



Health for the Poorest

# Annual Report 2022



# 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)

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**NEGLECTED  
TROPICAL DISEASES**



**MATERNAL AND  
NEONATAL HEALTH**



**DISABILITY INCLUSIVE  
DEVELOPMENT**

## Dear Readers,

FAIRMED's vision is a world where no one suffers from a curable disease, and where equitable access to health is guaranteed for all. In an effort to achieve this vision, we at FAIRMED work in many facets and it is with pleasure that I present FAIRMED Foundation Nepal's Annual Report 2021-2022 to you, which sums up our effort, achievement, challenges, and response we made in this past year.

In 2022, we crossed a major milestone as we supported to establish two NTD treatment units in two of our project districts and one leprosy treatment unit in Teku hospital Kathmandu. Through continuous advocacy along with technical and financial support from FAIRMED's team, Lumbini Provincial Government, Province 1 Government established these units in Butwal and Jhapa districts and released basic NTD training manual for health workers and FCHVs. These initiations are important for two reasons: one, having a dedicated treatment centers in government hospitals for neglected disease contributes to curb the neglect around the diseases; two, establishing these units through the initiation of local government assures accountability among local actors which leads to the ownership and sustainability of the service access. This is important for us as we strongly believe that initiatives of FAIRMED's programs must live on without us. Only in this way we can guarantee our impact on people's health in the long term.

Moreover, this year, we were also able to kick start another project, Sindhupalchowk Integrated Health Project (SIHP) in Sindhupalchowk to improve health and well-being of marginalized ethnic minority communities and vulnerable population through increased access and utilization of quality basic health services in selected municipalities.

FAIRMED, in the year 2022, collaborated with institutional partners to further strengthen the interaction between local health care providers and the target population. We conducted our programs jointly with the local government and continued our advocacy and capacity building activities with local municipalities. Optimally, such partnerships formally blend resources of government and ours. The intent is to sustain such partnerships overtime. The partnership can weave



together a critical mass of resources and strategies to enhance caring communities that support and promote health. Furthermore, we have adopted "Leave no one behind" approach where people who are left behind, are the focus of our interventions. Moreover, as neglected tropical diseases can result in severe disabilities, inclusion of people with disabilities is therefore, a high priority in FAIRMED's program.

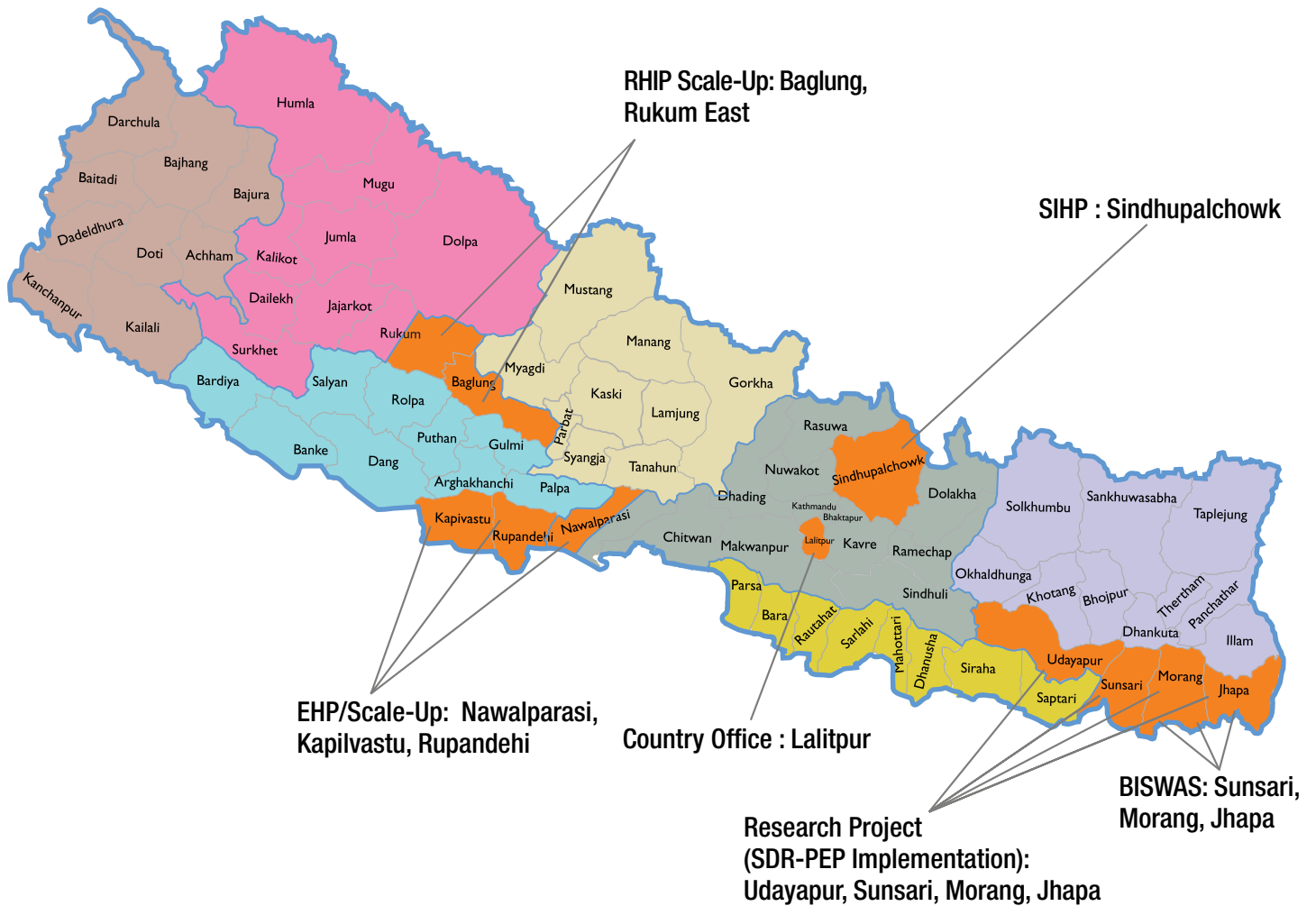
I have had a strong support from all the team members who have played a key role in planning and implementing our program activities. While at it, I want to thank all local, provincial, and federal government, especially the Ministry of Health and Population, Epidemiology and Disease Control Division, 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 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. Lastly, thank you to our beneficiaries and the community for giving us the opportunity to serve!

Thank you very much for supporting us!

