



Health for the Poorest

Progress Report 2020-2021



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ACRONYMS

ANC	Antenatal Care	HFOMC	Health Facility Operation and Management Committee
ANM	Auxiliary Nurse Midwife	HMG	Health Mothers' Group
BC	Birthing Centre	HMIS	Health Management Information System
CHM	Community Health Mobilizer	HP	Health Post
CHU	Community Health Unit	LF	Lymphatic Filariasis
DHIS	District Health Information System	LNOB	Leave No One Behind
DID	Disability Inclusive Development	MNH	Maternal and Neonatal Health
DoHS	Department of Health Services	MoHP	Ministry of Health and Population
EDCD	Epidemiology and Disease Control Division	MSS	Minimum Service Standard
EHP	Essential Health Project/Scale-Up	NTDs	Neglected Tropical Diseases
EOC	Emergency Obstetric Care	PHC/ORC	Primary Health Care/Out Reach Clinic
FCHV	Female Community Health Volunteer	PHLMC	Province Health Logistic Management Centre
FM	FAIRMED Nepal	PNC	Postnatal Care
FWD	Family Welfare Division	POID	Prevention of Impairment and Disability
GESI	Gender Equality and Social Inclusion		
HF	Health Facility		

MESSAGE FROM THE COUNTRY COORDINATOR

It is my pleasure to present you FAIRMED Foundation Nepal's Annual Report, 2020-2021. This report highlights the project efforts, active response to challenges, and achievements that we have made in the past two years.

The year 2020 and 2021 were challenging years globally due to the pandemic. It did not spare Nepal with its multiple waves disrupting daily life and affecting access to basic needs and healthcare for the most marginalized and vulnerable communities that FAIRMED works with. The pandemic also put a strain on the already fragile public health system. It affected the progress made within MNH and NTDs in the past years which required additional advocacy and community awareness activities.

As a development partner, FAIRMED joined hands with the government at national and local levels for preparedness and response against COVID-19 by diverting 20% of the existing project budget to meet the local needs within project sites. FAIRMED supported the local government, health offices in the working districts, and provincial government with personal protective equipment, infection prevention items and medical supplies. Further, the project staff provided technical support at the health desks, in recording and reporting of migrants in the borders, contact tracing and raising awareness. After the lockdown was lifted, we continued project activities including COVID response activities following all the safety measures and protocols. In addition to COVID response, FAIRMED has responded to local disasters in project sites such as flooding, landslides, and disease outbreaks, specifically Melamchi flooding and cholera outbreak in Kapilvastu in 2021.

While aligning with the country's federal system, we carried out program activities jointly with the local bodies and have had very encouraging experience, where through advocacy and capacity building activities, our working municipalities supported our work through co-funding and continued to increase their health sector budget. Through a partnership model,

local governments are now prioritizing to establish birthing centres, maternity waiting homes, PHC/ORC buildings, and prioritizing to fund active case detection camps for NTDs and seed money for NTD self-help groups. At the health facility level, with increased capacity through training, coaching and advocacy, health workers are prioritizing diagnosis, treatment, and management of local NTDs while provincial level NTD training was developed to train health workers and FCHVs in Lumbini Province.

At the community level, our local staff are raising awareness about NTDs and MNH. Health seeking behavior of the community has improved with evidence of increase in antenatal check-ups, institutional delivery and improved health status among leprosy and LF affected persons as a result of self-care practices. FAIRMED has expanded its reach to additional provinces and districts with similar integrated MNH and NTD projects and is now working in targeted municipalities of Province 1. Our work was carried out by incorporating DID and GESI into all activities to ensure that we are not leaving anyone behind (LNOB).

I would like to thank all the local, provincial, and federal government bodies, especially the Ministry of Health and Population, Epidemiology and Disease Control Division, Family Welfare Division, Social Welfare Council, development partners, head office in Bern, Switzerland, and our donors for their collaboration, leadership and immense contribution to this work. I also acknowledge the great contribution of and am thankful to our local partner NGOs and our entire FAIRMED team who are the key players in helping us translate our vision into real outcomes by implementing the projects in the communities. My deep appreciation to the efforts of our team who continued their field presence and contribution during the COVID pandemic when the community needed our support the most. Lastly, thank you to our beneficiaries and the community for giving us the opportunity to serve!



OUR APPROACH

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.

HOW WE DRIVE CHANGE

- Generating demand for the uptake of public health services through community empowerment
- Health system strengthening

MISSION

To break the vicious circle of poverty and disease, we ensure that the poorest in Africa (Congo Basin) and on the Indian subcontinent (from Nepal to Sri Lanka) have a fair opportunity to attain their full health potential. To reduce the burden of poverty-related diseases, with a special focus on Neglected Tropical Diseases. In Switzerland, to strengthen awareness on health inequities.

OUR FOCUS

Neglected Tropical Diseases, Maternal and Neonatal Health, Persons with Disabilities, through the Leaving No One Behind approach.

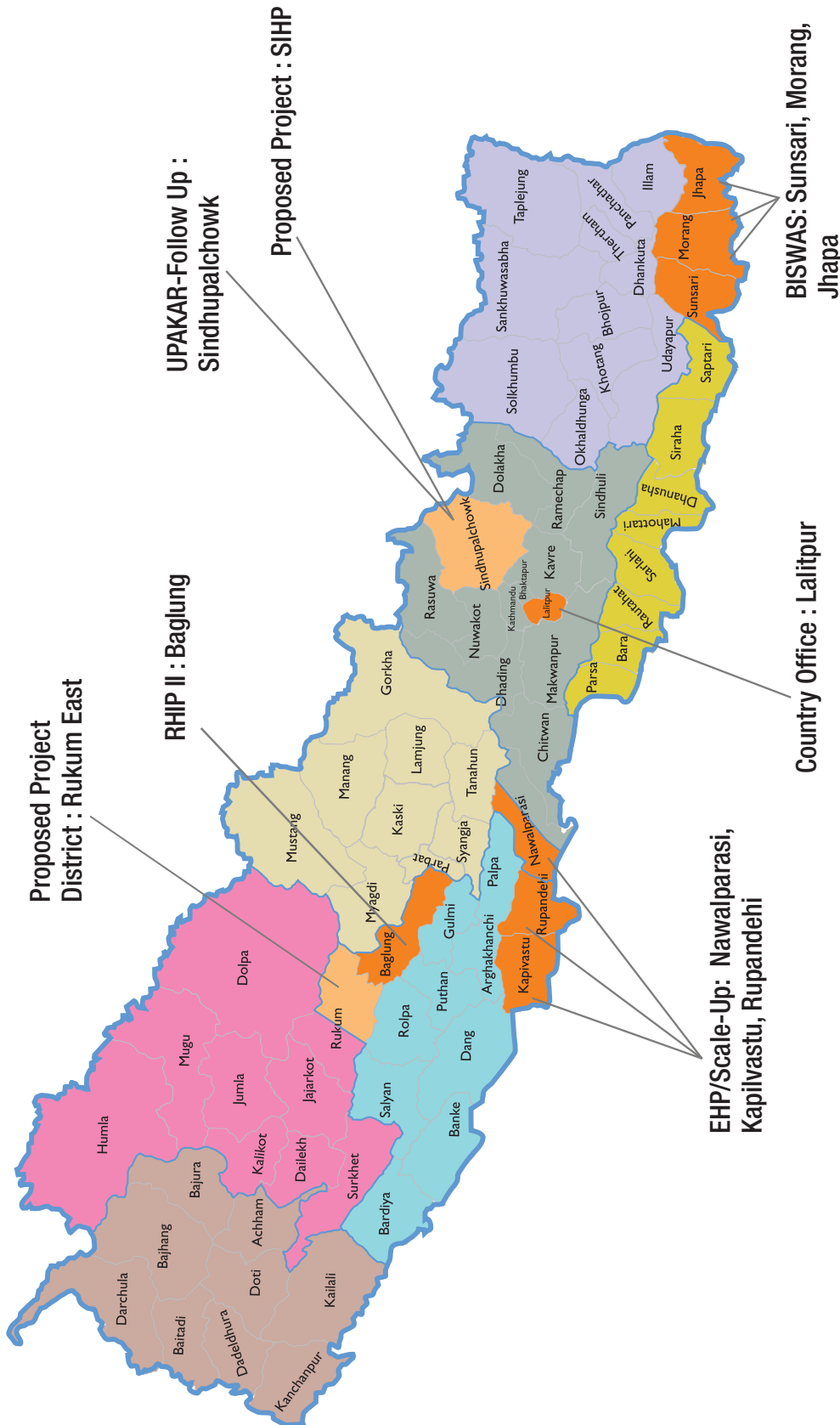
CROSS CUTTING:

