



INF NEPAL **ANNUAL REPORT** **2074/75** **(2017-18)**

01	Message from Chair of the Board and Executive Director
02	Introduction
02	Abstract of the Year
05	Projects Summary
09	Achievements
17	Internal Functions
19	Learning for Further Implications
20	Networking and Collaboration
20	Supporting Partners
21	Financial Summary
28	Abbreviations & Acronyms

VISION GOAL

Life in all its fullness for poor and disadvantaged people of Nepal.

Sustainable improvement in the health and quality of life of the people of Nepal, particularly the disadvantaged, by contributing to the fulfillment of the Sustainable Development Goals (SDGs) and the Poverty Reduction Strategy Paper (PRSP).



Mr. KRISHNA ADHIKARI
EXECUTIVE DIRECTOR



Mr. RAM CHANDRA TIMOTHY
CHAIRPERSON

MESSAGE FROM CHAIR OF THE BOARD AND EXECUTIVE DIRECTOR

It gives us immense pleasure to present the Annual Report for the Fiscal Year 2074/75 (2017-18) with highlights of the achievements and developments that were carried out this year. In this regard, God is gracious and we thank Him for his provision and grace.

The year was full of opportunities while it was equally challenging as well. Apart from carrying out the regular activities, it is a matter of pride to share some of our major achievements. We were able to get government funds from the Ministry of Health and Population; The Fistula Centre Building through Shining Hospital Surkhet was completed, construction of the Multipurpose Learning Centre in the Green Pastures Complex was started. In INF Nepal, community development and health services work reviews were carried out after a long gap helping us to understand the quality of our community and health work as well as giving some recommendations for further improvement.

As the financial year 2074/75 came to a close, Dr. Ganga Datta Subedi, Executive Director has completed his term and Mr. Krishna Adhikari became the new ED, from 1st Shrawan, 2075 (17th July, 2018).

Mr. KRISHNA ADHIKARI
EXECUTIVE DIRECTOR
INF NEPAL

We are grateful to the Government of Nepal and line Ministries, Provincial and Local Government, non-government organizations, NGO Federation, supporters, partners, local authorities, stakeholders, beneficiaries and churches for their support and cooperation. We are equally thankful to wider INF family and praying partners for their assistance shown throughout the year. We would like to acknowledge all INF staff and expatriate volunteers for their untiring efforts to achieve the goal.

Finally, we are grateful to all of you and hope for the same in the days to come.

Thank you.

Mr. RAM CHANDRA TIMOTHY
CHAIRPERSON
INF NEPAL

INTRODUCTION

International Nepal Fellowship Nepal (INF Nepal) is a Christian Non-Governmental Organisation (NGO) established in 1952, registered in Kaski District and affiliated with the Ministry of Women Children and Senior Citizen (Social Welfare Council). INF Nepal's three hospitals, Green Pastures Hospital in Pokhara, Shining Hospital in Banke and Shining Hospital in Surkhet, provide services for people affected by leprosy, spinal cord injuries and other disabilities including Cerebral Palsy, Orthopaedic and spinal problems, ear problems, and obstetric fistula. There are also services available for those in need of palliative care. INF also runs medical outreach programmes and training for a variety of medical professionals.

Under the Community Development Department, INF Nepal works in various technical areas including community health and development, community based rehabilitation, maternal and neonatal health, livelihoods, nutrition, disaster response and resilience, human trafficking, climate change, integral mission and HIV in Gandaki Province, Province 5, Karnali Province and Province 7 of Nepal. INF Initiative for Financial Sustainability (IIFS) is a section which aims to maximise the use of local resources within INF Nepal in order to generate income to support INF Nepal's charitable works with the long-term aim of reducing dependency on the need for external funds.

ABSTRACT OF THE YEAR

Major Achievement

Increased access of Persons with Disabilities (PWDs) to external resources from government and non-government. In Dang, NPR 105,000 allocated for assistive devices and income generation activities for PWDs from the Municipality.

Increased access of PWDs to formal education in schools together with others. Now most of the schools are disabled friendly with ramps, accessible toilets, coordination with school management etc therefore they feel proud to be studying together with others. In the reporting year total 71 disabled children are studying in school with INF support for education materials.

Self-help Groups (SHGs) are including PWDs in main stream for social development with others. Now 438 PWDs are actively participating in in SHG as regular members. Inclusion of PWDs and women in SHG has been taken positively from others who encourage them to actively participate.

In Mugu 548 households are involved in apple and citrus farming and getting good returns. It has been directly impacted their lives as well as increased their economic status.

Tangible improvement has been seeing in the economic development in SHG members (approximately 60% of SHG members) from different kind of business schemes. Such as, vegetable farming (offseason, high value crops), apple orchard, banana farming and rearing livestock.

SHGs have increased access to external resources (approximately 75% SHG) from government and non-government agencies for social development in favour of the SHG members. 75% SHGs now have access to external resources from different agencies and are being able to complete their action plans.

The majority of villages in the former VDCs of Uwa, Thawang and Seram in Rolpa are declared "Clean Villages" by local level government agencies (municipality and wards). It is due to changes their traditional behaviour through awareness and facilitation that impacted in their life - style to live in a clean environment. For example, the communities have started proper disposal of plastic in waste disposal pits. Such practices has extended in other districts too but so far they have not formally declared.

Women leadership as well as meaningful participation in society has increased, 83 women have been working in vital posts of different formal and non-formal committees in the working areas. Some women from the SHGs have been elected to local authorities and are doing well.

Increased number of births in health institutions as community people become aware becomes aware of the importance of institutional deliveries. This has been directly contributing to the national target to reduce the Maternal Mortality Rate (MMR). The rate has increased from 31.41% to 39.68% in 2017 in Kapilvastu District.

CHD evaluation report shows that all SHG households (100%), they are now using oral rehydration solution in cases of diarrhoea and receiving medical treatment in case of pneumonia in children under five.

Under the Community Resilience Project in Rolpa and Kapilvastu community awareness of Disaster Risk Reduction (DRR) has increased. Community people have initiated tree plantation, land management and construction of retention walls to prevent landslides. SHGs have planted a total of 5,880 plants of different species.

Local Disaster Management Committees are functioning well and emergency management funds are being utilized effectively to reduce the disaster risks. Maharajgunj Municipality of Kapilvastu added a complementary budget of NPR 200,000 in the management fund provided by INF as an effective work of the LDMC.

Community Nutrition Centres in Jumla are functioning well and these centres have treated 236 children during the year. The centres have also provided education on nutrition and other health issues to 230 mothers. Community people are happy to take ownership gradually to run the CNCs from their own initiation. Jumla District has a high malnutrition rate in children under 5 children but now there is improvement and decrease the rate from 35% to 10%.

Now SHG members are practising locally appropriate livelihood strategies based on their own capacity & interest for their betterment.

During menstruation women and teenage girls are now regularly using clean, locally made sanitary pads. Previously they often used dirty clothes that could lead to infection. INF Mugu Branch enabled local people to make sanitary pads by themselves using locally available materials.

A total of 2,475 leprosy patients have received outpatient door services from Green Pasture Rehabilitation Centre and a total of 270 new leprosy cases have been detected from Shining Hospitals (Banke and Surkhet). Accordingly 77 people with spinal cord injury, 31,615 people with general disabilities and 11,459 people with a variety of cases of ear diseases have also benefited from the outpatient services from the three hospitals.

Inauguration of the Rehabilitation Centre and laying the foundation of Pastoral Care Centre on 8th Shrawan 2074. The renovation of some wards and the operating theatre is part of the GPH long-term development plan.

One outreach screening camp was organized at Thabang of Rolpa district and 21 screened children benefited from ear surgery at the ear Centre with the financial support from INF North America.

During the fiscal year, a total of 1,615 people got benefitted from medical outreach camps held in Jajarkot, Kalikot, Salyan and Banke districts.

Shining Hospital INF Banke & Surkhet has received fund from the Ministry of Health and Population for installation of an X-ray machine, incinerator and minor operating theatre. The hospital is also providing ambulance service with a "B" category ambulance.

A building of 17 bed specialised fistula centre has been constructed within the premises of Mid-Western Regional Hospital located in Birendranagar, Surkhet of Karnali Province.

After a failed expensive attempt in India to repair Dhunki's fistula, back home, her husband took a second wife and Dhunki and her young daughter moved into the stable, sharing their "home" with two buffaloes and nine goats.

Dhunki's operation this year should help improve her bladder capacity. Her bladder was so small that although her earlier operations had successfully closed the hole in her bladder she was not cured of her incontinence and was still constantly wet. Because of that, she and her nine-year-old daughter continue living in the stable,

As Dhunki started her long four-day journey home she has much improved and is very thankful and hopeful for the future. When asked if she would come again another year for a check-up, she smiled and said: "Yes, I will definitely come here again". The new fistula centre is becoming a place of hope and joy, where patients find healing, not just physically but also emotionally.



Dhunki's Story

Dhunki, now 46 years old, grew up in Bajura, a mountainous district and one of the poorest and most remote parts of the country. We found that of the nine children she had delivered, only four daughters are alive. All her sons were born dead. The youngest daughter is nine years old. The older daughters are married but live nearby.

Dhunki travelled four days to get to the new INF Fistula Centre. One day of walking was followed by three days of bouncing about on a bus before she arrived in Surkhet. It was Dhunki's fourth visit to the fistula camp.

Dhunki's fistula, as with so many of our patients, could so easily have been prevented. Dhunki managed to deliver eight babies and though several times things went sadly wrong and the baby was born dead, Dhunki escaped serious injury. In her ninth and last pregnancy, seven years ago, she was told that it would not be safe for her to deliver the baby at home. She was advised to go to a hospital but there was no hospital in Bajura where caesarean section could be done and so it would mean a two or three-day journey. Her husband refused to consider this. Dhunki went into labour at home and after some days she managed to deliver the baby's legs and body but the head was stuck. She was carried to the health post and from there to the road and by bus to a hospital in Achham district. There also was no help, so they had to travel to another district, to Dadelhura mission hospital where at last, ten days after the labour began, the baby was delivered. The baby was dead and Dhunki had terrible injuries.

Major Changes

INF Nepal has now new Executive Director Mr. Krishna Bahadur Adhikari. The Community Development Department and Health Services Department were reviewed by external consultants to consider the current structures and operating practices and to make recommendations for more effective structures and working modalities in the future.

The Health Services Department has implemented a separate employment manual effective from the beginning of the fiscal year.

Challenges

Local level elections were held all over the country during the year. As per the code of conduct set by the Election Commission, we (NGOs/INGOs) were not allowed to conduct or organize community based activities for some days before and after the elections. That created some challenges to complete the planned activities in time.

During Shrawan and Bhadra the heavy rainfall badly affected parts of Banke District, especially our project area as it is a flood prone area and halted the implementation of project activities.

