



## Vision

Nobody should have to suffer or die from a curable disease.

We want ALL people to have equal access to prevention and affordable health care of appropriate quality, and to be able to live in a healthy environment that is characterized by fairness.

## Mission

To break the vicious circle of poverty and disease, we ensure that the poorest in Africa (Congo Basin) and from Nepal to Sri Lanka have a fair opportunity to attain their full health potential.

We are contributing to reducing the burden of poverty-related diseases, with a special focus on neglected tropical diseases.

In Switzerland, we are strengthening awareness that health inequities are avoidable.

## Neglected Tropical Diseases

Those people that suffer from neglected tropical diseases (NTDs) and other poverty-related diseases are at the very centre of our interventions. These diseases are an indicator of poverty and social inequalities, and define our intervention scope.

Through its fight against leprosy, FAIRMED has many years of experience in the field of neglected diseases and their health, social and economic aspects, and continues to build on this expertise today.

# Few Words from Country Coordinator

It is my pleasure to present you the second Annual Report, 2017 of FAIRMED Foundation Nepal. This report is a repository of the efforts, active response to challenges, and achievements that have set the tone of our organization's vision in Nepal's health development process.

We constantly are providing our services in the area of Maternal and Neonatal Health. Additionally, we have also embraced our global priority areas of Neglected Tropical Diseases, Healthcare for People with Disabilities and Marginalized Communities by incorporating these components in our ongoing projects and various central level initiatives. We have also been able to weave the Gender Equality and Social Inclusion as a cross cutting theme into our programs, which the government of Nepal has also emphasized. We seek to strike a balance by encapsulating the demand and supply side of the health system in our programmatic interventions. In order to efficiently execute all these, we have built a network of partnerships with local as well as central level NGOs, and collaboration with the local level health systems in the new set up in the Federal context. In the process of designing our projects, we have consulted with the central level authorities as well as with the local level bodies and communities and planned to address identified issues and working modalities.



This year has been an important year for FAIRMED as for everyone else in the country. As the country moved on towards state transformation into the Federal structure processes, the rounds of elections and its code of conduct created some level of confusions and delays in the implementation of project activities. After the elections, we have realized that the new restructure has set potentials to work closely with the local government at the community level.

I am thankful to my entire team at the country office and project offices and the implementing partners, who have been instrumental in transforming these challenges into opportunities. I would like to extend my gratitude to the Government, specifically Ministry of Health, Ministry of Women, Children & Social Welfare, Department of Health Services, Social Welfare Council, respective DHOs, and other government line agencies for their support and trust in FAIRMED's work, and their productive critiques that have helped to shape and enhance our endeavors. I am also grateful to our local partners who are the key players in helping us translate our vision into real outcomes at the implementing levels. Our work would not have been possible if the beneficiaries had not given us an opportunity to work with them and in their communities. Our sincere appreciations to the communities for welcoming us.

Towards the end, I would like to thank our head office in Bern, Switzerland for helping us materialize our vision to improve the health and well-being of the people of Nepal with their continuous encouragement, technical and financial support. Once again I thank and congratulate our team for the accomplishment during the year 2017, and looking forward to more productive year 2018!!

A handwritten signature in black ink, appearing to read 'N Sharma'.

**Nirmala Sharma**  
Country Coordinator  
FAIRMED Nepal

## List of Abbreviations

AHW	-	Auxiliary Health Worker
ANM	-	Auxiliary Nurse Midwife
BC	-	Birthing Centre
BCC	-	Behaviour Change Communication
CHD	-	Child Health Division
CHSB	-	Community Health Score Board
CHW	-	Community Health Worker
CM	-	Community Mobilizer
CMA	-	Certified Medical Assistant
DDRC	-	District Disaster Relief Committee
DHO	-	District Health Office
DPHO	-	District Public Health Office
DPO	-	Disabled People's Organisation
DRFU	-	Disability Prevention and Rehabilitation Focal Unit
DRR	-	Disaster Risk Reduction
EDCD	-	Epidemiology and Disease Control Division
FCHV	-	Female Community Health Volunteer
FHD	-	Family Health Division
HA	-	Health Assistant
HFOMC	-	Health Facility Operation & Management Committee
HP	-	Health Post
IEC	-	Information, Education & Communication
LDC	-	Least Developed Country
LDRMC	-	Local Disaster Risk Management Committee
MDG	-	Millennium Development Goal
MNH	-	Maternal and Neonatal Health
NFDN	-	National Federation of Disabled Nepal
NHEICC	-	National Health Education, Information and Communication Centre
NHSS	-	National Health Sector Strategy
NHTC	-	National Health Training Centre
NTD	-	Neglected Tropical Diseases
OA	-	Office Assistant
ORC	-	Out Reach Clinic
PHC	-	Primary Health Care
PWDs	-	People With Disabilities
SATH	-	Self Applied Technique for Quality Health
SDG	-	Sustainable Development Goal
SWC	-	Social Welfare Council

# Contents

FAIRMED: in Nepal	6
Working Modality	8
Where We Work ?	9
MANASHI Project Summary	10
Major Achievements in 2017	12
Success/Case Stories	15
UPAKAR Project Summary	18
Major Achievements in 2017	20
Success Stories	22
Achievements in Disability Inclusive Development	24
Neglected Tropical Diseases	26
FAIRMED Nepal's Country level Initiatives	28
Audit Report	32
FINANCIAL OVERVIEW	34
Future Outlook	35



# FAIRMED: in Nepal

FAIRMED took its first step towards global health by working in the field of leprosy. In 1959, members of the 'Friends of Emmaus Bern' found the "National Committee for the Lepers". This organization began its fight against leprosy in Cameroon, India and Tanganyika (now Tanzania). By 1964, the organization had spread its support to 60 leprosy stations in 28 countries. The work gradually increased as the organization constructed more leprosy stations, which were staffed with its own doctors, nurses and therapists.

At the first International Congress in Berlin in 1897, it was agreed that leprosy was incurable. It took years to overcome these assumptions around leprosy and to realize that leprosy is curable. Working within this renewed aspect/parameter, FAIRMED put its foundation stone in the sector of health.

FAIRMED was already working in India and Sri Lanka, and was present in Nepal in the capacity of a donor., The organization saw the prospect of

being more intricately involved by working in Nepal in one of its mandate areas. As maternal and child health was found as the most essential health care needs of the country, it would also represent poor health condition of the marginalized communities in the country, FAIRMED endeavored to work in this sector in Kapilvastu since 2011. That was the first step of FAIRMED to begin its work in Nepal. The involvement and presence of the organization at the beginning was in a small scale, but through steady and gradual steps, has increased by being more sensitive and responsive to the government health system.

Health has been prioritized globally as an important agenda as it is embedded with other determinants crucial for the growth (quantitative and qualitative) of the country. Nepal too has laid a strong priority to the health of the people and it is one of the indices that have been marked for the graduation from Least Developed Country (LDC). The Nepal Health Sector Strategy codifies the priorities of the health sector. FAIRMED has based



this strategy and Nepal Health Policy 2014 as the guiding document to design its country strategy 2016-2020. The national goal and policies provide necessary roadmap for the implementation of interventions of the organization. FAIRMED Nepal streamlines its efforts to strengthen the health sector efforts of the government.

FAIRMED Nepal has the following thematic areas of intervention targeting marginalized and vulnerable communities defined by their socio-economic condition and geographic location. The health system strengthening and Behaviour Change Communication (BCC) components together with empowerment of women and persons with disability have been embedded into all these interventions. These components will also form the broader approach for the implementation of the identified interventions.

