



# *Preventing Avoidable Disability*

## *Annual Report 2016*



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## 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 and the recent disastrous earthquake needs to be restored while new avenues have to be opened for development.

**MAP OF NEPAL**  
ADMINISTRATIVE DIVISION  
75 Districts, 14 Zones, 5 Regions

International Boundary  
Regional Boundary  
Zonal Boundary  
District Boundary

KTM - Kathmandu  
B - Bhaktapur  
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## 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	33
Under-five mortality rate per 1000 live births	38
Maternal mortality rate per 100, 000 live births	190
Birth attended by skilled health personnel	51
One year old fully immunized against tuberculosis	98.9
One year old fully immunized against measles	88.2
HDI rank out of 188 countries (2015)	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	21

(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 birth. 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, Parsa, Bara, Tanahun, Gorkha and Sindhupalchowk.

## IMPACT Nepal Earthquake Support Programme – 2016

The disastrous earthquake of 7.8 magnitudes on 25 April, 2015 with its epicenter in Gorkha district and 7.3 magnitudes on 12 May, 2015 with its epicenter in Dolakha district and several aftershocks claimed the lives of nearly nine thousand people and destroyed many houses, schools, health facilities and other infrastructures. With the support of Impact Foundation UK, Kadoorie

Name of School	No. of classroom for reconstruction
Shree Siddhi Ganesh P. S.	2
Shree Shivapuri P. S.	2
Shree Jalkeshwori P. S.	3
Shree Nimugaun L. S. S.	3
Shree Jaleshwori L. S. S.	4
Shree Setika Devi S. S.	8
Shree Jalpa Devi H. S. S.	8
Shree Saraswoti H. S. S.	2

### a. Community Health Post



Immediately after earthquake



Ongoing retrofitting

Charitable Foundation (KCF) Hong Kong, Impact Norway, Impact Cambodia, Impact Bangladesh, Thai Kajima Company Ltd. Thailand and local donors, IN immediately supported to earthquake affected people with relief materials, provided medical services organizing mobile medical camps and built 965 temporary shelters mobilizing trained volunteers.

As the long-term support for earthquake victims, IN is carrying out Post-earthquake Reconstruction and Rehabilitation Project in Bhotechaur VDC of Sindhupalchok district for the retrofitting of damaged Community Health Post and the construction of 32 classrooms in 8 schools:



### Shree Siddhi Ganesh Primary School



Demolished building



Ongoing reconstruction

### Shree Shivapuri Primary School



Damaged building



Ongoing reconstruction

### Shree Jalkeshwori Primary School



Damaged building



Reconstructed building

### Shree Nimugaun Lower Secondary School



Demolished building



Reconstructed building

### Shree Jaleshwori Lower Secondary School



TLC in the space of demolished building

**Reconstruction in this school  
will begin soon.**

### Shree Setika Devi Secondary School



Demolished building



Ongoing reconstruction



### Shree Jalpa Devi Higher Secondary School



Demolished building



Ongoing reconstruction

### Shree Saraswoti Higher Secondary School



Demolished building



Reconstructed building

## Regular Activities of IMPACT Nepal

Service to the most vulnerable – In collaboration with UK Impact Foundation, Kadoorie Charitable Foundation 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**

**2. Collaborating and Sharing Skills with other IMPACT Organizations**

**3. Safe Motherhood and Child Health**

**4. Immunization**

**5. Prevention of Hidden Hunger**

**6. Tertiary Ear Care in Community – Primary Ear Care Centre, Lahan, Siraha District**

**7. Safe Drinking Water and Basic Sanitation Facilities**

**8. Poverty Alleviation**

**9. Prevention of Deafness and Physical Disability**

**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 ear and orthopaedic surgery camps in rural areas where specialized health care facilities are non-existent.



## Restoration of Hearing

In 2016, 6 (Six) Mobile Ear Surgery Camps were held in Syangja, Manang and Siraha where a total of 2,843 people were treated and 456 ear surgeries were performed.



## Restoration of Movement

IN has also been holding mobile orthopaedic surgery camps in the community for restoration of mobility. In 2016, one such camp was held at Janakpur Orthopaedic Hospital, Dhanusha district from 15-21 December in collaboration with Orthopaedic and Trauma Foundation, Janakpur. In the camp, a total of





265 patients were examined and treated and 18 underwent orthopaedic surgery to restore movement. During the camp, junior doctors (Orthopaedic Residents) and local doctors were trained who practice in rural areas to provide initial basic treatment to trauma patients.



