

INF NEPAL

ANNUAL REPORT

2076/77 [2019-20]



INF Nepal is a Nepali non-government organisation serving Nepali people through health and development work to improve the quality of life of individuals and community at large. We are part of an international family of organisations, with the shared vision to serve Nepali people.

INF VISION

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

INF 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.

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Executive Director and Chairperson

Foreword



I am pleased to introduce this year's Annual Report 2076/77 [2019-20], which illustrates INF's shared vision and commitment in all the areas of our work. A key feature of the past year has been a process of reflection, learning and planning for the future. INF has had a momentum of changes and challenges in the year gone.

We achieved a significant milestone last year with INF celebrating 67 years since its founding in 1952. This celebration also saw the inauguration of a newly built Multi-Purpose Learning Centre [MPLC], a centre of Green Pastures Hospital's holistic care. INF Nepal, for the first time, organised a three-day long Partnership Conference "Sahayatra-Walking Together".

With this new decade and year, we are also experiencing a global pandemic with the Coronavirus outbreak. This has posed severe challenges in our quest to serve the poor and needy people of Nepal. Even so, we are prompted to reflect on our work while staying true to our vision. We are continuously supporting the preparation and response efforts in the local and provincial government. We see even more reasons for ambition and hope to serve the vulnerable communities in the face of the global crisis.

In the pages that follow, we update you on the progress we have made in implementing our community programmes, our hospitals and the INF Initiatives for Financial Sustainability [IIFS]. It also gives you INF Response to community and health impacts of COVID-19. This annual report provides a comprehensive view of our work with summaries, statistics and transformational stories, of how individuals and communities have been impacted.

To close, I would like to sincerely thank our staff, expatriate friends, INF Nepal board, advisors, general members and wider INF family for their patience and guidance in helping INF Nepal to cope with the challenges. Your commitment makes all the difference.

All the work achieved during this challenging year would not have been possible without the support of our partners. My heartfelt thanks goes to government ministries, all the national and international partners across the globe for their continued partnership with INF Nepal.

Krishna Adhikari
Executive Director



The last year has been a year of change and challenges for INF Nepal as it represents a year of development through the process of transition. This development makes some of the particular learnings of the past years even more remarkable. We believe INF Nepal is a learning organisation and will continue to evolve to serve the communities in the best possible way. I am incredibly grateful to our highly committed staff for their perseverance in times of transition and uncertainty.

The fiscal year of 2076/77 [2019-20] was a year of significant challenges for all of us. The novel Coronavirus crisis began at the start 2020 disrupted the whole public health management system around the world, crippled the world economy, and become the cause of death of thousands of people already.

We believe the current situation has given us ample amount of time to reflect on our vision and to reconsider what we do, how we do it and why we do it. Our response to this pandemic situation is no different. We have been implementing appropriate measures in line with the situation on the ground supporting the efforts of Government and authorities to manage and mitigate the impact of Coronavirus, inside the organisation and communities we work with and beyond. We are also focusing on supporting the Government of Nepal with additional resources needed to scale up the preventive measures and for the management of the quarantine and health facilities in INF's working areas.

Behind the summaries, statistics and finances many lives and communities that have been touched and transformed. Little of what has been achieved during this year, would not be possible without the close partnership of many organisations, institutions, and people both in Nepal and around the world.

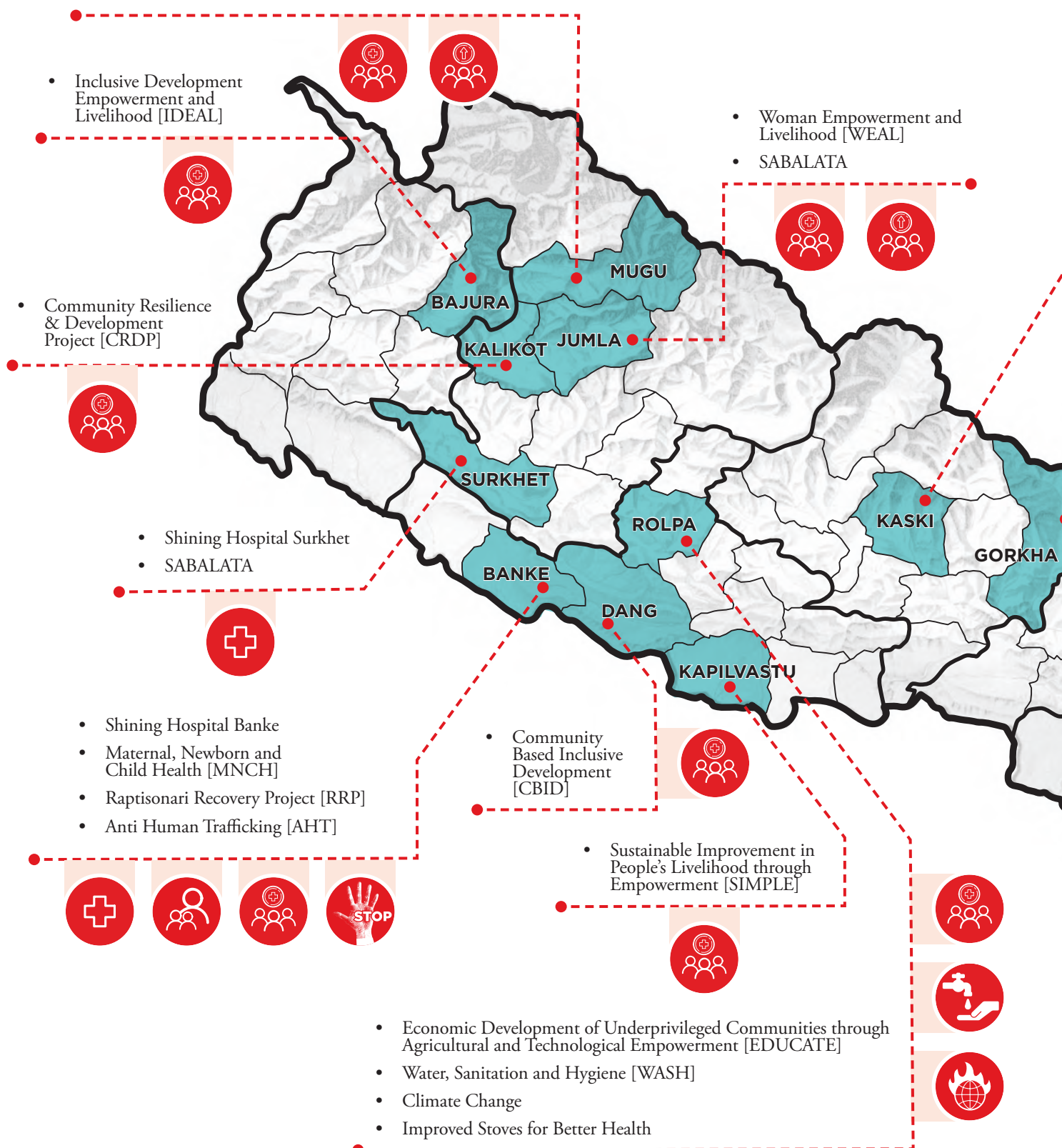
Once again, on behalf of INF Nepal Board, I would like to extend my gratitude towards all of our national and international partners for the fruitful cooperation with INF Nepal in serving the neediest people of Nepal.

Ram Chandra Timothy
Chairperson

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

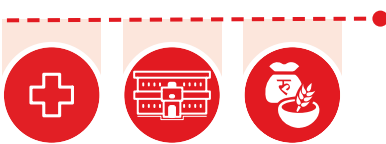
INF NEPAL WORKING AREAS AND PROJECTS DURING FISCAL YEAR 2076/77 [2019-20]

- Inclusive Development, Empowerment and Livelihood [IDEAL]
- Mugu Integrated Livelihoods Project [MILiP]
- SABALATA

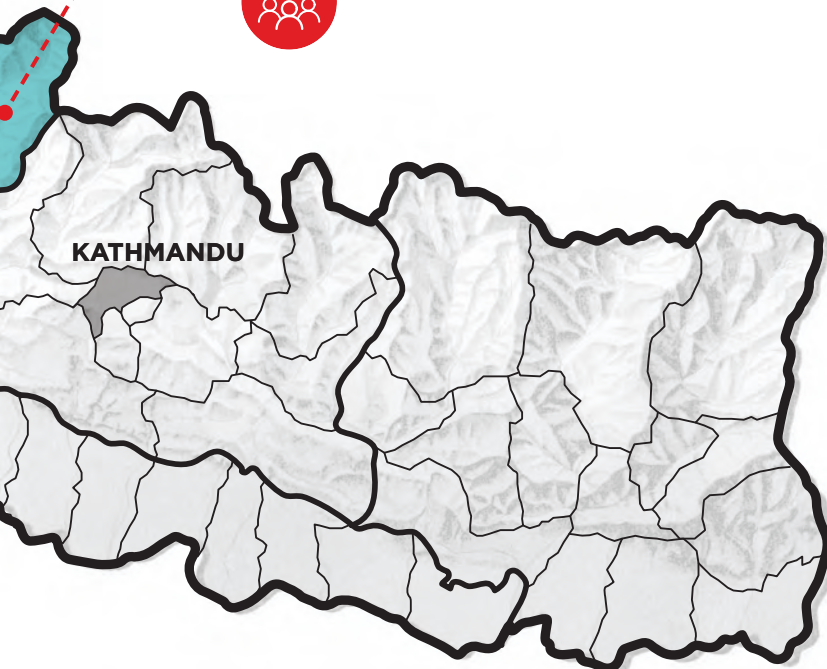




- Green Pastures Hospital [GPH]
- INF Nepal Central Office [ICO]
- INF Initiative for Financial Sustainability [IIFS]



- Community and Disability Inclusive Development [CDID]



SUSTAINABLE DEVELOPMENT GOALS

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



INF Nepal Hospital & Health Services

INF Nepal has a five year agreement with the Social Welfare Council [SWC] for Hospitals and Health Services from June 2017 to June 2022. The overall goal of this project is to empower the least and most vulnerable Nepali people through the provision of high quality health and clinical services.



