



# ANNUAL REPORT 2019 NEPAL PROGRAM

Health for the Poorest



# ABBREVIATIONS

- **ANC:** ANTE NATAL CARE
- **ANM:** AUXILIARY NURSING MIDWIFE
- **BC:** BIRTHING CENTER
- **BCC:** BEHAVIOUR CHANGE COMMUNICATION
- **BYC:** BHIMAPOKHARA YOUTH CLUB
- **CHSB:** COMMUNITY HEALTH SCORE BOARD
- **CHU:** COMMUNITY HEALTH UNIT
- **CP:** CEREBRAL PALSY
- **DHIS:** DISTRICT HEALTH INFORMATION SYSTEM
- **EDD:** EXPECTED DATE OF DELIVERY
- **FCHV:** FEMALE COMMUNITY HEALTH VOLUNTEER
- **HF:** HEALTH FACILITY
- **HFOMC:** HEALTH FACILITY OPERATION MANAGEMENT COMMITTEE
- **HP:** HEALTH POST
- **ICRC:** INTERNATIONAL COMMITTEE OF RED CROSS
- **INF:** INTERNATIONAL NEPAL FELLOWSHIP
- **IP:** INFECTION PREVENTION
- **LMP:** LAST MENSTRUAL PERIOD
- **HMG:** HEALTH MOTHERS' GROUP
- **MNH:** MATERNAL AND NEONATAL HEALTH
- **NGO:** NON-GOVERNMENTAL ORGANIZATION
- **NTD:** NEGLECTED TROPICAL DISEASES
- **PHCC:** PRIMARY HEALTH CARE CENTER
- **SATH:** SELF-APPLIED TECHNIQUE FOR QUALITY HEALTH
- **SM:** SOCIAL MOBILIZER
- **ToT:** TRAINING OF TRAINERS
- **USG:** ULTRASOUND SONO GRAPH
- **WASH:** WATER, SANITATION AND HYGIENE

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## FOREWORD FROM THE COUNTRY COORDINATOR

It is my pleasure to present you FAIRMED Foundation Nepal's Annual Report, 2019. This report includes the highlights of the efforts, active response to challenges, and achievements that we have made in the year.



In the past years, FAIRMED's interventions in Nepal were more focused on Maternal and Neonatal Health (MNH). During the year 2018, FAIRMED Nepal successfully completed two projects (MANASHI and UPAKAR), both of which were focused on maternal and neonatal health. Gradually, we started engaging in the issues related to Neglected Tropical Diseases (NTDs), particularly on leprosy and Lymphatic Filariasis (LF).

In the year 2019, FAIRMED entered into NTDs related interventions while continuing with MNH. The concept was to integrate MNH and NTDs at the point of service delivery. Demand generation and behavior change messages and information were also related to both thematic issues. The NTDs are focused on leprosy, lymphatic filariasis and STH, MNH related work on the other hand, is focused on safe motherhood and newborn care. These programs have been carried out in close coordination with Family Welfare Division, and Leprosy Control and Disability Management Unit/EDCD at central level and with the municipalities and Provincial health .

Last year, we launched a year long pilot project in remote parts of Baglung district of Gandaki Province with a focus on maternal and neonatal health. The achievements within the short time period contributed to obtain funding support for the project's extension for another 2.5 years.. While aligning with the country's federal system after the election of local government, we have carried out program activities jointly with the local bodies and have had very encouraging experience working with them.

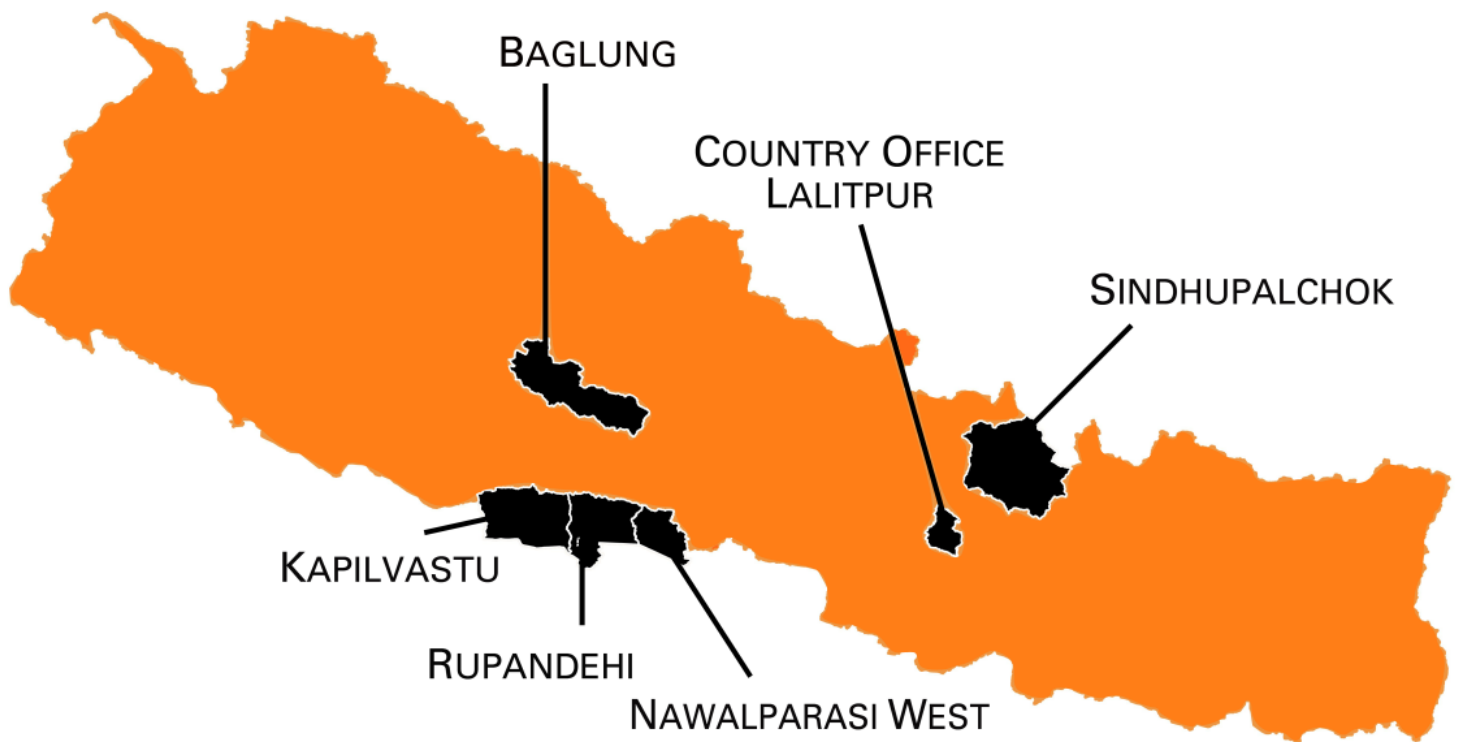
We have also been able to leverage the available resources at the local context and are also quite hopeful that the collaboration with the local government will be further strengthened in the coming days to improve the health care delivery and service utilization by the country's rural communities.

