Profile of Nepal

Amidst the two Asian giants, China and India, with their fast-growing economy, Nepal is a small landlocked country encompassing a total size of 147,181 square kilometers with a population of about 26.5 million. Despite its richness in
biodiversity, natural resources and cultural multiplicity, Nepal still remains an underdeveloped country where nearly 24 percent of the people live under the poverty line. The impact of poverty is manifest in all sectors of the society, like health and hygiene, education, disaster and conflict preparedness, access to and distribution of resources, gender equity as well as respect for humanitarian values. The political turmoil during the last decade was the reflection of all these problems culminating in the people’s movement in April 2006. With the successful landing of the People’s Movement, Nepal is now heading towards a new era of development. The recent changes in the legal, political, financial and diplomatic scenario indicate that the country needs more efforts in the fields of social reformation, rehabilitation and development. The infrastructure destroyed during the decade long armed conflict needs to be restored while new avenues have to be opened for development.

Key indicators for Nepal

Total population (2011) 26,494,504
% of population under 15 years 33.22
% of population above 65 years 5.13
% of urban population 17
Population growth rate 1.35
Population density per Sq. Km. 180
Life expectancy at birth 68.8
Infant mortality rate per 1000 live births 40.5
Under five mortality rate per 1000 live births 51
Maternal mortality rate per 100 000 live births 190
Birth attended by skilled health personnel 36%
One year old fully immunized against tuberculosis 97
One year old fully immunized against measles 88
HDI rank out of 187 countries (2014) 145
% of population living below national poverty line 23.8
Literacy rate for population aged 5 years and above 57.4%
% of population using an improved sanitation facility 53.20
Number of doctors per 100,000 population 17

(Source: Central Bureau of Statistics, Nepal Government)
Disability Situation in Nepal

Disability is prevalent across the world irrespective of gender, ethnicity, race, etc. In the context of Nepal, disability is viewed as a penance to the sins committed in previous lives. People with disabilities are either ignored or treated as an object of pity. The notion that people with disabilities have equal rights and duties as any other individual, is largely absent from the popular mindset. There are no comprehensive data on disability in Nepal. Even the statistics on people with disabilities varies according to source. An estimated 7-10 percent of the total population in Nepal is with disabilities of one form or another. The visually impaired, hearing impaired, physically disabled, and mentally challenged are recognized by the Government of Nepal.

It has been recently reported that Nepal has one of the highest incidence of deafness with the deaf and hard of hearing constituting 17% of Nepal’s population.

About IMPACT Nepal

IMPACT Nepal (IN) as a partner of the global movement of Impact Foundations was established in 1993 with the mission of preventing disability.

IN has grown into one of the leading organizations working for prevention of disability in the country. It has been striving to continuously serve the most vulnerable sections of the population and is also making constant efforts to build its institutional capacity in order to achieve its mission. It renders its services throughout the country and some specific projects are implemented in the districts of Kathmandu, Rautahat, Sarlahi, Siraha, Dhanusha, Saptari, Udayapur, Tanahun and Gorkha.
Activities of IMPACT Nepal

Service to the most vulnerable – In collaboration with Impact Foundation UK, Kadoorie Charitable Foundation (KCF) Hong Kong and Christoffel Blinden Mission (CBM) Germany, IN has been carrying out several programmes in order to prevent needless disability:

1. Mobile Surgery Camps
   a. Restoration of Hearing and
   b. Restoration of Movement

2. Collaborating and Sharing Skills with other IMPACT Organizations

3. Safe Motherhood and Child Health and Nutrition

4. Immunization

5. Prevention of Hidden Hunger

6. Tertiary Ear Care in the Community – Lahan Ear Hospital, Siraha District

7. Safe Drinking Water and Basic Sanitation Facilities

8. Poverty Alleviation, Educational and Economic Rehabilitation

9. Prevention of Deafness and Physical Disability through IN support centers

10. Capacity Building for Prevention of Disability

11. Primary and Secondary Ear Care Services in the Community

12. Public Awareness
Mobile Surgery Camps

One of IN’s major activities has been to conduct mobile surgery camps in rural areas where specialized health care facilities are non-existent.

a. Restoration of Hearing

In 2014, 4 (Four) Mobile Ear Surgery Camps were held in Parsa, Bhojpur and Siraha where a total of 2,051 people were treated and 232 ear surgeries were performed.
b. Restoration of movement

IN has also been holding mobile orthopedic surgery camps in the community for restoration of mobility. In 2014, one such camp was held in Parsa District. A total of 342 patients were examined and treated and 30 underwent orthopedic surgery along with 6 ponsetti treatment of children under the age of 5. Since November 2013, 11 children are being treated using ponsetti method in our Rehabilitation Centre located in Nepal Medical College Teaching Hospital, Kathmandu and in the Orthopaedic camp in Birgunj.
Reaching Out via Mobile Ear Surgery Camps

Lalita Devi Thakur of age 27 is an uneducated housewife who had been suffering from bilateral discharge since childhood. Due to this, her hearing capacity also diminished over the period, preventing her from communicating effectively. Lalita’s disability made it difficult for her to perform her daily chores. She was unable to make her family happy, as she could not listen well to their matters. They used to get angered and shout at her due to irritation. Even the villagers nicknamed her as “Deaf”.

As a result of the disability, she could not take care of her family. She would do the opposite of what was asked of her. It created confusion and quarrel in the family. People would shout at her and show their anger when she misunderstood them. Due to the disability, she was left all alone in her own world as she had no means to communicate properly. Even her family members started to neglect her. She was thus frustrated, remained isolated and rejected.

During her 10 years of disability, Lalita Devi, a permanent resident of a remote village of Dhanusha district, had her ear checked several times from doctors of neighboring Indian district of Bihar. The doctors suggested her for surgery, but it was beyond her access as she was financially incapacitated and could not secure help anywhere. One day, when IMPACT Nepal staffs were conducting a mobile ear screening camp, the Otology Assistant checked her ears and referred her for surgery to Lahan Ear Hospital in Lahan, Siraha. After the examination of her ears by a surgeon in Lahan, surgery (Myringoplasty) was performed on her ears during a mobile ear surgery camp organized by IN, which resulted in restoration of hearing and relief from ear discharge.