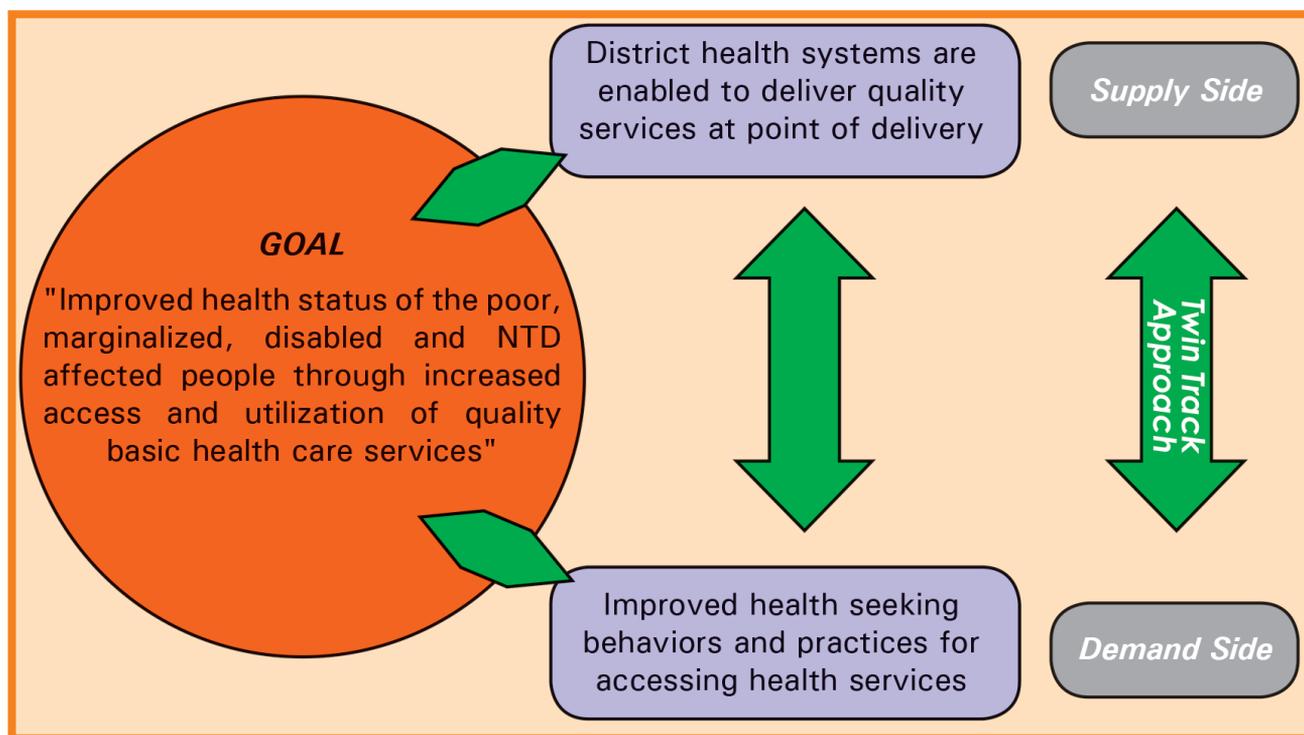
1. Maternal and Neonatal Health
2. Basic health services to people affected by Neglected Tropical Diseases



3. Preparedness and Disaster Risk Reduction (DRR)
4. Disability Inclusion (Cross Cutting) as a part of Gender Equality and Social Inclusion

FAIRMED currently work in two districts with the programme components/interventions prioritized based on the situation analysis of the respective districts. In Kapilvastu, we work in Maternal and Neonatal Health (MNH) component as the district has comparatively low indicators. In Sindhupalchowk, one of the highly earthquake affected districts, we started our work with relief support, which then laid out the foundation of a project focusing on resumption and revitalization of disrupted health services focusing on women, children and persons with disability.

# Working Modality



FAIRMED Nepal's Strategy

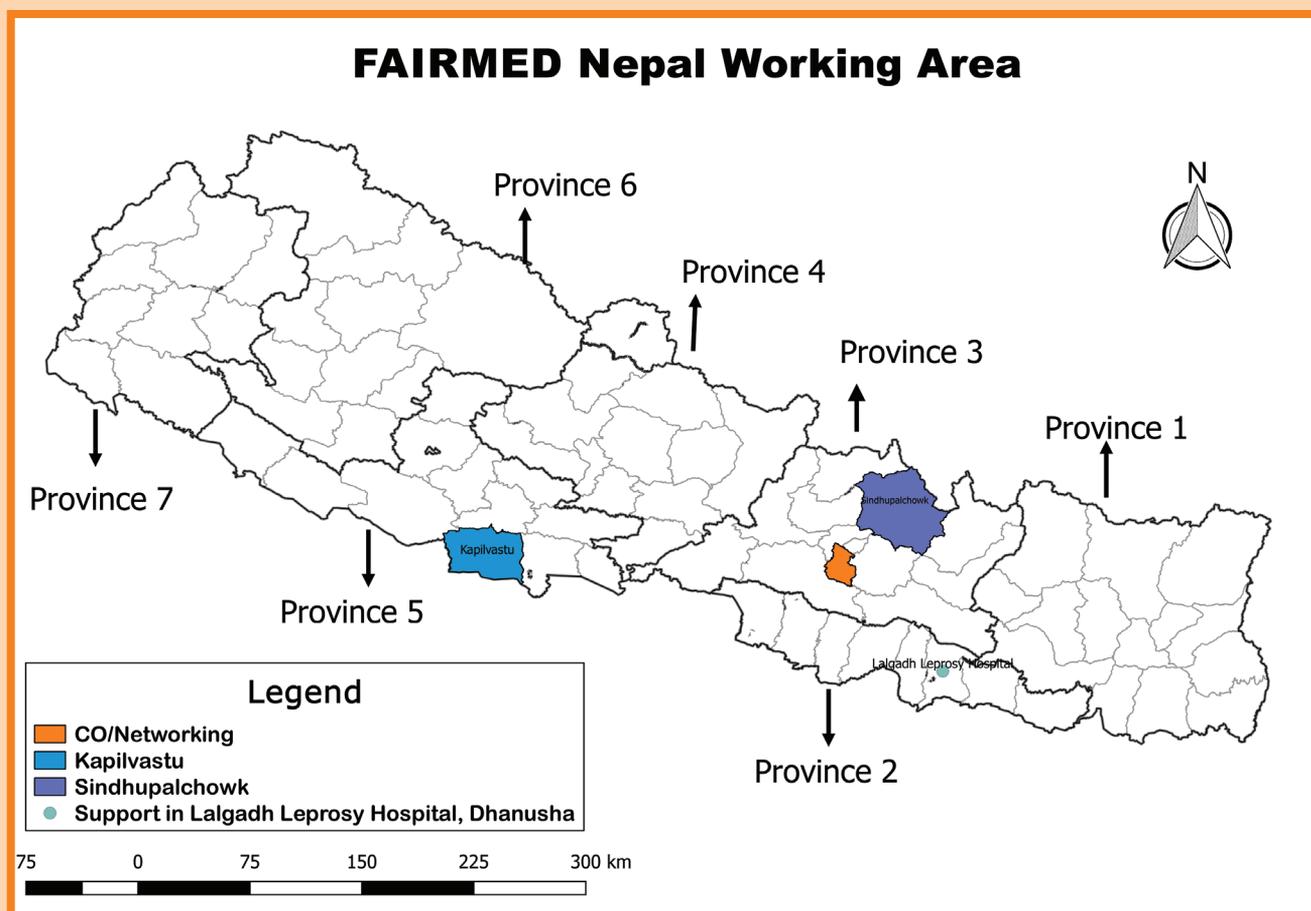
FAIRMED works in the districts through the project team deputed in the district project office. The project team provides necessary technical backstopping to the implementing partners and monitors the field activities. Moreover, it also establishes and strengthen coordination and networks with district line agencies and palikas (e.g. DHO, HFs and local bodies).

Whereas the country office team facilitates, coordinates, with the central level government line agencies, and other stakeholders who are involved in the themes/issues on MNH, Post EQ support, etc. The CO also provides necessary technical and administrative backstopping to the project team enabling them to implement the projects and achieve the desired targets and results.

The Country Office (CO) supports the project teams through its participation in quarterly review meetings, field visit for monitoring and supportive supervision and periodic review meetings with the project staff/team. It facilitates in organizing the joint monitoring visits, with the government line agencies, such as FHD, CHD, EDCCD as required. The CO also acts as the bridge between the projects and the central level program reviews and advocacy initiatives taken by the government line agencies and or other INGOs/UN agencies involved in health sector programming.

Similarly, FAIRMED Bern (HQ) has been actively providing necessary technical backstopping to its Nepal office through on line discussions, field visits, and country program review meetings.

# Where We Work ?



We currently work in two districts and the programme components/interventions have been prioritized based on the situation analysis of the respective districts. In Kapilvastu, we work in Maternal and Neonatal Health (MNH) component as the district has comparatively low indicator in MNH.

In Sindhupalchowk, one of the highly affected districts by the earthquake, we started our work with relief support, which then laid out the foundation of the project focusing on resumption and revitalization of disrupted health services focusing on women, children and persons with disability.