Hence, I would like to take this opportunity to thank all those local authorities who welcomed us and helped identify the areas of joint work and collaboration, my entire team at the country office and project offices, who have been instrumental with their committed efforts in achieving these results. I acknowledge the team's hard work in establishing the institutional linkages with Local and Provincial government and obtaining their cooperation and collaboration to plan, implement and monitor activities. I am also thankful to the Provincial and Federal government who have always provided their constructive feedback and suggestions to help us shape and enhance our endeavors. I thank the development partners who have leveraged their expertise and advices at times of need, both at the project areas and at the Central level.

I acknowledge the great contribution and am thankful to our local partner NGOs who are key players in helping us translate our vision into real outcomes by implementing the projects in the communities. Our work would not have been possible if the beneficiaries had not given us an opportunity to serve them. Our sincere appreciations to the communities for welcoming us and participating actively in the process.



Nirmala Sharma  
Country Coordinator  
FAIRMED Foundation, Nepal



FAIRMED in Nepal started its community health work from Kapilvastu district with focus on maternal newborn health. The project then gradually expanded its programme interventions into applying a comprehensive approach towards tackling NTDs.. Aligning its program focus with the global strategy, FAIRMED is now moving towards a thematic focus on Neglected Tropical Disease while continuing with MNH related health care to the poor and marginalized communities. This also aligns with the concept of Universal Health Care outline under Sustainable Development Goals (SDGs).

## ON-GOING PROJECTS

### RURAL HEALTH IMPROVEMENT PROJECT

With the funding from PORISTES Foundation, Switzerland, FAIRMED Nepal has implemented Rural Health Improvement Project (RHIP), a short term one year project (June 2018 - July 2019) Implemented as a pilot in three rural Municipalities (Nishikhola Rural Municipality, Tamankhola Rural Municipality & Dhorpatan Municipality) of Baglung district, the project was partnered with local NGO BYC for implementation. Through a fine mix of community and facility based health interventions, the project intends to increase service accessibility, strengthen local health systems and improve the quality of service delivery in working municipalities. With the successful completion of its pilot project, FAIRMED was able to receive additional funds for the extension of the project for an additional 2.5 years. The extended period has added three more Municipalities in the adjoining areas covering a total of six Municipalities which now includes Badigadh Rural Municipality, Galkot Municipality and Bareng Rural Municipality.

The project's primary beneficiaries are pregnant women, lactating mothers, new borns, people vulnerable to and suffering from NTDs, and persons with disabilities. Similarly, the project also targets health workers and Female Community Health Volunteers (FCHVs), Health Facility Operation and Management Committee (HFOMCs), Health Mothers Groups (HMG) and local stakeholders to enhance their capacity and facilitation in making their roles more active and effective. The overall goal of the project is "Improved health status of the targeted communities in rural parts of Baglung."

THE MAJOR AREAS OF INTERVENTIONS INCLUDED IN THE PROJECT ARE ;

1. MATERNAL AND NEWBORN HEALTH
2. NEGLECTED TROPICAL DISEASES AND DISABILITY
3. WATER SANITATION AND HYGIENE



## MAJOR OUTCOMES OF 2019

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### HEALTH PROGRAM PLANNED AND EXECUTED EFFECTIVELY IN SIX TARGETED MUNICIPALITIES

The project team completed project orientation successfully in all the six project working municipalities (Dhorpatan Nisikhola, Tamankhola continued since 2018 and Galkot, Badigad & Bareng newly added from July 2019) of Baglung district. Project team introduced them about project's concept, its objectives, major activities and working modality to the representatives of the working Municipalities. The activities are gradually being implemented as planned, and it's too early to assess the results of those activities.

### HEALTH INFRASTRUCTURE AND SERVICE DELIVERY CAPACITY OF HEALTH FACILITIES STRENGTHENED

Project carried out the need assessment of the 26 health facility in targetted Municipalities. The assessment was made to identify the most needy Health Post, i.e. targeted Narjakhani CHU of Tamankhola Rural Municipality for birthing centre establishment, and Panavkhani Health Post of Galkot Municipality upgraded for birthing centres service. Similarly, Hatiya and Taman Health Post are selected for newborn corner service. One medical officer from Burtibang PHCC and one ANM from Adhikari chaur Health Post were sent to participate in 5 Days long Training of Trainers (TOT) on Neglected Tropical diseases(NTD) organized by FAIRMED in Pokhara based Green Pasture Hospital. Nisi CHU BC establishment, Dhorpatan CHU BC establishment, Khunkhani Health post BC establishment were also supported. These activities were carried out in 2019. As a result, the participant enhanced their knowledge and skill in symptomatic case diagnosis, initiate the treatment, refer for reaction management and counsel the patients for self-care technique related to Leprosy and Lymphatic Filariasis. As an effort to support with health infrastructure, the project provided a portable USG Machine to the Burtibang PHCC. The portable ultrasound imaging could be of immense help in early diagnosis of complication among pregnant and newborns not only at the Health Center, but also at the community level. This will help the health workers in taking early action with timely intervention to save the lives of mothers and newborn.

### ACCESS AND UTILIZATION OF BASIC HEALTH SERVICES AMONG TARGETED COMMUNITIES INCREASED

Project enhanced skill of 300 FCHVs to enable them to organise Health Mother Groups (HMGs) meeting regularly and disseminating awareness messages effectively during the meeting and at the household level. Out of 312 HMGs at 5 municipalities, 150 HMGs were activated by the locally hired and trained social mobilizers, who were able to visit and support 250 HMGs meetings and ensured the discussion on health related issues in the meeting. The social mobilizers also participated in FCHV's monthly meetings to encourage them in holding mother groups meeting and promoting communication effectively.



In order to increase the access to service, project carried out disability mapping in three new project working municipalities (Galkot, Badhigadh & Barena) using survey method. As a result, current socio-economic and health status of 790 disabled people has been collected. This data will support project in planning and implementation of project's disability related activities.

Towards the end of 2019 December, a Disability Camp was organized in Burtibang PHCC and Haitya Health Post in collaboration with ICRC (Technical support), and INF Pokhara. As a result of the camp, 476 people with physical disability were assessed for the need of further treatment, medical treatment and assistive devices to help in their daily functionality. In the camp, a total of 157 disabled people were provided with suitable assistive devices like Prosthesis, crutches, bandages, stick, Micro Cellular Rubber soles etc.