Maya* [3, F] is full of life. With her magnificent smile, she befriended almost every staff at GPH during her ten days stay. Maya's charm did not fade because of the particular skin disease she was living with. Maya has Chronic Bullous Dermatositis of Childhood that has left several clusters of blisters all over her face and body. It's a rare immunobullous disease. **Photo:** Sharon Joshua Tiwari

**Name changed for anonymity*

Green Pastures Hospital

Green Pastures Hospital [GPH] has been serving people affected by leprosy and disability in western Nepal for more than 60 years, most of them extremely poor and marginalised. It provides quality care and affordable health services to the people of Nepal with the vision “To become a Centre of Excellence in the Care and Prevention of Disability by providing Holistic Care to transform lives”. It was established as a specialist leprosy hospital and the only tertiary rehabilitation centre for Gandaki Province but now features some of the best-equipped facilities and skilled doctors in western Nepal for the treatment of spinal cord injury, skin and ear diseases.

A dedicated team consisting of medical, nursing, paramedical, allied health professionals and administration staff work together to provide holistic care to address the physical, psychological, social and spiritual needs of approximately 45000 outpatients served by GPH each year.



LEPROSY AND DERMATOLOGY

GPH treats and rehabilitates patients affected by leprosy and skin related diseases. For leprosy patients, GPH provides multi-drug therapy, surgery, counselling, and self-care training. With over 50 years of experience, we are continuing to work for the complete eradication of leprosy from Nepal.

1916 outpatients treated [Leprosy]
276 inpatients treated [Leprosy]
18170 outpatients treated [Dermatology]
109 inpatients treated [Dermatology]
85 new leprosy cases detected
576 leprosy patients trained in self-care
3124 patients provided with health education



SPINAL CORD INJURY

GPH is providing rehabilitation services to people with spinal cord injuries so that they can regain more independence and reintegrate into their communities.

105 outpatients treated
51 inpatients treated
25 surgeries conducted
622 physiotherapy sessions provided
1091 occupational therapy sessions provided
31 wheelchairs provided
52 assistive devices given



PHYSICAL DISABILITIES AND REHABILITATION

We continue to provide medical and social support for people with a range of disabilities so that they are included in the community and can reach more of their potential.

10573 outpatients treated
445 inpatients treated
398 surgeries conducted
1067 assistive device provided
100 prosthetics device provided
28 wheelchairs provided
2535 occupational therapy sessions provided
5751 physiotherapy sessions provided



EAR SERVICES

The Ear Centre at GPH continues to provide treatment to correct hearing impairment and ear-related disease through high quality yet affordable services.

11,549 outpatients treated
344 inpatients treated
342 ear surgeries conducted
404 session of speech and language therapy
425 hearing aid devices provided
3,324 audiology tests conducted
3,431 ear patient provided with health education



PLASTIC RECONSTRUCTIVE SURGERY

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

21 reconstructive surgeries conducted for leprosy patients

56 reconstructive surgeries conducted for non-leprosy patients



CHRONIC DISEASES AND PALLIATIVE CARE

The 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.

21 patients were provided inpatient care

64 patients were visited at their home to provide palliative care

45 community-based patients cared

121 trainings for health workers and community groups

207 workshops conducted for staff and community people

3 Palliative care patients were provided with charitable support

45 packages of community based charity support were provided



OUTREACH [CAMPS]

For over 25 years, 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. GPH has provided needed support to patients to restart their lives in a new way once they get back to their community after getting discharged from the hospital. Children with Disabilities and people affected by leprosy were provided education support during the reporting period. These children received support for their school fees, stationery, uniforms and for travel expenses.

300 ear outreach camps conducted

20 skin outreach camps conducted

24 students received education support

HIGHLIGHTS

- During the FY 2019/20, 60% of GPH income came from local operations, including sales of produce from our farm and pharmacy and patient fees, whilst still providing low cost or free care for those who cannot afford to pay. We are glad to share the figure as GPH continues its efforts to become financially sustainable!
- GPH has worked with the WHO to become a model centre for rehabilitation services for Persons with Disabilities [PWDs] in Gandaki Province, known as a One-Stop Rehabilitation Service Centre [OSRSC].
- A “Hand Surgery Week” was conducted in November 2019. A team supervised by Dr Donald Sammut, a renowned hand surgeon from the UK, conducted twenty surgeries, including thirteen for leprosy hand deformity and seven non-leprosy hand reconstruction and plastic surgery cases.
- As part of staff capacity building, Basic Leprosy Training was conducted in February 2020 for 21 individuals.
- Construction of the new palliative care and chronic disease building was completed. A comprehensive continuum of integrated palliative services, including fourteen inpatient beds [ten adults, four children], day therapy, clinics and community services can now be developed and expanded.
- Accessible risk communication and home care interventions were developed during COVID-19 response. Ten videos, one radio jingle, and other rehab materials were produced and disseminated.
- Community and Outreach department has been added in GPH's structure. The department acts as a bridge for patients between hospital-based and community-based rehabilitation services.
- A two-day Free Medical Camp was organised by the Ministry of Social Development [MoSD] Gandaki Province Health Directorate at Singdi, Kholasothar Rural Municipality, Lamjung with technical and logistic support from the INF Nepal Green Pastures Hospital. The camp was inaugurated by the honourable Chief Minister of Gandaki Province Mr Prithvi Subba Gurung.



Mohan with his father happily posing with his new legs

for the first time in his life, Mohan climbed up the vehicle through its wheels. Unfortunately, the vehicle moved, and Mohan's legs were trapped. A month later, both of Mohan's legs were amputated in one of the hospital in Kathmandu.

Mohan's family worried about the condition of their only son but were helpless due to their poverty. Mohan's father, Naini, works as a mason and in his neighbours' fields. The income is just enough for the family. The Rokaha family's land is only big enough to grow food for three months of the year. For the rest of the time, they need to earn money to buy food locally.

Mohan was referred to INF's Green Pastures Hospital, and he and his father travelled on buses for five days to reach Pokhara. There he received a bilateral prosthesis.

On January 2020, eight months after his accident, Mohan stood on his new feet for the first time. This day brought enormous happiness along with hope for the whole family. Under the close supervision of the hospital's rehab team, Mohan underwent rigorous gait training to get familiar with his new limbs. Along with the prosthesis, Mohan received a wheelchair and a pair of crutches from the hospital. Naini Rokaha expressed his gratitude towards the hospital for all the support and care provided to his son. Naini is planning to enrol his son in school again as soon as possible.

Follow this link to watch more about Mohan:

<https://youtu.be/eXXrsFUR3Uk>

A story of hope

Mohan Rokaha studying at sixth grade lost his both legs in an accident, he was wheelchair-bound and mostly dependent upon others for mobility. He had to stop attending school and spent most of his time in hospitals.

Mohan is a 12-year boy from Chaurjahari, in Rukum, a hilly district located in mid-western region of the country. Mohan had to walk one and a half hours to reach his school. On the day of the accident, Mohan was returning from school when he saw a bulldozer. Seeing such a big vehicle



INF Nepal

Shining Hospital Banke

INF Nepal's Shining Hospital Banke [SH-IB] is located in Janaki Rural Municipality-3, Banke. It is a 25-bed hospital with special focus on leprosy services for the wider population of the districts of Banke and Bardiya plus neighbouring districts of India. The hospital works to bring about positive changes in the attitude of the general public towards leprosy-affected people through awareness raising activities at the community level. It runs a leprosy clinic, providing examination and diagnostic services to people with signs and symptoms suggestive of leprosy.

SH-IB also has a limited TB service in the Outpatients Department [OPD] aimed at TB diagnosis and referral to the

other health centre. It also undertakes TB awareness-raising activities during leprosy outreach camps and supports the government's TB prevention activities.

SH-IB's aim is social restoration for, and reintegration of, People Affected by Leprosy [PAL] into their local communities. This is achieved through establishing self-help groups [SHGs] which support advocacy for the rights of PAL and through income generation and skill development activities. These interventions reduce stigma and give dignity to PAL; empowering them to take an active part in their development and that of their communities.



LEPROSY AND SKIN CLINIC

11,637 outpatients treated

113 inpatients treated

7 patients referred to higher centre due to complications

689 skin smear tests performed

145 new cases identified

164 patients received footwear and other assistive devices



COMMUNITY INTERVENTION

5 SHGs formed and regularly facilitated

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

4 new cases were detected in camps

27 inter-religious faith-based leader were oriented on leprosy and skin related disease.

54 Government healthcare workers were provided with training in leprosy

13 Children from leprosy-affected families provided with educational support

MAJOR HIGHLIGHTS

- A total of 13,097 people received services from the SH-IB, which is recognised as providing quality services and people come from far away for treatment.
- 119 leprosy patients received nursing care, voluntary muscle test/sensory test, assistive devices, food and accommodation. 90% of them reported they were happy with the services provided.
- 54 government health care workers were provided with training and orientation. This collaboration with the government has improved the leprosy work.
- SH-IB organised and successfully completed orientation with inter-religious Social Cohesion Forum about Leprosy and Skin related disease. Twenty seven religious leaders from different faiths were oriented about leprosy.
- One SHG has been able to mobilize resources from another like-minded organisation during the COVID-19 crisis.
- A total of 35 outreach camps were conducted in high leprosy prevalent Rural Municipality of Bardiya [Mathura-Haridwar, Manpur Tapara, Bagnaha and Dhadawar] and Banke [Narenapur] districts through five outreach centres. In total, 1,386 people benefited from leprosy and other general skin related outreach programmes.



Kamala after treatment **Photo:** INF Banke

A story of Kamala

Kamala* is a 70-year-old lady from one of the very remote hilly districts of the far-western region of Nepal. Her family lives in an isolated village of Himali RM, Bajura district. She has six members in their family.

Kamala faced severe problems in the fingers on her right hand along with losing the feeling in her hands and legs and a tingling sensation in her body, followed by a reduced vision in her eyes. After having these problems, she visited some traditional healers, and she felt some improvement in her fingers. However, there was no improvement in her eyes, and the tingling sensation remained.

After another 3-4 months, her daughter-in-law consulted a health worker about Kamala's problems, and the health worker suspected it was leprosy. As there is still stigma and discrimination associated with leprosy in Nepali society, she was forced by her family to stay alone, far from the house, for several days.