## Geographical coverage and programmes:

1. Kapilvastu District: Matri Tha Navajat Shishu Swastha Pariyojana (MANASHI) Project
2. Sindhupalchowk District: Towards Recovery - UPAKAR Pariyojana

# MANASHI Project Summary



<b>Project Name</b>	<b>Matri tatha Navajat Shishu Swasthya Pariyojana - (MANASHI) Project</b>
District	Kapilvastu
Coverage	Entire District: (10 Municipalities) Focused Interventions : 45 former VDCs that includes municipalities ( 6 Municipalities and 4 Rural Municipalities according to new structure)
Project Cost/Budget	Total budget NPR 91,319,276 (CHF 869,707)
Beneficiaries	Direct Beneficiaries: 475 mother's groups with 11825 women members in the focused 44 VDCs; approximately 8816 pregnant women; 7444 newborns; and 175779 women of reproductive age Expected Indirect Beneficiaries: Approx.. 65371 Total Population : 631099 (e.g. family members of women, community members and leaders) will be benefited indirectly through various interventions in the community
Targeted Population	6,31,099
Project Team	Project Office (FAIRMED and Partner, International Nepal Fellowship) based in Taulihawa, Kapilvastu, implements the activities through a team of 25 staff members of various levels.

The project, Maternal and Newborn health called “Matri Tatha Navajat Shishu Swasthya” (MANASHI) is a community based health initiatives aiming to improve maternal, neonatal and child health outcomes by strengthening health system, increasing access to and utilization of the Maternal and neonatal health services in project district, Kapilvastu, Province 5.

The project integrates its activities with government regulations of providing free safe delivery service which includes antenatal check-up, institutional delivery, postnatal check-up and new born care in government health institutions, and providing incentives to mothers for delivering in the birthing centers. The project is implemented through its project office in Taulihawa, Kapilvastu with International Nepal Fellowship (INF)-Nepal as the implementing partner.

Together with the implementing partner INF, FAIRMED works in coordination with the District Health office (DHO), palikas including community health centers, community health workers (CHWs), Female Community Health Volunteers (FCHVs) and communities. The project covers all the VDCs and municipalities in the district through various activities, out of which 45 VDCs have

focused interventions and the remaining VDCs have common minimum activities.

**The project is operational with following major objectives:**

- Increase capacity of community health system (health workers, community health volunteers and health facilities).
- Enhance local health governance for accountability and quality of service through activating the roles of HFOMCs and FCHVs.
- Promote health seeking behavior among women and their families adapting preventive measures, service utilization practice, giving up harmful practices including stigma & discrimination against illness such as leprosy, HIV.
- Effective monitoring, strengthen coordination, networking and advocacy with Government Line Agencies and other stakeholders at district and central level.
- Knowledge Management through learning & sharing, documentation, and dissemination of progress, achievements, and learning at various levels.



*ANC Check up In PHC ORC Clinic constructed BY MANASHI Project*

# Major Achievements in 2017

## Health System Strengthening

- **Construction/Renovation:** Supported to DHO for construction of 6 placenta pit, 2 waiting room in birthing centres and 10 Primary Health Care- Out Reach Clinic (PHC\_ORC) with community contribution of land to health facility. Along with this the renovation of different health facilities to resume the health services is also initiated through the project.
- **Birthing Centre:** Establishing and promoting birthing centers (BCs) is one

of the strategies to increase access to emergency obstetric care and skilled attendants at birth. BCs are a component of local health service delivery, whereby midwives (or health care professionals with midwifery competencies) provide maternity services to generally healthy women with uncomplicated pregnancies, mostly in the community setting. In this existing scenario, FAIRMED has helped DHO to set up six fully equipped birthing centers by providing sets of birthing equipment, delivery bed, post-natal bed, sterilization sets, infection prevention materials and furniture.



SNCU in Taulihawa Hospital



PHC/ORC construction in Dumara



Service Delivery at Dumara PHC/ORC

- **Hospital:** FAIRMED through MANASHI project recently, supported Taulihawa hospital to develop Special New Born Care unit (SNCU). SNCU, it is believed that this unit will provide special care to severely sick newborn.
- **Capacity building of Health Workers:** In coordination with Family Health Division, Training of Trainers (TOT) on micro-planning of family planning was provided to 12 participants which included DHO focal person and other health workers who then rolled out it in 20 health facilities through which 120 health workers enhanced their knowledge and skill on FP microplanning.
- Four health workers were supported to receive implant training from NHTC.
- Supported to organize 7 onsite coaching to health worker on implant insertion and removal and 15 satellite -clinic in 15 health facilities through which 226 women benefitted with implant service.
- **Health Facility Operation Management Committee (HFOMC):** Training to 108 HFOMC members on their role and

responsibilities and FP micro-planning to 180 HFOMC members.

- **Accountability:** Organized 18 Community Health Score board (CHSB) for social accountability in which approximately 5000 community people participated.

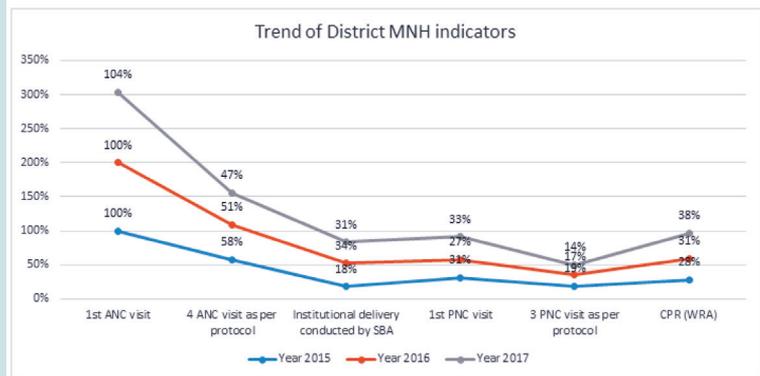
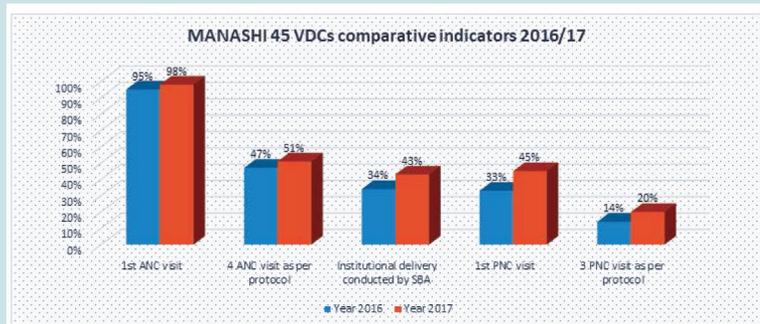
## Community Empowerment

- **Mothers Group:** Established Emergency Obstetric and Neonate Care (EONC) fund @ 4000 in 114 mothers group in 2017 through which 141 mothers utilized the fund during ANC, delivery, and New born care.
- **Female Community Health Volunteers (FCHVs):** Provided training to 480 FCHVs on Birth Preparedness Plan (BPP), 240 FCHVs on FP micro-planning, 253 FCHVs on Self Applied Technique for Quality Health (SATH).
- Oriented 408 FCHVs on their role and responsibilities for effective volunteerism and networking in 45 VDCs.



FCHV facilitating mothers group meeting

- Awareness Program:** Sensitize 867 community leaders, political leaders, Traditional leaders, private practitioners, Community Birth Care Taker (Chamain), religious leaders, Ward Citizen Forum, Community Forest Users Group, clubs, School on existing harmful behavior and expected behavior on maternal and neonatal health.
- Disseminated Behavior Change Communication (BCC)/IEC materials and 13 different kinds of posters all over the district and wall painting in 18 public places.**
- Oriented 507 newly elected members of PALIKA on MNH and disability and 95 health facility staffs on disability.**



# Mother's Group, a Learning Platform

“Early marriage and frequent pregnancy has deteriorated my health.” says, 37 years, Nasibu Nisha. Following the existing trend of the Muslim community, Nisha was married at a very early age, which lead her to frequent pregnancy (four sons, four daughters).

Nisha is a permanent resident of Chanai VDC, Kapilvastu. Only after the seventh pregnancy, Nisha initiated for family planning. However, the injection she use did not prove to be good enough for her health. She experienced heavy bleeding and weakness and had to stop it. This caused her conceive the eighth child. When the eighth child was a year, Nisha again conceived with the ninth child. But, had a spontaneous abortion.