The project also provided technical support to the five Municipalities to improve living condition of disabled people, by reducing the stigma against disabled people and those affected by NTDs, and provided information about various services made available under government provision for persons with disability by using local FM radio. Similarly, health related messages were disseminated through radio jingles and wall painting in selected Health Facilities to reach out to larger number of beneficiaries and sensitizing them when visiting the Health Posts.

An orientation was conducted to promote personal hygiene practice of health workers and sanitation in three health facilities (Burtibang PHCC, Gwalichaur HP and Gadikhola CHU) and these health facilities were supported with sanitary items such as hand washing facility, water supplying tank, water filters, toilets, waste collection bins, etc to promote proper WASH at health facility level.

## KEY ACTIVITIES ACCOMPLISHED

- Project orientation completed in 6 project municipalities targeting Municipality and Ward Authorities, health workers and other stakeholders
- Local government authorities from project Municipality enhanced their skill in evidence based health planning and budgeting.
- Health Facility Assessment of 26 health facilities completed and capacity to deliver basic MNH & NTD related services was assessed.
- Two Health posts selected for birthing centre establishment support and 2 health facility selected for new-born corner support
- Two local health workers participated in the Training of Trainers (ToT) on NTDs and enhanced their skill on NTD diagnosis, treatment, reaction management and self-care techniques
- IP Training was conducted to 50 health facility staff including support staff of 10 health facility of project area
- HFOMC training was conducted in 11 health facilities. 95 HFOMC members participated in the training.

- Disability Camp conducted in Burtibang PHCC and Hatiya Health post, provided service to a total of 476 physically disable where 157 persons were able to receive assistive devices, and 285 persons got referred for their treatment in higher level facility, of which 41 persons were below 18 Years of age majority of whom were affected by Cerebral Palsy (CP).
- Disability Mapping carried out in 3 project Municipalities and data entry of 790 disabled people completed. The data includes their current health condition and socio-economic status.
- 300 FCHVs enhanced knowledge and skill to play their roles and responsibilities that included skills to organize and facilitate monthly mother groups meeting. Total 50 HMGs are activated who now can properly hold monthly meetings and during which they disseminate health information and service availability in the nearby HF.
- Orientation program on hygiene and sanitation completed to health workers in 3 out of 26 health facilities.

## PROJECT PROGRESS

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### STRENGTHENING BASIC HEALTH INFRASTRUCTURE AND SERVICE DELIVERY CAPACITY THROUGH INSTITUTIONAL SUPPORT



ESTABLISHMENT OF THREE BIRTHING CENTRES AND THREE NEW BORN CORNERS



ESTABLISHMENT OF THREE LABORATORY SERVICES



RENOVATION SUPPORT TO TWO HEALTH FACILITIES



EQUIPMENT SUPPORT AT THREE HEALTH FACILITIES



ONE MATERNITY WAITING HOME



HAND WASHING CORNERS HEALTH FACILITIES OF TARGETED MUNICIPALITIES

## COMMUNITY MOBILIZATION AND CAPACITY BUILDING



CAPACITY BUILDING OF 300 FCHVs  
AND 56 HEALTH WORKERS



AWARENESS RAISING THROUGH WALL  
PAINTINGS, STREET DRAMA, RADIO  
JINGLES, INFORMATION EDUCATION AND  
COMMUNICATION (IEC) CORNERS AT HEALTH  
POST

## NTD AND DISABILITY RELATED ACTIVITIES



MAPPING OF PRIORITY NTDs

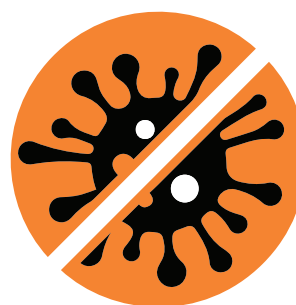


SUPPORT FOR THREE DISABILITY  
FRIENDLY SERVICES

## WASH RELATED ACTIVITIES



PROMOTION OF SAFE  
WATER AND SANITATION  
PRACTICE



ONSITE COACHING ON  
INFECTION PREVENTION TO  
HEALTH WORKERS

# CASE STORY

## WAITING ROOMS, A BLESSING TO PREGNANT MOTHERS

Twenty-two year old Chandra Rasile is the proud and loving mother of a newborn -- a baby boy whose safe delivery was carried out at the Burtibang Primary Health Care Center (PHCC) . A resident of Bungkhani, one of the most remote villages of Tamankhola Rural Municipality, Chandra made it a point to complete all recommended Ante-Natal Care (ANC) checkups.

Expecting mothers are recommended to attend at least four ANC check-ups during pregnancy, in order to ensure proper health of both the mother and child. These check-ups also help catch any potential problems or health risks in time to come up with a safe solution. And with regular checkups, this is exactly what happened with Chandra and her baby.



CHANDRA RASALE WITH HER NEW-BORN

When Chandra went to the Burtibang PHCC for her fourth ANC visit, a nurse suggested that an ultrasound be carried out. Based on the results of the ultrasound, and in order to avoid any probable threats, Chandra's doctor advised her to undergo a Cesarean Section (CS) instead of natural birth. Initially, Chandra was hesitant about surgery, but the health workers --including her doctor, a Skilled Birthing Assistant (SBA) nurse, and a social mobilizer from FAIRMED's Rural Health Improvement Project (RHIP) -- patiently explained the need for this procedure. Reminding Chandra to put the safety of herself and her child first, the health staff were able to persuade her into agreement.

On 11 Falguan 2075 (23rd February 2019), Chandra gave birth to her baby, a boy who weighed 3 kg. It was only during her ANC visit that she found out about the availability of caesarean service at Burtibang PHCC. Had she not carried out the ultrasound or learned about this service, complications may have arisen during birth and she may not have received appropriate treatment. Having completed the recommended 4 ANC checkups, Chandra had both a safe and healthy pregnancy, and birth.

The facilities of the Burtibang PHCC are not just limited to health services. With the establishment of the Maternal Waiting Home, a facility provided by RHIP for mothers facing complications during births, or those visting from far can stay right at the health center free of cost. This enables them to stay in close proximity to doctors and nurses during the critical period before and after giving birth. The waiting home also includes a kitchen space for mothers to cook and eat during their stay.

In Chandra Rasile’s case, her mother-in-law had heard about the Maternity Waiting Home through the radio and they utilized its facilities. They were very happy to have such useful facilities available to them. “All the basic and necessary materials are available so that I can prepare what she [Chanda] wants to eat and she gets to eat hot home-cooked food,” said Chandra’s mother-in-law, “The provided heater helps to keep the baby warm, otherwise it would be very difficult to keep baby warm in such cold weather.”

Chandra was shifted to Maternal Waiting Home on the 5th day after her cesarean and remained there for an additional 5 days. During her stay, she mentioned that she felt both comfortable and happy plus due to this unique facility, she was able to rest and recover within the PHCC boundary. Since its establishment, 20 pre and postnatal mothers from far distance have benefitted from the Waiting Home.