## Service Beyond Borders

*In the district of Madhubani of Bihar, India, which borders with Nepal, lives an 18 year old country girl named Nitu Kumari. She lives with both her parents and three siblings. Her family occupation is farming and she is currently pursuing a university degree in liberal arts in her own district. Her ear problems had been recurring with discharge from both ears for the past seven years. Her family had tried for a cure, but was unsuccessful in finding a permanent cure to her ailment. As a result, she was losing her hearing capacity in both the ears leading to even more problems in her personal life and in her relation with others. She*



*says, "I always felt hurt when my friends shamed me with the label deaf." Her depression also showed off with her diminishing performance at school.*

*One day, one of her teachers at school remarked about her hearing impairment and inquired whether she was seeking any medical help. During the conversation, she informed Nitu that her ear disease is completely curable if she seeks for help at the right places, and then told her about the Lahan Ear Hospital in Lahan, Nepal. Hearing about the excellent ear care services available at a short distance, Nitu shared it with her mother, and soon after, both of them arrived at the LEH for treatment.*

*During the visit, the ear assistant found that Nitu's both ears were oozing with discharge, so he prescribed some medicines and asked her to come back in seven days. In the follow up visit, her ears were dry, but it was found that both her ear drums were perforated. The hearing test results showed that her hearing capacity had declined to 53 db in the right ear and 55 db in the left. So, she was recommended for an ear surgery. Hearing ear surgery, she became very apprehensive at first, because she did not believe that surgery can be performed on the ear as well. However, after witnessing so many post operative patient lined up at the centre, she gained confidence and agreed to participate in the next ear surgery camp.*

*So, on May 8, 2016 surgery was performed on her right ear. After a month, her ear drum had healed and her hearing capacity had improved to 10 db. Nitu feels blessed with the improvement and is eager to operate on her left ear as well, but she will have to wait for at least two months from her first surgery date for another surgery. Nitu's mother who had accompanied her on all her visits gratefully remarked, "You have turned my deaf daughter into one with a normal hearing capacity in one ear. I hope with another surgery she will be completely all right. You all have rekindled my hope for her and increased our happiness manifold."*



## 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 participate in a training programme held at IMPACT Massudul Haque Memorial Community Health Centre in Kedersonj, Chaudanga and IMPACT Jibon Mela Health Center, Amjhupi,







Meherpur, IMPACT Nepal team visited Bangladesh to train and guide ENT Surgeons and Anesthetists from 22<sup>nd</sup> – 30<sup>th</sup> January, 2016 focusing on clinical and surgical skills in otology.

The team, led by Professor Rakesh Prasad Shrivastav, Senior ENT Surgeon, consisted of Dr. Sarita K.C. (ENT surgeon), Dr. Kripa Dongol (ENT Surgeon), Dr. Anil Shrestha (Anesthetist), Dr. Ravi Ram Shrestha (Anesthetist), Mrs. Tara Karki, and Mrs. Ambika Shrestha (both theater nurse).

During the programme, a total of 76 operations were performed.

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

IMPACT Nepal, in association with IMPACT Cambodia, conducted two training programmes for ENT Doctors at Preah Ang Duong Hospital (PADH), Phnom Penh and Chey Chumea Hospital, Takhmao in 2016, one from 1st – 8th May and other from 17th – 25th September focusing on clinical and surgical skills in otology. The former team consisting of Dr. Heempali Dutta, Dr. Sarita K.C., Ms. Bindeshwari Gurung, Ms. Reeta Baduwal & Ms. Rekha Khadka was led by Prof. Dr. Bibhu Pradhan and the latter team consisting Prof. Dr. Nar Maya Thapa, Dr. Pallavi Sinha, Ms.







Laxmi K.C, Ms. Bindu Shrestha & Ms. Basanti Thapa was lead by Prof. Dr. Bimal Kumar Sinha.

IMPACT Nepal team not only helped with ear surgery cases but also head and neck diseases as well as ENT cancer cases. During this period a total 69 patients were benefitted from surgery.

### c. Ear Surgery Camp in Zanzibar

IMPACT Nepal, in association with Impact Zanzibar, conducted ENT surgery in Mnazi Mmoja Hospital, Zanzibar under Zanzibar Outreach Programme (ZOP) from 9th – 13th December 2016 and performed 63 surgeries.

