

“

Thank you to all the front-line health care workers for your dedication and sacrifices for the ongoing COVID pandemic...



INF NEPAL

ANNUAL REPORT

2077/78 [2020-21]



INF Nepal is a Nepali non-government organisation serving Nepali people since 1952 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.

CONTENTS

Foreword - messages from Chairperson and Executive Director	1
Working Areas	2
COVID Response	4
Celebrating five years of SABALATA	9
Hospital Services:	
• Green Pastures Hospital	11
• Shining Hospital Surkhet	16
• Shining Hospital Banke	19
Fundraising Appeal - Care for Cure	21
Community Development:	22
• Community Health and Development [CHD]	23
• Community Based Rehabilitation [CBR]	25
• Improving Resilience to Climate Change and Disaster	28
IIFS	31
Our Expatriates' Contributions	32
Finance Overview	36
Auditor's Report	37
Major Highlights of 2077/78 [2020-21]	42
Governance, Management and Human Resource	44
Partnership	46
Fact-sheet	48
Acronyms	49

COVER PAGE - THANK YOU!

We want to express our deepest gratitude and admiration to all the front-line health care and non-healthcare workers for all the sacrifices they have made to keep us safe and going. Their selfless dedication and courage in serving people through these unprecedented times are remarkable. Thank you!

FOREWORD

MESSAGES FROM CHAIRPERSON AND EXECUTIVE DIRECTOR



RAM CHANDRA TIMOTHY
Board Chair

As a Board, our priority is always to hold INF Nepal with high standards of transparency and accountability. We have ensured the highest professional and ethical standards from our staff. The INF Nepal Board discussed the organisation's priorities with the management team and guided them throughout the year. I can affirm that our plans and projects are aligned with our vision, mission and strategy. We have tried to reflect our core beliefs and values through our work and witness.

Last year was no different than the previous year as the Coronavirus crisis continued posing ever-growing challenges and difficulties to all of us. The public health system, economy, and our daily lives were all deeply affected. Despite these challenges and obstacles, our staff, expatriate volunteers, and management team continued to deliver their services in communities and hospitals.

Our primary focus was to use our resources to mitigate the risk of COVID-19 in the community and hospital settings. We were challenged to find new ways to support vulnerable communities and continue our much-needed care for people seeking health needs in our hospitals.

INF Nepal's timely and comprehensive response to the ongoing COVID-19 pandemic demonstrated once again the incredible spirit of INF as an organisation, which has kept on thriving and growing for the last 69 years.

The future holds much hope and promise for INF Nepal. We are confident in reaching out to vulnerable communities and serving in the best possible way while bringing the INF vision to reality.

Lastly, on behalf of the INF Nepal Board, I thank all, including General Members, Board, Management, our staff and expatriates, INF families, and funding partners.



KRISHNA ADHIKARI
Executive Director

We are now into our second year of living in a global pandemic. While we all have suffered difficulties over the past year and a half, it's been incredibly distressing for the hundreds of vulnerable families living in extreme poverty.

Last year, other crises continued to emerge alongside COVID-19 - fire outbreaks, erratic rainfall leading to flooding, landslides. We have partnered with our international and local organisations to immediately reach out to those affected and support them with the means amidst travel restrictions and lockdowns instituted by the Nepal government across our working location, while ensuring the safety and well-being of all our staff. As a peoples' organisation, we implemented a flexible working style for our staff wherever possible and practical.

Amid this chaos and crisis, we also have moments of thankfulness as this year marks Dr Mike Smith's 40 years of journey with INF in Nepal. We are very grateful to Dr Mike and Fiona Smith for their unwavering commitment and support to INF Nepal.

We have also successfully registered our Green Pastures Hospital with the Ministry of Health and Population as a 100-bed hospital.

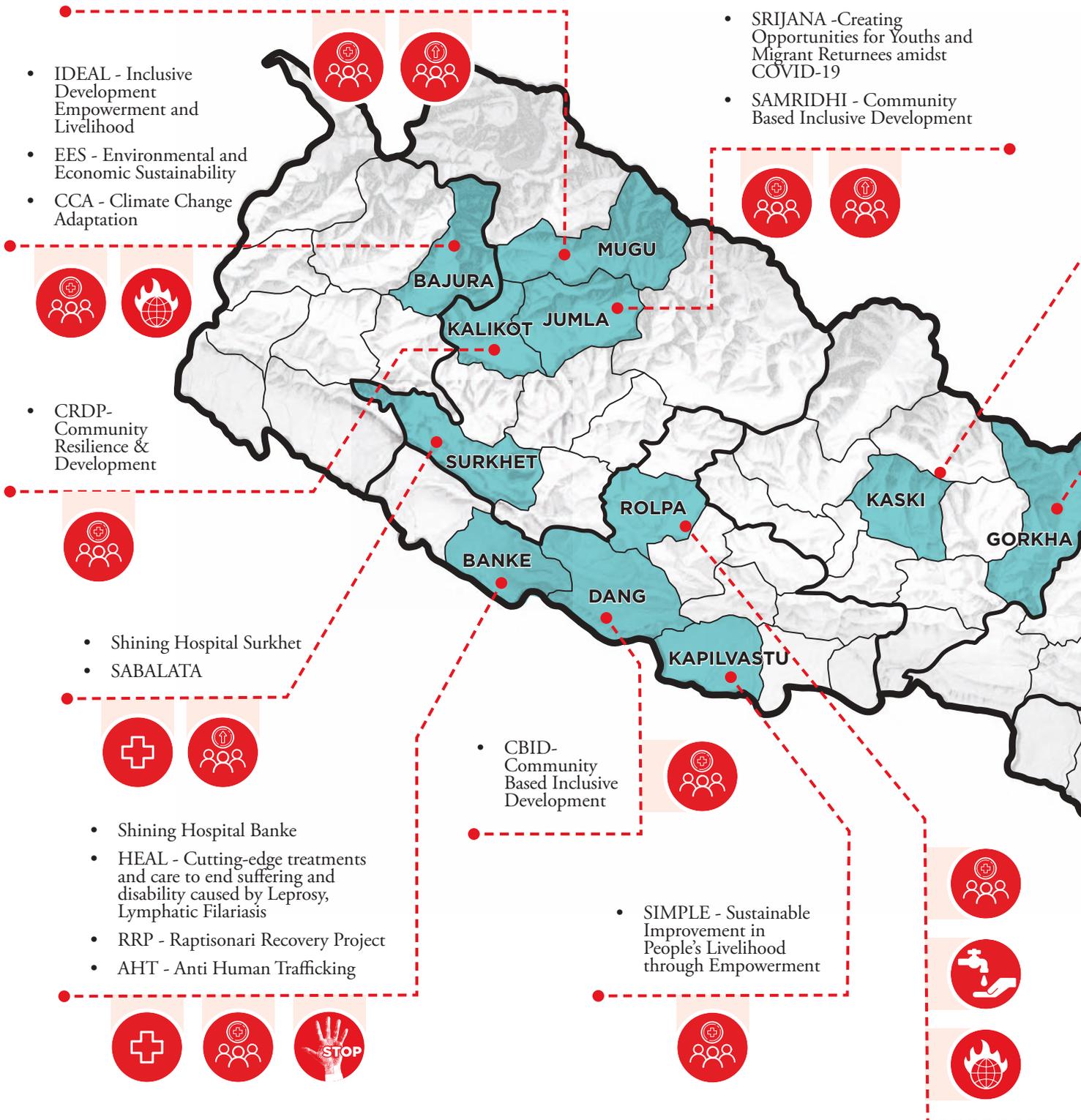
Our newly built Palliative Care building has started operating, which offers 14 beds fully equipped inpatient service - ten for adults and four for children. We could also fully vaccinate 95% of our staff from the hospital, community and IIFS. Thankfully, none of our staff had to go through severe health conditions due to COVID, but some of us have lost our loved ones, leaving a big void in our lives.

We sincerely thank our staff, expatriate friends, INF Nepal Board Members, Advisors, General Members, wider INF family and our national and international collaborating partners.

INF Nepal works across western part of 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 2077/78 [2020-21]

- IDEAL - Inclusive Development, Empowerment and Livelihood
- SABALATA - Disability Inclusive Development through CBR
- Y4M - Youth for Economic Empowerment and Resilience Mugu
- SAMRIDHI - Community Based Inclusive Development
- WEAL - Woman Empowerment and Livelihood
- SABALATA
- SRIJANA -Creating Opportunities for Youths and Migrant Returnees amidst COVID-19
- SAMRIDHI - Community Based Inclusive Development



SUSTAINABLE DEVELOPMENT GOALS

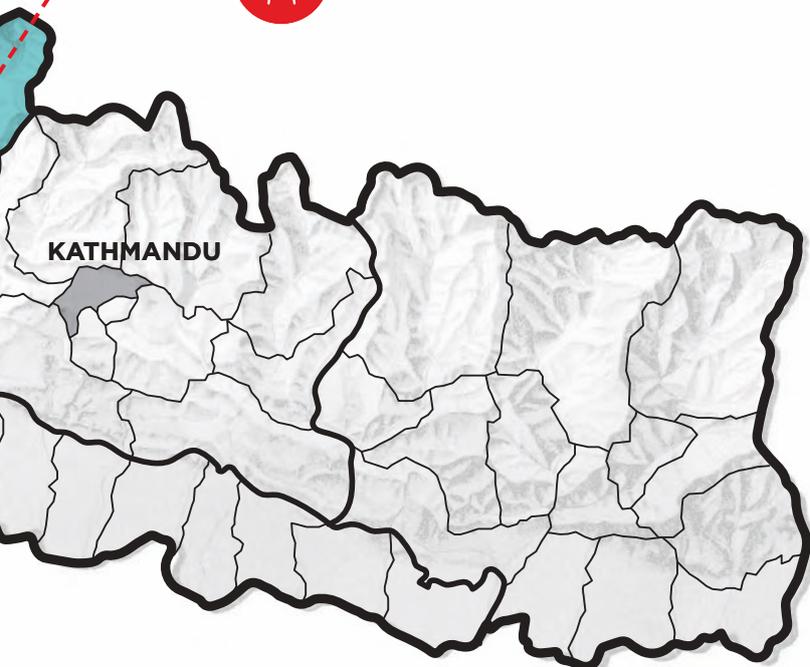
Our work contributes to the Sustainable Development Goals – the global blueprint for a better and more sustainable future for all.



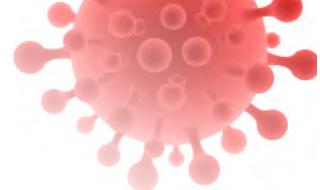
- Green Pastures Hospital
- INF Nepal Central Office
- IIFS- INF Initiative for Financial Sustainability



- CDID - Community and Disability Inclusive Development



- EDUCATE - Economic Development of Underprivileged Communities through Agricultural and Technological Empowerment
- WASH - Water, Sanitation and Hygiene
- Climate Change
- Improved Stoves for Better Health



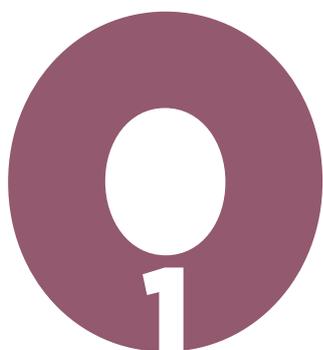
INF NEPAL'S COVID RESPONSE

WE ARE RESPONDING • 2020-21

Since last year, COVID-19 has presented us with great challenges. On the brighter side, it has also given us opportunities to serve the neediest people. With the support from local and international partners, we have been reaching out to vulnerable individuals and communities, supporting them with their immediate food relief and health hygiene items. We have also been raising awareness via radio, prints and our social media channels.

We have been helping vulnerable people and families such as people with disability, SHG members, persons affected by Leprosy, single women-led households. We also have set up isolation wards for our staff and in-patients at Green Pastures Hospital and have been supporting the Government and other stakeholders with additional resources needed to scale up the preventive measures and manage the quarantine, isolation centres and health facilities.