CHANDRA’S MOTHER-IN-LAW USES THE COOKING SPACE TO PREPARE A MEAL FOR CHANDRA. SERVICE USERS CAN USE THE SPACE TO PREPARE MEALS FOR MOTHERS FREE OF CHARGE, AT THE WAITING ROOMS IN BURTINBANG PHCC.

## ON-GOING PROJECTS

### ESSENTIAL HEALTH PROJECT (EHP)

Location	Province 5 Kapilvastu, Rupandehi & Nawalparasi West
Coverage	7 Municipalities and 11 Rural Municipalities
Project Cost/Budget	Total budget NPR 91,319,276 (CHF 869,707)
Targeted Population	approximately 100,000 people
Duration of Project	2019 - 2022

#### INDIRECT BENEFICIARIES

- 24,000 households (20% of the total household through mass sensitization on NTDs & MNH)
- 1700 people living with disability (25% of total disable people in targeted Municipalities improved access to social services including health care)
- 22,500 pregnant mothers and new-born (50% of expected pregnancy)



#### DIRECT BENEFICIARIES (4 YEARS)

- NTDs affected: at least 600 new leprosy cases; 1000 Lymphatic Filariasis cases
- NTDs high risk population: 10,000 (STH at risk) and 1000 other persons at risk of other NTDs
- Pregnant mothers and new-borns: 16,000 (35% of total expected pregnant in targeted Municipalities)
- People with disabilities due to NTDs: approx. 250
- Health Workers from targeted Health facilities: 400
- Authorities and health staff in targeted Municipalities: 270
- Health Facility Operation Management Committee (HFOMC): 64 (7 members per HFOMC= 448 members)
- Female Community Health Volunteers (FCHVs): 1000
- Mothers group: 320 (around 20 mothers/group = 6400 mothers) (25% of all mothers group in targeted municipalities)
- 2,000 members from locally active groups, such as Community Forestry User Groups (CFUGs), Water Users Committee, Farmers groups, Local clubs, Saving & Credit groups & Cooperatives (around 600 persons/year through the local groups)
- 4800 Schools children (75 students' x 64 school)

After the completion of Maternal and Neonatal Health Project (MANASHI 2015-2018) FAIRMED implemented Essential Health Project (EHP) in Kapilvastu and its adjacent districts Rupendehi (Murchabararea) & Nawalparasi west (TriveniSusta area) in 2019, where the health conditions of mother and children are poor, home delivery is high, stigma level is high in leprosy affected people at household and community level and more than 1500 Filaria affected people are living without self-care.

Essential Health Project is a community based health program, aimed to improve the health status of communities through an accountable and equitable health system in selected municipalities of Province 5. It focuses to strengthen the local health system management and thereby improve primary health care through integrated NTDs and MNH services.

The project interventions are focused in targeted 64 wards/health facilities of 18 Municipalities where basic health support will be provided in all wards of 18 Municipalities. The project will provide support to bridge the gap of basic health services provided in these targeted Rural/Municipalities on Leprosy, Lymphatic Filariasis (LF) and Soil-Transmitted Helminths (STHs), Maternal & Neonatal health.

The project is operational with following major objectives:

- To strengthen health system management of local health facilities
- To strengthen capacity of health human resource
- To strengthen access of community health services to the marginalized and most vulnerable people in selected communities
- To increase knowledge, awareness and practices of targeted communities on hygiene and sanitation, maternal and new born health, NTDs and disabilities

## MAJOR OUTCOMES OF 2019

### STRENGTHENED HEALTH SYSTEM MANAGEMENT OF LOCAL HEALTH SYSTEM

The project completed the formation of Health Facility Operation Management Committees (HFOMCs) in 41% (19) of total 46 project targeted health facilities and trained a total of 183 HFOMCs members as per the national guideline. The trained HFOMCs have initiated their role in strengthening governance and assurance of quality service delivery from health facilities.

Similarly, 8 out of 10 project municipalities in Kapilvastu districts increased their annual health budget by more than 30% in FY 2019/20 compared to 2018/19 for health system strengthening. As a result of Community Health Score Board (CHSB), there was an increase in 4th ANC visits (as protocol) from 52.48% to 79% in Bhagwanpur HP, 44% to 64% in Kusuwa HP and 33% to 65% in Gugauli HP. Similarly, institutional delivery increased from 59 to 115 in Kusuwa, 0 to 83 in Gugauli. The 1st postnatal check-up increased from 66.67% to 83% in Bhagwanpur. Similarly, 2 health facilities (Ajigara&Kusuwa) achieved status of fully immunized ward. Similarly, 34% (22) of project target health facilities now have improved recording and reporting system after receiving training on Health Management and Information System (HMIS).

Federalism in Nepal provided an opportunity to build on the lessons learned from the preceding MANASHI project, utilizing the already established structures and networks while engaging the new government actors in their role of meeting the health needs of their communities. The new structure will allow designing and planning health care much closer to the population, with more detailed knowledge that takes into account the local.

## STRENGTHENED CAPACITY OF HEALTH HUMAN RESOURCE

The project developed two Basic training packages on Neglected Tropical Diseases for health workers and Female Community Health Volunteers (FCHVs) each in consultation with government authorities and NTDs partners. This is the first training package developed in Nepal that aims to enhance knowledge and skill of health workers on diagnosis, treatment, and referral of 10 endemic NTDs according to the currently prioritized criteria by the national government.

Similarly, 14 health workers enhanced their capacity as a trainer on the NTD basic training package which helped train 51 peripheral health workers from 34 project focused health facilities and 17 non focused health facilities. The basic training package of FCHVs was delivered to 224 FCHVs from 15 project focused health facilities. In summary, 74% (34) of project focused health facilities have trained human resources to deliver basic service package as per the national standard guideline. A Total of 32% (15) health facilities in project sites now have well aware FCHVs to deliver NTDs related community health services (health information, case referral and counselling on self-care technique).

## STRENGTHEN ACCESS AND QUALITY OF COMMUNITY HEALTH SERVICES

The project completed assessment of 20 project focused health facilities to assess the capacity of health facilities to deliver essential MNH & NTDs services. The project supported 4 health Posts (Chanai, Sisawa, Hathausa and Patariya) with essential lab equipments to improve access of basic lab services for pregnant mothers and NTD risk communities. These 4 health facilities have birthing centres and cover geographical sites with high prevalence of Leprosy & STH. With consultation with municipalities, the project organized a mini leprosy elimination Campaign and 9 skin camps in leprosy risk pocket sites screening 823 suspected cases and diagnosed 8 new leprosy cases. Similarly, four self-help groups were formed which include 59 Leprosy affected persons and 24 LF affected person. These individuals were trained on self-care techniques for disability prevention. The project team in coordination with peripheral health facility facilitate their monthly meeting and enhance their skill for wound management and care. The project completed construction of ramps in 4 project health facilities for disability friendly service with purpose to improve accessibility of disabled people to basic health services provided by peripheral health facilities.



