



INF NEPAL

ANNUAL REPORT

2018-19 (२०७५ / ७६)


**INTERNATIONAL
NEPAL
FELLOWSHIP**

OUR VISION

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

OUR MISSION

INF Nepal is a Christian organisation existing to serve the people of Nepal, particularly the poor, disadvantaged people and communities in their holistic development by demonstrating God's love and concern.

OUR VALUES

LOVE

प्रेम

SERVICE

सेवा

COMPASSION

करुणा

FORGIVENESS

क्षमा

EQUALITY

समानता

JUSTICE

न्याय

RECONCILIATION

मेलमिलाप

HONESTY

इमानदारीता

EXCELLENCE

उत्कृष्टता

JOY

आनन्द

HOPE

आशा





CONTENTS

2	Chair and ED reports
3	INF Nepal's new structure
4	INF Nepal's working areas
6	Our work
7	• Green Pastures Hospital
10	• Shining Hospital Banke
11	• Shining Hospital Surkhet
12	Our Community Work
13	• Closure of Kaski Community Programmes
14	• Community Health and Development
16	• Community Based Rehabilitation
17	• Mother, New Born and Child Health
19	• Gender equality and empowerment
20	• Disaster Response & Resilience work
22	IIFS
24	Finance overview
29	Auditor's report
32	INF family & partnership
33	Acronyms

CHAIR and ED REPORTS

Ram Chandra Timothy **Chair** **INF Nepal**



It is our pleasure to be able to share some of our achievements over the past year. I, on behalf of INF Nepal board, would like to express our gratitude to all the staff, general and life members, partners and stakeholders of INF Nepal for their enormous support and contributions. We are pleased with what we have achieved despite all the challenges over the year. We thank God and everyone for being part of the vision “Life in all its fullness for poor and disadvantaged people of Nepal”.

When we look at the positive changes in the organisation it encourages us hugely and we continue hoping for better results in the future. The development of Green Pastures Hospital towards becoming a centre of excellence is an ongoing theme and we are pleased to see good progress. We thank everyone including our directors, expatriates and supporting partners who have been constantly working hard and supporting. We hope to develop the sustainability of our organisation with a competent and passionate staff team and locally generated financial resources.

We are thankful for our community empowerment work and the leprosy, disability work which is mainly based in provinces of mid and far west regions. We admire our staff who stand with communities and clients serving them continuously. We have learnt some good lessons over the last year and we believe that the change that has begun in the organisation will take us towards the fulfilment of INF Nepal’s Vision and Mission. In closing, I would like to thank the wider INF family; all national and international partners from all over the world for joining hands with us. I also would like to extend my sincere thanks to all the ministries and local government for their cooperation and support.

Krishna Adhikari **Executive Director** **INF Nepal**



Journey together...

I am pleased to present INF’s annual report on the successful completion of the year 2018/19 [2075/76]. My first year as INF Nepal’s Executive Director was planned to be just listening, learning and reflecting with colleagues and advisors. However, as is often the case, reflection leads to review which leads to action. The journey started with a look at our community development work, but we soon realized that organisation-wide change was needed. The focus of our review and restructuring was to fulfil INF’s vision better.

Alongside restructuring, INF colleagues continued to work tirelessly to serve the poor and disadvantaged people of Nepal through INF Nepal’s community empowerment programmes, our hospitals and the Initiatives for Financial Sustainability [IIFS]. Our staff teams did and continue to undertake excellent work in collaboration with all stakeholders, including the government, beneficiaries and communities.

INF’s earthquake reconstruction work is completed and the disaster response and resilience department project will be finished by the end of 2019, although disaster response capacity building and training will continue through INF’s work. In the coming year, we will be focusing on strategic planning for the next ten years. The leadership and partnership teams are working on a long term strategy to provide the resources we need to fulfil our mission.

I would like to thank the INF Nepal Board and the respected general members for their continued encouragement, support and good wishes during this very difficult period of time. Also, thanks go to all staff, particularly those who left INF this year. I also would like to extend my appreciation to our expatriate team members for their patience and commitment to support and build the capacity of the Nepali counterparts in the organisation. Last but not least I offer my sincere thanks to INF UK, INF Australia, INF New Zealand, INF Canada, INF International and all our supporting partners who have been a part of our journey this year.

Our future is to be a healthy organisation, focused on INF’s vision and mission by demonstrating INF’s values and with a servant’s heart for those in need.

Looking into the future

INF Nepal's New Structure

The FY 2018/19 has been both exciting and challenging for INF Nepal and our partners. With the new constitution in place, the Government of Nepal has been restructured into a federal system. At the same time, we have conducted reviews of our community and health work.

The outcome of the INF Nepal reviews, and the changes in the government system, clearly showed that we needed to: modify the management structure of our community and health work; improve clinical interaction between Green Pastures Hospital [GPH] and the Surkhet and Banke Shining Hospitals; revise monitoring, evaluation and learning systems to be more relevant, effective, efficient and to serve INF's Vision and the people of Nepal even better in the future.

It also became clear that the existing INF Nepal leadership and community cluster management structures were not able to support these much-needed changes. Under the leadership of the Executive Director, and with support from the ED support team, the existing leadership and an external change facilitator, we carried out the board's decision to implement a staggered restructuring process based on the functions required at every level of the organisation. The Cluster offices were made redundant and project offices moved into municipalities closer to the project work. Finance, Partnership & Communications functions have been centralised and the Community Programmes, now includes Banke and Surkhet hospitals, having a flatter and more efficient management structure. The clinical work of all INF Nepal's hospitals is now overseen by Medical Services. A new Quality Assurance Department has been established.

The International Communications function has been transferred from the Nepal Country office [NCO] to INF Nepal. The INF Nepal Board also identified the need to develop better long-term partnership, marketing and fundraising functions. At the end of 2018, the new Partnership & Communications Department was formed and started working.

PARTNERSHIP & COMMUNICATIONS DEPARTMENT

The new Partnership & Communications Department [PCD] is responsible for three areas within INF Nepal. The Partnership Team provides project design support, good quality project reporting, and organises vision trips and partner visits to our working areas. The Communications Team spreads the message of INF Nepal through printed media, website, radio, video, social media and other channels around the world. The Fundraising and Marketing Manager is exploring new partnerships and funding possibilities and liaises with the Communications Team in producing marketing plans. We are very pleased to have these new teams and additional functions, and we are very confident that this investment will bear good fruit for INF Nepal's future.

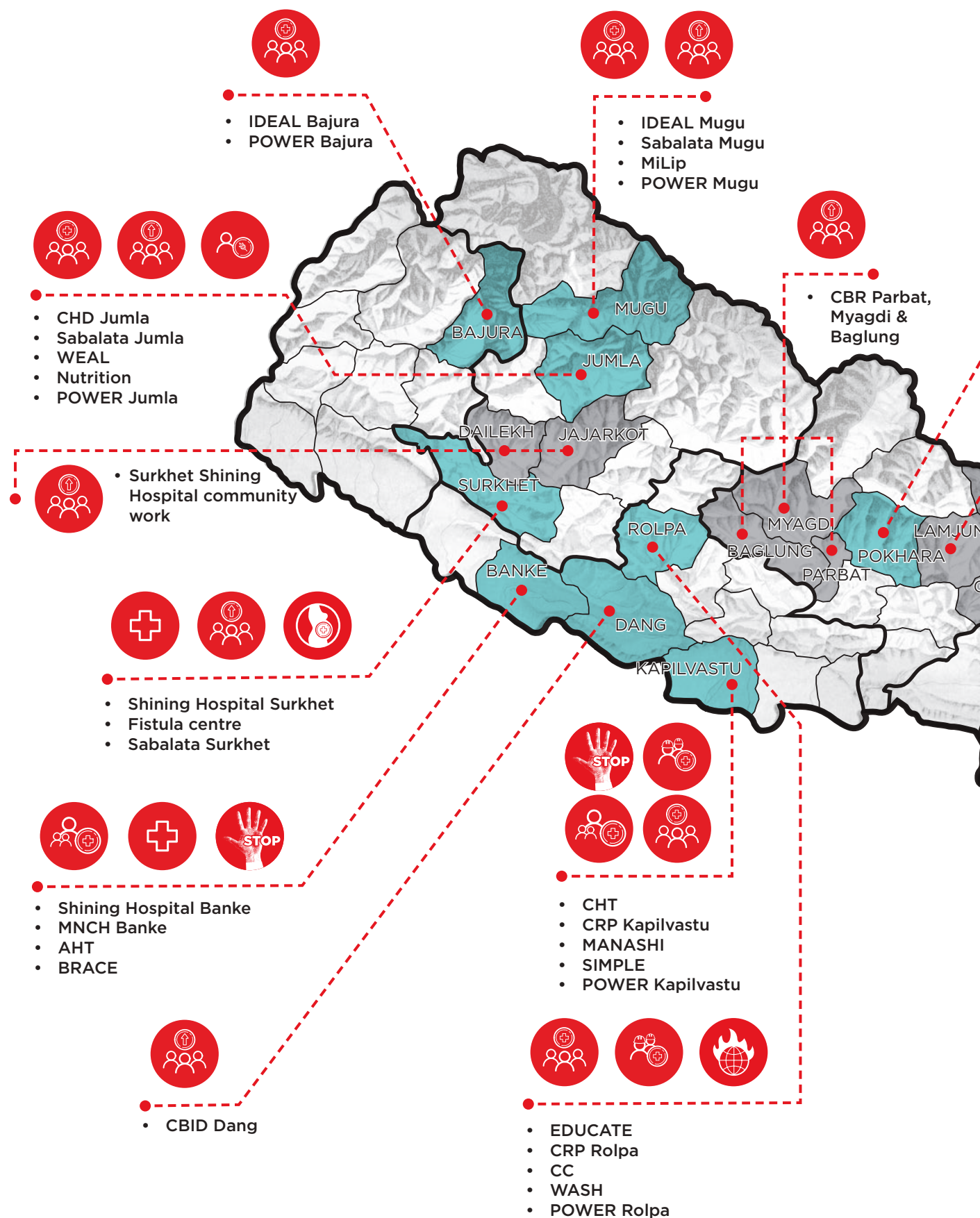
QUALITY ASSURANCE DEPARTMENT

During the recent review process, it was identified that INF Nepal's monitoring, evaluation and learning processes required strengthening, as well as an increased focus on technically sound and evidence-based approaches, supported by internal and external networks. Taking proactive steps to ensure continuous quality improvement in our work led to the creation of the Quality Assurance Department [QAD].