Thus, a big burden was lifted off her when she regained her hearing capacity and also got relief from the abominable ear discharge. After the restoration of hearing, she was able to
communicate well with her family members as well as with the people in her community. She is very happy now and feels motivated to help others like her by awakening them from their ignorance and hopelessness and persuades them to have ear surgery at Lahan Ear Hospital. Her enthusiastic support and involvement in such activities has earned respect for her in the community.

She feels very grateful and happy for being treated and relieved of her miseries. She thinks others like her also should benefit from the help provided by IN and LEH. Therefore, she is now involved in building awareness among the underprivileged masses of people making them aware of the services provided at LEH. The most heartbreaking aspect of this story has been the fact that Lalita had to endure the pain of disability along with the concomitant dose of insults and frustration for the most part of her youth relegating her to a life of isolation, hopelessness and rejection, all for nothing, except that she could not afford a simple surgery due to a lack of awareness and a few rupees.

Collaborating and Sharing Skill with other IMPACT Organizations

a. Ear Surgery and Otology Training Programme in Bangladesh

As per the invitation of IMPACT Foundation Bangladesh to work at Jibon Tari Floating Hospital in Bhairab, Kishoregonj for 3 days and IMPACT Massudul Haque Memorial Community Health Centre in Chaudanga for 2 days, IMPACT Nepal’s team visited
Bangladesh to train and guide ENT Surgeons and anaesthetists from 30th August to 6th September, 2014 focusing on clinical and surgical skills in otology.

The team was led by Dr. Nar Maya Thapa, ENT Surgeon of Tribhuvan University Teaching Hospital, accompanied by other three ENT Surgeons and two O.T. Nurses. During this period, a total of 42 operations were performed.

**b. Training programme for ENT Doctors in Cambodia**

IMPACT Nepal, in association with IMPACT Cambodia, conducted a training programme for ENT Doctors at Preah Ang Duong Hospital (PADH), Phnom Penh and Chey Chumea Hospital, Takhmao from 27th to 31st January, 2014 focusing on clinical and surgical skills in otology. The team consisting of Prof. Dr. Hari Bhattarai, Dr Urmila Gurung, Mrs Tara Devi Karki, Mrs Laxmi KC from Nepal and Dr Ambrose Lee from Canada, was lead by Prof. Dr. Rakesh Prasad Shrivastav.

Prof. Dr. Rakesh and Dr Urmila along with Mrs Tara Devi Karki were stationed at Preah Ang Duong Hospital while Prof. Dr Hari Bhattarai, Dr Ambrose Lee and Mrs Laxmi KC were stationed at Chey Chumea Hospital, Takhmao. During this period a total of 46 patients were screened, out of which 19 operations were performed.
Safe Motherhood and Child Health and Nutrition

Most maternal deaths in Nepal can be prevented if women have access to appropriate health care during pregnancy, childbirth and immediately afterward. The single most critical requirement for safe motherhood is to ensure that a health worker with midwifery skills is present at every birth. In order to achieve this, sufficient numbers of health workers are required to be trained and equipped with essential supplies, especially in poor and rural communities. IN has developed effective strategies to ensure that people have access to quality maternal and child care services in the areas where it has been working.

IN’s programme includes Safe Motherhood and Child Health Project in Rautahat and Sarlahi Districts and Micronutrient Supplementation and Income Generation Project in Tanahun District. The following activities are carried out: Iron tablet and Vitamin A distribution to pregnant and lactating women, motivation of pregnant women to attend antenatal and postnatal clinics, supply of Emergency Obstetric Care (EOC) kits, and distribution of Vitamin A and nutritious flour to under-3 children.

IN has been providing support to the Ministry of Health to scale up and intensify the maternal and neo-natal support

<table>
<thead>
<tr>
<th>Programme</th>
<th>Rautahat</th>
<th>Sarlahi</th>
<th>Tanahun</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vitamin ‘A’ supplementation</td>
<td>11,999</td>
<td>7,554</td>
<td>4,052</td>
<td>23,605</td>
</tr>
<tr>
<td>Iron tablets users</td>
<td>8,678</td>
<td>2,532</td>
<td>1,112</td>
<td>12,322</td>
</tr>
<tr>
<td>Nutritious flour</td>
<td></td>
<td>971</td>
<td>971</td>
<td></td>
</tr>
</tbody>
</table>
programme in the districts of Rautahat, Sarlahi, Siraha, Dhanusha and Tanahun reaching more than 13,000 pregnant women and 32,500 children every year. Among them, a total of 6,271 pregnant women attended ante-natal clinics regularly and about 2,407 deliveries took place either in hospitals or were supervised by trained health personnel in Rautahat. Sarbottam Pitho (nutritious flour) was made available to 971 under-3 children in Tanahun.

Signs of a New Beginning

I am Sanju Kumari Srivastava. I live in Gaur, a municipality of Rautahat district. I am working as a Field Worker for IN’s Safe Motherhood and Child Health Project in Rautahat since the last five years. Akolawa and Bairiya VDCs that I am responsible for are about 8 kms away from my residence. Even though the VDCs are relatively close to my residence, due to the river named Lal Bakaiya that flows through it, I have to face some difficulty while traveling during the monsoon season. Otherwise, everything else is fine. Hindus and Muslims live together in my target community, however, the majorities are Muslims.

On 2nd of August, 2014, I was visiting the Akolawa VDC. During the visit, I met a Muslim man named Jabir Mia of ward number 5. He informed me of his wife’s pregnancy and took me to his residence to meet his wife. When I met her, she looked very concerned. She told me that her baby is only 3 months old and she is pregnant again. When I asked her how she knows that she is pregnant, she told me that she has missed her period; therefore, she thinks that she is pregnant. On further inquiry, she replied negatively for all the other early signs of pregnancy, like feelings of nausea, fatigue, a sense of heaviness in the
lower abdomen, food aversions or cravings, increased urination, decrease in lactation, etc.

