

70 YEARS OF SERVICE IN NEPAL



Years of Service in Nepal



INF NEPAL

# ANNUAL REPORT

2078/79 [2021-22]







**Years of service in Nepal**

**We are deeply thankful to all our partners, including government stakeholders of all levels, supporters, staff, and expatriate friends, for their contribution to INF, which has enabled us to achieve this milestone of 70 years of service to the people of Nepal.**

70 YEARS OF SERVICE IN NEPAL



**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.**

## **VISION**

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

## **VALUES**

**Love**

**Service**

**Excellence**

**Integrity**

## **CHARACTERS**

**People Focused**

**Servant Hearted**

**Accountable**

**Sustainable**

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# FOREWORD

## MESSAGES FROM CHAIRPERSON AND EXECUTIVE DIRECTOR



**RAM CHANDRA TIMOTHY**  
Board Chair

We are pleased to present this year's Annual Report, and we are sure that you will be encouraged by the work of INF Nepal over the last fiscal year 2078/79 [2021-2022].

Following the INF's identity, we continue to serve people, especially the underprivileged and disadvantaged. Through this report, we have attempted to illustrate the impacts INF Nepal's services have had on several people's lives through our community and clinical works. You may read summaries of INF Nepal's work addressing the needs of vulnerable individuals and communities while collaborating with funding partners and government agencies.

We are deeply thankful to the faithfulness of our partners for their continued generosity, especially during the COVID pandemic. Collaborating with dedicated staff, expatriate volunteers, and funding partners; upheld us to reach out to vulnerable people and communities and deliver much-needed support and services. As the COVID risk recedes, we are returning to our regular way of living. We are thankful. Our response to the COVID pandemic would not have been possible without the generous support from our funding partners who had joined hands with us.

We are grateful to the Executive Director and the Strategic Management Team for their leadership and management of the organisation during this crucial time of challenges and transition. More importantly, we must thank our dedicated staff and expatriate friends for their faithful service.

We are confident that with this strong leadership and dedicated staff members, we will keep striving to reach out to more people in need and serve them wholeheartedly.

Lastly, on behalf of the INF Nepal Board, I would also like to thank all the Board Members, General and Life Members, Management, our staff and expatriates, INF families, and funding partners.



**KRISHNA ADHIKARI**  
Executive Director

In the last year, the world saw severe vulnerabilities for various issues, including the second and third waves of the COVID-19 pandemic, elevated inflation, and the Russia-Ukraine war, among many others, making it yet another challenging year for all of us. Despite all the challenges, INF Nepal provided unwavering assistance to needy individuals.

Through our community health and development programmes and hospital and health services, we have been working on Sustainable Development Goals, particularly in poverty alleviation, good health and well-being, gender equality, clean water and sanitation and climate action, among others.

During the FY 2021-22, we served about 53,171 beneficiaries under the Community Health and Development programme and about 85,210 clients through our three hospitals including Fistula Centre. We set up isolation facilities in all of our hospitals where we provided treatment to COVID infected persons with disability. Necessary medicine supplies, equipment, and other logistics were also made available.

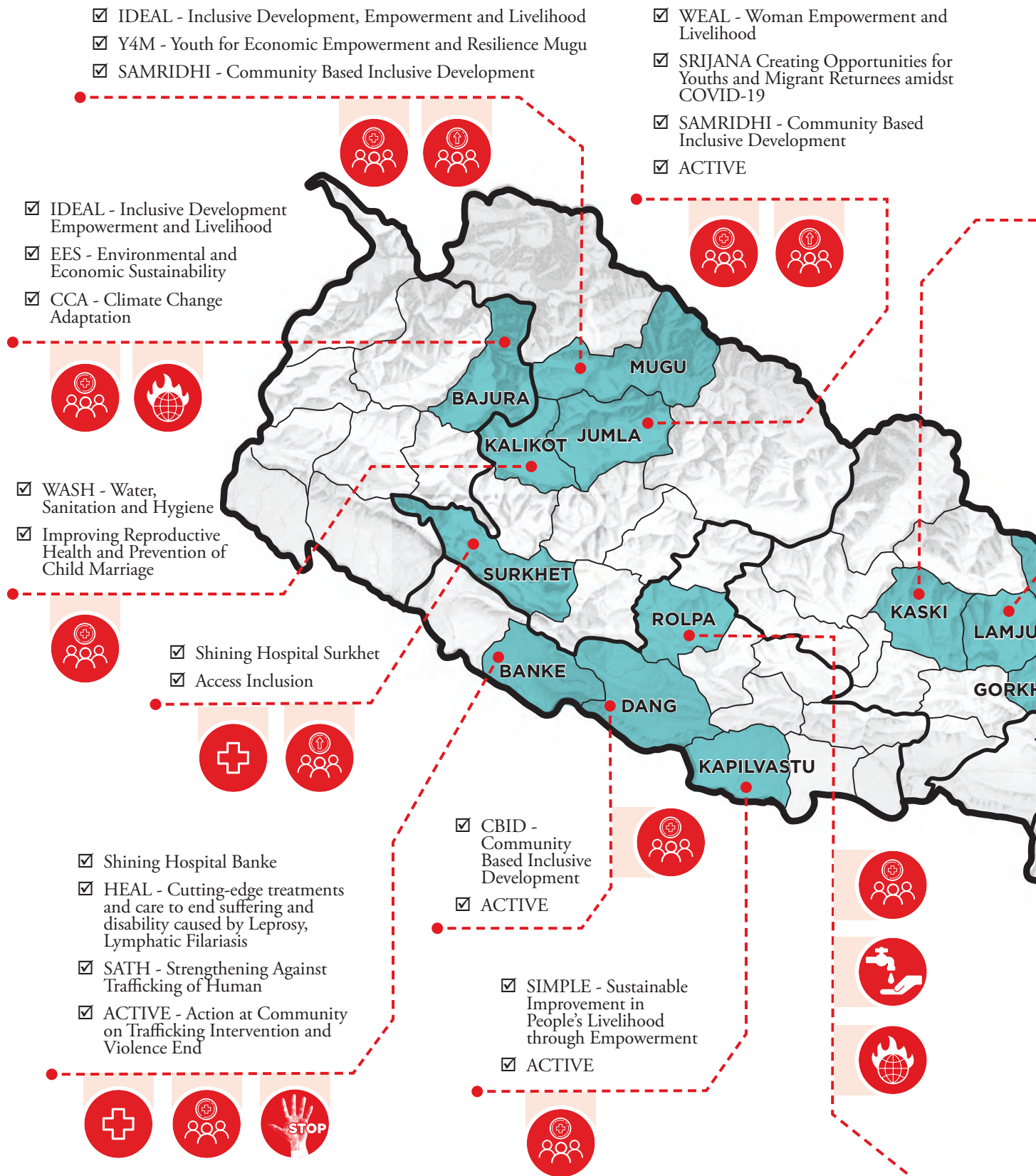
The year's key highlight is that we can now serve the people needing Palliative Care through the 14-bedded Palliative Care and Chronic Disease Services ward inside GPH. Australia's Ambassador to Nepal also visited to inaugurate the Oxygen Plant inside GPH. Many new projects and construction ventures started during this period, including the new leprosy ward in GPH.

In the following pages, we update you on the progress we have made and transformational stories of how individuals and communities have been impacted. It also reflects progressing towards the future that we have envisioned.

Lastly, I want to convey my sincere thanks to INF Nepal Board, Life/General Members, Advisors, our staff, expatriate friends, the wider INF family, government agencies and all national and international funding partners, including individual supporters.

**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 2078/79 [2021-22]







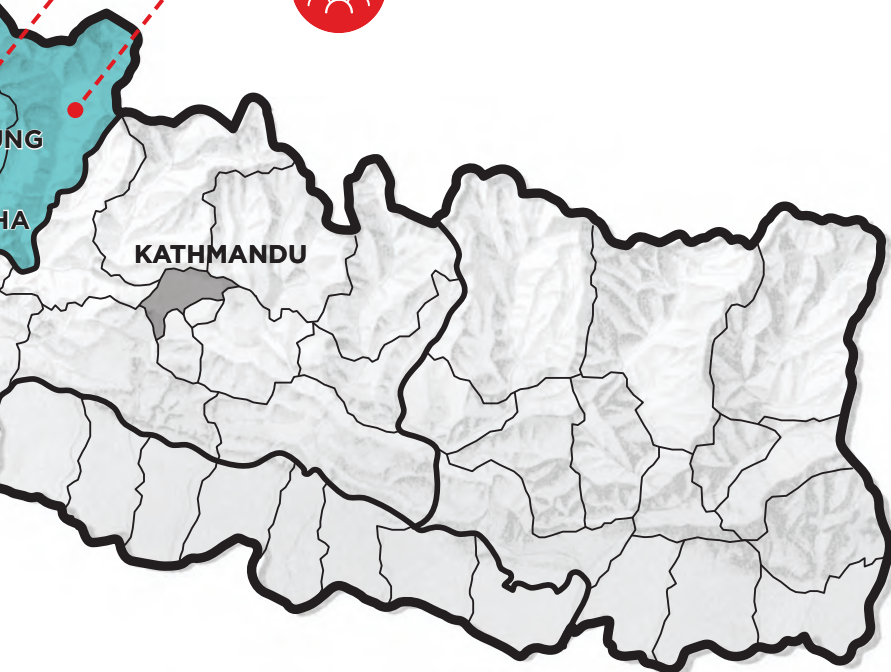
- ☑ Green Pastures Hospital
- ☑ INF Nepal Central Office
- ☑ SUNITA Project - Ensuring access to Palliative Care among rural community
- ☑ Aasha Project - Post-COVID Rehabilitation



- ☑ SUNITA Project



- ☑ 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

## SUSTAINABLE DEVELOPMENT GOALS [SDGs]

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



# CONTRIBUTION TO SUSTAINABLE DEVELOPMENT



## THEMATIC AREA LIVELIHOOD

**End Poverty in all its forms and everywhere**

INF Nepal adopts environmental friendly farming and food security practices and strengthens the capacities of the poorest and vulnerable to earn sustainable livelihoods in INF communities. Creating networking and linkage opportunities for income generation through quality agro-based activities and cooperatives at the local level.



## THEMATIC AREA LIVELIHOOD

**End hunger, achieve food security and improved nutrition and promote sustainable agriculture**

INF Nepal adopts environmental friendly agro - farming practices, including home kitchen gardens and strengthening capacities of the poorest and vulnerable to improve food security and reduce child and maternal malnutrition.



## THEMATIC AREA LEPROSY & DERMATOLOGICAL DISEASES

INF Nepal is contributing to GoN's 2020 Leprosy Roadmap: 'zero transmission', 'zero discrimination and 'zero disability' through early case detection, provision of inpatient services, provision of health care education and self-care techniques, re-constructive surgeries and provision of assistive devices through the hospital.



## THEMATIC AREA PHYSICAL DISABILITIES & REHABILITATION

INF Nepal is providing treatment and rehabilitation to people affected by SCI and other disabilities at affordable cost through its Medical Charity Fund, thus contributing to access to quality treatment.

Through hospital and health services INF Contributed to 15th National Plan's Goal No. 4.2

*To ensure access to quality health services at the people's level by developing and expanding a strong health system at all levels.*

- ☑ *Rehabilitation centres will be established at all levels in collaboration with private and non-governmental organizations by formulating procedures for partnership in health services, and community-based rehabilitation and palliative services will be developed and expanded.*
- ☑ *The health services will be made senior citizen-, gender and disability-friendly as per the Life Course Approach to address the health needs of citizens of all age groups.*



## THEMATIC AREA PALLIATIVE CARE AND CHRONIC DISEASES

INF Nepal is contributing to Nepal Palliative Care Strategy 2017: Everyone with a serious, complex and Life-limiting illness in Nepal will have access to PC that includes relief of pain and other physical symptoms, psychological, social and spiritual distress and of family members' psychosocial and spiritual distress.