Most of the projects faced challenges from high staff turnover, because we lost trained staff and it takes time to train new ones to continue the activities as planned.

Being linked with a political party is another challenge for INF Mugu since the decision has been made by the local government to include representatives from the Rural Municipality office on the selection panel of any recruitment process of organisations working in the respective Rural Municipality. There have also been demands for local tax to be paid by organisation working in the area.

After the local election, local authorities (RM, Municipality) asked INF to cover the whole RM as a target area of the project which would mean an increase in the work area but on the other hand some of INF Nepal's funding partners have had to reduce funds. That present as difficult situation for us.

The plan to scale – up the Kalikot project has been stalled because sufficient funding was not secured.

The extended length of stay, particularly for leprosy reaction and ulcer patients has been challenging to the hospital for bed management. The funding gap in the field has further made the situation difficult. The hospital is looking for other sources, focussing on operational income to manage the gap.

Opportunities

Under the new local government structure, communities will have good resources in their own rural municipalities. That will create opportunities for partnership in some areas with the local authorities. As a new structure from government, they are also looking for good partners for working together.

GPH partnering with Gorkha Welfare Trust (GWT) and other likeminded organization in the area of rehabilitation. The partnership will facilitate provision of various hospital based rehabilitation services and assistive devices to the pensioners of GWT. This is a good opportunity for GPH to collaborate with such like-minded organisation.

GPH has been developing a sustainable model of services. Its services, such as Prosthetics and Orthotics and other rehabilitation the only ones of their kind in the western part of the country. ICRC, one of the funding partners, has mentioned that the GPH model is one of the best health service models among all their global implementing partners.

INF has got experience working together with Karnali Academy of Health Sciences (KAHS) to organise camps for medical and surgical services. This is a good opportunity for partnering with KAHS in the future for delivering cost effective services.



PROJECT SUMMARY

Community Development Department

Project Title	Thematic Focus	District	Funding Partner
CHD Raptipari	Community Empowerment	Banke	TAI, TEAR Australia
Banke Rehabilitation & Community Empowerment	Disability rehabilitation	Banke	INF UK
Banke MNCH	Maternal & new born health	Banke	Health Bridge Canada
Anti-Human Trafficking	Human trafficking	Banke	Interact Asia
Mountain Livelihood	Livelihood/food security	Banke	TAI
MILiP	Livelihood	Mugu	ICCO
SABALATA	Disability rehabilitation	Mugu	CBM
Mountain Livelihood	Livelihood/food security	Bajura	TAI, INF UK

Banke Community Cluster

Dang CBR & HIV	Disability rehabilitation and HIV awareness	Dang	TAI
MANASHI	Maternal & Child Health	Kapilvastu	FAIR MED
CHD Kapilvastu	Community Empowerment	Kapilvastu	Tear Australia and INF Australia
Mountain Livelihood	Livelihood/food security	Rolpa	TAI and Tear Australia
WASH	Safe drinking water & Sanitation	Rolpa	Interact Asia
Climate Change	Climate Change	Rolpa	Interact Asia
Community Resilience	Disaster Risk Reduction	Rolpa	TERRATECH

Dang Community Cluster



52-year-old Prem Bahadur Singh sits in the middle of his prosperous kitchen garden, carefully watches the geese that are helping to improve his livelihood.

For many years Prem Bahadur had struggled to make ends meet for his family of ten. He desperately desired to provide his children with better housing, a balanced diet and safe water. When he had tried and failed to produce enough from growing produce on his land, he decided to leave his family behind and go to India to find work. But things didn't improve even after five long years.

It was then that INF began a Community Development Project in his area, the mountainous and remote Bajura District. Prem Bahadur became an active member one of the project's Self-Help Group (SHGs). Along with the rest of the group, he learned many new and useful things, like how to treat drinking water and the importance of using bed nets. He also learned new farming techniques and how to run a business, which gave him the confidence to take the courageous step of re-starting vegetable and fruit farming. With the new techniques and business skills, he made a seven-fold return on his investment in the first season and after that his income has kept increasing, season after season.

INF also gave seed money to start a revolving loan fund for the SHG members. Encouraged by his vegetable and fruit growing success, Prem Bahadur took a loan to invest in geese keeping. He built a small pond and cage and with the help of his wife, the geese-keeping is also flourishing. He sells vegetables, fruit, fruit saplings and eggs now. Such diversification of products has helped him greatly.

With the profit from his business he has sent his younger son to study health and a daughter to study midwifery. He also has some savings in the cooperative established by the SHGs. Prem Bahadur is very thankful to INF and its supporting partners. "Had it not been for INF, my condition would have never improved. Many thanks to INF and their supporters who have helped people like me" says Prem gratefully.

Project Title	Thematic Focus	District	Funding Partner
CHD Project	Community Empowerment	Jumla	INF Australia
Nutrition	Nutrition	Jumla	SPC
SABALTA	Disability Rehabilitation	Jumla & Surkhet	CBM
Church & Community	Holistic Development	Dailekh & Jajarkot	Interact
JICHD	Community Empowerment	Jumla	Tear fund

Jumla Community Cluster



SHG meeting in Jumla

GRACE	Reconstruction and CBR	Gorkha	INF UK, INF Australia, BMS, Anglican Aid & funders from the relief fund
PFR	CBR	Baglung, Parbat, Myagdi, Gorkha	INF Australia, Tear Australia
SHELTER	Reconstruction & Capacity Building	Lamjung	Tearfund
CDID	Disability	Gorkha and Kaski	GZB

Kaski Community Cluster



Reconstruction support to disabled client

Health Services Department

Project Title	Area of Services	Service Based	Funding Partner
Green Pastures Hospital- Poor Fund	Leprosy	Kaski	Presbyterian World Service & Development
Management of leprosy neuritis, reactions, ulcers and reconstructive surgeries	Leprosy	Kaski	The Leprosy Mission
Pastoral Care Ministry at Green Pastures Hospital	Leprosy	Kaski	CSC Canada
Food Aid	Leprosy	Kaski	Tulsi Bhakta Construction
Green Pastures Hospital Ambulance Service	Referral cases	Kaski	Humedica
Assistive Devices for Persons Living with Disabilities	General Disabilities	Kaski	Ministry of Women, Children and Social Welfare
Physical Rehabilitation at Green Pastures Hospital	General Disabilities	Kaski	ICRC
Integrated Education Support	DCA	Kaski	Educational Fund for Children in Developing Countries, Finland
Caring for and preventing hearing loss	Ear health	Kaski	SON
Green Pastures Medical Charity Fund	Ear	Kaski	Ear Aid Nepal
Integrated Support to Children with Cerebral Palsy	General Disabilities	Kaski	INF UK
Palliative Care	General Disabilities	Kaski	INF UK
Training on Leprosy for Doctors in Nepal	Leprosy	Kaski	INF UK

Green Pastures Hospital Kaski



Creating History !

My role is to support and currently lead the development of a specialised service for people with ear disease and hearing loss, based at INF Green Pastures Hospital. I am an experienced UK trained ear specialist doctor.

The Ear Centre at GPH opened in late 2015; based on our 20-year experience of providing biannual surgical ear camps to most of the districts of Western Nepal. Since opening we have expanded staff to nearly 40 persons including 6 Nepali doctors, as well as many paramedicals and nurses. We offer all normal forms of ear surgery, including hearing reconstruction techniques, mastoidectomy, stapedectomy, ossicular implants, endoscopy and laser. Our audiology department has advanced services including hearing testing of babies, a wide range of hearing aids and speech therapy. We are working with ENT department of Western Regional Hospital to develop a neonatal hearing-screening programme.

We currently see around 60-90 outpatients a day and do 2-3 surgeries per day. In addition we perform many out patient procedures such as ear microsuction, hearing tests and hearing aid fittings.

We have multiple training programmes, in this year we have run regular internal CME, medical journal club, seminars for local ENT surgeons by visiting experts from the USA, a nurse training day and are currently running a 3 month training programme for ear health primary care workers, in preparation for a community ear care service. This programme curriculum is being developed with assistance from Warwick University in the UK. We have also made close links with the ear care services of the Gurkha Welfare Trust. On 3rd March we ran a rally for WHO world hearing day, the first time in Nepal. We work closely with donors from Germany and Switzerland.

Dr. Mike Smith

Project Title	Area of Services	Service Based	Funding Partner
Salary support to Physiotherapist; Scholarship support to OT Students	General disability	Surkhet	BMS
Construction of a training hospital to improve the health of mothers and children with focus on the treatment of gynaecological fistula disease	Fistula	Surkhet	BMZ/TerraTech
Surkhet Rehabilitation Development Project	General disability	Surkhet	BSF
Equipment and obstetric fistula treatment and training in Nepal	Fistula	Surkhet	Fistula Foundation
Surkhet Fistula Camp	Fistula	Surkhet	Gay & Keith Talbot Trust
Leprosy Treatment & Care Surkhet	Leprosy	Surkhet	GZB
Fistula awareness raising and prevention training	Fistula	Surkhet	Hope for our sisters
Nepal in Need	Leprosy	Surkhet	INF UK
SH-IS Poor Fund	General disability	Surkhet	INF UK
Delay in diagnosis & treatment , leprosy in Nepal	Leprosy	Surkhet	Leprosy Research Initiative
New Life for disabled children	General disability	Surkhet	Samaritan's Purse
All the way....."Hela Vägen Project"	Leprosy & General disability	Surkhet	Läkarmissionen
Community Hospital Grants	Overall Hospital	Surkhet	MoHP

Shining Hospital Surkhet

Holistic approach for prevention, care and development of leprosy in West Nepal	Leprosy	Banke	PWS&D
Shining Hospital INF Banke	Leprosy, TB	Banke	SSS
Community Hospital Grants	Overall Hospital	Banke	MoHP

Shining Hospital Banke



Nursing care to Leprosy patient in SH-IS



Goat keeping training to clients of SH-IS



Skin smear test to a patient of SH-IS

Community Project Achievements
CHD

ACTIVITY	TARGET	ACHIEVEMENT
Facilitation of SHGs	553 SHGs	553 SHGs
Empowerment through training	8,522 people	8,543 people
Provide improved iron stove to needy HHs	288HHs	288HHs
Provide support for establishing apple orchards	8 Orchards	8 Orchards
Cooperatives established through SHGs and functioning well	94 people	307 people
Strengthened capacity of HFOMCs to be functional	132 people	115 people
Resource provision & construction of drinking water, building, irrigation, road graveling, hand pump, wooden bridge, health-post repair, construction of ECD building, MCH building & school toilet etc.	43 Schemes	43 Schemes
IG grant support and livelihood support	140 people	142 people
Partnership agreement with Local Partner Organizations	5 LPOs	5 LPOs
Provision of education support to poor, marginalized and children with disabilities	100	98

Community Health and Development (CHD)

CHD work focuses on developing the capacity of the poor and marginalized people by enabling them to prioritize their own/community problems and responds through sustainable development of their community by their own initiatives. The table depicts the targets and achievements of CHD work implemented in Kapilvastu, Rolpa, Banke, Jumla, Mugu and Bajura districts in fiscal year 2074/75.

