

INF NEPAL UPDATES

July 2021



Greetings to you.

As many people were in desperate need of relief support due to the natural disaster and COVID pandemic, INF Nepal continued its response work in close partnership with local and international partners. Last month, INF Nepal renewed its General Agreement with Social Welfare Council for the next five years. In this updates, we have featured Dr Mike Smith as we are celebrating his 40 years of service in Nepal.

COVID and Disaster Response Work

In collaboration with the team of four other organisations – Asal Chhimeki Nepal [ACN], Nepal Christian Society, Pokhareli Christian Community delivered immediate food relief items to the 66 households of the Manang district who were severely affected by a recent flood. Because of the road situation and the urgency of the locals, the team used the helicopter to transport food items.



These households have been living in tents and using a mass kitchen for the past two weeks. They ran out of food stock and were in urgent need to replenish their food stock. The team has a target to reach out to as many as 200 households of the flood victims of Manang. Sixty-six have been supported, but many families might be needing help as they are out of contact now due to the disruption in electricity, telephone lines and road access.



As a part of the COVID response, INF Nepal provided health items to the local isolation centre for COVID patient management of Rupa Rural Municipality of Kaski district and COVID dedicated hospital in Surkhet. In Gorkha, INF Nepal supported 50 households, including people with disability and COVID infected patients, with immediate food relief materials.

Likewise, INF Nepal, with the financial support of Australian Aid and the coordination of the Social Welfare Council [SWC], has provided food parcel for 150 families in Nepalgunj, Bardiya and Kalikot district who were the most impacted during the second wave of the COVID pandemic. At the same time, 7000 masks were provided to the Nepal Police, the Arm Police Force and Journalists of Maharajgunj Municipality of Kapilvastu district.





Emergency food support to the flood affected households in Manang



Providing health supplies to government health centre



Transporting people with disability to vaccination centre in newly modified disability friendly vehicle



Couple receiving the food parcel in Kalikot



Emergency food distribution to vulnerable individuals



Taking away the food parcel



Unloading health emergency items in government isolation centre

A Valuable Source of Income

Meet Mrs Manshara Bista, a member of Phulbari SHG formed by INF in Narharinath Rural Municipality. She is one of the female SHG members who received the training on vegetable farming and material support. Manshara passionately started to cultivate the vegetables, putting what she learnt into practice. Today she can financially contribute to her family income and send her children to school. At present, the humble earnings from vegetable farming are just enough to support her daily living. Still, for women in these remote communities, this means equipping them with skills to gain confidence to become more self-reliant and make a positive contribution to their families and communities.



Celebrating World Environment Day

Marking World Environment Day, INF Nepal Kalikot conducted a Fodder Plantation Programme among the different SHG members and respective ward representatives in Kumalgau, Narharinath RM. Animal-based farming systems in the hills have strong linkages with forest resources for the fodder supply. Fodder plantation is a sustainable alternative to address forest degradation while equally befitting the farmers with its availability. In addition to these direct benefits to the farmer, fodder trees play an essential role in environmental preservation by providing ground cover, thus minimising soil losses through runoff.



Integrated Pest Management Training

Two Integrated Pest Management training were organised at the three wards of Kumalgaun, Narharinath RM. A total of 35 [M 5, F 30] participated in the training. New strains of pests have been emerging, and this has hampered the marginalised farmers because of their vulnerability to climate change and their inability to mitigate and adapt to effects. The training was aimed at helping them to manage the pest of vegetables and fruits by organic, cultural, biological pesticides using locally available herbs/plants and materials. Seventy-one SHG members have received Integrated Pest Management [IPM] training and cattle shed improvement programmes. A total of six SHGs of Narharinath RM has prepared local organic pesticides in the group post the IPM training.



