers and providing a base for national and international liaison.

INF International not only works with other INF organisations but it also seeks to partner with other agencies with which INF shares its vision, mission and values.
COMMUNITY HEALTH AND DEVELOPMENT

INTRODUCTION
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 various other 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].

IMPACT OF CHD WORK
One of the ways CHD is empowering individuals and communities is through education. Women, in particular, are empowered to improve their family life by taking part in development interventions, learning about domestic violence and through safe deliveries in birthing centres.

Much of the CHD work is demonstrated through Self-Help Groups [SHG’s] - many of which have become mature and are now independently run by a group facilitator. Mature groups are able to make and implement their own action plans enabling them to establish income-generating businesses [such as fruit plantations].

Educating these groups has also built up more trust in health institution services and their health workers. In addition, education about climate change issues has changed the behaviour of members so that they dispose of waste responsibly, reduce pollution by installing smokeless stoves in their homes and neutralise their carbon footprint by the planting of trees.

CHD has also implemented programmes allowing people to have access to safe drinking water and improved sanitation.

 Achievement Highlights
225 Smokeless Iron Stoves Distributed
60 People Received Income Generation Training
673 of 1,451 SHG Members in Banke District Are Involved in Income Generation Activities
115 Toilets Built With SHG Members Resulting in Open Defecation Free VDCs
95% of SHGs Are Mature and Run Without INF Facilitation and Make Their Own Decisions and Action Plans in Jumla
Two Agriculture Cooperatives Registered and Run By SHG Members for Sustainable Income Generation in Surkhet
1,666 People Now Have Access to Safe Drinking Water in Uwa, Seram and Thabang of Dang District Through the Wash Project
50% Reduction in Mortality Rate in All INF Working Areas of Bajura District Following Awareness Raising Activities Run by INF

PERSISTENCE PAYS OFF
Much of INF’s CHD work relies on the success of Self-Help Groups [SHGs] that are set up within communities.

This is a story about Pragatishil SHG, one of the 20 SHGs formed by INF in Banke District, and how perseverance and persistence has paid off to empower individuals and communities. It also highlights the incredible work INF staff do in encouraging, motivating and working with communities for positive change.

Initially there was no mutual cooperation, trust or support amongst the 18 group members. They all believed that SHGs existed to justify jobs for INF staff. Attendance was poor and people were unwilling to talk. INF staff persisted and continued encouraging members through regular visits and building trust.

Slowly the SHG gained momentum, meeting to discuss problems and seeking solutions. They began saving on a monthly basis and INF contributed a loan to support the group. Apart from monthly saving, the SHG members have initiated fundraising for their group through various innovative means.

Through unity and INF’s support the most problematic SHG in the VDC has now proved to be the best performer. The achievements of this SHG have been published numerous times in local newspapers. SHG members express their gratitude towards INF for their support and persistent faith.
YOU ARE NOT ALONE

In Nepal, people living with disability often feel alone. They are made to feel worthless as persecution and lack of understanding about disability within their communities and even their own families push them further into isolation. They are often unaware that there are others who face similar issues.

30 year-old Janki Thapa and 56 year-old Dambar Bahadur both felt isolated. Janki lives in Resha whilst Dambar lives in Sigana, Baglung District - both live with a disability that left them depressed and lonely.

Janki and Dambar’s lives began to improve when they joined INF’s CBR programme. INF staff helped them understand more about their disabilities and realise there were others with similar disabilities.

Dambar’s perspective began to change as he met other people living with disability. Similarly, Janki began to realise that people living with disability are not worthless, as she connected with others at INF’s Green Pastures Hospital and Rehabilitation Centre. With assistance from INF, both Janki and Dambar were empowered to make changes in their lives. Their aim was to be able to undertake daily activities on their own and to live with dignity and build their skills. Today they have begun the journey to achieve those goals.

COMMUNITY BASED REHABILITATION

INTRODUCTION

Rehabilitation of those with disabilities remains at the core of INF’s vision and is strongly linked with its other technical areas of work. INF implements its CBR work both directly and in partnership with community based organisations. CBR activities include capacity building, awareness raising, reducing 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 [PWDs] empowered and taking an active part in their society.

IMPACT OF CBR WORK

INF’s CBR work in communities has increased access and mobility for people living with disability and enabled increased participation in their communities and families.

The provision of assistive devices, therapy services and modification to houses and surroundings has contributed to this. In addition, some schools and health posts have been made “disability friendly” with the support of INF.

CBR is working to restore the dignity of people living with disability by advocating for their inclusion in mainstream education and by supporting viable income generation activities, including start up loans.

As inclusion and participation within their communities’ increases, through the building of community awareness about disability, people living with disabilities have been able to get involved in their local councils, school management committees and health post management committees to further facilitate positive change.

