



## Expanding Our Impact on Pediatric Health in Nepal



In late October 2021, members of NYF's **Nutrition Outreach Camp** team trekked into a beautiful, remote area of Makwanpur District. But they weren't doing it for adventure or exercise, or even for fun. Instead, the team was on the way to provide pediatric health check-ups, nutritional screenings, and home-health workshops for a village so remote that it's only accessible for six months every year (when the river pictured above is not raging with monsoon water or snowmelt).

There are no motorable roads to this community. Instead, our team drove as close as possible in rented all-terrain vehicles, then packed up the camp materials in backpacks and large packs and carried them for two and a half hours on foot, including across this large river, hanging onto each other to keep their balance!

The Nepali government has taken over building new **Nutritional Rehabilitation Homes** in areas throughout the country. As these facilities become available in more regions, NYF is reaching more and more remote communities with lifesaving, health-promoting nutritional education and other crucial help for children and their families. **We're so grateful to everyone who has helped develop, support, and scale our nutrition programs over the years!**

So much of a child's future is expanded or limited based on his or her health in those first, formative years. Brain development, bone strength, emotional resiliency, personality—even eyesight and coordination—all are strongly impacted by a family's access to healthcare, home health education, and nutritious food.

**That's why Health is a central value at Nepal Youth Foundation**, with special emphasis on nutrition.

NYF has been working to combat pediatric malnutrition in Nepal since 1998, first with our **Nutritional Rehabilitation Homes (NRHs)**, and then, beginning in 2011, with the dovetailing **Nutrition Outreach Camps** program. The Nepali government and organizations like UNICEF credit our work with contributing to the massive strides Nepal has made in this area over the past two decades. Our organization is working to expand access to these resources further each year, into more remote communities within

Nepal, **building upon the existing momentum to reduce and eventually end childhood malnutrition in the nation.**

This year we have also expanded the reach of our **New Life Center (NLC)**, which provides specialized care for children living with HIV and their families.

And through it all, our remarkable **Ankur Counseling Center** team has continued to provide child-focused psychological care to kids in NYF's many programs and to children and youth in local communities.

As Nepal finds its way towards a "new normal" in this post-COVID world, we are so grateful to the generous, steadfast donors who have helped NYF provide emergency support to the communities we serve, while continuing to be a trustworthy, unwavering source of the lifesaving services we are known for. ***Thank you for making these inspiring outcomes possible!***

## COVID-19

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Nepal's second major COVID-19 wave was still ongoing at the beginning of our 2021-2022 year—and our emergency COVID services remained in full swing.

From August to September 2021, and from December 2021 to January 2022, our **COVID-19 Isolation Center**, running in the Kathmandu Valley Nutritional Rehabilitation Home (NRH) facility, **treated 107 patients who had tested positive for the virus.** Of these, 102 were discharged from the Isolation Center once they recovered. The remaining five were successfully transported to the hospital for intensive treatment when our nursing staff determined that their conditions were becoming serious.

We're especially proud of the service we provided to those patients with serious symptoms. In the beginning days of the pandemic, many Nepalis did not know the signs that their condition had become life-threatening, and they remained at home, socially isolating, until it was too late to help them. **Individuals isolating at our facility were under the care of our attentive, experienced nursing staff, who knew right away when patients would need care at the hospital.** NYF then transferred these patients to our own small intensive care space until we had identified a hospital with an open



On a rainy summer day in 2021, a COVID-positive patient checks into the **COVID-19 Isolation Center** running in the Kathmandu Valley Nutritional Rehabilitation Home. Homes in Nepal don't typically have much room for social distancing, and with multiple generations sharing the same space, it's important to protect family members from the virus!

Our center provided patients with peace of mind, knowing they were not unintentionally exposing their loved ones. They also received attentive care from nursing staff who were trained to recognize when symptoms were becoming dangerous. Our staff provided special care to these patients, often well before they would have realized this care was needed.



**Lito for Life** started out in April 2020 as a short-term emergency measure, when we all believed COVID-19 shutdowns would end quickly. In the beginning, this program focused on delivering nutrient-rich Lito to families unable to find daily wage jobs during Nepal’s strict lockdowns.

As the lockdowns stretched for months, travel restrictions made fresh vegetables very difficult to access in urban areas, putting children’s nutritional health at significant risk. Lito for Life expanded to meet the evolving needs of these families, hand-in-hand with local governments and other NGOs serving these communities.

Soon NYF began distributing large food packs containing Lito, eggs, chickpeas, lentils, rice, and much more to children’s homes, assisted-living facilities, maternity wards, and food distribution points for communities in crisis.

Lito is a traditional Nepali hot cereal / baby cereal style food made of roasted and ground corn, soybeans, and wheat. The mild-flavored, versatile, shelf-stable blend is naturally nutritionally balanced with proteins and vitamins and is frequently underutilized in favor of less-nutritionally robust rice.