Thereafter, I suggested her to visit the ANC clinic at the village Sub Health Post for the pregnancy test. Due to her eagerness, she followed me to the ANC clinic where the test results came out as negative. She became very happy as a sense of relief came over her. Then she revealed her mind to me and inquired about ways to prevent pregnancy for at least another two years. I was surprised to hear this coming from a Muslim woman. Anyway, I shared with her the easily available temporary means of contraception for women.

I informed her that according to her liking she could use oral contraceptive pills, IUCDs or the Depo-Provera injection. Hearing this, her husband Jabir Mia who was standing nearby objected. He said, “Using artificial means of contraception is forbidden in Islam. It is a sin to prevent child birth. If the religious leaders of my community hear of this, they will chastise me with harsh speech and levy a social punishment upon me.”

When I saw this reaction from the husband, I took a non-judgmental yet a straightforward approach and counteracted him by explaining the many benefits of proper birth intervals. I explained how it will benefit the health of both the new born child and the mother and ultimately contribute to the welfare of their family. To my surprise, he conceded soon enough and wanted to use IUCD on his wife. However, he asked to keep it a secret from his community members. Immediately, with the help of the Auxiliary Nurse Midwife (ANM) the service was provided to Nazara Khatun, the wife of Jabir Mia.

After this incidence, a dramatic turnover of events unfolded in that community. Currently, fourteen Muslim women of that community are using artificial means of contraception for preventing unwanted pregnancies. This turned out to be a very good morale booster for me. However, a lot of problems still need to be addressed in these parts of Nepal. One of the major problems that I see is the fact that the ANM posts at the VDC level remain vacant and not enough human resources are available to fill up those vacant posts. The concerned parties from both the government and non-government sectors should take the necessary steps to fill up this void, which would certainly change things for the better future of safe motherhood and child health in Nepal.
Immunization

Reducing infant and child mortality rates, as well as, preventing disability in the country are the priorities of IN, so that it can promote the right of every individual to live a healthier and fuller life.

IN has integrated immunization as an integral part of its programs launched in the communities. The Government of Nepal is responsible for providing immunization services, whereas IN is engaged in motivating and following-up on persons needing immunization in order to achieve universal immunization. As a result, immunization coverage, as well as, the rate of immunization has increased considerably in the target communities. The details for 2014 are as follows:

<table>
<thead>
<tr>
<th>Type of Immunization</th>
<th>Rautahat</th>
<th>Sarlahi</th>
<th>Siraha</th>
<th>Dhanusha</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG (children)</td>
<td>1,282</td>
<td>203</td>
<td>559</td>
<td>173</td>
<td>2,217</td>
</tr>
<tr>
<td>DPT (children)</td>
<td>1,278</td>
<td>192</td>
<td>588</td>
<td>157</td>
<td>2,215</td>
</tr>
<tr>
<td>Polio (children)</td>
<td>1,278</td>
<td>192</td>
<td>588</td>
<td>157</td>
<td>2,215</td>
</tr>
<tr>
<td>Measles (children)</td>
<td>1,128</td>
<td>166</td>
<td>549</td>
<td>163</td>
<td>2,006</td>
</tr>
<tr>
<td>Tetanus Toxoid (pregnant women)</td>
<td>513</td>
<td>125</td>
<td>426</td>
<td>159</td>
<td>1,223</td>
</tr>
</tbody>
</table>
Prevention of Hidden Hunger

The major problems caused by micronutrient deficiencies are Iron Deficiency Anemia (IDA) and Iodine Deficiency Disorder (IDD). IDA has been one of the causes of maternal mortality and IDD the cause of irreversible mental retardation including cretinism-associated problems. IDD is present in 38% of children under 5-years of age and in more than half of all pregnant women in Nepal.

In order to prevent this Hidden Hunger, IN has been implementing a Micronutrient Supplementation and Income Generation Project in Tanahun District. It has also integrated this project into other programmes being implemented in Rautahat, Sarlahi, Siraha and Dhanusha Districts.

In addition to distributing Vitamin A capsules, Iron tablets and Iodine, IN has been educating and encouraging people to start a home garden as a source of naturally available micronutrients. The number of households where IN supported home gardening is as follows:

<table>
<thead>
<tr>
<th>Sarlahi</th>
<th>Rautahat</th>
<th>Siraha</th>
<th>Dhanusha</th>
<th>Tanahun</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>738</td>
<td>6,618</td>
<td>2,554</td>
<td>850</td>
<td>3,404</td>
<td>14,164</td>
</tr>
</tbody>
</table>
The Good Tidings for a Whole Village

My name is Khanimaya B.K. I live in Ratamate, ward number 5 of Bhirkot VDC in Tanahun District. I am 46 years of age, and I have 5 daughters and 2 sons. Including my husband, we are nine members in our family. Our caste is categorized as one of the disadvantaged and marginalized groups in Nepal. Agriculture, wage labor, and our family occupation of forging iron wares is our means of sustenance. Income from agriculture hardly carries us through half the year. For rest of the year, we have to depend upon wage labor.

Our VDC is located in a very remote part of Tanahun. The modern amenities of life are conspicuous by their absence here. Far from it, we women of this region have to toil hard for collecting water every morning and evening. For food we consume our own produce, like millet and corn, and when we have income through wages, we buy rice from the market.

One fine day, the local FCHV came to our house and invited me to visit her place on the following day for a gathering of the village women, where a social activist belonging to IMPACT Nepal was purporting to form a “mother’s group” for bringing about a positive social change to our village community. I thought, “What do I have to lose?” and thinking that it is a good
opportunity to meet all the village women, I went for the gathering with an inquisitive mind. The gentleman from IMPACT Nepal spoke to us very convincingly about the programme. He said it was based upon the idea of preventing avoidable disabilities through the consumption of adequate nutrition made available in the community by empowering women through the introduction of income generating activities and the free distribution of seeds of various nutritious vegetables.