Disability Inclusive Development (DID), Gender Equality and Social Inclusion (GESI), Nexus – the humanitarian aid

GUIDING PRINCIPLES:

Strategic partnership and collaboration, ensure ownership and sustainability, strengthen local capacity, consider Social Determinants of Health (SDoH)

FAIRMED IN NEPAL



Partner NGOs of ongoing projects

Essential Health Project (EHP)

- Kalika Self-Reliance Social Centre (KSSC)
- Indreni Rural Development Centre (IRDC)
- Indreni Social Development Forum (ISDF)

BISWAS

- Karuna Foundation Nepal (strategic partner), Sahara Nepal, Save the Earth

Rural Health Improvement Project (RHIP) – BYC Baglung

FAIRMED PROGRAM DETAILS

4	7	7	83	3,365,782
Projects	Districts	PNGOs	Targeted Municipalities	Population Coverage (2078 Census)

IMPACT IN NUMBERS (2020-21)

HEALTH SYSTEMS STRENGTHENING



8

Contributed to establishing **basic laboratory services** in **rural health** facilities (done in **coordination** with municipalities). Also, 4 **existing labs supported** with essential **equipment**



2,924

People utilized the newly established **labs**



12

12 buildings **constructed** as well as **equipped** for **PHC-ORC clinic** with joint **support** from FAIRMED and **local governments**



17

Health facilities received **infection prevention equipment sets**



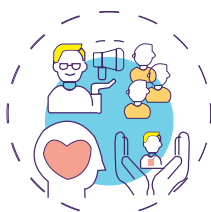
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Health workers provided with **training** and on-site coaching on **infection prevention**



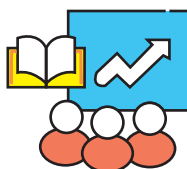
92

Health workers **trained** on **DHIS-2**



16

HFOMCs reformed with **technical assistance** and **advocacy** from FAIRMED



385

HFOMC members **trained** as per government's guidelines



312

Leaders **received training** on **health programs/policies**, process of **developing health plan and allocation** of health sector budget

NEGLECTED TROPICAL DISEASES



292

Health workers **received NTD Training** on diagnosis, **treatment** and management of NTD cases



845

FCHVs received **NTD training** on signs, symptoms, and **treatment options**



20

Health workers working in hospitals across **four districts** of Lumbini Province **trained** on Snake Bite Management



2,591

Persons **screened** at skin **camps**



30

Leprosy cases **identified** at skin camps



22

Self-help groups formed by those affected by leprosy, LF, and those with other disabilities



445

Self-help group members **received 3 day training** on self-care techniques and wound **management**



30

NTDs affected people engaged in **income generation** activities

MATERNAL AND NEONATAL HEALTH



7

Birthing centers established through partial funding from FAIRMED and **local governments**



23

Existing birthing centers **provided** with essential **equipment** and **furniture**



2

Portable rural **ultrasound machines** provided to birthing centers



13

Newborn corner **established** with radiant **baby warmer machines** at birthing centers



6

Maternity waiting homes **established** in **collaboration** with municipalities



25

Nursing staff provided with **MNH Clinical Update training**



276

FCHVs received 2-day **FCHV refresher training** to enhance their **capacity** to fulfil their roles



120

HMGs were **oriented** to conduct the group **meeting** more **effectively** with the help of **SATH tool**



39

On-site **coaching** to **Skilled Birth Attended**



55

HMGs provided with **emergency obstetric care fund** to meet the **pregnant women's emergency** need for **transport**

COVID-19 RESPONSE

Distribution of Essential Supplies

Supplies handed over at the federal level to the MOHP, province health offices and hospitals at project sites and directly to project beneficiaries.



1,309

families received food support in 4 districts

(Kapilvastu, Nawalparasi West, Rupandehi and Baglung)



1400

Medical supplies (regulators, venturi face masks, reservoir bag mask, nebulizers, pulse oximeter, digital and infrared thermometer)



1500

Antigen test kit



1290

Full PPE set



146,600

Masks



35,757

Other PPE

(googles, gloves pairs, surgical caps, gowns, utility gloves pair, shoe covers pairs, face shields)



1,750

1-liter bottle of disinfectant



600

Home isolation kits



9

Oxygen concentrator
10 liters



14,810

100 ml bottle of sanitizers

Immediate Frontline Support



Technical and logistic support to establish quarantine facilities, including **65 pieces of mattress**, bed covers, pillow, and dustbins, **346 pieces of soap**, **12 sets of infection prevention** (bucket, mugs, tub), and **58 bottles of disinfectant** (975 ml) and **30 sets of hygiene materials** (comb, toothbrush, toothpaste, towel)



NTD affected people were reached with COVID prevention message and **medical supplies** such as **masks** and **sanitizers**



community members **mobilized** and made **aware** about **COVID vaccines**.



Supporting municipalities through **mobilization of project** social mobilizers to assist at **COVID health desk** in border areas and **crowd management** and registration **support** at **health facilities** during **COVID vaccination campaign**



Community Awareness Activities

- Distribution of IEC materials
- Dissemination of key messages in sign language
- Dissemination of PSAs in local languages through local FMs/televisions in all the working sites
- Risk Communication

Building Local Capacity

- 150 health facility staff in Baglung were virtually trained on proper usage of COVID medical equipment
- 84 staff members from FAIRMED's EHP, RHIP and partners' team trained virtually on COVID-19 care and management through online medium
- 39 health workers from Nawalparasi trained on Information Management Unit for online reporting of COVID-19 activities – this was support to Lumbini Provincial Government.

FAIRMED Nepal, as part of its COVID Response program, provides essential medical supplies to the Province Health Logistics Management Centre (PHLMC) of Lumbini Province, in Butwal.

ESSENTIAL HEALTH PROJECT (EHP/SCALE-UP)



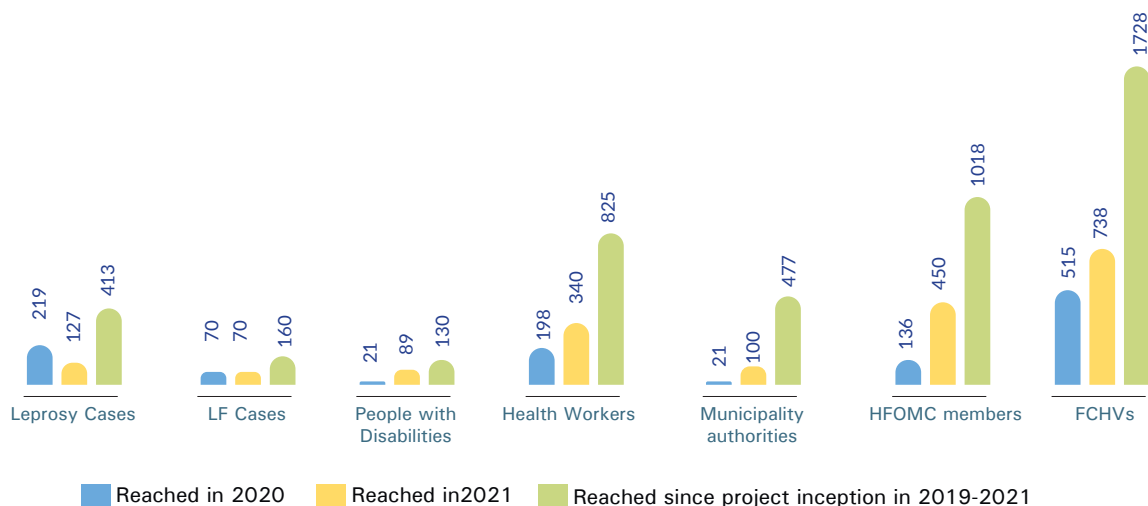
FCHV mobilized to sensitize Self-Help Group in Kapilvastu