We also link with SDG 1 [No Poverty] as palliative care contributes to reducing catastrophic health expenditure, the main reason households fall into poverty in Southeast Asia.



# DEVELOPMENT GOALS AND 15<sup>th</sup> NATIONAL PLAN

5 GENDER  
EQUALITY

## THEMATIC AREA GENDER

**Achieve gender equality and empower all women and girls**

INF Nepal provides a fair working environment through provision of equal work opportunity promotes self-motivation among the staff members. We are implementing Gender as a cross-cutting issue and empowers women and girls within the organisation and in the community. We aim to give equal rights and opportunities to women and girls.

6 CLEAN WATER  
AND SANITATION

## THEMATIC AREA CLEAN WATER AND SANITATION

**Ensure availability and sustainable management of water and sanitation for all**

INF Nepal promotes equitable and adequate access to water and sanitation practices and pays special attention to the needs of women and girls and those who are in vulnerable situations.

8 DECENT WORK AND  
ECONOMIC GROWTH

## THEMATIC AREA ECONOMY

**Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all**

INF Nepal strengthens capacities of the poorest and vulnerable to earn sustainable livelihoods in INF communities. Creating networking and linkage opportunities for income generation through quality agro-based activities and cooperatives at the local level.

13 CLIMATE  
ACTION

## THEMATIC AREA CLIMATE CHANGE

**Take urgent action to combat climate change and its impacts by regulating emissions and promoting developments in renewable energy**

Promote climate resilient agriculture practices. Thus, in order to increase awareness on the issues of climate change, disaster risk reduction, and enabling the community to seek options for adaptation from the impact of climate change and further contributing to environmental protection.

15 LIFE  
ON LAND

## THEMATIC AREA LIFE ON LAND

**Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss**

INF Nepal believes in the importance of living in harmony with nature, making sustainable lifestyle choices, and minimizing waste –reducing, reusing and recycling, whenever possible. We are intentional about creation care not only through our projects but in our daily work and lives [Personal, organisational and community level]

INF Nepal through its project interventions helps to reduce desertification and flood by decreasing firewood consumption and increasing forests.

16 PEACE, JUSTICE  
AND STRONG  
INSTITUTIONS

## THEMATIC AREA PEACE, JUSTICE AND STRONG INSTITUTIONS

**Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels**

INF Nepal ensures that the peace and justice are maintained throughout our work approach in the target communities. The project intervention aims to bring peace and security not only for the duty bearers but for the community as a whole with the right-based approach of a safer working environment, upscaling the quality of life of trafficked survivors and other high-risk groups and promoting inclusive development and access for the disabled and marginalised in communities.

# INF NEPAL'S COVID RESPONSE

**TOTAL BENEFICIARIES: 30,430**

Total Male: 13,164

Total Female: 17,266



**23** Isolation Centre were supported



**2941** HH received immediate Relief package



**293** patients were provided with psychosocial counseling



**25** COVID Patients received treatment at GPH



**388** patients received ambulance support



**189** children were provided with stationery materials



**77** Antigen test were done



**7** Medical person support to government health centres



**2056** Health workers were supported with refreshment during vaccination



**77** Get well soon package were provided to COVID infected staff



**640** people provided with Income generation support



**24,707** set of mask and sanitizers provided to health workers during vaccination





## A MUCH NEEDED CARE DURING THE PANDEMIC

**E**ighty-six-year old Colin Smith popularly known as “Putali Baje” [Butterfly Grandpa] has been living at Lamagau, Pokhara-18, Kaski, in a small plot of land he purchased in 1995. Born as a British citizen, Colin was awarded honorary Nepali citizenship in 2019, fulfilling his long-time dream of becoming a Nepali citizen.

Colin came to Nepal in 1965 as a 29-year-old missionary teacher with the United Mission to Nepal. Later, he connected with the Nepal Evangelistic Band, though not as an official member. The band was renamed as International Nepal Fellowship [INF] in 1972. During earlier days, Colin used to attend the fellowship services regularly alongside Eileen Lodge at the INF’s Green Pastures Hospital complex.

Since his journey to Nepal, Colin had been involved in the education field, tutoring as a Science and Maths teacher at various schools and colleges in Pokhara, Gorkha and Kathmandu. Though a teacher by profession, he had a tremendous interest in butterflies from his childhood and later, that interest turned into a passion. After 1974, Colin focused solely on the research of butterflies.

Until 2020, just before COVID, Colin was active and involved in his research work at the local office specialising in biodiversity research and development. He got COVID during the second wave. He was frail and was already on medications for several other health issues,

says his long-time associate and caregiver Min Bahadur, who has been with Colin for the last 35 years. In 2017 Colin had undergone treatment for a stomach tumour.

Somehow, GPH’s Palliative Care Specialist, Dr Ruth Powys [Russell], contacted Colin. Since then, the GPH’s Community Palliative team have regularly visited him at his home for monitoring, psychosocial counselling, and other practical support.

*“When the Palliative community team visits, I feel happy and cared for” — Colin*

In August 2021, Colin was admitted to the Palliative Care and Chronic Disease [PCCD] Services ward, which was recently inaugurated. Colin shares, “I was very happy at the care and facilities of this new ward.” When Colin tested COVID positive, he was shifted to the isolation ward and was brought back to the PCCD ward after his recovery from COVID.

His caregiver Min Bahadur expresses his gratitude to the GPH team for all the care and support given to Colin by the GPH Palliative Care team.

## ANTI-HUMAN TRAFFICKING PROJECT

The overall goal of the project was “Reduced incidence and vulnerability of target population. The project has majorly worked with right holders, civil society, and duty bearers. 1.5 million in total and was funded by Interact Asia.

40 

**SHGs formed**  
strengthened for reducing  
human trafficking

Total of 928 members were part of these SHGs among them 95% were female.

80 

**SHG facilitators**  
trained on rules and  
regulations

regarding human trafficking to prepare them as local advocates.

3 

**local committees**  
for combating human  
trafficking

and two women's watch groups were formed and strengthened for minimising trafficking, gender-based violence, child marriage etc.

34 

**vulnerable women**  
and girls were trained

They were trained for vocational skill development including sewing, doll making, basket making, sweater weaving.

20 

**vulnerable women**  
and girls initiated business

at the local level. They are making NRs 5,000 to 10000 income per month.

13 

**survivors of GBV**  
were awarded justice

These survivors were able to claim their rights from government institutions.



3

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## PROJECT [RAPTISONARY] BANKE

group to human trafficking in Raptisonari Rural Municipality". To achieve this goal, The project duration was January 2019 to December 2021. The project invested 7

410



**adolescent boys & girls**  
sensitised with the human  
trafficking knowledge

These adolescent boys and girls were involved in passing the information to friends and families.

1



**female police officer**  
began handling GBV cases

Female Police Officer handles the GBV cases through Women Cell Provision at RM level.

41



**FCHV trained**  
Female Community Health  
Volunteers [FCHV]

FCHVs were trained on trafficking issues and engaged in passing the information to mothers' groups.

119



**different cases**  
of domestic violence

Domestic violence, child marriage, gender-based violence, labour exploitation, human trafficking etc cases were handled by local authorities of which 87 cases were solved and 32 were referred to the district.

47



**faith-based leaders**  
trained in advocacy

Apart from faith-based leaders, 89 SMC/PTAs were also trained and sensitised.

104



**people were trained**  
on gender and trafficking issues

These trained people included elected members, Nepal Police and LCCHT members.

# GREEN PASTURES HOSPITAL

Green Pastures Hospital [GPH], Pokhara is a 100-bedded 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, hearing disabilities, orthopaedic and spinal surgery, spinal cord injury [SCI] and spinal disorders, plastic and re-constructive surgery, palliative care and chronic disease, and rehabilitation. GPH has a multi-disciplinary team comprising surgeons, physicians, nurses, physiotherapists, occupational therapists, speech therapists, and counsellors, as well as a well-equipped prosthetics, orthotics, and wheelchair department.

The fiscal Year 2021/22 has been a fruitful year for Green Pastures Hospital [GPH]. Many new projects and new construction ventures were started during this time. The year has been marked for the 70th Celebration year for INF Nepal. Several events were dedicated and counted as part of the celebration.

A dedicated team consisting of medical, nursing, paramedical, allied health professionals, and administration work as a cohesive team to provide holistic care to address the physical, psychological, social, and spiritual needs of the patients. GPH serves about 50,000 outpatients each year.



## LEPROSY AND DERMATOLOGY

GPH's leprosy program continues to contribute to 'zero transmission', 'zero discrimination', and 'zero disability' through early case detection, provision of inpatient services, health care education, self-care techniques, re-constructive surgeries, and provision of assistive devices.



## PHYSICAL DISABILITIES AND REHABILITATION

GPH provided surgical and rehabilitation services to SCI and other disabilities patients such as cerebral palsy, stroke, ortho-related cases, etc. The hospital provided health education, essential equipment, assistive and mobility aids such as wheelchairs, food, and medicine to these patients to reduce secondary complications.



## HEARING DISABILITIES

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



## PALLIATIVE CARE AND CHRONIC DISEASE

Palliative Care services at GPH have gradually developed over the past five years and the construction of a separate complex for Palliative Care integrated with Chronic Disease [PCCD] in 2021 through funding from EMMS International has provided the foundation for significant expansion this year. The 14-bedded PCCD ward started its service in June 2021.



## COMMUNITY OUTREACH

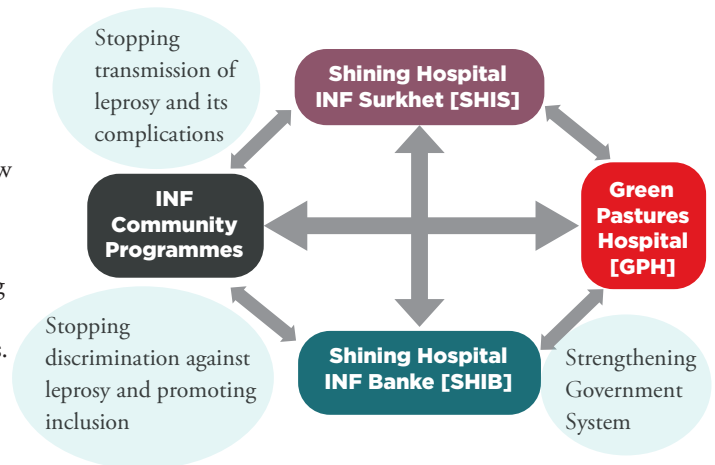
This unit in the hospital provides holistic care to its patients covering hospital-based treatment and rehabilitation to community-based rehabilitation. The Outreach activities primarily focus on the early detection of leprosy and disability cases to prevent further damage.