Most of the patients were from the School health Monitoring Project (SHMP) run by ZOP in partnership with IMPACT Foundation, Ministry of Health, Ministry of Education, and Vocational Training Zanzibar.



## Safe Motherhood and Child Health and Nutrition

Most maternal deaths in Nepal can be prevented if women have access to appropriate health care during the 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 project Safe Motherhood and Child Health in Rautahat District includes Iron tablet and Vitamin A distribution to pregnant and lactating women, motivation of pregnant women to attend antenatal and post natal clinics, supply of Emergency Obstetric Care (EOC) kits, and Vitamin A supplementation to under-5 children.



IN has been providing support to the Ministry of Health to scale up and intensify the maternal and neo-natal support programmes in the districts of Rautahat and Sarlahi reaching more than 13,000 pregnant women and 32,500 children every



year. Among them, a total of 7,935 pregnant women attended ante-natal clinics regularly and about 2,723 deliveries took place either in hospitals or were supervised by trained health personnel in Rautahat.

Programme	Rautahat	Sarlahi	Total
Vitamin 'A' supplementation	23137	7209	30346
Iron tablets users	10312	414	10726

## Where Help is Due

District:	Rautahat	Total VDC Households:	628
VDC:	Bairiya	Total VDC Population:	5,654

A few Hindu families share space with the majority Muslim populace in Bairiya. There is one government owned primary school and two madrasas for education as well as a centrally located health post in that VDC. Mostly, the Muslim students attend the madrasas for education. Anyway, among the few Hindus, there is a family of three that lives there. Mr. Hari Shankar Mahato of age 30, his wife Lalwati Devi of age 22, and their 2 year old daughter Kiran Kumari fall in the middle class relatively. Hari's father is still alive and Hari has several siblings, mostly older than him, but Hari lives separately from his father and brothers.

One day, towards the beginning of May, IN's field worker Mrs. Sarita Srivastav was visiting Bairiya where she met with the local FCHV Phekani Devi. During the conversation, Phekani informed Sarita about Lalwati's second pregnancy and that the woman looks very ill. Due to the fact that Lalwati does not have her mother-in-law or for that matter any other adult female member in the family to help her during her pregnancy while on top of that she has to care for her 2 year old daughter is aggravating the situation for her. Her husband also cannot dedicate enough time for her due to his involvement in

occupational activities; neither does he know much about caring for pregnant women. Hearing this Sarita accompanied by Phekani immediately went to see and assess Lalwati's condition.

Upon arriving at Lalwati's residence, they found her in a very desolate circumstance. The 2 year old was unattended and crying for her mother's attention while the mother herself seemed distraught, pale in complexion and with swollen hands and feet. She was clearly anemic and suffering from other complications due to lack of proper care. Seeing her plight, Sarita inquired: How many months pregnant are you?

**Lalwati:** 6 months.

**Sarita:** You don't look very well. Why? What's going on?

**Lalwati:** I don't know. I think I am all right.

**Sarita:** How many times have you visited the health post for your regular check-ups?

**Lalwati:** I haven't.

**Sarita:** What? Why? Aren't you aware that you should visit for antenatal check-ups at least 4 times during pregnancy?

**Lalwati:** But, I didn't have to go through such hassle during my first pregnancy. I gave birth to my baby normally at home and she is all right.

**Sarita:** Good that you and your baby are all right, but clearly you are not well right now. Do you realize that you are risking your own health



*and the health of your child? Nepal government's safe motherhood and child health programme is for your own good. There is no hassle in it. The invaluable counseling and services provided are all for free. All you have to do is visit on schedule. Even the health post is nearby.*

**Lalwati** (she looks visibly shaken with teary eyes): *Didi (noun for elder sister) everything you said is correct, but what can I do? I have to finish all the household chores every day. No one is there to help me or counsel me on what to do. So, what do you say I should do now? Is my baby going to be all right?*

**Sarita:** *Yes, I think with appropriate medical intervention you should be all right, but you have to take immediate action.*

*In this way, though Lalwati was a bit defensive at first, she soon became very receptive and following Sarita's suggestion, they immediately headed for the health post. After a thorough examination, the health assistant prescribed some medicines for the swelling including iron tabs and recommended proper nutrition and hygiene and to drink plenty of water. In fact, Lalwati has access to a tube-well next to their house, so access to clean water*

*is not much of an issue. They also have a private toilet, though according to Lalwati's confession, her husband still prefers to go out in the field. Anyway, while seeing her off to her home, Sarita further reiterated the importance of strictly following the prescribed regimen to Lalwati and promised her that she would come back to check on her on a follow up visit.*



