

# INF NEPAL ANNUAL REPORT

2080/81  
(2023-24)



**This annual report reflects INF Nepal's commitment to community and care. Together, we promote well-being through our health services and development efforts, building inclusive and resilient communities.**

## About

# INF NEPAL

Established in 1952, INF's inception was marked by the vision of a group of expatriate volunteers and Nepali friends. This visionary endeavour began with a clinic in Pokhara, laying the foundation for the first hospital in western Nepal, the "Shining Hospital". Over the years, this humble beginning blossomed into a comprehensive organisation that embodies transformation, empowerment, healing and compassionate care.

INF Nepal today is a Nepali non-government organisation serving Nepali people through health and development works to improve the quality of life of individuals and communities at large. INF has been serving the poor and disadvantaged people of Nepal for more than 70 years. Our work spans over health and development initiatives serving people in 11 districts across Gandaki, Lumbini, Karnali, and Sudurpashchim Provinces of Nepal.

INF Nepal's hospital and healthcare services are anchored by three key hospitals — Green Pastures Hospital and Rehabilitation Centre (GPH) in Pokhara, Shining Hospital INF Nepal Banke and Shining Hospital INF Nepal Surkhet. Additionally, we operate a dedicated Fistula Centre within the Karnali Province Hospital in Birendranagar, Surkhet.



### VISION

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



### VALUES

**Love**

**Service**

**Excellence**

**Integrity**



### CHARACTER

**People Focused**

**Servant Hearted**

**Accountable**

**Sustainable**

Jamuna carefully prepares rice seeds for planting during the monsoon season in her village Gairitole, Gaumul-6, Bajura.





# Contents

Message from Chairperson .....	1
Message from Executive Director.....	2
INF Nepal Working Areas and Projects.....	3
Contribution to SDGs and Linkages with National Plan .....	5
Enriching Lives Through Palliative Care.....	7
Mainstreaming Cross-Cutting Themes .....	9

---

## **HOSPITAL AND HEALTH SERVICES.....11**

<b>Green Pastures Hospital and Rehabilitation Centre (GPH) .....</b>	<b>16</b>
• Patient Care Statistics.....	17
• Project Highlights .....	22
<b>Shining Hospital Surkhet (SH-IS) .....</b>	<b>23</b>
• Patient Care Statistics.....	24
• project Highlights .....	25
<b>Shining Hospital Banke (SH-IB).....</b>	<b>27</b>
• Patient Care Statistics.....	27
• Project Highlights .....	28

---

## **COMMUNITY HEALTH AND DEVELOPMENT ... 30**

• Livelihood and Resilience .....	31
• Health and Disability Inclusion .....	33
• Maternal and Neonatal Child Health.....	35
• Gender Equality and Social Inclusion.....	37
• Climate Change Adaptation and Disaster Risk Reduction .....	40
• Project Completion .....	43

---

Financial Overview .....	48
Audit Reports .....	49
Associate Organisation.....	55
Governance and Management.....	56
Central Office .....	59
Staff Distribution .....	60
Partnership .....	61

---

Fact Sheet.....	62
Acronyms .....	63

# Message from the Chairperson



A handwritten signature in black ink that reads "R Chandra Timothy". The signature is written in a cursive, slightly slanted style.

**Ram Chandra Timothy**

**A**s Chair of the INF Nepal Board, I am privileged to share the progress and achievements of INF Nepal over the past year. Our focus has been on guiding the organisation with integrity, ensuring that our vision and mission are not only upheld but also adapted to the evolving needs of the communities we serve.

This year, our Board devoted significant time to reflect on the principles of good governance within the context of INF Nepal. We have committed to a governance structure that emphasizes strategic oversight, accountability, and clear allocation of roles between governance and management. The development of the Executive Committee Manual is a cornerstone of these efforts, providing a framework for our governance practices.

Our strategic planning process has been both comprehensive and forward-looking. Adoption of the Community Health & Development Strategic Direction 2030 reflects our long-term commitment to address the root causes of poverty and exclusion in Nepal. Similarly, our focus on enhancing our Hospital and Health Services is driven by the desire to provide holistic and inclusive care, particularly for those affected by disability and chronic diseases.

Recognising the importance of leadership in driving organisational success, the Board has supported initiatives aimed at building leadership capacity across all levels of INF Nepal. The Organisational Development Plan, with its focus on leadership, culture, and structural improvements, will play a crucial role in ensuring that INF Nepal continues to grow as a resilient and learning organisation.

The Board has also placed a strategic emphasis on our “Towards Zero Leprosy Strategy 2030.” This initiative is not just about combating a disease but about promoting dignity, inclusion, and systemic change. By integrating healthcare services with community awareness and government collaboration, we aim to take significant strides toward a leprosy-free Nepal. Similarly, our ability to respond effectively to emergencies was demonstrated in the aftermath of the Jajarkot earthquake. The Board commends the immediate work of our teams on the ground, who provided critical relief to thousands of affected individuals. This response highlights the importance of being prepared and resilient in the face of disasters.

Finally, the recognition received by our staff members and expatriate friends, both nationally and internationally, is a source of immense pride for the Board. These awards are a reflection of the dedication, expertise, and passion that our team brings to their work every day. We are deeply grateful for their contributions and are committed to supporting their continued growth and success.

As we move forward, the Board remains committed to guiding INF Nepal with wisdom and foresight. On behalf of INF Nepal Board, I want to extend my deepest gratitude to all our esteemed Board Members, General and Life Members, dedicated staff members, funding partners, supporters and everyone who have been part of our journey this year. Thank you for the continued support, partnership, and belief in the mission to make a meaningful difference in the lives of individuals and communities being served.

# Message from the Executive Director



A handwritten signature in black ink, appearing to read 'Krishna Adhikari', written in a cursive style.

**Krishna Adhikari**

**R**electing on the past year, we recognise the remarkable progresses INF Nepal has made, marked by significant achievements and the challenges we have overcome. Our efforts have been directed toward realizing our mission to serve the most disadvantaged and vulnerable communities in Nepal. We are pleased to present the INF Nepal Annual Report 2080/81 (2023-24), highlighting the impactful work carried out over this period.

Our governance has undertaken substantial reflection and refinement. The development of the Executive Committee Manual stands as a key outcome of these efforts, providing clear guidance for our governance functions. Likewise, our leadership team has placed a strong emphasis on capacity building as a continuous improvement strategy. The Organisational Development Plan, set to be implemented gradually, aims to build capabilities across all levels of the organisation.

The development of the Strategic Plan 2030 is a significant milestone, providing a clear roadmap for our future endeavours. Our strategic direction for

Community Health and Development (CHD) has been established, with a focus on holistic transformation for disadvantaged communities, particularly women, girls, and children in remote regions. Similarly, our Hospital and Health Services (HHS) are evolving to become centres of excellence, dedicated to disability and chronic disease care; with the expansion of Green Pastures Hospital and the development of Shining Hospitals in Banke and Surkhet. It highlights our commitment of providing comprehensive healthcare services across INF Nepal working areas. This year, our hospitals treated 107,420 outpatients, while CHD programmes reached 28,677 direct beneficiaries, highlighting our reach and impact.

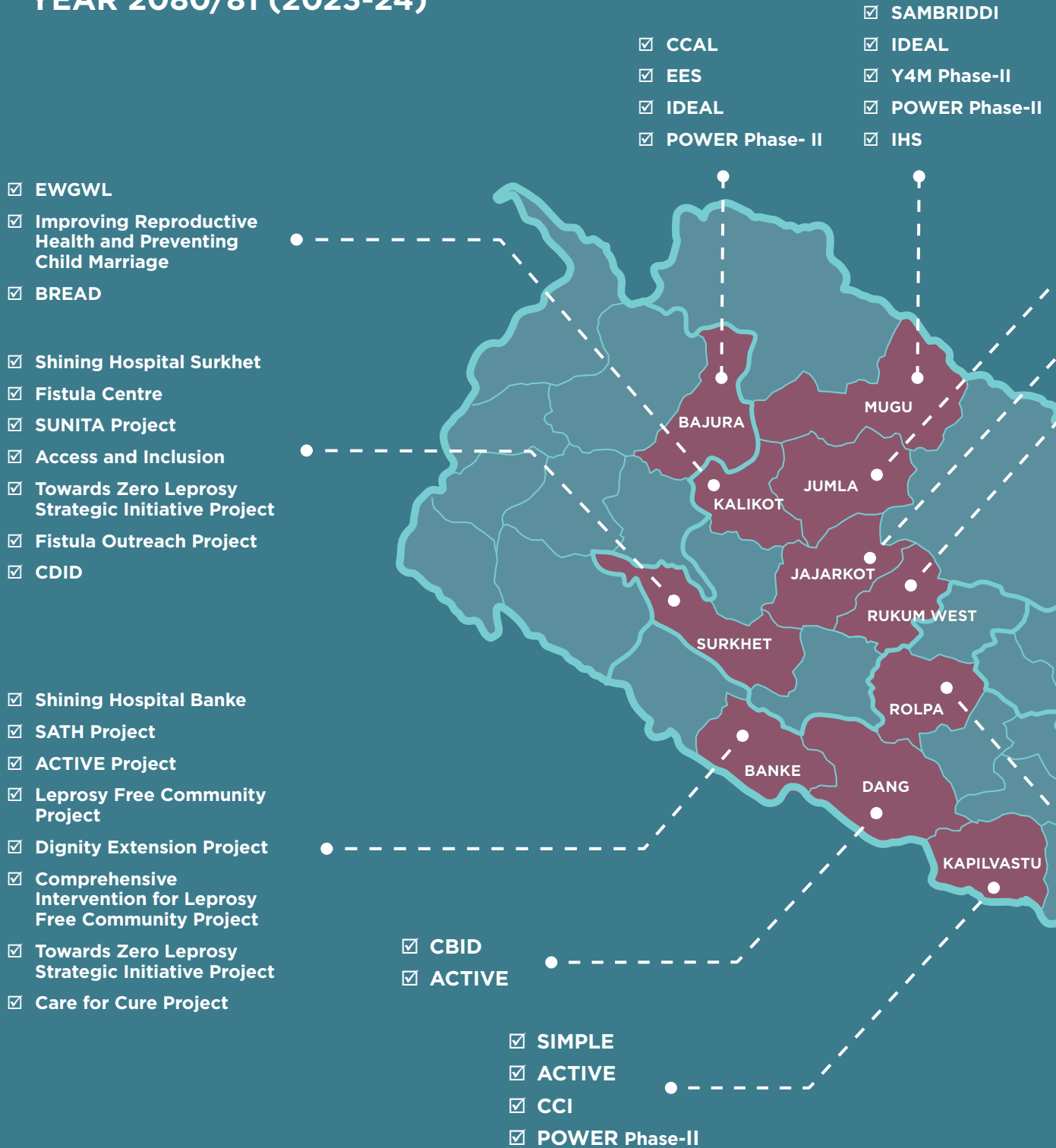
“Towards Zero Leprosy Strategy 2030” has been ongoing with a holistic approach integrating healthcare, awareness, and government collaboration. Our three hospitals and community development programmes are at the heart of this strategy, working tirelessly to end the transmission of leprosy, reduce discrimination, and promote inclusion. While in the wake of the Jajarkot earthquake, INF Nepal demonstrated its responsiveness by providing immediate relief to affected

communities. Our response work, reached over 17,653 people, including those with disabilities, showcasing our commitment to serving those in need during times of crisis.

This year has also brought significant recognition to our work and expatriate volunteers. The Else Kröner Fresenius Award for Development Cooperation in Medicine, and prestigious **Member of the Order of the British Empire (MBE)** award and the **Most Excellent Order of the British Empire (OBE)** award received are base to the exceptional contributions of our team to healthcare in Nepal. These awards not only honour individual achievements but also highlight INF Nepal’s impact on global health.

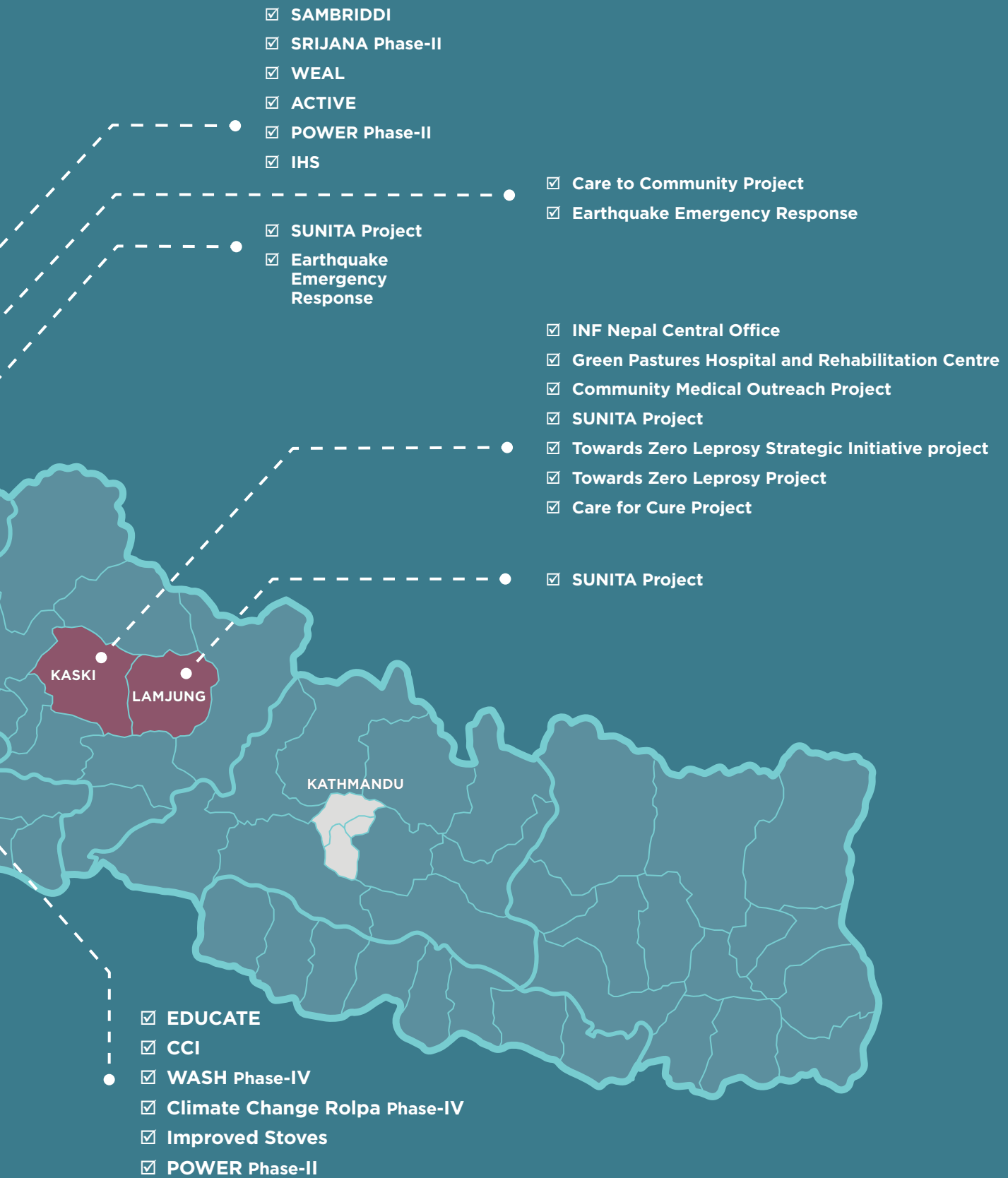
This year, a diverse and skilled workforce of 500 staff members and 14 expatriate volunteers provided invaluable support. Looking ahead, the commitment to the vision of “Life in all its fullness for poor and disadvantaged people of Nepal” remains strong. We extend our heartfelt gratitude to the dedicated team, partners, government and non-governmental stakeholders, communities, supporters, as well as the INF Nepal Board and its members, for their continued partnership in bringing this vision to life.

# INF NEPAL WORKING AREAS AND PROJECTS YEAR 2080/81 (2023-24)



## SUSTAINABLE DEVELOPMENT GOALS

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



# INF Nepal's SDGs & Nation



1 NO  
POVERTY

2 ZERO  
HUNGER



## National Plan: 1.2 End of poverty

INF Nepal is committed to breaking the cycle of poverty by empowering vulnerable communities to achieve sustainable livelihoods.

Environmental- friendly farming practices are promoted to enhance food security, improve nutritional outcomes, and income generation. Capacity-building programmes equip community members with skills to adopt sustainable agro-farming techniques, strengthening their economic resilience.

At the local level, networking and linkage opportunities are facilitated to enable participation in cooperatives and income-generating activities, fostering self-reliance and financial stability. During the reporting period 4,077 SHG members have direct financial access through the seven cooperatives being registered. The HHS contribute to this goal by offering affordable and accessible healthcare. The Medical Charity Initiative provided 1,557 individuals with essential health services, supporting low-income families in accessing treatment and preventing huge health expenditures, aligning with SDG 1's goal to end poverty in all its forms.



3 GOOD HEALTH  
AND WELL-BEING

## National Plan: 2.1 Nepali with healthy and long lives

INF Nepal focuses on improving access to quality health services and well-being. Comprehensive healthcare services, including specialized medical care, rehabilitation, and leprosy treatment, are delivered to under-served communities across western Nepal.

INF Nepal's work aligns with the Government of Nepal's 2030 Leprosy Roadmap, emphasizing 'zero transmission,' 'zero discrimination,' and 'zero disability.' Support is provided through early case detection, inpatient care, health education, self-care techniques, re-constructive surgeries, and assistive devices at hospitals.

In line with Nepal's Palliative Care Strategy 2017, efforts are made to ensure access to palliative care for individuals with serious, complex, and life-limiting illnesses. This care includes pain relief, psychological, social, and spiritual support, as well as assistance for the psychosocial and spiritual needs of family members. Palliative care services also help reduce health expenditures, contributing to SDG 1 (No Poverty). By incorporating these strategies, INF Nepal ensures its healthcare services meet community needs.

Capacity building and health system strengthening at rural municipality and district levels are prioritized, with specialized training for health staff and volunteers to improve healthcare access. Community-level training raises awareness of significant health issues like fistula and leprosy.



5 GENDER  
EQUALITY

INF Nepal is committed to advancing gender equality by integrating gender as a cross-cutting issue in all its programmes. A key objective is to reduce the incidence of child marriage among women and adolescent girls through community-driven, evidence-based interventions that empower women and girls. These efforts address various forms of Sexual and Gender-Based Violence (SGBV), including child marriage, while promoting the use of quality, gender-responsive, and inclusive health services.

INF Nepal's HHS support this goal by providing gender-sensitive healthcare tailored to meet the unique needs of women and girls. Hospitals ensure access to a safe and supportive healthcare environment, contributing to the broader aim of achieving gender equality and empowering all women and girls.



6 CLEAN WATER  
AND SANITATION

INF Nepal is committed to promoting equitable access to clean water and sanitation through its WASH initiatives, which aim to improve community health by ensuring safe drinking water and proper sanitation for all. Special attention is given to the needs of women and girls, recognising the

unique challenges they face in accessing these services. Efforts include community education on water conservation, hygiene, and sanitation practices, which are vital for maintaining health and preventing disease. By creating sustainable and inclusive WASH systems, with a focus on community ownership, healthier communities are built that can enjoy the lasting benefits of clean water and sanitation.