## LEPROSY ROADMAP

The Goals for Next 10 Years are aligned with the goals of the national leprosy strategy:

1. To contribute to the reduction of leprosy prevalence rate below 1 per 10,000 population in Lumbini Province, where leprosy is still endemic today in many districts.
2. To contribute to achievement of zero grade 2 disability among new child cases, and grade 2 disability less than 1 per million among all new cases in Gandaki, Lumbini and Karnali Provinces.
3. Sustainable improvement in the quality of life of persons affected by leprosy in Gandaki, Lumbini and Karnali Provinces



## GPH SERVICES IN NUMBERS

### LEPROSY AND DERMATOLOGY

**27745** Outpatients treated [Derma]  
**1804** outpatients treated [Leprosy]  
**285** Leprosy In-patients treated  
**251** skin-smear test  
**113** new leprosy case detected  
**275** leprosy patients trained in self-care  
**1363** patient provided with health education sessions  
**69** septic surgeries conducted  
**19** re-constructive surgeries conducted  
**165** footwear and assistive device support

### EAR SERVICES

**14337** outpatients treated  
**446** in-patients treated  
**448** ear surgeries conducted  
**238** speech and language therapy sessions  
**549** hearing aid devices provided  
**7478** audiology test conducted  
**6344** ear patients provided with health education

### COMMUNITY MEDICAL OUTREACH

**3694** outpatients treated  
**393** in-patients treated  
**43** surgeries conducted  
**393** medical charity support provided  
**409** health workers and community groups trained  
**748** people provided with training and workshop

### DISABILITIES AND PHYSICAL REHABILITATION

**13415** outpatients treated  
**725** in-patients treated  
**332** surgeries Conducted  
**1726** assistive devices [including prosthesis and orthotics]  
**99** wheelchair provided  
**4949** occupational sessions provided  
**4310** physiotherapy sessions provided

### PALLIATIVE CARE

**76** in-patients service provided  
**443** charity provided  
**50** in-patient consultation service provided  
**234** home visits conducted  
**33** charity provided to community Palliative Care  
**89** carry out community visits

### SPINAL CORD INJURY

**93** outpatients treated  
**31** in-patients treated  
**38** surgeries conducted

### POST-COVID REHAB

**31** consultancy service provided  
**21** outpatient service provided  
**10** in-patient treated  
**400** telehealth services reached through calls  
**43** telehealth Consultation



## GPH DEVELOPMENT

GPH completed the construction of the Outpatient Department for its Rehab Unit in April 2022. The construction work started in mid-September 2021 with support from John and Sandy Bosanquet with INF Australia. The building was formally inaugurated jointly by Ben Thurley, CEO INF Australia and RC Timothy, Chairman INF Nepal Board on 1st May 2022.

With support from INF Australia, GPH completed the construction of a shed in the waiting area of the Outpatient Department, Rehab Unit. The shed will accommodate at least 30 outpatients. The new and extending waiting area has been beneficial to managing crowds and maintaining social distancing during the COVID pandemic.

With support from Rotary Regency Park, South Australia, GPH has installed two pure drinking water filters on the hospital premise for its patients and staff members. The water supply has been installed in the Outpatient Department Waiting Area of the Rehab Unit and the Ear Centre. The water supply is conveniently located, readily visible, and accessible to wheelchair users.

With support from an individual donor from the Netherlands, GPH completed the construction of an Occupational Therapy Hall extension. The extended hall has been useful for providing therapy sessions to children exclusively.

GPH completed the refurbishment of the Nurses Changing Room for the Rehab Unit in the first week of June 2022 with financial support from INF New Zealand.

In June 2021, the Australian Government provided AUD 7 million to NGOs including INF Nepal [which received AUD 500,000], to boost Nepal's ability to respond to COVID-19, including through the procurement of essential equipment and health supplies for hospitals and personal protective equipment for health workers. Australia's Ambassador to Nepal, HE Felicity Volk, Gandaki Province Health Secretary Dr Shree Ram Tiwari and INF Nepal Chairperson Ram Chandra Timothy jointly inaugurated the Oxygen Plant at GPH Pokhara on 11th July 2022. The Australian Government, through INF Nepal, established the plant at the cost of NPR 14 million.

## PROJECTS

### Post-COVID Rehab Project

The Aasha Project is a new initiation of GPH in Physical Rehabilitation that started from September 2021. The project focused on post-COVID rehabilitation of patients with complications. All of the teleconsultations were free of charge and there was a complete charity for those patients who were disabled and economically couldn't afford the therapy.

### Community Medical Outreach Project

The Community Medical Outreach Project [CMOP] was started in April 2021 to improve access of vulnerable people to appropriate and affordable medical and disaster-specific services. The CMOP conducts leprosy and other skin disease and disability screening camps and general health camps in disaster-affected areas, particularly in remote and isolated areas of Western Nepal.

### The Palliative Care Project

The SUNITA project is a 3-year project funded by EMMS International and match funding from the UK government commenced on 1st April 2022. The Vision of Sunita Project is "People in Nepal needing palliative care will receive it near home through integrated primary and specialist services and a caring society". The project involves research and networking activities around Palliative Care. It embraces Nepal's 10-year Palliative Care Strategy 2017 vision- "Everyone with a serious, complex or life-limiting illness in Nepal will have access to palliative care".

Nepal's National Palliative Care Strategy [2017] aims to encourage the provision of palliative care services. The expected outcome here ties toward the achievement of SDGs 1 and 3. Despite the very early stage of PC research and networking, the project is optimistic about generating evidence that informs the government on PC.

### Complete care for Children with Development Disorder [CDD]

INF UK-funded comprehensive care for Children with Development Disorder [CDD] project is being run in the hospital to provide diagnostic and rehabilitation care for children. The project is clinically led by the Paediatric Consultant, Dr Amrita Shrestha. Annually, approx. One hundred twenty children with the developmental disorder are benefited from the project.

### Basic Nursing Assistant Training

Basic Nursing Assistant Training is funded by a German-based donor named Pro filia. The project is focused on training Human Trafficking survivors. 19 candidates / survivors are being trained in the reporting period.



## RESTORED HOPE

**Kumar Gharti Magar [26, Male] from Baglung was admitted to the Green Pastures Hospital for physical rehabilitation.**

**K**umar had a fall from a tree in February 2022 while collecting fodder for his cattle. Due to that fall, he became unconscious. Thankfully, Kumar's neighbours saw him lying and immediately took him to a private hospital in Pokhara.

Kumar had injured his spine in the accident. Observing the condition, the private hospital immediately referred him to a well-known ortho hospital in Kathmandu. Kumar underwent surgery for his spine. He stayed for two weeks in that hospital.

During his stay in Kathmandu hospital, Kumar spent two lakhs and fifty thousand Nepali rupees, which he borrowed from his elder brother.

Kumar and his family were devastated when they knew that Kumar would be unable to walk on his own due to the injury to his spine.

Kumar felt the financial burden looming over his family as they do not have any alternative source of income. Kumar and his family returned from Kathmandu to their village with heavy hearts and financial debt.

Kumar heard about the rehabilitation services provided to Spinal Cord Injury patients at Green Pastures Hospital [GPH] from one of his relatives. With the hope of getting better and improving his condition, Kumar visited GPH along with his wife and child.

Kumar has been receiving physio and occupational therapy sessions daily. Many signs of improvement can be seen in Kumar following the therapy sessions. He learned about bed transfer. He can sit independently and do daily activities like changing clothes, brushing, etc. GPH also provided Kumar with a wheelchair to aid his mobility and proper training to use the wheelchair.

Kumar is hopeful that he will be able to do some household chores and his activities without any support. This way, his wife will be freed to take care of their ten months old child. Kumar is thankful to the GPH rehab team for restoring hope in him through all the support and care.



# SHINING HOSPITAL SURKHET

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

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



## LEPROSY AND SKIN CLINIC

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

**10,467** outpatients treated

**47** new leprosy cases detected

**91** skin smears test performed

**7683** other lab test performed

**153** patients received assistive devices

**10,467** sessions of health education provided



## PHYSICAL DISABILITY AND REHABILITATION

The general rehabilitation unit provides high quality care, treatment and rehabilitation services including Spinal Cord Injury [SCI] to people with disabilities including leprosy with the aim to improve the mobility and efficiency.

**4359** therapy sessions provided

**16** children with disability treated

**15** patients provided with specialised wheelchair services

**23** poor disabled patients supported

**5** outpatients treated [SCI]

**5** inpatients treated [SCI]





- Despite of funding crisis, five patients with spinal cord injury received therapeutic services by the skilled SHIS staff and improved their functional abilities.
- In the midst of COVID-19, 30 women received free fistula surgery and treatment services in fistula treatment centre and improved their health.
- Twenty-three poor patients with disabilities and different medical problems received charity support for the medical treatment, transportation and accommodation services.
- A total of 47 new leprosy cases were diagnosed at Shining Hospital INF Nepal Surkhet.

## FISTULA SERVICES

Seventeen bedded Fistula Centre offers both medical and surgical services to fistula patients. It is recognized by the government as a service of the Provincial Hospital Karnali Province. It was established in 2018 by the joint effort of Shining Hospital INF Nepal Surkhet and Province Hospital Karnali Province Surkhet. The main aim of this centre is to provide a free of cost, high quality and holistic treatment service for women suffering from obstetric fistula. Women in need of treatment are identified in the community chiefly through the activities of INF Surkhet Fistula outreach team. They present information about fistula, the cause, symptoms, treatment and prevention to different target groups including health workers, Female Community Health Volunteers, community and mother's groups and schools. They co-ordinate their activities with government offices at all levels and also network with other organizations working in the field of women's health to identify fistula patients in the community. The ultimate aim is to contribute in the campaign to end obstetric fistula in Nepal.

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.

**65** outpatients treated

**83** gynae outpatient visits

**30** fistula surgeries performed

**896** patients provided counselling in Province Hospital

**62** health staff trained

**1922** patients were assessed for poor fund support through Karnali Province hospital



# THE HEALING



**N**arainapur is the least developed rural municipality of Banke district. It takes two hours to reach there by bus, auto rickshaw and motor bike. Muslims and Madheshi people live there. The education level of the inhabitants is low and even lower in women. It is an area where there are frequent floods and forest fires in the summer season. Because of the frequent floods, this area is also commonly called 'washed away area'.

Many people from this area go to find work in India. Because of the short distance to the Indian border, people go there also for shopping and medical treatment.

INF Fistula Centre Surkhet outreach team have conducted obstetric fistula orientation in different wards of Narainapur for mother groups, community groups, school students and Female Community Health Volunteers [FCHV]. They learnt about obstetric fistula, the signs and symptoms, why it occurs and how it can be prevented and what treatment is available. During the FCHV orientation, seven of the FCHVs informed our trainer that, after all they had just learnt, they now suspected that women living in their villages were suffering from this problem.

One of the FCHV informed that one of her own relatives had this fistula problem. She took the contact number of Surkhet Fistula Treatment Centre and told her relatives what she had learned about fistula and that there was treatment possible in Surkhet, free of cost. Rabia contacted the fistula centre nurse who, hearing her story agreed that she probably was suffering from fistula and invited her to come for treatment. Rabia Pathan was 40 years old and had

suffered for many years. She soon came to the fistula centre for treatment. She had developed a vesico-vaginal fistula through her first delivery and despite many treatments in different hospitals in India had not been cured. She spent all she had for her treatment hoping that she would be dry. Unfortunately all had failed and she was left in debt. She had suffered from incontinence of urine 19 years. It has not been an easy life for her.

Rabia came to the fistula centre with her husband. She had check-up and this confirmed that she had a fistula but she was also discovered to have diabetes and had extremely high level of blood sugar. Her diabetes was controlled using tablets and insulin and after ten days she was ready for surgery. She had a successful operation and was delighted that when the catheter was removed after 14 days.

Now she is happy and thankful to fistula treatment centre. She says,

*"I am hopeful that I am completely healed and no more leaking urine anymore". Rabia Pathan is also very happy with the FCHV who informed and advised Surkhet fistula centre for her treatment. She says "I am extremely grateful to Surkhet fistula treatment centre and FCHV who gave me happiness and new life."*



# SHINING HOSPITAL BANKE

INF Nepal's Shining Hospital Banke is located in Janaki Rural Municipality-3, Nepalgunj Banke. It is a 25 bedded hospital with special focus on Leprosy to the wider population of the Banke, Bardiya and neighbouring districts of India. Hospital focus its activities to bring about positive changes in the attitude of general public towards leprosy and leprosy affected people through various awareness raising activities at a grass root 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 self-help groups [SHGs] which support advocacy for the rights of PAL and through income generation and skill development activities. These interventions reduce stigma and give dignity to PAL; empowering them to take an active part in their own development and that of their communities.



## LEPROSY AND SKIN CLINIC

**16530** outpatients visits

**130** inpatients treated

**763** skin smears test performed

**20** septic surgeries performed

**32** leprosy patients trained in self care

**157** new leprosy cases detected

**129** patients received assistive devices and footwear

**482** professionals trained [Medical and Nursing students]





## A PROPER TREATMENT AT LAST ...



**C**handrika Thapa is 35 years old woman from Himali Rural Municipality, Bajura, one of Nepal's most remote locations, with poor access to roads, limited health facilities and rare employment opportunities.