**Nirmala Sharma**  
Country Coordinator  
FAIRMED Nepal

# FAIRMED IN NEPAL

Since 2012, FAIRMED Nepal accompanied the Government of Nepal to improve the health status of people of Nepal. Our programs and interventions focus mainly on the poorest and marginalized communities of Nepal. Further, we align our program interventions to directly contribute to Nepal Government's commitment towards achieving the SDGs by 2030. We work in close coordination with federal, provincial, and local governments to fulfill the existing gaps. All our projects are designed to actively engage different target groups, mobilize resources, and track the outcomes as we move closer to 2030.

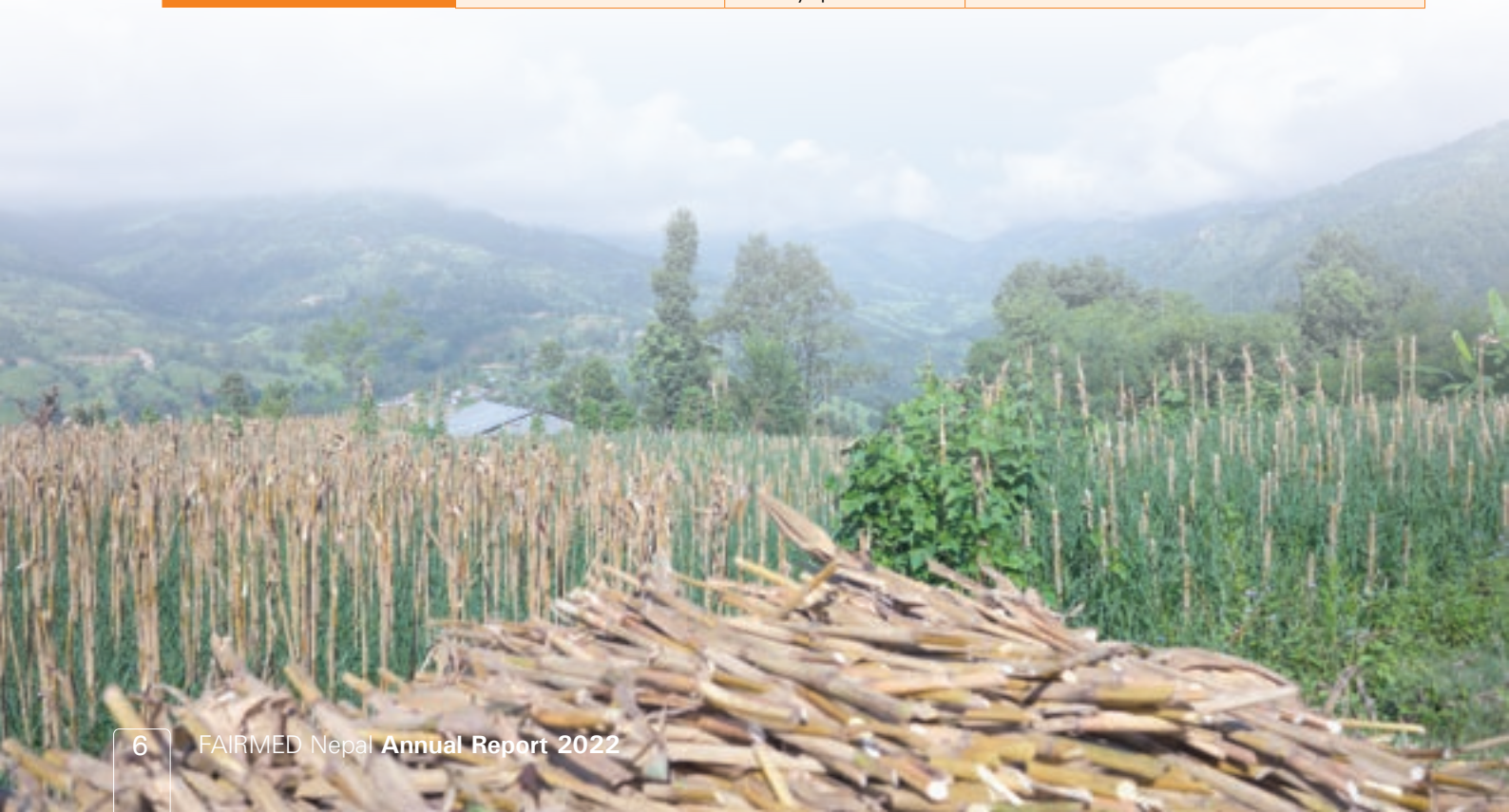


## FAIRMED Program Details

Projects	Districts	PNGOs	Targeted Municipalities
<b>5</b>	<b>10</b>	<b>9</b>	<b>96</b>

## PROJECT OVERVIEW

PROJECT NAME	PROJECT DURATION	LOCATION	IMPLEMENTING PARTNERS
Essential Health Project (EHP)	2019 - 2022	Lumbini Province	<ul style="list-style-type: none"> <li>• Kalika Self-Reliance Social Centre, Kapilvastu</li> </ul>
Essential Health Project (EHP) Scale - Up	2021 - 2025	<ul style="list-style-type: none"> <li>• Kapilvastu</li> <li>• Rupandehi</li> <li>• Nawalparasi West</li> </ul>	<ul style="list-style-type: none"> <li>• Indreni Rural Development Centre, Rupandehi</li> <li>• Indreni Social Development Forum, Bardaghat</li> </ul>
Rural Health Improvement Project (RHIP) Scale - Up	2022 - 2025	Gandaki/Lumbini Province <ul style="list-style-type: none"> <li>• Baglung</li> <li>• Rukum East</li> </ul>	<ul style="list-style-type: none"> <li>• BYC, Baglung</li> <li>• Holistic Development Center (HDC)</li> </ul>
Biswas Project	2021 - 2025	Province 1 <ul style="list-style-type: none"> <li>• Jhapa</li> <li>• Morang</li> <li>• Sunsari</li> </ul>	Strategic Partner: <ul style="list-style-type: none"> <li>• Karuna Foundation Nepal</li> </ul> Project Implementing Partners: <ul style="list-style-type: none"> <li>• Save the Earth, Sunsari</li> <li>• Sahara Nepal, Birtamod</li> </ul>
Sindhupalchowk Integrated Health Project (SIHP)	2022 - 2025	Bagmati Province <ul style="list-style-type: none"> <li>• Sindhupalchowk</li> </ul>	<ul style="list-style-type: none"> <li>• Mahila Atma Nirbharta Kendra (MANK), Sindhupalchowk</li> </ul>
Research Project (SDR-PEP Implementation)	2022-2024	Province 1 <ul style="list-style-type: none"> <li>• Jhapa</li> <li>• Morang</li> <li>• Sunsari</li> <li>• Udayapur</li> </ul>	Consortium Partner: <ul style="list-style-type: none"> <li>• NLR Nepal</li> </ul>