*In a month and a half, when Sarita revisited Lalwati, she found her in a much better shape and very happy as well. She had been keeping up with her appointments at the health post and taking her iron tabs regularly. During the visit, they also discussed about the complications that can arise during delivery and that it is best to give birth at a birthing centre under the expert care of doctors and trained birth attendants (TBA). In this way, Sarita persuaded Lalwati to visit the district hospital in Gaur, Rautahat for delivery. Lalwati responded gratefully and said: "You came to my aid on a very crucial hour like an angel. I don't know in what condition I would have been right now, if it was not for you. I trust you and I will do as you recommend."*

# 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 programmes 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 2016 are as follows:

Type of Immunization	Sarlahi	Rautahat	Total
BCG (children)	186	1931	2117
DPT(children)	283	1841	2124
Polio (children)	283	1841	2124
Measles(children)	286	1532	1818
Tetanus Toxoid (pregnant women)	122	631	753

# 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 this programme in Rautahat and Sarlahi districts. In addition to distributing Vitamin A capsules and Iron tablets, IN has been educating and encouraging people to start a home garden as a source of naturally available micronutrients by providing seasonal seeds. The number of households where IN supported home gardening is as follows:

Sarlahi	Rautahat	Total
1738	6,848	10,015

## Barren Lands to Kitchen Gardens

District:	<b>Rautahat</b>	Total VDC Households:	957
VDC:	Jokaha	Total VDC Population:	9,883

In ward 7 of Jokaha lives a family of seven:

Home owner: **Mr. Bechan Mahato** (58 yrs)

Wife: **Mrs. Mantorani Devi** (55 yrs)

Son: **Ram Naresh** (21 yrs)

Daughter-in-law: **Samtoliya** (20 yrs)

Son: **Sanjay** (16 yrs)

Daughter: **Gita** (11 yrs)

Granddaughter: **Munni** (2 yrs)

*Bechan is an ordinary farmer whose family subsists from the income earned from agriculture. His wife takes care of the daily household chores with assistance from her daughter-in-law while their elder son Ram Naresh frequents nearby Indian cities to earn extra cash from labour jobs. In the mean time, the other two siblings, Sanjay and Gita, attend grade 9 and grade 4 respectively at a public school in Jokaha.*

*Rautahat is a rural district where most of the inhabitants are barely educated and subject to a hard struggle for existence. Their entire lives are spent in simply toiling for their basic necessities of food, shelter and clothing. Most of the farmers depend upon rain*

*for irrigation, thus, in these times of global warming and climate change, they have to suffer yearly setbacks due to unpredictable climatic conditions. Hence, there are very few farmers engaged in vegetable farming for income generation. It is in this context that the IN field workers working for “safe motherhood and child health” project make home visits to convince the community members about the benefits of kitchen gardening.*

*During one such visit on October 23, 2016, IN field worker, Mr. Lalan Kumar Sah, met with the family of Mr. Bechan Mahato. Noticing that the land next to their house was barren, Lalan inquired about the reason for this with Bechan.*

*Bechan responded: It doesn't just happen, you know. It takes a lot of hard work. My children are small, I am already old and have a lot of tasks to perform while my elder son spends most of his time in India, so, how is it possible for us to raise a kitchen garden?*

**Lalan:** *I understand; that is why I am here on behalf of IMPACT Nepal to help. We will not only teach you how to raise a nice kitchen garden, but also provide free seeds of various seasonal vegetables. You have a family of seven with growing kids. The kitchen garden will not only supply essential nutrients to your family members, but also give you a means of earning extra cash by selling the surplus in the market. All it will take is just a better*



*time management on your part and a little dedication from the women in your household. It will not be an overwhelming burden as you think. So many other families like yours are participating in this program and benefitting from it. So, I really want to persuade you to reconsider our proposal.*

**Bechan:** *But, how about irrigation? How will we manage to supply water to the garden?*

**Lalan:** *Do you have a tube well?*

**Bechan:** *Yes.*

**Lalan:** *How often do you use the tube well?*

**Bechan:** *Very often – for drinking, bathing, washing dishes and clothes, etc.*

**Lalan:** *So, where does all the water that overflows go?*

**Bechan:** *To a nearby pit where it settles.*

**Lalan:** *Problem solved. Now, all you have to do is dig a small trench and release all that water in your garden. It will be enough for your garden, and at the same time, the space for the pit can also be utilized for a better purpose. In fact, without the stagnating water and the pit, the surroundings around your home will be more hygienic and clean. It is like the old adage, “killing two birds with one stone.”*