Early marriage, early and frequent pregnancy, home delivery is the prevailing situation of Kapilvastu district. In this existing scenario, FAIRMED with the objective of increasing institutional delivery, increase in health seeking behavior of mothers (Antenatal & Postnatal checkup), and decrease in the traditional malpractices intervened Matri tatha Nava Sishu Swaystha (MANASHI) project. The project also



Nasibu Nisha

aims at strengthening the capacity of Female Community Health Volunteers and existing mothers' groups in the district.

Nisha only after the delivery of her seventh child at home was a member of mothers' group. As a member of the mothers' group, she learnt about the importance of ANC/PNC checkup, institutional delivery, danger signs and symptoms during pregnancy and use of family planning methods. The learnings from the mothers' group stimulated her for ANC/PNC checkup as per protocol and institutional delivery during her eighth pregnancy. In addition, realizing the danger sign (excessive bleeding) during her ninth pregnancy, she went to Shivapur Health Facility, and in consultation with the medical staff, she had an abortion. With the learnings from the MG's meeting and orientation from FCHV, Nisha is able to convince her husband for the use of Family Planning method (condom) at present. She has also been raising awareness to other mothers in the community and has encouraged pregnant for institutional delivery.

Nisha's decision to join mothers' group is marked to be a turning point in her life. “I have thought of getting my daughter married only at the age of 20 to minimize her health risk.”she states.



Nasibu Nisha with her Children

# Strengthening Management Committees Improves Access to Health

Seventy per cent of the residents at Pipara village of Kapilvastu are Muslims. With a population close to 10,000, there are only three primary schools and a lower secondary school. Access to education is poor and awareness of health, sanitation, and hygiene. However, Ram Manohar Sah, Health Assistant and chief at Pipara Health Post has been working to change that for the past three years.

Sah's appointment as the Health Post in-charge coincides with the start of FAIRMED's maternal and neonatal health care project, MANASHI. And it was continuous coordination between Sah and FAIRMED that he has been able to change much of Pipara's health-seeking behavior.



*Pipara Health Post in-charge Ram Manohar Sah*

“Three years ago, people seldom visited the health post,” Sah recalled. The times when they did visit was when treatment and medicine of traditional healers failed to work and the patient became severely ill. While lack of health awareness did play a crucial role, there were other detrimental factors; stigma and reliance on traditional healers.

“There was stigma among people, especially among Muslim women, that going to health facility would be noticed and neighbors became skeptical

that something was severely wrong with her,” Sah said.

Lack of education and health awareness had increased reliance on traditional healers. Almost 99 percent of the people relied on such healers. Sah knew he had to take it slow to bring a shift in health-seeking behaviors.

The health post, itself, was dilapidated and its appearance shunned away potential visitors.

Upon knowing MANASHI project, Sah began his coordination with FAIRMED and immediately activated the Health Facility Operation and Management Committee (HFOMC). Bringing together the management committee was a challenge as they had faith upon traditional healers. However, FAIRMED supported him with a monitoring role. “FAIRMED/INF field staff actively attended every meeting of HFOMC, educated members on various health issues, started health debates and motivated them with what the committee could achieve if they actively worked.”

Through continuous engagement, the management committee started to take the lead to bring up local health issues, carried out health discussions, identified needs, and set action plans to enhance service delivery.

As health mothers groups and Female Community Health Volunteers (FCHVs) played an important role to educate communities on health issues, the HFOMC recommended reactivation of the groups. FAIRMED trained FCHVs on maternal and neonatal health issues, institutional delivery and motivated them with the roles they played to enhance institutional delivery, safe motherhood and improve the village's access to health.



*Equipment Support for New Born Corner at Pipara Health Post*

Three years later, access to health services is increasing and so is sanitation. “Three years ago, people practiced open defecation. Now, we are almost about to declare Open Defecation Free Zone.” Sah said. Adding to that he further said reliance on traditional healers have decreased.

As FCHVs started to spread awareness on maternal and neonatal health care, the number of pregnant women coming for Ante-Natal Checkup (ANC) started to increase. However, privacy continued to be an issue. While the health post provided Ante Natal Checkup (ANC), it lacked birthing center to ensure institutional delivery.

These issues did not surpass the HFOMC. Following recommendations from the HFOMC, FAIRMED helped to increase privacy by constructing a partition and renovated the health post with health messages displayed through wall paints. These changes encouraged pregnant mothers to visit the health post for timely ANC visits. Moreover, the HFOMC also recommended

the then Village Development Committee and the District Development Committee to construct a birthing center and staff quarter.

“The HFOMC identified that the health post would be able to provide more facilities if there was a birthing center,” Sah said adding that a staff quarter adjacent to the health post would ensure additional health service hours.

In November 2017, Pipara Health Post inaugurated its new birthing center “A lot has changed over the three years,” Sah said.

However, challenges still lie ahead.

“Due to religious and cultural beliefs, Muslim women still shy away from topics of birth and family planning methods,” Sah said. As a result, he shared that it was important to educate and aware dharma gurus (religious leaders). As a person’s health is linked to water, sanitation, and hygiene, Sah shared that it was crucial to work in the areas to improve quality health throughout the village.

# UPAKAR Project Summary



Project Name	Towards Recovery - UPAKAR Pariyojana
Duration	3 years (October 2015 to December 2018)
District	Sindhupalchowk
Number of VDCs	12 hard-hit remote VDCs (1 Municipality and 2 Rural Municipalities in the new structure)
Project Cost/ Budget	NPR 43591214 (approx.. CHF 410413.57)
Beneficiaries	108 mother's groups, around 2,200 mothers, 14 HFOMCs (98 members), 14 Health Facilities (including 1 PHC), 108 FCHVs, approx. 20,000 Women and Children, approx. 500 Persons with Disability
Targeted Population	43,716 (10,166 households)
Project Team	Project Office (FAIRMED and Partner) based in Melamchi, Sindhupalchowk, implements the activities through a team of 14 staff members of various levels.

UPAKAR Project (Towards Recovery...) was conceptualized after completion of the relief phase of FAIRMED's support in Sindhupalchowk district after the Earth Quake in 2015. Considering the relief work experiences & learnings, and the

various constraints and gaps that were identified, UPAKAR project was designed to support District Health Office to resume health services in the selected quake affected VDCs of Sindhupalchowk district by strengthening health service delivery,

and improving health seeking behavior among the women & children, and persons living with disability. The project covers 12 rural VDCs (1 Municipality and 2 rural municipalities) of Sindhupalchowk district and is implemented through a local NGO, Mahila Atma Nirbharata Kendra (MANK). The project office is located in Melamchi. The project activities are being implemented in close collaboration and coordination with District Health Office and palikas of the working areas. Also, collaboration mechanism has been established with other agencies such as CARE Nepal, SAVE, One Heart International, Nepal Red-Cross, Japanese Red Cross, America Nepal foundation, Helvetas and Handicap International (HI) whose recovery interventions are overlapping in one or more VDCs of the UPAKAR project.

**The project aims to achieve its envisioned goal through the following objectives:**

To enable in the 12 identified VDCs of Sindhupalchowk to deliver basic health care services to the communities through strengthening physical and technical capacity of the health facilities/health workers including the Health Management Information System (HMIS) back to function, strengthening surveillance &

replenishment of damaged equipment, based on the need assessment of the health facilities.

To provide awareness and counselling to the affected families and communities (especially pregnant and lactating women) for healthy pregnancy outcomes and care of new born and children under five years by reverting their need and priority through community mobilisation.