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## NEGLECTED TROPICAL DISEASES (NTDs)

FAIRMED is helping to reduce the burden of Neglected Tropical Diseases (NTDs) (Neglected Tropical Diseases) which affect more than 1.5 billion people worldwide. If left untreated, these diseases can lead to severe disabilities. The World Health Organization (WHO) defines 20 tropical diseases as neglected. Among these 10 of the diseases are found in Nepal which include: Leprosy, Lymphatic Filariasis, Rabies, Snake Bite, Dengue, Tape Worm,

If left untreated, these diseases do not lead directly to death but cause blindness, disfigurement, and disability. Additionally, affected people are often discriminated against and excluded from society. NTDs occur when there is lack of medical care, hygiene & sanitation, and clean drinking water. These diseases primarily affect poor populations in remote and rural areas. They are indicators of poverty and inequality thus, FAIRMED works for the population who have difficulty to access healthcare and are most difficult to reach.

FAIRMED Nepal, through its programs, have ensured that the health facilities in our project areas are equipped with basic resources they need to detect and treat these diseases. Organizing skin camps, mass sensitization for health seeking behavior, active support to government

machineries during Mass Drug Administration Campaign (MDA) for Lymphatic Filariasis, support government hospitals to establish NTD referral units, and organizing NTDs affected people for self-care and dignified lives are among our regular activities under NTDs program.

We also ensure that local health workers and local staff are capacitated in integrated management of NTDs. At the community level, our local staff conduct home visits and carry out awareness and advocacy to prevent, and address discrimination and stigma against people affected by NTDs and ensure proper inclusion of the persons with disabilities (PWDs) in the society. Awareness is created through measures such as events and posters, individual or group counselling by field staff.

Furthermore, we provide basic trainings on NTDs for FCHVs, leprosy complication management for health workers, diagnosis of NTDs for lab personnel, selfcare training for NTD affected patients in communities, support to hospitals for Morbidity Management and Disability Prevention (MMDP) for Lymphatic Filariasis. We provide support to hospitals and local government for vector control and mass awareness to prevent spread of other diseases such as Dengue and Kala-azar.

## OUR ACHIEVEMENTS IN NTDs

**12,312**

Number of persons reached in emergency situations (epidemic, emergency support- logistics, food and other)

**657**

Health Workers trained on NTDs

**9**

New Lab supported/ strengthened

**3**

NTD/ leprosy units established at referral hospitals



**489**

FCHVs trained on NTDs

**272**

Health workers trained on DHIS

**6**

Number of district supported for NTD/leprosy data verification/RDQA

**3,256**

NTD affected people supported and linked with government facilities for treatment



## HEALED AND HAPPY



*“Days were passing by, when one day few people from the project came to visit me and asked me about my problems,”*

*Narrates Ram.*

Ram Gurung (name changed), age 39, was only 12 years old when he was diagnosed with leprosy. When Ram was 12 years old, he had a severe infection on his leg for which he visited Banyani Health Post. His infection showed signs of leprosy, so he was referred to Mechi Zonal Hospital where his diagnosis was confirmed.

After diagnosis, doctors counselled him and instructed him to take medicines regularly. He followed their instructions and regularly took medicine for 24 months. Sadly, after two years of taking medicines, Ram’s condition worsened as he had severe lepra reaction which caused infection and deformed his legs.

Ram recalled his experience and shared that though his immediate family members supported him, he had to face a lot of discrimination from the society. More than disease, it was discrimination that Ram struggled to live with. He would see children playing in the field but parents of these children would not allow him to play with them. **“I could not enjoy my childhood like the other children. The parents of my friends never allowed them to play with me”,** recalls Gurung.

**“I got married to Indira at the age of 20 and became father of two children. I knew I was responsible to provide for my family, but due to this never healing wound, I could not contribute much, economically.”**

Ram thought he would never be able to provide for his family due to his condition which deeply saddened him.

Social mobilizers from BISWAS project visited Ram Gurung and counselled him on self-care and management of his condition. He was asked to visit Anandaban Hospital in Lalitpur which specializes in treatment of leprosy affected people. He agreed to go to the hospital.

On June 25, 2022, he boarded a bus to Kathmandu and reached Anandaban Hospital the next day. After assessment, he underwent surgery. After 10 days of therapy and treatment, he was sent back to his home. **“I am thankful to the people involved in my treatment. I have experienced a lot of changes in my daily routine as I can do a lot of work myself as I no longer experience infection that was so frequent earlier.”**

At present, Ram Gurung supports his family in household chores and in field. He finally feels like he’s contributing to his family by being a responsible husband and a father. **“I am much more active, and I feel happy that I can forward my helping hands to the family.”**

**“I was hopeless for so long, but after counselling and support I received, I was little optimistic. I thank God for sending people to my doorsteps who cared about my wellness and were trying to help me to recover,”** he exclaimed.

Ram wants the project to continue helping other people who are suffering similar fate due to disease. He wishes speedy recovery and a happy life for all the people around the world who are suffering from disabilities due to leprosy.

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## MATERNAL AND NEONATAL HEALTH (MNH)



Continuous interventions have helped to improve maternal and neonatal health in various parts of Nepal. These interventions have contributed to reduction of Maternal Mortality Rate and Infant Mortality Rate across the country. However, many women from remote areas with lower income and education are less likely to access maternal health care. Early marriage, teenage pregnancy and harmful socio-cultural practices at childbirth are common in rural parts of Nepal further exacerbating the status of maternal and neonatal health.