## INCREASED KNOWLEDGE, AWARENESS & PRACTICE OF TARGETED COMMUNITIES ON HYGIENE AND SANITATION, MATERNAL AND NEW-BORN HEALTH, NTDs AND DISABILITY

The project completed survey of 1028 pregnant mothers from 3 project districts and assessed their current knowledge, attitude and health seeking behaviour regard to MNH care and NTDs. The findings of the survey provided baseline values of some major project indicators and the evidence was used for developing BCC/IEC materials. 1255 school children from 39 schools in project sites were reached by school health sessions & 176 members from local active groups (Forest Users, Water Users, local clubs) were sensitized on NTDs and WASH. Self-Applied Technique for Quality Health (SATH) tool was also implemented in 50 mother groups targeting 1048 mothers. These mothers meet monthly and are sensitized by FCHVs on various health issues including MNH & NTDs, refer suspected cases and ensure the MNH service utilization. The percentage of Institutional delivery increased in 3 out of 4 project municipalities in Kapilvastu, in VijayNagar by 44%, Maharajgunj by 13% & Shivaraj by 27% in FY 2018/19 compared to 2017/18. Similarly, the new case detection rate of leprosy decreased from 28.33 to 17.75 in Kapilvastu and 21 to 15 in Rupandehi in FY 2018/19 compared to FY 2017/18.



LAB ASSISTANT, MR. SANJAY CHAUDHARY, CONDUCTING LAB TESTS AT EHP SUPPORTED CHANAI HEALTH POST LAB

## MAJOR OUTCOMES OF 2019

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- 127 local government authorities from 5 Municipalities enhanced their skill in evidence based health planning and budgeting. 5 Municipalities developed their annual health action plan
- Onsite coaching organized at 4 Birthing centres. Knowledge and clinical skill of 14 mid-wives enhanced
- Health workers from 22 Health facilities trained on Health Management and Information System (HMIS) and improved their skill on correct recording and reporting
- Follow up of CHSB completed in 15 HFs and established in 3 new HFs
- Annual Health performance review of 10 Municipalities of Kapilvastu district completed in coordination with the district health office, and provincial health directorate.
- 3 Primary Health Care\_ Outreach clinics supported with essential equipment to strengthen access and quality of basic MNH services to remote communities
- Wall paintings completed in 27 health facilities and message disseminated to community people to promote institutional delivery and health facility visit for leprosy case detection
- Radio jingle developed and broadcasted through local FM stations targeting all communities of project districts



Ms. KALPANA KHANAL CONDUCTING ON-SITE COACHING TO SBA AND ANMs OF KRISHNANAGAR BIRTHING CENTER, KRISHNANAGAR MUNICIPALITY

## CASE STORY

### EFFORT WITH HOPE FOR THE BETTER

Kalpana Yadav, a 10-year-old girl from Bagati of Maharajgunj Municipality, Kapilvastu is among one of has been suffering from Lymphedema. She is affected by one of common clinical manifestation of Lymphatic Filariasis known as Lymphedema with swelling in both of her lower limbs. As a youngest daughter in her family, Kalpana is the fifth family member who is affected by the condition including her both parents and elder brother and sister. One of the field staff (Prabhunath) from Essential Health Project (EHP) received information about Kalpana and her family during his field visit. Prabhu then visited her house where he learned more about her condition. She told Prabhu about her fevers and physical discomfort due to swollen limbs. She was completely unaware of the condition she was suffering from and had never received any information and counseling before.

In a very upset tone Kalpana says, " I get teased by other children in my school and community regarding my condition. It makes me angry and I sometimes end up in a fight."

Prabhu spoke with Kalpana's uncle and asked to support her for her participation in one of the Self-care training program conducted by trained local health workers in collaboration with Essential Health Project. The training program scheduled for 3 days' targets NTD affected people like Kalpana to sensitize them about the Lymphatic Filariasis and inform them about various self-care techniques for wound management and disability prevention. Kalpana participated in the training event with her two elder siblings organized in community nearby.



"I was quite nervous and afraid before coming to the event but I was made comfortable by other participants who cared and helped me while I was washing my limbs and doing feet exercise. I felt easy in learning about self-care watching the other participants doing it and I am hopeful that I can do it myself at my home"

Kalpana's parents are happy and thankful to the project for providing opportunity for their 3 siblings to participate in the self-care training and assure to support and help them in carrying out self-care at home. Prabhu has also aligned Kalpana in one of the Self-help group formed by the project in Maharajgunj Municipality and hopes she will be a role model for other children affected with lymphedema. Just like Kalpana, 23 other LF affected and 59 Leprosy affected person received training on self-care in support of Essential Health Project in 2019.

## FINDING THE VULNERABLE ONES

With an estimated population of 62,476, Maharajgunj is one of the leprosy endemic municipalities with a registered prevalence of 2.4 out of 10,000 individuals in the Fiscal Year 2075/76. However, there were no cases of children reported during the fiscal year. Badki Butaniya is a locality in Maharajgunj located in Ward No. 6. The Bhalwari Health Post is the nearest service provider for this community.



EHP in collaboration with Municipality Office and Bhalwari HP organized a one-day skin camp in Badki Butaniya, which has been characterised as a risk pocket area where new cases of leprosy were reported recently. An elderly woman aged 68 from the same locality was visiting the camp for free health checkup and counseling as she was facing some health issues in the past few days.

Laju Pal, a 7-year-old girl from the locality was accompanying her grandmother to the skin camp. In course of assessing the grandmother, health workers noticed skin patches on the cheeks of Laju. With the suspicion of leprosy, Laju was thoroughly checked by the health workers but they couldn't confirm the case that day.

However, she was kept under the list of suspected cases and nearly two weeks after the skin camp, a team of experts from the Leprosy Control and Division Management Section (LCDMS) visited the area to validate suspected leprosy cases and examined Laju. They confirmed her of having Paucibacillary Leprosy. Laju was then registered at Bhalwari Health Post as a new leprosy case and is under treatment with the MDT regiment.

Laju's father Ajay states, I was never alarmed by the patches my daughter had on her cheeks. I am very thankful to the skin camp organized by the project which led to the detection of my daughter's condition. I am glad we had access to case detection service at the community level and now she will be able to get timely treatment."



LAJU PAL, 7 YEARS OF AGE, WHO WAS DIAGNOSED WITH PAUCIBACILIARY LEPROSY WITH HER PARENTS AND SIBLINGS.