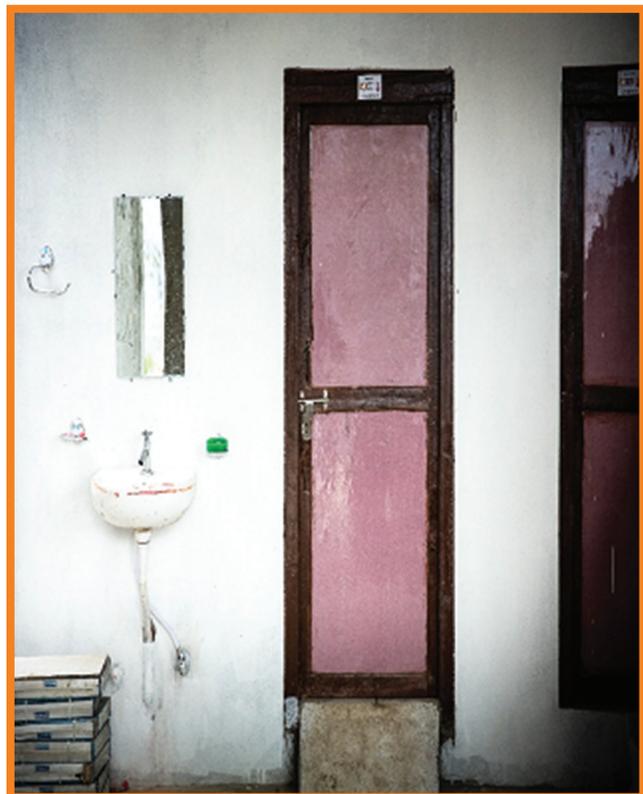
To promote inclusive health care services, ensuring accessibility to people with disabilities during the recovery period.

To support referral systems and strengthen networks for EQ affected communities and families with various supporting organizations (government as well as non-government) who have service provision in reproductive health, psychosocial/ mental health, livelihoods and rehabilitation services.

Effective Monitoring of project performance, knowledge management through learning and sharing, documentation of best practices, good examples, publications, and dissemination for show casing the project's contribution and achievements and results at various forums.



*Toilet under construction at Bhotang Health Facility*



*Toilet construction completed at Bhotang Health Facility*

# Major Achievements in 2017

## Health System strengthening:

### Health Facility:

- 98 HFOMC member were oriented on their roles and responsibility for the management of health facility at HFs.
- Supported to recruit health staff in 6 health facilities as requested by DHO.10 health facilities and 1 PHCC was supported with furniture and medical equipments as per the demand and need assessment finding of the health facility.
- Supported Bhotenamlang and Thangpalkot HFs with water tank and piping to improve the water supply system .

- Supported to transport medicines in 12 former VDCs.

### Capacity Building of Health Workers:

- Altogether 20 HFs staff were trained with first aid trianing which was organized in collaboration with Red cross at Melamchi.
- 216 participants including FCHVs and rerepresentative from the community participated in 1 day orientation of First Aid.
- 4 health workers in the recommendation of DHO were trained on implant training (Family planning method).
- 19 participants from LDRMC (Local Disaster Risk Reduction Management



First Aid Training to Health Workers

Committee) took part in 5 days Community Based-Disaster Risk Management (CB-DRM).

- 3 days training on Infection prevention was organized for 54 health workers as well as support staffs from 13 health facilities.
- 4 days hands on training of spinal injury management was given to 15 health workers.



*Spinal Injury Management Training to Health Workers*

### **Construction:**

- Two disability friendly toilet have been constructed in Melamchi PHC.
- Project has supported in rehabilitation of water supply system at Sindhukot, Bhotenamlang and Thangpalkot HFs by providing water tank, wash basin and piping
- Partition support in Bhaskharka health facility to deliver the service effectively. Supported to construct ramp at Helambu health post.
- In Bhotang minor construction of health facility was done (such as wall, soling and window frame)

### **Community Empowerment:**

#### **Mothers Group:**

- Supported 18 MG's with EOC fund (Rs. 6000) in 2 working VDCs (Echoko and Mahankal). In addition, additional Rs. 2000 was given to 108 MG's of 12 working VDCs which had received EOC fund of Rs.4000 in 2016. Regular mothers group meeting is conducted by FCHVs

compared to the situation before project implementation.

#### **Female Community Health Volunteers (FCHVs):**

- Birth preparedness plan (BPP) refresher course was given to 42 FCHVs of 6 working VDCs.
- Review and reflection meeting was organized with 108 FCHVs of 12 working VDCs

#### **Awareness Program:**

- 108 FCHV's along with mothers group were provided awareness on Proper Hygiene and Sanitation.
- 1394 people from the community (Mothers group, School children, FCHVs, Local elected bodies etc) participated in WASH campaign which gave awareness on Hand washing Practice, Proper use of toilet, personal hygiene and environment cleanliness.
- Developed IEC/BCC material on Maternal and neonatal health and distributed in the community along with that message was broadcasted through Melamchi FM.

# Living with Dignity

Namga Sherpa from Helambu belongs to an indigent family with disability (group four category) and financially weak, resides in the place called “Lamdhi” up the hills to jungle with no access to transportation. Six years back, he was struggling his life with no skills and job on hand, which took him emotionally down with the life he was passing through. An active search of disabled people through FAIRMED and MANK, Mr. Namga was identified as a miserable disabled victim. The team from UPAKAR project identified him and initiated to improve his economic and livelihood status through skills development training.

Since eight months, from the beginning phase of project implementation, the entire disabled people from the community was identified. Different levels of discussions and planning were organized to develop their training skills. The UPAKAR project, after listening to the voice of all the participants, concluded on giving soap training. So, that they would be capable enough to run their life on their own and do not have to be dependent on others. Among many trainers, we followed some people who are actually doing effectively after their training and giving continuity to soap making. We came across Namga Sherpa, who had actually made diversification in his life. He says, “I used to belong to an ultra-poor family. I never thought that people like me could ever do anything. Nevertheless, after receiving soap training, I have built self-confidence in me. Now, not only my economic status has improved, but the way of people, relatives and community looking at me has changed too. Now I am earning my livelihood and improving my financial status.”

Mr. Namga Sherpa is one of our beneficiaries with a success story, capable of making 10-20kg of soap by himself after receiving a training from UPAKAR. He sells his product within his community and earns his living. The community and people



*Namga Sherpa*

appreciated his work. Many people visit his house to buy his handmade soap in a month. He is also among the one who lost his house in the 25th April 2015 earthquake. The money, which he earned from soap making, has benefited him economically to repay some loans to his friends and relatives. Also, he has supported in some way in building his damaged house by earthquake after receiving the government installment funding.

He elaborated, the training has overcome his problem, being independent economically from his family. He has requested the UPAKAR project, if they could support furthermore with soap making machines. He acknowledges all the members of FAIRMED and MANK who have helped to identify people like him and provide skilled training.

# Zeal through Rehabilitation

Sun lama Yonjan from Ward No. 6 -Panchpokhari Thankpal municipality of Sindhupalchowk district belongs to poor Tamang community. 58 years old, Yonjan resides in Thankpaldhap Village in ward no. 8. There are six member in his family: four sons, one daughter and a father. Though he has a big family, only his father and a son stay with him. After his wife passed away at the age of 45, there was nobody for him to prepare his food and to take care of his children. He has a small land to grow paddy which hardly last for six months, so he started the job as Mason to feed his empty stomach.

Once, when he was constructing home, the big stone hit him in his right leg resulting in leg fracture. This incident, that took place 20 years back, changed his normal lifestyle to disability. Even now, the incident evokes lugubrious expression in his face. He says, “During those days, I was unable to get treatment because there was neither hospital nor home remedies available nearby. Since then, my life is going on with the help of a stick and started my new career as Mason”

Since 2016, he was in a condition where he could not even move from one place to another. Due to the busy schedule of his family in agricultural farm during the period of (June-July), they could not give much attention to his condition. After harvesting the crops, his son Prem Bd. Yonjana, hospitalized Lama in Kathmandu hospital of Orthopedic, which is located in Jorpati. During his course of treatment, doctors diagnosed him with cancer in the leg which was broken. The infected leg had to be removed from his body. After his leg surgery, he stayed in the hospital for 38 days.

During the period, FAIRMED foundation and MANK was implementing “UPAKAR project” that was working on disability. Meanwhile, UPAKAR has organized disability assessment camp for the disabled at Thangpalkot VDC. Once the date of the health camp was finalized our social mobilizer, Anjita Neupane brought him in the camp and was referred to “Sainik Purnasthapana” hospital



*Sun Lama Yonjan*

located in Kathmandu for the treatment and the measurement of his prostheses (artificial leg) he was hospitalized for three days. He was called back after a month to get his prostheses.

Sun Lama says, “It was very difficult for me to mobilize from one place to another without support. I am very much privileged to get this successful treatment from the FAIRMED and MANK. They made my life very easier. Now, I can walk for more than 4 hours without any difficulty. I am very thankful to UPAKAR and social mobilizer, Anjita Neupanae, who helped me out to overcome with this problem in my life.” Not only him, but also people who are economically poor and are located in hard to reach, UPAKAR has reached in many places and helped the disable people in many ways.