The project works in collaboration with government and partners at local, provincial, and federal levels aiming to improve health status of communities through accountable and equitable health service delivery system with specific focus on integrated NTD and MNH approach. EHP is functional in 18 municipalities/rural municipalities across Kapilvastu, Rupandehi, and Nawalparasi West in Lumbini Province. To bring success at a larger scale and create a wider impact, the project scaled up its effective approaches and activities based on its learnings to 10 additional municipalities/rural municipalities of Rupandehi and Nawalparasi West in 2021. Currently, the project is focused on 197 health facilities in 28 municipalities

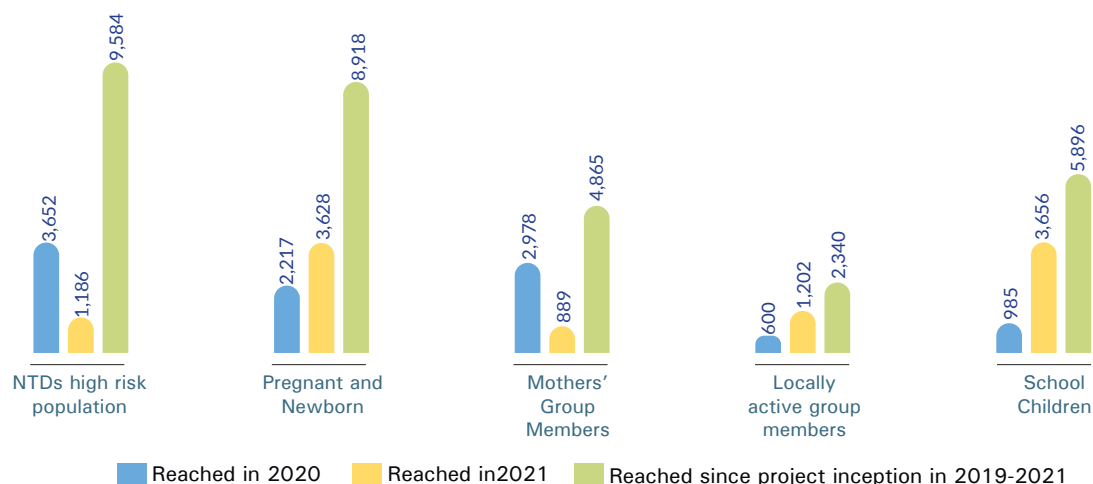
and directly serving approximately 83,044 people (indirectly serving 541,882).

EHP focuses on strengthening the local health systems through technical support to municipalities which is achieved through various levels of capacity building activities, advocacy, and coaching. Simultaneously, the project leverages existing local systems and units such as the FCHVs, local groups, and schools to raise awareness, create demand for health services, and to promote positive change in health behaviour among communities. Through this multipronged approach, the project has reached 36,354 beneficiaries till date.

Beneficiaries reached till date



Beneficiaries reached till date



Neglected Tropical Diseases

Primary aim within NTDs is early case detection and management through improving health workers' capacity to diagnose and provide treatment, organization of skin camps, prevention of impairment and disability (POID) clinics, formation of self-help groups for disease affected persons to promote community-based rehabilitation, and to improve community awareness.

Till date, 98% of total health facilities operating in project working sites have at least one NTD trained health human resource to diagnose, treat and provide self-care service related to leprosy and LF.

The last two years targeted female frontline health workers, in-charge, and FCHVs for NTD training. As a result, 177 new leprosy cases were diagnosed, 51 LF cases supported for self-care by trained health workers, and FCHVs are referring cases from the community. Further, 31 skin camps were conducted where 30 new cases of leprosy were identified and are under treatment.

The Health Training Centre of Lumbini Province has certified the Basic NTDs Training package for frontline

health workers and FCHVs developed jointly by EHP and Provincial Health Training Centers, and other partners. The training manuals are first of their kind developed by a province in the field of Neglected Tropical Diseases and the province has planned to allocate resources to train health workers of other districts of the province using the manuals.

For community-based rehabilitation purposes, 22 self-help groups were formed and 445 NTD affected people were provided with a three-day training on self-care techniques and wound management. As a result, 126 self-help group members reported practicing self-care routinely - at least two times a day while there has been reduction in disability of four leprosy affected persons and in swelling of feet of seven LF affected persons. About 30 SHG members are engaged in income generation activities such as vegetable farming and poultry farming after receiving seed money from the project while eight members utilized emergency funds to access rehabilitative services.

"I am doing self-care regularly two times a day. This really helps me. The wounds and my feet are also clean nowadays and there is no pain in my legs which frequently came before self-care."

-A 58-year-old person affected by leprosy from Kapilvastu



► FCHV mobilization at CHANAI health post, Shivaraj Municipality Kapilvastu

After the NTD training session for FCHVs in Myradapur Health Post of Kotaimai Rural Municipality in Rupandehi district, one of the participants Sita Yadav realized that the patches she had on her hands and her body were actually the exact thing she was learning about. She shared this with the group; the trainer examined her hand and suspected leprosy. Her case was registered at the health post and she was diagnosed with the disease. She was then put under treatment for six months. Prior to the training, she did not know the cause of the patches present in her body, was afraid to go for treatment at health facilities, and instead had consulted a traditional healer who suggested that she visit him every Tuesday with flowers and rice, shared Sita.

Upon learning that she was diagnosed with leprosy, her family members and community started to maintain a distance from her. They separated her eating utensils, her husband refused to sleep in the same room, and all the health mothers' group members were absent during monthly meetings thinking that leprosy would be transmitted to them. To mitigate the stigma and discrimination faced by Sita, FAIRMED's community mobilizer Kavita Pandey gathered the mothers' group members and Sita's family. She

oriented them on how leprosy is transmitted and cleared any misconceptions.

Sita also joined the self-help group formed in her municipality where she received 3 days of self-care training and started practising self-care at home. Being an FCHV who practised self-care regularly, she was also selected as a role model FCHV. She conducted home visits and counselled other NTD affected persons on self-care practice. Sita carries out home visits to meet 15 NTD affected persons and shares what she has learned through her mothers' group and to other such groups when invited.

In addition to self-care, she also shares her experience of being diagnosed and how she overcame discrimination. Sita is thankful that she was diagnosed at an early stage and was prevented from developing a disability. "Nowadays, when I visit households for other services, I also screen people to check if they have leprosy patches and refer suspected cases to health facilities. I will continue to do this as long I serve as an FCHV." Her family and community are now more aware of leprosy and their behaviour towards her has become more positive.

Health System Strengthening



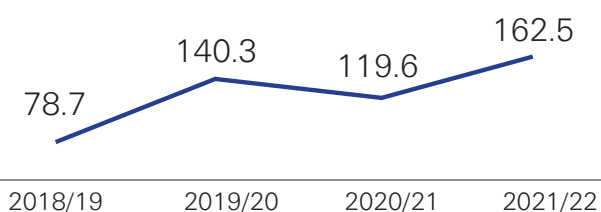
► NTDs training to FCHVs at Mahuwa Health Post, Buddhabhumi Municipality in Kapilvastu.