Everything he said sounded like sweet music to my ears and I volunteered to sit in the mother’s group. By becoming a member of the group, I was determined to learn new things and take advantage of the timely training and workshops as well as other facilities accorded to us by IMPACT Nepal, and in this way, empower all my sisters including myself to dream of a better life for ourselves.

In due course, we were seeing our dreams come true through our involvement in income generating activities and kitchen gardening. The majority of the families in my village belong to some marginalized caste like myself. Due to lack of ideas and resources or due to misfortune, whatever you may call it, the people in this village were used to begging for a morsel of food rather than taking an initiative to do something. Still, some may find it justifiable that they opted out of growing vegetables instead of walking for 7-8 hours to buy vegetable seeds from the marketplace in Damauli.

However, things have changed now through the guidance and support provided by IMPACT Nepal. In the beginning, few of us ladies who were in the mother’s group took the initiative to startup our own kitchen gardens, and following our success many ladies and their families have now joined our bandwagon. In this way, currently, the whole village has developed a new habit of growing seasonal vegetables and fulfilling their daily need of nutritious foodstuffs by their own labor. Hence, everyone in the village glorifies IMPACT Nepal for helping the people breakaway from the shackles of outdated thinking and way of life.
Tertiary Level Ear Care in the Community – Lahan Ear Hospital, Siraha District

In August 2010, IMPACT Nepal in close collaboration with Nepal Netra Jyoti Sangh (NNJS) and CBM, Germany started the Lahan Ear Hospital within the premises of the Sagarmatha Chaudahry Eye Hospital in the small town of Lahan in Siraha District. Prior to starting the Ear Hospital, there was an Ear Care Centre run by IN in the same location. This Centre is now an integral part of the Lahan Ear Hospital. One ENT Surgeon and Seven Ear and Hearing Care Workers are now working in the hospital and in the community. The Lahan Ear Hospital works in close conjunction with two Community Based Primary Ear Care Programmes run by IN in Rajbiraj, Saptari and in Siraha, District Headquaters of Siraha.

The details of services provided in 2014 are as follows:

<table>
<thead>
<tr>
<th>Activities</th>
<th>Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ear Examination and treatment</td>
<td>25,524</td>
</tr>
<tr>
<td>Ear Surgery</td>
<td>447</td>
</tr>
<tr>
<td>Tympanogram</td>
<td>266</td>
</tr>
<tr>
<td>Audiogram</td>
<td>3,749</td>
</tr>
<tr>
<td>Hearing Aid Services</td>
<td>18</td>
</tr>
<tr>
<td>Mobile Screening Camp Participants</td>
<td>7,394</td>
</tr>
<tr>
<td>No. of Mobile Screening Camps Staged</td>
<td>99</td>
</tr>
<tr>
<td>Health Awareness Sessions Staged</td>
<td>50</td>
</tr>
<tr>
<td>No. of people reached through awareness</td>
<td>6,343</td>
</tr>
</tbody>
</table>
Safe Drinking Water and Basic Sanitation Facilities

IN has been implementing safe drinking water and basic sanitation projects in the rural areas of Rautahat and Gorkha districts in order to provide safe drinking water and basic sanitation. The water project of Dhuwakot and Chyangli VDCs of Gorkha District is based on gravity-fed drinking water scheme.

The source of water is down below the level of the village at the edge of Marsyangdi River from where the water is pumped-up to the Overhead Tank and supplied to the villagers. A total of 966 people are benefitted from the project.

The details of the project for 2014 are given below:

<table>
<thead>
<tr>
<th>Drinking Water and Sanitation</th>
<th>Rautahat</th>
<th>Gorkha</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Tap Installation</td>
<td>-</td>
<td>164</td>
<td>164</td>
</tr>
<tr>
<td>Family Toilets</td>
<td>14</td>
<td>-</td>
<td>14</td>
</tr>
</tbody>
</table>
The End of Our Hardships

My name is Sanu Maya Kumal. I am 36 years old. I was born in Gorkha district, Chyangli VDC, ward number 4. Including my parents-in-laws, my husband’s brother and his wife, and my three kids, there are eleven members in our combined family. Since my earliest memories, I can remember my mothers and grandmothers having to face a difficult ordeal for water every day, because in these parts of the world, it is an ordained duty of the women folk to fetch water for daily household consumption. In some instances, women have to trudge up and down the hill for miles to collect water. This laborious task is normally performed early in the morning and in the evening. Rather than the men folk, who hardly consider indulging in this daily chore, the little girls help during their days off from school.

Some time ago, before IN’s water project was launched in our village, my sister-in-law and I had to wake up every day, even before dawn, and walk for about 40-45 minutes, among these rugged hilly trails, to reach the spring water source and then return with a heavy pot full of water, either upon our head or upon our waist. In this way, we labored daily to fetch water for our family from a source that was very small. In the winter seasons, it was considered a great boon to get a pot full of water. In short, water was a scarce resource in our village, even though, ironically, Nepal is considered one of the richest countries in water resources.

One can hardly imagine how we could manage other household duties while we had to fetch water daily. There was no fixed time of our return from the water source, which would mean that sometimes the kids had to go to school hungry or bunk it. Men folks could not leave home for work in time due to delayed meals. Things would be even more problematic due to the domestic animals and the kitchen garden. Daily bathing and cleaning was a remote concern. In other words, life was hellish for want of water, and it is still for so many other villages around here.
However, times have changed for us after the completion of IN’s water project in our rural community. As a result, there is a tap water supply in every household of this community, and we women are relieved from a great ordeal. Now we have plenty of time in our hands that we can dedicate for more productive causes rather than killing ourselves by simply fetching water. Nowadays, kids always go to school on time. We also have the time to visit village fairs and other community members on occasions that are socially and culturally important. This is truly a great benediction upon us.

