

ANNUAL REPORT

2025



“

Health systems are strengthened through relationships, trust & repeated efforts.”



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Foreword

In 2025, I had the opportunity to visit two of FAIRMED Nepal's projects—Sambodhan in Baglung and Rukum East, and Prerana in Lumbini Province. This visit marked my first field engagement in Nepal as the newly assigned Programme Officer based in Switzerland and was combined with an exchange and learning visit together with colleagues responsible for the FAIRMED Cameroon programme.

What stood out most to me during this visit was the remarkable diversity of contexts in which health services are delivered in Nepal. The diversity of landscapes – from remote hill communities to the densely populated Terai - is mirrored by the diversity of people, cultures, beliefs, and ways of life, as well as the challenges they face in accessing health care. This confirms

One-Size-Fits-All

Approach to Health and Development is

Not Appropriate.

Sustainable change needs careful listening to the people concerned to understand their different realities and requires close collaboration with local partner NGOs, the public health system, local authorities, and—most importantly—the communities themselves, to develop locally appropriate solutions.

I was deeply impressed by what can be achieved with limited resources when used strategically and aligned with local systems. The empowerment of self-help groups of persons affected by neglected tropical diseases, persons with disabilities, and mothers' groups demonstrated how small but well-targeted support from FAIRMED and local municipalities can enable people to identify challenges and drive meaningful changes in their own lives. These experiences also showed how local good practices can inspire broader improvements within the health system.



I was inspired by the dedication, professionalism, and enthusiasm of the teams and stakeholders we met. It is these every day, locally driven actions that create lasting impact. I sincerely thank everyone involved in our work for their commitment and collaboration, which make these achievements possible.

As FAIRMED continues its work in Nepal, these experiences reaffirm the importance of strengthening locally grounded and inclusive approaches that can adapt to diverse realities and sustain progress over time.

Sybille Imhof
Programme Officer
FAIRMED
Bern, Switzerland

Message from the Country Coordinator

Strengthening health systems is often described in technical terms, but in practice, it is slow and steady work. It is built through relationships, trust, and repeated efforts to make systems function better for the people they serve. In 2025, I saw this progress becoming more visible across our program areas.

Over the past few years, FAIRMED Nepal has focused on strengthening integrated health services in underserved communities. This year felt different, not because we introduced new approaches, but because many of the improvements we have been working toward began to take root more consistently. In several municipalities, I saw stronger ownership of planning processes, more regular review of health services, and closer coordination between health facilities and local governments.

One of the areas that stood out was the increasing role of local systems in responding to challenges. The dengue surge in Baglung, for example, showed how coordination at municipal level can make a real difference when risks emerge. Similarly, continued efforts in early detection and follow-up for neglected tropical diseases are helping ensure that individuals are identified and supported earlier.

It's encouraging to see how inclusion is being applied more deliberately within the planning and implementation processes of FAIRMED-supported programs. In 2025, this was reflected in practical changes such as stronger engagement of persons with disabilities with local processes, and increased recognition of self-help groups within local systems. These developments indicate a gradual shift in how local actors plan and respond, with greater attention to reaching those who are often left behind.

Across all of this, one lesson has been reinforced for me:

Sustainable Progress Depends on Local Leadership.

Where municipalities are actively engaged (planning, allocating resources, and following up), improvements are more likely to last. **Our role has been to support these processes initiated by the local government.**



Looking back, I am reminded of how much of our earlier work focused on demonstrating that integrated approaches could be appropriate in the rural and resource constraint settings like ours. There are now encouraging signs that these approaches are beginning to be taken forward within local systems. The real measure of progress is whether they are sustained beyond project support. This gradual transition—from demonstration to ownership—is what gives this work long-term meaning.

FAIRMED's work continues to be guided by a simple principle: health systems must serve those who face various barriers to care. This includes persons with disabilities, communities affected by neglected tropical diseases, and populations in remote or economically vulnerable settings.

The progress described in this report reflects the efforts of many—federal, provincial authorities, municipal leaders, health workers, community volunteers, and partners at different levels. Their commitment is what makes this work possible.

As we move forward, our focus remains on identifying the left behind communities and their barriers to seeking care, strengthening local ownership, improving preparedness, and ensuring that services continue to reach those who need them the most.

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

Nirmala Sharma
Country Coordinator, FAIRMED Foundation Nepal



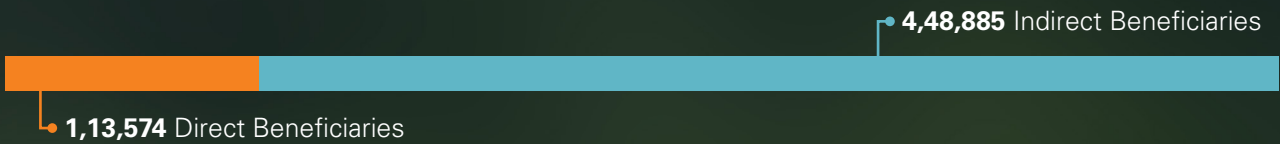
FAIRMED Nepal in 2025

ATA


GLANCE

In 2025, FAIRMED Foundation Nepal worked across multiple provinces with municipal governments, health facilities, and communities to improve equitable access to essential health services. Efforts focused on strengthening service delivery, promoting positive health-seeking practices, and ensuring that left-behind populations were identified and linked to care.

5,62,459 Beneficiaries Reached




 **1,919**
Persons with Disabilities


 **37,965**
Pregnant Women and Newborns

 **813**
Municipal Authorities

 **2,803**
Community Leaders

 **1,130**
Health Workers

 **2,169**
Female Community Health Volunteers

 **997**
Health Facility Operation and Management Committee Members

- People reached directly through maternal and newborn health awareness activities

32,631



- Women engaged through mothers' groups and behavior change platforms

16,910

400+

medical equipment units repaired and restored

86

health facilities supported to improve service readiness and quality of care through contribution on Minimum Service Standards processes

48

self-help groups formed since 2021, including 28 strengthened in 2025, with NTD-related disability integrated into 77 groups

700+

persons with disabilities supported through screening, assistive devices, and inclusion initiatives

7,073

people reached with awareness on government-provided health and social protection schemes

56

rapid response team members trained to support emergency preparedness and response

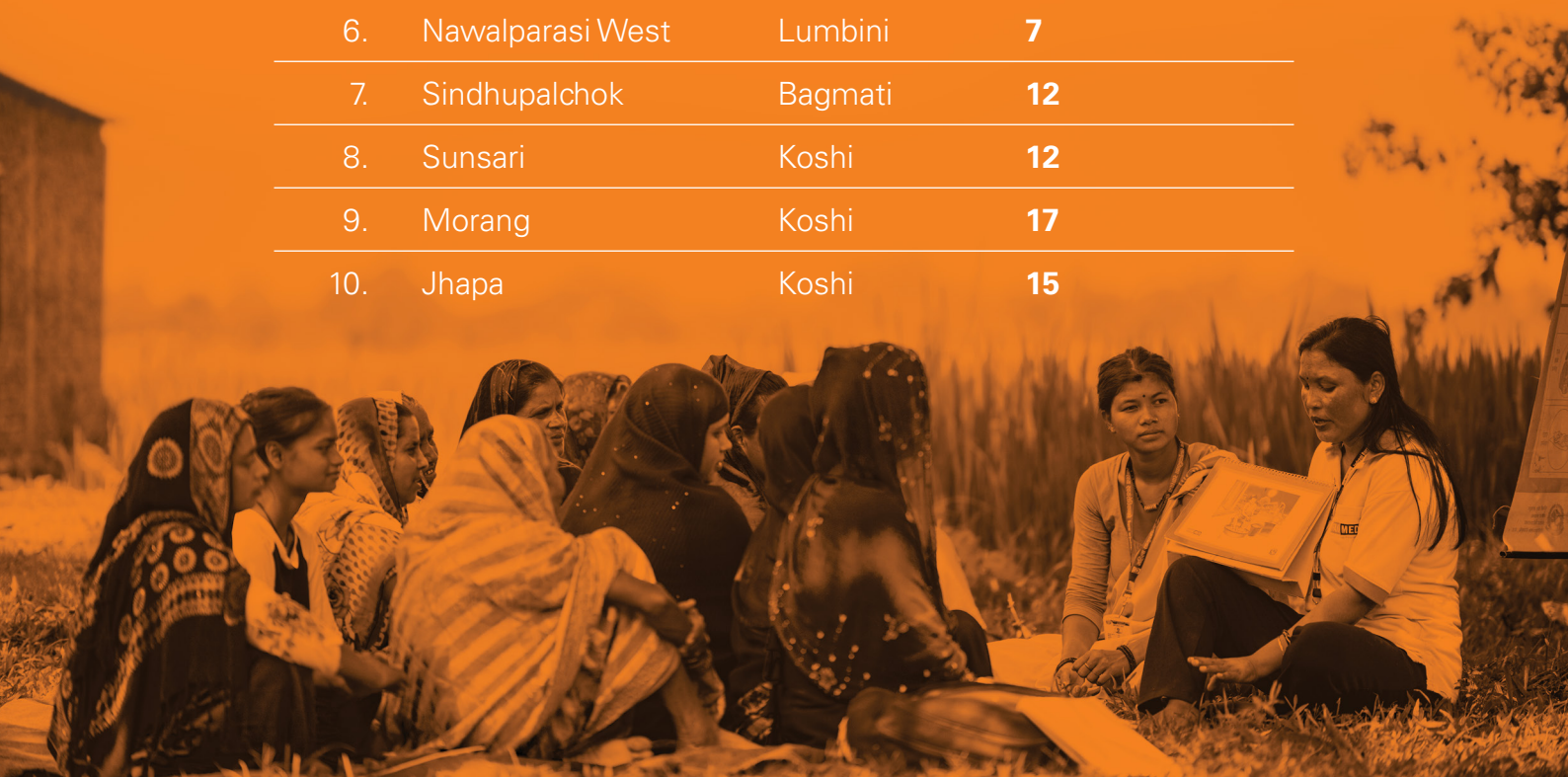
10 | **112**
DISTRICTS | **MUNICIPALITIES**

