



ACRONYMS

ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
BC	Birthing Centre
CBOs	Community Based Organisations
CHM	Community Health Mobilizer
CHU	Community Health Unit
DHIS	District Health Information Software
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
LMIS	Logistics Management Information System
LNOB	Leave No One Behind
MMDP	Morbidity Management and Disability Prevention
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



SHRADDHA UPADHYAYA

Communications and Knowledge Management Officer

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As we reflect on the past year, I'm reminded of a notable incident that occurred during a monitoring visit to Kapilvastu. While traveling to observe a health unit, we encountered a challenging situation involving a man who, as we later discovered, was the son-in-law of a leprosy patient. He approached our team with aggression, accusing us of neglect and threatening legal action due to his father-in-law's adverse reactions to medication. This confrontation was unlike anything I had experienced before, and it left me feeling uneasy. Despite the tension, I saw how our team remained composed, offering explanations and medical assistance.

During that time, we were fortunate to have Dr. Rabindra Baskota from Epidemiology and Disease Control Division (EDCD) accompanying us. He conducted an examination of the father-in-law of the man we encountered, revealing that his adverse reactions to medication were a common occurrence in leprosy cases. Additionally, Dr. Rabindra noticed a mark on the son-in-law's hand and attempted to examine his arms to rule out the chances of him having leprosy. However, to our surprise, the man vehemently protested, shouting at the doctor, and denying the possibility of having the disease, citing his devout worship of Bhagwan Shiva. It was at this point, I realized that in a country like ours, healthcare extends beyond mere provision of medicine, facilities, equipment, and doctors.

Upon my return to Kapilvastu this year, my concern for the family prompted me to inquire about their situation from our community mobilizer, Saraswoti Ji. I was heartened to learn of a remarkable transformation within the family. Through Saraswoti Ji's consistent efforts and the support of our team, the family embraced regular medication. Remarkably, the once hostile son-in-law now actively ensured his father-in-law's adherence to treatment. This progress speaks volumes about the efforts of our community mobilizers and project team, of education, empathy, and community engagement in overcoming barriers to health.

In Nepal, healthcare needs an understanding of cultural nuances and a commitment to dismantling barriers to access. The real hurdle lies in navigating the complex web of beliefs that dictate how people perceive and address their health concerns. Our community mobilizers, exemplified by individuals like Saraswoti Ji, play a crucial role in this endeavor. Their dedication and compassion exemplify the spirit of service, making tangible differences in the lives of those they serve.

As we look ahead, we reaffirm our commitment to addressing not just the medical needs but also the societal and cultural challenges that impact health outcomes. By fostering understanding, empathy, and collaboration, we can pave the way for a healthier, more resilient future for all.

FAIR MED
IN NEPAL

FAIRMED PROGRAM DETAILS

Projects

4

Partners

9

Districts

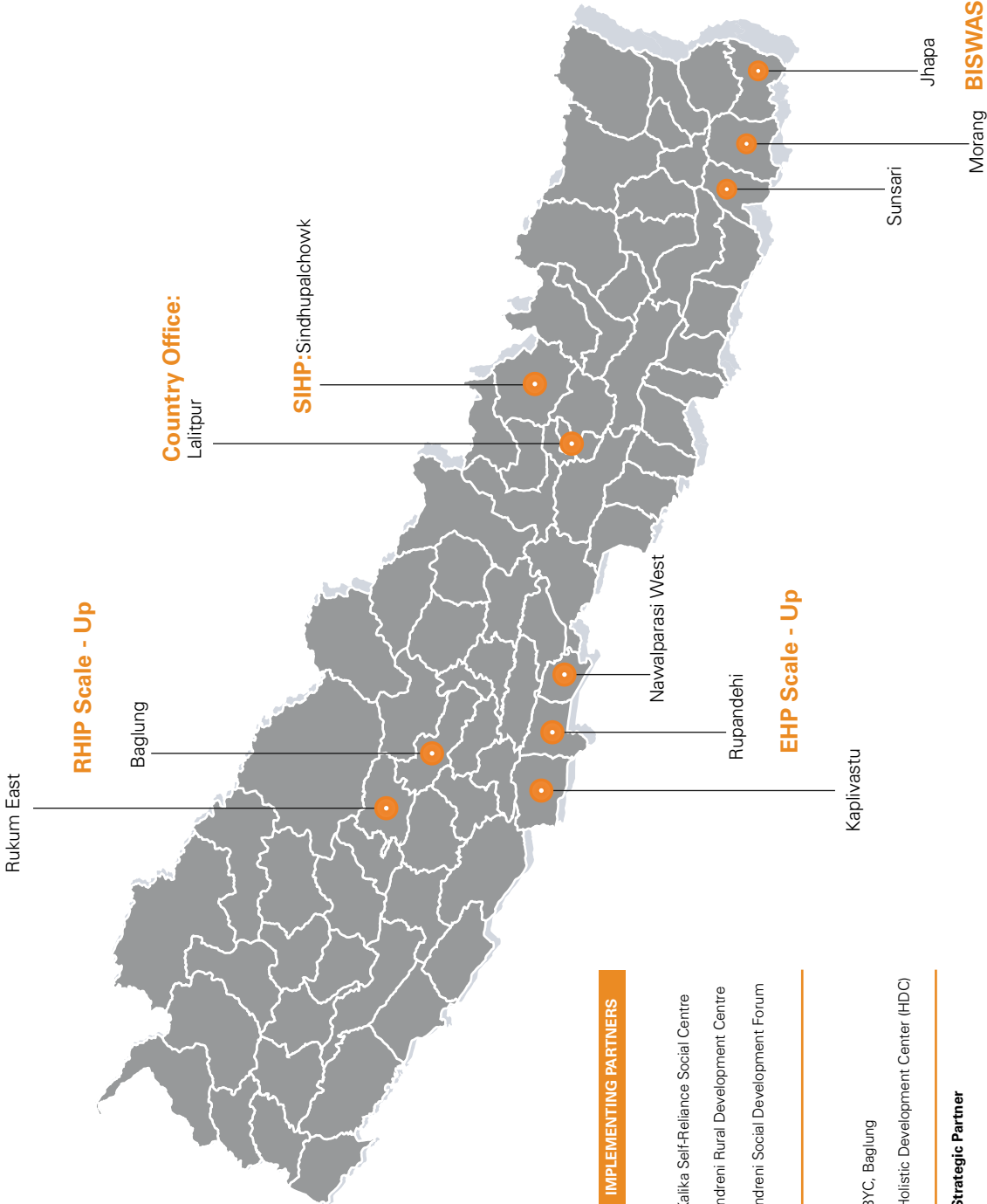
9

Municipalities

96

PROJECT OVERVIEW

PROJECT NAME	PROJECT DURATION	LOCATION	IMPLEMENTING PARTNERS
Essential Health Project (EHP) Scale - Up	2021 - 2025	Lumbini Province Kapilvastu Rupandehi Nawalparasi West	Kalika Self-Reliance Social Centre Indreni Rural Development Centre Indreni Social Development Forum
Rural Health Improvement Project (RHIP) Scale - Up	2022 - 2025	Gandaki / Lumbini Province Baglung Rukum East	BYC, Baglung Holistic Development Center (HDC)
Biswas Project	2021 - 2025	Koshi Province Morang	Strategic Partner Karuna Foundation Nepal Project Implementing Partners Save the Earth Sahara Nepal
Sindhupalchowk Integrated Health Project (SIHP)	2022 - 2025	Bagmati Province Sindhupalchowk	Mahila Atma Nirbharta Kendra (MANK)



MESSAGE FROM THE COUNTRY COORDINATOR



Dear Readers,

I am filled with a deep sense of gratitude for the work we have accomplished together over the past year. In our pursuit of improving healthcare for the poorest communities in Nepal, we have encountered numerous challenges, yet our unwavering commitment to our mission has remained steadfast.

Our focus on neglected tropical diseases, maternal health, and disability reflects our dedication to addressing some of the most pressing health issues facing vulnerable populations in Nepal. Through our tireless efforts, we have strived to reach the most remote and marginalized communities, ensuring that no one is left behind.

At FAIRMED, we firmly believe in keeping the community at the heart of every decision we make. This guiding principle has led us to adopt a holistic approach to healthcare delivery, one that is deeply rooted in community engagement and empowerment. By actively involving community members in the planning, implementation, and evaluation of our programs, we have been able to tailor our interventions to meet the specific needs and priorities of the populations we serve.

