

# Bringing **HOPE**

Project's Representative

Impact Stories





INF Nepal

# Community Medical Outreach Project

2021-24

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Impact Stories



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## Foreword

International Nepal Fellowship (Nepal) or INF Nepal's journey began in 1952 AD with the establishment of the very first health institution in the Kaski District, located in Ramghat, Pokhara. This pioneering effort laid the foundation for what would later become the Shining Hospital in Tundikhel, Pokhara. Over the decades, our presence and impact have significantly expanded, making INF Nepal a well-recognised name in the health sector of West Nepal.

INF Nepal continued to contribute towards the Health and Community Development sector in close coordination and partnership with the Government of Nepal over the period of time. Likewise, INF Nepal played a vital role in the up-gradation of the current Western Regional Hospital under the Pokhara Academy of Health Science in the context of infrastructure, health equipment and human resources to transform into a 200-bed hospital.

INF Nepal's speciality is to reach where nobody has gone, do what nobody has done and address the needs of people often overlooked. Our vision is to bring life in all its fullness to the poor and disadvantaged people of Nepal. In 1957, INF Nepal established Green Pastures Hospital in Pokhara Ward Number-15, Nayagaun to provide service to people affected by leprosy and their family members. Despite significant progress, leprosy remains prevalent in the country, and our commitment to combating this disease continues.

In addition to our work with leprosy, INF Nepal has made significant strides in the fight against tuberculosis during the 1970s. Our efforts in this field were recognised by the Government of Nepal in 2000, we were honoured with the "Diksha Daksha" Award. Internationally, our contributions were acknowledged with the prestigious "Kochon Prize" in 2011 awarded by Stop TB Partnership.

During the 1980s, INF Nepal expanded its focus to include community health programmes, launching INF Nepal's first-ever Community Health and Development (CHD) Project from Burtibang in the Baglung District. Over the years, our CHD programmes have extended to the districts of Kaski, Myagdi, Parbat, Baglung, Lamjung, Banke, Mugu, Kalikot, Kapilvastu, Jumla, Dang, Surkhet, Bajura, Rolpa, Gorkha, and Kalikot. These initiatives continue to this day, reflecting our ongoing commitment to holistic community development and healthcare.

In April 2021, INF Nepal launched the "Community Medical Outreach Project", providing our services to 18 districts across five provinces. This project aims to provide service to people affected by leprosy and persons with disability at the community level, ensuring that those in need receive appropriate treatment and get referred to Green Pastures Hospital and Rehabilitation Centre (GPH) for further management if needed.

I would like to extend my heartfelt gratitude to all contributors at the local government level, various stakeholders, funding partners, and my colleagues at INF Nepal. Your support and dedication have been instrumental in the Project's journey and successes.

At last, I congratulate every member who has contributed to the publication of "Bringing Hope: Tales of INF's Community Medical Outreach Project". This book represents the life-changing stories of the project beneficiaries from many districts spanned from far-west to far-east, reflecting the effectiveness of the project. I am sure that this book will serve as a testimony to the positive impact the project has left in the communities we served.



**Krishna Adhikari**  
*Executive Director*  
INF Nepal



## Best Wishes

INF Nepal has been a prominent organisation dedicated to serving and rehabilitating poor and marginalised people, including persons with disabilities, since its establishment.

The Community Medical Outreach Project has significantly enhanced INF Nepal's efforts in community transformation. This initiative focuses on mainstreaming the rights and services for persons affected by leprosy and persons with disabilities, while also fostering partnerships with local authorities for effective disaster response and management.

The stories of the positive transformation of community members through the Outreach Project are testaments to the impactful work. The project has not only provided medical services to those previously without access but has also strengthened the relationship

between the Hospital and the Community. This has led to increased efficiency and capacity building within the hospital.

I extend my heartfelt thanks and best wishes to everyone who has contributed to the successful completion of the Project, for the documentation of the project's learning, to the hospital administration, to the medical team and to those who collected these stories of transformation.

I hope that these stories continue to inspire and motivate others to live a meaningful life.



**Dr Arun Budha**  
*Medical Services Director*  
INF Nepal





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# Project Highlights

## SUMMARY

The Community Medical Outreach Project (or just Outreach Project in short), which ran from April 2021 to April 2024, was initiated to improve access to appropriate and affordable medical, disability, and disaster-specific services for vulnerable populations, including those affected by leprosy, persons with disabilities, and people living in disaster-prone areas. This project specifically targeted remote and isolated areas in western Nepal, particularly in the Gandaki, Lumbini, Karnali, and Sudurpashchim provinces, encompassing 16 districts. The project outcome is health status of particularly vulnerable population groups - people with disabilities, people affected by leprosy and people threatened or affected by disasters - is significantly improved through the use of appropriate medical services and disaster preparedness.

**Project Name:** Community Medical Outreach Project

**Funding Partners:** BMZ, HUMEDICA & INF UK

**Thematic Area:** Community Medical Outreach (Leprosy, Disability and DRR)

**Project Duration:** April 2021 — March 2024

**Total Approved Budget (Euros):** €735,125

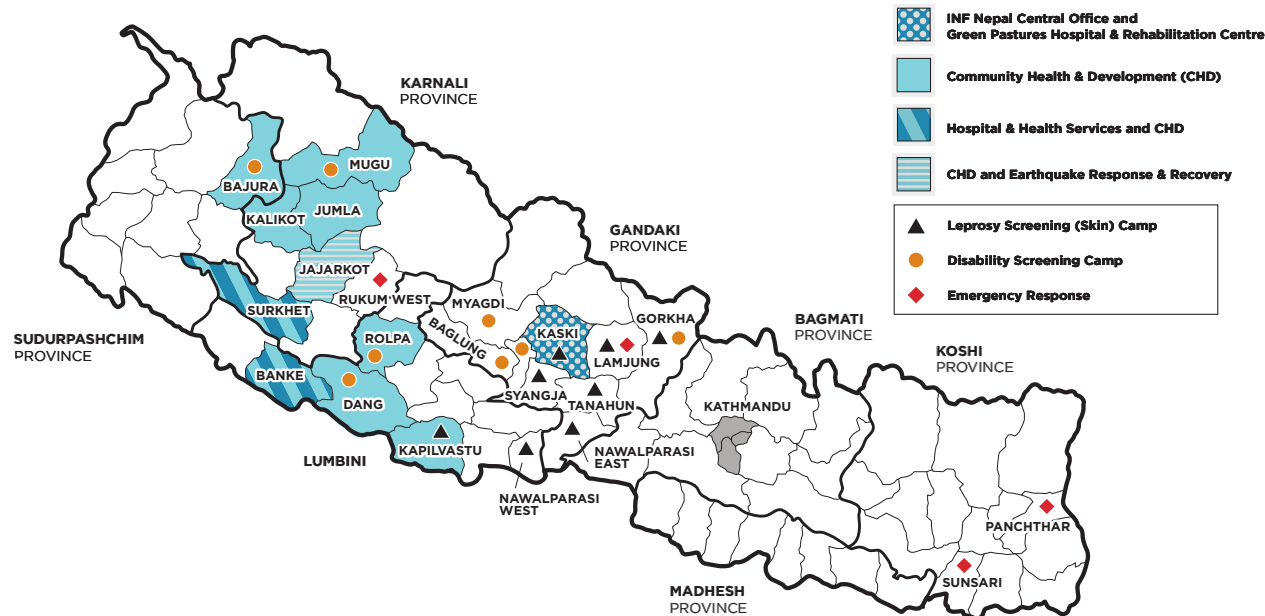
**Target Location:** Baglung, Gorkha, Tanahun, Lamjung, Parbat, Syangja, Myagdi, Kapilvastu, Rolpa, Banke, Surkhet, Kalikot, Jumla, Mugu, Bajura and Kaski district.

**Key Beneficiaries:** Persons affected by leprosy, persons with disabilities, and poor and vulnerable people of INF working areas.

## PROJECT OBJECTIVES

- To provide access to early detection, surgical and curative care, and increased access to rehabilitation services for persons with leprosy and disabilities.
- Sensitising local communities and authorities on the basic human rights of persons with leprosy and disabilities
- To build the capacity of the medical response team for basic medical emergency aid in case of disasters.
- To build capacity of rural communities local institutions and authorities, particularly local disaster management communities and rapid response teams.

## PROJECT'S WORKING AREAS



## MAJOR KEY ACHIEVEMENTS

- A total of 15,039 people (7,692 men and 7,347 women) participated in the community outreach project. Among them, 923 were persons with disabilities.
- 1327 received assistive devices.
- 25 medical camps were organised in 53 places, with 9767 visits for check-ups
- 47 were diagnosed with leprosy and received direct treatment from Green Pastures Hospital.
- 101 leprosy and disability reconstructive surgeries were carried out with charity support.
- 24 leprosy case detection training were provided to health workers, with a total of 650 trained.
- 24 disability interaction workshops were organised, with 1236 participants in different locations.
- 528 members of 18 local-level government institutes learned about real life-saving emergencies through training and disaster simulations.”
- 18 local-level government institutes received disaster preparedness materials.
- 8 local-level LDCRP plans were developed.

## INDICATOR BASED PROGRESS

### Outcome

The health status of particularly vulnerable population groups - people with disabilities, people affected by leprosy and people threatened or affected by disasters - is significantly improved through the use of appropriate medical services and disaster preparedness.

### Outcome Indicators

- 50% persons with disabilities received orthopaedic aids.
- 90% of those diagnosed with leprosy received direct treatment.
- 75% of those diagnosed with leprosy received Reconstructive Surgeries (RCs).
- 90% Local Disaster Climate Change and Adaptation (LDCRP) developed / reviewed in target Rural Municipalities.
- INF medical team engaged for response during the disaster in 80% of declared disaster events in the target districts.

### Reporting Timelines

- 113% as of the reporting period (1327 of Target 1170)
- 98 % as of the reporting period (47 out of 48)
- 108 % as of the reporting period (39 of Target 36)
- 100% as of the reporting period (8 out of Target 8)
- 100 % as of the reporting period (6 out of Target 6 based on the event target)

# Compilation of Case Stories

## WRITING PROCESS

Leprosy remains a major challenge in the health sector of Nepal. Failing to promptly diagnose and treat leprosy can lead to physical disability in patients, not only causing impairment but also resulting in complete physical incapacitation. Consequently, affected individuals and their families are likely to suffer from financial and mental problems. Since leprosy is an infectious disease, delayed identification of affected individuals heightens the risk of the disease-transmitting to their family members and others in close contact. Therefore, leprosy cannot be underestimated. Due to its potential adverse effects on the affected individuals and their families, it can have negative implications on the overall development process of the nation.