With increased coordination and collaboration with provincial governments and other external development partners, various provincial level trainings such as : snakebite management, information management and reporting system for COVID-19, health plan and budgeting, health post level Minimum Service Standard (MSS) program, and orientation on rural ultrasound were carried out. The project supported Provincial Health Directorate to implement government's MSS program which is focused on institutionalization of quality assurance system at the municipal and health facility levels. For this purpose, capacity of 62 trainers across 27 working municipalities was developed to facilitate implementation of HP-MSS program. Through technical support and guidance from the project, quality improvement committee has been formed and sensitized in seven municipalities. Likewise, functional Quality Improvement (QI) teams were established in 27 targeted health facilities.

At the health facility level, tailored approach was applied to strengthen health facilities, based on their need, by providing essential equipment and furniture support for birthing centres, PHC/ORCs and labs. Local capacity was built by training Health Facility Operation and Management Committee (HFOMC) members,

and through Health Management Information System (HMIS) training for health workers and coaching. Through training and technical assistance from EHP, HFOMCs were reformed in 34 health facilities as per the national guideline. As a result, health facilities across the three districts are taking ownership and initiating small changes. Two health posts in Mahuwa and Pateriya of Kapilvastu established lab facilities and funds have been allocated for lab construction at Guthisuryapura Health Post in Nawalparasi. Bogadhi Health Post in Rupandehi was functioning in just one room, so, the ward chairperson donated land for the construction of a new health post. While birthing centre was being established at Kajarhawa Health Post, birthing centre at Bhagwanpur Health Post in Kapilvastu allocated Rs. 50,000 to promote zero home delivery.

Health sector budget allocated by targeted 10 municipalities in Kapilvastu (millions)



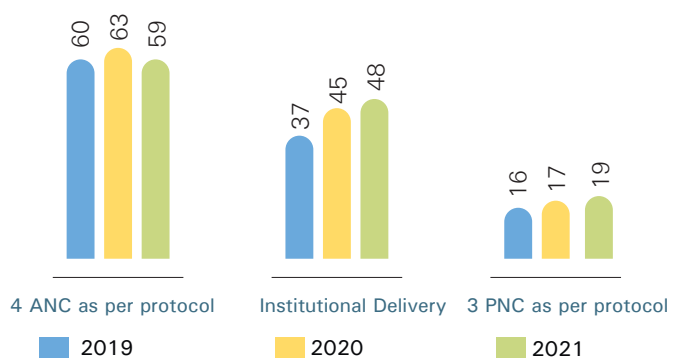
Maternal and Neonatal Health

EHP is primarily focusing on strengthening existing MNH structures and health systems to improve maternal and neonatal health with specific focus on activities at the health post level to ensure that birthing centres are equipped and functioning as per protocol, onsite coaching to birthing centre staffs, and mobilization of FCHVs and mothers' group to disseminate MNH related knowledge. The project, in collaboration with municipalities/rural municipalities, organized onsite coaching in nine birthing centres to mentor 33 Skilled Birth Attendants (SBAs) and 10 non-SBA staff members for delivery of quality maternity care services.

In joint consultation with the health facility team, EHP initiated mobilization of role model FCHVs to empower and motivate low performing FCHVs. About 24 competent role model FCHVs were selected based on good track record of performing their regular duties, like organizing mothers' group meeting on a monthly basis, possessing knowledge and facilitation skill

on sensitizing mothers on various health issues, and carrying out timely referral of beneficiaries to health facilities for various MNH and NTD related services. The selected role models rolled out their knowledge and transferred skills to 144 FCHVs to enable them to facilitate meeting of mothers' group which were inactive and functioning poorly. As a result, 41 mothers' groups are active, regularly participate in monthly meetings, and get health message from the newly activated FCHVs. Further the Self Applied Technique for Health (SATH) was applied across 65 mothers' group to improve health seeking behaviour. Additional efforts have been required at the community level because of changes in health seeking behaviour after the onset of COVID-19 pandemic where women were hesitating to go to health facilities for ANC, PNC examinations and for delivery which has affected the progress seen in utilization of MNH services.

Percentage of pregnant women utilizing MNH services in 18 of the project targeted municipalities



► FAIRMED Staff in Action: Creating Awareness on Maternal Health

“In the past, while consulting with patients, I did not consider scanning for NTDs during check-ups and only focused on the issues they shared with me. However, after attending the training on management of NTDs, I frequently started asking all mothers about the signs and symptoms of NTDs when they visited for their ANC and delivery.”

– Sima Jaiswal, In-charge, Labani Birthing Centre, Suddhodhan Rural Municipality, Kapilvastu

BISWAS PROJECT - Building Trust and Confidence among NTD Affected and Vulnerable Population



BISWAS Project started in August 2021 in Jhapa, Morang and Sunsari districts of Province 1 with a focus on NTDs and MNH as the two key components with DID and GESI as cross-cutting themes. The project aims to improve health and well-being of vulnerable communities, NTD affected individuals, and people with disabilities. This is aimed to be achieved through capacity building of local health system actors and service providers. The targeted interventions will be implemented across 25 municipalities, mostly those bordering India, with health indicators comparatively poor and with higher burden of NTDs. The project identified clusters with poor, marginalized, and hard-to-reach communities and implemented programs in collaboration with the local government.

The project began its inception process at the local level through a sensitization program on NTDs and NTD-caused disabilities, the need for investment and integration of MNH with NTDs across 10 municipalities with the participation of 197 local representatives and officials. Similarly, all the project staff and senior-level staff of the partners were trained on all ten NTDs, in Kathmandu, where government officials facilitated the sessions followed by orientation on NTD research. PNGOs teams have been onboarded and provided with various orientation, training and capacity building activities. Senior level staff received trainings on NTDs, GESI, WINPACCS accounting software, and were involved in all processes including program

planning and budgeting as well as preparation of detailed implementation guidelines. For the CHMs to effectively carry out their functions, 25 mobilizers' capacity was enhanced through a three-day Social Mobilization training and have been deployed to their respective communities for baseline assessment, building relationships within health facilities, ward and municipality level government bodies, and to FCHV meetings.

The project has initiated two primary tasks – one is the process of finalizing NTDs Training Manual for health workers and FCHVs where Provincial Health Training Centre has taken the ownership of the task with technical and financial support from BISWAS Project. Lastly, to ensure access and utilization of basic health services by the most vulnerable people, BISWAS Project engaged in an LNOB mapping process to identify the most vulnerable populations within the working districts. LNOB mapping process has been completed in all project municipalities with participation of 724 persons including major decision-makers such as mayor/deputy mayors of the municipalities, ward chairpersons and health officials. Project CHMs were also mobilized to verify the data from the mapping process. The mapping will enable the project and its partners to focus intervention on those areas which are most in need and will be tracked against the project's intervention as well as local planning and budgeting to ensure that those who are left behind and out of reach are reached first.



► Social mobilizer provides health education during immunization event in Badigad Rural Municipality, Baglung.

RURAL HEALTH IMPROVEMENT PROJECT (RHIP-II)

“Due to the poor condition of the birthing centre and lack of equipment, I used to feel less confident to conduct deliveries. Now, after the renovation of birthing center along with training I got on infection prevention, I feel lot more confident while providing maternal health services.”

- Prem Kumari KC, ANM, Ransinghkiteni Health Post

FAIRMED Nepal, in partnership with BYC Baglung has been implementing Rural Health Improvement Project (RHIP) since June 2018 in a phase-wise manner where the initial phase covered three municipalities and three more municipalities were recently added in July 2019. The project intends to increase service accessibility, strengthen local health system and improve the quality-of-service delivery in working municipalities. The project focused on 26 health facilities in six municipalities.

The objectives of the project focused on :

- Enabling the six targeted municipalities/ rural municipalities for better planning and execution of their health programs which addresses the basic health care needs of the population.
- Strengthening health infrastructure and service delivery capacity of targeted health facilities in collaboration with municipalities.
- Increasing access to and utilization of basic care services among the targeted communities particularly pregnant women, lactating mothers, people affected by NTDs, and persons with disabilities through awareness-raising and community mobilization.