As we look back on the past year, we can take pride in the progress we have made. From conducting health camps in remote villages to providing essential medical supplies to those in need, our impact has been tangible and far-reaching. Yet, we also recognize that there is still much work to be done. Moving forward, let us continue to strive for excellence in everything we do. Let us remain committed to our mission of promoting health and well-being for all, regardless of socioeconomic status or geographic location. And most importantly, let us never lose sight of the individuals and communities whose lives we aim to touch and transform. Together, we have the power to make a real and lasting difference in the lives of the most vulnerable members of society.

Thank you.

Nirmala Sharma
Country Coordinator

1

HEALTH SYSTEM STRENGTHENING



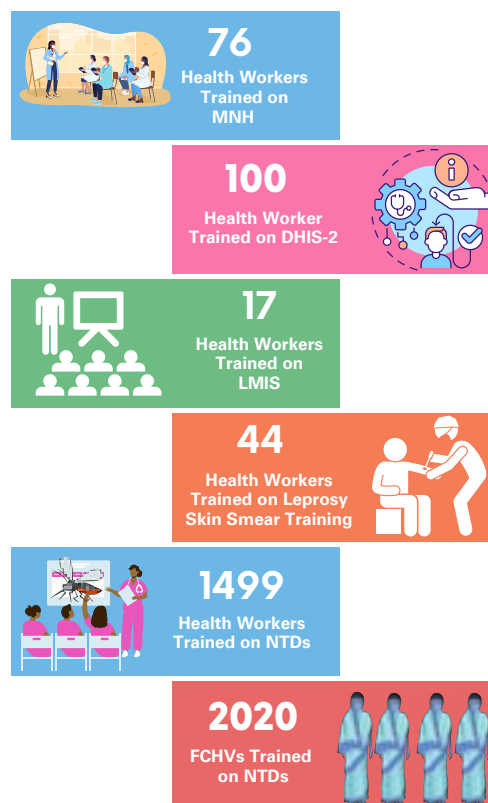
Health System Strengthening stands at the center of FAIRMED Foundation Nepal's mission, embodying a steadfast commitment to strengthening healthcare accessibility, quality, and equity. FAIRMED initiatives in health system strengthening include efforts in Neglected Tropical Diseases (NTDs), Maternal and Neonatal Health (MNH), and Disabilities Inclusive Development (DID). At the heart of FAIRMED's initiative lies a strong dedication to ensuring that every individual, regardless of geographic location or socio-economic status, receives the care they deserve. FAIRMED initiatives in health system strengthening include: Capacity Building and Development, Health Governance, and Infrastructure and Equipment Support

CAPACITY BUILDING AND DEVELOPMENT

By Proactively engaging and collaborating with government entities, local communities, and civil society organizations FAIRMED works hand-in-hand with stakeholders at all levels to address systemic challenges and foster sustainable solutions through strategic partnerships and capacity-building initiatives, empowerment of local health committees and authorities through conducting targeted training and technical support.

FAIRMED focuses on empowering healthcare providers and government officials responsible for delivering services. This includes conducting comprehensive training programs for social mobilizers, Female Community Health Volunteers (FCHVs), government officials, and health workers. Through these trainings, participants gain essential skills and knowledge necessary for improving health outcomes and effectively addressing the needs of their communities. Training sessions cover a wide range of topics including disease management, healthcare delivery strategies, and community engagement techniques. FAIRMED initiatives in health system strengthening include:

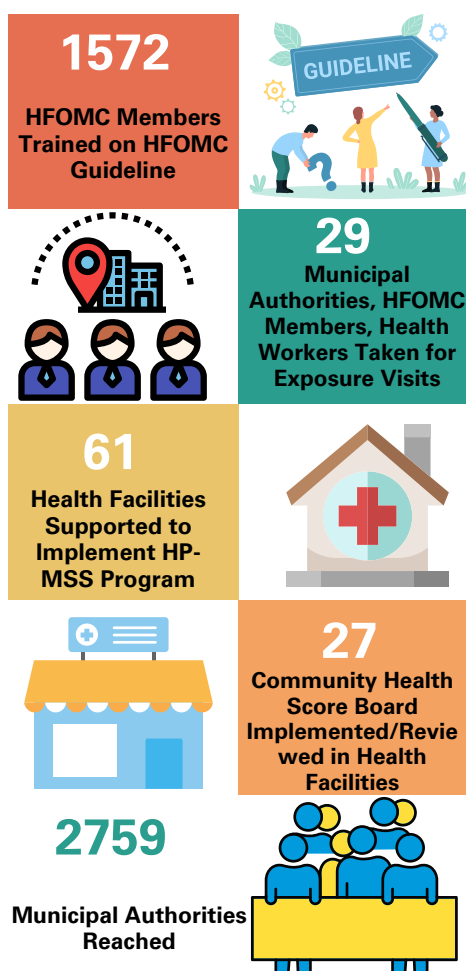
QUANTIFYING OUR ACHIEVEMENTS IN 2023



HEALTH GOVERNANCE

In health governance, FAIRMED's initiatives focus on strengthening the capacity of Health Facility Operation and Management Committees (HFOMCs) to effectively manage and govern health facilities. Through training programs and collaborative action planning, HFOMCs are empowered to drive local-level decision-making and prioritize investments in critical areas such as infrastructure development and service expansion. FAIRMED enables these entities to engage in effective health planning and budgeting processes, ensuring that resources are allocated efficiently and priorities are aligned with community needs. Moreover, FAIRMED's advocacy efforts have led to tangible outcomes, such as increased budget allocations for essential healthcare services at the local level. Additionally, FAIRMED actively supports the implementation of tools such as Minimum Service Standards (MSS) and the Community Health Score Board (CHSB) to enhance health service quality and accountability. MSS serves as a self-assessment tool for local-level health facilities, aiding in the preparation and provision of quality health service while ensuring a conducive working environment for providers. Similarly, CHSB facilitates social accountability and participatory monitoring of community health services, promoting interaction among service providers, management committees, and service users to improve service quality and accountability through joint action planning and periodic reviews. FAIRMED's collaboration with municipalities in implementing MSS and CHSB fosters continuous improvement in the quality of Maternal and Neonatal Health (MNH) and Neglected Tropical Disease (NTD) services.

QUANTIFYING OUR ACHIEVEMENTS IN 2023



FAIRMED INITIATIVES IN HEALTH SYSTEM STRENGTHENING INCLUDE

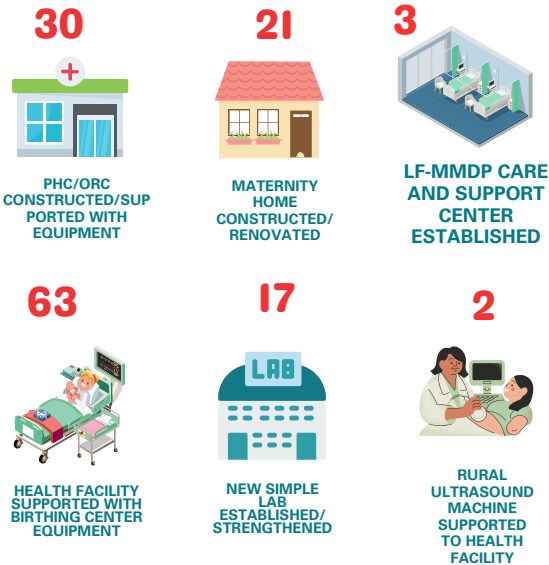
SCOPE	CAPACITY DEVELOPMENT	TARGETED MEMBERS
To promote quality service delivery in MNH	Skilled Birth Attendance	Health wokers including Nurses
	MNH Update	
	Obstetric First Aid Training	
	MNH Onsite Coaching	
	Family Planning (Impant)	
To apply Integrated NTD Approach	Integrated NTDs	Health workers including Nurses, Medical Officers, and FCHVs
	Rabies and Snake Bite	
	Leprosy Slit Skin Smear and Diagnosis	
To promote good health governance	Health Management Information System	Health Workers
	Health Planning and Budgeting	Health Workers and Municipal Authorities
	HFOMC’s role and responsibilities and local resource mobilization for the quality heath service delivery	Member of HFOMC

INFRASTRUCTURE AND EQUIPMENT SUPPORT

FAIRMED is dedicated to advancing quality service delivery within healthcare facilities by providing essential infrastructural and equipment support. This commitment is rooted in our mission to uphold the highest standards of healthcare excellence. We actively engage in the construction of Primary Health Care/Outpatient Clinic (PHC/ORC) facilities, establishment of self-care corners, and the creation of specialized units for the diagnosis and management of Neglected

Tropical Diseases (NTDs) in hospitals. Additionally, we invest in the construction of maternity waiting homes, facilitate the provision of vital equipment such as rural ultrasound machines and baby warmer machines, and oversee the renovation and construction of birthing centers. Through these initiatives, FAIRMED fosters a culture of continuous improvement and innovation, ultimately enhancing the overall quality and effectiveness of healthcare delivery nationwide.