The QAD consists of two teams: MELA Team [monitoring, evaluation, learning and accountability] and a team of Technical Co-ordinators [TCO]. The coming 12 months will see the QAD develop and take the lead in building and implementing robust MELA processes and ensuring that knowledge management strategies are implemented. The TCOs will provide technical expertise throughout the project cycle to projects across the organisation as well as building the capacity of relevant staff, creating and participating in internal and external networks, and ensuring that the latest evidence is assessed and incorporated into INF Nepal's work. The Technical team will start with the appointment of two TCOs, one for CHD and one for Disability, and should expand during the coming year.

INF Nepal works across Nepal to bring sustainable improvement in the health and development of individuals and communities by empowering people, providing health care and preparing for disasters

INF Nepal working areas as of FY 2018-19





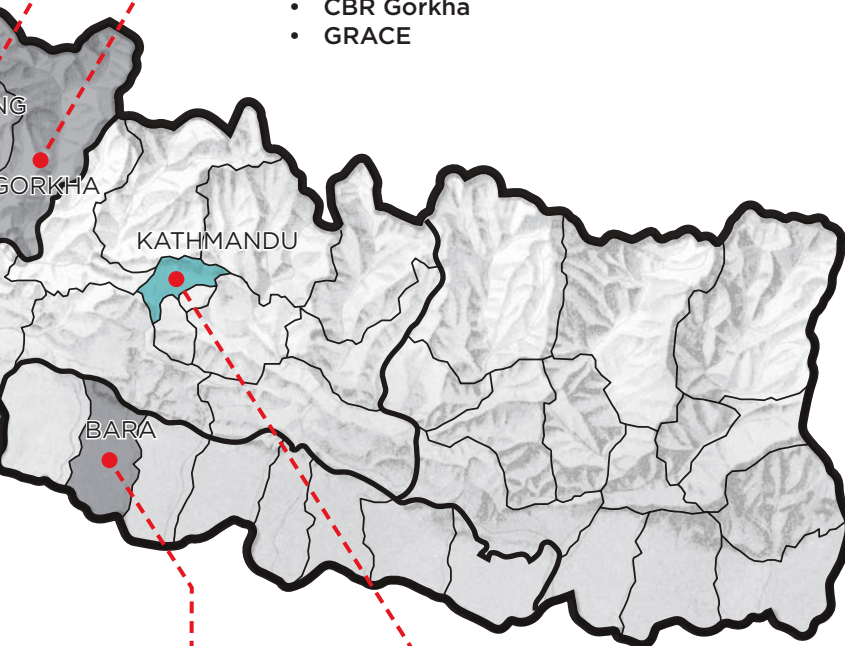
- INF Nepal Green Pastures Hospital
- INF Nepal Central Office [ICO]



- SHELTER
- CRP Lamjung



- CBR Gorkha
- GRACE



- INF International Nepal Country Office [NCO]



- INF Nepal 's emergency response work in Bara, after massive storms struck the district [Response to National disaster]

SUSTAINABLE DEVELOPMENT GOALS

Our work contributes to the Sustainable Development Goals – the global blueprint for a better and more sustainable future for all.



Our Work



Shanti [71] after receiving surgical assessment for a broken arm, she also has a spinal tumour and is paralysed. She is now receiving holistic care from INF Nepal's Palliative Care team.

Photo: Sagar Malla

INF Nepal

Green Pastures Hospital

Green Pastures Hospital [GPH] has been serving people living with disabilities in Western Nepal for more than sixty years, mostly poor and marginalised people. We endeavour to provide quality care and affordable health services to the people of Nepal. Our vision is “To become a Centre of Excellence in holistic care and prevention of disabilities to transform lives”. GPH was established in the beginning as a specialist leprosy hospital and was the only tertiary rehabilitation centre for Gandaki Province, but now features some of the best-equipped facilities in western Nepal, specialising in skin, spinal cord injury and ear diseases.

GPH also now has a state-of-the-art ear centre, established in November 2015 with advanced technology, surgeries and rehabilitation of speech and hearing.



LEPROSY

INF treats and rehabilitates patients affected by leprosy by providing multi-drug therapy, necessary surgery, counselling, and self-care training. With over sixty years of experience, we are continuing to work for the complete eradication of leprosy from Nepal.

2,380 outpatients treated

384 leprosy inpatients treated

89 new leprosy cases detected

674 leprosy patients trained in self-care

2,729 patients provided with health education sessions



SPINAL CORD INJURY

INF is a national leader in providing rehabilitation services to people with spinal cord injuries so that they can regain some independence and reintegrate into their communities.

78 SCI outpatients treated

39 SCI inpatients treated

26 surgeries conducted

581 physiotherapy sessions provided

914 occupational therapy sessions provided

37 wheelchairs provided

131 assistive devices given



OTHER DISABILITIES AND PHYSICAL REHABILITATION

INF Nepal GPH continues to provide medical and social support for people with a range of disabilities due to chronic diseases, neglected trauma, chronic musculoskeletal and spinal disorder and development disorder in children so that they are included in the community and can reach more of their potential.

33,833 outpatients treated

668 inpatients treated

642 surgeries conducted

1,035 assistive devices provided

60 prosthetics devices provided

38 wheelchairs provided

2,996 occupational therapy sessions provided

11,293 physiotherapy sessions provided



EAR SERVICES

INF Nepal's Ear Centre at GPH continues to provide treatment to people with hearing impairment and ear related disease through our quality yet affordable services.

As a part of networking, a Memorandum of Understanding has been signed between INF Nepal, GPH Ear Centre and Western Regional Hospital [WRH] to start a new-born hearing screening for babies born at WRH.

14,648 outpatients treated

433 inpatients treated

431 ear surgeries conducted

168 sessions of speech and language therapy

465 hearing aid devices provided

4,397 audiology tests conducted

5,337 ear patients provided with health education



OUTREACH/CAMPS

For over twenty-five years, INF Nepal GPH has conducted medical outreach camps for people with stigmatising conditions, so that they can access the specialised treatment and training they need to live a life of dignity in their communities.

2 reconstructive surgery camps held for leprosy and other patients

6 ear outreach camps conducted

32 children with cerebral palsy attended specialised camps with their families



PALLIATIVE CARE

INF Nepal GPH palliative care service aims to serve people suffering from chronic and life-limiting illnesses to improve their quality of life by providing patients and families with holistic care through a multidisciplinary team approach.

26 community-based patients cared for per month

12 training sessions for health workers and community groups

12 home visits per month for needy community patients



PLASTIC RECONSTRUCTIVE SURGERY

There is a tremendous unmet need for plastic surgery in western Nepal. Plastic surgery can restore and prevent disability, improving quality of life and reducing stigma for patients.

35 reconstructive surgeries conducted for leprosy patients

MAJOR HIGHLIGHTS DURING THE FY 2018-19

- The hospital continues to develop chronic disease management with the start of a diabetes clinic, providing consultation and education on two days weekly from January 2019.
- The newly renovated wards, halls and pathways have greatly improved the overall environment for the patients, especially the leprosy patients. This has shown these patients that they are truly valued and are not forgotten.
- Exciting and significant expansion of the palliative care service is now underway at GPH, pioneering an innovative and collaborative model of care. GPH will have the very first palliative care service centre located in the Western regions of Nepal.
- INF Nepal GPH supported an in-depth review of the National Leprosy Program and envisioning roadmap to zero leprosy.
- A Memorandum of Understanding has been signed between INF Nepal, GPH Ear Centre and Western Regional Hospital [WRH] to start a new-born hearing screening programme for babies born at WRH.



Patients happily greeting after having a successful reconstructive surgery in GPH **Photo:** Sagar Malla



An elderly women enjoying sun in the remote village of Uwa in Rolpa district.

Photo: Clive Thomas

INF Nepal Shining Hospital Banke

INF Nepal's Shining Hospital Banke [SH-IB] is located in Janaki Rural Municipality Province No. 5. It is a 25-bed hospital with special focus on leprosy. It runs a leprosy clinic to serve leprosy affected people and examination and diagnostic services to people with suggestive leprosy signs and symptoms.

At the community level, leprosy self-help groups [SHGs], including those at high risk of leprosy, were formed in Bardiya and Banke areas. At present there are 5 SHGs of leprosy affected people. SI-IB runs community projects and aims to reintegrate leprosy affected people back into their society, helping them to lead a dignified life by contributing to their family income and the needs of their community.



LEPROSY CLINICAL

15,634 outpatients treated

141 in patients treated

12 patients referred to higher centre

184 new cases identified [91-Multibacillary and 93-pauci bacillary]

1,055 contact examinations performed

196 patients received footwear and other assistive devices



COMMUNITY LEVEL

5 SHGs group formed and regularly facilitated

60 outreach camps conducted in high leprosy prevalent wards of Bardiya and Banke

10 new cases were detected in camps [4-Multibacillary and 6-pauci bacillary]

2,162 people benefitted from outreach programmes.

13 children from leprosy affected families provided with educational support

MAJOR HIGHLIGHTS DURING THE FY 2018-19

- There has been a 22.3% increase in hospital visits in comparison to the previous year. This has been achieved through the development and promotion of services provided by the leprosy and dermatology units.
- During the reporting period, 29 cases of visible disability were recorded and its proportion among new cases was 16%. The SH-IB data showed that these leprosy clients were in critical condition due to delays in arrival to service providing centres.

BATTLING THE UNKNOWN

Sixty-year old **Keshari Bohora** had never heard of leprosy. She lived with her large extended family in Simpakhya village in mid-west Nepal. Her husband passed away last year and her family relied on agriculture for income. Five years ago ulcers started appearing on Keshari's hands. She also noticed numbness developing but because she hadn't heard of leprosy she assumed it wasn't serious.