Moreover, there is also an increment in the number of people who are seeking to uplift their economic status by raising animals. Due to ample water supply, our kitchen gardens are also flourishing with plenty of nutritious vegetables. From the elderly to the kids, everyone can bathe and keep clean regularly; thus, it is inviting health and happiness in the family and the community. Truly times have changed for the good, and all the villagers are crying out loud in unison, “All glories to IMPACT Nepal.”

Poverty Alleviation and Educational and Economic Rehabilitation

In order to provide livelihood opportunities to persons with disability, as well as, to women without any financial assets of their own, IN has been carrying out poverty alleviation programme through educational and economic rehabilitation in the districts of Tanahun, Siraha and Dhanusha. A total of 65 families have benefited from this activity in the year 2014.

Under the Micronutrient Supplementation Project being implemented in Tanahun district, 90 Mother’s Groups are formed at the village level with 10-15 women members in each group representing from all sections of the society. Each Mother’s Group is headed by a Female Community Health Volunteers (FCHV). The Mother’s Groups have played a pivotal role in implementing a number of activities such as distribution of iron tablets, Vitamin ‘A’ Supplementation, support for immunization, promotion of iodized salt, seeds for home gardening, etc. The Mothers’ Groups are also involved in micro credit schemes. IN supports them by providing matching funds and conducting
guardians and family members. It should be noted that these sign language classes help them to communicate with others. It is one of the most effective programmes, because it encourages the deaf to attend schools and integrate with normal people on a day to day basis.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Siraha</th>
<th>Dhanusha</th>
<th>Tanahun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education Rehabilitation</td>
<td>9</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Economic Rehabilitation</td>
<td>2</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Micro Credit Schemes</td>
<td>-</td>
<td>-</td>
<td>508</td>
</tr>
</tbody>
</table>

activities for their capacity building. It is expected that formation of these groups will contribute towards sustenance of the activities after the projects phase out.

In 2014, IN’s FWs in Siraha District taught Nepali sign language to altogether 78 deaf persons along with their neighbors,
Opening-up New Horizons

My name is Nil Kumari Thapa. I live in ward number 4 of Kot Durbar VDC in the district of Tanahun. I am 42 years of age. I have a son and two daughters. My husband, Amar Bahadur Thapa, passed away in 2008 AD in a motor vehicle accident. Including my parents-in-laws, there are six members in my family. After my husband’s death, life became very troublesome for us. Dependent upon his income from wage labor and peasantry, we were hurled into a life of sorrow after his demise, where we had to go without food at times.

Geographically, our district is situated among high hilly regions of Nepal. Finding and collecting water is no simple task in these parts of the world. I had to toil for water twice daily, dedicating several hours to that menial task beginning in the wee hours of the night. The daily household chores would go on as usual. On top of that, after my husband’s death, I started working in the fields during midday. My children were small, yet there was no one there to help this widow care for them. I would always find my kids fretting with hunger upon my return to the house from the field. And, what was there to feed them? The same millet tortillas and corn porridge, day in and day out, and rice – once in a blue moon. Yikes! Those were some days. A chill goes down my spine when I remember those days.

In this way, my days were slipping through my fingers. I could see no hope in the horizon. One day in the year 2012, two strangers who said they belonged to IMPACT Nepal came to visit me. They said they were here to raise health awareness among the villagers as well as empower women by providing them with opportunities to participate in income generating activities. After explaining everything, they asked me to join the mother’s group. Even though, they seemed sincere and positive, it sounded too good to be true. And, I had no time or enthusiasm left in me to join any groups. Therefore, I starkly declined their offer. I had become quite irritable in those days.

However, they were not to be dissuaded very easily. Whenever they would see me, they would bring up the issue all over again. Moreover, the local FCHV, the Assistant Health Worker from the nearby Health Post, and even the women from my community
kept suggesting me that it was a good idea and that I should give it a try. Finally, I had a change of heart, and I joined the mother’s group. In fact, in the past, whenever I saw women who were educated and were fulfilling leadership roles in the community, I felt a sense of envy towards them and desired to be like them. However, that dream seemed too farfetched until this moment when I thought, maybe this is an opportunity to become like them, and it brought a sense of happiness inside me.

Soon after, following on the lead provided by IMPACT Nepal, I loaned NPR 5,000.00 from the group’s fund, and combining with a small sum of money that I had saved, I opened up a small general store in the village. Within the next six months, I repaid the debt from the profits and loaned another NPR 10,000.00 from the group. In this way, currently, I am running a successful business and have no debts to pay. With the profits, I am able to pay for my kids schooling as well as mange a household of six. Tolerating the pain of not having a husband and remaining aloof from the negative attitude of the villagers that they espouse towards a widow, I have been able to rise above the slumber of dogmatic thinking and taste economic success as well as the good things that come with it; therefore, IMPACT Nepal, which has been with me at every step, leading my way from darkness to light, will always be the object of my praises.

**Sita Devi can Smile Again**

In the District of Dhanusha, Shantipur VDC, ward number 9 lives a young woman named Sita Devi Yadav of age 22. She is married and is illiterate. Including her husband, two sons, one daughter and a mother in law, there are six members in her family. Economically, she belongs to the middle class in her locality, and possesses a sound health. They also possess a small tract of land and some domestic animals, like cows, goats and chickens. Her husband takes care of the animals and works in the field as well as works as a farm laborer for others. In this way, even though, they make enough to feed and cover themselves, they cannot save enough for other necessities.

Sita Devi had the problem of ear discharge in both the ears since her childhood. Her father tried many alternative remedies available locally, but due to economic constraints, he could not afford to take his daughter to a hospital or a professional
medical practitioner. Rather, he was forced to marry her off in a very young age. Her ear problems persisted after marriage, and slowly there was a decrease in her hearing capacity. Later, when she moved in with her in-laws, her father-in-law also tried to help her, and took her to several places for treatment including the village shaman. Eventually, they were distraught by offering goats and chickens for sacrifice in the shamanistic rituals.