JUMLA

Narrowing the Gender Gaps

Participatory Gender Balance training was organised in Kanakasundari RM Jumla. A total of ten males and four females participated. The training was aimed at providing the gender-awareness by analysing the everyday working practices. The high workload for female members and gender disparity is very common in rural and remote communities. The primary objective was to transform attitudes and encourage actions that stimulate a change supporting gender equality through the training.

During the training, the participants discussed gender disparity, workload, female access to wealth, and access to resources. The training provided useful and engaging solutions to promote gender equality through interactive activities such as 24 hours workload analysis and power relation analysis. Post-training, the male members have made action to support females in their daily housework and raise awareness in SHGs and advocate for equal opportunity for both son and daughter in pursuing their education.



Going Organic ...

Karnali Province is declared an organic province by the provincial government. The use of chemical manure and fertiliser is banned in this state. To promote the government's efforts and support the local farmers, two training on compost manure preparation were organised. The training was provided to the migrant returnees' who had returned from India and another foreign country during the COVID crisis. A total of 24 returnees' [F 8 and M 16] involved in agricultural production were provided with this training. The primary objective of the training was to enhance the skills of the participants on improved compost making and to reflect the knowledge in the community.



The content delivered was the improved farmyard manure, compost manure preparation, Vermi Compost, biological manure and green manures etc.

MUGU

Developing Leaders Within

Three committees have been formed in three wards - Jima, Rara and Dhain of Mugu district consisting of 25 committee members from each wards. A total of 75 committee members constituting of 68 male members and 7 female members will now lead 68 self-help groups and decide on the modality for groups' future sustainability.



ROLPA

Communities in Action

With INF Nepal's project support and community contribution, four water schemes have been constructed in Sunchhahari RM. The scheme has been successfully completed through community ownership and initiation. This easy access to water is an example of the real changes brought into the community due to the ownership and collective action. This has also brought a considerable impact on the women's living conditions as the easy access to water has now induced a reduction in their workload, decreasing their travel time in fetching water. Earlier many women had to walk for miles to collect water for families.



Fire Disaster Relief

Rolpa Fire Disaster INF Nepal, in collaboration with Asal Chhimeki Nepal and the district disaster management committee Rolpa, distributed galvanised tin panels [CGI sheets] to 37 households of Triveni Rural Municipality, Rolpa.

Thirty-six houses were totally destroyed in a fire and one in lightning. The local government chairperson thanked INF Nepal for the support. The distributed galvanised panels were worth rupees 17 lakh [USD 14,492].



KAPILVASTU

Empowering Youths for Change

As a part of livelihood support, INF Nepal Kapilvastu supported sixteen youths with the three-month basic house wiring training from the local vocational training institute.

Most of these youths didn't complete their school level education and were unemployed. These youths were family members of INF formed SHGs. This training is aimed at developing their skills so that they can engage in income generation activities to support their families.

During the entire training session, all the expenses including hostel, food and travel were borne by INF Nepal. After the completion of training, they were also provided with the needed tools and materials by INF Nepal.



Enabling the Livelihood

As a part of COVID response work, INF Nepal Kapilvastu provided goat support to 27 poor and marginalised SHG members [F 22 and M 5] who were most impacted by the ongoing COVID crisis. The project intervention aimed to provide short-term assistance to restore livelihoods and promote opportunities, especially for women.



SURKHET

House Modification Support

Surkhet Shining Hospital provided house modification support to Jit Bahadur* of Simta RM.

Jit Bahadur is a wheelchair user who visited Surkhet Shining Hospital [SH-IS] for rehabilitation services. He was provided with rehab care for three months. As a part of the hospital-community support work, SH-IS visited his house. Due to the poor financial situation, Jit Bahadur couldn't afford to build the ramp. Jit Bahadur said he has been struggling to go to the toilet. INF Nepal SH-IS not just built the ramp but also made the disability-friendly toilet. Jit says the new house modification has brought immense ease and comfort in his mobility in and out of the home.