Various initiatives have been underway to completely eradicate leprosy and build a leprosy-free society. Recently, the government has embraced the vision of a “Leprosy Free Nepal” initiative by formulating a Zero Leprosy Strategic Plan and putting it into action. For the past five decades, INF Nepal’s unwavering dedication has been pivotal in achieving

the government’s goals. So, INF Nepal has developed a Zero Leprosy Strategy and launched campaigns, including diverse programmes in the four provinces of western Nepal. However, the challenge persists in leprosy elimination due to a lack of awareness in society, a tendency to overlook symptoms, and enduring stigmatisation in society, posing hurdles to the complete eradication of leprosy. Building a leprosy-free society cannot be achieved through individual efforts alone but requires coordinated efforts from various organisations and individuals.

INF Nepal conducted the Community Medical Outreach Project from 2021-24 focusing on leprosy, disability, and disaster management in over 12 districts of Nepal. Despite some progress, the societal perception of leprosy as a stigma persists. Discriminatory behaviours such as ostracism, mockery, and exclusion from social activities can still be observed towards those affected by leprosy. Similarly, individuals with disabilities and their families continue to encounter various obstacles. Due to the uneven geographical terrain, individuals with disabilities often find it difficult to move around freely in some rural areas. Their situation is often overlooked, resulting in the construction of buildings and other structures without considering disability inclusion. The condition of individuals with disabilities in remote areas is particularly challenging.

Due to the lack of appropriate infrastructure, limited information, financial constraints, and other reasons, individuals affected by leprosy and disabilities often cannot access services in city or urban areas. Taking into consideration these circumstances, INF Nepal initiated Outreach Project to provide services to marginalised individuals and their families, reaching out to their villages and homes. The organisation has conducted Medical Outreach Camps for leprosy identification and disability assessment in various communities. These camps not only facilitate identification but also provide treatment services including medicines and assistive devices. Patients

requiring further care beyond the services available at the camps are referred to the Green Pastures Hospital in Pokhara for surgeries, along with various types of assistive devices for post-operative disabilities.

To evaluate the effectiveness of the services provided through this Outreach Project over the past four years, a team was formed to conduct a comprehensive evaluation of the Project. This evaluation aimed to assess the impact of the programme, the level of support provided to improve the physical, mental, and economic conditions of the patients, and the feedback from the patients and their families regarding the Project. The evaluation team visited ten districts, meeting with individuals affected by leprosy, their families, and people with disabilities, engaging in extensive interactions using various methods. The success (and failure) stories observed during the evaluation process were documented in the form of case stories. This booklet has been prepared to compile some of those stories.

Before recording the findings of discussions and case stories, consent was obtained from the individuals and their families involved. Particularly, the use of anonymous names was used to avoid any adverse psychological or social impacts on individuals affected by leprosy. However, some individuals chose to have their real names included in the stories.

The case stories included in this booklet aim to provide insights into the reality of leprosy and disability, hoping to gather information about potential outcomes and lessons for prevention. It is anticipated that this contribution will aid the organisation’s campaign to build a leprosy-free society.

Thank you!

Programme Evaluation and Case Study Writing Team



**INF Nepal's Outreach Project staff assisting a person with disability during one of the Project's outreach camp.**



## Story of Gori Darji

**Gori Darji is a 44-year-old resident of Beni Municipality-3, Toripani, Myagdi. She used to make a living working on her farm while her husband worked abroad.**

**O**n 24 June 2002, while she was cutting grass from a tree, she fell off and broke her leg. Despite experiencing immobility and intense pain throughout her body, she didn't go to the Hospital. Her neighbours had advised against it as she was pregnant and they assumed she would be given medicines which might lead to the abortion of her baby. Instead, Gori took local herbs, and medicines, and stayed at home.

After delivering her baby, she went to a local hospital in Pokhara where the doctor suspected cancer in the injured leg and referred her to Bharatpur Cancer Hospital. The doctor at Bharatpur Cancer Hospital explained that the operation on her leg would be costly and the outcome might not be positive. She had no other choice but to amputate her leg. Life was not easy for Gori after the amputation. She faced difficulty walking, moving, and taking care of her child. Walking with crutches was difficult and painful for her. Due to her inability to work, and limited income source, Gori and her family faced a financial crisis. It affected the mental health of both her and her family. Her neighbour even told her husband to remarry which caused Gori to undergo significant mental stress and depression.

One day Gori heard from a local FM radio about a medical camp that was going to be conducted by INF Nepal's Outreach Team in Baglung. With a lot of difficulty using the crutches, she reached the site of the medical camp. The health staff measured her leg for prosthetics and

requested her to visit Green Pastures Hospital (GPH) in Pokhara. In November 2003, Gori received a prosthetic leg from GPH along with training and orientation on the way to use it.

Gori's life has been transformed after receiving the prosthetic leg. At first, she found it difficult to switch to the artificial leg, yet she tried using it after her son accidentally broke her crutches. Being able to walk with the prosthetic leg made her feel powerful and independent. She felt like she had received a new life.

She could do everything by herself. Eventually, she got an opportunity to work at one of the NGOs in her village. She has been working there for more than nine years now. It has improved the economic condition of her family. Her neighbours have started giving her respect. Gori says those who used to say that her life has been destroyed have started saying that she is an example for other people.

Gori was even elected as a member of the executive in her ward and has visited and worked in many areas within her municipality. To date, she has worked in several committees and has been actively advocating for the rights and respect of people with disability.

Gori runs a retail shop which has added a new source of income for her family. She has gained financial stability, social status, and political power. Gori has indeed set an example for everyone by breaking the

stereotype of being a woman with a disability in her community.

*If I had received plaster on the fractured leg early, today I could have been moving with my own leg. I lost my leg due to the lack of awareness of the medical treatment in the community. However, I don't regret losing my leg. I have been actively working more than people with natural legs. This accident made me aware of the opportunities and rights of disabled people. All this became possible after receiving a prosthetic leg from Green Pastures Hospital.*

- Gori Darji

As most of the patients come from poor economic conditions, the logistics and the costs associated with it such as travel costs and hospital stay expenses could go very high very quickly thus preventing people from accessing the necessary health care services.

Gori Darji's story shows that health camps run by the Outreach Project have been life-changing for people living in rural areas. Mass media could play a crucial role in disseminating necessary information about different health issues, diseases and medical camps in such remote places. The prosthetic devices provided could transform the lives of those in need.

## Role of a Social Facilitator in Disability Inclusivity

**Pawan Kumar Basnet is a well-known name in the Gorkha district, recognised as an active social activist. For the past decade, he has made significant contributions to the field of disability in Gorkha district.**

Working as a facilitator for the District Blind Association, he has been proactive in communicating and appealing to the problems of people with disabilities and their families to the concerned authorities for necessary support. He treats the problems faced by persons with disability (PWD) in his community as his own and provides support as much as possible.

It is rare to find a person with a disability in the Gorkha district whom Pawan has not met or whose home he has not visited. His selfless interest in the issues of disability, his efforts to arrange necessary training, and his work in developing life skills for people with disabilities are noteworthy. Along with

the Blind Association, he is also engaged in coordinating with other organisations active in the field of disability to distribute necessary support items like wheelchairs, crutches, and walkers to individuals with disabilities.

Pawan pointed out that due to the lack of formal coordination of local organisations like INF Nepal, programmes could not be made as effective as intended. After an informal meeting with a representative of INF in 2016, he started implementing programmes with INF's support when necessary. However, he emphasised the need to institutionalise this coordination rather than keeping it personal. He elaborated that the image of INF is impressive in the community.

One such collaboration with INF led to the organisation of a health camp, which changed the community's perception towards health camps. Previously, the community viewed health camps as mere promotional events for hospitals that failed to provide necessary medications. However, the camp organised with INF's cooperation provided effective support materials and positively altered the community's outlook on health camps.

He argues that a single day of health camp in a year will not solve the problems related to disability. Instead, efforts should focus on prioritising prevention, ensuring necessary coordination, and working collaboratively to address disability issues effectively.

*Pawan noted that due to the lack of necessary planning and cooperation with organisations like INF, providing services to PWDs in remote areas has been very challenging. The local government's failure to prioritise disability and allocate the necessary budget in this fiscal year indicates a lack of sensitivity towards this issue.*

- Pawan Kumar Basnet

Pawan himself is an example of how using a local person as a facilitator can effectively bring programmes to the community level. He believed that informing the community about programmes through facilitators before their implementation increases acceptance and participation. It is evident that community engagement is higher when programmes are introduced through local facilitators.

Pawan's work has demonstrated the importance and necessity of the role of local facilitators in community-based programmes. His positive impact on his community shows how local facilitators can help understand the geographical context of the district, disseminate necessary information on time, and identify community needs promptly to design and implement effective programmes.

Therefore, the employment of local facilitators in their programme areas eases to make their initiatives more effective, ensuring timely services to the community.



## Everyone's Favourite Mohammad Afjal

**Mohammad Afjal runs a small business in Ward No. 4 of Gorkha Municipality. A father of three children, he is widely known in the community by the name 'Miya.'**

At the age of 51, Miya is a well-recognised figure in the community, known for his involvement in development and construction work and for being someone people turn to in times of need. However, in the year 2022, an unexpected accident occurred in Miya's life. As usual, he was loading stones onto a tractor near his house when he suddenly fell, and the tractor's load came crashing down on his leg, causing him to lose consciousness. After a while, he regained consciousness, feeling intense pain in his leg but unable to comprehend what had happened.

Miya's brother immediately rescued him and took him to a local hospital in Gorkha for treatment. There, only basic first aid was

possible. For further treatment, Miya was referred to a hospital in Chitwan.

In Chitwan, Miya underwent surgery on his leg. He was hospitalised for two months. His family had started to lose hope that Miya would return. Despite the surgery on his leg, his wound did not improve. Being bedridden for a long time caused sores on his back. Initially hopeful after receiving treatment, Miya became increasingly hopeless as the infection in his leg worsened. Ultimately, due to the severity of the infection, his leg had to be amputated.

The accident had a significant impact on his family, causing them a great deal of mental stress. The lengthy and expensive treatment put them under financial strain too. Miya's loss of his leg made it challenging for him to carry out his daily activities, leading to psychological distress and avoiding going outside or socialising with others. A family member had to spend all their time caring for Miya.