**Name changed for anonymity*

Kamala's daughter-in-law then met someone from INF, during a visit to the local Rural Municipality office. There, the INF staff member suggested taking her mother-in-law to the INF Hospital, Banke for further treatment.

Shining Hospital, Banke, confirmed that Kamala had leprosy and, due to the severity of her injuries, she was prescribed a long course of treatment. She remained in hospital for twelve months and her health is gradually improving. She is very grateful to INF for all the care, love and support.

Every year more than 3,000 people in Nepal are diagnosed with leprosy. Many more will remain undiagnosed due to stigma, fear, and lack of medical expertise while for some, it is still about battling the unknown.



Kamala before the treatment

INF Nepal

Shining Hospital Surkhet

Shining Hospital INF Surkhet [SH-IS] is located in Birendranagar, the capital of Karnali Province. It provides medical and social services for people with leprosy complications and people with general disabilities, stroke, spinal cord injury, cerebral palsy and fistula, in particular.

It is the only centre of its type in the Karnali Province of Nepal that provides comprehensive rehabilitation services for people with general disabilities and leprosy.



LEPROSY AND SKIN CLINIC

SH-IS aims to reduce leprosy prevalence and contribute to eradication of leprosy through quality diagnosis and treatment service.

10,358 outpatients treated
68 inpatients treated
116 skin smears tested
49 new leprosy cases detected
51 leprosy patients trained in self-care
10,358 sessions of health education provided
273 assistive devices provided



COMMUNITY INTERVENTION

SH-IS empowers communities to take collective actions through training, awareness raising, income generation support and facilitation in working areas. It aims to reintegrate leprosy affected people back into their society, helping them to lead a dignified life, contributing to their family income and the development of their community.

6 Self-help groups facilitated
24 Female Community Health Volunteers [FCHVs] trained and oriented on leprosy
6 children provided with educational support
2 patients provided with vocational skill development training
2 leprosy patients provided with Income generation support



SPINAL CORD INJURY, PHYSICAL DISABILITY AND REHABILITATION

The general rehabilitation unit provides high quality care, treatment and rehabilitation services to people with disabilities to improve mobility and enable them to participate in their communities.

456 outpatients treated [50 SCI patients]
46 inpatients treated [21 SCI patients]
4268 therapy sessions provided
16 wheelchairs provided
76 assistive and orthotic devices provided
9 patients home modified for improved access
8 patients provided with income generation support



HOSPITAL SUPPORT SERVICE

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

58 outpatients treated
40 inpatients treated
83 gynae surgeries performed in the Provincial hospital
30 fistula surgeries performed
823 patients provided counselling in Provincial hospital
112 sessions of fistula orientation



Rup Bahadur learning to walk with the assistive device
Photo: INF Surkhet

The healing touch

Four years ago, 28-year-old Rup Bahadur* suffered an incomplete spinal cord injury after he was hit by a falling branch while cutting trees in a forest. He was paralysed from the neck down.

Initially, he was taken to a hospital in the capital, Kathmandu, where the diagnosis was made and he received an operation on his spine. Due to his poverty, he could only afford to stay for a week at the rehabilitation centre before being discharged back home in a remote hilly area.

Once home, he was confined to bed and dependent on others for every little task. With the loss of movement in all his limbs and complete loss of bowel and bladder sensation, his disability presented an array of challenges every day.

**Name changed for anonymity*

“The mental pain of being disabled and severe dependence was killing me more than my physical condition”

After three years of being bedridden with no further medical help, the family heard about INF’s services from one of our community staff. Even then, due to a long waiting list, he had to wait another three months until finally, with the support of friends, family and community, he was brought to the Shining Hospital - Surkhet.

On admission, he could do nothing for himself, but after just three months of therapy and counselling, he can walk with crutches, manage all his care and daily activities and even look after his child. He will now be able to contribute to the household as well as being a good father. Seeing his smile brought immense satisfaction to the INF team.

Through all of the challenges and changes Rup Bahadur has experienced, he is very proud of his progression and thankful to the therapy team. He says, “Each hour and each day is better than the last, and I am very thankful for INF.” His recovery and independence was the assistive device he received from INF. “INF has given me care as a mother does for her child”, he said.

There are many more Rup Bahadur in Nepal, who do not know about rehabilitation and that their condition can be improved or even healed. They often believe the only option is being isolated and confined to bed thinking that they are heavy burden on their family and shunned by society.

Shining Hospital - INF Surkhet is an answer to the prayers of those affected by disability, especially the marginalised.



Rup Bahadur before treatment

INF Nepal

Community Health and Development Work



INF Nepal has a five year agreement with the Social Welfare Council [SWC] for Community Health and Development Work from July 2016- July 2021. 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.

Women of Gothijeula, Jumla milling paddy using traditional means **Photo:** Sharon Joshua Tiwari



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. INF Nepal has been prioritising the CHD work to bring 'life in all its fullness' to the poor and disadvantaged people of Nepal.

INF Nepal's CHD work uses a Community-led Inclusive Development Approach [CIDA]. It is a participatory approach which builds peoples' existing capabilities and strengths by collaborative action with the aim of empowering poor and marginalized groups to give them hope and improve their quality of life.

INF Nepal's CHD work addresses the root causes of poverty rather than just the symptoms; helping communities to recognise attitudes and behaviours that exclude certain people, and challenge the fatalism that prevents people from seeking change. The process starts with the formation of groups, and then works to enhance their ability to analyse their existing situations, identifying and planning activities to improve those situations. INF helps communities to access resources and gain the confidence necessary to implement the planned activities. The groups are strengthened and supported through appropriate facilitation and training, but INF provides little financial help: groups learn to use their strengths and seek resources locally which ensures that change is owned locally and is sustainable.

440 SHGs formed and regularly facilitated

1,378 action plans implemented through SHGs

500 households [HHs] received few efficient smokeless iron cooking stove.

7 water schemes installed for safe drinking water

538 people trained in resilient agricultural practice

845 people received agricultural inputs

221 people involved in farmers' groups

1690 people involved in income generation and entrepreneurship activities

1876 people have financial access through saving and credit schemes

3636 people trained in health and hygiene

105 health workers and FCHVs trained

3 health facilities supported [Infrastructure constructed/modified]

2988 people trained in disability and inclusion

4364 people trained in climate change and disaster management

2588 people trained in gender and human rights

MAJOR HIGHLIGHTS

- Through regular facilitation, 440 SHGs have been able to implement 1,378 action plans addressing important community needs.
- A total of 3,566 people have accessed finances through SHG revolving funds or savings and credit schemes. At the end of the fiscal year, total savings of the SHG members are NRs 54,33,670.
- A total of 440 women are involved in different local level structure as a result of project intervention through regular advocacy, education on SHG meetings, training and campaigns.
- A total of 115 SHG members were provided vocational skill development training in, for example, tailoring and basic computer repair courses. After the training, SHG members have started their own businesses, including electronic and tailoring business. Those starting new business are earning an average of NRs 8,000 per month [USD70], which is enough to sustainably improve their livelihoods.
- A total of 105 health workers and Female Community Health Volunteers [FCHVs] were trained and mobilized to raise awareness of health issues in target communities. INF Nepal provided medicine and medical equipment to three health facilities to improve the quality of services in the local health facility.



Sita with her customers

Harvest is Plentiful

Sita* is 33 years old now. She is from Gichya Village Vitri Gaam, Ward No.2 of Sunchhahari RM in Rolpa district.

Sita has one son and two daughters. Currently, she lives with her children. Her husband migrated six years ago to Dubai and didn't return. Many times, she tried to contact him but couldn't succeed. She is a subsistence farmer, but because of the traditional farming method, the food produced from her agriculture work was enough only for six

months of the year. So she had to work as a casual labourer for other people to provide food for her children. She was provided NRs 15,000 [USD127] by INF Project as income generation support. She bought seasonal vegetable seeds, farming tools and materials with the money. She bought cauliflower, onion, coriander and cabbage seeds as well as materials for constructing a greenhouse tunnel, drip irrigation and spray.

“We get to eat green vegetables every day and also earn income by selling the vegetables.”

She planted these seeds and harvested around 300 kg of vegetables that she sold in a nearby town [Sulichaur] and her village and earned NRs 25,000 [USD212] from the first season's crop. As she has now setup the greenhouse tunnel established and has other materials, she will be able to use in the subsequent season. Although income from the first crop was small, Sita is hopeful that if she continues, she can support her family from farming alone and will not need to do additional casual work. Sita is very passionate about her work and has become an excellent example of success for others too. She produced a potato crop in the second phase and is planning to continue the vegetable farming by making it more organised and professional.

She is delighted and also thankful to INF Nepal and its supporting partners for the support she received.



Sita in her kitchen garden **Photo:** INF Rolpa

**Name changed for anonymity*



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. 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 to train them and their carers. We also educate communities and local authorities about upholding the rights and dignity of people with disabilities.

When assessing the needs of people with disability and the environment they live in, INF Nepal considers a person's Health, Education, Livelihood, Social and Empowerment contexts [an approach recommended by the World Health Organisation] in order to address 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.

INF Nepal implements through a twin-track approach firstly identifies and empowers of people with disabilities and their families at the grassroots level by forming and strengthening self-help groups and networks. Second, is the promotion of their meaningful inclusion in their family and society.