## UPAKAR FOLLOW-UP

FAIRMED implemented UPAKAR project for 3 years (2015 – 2018) in Sindhupalchowk district with an objective for the resumption of health services in the selected earthquake affected areas by strengthening health service delivery, and improving health seeking behavior among women & children, and persons with disability. During the project period we observed inadequate planning and management capacity of local authorities and health workers to work under the new federal structure in addressing health related issues. With a continuous request received from the local government to provide technical backstopping support for planning and budgeting, FAIRMED with a small amount of budget decided to run some follow up activities for the year 2019.



The follow up program was designed with following major objectives:

- TO STRENGTHEN HEALTH SYSTEM MANAGEMENT OF LOCAL HEALTH FACILITIES
- TO STRENGTHEN CAPACITY OF HEALTH HUMAN RESOURCE
- TO STRENGTHEN ACCESS OF COMMUNITY HEALTH SERVICES TO THE MARGINALIZED AND MOST VULNERABLE PEOPLE IN SELECTED COMMUNITIES
- TO INCREASE KNOWLEDGE, AWARENESS AND PRACTICES OF TARGETED COMMUNITIES ON HYGIENE AND SANITATION, MATERNAL AND NEW BORN HEALTH, NTDs AND DISABILITIES

Our continuation in 2019 was helpful to the municipalities to address major gaps, strengthen health system and improve governance in the area of health. The local governments are now more confident on better planning and budgeting. After the technical support provided by FAIRMED, we could see a gradual improvement in the online reporting system. FAIRMED supported Pachpokhari rural municipality with equipments such as computer, printer, desk to improve online recording and reporting during the implementation of UPAKAR project in 2018. During the follow up program in 2019, we found that the rural municipality has started online reporting regularly. Likewise, after the advocacy and lobby by FAIRMED, Melamchi municipality has initiated for the installation of internet facility in all the health facilities to strengthen online reporting.

## MAJOR OUTCOMES OF 2019

- The Ministry of Health and Population published a new revised HFOMC guideline 2075 as per the new federal system in the country. As per the new guideline, the three working municipalities initiated the formation of HFOMCs at all 26 health facilities. The post project support provided training to 3 health coordinators of 3 working municipalities and provided training to 90 HFOMC members from 9 HFs on new guideline. The training has enhanced knowledge and confidence of HFOMC members to properly execute their role and responsibilities for functionalizing the management of health facility and ensure delivery of quality service.
- The project supported municipalities for WASH Campaigns at 7 wards of Helambu rural municipality and 8 Wards of Panchpokhari Thangpal rural municipality. The campaign was initiated by Ward Chiefs and FAIRMED provided needed technical support and WASH materials while the ward offices covered the major costs.
- Orientation on WASH and basic health services was provided to 3 schools of Helambu rural municipality, 2 Schools of Melamchi Municipality and 3 schools of Panchpokhari Thangpal rural municipality. After the, some WASH related materials were also provided to those schools.
- The Project supported essential equipment and furniture to establish Basic Health Center in Helambu rural municipality. As per the plan, Panchpokhari Thangpal rural municipality project also supported to establish Lab services at Thangpaldhap health facility of Panchpokhari Thangpal rural municipality.

# FAIRMED in Disability Inclusive Development

According to the Nepal Census 2011, approximately two percent (1.94%; 513,321) of the total population of Nepal were reported having “some kind of disability,” and it is estimated that after the earthquakes in 2015, the number of persons with disability in Nepal has likely increased.

Disability rights and inclusion are increasingly being recognized as a priority and included in global frameworks and agreements. FAIRMED is committed to supporting persons with disabilities to break the vicious cycle of poverty, disability and exclusion, and to realize their rights as enshrined in the United Nations Convention on the Rights of Persons with Disabilities (CRPD) with a focus on the Right to Basic Health.

Disability-Inclusive Development (DID) of FAIRMED aims at closing the inequality and poverty gap by making development opportunities inclusive for people with disabilities.

FAIRMEDs THEMATIC FOCUS IS THREEFOLD:

- SUPPORTING ACCESS TO PRIMARY HEALTH CARE SERVICES FOR PEOPLE AFFECTED BY NEGLECTED TROPICAL DISEASES
- SUPPORTING INDEPENDENT LIVING FOR PEOPLE WITH DISABILITIES RESULTING FROM NEGLECTED TROPICAL DISEASES
- SUPPORTING MARGINALIZED PERSONS AND COMMUNITIES CREATING A HEALTHY ENVIRONMENT

In order to productively carry out its DID approach and to ascertain optimal results from its projects, FAIRMED has been actively networking and collaborating with national and international organizations, implementing NGO partners, respective government agencies and other relevant stakeholders to exchange learning and expertise and build synergy and solidarity. In the year 2016, disability mapping was conducted in 3 working municipalities of Sindhupalchowk district in which 503 persons with disabilities were identified.



BENEFICIARIES  
DURING THE  
DISABILITY  
ASSESSMENT  
CAMP IN  
BAGLUNG

Among them, 115 persons with disabilities who belonged to the marginalized community and poor family background were supported with Income Generation (seed money at the rate of Nrs 15000 each & desired vocational training) through UPAKAR Project. After the completion of project period of UPAKAR, FAIRMED in 2019 carried out some follow up activities in the working municipalities. As a part of the follow up program, for the monitoring of progress of IG support provided from the project, we conducted joint meetings with Municipalities, persons with disabilities and local cooperatives and found out that among 115 persons with disabilities 107 are running their business smoothly while the remaining have continued their business but are yet to receive a desirable result. Along with the follow up of previous batch, additional 30 persons with disabilities have been supported with seed money through cooperatives.

To increase the accessibility of the persons with disabilities in the health care services, FAIRMED supported for the construction of disability friendly infrastructure. FAIRMED supported for the construction of ramps in 3 HFs (Bhalwari, Gugauli, and Karauta) of Kapilvastu district and also supported for the construction of disability friendly toilet at birthing center of Dhorpatan CHU in Baglung district. Some assistive devices were also provided to the HFs of working municipalities in Baglung to ensure the accessibility to health care services and easy mobility of persons with disabilities.

FAIRMED, together with its partner NGO, BYC and in collaboration with local government, District Coordination Committee and the technical support from International Nepal Fellowship (INF) and International Committee of Red Cross (ICRC), conducted disability assessment camp in Burtibang and Galkot Municipality of Baglung district.

In the camp, 476 persons with disability were assessed. Among them, 123 people were directly supported with assistive devices like crutches, belt crept, bandage etc and while the other needy were referred for further treatment while the others who were in need are in the process to be referred. FAIRMED is identifying and lobbying with the organizations where the persons with disabilities are to be referred for further treatment.





## FAIRMED Field Experience

This summer for me was about exploration, exposure, and discovery. Other than that, I didn't set any specific goals or objectives for myself. All I knew for sure was that I wanted to learn; more specifically, about my country and the parts of it that I haven't seen or been a part of. This drove me to search for an organisation that works with the community, for the community as a part of my summer experience -- a search that ended up with the FAIRMED Foundation.