WE PURSUE THIS MISSION BY ACHIEVING THREE COMPLEMENTARY OBJECTIVES:



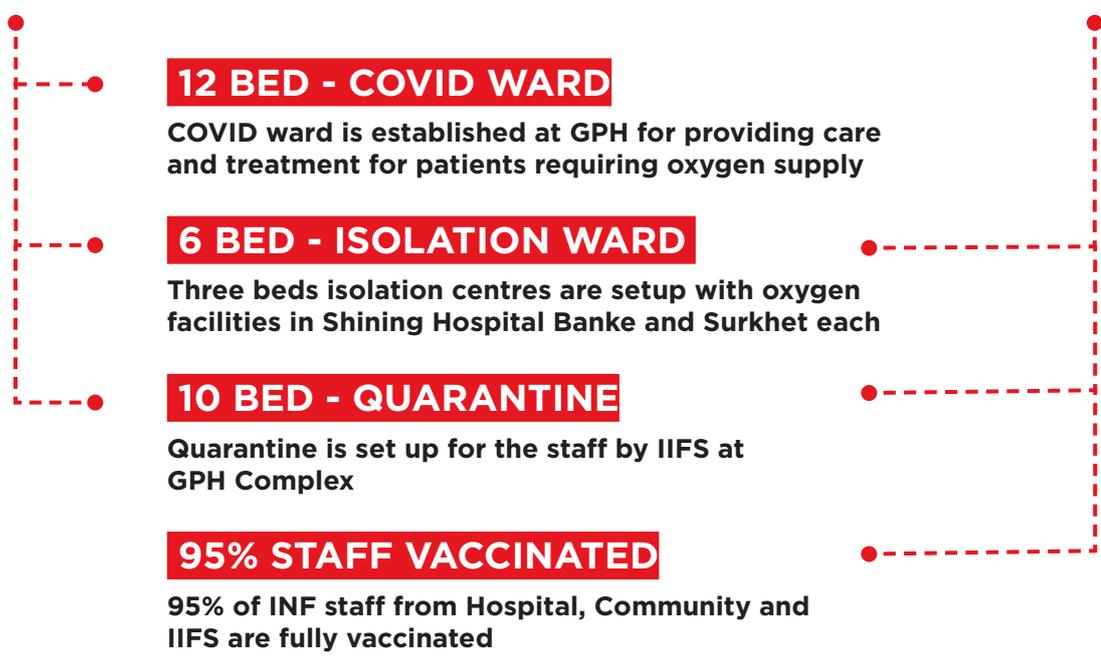
SUPPORT INF HOSPITALS FOR PREPAREDNESS AND RESPONSE TO COVID



SUPPORT COMMUNITIES & GOVERNMENT STAKEHOLDERS FOR COVID PREPAREDNESS & RESPONSE



PROMOTE HEALTH AND SAFETY THROUGH STAFF CARE AND SUPPORT TO INF STAFF





264

COVID INFECTED INDIVIDUALS TRANSPORTED



3,326 HH

PROVIDED WITH COMPREHENSIVE FOOD PACKAGES AS STANDARDISED BY GON



1,720

HYGIENE KITS DISTRIBUTED



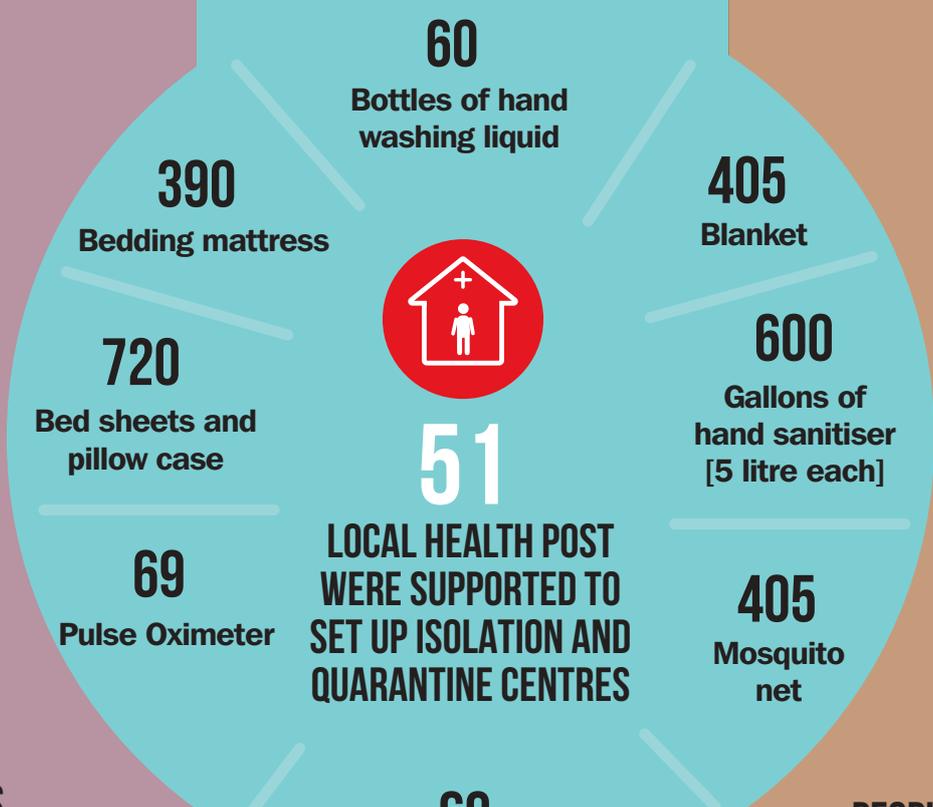
57,694

SURGICAL MASK DISTRIBUTED



28

INDIVIDUAL WERE PROVIDED WITH RECOVERY AND TREATMENT SUPPORT



51

LOCAL HEALTH POST WERE SUPPORTED TO SET UP ISOLATION AND QUARANTINE CENTRES



7,672

SURGICAL GLOVES DISTRIBUTED



300+

PEOPLE PROVIDED WITH TELEHEALTH SERVICE



138

FULL PPE SETS WERE DISTRIBUTED

611 Buckets

5172 Soap bars



493

HAND WASHING STATION INSTALLED

41 Medical beds

25 Infrared gun

Together in difficult times

Sunita* [33, F] a Spinal Cord Injury affected woman from Myagdi, lives with her younger sister in Pokhara. For women with special needs, the COVID-19 pandemic became an unending burden threatening her daily life.

Sunita used to earn little through part-time tailoring and handicraft job at a local shop in coordination with the local organisation 'Apanga Mahila Sangh, Kaski'. Though not enough, the decent income thus generated supported her with her daily expenses.

Sunita's younger sister, who is also a caretaker of her, is a primary school teacher. Due to the year-long pandemic and continuous government-enforced lockdown, both sisters lost their income source for a prolonged period. They had been in a challenging situation since the beginning of the COVID-19 pandemic and desperately needed support to survive.

With the coordination of Apanga Mahila Sangh, INF Nepal provided them with emergency food supplies. Sunita was highly grateful to receive the parcel.

“During this tough time, we are very thankful to INF for showing kindness. This is great, because there is food for a month, a month of relief. I don't know what's next after that but I hope things will get back to normal and we will get to work again.”
- Sunita

The COVID-19 outbreak has caused immense stress. Many have been concerned about being infected and the scale of financial hardships threatening their daily living. While the virus infects people from all walks of life, low-income families like Sunita are most impacted.



**Name changed for anonymity*



An elderly woman receiving emergency food relief package at Kaseri tole, Pokhara



Distributing food items to the vulnerable women and person with disability in Gorkha



1

2



3

4



5

6

- 1 Handing over hospital items to the local isolation centre managed by Gorkha Municipality
- 2 Taking away food parcel
- 3 Handing over food and health hygiene items to a person with disability in Banke Shining Hospital
- 4 Hospital items handed over to the District Hospital Bajura
- 5 PPE sets handover to Karnali Provincial Hospital, Birendranagar, Surkhet
- 6 INF staff loading hospital items to be handed over to the Provincial Hospital Gandaki



Harish's Story

Harish and Devi at Green Pastures Hospital

A year ago, Harish*[78, M] from Pokhara got admitted for Pneumothorax and had chest tube. Again in June 2021, Harish had Ischemic Cerebrovascular accident [CVA] with left sided Hemiplegia. He revisited GPH for Physiotherapy, Occupational Therapy and Speech Therapy. Harish was assisted by his wife Devi*.

Nepal got hit by the second wave of COVID in early April as more and more COVID infected cases got reported. Harish and his wife had to stay in the hospital with the risk of COVID. GPH had adopted many precautionary steps to minimise the risk the transmission among staff members and the patients. However, one of the patients, who was sharing the same room with Harish, developed symptoms similar to COVID. Harish immediately got shifted to a different room, considering his medical history of respiratory problems. Contact Testing of Harish and his wife was done following the positive PCR test of the suspected patient.

Harish had a negative PCR test result however, his wife, Devi's report was positive. Devi got admitted to the COVID

ward of GPH. In the next three days, Harish had a fever, so a PCR retest was suggested. Unfortunately, Harish also had positive test report. He was more symptomatic as compared to his wife.

GPH provided all the basic needs to the couple as no other family members were living in the city. GPH staff assigned in the COVID unit provided holistic care to the couple by taking care of their physical, psychological and spiritual need.

One day, Harish's saturation dropped to 82%-84%. The doctor started with oxygen, IV and liquid diet. Nurses kept on monitoring and caring for him. The next day his oxygen saturation started to improve. Harish's fever had also improved. Harish's appetite got resumed gradually. Devi and Harish had negative reports on the 11th day from the day of their positive report.

GPH covered all the costs for their three months stay in the hospital. Both of them were very happy and thankful to all the staff and GPH.

**Name changed for anonymity*

CELEBRATING FIVE YEARS OF **SABALATA**

CBM funded SABALATA - a disability-inclusive development through CBR Project was started in Nepal's Karnali Province [Mugu, Jumla and Surkhet] from 2015 to 2020 including one year extension.

The project's overall objective was "Improved quality of life of persons with disabilities in project working areas", and the specific objective of the project was "Empowered people with disabilities have equal access to main-streamed developmental benefits and services in the project area". The project has invested around NPR 80 Million in total. This also includes a fund from INF UK.

Empowerment of Persons with Disabilities

1211 [M-694, F-517] persons with different types of disabilities are supported with their basic and developmental needs throughout the project period.

67 SHGs were formed and strengthened where 1211 persons with disabilities became members and were empowered. SHGs are now self-functional with local Disabled Peoples' Organisations [DPOs] and local government support.

51 [76%] out of 67 SHGs officially affiliated with local government. The local government will provide support and monitor the activities.

3 DPOs capacity has been strengthened. They are now continuing with the services project initiated.

In all of our working areas, we have been closely collaborating and working with the local government line agencies and authorities regarding disability inclusion and management issues.

Disability related Health Support

237 persons with disabilities were provided referral support, of which more than 60% of the cases have improved their health condition.

439 health care providers' mainly Female Community Health Volunteers [FCHVs] were trained on disability identification, referrals, legal provision and the role of health workers.

9 health posts have been modified to be accessible for persons with disabilities.

6 disability coordination committees [non-governmental] structures have been formed by the DPOs.

Local health posts and district hospitals are made aware of the types of disability and disability-specific health needs. They will be proactive in dealing with or referring clients for their health needs.



Mobility training attendants [people with disability and their families] in Jumla



Livelihood activities for persons with disabilities

853 persons with disabilities were supported with vocational training and income generation support.

691 [81%] out of 853 who were provided income generation are continuing their livelihood activities. They were involved in various income generation activities. In average, persons with disability who are continuing their business are earning between NPR 10,000 to 15,000 per month.

67 SHGs have accumulated NPR 8,430,318 to be used as a revolving fund for small scale micro enterprises. The source of money is seed money from the project and their monthly savings and credit scheme.

350 persons with disabilities have been provided with income generation support from the local government.

8 persons with disabilities have been provided with the Auxiliary Nurse Midwifery [ANM], CMA [Community Medicine Assistant], Sub-Overseer and Junior Technical Assistant [JTA] courses in close coordination with Karnali Technical School [KTS].

59 houses of people with disabilities were modified.

Education activities for children with disabilities

156 children with disabilities were supported for their school enrolment.

30 schools are modified to be accessible for all children.

25% schools in Mugu and Jumla and 65% of schools in Surkhet have constructed ramps at their schools.

Guardians of children with disability who used to be reluctant to send their children to schools are now convinced that children with disabilities can also learn. So they are sending their children with disability to school.

Previously children with disability were enrolled only in special schools, but now, due to continuous lobbying and advocacy, children with disability are being enrolled in all general schools.



Food parcel distribution to PWDs in Surkhet during first wave of COVID-19

GREEN PASTURES HOSPITAL

Green Pastures Hospital [GPH] has been serving the people affected by Leprosy and disabilities in western Nepal for more than 60 years, primarily poor and disadvantaged people. It strives to provide quality care and affordable health services with the vision “To become a Centre of Excellence in the Care and Prevention of Disability by providing Holistic Care to transform lives”.

GPH is a 100-bed multi-disciplinary hospital and rehabilitation centre caring for persons with disability, the only such centre in western Nepal. It has specialist services in Dermatology and Leprosy, Ear Services, Orthopaedic Surgery, Spinal Cord Injury & Spinal Disorders, Plastic and Reconstructive Surgery, Palliative Care and Physical Rehabilitation.

Similarly, this year, well-equipped Palliative Care & Chronic Diseases Services has begun in GPH, which also conducts regular community visits.

GPH still treats and rehabilitates patients affected by Leprosy by providing multi-drug therapy, necessary surgery, counselling, and self-care training. With over 60 years of experience, we continue to work to eradicate Leprosy from Nepal.



Aerial view of GPH

LEPROSY AND DERMATOLOGY

GPH treats and rehabilitates patients affected by Leprosy by providing multi-drug therapy, surgery [reconstructive, septic], counselling, and self-care training. With over 60 years of experience, GPH continues to work to eradicate Leprosy from Nepal.

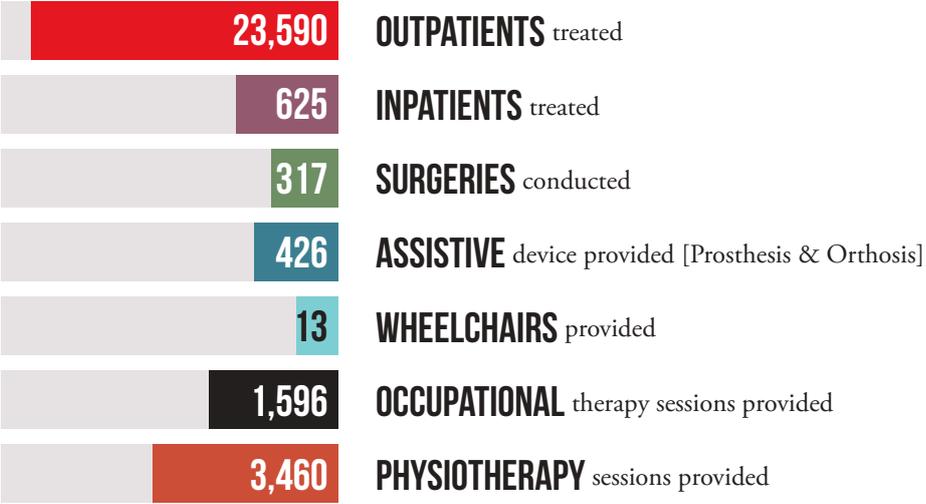


10,808
 IN THE LAST FIVE YEARS, THERE WERE 10,808 LEPROSY OUTPATIENT VISITS

459
 IN THE LAST FIVE YEARS, 459 NEW LEPROSY CASES WERE DIAGNOSED IN GPH

PHYSICAL DISABILITY AND REHABILITATION

GPH continues to provide medical and social support for people with a range of disabilities to be included in the community and reach more of their potential.