Chandrika's family has five members - her husband, three sons and a daughter. Her children go to a nearby community school. Her elder daughter studies in class 9, her elder son in class 8 and the twins in class 2. They live in a two-roomed house.

For livelihood, Chandrika's family rely on farming. They cultivate a small piece of land and raise a few livestock. They have a couple of bulls [to plough the ground] and three goats. The crops the family grows on their land are insufficient to feed them for a whole year. It is sufficient only for three months. The family goes to the nearby jungle to collect herbs and sell them to manage food for the rest of the year.

After giving birth to her twins in 2014, she noticed some problems in her right leg, which swelled. Some blisters also started to appear on her surface. Her family members and neighbours assured her that different kinds of symptoms do appear during the pregnancy and after the delivery. They reiterated that such problems could have been due to a lack of care during the pregnancy, and there was nothing to worry about.

Upon the suggestion of villagers, she underwent traditional treatments available locally, such as the use of herbal medicines. The problem was reduced during the medications and reappeared after some time. This cycle had been repeated for about eight years. She and her family members were

tired of applying traditional treatments. They even went to nearby medical stores and health posts too. All of them gave the medicines that would provide her with temporary relief only. They could not figure out the problem and how to seek medical attention.

She remembers, "I was in April 2022, I noticed the blisters were getting bigger, and the rashes were spreading." She again went to the nearby health post. Fortunately, she met with an INF Nepal staff who studied her case there. Then, she was provided with the contact details of Shining hospital INF Banke [SHIB] and advised to visit SHIB for treatment as soon as possible. She wanted to see the hospital immediately; however, due to the local election at that time and financial issues of travelling from Bajura to Banke, she couldn't do it.

She visited SHIB after a couple of months. She underwent all the tests, including a skin smear. She tested positive for leprosy. Doctors in SHIB started multi-bacillary multi-drug therapy, which will last for about 20 months. Soon after she had undergone the treatment, her body reacted to the medicines. Hence, she was provided with steroid therapy. She has been getting residential treatment in SHIB. She said, 'No health practitioners I visited previously diagnosed my illness. It was my biggest worry. My search for treatment has come to an end here. SHIB has diagnosed it and is providing excellent treatment free of cost.'

Chandrika was delighted that her husband and children tested negative for leprosy. She seems confident about recovering soon. Now, she is looking forward to completing the course of medicine, returning home and continuing her life with her family.





# 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"**

Transformational Development is at the heart of INF's vision, mission and community health and development activities. INF Nepal has always focused on serving the poorest and most vulnerable communities across western Nepal to bring to fruition its vision of 'Life in all its fullness'.

INF's transformational development strategy that focuses on community-led inclusive development approach [CIDA] through its implementation across all its community development activities. The participatory CIDA approach focuses on strengthening people's capacities and strengths through collaborative action implemented through formation of self-help groups [SHG] at the community level in all its health and development programs.

The SHGs formed at community level intentionally comprise people with disabilities, women and members from the poorest and vulnerable communities. The SHG groups are nurtured to become decision making vectors of transformational development in INF communities. Aside from practicing thrift and savings activities, SHGs develop action plans for holistic development including livelihoods; maternal and child health; water and sanitation; disability inclusion; COVID-19 awareness and sustainable environment friendly agricultural practices and formulating disaster risk mitigation plans in collaboration with INF and local rural municipalities. SHG members are also trained in livelihood and agro-based activities using environmentally friendly practices.



602

**SHGs****regularly facilitated**

of which 88 SHGs were formed this year. The members address their community issues like; human trafficking, gender-based violence, disaster resilience, livelihood and disability-related issues in the community.

16

**SHGs registered as Cooperatives**

This registration of SHGs into the cooperative will support sustainability and ensure its presence in the long run. 14410 households have financial access through SHG.

1538 HH

**received****Improved cooking stove**

Smokeless improved cooking stoves reduce firewood usage, help environmental protection and even lower the workload while cooking food.

6

**Gender & disability friendly infrastructure constructed****infrastructure constructed**

Thus improving access and justice.

92

**Drinking water system****benefiting 4891 HH**

These drinking water systems were constructed in collaboration with local government and the community.

28

**Irrigation Canal****constructed**

A total of 824 HHs are benefited improving agricultural productivity.



103



## Migrant returnee

were provided with vocational training

Returnee migrant and marginalised people were supported with agriculture supplies and skill development.

199



## Female Community Health Volunteers

were provided with training

Training focused on target communities' health issues and improve the quality of service in government health facilities.

17

## Disaster Management Committee

formed in ward and municipal level



A total of 129 SHGs set up separate disaster emergency fund and seasonal grain collection for disaster preparedness.

733



## Community people

were provided with livestock rearing training

889



## Community people

were provided with modern farming training

358



## Community people

were provided with income generation support through entrepreneurship

## A SAFE DRINKING WATER AT HOME...

**K**usu B.K. is a 38 years old women from Sunchahari RM Ward No. 3 Mabang village. There are 7 members in her family - 3 women and 4 men.

She is a member of Nayabasti Pulchok self-help group formed by INF Nepal and also the gender focal person of the group.

She shares, "No one in our community had a private water tap. There is no safe drinking water source near the village. We were forced to drink the water directly from the river." Villagers go to river to wash clothes, do dishes and bath. "These kinds of activities pollute the water in the river and we had to drink it as we had no other choice" says Kusu.

During the monsoon, the river is flooded and villager had to travel faraway to fetch drinking water. "It took us almost two hours to get to the other side of the village just to get the water. Sometimes the children had to go to school without eating anything as there was no water to cook food."

It becomes specially challenging for women during mensuration period when they had to wash and bathe. Kusu says, "Due to the water shortage we couldn't do so therefore we used to live in a squalor condition. This problem was affecting all the our daily lives in the village."

Kusu says she and her community tried other options such as going to the local government office with the delegation but couldn't get the needed support as they expected.

Then she decided to raise this concern in her SHG group. We had a open discussion among the members. "We decided to solve this water issue by preparing action plan and seek help from INF including funding", she says.

All the households did the labour work while INF supported financially and technically. At six lakh rupees, all the required materials were purchased. INF contributed five lakhs and the villages raided remaining one lakh by themselves as local government was unable to sanction that amount.

We raised money at the rate of five thousand rupees per house, we all collected local resources together. After about 60 days of labour, water taps were installed in our houses.

Now our happiness has no bounds. Clean drinking water is available in every household in our village. Our toilets are clean. Vegetables have grown.

This water supply system has helped the villagers all-round progress in sanitation, hygiene and agriculture. INF has also provided a maintenance training to two people from the community including the necessary tools and equipment for the repair. The community has also allocated a maintenance fund for this. "Our days have changed and many thanks to INF Nepal for all the support they have shown to us." Kusu concludes.



Kusu filling drinking water from the community tap made by INF Nepal.



## COMMUNITY BASED REHABILITATION [CBR]

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

Disability is widely prevalent in Nepal and people living with disabilities are key stakeholders and beneficiaries in INF’s work in our communities. People living with disabilities are among Nepal’s most vulnerable and least empowered groups. Disability inclusion, treatment and rehabilitation and accessibility is one of INF Nepal’s cross-cutting strategic priorities. The inclusion of people living with disabilities at various levels in INF health and community transformational development programs is intentional. INF Nepal promotes the participation and representation of persons with disabilities in its programs and increased decision-making processes at community level. INF advocates for increased accessibility towards - health and education services and, livelihood and social inclusion programs.

INF Nepal employs three key strategic approaches and in keeping with sustainable development goals to promote disability inclusion and community-based rehabilitation:

1. Provides corrective surgical intervention and physiotherapy support for people with disabilities including people affected by leprosy and speech and hearing disabilities
2. Community based rehabilitation for people with disabilities in INF projects including occupational therapy; physiotherapy; building of ramps and other accessibility and assistance devices to improve quality of life for people with disabilities.
3. Disability inclusion and increased social participation is one of INF’s cross-cutting themes in our projects at community level. INF field teams provide income generation and livelihood trainings support; promoting access to treatment facilities at INF Shining hospitals in Pokhara, Banke and Surkhet and participation of people with disabilities in all our community health and development projects at all levels including improved access to rights and social welfare benefits provided by the Government of Nepal.



Primary Rehabilitation Training to the SHG members in Jumla



420



## person with disability received disability cards

This will enable PWDs to get the government services such as social security allowances and other health services.

56



## self-help groups formed

Disabled People's Organisations [DPOs] is growing with their capacity and advocacy. One of DPOs of Dang was able to access local government budget of NRs 1,50,000.

145



## person with disability received assistive devices

This will help to increase mobility, functional ability and independence.

96



## person with disability trained with vocational training

The vocational training has enhanced PWDs skills resulting in higher pay and self-employment.

2



## house modifications for improving accessibility

This makes safer and easier to move around and do the daily chores including cooking, cleaning and using the toilet.

180



## person with disability engaged in income generation activity

The has helped increase in family income of the PWDs.

## LIVING A DIGNIFIED LIFE ...

**Mangal Rokaya, born in Hanglu village of Khatyad RM, was born with a disability. Mangal is unable to move his lower body.**

Due to the family's poor financial situation and disability, Mangal had a tough childhood. Moreover, his village is located in a challenging topography which adds even more hardships to his daily life.

Despite his physical disability, Mangal started his education at a local school and is currently studying in class 11. He runs a mobile repair shop near the rural municipality office in the market area. He earns between 10 to 15 thousand rupees from that shop per month.

Mangal says, "Through INF's support, I was able to start this mobile repair shop". To support persons with disabilities and empower them to become entrepreneurs, INF Nepal started its SAMBRIDDI Project in Khatyad RM. The project is being implemented through the Disable Rehabilitation and Rural Development Organisation [DARRDO Nepal] Mugu.

Mangal was one of the participants in the training provided under the project. After two months of training, Mangal and the other four participants started their businesses.

The project provided the seed money. Mangal established his mobile repair shop with additional support from his family.

*"After starting the business, my confidence has risen. I am living in my village with my family"*

At present, society has a positive attitude towards him. He says villagers now respect him as he has turned his situation around and established himself as a successful businessperson in his village.



# CROSS-CUTTING ISSUES

## GENDER EQUALITY AND EMPOWERING WOMEN

INF Nepal is committed to gender equality and enhancing women's agency and leadership within its communities.

Gender mainstreaming and transforming masculinities as an approach for positive modelling of male roles is essential to all health and community development projects.

Gender is one of the key cross-cutting thematic areas of INF's work. In its communities and organisationally, INF focuses on increasing women's leadership and gender mainstreaming in its projects, strengthening women's leadership and participation in the local organisation and governance structures with an intentional focus to advance the status and rights of women both within INF and in INF communities.

Through our project intervention, we aim to create a gender-friendly environment in the community. We are prioritising social inclusion in our project and giving equal importance and voice to both genders. INF's project will empower community people through education, awareness activity, training and workshop, forming task groups and partnering with SHGs, providing income generation support to uplift their economic status and advocacy.

INF seeks to create reduced gender biases, to achieve balanced participation of women and men in the project, where all the males and females have equal opportunities, where both genders find it safe and comfortable to share and participate in the training and orientation.

**52** staff [male 31 & Female 21] were trained on gender mainstreaming and gender equality at organizational level.

**76** community members including human rights defenders, SHGs members, community and religious leaders are trained on gender and human trafficking issues.

**20** gender-based violence [GBV] cases were identified. Cases related to domestic violence, child marriage and polygamy were identified. 12 cases have been resolved at ward level, community mediation centre and 8 are referred to concerned authorities.

**42** human rights defenders [HRDs] participated in the psycho-social first aid training and Human rights, legal provisions and advocacy training. Training was focused on the legal provision and aid related to GBV, Human trafficking, Fundamental rights, advocacy and social Inclusion.