This year, **our team produced and distributed 2,887 kilos (6,365 pounds, or over 3 tons!) of Lito** alone! Our Nutrition team roasts, mixes, grinds, and packages our Lito in-house, and during the pandemic we were delighted on multiple occasions to receive compliments from young children who informed us that NYF Lito was their favorite!

bed for them. Finally, our driver transported the patients by ambulance directly to the hospital. **This service saved multiple lives during the pandemic.** We are so grateful for the support that made this emergency service possible.

The COVID-19 Isolation Center was officially closed at the end of September 2021, with the Kathmandu Valley NRH resuming its regular services. It briefly reopened from December 2021 through January 2022. Our team is prepared to transition back to treating COVID-19 if needed.

We also continued our **Lito for Life** emergency program for the duration of this year. Through this program, our Nutrition team produces and distributes Lito (“super flour”) and other food staples to families experiencing food insecurity due to COVID-19 lockdown measures and other pandemic-related hardships.

Little Pushpa\* poses with the packets of NYF Lito delivered to her family in western Nepal. Her parents were stunned to learn that this simple Nepali comfort food is so nutritiously rich. Replacing rice with Lito in one meal a day will give the whole family a much-needed nutrient boost—no special vitamins required!



## About Pediatric Malnutrition

NYF follows the definitions and guidance of the World Health Organization (WHO) when assessing and treating children for malnutrition.

“Malnutrition” encompasses a range of issues, including both undernutrition and overnutrition. The children NYF treats fall under four broad sub-categories of **undernutrition**:

**Wasting** (low weight-for-height) usually indicates a recent and severe weight loss (either due to a sudden lack of food or due to illness with symptoms like diarrhea). This is the most visibly obvious type of malnutrition. A young child who is moderately to severely wasted has an increased risk of death, but treatment is possible and the condition can be reversed. In Nepal, currently about 12% of children under age five are experiencing wasting (improved from 15% in 1996).

**Stunting** (low height-for-age) is the result of chronic or recurrent undernutrition and is often not as obvious as wasting. A child experiencing stunting may appear to be a healthy weight, until compared side-by-side with healthy children their own age—but the long-term impacts of stunting are often more dramatic than those of wasting. Stunting interrupts healthy development across the whole body, holding children back from reaching their physical and cognitive potential. Stunting can be treated but not reversed (i.e, a child who experiences stunting will resume growing with effective treatment, but they will never make up the lost growing time; they will never “catch up” to where they might otherwise have been).

Currently 32% of children in Nepal are stunted (improved from 57% in 1996).



Young mom Rupa\* sits comfortably on the floor in the Kathmandu Valley NRH, feeding lunch to her son Lalit\*, 2. A few weeks ago, Lalit was in terrible shape—he had been thin and frail since infancy, but when he caught a nasty stomach virus, his condition worsened so quickly that Rupa rushed him straight to the local hospital, even though she was terrified that by doing so, she would expose them both to COVID.

The hospital pediatricians were able to stabilize Lalit and help him fight off the stomach bug, but they told Rupa he was severely malnourished, with evidence of stunting already noticeable. If this wasn’t corrected, they said, Lalit would be particularly vulnerable to sickness and would likely also experience some developmental issues as he grew.

Fortunately, the doctors said, there was a free service available in Kathmandu for kids like Lalit—the NRH. They provided Rupa with a referral, and when Lalit was discharged from the hospital, the staff at the NRH were ready and waiting to welcome them.

Rupa felt terrible that she hadn’t seen the warning signs of severe malnutrition in her little son. She’d known he wasn’t well, but she thought the danger of COVID-19 was so much greater.

While working to add nutrients into Lalit’s daily diet, the nurses, nutritionists, cooks, and other moms at the NRH all reassured Rupa. She had done the right thing in taking Lalit to the hospital when she did—and now she was doing the right thing in staying with him at the NRH. By the time she returns home with Lalit, Rupa will have all the skills she needs to help him grow healthily throughout his childhood!



Children gather around an NYF staff member to receive their initial nutritional screenings at a Nutrition Outreach Camp. Each child's age, height, and weight are taken, as well as a measurement of their upper arms. These measurements allow staff members to quickly identify which children need help—even when it isn't obvious on sight alone.

Children who are **underweight** (low weight-for-age) may be stunted, wasted or both. Currently, 24% of children in Nepal are underweight (improved from 42% in 1996).

Micronutrients (vitamins and minerals) enable the body to produce enzymes, hormones, and other substances that are essential for proper growth and development. They also work together to promote the effective absorption and investment of calories and other nutrients. **Micronutrient deficiencies** (a lack of important vitamins and minerals, particularly of iodine, vitamin A, and iron) present a major threat to health and development in children. Nepal has made tremendous strides in adding iodine and vitamin A to diets nationwide, but the same cannot yet be said for iron. Today, 53% of children under 5 and 69% of children between 6 months and age 2 are suffering from anemia. Iron-deficiency anemia results in muscle weakness, inhibited appetite, exhaustion, irritability, slowed or delayed growth and development, poor wound and tissue healing, and more.