~200
 IN THE LAST FIVE YEARS, AROUND 200 SCI PATIENTS WERE ADMITTED IN GPH



EAR SERVICES

The Ear Centre continues to provide treatment for hearing impairment and ear-related diseases through its quality yet affordable services.



65,000+

SINCE 2015, THERE ARE OVER 65,000 OUTPATIENT VISITS AT THE EAR CENTRE

Established in 2015, this state-of-art facility is equipped with advanced technology, well trained medical personnel and provides surgeries, rehabilitation and therapy sessions for all kinds of speech and hearing issues.



PALLIATIVE CARE & CHRONIC DISEASES

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 multi-disciplinary team approach.



GPH serves about 45,000 outpatients each year. A dedicated team consisting of medical, nursing, paramedical, allied health professionals and administration work together as a cohesive team providing holistic care of the physical, psychological, social and spiritual needs of the patients.

108

IN THE LAST FIVE YEARS, 108 INPATIENTS WERE ADMITTED IN PALLIATIVE CARE

523

IN THE LAST FIVE YEARS, 523 HEALTH CARE WORKERS WERE TRAINED IN PALLIATIVE CARE

MAJOR HIGHLIGHTS OF FY 2077/78 [2020-21]

Nepal has gone through the worst phase of the COVID pandemic in the last few months. After a relatively benign first-wave and a several-month respite, the second wave of the COVID pandemic hit fast and hard. Thankfully our front-line health workers and other hospital staff were fully vaccinated in the first phase of the government-run vaccination campaign in March 2021. Contradictory to our expectation, GPH witnessed a greater flow of patients [OPD mainly] during this time. This could be the effect of word-of-mouth publicity and the availability of skilled expertise and comprehensive care packages.

- GPH has introduced a telehealth service for SCI and stroke patients. Three types of Telehealth questionnaires were developed in English and Nepali for persons with disability, children with disability, and caregivers. A total of 302, including 153 persons with disabilities, 70 children with disabilities and 79 caregivers, have been contacted. Forty SCI patients received health packages - urine bags, gloves, catheters, gauze etc.
- A total of 164 people have been benefited through the Acute Trauma and Emergency Service - nursing care, rehabilitation and counselling. Out of these, 16 patients were immediate trauma victims.
- Two batches of basic nursing training for ten Basic Nursing Assistants were completed. Among these trainees, four were provided with a job at GPH for ten months on a merit basis. The trainees were human trafficking survivors.
- ‘Community Medical Outreach’ - a three years project has been initiated in GPH from April 2021. The project aims to improve the health status of persons with disabilities, persons affected by Leprosy, and persons impacted or threatened by disasters.
- GPH has now established a 12 bed COVID ward for providing care and treatment for patients needing up to Level-3 treatment [requiring oxygen supply]. These treatment and isolation beds will mainly be provided to persons with disabilities and inpatients. This way, GPH will be able to address the interlocking health issues of persons affected by COVID-19. Six patients [SCI-1, Stroke-1, Leprosy patients with reaction-2 and two were relatives of this SCI and Stroke patients] have received the treatment from this COVID ward.
- Local income situation: “During the FY 2020-21, 77% of GPH income came from local operations, which includes a 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's newly upgraded vehicle with an elevator arm is being used to transport wheelchair users for treatment and for COVID vaccinations.

Bir Bahadur's Story

After suffering paralysis from an injury, Bir* Bahadur was referred to the community service after admission to GPH with extensive and severe pressure areas. He had no money for treatment and had lost all hope. His wife had died four years ago, and his only potential caregiver was his then 16-year-old son.

The Palliative Care Services supported him with a charity admission for three months while his deep multiple pressure areas were treated. The holistic care of hospital staff helped in some healing of his physical and emotional wounds. His son was taught about palliative and practical care so that he could continue to take care of his father at home. INF provided Bir with a special wheelchair, air mattress and essential dressing materials.

The palliative care team encouraged his son to enrol in a local school and get to classes every morning and still take care of his father. His son could not seek work because of his full-time carer role and desire to continue education. Now, three years later, his son has continued with his education and continued to provide full-time care for his father in a remarkable way.

Bir Bahadur was recently admitted to the new palliative care inpatient unit

for some needed treatment. While there, he was happy to try out our newly arrived modified vehicle with wheelchair elevator platform. "Let's go to Kathmandu," he joked with us.

The Palliative Care Services have made a significant difference for this small, vulnerable family. The community team's regular support empowers and encourages Bir's son to continue persevering with providing full-time care for his father.

** Name changed for anonymity*



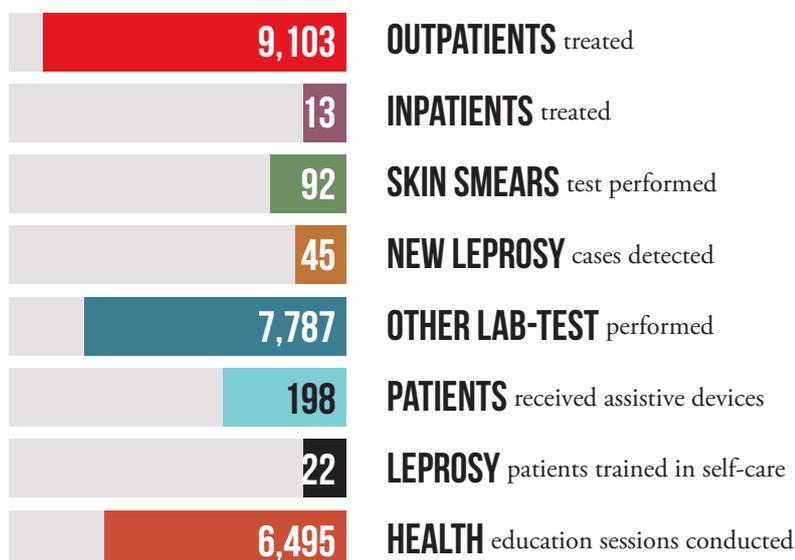
Bir and his son in inpatient ward in PC building

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 for people with general disabilities, stroke, SCI, and Cerebral Palsy and Fistula, in particular. SH-IS is the only centre of its type in the Karnali Province of western Nepal.

LEPROSY AND SKIN CLINIC

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

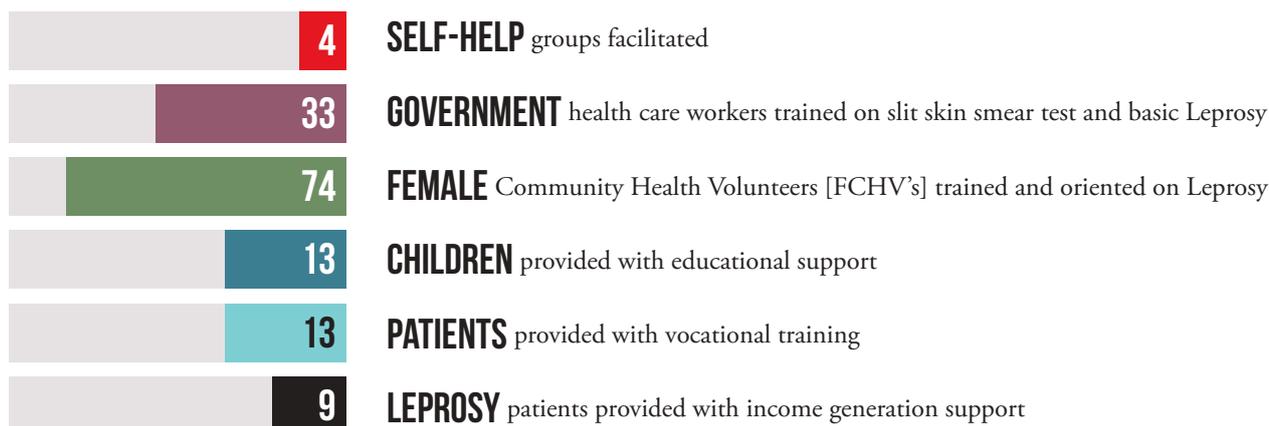


40,692
 IN THE LAST FIVE YEARS, THERE WERE 40,692 LEPROSY OUTPATIENT VISITS

306
 IN THE LAST FIVE YEARS 306 NEW LEPROSY CASES WERE DIAGNOSED

COMMUNITY INTERVENTION

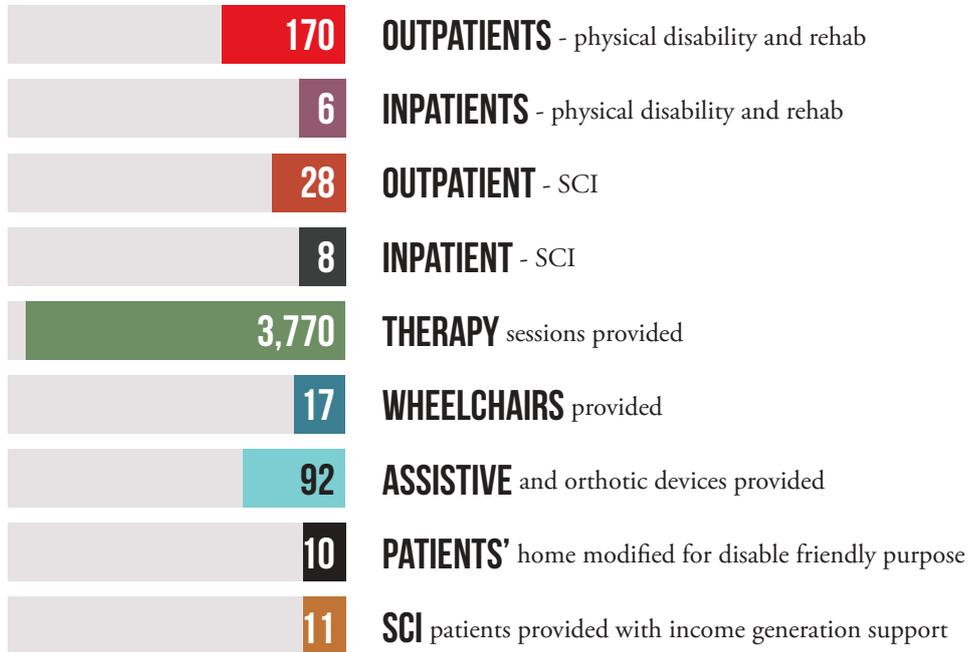
SH-IS also runs the community project to empower communities to take collective actions through training, awareness, income generation support and facilitation in working areas. It aims to reintegrate Leprosy-affected people back into their society, help them lead a dignified life, and contribute to their family income and community development.





SPINAL CORD INJURY, PHYSICAL DISABILITY AND REHABILITATION

The general rehabilitation unit provides high-quality care, treatment, and rehabilitation services to people with disabilities, including Leprosy, to improve mobility and efficiency.



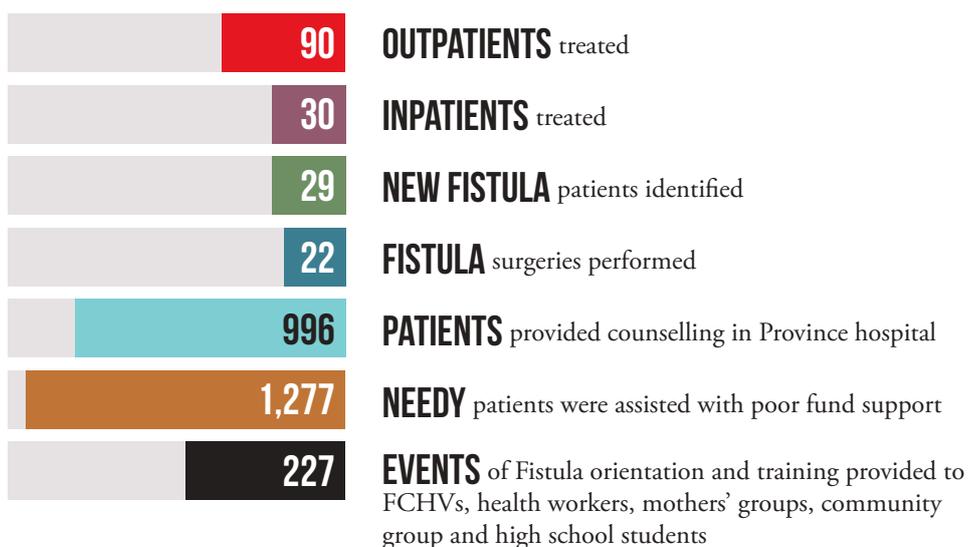
3,308

IN THE LAST FIVE YEARS, THERE WERE 3,308 OUTPATIENT VISITS



FISTULA SERVICES AND HOSPITAL SUPPORT SERVICES

INF Nepal's SH-IS Hospital Support Service aims to strengthen government health services by developing their capacity, improving the hospital settings and by providing expert technical assistance for gynaecological/obstetric Fistula treatment.