Distribution of assistive devices to the people with disabilities **Photo:** INF Dang

103 SHGs formed and regularly facilitated

110 people with disabilities received Primary Rehabilitation Training [PRT]

86 people with disabilities received assistive devices

82 people with disabilities received disability cards

873 people sensitized on disability and inclusion

385 people trained on health and hygiene

58 health workers and FCHVs trained

13 accessible infrastructure constructed and modified

41 people with disabilities provided with vocational training

60 people with disabilities provided with agricultural input

57 people with disabilities involved in Income Generation activity

36 children provided with education support

44 people with disabilities are actively involved in decision

MAJOR HIGHLIGHTS

- INF Nepal implemented three disability focused community based projects [SABALATA, CBID and CDID] in Gorkha, Dang, Surkhet, Jumla and Mugu.
- A total of 13,790 people in the community including 3,725 persons with disabilities benefited from these three CBR projects. A good gender balance is maintained in the projects with 48% [6553] female beneficiaries.
- A total of 55 new SHGs were formed this year and 103 SHGs were provided continued facilitation support. During the period, two new DPOs and one youth club were formed in Dang from within existing SHGs. These three new formal organisations are now accessing small local government funding to continue with project activities.
- A total of 1932 people were provided with vocational, health & hygiene training for individuals and organisational capacity development trainings to SHGs, DPOs, FCHVs and health staff.
- As a result of the regular lobbying and advocacy the Babai Rural Municipality, Dang has allocated a budget of NRs 500,000 for treatment and referral support to vulnerable and marginalised people of the community.
- The projects have provided agricultural support to 60 clients, assistive devices support to 86 clients, Primary Rehabilitation Therapy [PRT] support to 110 clients, educational support to 36 children with disabilities, income generation support to 57 clients and infrastructure modification support thirteen households and institutions.
- Eighty two new persons with disability have received disability Identity Cards allowing them to access allowances and other benefits from local authorities. 44 persons with disabilities are involved in social decision making forums, 39 persons with disabilities are starting income generation business.
- Project Highlights for the increased engagement in livelihood activities:
 - Through SABALATA project, 410 persons with disabilities have started income generation activities and 56% [230] are already generating income.
 - Dang CBID project in coordination with Council For Technical Education and Vocational Training [CTEVT] has provided 65-day agriculture training to twelve persons with disabilities free of charge.
 - Through CDID project, 39 people [M-15, F-24] including seven person with disabilities are employed in ten different small businesses.



Rama looking after her goats

A new Beginning

This is the story of a woman who didn't lose hope despite many setbacks in her life.

Rama* is 29 year's old. She lives with her two sons aged fourteen and eleven years in Hapure village Babai RM, Dang. Her younger son studies in grade 5 while her elder son stays with her. Rama herself has never attended any formal or informal schools in her life. They have a house, a cattle shed and a small piece of unregistered land.

When Rama was fourteen, she was forced into child marriage. At the age of fifteen, she gave birth to her first son. At the time of delivery, he seemed to be fine, but as he grew up, they realized he couldn't speak like other kids of his age. They consulted with traditional healers to seek help for her son's condition, but nothing was a help for him. After some time, they found that he had been born with an intellectual disability. Her husband started arguing and quarrelling with her blaming her for their son's condition. She used to think about what she could do if it's written in her destiny.

*Name changed for anonymity

Rama's husband later married with another woman and lived separately. This worsened her economic condition, so she took refuge at her parents' home. Her parent's situation, however, was no better; they could only support her by making a small hut for her. Rama started to work as a daily labourer to earn her living. She was distressed and whenever she thought of her husband's behaviour towards her and her son's future. Recalling those days she says "I was in a very vulnerable and depressed state. I thought there was no hope for me, and this was my destiny to live a sorrowful life".

Things changed for Rama when she joined one of the INF's disabled-friendly group in her community. At the group, she learned a lot about disability and also about the services and provision for persons with disabilities.

"I feel comforted and have a sense of relief being in the group. As I am not alone in this and many have similar sufferings like mine with whom I can relate. I am positive for the future ahead."

Rama received three goats worth NRs 20,000 [USD170] from the livelihood-support project to start a small business. During the interaction meeting in one joint monitoring visits, Rama requested the support from local government. Upon her request, the Babai RM assessed her living condition and allocated the budget to build her a stable house where she now lives with her two sons.

Using the skills learned through training, Rama plans to start commercial vegetable farming. Now, she is more hopeful and happy. "I feel confident and happy about being able to speak out for myself. The support of INF Nepal and Babai RM has helped me to regain hope and happiness in my life", she shared.

"I feel confident and happy about being able to speak out for myself. The support of INF Nepal and Babai RM has helped me to regain hope and happiness in my life"



Rama with her son

At Closure

Maternal, Newborn and Child Health Project

The Banke Maternal, Newborn and Child Health [MNCH] Project drew to a close at the end of May 2020 after four years of working closely with communities in the region to improve health outcomes of women and children.

The project began in April 2016 with a central focus to reverse the unacceptably high maternal and child mortality rates in Nepal. While overall Nepal has made huge progress in addressing these issues, gains have not been equitable across the country. Promising improvements can be seen in urban centres, yet, in rural and remote areas where INF works, still too many women and children die during and around childbirth. Many of these deaths are preventable, so INF worked hard to address the underlying causes, that include, lack of knowledge, discrimination, harmful cultural practices, poor nutrition as well as poor provision and utilisation of appropriate health services.

Crucial health indicators for the project included antenatal attendance, delivery at a health facility assisted by a skilled birth attendant, post-natal care visits as well as growth assessment for children under two years old. All of these improved as trust and confidence grew within the community of the locally available health services. Deliveries at home have decreased, women are now meeting regularly to learn and discuss their family's health, and awareness and support for women and children is growing in the community.

Health facilities are now well equipped; staff have been well trained; and health post management committees and local government have been trained and strengthened to continue offering high quality services. In addition, communities are mobilised and determined to advocate for and support vulnerable women and children.

INF would like to thank our partners, **Health Bridge** and **Global Affairs Canada** for their financial and technical support as well as the Government of Nepal and local governments for the successful collaboration to improve health and gender equality in Nepal.

Watch the full video using the following link:

<https://youtu.be/OiPUGuu6pgA>



FCHV member from Banke **Photo:** INF Banke

TO ENSURE SUSTAINABILITY

1

Working within the existing government health structures – rather than developing new organisations. We made a conscious decision to invest in existing government structures and build their capacity as these government structures will remain present in the community beyond INF's project. This work has included re-mobilising and strengthening mothers' groups; supporting and retraining female community health volunteers and local health facility management committees; and conducting joint monitoring visits with government health staff.

MAJOR HIGHLIGHTS



132 local mothers' groups formed.



6000 over 6,000 mothers' group meetings facilitated over the project period.



132 men's groups were formed to discuss the role of men in supporting women and children and gender equality.



9 health facilities are now offering high quality and gender sensitive MNCH services, following urgently needed construction and renovation support, provision of relevant equipment, training of their staff and management committees.



26,422 women and children under the age of two were the direct project beneficiaries. However, the benefits of this project reached much wider, with entire families and communities benefiting from increased health awareness and considerably better equipped and managed local health services.



22 local auxiliary nurse midwives from eight Health Posts, one Primary Health Centre and one Provincial hospital received comprehensive 'skilled birth attendance' training.



Emergency Obstetric Neonatal Care [EONC] Fund was established in 132 mothers' groups with the aim of providing easy access to funds for pregnant women, postnatal and neonatal emergency treatment.



Enhanced knowledge of community youth and child clubs which conducted different awareness programmes, through street dramas in their communities as well as by being engaged in social work.



Adolescent participants expressed new-found confidence for talking about Adolescent Sexual and Reproductive Health topics and asking for help when they need it.

INTO THE FUTURE INF HAS BEEN:

2

Recruiting local women as community mobilisers wherever possible to work in their own home communities. One advantage is that they have very intimate knowledge about their community context and issues, but also that they will likely remain in their community as a resource person after the project ends. In fact, end of project data has shown that a number of the community mobilisers have found ongoing employment during or at the end of the project. This means they will not only serve as an informal local resource person, but also utilize their learning and continue to practise in their local community.

3

Working closely with local government. As health care is now the responsibility of the rural municipalities, the project put a strategic focus on building the capacity of this local body. Through training and workshops about MNCH, joint monitoring visits and attendance of meetings INF has raised awareness of the importance of public health and worked with the rural municipality to identify interventions and strategies that they might want to continue after the project's completion.

Improving resilience to Climate Change and Disaster

A mountainous landscape and low socio-economic status leave the people of Nepal incredibly vulnerable to ever-increasing threats from climate change and natural disasters. INF has now integrated disaster risk reduction DRR strategies through much of its work to empower and equip communities for the future. Its central aim is to reduce the impact of disasters in Nepal within INF working areas. INF has been empowering communities to implement adaptive measures, reduce vulnerabilities and develop coping mechanisms.

To reduce the impact of disaster INF Nepal mainly focuses on the following areas: Disaster Risk Reduction [Preparedness and Mitigation], Disaster Response [Immediate Relief and Rescue], Disaster Recovery [Re-habitation and Reconstruction] and Disaster/Community Resilience.

- 19** disaster drills conducted in the community and schools [thirteen schools and six communities]
- 6** school disaster management committees formed
- 51** community people trained in basic First Aid, shelter establishment and safety
- 2** municipalities [Sunchhahari & Thabang in Rolpa] received disaster response kits, First Aid material & stretchers
- 16** schools received disaster response kits, First Aid materials and stretchers
- 13** contingency plans updated [ten community offices and three Hospital Disaster Management Plans]
- 25** INF Nepal staff trained in DRR & Climate Change Adaptation proposal development
- 300** flood affected households received shelter kits in Durga Bhagwati Rural Municipality, Rautahat
- 30** INF Nepal staff trained on Cash Transfer Programme
- 777** flood affected community people received general health services from four medical camps in Rautahat



A home in ruins after flooding [Rautahat district] **Photo:** Sahara Mishra



Locals of the Thabang RM receiving disaster preparedness items from INF **Photo:** INF Rolpa

Standing in Solidarity

INF has stood alongside the poor and vulnerable people of the remote and often neglected areas such as Rolpa which is prone to disasters such as landslides, soil erosion etc.

Disaster, an unknown and unforeseen event that can occur anytime, anywhere and to anyone, is an unkind word in itself. The disasters can be of any type and can occur due to man-made or natural reasons.

The impact of the disaster is always greater in inadequate and inaccessible areas. Due to the lack of resources and infrastructure, it is often challenging even to carry out the response activities.

INF has been working in Rolpa equipping the locals with disaster preparedness knowledge and equipment and also making them resilient for future disasters. Rolpa is

located in the middle hills but is highly vulnerable to landslides and epidemics, particularly during the monsoon season.

In one such instance, INF handed over some of the much-needed disaster preparedness materials to the two of the very remote rural municipalities of Rolpa: Sunchahari and Thabang.