**Bechan** *was fixated on hearing such simple solutions for the issues that he was raising. So, he finally inquired, “So, are you going to provide free vegetable seeds to me?”*

**Lalan:** *Of course. Why don't you go ahead and dig up this area and get it ready for plantation. I will come back in a week and supply you with ample amount of seeds for some really nutritious seasonal vegetables.*

*When Lalan returned in a week, he found that Bechan had done the ground work and was ready for plantation. Hence, at the time, he supplied Bechan with seeds for radish, cilantro, spinach, fenugreek, black-eyed bean, and green peas. Bechan was very happy to receive the seeds and expressed his gratefulness to IMPACT Nepal. Recently, when Lalan was back at Bechan's to check up on the progress, he found Bechan happily plucking some radishes from his home garden.*



## Tertiary Level Ear Care in the Community – Primary Ear Care Centre, Lahan, Siraha District

In August 2010, IMPACT Nepal in close collaboration with CBM, Germany started tertiary level ear care services in Primary Ear Care Centre within the premises of the Sagarmatha Chaudhary Eye Hospital in the small town of Lahan in Siraha District. Prior to starting ear surgery, primary and secondary level ear care services were available in the Centre since 2007. The Primary Ear Care Centre, Lahan is supported by Ear Care Programmes run by IN in the districts of Saptari, Siraha, Dhanusha and Udayapur.





The details of services provided in 2016 are as follows:

Activities	Persons
Ear examination and treatment	27,784
Ear surgery	518
Tympanogram	249
Audiogram	3266
Hearing aid services	52
Mobile screening camp participants	4214
No. mobile screening camp staged	57
No. of health awareness session staged	37
No. of people reached through awareness	3557





## Safe Drinking Water and Basic Sanitation Facilities

IN completed two drinking water projects, one in Ranagaun of Tanahun District establishing 82 private taps and other in Chyangli and Dhuwakot of Gorkha District establishing 164 private taps. Chairperson Prof. Rakesh Prasad Shrivastav inaugurated both projects and handed over to respective Drinking Water Consumers' Committees.

In Rautahat district, IN supported to build 81 family toilets in 2016.





## The New Craze in Town

District:	<b>Rautahat</b>	Total VDC Households:	957
VDC:	Jokaha	Total VDC Population:	9,883

*Jokaha is one of the most impoverished VDCs in Rautahat. It is divided among five toles (settlements). Ward numbers 1 thru 3 is called Jokaha tole, 4 thru 6 is Ghiura tole, 7 is Sano-Ghiura, 8 is Paltuwa, and 9 is Jayanagar. There is one Secondary School, one Health Post, and one Madrasah for Muslim students in this VDC. Muslims form the majority in this VDC while Hindus and some disadvantaged caste groups also live here.*

*Though, the government is aiming at transforming Rautahat into an open defecation free district, it is still far from reality. Mainly, government agencies like the Department of Water Supply and Sewerage, the District Development Committee (DDC) Rautahat, and others are working tirelessly towards that goal, and whereas, in recent years, 15 VDCs and 2 Municipalities of Rautahat has been declared open defecation free, there are another about 80 VDCs still lagging behind, and Jokaha is one of them where one can easily site people openly defecating in the fields and road sides. However, Jokaha is one of the target VDCs of IN, and with IN's intervention in promoting the use of family toilets, more and more families are getting drawn to the idea by seeing the benefits of having a private toilet facility. Hence, the craze seems to be catching up,*



*and it could be that Jokaha will be in the next list of VDCs to be declared open defecation free in Rautahat.*

*To further illustrate my point, I (Sarita Shrivastav, CFW, IN) will cite an example of a person who approached me on his own initiative for adding a toilet facility in his home. On one of my field visits during this reporting quarter, I was approached by a 55 year old Indradev Sah who is a resident of Jokaha tole. He belongs to an average income family. There are six members in his current family including his wife, two daughters, one son and one daughter-in-law. In total, he had six daughters of whom four are already married off. So, when he approached me, I asked him, "Why are you so eager to have a toilet in your house?"*

**Indradev (with a sheepish grin on his face):** Well, you know how it is nowadays. People from good families don't like to keep marital ties with families without a private toilet. I also feel dishonored when my girls go out to the fields. Moreover, an incident occurred recently where one girl from our Tole was bitten by a fox when she was defecating out in the dark. I don't want to take such risks anymore.