196

IN THE LAST FIVE YEARS 196 OBSTETRIC FISTULA REPAIR SURGERIES WERE PERFORMED

Outreach work is an integral part of INF Nepal's Fistula work in Surkhet, Karnali Province. These Community Outreach works have not only improved the health and livelihoods of hundreds of women, but they have also trained government health workers, strengthened primary health centres and health posts. They have been pivotal in educating the remote communities about the Obstetric Fistula, identifying the new cases, and providing follow-up care.

MAJOR HIGHLIGHTS OF FY 2077/78 [2020-21]

- A total of two outreach camps were organised in Chhedagad Municipality and Junichande Rural Municipality of Jajarkot district. In total, 612 people benefited from Leprosy and other general skin related outreach programmes, where they received free medical consultation and medicines at their local level. In the meantime, eight Leprosy patients also received minor complication management services.
- SH-IS organised and successfully completed orientation for the local traditional healers and FCHVs about Leprosy and skin related diseases. Twenty-six traditional healers and 74 FCHVs were orientated about Leprosy.
- 14 admitted patients of severe physical impairments [Spinal Cord Injury, Stroke, CP children] received crucial rehab services by skilled SH-IS staff and improved their functional abilities.
- 227 Fistula orientation events were organised for FCHVs, Mothers' groups, high school students, community groups, and NGOs. A total of 38 suspected Fistula patients were referred by FCHVs, health workers, mother's group and NGOs after receiving the orientation on Fistula. Amongst them, 13 patients were confirmed with Fistula, and some of them have received treatment while others are waiting for their treatment.

Rupa's Story

Rupa* [53, F] from Pyuthan district, in the western hills of Nepal, lives with her husband and three sons. Her first marriage at the age of 14 was not a happy one, and she became very sick. She wasn't ready for marriage, her periods had not yet begun, and she was depressed. She returned to her parent's home.

Rupa remarried at the age of 18 and was soon expecting her first baby. Sadly, she lost this baby when six months pregnant, and four more pregnancies followed quickly, all unsuccessful. Each time she delivered at home with help from the traditional birth attendant. In her subsequent pregnancy, when her labour pains started, the baby's hand was delivered first. Rupa was carried to the health post in a basket, but they could not help her and said she needed to be in a major hospital. There was no hospital in the district. Her husband, Tikaram, didn't know what to do, so he took her back home, where the traditional birth attendant pulled hard on the baby's arm until it was delivered. After six pregnancies, Rupa still had no child.

In this last delivery, she was severely injured and developed a Fistula that causes urine to leak continuously. She was very weak and unable to work in the fields to grow their food and collect fodder for the animals.

Rupa's husband Tikaram took her with him to India as he returned to work. During their stay, the couple visited a hospital where she was treated. After three operations, she was a little better than before, but still, her urine leaked.

The Sister at the nearby Health Post knew of Rupa's problem. After receiving training on obstetric Fistula, she remembered her and told Rupa that there was treatment now for Fistula in Surkhet. In 2014, Rupa travelled with her husband to Surkhet for the Fistula camp held by INF at the Surkhet government hospital.



She had no Fistula now, but her urine leaked continuously through the urethra, and she could hold very little in her bladder. At the camp, Rupa had an operation creating a sling to support the neck of the bladder. This was successful, and for the first time in thirteen years, Rupa was completely dry.

She returned home, and for four years, she was happy. Then one day, she had an accident while cutting firewood in the forest. She was not seriously injured, even falling from a tree, but she found that she could no longer control her urine.

In early 2020, Rupa travelled to Surkhet and had surgery to treat her severe stress incontinence. She was dry and happy, but she suffered severe travel sickness and started to leak again on her journey home. The Coronavirus pandemic brought lockdown and travel restrictions, but in 2021 Rupa was able to return to Surkhet. She spent two weeks in isolation before she was admitted to the Fistula Centre because she tested positive for Coronavirus.

The operation was successful and supplied with travel sickness medication. Rupa is now at home in Pyuthan, well, happy and thankful.

* Name changed for anonymity

SHINING HOSPITAL BANKE

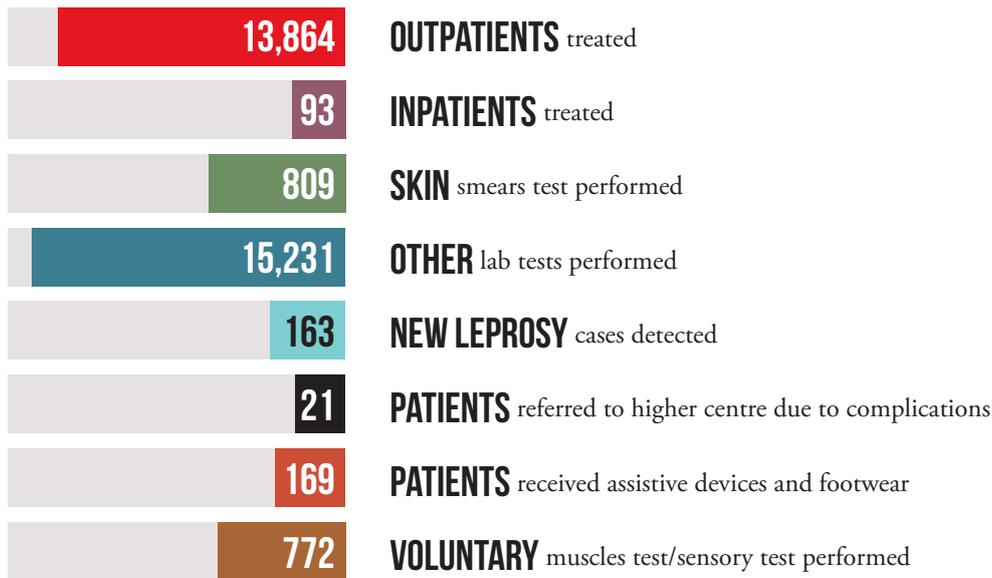
Shining Hospital Banke [SH-IB] is located in Janaki Rural Municipality-3, Banke. It is a 24-bedded hospital with a particular focus on Leprosy, targeting the wider population of the Banke, Bardiya and neighbouring districts of India.

The hospital focuses its activities on positive changes in the general public's attitude towards Leprosy and Leprosy affected people through various awareness-raising activities at a grassroots level. It runs a Leprosy Clinic, providing examination and diagnostic services to people with signs and symptoms suggestive of Leprosy.

To this end, 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 SHGs that 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 CLINICAL



54,161

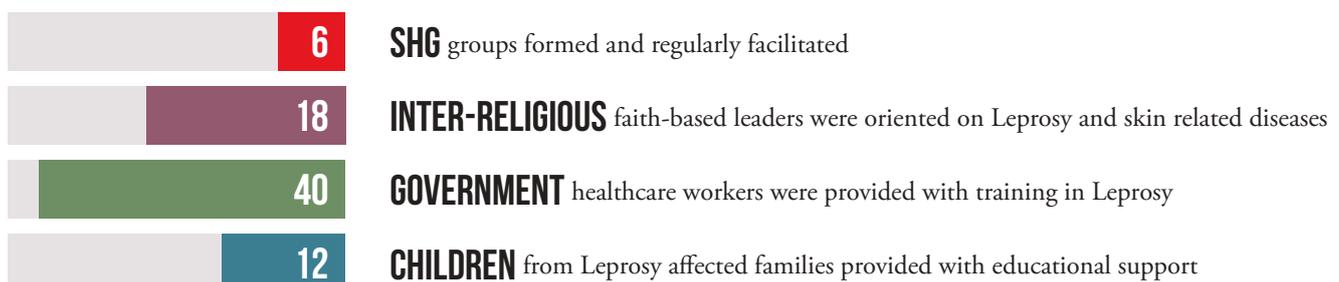
IN THE LAST FIVE YEARS THERE WERE 54,161 OUTPATIENT VISITS IN SH-IB

981

IN THE LAST FIVE YEARS 981 NEW LEPROSY CASES WERE DIAGNOSED IN SH-IB



COMMUNITY LEVEL



MAJOR HIGHLIGHTS OF FY 2077/78 [2020-21]

13,864 people received various services from the SH-IB. The hospital has been able to earn goodwill through its services.

93 Leprosy patients received nursing care, voluntary muscle test/sensory test, assistive devices, food and accommodation through the inpatients department.

5 bed COVID isolation ward has been set up for staff as a precautionary measure for staff care and support.

40 government health care workers were provided training and orientation.

12 children of Leprosy affected families have been able to continue their education with the support of SH-IB.

72 vulnerable people [41 female] from different wards received the First Aid, Light Search and Rescue Training through the Raptisonari Recovery Project [RRP] in coordination with Nepal Red Cross, District Administration Office [DAO] and Raptisonari Rural Municipality.

10 trainees effectively completed Welder Basic Training supported by SH-IB. After completing the training, all

trainees have landed in positions offered by construction companies, welding houses, and hydro-power companies.

ALL 9 WARDS of Raptisonari RM were provided with basic rescue materials. All TASK Force Members know how to handle the TEA [Tool, Equipment, Accessories].

4 Simulation exercises, especially on fire and flood conducted at four different areas of the various wards. TASK Force Members participated in a hand-to-hand drill on fire, flood and water safety golden rules. Life Jacket's proper use, fire safety on boat with higher land marking sessions were done during the session.

2 gender-friendly public toilets have been constructed by the project in Raptisonari Rural Municipality.

2 raised hand pumps have been constructed at a public place in Raptisonari Rural Municipality.

3 action plan supports were supported to RM level Disaster Management Committee for Disaster Preparedness [Pre-Monsoon and Winter Preparedness Plan].

6,000 plants were bought and distributed to promote bioengineering.

Pritam Tharu's Story



Before



After

Pritam* Tharu [52, M] is from Bardiya-5, Nepal. He has four family members and, by profession, is a carpenter.

In January 2020, suddenly, he had a fever with some patches on his face. With this symptom, he was reported to have typhoid by the hospital in his village. But not showing any improvement, he was brought to Nepalgunj private hospital where he underwent the same medical treatment. Having been given some medicine, he returned home. Back home once again, with no improvement, he resorted to witchcraft, and for a while, he felt some relief.

But in December 2020, as he was involved in his carpentry work, due to the exposure of wood particles, he again started to have common cold and breathing issues with some patches in his face and hand. With this issue, he approached the same private medical hospital in his village.

In January 2021, his son brought him again to Nepalgunj, where the doctor suspected him of Leprosy, and he was referred to SH-IB. Pritam was diagnosed with Leprosy and treated with medical attention. In SH-IB, after undergoing medical treatment, his wounds were healed. He has continued his medicine. He says, "I am very much grateful to SH-IB for proper care and medication for my disease."

** Name changed for anonymity*

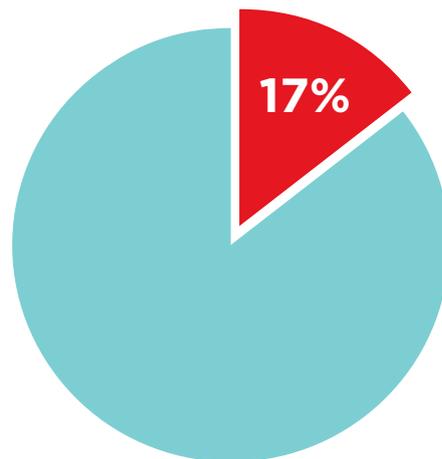
INF NEPAL'S FUNDRAISING CARE FOR CURE

Leprosy Fundraising Campaign “Care for Cure” was virtually launched on 17 November – 68th INF Day. This campaign is the first of its kind initiated by INF Nepal to respond to the urgent funding and the need for INF to continue its Leprosy work.

The fundraising campaign has seen a good response and support from all corners of society – from individuals to INF Nepal Board Members, staff, international supporters, and the corporate sector. Though we are still not close to the target, the fund raised so far is still a landmark given that we are in a COVID-19 situation. INF Nepal aims to care for and cure many vulnerable people affected by Leprosy. Through three hospitals in Pokhara, Banke and Surkhet, INF provides Leprosy treatment in a holistic approach.

FUNDRAISING TARGET - NPR 2 CRORE [USD 170 THOUSAND]

During this reporting period, a total of income NPR 3,381,262 which is around 17% of the total fundraising target.



You can join this movement and become our Partners who CARE. Your gift today will help to care, to cure and ultimately to end Leprosy in Nepal. Your commitment makes all the difference! For more details, please visit www.inf.org/careforcure.

Thank you all for your support on this ongoing campaign.

CARE FOR CURE

towards zero leprosy

Even though Leprosy is said to be eliminated in Nepal, the truth of what happens to those who catch it lives with them.

COMMUNITY DEVELOPMENT

The goal of INF Nepal's community work is "Reduced poverty and sustainably improved quality of life in empowered and Inclusive communities who take collective action for their own development."



COMMUNITY HEALTH AND DEVELOPMENT [CHD]

"Improving livelihoods and food security"

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 its fullness to Nepal's poor and disadvantaged people. CHD is one of the core thematic areas of INF Nepal.

The CHD work is applying the Community-led Inclusive Development Approach [CIDA]. It is a participatory approach that builds peoples' existing capabilities and strengths by collaborative action in communities to

empower poor and marginalised groups to improve their quality of life.

INF Nepal's CHD work reaches up to root causes of poverty and reasons affecting their lives. It involves - group formation, enhancing the ability of the groups to analyse their existing situations, identifying and planning activities to improve those situations, accessing resources and gaining the confidence necessary to implement the planned activities. The groups are strengthened and supported through appropriate training and accompaniment.

455 SHGs formed and regularly facilitated

885 action plans implemented through SHGs

300 HH received the improved iron cooking stove

26 community development structures constructed [drinking water schemes, road gravelling, gabion/retention walls, irrigation canal, etc.]