Depending on the relevant nutrient and developmental stage, other common ailments related to micronutrient deficiency during early development include hypothyroidism, goiter, deafness, blindness, scurvy, rickets, osteoporosis, impaired cognitive function, abnormal heart rhythms, and more. Some impacts from

micronutrient deficiencies are reversible and others are not.

NYF nutritional and nursing staff can often tell with a few quick observations which children are likely experiencing micronutrient deficiencies.

Multiple sub-forms of undernutrition can (and often do) occur together, compounding one another and making it increasingly difficult for the body to achieve balance.

## **Nutritional Rehabilitation Homes**

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**Nutritional Rehabilitation Homes (NRHs)** are special clinics addressing pediatric malnutrition throughout Nepal through in-patient nutritional care for children and practical caregiver training. NYF originated this model in 1998, building a total of 17 NRHs throughout the country. We have since passed responsibility over most of these clinics to the Nepali healthcare system, which has made the NRH model a cornerstone of the country's fight against pediatric malnutrition.

Between July 2021 and June 2022, NYF operated two NRHs: our flagship location in Kathmandu Valley and our Dadeldhura facility. Treatment numbers were lower than average this year, due to COVID responses during portions of the year—but we are tremendously proud of what we accomplished.

The Dadeldhura NRH is large enough to serve 10 caregiver-child pairs at a time, with an average stay of three weeks. During this year, **93 children and 78 caregivers received in-patient treatment** in this facility, **874 children and their caregivers received outpatient screenings and personalized nutritional counseling**, and **113 caregivers received tele-health services**.



In July 2021, a nurse at NYF's Dadeldhura NRH plays with 2-year-old Ravi\* following a nutritional lesson for caregivers.

It's the end of an era: the 2021-2022 year was NYF's final year running the Dadeldhura facility—which was the last Nutritional Rehabilitation Home built by NYF, in 2017. **In July 2022, this facility was officially transferred into Nepal's hospital system**, and it (plus 15 other NRHs built by NYF!) is now completely funded by the Nepali government.

We're so proud that the government has begun building their own additional NRH facilities in other regions of Nepal. This approach to combatting childhood malnutrition has been so successful that it has become the cornerstone of Nepal's efforts to address the issue. And we recently learned that UNICEF is so impressed that they hope to begin building similar nutrition centers in India.

At our flagship Kathmandu Valley NRH (which will always remain in NYF control), our experts are still training the staff members for all the NRHs in Nepal—and we're putting increased effort into Nutrition Outreach Camps!

Meanwhile, the Kathmandu Valley facility, which is large enough for 24 caregiver-child pairs at a time, provided **in-patient care to 191 children and 157 caregivers**, gave **outpatient screenings and nutritional counseling to 100 children and their caregivers**, and **provided tele-health services to 93 caregivers**.

Most patients at NRHs are brought to the hospital due to an illness or injury, at which point they are discovered to be significantly malnourished. Once immediate medical needs have been met, these children are discharged from the hospital and shifted to the nearest NRH, along with their caregiver (usually a mother). Children found to be malnourished during field visits by NGOs may also be referred directly to the nearest NRH. **Medical nonprofits working across Nepal rely on these facilities to support the health of the children they serve.**

At the NRH, doctors, nurses, and nutritionists provide these children with specialized medical and nutritional intervention, while caregivers receive hands-on health and nutrition training using locally available ingredients. This training empowers families to continue the nutritional progress made at the NRH, and to provide adequate, sustainable nutrition to any other children in the household.

Training includes best cooking methods for maximizing nutritional value in foods, how to create balanced meals, **tricks for making vegetables more palatable for children** (including personal testing with the exact child in question!), guidance on appropriate foods based on age, and **recipes for traditional Nepali dishes known to balance affordability with nutritional “punch”**. Training also involves gardening information (how to create an affordable, sustainable home garden full of nutritious vegetables, and which vegetables are likely to grow best in a particular family’s available space) and home health care information (the importance of handwashing, how to hydrate a child with diarrhea, the importance of breastfeeding, symptoms to treat as warning signs, etc.). This training takes place formally, in workshop format, and also occurs organically in conversations between caregivers and NRH staff.

After an average of three weeks at the NRH, children are restored to good health and can return to their village with their caregivers, who in turn share knowledge with others in their community. Over 90% of children who remain at the NRH until they are officially discharged are in good health at a 6-month follow up. Even among those who leave treatment early (a decision parents make for a number of reasons), positive health outcomes are maintained at the 6-month mark in 80% of cases.