QUANTIFYING OUR ACHIEVEMENTS IN 2023



FAIRMED’s commitment to Health System Strengthening is reflected in its proactive and collaborative approach to addressing systemic challenges and advancing healthcare equity and quality. Through strategic interventions and partnerships, FAIRMED is driving positive change and making meaningful strides towards a healthier and healthier community Nepal.

OUR FLAGSHIP APPROACH

INTEGRATED APPROACH

The WHO 2030 roadmap underscores the importance of integrated approaches across Neglected Tropical Diseases (NTDs) and stresses the need for coordination across sectors. This global initiative aligns with national policies in Nepal, which also advocate for integrated strategies. These policies find expression in key documents such as the Nepal Health Sector Strategic Plan (2023-2030), the Public Health Act (2018), and Public Health Regulations (2020). Within this framework, health services are envisioned to be delivered through Basic Health Service Centers as part of a comprehensive Health Services package.



Moreover, Nepal's commitment to integration is evident in its Leprosy Roadmap for 2021-2030, which highlights the importance of integrating leprosy care with other skin related NTDs. This roadmap emphasizes various aspects including active case detection, capacity building, research, and community awareness.

In a significant move towards integration at the operational level, FAIRMED Nepal has merged its two vertical programs - Maternal and Neonatal Health and Neglected Tropical Diseases, specifically targeting leprosy and lymphatic filariasis. This amalgamation reflects a concerted effort to streamline efforts and optimize resources.



SOME PROMISING EVIDENCES



A woman diagnosed with leprosy while seeking antenatal care services successfully completed her treatment and delivered a healthy baby.



A patient diagnosed with leprosy while attending an outreach clinic to have a contraceptive implant removed, initially mistook her nerve symptoms for complications from the implant.

VOICES OF THE HEALTH WORKERS



Dr. Anish Shrestha

Senior Medical
Rukum East Hospital

Being a part of a rural ultrasound camp for pregnant women in Sisne-1, Rukum East, organized by HDC Nepal/FAIRMED, was an eye-opening experience for me as a Senior Medical Officer at Rukum East Hospital. One incident during the camp stands out vividly in my memory.

Tragically, Sapana Budha, a 25-year-old pregnant woman, lost her life along with her baby due to complications during labor. Despite the efforts of the health post team and various authorities, including the CDO and HDC/FAIRMED, challenges such as limited medical resources and adverse weather conditions impeded immediate assistance.

I received a call the morning after the incident, and remotely diagnosed Sapana's critical condition, urging urgent actions like expedited helicopter rescue and fluid resuscitation. However, the lack of specialized medical personnel and equipment at the health post meant that certain necessary procedures couldn't be performed.

Following the incident, a meeting was called to discuss its causes, including delays in seeking medical help due to cultural beliefs and transportation issues. Despite challenges like weather delays, I remained committed to the cause. My involvement in the rural ultrasound campaign not only provided essential healthcare services to 105 patients but also gave me profound insights into the challenges faced by the local community.

Though change takes time, I believe initiatives like these are steps towards better future. I'm grateful to everyone involved in making the campaign a success, and I'm honored to have been a part of it.



Prem Prakash KC

Senior Auxillary Health Worker
Hukam Health Post, Rukum East
Triveni Rural Municipality, Rukum East

I'm thrilled to share the story of our journey with the Hukam Primary Health Center in Silichaur, Rukum Purba. It all began back in 2076 BS when we inaugurated this vital health post. Since then, we've been tirelessly serving the local community, striving to provide essential healthcare services despite the challenges we face.

Operating in a remote area like Silichaur comes with its own set of obstacles. From the lack of infrastructure to limited resources, every day brings new challenges. However, our dedicated team of healthcare professionals, including skilled birth attendants, has been unwavering in their commitment to delivering quality care, particularly in maternal and child health.

I can't overstate the importance of the support we've received from organizations like FAIRMed Foundation & HDC Nepal. Their assistance has been instrumental in improving our infrastructure, providing essential equipment, and ensuring that we can continue to serve our community effectively.

One of the most rewarding aspects of our work is seeing the positive impact we're making on the lives of the people we serve. From home visits to community health programs, every effort we make contributes to improving the health and well-being of our community.

As we look to the future, I'm filled with hope for further collaboration and progress. Together with our partners and the support of the local community, I believe we can overcome any obstacle and continue to provide high-quality healthcare to those who need it most.

STRENGTHENING OUR HEALTH-CARE SYSTEM: A VISUAL JOURNEY



COMMUNITY EMPOWERMENT

2



In its commitment to empowerment, FAIRMED Foundation adopts a comprehensive approach that addresses both the demand and supply sides of healthcare services, ensuring meaningful engagement and participation from all stakeholders. While empowering the Demand Side, FAIRMED prioritizes empowering communities to actively seek and demand healthcare services.

To achieve this, FAIRMED conducts extensive awareness programs within communities, disseminating vital information about preventive measures, treatment options, and healthcare resources available, specifically focusing on neglected tropical diseases (NTDs) and maternal and neonatal health and disabilities. These targeted efforts ensure that communities are equipped with the knowledge and resources necessary to combat these health challenges effectively. Through these programs, individuals are empowered with knowledge, enabling them to make informed decisions about their health and well-being. Additionally, FAIRMED deploys social mobilizers to reach remote and marginalized communities, bridging the gap between healthcare services and those in need. These mobilizers serve as conduits of information, facilitating access to healthcare and advocating for community health needs.

Furthermore, FAIRMED works to strengthen existing community groups such as mother's groups and self-help

groups, recognizing their potential as agents of change. By providing support to regularize meetings and offering training on advocacy skills, FAIRMED empowers these groups to voice their healthcare concerns and drive community-driven initiatives for health improvement.

By empowering both the demand and supply sides of healthcare services, FAIRMED creates a conducive environment for collaborative action and sustainable health development. Through increased awareness, active community participation, and enhanced capacity among healthcare providers, FAIRMED endeavors to foster a culture of health empowerment where individuals are empowered to take charge of their health and communities are equipped to address health challenges collectively.

QUANTIFYING OUR ACHIEVEMENTS IN 2023

580



PEOPLE REACHED WITH
AWARENESS MESSAGE ON
NEPAL GOVERNMENT'S SOCIAL
SECURITY PROVISIONS

3490



COMMUNITY
LEADERS/CBO
MEMBERS
REACHED

88171



SCHOOL CHILDREN
REACHED
THROUGH SCHOOL
HEALTH PROGRAM

OUR FLAGSHIP APPROACH

SELF APPLIED TECHNIQUE FOR QUALITY HEALTH (SATH) TOOL

FAIRMED Nepal, recognizing the challenges faced by poor and marginalized women in accessing health information and services, introduced the Self-Applied Technique for Quality Health (SATH) tool as part of its initiatives. Initially developed by CARE Nepal, SATH is implemented within health mothers groups (HMGs) to bridge the equity gap in health care. The primary goal of SATH is to enhance women's access to and utilization of health services and information, empowering them to take informed actions based on their learnings.

SATH has demonstrated significant contributions to strengthening the community health system, ensuring women's active involvement in health matters, and enhancing the functionality of HMGs. Additionally, it effectively stimulates demand for health services and empowers women, facilitating advocacy efforts. Recognizing its efficacy, the Government of Nepal/Family Welfare Division integrated SATH into the Equity, Access, Utilization Program, and Community Mobilization Guideline in 2021, aiming to improve access and utilization of child health and nutrition services among marginalized communities nationwide, thus extending its impact across the country.

The process of the Self-Applied Technique for Quality Health (SATH) involves several key steps aimed at improving maternal health services and outcomes in Nepal. First, the members of health mother's groups (HMGs) conduct a comprehensive mapping of the health and nutrition status of group members. Through participatory discussions, the group identifies challenges and potential solutions related to women's and children's health. Concurrently, Female Community Health

Volunteers (FCHVs) provide relevant health information to the members based on identified health behaviors and practices. Women requiring further counseling or health services are referred to local health facilities for appropriate care. Additionally, group members support each other in addressing health issues, sometimes using peer pressure to encourage changes in healthseeking behavior. This collaborative effort leads to increased utilization of health services and improved health-seeking behavior among women. The process includes continuous review and reflection on identified health behaviors and practices, ensuring awareness and understanding of required health behaviors. Furthermore, the tool enables HMGs to track unreached populations, identify community health challenges, seek resources for preparedness, and advocate for increased access to quality health services. Overall, SATH plays a crucial role in enhancing women's participation in HMGs, empowering them with relevant health information, promoting equity in maternal health service utilization, and challenging traditional gender and social norms to improve access to services.