**16** events were conducted during 16 days of activism against GBV. Event was conducted in coordination with R.M, Municipality, ward office, Women and Child ministry.

**120** students of grade 7, 8 & 9 and 32 teachers were sensitized on gender related topics at Jumla district. They have prepared action plan to create awareness among other students during the school, during extracurricular activity and at weekends.

**GESI** related policy mapping of local government was conducted at Kapilvastu and Bajura. It was conducted to identify the existing policies, GESI inclusive annual planning and budgeting practice, presence of focal person, to build coordination with local government and to make them aware on the importance of GESI policies and guidelines.

**GENDER** sensitisation posters, promotional materials in Nepali and Awadhi language are prepared and disseminated.

**HRDS** mobilisation guideline and training manual on gender is prepared to aware HRDs on their roles, responsibilities and limitations and to make uniformity in training content among staffs.

**21** out of 310 HRDs are elected in local level election. They are elected in different levels. [2 vice chairperson, 6 executive members and 13 ward members]

**GENDER** audit and assessment was conducted at organizational level to assess and check the institutionalization of gender equality into organization, including policies, programmes, projects and services.



## LEADING THE POSITIVE CHANGES

**Jausara Kami, 38, lives in a remote village of Kankasundari in the Jumla district. Mother of six children - three sons and three daughters, Jausara's daily household chores begin early in the morning and end late at night. Despite her busy schedule, she is always ready to help those in need.**

She has been working as a Women Human Rights Defender [WHRD] since the start of the POWER project, a sub-project within the INF's WEAL project in Jumla. She says, "I had never thought of being involved in activities relating to violence against women, child marriage, discrimination and exclusion."

She adds, "Before being aware of such rights of women, I was hesitant to visit the house where the domestic violence incident occurred. Helplessly I would be just watching the injustice committed to women right in front of my eyes."

Women in her village used to feel awkward attending social and political gatherings. No one dared to speak before their husbands, even while facing abuse and torture. Because of excessive work and without proper nutritious food and rest, women's health conditions are always weak.

In every community/local level meeting, male members used to participate. Women were just spectators and voiceless even if they participated in such discussions.

"But things have changed now," says Jausara.

After implementing the POWER project, many female village members got an opportunity to attend capacity-building training. Jausara has herself learned the laws, regulations, and policies around gender equality, social inclusion, caste-based discrimination, persons with disability and domestic violence.

She further says, "I now know there are laws to prevent caste-based discrimination, child marriage and violence against women, but hardly anybody knows about them."

Jausara is involved in raising awareness among the community members about the current laws and policies. Now there are increased female and PWDs participation in such awareness programmes.

Women have now started to talk openly against violence. They even conduct an anti-alcohol campaign in Kankasundari regularly.

Jausara even participated in the recent local election of 2021. "With the support of my husband, family and friends, I decided to participate in the election as ward members and won the post", says Jausara smilingly.



*"Now I realise that women can take leadership roles and make meaningful decisions. I am committed to working towards minimising violence in my community and will advocate allocating gender responsive budget at the local level in the coming days", Jausara concludes.*



# CROSS-CUTTING ISSUES

## IMPROVING RESILIENCE TO CLIMATE CHANGE AND DISASTER

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.

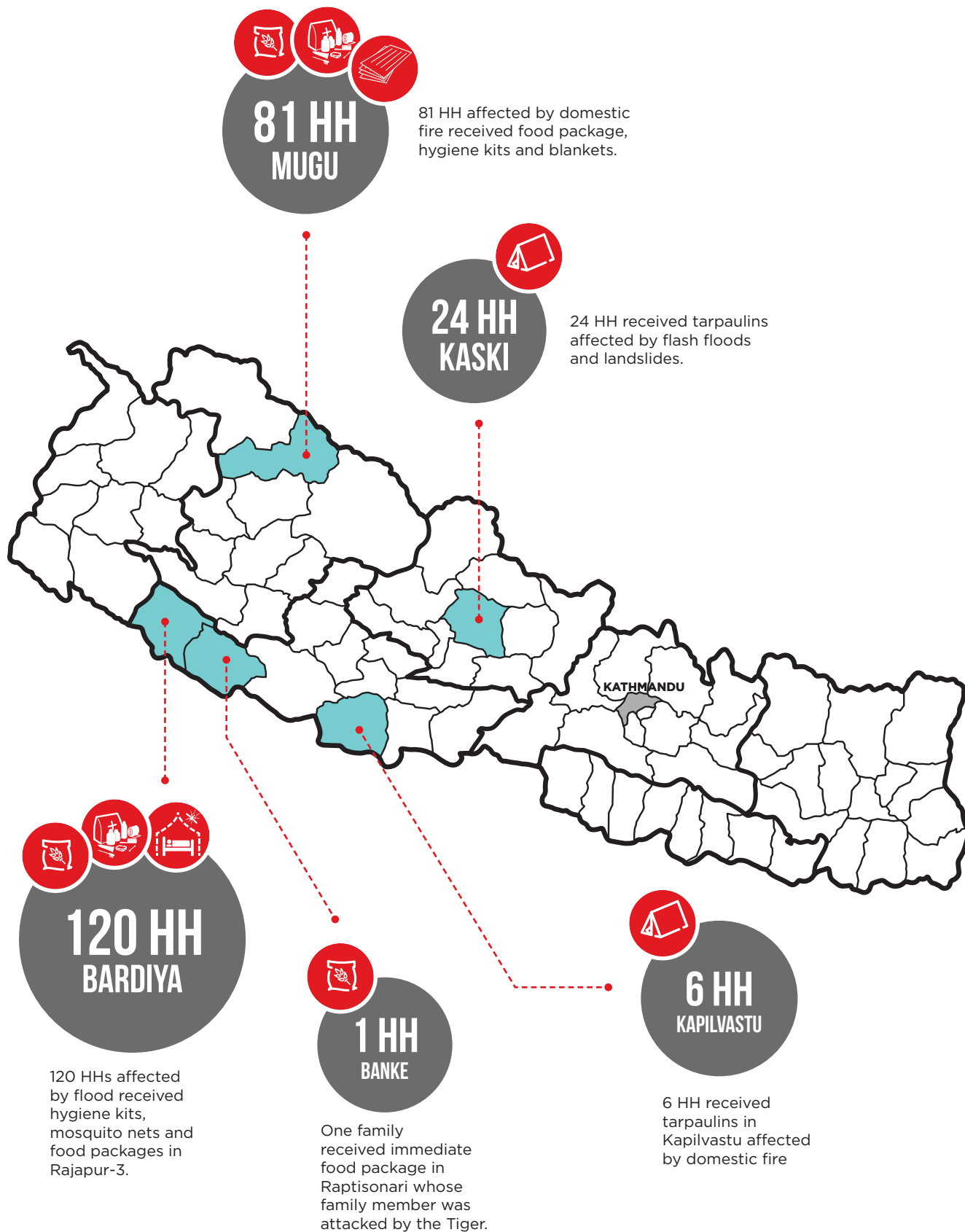


### MAJOR HIGHLIGHTS OF FY 2078/79 [2021-22]

- Developed three hospitals [Green Pasture Hospital, Shinning Hospital Surkhet and Shinning Hospital Banke] Hospital Earthquake Contingency plan and drill exercise was conducted in Green Pasture Hospital to test Hospital Earthquake Contingency plan.
- Provided Technical support to develop District Disaster Preparedness and Response plan [DPRP] in Kalikot and updated Community Based Disaster Risk Management [CBDRM] training Manual.
- 136 INF Nepal staff received Community Based Disaster Risk Reduction, forecast based disaster preparedness, climate change and Monsoon preparedness orientation and training.
- Stocked 300 sets non-food items [NFIs] at disaster response room at INF Nepal centre Office and GPH complex, for rapid response during emergency.
- Developed INF Nepal Monsoon Preparedness Plan, 2022 and INF Nepal wide Climate Action plan.

## IMMEDIATE RESPONSE

INF Nepal has supported immediate relief materials to disaster affected household from July 2021 to July 2022 mainly in five disaster prone districts Bardiya, Mugu, Kaski, Banke and Kapilvastu where the total number of 232 HHs and 1105 community people [ 546 Male and 559 Female] were directly benefited.





# FINANCE OVERVIEW

**2078/79 [2021-22]**

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

## CONSOLIDATED INCOME AND EXPENDITURE - SUMMARY

INCOMING RESOURCES	AMOUNT	% OF TOTAL INCOME	OUTGOING RESOURCES	AMOUNT	% OF TOTAL EXPENDITURE
			<b>Operating Expenditure</b>		
Overseas Grants/Donations	47.40	62.92%	Green Pastures Hospital	22.13	27.77%
Local Grants/Donations	9.15	12.14%	Shining Hospital Banke	2.51	3.15%
Hospital Local Revenue	15.19	20.16%	Shining Hospital Surkhet	3.99	5.01%
IIFS	1.12	1.49%	Community Programme <sup>1</sup>	25.04	31.42%
Investment Income	1.54	2.04%	Central Office – Projects <sup>2</sup>	6.74	8.46%
Other Local Revenue	0.83	1.10%	IIFS <sup>3</sup>	1.59	1.99%
			<b>Total Operating Expenditure<sup>4</sup></b>	<b>62.00</b>	<b>77.80%</b>
Gain/Loss on Disposal of Fixed Assets	0.11	0.15%	<b>Management and Other Expenditure</b>		
			Management & Governance	3.00	3.76%
			Designated Funds Expenditure <sup>5</sup>	3.58	4.49%
<b>Total Income</b>	<b>75.34</b>	<b>100%</b>	<b>Total Management and Other Expenditure</b>	<b>6.58</b>	<b>8.25%</b>
			<b>Total Expenditure before Capital Expenditure</b>	<b>68.58</b>	<b>86.05%</b>
<b>Opening Balance<sup>7</sup></b>	<b>4.36</b>		<b>Capital Expenditure/Investment<sup>6</sup></b>		
			Green Pastures Hospital	5.12	6.42%
			Shining Hospital Banke	0.08	0.10%
			Shining Hospital Surkhet	0.21	0.26%
			Community Programme	0.27	0.34%
			Central Office-Projects	5.02	6.30%
			IIFS	0.14	0.18%
			Central Office	0.28	0.35%
			<b>Total Capital Expenditure</b>	<b>11.12</b>	<b>13.95%</b>
<b>TOTAL INCOME<sup>8</sup></b>	<b>79.70</b>		<b>TOTAL EXPENDITURE<sup>9</sup></b>	<b>79.70</b>	<b>100%</b>

1 Community Programmes: Projects are implemented in Banke, Jumla, Rolpa, Bajura, Mugu, Kapilvastu, Dang & 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. Total Expenditure for DRR is NRs. 0.94 crore and COVID Response is NRs. 4.83 crore.

3 IIFS has been closed during the period.

4 Total Operating expenditure includes include support for the treatment of poor patients [including the charity cost to leprosy patients] mainly through three hospitals amounting to NRs. 2.36 crore.

5 Designated Funds Expenditure includes non-programmatic cost and depreciation of fixed assets.

6 Capital expenditure includes Capital Equipment for Hospital [mainly Oxygen Plant, CT Scan, Ventilator], Eileen and Betty Centre-Leprosy Ward, Extension of OPD Building and Physio Hall, Sensory Garden, Investment in Income generating activities. Total Contribution from COVID Response project towards hospital strengthening in the form of medical equipment for COVID-19 Preparedness and response is NRs. 4.16 crore.

7 Opening Balance utilized to cover excess expenditure than income is shown here.

8 Incoming Resources include opening balance from 2020-21.

9 Outgoing Resources include capital expenditure from 2021-22.

**INDEPENDENT AUDITOR'S REPORT**  
**International Nepal Fellowship Nepal**

**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 32, 2079, (July 16, 2022), 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 32, 2079 (July 16, 2022), 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.