HHS complement these efforts by maintaining water, sanitation, and hygiene standards in healthcare facilities, essential for infection control and patient safety. INF hospitals also support WASH programmes by educating patients and communities on the importance of hygiene, contributing to the achievement of SDG 6 and better health outcomes for all.

# contribution to 15<sup>th</sup> National Plan

**8 DECENT WORK AND ECONOMIC GROWTH**



INF Nepal is committed in fostering economic growth and creating opportunities for decent work, particularly for the poorest and most vulnerable. Focus is placed on strengthening individual capacities through targeted training and skill development, and income-generating activities that improve financial stability.

Promoted equal opportunities in development, empowerment, and access to ensures an inclusive work environment where individuals of all genders and abilities can contribute and thrive. Fair employment practices and diversity are upheld to maintain a healthy work environment.

HHS contribute to this goal by providing affordable medical care and rehabilitation services, reducing the financial burden of healthcare. Through initiatives like the Medical Charity Fund, essential treatment and rehabilitation are offered, particularly to vulnerable individuals with disabilities or chronic illnesses, helping them regain health and sustain livelihoods. This integrated approach ensures healthcare supports economic participation.

**16 PEACE, JUSTICE AND STRONG INSTITUTIONS**



INF Nepal is committed to ensuring peace and justice in the communities served. Projects are designed to create safer environments and enhance the quality of life for vulnerable and high-risk groups. A rights-based approach is employed to promote inclusive development, ensuring access to essential

**10 REDUCED INEQUALITIES**



INF Nepal is committed to reducing inequalities by empowering and promoting the social, economic, and political inclusion of persons with disabilities. Initiatives focus on improving accessibility to essential services, including home modifications, provision of assistive devices, health institution adjustments, teleconsultation services, and rehabilitation.

By addressing the unique needs of persons with disabilities, INF Nepal ensures they can live with dignity and independence, fully participating in their communities. HHS are integral to this mission, offering specialized care, accessible facilities, and rehabilitation services to enhance mobility and independence. Teleconsultation services further extend healthcare access, reducing barriers and promoting equality in healthcare for all.

**15 LIFE ON LAND**



**National Plan: 10.3 Disaster-resilient society and economy**

INF Nepal's projects focus on mitigating environmental degradation and strengthening the resilience of natural ecosystems. Efforts include reducing firewood consumption, promoting reforestation, and

services and opportunities for all, including those with disabilities and marginalised groups.

Anti-human trafficking and gender-based violence initiatives focus on building resilient communities where everyone can live with dignity and security. Collaboration with local institutions strengthens frameworks that uphold peace, justice, and human rights.

**13 CLIMATE ACTION**



**National Plan: 7.3 Climate change adaptability**

**National Plan: 7.1 Pollution free and clean environment**

INF Nepal promotes climate-resilient agricultural practices to help communities adapt to the impacts of climate change. Efforts focus on increasing awareness of climate issues and disaster risk reduction, empowering communities with strategies that enhance resilience and contribute to climate action and environmental protection.

HHS support this goal by integrating climate-smart practices, such as energy-efficient systems and sustainable waste management, within healthcare operations. Initiatives like the Preventative Maintenance System and exploring low-carbon construction materials further promote sustainability, aiming to make INF facilities environmentally responsible and "green" in multiple ways.

encouraging alternative energy sources, all of which help prevent desertification, reduce flooding, and protect biodiversity.

HHS contribute by adopting environmentally friendly practices in the healthcare sector like proper waste segregation—biodegradable, non-biodegradable, medical, and non-medical—ensuring safe disposal and reducing environmental risks. A proactive Preventative Maintenance System has also been introduced to minimize resource wastage and extend the lifespan of hospital infrastructure, aligning with responsible resource management.

HHS provide safe spaces, counselling, and medical treatment for individuals affected by discrimination, violence, and ostracisation, aiding their recovery and reintegration.

# Enriching lives through Palliative care

**Nepal is undergoing a significant shift in its disease burden, transitioning from infectious diseases to non-communicable diseases (NCDs). The rise in chronic conditions such as chronic obstructive pulmonary disease (COPD), cancer, and circulatory disorders has created a pressing need for specialised care.**

Palliative care, which focuses on enhancing the quality of life for patients and families facing life-limiting illnesses through early intervention and comprehensive management of pain and other challenges—whether physical, psychosocial, or spiritual—is crucial in addressing these complexities. Studies of palliative care in rural Nepal have indicated that 10-30% of patients admitted to hospitals have palliative care needs and 2.5-3.5% of the population in rural areas have palliative care needs.

GPH envisions palliative care as a means to enrich the days in the life of the patient, and patient-centric care is reflected in the compassionate and comprehensive approach, offering the level of care desired for ones facing life limiting illnesses. The palliative care journey at GPH began in 2013 with the training of healthcare professionals, followed by the establishment of clinical

services in 2016 with two dedicated beds. Today, GPH operates a palliative care integrated with chronic disease unit (PCCD)- a 14-bed unit. PCCD offers a broad spectrum of services, including outpatient and inpatient care, home visits, day therapy, bereavement support, and chronic disease management for both adults and children. The diverse, interdisciplinary care team includes doctors, nurses, therapists, and counsellors providing holistic care—a service unique in Nepal. Since the introduction of palliative care in the country around 2000 (Brown et al., 2007) the field has continued to evolve. While many services in the country are still focused on cancer and hospice care, GPH is at the forefront of delivering comprehensive palliative care for all chronic conditions.

GPH has also established itself as a leading palliative care training centre, equipping 741 healthcare workers, including 16 doctors who have received intensive training. This effort has led to the introduction of palliative care services in six hospitals across Lamjung, Surkhet, and Rukum districts. Additionally, 409 Female Community Health Volunteers (FCHVs) and 11,417 community members have been educated on palliative care, strengthening community-based identification and referral of patients.



Gym hall

Ward

Today, GPH serves as a referral centre for complex palliative care cases nationwide.

Beyond clinical care, GPH is committed to advancing palliative care through research, extension, and advocacy. Through its extensive community-based programmes raising awareness of PC, GPH is now established as a referral centre for complex palliative cases nationwide, and continuous mentoring from the hospital has strengthened health workers in remote areas, improving access to palliative care at the community level. On the research side, PC data from 587 households across the country was collected, and a research article on the accessibility and affordability of palliative care medicines in Nepal was recently published in a reputed journal “Journal of Pain and Symptom Management”. The task force, a semi-formal committee of palliative care experts in Nepal, including representatives from the Ministry of Health and Population and WHO, has recognized these contributions of GPH. GPH is now designated as a



Day Therapy



## Sujal's story

postgraduate training centre for part of fellowships in palliative care by the Patan Academy of Health Sciences. An MDGP from Patan Academy, the first PC fellow to be trained in Nepal, completed 15 weeks of clinical experience at PCCD.

Globally, palliative care is recognized as a fundamental human right, a principle reinforced by the 2014 World Health Assembly resolution, to which Nepal is a signatory. In alignment with this, Nepal adopted the National Strategy for Palliative Care in 2017, developed by the Nepalese Association for Palliative Care, which aims to ensure community-level access to palliative care services. GPH's ongoing initiatives have made significant contributions to this national strategy by enhancing community awareness, expanding services, and providing specialized training to healthcare professionals. These efforts have been pivotal in strengthening palliative care delivery and improving access to quality care across Nepal.

**Sujal\* arrived at GPH in a dire condition with multiple pressure sores and a paralysed body with no hope to live.**

While battling her physical pain, she was also overwhelmed with concern for her young daughter, struggling to manage caregivers at the hospital and for her daughter at home. She mostly stayed reserved and didn't speak much.

She stayed at the PCCD ward for six months, undergoing multiple operations for her wounds. While the hospital team provided clinical care, her emotional well-being was also addressed. She received counselling support along with her caregiver. As part of memory creation, the hospital arranged for the celebration of her daughter's first birthday at the PCCD ward. The care from the multi-disciplinary team at GPH helped her to open up, and she began to express her desire for food and activities.

After discharge, she was regularly followed up by community nurses through telemedicine services. Once, during a call, Sujal expressed that she was in severe pain and felt she was nearing the end. She wished to breathe her last at the hospital. Quick arrangements were made to bring her to GPH. She met the palliative care team, talked to her doctors, counsellors, and therapists, and took her last breath at the hospital. The PC team from GPH visited the caregiver at her home for bereavement support. Despite Sujal's demise, the caregiver felt that the level of care and the quality of life she led in her final days could have hardly been managed without palliative care.

**This story exemplifies the impact of GPH's palliative care services on individuals and their families. The PC at GPH is not only about physical care but also about addressing unnoticed emotional pain and allowing patients to choose the best care they want. The addition of paediatric and chronic disease management services in 2023 has further broadened the scope and improved the lives of many more.**

# Mainstreaming Cross Cutting Themes

INF Nepal has integrated gender equality, disability, and social inclusion (GEDSI), inclusive development, disaster risk reduction (DRR), and environmental stewardship across all phases of its operations. This integration was accomplished through strategic planning, stakeholder engagement, continuous monitoring, and adaptive management practices. Mainstreaming GEDSI principles into healthcare delivery has ensured that women, marginalized communities, and individuals with disabilities have equitable access to medical services. Patient care protocols reflect a commitment to inclusivity and respect for diverse needs and backgrounds.

Support for the Nepal government's efforts to address gender inequalities is evident at the organisational level and through hospital services and

development work. Projects engage and empower communities through education, training, campaigns, and income generation support, with a focus on improving livelihood status. Gender-sensitive workshops and training sessions promote GEDSI, ensuring the inclusion of women and minority genders in all project activities.

HHS have been designed to be accessible to all, with special attention given to under-served populations leprosy, people with disability and fistula. Partnerships with disability rights organisations and government agencies align efforts and enhance the impact of the targeted initiatives.

DRR strategies are inbuilt in CHD programmes and in health services, including emergency preparedness and capacity building for staff and

communities. This approach has improved the resilience of facilities and the communities served, with additional focus on climate change through awareness campaigns and stakeholder engagement.

Environmental stewardship involves reducing the environmental impact of healthcare operations and integrating sustainable practices into projects. This included waste management, energy efficiency, and the use of eco-friendly and indigenous materials.

Through these combined efforts, at INF Nepal we ensure that both the HHS, Community Programmes and organisation in itself are not only effective but also sustainable, equitable, and resilient, contributing to long-term positive change in the communities we serve.



Members of Dalit Uththan Self-Help Group of Kalikot in front of INF constructed community water tap



**INF Nepal's Hospital and Health Services continue to provide treatment and care for people with leprosy and disabilities while developing new specialist services in physical rehabilitation, obstetric fistula, ear disorder, plastic & reconstructive surgery and palliative care. Additionally, our outreach efforts extend to rural parts of the country for those who have limited or no access to health care services.**

**HHS offers affordable and accessible medical care, Our services are designed to be accessible to all, ensuring that no one is left behind in the pursuit of health and well-being.**

# Our work

## Hospital and Health Services



107,420

Outpatient visits



2,204

Inpatient admissions



1,479

Surgeries performed



1,557

Medical charity



INF Nepal’s Hospital and Health Services (HHS) include three hospitals with specialized care facilities, including Green Pastures Hospital and Rehabilitation Centre (GPH) in Pokhara, Shining Hospital Banke (SH-IB), Shining Hospital Surkhet (SH-IS), and the Fistula Centre within Karnali Province Hospital in Surkhet. These hospitals play a significant role in fulfilling INF Nepal’s mission by providing essential healthcare services to those in need.

HHS is integral to achieving INF Nepal’s overarching goals and objectives. A commitment to integrating cross-cutting themes such as gender equality, disability and social inclusion (GEDSI), inclusive development, disaster risk reduction (DRR), and environmental stewardship is evident throughout all project phases. This approach, which combines strategic planning, stakeholder engagement, continuous monitoring, and adaptive management, ensures sustainable and equitable outcomes for the communities we serve.

Aligning with both national and international health priorities, INF Nepal’s HHS strives to enhance healthcare delivery across western Nepal. This alignment not only strengthens healthcare delivery but also contributes to Nepal’s broader objectives of achieving equitable health outcomes. Through sustainable practices and a focus on individual well-being, INF Nepal’s hospitals actively contribute to global efforts aimed at building healthier and more resilient communities.



### Leprosy

Outpatient visits	5,538
Inpatient admissions	509
New cases	287



### General disability

Outpatient visits	17,299
Inpatient admissions	789
Surgeries conducted	840



### Medical charity

General rehab patients	303
Ear patients	595
Leprosy patients	659

# Thematic Areas of HHS

## Leprosy & NTDs

The Elimination status at the national level has been sustained since 2010. However, further reducing the disease burden and eliminating leprosy at the supranational level is still a major challenge. Still around 2,600 new cases each year and rising being reported. This thematic area covers our existing work in leprosy care and management which includes health education, self-care techniques re-constructive surgeries, therapies and provision of assistive devices. The recently launched Zero Leprosy Strategy 2030 aims to eradicate leprosy in INF's working areas and contribute to the Government of Nepal's goal of a leprosy-free Nepal by 2030.



## Disability and Rehabilitation

In Nepal, Disability Prevalence is 2.2% (Census 2021). The disability is classified into ten categories out of which INF Nepal works in the area of physical disability related to hearing, multiple disability related to voice and speech, autism, haemophilia, intellectual disability, mental and psycho-social disability.

HHS provided physical and medical rehabilitation, surgical intervention, counselling, health education, essential equipment, and assistive and mobility aids to these patients to prevent and reduce further complications.



## Palliative Care & Chronic Disease

This is the newest thematic area for INF Nepal HHS. Over the past years, GPH has started palliative care services for patients with chronic disease, as well as small-scale chronic disease prevention programmes. GPH runs the PC service through a 14-bedded unit and is committed to advancing palliative care through research, extension, and advocacy. GPH is now a well-recognised PC training centre and a referral centre for complicated PC cases.



## Ear Disorders

In Nepal, 16.6% of the population suffers from hearing problems, one of the highest in Asia. The main cause of hearing loss is ear infection, which could easily be prevented by early diagnosis and treatment. The Ear Centre at GPH continues to provide treatment to hearing impairment and ear-related disease through its quality and affordable services.



## Mental Health

GPH provides psychosocial counselling for individuals with mental health disorders, particularly those that are related to or impact physical health or functional abilities.



## Obstetric Fistula

Obstetric Fistula is one of the most serious and tragic childbirth injuries. It leaves women leaking urine, faeces, or both, often leading to chronic medical problems, depression, social isolation, and poverty. We run a 17-bed Fistula Centre within the Province Hospital, Karnali. We provide surgery, treatment and care to women with obstetric fistulas to ensure their well-being.



## Outreach

HHS is actively involved in community outreach programmes to raise awareness about disability-related issues for early detection of cases to prevent further complications. Medical Outreach camps have been conducted in the rural part of the country for those who have limited or no access to health services.





**Mohammad Afjal, also known as ‘Miya’, runs a small business in Ward No. 4 of Gorkha Municipality. At 51 years old, Miya is a well-recognised figure in the community, known for his involvement in development and construction work. In 2022, an accident caused him to lose his leg. After struggling with mobility and psychological distress, he received support from the Outreach Project at Green Pastures Hospital (GPH) in Pokhara. Miya was provided with a free prosthetic leg and proper counselling, which greatly improved his ability to walk and boosted his independence. Now, he is planning to get involved in developmental work once more.**

## Achievements and Recognitions



The Else Kröner Fresenius Award for Development Cooperation in Medicine has been awarded to INF Nepal for the project “70 Years of Leprosy Relief – Towards Zero Leprosy”.



Dr Michael Clive Franklyn Smith was awarded The Most Excellent Order of the British Empire from Princess Anne at Windsor Castle during the award event.



INF’s Fistula Surgeon and Gynaecologist Dr Shirley Heywood has been awarded by the prestigious Member of the Order of the British Empire (MBE) award for the Services to Women’s Health.

## HHS Network-wide Initiatives and Achievements

- HHS entered into partnership with Birat Nepal Medical Trust Nepal as a part of its Leprosy Programme. The Project’s name is “Accelerate: Accelerating to Zero Transmission of Leprosy in Nepal”.
- HHS signed a MoU with Reade International for the implementation of the Reade Abroad Working Group Programmeme. The aim is to improve the rehabilitation services for patients with brain injury, Neuromuscular diseases and spinal cord within GPH, resulting in an efficient rehabilitation process and optimal recovery of the patient’s functional level and improving their potential to participate in society.
- GPH made an agreement with the Health Office Kaski for re-constructive surgery and road fare for leprosy patients after post-treatment complications associated with leprosy. During the reporting period, 27 re-constructive surgeries were performed and 145 patients received road fare money support.
- GPH received medicine and medical supplies from the Province Health Logistics and Management Centre, Gandaki Province. This contribution has strengthened GPH’s inventory, enabling them to offer better services to patients in need.
- GPH received funds from Government of Nepal, Ministry of Health and Population to purchase various medical equipment. Urodynamics service has been newly added as the result of the support. The new service will ensure effective treatment and care of Spinal Cord Injury patients particularly in Bladder function.



**GPH Physiotherapy lead assisting a patient with an overhead pulley exercise, focusing on strength and mobility improvement.**

## Green Pastures Hospital and Rehabilitation Centre

Green Pastures Hospital (GPH) in Pokhara is a 100-bed multi-disciplinary hospital and rehabilitation centre specialising in leprosy care and disability rehabilitation. Established in 1957, it is the pioneer hospital in leprosy in western Nepal. Over the years, it has expanded its services to include disability, plastic and re-constructive surgery, and chronic diseases including palliative care and rehabilitation.

GPH aims to be a centre of excellence in rehabilitation, known for its patient-centric approach, advanced medical practices, and impactful community outreach.

This report highlights the achievements and progress made during 2080/81 (2023-2024), showcasing continued commitment to compassionate care and rehabilitation services.



76,566

Outpatient visits



1422

Total Surgeries



60%

Bed Occupancy Rate

## Clinical and Operational Performances

GPH runs outpatient clinics addressing various conditions, including skin issues, physical disabilities, and hearing problems, while also providing inpatient services for those in need. On average, the clinic serves 250-300 patients daily. During the reporting period, GPH surgeons performed over 1,400 surgeries. This included a variety of surgical procedures, including general, orthopaedic, plastic and re-constructive and ear surgeries. GPH provides extensive therapy services, including physiotherapy, occupational therapy, and speech therapy, more than 8000 therapy sessions have been provided during the reporting period. To support patient mobility and independence, GPH supplied a wide range of assistive

devices, such as wheelchairs and walkers, and produced custom prosthetics and orthotics tailored to individual needs.

Compared to last year's achievement, GPH has seen a significant 57% increase in outpatient department (OPD) visits, indicating a growing trust in the hospital's services and its ability to attract and retain patients. This flow suggests that more individuals are choosing GPH for their healthcare needs, indicating its capacity to manage a larger patient volume efficiently.

Moreover, the hospital has conducted 19% more surgeries this year compared to the previous year. This achievement

highlights GPH's improved surgical capabilities, the availability of specialised medical professionals and the infrastructure needed to support medical interventions.