QUANTIFYING OUR ACHIEVEMENTS IN 2023

223



**HEALTH MOTHERS
GROUP
STRENGTHENED
THROUGH SATH
TOOL**

21304



**COMMUNITY
PEOPLE REACHED
WITH MNH
MESSAGE**

43750



**PREGNANT
WOMEN/NEW
MOTHERS
REACHED**



STORY: BAL BAHADUR'S COMFORT IN ISOLATION

Over 50 years distant from family, and over 7 years in complete isolation; the story of Bal Bahadur Danuwar, paints a grim picture of the stigma surrounding leprosy. Bal Bahadur is a 84 year old resident of Danuwar Tole, Ward 3 of Indrawati Rural Municipality. He had 3 sons and 2 daughters, his eldest son passed away about 30 years ago during the Maoist insurgency period. The other sons live together with their families. His wife passed away, around 20 years ago, due to long term illness. Bal Bahadur lives together with his children, but not under the same roof.

Bal Bahadur lost his ability to speak due to complications from leprosy. As narrated by his daughter in law, who had heard the story from her mother-in-law. Bal Bahadur was only 12 years old when he first noticed scarring in his foot. It did not bother him much, for months he left it untreated thinking he got bit by something while working in farm. He was 15 years old when he got married, and had children in the years that followed. He was in his early 20s, when the spot in his foot turned into a wound. The skin around his scar broke into a wound. He tried home remedies to cure the wound but it never got cured. He spent the following years bandaging his wound, which resulted to further infection. His alcohol intake had increased since the wound, his wife believed it was his means to subside the pain.



The only logical explanation to Bal Bahadur's new personality was that he had learned about leprosy from somewhere and did not want it to spread. He never communicated his about his condition with his family members; not even his wife. The stigma for leprosy in south Asian countries is much deeper than just lack of awareness. The disease is mentioned in religious texts, and is associated to curse for evil deeds. Despite continuous efforts from government and non-government agencies, the stigma persists. Ones affected by leprosy, choose hiding over letting others know about their condition fearing judgement and ill treatment.



Despite the pain, Bal Bahadur was still working, and the family was together, but one day everything changed. Bal Bahadur came home drunk and did not speak a word. He moved far from family if anyone approached him, he was hostile to children if they came near him, he would live under the same roof, but he kept himself distant from family members.

"My mother-in-law suspects he had learned about his condition from somewhere. That way he came home a different person, he never told her what had happened, he refused to come near her or the children. He would come home drunk and avoid everyone. They were under the same rood but in opposite corners."

**DIL MAYA DANUWAR,
DAUGHER-IN-LAW OF BAL BAHADUR**

As Bal Bahadur approached his 50s, the effects of the disease had become evident but unsaid. It started with his feet. His wound progressed towards his bone, paralyzing his legs. His feet got bent, and then his toes fell off. The next was his hands, and his voice. Bal Bahadur lost his ability speak about 20 years ago. He would communicate using hand gestures, and continue living in the corner he choose 30 years before. His daughter-in-law took up the responsibility of taking care of him after his wife passed away.

The earthquake of 2015 completely damaged his property forcing the family to live under a tarpaulin tent. The proximity was what Bal Bahadur desired, so he dragged himself to the cattle shed, where he lives to this day.

As Bal Bahadur approached his 80s, he started losing sense of right and wrong. He excretes in the same bed he sleeps in, he would burn his clothes and sit outside the shed completely naked, and he had tried to burn his limbs on multiple occasions. It is because of Dil Maya that he is still alive. She looks after his food, cleans his bed, makes sure he has clothes over his body, and bathes him regularly.

The project team learned about Bal Bahadur during NTD training organized for health workers. One of the FCHVs, informed the team about Bal Bahadur who matched every symptom discussed. The team visited the family, and it was then that they affirmed the FCHV's suspicion. The family was very cooperative, but shared Bal Bahadur has always rejected any kind of medical intervention. Even after her lost consciousness, the family members could not make him get diagnosed.



"We are not authorized to diagnose any patient, so we had contacted the local health post. We notified the health workers as well as the ward chairperson about Bal Bahadur's condition. They were very responsive, and immediately sent health workers for screening, but Bal Bahadur was very hostile towards the visitors so screening was not possible."

**SHARMILA DANUWAR,
COMMUNITY MOBILIZER, SIHP**

"I need to stay around to make sure he does not spit his pill. He does it if I look away. At this age, and looking at his mental condition, I do not hope for a miracle, I just want his final years to be with his family."

DIL MAYA

"He was under the rubble during the earthquake and miraculously survived. It was the cruelest joke God played on him. It would have been easier for him, if he had died that way. Look at his condition now, death would have been a better option."

**DIL MAYA,
SHARED IN FRUSTRATION**

"I did not sign up for this. He has not even spoken to me once since I came here and now he can't speak. But, he is family and we cannot let him be in misery. Caring for him is the least I can do, and I will continue doing what I do."

DIL MAYA

It needed much more than sending health workers to convince Bal Bahadur. Sharmila, and other project team members spent the next few months performing wellness check on Bal Bahadur and ensuring his wounds are cleaned. The project also provided self care training to Dil Maya to enable her in taking better care of Bal Bahadur.

In November 2023, the family was finally able to convince Bal Bahadur to accept medical assistance. The project arranged an ambulance, and Bal Bahadur was taken to Aanandaban Leprosy Hospital accompanied by Dil Maya and her son. It was here that Bal Bahadur's leprosy was finally confirmed, and for the first time in his life he received treatment. Dil Maya believed he would finally recover, but Bal Bahadur refused to stay. He tried running away multiple times in the three days that he spent at the hospital. He would crawl out of his bed and the hospital guards would bring him back. It was evident that he did not want to stay there. After discussing the same with Dil Maya, they mutually decided that it would be best for Bal Bahadur if he received medicines where he is most comfortable.

The chances of spread of leprosy reduces significantly upon the first dosage, so Dil Maya had arranged a room for Bal Bahadur. Upon returned, Bal Bahadur started crawling back to his shed. Seeing this, the family was convinced he was not staying, so they made arrangements in his shed again. Dil Maya looks after Bal Bahadur the same way she did before; the new inclusion this time is Bal Bahadur has started taking medicines.

Sharmila continues to visit Bal Bahadur to perform wellness check on him, Dil Maya regularly cleans his wounds, and keeps them bandaged to prevent further spread; both continue to try to make life better for him.

STORY FROM THE COMMUNITY

गर्भवती घरभेट कार्यक्रमको उपलब्धि



उषा छिनाल

सामाजिक परिचालक

भूमे गाउँपालिका ? कुम पूर्व जिल्लाको सदरमुकामसँग सिमाना जोडिएको ठाउँ हो । सोहि गाउँपालिकाको वडा नं. ३ क्यांगशीमा फेयरमेड फाउन्डेशन र एच.डि.सि नेपालको साभेदारीमा संचालित ग्रामीण स्वास्थ्य सुधार परियोजना अन्तर्गतको घरभेट कार्यक्रम गर्दै जाने क्रममा मनकुमारी रोका (नाम परिवर्तन) सँग मेरो भेट भयो । पाँच छोरी, एक छोरा र श्रीमान् र उनी सहितको आठ जनाको परिवार भएकी मनकुमारी गर्भवती थिइन् । उनले आफ्ना ६ जना छोराछोरीलाई कतै अस्पताल वा प्रसूति केन्द्र नगई घरमा नै जन्म दिएको कुरा उनले मलाई बताइन् ।

उनीसँग कुराकानीको क्रममा उनलाई गर्भावस्था बारेमा विभिन्न जानकारी दिए पछि, “अब त बच्चा जन्माउन स्वास्थ्य संस्था जानुपर्छ नि” भन्दा उनले लजाउँदै, “नाई मलाई त लाज लाग्छ । यत्रो सबै बच्चाह? त घरमै जन्मिए, अब किन गौराखुन र !” भनिन् । उनलाई घरमा बच्चा जन्माउँदा आमा र बच्चा दुवैको स्वास्थ्य जोखिममा हुन्छ भन्ने कुरा बुझाउन मलाई निकै हम्मे पर्यो । करिब एक घण्टा जतिको कुराकानी पश्चात् उनले अप्ठ्यारो मान्दै अब देखि जचाउँन स्वास्थ्य चौकी जाने कुरा बताइन् र त्यो कुरा सुने पछि बल्ल म उनको घरबाट हिँडे ।