ACHIEVEMENT HIGHLIGHTS

- 50 PWDS RECEIVED INCOME GENERATION SUPPORT ALLOWING MOST TO SEND THEIR CHILDREN TO SCHOOL
- 60 STUDENTS LIVING WITH DISABILITY RECEIVED SCHOLARSHIP SUPPORT THEREFORE REDUCING THE DROPOUT RATE
- 172 PWDS ARE INVOLVED AS MEMBERS OF SHGS
- 51 PWDS SUPPORTED WITH MOBILE ASSISTIVE DEVICES
- 580 PWDS RECEIVED PRIMARY REHABILITATION AT THEIR OWN HOMES AND 3 HOUSES MODIFIED TO ASSIST WITH ACCESS FOR PWDS
- EIGHT PWDS WERE REFERRED FOR MEDICAL, SURGICAL AND THERAPY TO APPROPRIATE HOSPITALS AND CARE CENTRES
- THREE PWDS RECEIVED VOCATIONAL TRAINING
**MIGRATION SUPPORT**

INF Nepal has been implementing Migration Support work through two local organisations at the borders at Nepalgunj and Mahendranagar. The major intervention of the project is to reduce the vulnerability of migrants to exploitation, increase awareness and advocacy on migrant and labor rights, and provide practical support when needed. The project also partners with other organisations to tackle issues surrounding poverty and trafficking.

**IMPACT OF INF’S MIGRATION SUPPORT WORK**
The awareness raising program was able to educate over 30,000 people and has helped create a safe environment for the seasonal migrants. This year 19 migrants were saved through INF’s migration support staff from the borders who had been intoxicated for trafficking or robbery purpose while travelling to India. They were provided medical treatment, transportation cost for returning home and informed about safety while travelling. This has also made the border security forces alert about such crimes.

**HIV/AIDS**

INF has been implementing HIV/AIDS prevention, treatment and care and support services in Baglung, Dang, Nepalgunj and Mahendranagar.

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 and their families. INF also supports education and advocacy through its CHD work and provides outreach to ‘at risk’ groups which include migrant workers, TB patients and drug users in Nepalgunj.

**IMPACT OF INF’S HIV/AIDS WORK**

Since the AIDS/HIV programme began, INF Nepal has successfully reduced the HIV/AIDS rate among injecting drug users, commercial sex workers and communities in general.

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 learn coping skills, have a platform for sharing and learning, and are better able to claim their right to access to health services.

INF Nepal is helping those affected by HIV/AIDS to have access to free HIV testing and counselling services, CD4 counting and Antiretroviral Therapy [ART] as well as care and support programmes. The result has seen those with HIV/AIDS live longer and increased engagement in income generation activities.

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**ACHIEVEMENT HIGHLIGHTS**

2 AWARENESS RAISING CAMPAIGNS CONDUCTED ON SAFER MIGRATION AND HIV/AIDS IN TWO BORDER AREAS

42 REPRESENTATIVES FROM THE GOVERNMENT, CIVIL, AND PRIVATE SECTORS PARTICIPATED IN AN ORIENTATION PROGRAMME ON SAFE MIGRATION

10 SEASONAL VOLUNTEERS AND LPO STAFF TRAINED ON SAFE MIGRATION AND HIV/AIDS

2 LPOS PROVIDED WITH FINANCIAL SUPPORT

36 MIGRANTS PROVIDED WITH ADVOCACY SERVICE AND 35 WITH COUNSELLING SERVICE

19 MIGRANTS AT RISK WERE RECOVERED AND PROVIDED WITH NECESSARY SUPPORT

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**ACHIEVEMENT HIGHLIGHTS**

240 PEOPLE PROVIDED WITH HIV RELATED COUNSELLING

16 EPISODES OF A PROGRAMME RAISING AWARENESS ABOUT STI, HIV/AIDS BROADCAST ON A LOCAL RADIO STATION

40 PEOPLE REFERRED TO DHAULAGIRI ZONAL HOSPITAL AND OTHER CARE PROVIDERS FOR MANAGEMENT AND TREATMENT OF AIDS/HIV RELATED ILLNESSES

60 EVENTS RUN TO RAISE AWARENESS OF HIV RELATED ISSUES

15 HIV PREVENTION GROUPS FORMED FOR RAISING AWARENESS AND EDUCATION ON HIV/AIDS

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**WALKING IN THEIR SHOES**

46 year-old Bishnu* actively loves people with HIV. He is involved in INF’s HIV/AIDS programme that provides care to people living with HIV/AIDS and promotes education about the disease to the community.

Bishnu understands the challenges and physical pain experienced by people living with HIV/AIDS. He understands the isolation and stigma they live with, because he has lived with HIV/AIDS himself.

More than three years ago, Bishnu found he was constantly weak and suffered a series of illnesses. He was unaware he had HIV/AIDS and didn't know where to seek treatment.

Bishnu was unable to work and had no source of income making life incredibly difficult until he discovered an INF HIV/AIDS programme in his area. There, he received treatment and education about the disease: how to manage it and prevent it from spreading. The healing process began not only physically but emotionally as he met others who lived with HIV/AIDS.

With his health improved, he started working in nearby fields where he tends to buffalo and chickens.

With his savings, Bishnu hopes his three children can continue in their education.

*Bishnu’s name has been changed to protect his anonymity.
PRECIOUS DAUGHTER
Kalpana is the well-loved three-year-old daughter of Kalakauri and her husband, from Jumla but her first few years have not been easy.

When Kalpana was born, her family were hoping for a son. In Nepali culture, sons are traditionally preferred over daughters and, as Kalakauri and her husband already had a daughter, they were disappointed.

Sadly, this resulted in neglect and malnourishment for Kalpana. With a large extended family and insufficient income for food, Kalpana was often underfed. At 18 months of age, she only weighed 6.1kg.

When INF staff visited their home, they quickly identified Kalpana as malnourished and referred her to INF’s Nutrition Rehabilitation Centre.

There she was given nutritious food regularly and Kalakauri was taught how to prepare more nutritious food. They stayed at with INF for 21 days where Kalpana’s weight quickly increased by 1.5kg. Her mother was so happy seeing her daughter’s health improve.