CBR

ACTIVITY	TARGET	ACHIEVEMENT
Formation and facilitation of SHG	196 SHGs	216 SHGs
Medical treatment and referral support	267 People	271 people
Education support to children of PWD's	447 children	473 children
Provision of assistive devices	123	158
Income Generation support to very poor PWDs	111	121
Vocational /Skill development training to PWD'S	72 PWDs	82 PWDs
Disable friendly Infrastructure modification /development	90	45
Provide support to reconstruct accessible and disaster resilient houses for persons with disabilities affected by earthquake	105 houses	77 Houses complete 28 Houses ongoing
Conduct Inclusive education trainings to teachers and SMC members	60 person	60 person
Provide training to the religious leaders for visioning of ministry for disable people	30 person	40 person
Technical and financial Support for Church/toilet modification to make accessible for wheelchair users	2 churches	1 church

COMMUNITY BASED REHABILITATION

Rehabilitation of those with disabilities into normal family and community life is core to INF's work. INF implements CBR work both directly and in partnership with Local Partner Organisations or Community Based Organisations (LPO/CBOs). CBR activities include capacity building, awareness raising, reduction of stigma through advocacy and lobbying on the rights of differently-able people, socio-economic rehabilitation and vocational training, house modifications and the provision of disability aids. These are all with the aim to empower PWDs to have access, to take active part in personal, family and social life so that there will be inclusive societies.

The table describes the targets versus achievements of CBR work that was carried out in Baglung, Myagdi, Parbat, Tanahu, Gorkha, Kapilvastu, Dang, Banke, Surkhet, Jumla and Mugu districts.

MOTHER AND CHILD HEALTH

The MCH project aims to improve maternal, neonatal and child health outcomes by strengthening the government health system, increasing access to and utilization of the MCH/MNCH/MNH (Mother and Child Health/Maternal, Neonatal and Child Health/Mother and Neonatal Health) services. The goal of the project is improved maternal and under-5 child health in Nepal. The aim is to raise awareness through various means on maternal and child health in order to get positive behaviour on MCH. We also provide opportunities for more trained skilled birth attendants (SBA) by organizing SBA training in coordination with National Health Training Centre (NHTC). The table below describes the targets versus achievements of MCH work carried out in this fiscal year:

Major Activities	Target	Achievement
Facilitates Mothers Group meetings	132 MGs (1584 meetings)	132 MGs (1576 meetings)
Training of basic health service staff on Infection Prevention & Health Care Waste Management (IPHCWM).	1 event (9 BHS staff)	1 event (13 BHS staff)
Training of FCHVs on Birth Preparedness Package (BPP)	9 events (132 FCHVs)	9 events (132 FCHVs)
Train Skill Birth Attendants	1 event (9 SBA)	1 event (10 SBA)
Support local health institutions to assess needs and provide materials and equipment to improve building maintenance, infrastructure, equipment, medicines	16 HFs	14 HFs
Training on FP microplanning for FCHVs & community representative at health facility	11 HFs	20 HFs
Train and mobilize FCHVs	614 FCHVs	614 FCHVs
EONC fund mobilize	22 MGs	54 MGs
Construction of room for 9 selected PHC_ORCs	5 HFs	8 HFs



CHANGE IN MAINA'S LIFE

Laxmanpur is a poor and backward place in Raptipari, Banke district. It is hard to reach and isolated because the road is rough and mostly only accessible by foot. Health and hygiene have been a low priority for families struggling to put food on the table. The local health post has no doctor and even basic medicines are scarce. When residents need more urgent medical care, poverty often prevents them from travelling to hospital.

Maina Biswokarma lives in Laxmanpur village. Maina is a member of the mothers' group in her village. In the group, members receive health education on different topics. One day during a meeting, she shared a problem about her daughter, Nisha, to one of the INF staff. Nisha was 18 months old and couldn't walk without help. She was also very weak and thin and didn't sleep properly, crying the whole night. Along with this, she often passed watery stools. INF's Maternal Neonatal and Child Health (MNCH) staff visited the home to see Nisha.

They found her weight was only 5kg and her condition was as Maina had described. When

asked about the history of Nisha's illness, Maina said that she went to India to get . treatment but couldn't go for follow-up as they didn't have enough money.

The INF staff advised Maina about healthy nutrition practices, immunization and also showed her how to prepare "Sarbottom Pittho" (super flour) using local resources available at home. Also she was encouraged to visit the local health facilities for regular health check-ups for Nisha.

Maina started to feed "Sarbottom Pittho" to her baby on a regular basis along with breastfeeding and within only one month, Nisha's weight grew to 7kg and her health condition also improved.

Maina shared: "This programme had brought lots of changes in the community and like me, many other mothers and babies have benefitted. It has been very successful in increasing understanding among pregnant women and mothers. I am thankful to INF for the encouragement and providing the necessary support and guidance."

NUTRITION

Malnutrition is a major problem in many of INF Nepal's working areas. INF is carrying out malnutrition prevention activities at the community level through awareness raising in self-help groups, training and teaching to mothers groups and running Community Nutrition Centres (CNC) in Jumla District. It provided support to severely malnourished children and mothers. Extremely poor families are taught how to make "Super flour", which is made out of roasted wheat, corn and soya flour for making porridge or flat breads. INF also works with mothers groups for nutrition work explaining how to cook nutritious food for their children and also to educate other members of the community about nutrition and its advantages.

The table below describes the targets verses achievements of nutrition work that carried out in the fiscal year.

SN	Major Activities	Target	Achievement
1	Run community nutrition centres (CNCs)	4 centres	4 centres
2	Counselling to mothers attending CNC regarding literacy class, kitchen garden, knitting and cooking class.	230 mothers	236 mothers
3	Unmanageable children referred to higher treatment centre	24 children	25 children
4	Awareness raising to mother groups members in 4 target area on nutrition, hygiene and environmental sanitation	54 groups	54 groups
5	Conduct nutrition training to various users groups	273 people	402 people

THE TWIN EFFECT

Menaka Acharya holds her twins, Ekendra and Ekmaya in her arms as she leaves the INF Community Nutrition Centre (CNC) in Jumla. Had it not been for the CNC her youngest children might not be alive today. When Menaka was 34 years old, she gave birth to twins, a boy and a girl. By then, she already had three daughters and one son. At birth the twins were only 2kg each. With six children to look after and her husband away much of the time working in India, Menaka was not able to look after her children properly. While she was in the fields or doing other chores, the twins were mostly left in the care of the older siblings who were only children themselves. The twins frequently fell ill and lots of medicine was used but nothing seemed to help. In one of her visits to the health post with the twins, she was referred to INF's Community Nutrition Centre

(CNC) by the health post staff. When they were referred they were 30 months old and CNC found out that Ekmaya's weight was only 6kg and Ekendra's 7kgs. They should have been around 11-12kgs. They were severely malnourished and generally in a very poor condition so they were admitted.

The children were bathed in warm water and provided with a nutritious diet. To start with they were upset and cried a lot due to the malnutrition. However after only 4-5 days, there was a significant decline in the crying and within two weeks they had gained a kilogramme each in weight.

Menaka was surprised by the fact that previously her children were only doing better when fed medicine and at other times they were not happy and healthy. She observed during her stay at CNC that her children were happy when they were well fed. She understood that food plays a more vital role in children's lives than medicine.

Menaka has also gained lots of knowledge regarding health and nutrition and has committed to follow those healthy practices at home as well. She commits that she will share her new knowledge in the community as well. She is grateful to INF for all the support.



Migration Support and Anti-Human Trafficking

INF Nepal has been implementing Migration Support Work through two local organizations at the borders at Nepalgunj and Mahendranagar. The major intervention of the project is to reduce exploitation, vulnerabilities and focus for justice through awareness, advocacy, by adaptation of right based approach for safe migration, protection of migrants' rights and labour rights, and also support to tackle poverty and trafficking through partnership, coordination and working collaboration with others organisations and institutions.

This is the last year for this migration support work and handed over to local partner organization.

Anti-Human Trafficking project is implemented in two wards 5 & 6 (Binauna & Fattepur) of Raptisonari rural municipality of Banke district. The people in these two wards often seasonally migrate to India in search of work through the open border and thus, are at high risks of being trafficked.

Major Activities	Target	Achievement
Orientation on Trafficking issues to duty bearers and civil society	4 events	4 events
Basic level vocational training to victims and at risk girls/women	6 people	6 people
Awareness raising through hoarding board	2 hoardings	2 hoardings
Awareness raising campaign on safer migration and HIV/AIDS in 2 boarders areas	2 event	2 event (13076 people)
Educate migrants about HIV/AIDS and measures of safe migration (money conversion, remittance, migrants rights, labour rights)	22000 People	22793 people
Develop IEC materials (leaflets, hoarding boards/wall painting, radio jingle, etc.)	2 event	2 event (16299 leaflet)
Case support for intoxicated migrants	28 people	13 people

Disaster Response and Resilience

The Disaster Response and Resilience has been implementing disaster management, response and resilience works. The overall goal is to "Reduce the impact of disasters in Nepal within INF and its working areas." INF Nepal DRR work has focused on the disaster preparedness, disaster management and disaster resilience.

Major Activities	Target	Achievement
Facilitation on disaster management and climate change issue to group members by CM and Team Lead	1440 people	2338 people
Disaster management training/orientation for SHG members	1207 people	1207 people
Disaster risk reduction through Participatory Assessment of Disaster Risk Reduction (PADR)	2 events	2 events
Provide support to reconstruct accessible and disaster resilient houses for persons with disabilities affected by earthquake	105 houses	77 Houses complete 28 Houses ongoing
Provide seed money to networking committee of INF's SHGs at ward level to establish Emergency Management Fund (EMF)	13 committees	9 committees
Training to masons on earthquake resilient house construction	150	150
Building model houses for disadvantages and poor people	27	6
Set up disaster contingency plan for every INF facility.	2	2
In an event of a disaster, respond according to the INF disaster strategy.	1	7
Provide basic training on First Aid, Security and Disaster Preparedness to INF staff in each district centre (Bajura, Mugu, Jumla, Surkhet, Banke, Dang, Kapilvastu and Gorkha)	4 No. of training events	9 No. of training events.
Take and maintain stock of disaster response resources.	13	9

HEALTH SERVICES ACHIEVEMENT

LEPROSY AND DERMATOLOGY

Leprosy is still considered a public health concern with associated social stigma in certain regions in the Western Nepal. Despite leprosy being declared eliminated by the government of Nepal in 2010, INF's three hospitals are consistently receiving a high number of leprosy patients over the past five years. The outpatient clinic is open six days a week. During the reporting year, 378 new cases were detected and 563 inpatients benefitted through INF hospitals.