Miya's mobility was severely limited, and he often forgot about his amputated leg, resulting in falls when attempting to walk. This dramatic change in Miya, who was previously actively involved in community work, deeply saddened his community. Miya started to believe that his life was over and worried about how his disability would impact his family's future.

One day, Miya met Pawan Kumar Basnet, who was actively involved in the disability

sector in Gorkha. Pawan visited Miya's home to assess his health condition and suggested that Miya should go to Pokhara. He explained that Miya could receive the necessary support from Outreach Project in Green Pastures Hospital (GPH). This brought a glimmer of hope to Miya, who had been feeling hopeless about his physical condition. With the support of his family, Miya reached the hospital in a few days.

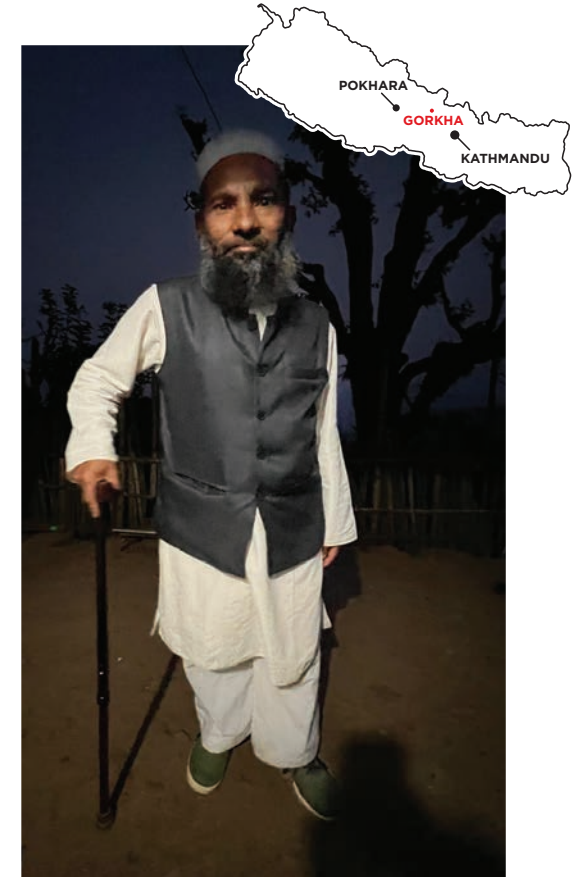
At GPH, Miya not only received consultations from skilled doctors but was also informed that he would be provided with a free prosthetic leg and crutches to assist him in walking through community outreach programme. His joy knew no bounds. During his stay at the hospital, measurements were taken for his prosthetic leg, and he received training on how to use both the crutches and the artificial limb. This was a great relief for his financially struggling family, as they did not have to worry about the cost of a prosthetic leg.

With the prosthetic leg, Miya regained the feeling of his amputated leg being a part of his body. Unlike the discomfort he experienced while using crutches, the prosthetic leg greatly improved his ability to walk. Before, Miya relied on his family members for personal tasks, but with the prosthetic leg, he became more independent and was motivated to live a positive life.

Standing, walking, taking care of personal hygiene, and engaging in conversations while standing all made him feel capable

once again. As a result, Miya is now planning to get involved in developmental work once more.

Miya is just one example. Many people with disabilities in the community are forced to live difficult lives due to a lack of necessary services and treatment. The prosthetic leg, supportive equipment, and proper counselling provided by Outreach Project have made Miya capable again, and his family feels like they have regained their caretaker.





## Boosted Confidence with New Skills

**Fifty-five-year-old Padam Bahadur Bhandari is a native of Daduwa in Beni Municipality, Myagdi district. Since his family's main source of income is farming, Padam spent most of his time working in the fields.**

From morning till evening, he was actively engaged in farming and animal husbandry. On 18 July 2011, just like any other day, he went early in the morning to collect fodder from a tree. While gathering the fodder, he slipped from the tree and fell to the ground, losing consciousness. When he regained consciousness, he felt as if his body had been separated from his legs. He could not move the lower part of his body.

After some time, his family members rescued him and took him to a government hospital in Beni for treatment. Since he could not receive further treatment in Beni, he was taken to one of the private hospitals in Pokhara. Although he received treatment at the hospital, Padam was left unable to stand and walk due to spinal problems. Having led a normal life just days before, suddenly finding himself unable to move his body was a devastating blow. After returning from the hospital, Padam was forced to live his life in a wheelchair, but he was very dissatisfied with its quality. He was frustrated by the lack of wheelchairs suited to his weight and the frequent breakdowns of the ones he did get.

Padam, who used to spend his time working in the cowshed and fields, suddenly found himself confined to a wheelchair, leading to increased mental stress. He became dependent on others for all tasks, including using the toilet, dressing, going out, and bathing. His wife had to dedicate her time to caring for

him. Additionally, Padam lost the desire to leave the house and found it difficult to socialise with friends in the community due to his condition. The cost of his treatment put a significant financial strain on the family, leading to debt. Due to Padam's physical condition and the family's financial difficulties, his sons were unable to continue their education.

Padam's daily life was passing in sorrow. One day, his neighbour informed him about Green Pastures Hospital (GPH), where necessary assistive devices were available and treatment could be provided to individuals with disabilities. Hoping to find some relief, Padam went to GPH. There, he received physiotherapy services and encouragement from doctors, which strengthened his self-esteem. His month-long stay at the hospital added new energy to Padam's life, and seeing other individuals with disability, he realised that his struggles were not unique; there were others facing even greater challenges. This realisation encouraged him to confront his own problems. Padam not only received a wheelchair from GPH but also learned to properly use it. During his stay, he also got the opportunity to receive training in mobile repair. Receiving a high-quality wheelchair, physiotherapy, and mobile repair training from GPH was better than he had expected.

Thinking of starting a new profession by using the new skills, Padam returned to Beni. However, he couldn't find a suitable place to open his shop. No one

was willing to rent him a place because of his physical disability. But Padam didn't give up. Padam decided to rent a small old house in the market and set up his shop. Running the shop wasn't as easy as he had thought. Due to the lack of accessibility in the house he rented, he faced many problems entering the shop. However, soon after GPH provided him with an easily installable wheelchair along with a ramp, his professional life took a new dimension. From feeling disheartened while sitting in his first wheelchair to now thinking of making mobile phones, his life had taken a new turn.

This business not only provided him with financial stability but also allowed him to communicate with other people in the community and spend his time easily. People who once looked down upon his disability became his admirers. His new business brought financial stability to his family and reduced mental stress.

Padam's story is a shining example of how proper training, supportive resources, and appropriate guidance can establish individuals with disabilities in society. Padam, who suffered from mental, financial, and physical problems, could easily establish himself in society and serve as an inspiration for others with disabilities. If individuals with disabilities like Padam receive free treatment and practical training useful for daily life, they can establish themselves in society and demonstrate their capabilities, proving to society that they can contribute meaningfully.



## Empowerment through Prosthesis

**Fulu Karki's life has been filled with turbulence since having a disability. A 58-year-old resident from Beni Municipality, Ward no. 9, she used to support herself by working on her farm with her husband.**

However, on 3 January 1994, while digging land near a hill to collect 'red mud' for household chores, she accidentally stepped on a big stone. It fell on her right leg, resulting in a severe fracture. She initially received first aid treatment at Myagdi's government hospital and was then referred to another government hospital in Pokhara.

The doctor assessed her wound and recommended amputation due to severe infection and a badly fractured lower leg (below the knee). Four days after the incident, she underwent the amputation surgery. She was discharged from the hospital 22 days later.

Fulu lived with her husband and two young children, and their farm was their sole source of income. Before her accident, they already struggled to make ends meet from their farm production alone. The situation worsened after the accident. Fulu was unable to work, and her children were too young to help. She required assistance even for basic activities like using the toilet and maintaining personal hygiene. To make matters worse, her husband became unsupportive, behaving rudely towards her and spending more time away from home. Approximately a month after the incident, he left home and remarried, leaving Fulu to handle everything on her own.

Livelihood became a major challenge for Fulu. None of her relatives provided support, and most neighbours began gossiping and blaming her for her

circumstances. She felt hopeless and attempted suicide three times. She suffered from depression and cried constantly. However, she still had to care for her children.

After Fulu's leg was amputated, she received a crutch as a temporary aid. However, due to the acute wound, she was unable to receive a prosthetic limb at that time. Later on, she forgot to follow up with her treatment at Green Pastures Hospital (GPH) to get a prosthetic.

In 2003, she finally received a folding prosthesis from Green Pastures Hospital, but she experienced pain while using it. After approximately six months, Fulu was summoned to a hospital in Birgunj to receive a non-folding prosthesis. She was also trained on its proper usage. This marked a significant change in her life as she was able to move around and actively participate in farm activities once again.

Fast forward, she attended a 'screening camp' organised by the Outreach Project in Myagdi in 2023. As a result, she was referred to the GPH to receive a prosthesis free of cost. She finds the new prosthesis she received from the Outreach Project to be very light and easy to use. It allows her to move around freely as well as work on her farm. These days, she occasionally visits Beni and Pokhara, which would not have been possible without the prosthesis.

The prosthesis has played a crucial role in enabling her to start a shop at home,

which has generated additional income for her family. Most importantly, Fulu feels much more confident in her daily life as she is now able to independently perform personal hygiene and other tasks.

Fulu expresses her satisfaction with the services she received from Outreach Project and GPH. She felt comfortable communicating with the doctors there. The fact that the Outreach Project organised camps near her location had made it convenient for her to seek medical assistance.

The provision of free assistive devices to individuals with limited financial means has been immensely beneficial. Fulu has been able to improve her financial situation and has noticed a positive change in the way some of her neighbours treat her. She feels that she can stand and defend herself if anyone tries to put her down. Moreover, Fulu's shop has provided her with a source of income.

In our society, there is still deep-rooted belief that our current circumstances in life are the consequences of our actions in past lives. Therefore, if a person suffers from a disease, disability, or other misfortune, it is often attributed to their past sins. Instead of offering psychological support, some people tend to avoid and discriminate. Organisations like INF should raise awareness and collaborate with local representatives to debunk the myths surrounding leprosy and disability.

# A Story of Nisan and His Favourite Subjects

**Nisan Kunwar, a 12-year-old boy residing in Gorkha Municipality, was born with a disability. At the age of one, it was identified that he had physical disabilities, preventing him from walking and crawling like other children his age.**

As Nisan grew older, he became increasingly dependent on his mother for assistance. Seeking further identification and treatment, he was taken to various hospitals in Kathmandu, where necessary examinations were conducted.