# Achievements in Disability Inclusive Development



FAIRMED believes that the issue of disability is common challenge that needs to be addressed by all. We believe that strategic interventions are necessary to address existing gaps between policy provisions and implementation with disability inclusiveness. Raise awareness on disability and their rights, reduce discrimination and build disabled friendly infrastructures are some of the key actions to bring people with disability in the forefront of development. FAIRMED applies the approach of Disability Inclusive Development. The concept aims at closing the inequality and poverty gap by making development opportunities inclusive for people with disabilities. Similarly, FAIRMED operates within the legal framework of Universal Human Rights Declaration and the Convention of the Rights of people with disabilities (UNCRPD) with a focus on the Right to Basic Health.

In order to productively carry out its DID approach and to ascertain optimal results, FAIRMED actively networks and collaborates with national and international organizations, implementing

partners, respective government agencies and stakeholders to exchange expertise and build synergy. In the year 2017, FAIRMED, together with its partner NGO, Mahila Atma Nirbharta Kendra (MANK), in collaboration with International Committee of Red Cross (ICRC), Army Rehabilitation Center (ARC), National Federation of Disabled Nepal (NFDN) conducted second round of disability assessment camp in Tipeni, Thangpalkot, and Kiwool of Sindhupalchowk.

In the camp, 97 disabled people (63 male, 34 female) were assessed. 44 people were directly supported with assistive devices like crutches, belt crept, bandage etc and while the other needy were referred for further treatment. Altogether 20 people were referred to Hospital & Rehabilitation Centre for Disabled Children (HRDC), and ARC, and Dhulikhel hospital for physiotherapy, medical treatment, and steel plate removal from the fractured arm. All these referred person's transportation expenses were covered by FAIRMED.

In order to strengthen and sustain the economic aspect of the people with disabilities FAIRMED tried various methods, such as hiring experts to train the PWDs on their desired vocational skills, providing seed fund to start their desired small income generation activities, providing entrepreneurship and financial management skills with the technical assistance of Institution for Sustainable Actions for Prosperity (ISAP). Realising the necessity of intervention for the sustainability of the business of PWDs, FAIRMED decided to work with local cooperative by sensitizing them about the importance of including disabled persons as their beneficiaries and include them as their target beneficiaries even in their future lending programs. For this, FAIRMED has purchased the share and deposited a fixed amount of money in the selected local cooperatives in the name of 116 PWDs that were identified from our project working areas in Sindhupalchok.

FAIRMED in coordination with NFDN organized a day disability workshop in Kapilvastu district. The objective of the workshop was to sensitize the district level stakeholders and the persons with disabilities on the rights and relevant issues of people with disability. The workshop will also alert the local authorities for the development of disability inclusive program and budget planning. Similarly, a Disability Mapping Survey in partnership with NFDN was also organized in the district. The purpose of the survey was to understand the number of PWDs and the type and stage of disabilities in the district. A total of 5358 number of people with disabilities were identified in the district.

#### Other major activities on disability

- Two disability friendly toilet has been constructed in Melamchi PHC.
- Initiation for the construction of ramp in Helambu Health Facility
- Orientation on disability to approximately 600 newly elected members and health staffs in the working districts
- Assessment of disability friendly services in five Health Facilities (Shivraj, Pipara, Taulihawa, Maharajgunj, and Harnampur) in Kapilvastu district.

Sailesh is a 13-year-old boy living with his grandparents, parents and other two siblings in ward 9 of Labani VDC in Kapilvastu district. Currently studying in grade -4 in one of the primary school nearby his locality, Sailesh's grandfather helps him to drop and bring from school each day in his cycle. He was born with low weight which



Sailesh

affected his physical development making him unable to use both legs completely. As a result, he spends most of his time in room eagerly waiting each day for school hour where he could get along with other kids. Sailesh's family rely on his parents who are engaged in agriculture work for daily living and his mother is concerned that they might have to discontinue his study as he has to be transferred to secondary school soon which is far from the home. FAIRMED's staff Tulsi Ram Khanal came in contact with Sailesh and his parents during process of disability mapping survey conducted in Kapilvastu district.

After assessing the need, Tulsi supported family to develop an application letter and advocated during formation of rehabilitation centre network at district



level. As a result, he was provided tri cycle by Dalit Development Social Centre during an event organized to distribute assistive device for disable people. Today Sailesh's mobility has increased beyond the walls of his home and he regularly uses his tri cycle to attend his school and is indulge in outdoor activities with his friends. His parents are also confident that their eldest son can continue his study and secure better future of his own.



# Neglected Tropical Diseases



Since 1959, FAIRMED has been instrumental in combating NTDs and works in various developing countries of Africa and Asia including Nepal where disease prevalence is high and poverty is rampant. FAIRMED is a signatory member of the London Declaration on Neglected Tropical Diseases (NTDs), the largest coordinated effort until date in health issues, aiming to control, eliminate or control 10 disease by 2020, including leprosy. One of the objectives of the programmatic strategies for FAIRMED is to combat NTDs requiring innovative and intensified disease management and its consequences through early and increased detection, prevention of disability, and appropriate treatment. FAIRMED considers the presence of NTDs as being an indicator of

poverty. The organization seeks to fight against to the consequences of poverty such as illness, social exclusion, disability and premature mortality through the control and elimination of NTDs.

Leprosy was declared eliminated at National level by government of Nepal in 2010; however, 18 out of 75 districts were still classified with leprosy prevalence rate (PR) > 1/10000 population until the end of 2017. The country is also aiming to achieve elimination of Lymphatic Filariasis by 2020. Therefore, FAIRMED Nepal in consultation with Epidemiology and Disease Control Division and Leprosy Control Division conducted "Situation Analysis of Neglected Tropical Disease" (Leprosy, LF and STH) in 9 districts of Nepal ( July to August,

2017). These districts included Dhanusha, Mohattari, Sarlahi, Bara, Rautahat, Rupandehi, Kapilvastu, Banke & Bardiya. The findings of the situation analysis were shared with government authorities, and other organizations working on NTDs and FAIRMED HQ team during NTD Planning Workshop on September 2017.

Similarly, FAIRMED Nepal in coordination with Leprosy Control Division (LCD) and District Health Office (DHO) Kapilvastu supported to implement Mini-Leprosy Elimination Campaign (MLEC), an active case detection programme in 9 VDCs of the district. As a result of the campaign, 30 new leprosy cases were diagnosed and two cases with grade 2 disability were referred to Lalgadh Hospital for further treatment. LCD team also visited twice during the campaign with the purpose of case validation. In addition, skin camps were organized in 11 wards of seven VDCs where Leprosy post exposure prophylaxis program (LPEP) was conducted by DHO Kapilvastu last year. Among 758 screened cases 18 new leprosy cases were diagnosed during the camp.

Some NTDs can cause chronic disability and are highly stigmatizing, which often leads to discrimination, marginalization and exclusion. The Leprosy Control Division has identified approximately 30,000 leprosy related disability cases, while the exact figures of LF related disable cases are not available. The MOH has recently established LCD as the Disability prevention and rehabilitation focal unit (DRFU) In addition, Morbidity Management. Similarly, the Disability Prevention (MMDP) program under LF Elimination Program that is being gradually scaled up by EDCD. FAIRMED in partnership with National Federation of Disabled, Nepal (NFDN) conducted 'Disability Mapping Survey' in Kapilvastu district to understand about the number of PWDs and type and stage of disabilities in the district. The report is being developed which will be helpful to guide government, as well as organizations like FAIRMED to design programme for uplifting life of those affected by the NTDs and its consequence of impairment.

During the monitoring visit of FAIRMED programme officer, Marc Bonenberger to Matri Tatha Navajat Sishu Swaystha Pariyojana (MANASHI) we met Kislawoti Dhobi. Dhobi, a 45 years old woman from Nangadi village of Manpur VDC in Kapilvastu district was experiencing the signs (paralysis and crippling of hands and feet, chronic ulcer in bottom of feet) of advanced stage of Leprosy. While her husband Jung Bahadur Dhobi was desperately trying to cure his wife and despite going to nearest health post, they preferred to seek treatment from private pharma shop located nearly 9 km from their village. The couple invested 45 thousand during the process of treatment but no any improvements were observed and condition was deteriorating.