CARED AND CURED

Being born in a poor illiterate family and as a woman in a Nepali community is always painful. There are still people who have not heard about the symptoms of leprosy and the services that are provided free of cost in Nepal. One such person is Keshari Bohora who was unaware of her disease even in her old age.

60-year-old Keshari has nine people in her family: one son, one step-daughter, five grandsons and one step granddaughter.

She is taking care of her ulcer as instructed by the staff and her ulcer is also improved now. She is happy to receive nursing care, medicine, food, accommodation and most importantly love from the staff of the hospital.

Her husband died a year ago. Agriculture is the main occupation of her family. Five years ago, Keshari felt numbness and she developed wounds on her hands. But she thought it was just a minor problem and went to see a traditional healer who recommended herbal treatment. But her ulcers were not healed. Later on she went to a private clinic and continued for about three years but nevertheless her problem was still the same. Eventually the leprosy began to create problem in her eyes too and in addition she had developed deformed fingers on both hands and both feet were anaesthetic and her toes were deformed but still no one knew what the problem was.

Finally she was referred to Shining Hospital - INF Banke, (SH-IB) where she went through a different diagnostic procedure and was finally diagnosed with leprosy. Currently she is taking medicines and having ulcer management treatment from Shining Hospital INF Banke. She is suffering from Multi bacillary type of leprosy.



LEPROSY SERVICE

ACTIVITY	TARGET	ACHIEVEMENT
OPD visits	17,300	26,194
New Case Detection	380	378
Skin Smear Tests	1,280	1,775
Leprosy In-patients	540	563
Volunteer Muscle Test and Sensory Test assessments	1,540	1,697
Conduct Reconstructive Surgery	40	93
Conduct Septic Surgery	70	41
Conduct Self Care training for leprosy patients	248	225
Footwear and Assistive Devices	706	1,229
Comprehensive Leprosy Training	66	56

SPINAL CORD INJURY

Major cause of spinal cord injury in Nepal is from fall related injury. Over the last decade, there has been a sharp rise in spinal trauma from highway accidents. Injuries are also on the rise from construction and industrial activity, from public and domestic violence, as well as with the increase in adventure sports. During the reporting year, 77 patients received OPD services and 76 SCI patients were admitted in two hospitals for rehabilitation and complication management. Altogether 965 physio and 1637 occupational therapy sessions were provided to these SCI patients along with essential equipment such as pressure relieving mattresses, toilet chair, braces, other assistive device and cushions/pillows as needed.



CHANGED LIFE

Shree Prasad Sapkota (72) injured his spinal cord a year ago due to a fall from a tree while collecting fodder for his animals. He was taken to a reputed hospital in the capital city where he underwent his spine surgery. Later, he was advised to visit Green Pastures Hospital as it is near to his home in the Kaski district.

Shree Prasad has six sons and a daughter. The children are married and are living separately away from home. Shree Prasad and his wife were living alone in their village at the time of accident and they were fearful of how life would be once they returned from the hospital, living without family support in a difficult environment for someone with a spinal cord injury. Shree Prasad received training on how to use a wheelchair

and he was given one from the hospital at the time of discharge. He has been using the wheelchair to do his daily living activities and simple household chores. Shree Prasad gets off his bed into the wheelchair and goes out of his room. He completes his morning rituals like hair and teeth brushing in the wheelchair. He has become able to give grass to his hungry goats. "I can help myself and my family now," shared Shree Prasad.

Shree Prasad's daughter-in-law says, "It has been easier for us to take care of baba (father). Without a wheelchair it would have become difficult to move him. He does simple work on his own which makes him feel worthwhile". Shree Prasad's son Madhav took the rehab team to meet Shree Prasad at his home, saying, "Post-accident, my father had difficulties in accepting that he can work no more. After receiving the wheelchair, my father has become hopeful and happy. I thank the hospital team on behalf of my family for all the contributions and especially for the wheelchair,"

GENERAL DISABILITY

Disabilities such as strokes, cerebral palsy, meningitis, amputees, spina bifida, muscular dystrophy and club foot can lead to long term and short term disability. The general disability services provided by two INF's hospitals are:

In total, 31615 patients related to general disability (GD) cases visited OPD services. 7408 general disabled patients were admitted in hospitals. The major cases were for fracture, gangrene, stroke & spina bifida.

General Disability		
Description	Target	Achievement
OPD to GD patients	12600	31615
Admissions (GD, Ortho, Cerebral Palsy and Palliative Care)	140	7408
Occupational Therapy (No. of sessions)	1500	2908
Physiotherapy (No. of sessions)	1500	7181
Surgeries	220	412
Patients Received Health Education and Counselling	382	976
Wheel chair Distribution	68	45
Other assistive and mobility appliances (mattress, toilet chair, special chair)	392	538

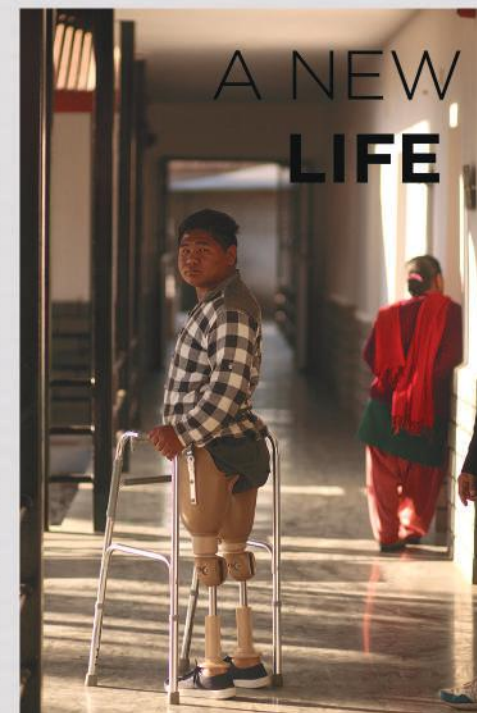
SCI SERVICE

ACTIVITY	TARGET	ACHIEVEMENT
Provide OPD service to SCI patient	80	77
Provide in-patient treatment to SCI patients.	112	76
Clinical & Functional measurement Assessment of SCI patients	120	170
Physio Therapy treatment of SCI patients	2,000	965
Occupational Therapy treatment of SCI patients	2,000	1,637
Peer Counselling (No. of sessions)	800	830
Surgeries	71	25
Assistive and mobility devices	330	757
Wheelchair Distribution	40	16
Orthosis and Prosthesis	286	205
House Modification	12	12

Raman Singh Thapa (24) dreams and aspirations were shattered when he lost both his legs in an accident while getting on a moving train in India five years ago. He had gone to India in search of work to support his family financially but now he is now dependent on his family for everything.

Raman was taken to a big hospital where they spent all the family savings and even had to borrow money. Despite this there was no relief. At the suggestion of one of his relatives, he came to Green Pastures Hospital along with his brother with high hopes. The Prosthetics & Orthotics (P&O) team of the hospital confidently took the case and assured the brothers they would make Raman walk on prosthetic limbs very soon.

Raman is now doing gait practice with his Above Knee Prosthesis. He is being assisted by our physiotherapist and accompanied by his brother. The rehabilitation team of the hospital has set the target to make him walk with the aid of elbow crutches. The Thapa brothers are delighted for having this new beginning.



A NEW LIFE



HAPPY TO HEAR

ACTIVITY	TARGET	ACHIEVEMENT
OPD	9,600	11,459
Inpatients	200	326
Surgeries	674	326
Hearing Aid	328	90
Audiology Test	6,720	4,128
Speech and Language Therapy	180	72

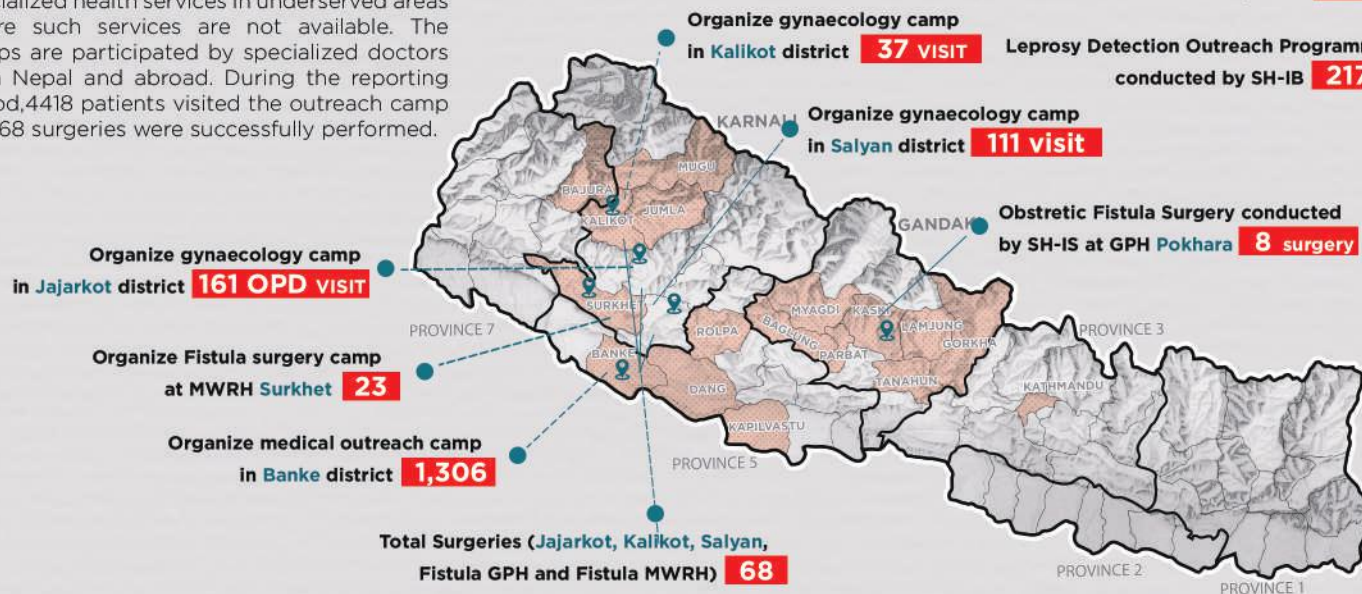
EAR SERVICE

The Ear Center of INF Nepal continues to deliver excellent ear care and treatment to patients. The quality service in an affordable cost has been biggest strengths of the center to attract patients. In total, 11459 patients benefited through OPD services. Likewise, 326 patients received major, intermediate and minor surgeries and health education post-surgery.