Even though, Sita Devi appeared gorgeous, she was depressed due to her ear problem. She had foul smelling discharge from both the ears, and her hearing capacity was also slowly diminishing. People including her own family members disregarded her and labeled her with the noun deaf. Hearing such demeaning nicknames is very damaging to one’s self-esteem, and so was it for Sita Devi. She also overheard people passing remarks on her and condemning her as sinful, because it was all due to her past sins. Sita Devi would secretly shed tears after hearing such crude remarks.

Luckily, one day, while she was visiting her parents she met a lady from her old neighborhood who informed her about IN’s Primary Ear Care Center and the services provided by it in the city of Janakpur, the district headquarters of Dhanusha. Hearing of this news, Sita Devi saw a ray of hope and soon found some time to visit the center with her husband. Upon examination, the Ear Assistant, Mr. Lal Bahadur Mahato found that there was almost 90 percent perforation with profuse discharge in both the ears. Her left ear was in a slightly more acute condition than the right. After seeing and hearing of all the troubles of Sita Devi, Mr. Lal shared some vital information with her regarding ear diseases, and how to prevent or treat them so as not to exacerbate the condition even more. He also gave her some oral medicines to stop the discharge.

In her next visit, when they met again, Mr. Lal found that Sita’s ears were dry and in a better condition. Later, upon Mr. Lal’s recommendation, Sita Devi had her left ear operated at IN’s Mobile Ear Surgery Camp held at Lahan Ear Hospital, Lahan, Siraha. Her right ear is also scheduled to be operated soon. Now her ears are in a much better state, and she is also able to hear well. Thus, it has been a great source of joy for her and her family. They also feel very grateful and offer their good wishes and blessings to IN.
Prevention of Deafness and Physical Disability through IN Support Centers

a. Dr. Lakshmi Narayan National Ear and Hearing Care Centre (LNNEHCC)

Dr. Lakshmi Narayan National Ear and Hearing Care Centre (LNNEHCC) is located within the Department of ENT at Tribhuvan University Teaching Hospital (TUTH), Kathmandu and provides ear examination and treatment, as well as, ear surgery to the patients.

i) Ear Examination, Treatment and Surgery

The services provided by LNNEHCC in 2014 are as follows:

<table>
<thead>
<tr>
<th>Activity</th>
<th>No. of Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination and treatment</td>
<td>17,052</td>
</tr>
<tr>
<td>Surgery</td>
<td>793</td>
</tr>
</tbody>
</table>
ii) Affordable Hearing Aid Project (AHAP)

In order to restore hearing for hard of hearing persons IMPACT Affordable Hearing Aids are being dispensed at the LNNEHCC. The hearing aids and solar chargers are being sold at a reasonable price. However, these devices are made available free of cost to the hard of hearing children who come from economically impoverished backgrounds. In the year 2014, a total of 13 persons received hearing aids and services from the LNNEHCC.
b. Centre for Rehabilitation Surgery (CRS)

i) The Centre for Rehabilitation Surgery (CRS)

It is located at Nepal Medical College, Jorpati, Kathmandu. It provides examination as well as orthopedic surgery to the patients in need.

<table>
<thead>
<tr>
<th>Activity</th>
<th>No. of Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination and treatment</td>
<td>9,089</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>321</td>
</tr>
</tbody>
</table>
ii) Sir John Wilson Prosthetic and Orthotic Centre

Established in 2007, Sir John Wilson Prosthetic and Orthotic Centre (SJWPOC) is an integral part of CRS. The Centre has been producing prosthetic and orthotic appliances for the poor and needy persons with physical disability at a subsidized rate. The Centre produces a wide range of appliances for Upper Extremities, Lower Extremities and Spinal Orthosis.

The details of services rendered by the Centre in 2014 are as follows:

<table>
<thead>
<tr>
<th>Services Provided</th>
<th>No. of Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons receiving devices</td>
<td>800</td>
</tr>
<tr>
<td>Physiotherapy services</td>
<td>2,204</td>
</tr>
<tr>
<td>Physically disabled persons visiting the centre</td>
<td>12,414</td>
</tr>
</tbody>
</table>
It Means a Lot to Min Bahadur

Min Bahadur Shrestha, aged 27, is a young man from Dolakha, which is a district adjoining Kathmandu. He was living a normal life until he was 7 when a severe accident took place, which completely estranged his life. Like any normal kid, Min Bahadur was playful and innocent. He was unaware of the dangers that lurk in the harsh real world around him. One fateful day, when he was out sporting with his friends in the rural environment of the village, unsuspectingly, the group of kids approached a broken high voltage wire that lay on the ground unprotected. Min Bahadur, in his childish enthusiasm, grabbed the wire resulting in severe injuries to his hand and body. He was then treated at Tribhuwan University Teaching Hospital (TUTH), Kathmandu where he went through a painful amputation procedure making him bereft of his left hand. It was a devastating situation for him at the age of 7, and he has led a very stressful life ever since. People said, “thank God, he is still alive,” but little did they know about the pains that he was subjected to. In the aftermath, he lost his confidence and the hope to lead a decent life.

For the past 20 years, he has lived in anguish considering his life to be a burden on himself and others. He would despair whenever he thought of the long life ahead. But, time changes and fortune smiled upon Min Bahadur one day when he met Mr. Sanjaya Thakur – a regular client of SJWPOC. Sanjaya informed Min Bahadur about the facilities and services available at SJWPOC. But, in his gloom, Min Bahadur replied, “I am cheated by fate. In this world, no one cares for people like me.”