**Me:** That's very good. I wish more people would start thinking in your lines. So, are you planning to approach the DDC for help then?

**Indradev:** Yes, I could, but I have heard that the DDC only

*provides 3 or 4 concrete rings, whereas, your organization provides 6 concrete rings and 2 covers for building 2 septic tanks that can be used alternatively. I think it's better to have 2 septic tanks, side by side, rather than just one, and your service delivery is also easy and prompt compared to the DDC.*

**Me:** Aha, so you have done your homework, haven't you? You are right about the first part of your comment, but you are very kind to think so highly of our service delivery. So, why don't you go ahead and fulfill your part of the deal by building the seat and the walls for the toilet, and then we will deliver on our promise.

*Hearing my approval, Indradev was very pleased, and after three weeks, when I was back in his tole, he showed me the site preparation that he had finished on his own investment. Seeing his good work and excitement, I arranged for the delivery of six concrete rings and two covers as soon as possible. Soon enough, Indradev and his family had a safe private toilet facility in their home making it a model home in their locality. Since then, I have heard several praises for IN's work coming from people of Jokaha tole. Significantly, a local social worker named Seikh Ansarul who is also a teacher at a Madrasah praised our work saying, "Having a private toilet facility is very important these days, but a lot of patience is necessary to be successful in convincing the people in this matter. However, seeing your rate of success, I believe your efforts are really commendable."*

## Poverty Alleviation

In order to provide livelihood opportunities to women without any financial assets of their own, IN has been carrying out poverty alleviation programme in the district of Tanahun which includes forming Mothers' Groups, providing the Groups with seed money, monthly saving by members of Mothers' groups to the funds of Group, taking loan and invest it as income generation in small shop, goat keeping, pig keeping, poultry farming and vegetable farming.

Mothers' Groups headed by Female Community Health Volunteers (FCHVs) 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.



# 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.







### **Ear Examination, Treatment and Surgery**

The services provided by LNNEHCC in 2016 are as follows:

Activity	No. of Beneficiaries
Examination and treatment	11756
Surgery	862

### b. Sir John Wilson Prosthetic and Orthotic Centre

Established in 2007, Sir John Wilson Prosthetic and Orthotic Centre (SJWPOC) 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. It has been relocated at Tripureshwor, Kathmandu in the premises of Nepal Association for the Welfare of the Blind (NAWB).





The details of services rendered by the Centre in 2016 are as follows:

Services Provided	No. of Beneficiaries
Persons receiving devices	341
Physiotherapy services	2632
Physically disabled persons visiting the centre	9736



## Being Independent

*The value of independence is truly and deeply felt by those who lose it. It is exactly what happened to Mrs. Parbati Shrestha, a married woman of age 32, when the devastating earthquake hit her home in Sindhupalchok on April 25, 2015. At the time, she was living with her son and her parents-in-law. Her husband was working abroad in Malaysia since a year and a half ago. She is a tailor skilled at making female dresses, and she was working at her own tailor shop stationed at home for earning a living.*

*It was a fine Saturday like any other day. She was busy at her tailoring work while her parents-in-law were out farming at their nearby plot, and her son was in Kathmandu visiting his uncle's place. On that fateful moment when the clock strike 11:56 am, a devastating earthquake hit Nepal with its epicentre in Gorkha. When her house started shaking violently and she saw that it was crumbling around her, she started to make her way out of the house. She was successful in escaping the crumbling house, but unfortunately, a massive stone that was hurtling downhill fell upon her and her legs were trapped under it.*



*When asked about it, Parbati retells the horror with teary eyes: "That day, I was working as usual after having my lunch. Nobody was at home. My parents-in-law were working in the field, and my son was at his uncle's place in Kathmandu. I was busy finishing my tailoring job, and then suddenly, I felt the earth was shaking, and within a moment, my house started to demolish. I was nervous and managed to run out of the house. But, due to the vigorous quake, stones, rocks and dust were pouring downhill. All of a sudden, a rock hit me and my legs got trapped under it. At that moment, the only thing I could focus on was for God to help me out of that death trap."*