Additionally, the overall bed occupancy rate has increased by 5%, a clear sign of improved patient retention and optimal use of hospital resources. This increase suggests that more patients are receiving inpatient care, reflecting the hospital's ability to provide comprehensive treatment plans that require extended stays. A higher bed occupancy rate also contributes directly to the hospital's revenue, improving its financial health.

## Patient Care Statistics



### Leprosy and dermatology

Outpatient visits	2,142
Inpatient admissions	312
New leprosy cases	89
Dermatology outpatient visits	36,545
Dermatology inpatient admissions	33
Skin smear tests performed	514
Patients provided with health education (Patient visit)	2,765
Septic surgeries performed	52
Re-constructive surgeries performed	38
Patients received assistive devices and footwear	1,620



### Physical medicine & rehabilitation

Spinal cord injury (SCI) cases	81
Cerebrovascular accident (CVA) cases	244
Other neurological disorders (TBI, MND, Parkinson's etc.) cases	45
Cerebral palsy (CP) cases	73
Clubfoot cases	15
Autism spectrum disorder (ASD) cases	103
Physiotherapy sessions provided	16,712
Occupational therapy sessions	8,964
Speech & language therapy sessions	4,889
P&O (prosthesis, orthosis) devices provided	1,846
Wheelchairs provided	48



### Palliative care and chronic disease

Outpatients visits	477
Inpatient admission	184
Home visits carried out	620
Community visits carried out	222
People oriented on palliative care	10,813
People trained in palliative care	853



### Hearing disabilities

Outpatient visits	20,841
Inpatient admissions for ear	595
Ear surgeries conducted	582
Hearing-aid provided	442
Audiology tests conducted	8,817



### Diagnostics services

X-ray tests conducted	4,801
CT scan tests conducted	245
Lab tests conducted	36,915
USG tests conducted	1,088



### General disability

Outpatient visits	16,563
Inpatient admissions	688
Surgeries conducted	840



### Medical charity

General rehab patients	284
Patients with hearing disabilities	595
Leprosy patients	564

## Technologies and Facilities

- The Ear Centre completed the construction of two audio booths and purchased one audiometer. One of these would be a Sound Treated Room (BOOTH 1). The second one is a Normal Audio Booth to conduct Audio Test (BOOTH 2). The sound-treated room maintains low ambient noise inside the room those the tiny acoustic features which create artefacts for the audio logical test performances. An audiometer is a machine used for evaluating hearing sharpness.
- Greenhouse, farming space and courtyard have been inaugurated at GPH which are part of Eileen and Betty Centre, a newly constructed 30-bed leprosy in-patient facility. The setting has been useful in providing training for safe farming to leprosy patients during their hospital stay.
- Six compartments have been constructed for collecting different types of waste (i.e., General Waste, Bio-hazardous Waste, Infectious Waste, Pharmaceutical Waste, Pathological Waste, and Sharps Waste). The major impacts of the system are Infection Control, a Clean Hospital Environment and Ambience and Adherence to Health Care Waste Management system of the Health Ministry of Nepal.
- The Electronic Medical Report (EMR) system is used across INF Nepal hospitals, offering comprehensive access to patients' medical histories. This system has streamlined processes such as billing, scheduling, prescribing, and diagnostics. Additionally, it enables the generation of reports on patient outcomes, services rendered, and other key metrics.
- GPH has recently constructed a breastfeeding room for the out-patients. The breastfeeding room is clean, comfortable, safe and a private space for women.

## Regaining Independence

**Gopal\* Damai, a 27-year-old from Kaski, faced an unimaginable turn in his when a road accident left him with a spinal cord injury.**

Gopal had just returned home from working in the Gulf to celebrate his recent marriage, a union that was only 15 days old. The accident shattered not only his body but also the dreams he and his wife had for their future.

After the accident, Gopal was rushed to a provincial hospital where he underwent critical surgery. The medical bills placed, a huge financial burden on the family, especially after the loss of his father, who had lived with paralysis for 15 years and passed away the year before. The responsibility of caring for the family had already fallen on Gopal's mother.

Gopal was later referred to Green Pastures Hospital (GPH) for

rehabilitation. There, he received specialized care tailored to his condition. The hospital provided him with a wheelchair, giving him the ability to move independently. He also participated in regular physiotherapy and occupational therapy sessions that slowly helped him regain his strength and confidence. Alongside the physical recovery, Gopal received peer counselling to help him cope with the emotional challenges of his new reality.

Throughout this difficult time, Gopal's mother and wife remained by his side, offering love and support. With their help and the care at GPH, Gopal began to see hope. Though the journey has been tough, each small victory—whether learning to move more freely or moments of shared laughter—became a step toward rebuilding his life.

**With the right care, family support, and resilience, life after a tragedy can still hold hope for the future. Last fiscal year, GPH treated 81 spinal cord injury cases and admitted 688 patients for rehabilitation and general disability care. These numbers reflect GPH's vital role in the community, providing specialised care to those facing life-altering challenges.**



## Research Activities and Publications

A research on Thermographic Assessment of Autonomic Intervention in Leprosy is being carried out at GPH. The study is designed and aims to further validate the use of thermography in leprosy diagnosis and monitoring of nerve impairment. Thermography is an easy and non-invasive tool that aids in the diagnosis and early detection of nerve impairment in leprosy.



### Availability and Affordability of Essential Palliative Care Medicines in Nepal: A Cross-Sectional Study

Rajeev Shrestha, BPharm<sup>1</sup> · Bruce Hayes, MPH&TM<sup>1</sup> · Arjun Poudel, PhD<sup>2</sup> · Daniel Munday, PhD<sup>1</sup>

Published online April 4, 2024 DOI: 10.1016/j.jpainsymman.2024.03.026

The paper entitled “Availability and Affordability of Essential Palliative Care Medicine in Nepal” is published in Journal of Pain and Symptom Management. In addition to this Palliative Care formulary has been drafted which is under review by PC experts and a manuscript documenting the achievement and remaining challenges on opioid accessibility for palliative care in Nepal is submitted for publication in the Indian Journal of Palliative Care.

An article titled “Use of locally produced novel low-cost 3D printed respiratory muscle strength trainer device (RMSTD) for long COVID-Rehabilitation” has been published in Wiley. This article details the development and use of a low-cost, custom RMSTD device (designed and produced at Green Pastures Hospital) for a patient with long COVID who had received positive airway flow support during ICU treatment. By sharing our successful management of respiratory muscle weakness in a severe COVID-19 patient, we aim to contribute to the broader conversation around effective long COVID management.

WILEY Online Library

### Case Reports in Medicine



Case Report | Open Access | CC BY

### Use of Locally Produced Novel Low-Cost 3D Printed Respiratory Muscle Strength Trainer Device (RMSTD) for Long COVID-Rehabilitation: An Innovative Case Report

Dipendra Kandel · Arjan J. Knulst, Joshua Riggsbee, Sarah O. Riggsbee, Suman Tamang, Himal Bikram Bhattarai, Mitesh Karn

First published: 02 September 2024 | <https://doi.org/10.1155/2024/8877421>

Academic Editor: Massimo Conese



(In English)



(In Nepali)



GPH successfully launched the Autism Handbook, a pioneering initiative in Nepal crafted in the Nepali language. Recognising the prevailing misconceptions and absence of accurate information surrounding autism in our community.

# Project Synopsis

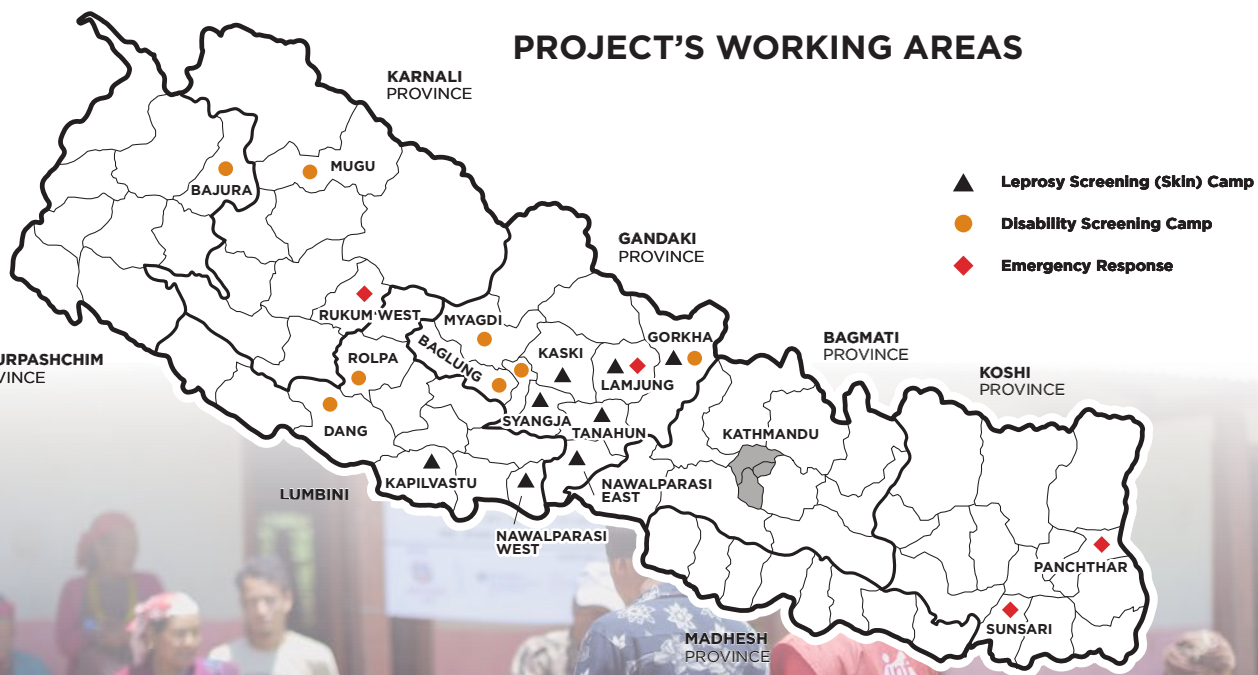
## Community Medical Outreach Project

GPH successfully implemented the Community Medical Outreach Project, which ran from April 2021 to April 2024. The project was initiated to improve access to appropriate and affordable medical, disability, and disaster-specific services for vulnerable populations, including those affected by leprosy, persons with disabilities, and people living in disaster-prone areas.

This project specifically targeted remote and isolated areas in western Nepal, particularly in the Gandaki, Lumbini, Karnali, and Sudurpashchim provinces, encompassing 16 districts.



Project details	
Funding Partners	BMZ/HUMEDICA, INF UK
Thematic areas	Leprosy, Disability & DRR
Project duration	April 2021 - March 2024



INF Nepal's Outreach Project staff assisting a person with disability during one of the Project's outreach camp.

## Key Achievements



**15,039** people (7,692 men and 7,347 women) participated in the community outreach project. Among them, 923 were persons with disabilities.

**25** medical camps were organised, with 9767 visits for check-ups (9 Skin and leprosy: 4,790 people benefited 6 Medical Health camps in disaster-affected areas benefiting 1343 people.

**47** people were diagnosed with leprosy and received direct treatment from GPH.

**101** leprosy and disability re-constructive surgeries were carried out from charity support.



**24** leprosy case detection training were provided to health workers, with a total of 650 trained.

**24** disability interaction workshops were organised, with 1236 participants in different locations.

**528** members of 18 local-level government institutes learned about real life-saving emergencies through training and disaster simulations.”



**18** local-level government institutes received disaster preparedness materials.

**8** local-level Local Disaster and Climate Resilience Plans were developed.

## “Amar, when did your leg grow?”

**Amar Bahadur Ale, a 53-year-old resident of Dhorpatan Municipality in Baglung district, lives with his wife who works as a labourer to support them both.**

In 1979, Amar was bitten by a snake, and due to the lack of health facilities in his village, he initially relied on home remedies and medicinal herbs, which proved ineffective. As a result, his left leg had to be amputated in 2006 at Green Pastures Hospital (GPH), leading to severe physical limitations and social discrimination.

Before receiving a prosthetic leg, Amar faced challenges in mobility, work, and social acceptance. Walking caused him excruciating pain, and he often had bleeding from friction while crawling. This, along with the mental trauma and discrimination he faced, led to social isolation for him and his wife.

However, Amar’s life changed in May

2023 when he attended a medical camp at Dhorpatan Municipality Ward no. 6 and was referred to GPH for a prosthetic leg. With the prosthetic leg, he was able to walk without pain, improving his physical mobility and boosting his confidence. This transformation amazed people in his village.

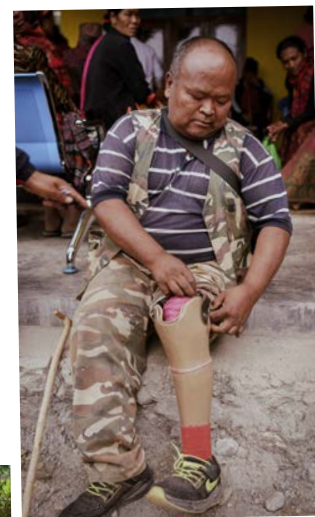
Amar is satisfied with his improving physical and social condition. The prosthesis has helped him reclaim his dignity and self-worth, and people in his village no longer see him as disabled. He and his wife are grateful to GPH, P&O Team of GPH, and Outreach Team for their support.

This case illustrates the profound impact of prostheses in changing a person’s life, restoring mobility, rebuilding confidence, altering societal perceptions, and improving quality of life. Amar and his wife hope for continued support to maintain his improved lifestyle.

**The Community Medical Outreach Project provides essential medical interventions to people in rural Nepal who lack access to health facilities and basic first aid knowledge, enabling them to overcome physical and social barriers and lead a life of dignity and independence.**

*“People don’t even realise I’m disabled anymore. An elder sister from my village was amazed to see me walking and asked, ‘Amar, did your legs grow?’”*

- Amar Bahadur Ale



# Project Highlights

## Towards Zero Leprosy Strategic Initiative Project

In the fiscal year 2080/81 (2023-24) key achievements include identifying 287 new leprosy cases and providing inpatient treatment and complication management to 555 patients. Through community awareness programmes and screening camps, the organisation reached 7,803 people.

Additionally, INF Nepal conducted capacity-building training for 102 health professionals and carried out 46 targeted awareness activities, directly engaging over 10,000 community members and stakeholders. Due to advocacy efforts on reducing stigma and emphasizing the importance of leprosy awareness, four local levels in Lumbini Province have allocated budget for awareness raising for FY 2081/82 (2023-24).

The programme also provided physical rehabilitation, including re-constructive surgeries, to 38 individuals and supplied assistive devices to 725 people affected by leprosy. Socio-economic rehabilitation was supported for six individuals from high-endemic areas in Lumbini Province. The Towards Zero Leprosy Strategic Initiative Project has strengthened collaboration across its three hospitals, securing support from the Government of Nepal for physical rehabilitation, re-constructive surgeries, and medical supplies.

## Biomedical Equipment Test Project

The 5-year Biomedical Equipment Test project, marks a significant advancement in enhancing the capacity and professionalism of our biomedical department, aligning with our current scope of work. Key test equipment was procured, enabling comprehensive safety and performance testing during preventive maintenance and troubleshooting.

During the reporting period, the successful implementation of the second phase of equipment procurement was achieved. With this equipment, we conducted our first tests on infusion pumps, electro surgery devices, defibrillators, and AEDs, which are now regularly tested. Additionally, the workshop underwent significant upgrades to create a more efficient work environment, and minor tools were acquired for labeling and troubleshooting purposes. In early 2024, we received the third phase of equipment, enabling further testing of X-ray and ultrasound medical devices.

**Routine checkup of mobile X-ray machine in GPH's Bio-medical department**

## Sunita Project

The Palliative Care (PC) project successfully implemented approximately 90% of its work plan. A total of 741 health workers, 6,046 community members, 409 Female Community Health Volunteers (FCHVs), and 5,371 participants, including 386 teachers and 4,985 students, received orientation on palliative care. Additionally, 208 staff members from the Gorkha Welfare Trust were trained in palliative care.

On the pharmacy front, the project met its targets by ensuring the availability of morphine and other pain management medications at seven project site health facilities. The project's findings were presented at various national and international conferences, including the PC conference in Spain, RTSTI in Pokhara, and the Youth Conference in Kathmandu.

To date, the project has reached 7,517 individuals with palliative care services and approaches. Furthermore, the project initiated the ECHO follow-up, a distance teaching and learning platform for health workers, with scheduled monthly sessions being run through the hub at GPH.

## Care for Cure Project

This project is dedicated to providing treatment and care for individuals affected by leprosy. Over the past year, the project covered the expenses for one patient bed at GPH for an entire year, as well as one patient bed at both Banke and Surkhet for six months each. Additionally, a leprosy screening camp was conducted in Banke District.



# Shining Hospital Surkhet

Founded in 1977 as a leprosy clinic in Surkhet, Shining Hospital Surkhet (SH-IS) has evolved into a 25-bed hospital, duly registered with the Surkhet District Health Office. Dedicated to serving the poor and disadvantaged people of its catchment area, notably within the Karnali Province, SH-IS stands as a place of Hope and Care.

Our primary mission at SH-IS is to provide comprehensive support to individuals affected by leprosy and disabilities, fostering their journey towards holistic transformation. Through a blend of clinical interventions and community outreach initiatives, we strive to make a positive impact on their lives and well-being.

## Clinical and Operational Performances

### Leprosy and Dermatology Services

This year, the hospital made progress in diagnosing and treating various conditions. A total of 52 new leprosy cases were diagnosed, along with 14,280 dermatological OPD visits. The laboratory conducted 137 skin smear tests and 12,377 other tests, while 338 individuals received assistive devices. Additionally, 829 complications were managed through OPD and IPD services, and 21 leprosy cases were referred to other agencies for further treatment.

The hospital also played a crucial role in supporting local healthcare initiatives. It provided technical assistance to district and local governments on four occasions to conduct leprosy screening camps. Furthermore, the hospital supported the provincial government by facilitating a three-day Basic Leprosy Training (BLT) and laboratory test training for government lab technicians, enhancing their ability to diagnose leprosy. In collaboration with government agencies, three leprosy outreach camps were conducted in the Achham and Mugu districts.

### Physical Disability and Rehabilitation

The General Rehabilitation Unit is dedicated to providing high-quality care, treatment, and rehabilitation services, including specialized care for Spinal Cord Injuries (SCI), to individuals with disabilities, including those affected by leprosy. The unit aims to enhance mobility and overall efficiency in patients' daily lives.

Over the past year, 736 patients received therapeutic services, with 49 of them specifically treated for Spinal Cord Injuries by our hospital staff at SH-IS, leading to significant improvements in their functional abilities. Additionally, the unit provided 40 orthotic and prosthetic devices, and 32 wheelchairs were distributed to patients in need. A total of 8,091 physiotherapy sessions and 397 occupational therapy sessions were conducted, further supporting patients in their rehabilitation journey.

### Fistula Treatment Centre

17 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. 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. During this reporting period, 57 surgeries were performed on 44 women and girls to address obstetric fistula, with 390 gynaecological OPD consultations conducted. Through the community outreach programme, 8,523 individuals, including doctors, health workers, Female Community Health Volunteers (FCHVs), and other community groups were educated about obstetric fistula.