reached across Bagmati, Koshi, Madhesh, Lumbini, and Gandaki Provinces



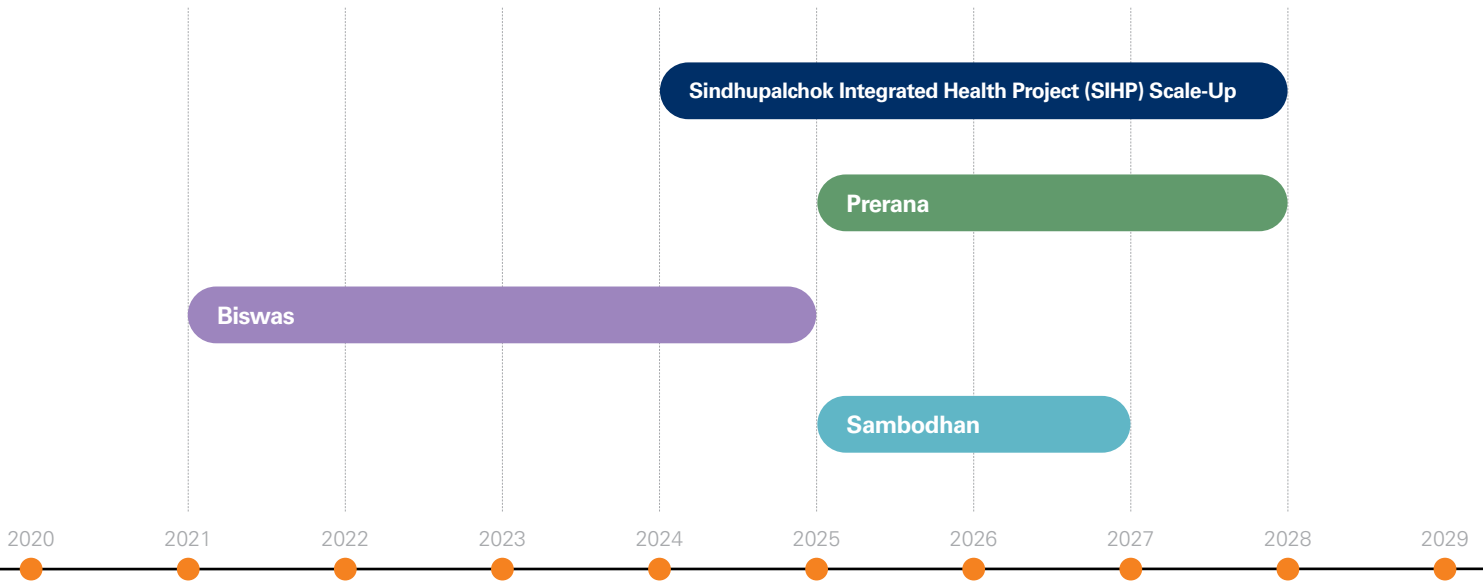
FAIRMED programs operated across diverse geographic and socio-economic contexts, particularly remote and underserved communities. Across these areas, a combination of comprehensive and strategic approaches was applied—working across multiple municipalities to strengthen systems more broadly, while prioritizing selected municipalities for more focused support based on need and vulnerability.

	DISTRICT	PROVINCE	MUNICIPALITIES
1.	Rukum East	Lumbini	3
2.	Baglung	Gandaki	10
3.	Dang	Lumbini	10
4.	Kapilvastu	Lumbini	10
5.	Rupandehi	Lumbini	16
6.	Nawalparasi West	Lumbini	7
7.	Sindhupalchok	Bagmati	12
8.	Sunsari	Koshi	12
9.	Morang	Koshi	17
10.	Jhapa	Koshi	15



Our Projects

FAIRMED implemented four major projects, each contributing to strengthening public health systems at scale:



Sindhupalchok Integrated Health Project (SIHP) Scale-Up

The Sindhupalchok Integrated Health Project (SIHP) Scale-Up is implemented across all 12 municipalities of Sindhupalchok district in Bagmati Province. The project focuses on strengthening integrated public health systems at scale, with emphasis on service readiness, coordination, and inclusive service delivery. Implementation is carried out in partnership with Mahila Atma Nirbharta Kendra (MANK), working closely with municipal governments and health facilities to institutionalize improvements in health service delivery.

Prerana

Prerana is implemented across 34 municipalities in Lumbini Province, covering Kapilvastu, Rupandehi, Nawalparasi West, and Dang districts. The project focuses on addressing neglected tropical diseases (NTDs), while integrating maternal and newborn health services (MNH) to strengthen overall access to care. Implementation is carried out in partnership with local NGOs, including Kalika Self-Reliance Social Centre (KSSC), Indreni Rural Development Centre (IRDC), Indreni Social Development Forum (ISDF), and Nepal Women Community Service Center (NWCSC).

Biswas

The Biswas project, implemented across 25 municipalities in Jhapa, Morang, and Sunsari districts of Koshi Province, reached its completion phase in 2025. The project focused on improving detection, referral for treatment, and care of NTDs, while integrating with MNH services.

Building on the foundations established under Biswas, a follow-up phase—Sankalpa—has been conceptualized to extend program coverage in Koshi Province and expanding to Saptari district in Madhesh Province.

During 2025, preparatory activities on planning, stakeholder consultations, and alignment with provincial and municipal priorities were conducted. The follow-up phase is currently in the process of approval and is expected to continue and scale up health system strengthening and inclusion efforts in the coming years.

Sambodhan

Sambodhan is implemented across 10 municipalities in Baglung district of Gandaki Province and 3 municipalities in Rukum East district in Lumbini Province, covering geographically remote and hard-to-reach areas. The project focuses on strengthening MNH services, improving access to essential health services, and addressing equity gaps and health care barriers faced by vulnerable populations. Implementation is carried out in collaboration with Nepal Gaja Development Foundation (NGDF) in Baglung and Nepal Magar Society Service and Information Centre (MIC Nepal) in Rukum East.

Our Focus Areas

Core Health Priorities

01 **Neglected Tropical Diseases (NTDs)**

Supporting community-level prevention through mass awareness and counseling to reduce infection risk and promote health-seeking behavior, while strengthening collaboration with health facilities and municipalities for early detection, timely referral for treatment, actions for disability prevention, and surveillance of diseases such as leprosy and lymphatic filariasis.

02 **Maternal and Newborn Health (MNH)**

Improving access to quality maternal and newborn care by strengthening public health service delivery, supporting health workers and female community health workers and promoting community outreach through active mother's group.

Cross-Cutting Priorities

03 **Disability-Inclusive Development (DID)**

Promoting the inclusion of persons with disabilities, including those affected by NTD-related disabilities by strengthening their access to government services and disability care, enabling meaningful participation in community and municipal processes, and ensuring they benefit from essential medical care, social protection and rehabilitation for a dignified life.

04 **Gender Equality and Social Inclusion (GESI)**

Applying an equity lens to identify and address barriers faced by women, marginalized ethnic groups, and left-behind communities in accessing and utilizing health services, information, and opportunities for participation, while fostering their empowerment and leadership within communities.

05 **Humanitarian-Development Nexus Approach**

Linking health system strengthening with emergency preparedness and response, and recovery support so that vulnerable communities are better able to cope with shocks and maintain access to essential services. FAIRMED also provides timely relief support to affected families during emergencies as needs arise.

Our Approach



FAIRMED Foundation Nepal works with the understanding that lasting improvements in health outcomes depend on the strength and responsiveness of public systems. The organization works alongside government institutions and communities to strengthen existing systems responsible for providing health services.

To do this, FAIRMED applies a combination of comprehensive and strategic approaches. The **comprehensive approach** focuses on strengthening community-level engagement and demand for health services. Projects work closely with Female Community Health Volunteers (FCHVs), mother's groups, Health Facility Operation and Management Committees (HFOMCs), enabling them to play their given roles effectively. This approach is also guided by the principle of "**Leave No One Behind**," while ensuring that populations facing the greatest barriers to care are identified and reached.