While doctors couldn't make him walk normally, they suggested assistive devices that could help him move around. This situation caused significant distress to Nisan's family. His mother spent much of her time taking care of him, leaving her with little time for other responsibilities.

The absence of support from Nisan's father posed additional challenges in managing the household and addressing Nisan's needs. Due to his physical disability, Nisan couldn't attend school, and he struggled to play with other children or engage in recreational activities. His disability also took a toll on his mental well-being.

The difficulty of taking Nisan out of the house was another challenge for the family. Even the courtyard seemed inaccessible to him due to his mobility issues. When Nisan was nine years old, his mother heard about a health camp coming to their village from the Ward Chairperson. She took Nisan to the camp, where doctors assessed his condition and referred him to Green Pastures Hospital. Shortly after, Nisan was admitted to the hospital for further treatment.

During his hospitalisation, Nisan received necessary medical treatment and was provided with free assistive devices and training on their use. He also underwent physiotherapy to address his mobility issues. The child, who was previously unable to stand, began walking with the help of supportive shoes.

In addition to receiving these materials from the Green Pastures Hospital, he also put in his efforts to walk. Upon witnessing this progress, the doctors recognised that he was in a phase of improvement. Hearing this, Nisan's heart filled with hope that he, too, could walk like other children.

Without treatment, even the courtyard seemed far to Nisan, but nowadays, even the market at some distance feels closer to him. The use of supportive shoes and a walker has improved Nisan's mobility. Previously, he was completely dependent on his mother for everything and stayed inside the house, but now he can walk on his own using the walker.

He has also started attending school. His favourite subjects are now science and mathematics. Nisan says that the walker, training, and supportive shoes he received from Green Pastures Hospital have made it easier for him to move around.



## Contribution of the P&O Team

**Prostheses and Orthoses (P&O) play a crucial role in preventing and managing disabilities by providing customized devices to individuals with limb differences or musculoskeletal impairments.**

These devices enhance mobility and improve the quality of life for those who use them. This case study focuses on the outstanding efforts of the P&O team of GPH in Nepal. It highlights their dedication, expertise, the challenges they face, and the impact they have on the community.

The P&O team at GPH consists of six members, including one Unit In-Charge, three P&O Technicians, one Wheelchair Technician, and one Support Staff. Although formal schooling for P&O Technicians is not available in Nepal, each team member has a minimum of 15 years of experience in the field. They have received training from Handicap International and have further refined their skills through on-the-job training and workshops in Nepal, India, Cambodia, Sri Lanka, and some other African countries. The team members are motivated by various factors,

including familial influence, interest in craftsmanship, and the desire to make a meaningful impact on the lives of others. Some were initially drawn to the profession by its novelty but later found contentment in helping individuals regain independence through P&O interventions.

The team specialises in the development and maintenance of various P&O devices, including prosthetic limbs, orthotic devices, wheelchairs, crutches, orthopaedic footwear, and assistive devices. They excel in assessing patients' needs and modifying devices to ensure optimal functionality and comfort. This not only prevents disabilities but also enhances rehabilitation outcomes. The use of P&O devices has had a profound impact on the lives of recipients. Patients have reported increased participation in income-generating activities, regained ability to ride bikes and vehicles, and a notable boost in confidence and willpower. Family members express satisfaction and happiness seeing their loved ones thrive with the support of P&O interventions.

The team expressed that when they witness a patient with a disability standing, walking, and running with their prostheses, when a child with Cerebral Palsy can sit up straight, or when a patient receives a wheelchair and moves independently, their eyes well up, their hearts are filled with warmth, and a sense of pride swells in their chests. These stories demonstrate the transformative power of these devices, not only restoring function and mobility,



but also reigniting hope, confidence, and independence in the lives of those who receive them. As family members observe the positive impact of P&O interventions, their satisfaction and happiness serve as evidence of the invaluable role played by P&O teams in changing lives and promoting inclusivity within communities.

Despite their dedication, the P&O team faces several challenges. These include the unavailability of raw materials, lengthy device preparation processes resulting in patient wait times, limited human resources due to the absence of formal education programmes, and insufficient government support. The closure of the Surkhet P&O Centre has further increased the workload at GPH. The team advocates for recognition and support from government entities, healthcare professionals, and the community. Under

the Community Medical Outreach Project, They go to the medical camp from time to time and make auxiliary materials and artificial legs and arms for the patients sent from the same camp.

They emphasize the need for inclusion in health worker orientations and the development of P&O technician courses that meet the current demands. Additionally, they propose integrating P&O services into health insurance schemes to alleviate the financial burden on users. Therefore, the hard work of the P&O team is appreciated. Through this endeavour, they strive to empower individuals with disabilities, enabling them to lead more fulfilling lives and participate actively in their communities. Their genuine recommendations are capable of strengthening the whole GPH Team.

## “Amar, when did your leg grow?”

**Amar Bahadur Ale is a resident of the Dhorpatan Municipality of Baglung district. He is 53 years old and living with his wife who works as a labour sustaining both of their life.**

Amar's life took a drastic turn in 1979 AD when he was bitten by a snake. Initially, he relied on home remedies and medicinal herbs in the absence of health facilities in rural life, but these treatments proved ineffective. As a result, his condition deteriorated, eventually leading to the amputation of his left leg in 2006 at Green Pastures Hospital (GPH). Amar faced severe physical limitations and social discrimination because of his condition.

Before receiving a prosthetic leg, Amar's life had many challenges in mobility, inability to work and social discrimination. He shared his experience of crawling because walking caused excruciating pain, often leading to bleeding from friction; mental trauma from lack of a functional leg severely limited his ability to work, affecting his financial stability and self-worth; and facing discrimination from his

community and even his sons. Amar's three sons live separately from him. As a result, Amar and his wife became socially isolated.

Amar's life began to change in May 2023 when he attended a medical camp at the Dhorpatan Municipality Ward no. 6 and was referred to GPH for a prosthetic leg. With a prosthetic leg, Amar was able to walk without pain. The prosthesis not only improved his physical mobility but also liberated his body and boosted his confidence. The change in Amar's condition was so profound that people in his village were amazed at his improvement.

Amar is satisfied with his improving physical and social condition. The prosthesis helped Amar reclaim his dignity and self-worth.

*“People don't even realise I'm disabled anymore. An elder sister from my village was amazed to see me walking and asked, ‘Amar, did your legs grow?’”*

- Amar Bahadur Ale

Amar's case illustrated the role of prostheses in changing a person's life. The prosthesis has not only restored Amar's mobility but also rebuilt his confidence, altered societal perceptions, and improved his quality of life. Amar and his wife express deep gratitude to the GPH, P&O Team of GPH and Outreach Team for their services and hope for continued support to maintain his improved lifestyle.

People in rural Nepal have less access to health facilities, lack knowledge of basic first aid and treatment, and are compelled to live with disability and diseases. The Community Medical Outreach Project provided the opportunity to reach the community where people cannot reach healthcare facilities.

Through this case study, we see the profound impact that medical interventions provided through community outreach initiatives; particularly prostheses, can have on an individual's life, enabling them to overcome physical and social barriers and lead a life of dignity and independence.



## Poverty, A Barrier to Overcoming Disability

**A child, Prabin Gharti Magar age 7 years, lives in Sunchhahari Rural Municipality Ward No. 2 of Rolpa district. He lives with his family consisting of his parents and elder sisters.**

The family is dependent on agriculture and labour work which hardly sustains the family. When Prabin was six and a half months of age suffered a burn on his right foot after being unintentionally placed near a fire. The burn led to significant difficulty in standing and walking, causing profound sadness and stress in the family. The youngest and only male child in the family, his condition deeply affected the household's emotional well-being. The incident remained a nightmare for the family.

Despite their best efforts, the family faced financial barriers in seeking appropriate medical care. They managed to take the child to Kathmandu for treatment; however, the costs of surgery were beyond their means, forcing them to return home without the needed intervention. The child's condition led to constant pain, making him cry frequently, and further compounded the family's distress as they watched their child suffer.

The Disability Screening Camp in Pobang organised by the Outreach Project brought hope in the family. In the camp, the child was referred to Green Pastures Hospital (GPH) in Pokhara. At GPH, the child received free surgical treatment during his two-month stay in GPH. This critical intervention enabled the child to walk and run easily, significantly improving his quality of life and that of his family.

Post-surgery, the child was able to walk, run, and play with his friends, bringing immense joy and relief to his family. The successful surgery has not only alleviated the child's pain and disability but has also uplifted the spirits of his family and community.

*Seeing our child running, playing, and smiling makes us very happy. When I go home, I just love to see him playing.*

- Prabin's parents

The case study underscores the severe impact of poverty on accessing essential medical treatment. Without the Outreach Project's intervention, the child's condition would have worsened due to his family's financial limitations. The project's support was crucial, providing the child with life-changing surgery and highlighting the need for accessible healthcare for impoverished families.

The family's profound gratitude reflects the transformative power of compassionate healthcare initiatives. At the same time, the case study illustrates the broader issue of healthcare inaccessibility due to economic constraints, emphasising the importance of outreach initiatives in closing these gaps.



## Importance of Post-surgery Follow-up

**Ram Rokka Magar lives in Sunchhahari Rural Municipality, Rolpa, with his father, mother, grandmother, and three sisters. His father, Tilak Rokka Magar, works in agriculture and as a labourer to support the family financially.**

However, their income barely meets their basic needs. Ram, at the tender age of seven, started experiencing issues with his hands, which gradually intensified as he grew older. It hasn't been a big problem as he's still a child, yet his parents fear for his future.

Ram's parents had been informed about a camp at Pobang by a Female Community Health Volunteer (FCHV) and from there they were referred to Green Pastures Hospital. In 2022, Ram underwent surgery on his hands and spent a month in the Hospital, followed by physiotherapy sessions. The provision of free food, accommodation, and medical services at the Hospital eased the financial burden on Ram's family, who would have otherwise struggled to afford treatment elsewhere.

*The camp organised with a focus on the welfare of the poor was very beneficial. Similar camps related to disability should be held in various places so that impoverished people like us can benefit.*

- Ram's father

Post-surgery, Ram regained the ability to perform tasks independently. His family was relieved, seeing improvements in his condition. However, follow-up appointments were scheduled at intervals of several months. Due to their busy work schedules, Ram's family couldn't prioritise these appointments, neglecting the importance of follow-up care. Now, Ram is experiencing a recurrence of issues in his hands. His fingers have started to contract again.