**Our Kathmandu Valley Nutritional Rehabilitation Home is known in Nepal’s medical circles as a leader in best practices for addressing childhood malnutrition.** Besides training prospective NRH staff members from across the country, the facility also provides special training workshops for health workers and medical students interested in focusing on nutrition issues. Childcare workers, teachers, and others may also take part in similar workshops. Certifications earned here are respected throughout Nepal.

During the past year, **436 adults received specialized nutritional training at the Kathmandu Valley NRH**, including an NRH management course for new facilities in Jiri and Bajura, a large workshop on childhood malnutrition for university students in nursing, medical, and public health, and community workshops on the importance of



NRH Outreach Officer Sajan Nagarkoti jots down Santoshi’s\* weight in her file. Santoshi, 5, was discharged from the NRH six months ago, and since arriving home, she has grown a couple of inches! Her weight is following a similar, healthy path.

Sajan is delighted as he records this information. Santoshi’s chart shows that when she arrived at the NRH, she was experiencing both stunting and wasting. The wasting had been corrected by the time she was discharged. Now it seems that **Santoshi’s body is sufficiently nourished to support age-appropriate growth as well.**

Santoshi isn’t sure what all the fuss is about! **She just wants to get off the scale and back to playing with her friends.** After all, this is the first time in her life she has felt so strong, energetic, and capable of the kind of joyful play children her age are known for.

breastfeeding and iodine. (This is not including the over 5,000 parents who received practical training during NRH visits and during Nutrition Outreach Camps!)

Seeing our programs become part of Nepal's overarching healthcare system is a rare privilege. We are so grateful to supporters who have helped make these incredible resources available to Nepal's children.

### **Nutrition Outreach Camps**

As the Nepali government takes on the country's NRHs, NYF has more time to spend on **Nutritional Outreach Camps**. And as NRHs are established in further-flung areas of the country, we're able to hold those Outreach Camps in increasingly remote regions—**reaching children and communities in the greatest need of this very support.**

Nutrition Outreach Camps strive to condense the most important lessons taught at the NRHs into workshops and presentations which take place during the two-to-three day window of the camp, while caregivers are waiting for their children to be seen by the team's medical staff.



When our Nutrition team visited Makwanpur District in late October 2021, they distributed 700 kilos (1,543 lbs.) of Lito to children ages 5 and under. For the last two and a half hours of the trip, this Lito had to be carried in large packs on team members' backs alongside medical supplies, medicine, vitamins, and other necessary items. Here, several teammates hold onto each other as they cross a large river on foot! We are in awe of our team's commitment to the communities we serve.

In a typical year, NYF aims to conduct 10 camps, reaching approximately 10,000 children, though this rate has been reduced during the COVID-19 pandemic due to lockdown protocols.

Between July 2021 and June 2022, NYF conducted **6 Nutrition Outreach Camps, several of which were held in extremely difficult-to-reach areas.**

One of these camps was held in Muktikot, Bajura District. It took our team four days to reach this village, including a five-hour trek over treacherous terrain, with over one ton of Lito carried by donkeys. The three-day camp served 1,013 children—46% of whom were found to be malnourished. A full 5% of the kids at this camp were severely malnourished—51 children. **These children filled the two nearest NRHs.**

In all, **5,261 children received nutritional screenings and check-ups at Outreach Camps this year.** About 30% of these kids were found to be malnourished, with 1.6%



When Sarmila\* (*at back*) heard that her local government was helping to bring a children’s health team all the way from Kathmandu, she made sure her entire family was prepared to attend, including her mother-in-law (*adult at right*).

Sarmila was dismayed to learn that her children were all malnourished—as well as herself and her mother-in-law. Fortunately, the situation was mild for each of them, and the pediatrician assured them that no formal treatment was needed.

Instead, the family sat down with NRH Nurse Rashmi Shrestha, who provided them with a personalized nutritional counseling session. Rashmi is a warm, cheerful person, and she loves helping children feel safe, and helping caregivers feel empowered to nourish their children. Her friendly communication style put Sarmila and her family at ease right away, especially once they realized Rashmi wasn’t going to judge them. Rashmi explained that many families throughout Nepal were experiencing the same challenges as Sarmila and her children—and that a few shifts here and there would put them all on the path to much better health.

After asking Sarmila and her mother-in-law a few questions about their situation at home—and asking the children about their opinions on vegetables!—Rashmi had a list of affordable changes Sarmila could make. Sarmila was surprised to realize that these changes wouldn’t impact her workload at home and wouldn’t really impact her pocketbook either. Most of Rashmi’s suggestions were very small changes, like swapping out rice in favor of Lito, steaming vegetables instead of boiling them, and making certain traditional dishes more frequently than others. Sarmila left the Nutrition Outreach Camp with several packs of Lito in hand, grateful that this team had been able to reach her small village with such practical, thoughtful advice.

of the total severely malnourished and in need of immediate medical treatment. Around 4,000 caregivers participated in the nutrition workshops offered for those waiting to be seen by the doctors and nutritionists, and around 1,500 of these caregivers received personalized nutritional counseling.