The **strategic approach** focuses on providing targeted support to larger and urban municipalities to strengthen their health system functions. This includes technical support to municipal health units and health facilities, support in annual budgeting processes, and capacity building of health staff to improve the quality and management of service delivery.

In 2025, FAIRMED continued to implement projects in close collaboration with municipal governments, maintaining coordination with provincial health authorities, relevant federal divisions, and community-based groups. The program ensures that project activities are aligned with national priorities, annual programs and integrated within existing public health systems.

Working Across the Health Systems

FAIRMED's work engages multiple levels of the health system.



At the **community level**, support to FCHVs, Self-Help Groups (SHGs), Primary Health Care Outreach Clinic, and other community organizations help connect households with health services and supports referral between communities and health facilities.



At the **health facility level**, efforts focus on improving service readiness and strengthening the capacity of health workers to deliver consistent and quality care. Practical challenges related to equipment, infection prevention, and service organization are addressed through on-site coaching, mentoring and other technical support.



At the **municipal level**, engagement with local governments to strengthen oversight and coordination of health services. Municipal authorities, particularly Health Units and Health Coordinators, play a key role in reviewing service delivery challenges and identifying locally appropriate solutions, with FAIRMED supporting and facilitating these processes.

Using Evidence to Support Local Decision-Making

Evidence-based decision-making remains central to FAIRMED's approach. Facility assessments, project monitoring findings, collecting relevant data, and community consultations are used to identify real gaps in service delivery and guide improvements.

Facility assessments help identify practical challenges related to infrastructure, equipment, infection prevention practices, staffing, and service organization. Findings from these assessments are

discussed with health facility teams and municipal authorities which help local stakeholders to prioritize actions and address challenges collaboratively.

By linking evidence with municipal planning processes, the approach strengthens accountability and helps ensure that improvements are sustained through local ownership.

Promoting Inclusive Health Systems

In many communities, access to services is shaped by factors such as availability of service information, poverty, disability, gender, and location. FAIRMED works with local governments and communities to identify these barriers and address them through practical and locally grounded approaches.

Across project areas, this includes identifying households and communities that are not accessing and utilizing health care services, supporting their inclusion in community platforms, and ensuring that health facilities and local governments

respond to their needs. Efforts also focus on making services more accessible and responsive, particularly for persons with disabilities, women from disadvantaged backgrounds, and other marginalized groups.

Rather than treating inclusion as a separate activity, these approaches are integrated into routine program implementation so as to help ensure that services reach those who are often left out.

Partnerships for Sustainable Impact

FAIRMED's work relies on strong partnerships across multiple levels of the health system. Collaboration with municipal governments, provincial health directorates, federal technical divisions, partner NGOs and community-based groups allows projects to align with national priorities while responding to local needs.

These partnerships also support coordinated responses during

public health risks and emergencies, while reinforcing the resilience of health systems.

Strengthening health systems is a long-term process. Through effective collaboration and shared learning, FAIRMED continues to work with government, partner organizations and community-based groups to ensure that health services are accessible, inclusive, and responsive to the communities they serve.



Improving Health System Functionality

In many of the project areas, gaps in service delivery were not always due to the absence of facilities, but because existing systems were not functioning consistently. Equipment remained unused due to minor faults, basic infrastructure was uneven across facilities, and coordination between health facilities and local governments was often more focused on administrative processes, with opportunities to further strengthen joint problem-solving and service improvements.

In 2025, FAIRMED focused on addressing these operational challenges by strengthening health facilities' function on a day-to-day basis. Efforts were implemented in coordination with municipal authorities and health facility teams, with an emphasis on practical solutions that improve service quality and utilization.

Improving Facility's Readiness for Improved Service Utilization

A key entry point was strengthening facility readiness through applying Minimum Service Standards (MSS) assessment of birthing centers and health facilities, targeted equipment supports to address identified gaps, and follow-up to ensure functionality and use.

Across project areas, 86 health facilities were supported to implement MSS. Using the MSS framework, assessments provided a practical way to review how services were delivered in practice. This included checking infection prevention practices, equipment availability and use, workflow within facilities, and the overall quality and provision of services from the health facilities. The process was carried out jointly with health facility teams and municipal authorities. This ensured that gaps identified during assessments were documented and discussed in relation to local feasibility (what could be fixed immediately, what required

budget allocation, and what needed technical support). Follow-up visits helped ensure that agreed actions were implemented and not left at the planning stage.

Alongside this, efforts were made to strengthen physical access points for care to improve the universal coverage of health services. 10 public health care outreach clinics were supported with essential equipment to improve access to basic health services in underserved areas. During the year, 9,594 beneficiaries accessed services from these supported facilities.

Laboratory services were also strengthened as part of improving the diagnostic capacity of the system in rural areas. Nine laboratories were newly supported, enabling 10,958 service users to access diagnostic services that were previously limited or unavailable.

Ensuring Functionality of Essential Equipment

Across many facilities, one of the most consistent operational challenges was related to medical equipment. In some cases, essential equipment was not available; in others, it was present but non-functional due to minor technical issues or lack of maintenance.

FAIRMED addressed this through a combined approach that focused on both provision and restoration of equipment. Facilities were supported with essential items where gaps existed, while a "repair first" approach was used to bring non-functional equipment back into use. The types of equipment supported and restored were directly linked to routine service delivery. These included autoclaves used for sterilization, fetal dopplers for monitoring pregnancies, suction machines, oxygen concentrators, delivery beds, and basic diagnostic equipment.

In coordination with municipal governments and provincial health authorities, biomedical technicians were mobilized to assess and repair equipment across facilities. Through this effort, over 400 units of medical equipment were repaired, many through relatively simple interventions such as replacing minor components or fixing electrical connections. During the process, health facility support staff received hands-on training with basic skills to handle minor equipment issues, helping ensure the sustainability of this approach.



A biomedical technician from Provincial Logistic Management Division, Pokhara, repairing a baby warmer at Kadebas Health Post, Galkot, Baglung.

The financial implications were significant. Repairing these units cost approximately NPR 540,000, whereas replacing them would have required an estimated NPR 7 million. More importantly, the impact was immediate, facilities were able to resume services that had been interrupted, including sterilization, safe delivery, newborn care, and diagnostics.

This experience reinforced an important lesson:

Improving service delivery often depends less on introducing new resources, and more on ensuring that existing ones are functional and maintained.

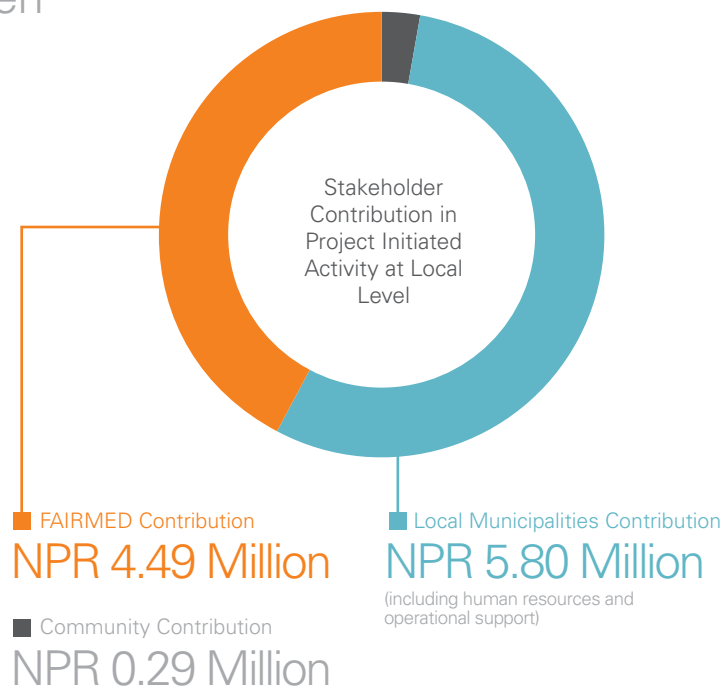
Improving Health System Functionality *continued.*

Strengthening Coordination Between Facilities and Local Governments

Health facilities depend on local governments for planning, budgeting, and operational support. Strengthening this relationship was an important part of the work during the year. Coordination between facility teams and municipal authorities moved beyond routine reporting to more practical discussions on service delivery challenges, such as infrastructure needs, equipment management, and facility maintenance. This helped improve responsiveness and decision-making at the local level.

A key outcome of this engagement was increased local co-investment in health facilities. Across project areas, a total of NPR 10.58 million was mobilized for construction and hardware work, reflecting shared responsibility between stakeholders:

This co-funding approach indicates growing ownership by local governments and communities. Rather than relying solely on external support, municipalities began allocating resources and taking a more active role in strengthening facility infrastructure and service delivery.



Strengthening Health Facility Governance

HFOMCs are local governance bodies that help health facilities run smoothly and stay accountable. They bring together community members, health workers, and local representatives to plan, budget, and manage services. HFOMCs identify gaps, mobilize resources, and coordinate with municipalities to improve infrastructure, transparency, and sustainability, making health services more responsive to community needs and helping realize the constitutional right to health at the grassroots level.