INF staff continued to regularly visit the family and were pleased to discover that Kalpana’s weight and health continued to improve. During the visits, INF staff also educated male members of the family that daughters are equally important members of a family. Kalpana is much healthier these days and now has a new baby brother - both are receiving nutritious food.

INTRODUCTION
Malnutrition is a major problem in many of INF’s working areas. INF has been running a Nutrition Rehabilitation Centre in Jumla to provide support to severely malnourished children and their mothers.

INF is also carrying out malnutrition prevention activities at the community level through awareness-raising in SHGs, training and teaching the mothers of malnourished children, and training school teachers and traditional healers.

IMPACT OF NUTRITION SERVICES
Malnutrition is a significant issue throughout Nepal. 40% of children under five suffer chronic malnutrition from multiple causes.

INF’s Nutrition programme was launched in Jumla in 2006 to address the root issues of malnutrition and reduce child mortality rates in Nepal. The programme is run at the community level through awareness-raising in self-help and mothers groups, supporting mothers of malnourished children, and training school teachers and traditional healers. There are also practical sessions with mothers where they are taught how to make “super flour” in their homes [a combination of ground grains and pulses that can be made into a highly nutritious porridge].

Apart from education, the programme rehabilitates malnourished children through admission to Community Nutrition Centres where they are fed nutritious food and monitored. This year, a total of 165 children received help from such centres.

ACHIEVEMENT HIGHLIGHTS

| 165 CHILDREN HAVE RECEIVED SERVICES FROM COMMUNITY NUTRITION CENTRE |
| 582 PARTICIPANTS IN NUTRITION TRAINING VIA SHG LEADERS, SCHOOL TEACHERS AND OTHER RELEVANT PEOPLE |
| 2,644 STUDENTS ATTENDED EDUCATION IN NUTRITION |
| 12 FAMILIES LIVING IN POVERTY SUPPORTED WITH “SUPER FLOUR” FOR THEIR MALNOURISHED CHILDREN |

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EVERY DISEASE HAS A NAME

Imagine knowing that there is something not quite right with your body but not knowing what it is exactly. Imagine seeing it get worse with every week and not knowing the name of the disease. Imagine finding out a long time later that it can lead to deformities and loss of limbs.

This happened to 60 year-old Than Bahadur. It was a difficult time for Than and his family when they discovered that he had leprosy.

Than lives in Myagdi District with his wife, his two sons and their wives. As a farmer, Than relied on his strength to get the daily tasks done until he began to lose sensation in his feet. In addition, his face started getting red, and wounds on his hands and feet lingered without healing.

When family members and other villagers suspected leprosy, they advised him to go to Green Pastures Hospital in Pokhara. Soon after arriving at GPH, he was diagnosed with leprosy and immediately commenced treatment which included antibiotics, physiotherapy, occupational therapy and counselling services.

Than is thankful for the treatment he is receiving. His wounds are recovering well and he is happy again with family members by his side.

ACHIEVEMENT HIGHLIGHTS

358 NEW CASES OF LEPROSY DETECTED
22 RECONSTRUCTIVE SURGERIES PERFORMED ON PATIENTS WITH LEPROSY
985 ASSISTIVE DEVICES [PROTECTIVE FOOTWEAR, BRACES, ORTHOTICS, ETC] PROVIDED TO PATIENTS LIVING WITH LEPROSY
9,068 WERE SEEN AT THE SKIN OPD [OUT PATIENT DEPARTMENT]
262 LEPROSY PATIENTS WERE PROVIDED WITH SELF-CARE TEACHING

LEPROSY

INTRODUCTION

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

GPH in Pokhara has services including medical, surgical, nursing, physiotherapy, occupational therapy, prosthetics, orthotics, counselling, wheelchair and self-care training for leprosy affected and disabled people. GPH is the major referral centre for leprosy affected people with complex medical complications from the INF leprosy clinics in the Mid-Western Region.

The clinic in Surkhet serves both people affected by leprosy and those with general disabilities. The main leprosy service provided by the clinic is the leprosy complication management and treatment. This is the main referral centre for leprosy in the Mid-Western Region.

Other centres refer patients to this centre for management of leprosy complications. INF clinics and hospital provide 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.

IMPACT OF LEPROSY WORK

In recent years, INF’s main focus has been ‘care after cure’ for people affected by leprosy. 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 people affected by leprosy to manage their condition and avoid developing new impairments. People affected by leprosy are also provided with mobility aids such as shoes, crutches, artificial limbs and wheelchairs as needed.

The out-patients clinic is open six days a week. INF’s hospital and clinics admitted a total of 578 inpatients during the reporting year with 358 new cases detected during the period. This indicates that despite leprosy being declared “eliminated” in Nepal by the Government of Nepal in 2009/10 it remains a public health problem which needs to be addressed.

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Imagine knowing that there is something not quite right with your body but not knowing what it is exactly. Imagine seeing it get worse with every week and not knowing the name of the disease. Imagine finding out a long time later that it can lead to deformities and loss of limbs. This happened to 60 year-old Than Bahadur. It was a difficult time for Than and his family when they discovered that he had leprosy.

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HOSPITAL SUPPORT SERVICES

INTRODUCTION

Since its inception in 1952, INF’s mission has focussed particularly on the disadvantaged, marginalised and vulnerable. INF’s Hospital Support Services is one of the ways in which we see this in practice.