उक्त घरभेटको केहि महिना पछि एक दिन म मोरावाङ्ग स्वास्थ्य चौकीको महिला स्वयं सेविकाह?को बैठकमा गएको बेला मेरो फेरि मनकुमारीसँग भेट भयो । उनी सुत्केरी गराउनको लागि स्वास्थ्य संस्था आएकी रहिछिन् । उनको श्रीमान् गाई चराउन अर्को गाउँमा बस्ने भएकाले उनीसँग उनका साना छोरीह? मात्र आएका थिए । उनको राम्रोसँग हेरचाह गर्नको लागि परिवारका केहि सदस्य थिएनन् । केहि बेर पछि उनको छोरा जन्मिएको खबर आयो । अत्याधिक रक्तश्राव भएका कारण उनलाई स्वस्थकर्मीले केहि दिन स्वस्थ संस्थामा नै बस्नुपर्ने सल्लाह दिए । उनलाई स्वास्थ्यकर्मीले पोशिलो आहार खानुपर्छ भनेर भन्दै गर्दा गहभरि आँशु पादै आफु गएको एकदिन देखि भोकै रहेको र आफुसँग खाना खाने पैसा नभएको कुरा सुनाएपछि मलाई नरमाइलो लाग्यो र मेरो मनले मानेन । मसँग पनि धेरै पैसा त थिएन तर मैले आफुसँग भएको केहि रकम उनलाई दिएँ ।

त्यसपछि स्वास्थ्यकर्मी र मैले भएर उनलाई अब फेरि बच्चा नपाउन सल्लाह दियौँ र स्वास्थ्यकर्मीले त्यति नै बेला परिवार नियोजनको स्थाई साधन मनकुमारीको शरिरमा राखिदिए । स्वास्थ्यमा सुधार आएपछि मनकुमारीलाई केहि मानिसह? मिलेर घरसम्मै पुर्याइदिए । केहि समय पश्चात उनको घरमा म उनलाई भेट्न जाँदा उनको र बच्चाको स्वास्थ्य सामान्य थियो । त्यस पछि मनकुमारी परियोजनाले सहयोग गरेको आमा समूहको बैठकमा समावेश भई निरन्तर बैठकमा आउने गर्छिन् । उनले समूहको बैठकबाट आफ्नो बच्चालाई लाउने पर्ने सबै खोपको बारेमा जानकारी पाएकी छिन् र सोहि अनु?प खोप लगाउने पनि गरेकी छिन् । उनी अहिले आफुजस्ता अ? गर्भवती महिलालाई पनि नियमित स्वास्थ्य चौकी जान र स्वास्थ्य संस्थामा नै बच्चा जन्माउने सल्लाह दिने गर्छिन् ।





EQUITY AND INCLUSION

3

Our Principle:

At FAIRMED, our fundamental working principle is “Leave No One Behind.” We are committed to reaching the most marginalized and underserved communities to ensure equitable access to healthcare services. To achieve this, our interventions are meticulously planned through a process of social mapping and identification of areas with the poorest health indicators and least access to healthcare resources. Working in collaboration with municipalities, we utilize Geographic Information System (GIS) technology to collect on-the-spot data and create detailed maps highlighting areas in need. Follow-up assessments are then conducted to validate and refine our findings. In alignment with our principle of “Leave No One Behind,” we prioritize these identified areas for more intensive interventions. This approach is integral to all of FAIRMED’s working areas, ensuring that no community is overlooked and that healthcare services are delivered where they are needed most.

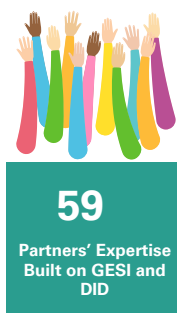
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In its pursuit of disability-inclusive development, FAIRMED demonstrates a comprehensive and multifaceted approach aimed at empowering individuals with disabilities and fostering a more inclusive society. At the heart of these efforts lies a commitment to sensitization and capacity building, exemplified by initiatives such as orientation programs for Disability Coordination Committees (DCCs) in municipalities and workshops to promote and protect the rights of Persons With Disabilities. Through these endeavors, FAIRMED seeks to ensure that local governments are equipped to address the needs and rights of disabled individuals effectively.

Moreover, FAIRMED is dedicated to enhancing infrastructure and providing vocational training opportunities tailored to the unique needs of Person with Disabilities (PWDs). From the reformation and activation of DCC structures to the provision of vocational training in various municipalities, FAIRMED creates pathways for economic empowerment and social integration for Person with Disabilities (PWDs). Additionally, the issuance of disability cards and the allocation of funds for vocational training underscore FAIRMED's commitment to facilitating access to resources and opportunities for Person with Disabilities (PWDs) to thrive.



QUANTIFYING OUR ACHIEVEMENTS IN 2023



Central to FAIRMED's approach is community engagement and empowerment. Through initiatives like orientation programs for ward authorities and scholarship provision for school children with disabilities, FAIRMED seeks to foster a more inclusive environment where the voices and needs of Person with Disabilities (PWDs) are recognized and valued. Furthermore, the support provided for business startups and the provision of assistive devices reflect FAIRMED's dedication to promoting independence and self-reliance among individuals with disabilities.

In essence, FAIRMED's efforts in disability-inclusive development exemplify a holistic and collaborative approach, where partnerships with local governments, organizations, and communities are leveraged to create a more inclusive and equitable society for all. Through sensitization, capacity building, infrastructure development, vocational training, and community engagement, FAIRMED continues to champion the rights and well-being of individuals with disabilities, paving the way towards a more inclusive future for them.

OUR FLAGSHIP APPROACH

SELF HELP GROUPS

Self- Help Groups for rehabilitation play crucial role in providing a chance at life to those grappling with the lifealtering conditions. The group is not only about managing diseases; it is about giving individuals the opportunity to truly live, to thrive, and to defy the limitations that these conditions may impose. It's crucial to recognize that diseases like lymphatic filariasis are, unfortunately, incurable. When one faces the diagnosis needs of the person, ensuring they can navigate life with dignity and purpose. of such a condition, the only chance for a meaningful life lies in the management and rehabilitation of the individual. Additionally, the stigma around these diseases robs these people of their chance at living a life with dignity. So, the group is not merely about medical treatment; it's about addressing the holistic needs of the person, ensuring they can navigate life with dignity and purpose.

The World Health Organization employs two essential strategies for addressing such health challenges prevention and management or rehabilitation. We at FAIRMED advocate and employ both strategies in our work. While prevention is crucial, our focus on rehabilitation speaks to the heart of our mission providing the tools and support necessary for individuals to lead fulfilling lives despite their health conditions.



These groups are more than just gatherings; they are sanctuaries of shared experiences, resilience, and hope. In a rehabilitation-focused self-help group, members engage in activities that go beyond addressing physical challenges. These sessions foster emotional support, skill-building, and collaborative efforts to tackle the common hurdles that our members face.

QUANTIFYING OUR ACHIEVEMENTS IN 2023



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Self Help Groups
Formed and
Oriented



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Self Help Group
Members Utilized
Seed Fund

Our self-help groups act as catalysts for mutual encouragement. They break down societal stigmas, empower individuals to actively participate in their rehabilitation journey, and provide a sense of belonging to those who might otherwise feel isolated in their struggles. Through the exchange of stories, support, and practical knowledge, our members find inspiration and strength, contributing to a holistic approach to rehabilitation within the community.

STORIES FROM THE COMMUNITY



CHAITARAM THARU

Chaitaram Tharu, a member of the Shivaraj Self-Help Group and an individual affected by leprosy, has successfully reestablished his social network and reintegrated into society. He achieved this by engaging in vegetable farming, which has not only provided him with a livelihood but has also facilitated his active participation in the community.



PUSHPA THARU

Puspa Tharu experienced a reaction after starting Multi-Drug Therapy (MDT) for leprosy, leading to fear and discontinuation of treatment. However, upon joining a local self-help group, she received counseling and support. With consistent follow-up at the health facility, she successfully completed her treatment. Now, Puspa is content to maintain routine self-care practices, thus preventing disability and promoting her overall well-being.