Most of the children who are transported from Outreach Camps to the nearest NRH (typically 1% of those brought to Outreach Camps) are presenting with a combination of wasting, stunting, and micronutrient deficiencies. These children are also often dealing with a concurrent medical issue that makes treatment more urgent: an infection, a severe illness, or alarming symptoms that may indicate a congenital issue like a heart defect.

**Families of children found to be experiencing mild wasting, mild-to-moderate micronutrient deficiencies, or stunting in isolation can use the techniques, recipes, and knowledge gained at Nutritional Outreach Camps to correct the situation without ever setting foot in a medical clinic.** Where needed, vitamins and medicines are provided to families to supplement these changes. This at-home empowerment is the biggest impact of a Nutritional Outreach Camp within the communities we serve.

We are looking forward to offering more of these impactful camps in the coming year.

## The New Life Center

The **New Life Center (NLC)** is Nepal's premier resource specializing in managing pediatric HIV/AIDS.

Our NLC team provides intensive medical support, including residential medical care, local resource coordination, a nursing helpline, psychological care and more to empower and support families with children 0-15 living with HIV, as well as to protect the life and development of the child.

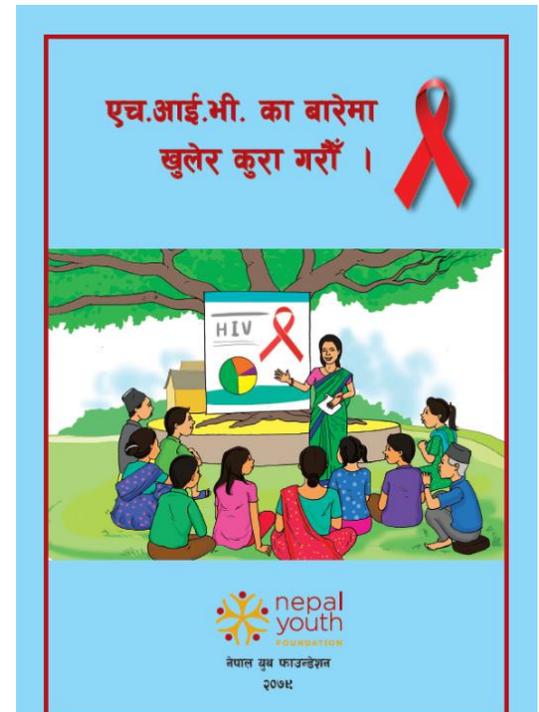
The NLC was designed based on the NRH model, with special enhancements that support children living with this challenging virus. NYF aims to care for 50 children each year at the NLC (we are capable of caring for 18 mother-child pairs at one time), though this rate has been reduced during the COVID-19 pandemic, when traveling to Kathmandu was prohibitively dangerous for children with HIV. **This year, we provided in-patient services to ten children and four adults, plus eight caregivers.**

The four adult patients and eight caregivers attended a series of nutrition and health workshops held by NYF's teams. All of the children attended informal tutoring classes during their stay (an average of three months) to ensure they did not fall behind in school.

**Additionally, the NLC team provided tele-health services to 31 caregivers of NLC patients.** These children did not receive in-patient services this year, but because of the volatile nature of pediatric HIV, once a child has become a NLC patient, he or she is considered one of our patients until age 15, when their case is transferred to their nearest local organization serving adults with HIV. During the COVID-19 pandemic, the NLC team developed effective policies for providing nursing care over the phone wherever possible. This addition to the program has contributed significantly to reducing the number of times families must travel to Kathmandu for treatment.

Finally, **three families of NLC patients received large emergency nutritional delivery packages** when it was determined they could not access sufficient food.

Since the New Life Center first opened its doors, Nepal has seen drastic declines in the rates of HIV transmission between mothers and their children—the primary way our pediatric patients contract HIV. **This is great news for children's health in Nepal!** It means that the number of young children in need of these specific services is falling—especially around Kathmandu and other cities.



In early 2022, the NLC launched a new initiative focused on combating the widespread stigma towards HIV in Nepal: **HIV/AIDS Awareness and Advocacy**. This includes the production and distribution of a home healthcare booklet for parents, teachers, and others.

Creating an informational booklet about healthcare for people living with HIV/AIDS—including some important “myth-busting” about the virus—is no easy task! Members of the New Life Center team, the Nutritional Rehabilitation Home team, and Ankur Counseling Center all came together in early 2022 to begin work on this valuable resource. By summer 2022, the booklet was complete, and ready for printing and distribution!

Over the past five years or so, we have seen a steady decline in the number of children coming for in-patient services at the New Life Center. We are thrilled at the progress the country has made in this area.