In 2025, FAIRMED focused on strengthening HFOMC capacity through a structured approach. A pool of facilitators was developed through a Training of Trainers (ToT), with 26 participants capacitated as trainers to lead training sessions at the local level as resource person.

Through this cascade approach:

- 248 HFOMC members were trained based on national guidelines
- 123 follow-up activities were conducted to reinforce learning and support implementation

These efforts began to translate into visible changes at facility level. In Rangel Municipality (Morang district), the HFOMC at Ranjani Health Post introduced a provision to provide nutritious food such as eggs and fruits to women delivering at the facility. This contributed to an increase in institutional deliveries over the year—from four in Fiscal Year 2023/24 to 20 in Fiscal Year 2024/25.

Similarly, in Koshi Municipality (Sunsari district), the HFOMC at Luakhi Health Post took initiative to improve water and sanitation conditions by ensuring access to safe drinking water and maintaining sanitation facilities for the patients and visitors. These actions helped improve the overall service environment for patients.

Across project areas, HFOMCs became more regular in holding meetings, more involved in reviewing facility performance, and more responsive to community needs. This strengthened coordination between health facilities and local governments and contributed to more accountable and better-managed services.

Training of Trainers (ToT) for HFOMC members conducted in Melamchi Municipality, Sindhupalchok.



THEMATIC

PRIORITIES



Neglected Tropical Diseases

Neglected tropical diseases (NTDs) remain closely linked to poverty, social exclusion, and limited access to health services. In Nepal, conditions such as leprosy and lymphatic filariasis continue to affect communities where barriers to health care, stigma, and economic vulnerability intersect.

FAIRMED's work in 2025 focused on improving how health systems identify and respond to NTDs, with greater attention to follow-

up care, and data quality. These efforts were implemented in collaboration with health facilities, municipal authorities, and the Epidemiology and Disease Control Division (EDCD).

By supporting NTD services within routine health system, FAIRMED contributes to improving coverage, prevention, social rehabilitation of affected individuals for sustainability of prevention and treatment efforts.

Strengthening Surveillance and Case Detection

Effective control of NTDs depends on reliable surveillance systems that enable early identification of cases and timely follow-up. Strengthening reporting mechanisms, improving case detection, and ensuring accurate data collection were therefore important priorities during 2025.

Across project areas, 91 municipalities were supported in routine data verification and quality assessment processes. These efforts helped identify discrepancies in reporting, improve accuracy of reporting, and reinforce follow-up mechanisms for individuals affected by the disease.

Alongside these efforts, health workers and community-based actors continued to play an important role in identifying suspected cases and supporting referral to health facilities. FCHVs and community groups contributed to awareness activities and helped encourage individuals experiencing symptoms to seek timely care.

In addition to routine surveillance activities, FAIRMED collaborated with government and local partners in elimination efforts of lymphatic filariasis through Mass Drug Administration (MDA). In Kapilvastu district, a Coverage Evaluation Survey was carried out in 33 clusters to assess the reach of the IDA campaign. Based on the findings, mop-up activities were conducted in 13 sites where coverage was below the required level, which helped improve overall reach. In addition, at the request and collaboration with the NTD and Vector-Borne Diseases (VBD) section under EDCD, the project supported surgical correction of 60 hydrocele cases in Kapilvastu in collaboration with Taulihawa hospital.

Moreover, the project supported in planning and implementation of National IDA¹ Campaign in collaboration with EDCD. This included support for pre-planning, orientation of health workers, journalists, and community-based organizations, as well as logistical arrangements and monitoring. As a result, the district achieved an epidemiological coverage of 77 percent, reaching 298,086 individuals in Kapilvastu.

In Banke district, additional support was provided for community mobilization and supervision during the campaign in four municipalities. Through household visits, school outreach, and community counselling, 2,830 individuals were directly reached and encouraged to take IDA medicines.

In addition to these efforts, a 24-day active case detection for leprosy campaign was conducted in Jhapa, Morang, and Sunsari districts. Trained health workers, FCHVs, and community representatives carried out door-to-door screening across 3,863 households, reaching 12,394 individuals. The campaign identified 69 suspected leprosy cases, of which three new cases were confirmed and enrolled in treatment.

These combined efforts strengthened both routine and active surveillance systems, improving early detection and response to NTD cases.

91

Municipalities supported for NTD/ Leprosy data verification

60

Hydrocele cases were surgically treated in Kapilvastu

2,98,086

People treated through MDA campaigns in Kapilvastu

1. IDA – A three-drug combination used to prevent lymphatic filariasis.

When Nandalal first noticed symptoms of leprosy, he didn't seek medical care. Instead, like many others in his community, he turned to traditional healers and spent what little money he had on ineffective treatments.

"People said it was a curse," he recalls. "Even my own family kept their distance."

It was only after repeated encouragement from a Female Community Health Volunteer that he visited the health post and received the correct diagnosis. By then, the disease had progressed, leaving lasting physical effects.

But his journey did not end there. With treatment and support, his condition improved, and so did his confidence.

Today, Nandalal goes door-to-door in his village, speaking to others affected by similar symptoms. "If I can get better, so can you," he tells them, using his own experience to encourage early care-seeking.

His story has already influenced others in his community to seek treatment sooner.



If I can get better, **so can you.**

FROM STIGMA TO ADVOCACY

I was ashamed to go outside. Now I want to help others.

LIVING WITH DIGNITY

For over two decades, Soharitya lived with the pain and uncertainty of lymphatic filariasis. The swelling in her leg made even simple daily tasks difficult, and without understanding the condition, she tried multiple treatments without success.

“I was ashamed to go outside,” she says. “People would look at me differently, and I didn’t know what was wrong.”

Her situation changed when she was identified through community outreach and connected to a self-help group. Through regular home visits, she learned simple but effective self-care practices—washing, hygiene, and exercises that she could do at home.

“At first, it felt like nothing would change,” she recalls. “But slowly, the pain reduced. It’s almost like magic.”

With consistent practice, her condition stabilized. She no longer suffers from frequent infections and has regained independence in her daily life.

Today, she is no longer isolated. Instead, she speaks openly about her experience and actively supports Mass Drug Administration campaigns in her village. “If I can help others avoid what I went through, I will,” she says.



Improving Access to Treatment and Follow-Up

Once individuals affected by NTDs are identified, ensuring that they receive complete treatment and appropriate follow-up becomes essential for both disease control and long-term health outcomes. Interruptions in treatment or lack of monitoring can lead to complications, disability, or continued transmission within communities.

During 2025, efforts focused on strengthening follow-up practices within health facilities and at community level so that individuals diagnosed with NTDs remained connected to care throughout the course of treatment. Health workers were supported to improve case documentation and monitoring processes, enabling more consistent tracking of patient progress and timely follow-up where needed.

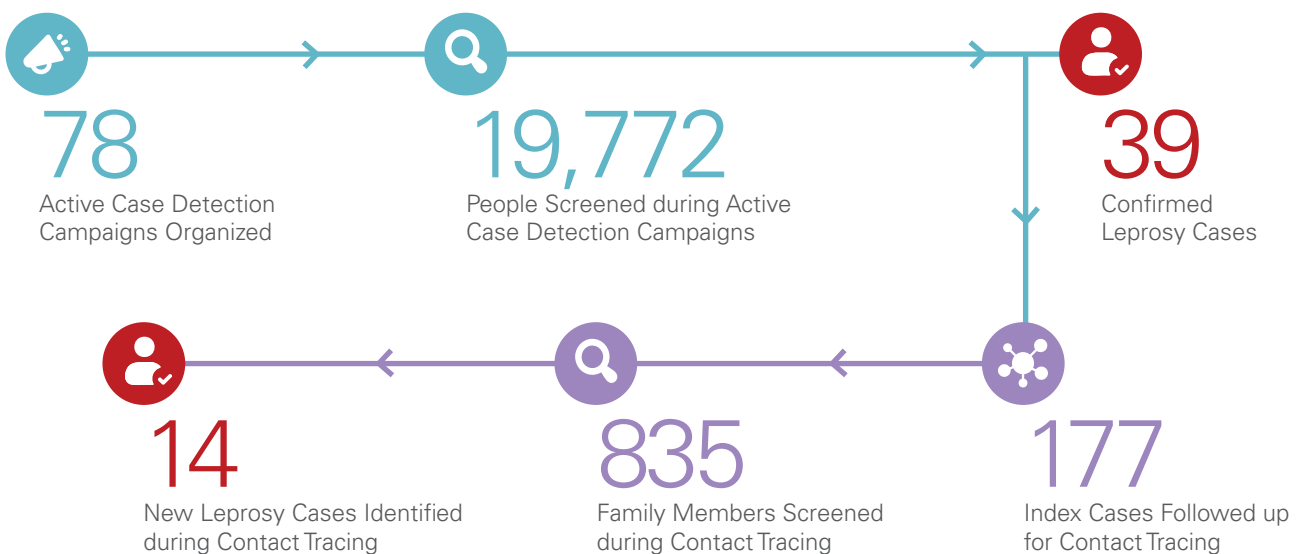
Follow-up efforts also included strengthening contact tracing, where health workers systematically identified and screened close contacts of confirmed cases. Through this approach, 177 index cases were followed up, leading to the screening of 835 family members and identification of 14 additional leprosy cases.