Laxmi Shrestha (16 years old) finally got rid of the pain which has been accompanying her since her childhood. She underwent surgery on her left ear at the GPH Ear Centre on 3rd January 2018. Laxmi is the second of her parents' three daughters. She used to have constant discharge of mucus from her left ear with low hearing ability. The parents were consulting a pharmacist instead of a proper medical solution, which was not helping Laxmi. The low hearing ability had become a hindrance to the 11th grade student. Her parents were worried but also lacked resources to cure their daughter's agony. One day, Laxmi's father, Durga Shrestha, heard about the services offered by GPH Ear Centre on the radio. He made up his mind to take his daughter there, which turned out to be the wisest decision of his life. The surgery has helped Laxmi. "There is no discharge and she can hear now" shared Durga Shrestha over the telephone with Ear Centre staff, after she had returned home. The family is grateful to the hospital for the support. Their house which was affected during massive earthquake of 2015 is being reconstructed through government aid. The family is now having a happy time together with their worries gone.

OUTREACH CAMPS

The goal of outreach is to improve health of the people and skill of government health staff in specialized health services in underserved areas where such services are not available. The camps are participated by specialized doctors from Nepal and abroad. During the reporting period, 4418 patients visited the outreach camp and 68 surgeries were successfully performed.



LIFE LIKE BEFORE



40-year-old Sara Bista has 5 sons and 3 daughters. She is from Jajarkot district. Twelve years ago, after the birth of her first son, she had a uterine prolapse. Despite this she had to carry on with all her responsibilities, from the kitchen to the field. Even during her maternity period she didn't get proper rest and also didn't get enough nutritious food and care which a mother should get. As a result of giving birth to her first baby boy and with the family pressure for more sons, two daughters were born before another son came along. One day she heard about INF's free gynaecological camp through local health post staff. So she set out and reached the camp after having walked for three days. There she was admitted and diagnosed with third degree uterine prolapse, after which surgery was planned for her. She was so happy with her successful surgery and excited to return home to live a normal life like before. Afterwards she was discharged from the hospital and was so thankful to the team.

HOSPITAL SUPPORT SERVICE

Hospital Support Service (HSS) Section has been working in Surkhet since 2003 with close relationship with government hospitals especially with Mid-Western Regional Hospital (MWRH), Surkhet. It provides technical support to empower MWRH to deliver quality services to its patients. In total 6919 patients received hospital information to patients at MWRH and 3251 patients received assistance to patient for free service.

HSS		
ACTIVITY	TARGET	ACHIEVEMENT
Provide hospital information to patient at MWRH	7,820	6,919
Assistance/Advocacy to patient for free service	3,416	3,251
Gynaec & Obstetrics Surgery (Consultant Support)	72	57
Training on Obstetrics Fistula identification & prevention to Government health workers (Rolpa, Syangja, Manang, Kaski)	190	179
Orientation on Obstetrics Fistula	50	54
Fistula Surgeries	40	31
Provide regular fistula surgery from fistula treatment and training center	0	16

HOPE INSIDE HOPE

A tragic tractor accident two years ago forever changed 24-year-old Haris Chandra Rawal's life. Prior to that, Hari had been working hard to provide for his wife and young daughter in Jumla's mountainous district where he lived and worked as a tractor driver. Haris's accident left him paralyzed from the waist down. He initially received care in the government hospital in Jumla before travelling to Nepalgunj for further treatment at a nursing home. His journey of treatment continued to a hospital in Lucknow, India, where he spent three months before going to several hospitals in Kathmandu that specialized in spinal cord injury. Apart from the many months being unable to work, the costs in travelling, accommodation and hospital fees cost created a huge financial burden on Haris and his family. With his savings exhausted and further treatment still required, Haris came to hear about INF's Shining Hospital in Surkhet from a relative. Haris was admitted and was able to receive the treatment he needed without further cost. As part of his care package, Haris is now receiving food, accommodation and counselling services, in addition to physiotherapy and occupational therapy treatment. This holistic approach is aimed at allowing Haris to perform as many of his daily routines as independently as possible. Already, he is able to slowly feed himself, which is a positive step forward.

Although it remains a difficult time for his family who remain in Jumla, they are encouraged by Haris's progress and look forward to his return. As for Haris, he is very happy with the love, care and support provided by the hospital and he is hopeful for the future.



Disaster Relief Support

FIRE

FI and NFI Bajura, Jukot	6 HH
FI and NFI Kapilvastu	5 HH
FI and NFI Mugu, Hyanglu	1 HH
NFI kitchen items Mugu, Kimri	17 HH
Food item Dang, Gadhawa	6 HH

DIARRHOEA OUTBREAK

IV RL 300 pack and mineral water Dang, Shantinagar	1,500 people
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FLOOD

Ready to eat food items Banke, Raptisonari	625 HH
NFI jointly with NRCS, Banke Banke	57 HH
FI & NFI, Jointly with DDRC Dang Dang	43 HH
Medicine, Hygiene kit, Staff, transport, Info material Banke, Narainapur	1,300 HH
Shelter materials such as tin sheets, farming tools, Cash for seeds and land preparation Banke, Raptisonari	240 HH including 3 model house
Shelter materials such as tin sheets, farming tools, Cash for seeds and land preparation Banke, Narainapur	40 HH

INTERNAL FUNCTIONS

IIFS

Currently, IIFS runs a farm, handicraft centre, café, canteen, pharmacy, guest house and a training hall. Farm products such as fresh and organic vegetables, eggs and meat are provided to the patients of (GPH) and are sold to the local community through its own outlet. Sometimes they are also sold wholesale to the local market. Apart from organic vegetable farming, buffalo, pig, poultry (different species) and fish farming are the major activities of the farm.

Similarly, IIFS craft centre produces different handmade craft products and supplies them to local, national and international markets. Also, through the canteen, IIFS provides nutritious and healthy food to GPH patients and snacks to the staff as well. At the same time, IIFS pharmacy unit makes sure that quality and standard medicines and surgical items are supplied to the OPD patients, clinics and hospitals under INF Nepal. IIFS runs two guest houses of tourist standard with a restaurant also. A well-equipped training hall also been operated by IIFS, which one can hire for training purposes. A café is also under IIFS to serve the food to customers outside the GPH complex. This year, an extension of IIFS Café titled, Mercedes Café has been started inside GP complex to address the need of patients, visitors and carers.

This year, IIFS is seeking to generate innovative ideas and expand its wings to maximise the use of the local assets of INF Nepal to improve financial situation.

ACHIEVEMENT HIGHLIGHTS

Good sales of medicine from IIFS Pharmacy.

More than 60 tonnes of fresh organic vegetables supplied to GP canteen and served to patients, carers and staff. The excess vegetables were also sold to the nearby vegetable market.

The number of buffaloes increased this year which consequently increased the milk production.

All the farm land has been utilized systematically by developing crop cycle.

Betheden Guest House and Training Center performed successfully through the renovated rooms with tiles.

Good sales of air ticket, majority sales of Yeti Airlines while few of Buddha Air.

The innovation in farming techniques such as tunnel house and mulching. This produced large crops of Marfa Rayo spinach and lady's finger.

The expansion and improvement of the café attracted more customers during tea and snack hours.

Canteen is successfully enough to serving the patients, carers and staff within GPH.

Apart from regular productions and sales, the INF expats and the INF international officials bought large quantities of craft products.

In general, the objective of mobilizing the patients, their carers and poor and marginalized people in the farm continued this year as well.

By running all these units, IIFS has a major impact in skill development, training and employment generation for people with leprosy and other physical disabilities. These have played a positive role towards contributing to their family needs and moreover, are encouraged to live a happy and respectful life.

Apart from these, IIFS has contributed the sum of 2 million Nepali rupees to the medical charity fund of GPH.



HOPE FOR LIFE

Juna Kumari is from Rampur, Palpa. She exactly don't remember when the symptoms of leprosy was seen but when was 19 years of age, leprosy was diagnosed. Then, she experienced lots of pain and even lost sensation in her legs. The doctors in Palpa referred her to Green Pastures Hospital, Nayagaon, Pokhara for further treatment. She was 30, when she first came to GP for her leg surgery. After the surgery and getting healed, she returned back to her village in Palpa where she got married with Basanta. She was discriminated by the villagers and finding no place to stay in the village, they thought of coming back to INF.

Now, INF has provided them with a house inside the farm run by INF Initiative for Financial Sustainability (IIFS). Both husband and wife work in the farm for their better living. They both are very much thankful to INF for the proper treatment, shelter and even income to sustain their lives. At the same time, they are grateful to INF which gave continuously hope and happiness during the time of pain and suffer.

HUMAN RESOURCE MANAGEMENT

During the FY 2017-18, a total of 488 staff supported to implement various project works of INF.

New Employment Manual

A new employment Manual was implemented for Hospitals of INF Nepal.

Expat Recruitment

INF Nepal began to take lead role in the recruitment of expatriate in coordination with INF NCO.

Internship Programme

Successfully carried out the internship programme for the first year.

Department	Male	Female	Total
ICO	28	7	35
GPH	61	51	112
SH-IB	12	6	18
SH-IS	23	18	41
Dang Cluster	30	28	58
Banke Cluster	50	41	91
Kaski Cluster	20	9	29
Jumla Cluster	20	16	36
IIFS	17	33	50
Interns- (ICO)	0	4	4
Expat	9	5	14
Total	270	218	488

Exciting Year

2017-2018 has been an exciting year for Thomas Meier and the INF Disaster Response and Resilience Department (DRRD). They set up Disaster Emergency Boxes and Disaster storages in several locations in the Midwest region of Nepal. A big new store for Disaster Material has been built in Pokhara on the GP compound to support with Disaster Relieve Material, if needed in our INF Disaster Responses. Many staff members and Community People have been trained in First Aid, Light Search and Rescue, Disaster Preparedness and other important areas of our DRR work. New Networks and cooperation's around INF has been formed in Nepal and internationally. The Community Resilience Project in Rolpa and Kapilvastu made big steps forward and was restructured to fit the new local government system. New staff has been hired and trained. The Lamjung Community Resilience Project was started and supports the local government body to fulfill its Disaster Preparedness work and supports to form the local Disaster Management Committees. The DRRD responded to six local small scale Disasters and was deeply involved in the Banke Flood response in Raptisonari and Narainapur over the last year. This included food and non food item distribution, medical support and an early recovery project that supported over 280 Households with reconstruction and livelihood material, trainings for flood resistant building and better use of resources and farming tools.

Thomas Meier

CONTRIBUTION OF EXPAT VOLUNTEER

Blessed to be in INF

As Donor and Funding Coordinator I have had the privilege of working closely with my Nepali colleagues to help build their capacity and together raise the necessary funds to ensure that INF's work among the poor and marginalised is able to continue. During the year I helped to write successful proposals which received funding for, among others, the Ear Centre at GPH, flood victims in Banke District and spinal cord injury and general disabled patients in Surkhet. I have also been involved in capacity building workshops on various development issues, such as Theory of Change and Monitoring and Evaluation, and also helped to design projects and strategies for other areas of INF Nepal's work such as Palliative Care, MNCH, Disaster Response and Resilience and Community Development.