Hospital Support Services [HSS] focuses on providing expert technical assistance to government hospitals, giving financial assistance to people who cannot afford medical treatment and guiding patients through hospital processes. We also work alongside government hospitals and health posts to develop their capacity.

HSS is achieving this through:

- **Patient advocacy** – advocates in each of HSS’s three working districts assist patients through the hospital system and help with the assessment service subsidies if necessary
- **Gynaecology and fistula treatment** – a gynaecologist is supporting Surkhet’s regional hospital through treating related conditions and training of staff
- **Poor fund provision** – providing money for treatment in cases where the patient is unable

ACHIEVEMENT HIGHLIGHTS

<table>
<thead>
<tr>
<th>39 PATIENTS TREATED FOR FISTULA</th>
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<tbody>
<tr>
<td>6,398 PATIENTS RECEIVED HOSPITAL INFORMATION AND ADVOCACY SUPPORT TO GET FREE SERVICES AND MEDICINES</td>
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<tr>
<td>822 PATIENTS RECEIVED GYNAECOLOGICAL AND OBSTETRIC CONSULTATION SERVICES FROM MID-WESTERN REGIONAL HOSPITAL [MWRH]</td>
</tr>
<tr>
<td>96 WOMEN RECEIVED GYNAECOLOGICAL AND OBSTETRIC SURGERIES FROM MWRH</td>
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<td>273 HEALTH WORKERS AND 146 COMMUNITY MEMBERS TRAINED IN FISTULA IDENTIFICATION AND PREVENTION</td>
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<td>486 FEMALE COMMUNITY HEALTH VOLUNTEERS RECEIVED FISTULA ORIENTATION</td>
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IMPACT OF HSS WORK

The Hospital Support Service [HSS] section has been working in Surkhet since 2003 with close relationships with government hospitals especially with the Mid-Western Regional Hospital [MWRH]. It provides technical support to empower MWRH to deliver quality services to its patients.

Since 2009, HSS has been serving fistula patients by organising annual camps to restore their health and dignity as well as conducting a fistula awareness-raising programme for government health workers with the dual aim of identifying patients needing surgery and promoting prevention of new cases of fistula.

In Banke, a local partner organisation – Sarwangel Sewa Samaj [SSS] supports Bheri Zonal Hospital by running a help desk and a hostel to provide food and accommodate to very poor patients’ carers. In addition to this, it provides counselling and advocacy services to poor patients to avail hospital services including the poor fund.

AMRITA’S STORY

My name is Amrita, I am 56 years-old and live in Salyan District in Mid-West Nepal. I have had much sadness in my life beginning with my marriage, arranged by my parents, to a man who had already had five wives.

My first baby, born after two days of labour, lived for only one hour. After two years I became pregnant again but complications saw this baby also die and I became very ill. As I slowly recovered I discovered that I was unable to control the flow of my urine. I was always wet and my clothing smelt. My husband and parents-in-law began to hate me and neglect me. One month later my husband took a new wife. I lived with my brother for eight years and looked after his goats. He gave me a few goats of my own and I earned enough to buy some land where I built a small house.

One of my cousins, Dila, had been treated for fistula in Surkhet and sent me a message with the contact numbers for the INF office. I never knew that other women had the same problem as me or that I could have treatment. I am poor, but the treatment was free and even our bus fare from home was paid back to us. I had an operation and now I am well. I want to thank INF for giving me a new life.
SURENDRA’S STORY

For 29 year-old Surendra the first few minutes of the devastating earthquake of April 2015 was a terrifying experience. Ensuring the safety of his elderly parents, his wife, his three young children and himself would have been a challenge as the earth violently shook beneath him. Then his whole world went black.

Surendra woke up at the Beshisahar hospital in Lamjung. He recalls being inside his house when the shaking began. In the mad scramble to get out, Surendra stumbled, falling unconscious in his garden.

A passer-by rescued him and took him to hospital where it was discovered he had severe spinal cord injuries. With his condition critical, Surendra was referred for surgery, however the operations were unsuccessful. He was eventually admitted to INF’s Green Pastures Hospital [GPH] where he finally had successful surgery. The slow and difficult process of rehabilitation commenced at GPH, and with his persistence and the expert care of staff, Surendra is making excellent progress.

“Though I won’t be able to be as I was before the accident, I am confident that I will be independent, and carry out activities of daily living on my own”

With a positive outlook on life, Surendra hopes to open up a grocery shop to support his family and earn a livelihood. He is thankful to his family and for the staff at GPH.

ACHIEVEMENT HIGHLIGHTS

64 PATIENTS RECEIVED SURGERY
178 WHEELCHAIRS PROVIDED TO SCI AND OTHER GENERAL DISABILITY PATIENTS
PATIENTS COLLECTIVELY RECEIVED 2,630 SESSIONS OF OCCUPATIONAL THERAPY TREATMENT
PATIENTS COLLECTIVELY RECEIVED 4,838 SESSIONS OF PHYSIOTHERAPY TREATMENT
55 PATIENTS RECEIVED NEW FOOTWEAR TO HELP IN THEIR REHABILITATION

GENERAL DISABILITY INCLUDING SPINAL CORD INJURY

INTRODUCTION

Many Spinal Cord Injuries [SCIs] in Nepal are caused by people falling from trees as people cut fodder to feed their livestock. The earthquake in April 2015 also resulted in a significant increase in the number of SCI patients in the country. However, the largest contributor to SCI in Nepal is still road traffic accidents.