Community and the local government are grateful to INF that the equipment provided were so useful in the time of pandemic crisis.

Such items are distributed in coordination with local representatives and authorities and included tarpaulins, blankets, fire extinguisher, rope, shovel, crowbar, trunk box, among others.

The tarpaulins and blankets, in particular, have been so useful that the local government is now using them in the quarantine and accommodation of people returning from outside the district, India and abroad. According to the government directive, a person travelling from infected areas need to spend two weeks in such quarantine before going to their homes.

INF Nepal

INF Initiative for Financial Sustainability [IIFS]

IIFS is an initiation of INF Nepal which focuses on utilising locally available resources within INF Nepal to generate funds and enable INF Nepal to provide its services free to those who need them. IIFS continues to create innovative ideas and maximise the use of local resources for financial sustainability.

Currently, we are running the café, canteen, craft centre, Beth Eden guest house, vegetable farm and livestock within Green

Pastures Complex. Farm produce is sold at GP main gate and other outlets in Pokhara. Almost 65 staff members are mobilised to operate IIFS activities.

IIFS has a significant impact in skill development, training and employment for people with leprosy and other physical disabilities. This has contributed to their personal development thus helping to ensure that INF is sustainable in its vision to bring about 'life in all its fullness'.

MAJOR HIGHLIGHTS

- Continued to serve the community during the pandemic and sustained it's business.
- Made a financial contribution to INF through agricultural subsidy and in other organisational expenses.
- Contributed lunch for one month to GPH staff during lockdown and allocated ten beds of Beth Eden for quarantine
- More than 70 tons of fresh organic vegetables were supplied to GP canteen and served to patients, carers and staff. The excess vegetables are sold through its own outlet.
- A huge shed with a capacity of 5,000 chickens was made and supplied with laying hens. Two broiler chicken sheds also added.
- All the farming land has been utilized systematically by maintaining crop rotation. The farm has also started using a Rotavator; a modern ploughing technique.
- The rear-side expansion and beautification of the café attracted more customers during tea and snack hours.
- Beth Eden Guest House and Training Centre remained busy during the first two quarters addressing especially the groups who came for residential programmes.
- The objective of mobilising the patients, their caretakers and poor and marginalised people in the farm has remained as in previous years.



IIFS has opened up two more outlets in Ram Bazaar [left] and Miteri Gaun to improve the sales of its farm produce.

IIFS has also started to directly contact some of the genuine farmers, purchase their products and sale through the IIFS outlets.



IIFS farm is the key unit located downhill inside Green Pastures Complex and caters to the organic product needs of the GPH and the local people.

IIFS worker in vegetable farm **Photo:** Sagar Malla

Meet some of our

Expatriate Volunteers

Salome Berger



Nationality: Swiss

After finishing my master degree in Public Health, I joined INF's work in Surkhet in 2019. I supported the Fistula Treatment Centre staff in developing protocols and policies in nursing and other areas and trained the staff in hygiene and infection control matters. Teamwork was also a big topic in the team meetings, which increased the teamwork and problem-solving capacity of our staff. It is a joy to see our staff grow in confidence and professionalism and the quality of the nursing care for our fistula patients improve. Another area I was involved in was the training and orientation of the new fistula outreach team, which was employed in December 2019. Through their work, we have received several new fistula patients for treatment so far. One day a week, I supported the INF Shining Hospital nursing team with technical advice in infection control and patient documentation writing.

Dr Ruth Powys Russell



Nationality: Australian

I am an Australian Palliative Care [PC] specialist. My role is PC Team Leader at GPH. I have specialised and worked in PC for over a decade, while meantime in Nepal, PC formally started from 2000, with development of several centrally-located mainly cancer-related services.

I have been privileged by strategic openings working with Nepali colleagues on the National PC Strategy and supporting the national PC Association; PC training, including for the nursing students of Nepal.

Through INF International, EMMS International and INF UK partnerships, exciting developments emerging include a lovely new building with a healing environment incorporating a sensory garden and special children's play area, increased staff, and PC training. GPH is pioneering Nepal's first "all-disease-inclusive" PC services continuum through an innovative model integrating PC with chronic disease management. Services will include an inpatient unit for ten adults and four children, day therapy, clinics, the expanding community service plus a key focus on research, education, and collaboration with community groups.

Sarah Riggsbee



Nationality: American

Communicating and sharing meals with others are parts of our daily lives. If you cannot do these things, because of a stroke, brain injury or developmental delay, suddenly life and community are very different. As a speech-language pathologist, I have the privilege of working with people with communication and swallowing disorders and helping them to regain abilities and have hope despite their circumstances.

Through working with INF at GPH, I get to provide mentorship and training to a wonderful Nepali speech-language pathologist and provide quality services for individuals and families. Speech therapy is a growing profession in Nepal and as disability inclusion continues to come to the forefront of healthcare, speech therapy will continue to be needed to help give people their voices.

We work closely with the Ear Centre to provide services to children who have just had ear surgery or received hearing aids to develop speech and language. We also have a growing list of children with disabilities that we see as outpatient. One of the newer areas we are focusing on at GPH is the inpatient care. GPH is becoming a centre of excellence for people with strokes, and we are able to help these adults who previously were able to do everything independently and now have difficulty communicating. One of our most recent patients was a school principal in the 30s who had a massive stroke, and came to GPH with many deficits. Through the dedicated work of the whole rehabilitation team [Doctors, nurses, physical therapy, occupational therapy and speech therapy], he was able to return home with his wife to their young son. We have received a report that his speech and language has improved sufficiently for him to communicate in virtual meetings. It is a true joy to serve with Nepali colleagues and use speech therapy as a way to give life in all its fullness to those who are often overlooked.

Major events and

Highlights of 2076/77 [2019-20]

STAFF INDUCTION PROGRAMME

An INF Nepal staff induction program was held from 29 July to 1 August 2019 and gave an orientation to the new organisational structure and how each department will communicate and collaborate. Different departments and teams of INF Nepal came together for this program, giving time and an opportunity to meet together, build relationships and discuss the changes and working approach.



MPLC BUILDING INAUGURATION

The 67th INF Day also saw the inauguration of a newly built Multi-purpose Learning Centre [MPLC] that was made possible due to the generous support in finance and prayers from INF UK, INF Australia and other individual supporters. It is spacious and equipped with modern amenities such as soundproof walls and ceilings, integrated audio and visual system, air ventilation, lighting and is disability friendly. The previous day, there was a very special "Dedication Programme" celebrated among the supporters from inside and outside Nepal and senior staff of INF.



Mayor of Pokhara inaugurating the MPLC building



MPLC dedication programme

CELEBRATING THE LIFE OF EILEEN LODGE

Eileen Lodge, one of the pioneers of INF, passed away on Friday 11th October in Kathmandu, aged 94. Coming to Nepal in 1953, she spent her life serving the people of Nepal, especially those affected by leprosy. She leaves a great legacy of serving her Lord here. She helped to establish Green Pastures Hospital in 1955, including supervising the building work. She was also the founder of the Nepal Leprosy Trust.



Eileen Lodge, who is best known as the "Iron Lady", was a British nurse who, along with Betty Bailey, arrived in Nepal in 1953 to work with INF. Both of these ladies had the calling to work among leprosy patients, and together started the leprosy work of the mission.

Today, INF Nepal Green Pastures Hospital [GPH] stands on the shoulders of Eileen and all others who were part of the team and the bigger vision. The medical work pioneered by Eileen has expanded and, even after 60 years, GPH is still serving people with disabilities, including those with leprosy in western Nepal.

The funeral service of Eileen Lodge was held on 17th October at MPLC. Born in June 1925 in the UK, Eileen spent her life serving the people of Nepal, especially those affected by leprosy and left a great legacy behind. Over 300 people attended to celebrate her life.



INF PARTNERSHIP CONFERENCE “SAHAYATRA”

A three-day-long INF Partnership Conference “Sahayatra-Walking Together” was held at a newly inaugurated MPLC from 20-22 November 2019. Around thirty representatives from 25+ national and international partners participated in the event. The goal of the event was to build and strengthen the partnership and mutual learning and included three objectives each day; Working Together, Trekking Together and Celebrating Together. The Keynote Speaker for the event was Rev Dr Johannes Reimer.



HAND SURGERY WEEK

GPH conducted a “Hand Surgery Week” from 24–30 November 2019. The camp focused on the correction of leprosy hand deformities due to nerve palsies as well as other hand conditions [tumours, nerve-related conditions, congenital deformities]. A total of twenty surgeries were performed of which thirteen were leprosy related hand surgery [nine tendon transfers, one nerve decompression, two web plasty, and one contracture release] and seven of them being non-leprosy hand surgery. The patients came from twelve different districts of Nepal.



REFLECTION FOR ACTION AND LEARNING FOR CHANGE WORKSHOP

INF Nepal is setting the tone for being a learning organisation. On 2-3 March 2020, a two-day workshop “Reflection for Action and Learning for Change” was conducted among the staff from different departments and projects including medical services, community programmes and support services. The main purpose of the workshop was reflection and learning: a time for all to speak freely, to think deeply and to critically reflect on our work and to generate knowledge which leads to action that improves our effectiveness and impact.



KNOWLEDGE MANAGEMENT AND HARVESTING WORKSHOP

A three-day Knowledge Management [KM] Workshop was held from 24-26 January 2020. The workshop was designed to generate a common understanding of the strategic relevance and potential of KM and knowledge sharing approaches for INF Nepal. Some of the underlying objectives of the workshop were to develop a knowledge management strategy to institutionalise KM practices in INF Nepal, application of knowledge sharing tools and techniques in practice.

Following the workshop in Pokhara, a Knowledge Harvesting Workshop was conducted from 29-30 January 2020 in Nepalgunj, where the staff of the Banke MNCH project were invited to share their knowledge and learning from the four-year project that now has phased out.





Expatriate medical staff assessing the patients at Pharmacy in Gandaki Zonal Hospital [present day PAHS] **Photo:** INF Photo Archive

Ongoing Journey

Partnership with Government

Soon after entering Nepal in 1952, INF began curative health care by establishing its first-ever health care facility: Shining Hospital in Pokhara. For over 25 years, this hospital treated countless people of western Nepal through its highly trained expatriate doctors, paramedics, nurses and Nepali counterparts.