Building on this, eligible contacts were provided with Leprosy Post-Exposure Prophylaxis (LPEP). This approach involves identifying close contacts of newly diagnosed leprosy cases and providing preventive medication to reduce the risk of disease transmission

Improving access to treatment also involved bringing care closer to communities.



Whole-body screening conducted to identify new leprosy cases in Ramdhuni Municipality, Sunsari.



Neglected Tropical Diseases *continued*

To improve access to diagnosis, treatment, and follow-up, dedicated service points were strengthened within the health system. In coordination with hospital management, FAIRMED supported the establishment and strengthening of Morbidity Management and Disability Prevention (MMDP) care and support centers with integrated NTD services, functioning as NTD units at Rangeli and Inaruwa District Hospitals and Koshi Hospital. These centers provide integrated services, including NTD case management, self-care support, follow-up, and referral. Through these units, 1,083 individuals accessed services in 2025.

At the peripheral level, six new NTD corners were established in health facilities, bringing the total to 46 NTD corners. These corners

provide basic services, including early identification, counseling, and referral support, through which 251 individuals received services in 2025.

Capacity building of health workers also contributed to improved service delivery. For example, a two-day rabies case management training was conducted for frontline health workers in Sindhupalchok in coordination with EDCD. Similar training initiatives were implemented across project areas to strengthen frontline response to NTD-related conditions.



- Health workers trained on integrated basic NTDs
244
- FCHVs trained on integrated basic NTDs
893
- Participants trained in Rabies case management
39
- Health workers and laboratory personnel capacitated on leprosy slit skin smear training
19

Promoting Self-Care Among Individuals Affected by NTDs

For individuals living with long-term effects of NTDs, consistent self-care is essential to prevent complications and manage their condition on a daily basis.

In 2025, support focused on enabling affected individuals to practice self-care at home. Practical sessions introduced simple routines such as limb hygiene, wound care, and early recognition of warning signs. During the year, 215 SHG members were trained in self-care practices which supported them to manage their health conditions while continuing with daily and economic activities. To support these practices, self-care kits with essential materials were provided. Follow-up was carried out through regular home visits, where health workers and community volunteers observed practices, provided guidance, and reinforced correct techniques. Counselling during these visits helped address challenges and encouraged continued adherence to self-care routines.

This approach ensured that self-care was practiced consistently, contributing to better management of conditions and reduced risk of complications.



Self-care demonstration and distribution of self-care kits in Dewanganj Rural Municipality, Sunsari.

For months, Manoj struggled with persistent fever, fatigue, and weakness that left him unable to work. Living in Morang, he watched his ability to provide for his family slowly slip away.

"I didn't know what was happening to me," he says. "I was worried about how my family would manage."

It was during a visit to the local health post that a health worker noticed a small but significant sign—a pale patch on his hand. He was referred for further testing and diagnosed with leprosy. The diagnosis brought shock and fear, but it also marked a turning point.

Through support from the project, Manoj received counseling to address stigma and misinformation about the disease. He was enrolled in self-care training which helped him manage his condition and adhere to treatment.

But recovery didn't stop at health. To rebuild his livelihood, he received training in vegetable farming and later expanded into dairy farming with additional support.

After completing the full course of treatment, Manoj was declared cured. Today, he tends to his crops and livestock, gradually rebuilding his income. "Now I can support my family again," he says with quiet pride.

He has also begun encouraging others in his community to seek treatment early and not fear the disease.

A man with a grey beard and hair, wearing a white polo shirt, stands in a rural setting. He is touching the head of a white cow. In the foreground, a grey donkey is visible. The background shows a simple wooden structure and trees. A large orange curved graphic element is overlaid on the image.

Now I can support my family again.

FROM ILLNESS TO INDEPENDENCE

Maternal and Newborn Health

Improving maternal and newborn health remained a major focus of FAIRMED Nepal's work in 2025, particularly in municipalities where distance, delayed care-seeking, and limited-service readiness continue to affect safe pregnancy and childbirth outcomes. Efforts during the year focused on improving the functionality of local birthing centers, strengthening clinical capacity, and reinforcing community-level linkages so that women are able to access timely and safe care close to their communities.

Improving Local Birthing Centers

Ensuring that local health facilities are able to provide safe delivery services is a critical part of improving maternal and newborn health in rural municipalities. In 2025, FAIRMED focused on addressing practical gaps affecting the functionality of birthing centers, particularly in remote and underserved municipalities.

In Sindhupalchok, facility-level assessments highlighted several issues affecting maternal and newborn care, including gaps in Skilled Birth Attendant (SBA) requirements; limited availability of essential delivery equipment, and under-equipped newborn care corners. Based on these findings, targeted improvements were carried out, including provision of delivery equipment, construction of placenta pits to improve waste management, and renovation of selected facilities and outreach clinics. Additional support was provided to improve newborn care corners and strengthen infection prevention practices in delivery rooms.

Similar improvements were made in other project areas, where 38 health facilities received support with equipment for birthing centers and newborn care which have helped improve the availability of essential maternal and newborn services.



Hospital equipment provided to Gunsa Health Post in Panchpokhari Thangpal, Sindhupalchok.

In geographically remote areas, access related challenges were addressed through the establishment and support of six maternity waiting homes in Baglung, Rukum East, and Sindhupalchok. These facilities provide temporary accommodation for pregnant women who live far from health facilities and need a safe place to stay closer to delivery services during the final stages of pregnancy.

As a result of these combined efforts, 9,098 institutional deliveries were recorded in equipment-supported health facilities, indicating increased utilization of facility-based care.



Now, almost every woman goes to the facility.

HOME DELIVERIES TO BIRTHING CENTERS

In Piparhawa, Kapilvastu, childbirth once took place almost entirely at home. Limited awareness, combined with uncertainty about available services, meant that many women did not seek care at health facilities.

Santola Pandey, a community member and mothers' group leader, has witnessed this change over time. "Before, most deliveries happened at home," she recalls. "Women did not go for check-ups, and there was little trust in the facility."

Through regular engagement with women's groups and coordination with local health workers, Santola began encouraging pregnant women to seek antenatal care and consider delivering at the birthing center. At the same time, services at the facility became more consistent and better prepared to handle deliveries.

"Now, almost every woman in the village goes to the facility," she says. "Women feel more confident that they will receive proper care."

This shift reflects not only changes in awareness, but also improvements in the availability and reliability of services at local health facilities.





Enhancing Clinical Skills and Early Risk Identification

In many rural health facilities, nurses and midwives serve as the primary providers responsible for monitoring pregnancies and supporting childbirth. Their ability to recognize danger signs early and respond appropriately can make a critical difference for both mothers and newborns. For this reason, strengthening the clinical capacity of frontline health workers remained an important priority across project areas in 2025.

During the year, targeted training and mentoring efforts focused on strengthening both facility-based care and community-level support systems. While nursing staff play a central role in clinical care, the role of FCHVs remains equally important in identifying pregnant women, supporting follow-up, and encouraging timely care-seeking within communities.

A 10-day training program was conducted to strengthen the knowledge and skills of FCHVs on their roles and responsibilities at the community level. For many participants, this was the first structured training they had received since their selection. In total, 61 FCHVs from 11 municipalities participated in the training, improving their ability to identify pregnancies early, providing basic counselling, and facilitating timely referral to health facilities. Strengthening this frontline linkage between communities and health services contributed to earlier detection of risks and more consistent follow-up of pregnant women.

Another important focus of clinical capacity strengthening was expanding access to diagnostic services through Rural Obstetric Ultrasound Services (RoUSG). In many municipalities, pregnant women must travel long distances to access ultrasound services, which can delay the identification of complications. Building this capacity within local health facilities allows risks to be detected earlier and managed more effectively.

Across project areas, 13 health personnel were trained in RoUSG, enabling selected facilities to begin providing basic obstetric ultrasound services at the local level. This contributed to improving early risk identification and supporting timely referral of cases requiring higher-level care.

77

Health Workers
Capacitated Through
MNH Updates and On-
Site Coaching

10

Nursing Staff Trained on
SBA

08

Nursing Staff Received
On-Site Clinical Coaching
and Mentoring

61

FCHVs Provided with
10 Day Basic Training

13

Nursing Staff Were
Trained on RoUSG

Strengthening Community Engagement

In many project areas, improving maternal and newborn health also depends on how communities understand and respond to pregnancy-related risks. Decisions around care-seeking are often shaped within households and influenced by local practices, making community-level engagement critical to ensuring that women access timely and appropriate care.

Mothers' groups continued to serve as key platforms for structured discussion and learning. Through the Self-Applied Technique for Quality Health (SATH), women were supported to reflect on their own practices and identify actions for safer pregnancy and childbirth. Discussions focused on antenatal care, birth preparedness, institutional delivery, and postnatal care.