INF provides rehabilitation services in two places, Green Pastures Hospital [GPH] in Pokhara and Surkhet Rehabilitation Centre [SRC] in Surkhet. Both centres have qualified physiotherapists and occupational therapists, run out-patient as well as in-patient services. INF also provides mobility aids and assistive devices according to need [e.g. wheelchairs, walkers, crutches, walking sticks, mattresses, toilet chairs and stools].

The INF hospital and clinic reserve 24 beds for the management and treatment of SCI patients and 16 for patients with General Disabilities. GPH is currently undergoing major renovations which will drastically improve the services available to General Disability and SCI patients and providing palliative care to people with life limiting illnesses and their families.

IMPACT OF GENERAL DISABILITY INCLUDING SPINAL CORD INJURY WORK

Disabilities such as strokes, cerebral palsy, meningitis, amputees, spina bifida, muscular dystrophy and club foot can lead to short and long-term disability. The general disability service is provided at INF’s clinic and hospital to all income groups; costs are charged to those who are able and willing to pay and a partially or completely free service is available to those who are assessed to be poor and vulnerable.

Patients have benefitted and have been empowered through INF’s work, which allows them to undertake their daily activities at home. INF’s work aims to restore their independence and dignity so they can once again function as part of their family and communities.

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INTRODUCTION
In November 2015, the new Ear Centre of INF Nepal was opened within the Green Pastures Complex in Pokhara. The 16 bed Ear Centre provides quality service at an affordable cost and has been one of the biggest drawcards in attracting patients to the Green Pastures Complex.

IMPACT OF EAR SERVICES
The Ear Centre has been able to provide services to more than four thousand people of the Kaski districts and of other districts like Lamjung, Beni, Myagdi in very less duration. The reporting period has been full of opportunities to be the best Ear Centre in the Western Region of Nepal as well as challenges to carry on the legacy of INF in the community.

ACHIEVEMENT HIGHLIGHTS
303 PATIENTS RECEIVED EAR SURGERY
2,638 PATIENTS RECEIVED AN AUDIOLOGY TEST
283 PATIENTS RECEIVED HEARING AIDS
4,005 PATIENTS VISITED THE EAR CENTRE

OUTREACH

INTRODUCTION
INF’s health camps have been providing specialised surgery to people living in 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 their own expense and run the camps in remote areas supported by the ‘Camps team’ and other Nepali staff. The 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. INF Banke conducts five outreach programmes a month in the rural areas of the Banke and Bardia Districts.

IMPACT OF OUTREACH WORK
The health camps [see achievement highlights] held this year directly benefitted people in remote areas where these specialised health services were not available.

SUSHILA’S STORY
41 year-old Sushila has watched the difficulty and isolation her husband has experienced from a hearing impairment that he has lived with his entire life. The disability has meant he has remained unemployed and Sushila has had to work hard to help keep food on the table for their family.

Seven years ago, to her horror, she began to have ear problems herself. She feared losing her hearing like her husband and began seeking treatment for her condition. Doctors she consulted recommended surgery. However, Sushila could not afford it, instead taking medicines that would temporarily reduce her pain but leave the hearing loss untreated.

When Sushila eventually learned about INF and the ear services it provided at a subsidised cost, she was overjoyed and keen to fix the problem with her left ear. With support from her extended family, she was able to raise the cost for the surgery which went ahead without complication.

After an overnight stay in the hospital, Sushila was discharged. She visited the hospital for follow-ups on a regular basis. Now fully healed and pain free, Sushila feels positive and hopeful for the future. She is overwhelmed to have received such quality treatment at a very affordable cost and is thankful for INF’s help.

ACHIEVEMENT HIGHLIGHTS
12 FAMILIES ATTENDED THE CEREBRAL PALSY CAMP IN APRIL 2015
566 PEOPLE RECEIVED SURGICAL PROCEDURES AT THE SURGICAL CAMP IN GORKHA IN OCTOBER 2015
91 CHILDREN ATTENDED THE CAMP FOR THE ‘RESPIRATORY STUDY OF CHILDREN’
**INTRODUCTION**

The Maternal Neonatal and Child Health [MNCH] programme was started in 2015 in response to particularly high maternal and child mortality rates in some parts of Nepal. The goal of the project is to improve the health of mothers and children under five years of age by strengthening health systems and increasing access to the government’s Maternal Neonatal Child Health services.

MNCH work is implemented in Kapilvastu and in six parts of the Deukhuri belt in the Dang District. Since work began in 2015, a MNCH clinic has been running weekly in each of the health posts in the district.

**IMPACT OF MATERNAL NEONATAL AND CHILD HEALTH WORK**

The MNCH programme is beginning to have an impact on its targeted areas. 124 mothers groups have been mobilised and supported by INF. Through discussion and training, mothers in the communities are being educated on various health related topics such as Antenatal Care and Postnatal Care and the importance of regular visits to the health post for checkups.

A key outcome has been the reactivation of the Health Facility Management Committees (HFMC) whose responsibility include providing better healthcare services and infrastructure to the communities. As a result, more institutions with birthing centres have been made available for pregnant women.