DANG

The far-reaching Impact: DPO's in Action

The CBID project in Dang has established two Disabled People's Organisation [DPOs] in two of the rural municipality in Dang. One of the established DPOs in Shantinagar RM is Disability Right for Social Development [DRSD]. This DPO has successfully accessed the budget of NPR 150,000 from the ward offices of Shantinagar RM. With that fund, the DPO initiated responding to the COVID-19 by distributing food packages to twenty people with disability, scholarship support to ten children with disability and mosquito net and bed sheet support to 90 people with disability. DPO members themselves did all the coordination, proposal development and financial handling.



A JOURNEY OF 40 YEARS ...

DR MIKE SMITH

Let's honour Dr Mike for his 40 years of relentless service in Nepal through this small feature article.

Dr Mike first visited Nepal in 1974 as a student elective from CMC Vellore. In 1976, he trekked to Everest alone. As he was beginning his training as an ENT surgeon, he met Fiona. They both felt they have calling to serve as 'medical missionaries'. Dr Mike then contacted INF and came here to serve for two years at Green Pastures Hospital in 1980. He arrived at GPH as the only medical doctor. During his early days, he learnt reconstructive surgery and treated leprosy patients.

Dr Mike and Fiona had to return to the UK in 1982 due to family emergencies. There he completed his higher surgical training in ENT. He recalls, "All those years, we felt a very deep connection with Nepal. I knew God was telling me that I could be far more



Dr Mike and Fiona Smith

useful in Nepal where the need was great". Dr Mike then eventually returned and helped set up the new ENT department at Western Region Hospital [WRH] which is a government hospital built with INF's assistance.

At ENT department in WRH, Dr Mike performed many treatment including complex surgeries. He shared that there used to be occasional fatalities after surgery despite everything he and his team could do, they were difficult for him to bear. He recalls the team support and prayers saw them through.

After 1993, Dr Mike led ear surgery camps in western region. Initially the team was small but as the camps became regular, more expert volunteers from abroad joined. Over the years, Dr Mike and his team organised over 50 camps.

One day, Dr Mike realised that by running camps, he could treat only a few hundred people. He and his team could not continue forever. So, he had vision to build a specialist centre for ear care. He then shared his vision with Sister Ellen Findlay, Dr Lukas and INF leadership team. In faith, Dr Mike and his team laid the foundation of Ear Centre in GPH premises.



After over 25 years of INF ear camps, the team knew a tremendous need to help people with the neglected disabilities of chronic ear discharge and hearing loss. These were often the poorest people, and they had no access to ear care. Opening the Ear Centre at GPH in 2015 was a significant success story. The vision was for a high-quality, compassionate referral centre and to teach the next generation of carers.



Dr Mike, Ellen and the team heading for an Outreach Camp

Today, the Ear Centre at GPH continues to provide treatment to correct hearing impairment and ear-related diseases through high quality yet affordable services. The centre would be a base to provide community ear care and education.

We saw healings and lives changed beyond what we could have imagined. - Dr Mike Smith

Dr Mike and Fiona wanted to serve at Ear Centre full-time, but due to visa issues, they couldn't. However, Dr Mike has been playing active role even from overseas, empowering Nepali staff, training and arranging the necessary support and resources. He also created a charity and website in the UK called EAN [Ear Aid Nepal], to support training and professional networking.

Dr Mike said, "I am very hopeful about the Ear Centre and happy that GPH is flourishing with new departments and services being added serving many chronically disabled and disadvantaged people."

Asked about what Dr Mike would tell to younger self or someone called to serve, he said, "Go ahead, the road may have bumps and hills but also high points with beautiful views and you will not regret that journey, as the bible says 'God is no man's debtor' and we do receive abundant life, in all its fullness".



We are very much thankful to Dr Mike and Fiona Smith for their heart and service to Nepal and Nepali people.

SPECIAL MENTIONS:

Ellen Findlay who was a great prayerful support. Dr Mike and Ellen continued to work together on different projects for many years in GPH and WRH. The Camps developed out of work at the WRH involving Dr Mike Smith and Ellen Findlay.