Keshari saw a traditional healer and was given herbs for her hands. Over the next three years the symptoms continued and then her eye began developing problems. Eventually, she was referred to Kohalpur Medical College in Banke district and then finally to INF's Shining Hospital. Her situation was incredibly serious when she arrived at INF Banke. Her hand nerves had enlarged, both hands were completely numb, her fingers had become deformed and she had bad ulcers. She was diagnosed with leprosy. But it wasn't just her hands that were affected. Keshari's feet were also without feeling and some of her toes had become deformed. She had developed lagophthalmos on her right

eye and her left eye was weak. Four months on she is taking leprosy medicines and having ulcer management treatment at the hospital. She suffers from a multi-bacillary strain of leprosy. Slowly her condition is improving thanks to the care, treatment, support and holistic care provided at INF Shining Hospital Banke.



Keshari before and after the treatment

INF Nepal

Shining Hospital Surkhet

INF Nepal Shining Hospital Surkhet [SH-IS] is located in Birendranagar, the capital of Karnali Province. It provides medical and social services for people with leprosy complications and for people with other disabilities such as stroke, SCI, and cerebral palsy and fistula, in particular. SH-IS is the only centre of its type in the Karnali Province of Nepal that provides comprehensive rehabilitation services for people with and leprosy.



LEPROSY CLINICAL

SH-IS through the medical services in leprosy aims to reduce leprosy prevalence and contribute to eradication through quality diagnosis and treatment service available at the centre.

11,413 outpatients treated
56 new leprosy cases detected
298 sessions of health education provided
337 assistive devices provided
2 outreach camps conducted



OTHER DISABILITIES AND REHABILITATION

The general rehabilitation unit of INF Nepal's SH-IS provides high quality care, treatment and rehabilitation services to people with disabilities including leprosy, with the aim of improving their mobility and efficiency.

883 outpatients treated
4,011 therapy sessions provided
140 Wheelchairs other device provided
7 patients home modification
7 patients provided with Income generation support



COMMUNITY LEVEL

SH-IS also runs a community project aiming to reintegrate leprosy-affected people back into their society and help them to lead a dignified life, contributing to both their family income and the development of their community.

47 Self-help groups facilitated
79 FCHV's trained on leprosy
26 children provided with educational support
37 patients provided with vocational skill development training
19 leprosy patients provided with Income generation support



HOSPITAL SUPPORT SERVICE

SH-IS hospital support service aims to strengthen government health services by developing their capacity, improving the hospital settings and by providing expert technical assistance for gynaecological/obstetric fistula treatment.

333 outpatients treated
35 gynae surgeries performed
52 fistula surgeries performed
945 patients provided counselling in MWR
40 sessions of fistula orientation in Dailekh and Jajarkot

KINDNESS ON GYNAE CAMP

Rita* has four children and her husband is working in India. Six months ago she experienced acute pain in her lower abdomen while eating. Rita tried to ignore the pain but it persisted over several weeks. Eventually, she visited the Rukum District Hospital, 280kms west of Kathmandu. There, she was diagnosed with an ovarian cyst and referred to Kathmandu for an operation. Sadly her husband was unsupportive of her travelling and they didn't have enough money to cover the treatment.

Rita endured the pain for weeks until one day she heard there was a free INF Nepal health camp at the Rukum District Hospital. She went to the camp without telling her family and was seen by the doctors. The gynaecologist examined Rita and felt she needed an immediate operation. Despite the camp being focused on uterine prolapse, the medical

team were happy to treat Rita regardless.

Admitted the following day, Rita had a successful laparotomy operation to move the large cyst. It weighed 1.5kg once removed.

"I'm so lucky that I received this blessing at such a hard time in my life. I can't imagine how I bore that pain. Without this operation I would have been living in constant pain," said Rita. "This camp has blessed me and I am thankful to the team."

**Rita's name has been changed to protect her identity*



Our Community Work

The goal of INF Nepal's community work is to reduce poverty and to sustainably improve quality of life in empowered and inclusive communities, who take collective action for their own development.



An elderly man receiving first aid treatment from a health worker in Uwa, Rolpa. The health worker is also an SHG member.

Photo: Clive Thomas

At CLOSURE:









Looking back at INF Nepal's Kaski Community Programmes

INF Nepal has been working in Gandaki province over the past five years carrying out community projects. Initially, the work involved disability and HIV/AIDS projects but following the devastating earthquakes of 2015 we expanded our work to include emergency relief in Gorkha, the epicentre of the quake. These projects have since grown and we have been delivering post-earthquake reconstruction, rehabilitation and community resilience programmes. We have focused on the immediate and long-term needs of those living with a disability in Gorkha, Lamjung, Kaski, Tanahun, Parbat, Baglung and Myagdi. Our work in Kaski has been two-fold, focused on empowering people with disabilities, and ensuring that their rights and concerns are recognised and taken into account by the community generally.

People living with a disability experience high levels of poverty and being poor increases a person's chance of having a disability. In response, our projects [GRACE, SHELTER and CBR] aimed to support and empower people with disabilities, together with their families and representing organisations through increased access to support services, health care, education, livelihood opportunities and social activities, as well as through political empowerment. Our projects also worked to identify and overcome the barriers in society that people with disabilities face, including physical accessibility, communication, discriminatory attitudes and legislation, so that persons with disabilities are included in all aspects of development working with local disability organisations [DPOs].

We have been focused on ensuring the long-term sustainability of our work in the region. Many DPOs have now taken responsibility for ongoing work whilst others have transitioned to become cooperatives. Local authorities are also taking responsibly for some parts of the work. Our Kaski cluster staff feel confident that people living with a disability have gained a voice that will be heard long after INF Nepal phases out working in these areas.

MAJOR HIGHLIGHTS

-  **5** resource schools & hostels built for children with disabilities
-  **6** DPOs partnered
-  **18** networks of people with disability formed and functioning
-  **27** model houses constructed
-  **100** infrastructure modifications for accessibility
-  **105** individual houses reconstructed post-earthquake
-  **130** self-help groups formed
-  **1500** people used small grants and loans to grow and establish business



Accessible ward office building



Mitra's new accessible home



Houses built post earthquake



COMMUNITY HEALTH AND DEVELOPMENT

Transformation of communities is at the heart of INF's vision, and Community health and Development [CHD] activities are a key strategy for realising the vision. CHD is one of the core thematic areas of INF Nepal.

Our CHD work applies a Community-led Inclusive Development Approach [CIDA]. CIDA is a participatory approach which builds on people's existing capabilities and strengths through collaborative action. It accelerates change in communities and aims to empower poor and disadvantaged groups to improve their quality of life.

INF Nepal's CHD work addresses the root causes of poverty as well as other issues that affect people's development. It involves: group formation; enhancing the ability of groups to analyse their existing situations; identifying and planning activities to improve their situations; accessing resources and

gaining the confidence necessary to implement the planned activities. The groups are strengthened and supported through appropriate training and accompaniment. The CHD projects aim to bring changes in the lives of the most vulnerable and disadvantaged people of Nepal by achieving the following 3 objectives:

1. Empowering poor and disadvantaged people to take collective actions for their own development
2. Improving livelihood status of the target communities
3. Improving the health status of the target communities

495 SHGs formed and regularly facilitated

1,803 action plans implemented through SHGs

1,388 people trained on resilient agricultural practices

1,216 people received agricultural inputs

280 people involved in farmers groups

933 people involved in income generation activities

1,924 people have access to finances through SHGs savings and credit

5,715 people trained on health and hygiene

83 health workers and FCHVs trained

8 health facilities supported and Infrastructure constructed/modified

"Improving livelihoods and food security"

MAJOR HIGHLIGHTS DURING THE FY 2018-19

- Through the formation of 495 Self-help groups [SHGs], the target communities have been united as SHGs have helped to improve social harmony. People now have a common platform where they can bring their individual and common issues to SHG meetings to discuss and find solutions together. A total of 1803 action plans were implemented through the SHGs during the FY 2018-19.
- A total of 1431 SHG members were provided with vocational skills development training and resilient agricultural practices. 933 members also established income generation activities thanks to seed grants from SHG revolving funds.
- SHG revolving funds also increased the access of 1924 SHG members to financial services. They can now borrow money at a lower interest rate from the SHG savings to fulfil their basic needs. Earlier they would have to go to money lenders to borrow money with extremely high interest rates, which was one of the reasons for pushing them into a vicious cycle of poverty.
- A total of 83 health workers and Female Community Health Volunteers [FCHVs] were trained on health issues and mobilized to raise awareness on health issues in target communities. Similarly, 8 health facilities have been supported to improve their physical conditions including construction of toilets and drinking water systems and providing health equipment and materials. This support has helped to improve the sanitation of local health institutions.

BUILDING AN IDEAL LIFE

INF Nepal's new Inclusive Development, Empowerment and Livelihood [IDEAL] project is transforming the lives of the country's most disadvantaged in the mountainous regions of Mugu and Bajura in western Nepal.

In the remote and mountainous village of Pipaldali in Bajura, in Nepal's far west there is a group of people who've been kept at the margins. Most families in the village were part of a lower caste referred to as 'Haliya', which literally means 'one who ploughs'. 'Haliya' were often caught in debt bondage. A loan taken out from their landlord or a moneylender saw family descendants forced to work off the repayments over generations. Rarely receiving wages, 'Haliya' survived sharing crops and old clothes, they barely earned enough to feed their families let alone pay off their debts.

Khale Lohar is 63 years old and lives in Pipaldali with his family. He's married and has five daughters and a son. His brother, who has a disability, also lives with the family. The family was 'Haliya' until the Nepali government abolished the caste system in 2008 but life remains difficult. The family worked for their landlord washing, cleaning, collecting animal feed and firewood but the harsh and cold winter weather in Bajura took its toll. Khale's children also worked for the landlord and were unable to go to school.

When the INF team first visited Pipaldali village and spoke with community members, the grief and heartache of daily life was evident.