**ACHIEVEMENT HIGHLIGHTS**

- Through a series of meetings, INF has been able to support the improvement of Ghorahi Hospital’s (The Sub Regional Hospital of Dang) Neonatal Unit
- 131 Mothers groups mobilised and supported
- 22 participated in the Essential New Born Care training provided to birthing centres and District hospital staff
- Renovation of infrastructure of a birthing centre in Kapilvastu
- Three birthing centres and three referral hospitals provided with essential equipment and medicine

**NIRMALA’S STORY**

In some rural villages of Nepal, there is little education around pregnancy and antenatal care. This is reflected in the high maternal and child mortality rates found in Dang District. INF’s Maternal MNCH programme was started in 2015 to address these issues through education and health service provision to mothers and their children.

Nirmala, of Dang District, gave birth to a healthy baby at a Health Post in April 2016 largely due to her involvement in the MNCH programme.

Nirmala originally belonged to a mothers group, which had disbanded due to irregular attendance. At the time she fell pregnant, INF pushed to restart the mothers group with the help of a community mobiliser. Initially she was reluctant to rejoin given the negative experience she’d previously had but eventually she was convinced of its importance.

The group began to meet regularly and she learned about the importance of regular checkups at the health post. Along with the monetary incentive that came with each visit and about good nutrition during pregnancy.

Nirmala’s baby arrived and is very healthy. Nirmala is committed to regular checkups at the health post and she is thankful to INF for reactivating the mothers group.
FIRE IN DANG

“For how long can we keep staying with our relatives for shelter?”

This was the question that remained on 37 year-old Umaram’s mind. Umaram, with his wife and two young daughters, had been living with relatives ever since a fire burned down their house in Dang District on 18 February 2016.

His house and 11 others were completely destroyed, with a further nine partially damaged. INF’s Disaster Response and Resilience Department (DRRD) responded immediately, sending a team to assess the situation the next day. Upon assessment, some financial relief was immediately provided to the affected families.

INF’s DRRD was set up in December 2015 for disasters like the fire in Dang. Through assessment and working closely with other aid agencies, it aims to provide rapid relief in a coordinated and efficient manner.

In the case of the Dang fire, other aid agencies assisted providing food, however other essential items were overlooked. With discussion and further assessment, the DRRD team came up with an INF relief package consisting of warm clothes and kitchen utensils to provide to the affected families. Each of the 12 families received this package on the 1st of March, less than two weeks after the disaster.

ACHIEVEMENT HIGHLIGHTS

POST 25 APRIL EARTHQUAKE, INF SUPPLIED MORE THAN 4,000 HOUSEHOLDS IN GORKHA WITH FOOD AND HYGIENE KITS

POST 25 APRIL EARTHQUAKE, INF BUILT 119 TLCs [TEMPORARY LEARNING CENTRES]

12 HOUSEHOLDS IN RAJPUR, DANG DISTRICT, WITH A TOTAL OF 103 PEOPLE WERE SUPPORTED WITH A POST FIRE PACKAGE INCLUDING MANY ESSENTIAL ITEMS

146 TARPAULINS DISTRIBUTED IN THE WINTERISATION PROJECT IN GHORKA FOR INSULATION TO TLC’S

OVER 2,700 HOUSEHOLDS PROVIDED WITH BLANKETS AND OTHER WARM APPAREL AS PART OF THE WINTERISATION PROJECT

DISASTER RESPONSE AND RESILIENCE

INTRODUCTION

In Nepal, natural disasters come in many forms. 300 people die annually due to floods and landslides. In April 2015, over eight and a half thousand people died, with many more thousands made homeless, when a 7.8 magnitude earthquake struck Nepal.

In September 2015 INF created the Disaster Response and Resilience Department (DRRD), which aims to minimise the impact of natural disasters by enhancing community disaster resilience, preparing INF departments for disasters and, when required, coordinating aid response to disasters.

Based in Pokhara the focus of DRRD work can be divided into three areas: Disaster Preparedness, Disaster Management and Disaster Resilience.

IMPACT OF DISASTER RESPONSE AND RESILIENCE WORK

One of the very first tasks of the DRRD was to provide support to communities in Gorkha still affected by the earthquake. INF coordinated the first team to bring aid to the Gorkha villages and the Winterisation project continues to support them.

The Winterisation of Gorkha project supports the community by providing clothes, blankets, manpower, vehicle transport and funds in preparation for the cold winters there. INF had built Temporary Learning Centres [TLCs] for students whose schools had been destroyed. As 80 of the 119 TLCs were still being used for school children approaching winter, one objective of the Winterisation project was to provide some relief from the cold during lessons.

The DRRD team also responded to fires in the Dang District in February 2016 followed by fires in the Kapilvastu District in March 2016. Support was given to dozens of families whose houses had been destroyed.
MINA’S STORY

Mina is a mother of five children and has worked hard to provide for her family. She looked after the household chores, raised the buffaloes and goats, and toiled in the farm growing rice and vegetables.

Life was made more difficult as her husband was an alcoholic, regularly abusing Mina and their children.

Mina became desperate, she was constantly worried about her children and their future. It wasn’t until she met one of INF’s social workers who was visiting her village in Baglung District that her life began to turn around.

She moved to Pokhara and with her skills in farming and raising animals, IIFS employed her on the farm.

Four years on, Mina is much happier. She has a place to stay within the Green Pastures Complex and she continues her work at the farm, canteen and training centre. With the money she earns, she is able to provide an education for her children.

Mina’s story is inspiring. The opportunity through IIFS combined with her hard work and perseverance has enabled Mina to let go of her painful past and turn her life around. She is now hopeful for a better future for herself and her children.