However, upon Sanjaya’s persistent plea, Min Bahadur agreed to visit Nepal Medical College at Jorpati. He was consulted by Dr. R.K. Shah when he finally showed up. Dr. Shah prescribed left arm prosthesis for him and referred him to SJWPOC. At the centre, all the standard procedures were carried out to provide him with a well-fitting left arm prosthesis. It is needless to say that the prosthesis has changed his life for good and he is very happy now. In fact, Min Bahadur has regained his confidence and wants to do something with his life. With this dream, he has now turned into an entrepreneur and started his own welding business. He says with a smile, “Every dog has its day, and it is mine today.”
Capacity Building for Prevention of Disability

a. Scholarships for Graduate and Post-Graduate Courses and Training of Primary Health Care Workers

A total of 4 scholarships were provided to medical personnel to pursue Master of Surgery in ENT and Bachelor of Nursing courses by IN. A total of 33 Primary Health Care Workers (PHCWs) were trained to facilitate Primary and Secondary Ear Care for the prevention of deafness and ear diseases.

b. Temporal Bone Dissection and Ear Surgery Courses

The 20th and 21st Temporal Bone Dissection and Ear Surgery Course organized by LNNCEHC was held at the Ganesh Man Singh Memorial Academy of ENT & Head and Neck Studies, TU Teaching Hospital, Kathmandu from 22nd - 25th April and 5th - 7th November, 2014. A total of Twenty seven participant doctors; Twenty five from seven hospitals of Nepal and two from Pakistan attended the course.
Primary and Secondary Ear Care Services in the Community

IN has so far established ten Ear Care Centers (ECCs) in order to make primary and secondary ear care services available for the people of nine Districts of Nepal: Udayapur, Saptari, Siraha, Dhanusha, Parsa, Rautahat, Sarlahi, Rukum and Kathmandu.

IN runs the ECCs in Udayapur, Saptari, Siraha, Dhanusha, Sarlahi and Rautahat Districts, while other ECCs are run by other organizations. Ear Care Centers provide services through mobile ear care clinics as well.

The details of services rendered in 2014 are as follows:

<table>
<thead>
<tr>
<th>District</th>
<th>Activities</th>
<th>Patients examined and treated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rautahat</td>
<td>Ear Care Centre</td>
<td>16,085</td>
</tr>
<tr>
<td></td>
<td>Ear care at Health Post</td>
<td>1,246</td>
</tr>
<tr>
<td></td>
<td>Audiometric Test</td>
<td>11,424</td>
</tr>
<tr>
<td></td>
<td>Mobile ear clinics</td>
<td>3,000</td>
</tr>
<tr>
<td>Siraha</td>
<td>Ear Care Centre</td>
<td>23,079</td>
</tr>
<tr>
<td></td>
<td>Mobile ear clinics</td>
<td>3,210</td>
</tr>
<tr>
<td></td>
<td>Audiometric Test</td>
<td>4,393</td>
</tr>
<tr>
<td>Dhanusha</td>
<td>Ear Care Centre</td>
<td>10,461</td>
</tr>
<tr>
<td></td>
<td>Mobile ear clinics</td>
<td>200</td>
</tr>
<tr>
<td></td>
<td>Audiometric Test</td>
<td>1,941</td>
</tr>
<tr>
<td>Saptari</td>
<td>Ear Care Centre</td>
<td>9,833</td>
</tr>
<tr>
<td></td>
<td>Mobile ear clinics</td>
<td>9,820</td>
</tr>
<tr>
<td></td>
<td>Audiometric Test</td>
<td>1,295</td>
</tr>
<tr>
<td>Udayapur</td>
<td>Ear Care Centre</td>
<td>10,119</td>
</tr>
<tr>
<td></td>
<td>Mobile ear clinics</td>
<td>15,409</td>
</tr>
<tr>
<td></td>
<td>Audiometric Test</td>
<td>1,122</td>
</tr>
<tr>
<td>Sarlahi</td>
<td>Examination and treatment</td>
<td>1213</td>
</tr>
<tr>
<td></td>
<td>Mobile ear clinics</td>
<td>1236</td>
</tr>
</tbody>
</table>
Public Awareness

Raising public awareness in the rural community has been an integral part of IN’s overall activities. This primarily aims at:

- Information dissemination for prevention of disability in the community,
- Raising awareness among the public in general in order to bring about behavioral changes among the general public towards disability,
- Promotion of networking in the field of disability prevention and participation in such endeavors,
- Encouraging community based rehabilitation (CBR) to empower communities in sustaining disability prevention efforts.

The activities carried out include radio programs, distribution of IEC materials, campaigns, rallies, community meetings and home visits.

The details for 2014 are as follows:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Persons reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publications and distribution of IEC materials in all areas</td>
<td>16,692</td>
</tr>
</tbody>
</table>
The number of beneficiaries from different awareness sessions is given below:

<table>
<thead>
<tr>
<th>District</th>
<th>Activity</th>
<th>Persons reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rautahat</td>
<td>Health awareness from 184 sessions</td>
<td>6,349</td>
</tr>
<tr>
<td>Siraha</td>
<td>Health awareness from 306 sessions</td>
<td>20,121</td>
</tr>
<tr>
<td>Dhanusha</td>
<td>Health awareness from 118 sessions</td>
<td>5,249</td>
</tr>
<tr>
<td>Saptari</td>
<td>Health awareness from 266 sessions</td>
<td>16,811</td>
</tr>
<tr>
<td>Sarlahi</td>
<td>Health awareness from 22 sessions</td>
<td>1,136</td>
</tr>
<tr>
<td>Tanahun</td>
<td>Health awareness from 21 sessions</td>
<td>1,428</td>
</tr>
</tbody>
</table>
News 2014

Visits and Participation

a. **Dr. Brenda Luck**, Trustee of UKIF and Ms. Naomi Luck visited different IN Projects in the districts of Sarlahi, Rautahat and Kathmandu from 17th to 21st January 2014. The team was involved in a meeting with local community leaders in Malangawa and had acquired information about the joint project with IN and Gaur Hospital in Rautahat. Dr. Luck observed ANC clinic in Pipra Bhagwnpur Sub-health Post, interacted with the IN-charge of health post, FCHVs, mothers’ group and other beneficiaries and expressed her satisfaction over the achievement. The visiting team also surveyed the toilet projects and kitchen garden projects and observed Ear screening camp at Katalaria VDC of Rautahat.