► Newly constructed maternity waiting home in Bohoragaun Health Post, in Baglung.

Maternal and Neonatal Health

RHIP-II had both demand-side and supply-side interventions to ensure equitable access to MNH services for women in rural areas. The demand side interventions are primarily focused on community awareness, mobilization of FCHVs and mothers' group and utilizing existing tools such as SATH and establishment of emergency obstetric fund to promote MNH health seeking behavior. A two-day refresher training was conducted for 276 FCHVs. After the training, the FCHVs were mobilized in the community to form/revitalize their Health Mothers' Groups (HMGs).

Supply-side interventions such as establishing and strengthening existing birthing center infrastructure, establishing newborn corners, training health workers, and improving infection prevention and control practices within health facilities were also implemented. The project supported two health facilities - Hugdisir

Health Post and Burtibang PHCC - with portable rural ultrasound (USG) machine. The machine helped in early detection and management of complications and fetal abnormalities and has benefitted by 3,081 pregnant women including some women from nearby municipalities of Gulmi district. Further, establishment of laboratory services has ensured access to ANC tests while establishment of maternity waiting homes has led to about 25 pregnant benefiting by seeking institutional delivery women utilizing the service per month. Through this multi-pronged approach, there has been increase in overall MNH health seeking behaviour in working municipalities which is visible from the increase in ANC, PNC and institutional deliveries over the past three years.



► MNH clinical update training at Burtibang Primary Health Care Centre, Baglung with participants from 19 health facilities.

Spotlight on...

There were many incidents of women giving birth on the way to health facilities since they start their journey only after they go into labour. Further, due to the difficult terrain, inaccessible roads and lack of sufficient transportation, it was challenging for them to reach the health facilities on time, increasing the risk for both mother and child. The maternity waiting home is expected to reduce this risk vastly. Maternity waiting homes are established with the objective of providing a safe and free-of-cost place so that women can come early and stay there before their expected date of delivery, as well as after the delivery, till they are deemed fit to return home. In collaboration with local governments, RHIP established eight maternity waiting homes in Baglung.

The waiting homes have a provision of kitchen items including cooking gas, beds, mattresses, quilts for both the women and her caretaker and other basic facilities like room heater and fan. By providing free-of-cost place to stay, maternity waiting homes serve the purpose of reducing maternal and neonatal mortality through timely treatment and referral of complications, increasing institutional deliveries, reducing maternal and neonatal morbidity, and reduce on-the-way deliveries.



► A view of the PHC-ORC clinic, supported by FAIRMED, at Tamankhola Rural Municipality in Baglung.

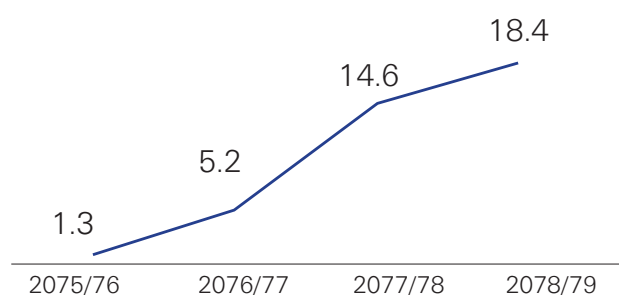


► FCHVs capacity building training at Darling Health Post

Health System Strengthening

Strengthening health system to improve MNH addresses key constraints within governance, human resources, infrastructure and equipment, health information system and health financing, all of which are implemented through strategic partnership and collaboration with municipalities to ensure that their capacity to provide quality services are ensured. RHIP-II engaged in establishing and providing infrastructure support for birthing centres, laboratories, maternal waiting homes, and buildings for PHC/ORC clinics through various sustainable financing mechanisms that were tailored for each working municipality. For establishment of basic lab service, RHIP contributed around NPR 250,000 to purchase basic essential furniture and lab equipment while the local government provided human resources to operate the laboratory services. Similarly, CO-funding approach were also used to construct PHC/ORC buildings while some municipalities established the birthing centres and provided human resources while the project contributed by equipping the birthing centres. Through such collaboration and funding mechanisms, six birthing centres, eight labs and twelve PHC/ORC clinics have been established which has increases the access to health services in the community.

Health sector budget allocated by 6 targeted municipalities in Baglung (millions)



► Social Mobilizer demonstrates proper procedure to prepare chlorine solution during infection prevention onsite coaching at Bhimgithe Health Post in Badigad, Baglung.

“Before [MNH Update Training], the nursing staff used to refer cases with even minor complications without first properly assessing the condition of patients. This, however, was understandable because they lacked both skill and confidence. Now, most of the cases are first managed at the health post itself by the ANMs and only difficult cases are referred.”

- Manu Kunwar, senior ANM at Burtibang PHCC



► Maternity waiting home of Bohoragaun Nisikhola Rural Municipality

Further, to ensure that health financing is sustained, support was provided to municipality, ward, and health facility level governing bodies. About 60 local leaders and health coordinators were oriented on health planning and budgeting while 91 HFOMC members were trained as per national guideline. These activities have contributed to municipalities' health sector budget increasing year after year. At least 26 health facilities have developed their own annual health plan and have started to request budget from their respective municipalities.

To ensure delivery of quality care that meets current standards, a three-day MNH update training was provided to 25 nursing staff followed by 39 onsite coaching to skilled birth attended by local experts. In addition, health workers' capacity was enhanced through 'infection prevention and control' and DHIS-2 trainings to ensure quality documentation and up-to-date reporting of health data.



► Youth Volunteer Network mobilized to promote personal hygiene in the community, at Bobang, in Dhorpatan Municipality of Baglung.

Community Awareness

Several awareness raising campaigns focusing on behavioural change and empowering mothers and communities were executed in RHIP-II. The approaches of community awareness campaigns were information dissemination, counselling and community sensitization maternal and neonatal health care, clean drinking water and household sanitation. These activities were conducted to mobilize the resources for maternal and neonatal health care, clean drinking water and household sanitation to address the MNH, NTD and WASH needs of the community.

As a part of community awareness, RHIP-II adopted different mass media methods. For instance, radio jingles and public service announcement (PSA) were developed and broadcasted through two local FM stations. The information broadcasted through the

radio was associated with anti-stigma related to NTDs and disability, and rights of persons with disability.

Moreover, RHIP-II mobilized youth volunteers for improving hygiene and sanitation through youth volunteers' network. The project selected six volunteers from Bobang village who were trained on community hygiene and sanitation. After the training, each of these volunteers formed a cascade of six additional volunteers and formed a cohort of WASH volunteers. They were mobilized to maintain environmental sanitation of the village. Visible changes in the community hygiene have been observed after this intervention. Furthermore, two FAIRMED interns extended their support and worked with the youth volunteers to promote WASH behaviour in the identified communities of Bobang.

UPAKAR: FOLLOW UP



► FAIRMED, through its UPAKAR Project, had provided income generation support to persons with disability in Sindhupalchowk district.