Alan and Megan Barker



Joyful Experience

It's been a great experience working with INF in the field of Fistula. I am feeling lucky to work with INF family to cure Fistula patients who are especially underprivileged. During the past years, the happiest moment is to see completion of the Surkhet Fistula Centre, the handover of the Fistula building to MWRH and the start of regular surgery in the new fistula centre. In the past year, I enjoyed working to cure fistula and gynae patients in INF Surkhet and GPH along with the camps. We have been getting regular support for gynaecology and obstetric services at MWRH continued. Over the year there were 347 gynae consultations in MWRH and 31 gynaecology operations were performed. In UMH Tansen gynaecology support visit for two and a half weeks in Shrawan obstetric emergency on call cover was provided. In May 2018 there was a visit to the fistula centre from the donor Fistula Foundation and in June 2018 INF gynaecologist attended the international conference of Nepal Society of Obstetrics and gynaecology (NESOG) in Kathmandu.

Dr. Shirley Heywood



LEARNING FOR FURTHER IMPLICATION

Community Development

The monitoring visits conducted from different levels were very helpful to document the progress and achievement of projects, challenges and way forward. Moreover, the project staff received valuable feedback during the visits which brought an encouragement to the field staff to perform better in the future.

Continue and increase number of monitoring visits to the project areas. Involve government personnel in monitoring visits. Also capture the important change event and reflect in report. Conduct result based monitoring based on the indicator.

Local level stakeholders engaged through various programs of the project were helpful to receive valuable feedbacks, recommendations and assistance which has created enabling environment to the project team with full of encouragement

Continue liaison with local level stakeholders in upcoming years and involve stakeholders through different project interventions.

Medical Outreach

We have learned that it is so difficult to work with the government organizations and the staff. It is so difficult to maintain a relationship with them. Despite the difficulties, we have learned a positive thing that if we have a dedicated teams with us then it is easy to work in every difficult situation and we could also have a successful surgery.

It's good to develop a good team for any medical outreach to have successful result within INF.

Visa problem has taught us to be proactive to conduct any medical outreach.

We need to have alternative plan if we face any problem while conducting medical camp.

Leprosy, General Disability & Spinal Cord Injury, CBR

Like previous year, this time also SH-IB received grant support of NRs 4,064,000 from Ministry of Health and Population.

We have learnt that we need to continue our leprosy and other clinical services so that we can provide support and services to those who are in great need.

We have learnt that formation of new Self-Help Group including leprosy and persons with disabilities is quite challenging in the community. We have found that almost everyone who is interested to participate in the SHG is illiterate which also brings additional challenge.

From this experience we have learnt that we need to recruit new community/health facilitator so that we can form and facilitate the SHG smoothly.



**A LITTLE
SUPPORT
CAN BRING
ABOUT
BIGGER
CHANGES**

Uwa community, 28 kilometres from the district headquarters, is one of the most vulnerable and geographically challenged communities of Rolpa district. Uwa is a high-risk area from landslides and soil erosion. Every year, landslides sweep away roads, footpaths, cultivable land, cattle and even people. There is a micro-hydropower plant in Uwa but it is functional only for 6 months a year as landslides damage its tunnel every monsoon. That means the people have no electricity for 6 months every year.

INF started working through self-help groups (SHGs) in the Rolpa District in 2013. One focus of this approach is the optimum utilization of locally available resources so as to solve the problems of communities.

In the course of group discussions during their regular meetings, Ujyalo SHG of Uwa discussed what they had learned about climate change and its impact in the community. They found their major problem was the impact of landslides every year. While discussing about safety measures, they decided to make an action plan of tree plantation and building a retention wall of stones. For that, they needed some external materials like galvanized iron wire nets and cement. They made an action plan to approach INF and INF was ready to provide those materials. The communities contributed by collecting locally available seedlings for plantation and giving their labour free to build the retention walls. So, in a combined effort, five retention walls were constructed and every retention wall is protected by plantations of locally available plants. The community now has the prospect of a safer hydropower plant and year round electricity.

NETWORKING AND COLLABORATION

INF signed a new five-year Project Agreement (2015-2020) for our community and health work with the Nepal government's Social Welfare Council [SWC] under the Ministry of Women, Children and Senior Citizens. INF's hospitals actively participated in the quarterly, semi-annual, annual meetings and health review meeting organised by the Health Directorate under the provincial Ministry of Social Development and the Leprosy Control Division (LCD). In addition, SH-IS participated in Nepal Leprosy Relief Association's co-ordination meeting. A recording and reporting meeting was also organised by the District Public Health Office (DPHO), Surkhet, where SH-IS also participated. Similarly, SH-IS attended the tuberculosis prevalence survey organized by DPHO.

Beside this, SH-IS provided technical support in a "Review and Local Level Health Planning Workshop" organized by the DPHO Banke from 27-28th February 2018. Moreover, INF was invited by (LCD) to discuss and review the National Level Operational Guidelines on leprosy.

To conduct medical outreach, INF collaborated with the Ministry of Health and Population, Ministry of Labour and Employment, Nepal Medical Council, Health Directorate Office, District Public Health Office (Banke, Jajarkot, Salyan and Kalikot)

In the branches under the Community Development Department, there was regular coordination and collaboration with like-minded government and non-government agencies in their localities, mainly for implementing project interventions and to reduce the duplication of project services. The agencies covered ward offices, municipality offices, UNICEF, DHO, DAO, WCO and individual focal persons of technical areas in relevant agencies.



Supporting Partners



Australia

Anglican Aid, Australia
Aussie Action Abroad
INF Australia
Interserve Australia
Transform Aid International Australia
Tear Australia



UK

INF UK
Baptist Missionary Society
Ear Aid Nepal
EMMS International
Guernsey Overseas Aid
Promise Nepal
St. Francis Leprosy Guild
Tearfund UK
TLMI
Working Hands, UK
The Gay and Keith Talbot Trust



CANADA

Centre Street Church, Canada
Effect Hope
Health Bridge Foundation of Canada
INF Canada
Presbyterian World Service and Development (PWS&D)
Samaritan's Purse, Canada



NETHERLANDS

GZB
ICCO Cooperation
Leprosy Research Initiative
Liliane Fonds (Stichting Liliane Holland)
SSS Netherland



NEW ZEALAND

INF New Zealand



USA

The Fistula Foundation
INF N. America
World Concern
Direct Relief



SWEDEN

Läkarmissionen



AUSTRIA

Hilfe die ankommt
Project 33 Austria
Hope for Our Sister



SWITZERLAND

Stiftung Ohrchirurgie Nepal (SON)



GERMANY

BMZ/TerraTech
Forum Wiedenest (FW)
Humedica E.V.
LandsAid
Provide e.V., Germany
Shakti Nepal



FINLAND

Educational Fund for Children in Developing Countries
Finnish Christian Medical Society (FCMS)



THAILAND

InterAct Asia



NEPAL

LCD,
Janaki Rural Municipality, Banke
ICRC
CBM Christofeel-Blindernmission
FairMed/Lepa.Ch.Swiss Emmons
Pokhara Metropolitan Office



Govt. of NEPAL

MoHP
MoWCSC

Overview

The approved budget for 2017-18 was Nrs. 67.02 crore. During the year, the additional budget of Nrs. 2.42 crore related to various projects of Health and Community was approved making the total budget of Nrs. 69.45 crore. Out of total budget, operating budget was Nrs. 61.52 crore, Governance and Management budget was Nrs. 2.67 crore and capital expenditure budget was Nrs. 5.26 crore.

Most of the budgeted activities have been successfully completed. The total budget utilization during the year is 94% for operational expenditure and 110% for capital expenditure. More expenditure in capital items is due to emergency replacement of broken medical equipment in GPH and some were received in kind.

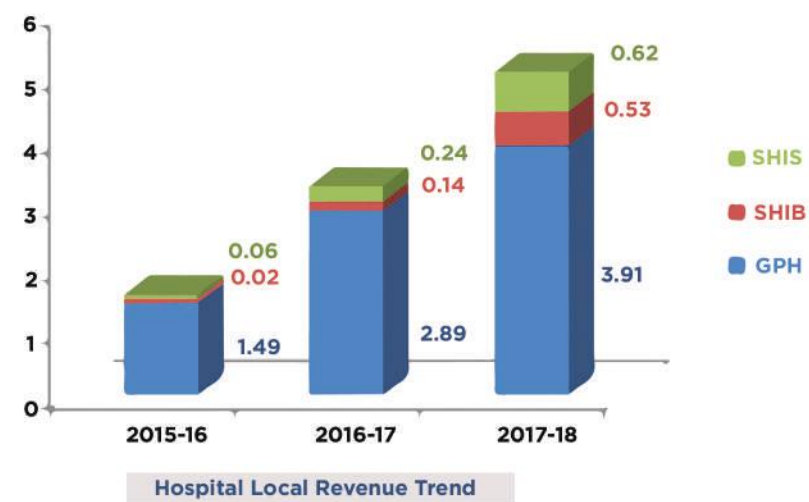
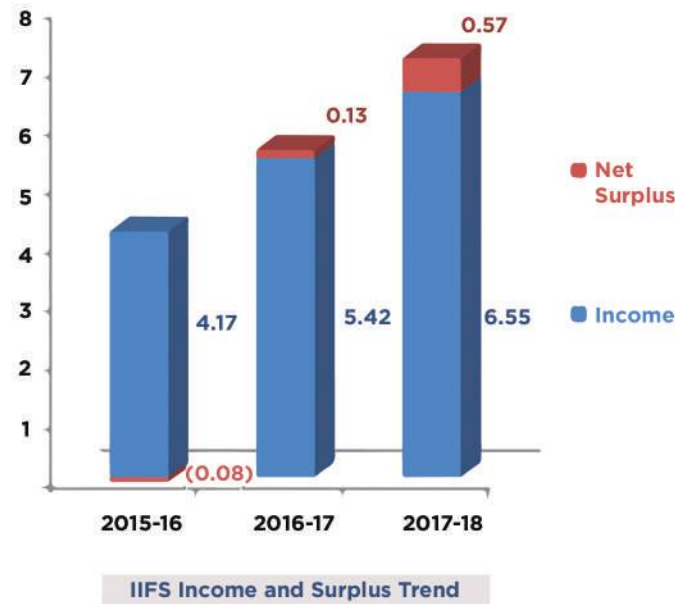
Financial Performance

INCOME

The total income for the year is Nrs. 55.14 crore. The majority of the income includes the grants from more than 50 funding partners representing 76% of total income.