Ram's case highlights the fact that surgery alone may not be a permanent solution for all patients. It is essential to have follow-up care to achieve long-term improvement in the patient's condition. Follow-up treatments are crucial as they ensure regular medical monitoring and offer additional therapies and medications when needed.

Therefore, healthcare professionals must emphasise the necessity and significance of follow-up care to patients. Additionally, patients should prioritise their health by completing follow-up appointments, as demonstrated by Ram's experience.



## Transformative Impact of Effective Treatment

**Beg Bahadur Damai is a native of Dhorpatan Municipality Ward No. 5 in Baglung district. For the past decade, he has been engaged in tailoring, a traditional family profession.**

Beg Bahadur's family, consisting of five members, relies mainly on his tailoring income for their livelihood. Beg Bahadur's wife also worked with him in tailoring until she started suffering from glaucoma, which severely impaired her vision, leaving Beg Bahadur solely responsible for the family.

Beg Bahadur, skilled in crafting clothes with modern designs, spent his days tailoring and earning a decent income. However, one day while working, he felt pain in his left hand. Initially dismissing it as a minor issue, he thought it would resolve on its own. Unfortunately, the problem gradually worsened, eventually hindering his ability to work. His days, once filled with tailoring, were now spent visiting various hospitals in search of treatment, but he found no relief.

As the pain deepened, Beg Bahadur became dependent on his family members for even his personal needs. He had to close his shop and the ongoing medical expenses quickly drained his savings, leading to severe financial difficulties.

With increasing household expenses, Beg Bahadur sought loans from acquaintances. However, no one was willing to lend him money, given his deteriorating health and his wife's health condition. Over two years, Beg Bahadur and his family underwent immense economic, social, psychological, and emotional challenges. Despite these difficulties, Beg Bahadur remained committed to his responsibilities toward his family, never running away from his role as a provider.

One day, he heard about a health camp being organised by Outreach Project from a neighbour. The camp was being held in Dhorpatan Municipality. Despite the long and difficult journey, he made his way to the camp. However, when he arrived, he found out that it had already ended. Feeling disheartened, he started his journey back home. But fate had other plans. He met the returning medical team on the way and took the chance to share his troubles with them. They immediately examined him and referred him to Green Pastures Hospital. Although it seemed daunting due to the distance and financial strain, Beg Bahadur, driven by his persistent pain, felt like he had no other choice. Using his wife's allowance, he made the trip to the hospital with determination to find relief.

At Green Pastures Hospital, he received a thorough examination and necessary treatments, all free of charge. Additionally, the hospital covered his travel expenses too, bringing immense relief to his financially struggling family. Within a few days of receiving treatment, his pain subsided significantly, and he was fully cured. With his pain relieved, Beg Bahadur returned to his tailoring business, gradually regaining financial stability. He reopened his shop, his customers returned, and he expanded his business, involving his daughters as well. Those who once refused him loans were now astonished by his progress. Living a better life than before, Beg Bahadur and his family are immensely grateful for the services and support of the hospital staff.



## Overcoming Adversity: Role of Prostheses

**Deepak Budha Magar, a 5-year-old child from Sunchahari Rural Municipality Ward no. 3 of the Rolpa district, had a life-altering accident at the tender age of 6 months old.**

It was the time of winter, when his father, the breadwinner of the family was out of the house for his work. His mother too got engrossed in household work as usual life in a rural part of Nepal.

The infant, Deepak, was made asleep near the fire to provide him warmth. But, the infant crawled to the fire and got burnt. The outcry of the infant continued for hours, which was finally heard by a neighbour and then only the family found out about the tragedy.

Following the accident, the child was taken to Butwal for treatment. Due to the severity of the burns, the medical team decided to transfer the child to Palpa for further evaluation. Subsequently, the child was referred

to Kathmandu, where they underwent a series of comprehensive surgical procedures to effectively address the burn injuries (28% burnt).

In the course, the savings of the family amounting to NPR 700,000-800,000 (USD 5000-6000) was spent. The life of the child was saved but his difficulty to cope with his life continued. In the absence of both legs, the child grew up crawling. His father, during the interview, reminisced about the injured knees of his child covered in blood and shared the memory of countless torn pants due to crawling. The words from neighbours and people about the child towards his mother left her disheartened. The family was in pain and found themselves helpless about their situation.

As said, “Stay positive, better days are on their way”, the ray of hope came with the organisation of the ‘Disability Screening Camp’ in Pobang of Rolpa district by the Outreach Project. In the camp, the child was referred to Green Pastures Hospital in Pokhara where he was provided with prostheses for his both legs in 2023.

During his 28-day stay in Green Pastures Hospital, he had bonded well with the staff and was able to walk, marking a significant milestone in his rehabilitation journey. With the aid of prosthetic limbs, the child regained mobility, gradually transitioning from crawling to walking, running, and engaging in various physical activities. Now, the

child attends school, participates in recreational activities, and performs daily tasks with ease, demonstrating a level of resilience and happiness to parents.

The prosthetic devices have not only restored functionality but also instilled a sense of independence and empowerment in the child, enabling him to navigate the world with confidence and dignity. The improvement in the child's condition has

not only provided happiness in the family but also silenced the people criticising him for his condition. The father of the child expressed his gratefulness towards the Outreach Project on behalf of his family and other people who benefited from the camp. At the same time, he showed his wish and concern about the continuity of treatment in the upcoming days with ease and free of cost as prostheses are to be replaced time and again.



## Transformation of Social Life: A Success Story

**In the remote region of Sunchahari Rural Municipality Ward no. 3 of Rolpa District, Niraj Gharti Magar, a boy of age 8-year-old resides with his parents and elder sibling.**

When he was at the tender age of six months, his mother's brief absence on one winter night led to a life-altering incident. The infant ventured too close to an open fire, resulting in severe burns to his left foot. The family, residing in a rural area with limited access to advanced medical care, faced a frightening challenge.

The child's burnt leg not only led him to have difficulty in walking but also posed significant social barriers. The physical impairment made him hide his leg and avoiding communication with others. His peers often ignored him, intensifying his isolation and diminishing his self-esteem. The patient's father, Nar Bahadur Gharti Magar, shared the vivid memory of his child hiding his leg in front of people. The low confidence and self-esteem in the child left parents feeling disheartened and helpless towards their condition.

One day, the patient's family got to know about "Disability Screening Camp" organised by Outreach Project. The child visited the camp where he was referred to Green Pastures Hospital (GPH) in Pokhara for further treatment. Upon referral, the child received comprehensive medical care, including an orthopaedic surgery in 2022. The surgery was funded entirely by GPH, also covered food and accommodation costs for the family, alleviating financial burdens and enabling them to focus on the child's recovery.

The patient's father expressed profound gratitude towards the GPH and the Outreach Project. He highlighted the significant change in her son's life: "Before surgery, he used to hide his leg and wouldn't communicate with people. Children of his age used to ignore and run away from him. But the situation has changed now. He plays and communicates with children of his age and goes to school together."

*In rural places like ours, people die of simple disease. The service of INF reached this rural place, and we got new life through its free service. I wish INF can progress and always stay blessed. I am grateful to the INF team as saving life is a great deal.*

- Niraj's father

The positive transformation in Niraj's physical and social life underscores the significant role that a health camp can play in someone's social rehabilitation. Particularly, it highlights the continuing need for such health camps, where services are provided at the doorstep for those who lack information about treatment and cannot access urban markets for treatment. The objective of these health camps is to provide treatment services to those in need and to increase awareness about disabilities, thereby contributing invaluable efforts to re-integrate individuals with disabilities into society. This underscores the necessity for conducting such camps extensively, which can not only provide treatment services to the afflicted but also make an unparalleled contribution to the social reintegration of individuals with disabilities by raising awareness in society.



# Happiness Revived from Free Treatment

**Sital Shrestha lives with her family in Ward No. 5 of Sunchhahari Rural Municipality, Rolpa district. She is currently 3 years old.**

Her father sustains the family by working as a labourer, while her mother tries to share the financial burden by running a small tailoring shop. Sital was born in the year 2021. Her birth brought happiness to her family, but this joy did not last long.

A few days after her birth, while applying oil, her mother noticed a lump on Sital's back. Arranging for the necessary expenses, her parents immediately took Sital to a medical college in Bhairahawa for treatment. The doctor there diagnosed Sital with spina bifida (*a condition that affects the spine and is usually apparent at birth*) and foot drop in both feet, advising surgery after eight months.

Returning home, Sital's family began seeking support from other relatives to cover her medical expenses.

After 8 months, Sital underwent a successful surgery, bringing happiness to her parents and family. She returned home 15 days later and her health gradually improved.

However, a few months later, blisters started appearing on her legs. These blisters would burst, causing pus discharge, pain, and a burning sensation. Sital's ability to walk deteriorated over time. Since it had only been a few months since her surgery, her family hesitated to take her back to the hospital. They relied on home remedies for treatment, but her wounds did not heal despite their efforts. Due to financial constraints, Sital's parents became increasingly worried about their daughter's future.

While working in the tailor shop, Sital's mother heard on the radio that INF Nepal's Outreach Project was organising a disability-related camp. The family was overjoyed upon knowing that Sital's condition could be treated at the camp, so they took her there. From the camp, Sital was referred to Green Pastures Hospital (GPH) for free treatment.

She received two and a half months of treatment, including surgery and physiotherapy at GPH. While returning home, the hospital also provided her with two pairs of shoes and dressing kits. Now, Sital can walk and play. Seeing her play joyfully, her family is very happy. The free treatment received at GPH has brought relief to her parents. Earlier, Sital's mother

had to stay at home looking after her, but now she carries Sital to work at the tailor.

The free treatment arrangement by Outreach Project has been extremely beneficial for patients like Sital. Due to the financial hardship, they would have been forced to live their entire lives with the problem. While modern medical science is making significant advancements in healthcare services, it is a bitter reality that people living in remote areas are often deprived of even basic services due to their financial situation. The work done by INF Nepal's Outreach Project, providing free healthcare to many patients like Sital and increasing access to health services for the poor and vulnerable, is highly commendable.



## Happiness Revived from Camp

**Roshani Khadka (16 years) is from Sunilsmriti RM Ward No. 4 of Rolpa district. The difficult rural life with less access to health services and other facilities got tougher for her because of her disability.**

At the age of 7, Roshani developed a lump in her calf. This seemingly harmless lump marked the start of a difficult journey filled with physical pain and emotional turmoil for Roshani and her family.