FAIRMED Foundation Nepal has been working in the sector of Maternal and Neonatal Health (MNH) to strengthen MNH service delivery and basic health systems to improve maternal and neonatal health status in its working areas. We, through our programs, make sure that the existing

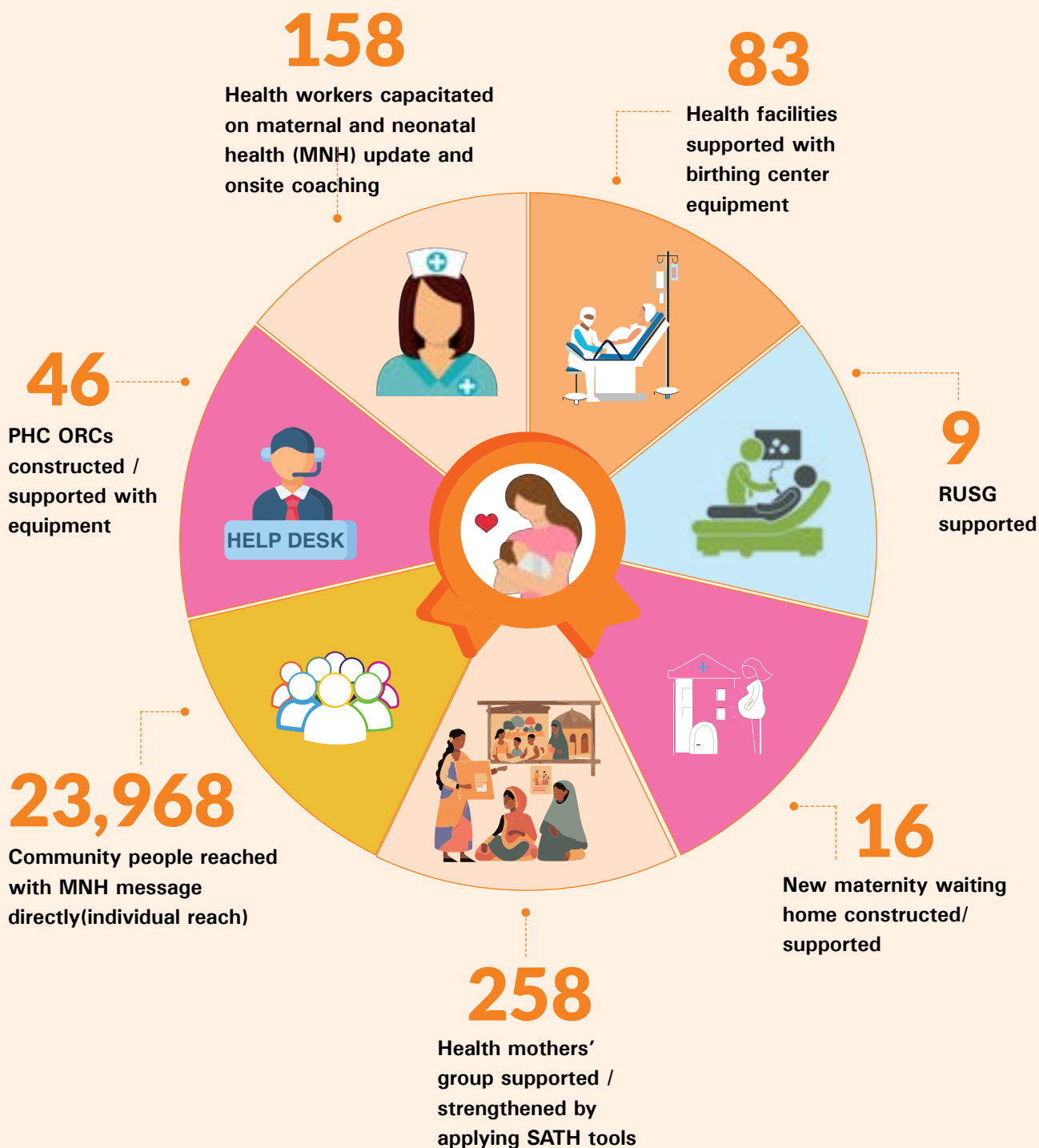
birthing centers are well-equipped with facilities like new-born corners, baby-warmer machines, placenta pit, portable rural ultrasound machines and basic lab services. For quality care, we support Nursing staff's capacity building through MNH update, on-site coaching, infection prevention, and implant services in the birthing centers.

Furthermore, we support to establish Maternity Waiting Homes (MWHs) in the birthing centers so that women living far from the birthing center or with high-risk pregnancies can come and stay there before their due date. We support to construct and equip PHC-ORC buildings to increase service accessibility in remote areas. We collaborate with local municipalities in carrying out all the above described activities.

FAIRMED capacitates and mobilizes Female Community Health Volunteers (FCHVs) and mothers' group to inform the community about safe health practices and institutional delivery. They are the source of essential information and support for mothers in need and play a vital role in improving maternal and child health outcomes.

Consequently, to strengthen Mother's groups and empower them, FAIRMED applies Self-Applied Technique for Quality Health (SATH) where participants track their health seeking behavior through community mapping. This tool has helped FCHVs and health workers to track maternal and neonatal health service utilization by pregnant and new mothers. Moreover, we organize discussion on MNH with communities and locally active groups.

# OUR ACHIEVEMENTS IN MNH



## MAKING INSTITUTIONAL DELIVERY SAFER, HEALTHY, AND MORE SUPPORTIVE



*Pregnant women traveling to the city with limited accommodation facility in the hospital area - this cost seemed impractical for the majority of the families, hence they started opting for home deliveries.*

Asuraina- 6 is a rural village in Sammarimai Rural Municipality of Rupandehi district. It is the largest ward in the municipality with a population of 7249, all of whom, go to Asuraina Health Post for basic health services. Asuraina Health Post has one of the three birthing centers operating in Summarimai Rural Municipality where it is expected to provide service to 398 expecting mothers. In addition, pregnant women from Wards 4,5 and 7 also visit Asuraina Health Post for delivery.

Due to heavy load of patients, the health post is often crowded with poor sanitation. This compelled people to go to Bhairahawa (which is 50km away from the health post) to seek health services. However, Pregnant women traveling to the city with limited accommodation facility in the hospital area - this cost seemed impractical for the majority of the families, hence they started opting for home deliveries.

Allaudin Khan, Social Mobilizer (SM) of Essential Health Project, was aware of the whole situation. He knew that having a Maternity Waiting Home near Asuraina Health Post would provide pregnant women and families with some space to stay and wait before and after delivery. When he shared the idea with a health staff working in the birthing center, she instantly supported the idea and thought that waiting home would reduce delay

in seeking care and help in managing complications. This would further help health professionals keep new mothers longer for observations and encourage proper feeding by closely monitoring their dietary intake.

FAIRMED in collaboration with the local government built maternity waiting home near the health post area. With this, pregnant women are now able to stay in a clean and secure rooms near health post with constant monitoring of health care professionals. The families of pregnant women can focus on support and care and well-being of the mothers and newborn.

In additional to providing a safe and comfortable environment for visitors, the maternity waiting hone offers nutritious food and shelter. One unique practice of the maternity home is its food reimbursement system. The families who stay in the waiting homes and eat food available in the waiting home, reimburse food in the waiting home the very next day. This practice has ensured steady supply of food for the visitors, and further encouraged families to contribute to the community by sharing their resources.

So far, 30 mothers and their families have stayed in the maternity waiting home since its inauguration in August 2022.