*After several hours of the incident, a small unit of Nepal Army and Nepal Police Force arrived at the scene and eventually rescued Parbati. She was then taken via helicopter directly to Kathmandu at OM Medical College and Research Centre. The medical team at OM Hospital referred her to Nepal Medical College Teaching Hospital (NMCTH) for amputation of her legs. Dr. Niranjana Bista and his team carried out the amputation and Knee disarticulation on both of her lower*



*extremities. After the amputation, it took over 6 months for her to get completely healed. She was then referred to Sir John Wilson Prosthetic and Orthotic Centre (SJWPOC) for her Prosthesis.*

*Meanwhile, the SJWPOC and NMCTH Orthopaedic Department had jointly started the DISASTER CARE PROGRAM after the earthquake, under which provisions were made to provide free of cost services to the disaster victims. Thus, the centre provided her with prosthesis for both her legs (Below Knee Prosthesis for her right leg and Through Knee Prosthesis for her left leg) free of cost. After fitting the prosthesis on her legs, it took almost 3 months of therapy and training for her to walk freely with the help of the prosthesis. Parbati shares her experience and is very thankful for the services received:*

*"I had totally given up after the amputation. I was very worried about my work and with the thought of being dependent on others for my living. My*

*husband dropped everything and came back from Malaysia when he heard about my disastrous nightmare, and he really stood by my side and supported me during the whole period. I am very grateful to Dr. Nirajan Bista and his team and also*

*to SJWPOC for caring and curing me. Though, both my legs are gone, I can still stand up and walk by myself with the help of these prosthesis. I have regained my hope, and I don't have to be a burden on my family at all."*

*Parbati now stays at an after-quake shelter in Sindhupalchok with her family. She has restarted her tailoring work with the help of a hand sewing machine gifted by the district government authority while her husband is again planning to go abroad for work. She is very happy to continue her work independently, and all she thinks of now is about rebuilding a new quake resilient home for her family.*



# Capacity Building for Prevention of Disability

## a. Training of Primary Health Care Workers

IN provided one month Basic Otolaryngology Training to 16 Primary Health Care Workers (PHCWs) of CBM Partner Organizations in Nepal represented from the districts of Surkhet, Mugu, Jumla, Doti, Dhading, Makawanpur, Morang, Lalitpur, Kabhre, Bara, Sarlahi and Parbat. The training was organized in Dr. Lakshmi Narayan National Ear and Hearing Care Centre, TUTH, Kathmandu to facilitate Primary and Secondary Ear Care for the prevention of deafness and ear diseases.



Likewise, four (4) Primary Ear and Hearing Care Workers from Parsa, Rautahat, Dhanusha and Udayapur were provided a three month long Advanced Otolaryngology Training Course and one (1) Primary Ear and Hearing Care Worker was provided three month long Audiometry Training.

## b. Temporal Bone Dissection and Ear Surgery Courses

The 22<sup>nd</sup> Temporal Bone Dissection and Ear Surgery Course organized by LNNCEHC with support from IMPACT Nepal was held at the Ganesh Man Singh Memorial Academy of ENT & Head and Neck Studies, TU Teaching Hospital, Kathmandu from 8<sup>th</sup> - 10<sup>th</sup> February, 2016. A total of 16 doctors from eight different hospitals in Nepal participated in the 3 day 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, Rautahat and Parsa 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 2016 are as follows:

District	Activities	Patients examined and treated
Rautahat	Ear Care Centre	1,7793
	Ear care at Health Post	1169
	Audiometric Test	2877
	Mobile ear clinics	14041
Siraha	Ear Care Centre	25802
	Audiometric Test	3305
Dhanusha	Ear Care Centre	17398
	Audiometric Test	1904
Saptari	Ear Care Centre	22442
	Mobile ear clinics	27141
	Audiometric Test	1581
Udayapur	Ear Care Centre	17563
	Mobile ear clinics	36062
	Audiometric Test	1283
Parsa	Ear Care Centre	3626
	Mobile Earclinics	5741
	Audiometric Test	196

## 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 number of beneficiaries from different awareness sessions is given below:

District	Activity	Persons reached
Rautahat	Health awareness from 272 sessions	38805
Sarlahi	Health awareness from 122 sessions	10669
Udayapur	Health awareness from 118 sessions	54486
Saptari	Health awareness from 205 sessions	19156
Parsa	Health awareness from 28 sessions	1921

## News 2016

### a. First National Conference on Community Ear and Hearing Care

IMPACT Nepal organized First National Conference on Community Ear and Hearing Care in collaboration with Ministry of Health, National Program for Control of Deafness, with the support of CBM Nepal on 17th and 18th Nov., 2016 in Kathmandu.