Place: Kathmandu  
Date: 2022/09/21  
UDIN: 220921CA00485MBLdX

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

  
Arun Raut, FCA  
Partner  




**International Nepal Fellowship Nepal: Consolidated Financial Statements**  
Statement of Financial Activities for the year ended 16 July 2022  
(In Nepali Rupees)

	Unrestricted - Operating Funds	Unrestricted - Designated Funds	Restricted - Operating Funds	Restricted - Other Funds	Capital - Endowment Funds	Total 2021/22 Nrs	Total 2020/21 Nrs
	Nrs	Nrs	Nrs	Nrs	Nrs		
<b>Incoming resources</b>							
Incoming resources from generated funds							
Donor Grants	3,744,045	8,053,403	521,278,328	12,422,180	-	545,497,958	355,032,266
Donations and Gifts	717,719	428,861	15,806,576	3,088,404	-	20,051,560	24,979,860
Donated Equipment	-	-	86,450	-	-	86,450	-
Local and Other Operating Income	-	-	11,223,644	-	-	11,223,644	43,208,198
Investment income	10,062,295	1,682,864	3,514,335	128,074	-	15,387,568	10,149,842
Other incoming resources	782,480	-	152,984,426	8,375,363	-	160,142,249	118,138,411
<b>Total incoming resources</b>	<b>15,306,520</b>	<b>10,145,128</b>	<b>704,893,758</b>	<b>22,024,021</b>	<b>-</b>	<b>762,369,427</b>	<b>551,506,675</b>
<b>Resources expended</b>							
<b>Activities for Raising Funds</b>							
Cost of Raising Grants and Donations	-	-	15,919,452	-	-	15,919,452	43,056,024
Cost of Local Income Generating Activities	-	-	-	-	-	-	-
<b>Total Activities for Raising Funds</b>	<b>-</b>	<b>-</b>	<b>15,919,452</b>	<b>-</b>	<b>-</b>	<b>15,919,452</b>	<b>43,056,024</b>
<b>Charitable activities</b>							
Programme Expenditure							
Livelihood & Resilience	-	-	211,209,243	-	-	211,209,243	133,008,289
Mother and Neonatal Child Health	-	-	3,952,761	-	-	3,952,761	259,431
Disability Inclusion	-	-	31,878,349	-	-	31,878,349	18,282,394
Leprosy and Other Neglected Tropical Diseases	-	-	84,188,040	9,850,547	-	74,047,588	59,256,579
Climate Change Adaptation and Disaster Resilience	-	-	1,591,549	-	-	1,591,549	740,082
Ear Services	-	-	38,511,088	-	-	38,511,088	36,070,041
General Disability	-	-	95,988,714	-	-	95,988,714	87,020,368
Hospital Services Support	-	-	19,471,393	3,458,000	-	22,929,393	16,775,239
Medical/Surgical Outreach	-	-	37,186,546	-	-	37,186,546	940,861
Disaster Response	-	-	10,752,379	-	-	10,752,379	7,622,823
COVID-19 Response	-	-	51,160,877	-	-	51,160,877	32,857,413
Poor Funds	-	-	-	13,779,839	-	13,779,839	8,239,686
Hospital Development	-	-	4,409,689	-	-	4,409,689	2,962,354
Others Charitable activities	-	-	6,722,143	-	-	6,722,143	4,485,496
	<b>-</b>	<b>-</b>	<b>577,022,772</b>	<b>27,097,387</b>	<b>-</b>	<b>604,120,159</b>	<b>408,521,062</b>
Designated Funds Expenditure							
Staff Scholarship & Development Costs	-	(926,711)	-	-	-	(926,711)	(773,411)
Staff Retirement Benefit Scheme	-	147,700	-	-	-	147,700	83,213
Staff Redundancy Expenditure	-	(918,311)	-	-	-	(918,311)	(392,428)
Staff Hospitalisation & Death Insurance Scheme	-	26,298	-	-	-	26,298	(104,026)
Fixed Asset Depreciation Charge	-	36,072,470	-	-	-	36,072,470	33,626,084
Hospital Development	-	-	-	-	-	-	-
Other Designated Funds Expenditure	-	1,407,176	-	-	-	1,407,176	1,800,649
	<b>-</b>	<b>35,808,622</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>35,808,622</b>	<b>34,240,080</b>
<b>Total charitable activities</b>	<b>-</b>	<b>35,808,622</b>	<b>577,022,772</b>	<b>27,097,387</b>	<b>-</b>	<b>639,928,781</b>	<b>442,761,143</b>
<b>Other (income)/expenditure</b>							
Governance and Management Cost	4,121,217	-	25,859,529	53,809	-	30,034,355	25,785,109
Foreign currency (gain)/loss	1,864	-	-	-	-	1,864	-
(Gain)/Loss on disposal of fixed assets	-	9,122,323	(10,229,086)	-	-	(1,106,764)	(1,155,262)
<b>Total Other (income)/expenditure</b>	<b>4,123,081</b>	<b>9,122,323</b>	<b>15,630,442</b>	<b>53,809</b>	<b>-</b>	<b>28,929,454</b>	<b>24,629,847</b>
<b>Total outgoing resources</b>	<b>4,123,081</b>	<b>44,930,945</b>	<b>608,572,666</b>	<b>27,150,995</b>	<b>-</b>	<b>684,777,687</b>	<b>510,447,014</b>
<b>Net incoming/(outgoing) resources before transfers</b>	<b>11,183,439</b>	<b>(34,785,816)</b>	<b>96,321,092</b>	<b>(5,126,975)</b>	<b>-</b>	<b>67,591,740</b>	<b>41,059,661</b>
Fixed Assets Management Fund Transfer	(2,782,155)	111,153,574	(107,819,593)	(551,825)	-	(0)	0
Gross Transfer between Funds	-	12,687,860	(15,636,834)	2,948,973	-	(0)	0
<b>Total Fund Transfers</b>	<b>(2,782,155)</b>	<b>123,841,434</b>	<b>(123,456,427)</b>	<b>2,397,148</b>	<b>-</b>	<b>(0)</b>	<b>0</b>
<b>Net movement in funds</b>	<b>8,401,284</b>	<b>89,055,618</b>	<b>(27,135,335)</b>	<b>(2,729,827)</b>	<b>-</b>	<b>87,591,740</b>	<b>41,059,661</b>
<b>Total funds brought forward</b>	<b>5,137,558</b>	<b>525,681,598</b>	<b>54,335,594</b>	<b>10,002,760</b>	<b>9,607,000</b>	<b>604,764,509</b>	<b>563,704,849</b>
<b>Total funds carried forward</b>	<b>13,538,842</b>	<b>614,737,217</b>	<b>27,200,259</b>	<b>7,272,933</b>	<b>9,607,000</b>	<b>672,356,250</b>	<b>604,764,509</b>

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: 2022/03/21

Krishna Bahadur Adhikari  
Executive Director

Dhanu Lama  
Treasurer

Ram Chandra Twali Timothy  
Chairman

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

**International Nepal Fellowship Nepal: Consolidated Financial Statements**  
**Balance Sheet as at 16 July 2022**

(In Nepali Rupees)

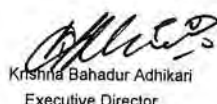
	2021/22 Nrs	2020/21 Nrs
<b>Fixed assets</b>		
Tangible fixed assets	424,836,456	372,761,321
Capital Work in Progress	14,678,797	782,910
Intangible Assets	72,508	84,750
Investments	-	-
	<u>439,587,762</u>	<u>373,628,981</u>
<b>Other non current assets</b>		
Long Term Receivables	22,043,299	-
<b>Current assets</b>		
Stocks	17,820,257	29,866,151
Debtors and prepayments	11,330,668	4,675,686
Debtor: receivable from INF International	23,221,202	23,264,732
Cash on deposit, at bank and in hand	275,795,548	388,586,987
Inter Subsidiary debtors	0	0
	<u>328,167,675</u>	<u>446,393,556</u>
Creditors: amounts falling due within one year	(117,442,486)	(215,258,027)
<b>Net current assets</b>	<u>210,725,189</u>	<u>231,135,528</u>
Provisions	-	-
<b>NET ASSETS</b>	<u>672,356,250</u>	<u>604,764,509</u>
<b>Funds</b>		
Unrestricted Funds		
General Fund	13,538,842	5,137,558
Designated Funds	614,737,217	525,681,598
Restricted Operating Funds	27,200,259	54,335,594
Restricted Purpose Funds	7,272,933	10,002,760
Capital Endowment Funds	9,607,000	9,607,000
<b>TOTAL FUNDS</b>	<u>672,356,250</u>	<u>604,764,509</u>

Approved on behalf of the INF Nepal Board by:

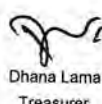


CA Manju Thapa  
Director - Finance

Date: 2022/09/21



Krishna Bahadur Adhikari  
Executive Director



Dhana Lama  
Treasurer



Ram Chandra Twati Timothy  
Chairman

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 16 July 2022

(In Nepali Rupees)

	2021/22 Nrs	2021/22 Nrs	2020/21 Nrs	2020/21 Nrs
<b>Net cash inflow/(outflow) from operating activities</b>		(27,234,519)		166,473,644
<b>Returns on investment and servicing of finance</b>				
Investment income	-	-	-	-
Interest received on bank deposits	15,367,568		10,149,842	
Other interest received	-		-	
Interest payable	-		-	
		15,367,568		10,149,842
<b>Capital expenditure and financial investment</b>				
Payments to acquire tangible fixed assets	(111,398,498)		(86,481,256)	
Receipts from sale of tangible fixed assets	10,474,010		43,098,684	
Acquisition of fixed asset investments	-		-	
Disposal of fixed asset investments	-		-	
		(100,924,487)		(43,382,573)
<b>Net cash inflow/(outflow) before management of liquid resources and financing</b>		(112,791,439)		133,240,913
<b>Management of liquid resources</b>				
Cash used to increase short term deposits	-		-	
Cash from a decrease in short term deposits	-		-	
		-		-
<b>Financing</b>				
Increase in loans	-		-	
Decrease in loans	-		-	
Movement in endowments	-		-	
Transfers between funds	(0)		0	
		(0)		0
<b>Increase/(decrease) in cash in the year</b>		(112,791,439)		133,240,913
<b>Net cash resources at the beginning of the year</b>		388,586,987		255,346,074
<b>Net cash resources at the end of the year</b>		<u>275,795,548</u>		<u>388,586,987</u>

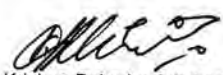
Approved on behalf of the INF Nepal Board by:

As per our audit report

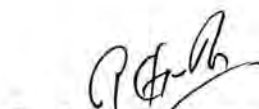


CA Manju Thapa  
Director - Finance

Date: 2022/07/21

  
Krishna Bahadur Adhikari  
Executive Director

  
Dhana Lama  
Treasurer

  
Ram Chandra Twati Timothy  
Chairman

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



# MAJOR HIGHLIGHTS OF THE YEAR

## CHD Agreement with SWC

The Community Health and Development [CHD] tripartite project agreement of INF for the next five years was renewed with Social Welfare Council [SWC] on 6th April 2022. SWC Member Secretary Mr Manoj Bhatta, INF International Acting Country Director Mr Dhan Prasad Gurung and INF Nepal Executive Director Mr Krishna Adhikari signed the agreement at the SWC Office in the presence of other SWC and INF staff members.



## INF Nepal's IDENTITY defined

This year, INF Nepal Board and Strategic Management Team have defined and articulated INF Nepal's IDENTITY, which includes the Mandate, the Vision, the Mission, the Values and the Characters as its five pillars. These have been shared across INF Nepal offices among the staff members and will be the guiding principles for years to come.



## Chief Minister's Visit to GPH

Hon'ble Chief Minister of Gandaki Province Krishna Chandra Nepali Pokharel has visited INF Nepal Green Pastures Hospital for observation and monitoring on 18th May 2022.