Additionally, a high-level meeting was organized with key stakeholders, including Karnali Province Hospital in Surkhet, the Family Welfare Division in Kathmandu, and the Provincial Social Development Ministry of Karnali Province. The focus of these discussions was on securing budget allocation for the Fistula Centre through Karnali Province Hospital. As a result of these efforts, the Social Development Ministry of Karnali Province has allocated a budget for the Fistula Centre, for its sustainability within the provincial hospital.

## Patient Care Statistics



### Leprosy and dermatology

Outpatient visits	829
Inpatient admissions	75
New leprosy cases	52
Dermatology outpatient visits	12,681
Skin smear tests performed	137
Patients provided with health education (Patient visit)	75
Patients received assistive devices and footwear	212
Lab tests performed	12,232



### Physical medicine & rehabilitation

Spinal cord injury (SCI) cases	47
Cerebrovascular accident (CVA) cases	105
Cerebral palsy (CP) cases	41
Clubfoot cases	15
Physiotherapy sessions provided	8,091
Occupational therapy sessions	397
Prosthesis and orthosis (P&O) devices provided	79
Wheelchairs provided	32



### Hospital support services

Patients provided with hospital information	38,254
Medical charity (Province hospital)	1,015
Medical charity (INF Nepal)	9
Advocacy and Counselling services	507



### General disability

Outpatient visits	736
Inpatient admissions	101



### Fistula treatment services

Outpatient (Fistula) visits	79
Outpatient (Gynae) visits	390
Fistula surgeries conducted	57
New fistula patients	82
Uro-gynaecology consultation	5
Urodynamics tests performed	3
Visit by Fistula Expert for fistula surgery skill transfer	1



### Fistula outreach project

Coordination meetings conducted at province, district & local level	59
FCHVs oriented on Fistula	3,235
Health staff oriented on Fistula	973
Doctors and nurses oriented	201
Members of mother's groups oriented on Fistula	3,132
Community people oriented	1,755
Development workers oriented on Fistula	214
SBA trainee oriented	45

## Project Highlights

### Nepal Patient Navigation – INF New Life for Disabled Children:

This Project aimed to refer 25 children for further treatment with the project's support. As of this reporting period, the project team has successfully referred 16 new children (11 boys and 5 girls), these children were able to access improved treatment services after receiving financial assistance for travel from the project. Additionally, follow-up support was provided to 9 children, all of whom were under the age of 16.

### Care for Cure Project

SH-IS provided nursing care for the complication management and treatment of four leprosy patients. Among the four admitted patients, there was one boy, one adult male, and two females. These patients received comprehensive care, including medical treatment, nursing services, medication, therapeutic sessions, and lab services. In addition, they were provided with protective footwear and covered travel costs and accommodation during their visits to SH-IS.

## A Second Chance at Life

**Tara Budha\*, a 24-year-old from Naumule Rural Municipality in Dailekh, was living a peaceful life with her small family. Her husband worked as a labourer, and together they raised crops and livestock to make a living. However, their world was turned upside down when Tara fell from a tree while cutting grass for her goats, leaving her with a serious spinal cord injury.**

situation was evaluated, she was accepted and received the therapy she urgently needed.

At SH-IS, Tara worked with skilled therapists who helped her regain her strength and independence. She learned to sit and balance, use a mobility aid, and even perform daily activities like dressing and feeding herself again. She was also provided with the essential support to ease her transition while returning home. After two months of rehabilitation, she returned home with a wheelchair, an air mattress, a toilet chair, and modifications to her home to make it accessible. More importantly, she regained her sense of dignity and hope.

*“I’m so happy to have my independence back,” Tara shared with a smile. “Now, I can do things on my own again, and I’m excited to start helping my husband with work so we can support our family together.”*

- Tara Budha

**Tara’s recovery is part of a larger impact made by SH-IS. In the past year alone, 49 patients with spinal cord injuries like hers received therapeutic services, improving their functional abilities. Additionally, 136 people with disabilities were provided with rehabilitation services, helping them regain control over their lives.**

Unable to walk or care for herself, Tara was rushed to Karnali Province Hospital, where she underwent surgery. Despite the doctors' best efforts, she faced severe challenges in recovery. Simple tasks like sitting, feeding, and dressing became impossible without help. Her husband took care of her, but the cost of treatment had drained their savings, leaving them with no option for further rehabilitation.

Just as hope seemed lost, Tara learned about SH-IS medical charity programme through a visiting physiotherapist. Desperate for help, she applied to the programme. After her



## Restored Dignity

**Janaki\* Yadav, a 35-year-old woman from Banke District, Nepal, was married at just seven years old. Early marriage is a deeply rooted tradition in many parts of Nepal, where girls are wed before they have the chance to grow up. Janaki's life, like that of many other women, was shaped by this societal norm.**

In her community, the importance of having a son weighs heavily on families. Having a son is seen as essential for family honour and future security. When Janaki realized she could not give her husband a son, she made the heart-breaking decision to allow him to marry again. Despite the difficulty, she made this choice to maintain peace within her family. Over the years, she experienced five pregnancies, but only one child survived.

During her last pregnancy, complications left her with a fistula—a condition that caused constant leaking of urine. The physical discomfort was unbearable, but the emotional toll was even harder to bear. Janaki stayed away from family and social gatherings, knowing that people avoided her due to the smell and constant wetness. For years, she believed her condition was untreatable and silently accepted her fate.

*“I thought my condition was not curable, so I never sought medical help.”*

- Janaki

Her turning point came when she met a woman from her village who had suffered from the same condition but had fully recovered. Janaki was amazed and asked about her recovery. The woman told her about the INF Surkhet Fistula Centre, where she had received free surgery and care. Encouraged by this news, Janaki reached out and registered for treatment.

In August 2023, Janaki underwent surgery at the INF Surkhet Fistula Centre. After two weeks of recovery, her condition was completely healed. For the first time in years, she was dry, comfortable, and able to re-join her family and community without shame or embarrassment. Janaki now participates in social and family events with confidence and is deeply grateful for the life-changing care she received.

*“I never imagined I could live like this again.”*

- Janaki

**Janaki's story is just one of many. In the past year, INF Surkhet Fistula Centre has become a lifeline for many women like her. Eighty-two new fistula patients were identified, bringing to light how many women in rural areas are silently suffering, unaware that treatment is possible. Of those, 57 received surgeries that gave them a second chance at life. The work of the INF Surkhet Fistula Centre is more than just medical care—it is restoring dignity and offering hope to women who thought their conditions were untreatable.**



# Shining Hospital Banke


Shining Hospital Banke (SH-IB) is located in Janaki Rural Municipality-3, Banke. It is a 24-bed hospital with special focus on leprosy to the wider population of the Banke, Bardiya and neighbouring districts of India. It runs a leprosy clinic, providing examination and diagnostic services to people with signs and symptoms of suggestive leprosy. The hospital also serves patient with dermatological condition and also operates its services in the area of NTDs in the agreed project basis. 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.


## Clinical and Operational Performances

Throughout the year, the hospital operated efficiently, meeting its planned objectives and serving the community as intended. During the reporting period, all hospital departments, including Outpatient (OPD), Inpatient (IPD), Laboratory, Pharmacy, and Self-Care remained fully functional. These departments collectively provided services to 17,265 OPD patients, 122 IPD patients, and conducted 12,169 laboratory tests, including 838 skin smear tests for leprosy diagnosis. Additionally, the hospital facilitated 1,080 voluntary muscles test/sensory test (VMT/ST) sessions and distributed 179 pairs of protective footwear.

The hospital also extended its reach through community visits, conducting contact tracing for 948 individuals. Moreover, 10 outreach camps were organized, serving 1,770 people, with 23 new leprosy cases detected.

To enhance capacity and awareness, the hospital conducted various training and orientation programmes. These included Basic Leprosy Training (BLT), laboratory training and leprosy orientation sessions for different groups: Female Community Health Volunteers (FCHVs), Self-Help Group (SHG) members, mother's groups, traditional healers, school students, and political leaders.

 <b>Leprosy and dermatology</b>	
Outpatient visits	2,567
Inpatient admissions	122
New leprosy cases	146
Dermatology outpatient visits	12,433
Skin smear tests performed	838
Patients provided with health education (Patient visit)	122
Septic surgeries performed	11
Patients received assistive devices and footwear	179
Lab tests performed	11,331

 <b>Health capacity building</b>	
Health workers provided with Basic Leprosy Training (BLT)	74
Lab staff provided with Slit Skin Smear Microscopic Training	10
FCHV's provided with Basic Leprosy Orientation	353
Participants of Basic Leprosy Orientation in School	308
Participants provided with Basic Leprosy Orientation in MGs	4,010
Faith-based leaders provided with Basic Leprosy Orientation	65
Political leaders provided with BLT	110

## Project Highlights

### Comprehensive Intervention for a Leprosy-Free Community

This project focuses on raising community awareness and providing examination, diagnosis, treatment, and care for leprosy patients. Major achievements include 17,265 OPD visits, 122 leprosy admissions, and 146 new cases identified. One outreach camp served 127 patients, with 27 Female Community Health Volunteers (FCHVs) receiving leprosy orientation and mobilized during the camp. A total of 1,082 nerve function tests (VMT/ST) were conducted, and self-care education was provided to 190 patients. Additionally, 179 pairs of shoes to leprosy patients in need, while 13 children of leprosy-affected families were supported with educational assistance.

### Leprosy-Free Community Project Banke

Focused on raising community awareness and strengthening the capacity of health workers. This project conducts outreach camps in high-prevalence areas for early case detection. Key outcomes include skin smear training for 10 laboratory health staff and basic leprosy training for 14 health workers. Two outreach camps screened 346 patients, diagnosing 4 with leprosy. Additionally, 47 FCHVs were trained and mobilized for case searches, and 308 school students along with 28 traditional healers received leprosy orientations. The project also provided educational support to 9 children of leprosy-affected families.

### Dignity Extension Project

This project strengthens health worker capabilities through training and supports leprosy-affected individuals by integrating them into Self-Help Groups (SHGs). Key achievements include Basic Leprosy Training for 26 health staff and leprosy training for 135 FCHVs. The project facilitated the formation of 2 SHGs with 18 members and provided leprosy orientation to 63 community groups. Additionally, 4 outreach camps were held, serving 771 patients and diagnosing 12 with leprosy.

## Healing and Hope

**Ram Bahadur\*, a 50-year-old man from Barekot, Jajarkot, lives with his wife and four children. His battle with leprosy started nearly 30 years ago when he first noticed an ulcer on his leg. He completed treatment in India, but the challenges didn't end there.**

Two years ago, Ram Bahadur experienced a relapse, and despite spending NPR 200,000 on treatment in India, his condition didn't improve. After returning to Nepal, the financial burden made it difficult for him to seek further treatment. In January 2024, he visited an INF Surkhet camp, where he was advised to seek further treatment, but due to financial difficulties, he delayed treatment.

Ram Bahadur finally made it to INF Surkhet, and recognizing his condition's severity they referred him to Shining Hospital in Banke for specialized care. At Shining Hospital, he received daily

wound care for his ulcer, with the staff carefully dressing the wound and teaching him how to clean and protect it himself. Over time, with their support and care, his ulcer began to heal, giving him relief after years of struggle.

The team at Shining Hospital didn't just treat his wound—they gave him guidance on how to care for himself in the future, including regular cleaning and inspection of his ulcer. The support he received allowed him to experience the healing, regain his independence and return home with hope. Thanks to their care, Ram Bahadur's condition improved, bringing relief to him and his family.

*"I'm so grateful for the care I received at Shining Hospital," Ram Bahadur shared. "The staff treated me like family. Thanks to them, my wound is healing, and I can look forward to better days with my loved ones."*

- Ram Bahadur

**In the last fiscal year, SH-IB treated many patients with similar challenges. Out of 122 admissions, 76 were for ulcers, with 59 being recurrent cases. Thanks to the hospital's ongoing care, many patients have been able to heal and move forward with their lives.**





**Amaravati Pasi from Badhani, Maharajgunj-6, Kapilvastu, at the local milk collection centre. With the support of a buffalo provided by INF Nepal, she sells the milk produced to the centre, generating income and supporting her family's livelihood.**

## Our work

# Community Health & Development



14,546

Total SHG Members



21,660

Households reached



2,496

Action plans implemented



50

Accessible infrastructures constructed



The transformation of communities is at the heart of INF’s vision. Community Health and Development (CHD) initiatives are a key strategy for realizing the vision. INF Nepal has always focused on serving the poorest and most vulnerable communities across western Nepal to bring ‘Life in all its fullness.’ INF’s transformational development strategy focuses on a community-led inclusive development approach (CIDA). The participatory CIDA approach focuses on strengthening people’s capacities and strengthening collaborative actions. It implemented through the formation of self-help groups [SHG] at the community level in all its health and development programmes.

The overall goal of CHD programme is “Reduced poverty and sustainably improved quality of life in empowered and inclusive communities who take collective action for their development.”



### Self-Help Groups

Total SHGs	726
Total SHG Members	14,546
Household reached	21,660
Cooperatives registered	7



### Infrastructure

Accessible infrastructures constructed or modified	50
Health facilities equipped (birthing centres, basic health care centres)	11



### Disaster Risk Reduction

Disaster management committees established	27
--	----

## Livelihood and Resilience



Livelihood and Resilience is a key thematic area for INF Nepal, focused on improving the well-being, food security, and livelihoods of vulnerable communities. This programme aims to increase agricultural productivity, reduce poverty and hunger, and promote indigenous crops, knowledge, and sustainable practices.

Through targeted interventions, the programme empowers communities to improve food security, income, and quality of life through sustainable agricultural practices, skill and entrepreneurship development, and health and nutrition improvements. It also addresses disaster risk and income generation, equipping communities with the tools and knowledge needed to build resilient futures. The overarching goal is to reduce poverty and sustainably improve the quality of life in empowered, inclusive communities that actively participate in their own development.

### Livelihood and Resilience - At a Glance

**726** SHGs were regularly facilitated (45 new SHGs formed), addressing community issues like human trafficking, GBV, disaster resilience, livelihood, and disability.

**2,496** action plans implemented through SHGs driving community-led initiatives and development.

**7** Cooperatives are registered by SHGs Cooperatives. This registration of SHGs into the cooperative will support sustainability and ensure its presence in the long run. 4,077 members have financial access through these cooperatives.

**792** HHs received an improved cooking stove enhancing cooking efficiency, reducing environmental, health impacts and workloads.

**38** Drinking water system benefiting 889 HHs. These drinking water systems were constructed in collaboration with the local government and the community.

**7** Irrigation Canal constructed. A total of 541 HHs benefited from improving agricultural productivity.

**111** Migrant returnees were provided with vocational training. Returnee migrants and marginalized people were supported with agriculture supplies and skill development.

**53** Female Community Health Volunteers were provided with the training. The training focused on target communities' health issues and improved the quality of service in government health facilities.

**213** community members received livestock rearing training, enhancing their skills and boosting agricultural productivity.

**618** community members received modern farming training, improving agricultural techniques and productivity.

**713** community members received income generation support through entrepreneurship, fostering economic growth and self-sufficiency.

# Climate Friendly Farming

**My name is \*Suva, and I live in Moulaban Tole, Sunchahari Rural Municipality with my husband, son, and daughter.**

**O**ur village is far from the main market, and it takes over four hours by jeep, followed by a half-hour walk to reach our home. Most people here, like us, rely on farming for livelihood, growing crops like wheat, barley, and corn. However, harsh winters and unpredictable rainfall bring droughts and landslides, making it difficult to grow enough food.

Water has always been a problem in our village. We had one small source, but we didn't know how to make the best use of it for both drinking and farming. Our crops suffered, and we struggled sustain.

Everything changed when INF Nepal launched the Climate Change Initiative in our community. I joined the Danfe Self-Help Group, where we learned about climate change and how it affects our village. More importantly, we were taught ways to adapt to changing weather patterns, collecting household water and using climate-friendly farming techniques.

With support from INF Nepal, I received a plastic tunnel, drip irrigation system, and seeds for climate-resistant crops. I started growing tomatoes inside the tunnel and vegetables like beans, chilies, and okra outside, using organic methods to avoid harmful chemicals. The results were immediate. We now have fresh vegetables year-round, and I sold over 250 kg of tomatoes in just one month, earning NPR 27,000. This income has been life-changing. Before, what we earned from wheat and corn could barely last a month, but now it sustains us for much longer.

With better farming methods and efficient water use, our livelihood has improved. My children are healthier, and we can afford school supplies without worry. Thanks to INF Nepal's project, we now manage our farm better, and my husband no longer needs to seek work elsewhere. We are becoming more self-reliant and looking ahead, we want to expand our farming ventures."

**In the last fiscal year, 618 community members like Suva received training in modern farming techniques to improve productivity. Additionally, 713 people were provided with income generation support, fostering entrepreneurship and self-sufficiency in their communities. Through these initiatives, CHD programme strengthen the livelihoods and resilience in vulnerable communities, ensuring long-term sustainability.**



# Health and Disability Inclusion

Persons with disabilities represent one of Nepal's most vulnerable and least empowered groups. Often viewed as a burden within families and subject to stigma and discrimination, they face limited access to health, education, and livelihood opportunities.

INF Nepal addresses the specific and social needs of people with disabilities through its community development programmes. Empowerment at the grassroots level is achieved by forming and strengthening self-help groups and networks, promoting meaningful inclusion within families and society. Collaborations with local partner organisations; like Self-Help Groups (SHGs), and Organisations of Persons with Disabilities (OPDs) are central to this effort. Coordination and advocacy with government agencies has helped in creating a supportive environment and facilitating access to mainstream support mechanisms and facilities.

## Health and Disability Inclusion - At a Glance

**225** persons with disabilities received disability cards facilitating their access to essential services and support such as social security allowances and other health services.

**90** self-help groups were formed. Government registered Organisations of People with Disability (OPD) is growing with their capacity and advocacy. 22 OPDs of Mugu, Jumla, Surkhet, and Dang, including ward-level OPDs, were able to access the local government budget of NRs 3,735,000.

**357** persons with disability received assistive devices, helping them to increase mobility, functional ability, and independence.

**55** people with disability received vocational training, equipping them with skills for employment and enhancing their economic opportunities.

**50** accessible infrastructures constructed and modified to be accessible, improving inclusivity and ensuring that people with disabilities can navigate and use these spaces effectively.

**55** people with disability engaged in income generation activities empowering them with opportunities for economic independence and improved livelihoods.

**3,195** people sensitised on disability and inclusion fostering greater awareness and support for the needs of individuals with disabilities.

**152** health workers and FCHVs trained in disability, enhancing their ability to provide inclusive and effective care for individuals with disabilities.

**63** people received Primary Rehabilitation Training (PRT), gaining skills to support and enhance the rehabilitation services for people with disabilities.

**195** people with disabilities were involved in the decision making forum, ensuring their voices were represented in shaping community policies and practices.

# Walking Again

**\*Kal Bahadur, 53, from Tila RM in Jumla, lived without any disabilities until he was 23 when he started having severe problems with his leg.**

As his condition worsened, he lost the ability to walk properly. His neighbours had to carry him to the local hospital in Jumla, where doctors diagnosed him with cancer in his left leg. The treatment required an amputation, which changed Kal Bahadur's life completely, bringing physical and emotional challenges.

Despite his disability, Kal didn't give up. He created a wooden leg for himself and tried to adapt. Life became harder, with the burden of financial and household responsibilities falling on his parents and wife. Kal attempted to work by grazing cows and goats, but the wooden leg caused sores and made it painful to continue.