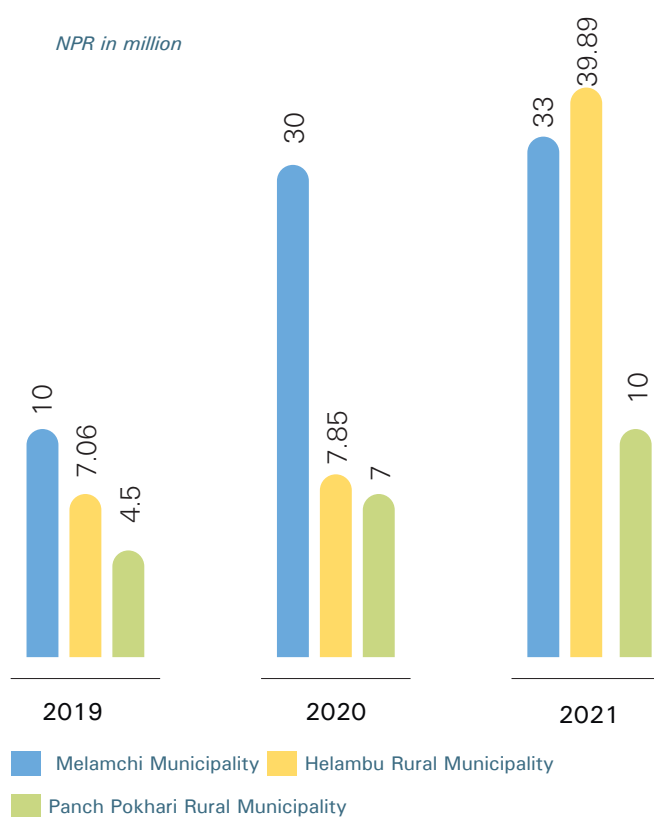
FAIRMED implemented UPAKAR project with Follow Up for 5 years (2016-2020) in Sindhupalchowk district with an objective to resume health services in the selected earthquake affected areas by strengthening health service delivery and improving health seeking behavior among women and children, and persons 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 to address health related issues and there was continuous request from the local government to provide technical support for planning and budgeting. Therefore, FAIRMED with a small amount of budget decided to run some follow up activities for the year 2019 to 2020.

The follow-up program was designed with following major objectives:

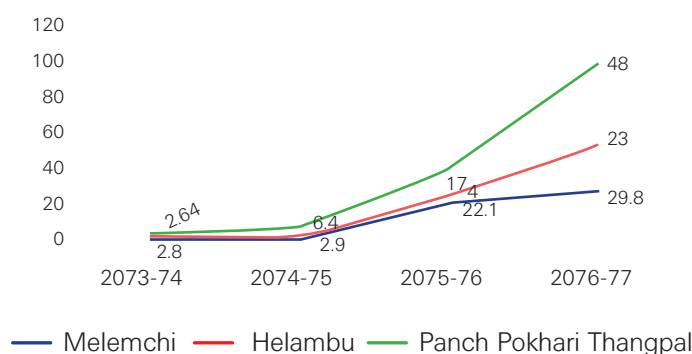
- To continue support to municipalities in building their capacity for planning, budgeting and implementation of health programs based on the health profiles developed by respective municipalities through FAIRMED's support.
- Municipalities strengthened with better planning, recording and reporting system.
- Follow-up for quality of health services and sustainability of UPAKAR-initiated community activities.

Major Achievements 2020

- Municipalities continued the development of health situation report and are able to identify gaps and design activities to bridge those identified gaps. They have also increased the budget in health program each year.
- Municipalities improved their recording and reporting system, and established online system for the same as observed during the review meeting and during field visits.
- One of the challenges for the local government was to increase PNC services, and to do so, all three municipalities allocated budget for health workers' travel allowance so that they can themselves travel for home visits to provide postnatal services. This resulted in increase in PNC services.



Percentage of women who had 3 PNC check-ups as per protocol



- To strengthen access of basic healthcare services for the marginalized and most vulnerable people, health team of municipalities started conducting health check-up of senior citizens during distribution of social security fund.
- After the orientation provided to Health Facility Operation and Management Committees (HFOMCs) and one-day refresher training, the committees are functioning well; they are aware of their roles and responsibilities, about conducting meetings regularly and discussing on health issues during the meetings. They can better identify the gaps in health and take corrective actions to address those gaps.
- Through the support from UPAKAR project, mothers' groups were activated to conduct regular meetings. Municipalities mobilized health workers to support FCHVs to effectively conduct these meetings. 586 mothers directly benefitted from the Emergency Obstetric Care (EOC) fund that was established by the UPAKAR Project till December 2020.
- Access to basic health services for the community people was increased through support of equipment, furniture, and establishment of lab services by the project.
- Municipalities allocated budget and supported for income generation activities and vocational training to persons with disability following the sensitization program carried out by the project on disability rights and government provision.
- Income generation support provided during UPAKAR Project was well utilized by 135 Person With Disabilities. As a result, they started small businesses/income generation activities and are earning to meet their essential requirements. This has supported them in developing self-esteem and leading a dignified life within their families and community.

UPCOMING PROJECTS

Rural Health Improvement Project (RHIP) Scale-Up

FAIRMED started the implementation of Rural Health Improvement Project (RHIP) in partnership with the local NGO in Baglung district in a phased manner across six municipalities since 2018. The project was able to build a strong collaboration with the municipal/local government which garnered interest to continue partnership and extension of the RHIP project in other municipalities across the district.

First phase (one year) of the project, which was implemented in three municipalities/rural municipalities (RMs), ended in June 2019 and was renewed for the second phase. However, in this phase, three more municipalities/RMs were added in this phase covering a total of six municipalities/RMs of Baglung for a period of two and a half years. The second phase of the project ended in January 2022.

The two phases of the project have led to an increased access to Maternal and Neonatal Health (MNH) services in the targeted communities. On an average, the current working areas of the project have seen an increase in women giving birth at the facilities built, upgraded, or renovated by the project. Increasingly, more basic health services are accessible to people within their communities. The growing visible impact on population health, coupled with active advocacy and collaboration from the project is also resulting in strong interest and partnership from the local governments. All such visible improvements have triggered the interest and need for the continuation of the project in the district through its third phase. Therefore, FAIRMED Nepal has decided to continue its public health interventions in Baglung district, increasing the geographical area of intervention to cover the whole district. In addition, it looks forward to scaling up its learnings and good practices from the six working municipalities (of the last phase) in its plan to implement the project in the remaining municipalities of Baglung and the adjoining district of Rukum East where the geographical and social situation are similar to that of the western part of Baglung.

RHIP Scale-Up will be implemented in ten municipalities/rural municipalities of Baglung and in three rural municipalities of Rukum East. Interventions of the scaled-up project aims to strengthen the local health system by

working closely with the local government, promoting health seeking behaviour, reducing stigma by educating, empowering, and mobilizing the communities and existing local groups using various tools and techniques. The project plans to use this approach through strategic local community partnerships to ensure sustainability. The major thematic areas of the project will remain Maternal and Neonatal Health (MNH), Neglected Tropical Diseases (NTDs), and Disability.

Sindhupalchowk Integrated Health Project (SIHP)

FAIRMED will implement the new project in six selected municipalities of Sindhupalchowk district in Bagmati Province with thematic focus on Neglected Tropical Diseases (NTDs), Maternal and Neonatal Health (MNH) among poor and marginalized communities aligning with SDG's concept of Universal Health Coverage. The duration of the project will be for about four years.

This project will contribute to national elimination and control goals of major NTDs such as Leprosy, Lymphatic Filariasis, Soil Transmitted Helminths etc. by prevention, treatment, care and support services to NTD affected persons and people with disabilities. The project plans to strengthen local health system to ensure access to the basic health services primarily focusing on NTDs and MNH among the marginalized population such as Majhi, Danuwar, Pahari and Dalit, among others, who live along the river basins of Sunkoshi and Indrawati rivers within the selected six municipalities.

The project will work with existing disaster action plan and mechanism for better health sector preparedness, response and rehabilitation to minimize the impact of disasters on the lives of marginalized population.

This project has been designed based on the country program strategy of FAIRMED priority theme of Leaving No One Behind (LNOB), transversal themes of Disability Inclusive Development (DID), Gender Equality and Social Inclusion (GESI), and contextual adopted aspect, that is, better preparedness for humanitarian response. With regard to the working modality, the project will follow FAIRMED's established working approach of health system strengthening for improving readiness at supply side and demand side strengthening through community empowerment in the targeted settlements of marginalized communities.

DISABILITY INCLUSIVE DEVELOPMENT



► A person walks with the help of new crutches at the disability assessment camp in Galkot Municipality, Baglung.

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) approach of FAIRMED aims to contribute to close the inequality and poverty gap by making development opportunities inclusive for people with disabilities. 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/expertise and build synergy and solidarity. At the community level, FAIRMED projects have made provisions for identifying persons with disabilities, supporting their further treatment and social rehabilitation through multiple methods across all projects.