**However, our team is also very aware that there are still many children in rural Nepal who need our expertise—and in many cases, their families can’t afford to come to our Kathmandu Valley center.**

Even if they could afford the trip, many families don’t dare, out of fear that their neighbors would discover they had traveled for treatment for HIV. The stigma against this virus is so strong in Nepal that this information can destroy a family’s life.



NYF Health teams meet to workshop and polish the HIV/AIDS booklet text.

Parents staying at the NRH agreed to share feedback on the booklet pictures and text.



Finally, a group of 9<sup>th</sup> grade girls and boys helped to refine the booklet, pointing out areas that were unclear or confusing. Their help made a huge difference!

**NYF prides itself on flexibility and innovation in the face of change.** The specific services needed by the pediatric HIV community are changing—and our team is working on expanding and adjusting our services to match.

In early 2022, the New Life Center team began taking on the new challenges of (1) making NLC services more accessible to rural communities and (2) dismantling the deep-rooted stigma towards this virus and those living with it. We are partnering with several other Nepali NGOs serving communities impacted by HIV to conduct various programs in Kathmandu Valley and an additional five districts where the rate of HIV is known to be high: Makwanpur, Bara, Parsa, Nawalpur, and Parasi. **Although we are firmly rooted in serving children in particular, it is clear that in HIV/AIDS treatment and advocacy, our important work will overlap heavily with organizations serving adults—**just as their focuses intersect with ours.

Our first goal was to create a **Nepali-language informational booklet on HIV/AIDS**, covering topics like how HIV is and is not transmitted, how HIV attacks the immune system, how to provide effective home-health care for individuals living with HIV, how to access government-funded health care for HIV, the critical role of antiretroviral

medication, myth-busting, and other anti-discrimination themes. This booklet would be written with clarity and simplicity in mind and would include illustrations aimed at ensuring individuals with limited literacy in Nepali could still understand the information.

The team envisioned a document that could be distributed to parents of children living with HIV, as well as to hospitals, clinics, and other NGOs working with individuals living with the virus. Some of the illustrations could also be repurposed into informational posters and flyers to be posted in public spaces.

For the first several months of 2022, NYF team members worked hard on this valuable document. The drafts went through numerous workshops with individuals like local teachers, high school students, and parents whose children were receiving treatment at the Nutritional Rehabilitation Home. Many of these individuals expressed gladness at being able to give back to NYF in this way. They knew this document would help many families.

By the end of June 2022, the booklet had been completed<sup>†</sup>, and **7,000 copies had already been printed, with 3,600 of these copies distributed to schools, families, and other NGO offices!**

During this time, our team also prepared and released two upbeat **public service announcements<sup>†</sup>** (each in Nepali and Bhojpuri, the most common languages spoken in the areas we are currently serving) **about HIV/AIDS advocacy and awareness.** These

“I used to work in a tailoring shop a couple of years ago. People started suspecting I had AIDS after I came in contact with an organization working on HIV and AIDS. The owner of the tailoring shop said I would have to work in a separate room from others if I was HIV positive. I left that job, and now I have started my own tailoring shop. I have not dared to tell anyone that I have AIDS.”

**-Priti\*, a woman who attended an HIV beneficiary workshop & fact-finding session held by NYF**

PSAs are being played several times a day, including prime time, over a nationwide radio network listened to by millions. FM radio is still the primary source of news for over half of Nepal’s population—especially in rural areas. Radio broadcasts like these were a major part of NYF’s success with ending the *kamlari* practice in the eastern Terai.

<sup>†</sup> You can view or download the full Nepali-language booklet on our website by visiting the New Life Center’s program page on our website: <https://www.nepalyouthfoundation.org/program/new-life-center/>. The Nepali-language PSAs (with subtitles in English) are also available to listen to in the same place!

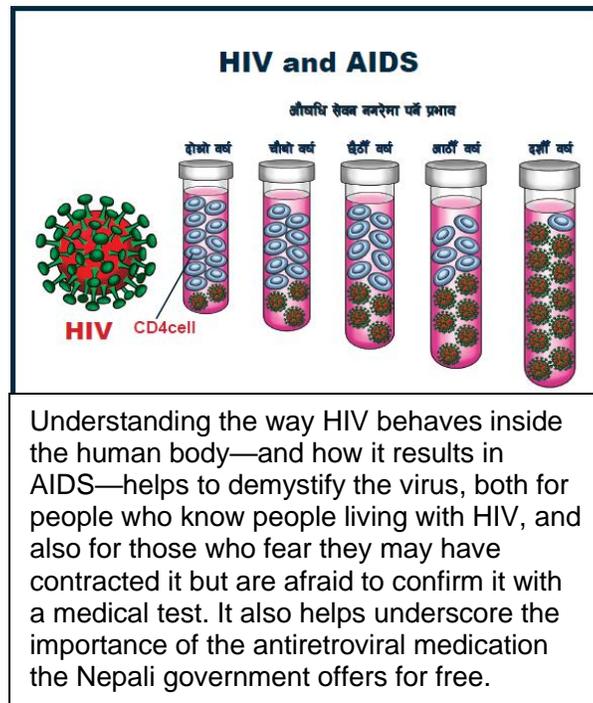


Our HIV/AIDS booklet includes illustrated examples of ways HIV does *not* spread—busting common misconceptions found throughout Nepal. Pictured here: handshakes, mosquito bites, buying clothes from someone with HIV, sharing a meal, coughing, and hugging. Breaking these misconceptions will help end the terrible isolation experienced by so many Nepalis living with HIV.