The IDEAL project seeks to improve the quality of life for people like Khale and his family. The project has three parts – to improve food security and income; to empower communities to take action; and to improve health across the community. Through INF's successful Self-Help Group [SHG] model, changes are beginning to take place. There are already 90 SHGs in Bajura with more than 1,800 members. The majority of members are women, enabling them to have a voice in the decision-making for their community. In total, more than 5,500 residents will benefit from the project.

INF has recruited local residents into Community Mobiliser roles who are vital in seeing the changes implemented and encouraging the SHGs in their work.

Bajura backstory

INF Nepal first started working in Bajura in July 2013. Its initial five-year livelihood project finished in June 2018 in Bajura's Kartikswami Rural Municipality. The villages involved have seen life-changing improvements in their community's lives in health, sanitation and nutrition. The IDEAL project builds on INF's commitment to this remote region of Nepal, bringing fullness of life to families such as Khale's.



Khale with his family at his newly built home.

Photo: Nardeep Oda



COMMUNITY BASED REHABILITATION

People with disabilities are considered to be some of Nepal's most vulnerable and least empowered groups. All too often they experience stigma and discrimination, with limited access to health, education and livelihood opportunities and full social participation. INF Nepal has been serving such groups of people to meet their disability-specific and social needs.

Rehabilitation of those with disabilities remains at the core of INF Nepal's vision and is also inter-linked with other areas of its work. Our Community Based Rehabilitation [CBR] programmes empower people with disabilities to improve their quality of life and play an active role in their communities. We provide treatment, physiotherapy and assistive devices to help people with disabilities, and help train them and their careNRs We also educate communities

and local authorities about upholding the rights and dignity of people with disabilities.

INF Nepal CBR projects are implemented through the combined efforts of people with disabilities, their families and communities, and relevant government and non-government health, education, vocational, social and other services.

INF Nepal basically follows the WHO 5x5 matrix while addressing multiple needs in a holistic way. To realise this, we work with and through local partner organisations, SHGs, Disabled People's Organisations [DPOs] and Community based Organisations [CBOs]. We also coordinate with other multi-sector service providers and government line agencies to create a supportive environment and obtain access to mainstream support mechanisms and facilities for people with disabilities.

98 SHGs formed and regularly facilitated

38 networks of people of disability formed

87 people with disabilities received Primary Rehabilitation Training

117 people with disabilities received assistive devices

785 people trained in disability and inclusion

205 health workers trained

17 accessible infrastructure constructed and modified

115 people with disabilities provided with vocational training

32 people with disabilities involved in income generation activity

146 people with disabilities are actively involved in decision making forum

“Working with people with impairments and disabilities, including people with leprosy”

LEARNING TO WALK

Eight-year-old **Resmi Buda** lives in Patrashi and has cerebral palsy. When an INF Community Mobiliser found her, she was alone in her house and unable to walk. Her parents were unsure how to care for her and she had become too heavy to be carried.

The Community Mobiliser brought a physiotherapist to see Resmi. Initially, Resmi was silent and non-responsive but over time she began to trust the physiotherapist and followed her instructions. The physiotherapist worked together with Resmi's mother, teaching her basic exercises to strengthen Resmi's legs and upper body. She also recommended Resmi socialise with other children to make friends and suggested the family build parallel bars so Resmi could practice standing up. At the next follow up visit it was clear Resmi's mother had been helping her daughter do her exercises. The family had also built the parallel bars and Resmi had started learning how to walk with them. The INF Nepal's CBR worker recommended an accessible toilet be built for Resmi. There are now plans for Resmi to have surgery that will further loosen her leg muscles. Her mother is incredibly positive about Resmi's future and thankful for INF's support in transforming her daughter's life.





MATERNAL, NEWBORN AND CHILD HEALTH

The goal of INF Nepal's Maternal, Newborn and Child Health [MNCH] programme is to actively address the unacceptably high maternal and child mortality and morbidity rates in Nepal. While overall Nepal has made huge progress in addressing these, gains have not been equitable across the country. Promising improvements can be seen in urban centres, yet, in rural and remote places where we work, still too many women and children die in and around childbirth. Many of these deaths are preventable and therefore we work on addressing the underlying causes. Poor health outcomes for women and children are caused by lack of knowledge about health, discrimination, harmful cultural practices, poor nutritional status as well as poor provision and utilisation of appropriate health services.

BANKE MNCH

INF Nepal's 4-year MNCH project focuses on strengthening maternal and child health services by creating awareness among women and the community, enhancing health systems by providing existing government health facilities with construction, repair, maintenance and equipment support.

MANASHI PROJECT

The Kapilvastu MNCH Project was a community-based health initiative aimed at improving maternal and neonatal health outcomes by strengthening the health system and infrastructure along with increasing access to and utilization of maternal and neonatal health services in Kapilvastu district.

JUMLA CHILD NUTRITION PROJECT

The aim of this project is to sustainably reduce the high child malnutrition rates in the target areas of Jumla district.

192 mothers' groups regularly facilitated

132 men's groups formed and facilitated quarterly

159 health workers and FCHVs trained

204 traditional healers sensitised

447 people trained on health and hygiene

3,300 people received agricultural input

9 health post facilities were constructed and modified

292 children identified as malnourished and attended CNDC

10 extremely malnourished children referred to higher centres

289 mothers of malnourished children received vocational training

“Enhancing public health, especially maternal and child health, sanitation and hygiene.”

MAJOR HIGHLIGHTS OF FY 2018-19

- 9 health post facilities in Binauna, Baijapur, Phattepur, Gangapur, Matchiya, Narainapur, Kalaphanta, Laxmanpur and Katkuiya have been constructed and upgraded.
- A total of 3,300 of mother's group members received seasonal seeds. The main purpose of distribution was to promote kitchen gardening and increase intake of nutritious food by pregnant mothers and their families.
- 36 street drama events were conducted to raise awareness of existing MNCH practices. Gender equality issues were integrated into each drama. A total of 553 pregnant women, 1,516 lactating mothers, 385 people with disability, 1787 adolescents and 4,554 other community members were reached through these events.
- The 4 CNDC's saw a total of 294 malnourished children recover from malnutrition, while their mothers gained skills and knowledge that led to longer-term nutrition improvements.
- Some mother's groups are now jointly growing food and are able to provide diversified nutrition to their families.



Mothers' group members in the remote area of Patarasi, Jumla district jointly built a greenhouse and planted vegetables following nutrition education and the provision of plastic sheets, thereby combating high malnutrition rates in this harsh climate.

GROWING THEM STRONG

Sangita Tharu got married at age 20 and lives in Raptisonari Rural Municipality in Banke district. After giving birth to a baby boy, her husband was transferred to Dang for work and took a second wife. Sangita was devastated. The two women lived in the same house and became pregnant at the same time.

Sangita felt depressed and upset throughout the pregnancy, which led her to neglect her own health. When her baby was born the baby girl was malnourished. INF Nepal's MNCH programme had been operating in her area for the past year which, including other services, provides families with counselling. MNCH facilitators met with Sangita and saw her baby's condition. Over time Sangita grew to trust the MNCH facilitator and was encouraged to join a mother's group meeting. They also organised for Sangita to visit the ward clinic to have her baby immunized and assessed. The baby was severely malnourished, so Sangita was referred to the health post with a support worker.

Initially, Sangita felt humiliated because her husband had taken a second wife. She was worried for her and her children's future. Over time her baby began putting on weight after she was taught to make super flour by INF staff using locally available resources. Sangita is now regularly attending mothers meetings and she is finding support as she shares her struggles with other members of the group. MNCH facilitators also made home visits and counselled her entire family. Her family environment has slowly begun to improve. She can now see possibilities for the future and her children have become strong and healthy.

During her last home visit, she expressed her thankfulness to INF staff members "INF really is a good organisation and staff are so motivated, they are lifesavers," she said. "There are so many children who need super flour but mothers don't know how to make it in their own homes."

Sangita is now one of the most active members of her Sonari mother's group. She says she's been given a second life.





GENDER EQUALITY AND EMPOWERMENT

INF Nepal is increasing its focus on promoting, empowering and improving women's status in Nepal through its various projects, such as CHD, CBR, MNCH, Anti-Human Trafficking [AHT] and the new Promotion of Women's Empowerment and Rights targeting Rural Women [POWER] project. SHGs also play a key role in raising women's voices and providing opportunities for women to share and discuss issues affecting them.

With the goal of advancing the position of women in rural Nepal to effectively contribute to good governance and inclusive development, INF Nepal has implemented the

POWER project. It is not a stand-alone project but it is a vertical project that is inbuilt into existing projects in five districts: IDEAL in Mugu, IDEAL in Bajura, EDUCATE in Rolpa, WEAL in Jumla and SIMPLE in Kapilvastu. These five projects are focused on empowerment, livelihood and inclusive development of poor and disadvantaged rural people, especially women.

The project aims to increase women's leadership and participation in local organisations and governance structures, and to advance the status and rights of women. It hopes to contribute towards achieving gender equality within INF Nepal and the communities it works with.

5 gender focal person for five districts selected

36 awareness raising campaigns on gender issues conducted

4 cases of gender violence identified and referred to authorities

9 advocacy plans approved by concerned rural municipalities

3,783 people trained on gender and human rights issues

“Enabling and encouraging women and girls to have a voice and active roles in their communities”

POWER TO ELECTED WOMEN

Jhampu Jaisi [31] is an elected member of ward no. 7 of Kanakasundari RM of Jumla District, Karnali Province. As a result of this, she had an opportunity to attend the first Municipal Council Meeting. Unaware of her rights and duties she couldn't do much and the Kanakasundari RM passed the first budget for FY 2017/18 with only a small allocation for women, children, elderly, dalits and people with disability. The majority of the municipal plans and budget were proposed by elected male members of RM; female members like Jhampu, who spend the majority of her time doing household chores, had endorsed the budget without questioning and proposing amendments.

Attending an orientation program organized under the INF Nepal's POWER initiative, a sub-project within Women's Empowerment and Livelihood [WEAL] Project, Jhampu learnt about constitutional provisions, laws, regulations and about the process of participatory planning and budgeting.