ACHIEVEMENT HIGHLIGHTS

41 PEOPLE WERE EMPLOYED BY THE FARM AND CRAFT CENTRE [76% WOMEN, 25% PEOPLE WITH DISABILITIES, 5% EARTHQUAKE VICTIMS, 72% POOR AND MARGINALISED OR SINGLE MOTHERS]

MORE THAN 50 TONNES OF FRESH ORGANIC VEGETABLES FROM THE INF FARM DIRECTLY SUPPLIED TO GP CANTEEN AND SERVED TO PATIENTS, ATTENDANTS, AND STAFF

FARMING LAND EXPANDED SIX TIMES [TWO TO 12 ACRES]

BETH-EDEN GUEST HOUSE AND TRAINING CENTRE OPENED

IMPACT OF IIFS WORK

IIFS has had a direct impact on many individuals and their families who have been employed by the various enterprises. In addition, IIFS has allowed skills development and training for people who live with leprosy and other physical disabilities. This has played a positive role in contributing to their family’s needs whilst giving them a dignified role in society.

IIFS has contributed to INF’s income and its vision to become self-sustainable over the coming years so it can continue its work amongst the poor and marginalised.

INTRODUCTION

IIFS is a new income generation initiative that aims to become self-sustainable and support INF’s work with the poor and marginalised. INF Initiative for Financial Sustainability [IIFS] was established to support the work of INF, particularly areas of work which are not fully funded by overseas donations.

At present, IIFS runs a farm, craft centre, café, canteen, pharmacies, guest house and a residential training centre. All are located within the Green Pastures Complex in Pokhara.

Fresh and organic farm products are sold to the local community through its outlet. In addition to organic vegetable farming other activities include buffalo, pig, poultry, rabbit and, fish farming.

Similarly, IIFS craft centre produces different handmade craft products and supplies these to local, national and international markets. Through its canteen, IIFS provides nutritious and healthy food to the GPH patients as well as lunch to the staff. The IIFS pharmacy unit makes sure that quality medicines and surgical items are supplied through INF clinics and hospitals. IIFS also runs two guest houses with restaurants. A well-equipped training hall also been operated by IIFS, which can be hired for training purposes.

IIFS helps people affected by disability and poverty through job opportunities and employment.

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SANJAAL

INTRODUCTION
Sanjaal, meaning Network in Nepali, is a team in INF International that supports Nepali partner organisations in the areas of health, development and safe migration. Sanjaal’s work focuses on capacity building, networking, responding to strategic opportunities, exploring innovative approaches and being a catalyst.

STRATEGIC HEALTH PARTNERSHIPS
Our goal is to make a significant contribution to the development of the health sector in Nepal, particularly in services that are relatively neglected. We do this through seconding qualified and experienced health professionals into partner organisations to support with training and capacity building.

SAFE MIGRATION
Our goal is to reduce the vulnerability of migrants to exploitation, provide practical support in their places of work and provide effective advocacy when they encounter difficulties.

CAPACITY BUILDING
Our goal is to help Nepali Christian NGOs to serve their communities through effective health and development work. We do this through seconding qualified staff into partner organisations to support in areas such as capacity building, community health, HIV/AIDS work, drug and alcohol rehabilitation, literacy, livelihoods, community mobilisation, water and sanitation.

HIGHLIGHTS AND IMPACT
WE COMPLETED SEVERAL YEARS OF TECHNICAL ASSISTANCE TO NICK SIMONS INSTITUTE (NSI) AND THEIR HOSPITAL MANAGEMENT STRENGTHENING PROGRAM.

WE PROVIDED TECHNICAL ADVICE TO CHRISTIAN MISSION HOSPITALS IN THE AREAS OF IT AND PHARMACOLOGY.

WE PROVIDED TECHNICAL SUPPORT TO A NEPALI ORGANISATION THAT PROVIDES TRAINING AND SERVICES IN COUNSELLING AND PASTORAL CARE, INCLUDING SUPPORT TO PEOPLE SUFFERING FROM TRAUMA AFTER LAST YEAR’S EARTHQUAKES.

WE PROVIDE TECHNICAL SUPPORT TO THE GOVERNMENT OF NEPAL IN DEVELOPING A NATIONAL STRATEGY FOR PALLIATIVE CARE.

WE PROVIDED TECHNICAL SUPPORT TO A GRASSROOTS HEALTH AND DEVELOPMENT ORGANISATION WORKING IN LAMJUNG AND GORKHA. OUR SUPPORT FOCUSED IN THE AREAS OF MANAGEMENT SUPPORT, COMMUNITY DEVELOPMENT SUPPORT TO EARTHQUAKE AFFECTED VICTIMS AND ORGANISING AND RUNNING LEADERSHIP DEVELOPMENT MODULES.

WE HAVE BEEN EXPLORING WAYS IN WHICH WE MIGHT ENCOURAGE NEPALI PROFESSIONALS TO CONTRIBUTE TO THE DEVELOPMENT OF THEIR COUNTRY.

HIDDEN REALITIES OF NEPALI MIGRANTS
Each year, thousands of Nepalis leave their families and communities at home to find work in foreign countries. In search of a higher income whether it be to support their families, a future education or a new business, many become susceptible to exploitation or abuse by their foreign employers. Some even lose their lives overseas.