*Kislawoti Dhobi*

The family with 3 daughters had to bear economic burden and hardship for living due to the disease. As FAIRMED has the expertise in NTD globally, we decided to help the couple. During an orientation program that was organized locally, FAIRMED's MANASHI project staff contacted Jung Bahadur Dhobi. The staff advised Jung to take his wife to the nearest health post in suspicion of leprosy. Kislawoti was diagnosed with leprosy in Manpur Health post and was under treatment but due to her extreme condition of wound and deformity, she was referred to Anandaban Hospital, Kathmandu. FAIRMED in coordination with DHO Kapilvastu made the necessary arrangement by communicating with health staffs of Anandaban Hospital and provided transportation cost to the family. Today, Kislawoti is taking her medicine regularly and is practicing self-care at home that has reduced her deformity and the family is slowly recovering to make their life stable again.

# FAIRMED Nepal's Country level Initiatives



*Drugs handover to EDCC during flood/landslide in Terai*

FAIRMED Nepal, through its Country Office initiatives, has been active in building networks and enhancing the profile of the organization. The Country Coordinator has been playing an active role in the Association of International NGOs (AIN), through the Steering Committee, as well as a focal point for the two of the eight thematic groups (i.e. Health, and Disability), Through such networks, our presence and visibility have increased in the Health sector with Disability Inclusive Development approach. Similarly, our work has also been brought into light through participation in different

national & regional programmes and forums organized by Ministry of Health. These forums have been opportunities to network with likeminded organizations and government line agencies to promote our country programme and raising institutional profile. Noticing FAIRMED's active role and presence in most of the important health and disability programs, public health professionals in Nepal have started to know us and the work we do through our two ongoing projects, where we have taken vital initiatives of resource mobilization through local collaboration at the project level.

FAIRMED Nepal is also a core member of the Swiss NGO network, which is coordinated by the Swiss Embassy in Nepal. Through this network, we have been able to share our work and exchange the experience and learning during post-earth quake situation with the Swiss organizations operating in Nepal, and at the same time learn what others are doing, making this an important platform to leverage our experiences for future partners. This forum can also help strengthen our collaboration and resource identification and utilization when relevant.

In addition to these, FAIRMED is also participating in and contributing to other forums and networks led by concerned line ministries & divisions, and other INGOs/UN Agencies on the issues related to MNCH, Reproductive Health, Disabilities, and empowerment of the marginalized. FAIRMED in Nepal has been working in close coordination with government's apex body such as Social Welfare Council (SWC), and line ministry (DoHS of Ministry of Health) and its divisions such as FHD, CHD, NHEICC, NHTC, EDCD, LCD, and concerned

District Health Offices,. In addition, FAIRMED has collaborated with other organizations such as National Federation of the Disabled-Nepal (NFDN), International Committee of the Red Cross (ICRC), and other INGOs and UN agencies working with the issues such as disability, emergency support, and MNCH, which are well integrated in FAIRMED's current projects' themes. During the year 2017, FAIRMED has actively participated and contributed (financially and technically) in the various forums, networks and events as described below:

**Networks/Forums:**

- Member, Steering Committee, Association of International NGOs (AIN)
- AIN Focal point/member, AIN - Disability Working Group (DWG)
- AIN Focal point /AIN - Health Working Group (HWG)
- Member, AIN- Communication Working Group



*Participation in first National Review & Planning Workshop on Disability*

**Major networks, events and contribution by FAIRMED from its central level activities during the year 2017:**

Event	Date	Outcome
Monitoring visits to Symphasis funded project in lalgadh hospital	Jan-Sept 2017	Periodic visit to join the ALM in the joint monitoring visits to the Symphasis funded project (SMILE POD) in Lalgadh hospital. The CC also contributed in discussions on future way out to community activities and in finalizing the Lalgadh/NLT's future strategy
Participation and contribution in LCD coordinated leprosy, and Disability working group to review the activities, progress, and preparation of 10 year plan of action on disability	Feb-Sept 2017	Participated and played active role in the progress review on Leprosy program, and disability issues, and also preparation of disability strategy and 10 year action plan organized by the LCD (MOH focal point) through working group, and various consultative and sharing workshops. FAIRMED played active role in the entire process which has been a good exposure, and has also helped raise institutional profile of FAIRMED in the issues of leprosy, NTDs and disability in Nepal.
Participation and sharing of experience in Nick Simon Institute organized seminar on Rural health	March 22-23	
Contributed in finalizing the ILEP strategy for South Asia, organized by TLM as a ILEP lead for Nepal	April 19-20	FAIRMED has been involved and participating in the ILEP meetings, and discussions on issues related to Leprosy and disability organized by Nepal based ILEP member organizations.
First National Review & Planning Workshop on Disability	9-11 August	Worked with Leprosy Control Division as a core member of technical group for Workshop
Participated and contributed in Health Cluster Team (HCT) organized by EDCD to address post flood effect in Terai region	Aug-sept 2017	Participated and contributed in the post flood effect and issues surfaced in Terai region, where immediate essential drug supply was needed, and as per the request from EDCD, FAIRMED provided essential drugs for the distribution in flood affected district. Similarly, in the month of Dec 2017, FAIRMED again supported the EDCD with supply of 35,000 PKT of ORS which was stock out in local health facilities primarily due to the delayed procurement by the government, caused by the state transformation process.
NTDs project Planning workshop	11-15 Sept 2017	The workshop was participated by the senior government officials (LCD, EDCD), and almost all the organizations currently working in the issues related to NTDs (leprosy, , and LF) and disability. The representatives provided important feedback and recommendations to FAIRMED's plan to introduce NTDs in Nepal as per their extensive experience and expertise in the issues. Beside, they also showed interest to collaborate with FAIRMED on the NTDs and disability, This workshop has contributed to further enhance FAIRMED's recognition and profile in Nepal's health sector development.
Oraginsing CPAC meeting, DPAC meeting as per the requirement of SWC, and joint monitoring visits to two projects with FHD and CHD's participation	N0v. 13, 2017	Followed the requirements of SWC by organizing CPAC at Kathmandu, and DPAC meeting at Kapilvastu and Sindhupalchok, CO also facilitated and organized joint monitoring visits to two projects, and a study visits to Rajasthan, India with FHD and CHD's participation
National Summit on Sustainable Development Goals and Disability Facilities in Earthquake Affected Districts	18 December	<ul style="list-style-type: none"> <li>• Sharing of INGOs role in addressing SDGs and Disability</li> <li>• Learning from other organizations</li> <li>• Guidance and feedback from Government authorities.</li> </ul>

Event	Date	Outcome
Represented AIN in making a presentation on INGO's contribution in Nepal's health sector in the Joint Annual Review (JAR) meeting, by MOH		
Contributed in finalizing the AIN Strategy for 2017-2019 as a SC member		

In the past years, FAIRMED has helped to strengthen the government structure from the central to the district levels in health sector in relation to the two projects that it is implementing. Now, when the nation has stepped in the Federal structure from the Unitary structure, FAIRMED has joined hands with other actors in helping to strengthen and institutionalize the health and disability in the federalism and realignment of the government structure. While participation in national forums has helped us to understand and update ourselves in the existing policy environment, the district level forums have equally been important as they have helped the organization to practically collaborate and coordinate with the development actors during implementation of projects activities. For this, FAIRMED project team at the working districts have actively participated in forums such as NGO alliance, District Project Advisory Committee (DPAC), Reproductive Health Coordination Committee (RHCC), District Disaster Reduction Committee (DDRC), AIN's district level mechanisms etc.

Another major task that FAIRMED Nepal Country Office initiated during the year was the emergency drug support to the Ministry of Health with an emergency aid package during the flood that was triggered by heavy rainfall in most of the Terai regions to minimize the risk of endemic diseases due to the polluted water and worsened sanitation. In addition, FAIRMED also supported Department of Health Service with 35000 pkts of Oral Rehydrate Solution (ORS) to fulfill the emergency requirement as the Department was running out of stock and the government procurement procedure was elongated because of the transitional phase the nation is going

through. Likewise, as an initiative by UPAKAR project, FAIRMED in a technical partnership with Dhulikhel Hospital conducted Reproductive Health (RH) camp in two sites of Sindhupalchowk district - Bahunepati and Manekharka with a purpose to address the reproductive health issues of women in the project areas. Out of the 428 clients who were examined during the four days camp, 13 % were referred for surgical and further management. In the camp a total of 130 women were screened for cervical cancer out of which 10% were positive for Visual Inspection with acitic Acid (VIA). Similarly, out of the 428 examined clients, total of 21 cases were identified as uterine prolapse of which 5% were managed with ring pessary and the rest were referred for surgery to Dhulikhel Hospital.