Jhampu, having full knowledge about her legal rights and status, attended the last budget council in June 2019. “The orientation program on planning and budgeting of local governments has enhanced my knowledge, skills, role and responsibilities to table new proposals and amendments in the Council” said Jhampu.

She further adds, “Now I am in a position to debate and defend my proposals strongly; male counterparts cannot override their ruling this time. I can proudly say that we will present the case for a gender friendly budget.”





DISASTER RESPONSE AND RESILIENCE WORK

The devastating April 2015 earthquakes contributed to the more recent establishment of INF Nepal's Disaster Response and Resilience Department [DRRD]. DRRD is not just a department but a project in itself. Its central aim is to reduce the impact of disasters in Nepal within INF and its project areas and to build on the existing INF Nepal work. Through the initiation of the community resilience projects [CRP] Lamjung, Kapilvastu and Rolpa we prepared communities to be more resilient, developing personal and collective capacity and allowing communities to better withstand, respond to and reduce their vulnerability to future disasters.

4 local Disaster and Climate Resilience Plans prepared for Rural Municipalities

6 disaster events being responded to [1 large scale and 5 medium to small scale]

6 disaster drills conducted in communities [5 community level, 1 school level]

3 emergency medical response drills conducted in all three INF Nepal's hospitals

253 INF Nepal staff received DRR training

4,667 people trained on climate change and disaster management

424 households received emergency relief items

MAJOR HIGHLIGHTS OF FY 2018-19

- INF Nepal now has two well-stocked Emergency Disaster Store Rooms with Non Food Items [NFIs] at INF Central Office, and GPH Complex, for rapid response during emergencies.
- 'Preparedness for emergency' training was conducted at GP hospital for all hospital staff and 'emergency medical team' has been formed and an Emergency Medical Response [EMR] system has been put in place.
- A Local Disaster and Climate Resilience Plan [LDCRP] for Lamjung-Dordi RM, Rolpa- Thabang and Sunchhari RM and Kapilvastu- Mahargunj Municipality has been prepared. This LDCRP will be printed in the Gazette of National Platform under Ministry of Home Affairs [MoHA] Nepal.
- INF Nepal have supported the formation of taskforces to enable communities to undertake light search and rescue, first aid and initiate relief measures to save lives during disaster events. Task forces are manned by members of the local community, who have become first responders rather than future victims.
- Watch a video: <https://youtu.be/WTRaTvcSlp0>

EMERGENCY RESPONSE

INF Nepal's Disaster Response Team provided emergency shelter relief and health care in two different RMs. It has successfully conducted two health camps in Durgabagwati Rural Municipality [RM], Rautahat that has benefitted 246 flood-affected people including 120 women. The INF Nepal's doctor and two paramedics were involved in patient treatment. In coordination with health post staff, Female Community Health Volunteers [FCHVs], Nepal Red Cross, the Mayor of the RM, and the Ward Chairperson, INF Nepal team ran another health camp at Bardahawa across the Rapti River.

INF Nepal supported 300 households [HHs] of Durga Bhagwati RM in total with temporary shelter items. Durga Bhagwati RM is the third most affected RM in Rautahat by floods. 250 HHs are fully displaced while 700 HHs are partially affected.



Flood affected people in Rautahat waiting to receive relief materials.
Photo: DRRD team



Task force members during a rescue drill session in Uwa, Rolpa.

Photo: Anil Rai

INF Nepal

INF Initiative for Financial Sustainability

The INF Initiative for Financial Sustainability [IIFS] is an initiative of INF Nepal which focuses on utilising locally available resources of INF Nepal to generate a profit and support some of the charitable work of INF Nepal. It is based in Green Pastures Complex, Nayagaon, Pokhara.

IIFS aims to be financially sustainable and ultimately generate surplus income by the proper guidance of IIFS Management Committee and the expert personnel. In FY 2018/19, IIFS ran a vegetable farm, livestock farm, handicraft centre, café/mobile cafe, canteen, pharmacy, guest house and a training hall. Farm products such as fresh organic vegetables, eggs and

meat were provided to the patients of GPH and were sold to the local community through its own outlet. Sometimes excess products are also sold to the local market.

IIFS has had a major impact in skill development, training and employment generation for people with leprosy and other physical disabilities by running all the units within IIFS. These have played a positive role towards contributing to their family needs and moreover, former patients are encouraged to live a happy and respectful life. In turn, IIFS has played a role towards achieving "Life in all its Fullness"

MAJOR HIGHLIGHTS

- During this FY, IIFS contributed a total of NRs 5.6 million to GPH and INF Nepal's other work.
- More than 70 tons of fresh organic vegetables supplied to GP canteen and served to patients, carers and staff. The excess vegetables are sold through the IIFS outlet and nearby vegetable market.
- Extension of hybrid bee farming through the start of Apiculture in its farm. After detailed exposure study in Kathmandu, IIFS has brought 25 Malifera Beehives from Chitwan for the purpose.
- Betheden Guest House and Training Centre remained busy throughout the year catering especially for groups who came for residential programmes.
- The innovation in farming techniques such as tunnel house installation and mulching improved the financial condition of the farm, achieved through increases in the yield of crops such as Marfa Rayo Spinach and Lady's Finger.
- In general, the objective of mobilising the patients, their caregivers and poor and marginalized people in the farm remained as the continuation of previous year NRs



Okra farming



Canteen inside GPH



IIFS also produces handicrafts



IIFS also operates a café



Purna with his family in IIFS farm Photo: Kiran Poudel

GROWING TOGETHER

As suggested by someone in his village, **Purna** visited the INF Nepal clinic in Dang district. The Doctor there found a strange dot on his back during the check-up and he was advised to stay for follow-up treatment.

Soon after, Purna was diagnosed with leprosy. Treatment went well and he was physically very fit but unfortunately he lost the fingers on his right hand.

After Purna married he felt the weight of responsibility to provide for both his wife and his widowed mother and so he travelled to India for work. Several years later Purna noticed more unusual symptoms on his right leg. He went to the local hospital in India and was again diagnosed with leprosy. Without enough money he knew he couldn't afford treatment in India and so travelled back home to Nepal. Purna's wife took him to INF's Green Pastures Hospital in Pokhara. There, he received proper care and treatment for leprosy and was completely cured of the disease.

Once he'd recovered, Purna joined INF's Initiative for Financial Sustainability [IIFS], working alongside his wife growing vegetables on INF's farm. As Purna grew in experience he took over as supervisor on this section of the farm. The work has given him purpose, dignity and a good source of income. The whole family now live in a house provided by INF on the farm and their two children attend the nearby school.

Since starting at INF Purna has taken field trips to other farms and attended training in the use of modern technology in vegetable farming. IIFS has not only supported Purna after his treatment but it has equipped him with lifelong agricultural skills. Purna believes his children now have a better future.

He and the team working at the farm have seen substantial growth in vegetable production over the past 12 months. These vegetables supply the hospital canteen where patients with leprosy or disabilities directly benefit.

There are 11 families, almost 50 people in total, who live in the farmhouses and tend to the livestock and vegetables.

Finance Report

2018-19 (२०७५ / ७६)

Figures are in NRs/Crore [NRs 1 Crore = NRs 10 Million]

OVERVIEW

The approved budget for 2018-19 was NRs 65.87 Crore. During the year, the additional budget of NRs 1.72 Crore related to various projects of Health and Community was approved making the total budget of NRs 67.59 Crore. Similarly, NRs 4.55 Crore for GPH development budget was also approved, subject to funding i.e. with a condition to allow spending only after funding is secured.

The total budget utilization [excluding budget subject to funding] during the year was 91% for both operational and capital expenditure. Due consideration was given to reduce costs where possible, due to a budget deficit in Leprosy and Rehab services at GPH.

CONSOLIDATED INCOME AND EXPENDITURE

INCOME	AMOUNT	% OF TOTAL INCOME	EXPENDITURE	AMOUNT	% OF TOTAL EXPENDITURE
			Operating Expenditure:		
Overseas Grants and Donations ¹	40.95	66%	Green Pastures Hospital	11.00	17%
Local Grants and Donations	4.03	6%	Community Programmes – Hospital	7.64	12%
IIFS	6.66	11%	Community Programmes – Projects	22.43	35%
Hospital Local Revenue	6.13	10%	IIFS	6.44	10%
Other Local Revenue	4.47	7%	Other Projects/Cost ²	6.91	11%
			Central Office Management & Governance	3.34	5%
			Total Operating Expenditure [A]	57.76	90%
			Capital Expenditure:		
			Green Pastures Hospital	4.42	7%
			Community Programmes – Hospital	0.45	1%
			IIFS	0.52	1%
			Others ³	0.55	1%
			Total Capital Expenditure [B]	5.94	10%
TOTAL INCOME	62.24	100%	TOTAL EXPENDITURE [A+B]	63.70	100%

1 Out of total overseas grants and donations recognized as income, NRs 34.02 Crore has been released this year from INF International and rest is net income from the release of deferred income

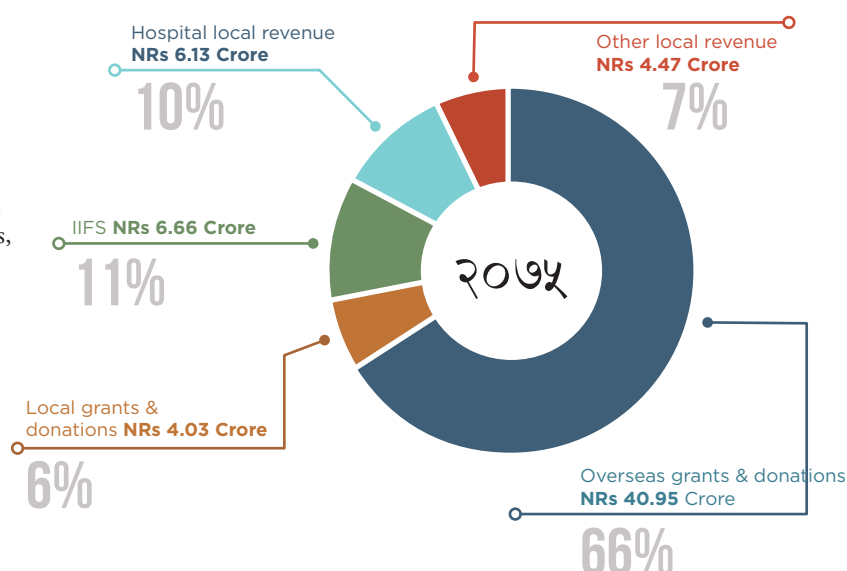
2 Includes support to Western Regional Hospital, depreciation and expenditure from designated funds

3 Includes purchase of land in Banke Office and various capital items under Community Programmes - Projects

FINANCIAL PERFORMANCE

Income 2018-19 [NRs 62.24 Crore]

Majority of income included was contribution from more than 50 funding partners in the form of grants, donations and gift in kind, which was 73% of total income for INF Nepal as a whole. For community programmes including hospital in Banke and Surkhet, grants and donations constituted 93% and for GPH 65% of total income.