Dr Lucas Eberle from Switzerland was a great supporter of the Camps and was a wonderful fund raiser. He helped support many of the camps, especially the expensive ones during the Maoist civil war. He worked tirelessly, creating a charity called SON in Switzerland.

Team of expats at WRH including **Dr Ian Bissett** [General Surgery], **Dr Bruce Richard** [Orthopaedics and Plastic Surgery], **David Shepherd** [Theatre Assistant], INF Consultant Anaesthetists **David Hill**, **Charlie Collins** and **Mike Donaldson**.

Eka Dev Devkota - when Dr Mike was in the UK, the team in Nepal was led by Eka Dev. Today, he coordinates all the Ear Outreach Camps and leads the ear team in GPH.

INF Nepal leadership including **Dr Deependra Gautam**, **Krishna Adhikari** and many other colleagues, friends and funding partners in Nepal and worldwide who have been part of this journey.

EAR HIGHLIGHTS

Since its opening, many tens of thousands of patients have been seen and treated, including over 2000 operations, and it has helped develop the skills of several ear surgeons and audiologists. Primary health workers have been trained to diagnose and treat common ear problems.

Once COVID is better controlled, we hope to deploy teams regularly for screening and primary health work within the province and perhaps beyond. The centre has proven viable and sustainable, though challenges such as maintaining excellent facilities and recruitment and retention of qualified staff continue.

We are important participants in two international research studies to help develop low-cost hearing

aids for developing countries. Since Dr Mike left Nepal in 2020 due to COVID lockdowns and travel restrictions [hoping to return later], the staff have continued to provide good service. Although patient numbers fluctuate, as each lockdown eases, patient numbers rise again. Annual budget and long-term strategy documents are currently under preparation and discussion.

FY	2017/18	2018/19	2019/20	2020/21*
Outpatient	11,459	14,648	11,549	11,248
Inpatient	326	433	344	313
Surgery	326	431	342	300
Outreach Camps	6	6	3	-

Source: INF Nepal Annual Reports

EAR ACTIVITIES

There are daily clinics, wards, surgery, hearing tests, hearing aid fittings, and speech therapy. We have the physical capacity to increase patient numbers significantly and to develop speciality clinics such as vertigo or tinnitus. We see people of all ages, from young babies to the elderly. Many have travelled from distant parts of Nepal as the reputation has spread. The audiology department has been very active, and whilst we still use donated hearing aids, we are now also sourcing aids on the local market. These are more expensive but more sustainable.

On a typical day, around 40-50 outpatients will attend [in busy times, this can reach 100]. Many will have their ears examined and cleaned with a microscope and have a hearing test [audio]. Some will proceed to more complex hearing tests or scanning [CT or MRI]. Others need surgery or a hearing aid. Most of the aids are digital and set up with a computer. Some will need hearing aid moulds made to fit their ear. Other patients attend for hearing aid repairs and batteries or for pre-operative assessment and admission for surgery.

Some patients have had multiple problems over many years and require staged surgery for both ears. Occasionally we encounter severe complications and rare conditions which can be challenging to diagnose and treat.

WHAT NEXT FOR EAR CENTRE?

Significant and generous donors that partnered at the start are moving on, and we do need to identify new sources of income to support outreach, equipment and training. The medical charity fund for ear patients has been highly effective in assisting many people with inadequate resources.

We have dipped our toes into more complex procedures such as cochlear implantation. There is a clear need for staff training and expertise in this area and to source funds for this expensive but life-changing treatment of congenitally deaf infants and profoundly deaf adults with one completed so far. Such procedures are expected of a tertiary referral centre and are the norm in more developed countries. Nonetheless, developing ear health for the underprivileged and training should remain our primary goals.

We are grateful to supporters and especially to those who pray for the team and the patients.