With a purpose to connect strongly to the digital world, FAIRMED Nepal in the year 2017 has successfully launched its country website with the domain name [www.fairmed.org.np](http://www.fairmed.org.np)

The country office initiatives, in totality, has helped us to have a constructively learning and sharing platform, together with enhancing our efforts through common understanding. Comprehending that enabling policy environment, organization's programmatic interventions that are resulted from the interplay of the organizational mandate and broader policy environment, and collaboration with government & non-government partners and stakeholders, FAIRMED Nepal's country programme envisions translating this matrix into its work approach and practice. This will help gain trust and confidence of all the relevant stakeholders in particular the government line agencies whose cooperation and guidance is the must.

# Audit Report

## FAIRMED Foundation Nepal Sanepa, Lalitpur

### BALANCE SHEET as on 15 July 2017

Particulars	SCH	Current Year	Previous Year
		NPR	NPR
<b>Assets</b>			
Bank Balance	1	6,835,822	1,439,982
Petty Cash		857	3,873
Bank- Gratuity		936,171	258,865
Project Advance		6,117,986	1,853,938
<i>INF (MANASHI project)</i>		5,841,726	
<i>MANK (UPAKAR Project)</i>		276,260	
Staff advance	2	317,900	26,905
Account Receivable		39,371	7,763
House Rent Advance		114,815	200,000
Secruity Deposit-Wlink		1,000	1,000
<b>Total</b>		<b>14,363,923</b>	<b>3,792,326</b>
<b>Fund Balance and Liabilities</b>			
Fund Balance		12,993,699	3,112,156
<i>Opening balance</i>		3,112,156	
<i>Surplus/(Defecit) during the year</i>		9,881,542	
Gratuity Liability		1,328,105	502,587
CIT Payable		-	8,000
Payables	3	38,450	152,520
Withholding tax	4	3,669	17,062
<b>Total</b>		<b>14,363,923</b>	<b>3,792,326</b>

Significant accounting polices and notes to account 10

As per our report of even date

*RBS*  
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**Raju Bikram Shah**  
Finance and Administration  
Manager  
FAIRMED Foundation Nepal

*NSharma*  
.....  
**Nirmala Sharma**  
Country Coordinator  
FAIRMED Foundation Nepal

*Jitendra*  
.....  
**Jitendra Kumar Mishra**  
Partner  
CSC & Co.  
Chartered Accountants



Date: 22 September 2017  
Place: Lalitpur, Nepal

Health for the Poorest  
NEPAL COUNTRY PROGRAM

**FAIRMED Foundation Nepal**  
Sanepa, Lalitpur

**INCOME AND EXPENDITURE STATEMENT**

For the period 16 July 2016 to 15 July 2017

Particular	Sch	Current Year	Previous Year
		NPR	NPR
<b>Income</b>			
Fund Received -Country Office		12,619,341	13,649,224
Fund Received -MANASHI Project		32,512,325	17,320,233
Fund Received -UPAKAR Project		15,450,028	8,778,073
Fund Received -Leprosy		1,100,000	-
Interest Earned		14,006	-
<b>Total</b>		<b>61,695,700</b>	<b>39,747,530</b>
<b>Expenditure</b>			
Expenses- Country Office	5	9,876,712	12,174,467
Expenses- MANASHI	6	27,363,881	16,430,298.94
Expenses- Leprosy	7	38,450	-
Expenses- UPAKAR	8	14,535,115	5,964,605.32
Expenses- Relief	9	-	977,567
<b>Total</b>		<b>51,814,158</b>	<b>35,546,938</b>
<b>Surplus/(Deficit) of Income over expenditure</b>		<b>9,881,542</b>	<b>4,200,592</b>

Significant accounting polices and notes to account

10

*RBS*  
.....  
**Raju Bikram Shah**  
Finance and Administration  
Manager  
FAIRMED Foundation Nepal

*N Sharma*  
.....  
**Nirmala Sharma**  
Country Coordinator  
FAIRMED Foundation Nepal

As per our report of even date

*Jitendra*  
.....  
**Jitendra Kumar Mishra**  
Partner  
CSC & Co.  
Chartered Accountants



Health for the Poorest  
NEPAL COUNTRY PROGRAM

Date: 22 September 2017

Place: Lalitpur, Nepal

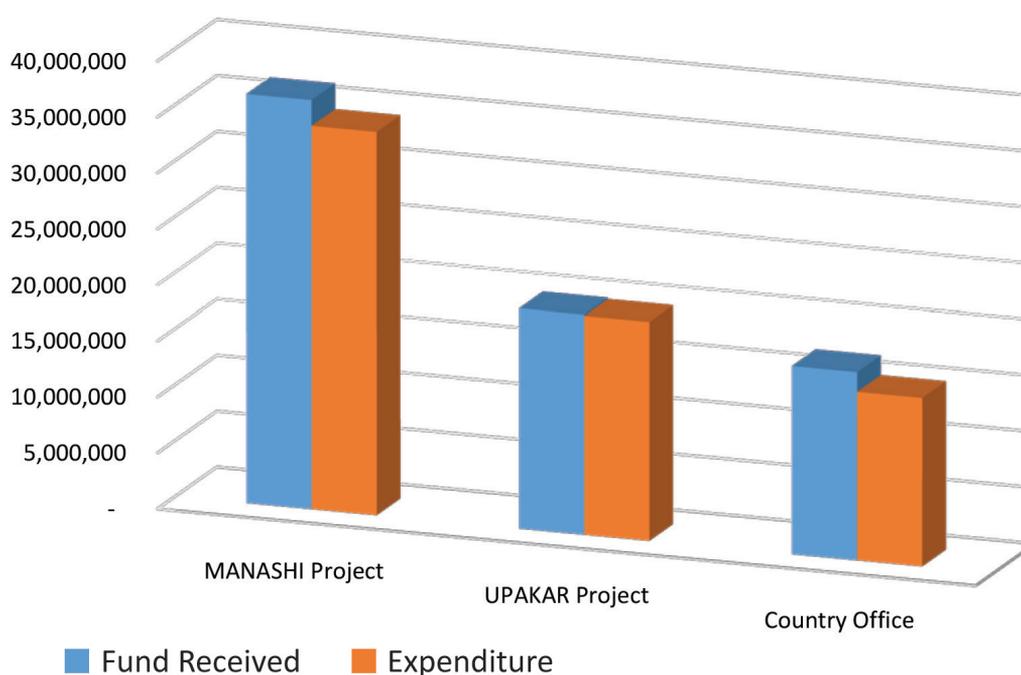
# FINANCIAL OVERVIEW

FAIRMED Foundation Nepal had received NPR 73,018,902 for Country Office, MANASHI Project and UPAKAR Project in 2017. All funds were received from FAIRMED Head Office, Berne, Switzerland and all these are restricted fund.

## STATEMENT OF FUND RECEIVED AND EXPENDITURE

Projects	Fund Received	Expenditure
MANASHI Project	36,535,639	34,229,431
UPAKAR Project	19,664,660	19,545,185
Country Office	16,818,603	15,054,491
<b>Total</b>	<b>73,018,902</b>	<b>68,829,107</b>

Fund Received and Expenditure in 2017



# Future Outlook

In order to follow FAIRMED's global mandate of focusing on Neglected Tropical Diseases (NTDs), FAIRMED in Nepal is preparing to expand into other districts through the NTDs interventions. For this the process has started by supporting the LCD in carrying out MLEC in the selected high incidence wards of Kapilvastu district. A project concept to expand its NTDs related activities have been prepared, and soon it will be finalized to roll out the plan in selected high endemic districts along Kapilvastu. The interventions in NTDs program in Nepal will include major diseases such as leprosy, Filariasis and Soil Transmitted Helminthiasis (STH). However, other priority NTDs will also be addressed as required during the implementation process. Like in MNH and Post EQ projects, FAIRMED will work closely with the government's bodies (LCD, EDCD) in selecting, planning and implementation of the interventions. FAIRMED's work in major NTDs will support the government's efforts to eliminate leprosy and LF from Nepal by 2020.



## Some Glimpses



Health worker orienting FCHV's



Hygiene Promotion Program of UPAKAR



RH Camp at Bahunepati, UPAKAR



FAIRMED team during their workshop of TEAM BUILDING



Health for the Poorest

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