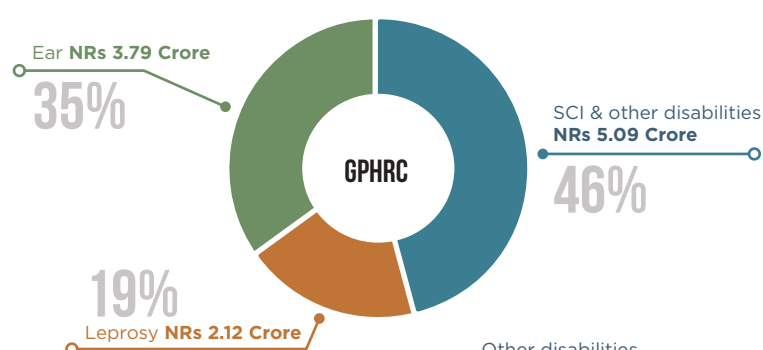


Operating Expenditure [NRs 57.76 Crore]

Expenditure by Technical Area

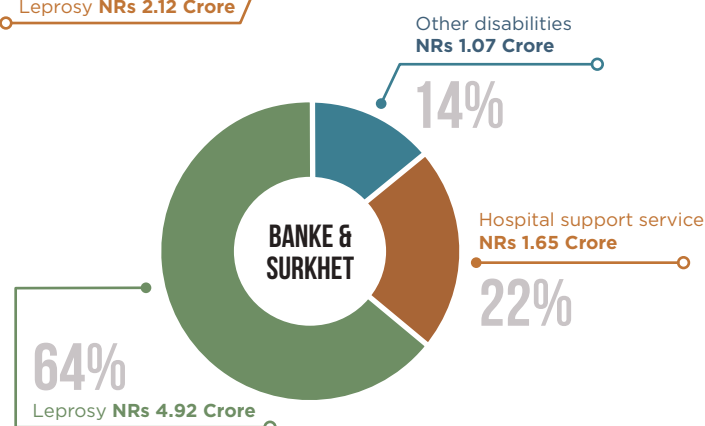
Green Pastures Hospital

Total operating expenditure for GPH was NRs 11.00 Crore [representing 19% in total operating expenditure and 17% of total expenditure].



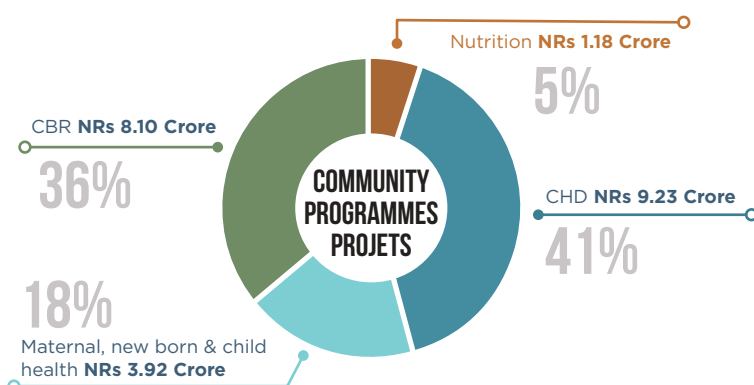
Community Programmes - Banke and Surkhet

Total expenditure for Banke and Surkhet hospital under community programmes was NRs 7.64 Crore [representing 13% in total operating expenditure and 12% of total expenditure].



Community Programmes Projects

Total expenditure for community programmes - projects was NRs 22.43 Crore [representing 39% in total operating expenditure and 35% in total expenditure].



Operating expenditure of IIFS was NRs 6.44 Crore which represents 11% of total operating expenditure [10% of total expenditure]. Contributions from IIFS towards GPH and Central Office was NRs 0.20 Crore and NRs 0.37 Crore respectively, which is reflected in the expenditure of IIFS.

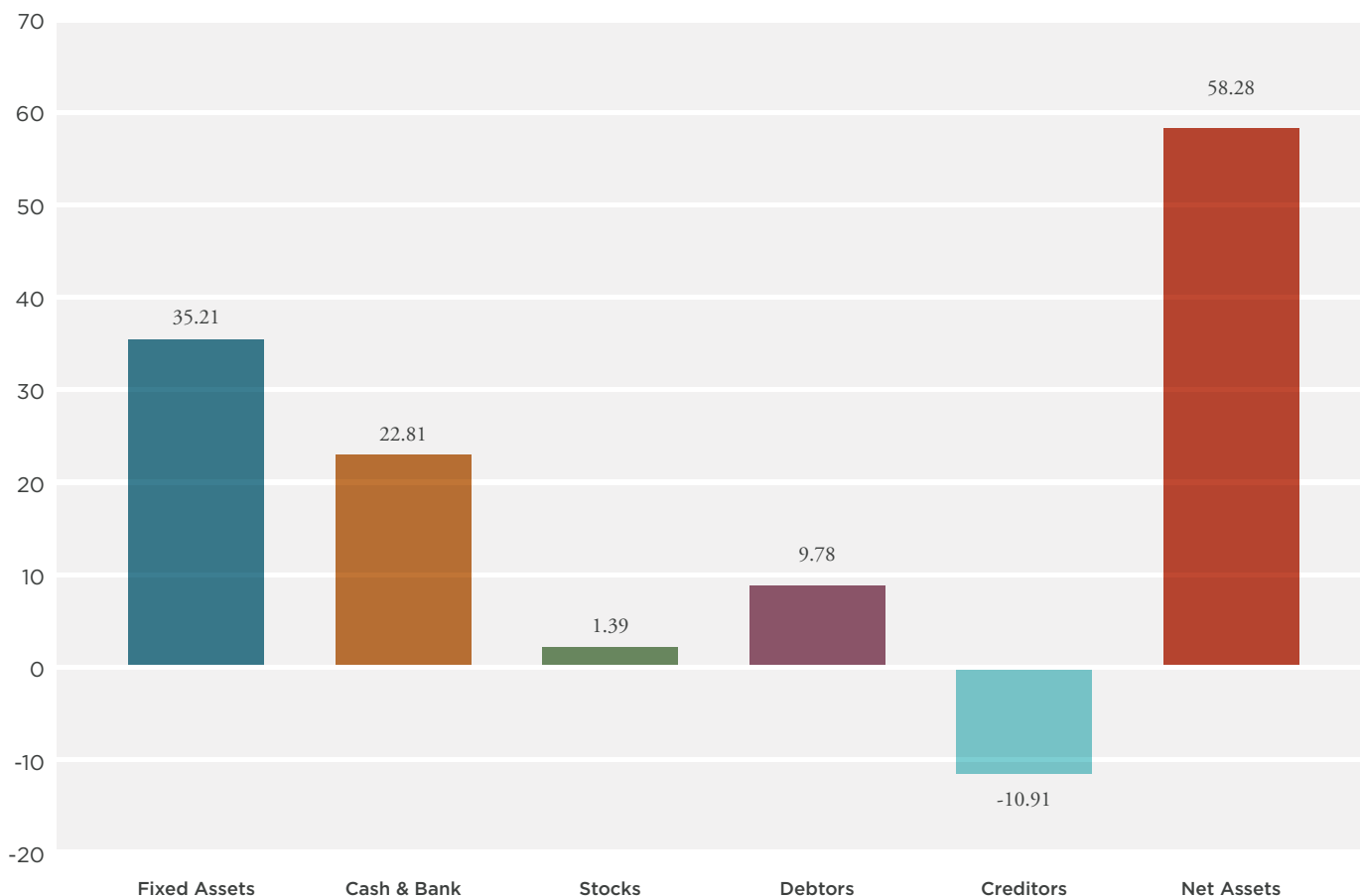
The rest of the expenditure is from projects directly managed and implemented by Central Office. INF Nepal provided support for the treatment of poor patients [including the charity cost to leprosy patients] mainly through three hospitals, amounting to NRs 3.93 Crore. Central office management and administration costs including board and governance cost was NRs 3.34 Crore which represents the 6% of total operating expenditure.

CAPITAL EXPENDITURE NRs 5.94 CRORE

The major capital expenditures during the year include Construction of Multipurpose Learning Center, Extension of Banke Building, Investment in Medical Equipment and IIFS assets. These costs are capitalized and expensed annually in the form of depreciation according to INF Nepal Finance Policy.

YEAR END FINANCIAL POSITION

The net asset as on 16th July 2019 is NRs 58.28 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, income received in advance and other sundry creditors.

The Net Assets represent NRs 0.67 Crore of general operating [unrestricted] fund, NRs 49.51 Crore of designated funds including fixed assets management funds, NRs 7.14 Crore of restricted operating [restricted to hospitals and programme activities] funds and NRs 0.96 Crore of capital endowment fund [designated and managed separately to generate interest for operational activities].

Finance Budget

2019-20 (२०७९/८०)

Figures are in NRs/Crore [NRs 1 Crore = NRs 10 Million]

OVERVIEW

Total approved budget for 2019-20 is NRs 61.36 Crore. This includes operating budget of NRs 53.22 Crore, governance and management budget of NRs 3.48 Crore, construction budget of NRs 5.64 Crore and other capital expenditure of NRs 2.50 Crore.