## DISABILITY INCLUSIVE DEVELOPMENT (DID)

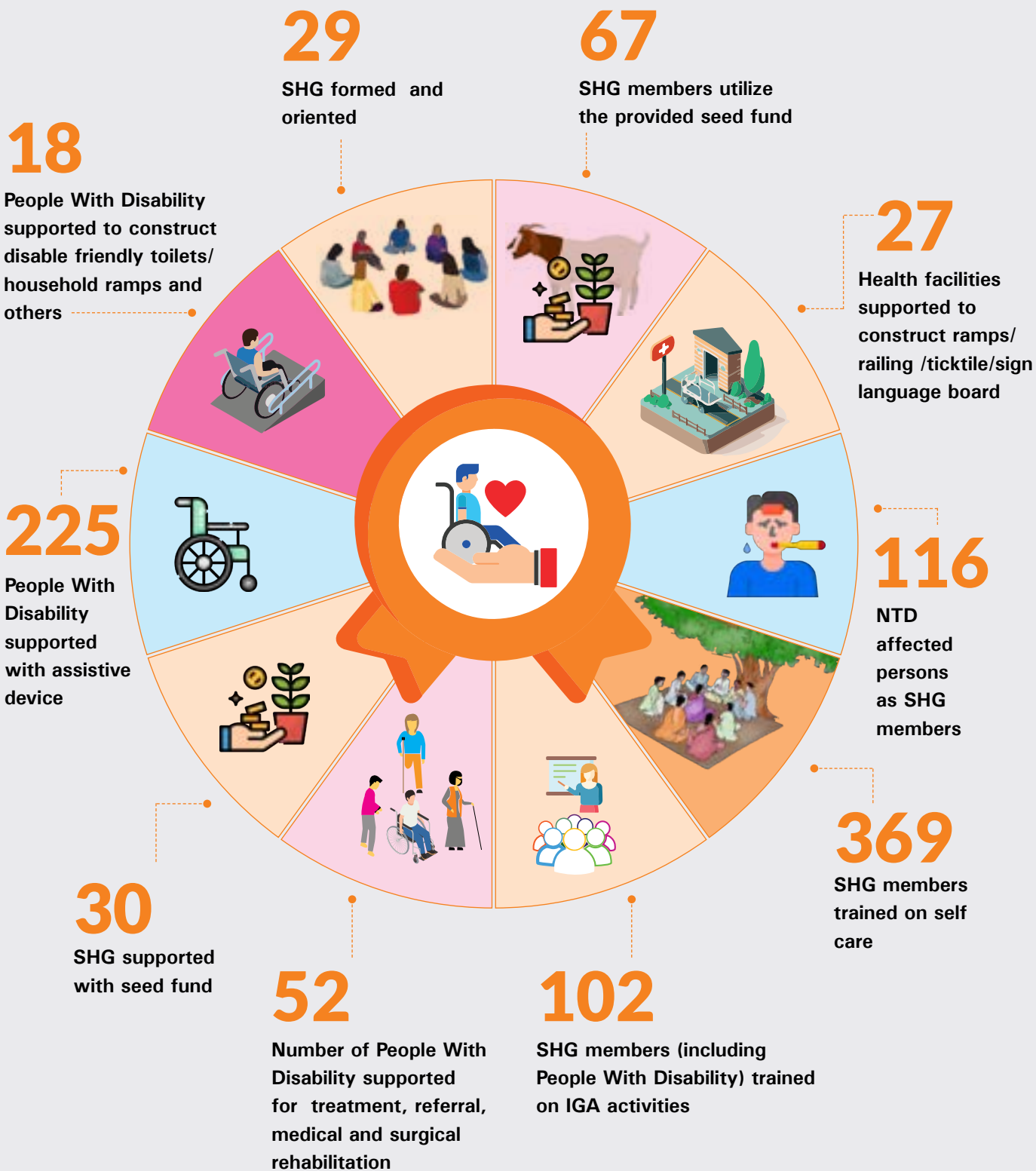


People living with disabilities suffer from numerous problems including limited access to basic health care services. FAIRMED is helping them to bring in the forefront of development by raising awareness, reducing discrimination, and supporting them to receive medical treatment, provide assistive devices, organize

POID clinics, encourage them to exercise their rights, give them a voice and support them in furthering their education through advocacy and linking them with municipal level disability networks and Organization of Person With Disabilities (OPDs). We support to form Self-Help Groups (SHGs) for PWDs, capacitate and link

them with municipalities for regular support. Furthermore, we collaborate with Municipalities to provide income generation opportunities for their income and dignified life. Our approach is to leave no one behind and that is why the inclusion of people with disabilities is particularly important to us.

# OUR ACHIEVEMENTS IN DID



## THANKFUL FOR THE SEED MONEY



Mat Singh B.K, aged 46, is a resident of Valkot village in Nisikhola Rural Municipality of Baglung district. He was 13 years old when he fell from a tree and severely wounded his left leg. He did not seek immediate medication and rather relied on home remedies by applying ashes which worsened his condition. He could not afford medical care, so he did not seek any medical intervention which caused permanently disability in his left leg.

Mat Singh lived with his wife in his village and relied on metalwork to provide for his family. With no other source of income, Mat Singh was solely depended on crafting and fixing small metal tools for his living. However, his air blower, a critical tool for his work stopped functioning one day and with that Mat Singh lost his only source of income. He didn't have money

*Mat Singh is continuing his metalwork and his wife cares for the piglets. Together, they have increased their monthly income and have become financially independent.*

to buy a new tool neither he had resources to start alternative for income generation.

Under FAIRMED's Rural Health Improvement Project (RHIP), a social mobilizer came across Mat Singh's case during one of the home visits. After carefully assessing

his condition, the social mobilizer reported his condition to the project staff. The project then, provided a seed fund of NRS 15,000 to Mat Singh BK to purchase a new air blower. He bought the air blower and expressed interest to rear piglets for alternative income with the remaining amount. The project supported his idea, after which he bought three piglets with seed fund.

At present, Mat Singh is continuing his metalwork and his wife cares for the piglets. Together, they have increased their monthly income and have become

financially independent. He is successfully running this small venture where more people have started buying metal weapons and small equipment from him. Additionally, the piglets provide additional source of financial security for him. "I am thankful for the seed money", expresses Mat Singh, happily.

FAIRMED under RHIP has supported 40 people with disabilities in the area by providing seed money for various income generation activities such as sewing, seed shops, and poultry.