After initial consultations and medical assessments, an MRI and immediate surgery were recommended. However, the road to recovery was anything but easy, as complications occurred after the surgery, causing Roshani to lose her ability to walk normally. She used to walk with only two fingers on her right foot. This led to profound isolation and emotional distress for both Roshani and her family.

Roshani's mother recalls the misery they experienced during those dark times.

The struggle of bringing up a child with disability compounded with the financial difficulty added challenges in life. Roshani's physical limitations not only restricted her easy mobility but also led to social exclusion, as she was unable to participate in activities with her peers.

Life continued in a struggle running a small hotel near the highway where the Outreach Project Coordinator saw the child and informed her about the Disability Screening Camp being organised, which marked a turning point in her journey.

In the camp, Roshani was referred to Green Pastures Hospital (GPH) where she underwent orthopaedic surgery in 2022 and was provided with assistive devices (a pair of shoes and a stick). She again visited GPH twice for follow-up.

Roshani's mother recalled the day when her daughter started to walk after a few days of surgery with assistive shoes. While the physical healing was gradual, the emotional and psychological transformation was profound. With the support of her family, neighbours, and community, Roshani began to regain her confidence and sense of belonging. She has envisioned herself working as a forest officer in the near future.

The most remarkable aspect of Roshani's journey is her resilience and determination to overcome adversity. Through persistence and the unwavering support of her loved ones, she confronted the odds and reclaimed her life.



## Economic and Social Effects of Leprosy

**The case study delves into the journey of a young man, Roshan Gupta, aged 23 from Gulariya Municipality Ward No. 6 of Bardiya district.**

The eldest son of the family, Roshan, is living with his father, two younger brothers, sister-in-law and younger sister. Being the eldest son, he had the financial burden of the family and started working in a liquor shop.

Unfortunately, at the young age of 19 years, he was diagnosed with leprosy and had been going through physical, mental, social, psychological and economic ordeals.

In 2019, the Roshan experienced sudden pain and a burning sensation in his left hand where he initially sought treatment at a private clinic, exhausting his savings in pursuit of relief. But nothing worked well. His physical condition didn't allow

him to work further leaving him jobless. Economic hardships further aggravated the family's difficulty, forcing them to sell their agricultural land and rely on a modest income from a sibling's street vending business. The following journey was marked by financial strain, social stigma, and economic hardship, compounded by the loss of his mother in a tragic accident.

Throughout his journey, the patient encountered discrimination and social isolation, particularly in matters of marriage and employment. The denial of marriage with Roshan because of his condition and the marriage of the girl with his brother has left a deep wound in his heart.

Despite the challenges, Roshan's family stood by him, offering firm support and solidarity. His father's dedication, in particular, served as a source of strength and comfort during the darkest moments.

One day, a neighbour of the liquor shop's owner where he was working suggested he visit INF Nepal's Shining Hospital in Banke where he was diagnosed with leprosy. Roshan facing physical challenges such as pain, loss of sensation, and nerve weakness in his left hand got access to medical treatment from Shining Hospital Banke and was referred to Green Pastures Hospital (GPH) for reconstructive surgery.

In Pokhara, he underwent two surgeries and received medication to manage his condition. The food, accommodation, and travelling costs were covered by Outreach

Project. Post-treatment, Roshan experienced a new-found sense of hope and resilience, determined to rebuild his life and contribute to his family's well-being. The neighbours and relatives are supportive too.

Through the holistic care provided by GPH and the support of his family, the physical condition of Roshan has improved, enabling him to perform simple tasks but he is still hopeful and seeking desperately an opportunity to support his family financially.

Roshan Gupta is a representative example of the multifaceted impact of leprosy on individuals and their families. Leprosy doesn't only have the physical impacts but economic and social impacts come alongside.

Therefore, there is a need for comprehensive rehabilitation programmes that address not only the physical symptoms but also the social and economic barriers faced by leprosy patients.

Furthermore, Roshan's story highlights the critical role of family support and the need for community engagement in diagnosing leprosy and then promoting recovery and resilience. By empowering patients financially and raising awareness about leprosy, communities can foster a more inclusive and supportive environment for those affected by the disease.



## Role of IEC Materials in Leprosy Identification

**Mahima Kumari (name changed) is a 45-year-old resident of Gulariya Municipality Ward no. 12 in Bardiya district. In 2022, light patches appeared on her skin that looked similar to insect bites. Later, she started feeling numbness and itching in the area.**

Kumari continued to feel pain, numbness, and sometimes a burning sensation in her hand. She felt distraught as she couldn't engage in household activities and was dependent on her family members. They had to spend time caring for her which reduced their engagement in income-generating activities. People talked ill about her condition and said that it was the result of her past sin. However, her family was supportive and caring which made her feel loved which gave her hope.

Once, while Kumari's uncle-in-law was listening to the local FM radio, he heard about leprosy and Shining Hospital in Banke. He advised her to go there as her symptoms were similar. The doctors in the hospital detected leprosy and gave her medication.

However, due to the COVID-19 pandemic, she couldn't continue taking the medication. Her fingers gradually started contracting. She received a reconstructive surgery from Green Pastures Hospital (GPH) in 2022. After the surgery, she also received an assistive device and a hearing aid from the GPH.

Life has been easier for Kumari after the surgery. Now, she can cook, and engage in agricultural work and animal husbandry. Although she has problems gripping things sometimes, she can still work independently. Her family members can go to earn which has improved their economic condition. Kumari is also active in the social sphere being involved in the mothers' group and a co-operative group as a member. She is satisfied with the treatment and service provided at GPH, Pokhara. Her family is also happy and supportive.

"The free service, food, accommodation, medicine, and transportation fees have been a great aid for people from remote villages like us. All the services of Green Pastures Hospital including doctors, physiotherapists were kind and helpful", she said.

*People cursed me saying that my condition is the result of my sin. But my family never disrespected me. People would make fun of my hearing capacity. My condition has improved, thanks to Green Pastures Hospital, and my family has played a significant role in that improvement.*

- Mahima Kumari

Kumari's case shows how information, education and communication (IEC) materials such as public service announcement shared via mass media can be life-changing in the case of diseases like leprosy. The early detection, treatment, and prevention of leprosy will be easy if IEC materials are readily available. Family support plays a key role in providing hope and motivation to the patient despite them facing social stigma. Awareness about the cause of leprosy and that it is a curable disease should be spread among people in the upcoming days.



## The Return to His Passion Abiram Chaudhary's Story

**Abiram Chaudhary, a 68-year-old resident of Rapti Sonari Rural Municipality Ward No. 3 of Banke, still finds joy working in his fields despite his age. With ample land, Abiram has always been passionate about farming.**

However, his life took a drastic turn when he suffered from leprosy, preventing him from pursuing his passion. His dream of working on his farm was fulfilled only much later.

Abiram cannot recall exactly the onset of disease, but he remembers noticing patches on his feet early on. Since the patches did not itch or cause pain, he ignored them and continued his routine. Eventually, he visited the local Health Post in his village, but the health workers there could not diagnose the disease properly. As a result, his condition worsened, and the fingers on his feet began to claw, making walking and working difficult.

He lost the ability to grip objects, further hindering his ability to work on his farm.

Leprosy caused his eyes to remain open constantly, leading to dryness, allergies, and infections. His deteriorating physical condition became the subject of gossip among neighbours, affecting him mentally. He gradually stopped attending social events, isolating himself further. This continued for several years until one day he heard about Shining Hospital in Banke (SHIB) and sought their help. There, his leprosy was finally diagnosed.

On 11 January 2023, SHIB referred Abiram to Green Pastures Hospital (GPH) in Pokhara for surgery. At GPH, he underwent surgery and received physiotherapy services.

While returning home after completing treatment at GPH, he was provided with a pair of shoes, assistive footwear, and gloves. During his hospital stay, the Outreach Project covered his food, accommodation, and travel expenses. Abiram expressed his happiness and gratitude for the services he received, which had finally provided relief from his long-standing issues.

Abiram's life has significantly improved post-surgery. He can now work on his farm and engage in income-generating activities. He cultivates maize, rice, wheat, and barley on his land and sells his products in the local market. Despite his sons advising him to rest, he chooses to maintain his independence and continues to live and work on his own. The surgery restored his physical strength and confidence, allowing him to pursue his passion for farming and enjoy his regained freedom.



The attention and care provided by the hospital staff at GPH played a crucial role in Abiram's recovery. He remembers some of the INF staff, who regularly visited his home to check on his health. Abiram appreciates the open-hearted service provided by the INF Hospitals (GPH and SHIB) and Outreach Project, contrasting it with the social stigma he faced from his neighbours.

*While my neighbours looked down on me, the Outreach and hospital staff served me with an open heart, understanding my condition. I was fully satisfied.*

- Abiram Chaudhary

Abiram's case highlights the significant role healthcare workers play in a patient's recovery. The regular visits from healthcare workers, the Outreach Project's facilitation and the care provided at the INF Hospitals had a profound impact on Abiram and his family. In a society where they faced negative perceptions, such support greatly boosted their morale.

This case study emphasises the importance of proper training for healthcare workers in diagnosing and treating long-term diseases like leprosy. Early and accurate diagnosis, coupled with continuous support, can bring significant changes in a patient's life, as demonstrated by Abiram Chaudhary's case story.

## Importance of Awareness about Leprosy

**Dil Bahadur Ale, a resident of Ward No. 7 in Rajapur Municipality, Bardiya district, was diagnosed with leprosy when he was just 15 years old.**

Now at the age of 62, he continues to experience the impact of leprosy in different aspects of his life. This case study focuses on Dil Bahadur's journey in overcoming the long-term effects of leprosy.

When Dil Bahadur was 15, he began noticing red patches on his chest and back. His hands and feet started to feel numb, with sensations of tingling and burning.

One day, he accidentally scalded his feet with hot water, noticing a blister forming but feeling no pain, only a numbing sensation. His family was deeply troubled by this mysterious lack of sensation.

Without further delay, his family took him to a local health post, where a health worker pricked his blister. Dil Bahadur felt no pain. Frightened by the lack of sensation and fearing the worst, when the health workers had a private conversation with his father. Later, he discovered that he was suffering from leprosy and began taking medication.

Due to the numbness and contracture in his hands, Dil Bahadur sought medical attention at Green Pastures Hospital (GPH). There, he underwent surgery on his hands.