This is when INF Nepal's CHD Project stepped in. Through the formation of the Nadeyafa Disability Group and coordination with INF's Jumla branch and Green Pastures Hospital in Pokhara, Kal was provided with an artificial leg.

With the new prosthetic leg, Kal regained much of his mobility. He is now able to take part in daily activities and care for his cattle again.

*"I can now walk without a stick and work like others. My family and neighbours are happy to see me doing well,"*

- Kal Bahadur

Krishna Rawat, chairperson of the Self-Help Group, added, "Supporting Kal has brought joy to his family and the community, and it shows that INF Nepal stands by those who need help the most."

Kal Bahadur's story is just one example of CHD projects broader impact. In the last fiscal year, through the project support and advocacy 357 persons with disabilities received different types of assistive devices, helping them increase mobility, functional ability, and independence. Additionally, 225 individuals received disability cards, granting them access to essential services like social security allowances and healthcare.



Before: Kal Bahadur with his handmade (self-made) wooden leg.



After: Kal Bahadur with his new prosthetic leg, ready for a fresh start.

**CHD**

# Maternal and Neonatal Child Health

Nepal's Constitution (2015) ensures the right to safe motherhood and reproductive health services. The MNCH project is dedicated to improving reproductive health and preventing child marriage, a prevalent form of sexual and gender-based violence (SGBV). This project focuses on enhancing health and gender equality among adolescent girls and women of reproductive age. By empowering marginalized communities to exercise their reproductive rights and access necessary

services, the project aims to reduce child marriage, keep adolescents in school, and lower the adolescent birth rate.

Through community-driven, evidence-based activities, the MNCH project directly invests in empowering women and girls, addressing SGBV, and promoting the utilization of quality, gender-responsive health services. The comprehensive approach works at both individual and community levels, integrating health and education systems to achieve lasting impact.

## Maternal and Neonatal Child Health - At a Glance

**4** Health workers (2 ANMs and 2 AHW) received implant training to provide the family planning services which contributes to increased access to reproductive health care, enhanced family planning options, and improved maternal and child health outcomes in the rural community.

**39** FCHVs were trained in essential knowledge and skills on sexual and reproductive health (SRH) to effectively facilitate Mothers Group Meetings, empowering women with crucial health information.

**11** Health Facilities (2 Birthing Centres, and 9 Basic Health Care Centres) were provided with equipment such as, delivery beds, delivery sets, autoclave machine, auto analyser, oxygen cylinders, improving their capacity to provide quality maternal and child health care.

**1,354** adolescent girls and boys were provided Comprehensive Sexuality Education (CSE) sessions, equipping them with vital knowledge and skills for informed and responsible decision-making regarding their sexual and reproductive health.

**48** religious leaders and traditional healers (ward level) received training on Sexual and Reproductive Health and Rights, Gender Equality, Sexual Gender Based Violence, and child marriage enhancing their ability to advocate for and support community health and social justice issues.



# Maternal health odyssey in remote communities

**INF Nepal CHD programme launched a project focusing on Maternal and Neonatal Child Health (MNCH) and Sexual and Reproductive Health and Rights (SRHR) in the remote Khandachakra Municipality of Kalkot District.**

Identifying the urgent need for improved healthcare, to address the challenges faced by pregnant mothers in accessing quality services.

In the remote communities like Kalkot, due to geographical barriers and a shortage of trained personnel, many pregnant women are forced to seek help far from home or resorted to unsafe home deliveries. The project provided Skilled Birth Attendant (SBA) training to local government healthcare workers, including Dolma, a 26-year-old nurse and government health worker at the Pankha Birthing Centre.

Dolma's centre became a crucial point for change, and with INF's support, she received SBA training along with seven other healthcare providers. Beyond her initial training, Dolma was also given the chance to undergo Rural Ultrasound Training at Surkhet Provincial Hospital.



This training has been a turning point for healthcare delivery in the area, equipping healthcare providers with essential skills to improve maternal and neonatal care.

Since the training, the Pankha Birthing Centre has begun offering delivery services, significantly improving access for expectant mothers. In just seven months, the centre successfully assisted eleven pregnant women, carefully managing complications, including a critical case that required airlifting to a Provincial Hospital in Surkhet. In addition to training, INF has equipped the birthing centre with essential medical supplies and equipment, such as an R-USG machine, baby warmer, and oxytocin storage fridge. These resources have greatly improved the quality of care provided and ensured timely medical interventions for mothers and newborns.

Dolma's journey at Pankha Birthing Centre is an example of how through targeted training and right resources the quality healthcare can be delivered even in the most challenging environments.

*“INF has made significant contributions to Pankha Birthing Centre. Women and adolescents are now effectively receiving SRH and MNCH services. As a health worker, I can help reduce maternal and neonatal mortality rates by providing skilled care at every birth.”*

- Dolma

**CHD programme is fostering a sustainable model of care that empowers communities and enhances health outcomes by focusing on training and equipping local healthcare providers. Over the last fiscal year, the project successfully trained 43 healthcare workers, including Female Community Health Volunteers (FCHVs) on SRH, and provided specialized implant training for four healthcare providers. In addition to training, it equipped 11 health facilities—comprising two birthing centres and nine basic health care centres — with essential medical equipment.**



Newly born baby at the birthing centre

**CHD**

# Gender Equality and Social Inclusion



INF Nepal focuses on promoting, empowering and improving women's status and main streaming in its projects. Additionally, INF Nepal also works to strengthen women's leadership and participation in the local organisation and governance structures with an intentional focus to advance the status and rights of women within INF and in communities. We are prioritizing social inclusion in our project and giving equal importance and voice to both genders, aiming to create an inclusive and Gender friendly communities.

## Gender Equality and Social Inclusion - At a Glance

**187** people received training and orientations on GBV legal aid, advocacy, case management, and counselling, enabling them to identify GBV cases in the community and provide effective counselling and referral support.

**23** cases of gender-based violence (GBV) were identified, with 3 cases resolved and 20 referred to the appropriate authorities. The identified cases included issues related to GBV, child marriage, polygamy, and human trafficking.

**16** campaign events were held in observance of the 16 Days Against GBV and Women's Day, in collaboration with local government and communities, to advocate for gender equality.

**885** community members were part of a Gender Analysis Tools study, uncovering gender disparities in community leadership and resource allocation, addressed via advocacy.

**11** regular meetings were held throughout the year for networking, coordination, and collaboration between local government authorities, like-minded organisations, and networks.

**121** students, received orientation on gender equality, stereotypes, child marriage and chhaupadi, promoting awareness and social change.

Gender audit was completed at the INF Nepal central office, evaluating gender practices and promoting gender equality within the organisation.

# Malati's journey of resilience

**Malati Bista\*, a 47-year-old resident of Sothargaun in Ward No. 1 of Naraharinath Rural Municipality, Kalikot, was married off at the tender age of fifteen to a man from her village.**

At just 17, she became a mother for the first time, shouldering the responsibilities of parenthood at a young age. However, after a few years of marriage, her husband went to India in search of employment opportunities.

Malati's life took unexpected turns, especially after her husband's disappearance during his time in India. Despite her efforts to find him, he was nowhere to be found. Left in a state of despair, she stayed and sought refuge in her husband's family home with a hope for his return. However, during this period, there was no communication from her husband, no money, letters, or news reached her. There at her in laws house despite being poorly treated, she waited for her husband's return. After nine- long years of wait her husband returned back and was reunited.

The joy of reunion didn't last long. Malati found herself subjected to abuse and violence at the hands of her husband. She continued facing mistreatment from her husband and in-laws, adding to her challenges. Unable to endure the mistreatment and difficulties any longer, Malati made the difficult decision to leave her husband's home and return to her parental home. She took her daughter with her but had to leave her other children behind in the care of her in-laws. And later in 2015, she legally separated from her husband.

However, Malati didn't let these obstacles define her future. Instead, she found hope and support through Self-Help Group formed through INF Nepal initiated project in Naraharinath Rural Municipality. Her decision to join the Paribartan Self-Help Group under the INF Nepal's programme provided her with an opportunity to rebuild her life. By becoming an active member of the group, Malati gained access to valuable resources and training in agricultural practices. Through the training and support provided by the programme, Malati gained valuable skills in seasonal vegetable cultivation and integrated pest management.

With the seeds and materials provided, Malati ventured into vegetable farming, which eventually became a source of steady income for her family. Despite starting with limited resources, her determination and hard work paid off, earning her a humble

income of NPR 7,000 (USD 55) per month from her vegetable farming. Today, Malati not only sustains her family's food needs but also contributes to her daughter's education. Additionally, by saving money in the Self-Help Group, she ensures financial stability for the future.

**Malati's story highlights the struggles many women face in rural communities, where gender-based violence and early marriages can significantly hinder personal growth and independence. In a society where women's roles are often limited to caregiving and household responsibilities, Malati's journey reflects the urgent need for empowerment and support systems that uplift women. Empowerment involves not only economic independence but also social and emotional well-being as women like Malati gain confidence and a sense of belonging within their communities.**



# Anti-Human Trafficking

The CHD programme Anti-Human Trafficking project aims to reduce the incidence and vulnerability of human trafficking and violence in West Nepal. INF Nepal adopts a prevention model through Self-Help Groups (SHGs) mobilisation. SHGs members and their families are made aware on the risks of all types of trafficking, gender-based violence, and safe migration. The project supports at-risk families and survivors with vocational and business training to enhance their livelihoods.

Additionally, it strengthens civil society's role in combating human trafficking and gender-based violence by forming 'watch groups' that address these issues within their communities and advocate for justice. INF also empowers both civil society and local authorities, right holder and duty-bearers including Ward and Municipal Committees, to actively combat human trafficking.

## Anti-Human Trafficking - At a Glance

**271** SHGs were formed and mobilized; meeting monthly to discuss key issues. They also manage savings and support income-generation activities with minimal interest.

**23** HT cases were prevented through targeted interventions.

**74** GBV cases were addressed and resolved in the project area.

**5391** SHGs members were oriented on HT and SGBV topics, increasing their awareness and ability to address these issues.

**26** WCCHTs were formed and mobilized to prevent HT cases.

**80** SHGs members started businesses for income generation, enhancing their income generation and economic stability.

**102** SHGs members received vocational training in tailoring, mushroom farming, house wiring, carpentry, and beauty parlour services, aimed at increasing their income and economic opportunities.

**73** Police were oriented on HT, enhancing their skills in identifying and addressing trafficking cases.

**165** Faith-based religious leaders were oriented on HT and GBV issues, enabling them to address and advocate against these issues within their communities.

**806** adolescent boys and girls were educated on the concept of good and bad touch, promoting their understanding of personal boundaries and safety.

**148** FCHVs were oriented on the HT and GBV, enhancing their ability to support and educate their communities on these critical issues.

**81** Public vehicles were educated on human trafficking (HT) and informed on how to report HT cases, equipping them to play a crucial role in identifying and addressing trafficking incidents.

**1253** male SHG members were oriented on human trafficking (HT), gender-based violence (GBV), and safe migration, enhancing their awareness and ability to contribute to prevention and support efforts in their communities.



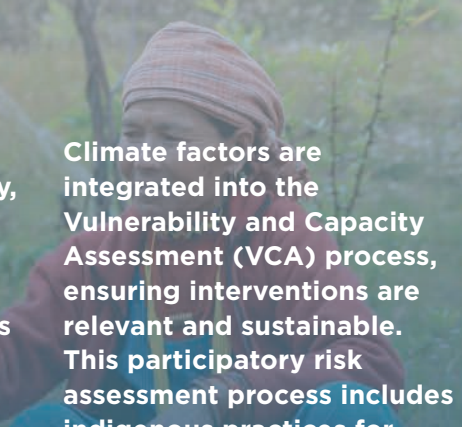
# Climate Change Adaptation and Disaster Risk Reduction



INF Nepal is committed to improving community resilience through its Disaster Risk Reduction and Resilience initiatives. By focusing on Community-Based Disaster Risk Management, INF Nepal equips local communities with essential disaster preparedness, response, and recovery skills through training, simulations, and management plans.

Disaster preparedness is implemented by forming response teams, stockpiling essential supplies, and

establishing early warning systems. To reduce vulnerability, efforts include supporting income-generating activities, diversifying livelihoods, and improving agricultural practices to withstand climatic shocks. Infrastructure development is also a priority, with the construction and rehabilitation of disaster-resilient housing, schools, and health facilities. Advocacy and policy dialogue are pursued to influence disaster risk reduction and resilience policies, ensuring the needs of vulnerable communities are addressed.



Climate factors are integrated into the Vulnerability and Capacity Assessment (VCA) process, ensuring interventions are relevant and sustainable. This participatory risk assessment process includes indigenous practices for early warning and coping mechanisms, enhancing the effectiveness of community-based disaster risk reduction plans. These comprehensive efforts aim to reduce disaster risks and improve the overall safety and well-being of the communities served.

## CCA and DRR - At a Glance

**27** Disaster Management Committees were established at the ward and municipal levels. Additionally, 232 SHGs set up separate disaster emergency funds and initiated seasonal grain collection to enhance disaster preparedness.

**1,149** community people trained in climate change and disaster management, equipping them with the knowledge and skills to respond effectively to environmental changes.

Updated INF Nepal Monsoon Preparedness Plan, 2024 to enhance readiness and response to monsoon-related challenges.

Updated INF Nepal Central office and District Office Climate Action Plan, to strengthen the organisation's commitment to environmental sustainability and resilience.

INF Nepal led Disaster Preparedness Network (DP-Net Nepal) in Gandaki province and enhanced networking for like-minded organisations.

## Less Wood, More Time

**In rural communities of Nepal, traditional cooking stoves are still widely used. However, these stoves consume a lot of firewood, take more time to cook, and release harmful smoke.**

This leads to respiratory issues, eye irritation, and adds extra strain on women, who are often responsible for gathering firewood. In areas where forests are shrinking, it takes even longer to collect wood, further increasing the burden on families and the environment.

Recognizing these challenges, the Nepal government has prioritized the use of Improved Cooking Stoves (ICS). These stoves are more efficient, reduce cooking time, and help lower the risks of respiratory diseases. They also have multiple benefits, such as reducing carbon emissions, allowing women to manage their household tasks more easily, and cutting down on the need for imported and traditional fuels.

INF Nepal has been working to support the use of ICS in two districts, Rolpa and Bajura. Last year, a total of 792 ICS were distributed across these areas. The results were clear: firewood consumption



decreased by 57%, from 3,440 kg to 1,946 kg, and women saved around 15.7 hours each month on cooking and cleaning tasks.

Women like Khemmaya\* from Bajura are already feeling the positive impact.

*“The amount of time and firewood needed has been reduced because of the ICS. I can now finish my household work faster, thanks to INF Nepal for the support.”*

- Khemmaya

**The use of ICS in these communities is not only improving the lives of women but also contributing to better health, reduced environmental impact, and greater efficiency in daily household activities.**



## Stakeholder Engagement

In 2080/81 (2023-2024), INF Nepal’s CHD programme actively engaged with stakeholders across several districts, resulting in important insights that shaped its projects. In Jumla, Mugu, and Dang, joint monitoring and advisory meetings led to improvements in infrastructure, disability support, and plans for income generation. In Surkhet, local leaders committed to financial collaboration for assistive devices, while in Kapilvastu, sanitation and skill development initiatives were well-received. Stakeholders feedback in Bajura and Kalikot highlighted the need for agricultural support,

income generation, and vocational training. In Rolpa, a drinking water scheme was launched, improving agricultural resilience in communities. In Banke, discussions focused on market linkages and addressing human trafficking and gender-based violence.

All together **27 joint monitoring visits**, **23 project advisory committee meetings** and **14 social audits** were conducted, strengthening cooperation with local governments and communities across the CHD programmes working areas.

# Immediate Response

## 12

HOUSEHOLDS



A total of 75 people (33 M, 42 F) affected by landslides received Shelter tool kits (sets) to support constructing houses in Bajura district.

## 56

HOUSEHOLDS



A total of 297 People (178 M, 119 F) affected by flood and landslide in Mustang received hygiene kit set, tarpaulins and blankets.

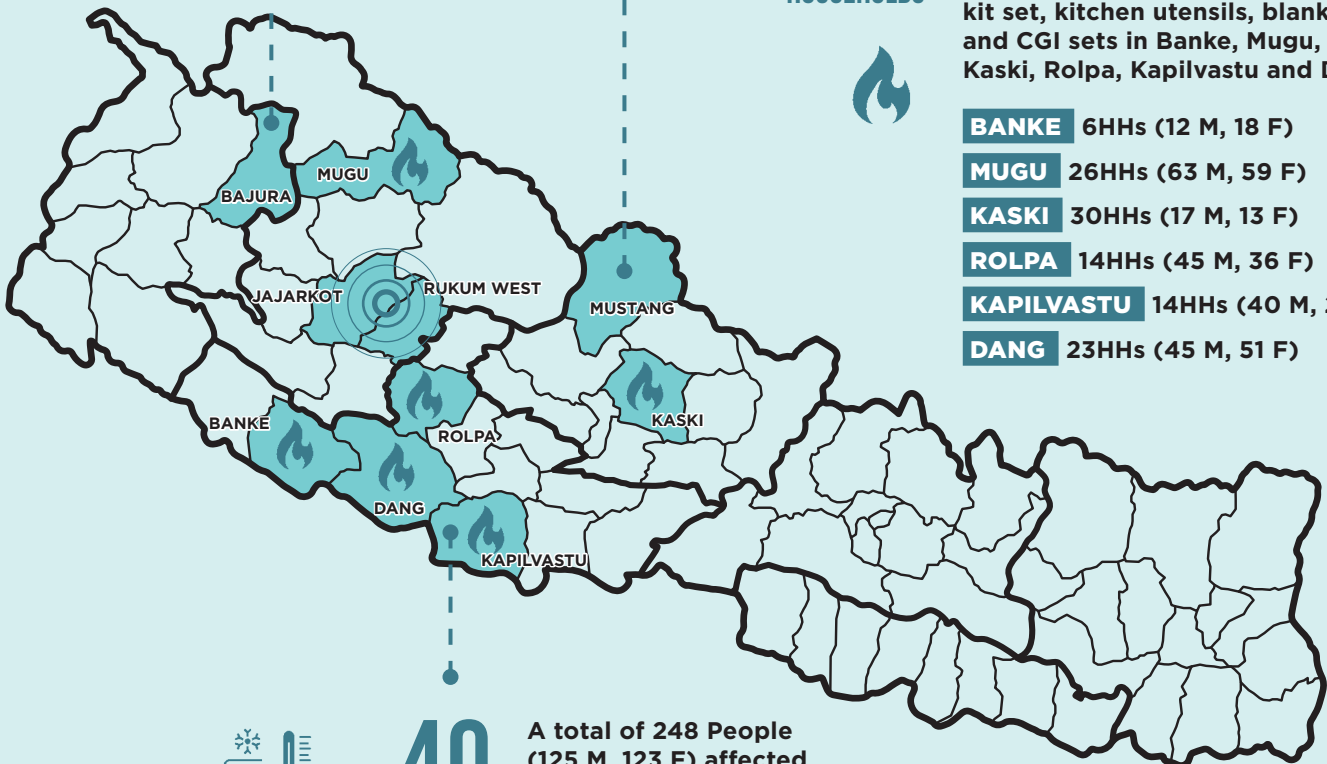
## 113

HOUSEHOLDS



A total of 427 People (222 M, 205 F) affected by domestic fire received tarpaulins, winterisation package, food package, hygiene kit set, kitchen utensils, blankets and CGI sets in Banke, Mugu, Kaski, Rolpa, Kapilvastu and Dang.