The theme of the Conference was “Working Together for Effective Community Ear Health and the objectives were:

- i. *Strengthening Community Ear and Hearing Care in Nepal*
- ii. *Developing Synergy Among the Various Stakeholders Working in Community Ear and Hearing Care*
- iii. *Sensitizing Government and Concerned Authorities in Reaching Out to the Community in Ear and Hearing Care*

Hon'ble Health Minister Gagan Thapa inaugurated the Conference by clicking the famous video of Helen Keller “Helen Keller Speaks Out”.

In the Conference, there were 120 participants including the Ministry of Health (MoH) Officials, members of National Committee on Prevention & Control of Deafness (within MoH), representatives of CBM Regional and Country Office, Sound Hearing 2030, National Federation of Disability Nepal, Deaf Associations, Hard of Hearing Associations, Donor Groups on disabilities, Organizations working in the field of disabilities, ENT surgeons, Audiologists and Speech Pathologists.

The Conference ended with 12 Points Declaration which the Minister of Health expressed his commitment to implement as early as possible. Scientific souvenir was also released in the Conference.







**b. Mr. Christopher Lavender**, the Director of Kadoorie Charitable Foundation (KCF), Ms. Mya Kirwan, the Executive Officer of KCF and Major Yam Bahadur Gurung, the KCF Representative for Nepal visited IN Office on 30th June, 2016. In the meeting, IN Senior Programme Officer presented about IN's Earthquake Support Programmes and updated the progress of Schools and Community Health Post Reconstruction Project at Bhotechaur VDC of Sindhupalchowk district.



**c. Ms. Gayatri Dahal**, Chairperson of Nepal Spinal Cord Injury Sports Association (NSCISA) presented a Memento to IN in recognition to its support in encouraging and empowering people with disabilities on the occasion of 4th National Disabled Swimming Competition inaugurated by Honorable President of Nepal Bidhya Devi Bhandari on 17th June, 2016 in Kathmandu.



## Looking Towards the Future

IN has been contributing to reduction 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.



IN has been constructing a building to establish IMPACT Nepal Rungta Welfare Ear Care Centre at Birgunj of Parsa district. The Centre will be operational in 2018.

IN has also plan to carry out community based ear and hearing care programmes with Primary Ear Care Centre in the Far-western region of Nepal from 2018 onwards.

It has also plan to construct Ear Care Centre at Gaur of Rautahat District and expand tertiary ear care services establishing operation theatre.

## Partners

IN has a longstanding partnership with:

- a. UK Impact Foundation
- b. Kadoorie Charitable Foundation (KCF), Hong Kong
- c. Christoffel Blinden Mission (CBM), Germany
- d. Impact Norway

## 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 2016:

- Ministry of Health and Population, Government of Nepal
- Ministry of Education, Government of Nepal
- Ministry of Women, Children and Social Welfare, 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
- Primary Health Centre, Walling, Syangja
- CBRS, Kaski
- EK-EK Paila, Kathmandu
- Manang Women Empowerment Group

IMPACT Nepal is also indebted to the following persons for their co-operation in holding mobile surgical camps in 2016:

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. Kopila Shrestha, Nursing Director, TUTH,

Ms. Dharma Laxmi Shrestha, Former Nursing Director, TUTH, and

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 to IMPACT Nepal**

**Contact us at:**

Dr. Lakshmi Narayan IMPACT Nepal Building  
63 Gaurav Marg, Maitighar  
Kathmandu, Nepal.

Tel : (+977 1) 4254635

Fax : 4242902

E-mail : [impactmnsp@mail.com.np](mailto:impactmnsp@mail.com.np)

Web site: [www.impactnepal.org.np](http://www.impactnepal.org.np)

# IMPACT Nepal Reaching the Unreached



- ▲ 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 Program in Saptari, Udayapur, Siraha, Parsha, Bara and Rautahat Districts
- Dr. Lakshmi Narayan National Ear and Hearing Care Centre in Kathmandu District

## IMPACT Nepal

**Dr. Lakshmi Narayan IMPACT Nepal Building**

63 Gaurav Marg, Maitighar, Kathmandu, Nepal.

Tel: (+977 1) 4254635, Fax: 4242902

E-mail: [impactmnsp@mail.com.np](mailto:impactmnsp@mail.com.np)

Web site: [www.impactnepal.org.np](http://www.impactnepal.org.np)