In 2013, Chaudamani from Gulimi District left to work in Malaysia to seek his fortune. As a labourer, he was subjected to hard physical labour and long working hours. In 2015, he became sick and was admitted to hospital but unfortunately, he died four days later.

INF’s Migrant Link Initiative was set up to provide support to the Nepali diaspora and their families and often works in partnership with Nepalese Migrant Unity Network [NeMUN], another NGO serving Nepali migrants.

When Chaudamani’s family approached NeMUN for help, they promptly involved INF to organize the payment for the transportation of Chaudamani’s body back to the village. Staff also advocated for compensation through which the family received some money.

Chaudamani’s family are deeply saddened by the loss of their son, but they are thankful for INF’s help in this difficult time.
To address the challenge of sustainability and to give new life to the 60-year-old infrastructure and outdated equipment, the management team of GPH has come up with a bold new plan to ensure the long term future of the hospital and its services to the people of Nepal.

GPH is heading into the exciting new territory with funding approved for Phase 1 of this long term plan which aims to:

a. Transform GPH into Christ Centred Centre of Excellence
b. Develop the Centre where Christian ethos, values and practices are followed for the holistic treatment of patients.
c. To ensure self-sustainability through expert technical human resources and promoting self-sustainable related activities within the hospital.

The primary goal of Phase 1 is to upgrade the current service level of GPH through the following objectives:

a. The renovation/ refurbishment of infrastructure
b. The purchase of up to date equipment
c. The recruitment of technical experts
d. The construction of a Chapel within the complex

The proposal for second long term plan with detailed plan and budget has been prepared. The second phase proposal consists of construction of orthopaedic spine and trauma centre, hydrotherapy, oxygen plant, bio-gas and waste management.

The collection of stories in this report captures only a small portion of how INF has changed the lives of individuals and communities in its working areas. This has only been possible through the hard-working staff and volunteers who have walked alongside those in need and the resources made available from our funding partners.

We would like to thank our staff and volunteers for their tireless efforts to further the work of INF despite the difficulties caused by external factors such as the petrol crisis, gas shortages, delays in the signing of the project agreements and continuing after-effects of the earthquake. That INF has been able to achieve most of its targets is a testament to their hard work and dedication.

In many cases, our work is in collaboration with government agencies and other partners. The benefits of using each other’s strengths and influence allow more people to be reached and impacted. We would like to thank all of the government agencies and partners that INF works with to improve the lives of Nepali people.

And finally, to our donors, thank you for your continuing support in our vision and mission which enables us to continue to serve the people of Nepal who need it most.
OUR PARTNERS

INF FUNDING PARTNERS
Anglican Aid
Baptist Missionary Society, UK
BMZ/Terra Tech
BSF through INF UK
CBM Christoffel-Blindenmission, Nepal
DIFAE, Germany
District Education Office-Kapilvastu
DMG
ECHO International
EFCDC
EMMS International, UK
FairMed/Lepra.Ch/Swiss Emmous, Nepal
Finnish Christian Medical Society [FCMS], Finland
Forum Wiedenest
German Leprosy Relief Association
GON-Ministry for Woman And Children Welfare
GON-Regional Health Directorate
GON-Western Regional Hospital
GZB, Netherland
HADA - Australia
Health Bridge Foundation of Canada, Canada
Hilfee Die ankommt
Hope for Our Sisters
ICCO Cooperation, Netherland
INF Australia
INF Australia Relief Fund, Australia
INF New Zealand Grants
INF North America Donations
INF North America Donations
INF UK Grants, UK
INF Worldwide
InterAct Asia, Thailand
Interserve Australia
Leprosy Research Initiative, Netherland
Liliane Fonds [Stichting Liliane Holland], Netherlands
MBW Germany
Presbyterian World Service and Dev [PWS&D]
Provide E.V.
Samaritan’s Purse, Canada
Saron Church, Sweden
Sasakawa Memorial Foundation
SIM
SSS, Netherland
St. Francis Leprosy Guild, UK
Stiftung Ohrchirurgie Nepal, Switzerland
Swedish Medical Mission, Sweden
Talbot Trust
Tear Australia
Tearfund UK
The Fistula Foundation, America
The Gay And Keith Talbot Trust, UK
The Kadoorie Charitable Foundation, Hong Kong
The Leprosy Mission International
The Motivational Charitable
Transform Aid International Ltd, Australia
World Mission Prayer League

FINANCE HIGHLIGHTS

TOTAL INCOME
494,340,819 NPR [4,708,008 USD]

- Equipment donations 1%
- From institutional donors 61%
- From other sources 5%
- From local sources 5%
- From individual donations 2%
- From national offices 26%

TOTAL EXPENDITURE
407,702,912 NPR [3,882,885 USD]

- Technical Area/Activities 79%
- Equipment donations 1%
- Construction and Infrastructure Dev. costs 2%
- Administration and Overhead Expenditures 14%
- Local Income Generating Activities 5%
- Community Health and Development 27%
- Mother and Child Health 6%
- Community Based Rehabilitation 13%
- Leprosy 16%
A CHRISTIAN MISSION SERVING THE PHYSICAL AND SPIRITUAL NEEDS OF NEPALI PEOPLE

PARTNER MISSIONS IN: Australia, Austria, Belgium, Brazil, Canada, East Asia, Finland, France, Germany, Hong Kong, India, Ireland, Italy, Malaysia, Netherlands, New Zealand, Norway, Singapore, South Africa, South Korea, Sweden, Switzerland, Taiwan, UK, USA and West Africa.