Within the EHP project, core focus on DID is through formation of self-help groups (SHGs) for NTD affected persons and persons with disabilities, establishment of seed funds to use for income generation, and emergency fund to use for rehabilitative services. To prevent disabilities, SHGs were provided with self-care skills training. The project organized prevention of impairment and disability (POID) clinics to assess disability status and provide further treatment. Majority of health facilities traditionally built-in project sites lack disability friendly infrastructure which acts as one of the key barriers, limiting Person With Disabilities to access primary health services. EHP partnered with Disability Coordination Committee at the municipality level for various issues related to disability inclusive development and for making health facilities disability friendly through construction of disability friendly structures.

13+

POID clinics
organized

262

persons with leprosy
and LF **examined**
during **POID clinics**

8

disability friendly
structures created
at **health facilities**

22

SHGs formed

30

NTDs affected
people **engaged** in
income generation
activities

3

leprosy affected
persons **received**
shoes for mobility
and to **prevent**
disability

23

persons **referred** to
reconstructive **surgery**
camp organized by
Anandaban Hospital, and
they **completed surgery**

23

**self-help group** members
supported for the
construction of disability
friendly toilets and **water**
supply at household level
to **execute** day-to-day
chores

22

persons with **disability**
supported with
assistive **devices**
to **improve** their
functional well-being
and **prevent** further
disability

RHIP-II has been analyzing and understanding the socio-economic situation of persons with disabilities by organizing disability assessment camps. The camps were conducted in partnership with Green Pastures Hospital to assess disability status and to support further treatment or to provide referrals to different hospitals. Further, vocational training was also provided to support their income generation.

476

persons with
disability screened
through two
camps organized
for assessment of
disability level

51 cases of cerebral palsy
children under 18 years of
age identified and supported
for further treatment such as
physiotherapy, speech therapy
285 persons with disabilities
referred to different hospitals
for further treatment
133 persons received assistive
devices such as crutches,
prosthesis



40

persons with
disabilities **received**
vocational training
such as stool-
making and poultry
farming

RS. 15,000

seed money provided
to support income
generation for **40**
persons with disability.
Out of the **40** persons,
24 have already
started their business

31

stretchers and
15 spinal boards
provided to six
municipalities
to transport
patients and
injured persons to
health facilities

COUNTRY OFFICE INITIATIVES

FAIRMED's Country Office in Nepal plays a pivotal role in carrying out various kinds and levels of coordination, within as well as outside the organization. It is the central point of networking and information generation for its overall programme. In the years 2020 and 2021, the Country Office led and operated many activities.

At the central level, it participated in various national level workshops organized by different organizations including the Association of International NGOs in Nepal (AIN), World Health Organization (WHO), KOSHISH (an organization of persons with psychosocial disabilities), among others. Representatives from the country office attended the technical working group meeting at Leprosy Control and Disability Management Section (LCDMS). FAIRMED is also listed as one of the NTD focused organizations by NTD steering committee of the Ministry of Health. The country office participated in national and provincial level health program review and planning meetings including consultation meetings of Nepal Health Sector Programme (NHSP).

It organized monitoring and technical visits to its projects – EHP, RHIP-II, and BISWAS – to ensure proper implementation and smooth functioning. It participated in Mass Drug Administration (MDA) planning meeting at national level organized by the Epidemiology and Disease Control Division (EDCD). Similarly, it also participated in Training of Trainers (ToT) on Morbidity Management and Disability Prevention (MMDP) organized by EDCD at the federal level.

The office developed the concept notes and project agreement documents of EHP Scale-Up and Biswas Project in the year 2020 while developed such documents for our two upcoming projects – RHIP Scale Up and SIHP – in 2021. In addition, it conducted activities including community consultation, secondary data review, consultation at municipal and district levels, district level stakeholders' meeting along with mapping of LNOB areas with priorities.

COVID support at central level

As part of its COVID support at the central level, FAIRMED Nepal country office developed a new project to carry out COVID relief activities with the approval of Social Welfare Council (SWC) and the Ministry of Health and Population (MoHP). COVID relief support was extended by the country office to its project districts in coordination with MoHP and Department of Health Services. In addition, it supported MoHP with 60,000 surgical masks and 3,000 litres of sanitizer as per the request of MoHP through AIN. The procured items were also provided to SWC, health journalists group, and other organizations like Global Health Alliance, Spinal Injury Rehabilitation Centre for Nepal, Group of People with Disability etc. Health Office, Lalitpur was supported with some of the relief items as well. The country office regularly participated in and got updates on COVID support through meetings organized at federal level by Health Emergency Operation Centre (HEOC).

► Distribution of relief items for the flood-displaced families in Helambu, Sindhupalchowk.





► Distribution of relief items for the flood-displaced families in Helambu, Sindhupalchowk.

Flood relief support in Sindhupalchowk

Nepal witnessed heavy rainfall in most parts of the country last monsoon. Continuous rain triggered flash floods and landslides everywhere, including Sindhupalchowk district. This led to the loss of lives and properties in a large magnitude all across the country, especially in Sindhupalchowk. FAIRMED in coordination with its implementing partner of UPAKAR Project – Mahila Atma Nirbharta Kendra (MANK) – carried out distribution of relief items for the flood-displaced families in the highly affected areas of the district. carried out the relief activities with a budget of NPR 1,750,000 in Melamchi Municipality, Helambu Rural Municipality and Panchpokhari Thangpal Rural Municipality where various kinds of relief interventions were initiated.

The three local governments were supported for the management of relief distribution through the mobilization of volunteers and labourers on the days of distribution. Meanwhile, other logistic support including documentation, reporting, and overall management of the flood response initiative was backed by FAIRMED to facilitate the distribution process.

Country office support to the projects

FAIRMED Nepal Country Office also carried out certain tasks and took some initiatives to support the projects during the reporting period. It facilitated monitoring visits and supported to organize Central Project Advisory Committee (CPAC) meeting for the projects. Likewise, regular technical backstopping was carried out to strengthen activity implementation, recording & reporting, and quality improvement. The office also carried out the process of project agreement with

SWC and MoU with MoHP for the projects as and when required.

It supported the EHP project office in the review and finalization of NTDs training package (three manuals) with activities such as proof reading, support for designing and printing. The country office extended its support to conduct integrated research in EHP and milestone setting of EHP Scale-Up. With regard to support towards RHIP Project, the office helped to organize consultative and planning meetings in Baglung with municipal and district authorities. For BISWAS Project in Province 1, the country office organized planning and consultative workshop at the province for which it coordinated with the province, district, municipalities, FCHVs, beneficiaries, and NTD stakeholders. It organized the federal level consultative and planning meeting with MoHP, Family Welfare Division (FWD), Epidemiology and Disease Control Division (EDCD), Leprosy Control and Disability Management Section (LCDMS), and NTD stakeholders.