328 people trained on vocational and business development training

1348 people trained on resilient agricultural practice

608 people trained in saving credit and other skill development training

2381 people involved in income generation and entrepreneurship activities

7848 people have financial access through SHGs saving and credit

192 health workers and FCHVs trained to improve the quality and maximise their services in rural government health facilities

797 people trained on disability and inclusion

597 people trained on gender and human rights [Ward Officials, Nepal Police, school students and SHGs members]

MAJOR HIGHLIGHTS OF FY 2077/78 [2020-21]

- The regular facilitation of 455 SHGs of target communities has made different action plans based on the problems and their immediate needs. Throughout the year, SHGs have implemented different 885 action plans with their initiation addressing different immediate and important community needs.
- A total of 7,848 people have access to finances through SHGs savings and credit. At the end of the fiscal year, the total saving of the SHG members is NPR 25,926,684. SHG's revolving funds also increased the access of 1,690 SHG members to financial services.
- A total of 1,310 women, including 107 PWDs, were involved in the different local level structure and decision making forums such as user committees, management committees, micro-hydro-power etc., as a result of project intervention through regular advocacy education on SHG meetings, training and campaigns. The status and involvement of women in local level structures have increased.
- A total of 1,348 received training on resilient agricultural practice, 608 on savings and credit, while 328 SHG members were provided - vocational skill development training [tailoring for people, poultry farming, commercial vegetable farming, carpentry, repair and maintenance].
- After the training, 2,381 SHG members are involved in micro-business with the income generation grant support. This has given these people a proper source of income who previously did not have such income and contributed to making them financially independent.
- A total of 294 health workers and FCHVs were trained and mobilised to raise awareness of target communities' health issues and improve the quality of services in government health facilities.
- 38 domestic gender violence cases were identified and reported to the judicial committee for legal proceedings.



A SHG member washing her hands in Malikabota, Kanakasundari RM, Jumla while other wait for their turns before starting their monthly SHG meeting

Dignity Restored

Janaki* Pasi is a 32-year-old single mother living in Kajarhawa village in Maharajgunj Municipality of Kapilvastu district. When her husband died, she faced mistreats and hardship. The burden of raising two sons and one daughter was on her shoulder.

Her family refused to help her; instead, she was blamed for her husband's death. She faced violence at her home and lived in a quarrelsome environment, helpless and without any voice. Through the INF Nepal project-initiated SHG, she had a place to put her sorrows and reach out for help.

The SHG came out for her rescue; they supported her in getting her citizenship card. They agreed to transfer some property in her name because of the mass gathering and lobbying to resolve Janaki's issue with her family members. As a result, Janaki received seven kathas [2370 sq. metre] of farming land. The INF's gender focal person also advocated for her rights, and she now gets the NPR 2,000 per month as a Social Security Allowance from Nepal Government.

Through the project, she received three months of tailoring training. INF even provided her with a sewing machine. She now uses her stitching skills to earn some money. She has been able to make humble earnings of NPR 2000 per month, sewing and stitching clothes at her home. She cheerfully



Janaki with her sewing machine

exclaimed with pride of being able to earn her living and taking care of her children. She plans to grow and taking her stitching skills more professionally. This distinction has not come to her easy. Despite all her trials and tribulations, this brave lady is surviving and thriving with a smile on her face.

** Name changed for anonymity*

GENDER EQUALITY & EMPOWERING WOMEN

INF Nepal is committed to gender equality both within the organisation and throughout its work. It focuses on increasing women's leadership and participation in local organisations and governance structures, to advance the status and rights of women. It hopes to contribute towards achieving gender equality within the organisation and the communities it works with.

- 
310 Gender Focal Persons from communities trained and mobilised
- 
45 Violence cases are identified and referred to relevant authorities for legal support
- 
63 Advocacy campaigns organised against GBV and women rights
- 
 Survivors of violence are linked with livelihood opportunities from existing projects and RM/Municipalities/Ward Offices
- 
 Local government are committed to allocating budget for women
- 
 A National Code of Conduct for the Prevention of Exploitation, Abuse & Harassment has been developed and shared as a model with many Nepal's NGOs.



COMMUNITY BASED REHABILITATION [CBR]

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

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, social participation and poor implementation of appropriate laws, legislation and provisions. INF Nepal has been serving such groups of people to meet their disability-specific and social needs.

INF Nepal has been supporting persons with disabilities to meet their disability-specific and inclusion needs through an inclusive and comprehensive service combining medical, social and right-based approaches to rehabilitation such as support and promotion of

- [i] inclusive health,
- [ii] inclusive education,
- [iii] inclusive livelihood,
- [iv] social inclusion and
- [v] empowerment services.

INF Nepal promotes the participation and voice of persons

with disabilities in decision-making processes at the local level. It advocates accessibility towards accessing services - health, education, livelihood and social inclusion.

For better and lasting results, INF Nepal works closely with local communities and local government, including Disabled Peoples’ Organisations [DPOs], Self-Help Groups [SHGs], and Community Based Organisations [CBOs]. The INF Nepal also coordinates with local, provincial and national level multi-sector service providers and government line agencies and like-minded networks and forums to promote a conducive environment and obtain access to the mainstream development systems and processes.

INF Nepal’s disability intervention work is guided by its vision “life in all its fullness for poor and disadvantaged” as well as by the principles of the Conventions on Rights of Persons with Disabilities [CRPD] to build inclusive communities by promoting equal access to good quality services where all persons with disabilities enjoy their human rights and achieve their full potential.

103 SHGs formed and regularly facilitated

23 action plans were implemented

37 people with disabilities received Primary Rehabilitation Training [PRT]

26 people with disabilities received assistive devices

738 people with disabilities received disability cards

599 people sensitised on disability and inclusion

98 accessible infrastructures constructed and modified

153 people with disabilities provided with vocational training

129 people with disabilities involved in income generation activity

76 children provided with education support

107 people with disabilities are actively involved in the decision-making forum

MAJOR HIGHLIGHTS OF FY 2077/78 [2020-21]

- INF Nepal implemented three disability-focused community-based projects [SABALATA, CBID and CDID] in Surkhet, Jumla, Mugu, Dang and Gorkha.
- 8,660 people in the community, including 1,732 persons with disabilities, benefited from these three CBR projects.
- 51 new SHGs were formalised this year, and 103 SHGs were provided with continued facilitation support. The newly formed two DPOs and one youth club under the CBID Dang project are now gradually growing with their organisational capacity and collaborating with the project and local government. While allocating the budgets from ward and RM, the local government are consulting with our DPOs and SHGs for disability-related activities. They are continuously accessing local government funding to continue with project activities.
- 45 persons with disabilities were provided training on market linkages and business promotion. All the participants were the ones who had received income generation support from the project in Surkhet district.
- As a result of our continued work with local government, in Surkhet, five ward offices have supported referral support to nine persons with disabilities, 19 wards have provided support for income generation support to 350 persons with disabilities, five wards have supported assistive devices to 20 persons with disability.
- 738 new persons with disabilities have received Disability Identity Cards, allowing them to access government allowance. Nine persons with disabilities have got a job in government service in Mugu and Jumla.



Wheelchair provided to PWDs

Empowering People with Disabilities

Meera* [20, F] is from Babai RM, Dang. She lives with her father, mother, two elder brothers, sisters-in-law and two nieces. She has physical disability and epilepsy.

INF Nepal started Dang CBID project in 2018. The project staff facilitated the communities to form Self Help Groups [SHGs] of persons with disabilities and other people in the communities to empower them, to ensure their inclusion in various social structures and improve their quality of life.

An SHG was also formed in Meera's village. The project staff approached Meera and others and encouraged them to join and actively participate in the SHG.

When Meera was five years old, she suffered from Encephalitis and this caused physical disability in her. When she was around twelve years old, she experienced epileptic attack for the first time. Then it was frequent afterwards. Her parents then took her to various hospitals for getting it cured but there was no any success. Only regular medicine and timely follow-up could control the seizure attacks. "I used to feel sad because of my condition. I stopped going to school", she said.

After Meera joined SHG, she started attending the meetings regularly. During the SHG meetings the project staff facilitated in the issues of disabilities like causes of disabilities, preventive ways, treatment and referral services, rights of persons with disabilities, procedures and provision to claim these rights. INF project staff also counselled and encouraged to have regular follow-up check-ups.

The SHG members, facilitators and the INF project staff encouraged her to re-join the school and continue her education. She slowly got courage and confidence to go to school. She eventually started going to school and now she is at grade-9. She is hoping to study further and complete her graduation in the future.

Meera is happy and motivated now as her classmates and teachers also encourage and help her with her studies. She says, "I and my family were in confusion because of misconceptions we had about my problem. Previously we thought that this was due to the curse of gods and goddesses. But after I got treatment and proper counselling, we understood the root causes of my disability."

Now, I and my family feel motivated and confident about my future. My future plan is to study more and serve persons with disabilities.

** Name changed for anonymity*



IMPROVING RESILIENCE TO CLIMATE CHANGE AND DISASTERS

INF Nepal has been conducting different activities through the initiation of the community resilience and immediate disaster response projects. The central aim is to enhance the disaster resilience capacity of community and to provide the immediate response to disaster affected people of Nepal.

Through these projects INF Nepal has been empowering communities to implement adaptive measures, reduce vulnerabilities and develop coping mechanisms.



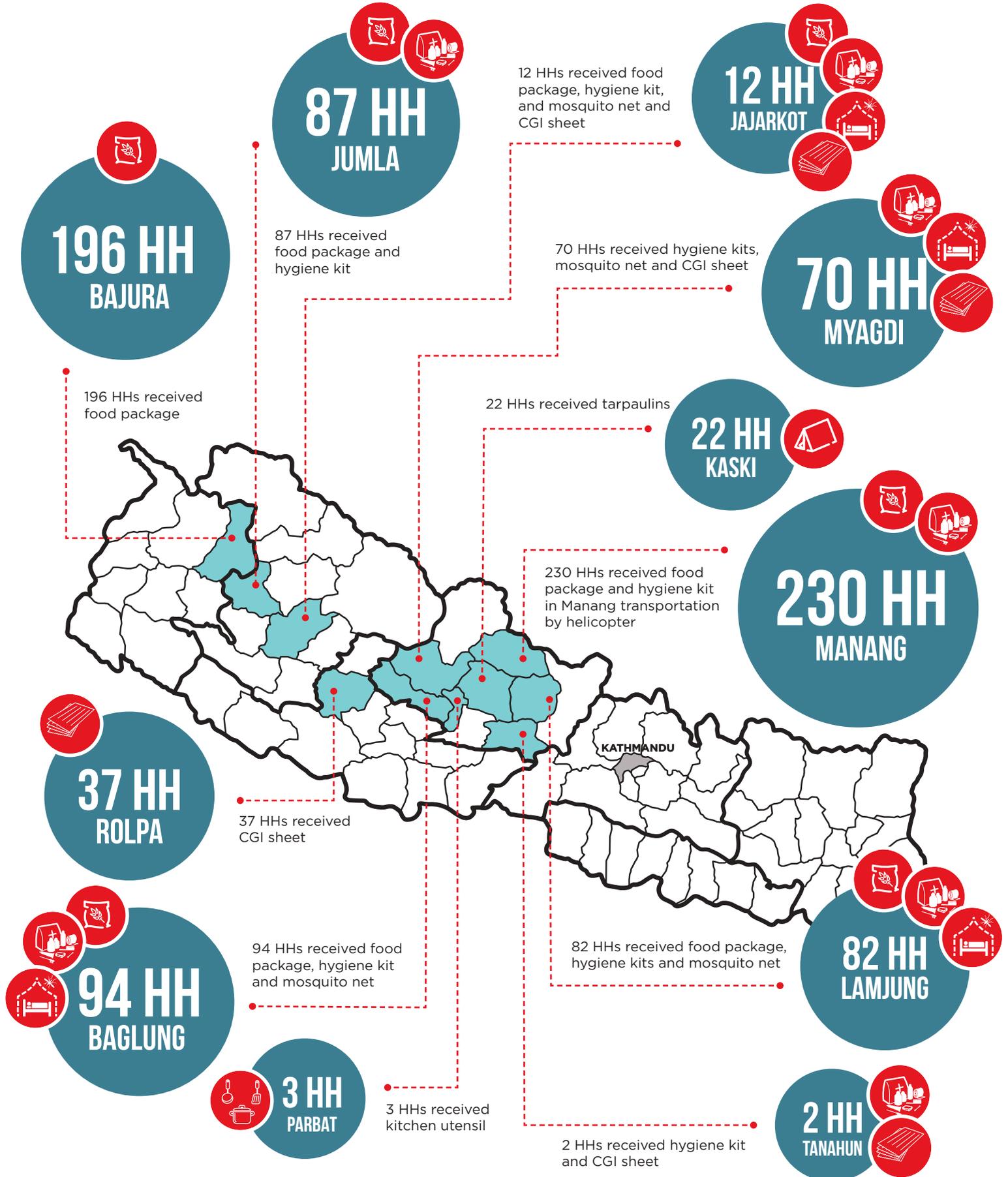
Food distribution in Manang

MAJOR HIGHLIGHTS OF FY 2077/78 [2020-21]

- Revised three hospitals' [GPH, SH-IS, SH-IB] Disaster Preparedness and Response Plan and provided technical support to develop District Disaster Preparedness and Response Plan [DPRP] in Bajura.
- Developed Community Based Disaster Risk Management [CBDRM] training manual and Cash Transfer Programme [CTP] guideline in emergency.
- Drill exercise conducted in GPH to test disaster preparedness and response plan. Stocked Non-Food Items [NFIs] at disaster response room at INF Nepal Central Office and GPH complex, for rapid response during emergency.
- Developed Initial Disaster Rapid Assessment [IDRA] mobile application. A total of 126 INF Nepal staff received disaster risk reduction, climate change and monsoon preparedness orientation and training while 24 staff received basic first-aid refresher training.
- Developed the total number of 11 INF Nepal COVID Contingency Plans and INF Nepal Monsoon Preparedness Plan, 2021.