Again in 1995, he had surgery on his foot at GPH. He received prosthesis for his leg. Till now, he has changed four prostheses in the interval of 5-8 years. Dil Bahadur finds it easier to walk and perform his daily tasks after receiving a prosthesis.

He now works as a farmer to support his livelihood. Dil Bahadur received a new prosthesis through the Outreach Project at Green Pastures Hospital. He shared that none of his family members have leprosy, and he is relieved that his disease was not transmitted to them.

Dil Bahadur took on the physical challenges caused by leprosy and faced the disease head-on. Prior to his surgery, he was subjected to discrimination and people would avoid him.

However, he acknowledges that his family always treated him with kindness. He

believes that there has been a shift in how people perceive him now, although some discrimination still exists. Currently, Dil Bahadur lives with his wife, daughter-in-law, and grandchildren, as his two sons are employed in India. His wife actively engages in leprosy awareness campaigns as a FCHV. He recommends providing training for healthcare workers, such as healthcare volunteers, in leprosy prevention and detection. Dil Bahadur is well aware of the physical, economic, and social impacts of leprosy.

Leprosy is a contagious disease. If identified and treated in time, further complications in those affected by leprosy can be prevented, as well as its spread to others. The long-term impacts of leprosy on physical, mental, economic, and social life can be understood from the experiences of Dil Bahadur Ale. He believes that even now, almost 40 years after he was diagnosed with leprosy, there hasn't been enough awareness raised about the disease.

Leprosy can be cured if diagnosed and treated in time, but neglecting it can lead to long-term effects. Therefore, he emphasises the importance of spreading awareness about leprosy in the community and making everyone understand that "leprosy can be treated."

He thinks that by preventing leprosy, identifying it in time, managing its condition appropriately, and evaluating the situations of those affected, it will be easier to create a leprosy-free society.



# Importance of Referral to Reduce the Impact of Leprosy

**Duddu Damai, a 33-year-old resident of Baijanath Rural Municipality in Banke district, lives with his wife and three daughters.**

Duddu used to support his family by driving a school bus, and his income was sufficient to comfortably feed his family of five.

In 2018, Duddu noticed non-itchy patches appearing on his skin. Since they did not itch, he ignored them, but as the patches spread across his body, he visited the nearby health post. The health workers there diagnosed it as a skin allergy and prescribed ointment, which just provided temporary relief.

Seeking better employment opportunities, Duddu went to India, but his health deteriorated, forcing him to return home. By the time he came back, the fingers of both his hands and toes had started to claw. Duddu's hands and feet were frequently injured, making walking and working difficult. Eventually, he lost the ability to grip objects and make a fist.

Returning from India meant the loss of his family's income source, pushing them into financial hardship. As Duddu's condition worsened, neighbours began to avoid him, fearing it was a contagious disease. This social stigma forced Duddu and his family to limit their social interactions. The patches on his skin persisted and spread across his back, prompting him to seek medical help again.

The health post referred Duddu to Shining Hospital Banke (SHIB), which then sent him to Green Pastures Hospital (GPH). There, he received medication and physiotherapy services. The GPH also provided him with a pair of shoes, assistive shoes, and glasses, and advised surgery once his medication course was completed.

After receiving treatment at GPH, Duddu's life significantly improved. He regained the ability to grip objects with his hands, and the contracture of his fingers and toes was reduced. He resumed driving the school bus, earning a livelihood and supporting his family.

Duddu's involvement in the school's Co-operative group also made him socially active.

Duddu feels much freer and lighter now, and the special shoes provided by the GPH have made his work easier. The change in his skin colour is noticeable, and his family, relatives, and neighbours are happy to see his improved health.

Initially, when Duddu sought help at the health post for his skin condition, his disease was not identified. However, years later, the health workers referred him to Shining Hospital. This correct identification and subsequent referral were possible due to the training provided to health workers by the Outreach Project in coordination with Shining Hospital Banke.

This case story underscores the importance of training health workers to recognise and treat diseases having long-term health issues like leprosy.

When individuals first face health problems, they usually visit their nearest health institutions. Without proper training, identifying diseases like leprosy can be challenging for the local health workers.

Therefore, providing health workers with necessary training on leprosy detection and treatment can bring significant changes to an individual's life, as evidenced by Duddu Damai's story.



## Collaborative Efforts of Local Stakeholders for Leprosy Elimination

**Leprosy has remained a major challenge in Nepal's health sector. If leprosy is not identified and treated in time, it can lead to physical disabilities in patients and increase the risk of spreading the disease to others.**

Various initiatives are being undertaken to eradicate leprosy and create a leprosy-free society.

Despite efforts from various individuals and organisations, significant progress in solving the leprosy problem has not been achieved.

The lack of adequate information about leprosy in society, the tendency to ignore its symptoms, and the stigma associated with the disease continue to pose challenges to its eradication. Building a leprosy-free society and achieving the objectives of this plan is not possible through individual efforts alone. It requires coordinated efforts from various bodies and individuals. This

case study has been prepared to highlight such coordinated efforts from different bodies and individuals.

Nilima (name changed), a forty-year-old woman from Ward No. 9 of Maharajgunj Municipality in Kapilvastu district, lives with her 40 years old husband and their five children. The seven-member family is entirely dependent on her husband's earnings from labour. With no agricultural land or other sources of income, Nilima's family has been living in a small hut. As the saying goes, "When it's hard, things become worse," Nilima, already struggling with poverty, began to develop rashes on her hands, back, and feet some time ago. Believing that such rashes come and go, she ignored them. However, the rashes gradually started to cause pain and burning sensations. She did not know where or how to seek treatment for such a condition. Furthermore, she wasn't in a position to openly discuss her problem or seek help from those around her.

One day, news spread that INF Nepal was organising a skin camp in Maharajgunj Municipality. Nilima heard about the camp taking place in her ward from a local Female Community Health Volunteer (FCHV). When she was examined at the camp, it was confirmed that she had leprosy. Since the leprosy was detected at an early stage and she immediately started taking medication as per the doctor's advice, she was spared from further severe physical complications. While the treatment began, the identification of



leprosy brought additional problems to her family. In a society that views leprosy as a social stigma, Nilima was worried that if people found out she had leprosy, they would ostracise her, and she would have to endure discrimination.

Because of the early diagnosis and consistent treatment, the patient did not develop any deformities, enabling them to carry out daily tasks without difficulty. This was particularly crucial for the impoverished family, as any disability in the mother would have further deteriorated their living conditions.

The patient expressed satisfaction with the services provided by the doctors at the camp and chose not to disclose the illness to neighbours to avoid potential discrimination. The timely diagnosis at the skin camp was crucial. The patient began a course of medication administered twice daily (morning and evening) from the Shantinagar Health Post. Health Post staff demonstrated a high level of commitment

by delivering the medication directly to the patient's home, ensuring adherence to the treatment routine.

The story reflected the contribution of the Outreach Project in diagnosing Leprosy from the community where it remained hidden. Similarly, the collaborative effort between the Health Post staff, FCHVs, and Community Mobilisers from INF Kapilvastu Branch Office played a vital role in this success story.

The information dissemination about the skin camp and available medical services; providing emotional and logistical support to patients and their families throughout the treatment process; and follow-up by the Health Post Staff demonstrated the exemplary collaborative effort. The integrated approach ensured that the patient received timely and effective care, which prevented the progression of the disease and potential deformities. This not only improved the patient's quality of life but also had a positive ripple effect on the family's well-being.

# Empowering Health Workers

**Rabi Bhusal is a Certified Medical Assistant (CMA) with 3 years of experience at the Matahiya Health Post. The Health Post is located in an area with a high incidence of leprosy.**

This area presents significant challenges for the detection and treatment of the disease, largely due to the lack of specialised training among healthcare workers and the pervasive stigma surrounding leprosy.

Before, Rabi and his peers had limited awareness and understanding of leprosy. Although they had theoretical knowledge about the disease, they rarely thought to screen for leprosy when patients with skin patches visited the health post. Instead, they often prescribed ointments

and anti-allergic medications, assuming these would be sufficient. As a result, patients would develop severe deformities over time, such as clawed hands and feet. Unfortunately, they unknowingly transmitted the disease to their close family members. The long-term effects of leprosy, such as physical deformities and economic hardship were devastating. Moreover, patients faced discrimination from the society.

*The lessons I learned in the training is helping me alot in my day-to-day job as a healthcare worker in my community.*

- Rabi Bhusal

The Basic Leprosy Training (BLT) provided by the Outreach Project was instrumental in transforming Rabi's ability to effectively manage leprosy cases. During the training, Rabi gained in-depth knowledge about the disease, including its transmission and symptoms. He learned various screening techniques, such as identifying cardinal signs, performing skin patch tests, assessing sensation, and conducting smear tests. The training also emphasised the importance of identifying nerve involvement. Rabi became proficient in reaction management and learned to prescribe medication based on bacterial count: 1-2 years for multibacillary (MB) cases and six months for paucibacillary (PB) cases.

Currently, he is providing regular leprosy treatment to eleven patients at the Matahiya Health Post. Additionally, the training taught him to refer patients to Shining Hospital Banke if a reaction is observed. Prevention strategies, such as avoiding crowded places, practising good personal hygiene, boosting immunity, self-examining for skin patches, and ensuring early detection and prompt treatment to prevent disabilities, were also emphasised during the training.

After getting BLT, Rabi works in Matahiya Health Post with confidence and capability. He started conducting regular screenings and actively seek for potential leprosy cases in the community. One day, while walking on the road, he noticed a girl with a leprosy patch near her eyebrows. He immediately counselled her and advised her to visit the health post for a leprosy test. She was diagnosed with leprosy and is now receiving treatment. Rabi's proactive approach significantly increased the number of identified cases, allowing for early intervention and treatment. His efforts resulted in a noticeable decrease in the transmission rate of leprosy and a reduction in severe deformities among patients.

Despite these achievements, challenges remain. Stigma and misinformation about leprosy still persist, and Rabi continues to work tirelessly to educate the community and dispel myths. Going forward, Rabi aims to establish a strong referral system to connect patients with specialized care facilities (Shining Hospital Banke, Green



Pastures Hospital, and Government Hospitals) when needed. He advocates for continuous training programmes to keep health workers updated on the latest developments in leprosy management.