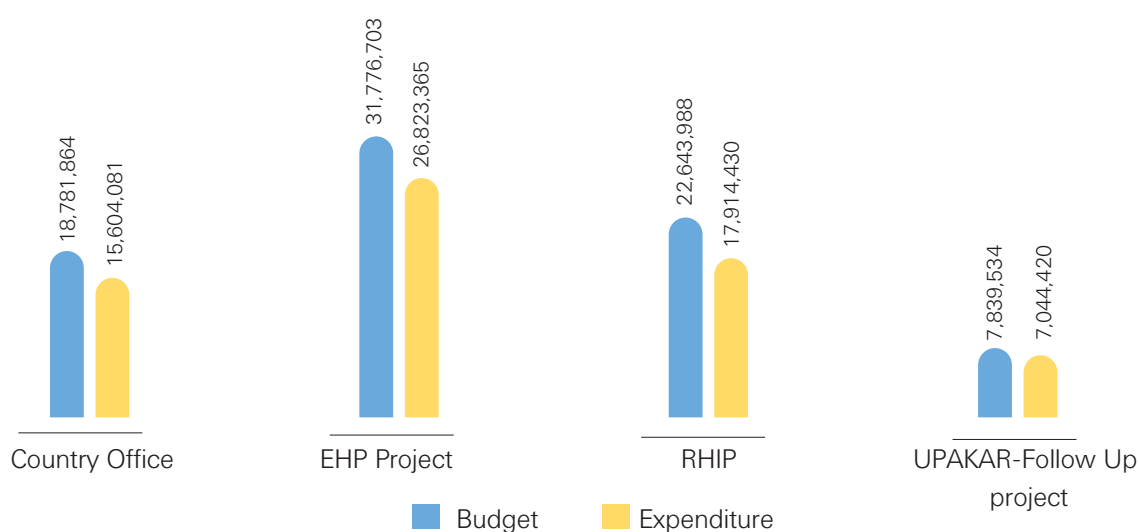
Capacity building in Gender Equality and Social Inclusion (GESI) and Neglected Tropical Diseases (NTDs) formed an integral part of country office initiative towards the projects in addition to providing technical assistance during the GESI and Leadership Training to the deputy mayors in the project areas. Similarly, technical assistance was provided for Leave No One Behind (LNOB) mapping and reporting. Under COVID Support, the office coordinated with the project team for implementation of COVID related activities, and procurement and transportation of relief items to the respective districts.

FINANCIAL OVERVIEW

Year 2020 and 2021 were very challenging due to the COVID-19 pandemic. Implementation of the program suffered, to a large extent while the pace of the activities slowed down for almost three to four months. Moreover, activities that required public gatherings were completely halted. Despite these challenges, FAIRMED in collaboration with its partner NGOs revised the budget allocated by the headquarters and shifted some of its fund to respond to COVID relief work in the working districts.

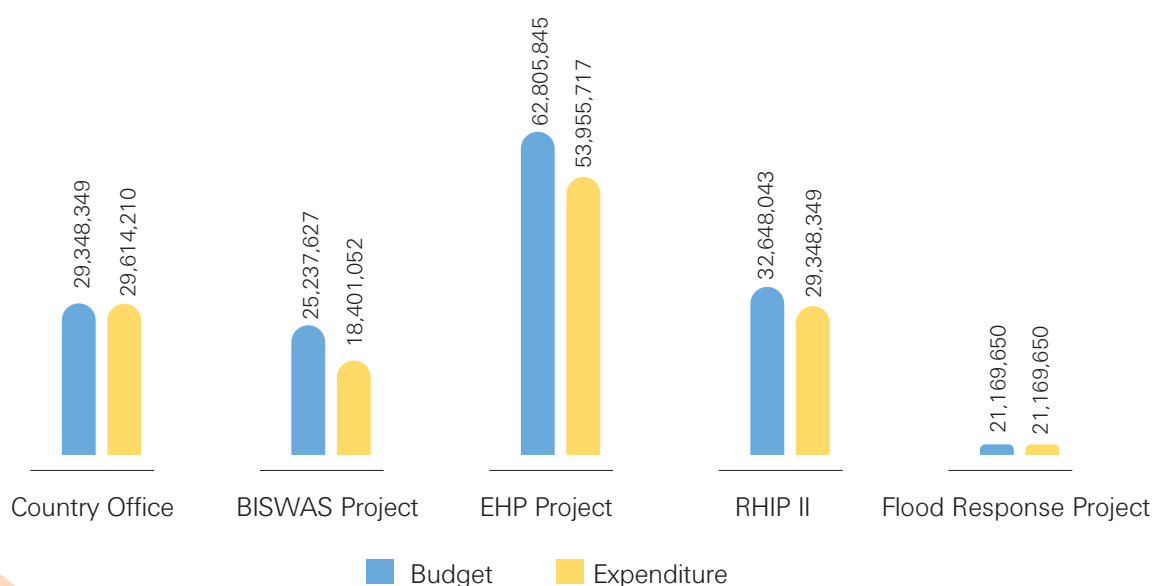
FAIRMED Nepal received NPR 81,042,089 and expended NPR 67,386,296 in 2020. The following is the budget and expenditure scenario of the projects implemented in 2020 .

Budget and Expenditure Scenario- 2020



FAIRMED Nepal received NPR 152,209,514 and expended NPR 131,019,400 in 2021. Moreover, during this period, FAIRMED Nepal received additional funds from its headquarters for COVID response, and flood relief activities in Sindhupalchowk district. The following is the budget and expenditure scenario of the projects implemented in 2021.

Budget and Expenditure Scenario- 2021



AUDIT REPORT 2021

FAIRMED Foundation Nepal
Jamshikhel, Lalitpur
Statement of Financial Position
As at 15 July 2021

Particular	Note	Amount in NPR	
		As on 15 July 2021	As on 15 July 2020
Assets			
Non-Current Assets			
Fixed Assets	4	-	-
Total Non-Current Assets		-	-
Current Assets			
Cash & Bank Balances	5	25,192,496	18,064,883
Project Receivable	6	4,175,756	693,677
Staff Advance	7	168,070	49,314
Other Receivable	8	305,200	1,000
Total Current Assets		29,841,522	18,808,875
Total Assets		29,841,522	18,808,875
Fund and Liabilities			
Deferred Grant Fund			
Fund Balance Payable to HQ	14	23,651,716	14,329,116
Total Deferred Grant Fund		23,651,716	14,329,116
Current Liabilities			
Project Payable	9	-	63,819
Staff Payable	10	17,700	9,801
Other Payable	11	272,665	36,090
Gratuity Payable	12	5,899,441	4,370,049
Total Current Liabilities		6,189,806	4,479,759
Total Fund and Liabilities		29,841,522	18,808,875

Notes to accounts form an integral part of this statement

RBSL
Raju Bikram Shah
Finance and Admin Manager

Nirmala
Nirmala Sharma
Country Coordinator

Pratap P Pradhan
Pratap P Pradhan
Principal
PP Pradhan & Co
Chartered Accountants


Date: 24 September 2021
Place: Lalitpur, Nepal





FAIRMED Foundation Nepal
Jamshikhel, Lalitpur
Statement of Income and Expenditure
For the period from 16 July 2020 to 15 July 2021

Particular	Note	Amount in NPR	
		For the Year Ended 15 July 2021	For the Year Ended 15 July 2020
Income			
Grant & Other Incomes	14	88,954,446	62,105,913
Total Income		88,954,446	62,105,913
Expenditure			
Country Office	15	22,957,683	14,888,473
EHP (Essential Health Project)	15	37,977,078	26,005,228
NPI (New Project Initiative)	15	4,675,317	5,953,347
RHIP (Rural Health Project)	15	23,344,368	15,258,866
Total Expenditure		88,954,446	62,105,913
Net Surplus/(Deficit)		-	-

Notes to accounts form an integral part of this statement


Raju Bikram Shah
Finance and Admin Manager


Nirmala Sharma
Country Coordinator


Pratap P Pradhan
Principal
PP Pradhan & Co
Chartered Accountants



Date: 24 September 2021
Place: Lalitpur, Nepal





Health for the Poorest

FAIRMED Headquarters

Aarberggasse 29

CH - 3011 Bern

Switzerland

Tel: +41 (0)31 311 77 97

Email: info@fairmed.ch

www.fairmed.ch

FAIRMED Nepal Country Office

Jhamsikhel

Lalitpur, Nepal

P.O. Box: 10047

Tel: +977-01-5420612

Email: nepal@fairmed.ch

www.fairmed.org.np

PROJECT OFFICES

Gandaki Province

Baglung Bazar,
Baglung Municipality

Tel: +977 068-524332

Province 1

Tirupatimarg
Biratnagar, Morang

Tel: +977-021-461914

Lumbini Province

Jyotinagar, Butwal
Rupandehi

Tel: +977-071-544636

Bagmati Province

Melamchi, Sindhupalchowk