On 21st January, Dr. Luck visited Dr. Lakshmi Narayan National Centre for Ear and Hearing Care with IN Chairman, Prof. Rakesh Prasad and Sir John Wilson Orthotic and Prosthetic Centre on the same day.
b. Mr. Christopher Lavender, the Director of KCF and Major Yam Bahadur Gurung, the KCF representative for Nepal, visited different wards of Kahunshivapur, Kota, Chhipchhipe, Devghat, Chhimkeshwori and Resing Ranipokhari VDCs of Tanahun district on 4th, 7th and 8th of January 2014. The major objective of the visit was to identify, monitor and track the project activities and impacts. During their visit, they participated in Mother’s Group Meeting, discussed about the benefits, assessed the effectiveness of the project implementation and suggested for necessary actions for further effectiveness of the project. Furthermore, KCF Director made an effort to identify and respond to eminent livelihood problems faced by project beneficiaries. They also visited the home of some beneficiaries for the observation of income generation activities, home gardening and smokeless stove.

c. Ms. Rebecca Brook from Vitol foundation, a funding agency to Impact Foundation UK, visited IN Head Quarter and project sites on 24th January. Chairman Prof. Rakesh briefed her about IN’s activities in Nepal. Ms. Rebecca visited Sir John Wilson Prosthetic Orthotic center at NMC, Jorpati and acquired first hand information about SJWPOC’s activities and services rendered to the needy persons. The personnel of the Centre briefed her about the prosthetics Orthotics manufacturing techniques, processes and services. Ms. Rebecca expressed her satisfaction over the project and felt happy to be associated with Impact Foundation for such great work.
d. IFIO Bangladesh

Prof. Rakesh Prasad Shrivastav, Chairman, Dr. Gauri Shankar Lal Das, Trustee and two IN Officers participated in the Seventh International Federation of Impact Organizations (IFIO) Conference held in Dhaka from 13th to 16th November on the theme “Protecting environment, reducing diseases, preventing disability”.

Looking Towards the Future

IN has been contributing to the prevention of disability through a number of measures taken in the last decade. However, a great deal of effort is yet to be made to meet the numerous challenges that lie ahead in this sector. IN will continuously strive for consolidation of the existing programmes, expansion of community based disability prevention programmes and strengthening of institutional capacity in the years to come.

Partners

IN has a longstanding partnership with:

a. IMPACT Foundation, UK
b. Kadoorie Charitable Foundation (KCF), Hong Kong
c. Christoffel Blinden Mission (CBM), Germany
Acknowledgements

IN extends its profound gratitude to all governmental and non-governmental organizations for rendering their invaluable support and services to prevent disability. IN is also indebted to the following government/non-government organizations without whose support it would have been impossible to implement the activities in 2014:

- Ministry of Health and Population, Government of Nepal
- Ministry of Education, Government of Nepal
- Social Welfare Council, Kathmandu
- Doctors Wives Association, Kathmandu
- Gaur District Hospital, Rautahat
- Cross Flow Nepal Trust, Lumbini
- Deurali Janata Pharmaceuticals, Kathmandu
- Sita Rice Mill, Rupandehi
- Siraha Association of the Deaf (SAD), Siraha
- Nepal Association of the Hard of Hearing, Kirtipur, Kathmandu
- Nepal Ear Foundation, Kathmandu
- Nepal Association of Welfare for the Blind, Kathmandu
- Sagarmatha Chaudhary Eye Hospital, Lahan,
- District Development Committees of Rautahat, Udayapur, Saptari, Siraha, Dhanusha, Gorkha, and Tanahun districts
- Human Development and Community Service, Rukum
- Himalayan Health Care, Ilam
- Prerana, Sarlahi
- Relief Society of Commerce, Birgunj
- National Medical College Teaching Hospital, Birgunj
- Bhaktapur C.B.R., Bhaktapur
- Sagarmatha Health Foundation, Kathmandu
- Western Hospital and Research Centre, Nepalgunj
- Design Cell, Kamal Pokhari
- Himalayan Builders and Engineers Pvt. Ltd., Babar Mahal
- Chapagaun Health Post and Resource Centre, Lalitpur
- Fabulous Travel and Tours, Kathmandu
- Everest Miracle Tour and Travel, Kathmandu
- Milan Dawali Club, Kathmandu
IMPACT Nepal is also indebted to the following persons for their co-operation in holding mobile surgical camps in 2014:

- Prof. Dr. Jeevan Kumar Shrestha, Campus Chief, IOM
- Prof. Dr. Ram P. Upreti, Former Campus Chief, IOM
- Prof. Dr. Deepak Mahara, Executive Director, TUTH
- Prof. Dr. Bhagawan Koirala, Former Executive Director, TUTH
- Ms. Dharma Laxmi Shrestha, Nursing Director, TUTH
- Ms. Jamuna Sayami, Former Nursing Director, TUTH
- All ENT surgeons, orthopedic surgeons, supervisor and staff nurses and audiologists for their voluntary services that they have provided to IN’s mobile surgery camps.

Persons eager to donate funds or personal services can contact IMPACT Nepal at

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Web site: www.impactnepal.org.np

Mobile Ear Surgery Camps
Mobile Orthopaedic Surgery Camps
Mobile Eye Surgery Camps
Micro Nutrient Supplementation Project in Sindhuli, Gorkha, Lamjung and Tanahun Districts
Safe Motherhood and Child Health Project in Rautahat District
Community Based Prevention of Disabilities Project in Siraha and Dhanusha Districts
Provision of Health Care Project in Rupandehi District
Community Based Primary Ear Care Center in Saptari and Rautahat Districts
Lahan Ear Hospital in Siraha District
Dr. Lakshmi Narayan National Ear and Hearing Care Centre in Kathmandu District