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# OTHER ORGANIZATIONAL INITIATIVES





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## ADVOCACY, PARTNERSHIP, NETWORKING AND COORDINATION

FAIRMED Nepal works in partnership with government, and civil society to synergize efforts and leverage resources for ownership and sustainability of programs. We have implemented various activities such as skin camps, equipment support to birthing centers, and NTDs corners, WASH activities, awareness raising programs, health worker's trainings, construction works in cost-sharing model, regular follow ups and supervision, and staff capacitating and team building. Moreover, we empower our partners by providing trainings and learning opportunities on policy as well as program activities.

Additionally, our Social Mobilizers (SMs) play an instrumental role to build rapport and strengthen coordination with Municipalities and Health Facilities particularly FCHVs, HFOMCs and Mother's groups. Moreover, SMs regularly visit communities and HFs and gather information/data related to municipal plans, list of health facilities in respective wards, list of health facility and health workers and availability of lab services. This information directly contributes in identifying gaps and in planning our activities in alignment with the government plans and priority.

Through regular meetings and consultations with government and other stakeholders, we explore opportunities for possible collaboration to conduct activities for optimum utilization of resources and to avoid duplication.

## INITIATION OF A FASCINATING JOURNEY



Located around five kilometers away from border of India, Guthisuryapura Health Post is one of the oldest public health facilities functioning in Pratappur Rural Municipality of Nawalparasi West. The health facility is currently operated by six health workers and is responsible for providing basic health services to 5971 people.

Rukmini Chaudhary is one of the health workers from Guthisuryapura Health Post who has been working with the local community for the last two years. She is an Auxiliary Nurse Midwife who started her career by working in the nursing department at Chitwan Medical College for five years. However, she was interested to work as community health worker, so she applied for a government job. She got selected after which she was posted to Proja Health Post in Pyuthan district. During her posting in Pyuthan, she was responsible to deliver Maternal and Neonatal Health services to the community which provided an opportunity for her to work closely with community people.

**“The scenario of community health is very different in the hilly region. Difficult geographical**

**terrain, unavailability of proper transport, limited number of health workers, and inadequate health infrastructures made it challenging for utilization of services”.**

After spending one year in Pyuthan, Rukmini was transferred to Guthisuryapura Health Post which was near her hometown Sarawal. The community and prevalent health issues were not new to her and she adapted to her role in a short period of time. She was assigned to provide MNH-related services to expecting mothers and women who visited the health post for Antenatal Checkups, Postnatal checkups, and family planning services. In addition, she was responsible to conduct monthly outreach clinics and participate in mother group meetings in the communities to help to improve access to MNH services at the community level.

With a positive attitude and good performance, Rukmini was selected by Prattapur Rural Municipality to attend Training of Trainers (ToT) on Neglected Tropical Diseases organized by FAIRMED under Essential



*“After identifying the first case, I realized the information on NTDs needs to be disseminated to a wider audience and I started screening mothers arriving at outreach clinics and sensitizing participants attending mothers group meetings”.*

Health Project. The training played a significant role in enhancing knowledge and skill of Rukmini in diagnosis, treatment, and case management of ten endemic NTDs prevalent in Nepal.

**She shares, “I had never thought of diseases like Leprosy and Lymphatic Filariasis still exist in our community and late diagnosis of these diseases result in life-long disability with great impact on the quality of life”.**

After returning from training, Rukmini quickly started screening mothers for possible signs/symptoms of Leprosy and Lymphatic Filariasis. In just three months, Rukmini identified a mother with suspected leprosy symptoms, and she referred her to the district hospital for further diagnosis. Through a skin smear test, the mother tested positive for leprosy. The patient completed her treatment at the Guthisuryapura Health Post. This boosted Rukmini’s confidence and further motivated her to expand screening and counseling on NTDs at field level activities during outreach clinic and attending a mothers group meeting.

**“After identifying the first case, I realized the information on NTDs needs to be disseminated to a wider audience and I started screening mothers arriving at outreach clinics and sensitizing**