A total of 225 mothers' groups were actively supported using the SATH approach, and additional 981 groups were reached through awareness and health-related activities, engaging 16,910 members.

For instance, in Sindhupalchok, SATH follow-up was conducted in 185 groups and newly introduced in 98 groups, reaching 5,228 participants. Within these groups, 536 pregnant were identified, of whom 337 (63%) completed the full continuum of care, including antenatal visits, institutional delivery, and postnatal care.



Wall painting displaying maternal and newborn health awareness messages at Pangretar Health Post, Sunkoshi, Sindhupalchok.

Efforts also focused on expanding awareness beyond group settings. Health facilities were supported with information, education, and communication (IEC) materials to improve counselling and ensure key maternal health messages remained visible. For example, flex boards and wall paintings displaying safe motherhood messages were installed across health facilities in Morang and Sindhupalchok.

Community outreach was further strengthened through school-based activities, reaching 5,802 students and supporting early awareness on health and well-being. In addition, engagement with informal care providers, including traditional healers, helped encourage timely referral of pregnant women to health facilities in areas where they continue to influence care-seeking decisions.

225

mothers' groups activated using SATH tools

981

mothers' groups reached through awareness and health activities

16,910

members reached across mothers' groups

32,631

people reached with MNH awareness

5,802

school children reached through school health programs



In Mohammadnagar, Kapilvastu, there was a time when mothers' groups simply did not exist. Women rarely sought antenatal care, and home deliveries were common. Efforts to introduce a group were initially met with resistance, shaped by social norms, misconceptions, and mistrust of outsiders.

"For a whole year, I kept coming back," recalls a facilitator. "Even when people refused, I knew this could help."

That persistence eventually led to the formation of a mothers' group under the leadership of Ruksana Khatun. Despite never having attended school, she quickly emerged as a leader. Using simple tools such as hand-drawn maps, she began tracking pregnancies and ensuring that women received necessary services.

"Before, women didn't go for check-ups," she says. "Now almost everyone goes."

The group now meets regularly, supports pregnant women, and works closely with health volunteers. What began as resistance has turned into ownership, with the community actively supporting maternal health.

I kept coming back even when people refused.

FROM NOTHING TO CHANGE





“

It is these every day, locally driven actions that create lasting impact.”

Leave No One Behind (LNOB) Approach

In 2025, the LNOB approach was initiated more systematically to identify individuals and communities that were not accessing services or participating in existing service providing platforms. The process combined community-level consultations, stakeholder workshops, and field verification to ensure that identification reflected actual conditions on the ground.

Illustrative Example: LNOB Mapping in Sindhupalchok District

The LNOB mapping process in Sindhupalchok was used to identify and track marginalized and hard-to-reach communities based on factors such as limited access to health services, low awareness, poverty, and social exclusion. Communities were assessed using a scoring system to determine levels of marginalization and vulnerability.

Through this process, 651 communities were initially identified, among which 390 were prioritized after field verification, including 138 communities with the highest level of vulnerability. These

included marginalized indigenous and ethnic groups such as Majhi, Danuwar, Pahari, Thami, Tamang, Sherpa, and Dalit communities.

The finalized data were integrated into planning and monitoring processes, allowing project teams and local stakeholders to identify them, and focus outreach, follow-up, and service delivery in areas where gaps were most significant. As a dynamic process, the list of prioritized communities continues to be updated over time.



Left Behind Areas in Sindhupalchok

- JR Jugal Rural Municipality
- PR Panchpokhari Thangpal Rural Municipality
- HR Helambu Rural Municipality
- MM Melamchi Municipality
- IR Indrawati Rural Municipality
- CM Chautara Sangachokgadhi Municipality
- BR Balefi Rural Municipality
- SR Sunkoshi Rural Municipality
- BR2 Bhotekoshi Rural Municipality
- BM Barhabise Municipality
- TR Tripurasundari Rural Municipality
- LR Lisangkhu Pakhar Rural Municipality

Left behind areas: **390**

Strengthening Collective Platforms for Participation

In many rural settings, individuals with disabilities often experience social isolation and limited opportunities to engage in community discussions or local decision-making processes. Creating spaces, such as self-help groups and Milijuli groups, where individuals can meet, share experiences, and collectively address common challenges therefore became an important entry point for promoting inclusion.

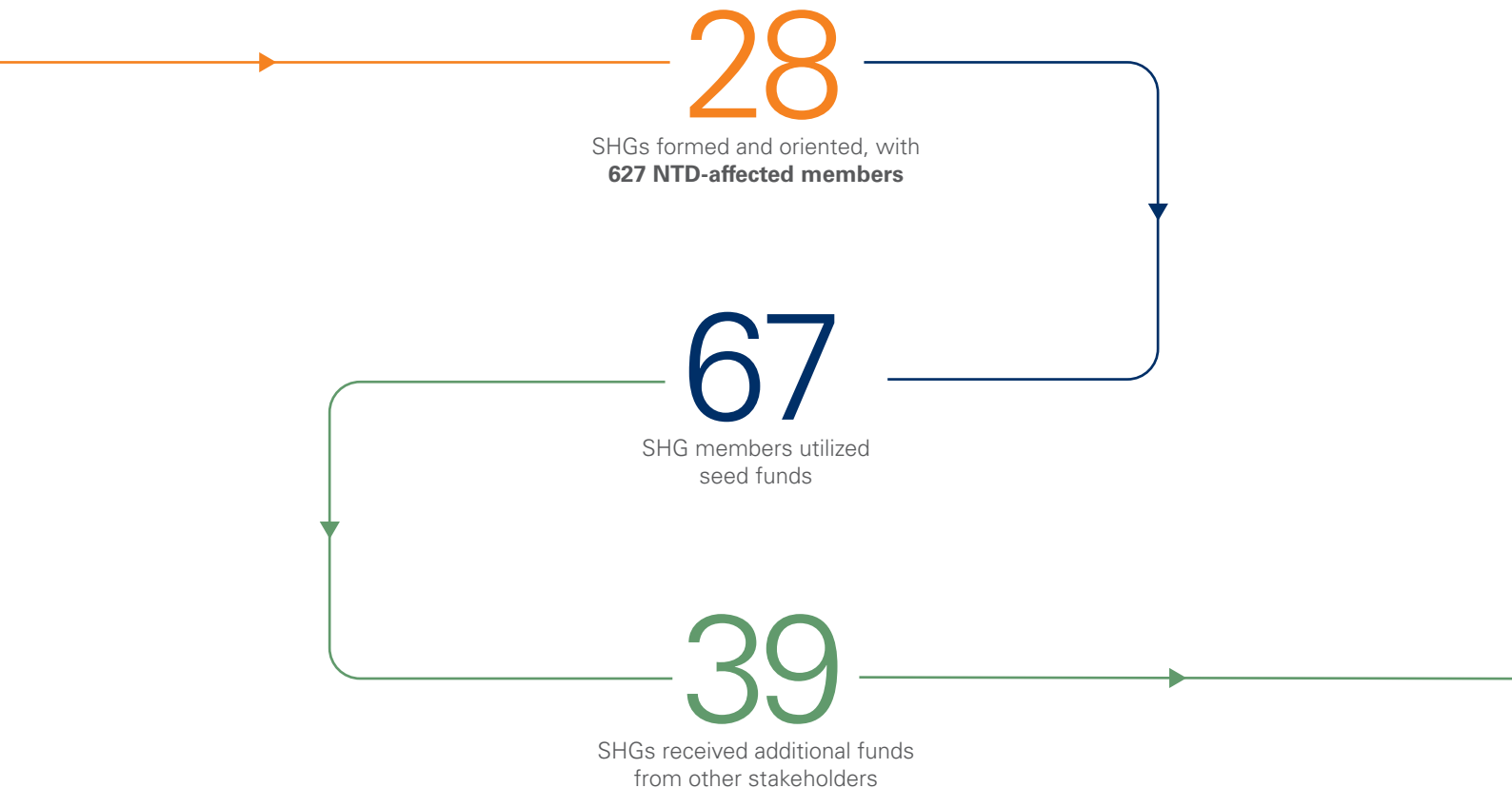
SHGs continued to serve as the primary community platform through which community engagements strengthened. During the year, two new SHGs were formed and oriented, while an additional 26 Milijuli groups (existing groups for persons with disabilities) were oriented on NTDs and the importance of self-care to prevent disability. Since 2021, FAIRMED facilitated the formation of 48 new SHGs and integrated NTD-related disability into 77 existing Milijuli groups, expanding the reach and continuity of these platforms to include individuals affected by NTDs in the community.

Within these community groups, regular meetings were held where members discussed issues affecting their daily lives, including mobility challenges, how to access social protection schemes, livelihood opportunities, and barriers to accessing

services. These discussions have helped members exchange practical experiences, share useful information, issues affecting them, and identify collective responses to common challenges.

These groups have also created opportunities to engage more directly with local governments. Dialogue meetings have brought together municipal representatives, Disability Coordination Committees (DCCs), and Organizations of Persons with Disabilities (OPDs) to review services and identify gaps in accessibility and inclusion. Over time, SHGs have begun to be recognized as community-level groups that could raise issues and contribute to local government's planning processes.