PRIYA WITH A LOCAL WOMAN  
DURING HER FIELD VISIT

Having been influenced by my parents, both of whom always talk about their time spent on field visits as the most enriching, I knew I wanted to visit FairMed's field office to see how programs are actually carried out. Determined to see my country from a different perspective, I headed to Burtibang, Baglung within the second week of my internship.

This trip was my first time travelling alone in Nepal. From taking long distance public transport to staying alone, it was a new and challenging experience for me. I struggled particularly with communicating with the community members because my Nepali skills are not very proficient. This challenge was one I hadn't even given much thought to beforehand. As I attempted to talk to young mothers or nurses, I found myself pausing and at a loss for the correct words. Each morning I would draft a list of questions in Nepali and run them over a few times before heading out for that day's activities. By the end of the week, after interacting with mothers, health post staff, social mobilizers and more, I felt much more comfortable talking to people and even interviewing them in Nepali.

My short, but undeniably eye-opening, time in Baglung showed me a whole different side of Nepal than the one I grew up in. While I knew that healthcare in rural Nepal was underfunded and subpar, it was a whole different thing to witness and experience the reality of the situation.

Of the two health posts I visited, one of them (in Rajkut) had all but three rooms, none of them quite the size of my bedroom at home. The rooms-- though organized and made best use of the space available-- were small, dark, and didn't give off the impression of sanitized, sterile protection that I've come to expect from health facilities. During the Infection Prevention training program for the staff, they identified their own shortcomings like not having enough medicine or the right type of medicine on hand or not always changing forceps used while dressing different patients.

The health post often deals with issues like not having enough resources on hand, whether its human resources, medicine, or adequate equipment. Often times, the distance to the health post prevents ill individuals from making the journey; instead, they send other family members to pick up medicine which is problematic because then health workers don't get the chance to examine the patient and their condition. Prescribing medicine without proper evaluation may have adverse effects on the patient and isn't characteristic of most well established health service providers.

The deeply rooted traditional norms of Nepali society were more than evident when we spoke about contraception and the need for open communication between partners. Many of the women voiced their difficulties regarding conveying the health care knowledge they learned at the Mothers Groups meeting to their husbands. "They don't listen to what we have to say when we tell them about what we have learned. Instead they usually just reprimand us and cast us aside", said one young mother. While incidents like these are rife in Nepali society, I was especially frustrated because the issues the women were bringing up would have benefited both partners and their children/future children. These are not just fanciful topics of bored housewives, but crucial topics related to community improvement as a whole. I felt proud of these women who, despite their husbands' ignorance and various other barriers, had been taking an active role in their own learning and improving the health of their families. And it's the work of FairMed, Social Mobilisers, and FCHVs that is bring around this steadily expanding knowledge, awareness, and learning.

My experience of my country thus far has not even been half of what my country is actually like. In my 19 years, with nearly half of them spent abroad, I've realized that I haven't gotten to experience my country as the majority of its population does. I've never had to walk over an hour for a doctor's appointment or pile into an overpacked pick up that sways from side to side, with some even riding of the roof. But these are the things I witnessed or experienced during my summer field visit. I saw how drastically different the quality, status, and delivery of healthcare is in the villages I visited. And in doing so, my complaints about the wait at the doctor's office have been replaced by the understanding of the necessity and significance of expanding the reach of free, affordable, and quality health services in such remote regions.

*Priya Pradhan, a Nepal native, is a sophomore at Cornell University and interned with FAIRMED Foundation Nepal from June - July 2019.*



## FAIRMED Country Office Initiatives

Through its country office, FAIRMED has been carrying out several coordination and networking efforts with government bodies, and relevant stakeholders. This has helped FAIRMED in strengthening and expanding its institutional networks, and coordination and collaboration with government line agencies, from federal level to the local level. FAIRMED has also partnered with other International organizations including Damien Foundation Nepal, International Nepal Fellowship (INF), Pokhara, Nepal Leprosy Trust (NLT), The Leprosy Mission Nepal (TLMN), Until No Leprosy Remains (NLR) Nepal in the NPZL- NTDD which signed a memorandum of understanding on 15 August 2019. This is an organizational membership based on loose network/partnership where members have decided to come together as part of their institutional responsibility to generate resources and complement the implementation of specified thematic programs. The member organizations have agreed to partner for resource mobilization and implementation of programs related to Neglected Tropical Diseases (NTDs) , and disability in Nepal. Epidemiology and Disease Control Division along with MoHP organized an “In-depth Review of Leprosy Control Programme and Envisioning Roadmap of Zero Leprosy, Nepal” with the following objectives :

- to make an independent, comprehensive and in-depth analysis of the current leprosy situation, and leprosy elimination efforts in the new federalized context, and to provide expert advice and sound recommendations for strengthening of leprosy services and its surveillance.
- to serve as a midterm review of the implementation of the 2016-2020 National Leprosy Strategy, and
- to envision a roadmap to reach zero leprosy in Nepal, the FAIRMED country coordinator participated in the program and shared the efforts of FAIRMED to meet the objective of Zero leprosy.



SIGNING OF MoU

- to make an independent, comprehensive and in-depth analysis of the current leprosy situation, and leprosy elimination efforts in the new federalized context, and to provide expert advice and sound recommendations for strengthening of leprosy services and its surveillance.
- to serve as a midterm review of the implementation of the 2016-2020 National Leprosy Strategy, and
- to envision a roadmap to reach zero leprosy in Nepal, the FAIRMED country coordinator participated in the program and shared the efforts of FAIRMED to meet the objective of Zero leprosy.

Besides, FAIRMED also participated in the celebration of the 40th Social Service Day celebration by the Social Welfare Council, Nepal. We also participated in regular meetings of Disability Working Group (DWG), Communication Working Group, HR Working Group, Health Working Group (HWG), Leprosy Control Division, and Epidemiology and Disease Control Division (EDCD). Moreover, FAIRMED also regularly participated in the Swiss NGOs monthly meetings organized by SDC, and shared its learning and achievements from the post disaster support projects in Sindhupalchowk.

This year was also fruitful as Nepal was provided an opportunity to host the Country Coordinators' Meeting. The meeting which was organized in Lumbini was a learning sharing exchange platform for the Country Coordinator's in FAIRMED operational countries. The program was also participated by the marketing/fundraising team from FAIRMED headquarters. Moreover, it was also an opportunity for FAIRMED Nepal to showcase the achievements of projects implemented in Kapilvastu district.