Additionally, our NLC team has coordinated with local NGOs to run workshops, trainings, and fact-finding sessions for many adults and older students in areas with high rates of HIV.

Altogether, **482 people** participated in this work, at events including **four stakeholder orientations** for local government leaders, activists, representatives of organizations working on HIV/AIDS, and healthcare officers; **three teacher training sessions** to incorporate HIV units into health sciences coursework for older students; **two student orientations** for teachers, principals, and students; and **three safe, loving beneficiary workshops** designed to provide community support to adults living with HIV, as well as to gather information on their experiences, their challenges, and their needs.

We were particularly proud of the impact of the teacher trainings, which used the newly produced HIV booklet as a text. Many of these teachers were surprised by some of the myth-busting information—they had all heard many of these damaging myths. They reported being glad (and relieved!) to have access to more accurate information.



“We talk a lot about how HIV discrimination needs to be stopped in society—but no one knows how brutally I am treated by my own husband because of my status.”

**-Tara\*, a woman who attended an HIV beneficiary workshop & fact-finding session held by NYF**

After the training, **the teachers asked if they could use our guidebook as the primary text for their students.**

Their existing health textbooks only shared a small amount of information about HIV, and the HIV booklets provided by NYF were much clearer

and more thorough. Our team was delighted to agree with this.

**We were pleasantly surprised when the teachers recommended that students be introduced to the material beginning in the 6<sup>th</sup> grade.** We had expected schools to want to wait until students were older, so we recommended this curriculum for students in the 8<sup>th</sup>, 9<sup>th</sup>, and 10<sup>th</sup> grades. The teachers, however, insisted that it would be best to begin with 6<sup>th</sup> graders, and that the booklet was clear, matter-of-fact, and straightforward enough to be understood readily by this age group.

“Please do visit us from time to time. Today we felt very happy. Thank you for giving us so many ideas to empower us and fight for our rights.”

**-Bhurat\*, a young man who attended a beneficiary workshop & fact-finding session held by NYF**

Our New Life Center team is proud to be expanding NYF’s work with the community of children living with HIV. Working to improve the cultural understanding of this virus

ensures that when our young patients reach adulthood, their world will be more ready to support them—and **eager to accept their participation in transforming their villages, communities, and nation as a whole!**

## **Ankur Counseling Center**

NYF’s Ankur Counseling Center is Nepal’s first counseling center for children. Our Ankur team provides psychological care for children recovering from trauma and those with mental illness, as well as providing workshops and resources on self-care, boundaries, stress management, and other important topics for young people.

**Almost every NYF program involves services provided through Ankur**, including group therapy for mothers living with HIV, routine individual therapy for the children at Olgapuri Children’s Village, and goal setting workshops for young women in vocational training programs.

Ankur also provides a range of services on its own, including workshops and trainings at local schools, university-level lectures to psychology students, therapy for women experiencing domestic violence, and more.

During this past year, this remarkable group of childhood mental health specialists conducted **1408 individual therapy sessions (for 336 children and youth)** and **368 group sessions (for 635 participants)**.

**Individual therapy sessions** this year helped children dealing with a broad range of challenges, including adjustment issues, depression, ADHD, OCD, trauma from sexual abuse, lack of motivation, and struggles related to adolescence. The team is well-practiced in proven methods for helping children:



In July 2021, Ankur counselors Chhori Maharjan and Shristi Shrestha lead a **virtual workshop on Self-Care and Well-Being** for case managers within the Himalayan COVID-19 Task Force (HCTF).

The HCTF is a network of health professionals: doctors, psychiatrists, nurses, public health specialists, counselors, social workers, and community liaisons from the Tibetan, Nepali, Sherpa, and Bhutanese communities in the US. Case managers on the ground in Nepal were experiencing high rates of stress during the summer surge of 2021. This training aimed to **introduce the concept of self-care** to these front-line workers, including **self-care techniques** and emphasis on **the importance of practicing self-care in daily life**.

Health care workers all over the world are notorious for putting the health of others above their own well-being. Ankur staff members emphasized the value of self-care on one’s ability to provide top-level services to others—and the danger of burnout.