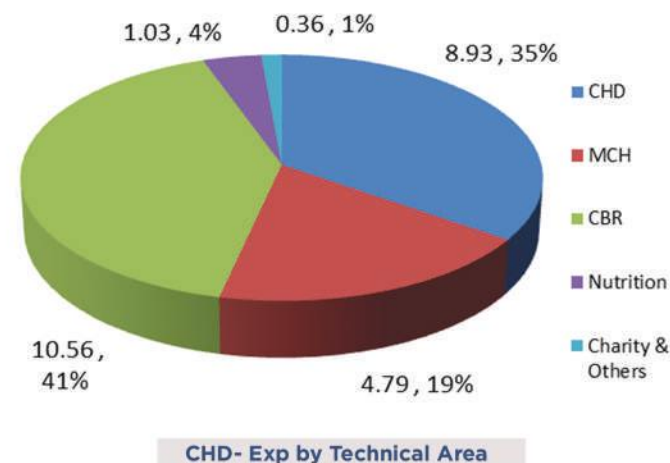
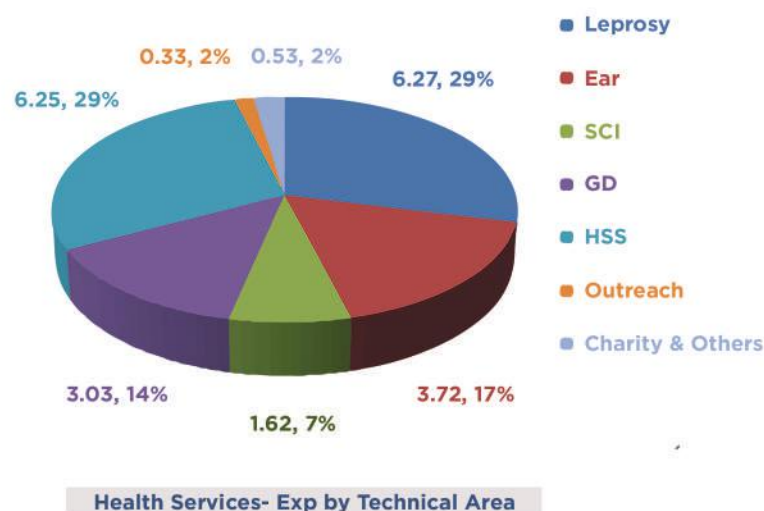
INF Initiatives for Financial Sustainability (IIFS) has been able to earn the total revenue of Nrs. 6.55 crore out of which Nrs. 1.51 crore was earned internally within INF. This is the 3rd year of operation of IIFS and Income is increased by 21% than last year. It has been able to contribute a sum of Nrs. 0.20 crore for the leprosy work in Green Pastures Hospital and has retained a sum of Nrs 0.57 crore for investment. Net Surplus Ratio is 9% on Income and has aimed to provide Rs. 0.25 crore for leprosy and charity work in INF Nepal next year.

As a part of financial sustainability and to address the issue of downward trend of funding partner particularly in leprosy, local revenue from hospitals have been encouraged so that the surplus money can be utilized for charitable purpose. The hospitals, especially Green Pastures Hospital (GPH) has been able to generate the revenue of Nrs. 3.91 crore followed by Shining Hospital INF Surkhet (SHIS) amounting to Nrs. 0.62 crore and Shining Hospital INF Banke (SHIB) amounting to Nrs. 0.53 crore. Hospital Local Revenue is in increasing trend as shown in the figure:



Operating Expenditure

Total operating expenditure for the year is Nrs. 61.60 crore. Out of this, INF Nepal has spent Nrs. 21.75 crore (representing 35% in total operating expenditure and 32% of total expenditure) in health services through Green Pastures Hospital, Shining Hospital INF Banke and Shinning Hospital INF Surkhet and Medical/Surgical Outreach. The activities of Health Services include Leprosy, Spinal Cord Injury (SCI) patient treatment, General Disability (GD), Government Hospital Supports (including poor fund and other supports) (HSS), Medical and Surgical Outreach and Ear treatment services.



INF Nepal has spent Nrs. 25.67 crore (representing 42% in total operating expenditure and 38% in total expenditure) in the Community Health & Development (CHD) activities. The CHD activities include Community Health & Development (CHD), Mother and Child Health (MCH), Community Based Rehabilitation (CBR), Nutrition, HIV/Aids and Migration work in Kaski, Baglung, Parbat, Myagdi, Dang, Rolpa, Kapilvastu, Banke, Jumla, Lamjung, Mugu etc.).

Operating expenditure of IIFS is Nrs. 4.69 crore which represents 8% of total operating expenditure (7% of total expenditure). The rest of the expenditure is of other projects directly managed and implemented by Central Office. INF Nepal spent Nrs. 3.37 crore (including the charity cost to leprosy patients) to support the treatment of poor patients mainly through three hospitals. The central office management and administration costs including board and governance cost is Nrs. 1.88 crore which represents the 3% of the total operating cost.

Capital Expenditure

Total **capital expenditure** for the year is Nrs. 5.76 crore. The major capital expenditures during the year include Renovation and Improvement cost of the Green Pastures Hospital, Medical Equipment and Ambulance for three hospitals and the costs of vehicles and computers.

Medical Equipment and Ambulance of Shining Hospital INF Banke and Shining Hospital INF Surkhet is supported by Ministry of Health, Nepal amounting to Nrs. 1.03 crore and 0.80 crore respectively. Rest of the renovation and capital items are supported by various Funding Partners. IIFS has also invested Nrs. 0.62 crore in fixed assets, water boring and renovation. These costs are capitalized and expensed annually in the form of depreciation according to INF Nepal Finance Policy.

Summary Consolidated Income & Expenditure

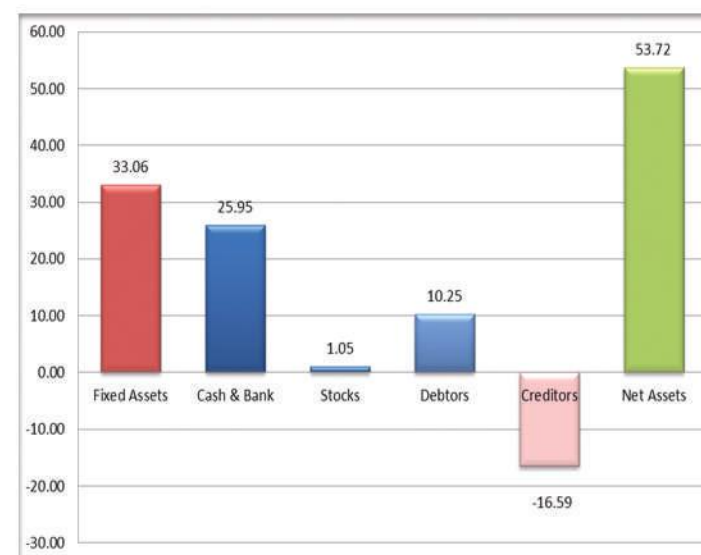
INCOME	Amount	% of total income	EXPENDITURE	Amount	% of total expenditure
			Operating Expenditure:		
Grants - Programme Operating	36.28	66%	Community Health & Development	25.67	38%
Grants - GPH Development	0.59	1%	Health Services	21.75	32%
Grants - Fistula Building & Training	4.96	9%	INF Initiative for Financial Sustainability	4.69	7%
Gifts in kind	1.42	3%	Projects managed by ICO	7.61	11%
Hospital Local Revenue	5.06	9%	ICO Management & Governance	1.88	3%
IIFS Local Revenue	5.04	9%	Total Operating Expenditure (A)	61.60	91%
Other Local Revenue	1.79	3%			
			Capital Expenditure:		
			GPH Development	1.05	2%
			Health Services	3.01	4%
			Community Health and Development	0.27	1%
			INF Initiative for Financial Sustainability	0.62	1%
			Other Capital Expenditure	0.81	1%
			Total Capital Expenditure (B)	5.76	9%
TOTAL INCOME	55.14	100%	TOTAL EXPENDITURE (A+B)	67.36	100%

Year End Financial Position

The net asset as on 16th July 2018 is Nrs. 53.72 crore.

Fixed Assets: Includes assets owned and capitalized by INF Nepal, Cash & Bank: Includes cash in hand, cash held in bank and as fixed deposit, Stocks: Includes stock of medicines, finished goods, livestock and technical services stock, Debtors: Includes prepayments and other sundry debtors, Creditors: Includes End of Service Gratuity provisions, deferred income and other sundry creditors. The fixed asset represents 47% of the Total Net Assets.

The Net Assets represent Nrs. 1.02 crore of General Operating (Unrestricted) fund, Nrs. 46.06 crore of Designated funds including fixed assets management funds, Nrs. 5.68 crore of Restricted Operating (Restricted to Hospitals and Program activities) funds and Nrs. 0.96 crore of Capital Endowment (fund designated and managed separately to generate interest for operational activities) Fund.



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BRS Neupane & Co.

INDEPENDENT AUDITORS' REPORT

We have audited the accompanying financial statements and related schedules thereto of **International Nepal Fellowship Nepal** which comprises of Balance Sheet and Cash Flow statement as at 16th July, 2018, Statement of Financial Activities for the period from 16th July, 2017 to 16th July, 2018 and Significant Accounting Policies and Other Explanatory Notes.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Generally Accepted Accounting Principles. This responsibility includes: designing, implementing and maintaining internal control relevant to the preparation and fair 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

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. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion the Balance Sheet, Statement of Financial Activities, Cash Flow Statement and Significant Accounting Policies and Other Explanatory Notes, presents fairly, in all material respects, the financial position as at 16th July, 2018 and the financial performance from 16th July, 2017 to 16th July 2018 of **International Nepal Fellowship Nepal** in accordance with Generally Accepted Accounting Principles.