IMMEDIATE RESPONSE

INF Nepal has supported immediate relief materials to disaster affected household from mid July 2020 to mid July 2021 mainly in 11 disaster prone districts - Lamjung, Tanahun, Myagdi, Parbat, Kalikot, Bajura, Jajarkot, Baglung, Kaski, Rolpa and Jumla where the total number of 835 HHs and 3,536 community people [1,712 Male and 1,824 Female] were directly benefited.





DISASTER RESPONSE WORKS

Suk* Bahadur is a 60 year old man living in Marsyangdi Rural Municipality, Lamjung. There are seven members in his family.

Suk Bahadur lost everything when a landslide hit his house on the 22 July 2020. After landslide had damaged his house, all the family members shifted to a neighbouring house and then to a temporary shelter constructed by the Rural Municipality. In addition, due to the COVID-19 situation all the family members had lost their daily wage jobs in the local area. They already faced a daily problem to meet their nutritional needs.

The Ward Chairperson of his ward, made a request to INF Nepal for any support to the landslide affected families in Suk's community. INF Nepal provided hygiene kits, food items and mosquito nets to Suk Bahadur's family who had lost so much in the landslide.

After receiving the material Suk was happy and gave thanks to INF Nepal for their support with these materials. He said, "Before receiving these relief supplies, I had no food or hygiene items to support my family."



** Name changed for anonymity*

INF INITIATIVE FOR FINANCIAL SUSTAINABILITY [IIFS]

IIFS is an initiation of INF Nepal which basically focuses on utilizing locally available resources within INF Nepal to generate funds and support some of the charitable work of INF Nepal. IIFS is seeking to generate innovative ideas and expand its wings to maximize the use of the local resources for financial sustainability.

Currently, IIFS is running a café, a canteen, a craft centre, a guest house, vegetable and livestock farm within Green Pastures Complex including some farm outlets. IIFS has a major impact in skill development, training and employment generation towards the people with Leprosy and other physical disabilities.



MAJOR HIGHLIGHTS OF FY 2077/78 [2020-21]

Even during the COVID-19 pandemic a considerable positive impact has been made

- The total revenue of IIFS was NPR 5.36 crore. The Annual turnover has increased by 12% compared from the last year.
- IIFS contributed NPR 8.48 lakh to INF Nepal's work. In last five years, IIFS has contributed NPR 1.03 crore to INF Nepal's work.
- Through the IIFS canteen, on an average 25 people with Leprosy are provided with minimum three times meal per day.
- During the COVID pandemic, IIFS provided quarantine facility to a total of 13 COVID ward based staff from GPH routinely for a year and half including three of it's own staff. One staff was provided with isolation facility.
- Last year, IIFS hosted Gandaki Province Health Directorate annual meeting in GPH Complex. Beth Eden Guest House and Training Centre remained occupied during most of the second and third quarters providing services to it's residential guests and for other programmes.
- IIFS has made a total investment of NPR 42.21 lakh in this year for Ark Bazar and livestock. For the Ark Bazar, NPR 17.17 lakh grant income was received from TEAR Australia.
- In general, the objective of mobilising the patients, their caretakers and poor and marginalised people in the farm remained as the continuation of previous years. IIFS is a home to total of 13 families working here.



EAR SERVICE

AND JOURNEY OF DR MIKE SMITH



Green Pastures Hospital started Ear Centre in 2015. Since the commencement of Ear services, tens of thousands of patients have been treated, including over 2000 operations. It has helped develop the skills of several ear surgeons and audiologists.

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 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. These camps were conducted in the remote, difficult to access areas of Nepal where consultant [and sometimes even junior] level medical help is unavailable. Patients would come from a few hours to ten days walking distance to attend these ear camps.

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 train the next generation of carers.

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.

"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." - Dr Mike

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 attend [in busy times, this can reach 100]. Many have their ears examined and cleaned with a microscope and have a hearing test [audio]. Some 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, there are some cases with severe complications and rare conditions which can be challenging to diagnose and treat.

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

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.



Dr Mike and Eka Dev interacting with patients post surgery in a Ear Camp in Awalching, Surkhet



We are grateful to our expatriate friends for their willingness and commitment to collaborate with us, so we can serve and stand alongside people in need. Their contribution to Nepal and Nepali staff in sharing the medical and technical knowledge, building their capacity and developmental work is significant to INF Nepal. Some of our expatriates are:

Dr Ulla-britt Engelbrektsson	Dr Josh Riggsbee
Dr Ruth Powys Russell	Sarah Riggsbee
Dr Shirley Heywood	Tobias Vokuhl
Sister Yuek Ming Poon	Arjan Knulst
Dr Winston Chin	Gordon Russell
Dr Shermin Tan	Salome Berger



PALLIATIVE CARE SERVICES

DR RUTH POWYS RUSSELL



Gordon and Ruth

Dr Ruth leads the Palliative Care team based in GPH. INF Nepal has been expanding its palliative care service at GPH since 2018, developing a model of palliative care integrated with chronic disease management for both adults and children.

Good quality palliative care offers comprehensive and integrated healthcare for adults and children living with serious, chronic, complex, or life-threatening health problems, including care for their families. INF's vision to bring "life in all its fullness" reaches out to all and extends right up to life's extremes. Palliative care focuses on the prevention and relief of suffering whether physical, social, psychological, or spiritual.

A newly built Palliative Care and Chronic Disease building

inside GPH offers a healing environment incorporating a sensory garden and special children's play area. Services includes 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.

In the coming years, and with support from international partners, we aim to develop Green Pastures Hospital as a Palliative Care Centre of Excellence in clinical care, research, and education; and to provide training and develop models of care through five rural sites. We will work to empower healthcare workers and encourage a more caring society to provide family support.



Dr Ruth during the community visit with the patient

FISTULA SERVICES

DR SHIRLEY HEYWOOD



Dr Shirley leads the INF's Fistula work in Karnali Province. The Fistula Centre has the capacity to treat up to 300 women every year with 17 beds, including one in a high dependency ward.

Since its opening in June 2018, 128 operations have been performed in the Fistula centre. A team of outreach workers was appointed in January 2020 to present Fistula orientation to health workers and communities across the three target provinces of Lumbini, Karnali and Far West. Almost all of the new patients presenting to the Fistula centre have been identified through the efforts of the outreach team. The Corona virus pandemic and lock down restrictions have had a major impact on the work of outreach and the ability of patients to reach the Fistula Centre. A Nepali gynaecologist has been appointed to the hospital gynaecology team with

the financial support of INF and she is training as a Fistula surgeon with a view to continuing the service after Dr Shirley retires in a few years' time. The centre also delivers training for health workers across the province and hopes to reach out to neighbouring provinces.

Obstetric Fistula is one of the most serious and tragic childbirth injuries. It is a hole between the birth canal and bladder or rectum caused by prolonged, obstructed labour without access to timely treatment. It leaves women leaking urine, faeces or both, and often leads to chronic medical problems, depression, social isolation and poverty. Most Fistulas are easy to treat with a simple operation, but the condition is not included in the health workers' curriculum and most women are too ashamed to seek help.



Dr Shirley with the patient

FINANCE OVERVIEW

2077/78 [2020-21]

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

CONSOLIDATED INCOME AND EXPENDITURE - SUMMARY

INCOMING RESOURCES	AMOUNT	% OF TOTAL INCOME	OUTGOING RESOURCES	AMOUNT	% OF TOTAL EXPENDITURE
			Operating Expenditure		
Overseas Grants/Donations	32.01	57.93%	Green Pastures Hospital	15.40	27.67%
Local Grants/Donations	5.99	10.83%	Shining Hospital Banke	2.24	4.03%
Hospital Local Revenue	11.22	20.30%	Shining Hospital Surkhet	4.09	7.35%
IIFS	4.32	7.82%	Community Programme ¹	16.18	29.07%
Investment Income	1.01	1.84%	Central Office – Projects ²	2.94	5.28%
Other Local Revenue	0.60	1.08%	IIFS	4.31	7.74%
			Total Operating Expenditure³	45.16	81.14%
Gain/Loss on Disposal of Fixed Assets	0.12	0.20%	Management & Governance	2.58	4.63%
			Designated Funds Expenditure ⁴	3.42	6.15%
Total Income [A]	55.27	100%	Total Expenditure [C]	51.16	91.92%
Opening Balance [B]⁵	0.38		Capital Expenditure⁶		
			Green Pastures Hospital	3.96	7.11%
			Shining Hospital Banke	0.02	0.04%
			Community Programme	0.06	0.11%
			Central Office	0.03	0.06%
			IIFS	0.42	0.76%
			Total [D]	4.49	8.08%
TOTAL INCOMING RESOURCES [A+B]	55.65		TOTAL OUTGOING RESOURCES [C+D]	55.65	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, COVID Response, Support to Social Service Unit of WRH, Support to City Clinic of Ward-15 of Pokhara Metropolitan City and Organisation Development Related Activities.
- 3 Total Operating Expenditure includes support for the treatment of poor patients [including the charity cost to Leprosy patients] mainly through three hospitals amounting to NPR 2.20 crore and COVID Response amounting to NPR 3.29 crore [7% of Total Operating Expenditure].
- 4 Designated Funds Expenditure includes non-programmatic cost and depreciation of fixed assets.
- 5 Opening Balance utilised to cover excess expenditure than income is shown here.
- 6 Capital Expenditure includes completion of Palliative Care building, investment in medical equipment and income-generating activities.

INDEPENDENT AUDITOR'S REPORT
International Nepal Fellowship

Opinion

We have audited the accompanying financial statements of **International Nepal Fellowship, Nepal** (herein referred to as **INFN**, or the NGO), which comprise the Statement of Financial Position as at Ashad 31, 2078, (July 15, 2021), the Fund Accountability Statements, the Statement of Income and Expenditure and the Statement of Cash Flows for the year then ended on that date, and a summary of the significant accounting policies and notes to accounts (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 the financial statements presents fairly, in all material respects, the financial position of the INFN as at Ashad 31, 2078 (July 15, 2021), and its financial performance, cash flows for the year then ended, and a summary of significant accounting policies and notes to accounts, 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 NGO 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 judgment, were of most significance in the audit of the financial statements of the current period. These matters were addressed in the context of the audit of financial statement as a whole, and in forming the auditor opinion thereon, and the auditor does not provide a separate opinion on these matters.

We have determined that there are no any key audit matters to communicate in our report.

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

The NGO 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 NGO 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 NGO or to cease operations, or has no realistic alternative but to do so.

The members of Executive Committee are responsible for overseeing the NGO 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 NGO 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 NGO 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 NGO 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 NGO had carried any activities contrary to its objectives.
- ii. We have not come across cases where NGO is in non-compliance of chapter 17 of Income Tax Act, 2002.