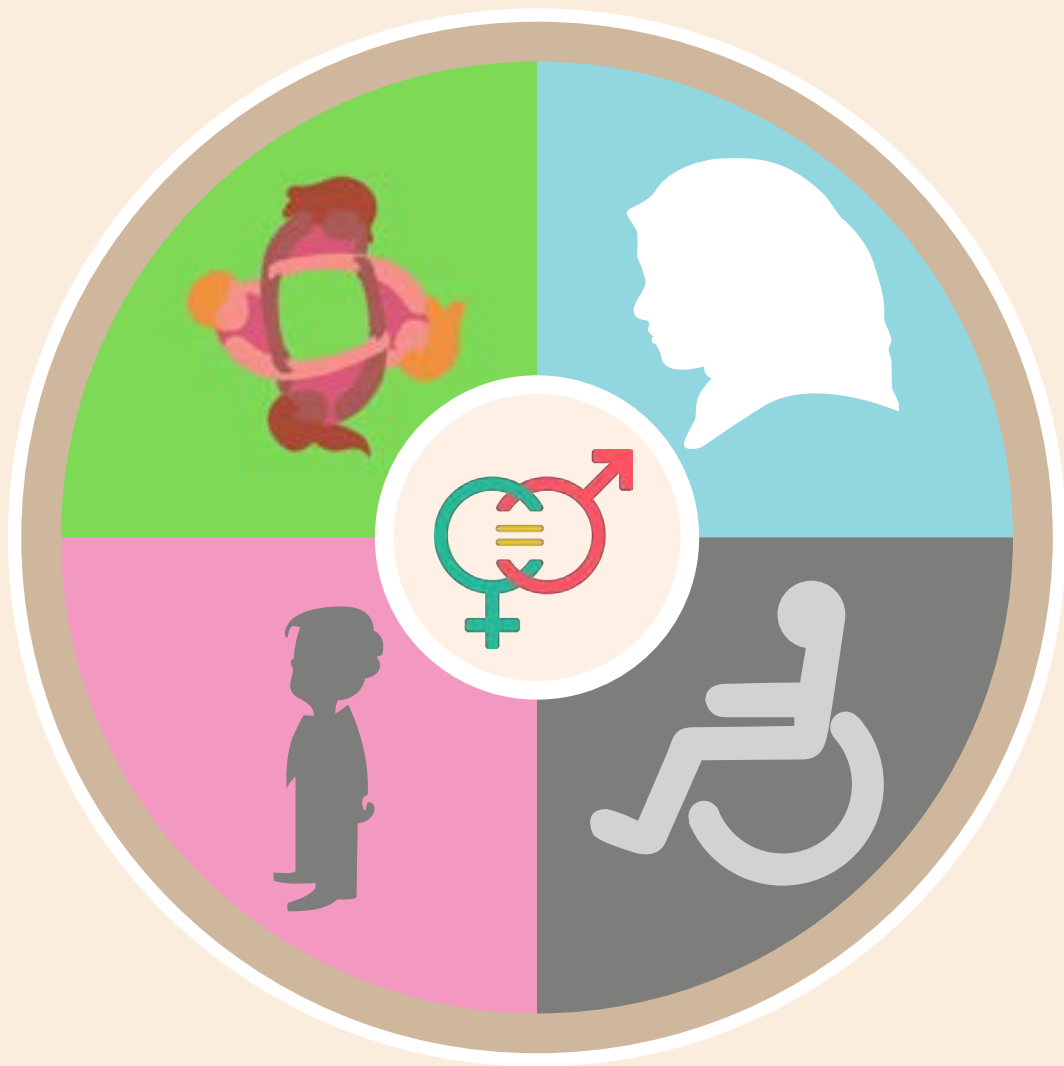


**participants attending mothers group meetings”.**

In course of one and a half year, Rukmini referred 55 suspected cases of NTDs and among them, five new cases of Leprosy and two cases of Lymphatic Filariasis were diagnosed and put on treatment. In addition, she counseled every new patient on self-care so that any form of deformity and wound in the future can be prevented. Currently, she has scheduled follow-up visits at the household level for newly diagnosed NTD cases to improve drug compliance and provide home-based self-care and support.

She has taken initiation and established a self-care corner in her health facility especially targeting people affected by Neglected Tropical Disease. A corner is a small unit with furniture, a towel, a bucket, a scraper, oil, and a flip chart where self-care services are made available for wound management and prevention of possible disability/deformity.

Rukmini’s dedication and work have set an example for local ANMs who are working in other public health facilities of Pratappur Rural Municipality and neighboring areas. She has started her new journey in the field of Neglected Tropical Diseases and is committed to carrying it further with energy and determination.



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## GENDER EQUALITY AND SOCIAL INCLUSION

The social norms in Nepal and legal system (in many cases) continue to neglect girls, women, individuals who do not want to confirm to gender binaries and people with disabilities. They, therefore, remain historically marginalized and systematically excluded from the benefits of development.

FAIRMED advocates for gender equality and social inclusion. It promotes end of discriminatory practices within the organization and in the community. Therefore, FAIRMED Nepal's programs aim to address the underlying causes of discrimination and marginalization, especially those experienced by women and girls, usually stemming from caste, ethnicity, religion, economic and geographical remoteness. The project's targets are primarily women, most marginalized people, and remote from the service centers. The interventions are designed according to their immediate and strategic needs within health care, and they are community based. Several activities to create awareness against mal practices and promoting healthy behaviors and to inform them on government's benefits and provisions in health care, disability, chronic illness, health insurance scheme, and livelihood fund within the local government. Our field staff who are recruited locally are trained and mobilized to the communities facilitate the needy people to inform and obtain the available benefits and provisions. The social issues related to caste, disability, disease, women and girls are discussed in local groups through the facilitation of our trained field staff.

## GOVERNANCE



FAIRMED Foundation Nepal works to promote effective and inclusive governance practices. Our interventions are focused on improving governance of Health Facility, and Municipalities so as to enable them to plan appropriately and deliver quality health services with responsive management. For this, we use evidence-based approach where tools such as Community Health Score Board (CHSB) and Health Post Minimum Service Standard (MSS) are used to

assess the status of service delivery and gaps among service seekers and providers. Furthermore, we support to strengthen Health Facility Management Committee by orienting the members about roles and responsibilities of committee members and mobilization of local resources. The trained HFOMCs have been able to ensure quality service delivery from HFs, with increased budget for health activities by the Municipality.

# OUR ACHIEVEMENTS IN GESI AND GOVERNANCE

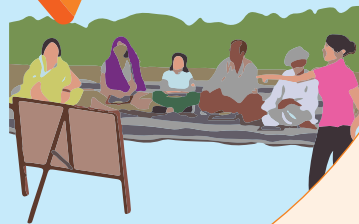
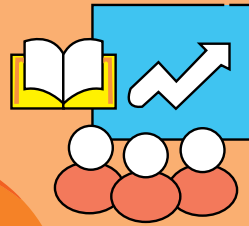
**20**

Health facilities supported for MSS implementation



**1157**

HFOMC member trained based on HFOMC guideline



**911**

Municipal authorities sensitized on GESI sensitive budgeting and planning

**288**

Municipal authorities sensitized on GESI

## RESEARCH AND FINDINGS

FAIRMED Nepal has been carrying out various surveys and implementation research to analyze current situation and identify areas for improvement for ongoing projects. Based on this surveys and research, FAIRMED prepared following abstracts and presented in different scientific forums in 2022:

- The abstract entitled “Neglected Tropical Diseases (NTDs) Service Availability at Local Health Facilities in Eastern Nepal” was accepted for oral presentation in the Eighth National Summit of Health and Population Scientists in Nepal. This was a cross-sectional facility-based study conducted across 36 public health facilities (health posts and primary health care centers) in Jhapa, Morang, and Sunsari districts. The major findings showed that among ten NTDs, majority (81.6%) of facilities offered services for leprosy. It showed that very few health facilities had diagnosis and treatment services for other NTDs especially VL, LF and rabies. ([https://nhrc.gov.np/wp-content/uploads/2022/06/Final\\_Abtract-Book-2022-8th-National-Summit\\_2023.pdf](https://nhrc.gov.np/wp-content/uploads/2022/06/Final_Abtract-Book-2022-8th-National-Summit_2023.pdf), page 34)
- The abstract entitled “Treatment-seeking behavior among people affected by neglected tropical diseases (NTDs) in Province 1, Nepal” was accepted for the poster presentation in the Eighth National Summit of Health and Population Scientists in Nepal. This cross-sectional community-based survey involved 102 people affected by NTDs (70 leprosy, 32 LF) in Province 1 of Nepal. The study showed that there was poor treatment seeking-behavior among people affected by NTDs. The study identified the need for NTD programs to ensure people have access to services and treatment. ([https://nhrc.gov.np/wp-content/uploads/2022/06/Final\\_Abtract-Book-2022-8th-National-Summit\\_2023.pdf](https://nhrc.gov.np/wp-content/uploads/2022/06/Final_Abtract-Book-2022-8th-National-Summit_2023.pdf)).
- The abstract paper entitled “Self-help group community intervention improves economic conditions and provides social rehabilitation for

people affected by leprosy: perspective from Nepal Based on the community intervention of the project” was prepared based on the project intervention and was selected for poster presentation in International Leprosy Congress-2022, held in Hyderabad, India. The study concluded that the economic opportunities through SHGs could provide an enabling environment for social inclusion and protection against loss of social life by increasing leprosy affected persons contributing capacity. (<https://abstracts.mediknit.org/ilc2022#page=596>).