SOHARATIYA THARU

Soharatiya Tharu, a resident of Buddhahumi affected by Lymphatic Filariasis (LF), has regained the ability to perform her daily household chores. This improvement is attributed to regular self-care practices, which have led to a reduction in swelling in her feet.



GARBHA THARU

Garbha Tharu, a 62-year-old individual afflicted with lymphatic filariasis (LF), endured more than a decade in pursuit of treatment for the swelling in his legs, enduring persistent pain along the way. However, upon joining the Motipur self-help group, he received comprehensive training on effectively managing his swollen limb, thus embarking on a transformative journey of self-care. Presently, he navigates his daily activities with comfort and ease, a testament to his dedication and resilience. Garbha's journey stands as an inspiring example within his community, illustrating the profound impact of proactive self-management in overcoming the challenges posed by LF.

4

HUMANITARIAN SUPPORT



JAJARKOT AND RUKUM WEST EARTHQUAKE RESPONSE

On November 3, 2023, a devastating 6.4 magnitude earthquake struck Jajarkot district, with Barekot Rural Municipality in Ramidada village, Ward Number 1. This seismic event resulted in the tragic loss of 157 lives and left hundreds injured. The repercussions extended to neighboring districts, notably Rukum East, where six households were affected, alongside widespread damage in Jajarkot and Rukum West. This earthquake stands as the most significant seismic event in Nepal since the catastrophic 7.8 magnitude earthquake of 2015 and the most recent in western Nepal since November 2022.

In response to this crisis, FAIRMED with its partner, swiftly mobilized medical teams, dispatching assistance from Rukum East Hospital to Rukum West Hospital to provide urgent medical aid. Moreover, upon conducting a rapid assessment of the earthquake's aftermath, FAIRMED extended support to affected families by distributing winterization essentials. Additionally, FAIRMED facilitated the continuation of education for school going by providing essential educational materials, including school uniforms, bags, and stationery.

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Furthermore, following government guidelines, FAIRMED undertook the construction of temporary shelters equipped with sanitation facilities in the worst-hit areas of Jajarkot and Rukum West. Moreover, FAIRMED enhanced local healthcare infrastructure by refurbishing a room within an old health post building to serve as a Maternity Waiting Home, complete with essential amenities such as beds, blankets, and kitchen utensils.

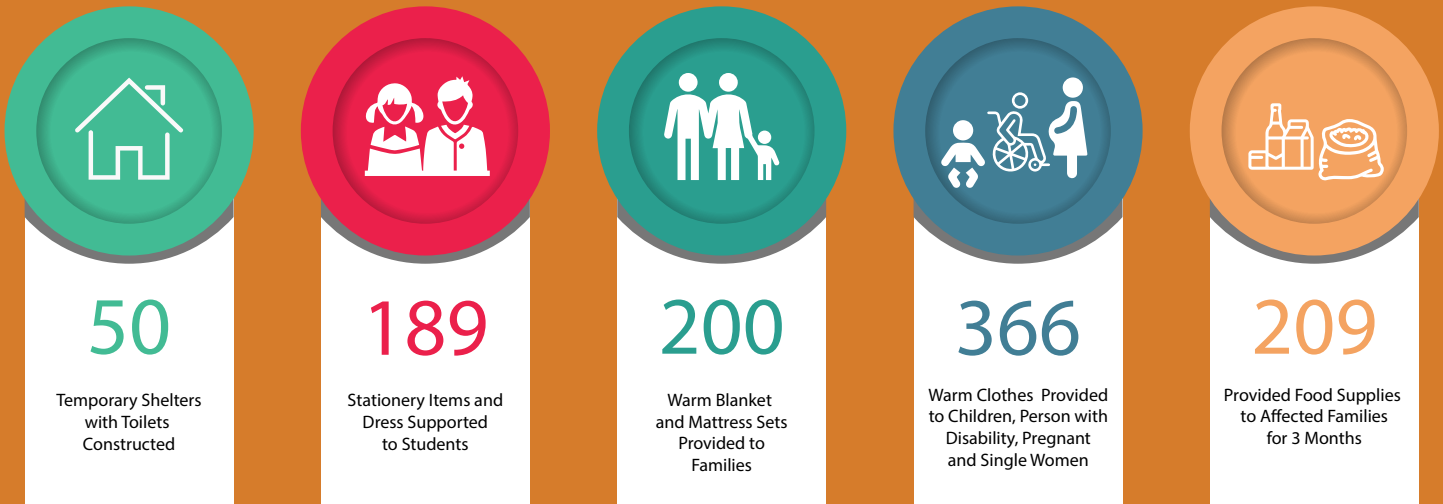
Recognizing the long-term needs of affected communities, FAIRMED committed to providing food assistance to earthquake-affected families for a duration of three months.

Furthermore, a dedicated team was deployed to Jajarkot and Rukum East districts to offer technical support for temporary shelter construction, conducting regular follow-ups, and engaging with affected families through household visits and health mother’s group meetings to disseminate crucial maternal and newborn health messaging.

Through these comprehensive interventions, FAIRMED has demonstrated its unwavering commitment to supporting the recovery and resilience of communities affected by the Jajarkot earthquake, providing vital assistance to those in dire need during their time of utmost vulnerability.



QUANTIFYING OUR SUPPORT





5

RESEARCH



Research plays a pivotal role in FAIRMED's mission, driving evidence-based project planning and implementation while contributing to the broader knowledge base in healthcare. We are dedicated to sharing our findings through publications in reputable national and international journals, as well as through various physical and virtual platforms.

One ongoing research endeavor is our initiative titled "How effective is ongoing SDR-PEP implementation under routine program conditions – a retrospective cohort study in Nepal," focusing on leprosy. Led by NLR and conducted in Jhapa, Morang, Sunsari, and Udayapur, this study aims to assess the effectiveness of current strategies in leprosy management. With field-level data collection recently completed, where 28,445 individuals in contact with confirmed leprosy patients were screened, we are now in the process of analyzing the collected information and preparing a comprehensive report. We anticipate sharing the results by the year's end.

Furthermore, we have recently published a research article titled "Stigma, Depression and Quality of life among People Affected by neglected tropical diseases in Nepal" based on the baseline survey of the BISWAS project. This article, published in the esteemed international peer-reviewed journal "International Health," sheds light on the often-overlooked aspects of neglected tropical diseases and their impact on mental health and quality of life. Additionally, several articles related to maternal health and NTDs are undergoing the publication process, further contributing to the academic discourse.

In addition to traditional publications, FAIRMED actively participates in conferences and forums to disseminate research findings. For instance, we recently presented two poster presentations on our project interventions, including SATH and Maternity Waiting Home, at a women's health conference organized by the Department of Health Services, Ministry of Health and Population. These platforms provide valuable opportunities to share our evidence with a broader audience of stakeholders and decision-makers, fostering dialogue and collaboration in advancing healthcare outcomes.

ADVANCING LYMPHATIC FILARIASIS ELIMINATION: CONFIRMATORY MAPPING SURVEY SHOWS NON-ENDEMIC STATUS IN NEPAL'S HIGH-ALTITUDE REGIONS



Nepal has made a significant stride in fighting lymphatic filariasis (LF), a debilitating disease transmitted by mosquitoes, by conducting a special survey in its mountainous areas. LF is a major global health concern and efforts to eliminate it are underway worldwide.

Nepal's Epidemiology and Disease Control Division (EDCD), in collaboration with FAIRMED, conducted a comprehensive survey encompassing Dolpa, Manang, Mustang, and Solukhumbu districts. These four Himalayan districts were identified as the remaining areas requiring confirmatory surveys due to their susceptibility to the breeding of disease-carrying mosquitoes, a vulnerability exacerbated by climate change. In accordance with the latest WHO guidelines, the inclusion of Himalayan districts in such surveys has become imperative.

Each district was treated as a separate unit for evaluation. The survey followed WHO's Mini Transmission Assessment Survey (Mini-TAS) guidelines, focusing on students aged 9 to 14 in grades 4 to 8. Schools and students were selected using WHO's Survey Sample Builder. Before the survey, coordination meetings were held at district and school levels to explain the process and obtain consent. Blood samples were collected from selected students under supervision, following strict protocols.

After completing the survey, the team shared the results with EDCD and local health authorities, detailing the number of students tested and participation rates. Thankfully, no positive cases were found in any of the four districts among 505 students, confirming that they are not endemic for LF so these districts do not require Mass Drug Administration Campaign. This achievement marks a significant milestone in the global fight against lymphatic filariasis.