Rabi's journey from a struggling health worker to a proficient and confident focal person is a testimony to the power of training and education. The support from the Outreach Project and Shining Hospital Banke has not only transformed his professional capabilities but has also had a profound impact on the health and well-being of the Narainapur community. Rabi's story emphasises the critical importance of equipping health workers with the right tools and knowledge to effectively combat diseases. It highlights the ongoing need for support and training in under-served areas.

## Self-Help Group: A Means to Empower Leprosy- affected People

**Gulam Hasmad, aged 33-year-old lives in Janaki Rural Municipality with his wife and four sons. Gulam has gone through a rough childhood due to the onset of leprosy from an early age.**

His body had shown symptoms of the disease since he was 8 years old which prompted him to visit healthcare facilities multiple times. None of the visits were successful. Despite being referred to India for further treatment, it did not yield positive results. He felt discomfort in his eyes and had difficulty holding and grasping objects. Gulam struggled to perform daily routine activities due to these impairments. He had to undergo a difficult childhood due to the disease.

Gulam's life took an unexpected turn when he grew up. This disease not only brought physical pain but also the heartbreaking realisation of being rejected by his family. Despite the initial shock and feelings of abandonment, Gulam refused to let his circumstances define him. With a positive spirit, he embarked on a courageous journey to seek treatment and regain his sense of dignity and belonging. Along this journey, he discovered Shining Hospital Banke (SHIB) and so he went there as his last option.

He was then referred to Green Pastures Hospital (GPH) and admitted there for more than 3 months. Later in 2022 he underwent two surgeries on his hands and eyes due to nerve damage. He also received a pair of glasses from the GPH.

*The surgery has improved my hand functionality, allowing me to perform tasks more easily, while the glasses have enhanced my vision clarity and provided protection against dust and allergies.*

- Gulam Hasmad

There he not only received medical care but also found a community of support and understanding.

He has made the decision to join a Self-Help Group (SHG), motivated by his desire to prevent others from experiencing

the physical, mental, and social suffering caused by leprosy. Gulam has taken on the role of leader in his SHG and has successfully facilitated various awareness programmes, screening camps, and referral activities under his leadership. He has been actively engaging his community in raising awareness about leprosy prevention and the importance of early treatment by utilising the IEC materials provided by the Outreach Project. They conduct programmes like case identification/screening, awareness raising (community, school), and referral to SHIB and GPH. Gulam feels a sense of responsibility and has confidence in himself now.

He added "After undergoing surgery, receiving treatment, and joining the Self-Help Group, nobody dares to discriminate against me anymore. I am immensely grateful to INF because they've given me a fresh start, and things are changing for the better. We're spreading awareness to fight against stigma, and the community is becoming more understanding. So, it's much easier these days."

The INF staff both at the community and the hospital had gone beyond their professional duties by fostering strong relationships with patients, providing support, and empowering them to take action against leprosy. Patients, like Gulam who are taking on leadership roles within SHGs can have a significant positive impact on the community. By



actively participating in SHG activities, the patient is not only contributing to leprosy prevention efforts but also helping to diminish the stigma associated with the disease. Gulam's proactive involvement demonstrates that the individuals affected by leprosy can play a crucial role in advocating for change and raising awareness within their communities.

# Gaumul Rural Municipality's Preparedness in Disaster Response

**Gaumul Rural Municipality of Bajura district, named after the famous religious river Budhiganga, consists of a total of 6 wards. It is located at a distance of approximately 52 km north-west of Martadi, the district headquarters. Positioned in the Himalayan region, Gaumul Rural Municipality is one of the more remote areas in Nepal.**

Though life is difficult, the flowing Budhiganga River, Madi River, steep lands, and dense forest have enriched the natural beauty of Gaumul Rural Municipality. This natural boon sometimes takes the form of disaster destroying life and property.

Due to its geographical location, Gaumul Rural Municipality faces natural disasters like landslides, attacks of wild animals, storms, floods, earthquakes, infernos (wildfires), thunderstorms, hailstorms,

road accidents and drought. These natural disasters destroy the lives of people, livestock, agricultural products, land and other properties every year. To reduce the risk due to disaster, the Rural Municipality has to be prepared at any time. Considering the need for assistance, the Outreach Project played a pivotal role in constructing temporary shelters, forming disaster management committees, training local officials, and developing comprehensive disaster risk reduction frameworks, INF has significantly contributed to the resilience and preparedness of affected communities.

The Rural Municipality, drawing from past experiences, has learned the importance of being prepared for disaster risk reduction by keeping essential response equipment in storage. The materials in the storehouse were packaged and made ready to be distributed to each ward within the Rural Municipality. To address accessibility issues during the rainy season, when the Budhiganga River's water volume increases and complicates access to supplies, storage facilities were established at two separate locations on either side of the river. Not only the Rural Municipality but every ward of the Rural Municipality had a storehouse with materials like fire extinguishers, blankets, stretchers, life jackets, ropes, emergency tools, first aid kits, lights, etc.

These materials are readily available for prompt response to disasters. By positioning these materials, every ward

of the Rural Municipality reduced the time required to distribute aid, thereby enhancing the effectiveness of the response.

Additionally, recognising the importance of local capacity in disaster response, INF facilitated the formation of disaster preparedness and management committees, along with sub-committees. These committees were established to enhance coordination and ensure a structured response to future disasters. By involving local community members, INF ensured that the strategies were culturally appropriate and tailored to the specific needs of the community.

The Outreach Project conducted extensive training sessions for municipal-level officials on disaster preparedness. These sessions equipped officials with the necessary knowledge and practical skills to effectively manage disaster response and mitigate impacts. The training covered various aspects of disaster management, including risk assessment, emergency response planning, and resource allocation. As a result, officials were better prepared to lead their communities through future emergencies through accessibility and effective management of equipped storehouses in every ward of the Rural Municipality. To sustain the preparedness and to ensure the year-round availability of disaster preparedness materials, the local government is committed to allocating a budget for disaster preparedness every year.



## A Black day of Juna Gharti

**Juna Gharti (40, F) is from Gorkha district. Juna's face and body (partially) is burnt in an accident at her own home in mid-Jan 2022. Deformed on her face, Juna visited the Disability Screening camp organized by GPH in her home district in June 2022 with some hope of getting treatment.**

She was referred to GPH for further intervention. Before this, Juna had sought treatment in the capital city immediately after the accident.

Juna has two sons, 14 and 10, and a loving husband who has been taking care of her in this difficult situation. The family's main occupation is subsistence farming. Juna's eldest son discontinued his studies due to the weak economic condition of the family and is now engaged in some work to support his family partially.



Maghe Sankranti is a Nepali festival observed in the mid-January bringing an end to the winter solstice. There is a tradition of making a special kind of rice bread "Sel-roti" to mark the festival. The bread is deep-fried in oil. Juna's sons requested their mother to make Sel-roti on Maghe Sankranti. She could not deny their request and managed all the ingredients for it. Unfortunately, the festival day turned into a black day for the Gharti family. Juna accidentally burnt her face and chest with the hot oil as she stepped on the firewood while cooking the dish.

Juna was immediately taken to the Capital city of Kathmandu to a specialised Burn Hospital. She received primary treatment in the Hospital. As the money got exhausted, Juna was sent back to her home. The condition becomes worse in later days. Juna developed wound contracture that gradually led to physical deformity with skin constriction and functional limitations. Juna's eyelid is no longer functional and her chin has leaned towards her chest.

Upon referral, Juna and her husband

decided to visit Green Pastures Hospital (GPH). They borrowed some travel money to come to Pokhara where GPH is located. Juna has been admitted to the Hospital for a month and the stay might get longer. She is under the close medical supervision of GPH's Plastic surgeon. She has been receiving multiple surgeries for her contracture. So far, Dr Suraj has conducted 3 surgeries on her eyelid. Her treatment has been gradually improved and her daily life activities. She acknowledged GPH services, love, and care for a better life.

# Life-giving tree for Hari Lal Dagaura

**Hari Lal Dagaura (49) is from Bansaha Rural Municipality of Kanchanpur District. He has two sons and two daughters; however, he has been living with his eldest son nowadays.**

Since the age of 25, symptoms like dry skin, acne scars, tearing up, and shaking legs were seen in his body. Later, the dry and tear spots turned into wounds. In the beginning, he went to the local health post and a hospital in Dhangadhi for treatment. The number of beds for patients was limited, so the doctors would discharge him without complete healing time and again, which made him unhappy, and there were no other options available nearby.

The wound was expanding and causing him pain. It compelled him to consider further treatment at another Hospital. He was fearful of his wound, sad, and depressed. His hope for life was decreasing, and his frustration was growing. He felt alone, as his wife had already passed away. There was no one to care for, motivate, or support him during this difficult time. He had a daughter-in-law who cooked for him, but neighbours used to tell her bad myths and suggest that she live separately, so she started showing unfriendly expressions and behaviours.

Once, he heard about an INF hospital at Nepalgunj Banke, where skin diseases were treated, and went there for treatment. When he arrived, he found the hospitality, services, and facilities to be excellent. The way the hospital staff spoke and behaved was praiseworthy. The hospital provided food and lodging and covered all medical costs, and other expenses during his stay. He is happy with the services and facilities of the hospital. His wound was treated through surgery.

After the treatment, he said that he is now able to wear and wash his clothes, work on the farm, and perform other household tasks. He is eager to go home after the recovery of his wound. Talking about the INF Green Pasture Hospital, he says that it is a life-giving tree for patients like himself, giving new life, and he expressed his desire for the tree to remain unbroken and thrive indefinitely.



# Green Pastures Hospital & Rehabilitation Centre

## OUR SERVICES

- Dermatology & Venereology
  - Orthopaedics
  - Spinal Cord Injury
  - Ear Services
  - Palliative Care
  - Physiotherapy
  - Occupational Therapy
  - Speech & Language Therapy
  - General Medicine
  - Reconstructive Surgery
  - Leprosy
  - Cerebral Palsy
  - Prosthesis & Orthotics
  - Wheelchair Assembly
  - Psychosocial Counselling
- Diagnostic Services:
    - USG
    - X-Ray
    - CT Scan
    - Laboratory
  - Ambulance Service



**Green Pastures Hospital & Rehabilitation Centre**  
Pokhara-15, Nayagaun  
Phone No. 061 433342, 434162





# INF Nepal Community Medical Outreach Project 2021-24

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The Community Medical Outreach Project was initiated to improve access to appropriate and affordable medical, disability, and disaster-specific services for vulnerable populations, including those affected by leprosy, persons with disabilities, and people living in disaster-prone areas.

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