- BANKE** 6HHs (12 M, 18 F)
- MUGU** 26HHs (63 M, 59 F)
- KASKI** 30HHs (17 M, 13 F)
- ROLPA** 14HHs (45 M, 36 F)
- KAPILVASTU** 14HHs (40 M, 28 F)
- DANG** 23HHs (45 M, 51 F)



## 40

HOUSEHOLDS

A total of 248 People (125 M, 123 F) affected by cold wave received winterisation package in Kapilvastu district.

## 3,672

HOUSEHOLDS



A total of 17,653 people (9,004 M, 8,649 F) affected by earthquake received ready to eat food, food package, hygiene kit set, WASH orientation, shelter tool kits (Sets), winterisation package, tarpaulins, blankets, assistive devices, psychological first aid, psychological counselling and safeguarding orientation in Jajarkot and Rukum West.

- JAJARKOT** 3,162 HHs (7755 M, 7450 F)
- RUKUM WEST** 26,510 HHs (1249 M, 1199 F)





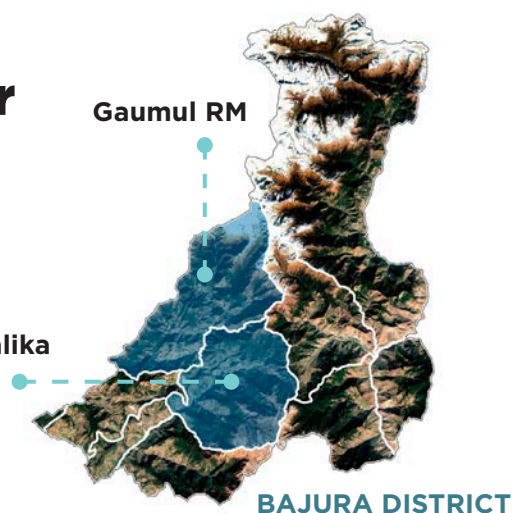
**Bhaga Rokaya, a resident of Gaumul-2, Dahakot, Bajura, proudly displays her Juchini produced from her farm. She received seeds, saplings, fertilizers, a polyhouse, and training from INF Nepal's Climate Change Adaptation for Sustainable Livelihood project.**

## Project Completion

# Climate Change Adaptation for Sustainable Livelihood Project (CCAL)

### PROJECT GOAL

To empower local governments and communities to manage the impacts of climate change



Funding Partner : BMZ/Terra Tech, INF UK, INF Australia

Project duration : 3 years



### Livelihood and Resilience

**240** farmers are now operating small businesses from their agricultural produce. **(Target: 280)**

**37%** of farmers (139 out of 379) have diversified their income by engaging in livestock rearing. **(Target: 379)**

**46%** (237 out of 511) of participants are actively involved in businesses related to farm products. **(Target: 250)**

**1** vegetable collection centre was established and 1 community seed bank, fostering sustainable agro-production and linking farmers to markets, thus shifting from subsistence to commercial agriculture. **(Target: 2)**

**25** farmers supply an average of 20-25 kg of vegetables daily to the collection centre, with 15 hotels regularly purchasing from this centre. **(Target: 25)**



### Climate Change (Adaptation, Mitigation & Resilience)

**509** HHs have adopted rainwater harvesting technologies, improving water availability for agriculture. **(Target: 350)**

**71** HHs utilize grey water collection pits, enhancing water conservation and ensuring reliable irrigation for kitchen gardens during droughts. **(Target: 30)**

**1,955** metallic improved cooking stoves have been installed, reducing women's workload, firewood consumption, and kitchen smoke pollution. **(Target: 1944)**

Firewood use was reduced by 57% (equivalent to 1,476 kg/month) across 10 community forest user groups.

**2** improved water mills were promoted, benefiting 564 HHs by reducing greenhouse gas emissions and enhancing local milling capacities. **(Target: 1)**

**9** villages within the project area have been declared as climate-resilient, based on established resilience indicators.



### Disaster Risk Reduction

**2** local disaster and climate resilience plans have been developed and updated in Badimalika Municipality and Gaumul RM. **(Target: 2)**

**3** ward disaster management committees were established, enhancing local disaster response capacities, particularly in supporting the safe transportation of pregnant women to health posts. **(Target:3)**

Supported the construction of 3 pathways and repaired 1 watering tap, increasing community access and reducing disaster-related risks. **(Target:3)**

**4** hazard maps were prepared, aiding communities in identifying risks and capacities, and supporting disaster management efforts. **(Target:4)**

# Project Completion

## Sustainable Development through Community Based Inclusive Development Project (SAMBRIDDI)

MUGU DISTRICT

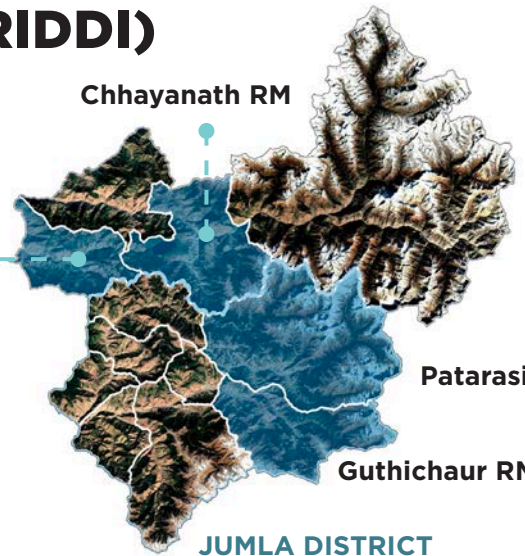
Chhayanth RM

Khatyad RM

Patarasi RM

Guthichaur RM

JUMLA DISTRICT



### PROJECT GOAL

To empower and strengthen to build inclusive, resilient and equitable society where they can live a dignified life in Mugu and Jumla

Funding Partner : CBM Global Disability Inclusion

Project duration : 5 years



### Livelihood and Resilience

**121** persons with disabilities engaged in various livelihood and income generation activities. (Target: 120)

**268** HHs received food and hygiene kits during floods and landslides, and 50 students (including 22 students with disabilities) were supported with educational materials. Additionally, 30 persons with disabilities received assistive devices. (Target: 260)



### Accessibility and Inclusion

**1,264** persons with disabilities were reached and organized into 66 Self-Help Groups (SHGs). (Target: 1200)

**8** health institutions and 31 houses of persons with disabilities were modified to enhance accessibility. Sign-language interpreters were made available at the RM/Municipality level as needed. (Target: 8 & 31 respectively)

**4** working municipalities endorsed disability policy with budget allocations in every RM/M. (Target: 4)

**37** persons with disabilities were referred for treatment, and 182 persons with disabilities received physiotherapy services. (Target: 36)



### Empowerment

**71%** of persons with disabilities became aware of their rights and were able to claim their entitlements. 21% were involved in decision-making processes within various social structures. (Target: 70% & 10% respectively)

**36** ward-level disability coordination committees (CBID Networks) were formed and officially registered with their respective Rural Municipalities/Municipalities. (Target: 36)

## Project Completion

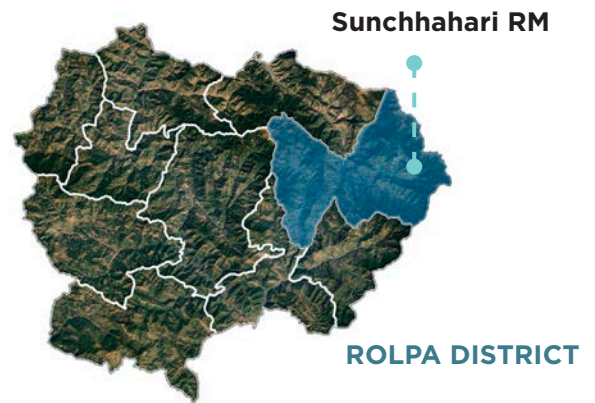
# Economic Development of Under Privileged Communities through Agricultural and Technological Empowerment Project (EDUCATE)

### PROJECT GOAL

Sustainable improvement in the quality of life of the people in Sunchhahari RM of Rolpa

Funding Partner : INF Australia

Project duration : 5 years



### Livelihood and Resilience

**27** Self-Help Groups (SHGs) have been successfully established and are operational, leading to the creation of 3 multi-purpose cooperatives. These SHGs are actively involved in various economic activities, ensuring regular savings and promoting sustainable development. **(Target: 27)**

**508** households have been provided with safe drinking water facilities, toilets, and improved cooking stoves, significantly enhancing living standards and health outcomes. **(Target: 508)**

**65%** of households have adopted sustainable environmental practices, including the construction of waste segregation pits, the use of compost manure and bio-pesticides, water conservation, and optimised wastewater usage. **(Target: 60%)**

**27** SHGs have initiated food grain collection systems, ensuring easy distribution to those in need during community disasters. **(Target: 27)**

**27** SHGs have established a social security fund of NPR 5,000 each, dedicated to addressing emergencies such as childbirth, accidents, deaths, and calamities. 15 SHG members have directly benefited from this fund, enhancing community resilience and mutual support. **(Target: 27)**



### Empowerment and Social Inclusion

**3** disability networks has been formed by the project that have effectively advocated for their rights. **(Target: 3)**

Through advocacy these networks have secured NPR 150,000 in coordination with the rural municipality. **(Target: Access to local resource)**

A Disability Protection Committee was established in the rural municipality for the first time, with the Vice-Chairperson serving as the committee chair, significantly enhancing the inclusion and empowerment of persons with disabilities in the community.

Gender networks within the project area have been proactive in addressing critical issues such as domestic violence, violence against women, and early child marriage.

## Project Completion

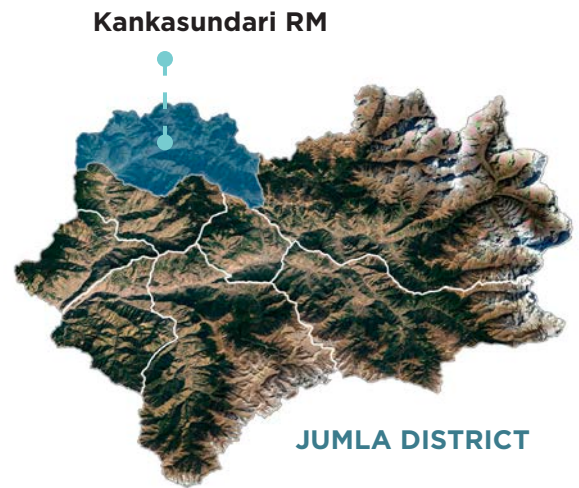
# Women Empowerment and Livelihood Project (WEAL)

### PROJECT GOAL

To improve the quality of life for the poor and marginalised people (particularly women) of the Kanakasundari Rural Municipality in Jumla

Funding Partner : INF Australia

Project Duration : 5 years



### Self-Help Groups

**111** SHGs were established and are now independently addressing issues related to women's empowerment, livelihoods, gender-based violence (GBV), and disability. **(Target: 111)**

**100%** (1,352 diverse) action plans were implemented, including repairs to drinking water systems, construction of foot trails and wooden bridges, acquisition of water mills and threshing machines, sanitation activities, tree planting, and waste pit construction. **(Target: 80%)**

**1** cooperative registered with 2,216 SHG members having financial access. **(Target: 1)**



### Livelihood and Resilience

**32%** (712 out of 2,216) of HHs have year-round food availability. **(Target: 30 %)**

**1,185** households (53.5%) engaged in agro-production activities, improving their livelihood with crops like vegetables, beans, apples, and potatoes. **(Target: 30 %)**



### Empowerment

**49%** of SHG members hold decision-making roles in various social structures. **(Target: 40%)**

**96** violence cases were reported; 18 were referred to the judicial committee and 78 were resolved by SHGs and HRD. **(Target: 90, 15 and 70 respectively)**

**92%** (2,035 out of 2,216) of SHG members received training on integrated community health and well-being. **(Target: 90 %)**

**53%** (1,185 out of 2,216) of SHG members enrolled in health insurance plans. **(Target: 50%)**



### Sanitation and Hygiene

**99%** (2,195 out of 2,216) of households now have access to piped water. **(Target: 80)**

**91%** (2,035 out of 2,216) of SHGs improved sanitation practices, including hand washing, toilet cleaning, and waste management. **(Target: 80%)**

**99%** (2,200 out of 2216) households have toilets, and use latrines making Kanakasundari RM officially Open Defecation Free. **(Target: 90%)**



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

**Opinion**

We have audited the accompanying financial statements of **The International Nepal Fellowship, Nepal (herein referred as INFN, or the NGO)**, which comprise the Statement of Financial Position as at Ashad 31, 2081, (July 15, 2024), the Fund Accounting Statement, the Statement of Income and Expenditure and the statement of Cash Flow for the year then ended on that date, and a summary of the significant accounting policies and notes to account (hereafter referred to as "the Financial Statements").

In our opinion and to the best of our information and according to the explanations given to us, the aforesaid financial statements presents fairly, in all material respects, the financial position of the INFN as at Ashad 31, 2081 (July 15, 2024), and its financial performance, cash flow 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 report 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 with Nepal Accounting Standards for Non for Profit Organizations, 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 member of Executive Committee are responsible for overseeing the NGO financial reporting process.



A handwritten signature in black ink, appearing to be "S. R. Pandey", written over a horizontal line.

## 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

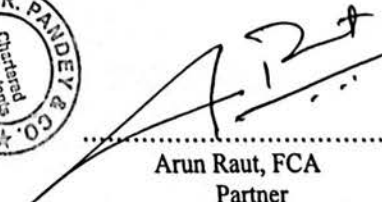
Based on our examination, we would like to further report that:

- 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 the Income Tax Act, 2002.

Place: Kathmandu  
Date: 24/09/2024  
UDIN: 240924CA00485zRsBB



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

  
Arun Raut, FCA  
Partner

## International Nepal Fellowship Nepal: Consolidated Financial Statements

### Statement of Financial Position as at 15 July 2024

(In Nepali Rupees)

	2023/24 Nrs	2022/23 Nrs
<b>ASSETS</b>		
<b>Non - Current Assets</b>		
Property, Plant and Equipment	422,254,985	428,520,798
Intangible Assets	952,953	227,319
Long Term Receivables	22,043,299	22,043,299
<b>Total Non - Current Assets</b>	<u>445,251,237</u>	<u>450,791,417</u>
<b>Current Assets</b>		
Inventories	33,987,610	25,763,441
Accounts Receivable	14,097,864	11,006,579
Receivable from INF International	53,683,531	28,479,578
Cash and Cash Equivalents	103,642,425	104,502,969
Investment in Fixed Deposits	121,175,000	118,979,839
<b>Total Current Assets</b>	<u>326,586,430</u>	<u>288,732,406</u>
<b>Total Assets</b>	<u>771,837,667</u>	<u>739,523,824</u>
<b>LIABILITIES &amp; FUNDS</b>		
<b>Funds</b>		
<b>Unrestricted Funds</b>		
Operating Fund	8,879,725	9,678,612
Designated Funds	179,121,571	151,393,955
Capital Reserve	423,207,938	428,748,118
<b>Restricted Funds</b>	24,158,134	34,701,735
Capital Endowment Funds	-	9,607,000
<b>TOTAL FUNDS</b>	<u>635,367,368</u>	<u>634,129,420</u>
<b>Non Current Liabilities</b>		
Employee Benefits Liabilities	30,240,194	18,985,861
Deferred Tax Liability	147,333	-
<b>Total Non Current Liabilities</b>	<u>30,387,527</u>	<u>18,985,861</u>
<b>Current Liabilities</b>		
Accounts Payable	106,082,772	86,408,543
<b>Total Current Liabilities</b>	<u>106,082,772</u>	<u>86,408,543</u>
<b>Total Liabilities &amp; Funds</b>	<u>771,837,667</u>	<u>739,523,824</u>


The notes to accounts form an integral part of the financial statements  
Approved on behalf of the INF Nepal Board by:

As per our audit report

  
CA Manju Thapa  
Director - Finance

  
Krishna Bahadur Adhikari, FCCA  
Executive Director

  
Dhana Lama  
Treasurer

  
Ram Chandra Twali Timothy  
Chairman

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

Date: 24-09-2024

  
INTERNATIONAL  
NEPAL  
FELLOWSHIP



**International Nepal Fellowship Nepal: Consolidated Financial Statements**  
**Statement of Income and Expenditure for the year ended 16 July 2024**  
(In Nepali Rupees)