VOICES OF THE SURVEY TEAM



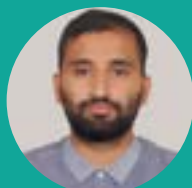
EXPLORING MOUNTAINOUS REGIONS FOR CONFIRMATORY MAPPING SURVEY OF LYMPHATIC FILARIASIS: INSIGHTS FROM THE FIELD

SARINA SHRESTHA

Enumerator for LF Confirmatory Survey

I contributed to the elimination of Lymphatic Filariasis (LF) by participating in a confirmatory mapping survey in Dolpa with FAIRMED. This survey, conducted by Nepal's Epidemiology and Disease Control Division in collaboration with FAIRMED, WHO, and USAID's Act to NTDs East Program Nepal, aimed to determine LF presence in mountainous regions like Solukhumbu, Manang, Mustang, and Dolpa. Despite challenges like heavy rain blocking roads to Jajarkot, our team of 18 members reached Dolpa. Divided into smaller groups, we surveyed 14 schools in Tripurasundari Municipality,

educating students about LF, conducting blood tests using Filariasis Test Strips (FTS) kits, and engaging them with games and counseling. Though some students were anxious, we provided information on LF transmission and impacts. Navigating mountainous terrain, we overcame obstacles with local help and were welcomed by communities, despite challenges like altitude sickness. Trekking through the Himalayas deepened my appreciation for local resilience. Our presence sparked conversations about LF and represented our shared commitment to eliminating neglected diseases.



Saurav Bagale

"LF confirmatory survey in Dolpa presented more challenges due to continuous rainfall, landslides, poor communication networks, and high altitude sickness. Despite feeling demotivated, support from supervisors, team members, and locals helped complete the survey successfully, turning the experience into a fulfilling one."



Dr. Niraj Narayan

"The LF Confirmatory survey in Dolpa was a challenging yet enlightening experience for me. One notable incident was spending a night in the jungle due to navigation difficulties. Despite being unfamiliar with extensive walking, I persevered with determination to reach different schools in the mountainous terrain, ensuring the completion of the survey."



Manisha Dhakal

"Despite the rural nature of Dolpa, which presented unique challenges, efficient coordination and support from Tripurasundari Municipality's officials and coordinators in health and education sectors enabled us to complete the survey successfully. I am grateful for the positive and empowering environment provided by the FAIRMED team during this experience."



ADVOCACY, PARTNERSHIP AND NETWORKING

6



FAIRMED prioritizes collaborative efforts with local governments, organizations, and implementing partners to strengthen health systems and address pressing healthcare issues. Our approach involves leveraging resources through strategic collaborations, engaging in advocacy efforts, and fostering partnerships with community-based organizations (CBOs) to amplify our impact.

FAIRMED actively engages in policy reviews working closely with all three tiers of government to contribute in setting strategic priorities and providing technical and financial support for the immediate and strategic needs of the local level. FAIRMED has been encouraging cost-sharing model with the local government to leverage resources effectively, ensuring government ownership for impactful interventions targeting sustainability. Moreover, FAIRMED is committed to building institutional capacity of local NGO partners, developing local level human resource, and empowering them with the skills and expertise necessary to contribute meaningfully to addressing health issues in the communities and healthcare initiatives at the institution level. By investing in developing local expertise, FAIRMED not only implements project activities but also strengthens the overall healthcare ecosystem.

At the federal level, FAIRMED collaborates closely with entities such as the EDCD/NTDs and leprosy sections, contributing to initiatives such as LF confirmatory surveys in high mountainous districts, LF MDA in select districts, and providing technical assistance to the NTDs Section throughout the year.

In terms of networking, FAIRMED actively participates in events and collaborates with organizations in the development sector. We engage in advocacy at conferences, seminars, and programs, demonstrating our commitment to actively participate in initiatives aimed at advancing healthcare outcomes. Within the Associations of International NGOs (AIN), FAIRMED is deeply involved in various working groups, such as Health, Disability, Policy & Governance, Communication, and Human Resource. In these groups, we contribute to collective efforts to address challenges in implementing health programs, advocate for civil society space, analyze policy implications of government policies, guidelines, and directives, and work towards collective resolutions. Additionally, we publish news articles and participate in exhibitions and specific national-level learning and sharing forums.

DURING THE YEAR 2023, FAIRMED'S EFFORTS/INITIATIVE ON ADVOCACY, BUILDING PARTNERSHIP AND NETWORKING HAS BEEN SUMMARIZED IN BELOW TABLE:

Initiative/Events	FAIRMED Roles and current status	Concerned government Tier and Actions Taken
Cross Border meeting on NTDs particularly on LF, KA, organized by WHO, SEARO, in Lucknow, Uttar Pradesh in Sept, and in New Delhi, Nov 2023	FAIRMED actively participated in the regional meetings, highlighting issues of LF, KA, affected persons, and emphasizing the need to link communities with healthcare providers for early diagnosis, treatment, disability prevention, and support for self-reliance activities.	EDCD(Federal) Province Health office, district, Municipalities representatives participated in the meeting.
WHO Global Meeting to Review Impact of Triple Drug Therapy Mass Drug Administration (MDA) and Planning to Accelerate Elimination of Lymphatic Filariasis 28 to 30 November 2023, New Delhi, India	FAIRMED participated actively from Nepal in the global meeting and shared experiences and way forward in the issues of MDA and accelerate elimination of Lymphatic Filariasis from Nepal	WHO HQ, regional and global LF stakeholders, EDCCD and LF partners (FAIRMED and Act to End NTD/East participated in the meeting
Regional workshop to strengthen lymphatic filariasis morbidity management and disability prevention (MMDP) in the South-East Asia, T. D. Medical College, Alappuzha, Kerala, India, 17-21 July 2023	FAIRMED actively participated in the regional workshop and shared the MMDP related work and experiences in the regional forum	WHO regional office, and 6 countries from SERO region participated in the workshop.
Development of Self-Help Group Guidelines in collaboration with the Province Health Office and Devdaha Municipality, Lumbini.	FAIRMED contributed to the development of guidelines for effective operationalization of Self-Help Groups as part of the Essential Health project in Devdaha Municipality, Lumbini.	Local, Lumbini Province
Development of Basic NTDs Training Manual in Koshi Province	Through advocacy efforts, FAIRMED collaborated with the Ministry of Health, Koshi province, Provincial health training center, Health Directorate to develop training manuals for health workers and FCHVs, endorsed by the Secretary and Health Minister, and currently being implemented in FAIRMED's working districts.	Ministry of Health, Koshi province, Provincial Health Training Centre, Health
ILEP Nepal Coordination Meeting	FAIRMED participated in a virtual meeting, empowering organizations representing persons affected by leprosy and sharing insights on FAIRMED Nepal's work, thereby stimulating interest in community-level responses among participating organizations.	Leprosy Control and Disability Management Section(LCDMS)
National NTD Steering Committee meeting	FAIRMED participated in an NTD steering committee meeting organized in KTM to share the NTD-related progress and issues	MoHP and DoHS, EDCCD
Integrated Joint Program Review of vector-borne diseases, including Malaria, kala-azar, Lymphatic Filariasis, and Dengue, in collaboration with the World Health Organization (WHO) in 15 districts across all seven provinces	FAIRMED engaged in the different 2 teams in joint program review with the global and regional expert	Global, regional and national level expert on

We maintain coordination and a strong network with the World Health Organization (WHO), facilitating knowledge exchange and collaboration on initiatives aimed at improving healthcare delivery in Nepal.

At the federal level, FAIRMED is a member of the National NTDs Steering Committee formed under the Chairpersonship of the Secretary of MoHP, with representation from line divisions of MoHP and selected stakeholders such as WHO, RTI, and FAIRMED. The committee meets every six months to discuss constraints and develop new plans and strategies to meet the targets for the elimination efforts for NTDs, particularly LF, KA, and Leprosy in Nepal.

In addition to the information provided in the table above, FAIRMED has made significant contributions to various initiatives and meetings related to leprosy and lymphatic filariasis (LF), organized by LCDMS/EDCCD. Specifically, FAIRMED played an active role in revising the Leprosy Manual and strategy document, as well as participating in Leprosy Partners meetings.

Moreover, FAIRMED actively participated in and contributed

to expert meetings on the development of a Strategic Road-map for Lymphatic Filariasis (LF), LF Partners' meetings, and workshops aimed at finalizing the Lymphatic Filariasis transmission assessment survey (LF-TAS) Guideline, all organized by EDCCD.

Furthermore, FAIRMED played a pivotal role in finalizing the priority activities of NHSSP 2022-2030, among other contributions.