Chief Minister Pokharel thanked the hospital for its remarkable work in Leprosy, Spinal cord injury, Disability and other specialist services like Ear and Palliative Care. He expressed the need to coordinate and cooperate with the hospital in the special program to be introduced by the Province Government for persons with disabilities, including spinal cord injury.

## Oxygen Plant inaugurated at GPH

Australia's Ambassador to Nepal, HE Felicity Volk, Gandaki Province Health Secretary Dr Shree Ram Tiwari and INF Nepal Chairperson Ram Chandra Timothy jointly inaugurated the Oxygen Plant at Green Pastures Hospital [GPH], Pokhara. The Australian Government, through INF Nepal, established the plant at the cost of NRs 1.4 Crores.

The plant is directly connected to a newly constructed pipeline system that provides oxygen to every bed, ward and operating room in the hospital.





## Palliative Care building

Palliative Care and Chronic Disease Services Buildings have been inaugurated at INF Nepal Green Pastures Hospital amidst a formal programme on 4 March 2022.

Gandaki Province, Secretary of the Ministry of Health and Population Dr Shreeram Tiwari and INF Nepal Executive Board Chairman Ram Chandra Timothy jointly inaugurated the building by cutting the ribbon and unveiling the glass inscriptions.



## Various in-house trainings to staff

A one-day Basics of Burns Management Training has been conducted for the medical staff of INF Nepal on 2nd April 2022. A total of 33 staff from Green Pastures Hospital [GPH], Shining Hospital INF Banke and Surkhet joined the training.

Similarly, two-day disaster management training for hospital and central office staff was organised in May to make the INF Nepal's staff aware of hospital's role during the disaster and empower them. The training was facilitated by Gandaki Province Training Centre and Nepal Redcross Society.



## Foundation stone laying of leprosy ward at GPH

Foundation stone for the dedicated leprosy ward has been laid at Green Pastures Hospital. This new leprosy facility is an extension of an already existing leprosy services. The building will be called Eileen and Betty Centre honouring the two pioneers of Green Pastures Hospital. The building will house quality care and treatment for people affected by leprosy across western Nepal, providing multi-disciplinary services under one roof.



## ANOT Conference

Biannual ANOT Conference was organised at Green Pastures Hospital on 6th May 2022 with the theme "Passion, Purpose, Possibility".

ANOT stands for Association of Nepal Occupational Therapists. According to ANOT, just ten Occupational Therapists are working in Nepal.

The conference was also attended by a hand therapy expert from Netherlands and a speech language pathologist based in GPH. Altogether there were nine participants from Kathmandu, Surkhet, Palpa and Pokhara.



# GOVERNANCE, MANAGEMENT AND HUMAN RESOURCES

## GOVERNANCE

INF Nepal is governed by the Board [INB] 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.



RC Timothy  
*Chairperson*



Rajendra K. Adhikari  
*Vice-Chairperson*



Madhu K. Thapa  
*Secretary*



Dhana Lama  
*Treasurer*



Karishma Bhattarai  
*Member*



Bhim K. Shrestha  
*Member*



Yam Joshi  
*Member*



Madhav Neupane  
*Member*



Dr Shiva Ram Srimal  
*Member*



Krishna Adhikari  
*Member Secretary*



Dr Deependra K. Gautam  
*Advisor*

## 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

INB Chairperson

Two members from General Member

Executive Director

Finance Director

Internal Auditor

## 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

CHD Director

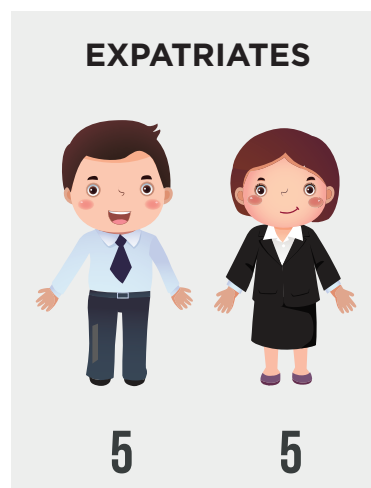
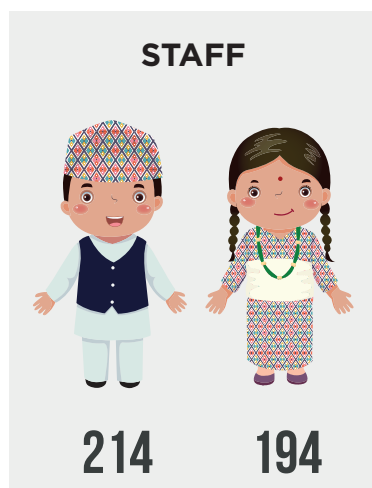
Medical Services Director

Finance Director

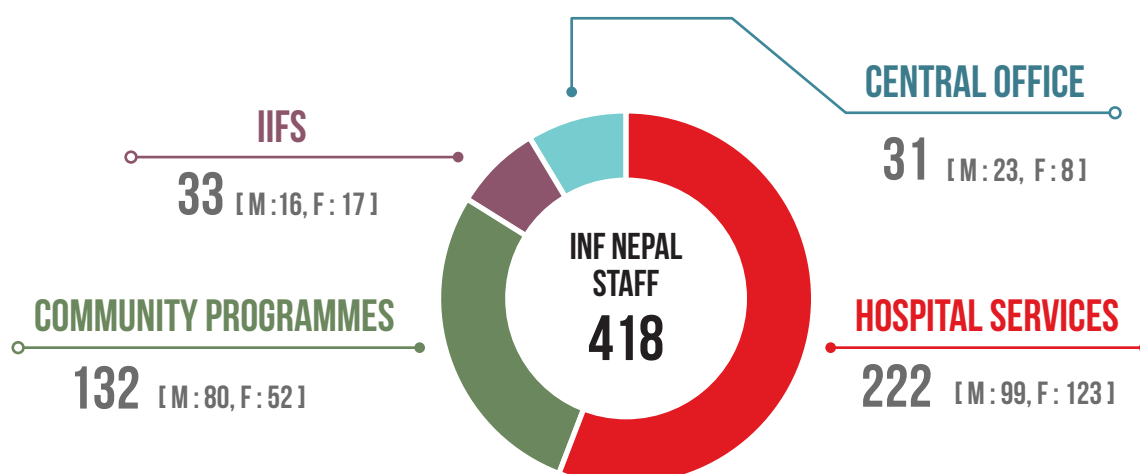
HRD Manager



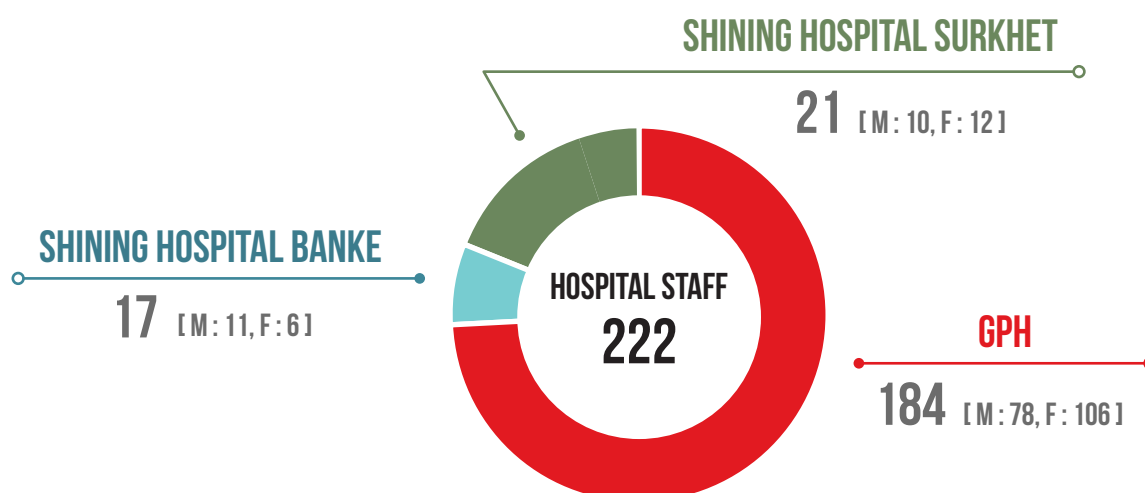
## HUMAN RESOURCES OF FY 2078/79 [2021-22] IN FIGURES