Date: 20th September 2018
Place: Kathmandu, Nepal




CA. Gyanendra B. Bhari
Partner



International Nepal Fellowship Nepal: Consolidated Financial Statements

Statement of Financial Activities for the year ended 16 July 2018

(in Nepali Rupees)

	Note	Unrestricted - Operating Funds	Unrestricted - Designated Funds	Restricted - Operating Funds	Restricted - Other Funds	Capital - Endowment Funds	Total 2017/18 Nrs	Total 2016/17 Nrs
Incoming resources								
Incoming resources from generated funds								
Donor Grants	3	191,330	2,587,812	378,967,520	16,907,853	-	396,653,104	391,674,727
Donations and Gifts	3	-	207,620	19,758,463	1,659,717	-	21,665,800	19,487,630
Donated Equipment	4	-	-	14,206,432	-	-	14,206,432	3,394,836
Income from Local Income Generating Activities		-	-	50,384,207	-	-	50,384,207	40,394,255
Investment income	5	-	8,781,660	2,866,812	-	-	10,847,501	6,985,151
Other incoming resources	6	129,157	34,000	57,441,763	14,470	-	57,619,330	36,209,432
Total incoming resources		321,086	11,671,151	520,634,186	18,582,040	-	661,608,426	498,036,037
Resources expended								
Activities for Raising Funds								
Cost of Raising Grants and Donations		-	-	46,945,050	-	-	46,945,050	38,232,291
Cost of Local Income Generating Activities		-	-	46,945,050	-	-	46,945,050	38,232,291
Total Activities for Raising Funds		-	-	46,945,050	-	-	46,945,050	38,232,291
Charitable activities								
Programme Expenditure								
Community Health and Development		-	-	49,346,917	-	-	49,346,917	67,458,423
Mother and Child Health		-	-	47,922,073	-	-	47,922,073	34,217,170
Community Based Rehabilitation		-	-	8,363,862	-	-	8,363,862	75,199,123
Leprosy		-	-	58,794,161	3,917,204	-	62,711,364	57,038,389
Ear Services		-	-	37,222,547	-	-	37,222,547	23,272,067
Spinal Cord Injury		-	-	15,392,479	900,953	-	16,293,432	19,395,566
General Disability		-	-	30,385,782	-	-	30,385,782	27,321,065
Hospital Services Support		-	-	82,480,060	-	-	82,480,060	28,698,639
Medical/Surgical Outreach		-	-	3,287,172	-	-	3,287,172	1,383,222
Nutrition		-	-	10,341,560	-	-	10,341,560	7,855,760
Hygiene		-	-	2,060,461	-	-	2,060,461	6,204,138
Migration		-	-	1,048,574	-	-	1,048,574	2,656,094
Other		-	-	29,782,745	-	-	29,782,745	6,304,613
Poor Funds		-	-	-	6,764,628	-	6,764,628	4,094,970
Other Charitable activities		-	-	3,773,050	-	-	3,773,050	4,448,133
Total Charitable activities		-	-	487,679,860	19,946,827	-	507,626,687	386,778,264
Designated Funds Expenditure								
Staff Stipendship & Development Costs		-	(337,863)	-	-	-	(337,863)	(340,300)
Staff Retirement Benefit Scheme		-	81,125	-	-	-	81,125	133,420
Staff Redundancy Expenditure		-	-	-	-	-	-	-
Staff Hospitalisation & Death Insurance Scheme		-	346,762	-	-	-	346,762	165,647
Fixed Asset Depreciation Charge		-	26,464,845	-	-	-	26,464,845	21,233,901
GP Hospital Care Cost		-	2,406,891	8,893,321	-	-	11,300,412	15,606,158
Other Designated Funds Expenditure		-	2,628,910	799,158	-	-	3,128,067	(2,690,343)
Total Charitable activities		-	31,790,679	9,192,678	-	-	40,983,348	34,192,483
Total charitable activities		-	31,790,679	497,072,538	19,946,827	-	548,809,856	419,880,747
Other (income)/expenditure								
Governance and Management Cost		(1,880,070)	-	20,290,649	540,993	-	18,761,771	25,033,183
Foreign currency (gain)/loss		(3,050)	-	120	-	-	(2,930)	1,928
(Gain)/Loss on disposal of fixed assets		-	2,077,068	(567,889)	-	-	1,509,179	3,453,527
Total Other (income)/expenditure		(1,983,120)	3,077,068	19,622,860	540,993	-	20,279,090	29,488,648
Total outgoing resources		(1,983,120)	33,687,738	513,632,488	20,487,820	-	618,026,926	486,601,646
Net incoming/(outgoing) resources before transfers		2,394,207	(22,116,616)	(42,818,022)	(1,905,979)	-	(64,546,400)	11,434,391
Fixed Assets Management Fund Transfer		(475,500)	51,381,088	(51,002,071)	(74,201)	-	329,516	(470,000)
Gross Transfer between Funds		(874,246)	1,534,274	643,179	(1,703,207)	-	(536)	40,398
Total Fund Transfers		(1,149,746)	52,915,362	(50,358,892)	(1,777,408)	-	329,516	(429,602)
Net movement in funds		1,144,461	31,218,746	(93,977,394)	(3,683,387)	-	(64,286,976)	11,004,749
Total funds brought forward	20	9,078,596	429,399,360	144,155,959	9,278,803	9,607,000	601,473,029	596,469,279
Total funds carried forward	20	10,223,357	460,618,106	51,181,564	5,545,015	9,607,000	627,186,032	607,473,029

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 INFP Nepal Board by

Dr. Prakash
Dr. Prakash
Om Kar Prudhvi, FCCA
Sir Francis Manager
Date 20/09/2018

Dr. Dina Lama
Dina Lama
Executive Director
INTERNATIONAL
NEPAL
FELLOWSHIP

Ram Chandra Thapa
Ram Chandra Thapa
Chairman

As per audit report

Dr. Prakash
Dr. Prakash B. Bhatti, FCA
For GBS Nagaria & Co.
Chartered Accountants
Kathmandu



International Nepal Fellowship Nepal: Consolidated Financial Statements
Balance Sheet as at 16 July 2018
(In Nepali Rupees)

	Note	2017/18 Nrs	2016/17 Nrs
Fixed assets			
Tangible fixed assets	8	328,449,019	272,047,775
Capital Work in Progress		2,122,853	29,045,836
Investments		-	-
		<u>330,571,872</u>	<u>301,093,611</u>
Current assets			
Stocks	9	10,513,246	9,606,138
Debtors and prepayments	10	19,813,821	10,680,936
Debtor: receivable from INF Worldwide (INFW)		82,708,534	106,186,895
Cash on deposit, at bank and in hand	12b	259,506,511	234,300,507
Inter Cluster debtors		0	0
		<u>372,542,112</u>	<u>360,774,477</u>
Creditors: amounts falling due within one year	11	(165,927,930)	(60,395,059)
Net current assets		<u>206,614,182</u>	<u>300,379,418</u>
Provisions for liabilities and charges	14	-	-
NET ASSETS		<u>537,186,053</u>	<u>601,473,029</u>
Funds			
Unrestricted Funds			
General Fund		10,233,367	9,078,906
Designated Funds		460,618,106	429,399,360
Restricted Operating Funds		51,181,565	144,158,959
Restricted Purpose Funds		5,546,016	9,228,803
Capital Endowment Funds		9,607,000	9,607,000
TOTAL FUNDS	20	<u>537,186,053</u>	<u>601,473,029</u>

Approved on behalf of the INF Nepal Board by:

Om Kar
Om Kar Paudel, FCCA
Snr. Finance Manager
Date: 20/09/2018

Krishna Bahadur
Krishna Bahadur Adhikari
Executive Director

Dhama
Dhana Lama
Treasurer

Ram Chandra
Ram Chandra Twati Timothy
Chairman

As per our audit report

Gyanendra B. Bhari
Gyanendra B. Bhari, FCA
For BRS Neupane & Co.
Chartered Accountants
Kathmandu



International Nepal Fellowship Nepal: Consolidated Financial Statements
Cash Flow Statement for the year ended 16 July 2018
(In Nepali Rupees)

	Note	2017/18 Nrs	2017/18 Nrs	2016/17 Nrs	2016/17 Nrs
Net cash inflow/(outflow) from operating activities	12a		92,729,130		34,918,122
Returns on investment and servicing of finance					
Investment income		-	-	-	-
Interest received on bank deposits		10,847,501	-	6,985,158	-
Other interest received		-	-	-	-
Interest payable		-	-	-	-
			10,847,501		6,985,158
Capital expenditure and financial investment					
Payments to acquire tangible fixed assets		(308,466,712)		(27,741,013)	
Receipts from sale of tangible fixed assets		229,766,570		(24,098,689)	
Acquisition of fixed asset investments		-		-	
Disposal of fixed asset investments		-		-	
			(78,700,143)		(51,839,702)
Net cash inflow/(outflow) before management of liquid resources and financing			24,876,489		(9,936,422)
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		329,515		(429,602)	
			329,515		(429,602)
Increase/(decrease) in cash in the year			25,206,004		(10,366,024)
Net cash resources at the beginning of the year	12b		234,300,507		244,666,528
Net cash resources at the end of the year	12b		259,506,511		234,300,507

Approved on behalf of the INF Nepal Board by:

As per our audit report

Om Kar Paudel

Om Kar Paudel, FCCA
Sr. Finance Manager

Date: 20/05/2018

B.

Krishna Bahadur Adhikari
Executive Director

Dhara Lama

Dhara Lama
Treasurer

Ram Chandra Twati

Ram Chandra Twati Timothy
Chairman

Gyanendra B. Bhanu

Gyanendra B. Bhanu, FCA
For BRS Neupane & Co.
Chartered Accountants



LIST OF ABBREVIATIONS AND ACRONYMS

AGM	Annual General Meeting	LCD	Leprosy Control Division
CBR	Community Based Rehabilitation	LPO	Local Partner Organizations
CD	Community Development	MMR	Maternal Mortality Rate
CF	Community Facilitator	M&E	Monitoring and Evaluation
CHD	Community Health and Development	MoHP	Ministry of Health and Population
CLT	Comprehensive Leprosy Training	MoWCSC	Ministry of Women, Children and Senior Citizen
CNC	Community Nutrition Centre	MWRHD	Mid-Western Regional Health Directorate
DHO	District Health Office	NCO	National Country Office
DDC	District Development Committee	MCH	Maternal and Child Health
DRR	Disaster Risk Reduction	NFE	Non-Formal Education
ED	Executive Director	NGO	Non-Government Organization
EMF	Emergency Management Fund	NRP	Nepalese Rupees
FCHVs	Female Community Health Volunteers	NTDs	Neglected Tropical Diseases
FGD	Focus Group Discussion	OPD	Out-Patient Department
HHS	Health Hygiene and Sanitation	PADRR	Participatory Assessment of Disaster Risk Reduction
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome	PB	Paucibacillary
HSD	Health Services Department	PRA	Participatory Rural Appraisal
HSMC	Health Services Management Committee	PRSP	Poverty Reduction Strategy Paper
HSSC	Health Services Strategic Committee	PWDs	People with Disabilities
GAP	Group Action Process	RM	Rural Municipality
GD	General Disability	SBA	Skilled Birth Attendant
GO	Government Organization	SCI	Spinal Cord Injury
GPH	Green Pastures Hospital	SDGs	Sustainable Development Goals
HH	House Hold	SHG	Self-Help Groups
ICRC	International Committee of the Red Cross	SH-IB	Shining Hospital- INF Banke
IG	Income Generation	SH-IS	Shining Hospital-INF Surkhet
IM	Integral Mission	SWC	Social Welfare Council
IIFS	INF Initiative for Financial Sustainability	TAI	Transform Aid International
INB	INF Nepal Board	TLMI	The Leprosy Mission International
INF	International Nepal Fellowship	UNICEF	United Nations Children's Fund
INF/N	INF Nepal	VDC	Village Development Committee
KAHS	Karnali Academy of Health Sciences	WCDO	Women & Children Development Office

OUR VALUES

LOVE
SERVICE
COMPASSION
FORGIVENESS

EQUALITY
JUSTICE
RECONCILIATION
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EXCELLENCE
JOY
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