Over the years, a variety of health care and related development work has been conducted to support government services in many areas of the western half of Nepal. INF has also helped the government health institutions through the construction of buildings, volunteers, equipment, support to management and ancillary services, especially maintenance and training.

In 1974, the government requested INF to shut down the Shining Hospital and help them extend their Gandaki Zonal Hospital into a 150-bedded hospital, which later became Western Regional Hospital [WRH], and most recently, the Pokhara Academy of Health Sciences [PAHS].

INF seconded its medical and paramedical staff to work in Gandaki Zonal Hospital. INF helped develop the physiotherapy, pharmacy and maintenance departments. Laboratories and Pharmacy were also set up there. The Shining site was used as a Community Health Centre, with a particular focus on mother and child care.

INF also contributed significantly to the establishment of the nursing training campus; Institute of Medicine [IOM], Pokhara. INF's Nursing tutors used to be seconded to the IOM, and students had their practical experience at the nearby Gandaki/WRH.



Nurses during the trainings at the IOM Nursing College in Pokhara **Photo:** INF Photo Archive

At present, INF is facilitating the Social Service Unit within the PAHS. This unit is responsible for identifying patients from target groups by coordinating with doctors and health workers involved in their treatment. They should also ensure that health workers are concerned with the patients' gender, linguistic and cultural needs when making services available to target group patients. The unit is primarily responsible towards the patients and accountable to the chiefs of the concerned hospitals. There are currently eleven staff in the unit.

There were joint projects such as Leprosy Control in the western and mid-western regions and the TB Control Project in the mid-western region. There were also health and community development programmes in Baglung and Myagdi in consultation and cooperation with the government.



Social Service Unit staff of PAHS



Social Service Unit staff attending a patient at PAHS **Photo:** Anil Rai

SUPPORT TO THE URBAN HEALTH CENTRE

INF Nepal has written a two-year agreement with Pokhara Metropolitan City Ward No. 15 to run an Urban Health Centre in Nayagaun. Through this agreement, INF has helped set up and run a laboratory service which plays a vital role in running any health centre smoothly. INF is also supporting this health centre by providing a lab technician and lab equipment. This Urban Health Centre is running as per the health directives issued by the Ministry of Health and Population.

Through the support of INF, many locals of the ward and surrounding region are benefiting from this health service.



A laboratory staff of Urban Health Centre, Pokhara **Photo:** Anil Rai

AT GLANCE



FOOD SUPPLIES SUPPORT

INF supported over 2900 vulnerable families households with food supplies.



HYGIENE KITS SUPPORT

A total of 625 households were supported with full sets of hygiene kits.



TELEHEALTH SERVICE

Over 200 people directly benefited from the telehealth service setup in coordination with the WHO.



COVID-19 SUSPECTS/PATIENTS TRANSPORT

Over 400 suspected COVID-19 cases and infected patients were transported in and out of the COVID-19 centres. [250 by Banke, and 173 by Surkhet ambulances].



PPE HANDOVER

A total of 40 full sets of Personal Protective Equipment [PPE] were provided to the Provincial Health Directorate.



QUARANTINE/ISOLATION CENTRE SUPPORT

A total of sixteen COVID-19 quarantine centres and two isolation centres were supported.



WASH FACILITIES

A total of 198 WASH facilities were installed inside offices and the community.



AMBULANCE SERVICE

Over thirteen patients [ten leprosy, two SCI, one CP] were transported in our GPH ambulance during the three month long lockdown period.



PATIENT ACCOMMODATION

GPH supported food, accommodation and travel cost of fifteen stranded patients during the first phase of lockdown in April 2020.



HUMAN RESOURCE SUPPORT

Our staff at the Provincial health directorate - Gandaki supported with the data management of COVID-19 across eleven districts of Gandaki Province for five months March-August 2020].

INF Nepal response to the COVID-19 pandemic

An outbreak of the novel coronavirus was first reported in the last week of December 2019 in Wuhan, China. The World Health Organisation [WHO] announced COVID-19 outbreak as a pandemic on 11 March 2020. The virus has killed thousands of people and infected over millions already. To this day, it hasn't shown any signs of stopping.

As the pandemic situation unfolded, we have seen the unprecedented socio-economic crisis which is said to be the most significant challenge we have faced since World War II. The present effect of COVID-19 is undoubtedly going to last for many years to come.

A novel Coronavirus has delivered a devastating blow to the world economy. Millions of people across the world are losing jobs, their livelihoods being affected severely by the pandemic. At this point, no one knows when the normality will return. A country like Nepal, which is heavily dependent on tourism, is also being affected.

Governments across the world, including Nepal, imposed strict lockdowns and issued restriction orders halting the movements of people to stop the spread of the virus.

INF RESPONSE

INF serves the neediest people of western Nepal through medical interventions and life-changing community development work. Our response to the COVID-19 pandemic is no different.

INF formed a COVID19 response team [IC19RT] comprising both expatriate and Nepali staff from different departments. The main objectives of the response team are to ensure the safety and health of INF staff and the people with whom we work. IC19RT was also responsible for liaising with government to provide a clear and concrete understanding of the situation, to continue the work of INF to the greatest extent possible even during this time while minimising the associated risks.

The COVID-19 crisis has been emotionally and professionally challenging for many of us, changing day-to-day life in unprecedented ways. INF has given support through the distribution of much-needed food packages, health hygiene items, supporting quarantine centres and by working closely with the provincial health directorate and World Health Organisation [WHO] to produce public awareness messages on health hygiene.

People's health needs during the COVID-19 pandemic go beyond infection prevention and treatment; for example, people with disabilities are unable to access rehabilitation and therapy support. We are being challenged to find new ways to support vulnerable people and to promote physical, mental and emotional health across western Nepal.

INF continues to support preparation and response efforts. Ten medical staff from Green Pastures Hospital have been placed on a call with the Gandaki Province Health Directorate to respond to coronavirus cases. As well as our medical preparations, including the provision of essential equipment, INF is supporting community relief efforts.

Given the rising number of COVID-19 cases in the country, INF is focusing on supporting the Government of Nepal with additional resources needed to scale up the preventive measures and for the management of quarantine and health facilities in INF's working areas alongside contributing to the distribution of relief materials to vulnerable communities.

INF has been continuing its services across its working areas to the greatest extent possible while minimising the associated risks.

“Our hospitals and community projects are working with provincial and local governments to provide critical supplies and share clinical knowledge.”



Distributing relief packages to people with disabilities in Surkhet
Photo: Mahesh Chaudhary

Healing and care in COVID-19

*“We are incredibly thankful
for INF’s love and care
during this crisis”*

Paralysed from the waist down, Bauddha was then taken to another major hospital. In total, he and his wife spent almost 400,000 rupees [over USD3,400] in less than three months but there was still no sign of improvement. Instead, Bauddha’s condition deteriorated, and he developed a back infection.

Sarita, his wife, described the situation as hopeless for the couple and their son.

Finally, they were referred to the GPH. Bauddha was given the necessary treatment for his wounds and began rehabilitation exercises. His condition began to improve dramatically, and he is now able to use a wheelchair independently, something he was unable to do when he arrived at the hospital.

The COVID-19 crisis began unfolding just as Bauddha was in rehabilitation. After the country’s second case was confirmed, the Government of Nepal imposed a nationwide lockdown. The lockdown has helped contain the spread of the virus, but it has also made it difficult for people like Bauddha who lives off his wages week to week.

After the accident, the family has had to spend a considerable amount of money. Fortunately at GPH, Bauddha is not only getting much-needed medical care but also shelter for his family. The hospital also provides meals to the family. “We are incredibly thankful for INF’s love and care during this crisis”, says Sarita.



Bauddha and Sarita at Green Pastures Hospital **Photo:** Anil Rai

Promoting health during the Pandemic

INF Nepal has worked with the provincial government and the WHO to develop communication resources to promote health and hygiene messages. We have developed a series of videos for people with disabilities [PWDs] covering a range of issues such as personal care, home-based rehabilitation, hygiene, psychosocial support, caring for COVID-19 affected PWDs in referral centres etc.

Watch all videos using the following link:
<https://bit.ly/347s1wv>



Financial Overview

2076/77 [2019-20]

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

CONSOLIDATED INCOME AND EXPENDITURE - SUMMARY

| INCOME | AMOUNT | % OF TOTAL INCOME | EXPENDITURE | AMOUNT | % OF TOTAL EXPENDITURE |
|-------------------------------------|--------------|-------------------|--|--------------|------------------------|
| | | | Operating Expenditure | | |
| Overseas Grants/Donations | 27.42 | 61% | Green Pastures Hospital | 14.73 | 30% |
| Local Grants/Donations | 2.79 | 6% | Shining Hospital Banke | 1.96 | 4% |
| Hospital Local Revenue | 9.61 | 21% | Shining Hospital Surkhet | 4.49 | 9% |
| Other Local Revenue | 1.53 | 3% | Community Programmes ¹ | 13.21 | 27% |
| IIFS | 3.89 | 9% | Central Office – Projects ² | 2.91 | 6% |
| | | | Management & Governance | 2.60 | 5% |
| | | | IIFS | 3.87 | 9% |
| Total Income [A] | 45.24 | 100% | Total Operating Expenditure [C]³ | 43.77 | 90% |
| Opening Balance [B] ⁴ | 3.23 | | Capital Expenditure⁵ | | |
| | | | Green Pastures Hospital | 3.36 | 7% |
| | | | Community Programmes | 0.88 | 2% |
| | | | IIFS | 0.44 | 1% |
| | | | Others | 0.02 | 0% |
| | | | Total Capital Expenditure [D] | 4.70 | 10% |
| TOTAL INCOME RESOURCES [A+B] | 48.47 | | TOTAL EXPENDITURE [C+D] | 48.47 | 100% |

- 1 Community Programmes: Projects are implemented in Banke, Jumla, Rolpa, Bajura, Mugu, Kapilvastu, Dang and Kalikot.
- 2 Central Office - Projects: Directly managed under the central office that includes DRR, support to Social Service Unit of WRH, support to City Clinic of Ward-15 of Pokhara Metropolitan City and designated funds related expenditure.
- 3 Operating Expenditure, does not include non-cash item Depreciation amounting to NRs 3.38 Crore as per audited accounts. Operating expenditure include support for the treatment of poor patients [including the charity cost to leprosy patients] mainly through three hospitals amounting to NRs 3.88 Crore and COVID-19 Response amounting to NRs 1.04 Crore.
- 4 Opening Balance utilised to cover excess expenditure than income is shown here.
- 5 Capital Expenditure: Capital expenditure includes Construction of Palliative Care Building, Completion of Multi-Purpose Learning Centre, Purchase of Medical Equipment, Vehicle and Investment for income-generating activities.