For, S. R. Pandey & Co.
Chartered Accountants

Place: Kathmandu
Date: 2078/06/04
UDIN: 210920CA00485fMQ1w



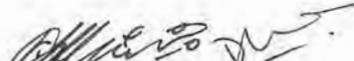
Arun Raut, FCA
Partner

	Note	Unrestricted - Operating Funds	Unrestricted - Designated Funds	Restricted - Operating Funds	Restricted - Other Funds	Capital - Endowment Funds	Total 2020/21 Nrs	Total 2019/20 Nrs
Incoming resources								
Incoming resources from generated funds								
Donor Grants	3	2,609,160	3,379,388	339,713,944	9,329,774	-	355,032,266	286,608,705
Donations and Gifts	3	952,473	350,469	16,217,819	7,459,200	-	24,979,960	18,605,036
Donated Equipment	4	-	-	-	-	-	-	-
Local and Other Operating Income		-	-	43,208,196	-	-	43,208,196	35,835,646
Investment income	5	6,663,036	1,089,864	2,394,109	2,833	-	10,149,842	11,476,031
Other incoming resources	6	1,308,777	-	116,229,834	597,600	-	118,136,411	99,916,669
Total incoming resources		11,533,445	4,819,721	517,763,901	17,389,607	-	551,506,675	452,442,287
Resources expended								
Activities for Raising Funds								
Cost of Raising Grants and Donations		-	-	-	-	-	-	-
Cost of Local Income Generating Activities		-	-	43,056,024	-	-	43,056,024	38,699,483
Total Activities for Raising Funds		-	-	43,056,024	-	-	43,056,024	38,699,483
Charitable activities								
Programme Expenditure								
Community Health and Development		-	-	112,061,370	-	-	112,061,370	79,323,479
Mother and Child Health		-	-	259,431	-	-	259,431	30,321,736
Community Based Rehabilitation		-	-	18,282,394	-	-	18,282,394	19,215,424
Leprosy		-	-	58,187,776	911,951	-	59,099,727	69,986,258
Ear Services		-	-	36,070,041	-	-	36,070,041	39,373,651
Spinal Cord Injury		-	-	-	-	-	-	9,166,573
General Disability		-	-	87,020,368	-	-	87,020,368	63,656,198
Hospital Services Support		-	-	14,054,079	2,721,160	-	16,775,239	17,809,847
Medical/Surgical Outreach		-	-	940,861	-	-	940,861	1,375,194
Nutrition		-	-	-	-	-	-	381,307
HIV/Aids		-	-	-	-	-	-	-
Migration		-	-	-	-	-	-	-
DRR		-	-	29,309,833	-	-	29,309,833	10,299,260
COVID-19 Response		-	-	32,857,413	-	-	32,857,413	10,416,180
Poor Funds		-	-	-	8,239,686	-	8,239,686	6,057,431
Hospital Development		-	-	2,962,354	-	-	2,962,354	1,480,920
Others Charitable activities		-	-	4,485,496	156,852	-	4,642,347	3,366,728
		-	-	396,491,414	12,029,648	-	408,521,062	362,230,186
Designated Funds Expenditure								
Staff Scholarship & Development Costs		-	(773,411)	-	-	-	(773,411)	257,825
Staff Retirement Benefit Scheme		-	83,213	-	-	-	83,213	-
Staff Redundancy Expenditure		-	(392,428)	-	-	-	(392,428)	745,290
Staff Hospitalisation & Death Insurance Scheme		-	(104,026)	-	-	-	(104,026)	322,166
Fixed Asset Depreciation Charge		-	33,626,084	-	-	-	33,626,084	33,932,890
Hospital Development		-	-	-	-	-	-	1,810,561
Other Designated Funds Expenditure		-	1,800,649	-	-	-	1,800,649	6,182,537
		-	34,240,080	-	-	-	34,240,080	43,251,271
Total charitable activities		-	34,240,080	396,491,414	12,029,648	-	442,761,143	405,481,457
Other (income)/expenditure								
Governance and Management Cost		7,039,651	-	16,707,538	37,919	-	25,785,109	25,999,129
Foreign currency (gain)/loss		-	-	-	-	-	-	2,143
(Gain)/Loss on disposal of fixed assets		-	-	(1,155,262)	-	-	(1,155,262)	1,354,142
Total Other (income)/expenditure		7,039,651	-	17,552,276	37,919	-	24,629,847	27,355,414
Total outgoing resources		7,039,651	34,240,080	457,099,715	12,067,567	-	510,447,014	471,536,355
Net incoming/(outgoing) resources before transfers		4,493,794	(29,420,359)	60,664,186	5,322,040	-	41,069,661	(19,094,067)
Fixed Assets Management Fund Transfer								
Gross Transfer between Funds		(273,400)	44,915,427	(44,642,027)	-	-	0	0
		(2,973,424)	5,101,399	(2,257,312)	129,337	-	(0)	0
Total Fund Transfers		(3,246,824)	50,016,825	(46,899,339)	129,337	-	(0)	0
Net movement in funds		1,246,970	20,596,466	13,764,847	5,451,378	-	41,059,661	(19,094,067)
Total funds brought forward	20	3,890,588	505,085,133	40,570,746	4,551,382	9,607,000	563,704,848	582,798,916
Total funds carried forward	20	5,137,558	525,681,598	54,335,594	10,002,760	9,607,000	604,764,509	563,704,848

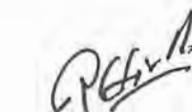
All income and outgoing resources arise from continuing activities
There are no recognised gains or losses, or movements in funds, other than those disclosed above

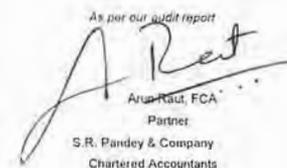
Approved on behalf of the INF Nepal Board by:


CA Manju Thapa
Director - Finance
Date: 2078/06/04


Krishna Bahadur Adhikari
Executive Director


Dhana Lama
Treasurer


Ravi Chandra Twal Timothy
Chairman

As per our audit report

Arun Patel, FCA
Partner
S.R. Pandey & Company
Chartered Accountants



International Nepal Fellowship Nepal: Consolidated Financial Statements
Balance Sheet as at 15 July 2021

(In Nepali Rupees)

	Note	2020/21 Nrs	2019/20 Nrs
Fixed assets			
Tangible fixed assets	8	372,761,321	321,055,351
Capital Work in Progress		782,910	41,565,830
Intangible Assets		84,750	96,050
Investments		-	-
		<u>373,628,981</u>	<u>362,717,230</u>
Current assets			
Stocks	9	29,866,151	21,249,579
Debtors and prepayments	10	4,675,686	7,146,722
Debtor: receivable from INF International		23,264,732	69,975,727
Cash on deposit, at bank and in hand	12b	388,586,987	255,346,074
Inter Subsidiary debtors		0	0
		446,393,556	353,718,101
Creditors: amounts falling due within one year	11	(215,258,027)	(152,730,483)
Net current assets		<u>231,135,528</u>	<u>200,987,618</u>
Provisions	14	-	-
NET ASSETS		<u><u>604,764,509</u></u>	<u><u>563,704,848</u></u>
Funds			
Unrestricted Funds			
General Fund		5,137,558	3,890,588
Designated Funds		525,681,598	505,085,133
Restricted Operating Funds		54,335,594	40,570,746
Restricted Purpose Funds		10,002,760	4,551,382
Capital Endowment Funds		9,607,000	9,607,000
TOTAL FUNDS	20	<u><u>604,764,509</u></u>	<u><u>563,704,848</u></u>

Approved on behalf of the INF Nepal Board by:


 CA Manju Thapa
 Director - Finance


 Krishna Bahadur Adhikari
 Executive Director


 Dhana Lama
 Treasurer


 Ram Chandra Twati Timothy
 Chairman

Date: 2078/06/04

As per our audit report


 Arun Raut, FCA
 Partner
 S.R. Pandey & Company
 Chartered Accountants

International Nepal Fellowship Nepal: Consolidated Financial Statements

Cash Flow Statement for the year ended 15 July 2021

(In Nepali Rupees)

	Note	2020/21 Nrs	2020/21 Nrs	2019/20 Nrs	2019/20 Nrs
Net cash inflow/(outflow) from operating activities	12a		166,473,644		61,903,182
Returns on investment and servicing of finance					
Investment income		-		-	
Interest received on bank deposits		10,149,842		11,476,031	
Other interest received		-		-	
Interest payable		-		-	
			10,149,841		11,476,031
Capital expenditure and financial investment					
Payments to acquire tangible fixed assets		(86,481,256)		(47,316,174)	
Receipts from sale of tangible fixed assets		43,098,684		1,215,770	
Acquisition of fixed asset investments		-		-	
Disposal of fixed asset investments		-		-	
			(43,382,573)		(46,100,404)
Net cash inflow/(outflow) before management of liquid resources and financing			133,240,912		27,278,809
Management of liquid resources					
Cash used to increase short term deposits		-		-	
Cash from a decrease in short term deposits		-		-	
			-		-
Financing					
Increase in loans		-		-	
Decrease in loans		-		-	
Movement in endowments		-		-	
Transfers between funds		(0)		0	
			(0)		0
Increase/(decrease) in cash in the year			133,240,912		27,278,809
Net cash resources at the beginning of the year	12b		255,346,074		228,067,265
Net cash resources at the end of the year	12b		388,586,987		255,346,074

Approved on behalf of the INF Nepal Board by:

As per our audit report

CA Manju Thapa
Director - Finance

Krishna Bahadur Adhikari
Executive Director

Dhana Lama
Treasurer

Ram Chandra Twati Timothy
Chairman

Arun Raut, FCA
Partner
S.R. Pandey & Company
Chartered Accountants

Date: 2078/06/04

MAJOR HIGHLIGHTS OF THE YEAR

GPH is Registered as a 100-Bed Hospital

GPH has been registered with the Nepal Government’s Ministry of Health and Population as a 100-bed hospital and rehabilitation centre. This means, GPH will provide services for the management of Leprosy, Dermatology, General Disabilities and Rehabilitation, Spinal Cord Injury, Ear diseases and Palliative Care and Chronic Diseases with the aim to provide quality care and affordable health services to the people of Nepal.



Palliative Care and Chronic Diseases Services

Amidst the pandemic, construction of the new building for providing Palliative Care Services at Green Pastures Hospital is completed. This newly built building and the team has enabled us to serve palliative care and chronic diseases. This building has room for ten adults and four child inpatient beds, a day therapy area, outpatient clinics and a base for the community service.



Social Audit of INF Nepal Programmes and Hospitals

INF Nepal has organised a Social Audit of all the Programmes and Hospitals incorporating the annual project activities in the presence of it’s stakeholders and beneficiaries. This will improve the institutional governance and organisational performance. The annual progress, major achievements, challenge and learnings were shared during the programme. INF Nepal intends to make social audit an ongoing organisational process covering all aspects of INF in order to strengthen and add value through inclusive participation, transparency and accountability with the right holders and stakeholders.



Emergency Acute Care Service

With the vision to become Nepal’s leading Centre of Excellence in the care and prevention of disability, GPH has initiated Emergency and Acute Care Service to provide a complete and excellent service to victims of trauma. With this service, GPH can serve victims of trauma immediately after the incident and provide timely diagnosis and management of the issue, thus significantly reducing patients’ chances of developing further complications. More than 25 patients have already been benefited from this new service.



Visit from Government Ministry

Hon'ble former Minister of Women, Children and Senior Citizens [MoWCSC] Mrs Juli Kumari Mahato visited GPH. Minister and the delegates took a tour of the hospital while INF Nepal's senior leadership attended and briefed about the organisation's history and hospital's ongoing services.



Similarly, two high-level Government Officials from MoWCSC visited GPH in July. Ministry Officials observed the hospital's services, particularly the Prosthetic and Orthotic unit. The MoWCSC has been providing NPR 10 lakh each year to provide assistive devices for the poor and disadvantaged people.



Mid-term Evaluation of Hospital and Health Services

Social Welfare Council [SWC] paid a visit to INF Nepal for INF Nepal's Hospital and Health Services five-year project's Mid-term Evaluation in October 2020.



Semi-Annual Reflection and Learning Workshop

INF Nepal organised a Semi-Annual Review and Reflection Workshop. The workshop was organised under the theme "We Share, We Learn, We Serve, and We Grow". Workshop lasted for three days. The workshop provided information on each other's work and creative efforts. The workshop also had a group discussion and orientation sessions for INF Nepal's Values, Institutional Structure and Disaster Management.



CBDRM Training Manual Preparation

A three-day workshop was organised to develop INF Nepal's Community Based Disaster Risk Management [CBDRM] training manual 21-23 April 2021. INF Nepal will use this training manual for its Disaster Risk Reduction and Climate Change Adaptation programmes and activities in the districts.



Disaster Preparedness Drill at GPH

A disaster response mock drill was conducted among GPH staff. This mock drill provided the opportunity to test the hospital plans and response in an actual disaster. Such mock drill will help the hospital management review its emergency response and preparedness plans, evaluate the operating procedure, and orient the concerned staff towards their duties during the sudden flow of patients due to natural disaster or accidents.



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 accountability and transparency. INF Nepal board consists of nine members with advisors.

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 [Executive Director]	Member Secretary
Dr Deependra Kumar Gautam	Advisor



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

AUDIT COMMITTEE

The Audit Committee is a 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.

Treasurer	Convener
INB Chairperson	Member
Two members from General Member	Member
Executive Director	Member
Finance Director	Member
Internal Auditor	Member

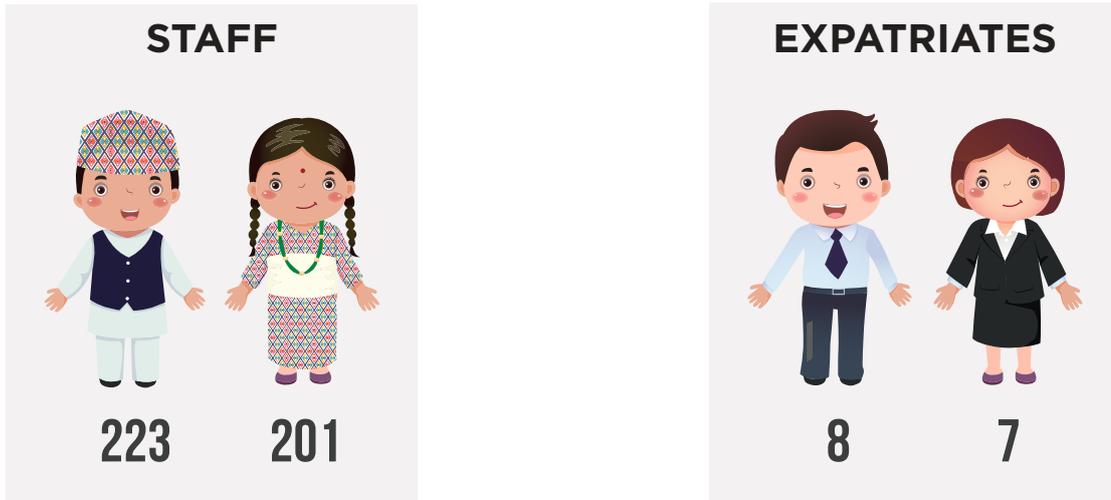
MANAGEMENT

Strategic Management Team [SMT] reports to the board through the ED. It is responsible for monitoring and evaluating the smooth running and development of INF Nepal, making strategic decisions on community development and hospital work and central functions which include Finance, Communication, Partnership, Liaison and Services, IT and Quality Assurance.