At the provincial level, FAIRMED remains consistently engaged in policy dialogues, reviews, updates of provincial health-related policy documents, and participates in development meetings and workshops.



7

ACCOUNTABILITY AND FEEDBACK MECHANISM

In order to ensure transparency, accountability, and effective feedback loops within our project, we have established a comprehensive framework comprising various levels of engagement and review. This framework includes social auditing, project advisory committee meetings, review meetings with relevant authorities, and periodic reviews at different administrative levels. Below is a summary of the key components of this accountability and feedback mechanism:

Social Auditing

Social auditing is conducted regularly to assess the social impact and effectiveness of our project interventions. It involves engaging with stakeholders, including beneficiaries, community representatives, and relevant experts, to gather feedback and insights on the project's performance and outcomes. The findings from social auditing sessions are analyzed to identify strengths, weaknesses, and areas for improvement, which inform decision-making and future project planning.

Joint monitoring visit with federal, provincial and local level stakeholders and project midterm and final evaluation as per SWC guidelines:

Project organized joint monitoring visits including different officials from the district, municipality, and to show real field-level progress and impact on beneficiaries. Similarly, independent evaluations of projects are conducted by experts appointed by SWC as midterm evaluations and final evaluations of projects. The feedback, suggestions and recommendations received from those visits and evaluations are considered during the implementation and planning of projects.

Meetings with District and Central Project Advisory Committee-

As per the SWC guideline, district and central-level project advisory committee meetings are organized regularly for each project and is mandatory. During the meeting, the organization provides updates on project progress, discusses challenges, and seeks guidance on compliance with regulatory requirements as per the SWC guideline for the improvement of overall project performance. The action plan is prepared based on received suggestions and incorporated during implementation.

Periodic Review Meetings with Municipalities, District Coordination Committee, and Province

Periodic review meetings are organized with municipalities, district coordination committees, and provincial authorities to ensure alignment of project activities with local development plans and priorities. These meetings provide an opportunity to share progress updates, solicit feedback, and collaborate on addressing challenges related to implementation, resource mobilization, and community engagement.

The key components of accountability and feedback mechanism

SUMMARY OF MEETINGS

- Social auditing sessions have highlighted the positive impact of the project on the target communities and beneficiaries, as well as areas requiring attention such as enhanced stakeholder engagement and sustainability planning.
- Project Advisory Committee Meetings at District level and central level have facilitated constructive discussions on compliance with regulatory frameworks, resource utilization, and strategies for scaling up project interventions. It provides opportunities for improving coordination among stakeholders, optimizing resource allocation, and enhancing monitoring and evaluation mechanisms to track project outcomes effectively.
- The joint monitoring visits include different officials from the district, municipality, and to show real field-level progress and impact on beneficiaries. Similarly,

independent evaluations of projects are conducted by experts appointed by SWC as midterm evaluations and final evaluations of projects. It also provides an opportunity to get feedback, suggestions, and recommendations to improve the project performance.

- Periodic review meetings with municipalities, district coordination committees, and provincial authorities have helped strengthen partnerships, fostered local ownership of project initiatives, and facilitated the identification of synergies with other development interventions.

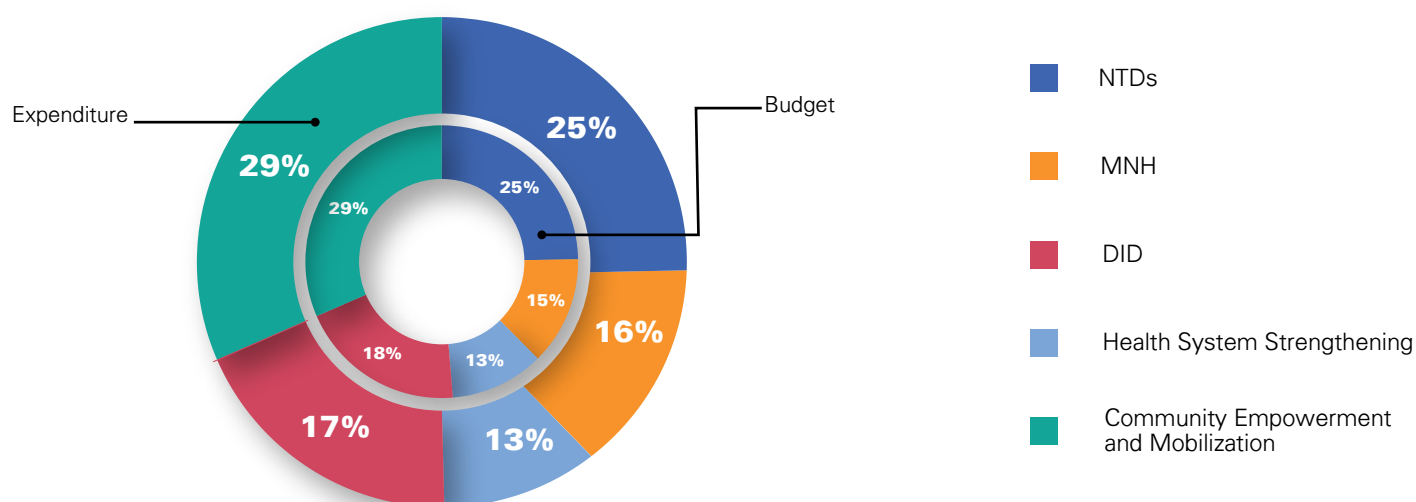
Through these accountability and feedback mechanisms, we are committed to maintaining transparency, fostering stakeholder engagement, and continuously improving the effectiveness and impact of our project.

8

FINANCIAL OVERVIEW


THEMATIC INITIATIVES	BUDGET	EXPENDITURE	% OF EXPENDITURE	BUDGET BALANCE
NTDs	57,569,226	60,979,169	95%	3,151,413
MNH	39,279,882	38,840,035	99%	439,846
DID	31,774,324	31,779,665	100%	(5,341)
Health System Strengthening	51,301,090	42,619,461	95%	2,120,273
Community Empowerment and Mobilization	73,293,332	72,614,979	99%	678,352
GRAND TOTAL	253,217,853	246,833,309	97%	6,384,544

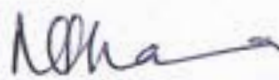
BUDGET VS. EXPENDITURE IN 2023




FAIRMED FOUNDATION NEPAL
Jamshikhel, Lalitpur
FUND ACCOUNTABILITY STATEMENT
For the Year Ended 31 Ashadh 2080 (16 July 2023)

	Current Year	Amount in NPR Previous Year
A Sources of Fund		
Opening Fund Balance	27,908,762	23,324,528
Fund Received During the Year	232,957,792	181,662,099
Total Funds Available (A)	260,866,554	204,986,627
B Application of Funds		
Expenditure		
1 Country /Field Offices	31,584,599	24,418,377
2 EHP-Program	53,523,660	66,225,447
3 BISWAS-Program	65,516,486	44,511,207
4 RHIP-Program	55,775,332	16,115,611
5 SIHP-Program	18,327,876	3,935,810
6 NLR-Program	1,317,140	-
7 NPI-Program	-	1,750,000
8 RHIP II-Program	-	20,121,412
Total Expenditure (B)	226,045,093	177,077,865
C Balance of Funds [A-B]	34,821,461	27,908,762
Balance of Funds Represented By:		
1 Cash and Cash Equivalents	70,000	60,000
2 Bank Balance	28,375,355	20,841,009
3 Accounts Receivable	10,953,201	10,109,001
4 Accounts Payable	(4,577,095)	(3,101,248)
Total	34,821,461	27,908,762


 Deepak Kumar Upadhyay
 Head of Finance/Operations


 Nirmala Sharma
 Country Coordinator


 Pratap P Pradhan
 Partner
 PP Pradhan & Co
 Chartered Accountants



Kathmandu, Nepal
 Date: 25 September 2023

FAIRMED
 Health for the Poorest
 NEPAL COUNTRY PROGRAM

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 and one strategic partner, in four projects. Below is the list of Partner Organizations.



BYC
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

Karuna*foundation Nepal*
Saving children from disability, one by one


**KARUNA FOUNDATION
NEPAL**
Strategic Partner



FAIRMED Nepal Country

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Gandaki province

Baglung Bazar
Baglung
Tel: +977 68 524332

Lumbini province

Jyotinagar, Butwal
Rupandehi
Tel: +977 71 534636

Bagmati province

Melamchi
Sindhupalchowk

Koshi province

Pragatimarga, Biratnagar
Morang
Tel: +977 21-465914