Auditor's Report

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INDEPENDENT AUDITOR'S REPORT

To the Management of International Nepal Fellowship, Nepal
Report on Audit of Financial Statements

Opinion

We have audited the accompanying financial statements of **International Nepal Fellowship, Nepal** (herein referred to as **INFN**, or the organization), which comprise the Statement of Financial Position as at Ashad 31, 2077, (July 15, 2020), the Statement of Income and Expenditure for the year ended on Ashad 31, 2077 (July 15, 2020), the Statement of Cash Flows for the year ended on Ashad 31, 2077 (July 15, 2020), and a summary of the significant accounting policies and other explanatory information (hereafter referred to as "the financial Statements").

In our opinion and to the best of our information and according to the explanations given to us, the aforesaid financial statements presents fairly, in all material respects, the financial position of the INFN as at Ashad 31, 2077, (July 15, 2020), its financial performance and its cashflows for the year then ended, and a summary of significant accounting policies and other explanatory information, in accordance the relevant accounting practices and accounting policies disclosed in notes to account and other prevailing laws.

Basis for Opinion

We conducted our audit of the financial statements 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 Statements section of our report. We are independent of the INFN in accordance with the Handbook of The Code of Ethics for Professional Accountants issued by The Institute of Chartered Accountants of Nepal (ICAN), and we have fulfilled our other ethical responsibilities in accordance with the ICAN's Handbook of The Code of Ethics for Professional Accountants. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion on the financial statements.

Key Audit Matters

Key audit matters are those matters that, in our professional judgement, were of most significance in our audit of financial statements of current period. These matters were addressed in the context of our audit of the financial statements, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

Depending on the facts and circumstances of the organization and the audit, we have determined that there are no key audit matters to communicate in our report.

Information Other than the Financial Statements and Auditor's Report Thereon

INFN's Management is responsible for the preparation of the other information. The other information comprises the information included in the Management report and other progress reports but does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained during the course of our audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibility of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial Statements in accordance the relevant accounting practices and accounting policies disclosed in notes to account and for such internal control as management determines is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud and error.



In preparing the financial statements, management is responsible for assessing the INFN'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 INFN or to cease operations or has no realistic alternative but to do so.

The members of Management Committee are responsible for overseeing the INFN's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with NSAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with NSAs, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal controls relevant to the audit 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 INFN's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the INFN's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the INFN to cease to continue as a going concern.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Report on Other Legal and Regulatory Requirements

Based on our examination, we would like to further report that:

- i. We have not come across cases where INFN had carried any activities contrary to its objectives.
- ii. We have not come across cases where INFN is in non-compliance of chapter 17 of Income Tax Act, 2002.

Place: Kathmandu
Date: 2077.06.18
UDIN: 201004CA00082WXOsY

For, S.R. Pandey & Co.

Bhaskar Singh Lala, FCA
Partner



International Nepal Fellowship Nepal: Consolidated Financial Statements
Statement of Financial Activities for the year ended 15 July 2020
(In Nepal Rupees)

| | Note | Unrestricted - Operating Funds | Unrestricted - Designated Funds | Restricted - Operating Funds | Restricted - Other Funds | Capital - Endowment Funds | Total 2019/20 Nrs | Total 2018/19 Nrs |
|---|------|-----------------------------------|---------------------------------------|---------------------------------|-----------------------------|---------------------------------|-------------------------|-------------------------|
| Incoming resources: | | | | | | | | |
| Incoming resources from generated funds: | | | | | | | | |
| Donor Grants | 3 | 3,589,820 | 3,373,706 | 271,232,630 | 8,412,549 | - | 286,608,705 | 423,888,610 |
| Donations and Gifts | 3 | 46,171 | 423,400 | 15,299,082 | 2,840,385 | - | 18,605,036 | 25,913,241 |
| Donated Equipment | 4 | - | - | - | - | - | - | 5,512,514 |
| Local and Other Operating Income | - | - | - | 35,835,846 | - | - | 35,835,846 | 86,566,461 |
| Investment income | 5 | - | 9,001,944 | 2,474,087 | - | - | 11,476,031 | 14,027,066 |
| Other incoming resources | 6 | 490,911 | - | 99,253,158 | 172,800 | - | 99,916,869 | 86,487,263 |
| Total incoming resources | | 4,126,902 | 12,799,050 | 424,090,602 | 11,425,734 | - | 452,442,287 | 622,395,155 |
| Resources expended | | | | | | | | |
| Activities for Raising Funds | | | | | | | | |
| Cost of Raising Grants and Donations | - | - | - | 38,699,483 | - | - | 38,699,483 | 64,383,477 |
| Cost of Local Income Generating Activities | - | - | - | - | - | - | - | - |
| Total Activities for Raising Funds | | - | - | 38,699,483 | - | - | 38,699,483 | 64,383,477 |
| Charitable activities | | | | | | | | |
| Programme Expenditure | | | | | | | | |
| Community Health and Development | - | - | - | 79,323,479 | - | - | 79,323,479 | 94,324,757 |
| Mother and Child Health | - | - | - | 30,321,736 | - | - | 30,321,736 | 39,241,831 |
| Community Based Rehabilitation | - | - | - | 19,215,424 | - | - | 19,215,424 | 80,953,516 |
| Leprosy | - | - | - | 67,250,000 | 2,727,258 | - | 69,976,258 | 70,004,296 |
| Eat Services | - | - | - | 39,373,651 | - | - | 39,373,651 | 36,769,331 |
| Spinal Cord Injury | - | - | - | 9,166,573 | - | - | 9,166,573 | 6,324,479 |
| General Disability | - | - | - | 63,656,198 | - | - | 63,656,198 | 52,068,102 |
| Hospital Services Support | - | - | - | 13,981,546 | - | - | 13,981,546 | 16,541,378 |
| Medical/Surgical Outreach | - | - | - | 1,375,194 | - | - | 1,375,194 | 2,881,172 |
| Nutrition | - | - | - | 381,307 | - | - | 381,307 | 11,836,787 |
| HIV/Aids | - | - | - | - | - | - | - | - |
| Migration | - | - | - | - | - | - | - | 23,146 |
| DRR | - | - | - | 10,289,260 | - | - | 10,289,260 | 13,108,627 |
| COVID-19 Response | - | - | - | 10,416,180 | - | - | 10,416,180 | - |
| Poor Funds | - | - | - | - | 9,885,732 | - | 9,885,732 | 7,280,130 |
| Hospital Development | - | - | - | 1,480,920 | - | - | 1,480,920 | 2,522,628 |
| Others Charitable activities | - | - | - | 3,366,728 | - | - | 3,366,728 | 2,065,345 |
| | | - | - | 349,617,196 | 12,612,990 | - | 362,230,186 | 435,947,493 |
| Designated Funds Expenditure | | | | | | | | |
| Staff Scholarship & Development Costs | - | - | 257,825 | - | - | - | 257,825 | 387,585 |
| Staff Retirement Benefit Scheme | - | - | - | - | - | - | - | 300,785 |
| Staff Redundancy Expenditure | - | - | 745,290 | - | - | - | 745,290 | - |
| Staff Hospitalisation & Death Insurance Scheme | - | - | 322,168 | - | - | - | 322,168 | 583,953 |
| Fixed Asset Depreciation Charge | - | - | 33,857,890 | - | - | - | 33,857,890 | 37,446,275 |
| Hospital Development | - | - | 1,810,561 | - | - | - | 1,810,561 | - |
| Other Designated Funds Expenditure | - | - | 6,257,537 | - | - | - | 6,257,537 | 4,182,872 |
| | | - | 43,251,271 | - | - | - | 43,251,271 | 42,901,470 |
| Total charitable activities | | - | 43,251,271 | 349,617,196 | 12,612,990 | - | 405,481,457 | 478,848,963 |
| Other (income)/expenditure | | | | | | | | |
| Governance and Management Cost | - | 7,475,788 | - | 18,443,702 | 79,639 | - | 25,999,129 | 33,377,816 |
| Foreign currency (gain)/loss | - | (446) | - | 2,589 | - | - | 2,143 | 1,220 |
| (Gain)/Loss on disposal of fixed assets | - | - | - | 1,354,142 | - | - | 1,354,142 | 848,398 |
| Total Other (income)/expenditure | | 7,475,342 | - | 19,800,433 | 79,639 | - | 27,355,414 | 34,327,434 |
| Total outgoing resources | | 7,475,342 | 43,251,271 | 408,117,113 | 12,692,629 | - | 471,536,355 | 577,559,874 |
| Net incoming/(outgoing) resources before transfers | | (3,348,440) | (30,452,221) | 15,973,490 | (1,266,896) | - | (19,094,067) | 44,835,281 |
| Fixed Assets Management Fund Transfer | - | (155,500) | 46,996,814 | (46,841,314) | - | - | (0) | 777,580 |
| Gross Transfer between Funds | - | 682,845 | (6,594,994) | 7,421,250 | (1,519,101) | - | 0 | 0 |
| Total Fund Transfers | | 527,345 | 40,411,820 | (39,420,064) | (1,519,101) | - | (0) | 777,580 |
| Net movement in funds | | (2,821,095) | 9,959,599 | (21,446,575) | (2,785,996) | - | (19,094,067) | 45,612,862 |
| Total funds brought forward | 20 | 6,711,683 | 495,125,534 | 64,017,321 | 7,337,378 | 9,807,000 | 582,788,916 | 537,186,054 |
| Total funds carried forward | 20 | 3,890,588 | 505,085,133 | 40,570,746 | 4,551,382 | 9,607,000 | 563,704,848 | 582,788,916 |