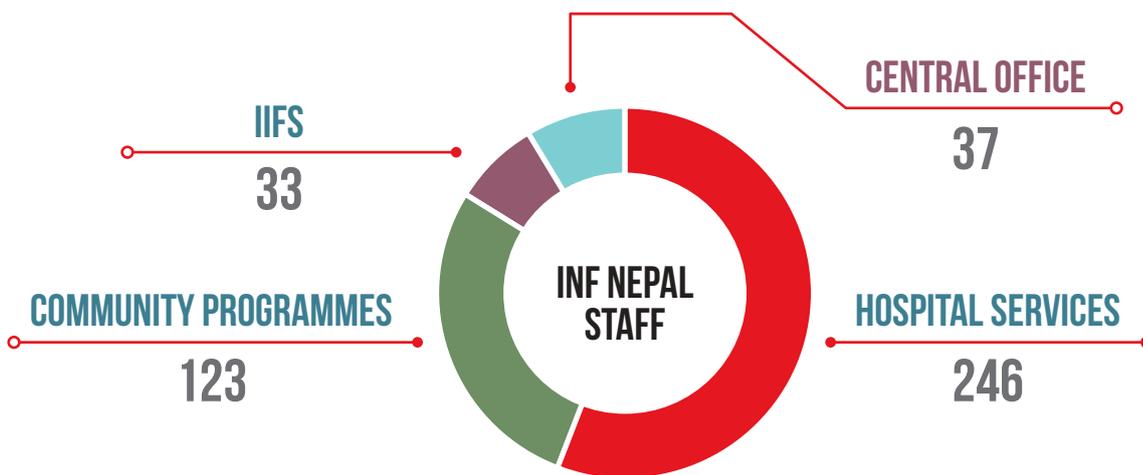
SMT ensures the implementation of the projects and programmes through the local management committees and make necessary recommendations to the Board to achieve INF Nepal’s Vision and Mission. The SMT members are as follows:

Executive Director	Chairperson
Community Programmes Director	Member
Hospital Director	Member
Finance Director	Member
Liaison and Support Director	Member
Quality Assurance Head	Member
HRD Manager	Member

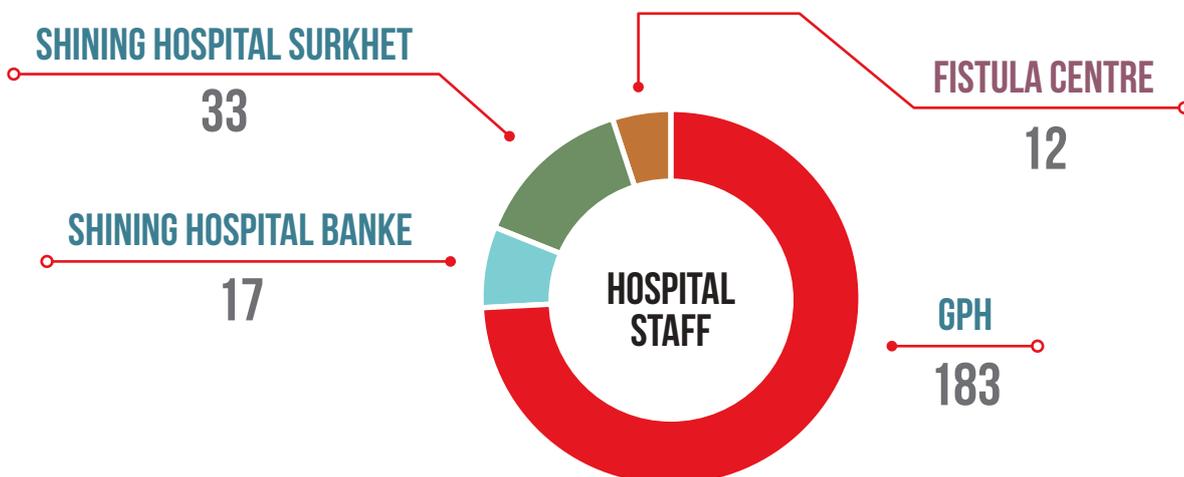
HUMAN RESOURCES OF FY 2077/78 [2020-21] IN FIGURES



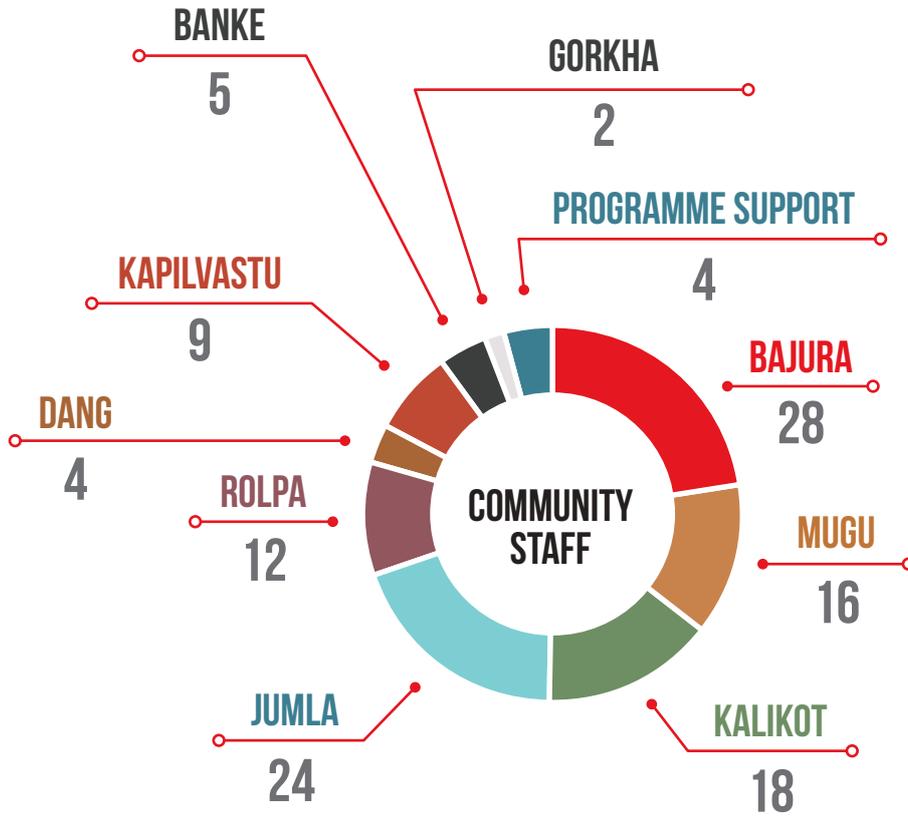
INF NEPAL STAFF DISTRIBUTION



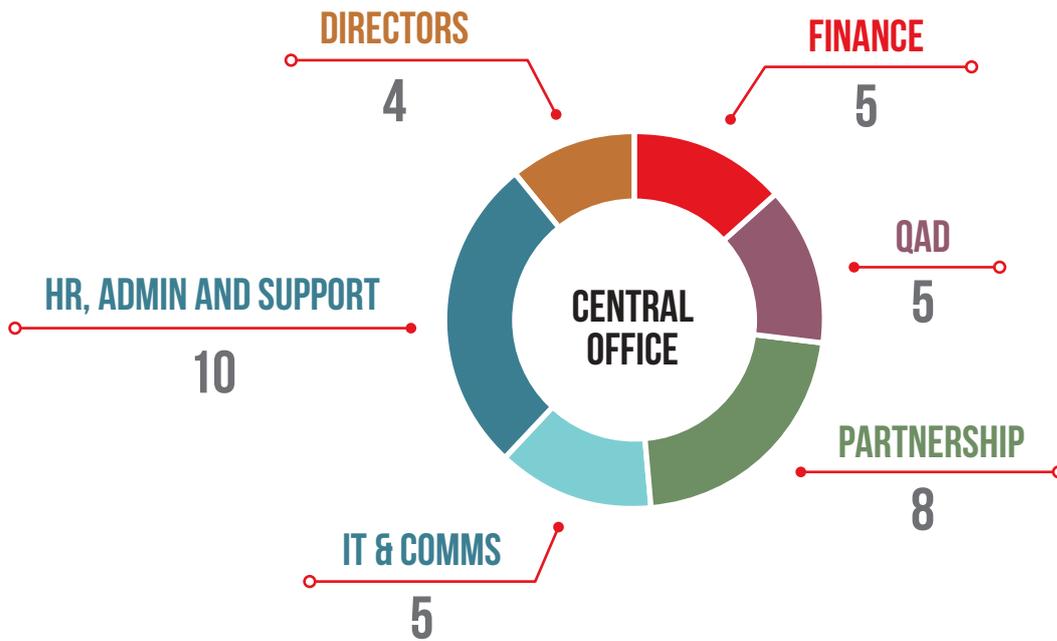
STAFF DISTRIBUTION BY HOSPITAL



COMMUNITY STAFF DISTRIBUTION BY DISTRICT



STAFF DISTRIBUTION OF CENTRAL OFFICE



PARTNERSHIP

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 Canada
INF New Zealand



NATIONAL AND LOCAL PARTNERS



Ministry of Health and Population
Ministry of Women, Children and Senior Citizens
Ministry of Social Development, Gandaki Province
Ministry of Population, Health and Family Welfare, Lumbini Province
Pokhara Metropolitan City

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.

FACT SHEET OF LEPROSY AND DERMATOLOGY SERVICES OF THREE HOSPITALS: GPH, SH-IS AND SH-IB

Leprosy and Dermatology	Achievements	<p>“For over 60 years, INF has been at the forefront of treating people affected by Leprosy, changing the public perception for the better and assisting them with reintegration into their communities.”</p>
Outpatients treated [Leprosy]	24,518	
Slit Skin Smear Test	1,014	
Inpatients treated [Leprosy]	342	
Other Lab Test	27,732	
New Leprosy cases detected	288	
Leprosy patients trained in self-care	265	
Assistive devices given	576	
Septic and Reconstructive Surgery	37	
Patients provided with health education	7,117	
Outpatients treated [Dermatology]	17,860	
Inpatients treated [Dermatology]	116	

FACT SHEET OF TWO HOSPITALS: GPH AND SH-IS

Spinal Cord Injury, Physical Disabilities and Rehabilitation	Achievements	<p>“Drawing on over 60 years of rehabilitation experience through our work in Leprosy, we now help people with other disabilities reintegrate into their communities and lead full lives.”</p>
Outpatients treated	23,788	
Inpatients treated	639	
Surgeries conducted	317	
Assistive and orthotic device provided	518	
Wheelchairs provided	30	
Therapy sessions provided	8,826	

LEGEND

-  Community Health and Development [CHD]
-  Anti Human Trafficking
-  Tarpaulin
-  Community Based Rehabilitation [CBR]
-  Climate Change
-  Kitchen utensil
-  Hospitals and Health Services
-  Food packages
-  Mosquito net
-  INF Nepal Office
-  Hygiene kit
-  CGI Sheet
-  Livelihood, Income Generation, IIFS
-  Sanitisation, WASH

ACRONYMS

AHT	Anti Human Trafficking
CBID	Community Based Inclusive Development
CBO	Community Based Organisation
CBR	Community Based Rehabilitation
CC	Climate Change
CCA	Climate Change Adaptation for Sustainability
CDID	Community and Disability Inclusive Development
CHD	Community Health and Development
CIDA	Community-led Inclusive Development Approach
DPO	Disabled Peoples' Organisation
DRR	Disaster Risk Reduction
EDUCATE	Economic Development of Underprivileged Communities through Agricultural and Technological Empowerment
FCHVs	Female Community Health Volunteers
GoN	Government of Nepal
GPH	Green Pastures Hospital
HH	Household
ICRC	International Committee of the Red Cross
IDEAL	Inclusive Development, Empowerment and Livelihood
IIFS	INF Initiative for Financial Sustainability
INB	INF Nepal Board
INF	International Nepal Fellowship
NPR	Nepali Rupees
PAL	People Affected by Leprosy
PPE	Personal Protective Equipment
PWD	People With Disability
RM	Rural Municipality
SCI	Spinal Cord Injury
SHG	Self-Help Group
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

TRIBUTE MESSAGE

As the COVID-19 pandemic continued throughout this past year and a half, everyone in INF Nepal was affected. A total of 75 staff were infected. Many of their families and relatives were also infected. Our heart goes out to all those who have been badly impacted and even had to bear the loss of their loved ones due to COVID-19. It was tragic that they could not even bid a proper farewell.

Amidst these sorrow and sufferings, we see strength, determination, and resilience deep within us. We are confident that we can and will come out of this together.



INF Nepal Offices Contact Details

INF Nepal Central Office

PO Box 5, Pokhara-1, Simpani

T 061-520111

061-521994

info@nepal.inf.org

INF Nepal Green Pastures Hospital and Rehabilitation Centre

GP Complex, Pokhara

PO Box 28, Pokhara-15, Nayagaun

T 061-430342

061-431162

061-430640

INF Initiative for Financial Sustainability [IIFS]

GP Complex, Pokhara

T 061-431916

Beth Eden Guest House

GP Complex, Pokhara

T 061-430099

Shining Hospital INF Banke

Janaki Rural Municipality-3, Manpur, Banke

T 081-521597

081-522030

081-526339

Shining Hospital INF Surkhet

Birendranagar Municipality-7, Ittram, Surkhet

T 083-520105

083-521059

Fistula Centre

Birendranagar Municipality-3, Kalagaun,

Surkhet

T 083-520915

INF Nepal Kapilvastu Branch

Maharajgunj Municipality-1, Maharajgunj,
Kapilvastu

T 076-400055

INF Nepal Dang Branch

Shantinagar Rural Municipality-4, Jumlikula,
Dang

M 9749273386

INF Nepal Jumla Branch

Kanakasundari Rural Municipality-6, Goruchaur,
Jumla

T 087-520005

INF Nepal Mugu Branch

Chhayanath Rara Municipality-2, Newroad,
Gamgadhi, Mugu

T 087-460038

INF Nepal Bajura Branch

Badimalika Municipality-9, Martadi, Bajura

T 097-541235

097-541236

INF Nepal Rolpa Branch

Sunchhahari Rural Municipality-5,

Pobang, Rolpa

M 9857825102

INF Nepal Kalikot Branch

Narharinath Rural Municipality-3, Kumalgaun,

Kalikot

M 9866810425



INF NEPAL

PO Box 5, Pokhara, Nepal

T +977 [0]61 520111, 521994

F +977 [0]61 520430

info@nepal.inf.org