- FAIRMED conducted qualitative operations research entitled “How can existing community based maternal and child health programs and structures be operationalized to enable community awareness, case detection and community-based rehabilitation for leprosy and lymphatic filariasis, in Nepal?” The study results revealed that integration of NTD and MCH has been operationalized through clinical and community case detection and community awareness using existing MCH structures such as ANC clinic and FCHVs. The findings of this research were presented orally in the 13th Annual Neglected Tropical Disease NGO (NNN) Conference held in Kathmandu. (<https://www.ntd-ngonetwork.org/sites/nnn/files/content/attachments/2022-12-09/NNN2022%20Conference%20Report%20FINAL.pdf>). It was also presented virtually in International Leprosy Congress-2022 held in Hyderabad, India (<https://abstracts.mediknit.org/ilc2022#page=90>).
- With the leadership of NLR Nepal, FAIRMED is jointly implementing a research project funded by Leprosy Research Initiatives (LRI). It is a retrospective cohort study in Nepal and the primary objective is to evaluate the impact of contact screening and SDR-PEP implementation (as part of routine leprosy control program) on new leprosy case detection; among contacts of leprosy patients that have received SDR-PEP - in Jhapa and Morang districts.





# GLIMPSES OF 2022



Dr. Rabindra Baskota examining leprosy patient



Leprosy Unit Inauguration in Sukraraj Tropical & Infectious Disease Hospital, Teku



Social mobilizer conducting household survey



Interaction with community during home visit



Interaction with community during home visit



NTD Training Manual Release, Lumbini



Disability friendly toilet



Majhi Community in Sindhupalchowk



Face of Rukum East!



Newly Constructed Maternity Waiting Home at Takshera Health Post in collaboration with Puthauttarganga Rural Municipality.



Birthing center in a health post in Kapilvastu



Participants observing a leprosy ulcer case in Lalgadh Hospital during a NTD training of trainers' event in Mahottari



NTD Unit Inauguration in Lumbini Provincial Hospital



A couple observe symptoms of leprosy during a counselling session in a home visit



Facilitating a HFOMC training session



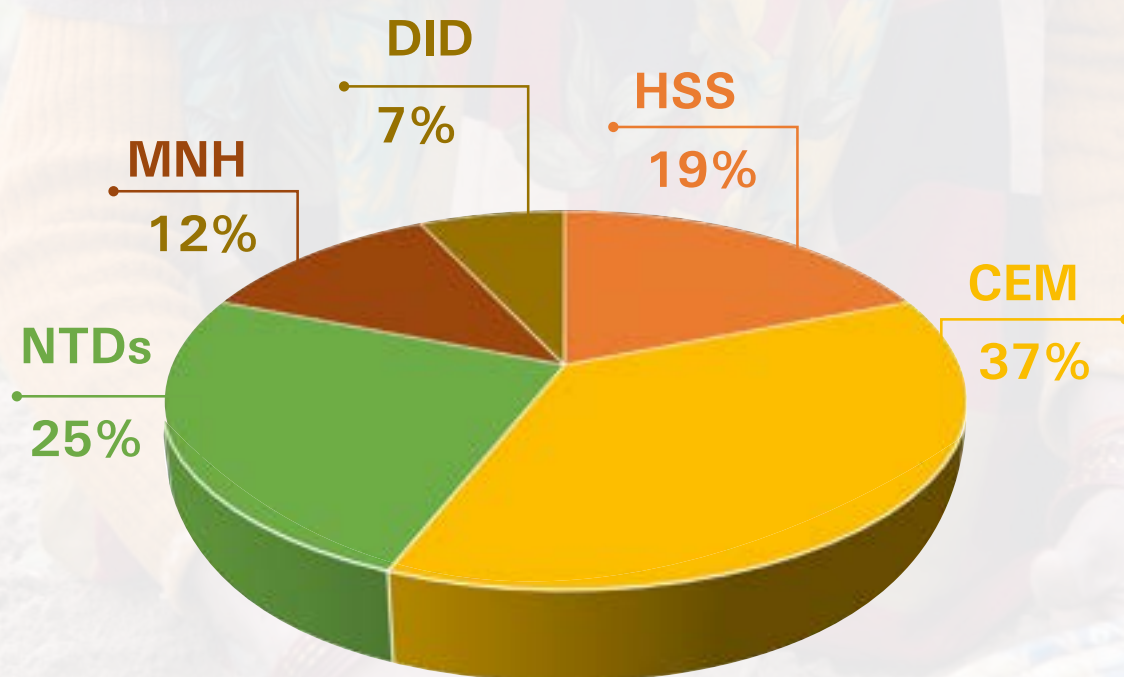
Woman taking LF medicine during Mass Drug Administration Campaign



Teacher distributes albendazole to the students during school albendazole administration program.

## FINANCIAL OVERVIEW

Theme	Total Budget for 2022	Sum of Expenditure
Neglected Tropical Diseases (NTDs)	53,771,972	51,283,611
Maternal and Neonatal Health (MNH)	23,848,160	25,923,036
Disability Inclusive Development (DID)	14,612,041	13,792,699
Health System Strengthening (HSS)	41,109,773	39,094,209
Community Empowerment and Mobilization (CEM)	81,662,273	76,982,352
<b>Grand Total</b>	<b>215,004,219</b>	<b>207,075,907</b>



## OUR IMPLEMENTING PARTNERS

As per the Nepal government policy, we implement projects in partnership with local NGOs and we invest in their training and development through which we aim to develop local capacity and expertise and achieve broad-based acceptance of our work in strengthening health system and community empowerment.

Currently, we are working with eight implementing, one strategic and one consortium partner, in five projects.



**BYC Baglung**  
Baglung



**Holistic Development  
Centre (HDC) Nepal**  
Rukum East



**Indreni Rural Development  
Centre Nepal (IRDC)**  
Rupandehi



**Indreni Social Development  
Forum (ISDF)**  
Nawalparasi West



**Kalika Self-Reliance  
Social Center**  
Kapilvastu



**Mahila Atma Nirbharta  
Kendra (MANK)**  
Sindhupalchowk



**Sahara Nepal**  
Jhapa, Morang



**Save the Earth**  
Sunsari



**NLR Nepal**  
Consortium Partner



**Karuna Foundation Nepal**  
Strategic Partner

## ACRONYMS

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



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