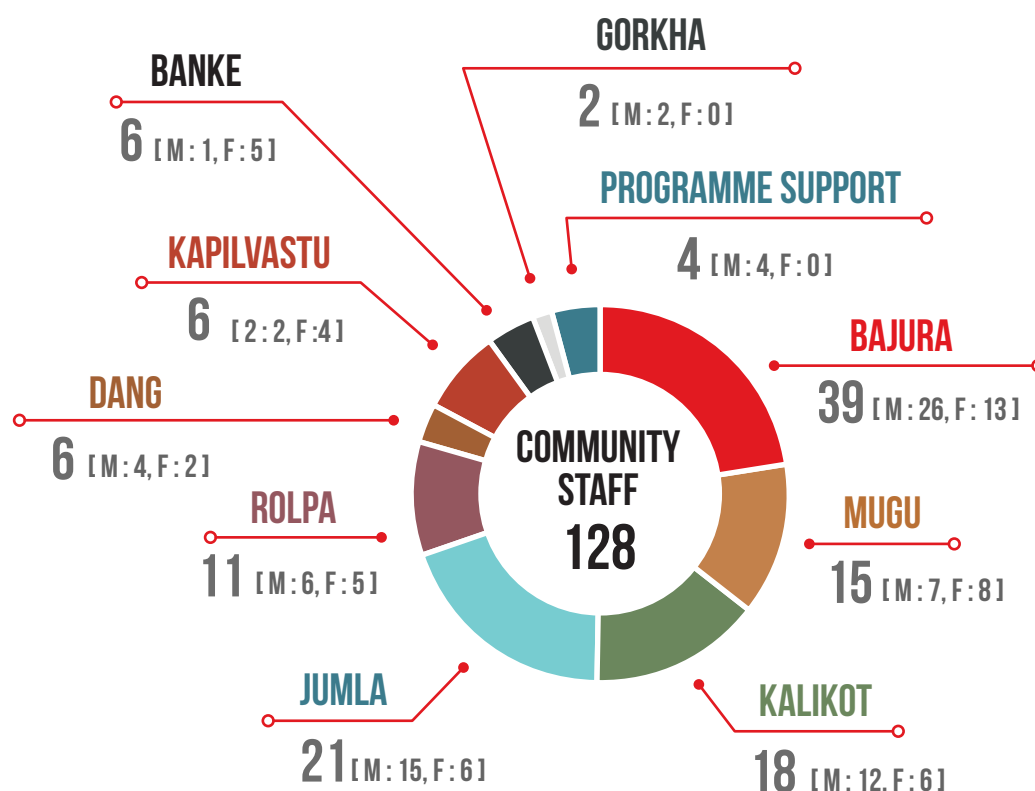
### STAFF DISTRIBUTION BY PROGRAMMES



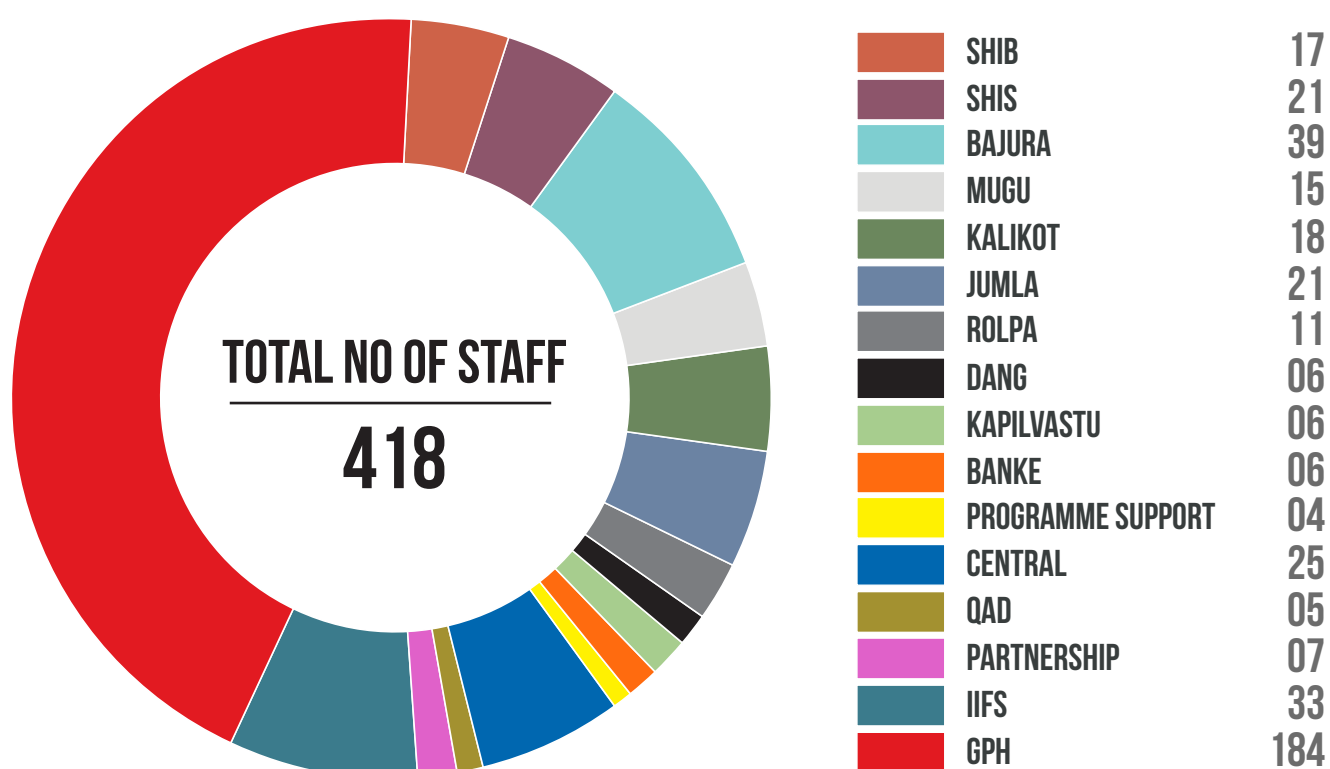
### STAFF DISTRIBUTION BY HOSPITAL



## STAFF DISTRIBUTION BY COMMUNITY PROGRAMMES



## STAFF DISTRIBUTION IN INF NEPAL





# 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

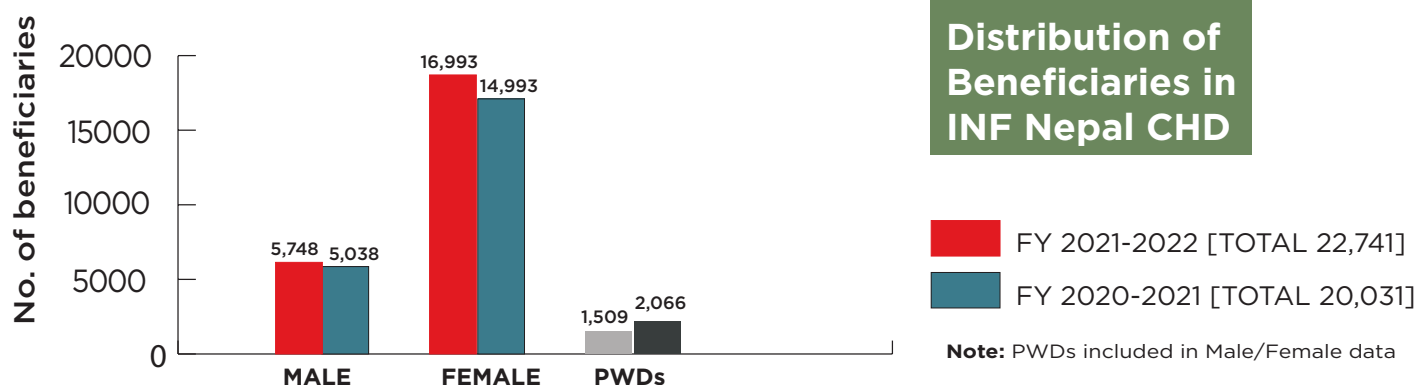
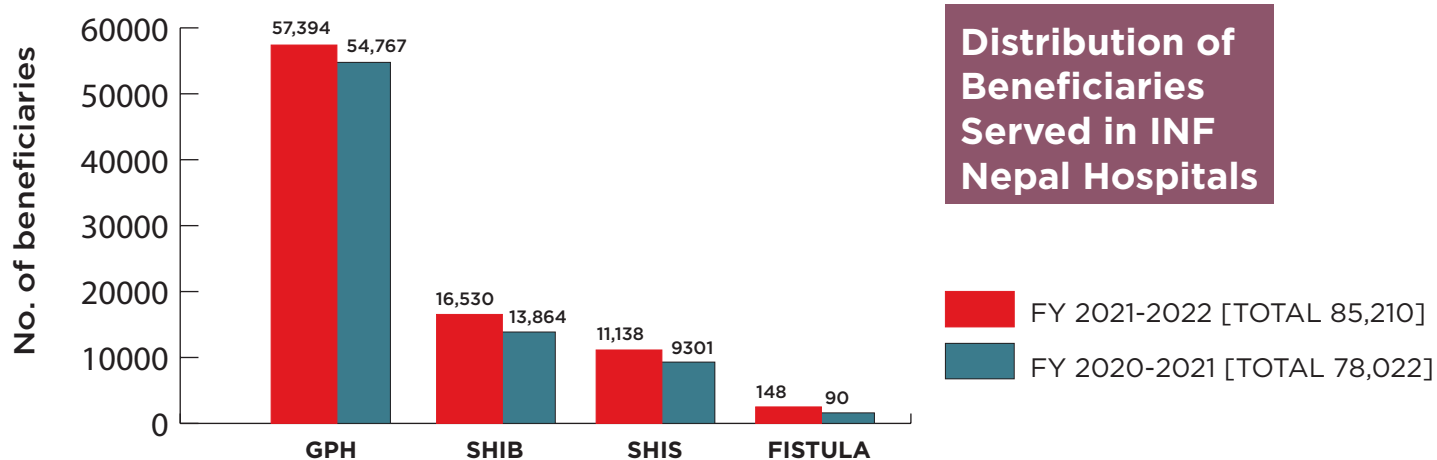


Ministry of Health and Population  
Ministry of Women, Children and Senior Citizens  
Ministry of Social Development, Gandaki Province  
Ministry of Population, Health and Family Welfare, Lumbini Province  
Pokhara Metropolitan City



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



## 5 Years Comparison of INF Nepal Leprosy Data

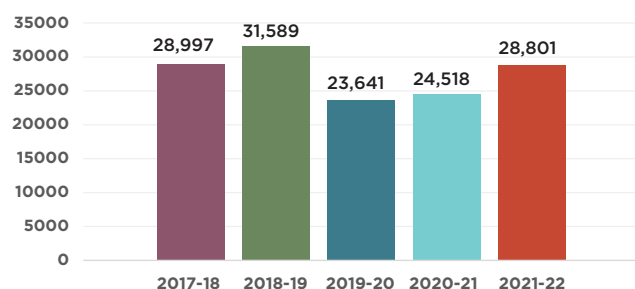


Figure 1 : Patient treated at OPD

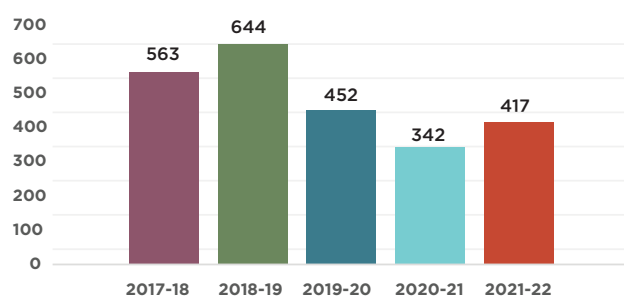


Figure 2 : Patient admitted with leprosy complications

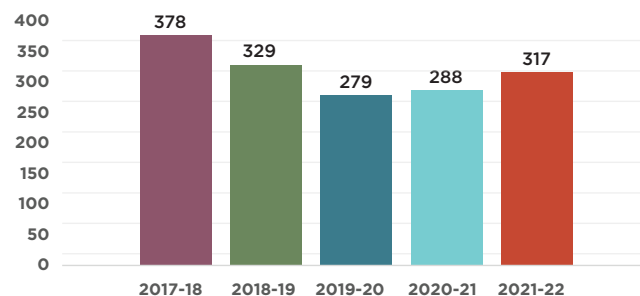


Figure 3 : New Leprosy cases detected



## ACRONYMS

<b>ACTIVE</b>	Action at Community on Trafficking Intervention and Violence End
<b>AHT</b>	Anti Human Trafficking
<b>CBID</b>	Community Based Inclusive Development
<b>CBO</b>	Community Based Organisation
<b>CBR</b>	Community Based Rehabilitation
<b>CC</b>	Climate Change
<b>CCA</b>	Climate Change Adaptation for Sustainability
<b>CDID</b>	Community and Disability Inclusive Development
<b>CHD</b>	Community Health and Development
<b>CIDA</b>	Community-led Inclusive Development Approach
<b>DPO</b>	Disabled Peoples' Organisation
<b>DRR</b>	Disaster Risk Reduction
<b>EDUCATE</b>	Economic Development of Underprivileged Communities through Agricultural and Technological Empowerment
<b>FCHVs</b>	Female Community Health Volunteers
<b>HH</b>	Household
<b>HRDS</b>	Human Rights Defenders
<b>IDEAL</b>	Inclusive Development, Empowerment and Livelihood
<b>IIFS</b>	INF Initiative for Financial Sustainability
<b>LCCHT</b>	Local Committee for Combating Human Trafficking
<b>NRs</b>	Nepali Rupees
<b>PAL</b>	People Affected by Leprosy
<b>PWD</b>	Person With Disability
<b>RM</b>	Rural Municipality
<b>SATH</b>	Strengthening Against Trafficking of Human
<b>SCI</b>	Spinal Cord Injury
<b>SHG</b>	Self-Help Group
<b>SH-IB</b>	Shining Hospital INF Banke
<b>SH-IS</b>	Shining Hospital INF Surkhet
<b>SIMPLE</b>	Sustainable Improvement in People's Livelihood through Empowerment
<b>SMC/PTA</b>	School Management Committee/ Parents Teachers Association
<b>SMT</b>	Strategic Management Team
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WEAL</b>	Women's Empowerment And Livelihood

## 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		



## INF Nepal Offices Contact Details

### INF Nepal Central Office

PO Box 5, Pokhara-1, Simpani

**T** 061-570111

061-521994

info@nepal.inf.org

### Green Pastures Hospital

GP Complex, Pokhara

PO Box 28, Pokhara-15, Nayagaun

**T** 061-430342

061-431162

061-430640

### 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

### Kapilvastu Branch

Maharajgunj Municipality-1, Maharajgunj, Kapilvastu

**T** 076-400055

### Dang Branch

Shantinagar Rural Municipality-4, Jumlikula, Dang

**M** 9749273386

### Jumla Branch

Chandannath Municipality-5, Rajasim, Jumla

**T** 087-520694

### Mugu Branch

Chhayanath Rara Municipality-2, Newroad, Gamgadhi, Mugu

**T** 087-460038

### Bajura Branch

Badimalika Municipality-9, Martadi, Bajura

**T** 097-541235

097-541236

### Rolpa Branch

Sunchhahari Rural Municipality-5,

Pobang, Rolpa

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### Kalikot Branch

Khandachakra Municipality-1, Manma, Kalikot

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