With support from FAIRMED and partner NGOs, SHGs were also linked with local municipalities and other stakeholders. This helped strengthen their role beyond regular group meetings. In addition, municipal budget allocations were introduced in some program areas to support community-based initiatives, including social rehabilitation and livelihood options linked to SHGs. As a result, 39 SHGs have received additional resource from municipalities and partner organizations, showing growing local ownership and recognition of these groups.



REACHING THOSE LEFT BEHIND

In many communities, stigma and fear continue to prevent individuals from seeking timely care. In Rupandehi, Jagadish Prasad Tharu has played an important role in encouraging early detection and continued treatment within his community.

Having experienced leprosy himself, Jagadish is able to recognize symptoms and speak openly with others. In one instance, he noticed a neighbor hiding symptoms due to fear of social stigma. With his encouragement, the individual visited a health facility and started treatment. When the individual later discontinued treatment due to side effects, Jagadish reached out to a project-supported community health mobilizer, who followed up and supported the individual to resume treatment.

This example highlights how community members, working alongside health workers, can help identify individuals who may otherwise remain outside the health system and support them in accessing and continuing care.



Access to Disability Assessment and Assistive Devices

LNOB mapping helped identify gaps in access to formal systems, particularly for persons with disabilities who were not registered in government systems and were therefore, unable to access disability-related government schemes.

To address this, disability assessment camps were organized in coordination with municipal authorities and health teams. As a result, 712 persons with disabilities were formally registered within the national system, enabling access to disability allowances and other entitlements. At the same time, practical barriers to participation were addressed. A total of 166 individuals received assistive devices such as wheelchairs, crutches, toilet chairs, and disability-friendly beds, improving mobility and enabling greater engagement in community life.

Referral support was also provided to 199 individuals, linking them to specialized services including medical rehabilitation, such as corrective surgery, and diagnostic care that are often not available locally.



712

Persons with Disabilities Linked with Disability Identity Cards

166

Persons with Disabilities Supported with Assistive Devices

9

Health Facilities Provided with Assistive Equipment

We didn't know what it was, now we know how to support him.

UNCERTAINTY TO RECOGNITION

In a rural community in Sindhupalchok, a young child had been showing unusual behavior and difficulty hearing for several years. His family sought help through traditional practices and multiple health visits, but without clear answers. "We were confused and worried," his mother recalls. "We didn't understand what was happening, and we didn't know where to go."

During a routine household visit, the child was identified by field staff and referred for further assessment. With support from the project, the family was connected to appropriate services, where the child was diagnosed with autism.

The process did not end with diagnosis. The family was guided through obtaining a disability identity card, something they were previously unaware of. With this recognition, the child became eligible for government support services, and the family gained access to information and guidance on care and inclusion.

"Before, we felt alone," his mother says. "Now we understand his condition, and we know there is support available."



Now I can contribute to my family again.

INDEPENDENCE AFTER DISABILITY

Rajendra's life changed after the 2015 earthquake left him with a permanent spinal injury. Once able to work and support his family, he suddenly found himself dependent on others for daily activities. With limited income and increasing financial pressure, his household struggled to cope.

"It was very difficult," he recalls. "I couldn't work, and I worried about how my family would manage."

Through project support, Rajendra was linked with livelihood opportunities and received a small grant to start a grocery shop from his home. Over time, the shop began to generate steady income, helping the family meet daily needs and support their children's education.

More than the financial improvement, the change restored his confidence and sense of purpose. "Now I can contribute to my family again," he says. "I feel independent."

Today, Rajendra is not only supporting his household but is also more engaged in community life.

Supporting Dignity and Quality of Life

Economic participation often represents the most visible step toward independence for persons with disabilities, enabling them to live with greater dignity. When individuals are able to generate income and contribute to household livelihoods, it improves financial stability and how disability is perceived within families and communities.

In 2025, efforts focused on supporting persons with disabilities through small-scale and locally viable livelihood activities that could be managed close to home. Across project areas, 46 persons with disabilities and ultra-poor individuals received seed funding support for their social rehabilitation. They used this support to start or expand income-generating activities, such as small businesses and livestock rearing, depending on local context and individual capacity. For many participants, this was their first opportunity to establish a steady source of income. Among those who received seed support in the previous year, 67 individuals were found to be actively using the funds, showing that the support was being put into practice.

81 Persons with Disabilities Linked to Vocational Training

46 Supported with Seed Funds for Income-Generating Activities

199 Supported for Treatment, Referral, or Rehabilitation

LNOB Approach *continued.*

In addition to financial support, emphasis was placed on building practical skills. 81 individuals were linked with external stakeholders for vocational training, allowing them to access specialized skills and expand their livelihood options. Furthermore, 62 individuals received skill training to initiate income-generation, which helped them better manage and sustain their work.

62

SHG Members
Trained in Income-
Generating
Activities



Tailoring equipment provided as income generation support in Gadhi Rural Municipality, Sunsari.

Deepak, a young man with physical and speech disabilities, operated a small shop from inside his home, limiting customer access. With support from a partner organization, a roadside shop structure was constructed, improving visibility and accessibility. This increased his income and confidence to operate independently.



Strengthening Inclusive Practices Across Stakeholders

The application of the LNOB approach also influenced how teams and stakeholders engaged with communities. In 2025, 24 staff members were provided with GESI training, while a wider group (including 55 staff, 221 community representatives, and 318 municipal authorities) were oriented on inclusion and budgeting practices. These efforts helped build a shared understanding of how to identify and respond to exclusion.

The LNOB approach further improved how participation was assessed. Rather than focusing only on who participated, teams began to track who was not participating, households that did not attend meetings, individuals who dropped out of follow-up, and groups that remained underrepresented—identify the causes/barriers behind their exclusion.

In order to address those causes, teams made targeted adjustments such as scheduling meetings at more accessible times, continuing follow-up visits beyond initial contact, and encouraging participation from those less likely to speak. These were not new activities, but improvements in how existing processes were carried out.

Over time, participation began to reflect a broader cross-section of the community, with discussions increasingly representing the realities faced at household level.

318

Municipal Authorities
Sensitized on GESI and
Inclusive Budgeting

10

Municipal Authorities
were Provided with GESI
Cross Learning Exposure

6

Health-Related Policies
and Guidelines Supported
for Development at
Municipal and Provincial
Level

Linking Preparedness and Response

Health emergencies did not remain separate from development work in 2025. In several project areas, the year showed how quickly normal conditions can shift (through floods, outbreaks, and seasonal public health threats) and how important it is for local systems to be prepared before those shocks arrive.

Preparedness Response

Some of the most important work of the year was not visible in a single event. It was the quieter work of preparing local systems to respond when conditions changed.

In Sindhupalchok, for example, 36 health workers from three municipalities received Rapid Response Team (RRT) training, strengthening local capacity to respond to public health emergencies. Across project areas, 56 RRT members were trained, helping build a pool of personnel who could respond more quickly and in a more coordinated way when needed.

This was accompanied by support to all 12 municipalities and the Public Health Office in Sindhupalchok to update health contingency plans, alongside contributions to the District Disaster Preparedness and Response Plan 2025. These are the kinds of actions that do not attract attention when things are normal, but they matter when systems come under pressure.

These are the kinds of actions that do not attract attention when things are normal, but they matter when systems come under pressure.

Preparedness work also took shape through planning processes in other areas. In Sunsari, support was provided for the preparation of the district contingency plan, giving local stakeholders a clear framework for coordination during emergencies. In other municipalities, preparedness was linked with early action rather than waiting for an outbreak to peak. As vector-borne diseases began appearing earlier than expected, dengue prevention was taken up ahead of the monsoon through community and school-based campaigns. In Sindhupalchok, dengue awareness activities were carried out in 55 communities and schools, reaching 1,216 people, while broader campaigns and “search and destroy” efforts reached around 1,918 people in 65 targeted communities. These actions were small in scale compared to district-wide outbreaks, but they helped move preparedness closer to the community’s level.

When emergencies did occur, the focus was on responding quickly while working through existing local systems. Across different emergency situations (including floods, disease outbreaks, and related support), 11,927 individuals were reached through relief, awareness, and response activities.

In Jhapa, severe flooding created immediate humanitarian and public health needs. Project support reached 300 flood-affected families, approximately 1,200 individuals, through relief packages designed to meet short-term nutritional and essential household needs. In Sindhupalchok, flood-induced landslides affected another set of communities, where 179 families, representing 941 individuals, received emergency support coordinated with district authorities and local government structures. In both cases, the support was more about helping households stabilize while keeping local coordination intact.

The cholera outbreak in Saptari was another reminder of how quickly vulnerability can turn into a crisis. The outbreak was rooted in conditions that are familiar in many excluded settlements: unsafe water, open defecation, poverty, and delayed care-seeking. In response, support included hygiene promotion, preventive awareness, and close coordination with health authorities to contain further spread. The significance of this response lies in the fact that it reached a settlement where people had already experienced fatal delays in accessing care.