All income and outgoing resources arise from continuing activities

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

Approved on behalf of the INF Nepal Board by:

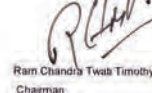

CA Manju Thapa

Director - Finance

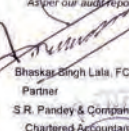
Date: 2077.06.18


Krishna Bahadur Adhikari
Executive Director


Dharma Lama
Treasurer


Ram Chandra Twali Timotiy
Chairman

As per our audit report:


Bhaskar Singh Lala, FCA
Partner
S.R. Pandey & Company
Chartered Accountants



International Nepal Fellowship Nepal: Consolidated Financial Statements
Balance Sheet as at 15 July 2020

(In Nepali Rupees)

| | Note | 2019/20 Nrs | 2018/19 Nrs |
|--|------|---------------------------|---------------------------|
| Fixed assets | | | |
| Tangible fixed assets | 8 | 321,055,351 | 340,636,429 |
| Capital Work in Progress | | 41,565,830 | 11,316,330 |
| Intangible Assets | | 96,050 | 107,350 |
| Investments | | | |
| | | <u>362,717,230</u> | <u>352,060,108</u> |
| Current assets | | | |
| Stocks | 9 | 21,249,579 | 13,918,982 |
| Debtors and prepayments | 10 | 7,146,723 | 30,970,979 |
| Debtor: receivable from INF International | | 69,975,727 | 66,449,937 |
| Cash on deposit, at bank and in hand | 12b | 255,346,074 | 228,067,265 |
| Inter Subsidiary debtors | | (0) | 0 |
| | | <u>353,718,102</u> | <u>339,407,162</u> |
| Creditors: amounts falling due within one year | 11 | (152,730,483) | (108,668,355) |
| Net current assets | | <u>200,987,619</u> | <u>230,738,807</u> |
| Provisions | 14 | | |
| NET ASSETS | | <u>563,704,848</u> | <u>582,798,916</u> |
| Funds | | | |
| Unrestricted Funds | | | |
| General Fund | | 3,890,588 | 6,711,683 |
| Designated Funds | | 505,085,133 | 495,125,534 |
| Restricted Operating Funds | | 40,570,746 | 64,017,321 |
| Restricted Purpose Funds | | 4,551,382 | 7,337,378 |
| Capital Endowment Funds | | 9,607,000 | 9,607,000 |
| TOTAL FUNDS | 20 | <u>563,704,848</u> | <u>582,798,916</u> |

Approved on behalf of the INF Nepal Board by:



CA Manju Thapa

Director - Finance

Date: 2077-06-18



Krishna Bahadur Adhikari

Executive Director



Dhana Lama

Treasurer



Ram Chandra Twati Timothy

Chairman

As per our audit report



Bhaskar Singh Lala, FCA

Partner

S.R. Pandey & Company

Chartered Accountants



Governance, Management and Human Resources

GOVERNANCE

INF Nepal is governed by the Board that oversees the work of the organisation as a steward. It provides strategic direction, decisions and guidance, ensuring organisational level accountability and transparency. INF Nepal board consists of nine members with two advisors.

MEMBERS

| | |
|----------------------------------|------------------|
| Mr Ram Chandra Timothy | Chairperson |
| Mr Rajendra Kumar Adhikari | Vice-chairperson |
| Mr Madhu Kumar Thapa | Secretary |
| Ms Dhana Lama | Treasurer |
| Ms Karisma Bhattarai | Member |
| Dr Arun Kumar Budha | Member |
| Ms Bhim Kumari Shrestha | Member |
| Mr Yam Joshi | Member |
| Mr Madhav Neupane | Member |
| Mr Krishna Bahadur Adhikari [ED] | Member Secretary |
| Dr Deependra Kumar Gautam | Advisor |
| Mr Philip Morris | Advisor |



From left to right: Karisma, Yam, Madhav, Madhu, Ram Chandra, Rajendra, Deependra, Dhana, Bhim Kumari, Phil, Arun, Krishna

AUDIT COMMITTEE

The Audit Committee is part of the overall framework of the governance of INF Nepal. It is the review and advisory sub-committee of the Board with the delegated authority of financial review, monitoring and controlling from the Board. The committee meets twice a year and reviews the annual audited accounts, the internal and external auditor's report and the organisation's risk management system and its effectiveness.

MEMBERS

| |
|--|
| INB Chairperson |
| Treasurer |
| Representative from general members X2 |
| Country Director of INF International |
| Executive Director |
| Finance Director |
| Internal Auditor |



MANAGEMENT

Strategic Management Team [SMT] is a sub-committee of the Board. SMT is responsible for monitoring, evaluation and the smooth running and development of INF Nepal. SMT plays a crucial role in making strategic decisions for community development and hospital work and all other central functions including Finance, Human Resource, Funding, Communication, Partnership, Liaison and Support, IT and Quality Assurance. SMT makes necessary recommendations to the Board to achieve INF Nepal's Vision and Mission. It oversees the liaison and coordination with Government and Line agencies, Fundraising and is also responsible for the overall safety and security of the organisation and its assets.

MEMBERS

| | |
|-------------------------------|-------------|
| Executive Director | Chairperson |
| Medical Services Director | Member |
| Community Programmes Director | Member |
| Finance Director | Member |
| Liaison and Support Director | Member |



From left to right: Tanka, Dr Dipak, Krishna, Manju, Dhaka Ram

HUMAN RESOURCES OF 2076/77 [2019-20]

| INF Nepal Offices | Fixed Term | | Expatriate Volunteers | | Daily Wages | | Community Mobilisers | | Total |
|----------------------------|------------|------------|-----------------------|----------|-------------|-----------|----------------------|-----------|------------|
| | F | M | F | M | F | M | F | M | |
| Green Pastures Hospital | 76 | 68 | 4 | 6 | 6 | 3 | - | - | 163 |
| Shining Hospital - Surkhet | 21 | 23 | 3 | - | - | 1 | - | - | 48 |
| Shining Hospital - Banke | 5 | 9 | - | - | 1 | 1 | - | - | 16 |
| Community Programmes | | | | | | | | | |
| Banke | 5 | 6 | 1 | - | - | - | 18 | - | 30 |
| Bajura | 1 | 6 | - | - | - | - | 8 | 5 | 20 |
| Jumla | 5 | 6 | - | - | - | - | 5 | 7 | 23 |
| Mugu | 2 | 5 | - | - | - | - | 3 | 4 | 14 |
| Rolpa | 1 | 5 | - | - | - | - | 4 | 1 | 11 |
| Kapilvastu | 2 | 6 | - | - | - | - | 2 | 2 | 12 |
| Kalikot | 1 | 2 | - | - | - | 1 | - | - | 4 |
| Dang | 2 | 1 | - | - | 1 | - | - | - | 4 |
| Central Office | 12 | 27 | - | 3 | - | - | - | - | 42 |
| IIFS | 7 | 10 | - | - | 22 | 10 | - | - | 49 |
| Total | 140 | 174 | 8 | 9 | 30 | 16 | 40 | 19 | 436 |



Funding Partners

INF is both an entity in itself and a 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 Government of Nepal'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 volunteers.

INF Nepal Partner



INF International

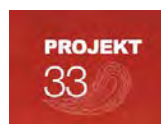
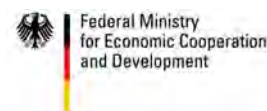
International Partners and Back Donors



INF Australia
INF Canada
INF New Zealand



INF UK



National & Local Partners



Ministry of Health & Population
Ministry of Women, Children & Senior Citizen
Ministry of Social Development, Karnali Province
Ministry of Social Development, Gandaki Province
All other National, Provincial 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 generous and often anonymous.

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 | Community 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 |
| CP | Cerebral Palsy |
| CTEVT | Council For Technical Education and Vocational Training |
| 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 |
| 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 |
| MILiP | Mugu Integrated Livelihoods Project |
| MNCH | Maternal, New-born and Child Health |
| MoHA | Ministry of Home Affairs Nepal |
| MoHP | Ministry of Health and Population Nepal |
| NCO | Nepal Country Office |
| NGO | Non-Government Organisation |
| NRs | Nepalese Rupees |
| PAHS | Pokhara Academy of Health Sciences |
| PAL | People Affected by Leprosy |
| PPE | Personal Protective Equipment |
| PWDs | People With Disabilities |
| 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 |
| SIMPLE | Sustainable Improvement in People's Livelihood through Empowerment |
| SMT | Strategic Management Team |
| WASH | Water, Sanitation and Hygiene |
| WEAL | Women's Empowerment And Livelihood |
| WRH | Western Regional Hospital |



INF Nepal Offices Contact Details

INF Nepal Central Office

PO Box 5, Pokhara-1, Simpani

T 061-520111
061-521994

info@nepal.inf.org

GP Complex, Pokhara

Green Pastures Hospital & Rehabilitation Centre
PO Box 28, Pokhara-15, Nayagaun

T 061-430342
061-431162
061-430640

INF Initiative for Financial Sustainability [IIFS]

T 061-431916

Beth Eden Guest House

T 061-430099

Banke Shining Hospital and Community Programmes

Janaki Rural Municipality-3, Manpur, Banke

T 081-521597
081-522030
081-526339

Surkhet Shining Hospital and Community Programmes

Birendranagar Municipality-7, Ittram, Surkhet

T 083-520105
083-521059

Community Programmes - Project Offices

Maharajgunj Municipality-1, Maharajgunj,
Kapilvastu

T 076-400055

Shantinagar Rural Municipality-4, Jumlikula,
Dang

Kanakasundari Rural Municipality-6, Goruchaur,
Jumla

T 087-520005

Chhayanath Rara Municipality-2, Newroad,
Gamgadhi, Mugu

T 087-460038

Badimalika Municipality-9, Martadi, Bajura

T 097-541235
097-541236

Sunchhahari Rural Municipality-5, Pobang,
Rolpa

Narharinath Rural Municipality-3, Kumalgaun,
Kalikot



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