	Unrestricted - Operating Funds	Unrestricted - Designated Funds	Unrestricted - Capital Reserve	Restricted Funds	Capital - Endowment Funds	Total 2023/24	Total 2022/23
	Nrs	Nrs		Nrs	Nrs	Nrs	Nrs
<b>Income</b>							
Incoming Resources							
Donor Grants	1,690,411	14,180,739	-	584,816,774	-	600,687,924	482,177,170
Donations and Gifts	50,000	390,040	-	15,127,276	-	15,567,316	22,554,267
Donated Equipment	-	-	-	284,126	-	284,126	1,537,450
Financial Income	6,858,575	1,062,223	-	1,433,558	-	10,254,356	13,538,768
Other Incoming resources	1,713,722	-	-	211,281,725	-	212,995,447	183,538,534
<b>Total Income</b>	<b>10,312,708</b>	<b>16,533,002</b>	<b>-</b>	<b>812,943,458</b>	<b>-</b>	<b>839,789,169</b>	<b>703,346,189</b>
<b>Expenditure</b>							
<b>Charitable Activities</b>							
<b>Programme Expenditure</b>							
Livelihood & Resilience	-	-	-	181,793,956	-	181,793,956	186,779,156
Mother and Neonatal Child Health	-	-	-	13,279,522	-	13,279,522	14,078,613
Disability Inclusion	-	-	-	88,613,915	-	88,613,915	59,673,795
Leprosy and Other Neglected Tropical Diseases	-	-	-	114,160,788	-	114,160,788	96,340,657
Climate Change Adaptation and Disaster Resilience	-	-	-	-	-	-	1,005,608
Ear Disorders	-	-	-	46,885,554	-	46,885,554	46,259,058
Disability and Rehabilitation	-	-	-	104,481,029	-	104,481,029	95,458,415
Palliative Care and Chronic Diseases	-	-	-	94,398,281	-	94,398,281	64,300,153
Obstetric Fistula	-	-	-	17,955,672	-	17,955,672	14,687,048
Hospital Services Support	-	-	-	3,857,542	-	3,857,542	3,775,110
Community Outreach	-	-	-	32,377,608	-	32,377,608	33,993,210
Disaster Response	-	-	-	32,595,538	-	32,595,538	5,794,676
COVID-19 Response	-	-	-	-	-	-	3,264,049
Charity	-	-	-	12,635,005	-	12,635,005	12,024,673
Hospital Development	-	-	-	7,015,078	-	7,015,078	8,129,466
Others Charitable activities	-	-	-	9,730,567	-	9,730,567	5,166,582
	-	-	-	759,780,054	-	759,780,054	650,730,269
<b>Designated Funds (Income)/Expenditure</b>							
Staff Care & Development	-	(2,684,244)	-	-	-	(2,684,244)	(1,249,491)
Staff Retirement Benefit Scheme	-	213,228	-	-	-	213,228	193,275
Staff Redundancy Expenditure	-	(163,350)	-	-	-	(163,350)	(1,407,017)
Staff Hospitalisation & Death Insurance Scheme	-	(439,001)	-	-	-	(439,001)	(280,214)
Depreciation	-	-	46,147,456	-	-	46,147,456	43,528,045
Hospital Development	-	-	-	-	-	-	-
Other Designated Funds Expenditure	-	(2,051,760)	-	-	-	(2,051,760)	8,380,348
	-	(5,125,127)	46,147,456	-	-	41,022,329	49,164,947
<b>Total Charitable Activities</b>	<b>-</b>	<b>(5,125,127)</b>	<b>46,147,456</b>	<b>759,780,054</b>	<b>-</b>	<b>800,802,383</b>	<b>699,895,216</b>
<b>Other (Income)/Expenditure</b>							
Governance and Management Cost	6,012,332	-	-	31,127,902	-	37,140,234	40,980,273
Foreign Currency (Gain)/Loss	36,686	-	-	(1,916)	-	34,770	(2,292)
(Gain)/Loss on Disposal of non current assets	-	-	70,417	-	-	70,417	(82,000)
<b>Total Other (Income)/Expenditure</b>	<b>6,049,018</b>	<b>-</b>	<b>70,417</b>	<b>31,125,986</b>	<b>-</b>	<b>37,245,420</b>	<b>40,895,981</b>
<b>Total Expenditure before Tax Expense</b>	<b>6,049,018</b>	<b>(5,125,127)</b>	<b>46,217,873</b>	<b>790,906,040</b>	<b>-</b>	<b>838,047,804</b>	<b>740,791,197</b>
<b>Income Tax Expenses</b>	<b>356,084</b>	<b>-</b>	<b>-</b>	<b>147,333</b>	<b>-</b>	<b>503,417</b>	<b>781,822</b>
<b>Net Surplus/(Deficit) before transfers</b>	<b>3,907,607</b>	<b>21,658,129</b>	<b>(48,217,873)</b>	<b>21,890,085</b>	<b>-</b>	<b>1,237,948</b>	<b>(38,226,830)</b>
Fixed Assets Management Fund Transfer	(1,474,816)	-	40,677,693	(39,202,877)	-	0	(0)
Gross Transfer between Funds	(3,231,677)	6,069,487	(0)	6,769,191	(9,607,000)	-	0
<b>Total Fund Transfers</b>	<b>(4,706,493)</b>	<b>6,069,487</b>	<b>40,677,693</b>	<b>(32,433,686)</b>	<b>(9,607,000)</b>	<b>0</b>	<b>0</b>
<b>Net Surplus/(Deficit) after Transfers</b>	<b>(798,886)</b>	<b>27,727,616</b>	<b>(5,540,180)</b>	<b>(10,543,601)</b>	<b>(9,607,000)</b>	<b>1,237,948</b>	<b>(38,226,830)</b>

The notes to accounts form an integral part of the financial statements

Approved on behalf of the INF Nepal Board by:



CA Manju Thapa  
Director - Finance

Date: 24-09-2024



Krishna Bahadur Adhikari, FCCA  
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 15 July 2024

(In Nepali Rupees)

	2023/24 Nrs	2023/24 Nrs	2022/23 Nrs	2022/23 Nrs
<b>Net Cash from/(used in) Operating Activities</b>		<b>31,757,955</b>		<b>(33,245,107)</b>
<b>Cash Flows from Investing Activities</b>				
<b>Returns on Investment and servicing of finance</b>				
Interest received on bank deposits	10,254,356		13,538,768	
Other interest received	-		-	
Interest payable	-		-	
		<u>10,254,355</u>		<u>13,538,768</u>
<b>Capital expenditure and financial investment</b>				
Payments to acquire Plant, property and equipment	(39,864,093)		(32,688,401)	
Payments to acquire Intangible assets	(813,600)		-	
Receipts from sale of Plant, property and equipment	(0)		82,000	
Investment in Fixed Deposit	(2,195,161)		10,470,161	
		<u>(42,872,854)</u>		<u>(22,136,240)</u>
<b>Net Cash from/(used in) Investing Activities</b>		<b>(32,618,499)</b>		<b>(8,597,472)</b>
<b>Cash Flows from Financing Activities</b>				
Increase in loans	-		-	
Decrease in loans	-		-	
Movement in endowments	-		-	
Transfers between funds	0		0	
		<u>0</u>		<u>0</u>
<b>Net Cash from/(used In) Financing Activities</b>		<b>0</b>		<b>0</b>
<b>Increase/(decrease) in cash in the year</b>		<b>(860,544)</b>		<b>(41,842,579)</b>
<b>Net cash resources at the beginning of the year</b>		<b>104,502,969</b>		<b>146,345,548</b>
<b>Net cash resources at the end of the year</b>		<b>103,642,425</b>		<b>104,502,969</b>

The notes to accounts form an integral part of the financial statements

Approved on behalf of the INF Nepal Board by:

As per our audit report



CA Manju Thapa  
Director - Finance

Date: 24-09-2024



Krishna Bahadur Adhikari, FCCA  
Executive Director



Dhana Lama  
Treasurer




Ram Chandra Twati Timothy  
Chairman



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



**International Nepal Fellowship Nepal: Consolidated Financial Statements**  
**Statement of Changes in Funds for the year ended 15 July 2024**  
(In Nepal Rupees)

	Unrestricted - Operating Funds	Unrestricted - Designated Funds	Unrestricted - Capital Reserve	Restricted Funds	Capital - Endowment Funds	Result for the year	Total
	Nrs	Nrs	Nrs	Nrs	Nrs		Nrs
<b>Balance as at 17 July 2022</b>	<b>13,538,842</b>	<b>175,149,455</b>	<b>439,587,762</b>	<b>34,473,191</b>	<b>9,607,000</b>		<b>672,356,250</b>
Result for the year						(38,226,830)	(38,226,830)
Allocation of Results to Unrestricted - Operating Funds	(3,860,230)					3,860,230	-
Allocation of Results to Unrestricted - Designated Funds		(23,755,500)				23,755,500	-
Allocation of Results to Unrestricted - Capital Reserve			(10,839,644)			10,839,644	-
Allocation of Results to Restricted Funds				228,544		(228,544)	-
Allocation of Results to Capital Endowment Funds					-	-	-
<b>Balance as at 17 July 2023</b>	<b>9,678,612</b>	<b>151,393,955</b>	<b>428,748,118</b>	<b>34,701,735</b>	<b>9,607,000</b>	(0)	<b>634,129,420</b>
Result for the year						1,237,948	1,237,948
Allocation of Results to Unrestricted - Operating Funds	(798,886)					798,886	-
Allocation of Results to Unrestricted - Designated Funds		27,727,616				(27,727,616)	-
Allocation of Results to Unrestricted - Capital Reserve			(5,540,180)			5,540,180	-
Allocation of Results to Restricted Funds				(10,543,601)		10,543,601	-
Allocation of Results to Capital Endowment Funds					(9,607,000)	9,607,000	-
<b>Balance as at 15 July 2024</b>	<b>8,879,725</b>	<b>179,121,571</b>	<b>423,207,938</b>	<b>24,158,134</b>	<b>-</b>	(0)	<b>635,367,368</b>

The notes to accounts form an integral part of the financial statements

Approved on behalf of the INF Nepal Board by:



CA Manju Thapa  
Director - Finance

Date: 24-09-2024

Krishna Bahadur Adhikari, FCCA  
Executive Director

Dhana Lama  
Treasurer

Ram Chandra Twati Timothy  
Chairman

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



## Associate Organisation

# Shining Nepal Multi-purpose Company (SNMC)



Shining Nepal Multipurpose Company (SNMC) is a profit-not-distributing company established with the vision of Sustainable Income, Fullness of Life on 30 June 2020. It was initiated by INF Nepal to help generate funds through business initiatives to support INF Nepal's charitable work.

### Business Initiatives

#### Trading

The Trading department aims to provide "Quality products & services for the Fullness of Life." It manages Ark Bazaar and four additional outlets. Ark Bazaar has been operating successfully since November 2022, with an inventory turnover rate of 1.6% during this reporting period. The store is open daily from 6 AM to 8 PM and is supported by a team of four staff members.

#### Hospitality and Service

The Beth Eden Guest House, a key component of the Hospitality and Service department, maintained an average occupancy rate of 53% throughout the year. It hosted various programmes and trainings, for governmental, NGOs and individuals. The other unit is the cafeteria, which operates 365 days a year, 14 hours a day. This unit serves daily meals to GPH patients, other visitors and customers.

#### Agriculture and Livestock

The farm, as part of the company's agricultural sector, generated over 70% of the company's income. With a team of 11 staff, this year saw an expansion with the addition of new livestock. The farm's daily production of eggs, meat, and milk provides steady support to the company's overall financial performance and sustainability.



### Ark Café adjacent to the Ark Bazaar started

The Ark Café is one of the company's most anticipated projects, set to launch this year. Funded by Tearfund Australia, with additional investment from SNMC, the café will offer a wide selection of coffee, tea, breakfasts, lunches, dinners, and a variety of continental dishes. Guests can relax in a peaceful, green environment, and the café will be open 14 hours a day, year-round.



# Governance and Management

## Governance

### General Assembly

INF Nepal General Assembly (GA) is the highest body of the organisation. The role of the GA is to approve the annual report, audit report, plans and budgets. Likewise, elect office bearers of Executive Committee, ratify documents presented in GA, carry out actions and make decisions as required by the Statute, Act and Regulations and amend Statute when necessary.

In fiscal year 2080/81 the GA approved and made decisions on the following:

- Minutes of 31st GA meeting.
- Annual Report for 2079/80 (2022-23).
- Annual Plan and Budget for 2080/81 (2023-24).
- Selection of the external Auditor.
- Renewal of the organisation at DAO, Kaski.
- Election of three Members for the Executive Committee.



32nd General Assembly

### Executive Committee (Board)

The Board is the governing body of the organisation. It comprises of 9 to 11 members nominated/elected by the GA where one female member is mandatory. At least three meetings need to be held in a fiscal year. The Board provides strategic direction, decisions and guidance to management ensuring organisational level accountability and transparency. It presents the annual report, audit report, plans and budget each year to the GA for endorsement.

The Board or its representatives also monitor programmes and services of the organisation at least once in a year and encourage management in improving the outcomes and provide constructive feedback, encourage staff and have courtesy visit to stakeholders during the field visits.

This year the Board had 6 meetings out of which 1 Board meeting was outside of Pokhara followed by field visit of Shining Hospital, Fistula Centre and CHD projects in Panchapuri and Birendranagar Municipalities.



Board's project area visit to Panchapuri Municipality, Surkhet

Some of the major decisions and approvals made by Board were the registration process of pharmacy in GPH, Kalikot Branch registration at DAO, provided guidance and feedback on 5 year Strategic Plans of Community Health & Development programme and Hospital & Health Services, approval of the partnership strengthening visit plan of ED as, endorsed the changes in the Employment Policy Manual and other policies, terms of references for

smooth functioning of the organisation, approved the audit Report fiscal year 2079/80 (2022-23) and annual plans and budgets of fiscal year 2080/81 (2023-24) for tabling to the General Assembly for endorsement and maintaining accountability and ensuring compliance. The Board also finalised the Executive Committee (EC) Manual 2081-82, had fellowship meeting with INF Families, held Governance and Management retreat and spent time together with senior staff.



Board's field visit to Birendranagar, Surkhet



Board Members from L-R: Rajendra Kumar Adhikari, Dr Deependra Kumar Gautam, Dhana Lama, Bhim Kumari Shrestha, Madhu Thapa, Asha Nepali Gurung, Madhav Neupane, Ram Chandra Timothy, Yam Joshi, Dr Shiva Ram Srimal

## Audit & Risk Committee

The Audit & Risk Committee (ARC) is a Sub-Committee of the Board and as such: The Chairperson of the ARC reports to the Board regarding the major issues and observations-findings of audits. It is a part of overall framework of the governance of INF Nepal. It reviews annual accounts, internal and external auditor's report, analyses organisational risks and manages through Risk Management Policy & Framework. It follow-ups whistle blowing reports, ensures compliance,

strengthens internal control system and works closely with the Board and assists the Board in fulfilling its oversight responsibilities.

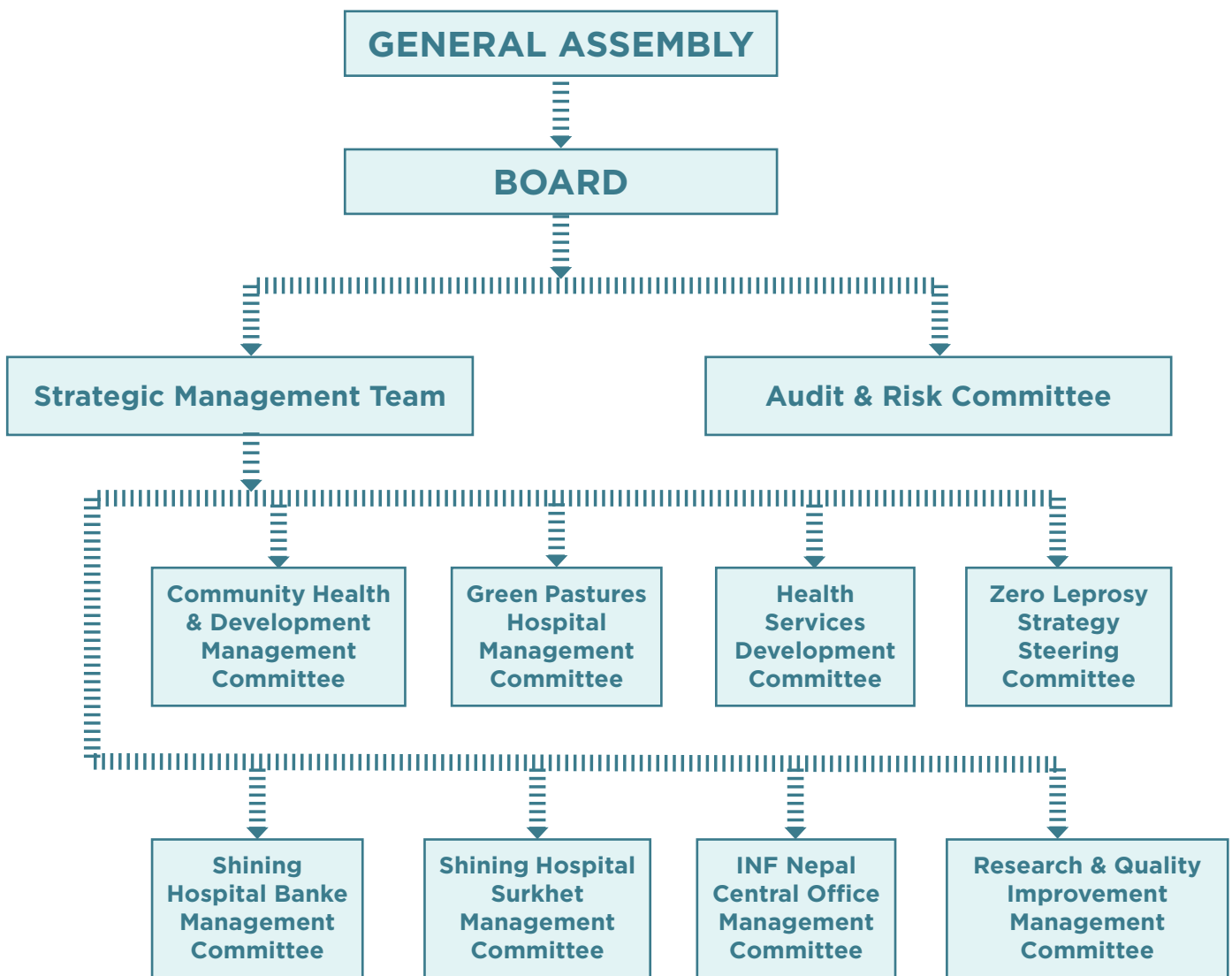
This year ARC had two meetings and major actions were the recruitment of Internal Auditor, renewal of fixed deposit accounts, update and review of ARC's tenure and Co-options' provision and review of periodic accounts.



L-R: Arjun Bhandari, Krishna Adhikari\*, Manju Thapa\*, Dhana Lama, Asha Nepali Gurung\*, RC Timothy, Prakash Chhetri, Sachina Kunwar\*

\* Non-voting members

# Organogram



## Strategic Management Team

The Strategic Management Team (SMT) ensures that the organisation functions as per the strategic direction and boundaries set by the Board. The overall role of the SMT is to ensure that long-term strategic plans for the organisation are developed and in line with Identity of the organisation, delegate and monitor the implementation of these plans as appropriate to achieve the vision of the organisation. It facilitates and ensures coordination and collaboration between different departments and entities of the organisation.

The SMT is responsible for overall management, safety and security of the organisation and its assets. It also ensures

appropriate allocation of the resources (finance, land, building or any other) required for implementation of the strategic plans.

Eleven SMT meetings were held in year 2080/81 (2023-24). The major tasks accomplished by SMT following the direction of Board were to ensure preparation and planning of annual plan-budget 2080/81 and its approval including departmental plans, approval of new funding proposals and projects aligning with organisational directions and procedures.



L-R: Dr Arun K Budha, Lekhnath KC, Manju Thapa, Krishna Adhikari, Sean Sokhi

# Central Office

The Central Office, located in Pokhara, provides leadership, direction and technical support to the organisation. As an enabling function it facilitates the work of HHS and CHD programmes across INF Nepal's working areas. The office oversees the planning, execution, and monitoring of various programmes within CHD and HHS, ensuring effective communication, consistent policies, and streamlined operations. The Central Office includes the Executive Director's Department, Finance, Administration and Support, Partnerships, Human Resources, IT, and Communications Department. Additionally, it houses technical leads such as Climate Change Adaptation (CCA) and Disaster Risk Reduction (DRR), Disability, Gender and Monitoring, Evaluation, Accountability, and Learning (MEAL).

## Major Highlights

The **Executive Director's Department** played a key role in enabling the core functions and processes of the organisation. One of its significant achievements this year was the successful implementation of INF's Organisational Identity through four Staff Induction Programmes held in Pokhara and Surkhet, with 196 staff members participating. This initiative further strengthened the alignment of staff with the organisation's mission and values. Additionally, the Executive Director's networking visit to Canada opened avenues for partnership and fundraising opportunities, enhancing INF's international support base. The ED also participated in a high-level monitoring visit across INF Nepal projects alongside Board members, ensuring strategic oversight and reinforcing the impact of ongoing interventions.

The **Disaster Response and Climate Change (DRR & CCA)** unit swiftly responded to the Jajarkot earthquake, delivering immediate relief to over 17,653 individuals, including persons with disabilities. Furthermore, Climate Change Inclusive Vulnerability and Capacity Assessment (VCA) tools were introduced in various projects to better understand and address the increasing impacts of climate change on at-risk populations.