BUDGETED INCOME AND EXPENDITURE

INCOME	AMOUNT	% OF TOTAL INCOME	BUDGETED EXPENDITURE	AMOUNT	% OF TOTAL EXPENDITURE
			Operating Expenditure:		
Overseas Grants and Donations	33.01	55%	Green Pastures Hospital	20.10	33%
Local Grants and Donations	1.95	3%	Community Programmes – Hospital	8.06	13%
IIFS	6.10	10%	Community Programmes – Projects	14.02	23%
Hospital Local Revenue	8.74	14%	IIFS	5.71	9%
Other Local Revenue	7.60	13%	Designated Fund Expenditure	1.85	3%
Balance Brought Forward	3.02	5%	Central Office Management & Governance	3.48	6%
			Total Operating Budget [A]	53.22	87%
			Capital Budget:		
			Green Pastures Hospital	1.74	7%
			Others	0.76	1%
			Total Capital Budget [B]	2.50	1%
			GPH Construction [C]	5.64	1%
TOTAL INCOME	62.24	100%	TOTAL BUDGET [A+B+C]	61.36	100%

Above budgeted expenditure includes charity budget and free treatment to leprosy patient amounting to NRs 2.19 Crore from hospitals. Budget of 2019-20 is more than actual [excluding non-cash expenditure] of 2018-19 by NRs 1.50 Crore [2%].

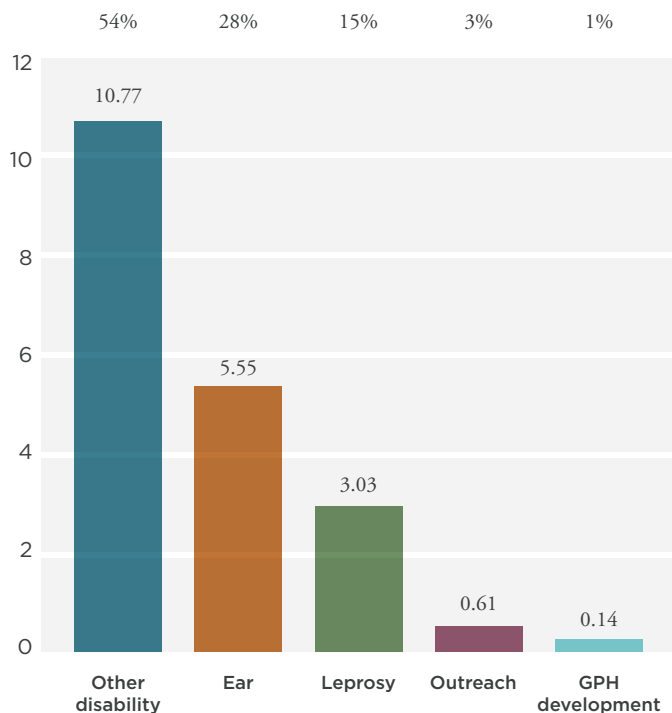
Budget of Shining Hospital in Banke is in deficit by NRs 0.94 Crore which is 35% of its total budget due to downward trend of grants in leprosy. Hence, Shining Hospital Banke is under review with high priority for fundraising and contingency plan will be prepared in case of worse scenario.

Budget for IIFS assumes that it will continue as it is in 2019-20. However, with progress in new avenue IIFS's some of the current activities may be changed, hence, there may be a possibility of changes in budgeted income and expenditure during the year.

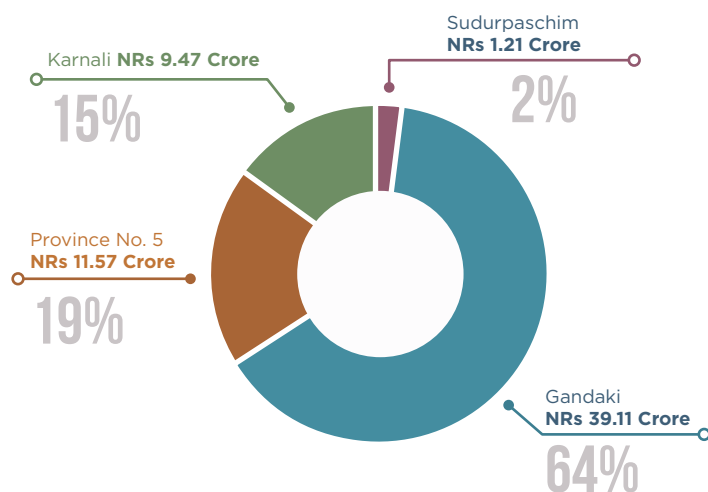
OPERATING BUDGET 2019-20

Budget by major department and technical Area

Green Pastures Hospital [NRs 20.10 Crore]

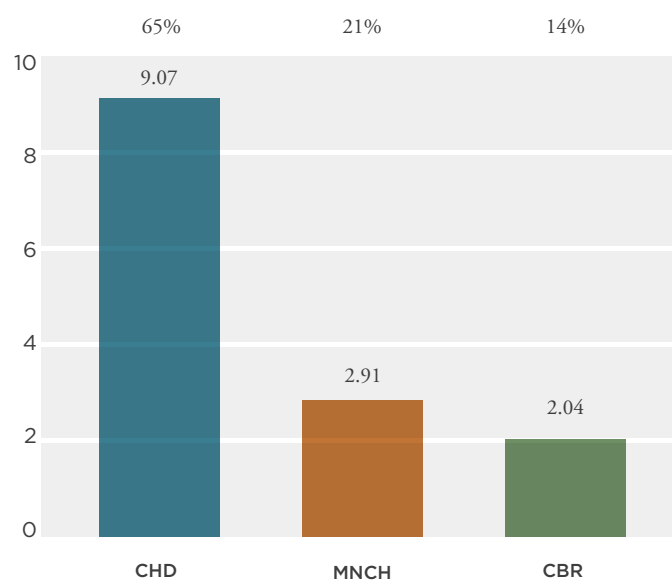


Total Budget by Province

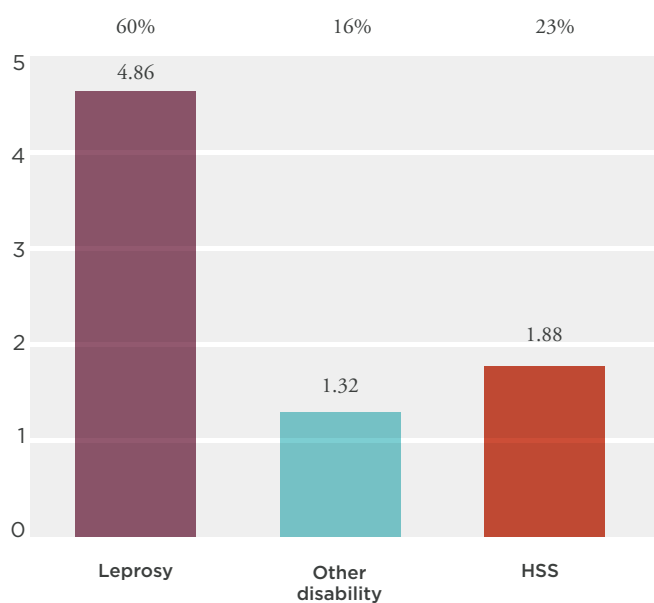


Out of total budget, 64% is budgeted for Gandaki Province [GPH, IIFS and Central Office] followed by Province no. [5–19]% [Banke including hospital, Dang, Kapilvastu and Rolpa], Karnali Province 15% [Surkhet Hospital, Jumla and Mugu] and Province no. [7–2]% [Bajura].

Community Programmes – Projects [NRs 14.02 Crore]



Community Programmes – Hospital [NRs 8.06 Crore]



Auditor's Report

BRS Neupane & Co.
Chartered Accountants
Kumari Marg, House No. 43
P.O. Box 8137, Naxal,
Kathmandu, Nepal

Tel : 977-1- 4411314
Fax : 977-1- 4420572
E-mail : chartered@brs.com.np
Web : www.brs.com.np

**BRS Neupane
& Co.**

INDEPENDENT AUDITOR'S REPORT

To the Management of International Nepal Fellowship, Nepal

Report on Audit of Financial Statements

Opinion

We have audited the financial statements of **International Nepal Fellowship – Nepal** (hereinafter referred to as **INFN**, or the organization), which comprise the Balance sheet, Cash flow statement as at 16th July 2019 and statement of income and expenditure for the period from 17th July 2018 to 16th July 2019 and significant accounting policies and other explanatory notes.

In our opinion, and to the best of our information and according to the information given to us, the accompanying financial statements present true and fair view, in all material respects, of the financial position of the Organization as at 16th July 2019, and its financial performance for the year then ended in accordance with Generally Accepted Accounting Principles

Basis of Opinion

We conducted our audit in accordance with Nepal Standards on Auditing (NSAs). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statement section of our report. We are independent of the Organization, and we have fulfilled our other ethical responsibilities. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statement

Management is responsible for the preparation of the financial statement in accordance with generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statement that are free from material misstatement, whether due to fraud or error. In preparing the financial statement, management is responsible for assessing organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the organization or to cease operations, or has no realistic alternative but to do so. Those charged with governance are responsible for overseeing the organization's financial reporting process.