Dr Mike and Eka Dev interacting with patient post surgery in Awalching Ear Camp

FEATURED STORY

Fifteen-year-old Manju* is from Syangja district, four hours' drive from the Green Pastures Hospital Pokhara, is in the process of enrolling in grade 11.

She lives with her grandfather, grandmother, mother, father, two sisters and one brother. The family make their living through farming.

Recalling back, she shared that she began to observe ear discharge while studying at grade 4. Moreover, it was hard for her to hear other people speaking, affecting her in her classroom. She visited a nearby government health post numerous times; all she was provided with was a simple ear drop. The ear drop couldn't fully help her recover from her hearing problem.

Manju grew up in a village area with a lack of ear-related health awareness, and her family didn't take her problem seriously. Many years passed, her ear problem remained the same.

Manju's mother, who once brought her close kin for treatment at Green Pastures Hospital [GPH], decided to take Manju too for the diagnosis.

When Manju was in the Ear Centre at GPH, the doctor found out that she had ear discharge for two weeks. She went through a hearing test [Pure Tone Audiometry], which showed decreased hearing capacity on her left



ear. After going through further investigations, she was diagnosed with Chronic Suppurative Otitis Media [CSOM] with conductive hearing loss. Eventually, she went through Left Tympanoplasty plus Canaloplasty [Intermediate] surgery.

The nurses and all other staff in the ear centre took good care of Manju. At first, she was worried about her surgery, but when she met with another patient who also went through the surgery, she built up confidence. She also got some support through Ear Medical Charity.

Now, after the surgery, she is feeling good, and all her fear has gone. She stayed for three days in the ear centre. She was also advised to visit the Centre for a follow-up check-up. She already visited once and her condition has found to be improved.



Dr Mike and Fiona with ear team in 2019

COVID & MIGRANT RETURNEES



Balram* [28, M] is from Pipaldali, Budhinanda Municipality, Bajura. He has four family members - a son, a daughter and a wife. This is a story of his struggle during the lockdown. Though the government has eased out the lockdown, his hardships still persist.

Balram's family is from the freed Haliya community. Haliya system is a form of slavery practice, especially in the western hills of Nepal in which agricultural bonded labourers work on landlord's land.

Balram's father worked as a Haliya for almost 35 years. When Nepal's government announced the release of Haliya in September 2008, many of them went to India to earn their living.

Most of the freed Haliya worker works in India as a labourer, some worked as in Bajura beating stones and selling firewood in the Kolti bazaar. But due to the pandemic and eventual lockdown, many have lost their livelihood.

Balram also worked in India as a labourer. He always struggled to support his family from the earnings he made through his work. When the second wave of Coronavirus was spreading rapidly, India enforced stricter lockdown in many parts of the country, forcing Balram and his friends to return home. Balram returned with negligible savings.

Balram tried to get odd jobs in the nearby market, but it was closed as Nepal also imposed a lockdown. Food stock was running out in his home. Balram's wife said, "Sometimes, we sold firewoods and bought rice at the Kolti bazaar. Sometimes we worked in other's fields. The Kolti bazaar is closed, and we can't go out to collect firewoods, and we sell them".

Balram thought of asking other villagers, but they all share a similar problem. He asked some of the wealthy neighbours, but no help was there. Balram's wife remembers that she had spent many nights without eating anything and her children half-fed.

While, 15 other Haliya families were managed in government built settlement in Tithichaur, Budhinanda Municipality in. All the people of this settlement earn their living by daily wages.

"I could offer only a meal per day to my children. I felt terrible when my children asked for food, and I could provide nothing. - Balram



Providing food items to Balram

With your generous support, we were able to reach out to Balram and many other families like his with emergency food packages. Many of the ongoing actions and emerging priorities include protecting and caring for the most vulnerable people, delivering vital support and providing direct relief to people with disabilities, single women and marginalised families whose life have been hit the hardest.

** Name changed for anonymity.*

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