The **Partnership Department** and **Technical Leads** aligned their activities with current funding trends and priorities by attending programmes hosted by DFAT, the German Embassy, and others. It developed proposals and designed projects focused on Climate Change, Disability Inclusive Disaster Risk Reduction (DiDRR), and Gender Equality, Disability and Social Inclusion (GEDSI) in line with funding partners' priorities. The department tracked and documented outcomes, and collaborated with project teams, MEAL, and Technical Leads to ensure quality reporting. Additionally, it actively monitored field interventions to validate the data and information provided in project reports.

The **Finance Department** continued to play a key role in ensuring the financial health and sustainability of INF Nepal throughout the year. By enhancing budget management practices, it supported various projects and programmes, ensuring that funds were utilised effectively to meet organisational goals. In addition, the department ensured compliance with regulatory standards and donor requirements, conducting regular audits and financial reviews to maintain accountability.

The **Human Resources Department**

successfully digitalised the key administrative, operational, and analytical processes within INF Nepal. It introduced self-paced online orientations to facilitate on-boarding and developed a comprehensive employee handbook to guide new recruits through the organisation's identity, policies, procedures and HR practices.

The **IT Department** made progress by implementing HR application that streamlined administrative functions across the organisation. It also integrated the hospital database system and established an IP telephone system at four locations, including the Central Office, GPH, SH-IB, and SH-IS.

The **Comms Department** managed its surge capacity overseeing internal and external communication, particularly supporting the implementation of new systems and ensuring seamless dissemination of information across INF. To enhance operational efficiency, the department invested in technology upgrades and new gears for its work. These new sets of gear and gadgets, including telephoto lens and a high-performance workstation mainly be used for video production, enabled the department produce high-quality visibility and promotional materials, contributing to the improved outreach and impact-sharing efforts.

# Staff Distribution

Total Staff

500



M ♂ 47%

53% ♀ F

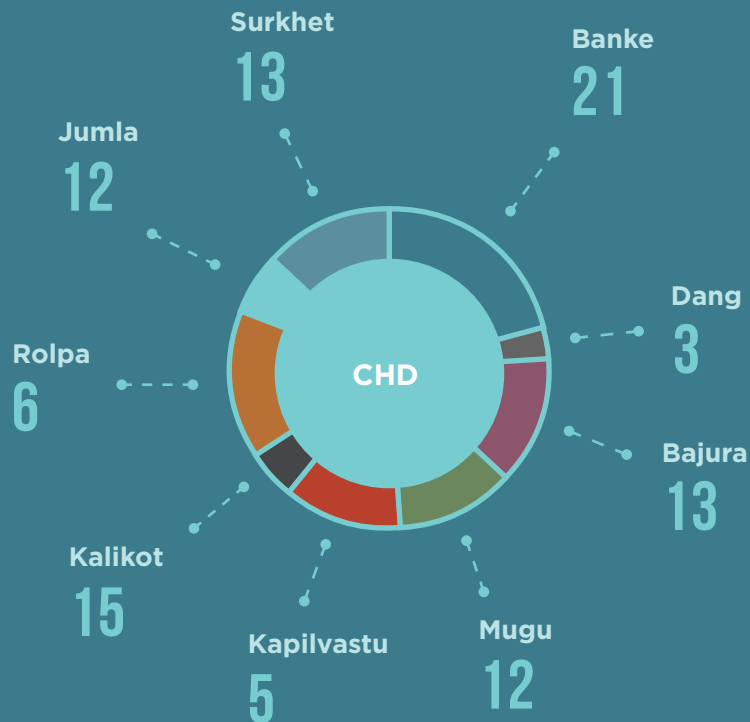
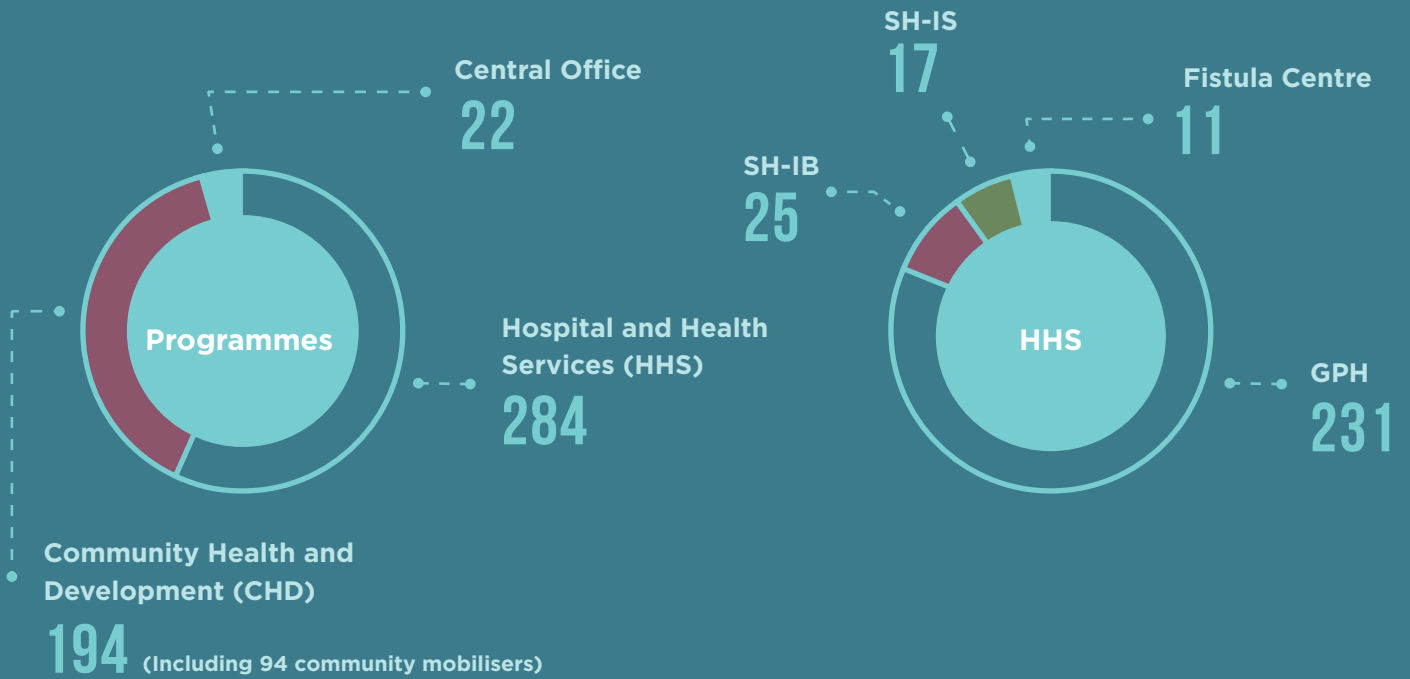
Total Expatriates

14



M ♂ 43%

57% ♀ F



# 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's Direct Partner



INF International

## Wider INF Family



INF UK



INF International

INF Canada



INF Australia



INF New Zealand

## International Partners and Institutional Donors

## National and Local Partners



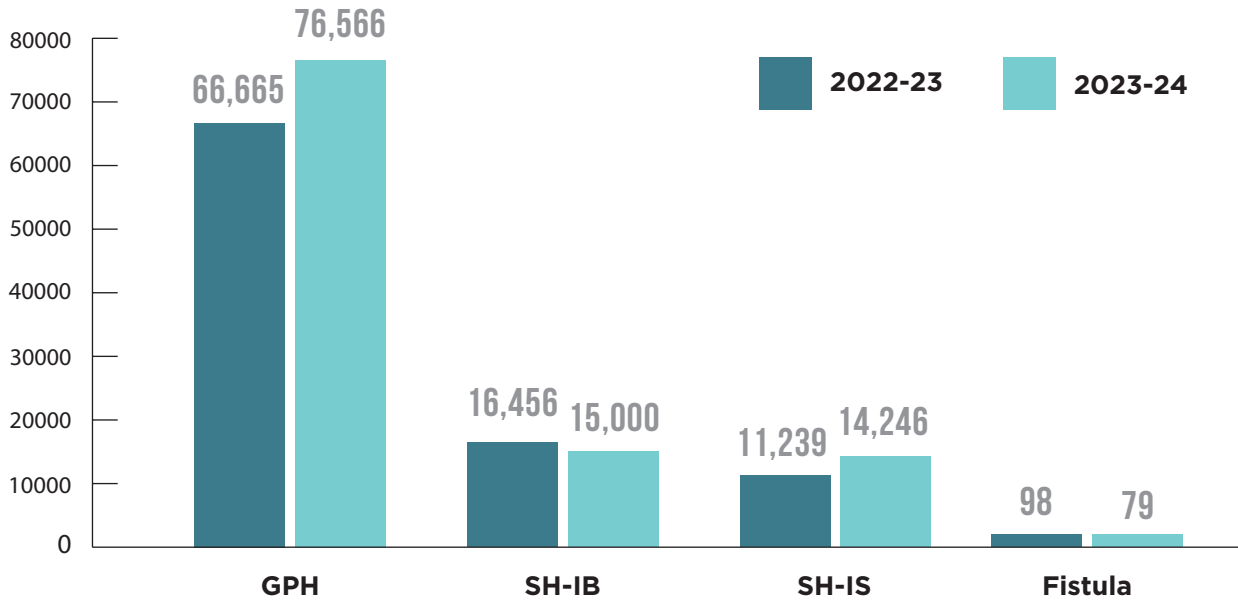
- Ministry of Health and Population
- Ministry of Women, Children and Senior Citizens
- Ministry of Social Development, Gandaki Province
- Ministry of Population, Health and Family Welfare, Lumbini Province
- Pokhara Metropolitan City



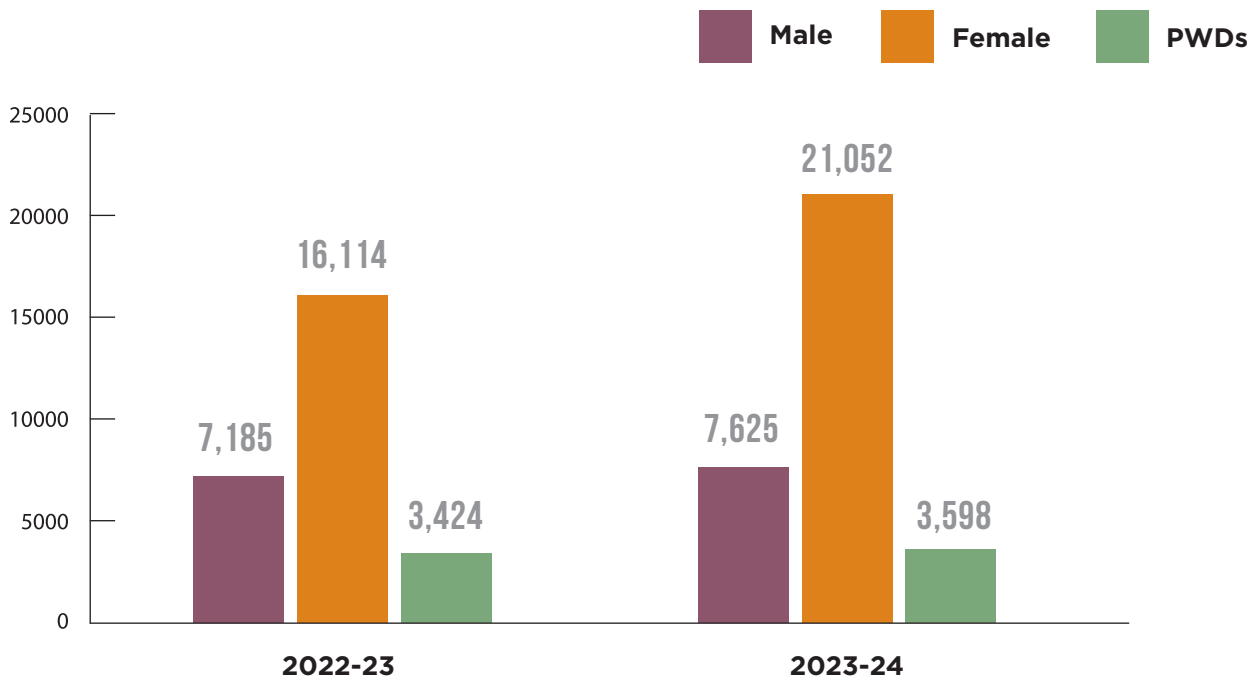
We are also very grateful for all the other international, national, local and individual partners who are not listed here – those who are generous and often anonymous.

## Fact Sheet

### HHS: Comparative analysis of patients served in our hospitals



### CHD: Comparative analysis of direct\* beneficiaries being served



\* The direct beneficiaries include only number of members of SHGs, Farmer's groups, Mother Groups and other groups directly being mobilised by INF's projects.

# Acronyms

<b>ACTIVE</b>	Action at Community on Trafficking Intervention and Violence End	<b>HHS</b>	Hospital and Health Services
<b>AHT</b>	Anti Human Trafficking	<b>HSS</b>	Health Support Services
<b>ANM</b>	Auxiliary Nurse Midwife	<b>HT</b>	Human Trafficking
<b>ANC/PNC</b>	Antenatal Care / Postnatal Care	<b>IAPCON</b>	International Conference of Indian Association of Palliative Care
<b>ANCP</b>	Australian NGO Cooperation Programme	<b>ICO</b>	INF Nepal Central Office
<b>ADRA</b>	Adventist Development & Relief Agency	<b>IDEAL</b>	Inclusive Development, Empowerment and Livelihood
<b>ARC</b>	Audit & Risk Committee	<b>INF</b>	International Nepal Fellowship
<b>ASD</b>	Autism Spectrum Disorder	<b>M</b>	Male
<b>BMS</b>	Baptist Missionary Society	<b>MBE</b>	Member of the Order of the British Empire
<b>BS</b>	Bikram Sambat	<b>MD</b>	Muscular Dystrophy
<b>BLT</b>	Basic Leprosy Training	<b>MND</b>	Motor Neurone Disease
<b>CBID</b>	Community Based Inclusive Development	<b>NCDs</b>	Non-communicable diseases
<b>CBO</b>	Community Based Organisation	<b>NGO</b>	Non-Government Organisation
<b>CBR</b>	Community Based Rehabilitation	<b>NRs/NPR</b>	Nepali Rupees
<b>CC</b>	Climate Change	<b>NTDs</b>	Neglected Tropical Diseases
<b>CCA</b>	Climate Change Adaptation	<b>OBE</b>	Most Excellent Order of the British Empire
<b>CDID</b>	Community and Disability Inclusive Development	<b>OPD</b>	Organisation of Person with Disability
<b>CGI</b>	Corrugated Galvanised Iron	<b>OT</b>	Operation Theater
<b>CHD</b>	Community Health and Development	<b>PC/PCCD</b>	Palliative Care / Palliative Care and Chronic Disease
<b>CIDA</b>	Community-led Inclusive Development Approach	<b>POWER</b>	Promotion of Women Empowerment and Rights Targeting to Rural Women
<b>CLT</b>	Comprehensive Leprosy Training	<b>PRT</b>	Primary Rehabilitation Training
<b>COPD</b>	Chronic Obstructive Pulmonary Disease	<b>PSFP</b>	Purpose, Status, Functions and Procedures
<b>CP</b>	Cerebral Palsy	<b>PWD</b>	Person with disability
<b>CT Scan</b>	Computed Tomography Scan	<b>P&amp;O</b>	Prosthesis and Orthosis
<b>DFAT</b>	Australian Government' Department of Foreign Affairs and Trade	<b>RCS</b>	Re-constructive Surgeries
<b>CMOP</b>	Community Medical Outreach Project	<b>RM</b>	Rural Municipality
<b>CVA</b>	Cerebrovascular Accident	<b>R&amp;QI</b>	Research and Quality Improvement
<b>DHIS-2</b>	Dynamic Host Information System (Health Information Management System)	<b>SATH</b>	Strengthening Against Trafficking of Human
<b>DiRR</b>	Disaster Inclusive Risk Reduction	<b>SAMRIDHI</b>	Community Based Inclusive Development
<b>DPO</b>	Disabled Peoples' Organisation	<b>SBA</b>	Skilled Birth Attendee
<b>DRR</b>	Disaster Risk Reduction	<b>SCI</b>	Spinal Cord Injury
<b>DP-Net</b>	Disaster Preparedness Network	<b>SDG</b>	Sustainable Development Goal
<b>DS</b>	Down Syndrome	<b>SHG</b>	Self-Help Group
<b>DSL</b>	Delayed Speech and Language	<b>SH-IB</b>	Shining Hospital INF Banke
<b>EAPC</b>	European Association for Palliative Care	<b>SH-IS</b>	Shining Hospital INF Surkhet
<b>ED</b>	Executive Director	<b>SIMPLE</b>	Sustainable Improvement in People's Livelihood through Empowerment
<b>EDUCATE</b>	Economic Development of Underprivileged Communities through Agricultural and Technological Empowerment	<b>SMT</b>	Strategic Management Team
<b>EKFS</b>	Else Kroner Fresenius-Stiftung (Germany)	<b>SOPs</b>	Standard Operating Procedures
<b>F</b>	Female	<b>SRH</b>	Sexual Reproductive Health
<b>FCHV</b>	Female Community Health Volunteer	<b>SRIJANA</b>	Creating Opportunities for Youths and Migrant Returnees amidst COVID-19
<b>FD</b>	Foot Device	<b>SUNITA</b>	Ensuring access to palliative care among rural community
<b>FW</b>	Footwear	<b>TBI</b>	Traumatic Brain Injury
<b>FY</b>	Fiscal Year	<b>USG</b>	Ultrasound Sonography
<b>GBV</b>	Gender Based Violence	<b>VMT/ST</b>	Voluntary Muscle Testing/Sensory Testing
<b>GDD</b>	Global Development Delay	<b>WASH</b>	Water, Sanitation and Hygiene
<b>GEDSI</b>	Gender Equality, Disability and Social Inclusion	<b>WEAL</b>	Women's Empowerment And Livelihood
<b>GPH/GPHRC</b>	Green Pastures Hospital and Rehabilitation Centre	<b>WHO</b>	World Health Organisation
<b>HH</b>	Household	<b>Y4M</b>	Youth for Economic Empowerment and Resilience Mugu
		<b>ZLS</b>	Zero Leprosy Strategy

# Green Pastures Hospital & Rehabilitation Centre

## OUR SERVICES

- Dermatology & Venereology
- Orthopaedics
- Spinal Cord Injury
- Ear Services
- Palliative Care
- Physiotherapy
- Occupational Therapy
- Speech & Language Therapy
- General Medicine
- Reconstructive Surgery
- Leprosy
- Cerebral Palsy
- Prosthesis & Orthotics
- Wheelchair Assembly
- Psychosocial Counselling
- Diagnostic Services:
  - USG
  - X-Ray
  - CT Scan
  - Laboratory
- Ambulance Service



**Green Pastures Hospital & Rehabilitation Centre**  
Pokhara-15, Nayagaun  
Phone No. 061 433342, 434162

**INF Nepal's gaze remains fixed on the future. As Nepal evolves, so does INF. Guided by the Mandate, Vision, Mission, Values and Character, INF Nepal will continue to serve and help bring life in all its fullness to the poor and disadvantaged people of Nepal.**

**The journey continues ...**



## **INF NEPAL**

PO Box 5, Pokhara, Nepal

Phone : +977 [0]61 570111

Email : [info@nepal.inf.org](mailto:info@nepal.inf.org)