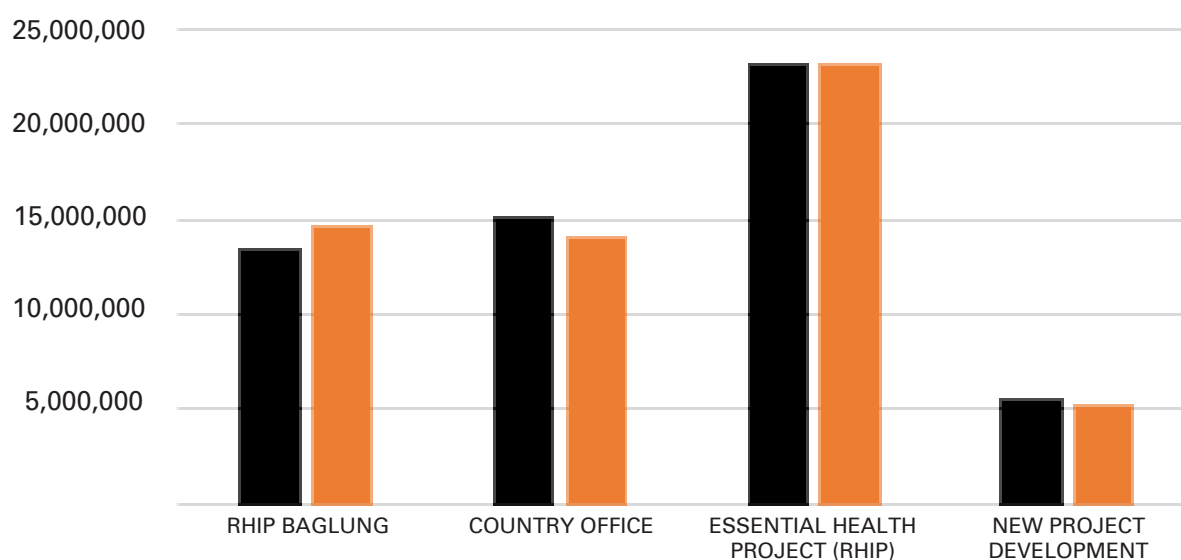
FAIRMED COUNTRY  
COORDINATOR'S MEETING  
WHICH WAS HELD IN LUMBINI,  
NEPAL IN JUNE, 2019.

## FINANCIAL OVERVIEW

In 2019, FAIRMED Foundation Nepal had received NPR 56,888,458 for Country Office Operation, Essential Health Project (EHP), New Project Development and Rural Health Improvement Project (RHIP). The fund utilization ratio is 99.57 % in aggregate.

All funds were received from FAIRMED Head Office in Bern, Switzerland.

Projects	Fund Received	Expenditure
36220- RHIP, Baglung (Poristes)	13,277,622	14,592,460
36240- Country Office	15,080,312	13,904,647
36270 - Essential help project (EHP)	23,030,132	23,050,120
New project development	5,500,392	5,098,757
<b>Total Fund Received</b>	<b>56,888,458</b>	<b>56,645,984</b>



FUNDS RECEIVED &  
EXPENDITURES IN 2019

**FAIRMED Foundation Nepal**  
Kalika Marg, Sanepa  
**Balance Sheet**  
As at 16 July 2019

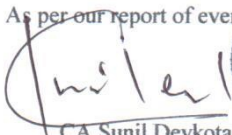
Particular	Schedule	Current Year (NPR)	Previous Year (NPR)
<b><u>I. Fund Balance and Liabilities :</u></b>			
Project Fund Balance			
Opening Fund Balance		12,040,555	12,993,698
Surplus/Deficit Transfer from Statement of Income & Expenditure		(3,185,856)	(953,143)
<b>Total Fund Balance</b>		<b>8,854,700</b>	<b>12,040,555</b>
<b><u>Current Liabilities:</u></b>			
<b>Payable</b>			
Project Payable	1	988,037	1
Staff Payable	1	61,466	3,229
Other Payable	1	314,454	1,194,396
Gratuity Fund		3,177,031	2,278,128
<b>Total Current Liabilities</b>		<b>4,540,988</b>	<b>3,475,754</b>
<b>Total Fund Balance and Liabilities</b>		<b>13,395,688</b>	<b>15,516,309</b>
<b><u>II. Assets</u></b>			
<b><u>Current Assets and Advances :</u></b>			
Cash & Bank Balances	2	7,056,458	11,924,549
<b>Receivable</b>			
Project Receivable	3	3,845,304	3,239,330
Staff Advance	3	150,619	228,930
Other Receivable	3	2,343,308	123,500
<b>Total Current Assets and Advances</b>		<b>13,395,688</b>	<b>15,516,309</b>
<b><u>Non Current Assets</u></b>			
Fixed Assets		-	-
<b>Total Fixed Assets</b>		<b>-</b>	<b>-</b>
<b>Total Assets</b>		<b>13,395,688</b>	<b>15,516,309</b>

Significant Accounting Policies and Notes to Account 6  
Note: Schedule 1 to 3 and 6 form integral part of this statement.



  
 Raju Bikram Shah Health for the Poorest Nirmala Sharma  
 Finance and Administration Manager NEPAL COUNTRY PROGRAM Country Coordinator

Date : 27 September 2019  
Place: Kathmandu, Nepal

As per our report of even date  
  
 CA Sunil Devkota  
 Partner  
 S. Devkota & Company  
 Chartered Accountants

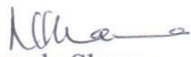
**FAIRMED Foundation Nepal**  
**Kalika Marg, Sanepa**  
**Statement of Income and Expenditure**  
**For the period from 17 July 2018 to 16 July 2019**


Particular	Schedule	Current Year (NPR)	Previous Year (NPR)
<b><u>I. Income :</u></b>			
Grant Income	4	49,026,964.79	71,705,000
<b>Total Income</b>		<b>49,026,964.79</b>	<b>71,705,000</b>
<b><u>II. Expenditure :</u></b>			
Country Office	5	14,953,237.80	19,084,097
EHP Project	5	7,798,658.56	-
Leprosy Control Project	5	125,529.00	3,236,618
Manasi Project	5	10,413,422.76	33,420,473
New Project Iniation	5	1,934,163.60	-
RHIP Project	5	11,318,439.00	555,430
UPAKAR Project	5	5,669,369.83	16,361,525
<b>Total Expenditure</b>		<b>52,212,820.55</b>	<b>72,658,143</b>
<b>Excess of Income over Expenditure</b>		<b>(3,185,855.76)</b>	<b>(953,143)</b>
Significant Accounting Policies and Notes to Account	6		

Note: Schedule 4 to 6 form integral part of this statement.

As per our report of even date

  
**FAIR MED**  
 Health for the Poorest  
 NEPAL COUNTRY PROGRAM  
**Raju Bikram Shah**  
 Finance and Administration Manager

  
**Nirmala Sharma**  
 Country Coordinator

  
**CA Sunil Devkota**  
 Partner  
 S. Devkota & Company  
 Chartered Accountants

Date : 27 September 2019  
 Place: Kathmandu, Nepal



Health for the Poorest