International Nepal Fellowship Nepal: Consolidated Financial Statements
Statement of Financial Activities for the year ended 16 July 2019
(In Nepali Rupees)

	Note	Unrestricted - Operating Funds	Unrestricted - Designated Funds	Restricted - Operating Funds	Restricted - Other Funds	Capital - Endowment Funds	Total 2018/19 Nrs	Total 2017/18 Nrs
Incoming resources								
Incoming resources from generated funds								
Donor Grants	3	4,269,076	2,777,152	408,021,792	8,820,591	-	423,888,610	396,655,104
Donations and Gifts	3	28,002	917,639	18,446,303	6,521,298	-	25,913,241	21,685,800
Donated Equipment	4	4,483,189	-	1,029,325	-	-	5,512,514	14,206,432
Local and Other Operating Income	-	-	-	66,566,461	-	-	66,566,461	50,394,207
Investment Income	5	-	12,034,232	1,992,834	-	-	14,027,066	10,847,501
Other incoming resources	6	222,675	36,000	85,822,088	406,500	-	86,487,263	57,619,390
Total incoming resources		9,002,941	15,765,024	581,878,802	15,748,388	-	622,395,155	551,408,435
Resources expended								
Activities for Raising Funds								
Cost of Raising Grants and Donations		-	-	64,383,477	-	-	64,383,477	46,945,050
Cost of Local Income Generating Activities		-	-	-	-	-	-	-
Total Activities for Raising Funds		-	-	64,383,477	-	-	64,383,477	46,945,050
Charitable activities								
Programme Expenditure								
Community Health and Development	-	-	-	94,324,757	-	-	94,324,757	89,348,917
Mother and Child Health	-	-	-	39,241,831	-	-	39,241,831	47,922,073
Community Based Rehabilitation	-	-	-	79,195,507	1,810,981	-	81,006,488	105,596,160
Leprosy	-	-	-	65,058,368	4,945,597	-	70,004,296	82,711,384
Ear Services	-	-	-	36,769,331	-	-	36,769,331	37,222,547
Spinal Cord Injury	-	-	-	8,324,479	-	-	8,324,479	16,203,432
General Disability	-	-	-	52,068,102	-	-	52,068,102	30,285,782
Hospital Services Support	-	-	-	16,541,378	-	-	16,541,378	82,480,060
Medical/Surgical Outreach	-	-	-	2,881,172	-	-	2,881,172	3,287,172
Nutrition	-	-	-	11,838,787	-	-	11,838,787	10,341,580
HIV/AIDS	-	-	-	-	-	-	-	2,080,461
Migration	-	-	-	23,146	-	-	23,146	1,048,574
DRR	-	-	-	13,108,827	-	-	13,108,827	29,782,745
Poor Funds	-	-	-	-	7,280,130	-	7,280,130	6,764,608
Others Charitable activities	-	-	-	1,740,650	-	-	1,740,650	2,773,057
		-	-	419,116,137	14,036,988	-	433,153,125	507,826,507
Designated Funds Expenditure								
Staff Scholarship & Development Costs	-	-	(209,716)	-	-	-	(209,716)	(337,863)
Staff Retirement Benefit Scheme	-	-	898,086	-	-	-	898,086	81,125
Staff Redundancy Expenditure	-	-	-	-	-	-	-	-
Staff Hospitalisation & Death Insurance Scheme	-	-	563,553	-	-	-	563,553	346,762
Fixed Asset Depreciation Charge	-	-	37,446,275	-	-	-	37,446,275	26,464,845
GP Hospital Dev Cost	-	-	-	2,522,628	-	-	2,522,628	11,300,412
Other Designated Funds Expenditure	-	-	4,182,872	265,506	-	-	4,448,378	3,128,067
		-	42,901,470	2,789,135	-	-	45,690,605	40,983,348
Total charitable activities		-	42,901,470	421,905,271	14,036,988	-	478,843,729	548,809,855
Other (income)/expenditure								
Governance and Management Cost		14,108,098	-	18,925,788	349,164	-	33,383,050	18,763,771
Foreign currency (gain)/loss		(235)	-	1,455	-	-	1,220	(2,930)
(Gain)/Loss on disposal of fixed assets		-	605,676	342,722	-	-	948,398	1,509,179
Total Other (income)/expenditure		14,107,863	605,676	19,269,965	349,164	-	34,312,653	20,270,020
Total outgoing resources		14,107,863	43,507,146	505,558,713	14,386,152	-	577,559,874	616,024,925
Net incoming/(outgoing) resources before transfers		(5,104,921)	(27,742,123)	76,320,088	1,362,236	-	44,835,281	(64,616,490)
Fixed Assets Management Fund Transfer		(2,572,935)	60,220,509	(56,869,798)	(166)	-	777,580	329,516
Gross Transfer between Funds		4,156,173	2,029,040	(6,614,534)	429,321	-	-	(0)
Total Fund Transfers		1,583,238	62,249,549	(63,484,332)	429,126	-	777,580	329,516
Net movement in funds		(3,521,684)	34,507,426	12,835,756	1,791,362	-	45,612,861	(64,286,974)
Total funds brought forward	20	10,233,367	460,618,106	51,181,565	5,546,016	9,607,000	537,186,053	601,473,029
Total funds carried forward	20	6,711,683	495,125,533	64,017,321	7,337,378	9,607,000	582,798,915	537,186,053

All income and outgoing resources arise from continuing activities

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

Approved on behalf of the INF Nepal

CA Manju Thapa
Director - Finance

Date: 23 sep 2019

**INTERNATIONAL
NEPAL
FELLOWSHIP**

Krishna Bahadur Adhikari
Executive Director

Dhans Lams
Treasurer

Ram Chandra Twati Timothy
Chairman

As per our audit report
Gyanendra B. Bhatti, FCA
For BRS Neupane & Co.
Chartered Accountants
Kathmandu

International Nepal Fellowship Nepal: Consolidated Financial Statements
Balance Sheet as at 16 July 2019
(In Nepali Rupees)

	Note	2018/19 Nrs	2017/18 Nrs
Fixed assets			
Tangible fixed assets	8	340,743,779	328,449,019
Capital Work in Progress		11,316,330	2,122,853
Investments		-	-
		<u>352,060,109</u>	<u>330,571,872</u>
Current assets			
Stocks	9	13,918,983	10,513,246
Debtors and prepayments	10	31,423,785	19,813,821
Debtor: receivable from INF Worldwide (INFW)		66,449,937	82,708,534
Cash on deposit, at bank and in hand	12b	228,067,265	259,506,511
Inter Cluster debtors		0	0
		<u>339,859,971</u>	<u>372,542,112</u>
Creditors: amounts falling due within one year	11	(109,121,165)	(165,927,930)
Net current assets		<u>230,738,806</u>	<u>206,614,182</u>
Provisions for liabilities and charges	14	-	-
NET ASSETS		<u>582,798,915</u>	<u>537,186,053</u>
Funds			
Unrestricted Funds			
General Fund		6,711,683	10,233,367
Designated Funds		495,125,533	460,618,106
Restricted Operating Funds		64,017,321	51,181,565
Restricted Purpose Funds		7,337,378	5,546,016
Capital Endowment Funds		9,607,000	9,607,000
TOTAL FUNDS	20	<u>582,798,915</u>	<u>537,186,053</u>

Approved on behalf of the INF Nepal Board by:

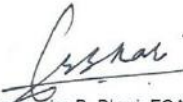

CA Manju Thapa
Director - Finance


Krishna Bahadur Adhikari
Executive Director


Dhana Lama
Treasurer


Ram Chandra Twati Timothy
Chairman

As per our audit report


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

Date: 23 Sep 2019



INF Family & Partnerships

INF is both an entity in itself and network of member organisations. Each organisation has been functioning strongly in providing support to INF Nepal's work in Nepal. INF works in Nepal through agreements with the Nepal government's Social Welfare Council that are jointly signed by INF Nepal and INF International. INF International is responsible for international funding and the evaluation of INF Nepal's projects, and the recruitment and ongoing care of its expatriate volunteer NRs

INF Family



INF Australia
INF Canada
INF International
INF New Zealand



INF UK

International Partners



National & Local Partners



Ministry of Health & Population
Ministry of Women, Children & Senior Citizen
Ministry of Social Development, Karnali Province
All other National and Local Government Bodies

We are also very grateful for all the other international, national, local and individual partners who are not listed here – those who are often anonymous and generous.

ACRONYMS

AHT	Anti-Human Trafficking
CBID	Community Based Inclusive Development
CBO	Community Based Organisation
CBR	Community Based Rehabilitation
CC	Climate Change
CD	Community Development
CDID	Church and Disability Inclusive Development
CHD	Community Health and Development
CHT	Combat Human Trafficking
CIDA	Community-led Inclusive Development Approach
CNDC	Child Nutrition Demonstration Centre
CRP	Community Resilience Project
DPO	Disabled Peoples' Organisation
DRR	Disaster Risk Reduction
DRRD	Disaster Response and Resilience Department
ED	Executive Director
EDUCATE	Economic Development of Underprivileged Communities through Agricultural and Technological Empowerment
FCHVs	Female Community Health Volunteers
GPH	Green Pastures Hospital
GRACE	Gorkha Rehabilitation And Community Empowerment
HSS	Hospital Support Service
ICRC	International Committee of the Red Cross
IDEAL	Inclusive Development, Empowerment and Livelihood
IIFS	INF Initiative for Financial Sustainability
IG	Income Generation
INB	INF Nepal Board
INF	International Nepal Fellowship
LDCRP	Local Disaster Climate Resilience Plan
MELA	Monitoring, Evaluation, Learning and Accountability
MILIP	Mugu Integrated Livelihoods Project
MNCH	Maternal, New-born and Child Health
MoHA	Ministry of Home Affairs Nepal
NCO	Nepal Country Office
NGO	Non-Government Organisation
NRs	Nepalese Rupees
PCD	Partnership & Communications Department
PWDs	People With Disabilities
POWER	Promotion of Women's Empowerment and Rights Targeting Rural Women
QAD	Quality Assurance Department
RM	Rural Municipality
SCI	Spinal Cord Injury
SDGs	Sustainable Development Goals
SHGs	Self-Help Groups
SH-IB	Shining Hospital INF Banke
SH-IS	Shining Hospital INF Surkhet
TCO	Technical Coordinators
SIMPLE	Sustainable Improvement in People's Livelihood through Empowerment
WASH	Water, Sanitation and Hygiene
WEAL	Women's Empowerment And Livelihood
WRH	Western Regional Hospital



INF NEPAL

PO Box 5, Pokhara, Nepal
T +977 [0]61 520111
F +977 [0]61 520430
info@nepal.inf.org