In Baglung, a rise in dengue cases required a different type of response, driven by rapid coordination at the local level. As cases increased from 21 to 85, ward representatives, municipal authorities, and district stakeholders organized “search and destroy” campaigns across 12 locations in four wards. These efforts focused on identifying and eliminating mosquito breeding sites, alongside continuous dissemination of prevention messages through local radio and municipal communication channels.



Search. Destroy. Prevent.

Communities taking practical action—identifying and clearing mosquito breeding sites to reduce dengue risk at its source in Berang Rural Municipality, Baglung.

Across these responses, the role of existing systems was evident. Established coordination mechanisms, trained personnel, and community-level platforms enabled local actors to respond in a timely manner. Project support contributed to strengthening these linkages, allowing responses to be organized quickly and implemented across affected areas.

Policy Engagement and National Collaboration



Supporting National Coordination and Policy Processes

FAIRMED, through its Country Office, actively engaged with federal-level health actors and stakeholders, working closely with the Ministry of Health and Population (MoHP) and EDCD. Our participation in various strategic programs has allowed us to provide valuable input and extend the necessary support to strengthen key national health initiatives.

During the year, FAIRMED participated in several national-level coordination platforms and strategic processes. This included the National NTD Steering Committee meetings held in Sauraha (January 2025) and Pokhara (June 2025). These forums provided an opportunity to align program approaches with national priorities and share implementation learnings from the field.

FAIRMED also collaborated with MoHP and EDCD for organizing National Review Meeting of NTD and VBD programs in March 2025. The meeting brought together participants from all seven provinces, selected health offices, and municipalities to review progress, identify challenges, and define priority actions for strengthening implementation.

In addition, FAIRMED participated in the consultative workshop for the development of the National Leprosy Strategy 2026–2030, providing programmatic inputs based on field experience.



Contributing to Knowledge Sharing and National Platforms

FAIRMED contributed to the First National Leprosy Conference 2025, organized by EDCD with support from funding partners. As a member of the organizing committee and sub-committees, FAIRMED supported the planning and implementation of the event.

The conference brought together government stakeholders, development partners, civil society organizations, and persons affected by leprosy to share progress, challenges, and lessons learned. FAIRMED contributed as panelists and speakers in multiple sessions and facilitated participation of local NGO partners and affected individuals from project areas.



Strengthening Program Approaches at Policy Level

FAIRMED collaborated with EDCD in developing a Standard Operating Procedure (SoP) for the formation and mobilization of SHGs. The workshop, held in October 2025, drew on FAIRMED's experience in Lumbini Province, linking policy-level guidance with community-level implementation. The government plans to scale up these guidelines nationally.



Supporting National Disease Elimination Efforts

As part of its commitment to lymphatic filariasis elimination by 2030, FAIRMED collaborated with EDCD to conduct lymphatic filariasis morbidity estimation surveys in Sindhuli, Rautahat, Ilam, and Solukhumbu. A total of 23,079 individuals were screened, with 72 confirmed cases identified.



Strengthening Technical Capacity

To support the application of LNOB approach, FAIRMED organized a five-day QGIS training for project and partner staff, strengthening their capacity in GIS mapping, visualization, and tracking of program implementation.



Engagement in Other Networks and Partnerships

FAIRMED maintained active engagement with key stakeholders in NTD programming, primarily the World Health Organization. We have continued our active engagement with national and international networks, including the Association of International NGOs (AIN), the Network of Leprosy NGOs (NLN), and the International Federation of Anti-Leprosy Associations (ILEP). Through these platforms, FAIRMED contributed to joint initiatives, including the development of a SoP for project appraisal and facilitation in collaboration with MoHP and AIN members. FAIRMED also participated in regular NLN meetings, sharing progress and challenges from its leprosy programs.

Financial Overview


FAIRMED FOUNDATION NEPAL
Jamshikhel, Lalitpur
FUND ACCOUNTABILITY STATEMENT
For the Year Ended 32 Ashadh 2082 (16 July 2025)


Particulars	Amount in NPR	
	Current Year	Previous Year
Sources of Fund		
Opening Fund Balance	41,890,348	34,821,461
Fund Received During the Year	225,309,741	260,839,151
Total Funds Available (A)	267,200,089	295,660,612
Application of Funds		
Expenditure		
Country /Field Offices	39,534,628	33,365,402
EHP-Program	26,699,472	55,175,054
BISWAS-Program	50,955,523	69,888,893
RHIP-Program	29,504,504	66,427,836
SIHP-Program	48,835,624	25,727,111
NLR-Program	1,551,019	3,185,968
SAMBODHAN Project	11,780,511	
PRERANA Project	20,372,924	
Total Expenditure (B)	229,234,205	253,770,264
Balance of Funds [A-B]	37,965,884	41,890,348
Balance of Funds Represented By:		
Cash and Cash Equivalents	14,630	35,501
Bank Balance	36,713,128	39,999,749
Accounts Receivable	6,548,890	6,794,047
Accounts Payable	(5,310,764)	(4,938,950)
Total	37,965,884	41,890,348


Health for the Poorest
NEPAL COUNTRY PROGRAM


Yuba Raj Chaudhary Tharu
Head of Finance and Operations


Nirmala Sharma
Country Coordinator


CHARTERED ACCOUNTANTS


Sanjay Kumar Chaudhary, FCA
Principal
Sanjay Chaudhary & Associates

Themes	Budget	Expenditure
Neglected Tropical Diseases	71,153,239 (27%)	54,203,048 (24%)
Maternal and Newborn Health	42,475,440 (16%)	36,967,473 (17%)
Gender Equality and Social Inclusion and Disability Inclusive Development	32,216,164 (12%)	27,332,082 (12%)
Health System Strengthening	48,203,302 (18%)	39,464,269 (18%)
Community Empowerment and Mobilization	58,232,419 (22%)	50,381,343 (23%)
Disaster Risk Reduction and Response	14,548,566 (5%)	13,007,365 (6%)
Grand Total	266,829,130 (100%)	221,355,579 (100%)

“

It is these every day,
locally driven actions
that create lasting
impact.



Looking Ahead

The progress observed in 2025 reflects the implementation of activities, but also the gradual strengthening of systems, partnerships, and community engagement across project areas. At the same time, the year has highlighted areas where approaches need to be refined, strengthened, and taken further.

Building on these experiences, FAIRMED Nepal's focus in coming years will be shaped by a set of clear priorities:

Deepening Inclusion Across Programs

Building on the application of the LNOB approach, FAIRMED Nepal will update its GESI strategy for 2026–2030 and strengthen the systematic integration of inclusion across all program areas.

Advancing National NTD Elimination Priorities

Continued collaboration with the Government of Nepal, including the MoHP and the EDCD, will support progress toward the elimination of lymphatic filariasis, leprosy, and kala-azar by 2030.

Acting on Evaluation and Strengthening Quality

Findings from project evaluations will be used to address identified gaps at both system and program levels, with a focus on improving the quality, coordination, and reach of interventions.

From Implementation to Evidence and Learning

Greater emphasis will be placed on documenting key achievements and program approaches, with a focus on selected priority interventions. These learnings will be actively disseminated through national and international platforms to inform policy and practice.

Strengthening and Refining Program Approaches

Key approaches including LNOB, NTD-related training, SHGs of NTD-affected and persons with disabilities, and the integration of NTD services within routine health services, will be reviewed and refined to improve effectiveness and consistency.

Strengthening Partnerships for Equity and Impact

Collaboration with government institutions, local NGOs, networks, and other stakeholders will be further strengthened to address persistent equity gaps and support improvements in the quality and accessibility of health services.



Abbreviations

AIN	Association of International NGOs
DCC	Disability Coordination Committee
DID	Disability-Inclusive Development
EDCD	Epidemiology and Disease Control Division
FCHV	Female Community Health Volunteer
GESI	Gender Equality and Social Inclusion
HFOMC	Health Facility Operation and Management Committee
IDA	Ivermectin, Diethylcarbamazine, and Albendazole
IEC	Information, Education, and Communication
LNOB	Leave No One Behind
LPEP	Leprosy Post-Exposure Prophylaxis
MDA	Mass Drug Administration
MNH	Maternal and Newborn Health
MMDP	Morbidity Management and Disability Prevention
MoHP	Ministry of Health and Population
NTD	Neglected Tropical Disease
OPD	Organization of Persons with Disabilities
RRT	Rapid Response Team
RoUSG	Rural Obstetric Ultrasound Services
SATH	Self-Applied Technique for Quality Health
SHG	Self-Help Group
SoP	Standard Operating Procedure
ToT	Training of Trainers
VBD	Vector-Borne Disease

**FAIRMED
Headquarters**

Aarberggasse 29
CH - 3011 Bern, Switzerland

Phone: +41-0-313117797
Email: info@fairmed.ch
www.fairmed.ch

**FAIRMED Nepal
Country Office**

Jhamsikhel, Lalitpur, Nepal
P.O. Box: 10047

Phone: +977-01-5420612
Email: nepal@fairmed.ch
www.fairmed.org.np

Find us on

 FAIRMED Nepal

 FAIRMED Nepal