Our team received encouraging feedback. “It was very helpful to learn so much about self-care,” one participant shared. “I learned about the methods of regenerating the love for self through self-hugs, writing love letters to the self, and doing meditation and yoga. It was a good experience. Thank you!”

- ✓ sand play therapy
- ✓ cognitive behavioral therapy
- ✓ mandala work
- ✓ clay therapy
- ✓ expressive art techniques
- ✓ relaxation techniques
- ✓ ...and more!

**Group therapy** focused on assessing the general psychological well-being of the children in NYF's care and taught valuable tools like:

- ✓ expressing & dealing with emotions
- ✓ identifying strengths & weaknesses
- ✓ self-awareness
- ✓ adaptation to change
- ✓ cooperation & team building
- ✓ coping skills
- ✓ family relationships

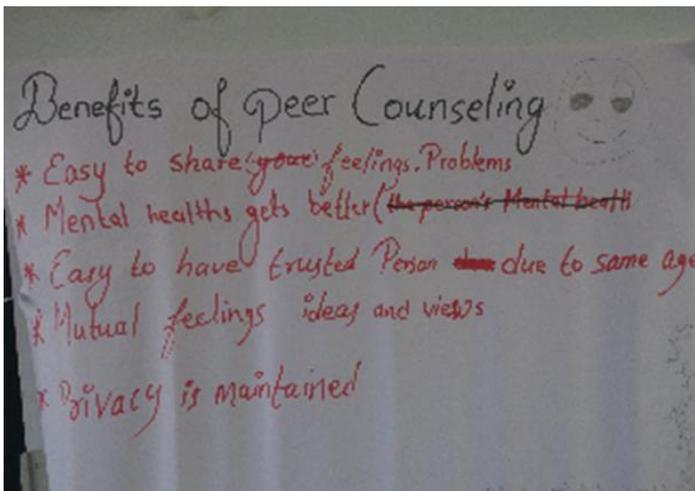
Ankur's team also conducted **45 different trainings, orientations, and workshops for 892**

**participants**, including adolescents, youths, schoolteachers, staff and members from various organizations serving a broad spectrum of communities, people living with disabilities, and members of women's organizations.



Because Nepal's working culture is still very male-dominated, women in NYF's vocational training programs will face extra hurdles once they begin building their careers—and they may not have been taught important career skills at home.

That's why NYF offers female students additional workshops from Ankur Counseling Center during their time at Olgapuri Vocational School. Here, a group of **Industrial Tailoring students** participate in a fun goal-setting and decision-making game, allowing them to support each other in building these critical skills.



In spring 2022, SOS Children's Village Nepal approached Ankur Counseling Center to request Peer Counseling Training for kids living in children's homes around Nepal.

Often, kids in crisis approach each other for help before reaching out to trusted adults. Peer counseling programs can help ensure multiple lines of communication are open for these young people.

Our Ankur team ran two multi-day workshops for these kids in March—one for 9<sup>th</sup> and 10<sup>th</sup> graders, and another for younger adolescents. Participants learned **effective peer counseling skills, how to create and execute support group meetings, record-keeping and documentation processes, and when to involve adults.**

## Health-Focused Staff

NYF's health-focused programs are developed, refined, led, and implemented by remarkable teams of Nepali experts—mostly women!—who have dedicated their professional careers to supporting the developmental health of their country's children. Not only are they changing the lives of the individual kids they serve throughout the year—they're making huge contributions to Nepal's health system writ large.



### Flagship Nutritional Rehabilitation Home / New Life Center Team 2021

*Front row left to right:* Goma Khatri (Cook), Raj Kumari Rai (Cook), Puja Adhikari (Cook), Manju Bhujel (Cook), Sita Maharjan (Custodian), Shila Khadgi (Custodian)

*Middle row left to right:* Kamala Shrestha (NRH Nurse), Rashmi Shrestha (NRH Nurse), Sujata Desai (NRH Nurse), Rushma Mangrati (NLC Nurse), Radhika Sapkota (NLC Nurse), Sabita Thapa (NRH Nurse), Ramesh Pant (Field Supervisor)

*Back row left to right:* Naresh Tuladhar (Ambulance Driver), Sajan Nagarkoti (Outreach Program Officer), Sunita Rimal (Nutrition & NLC Coordinator), Sudha Maharjan (Nutrition & NLC Manager), Mahalaxmi Shrestha (Education Facilitator), Padam Rai (Security Guard/Helper), Amrit Regmi (Ambulance Driver).

**Our Nutrition Coordinator, Sunita Rimal** (*top row, red scarf*), is working with the Nepali government to create a Nepal-specific pediatric growth chart—an important tool for more precisely tracking and treating malnutrition in Nepal's children.



**Ankur Counseling Center Team 2022.** *Left to right:* Jyoti Lama (Intern Counselor), Karuna Dangol (Assistant Counselor), Dr. Chhori Laxmi (Program Coordinator & Lead Counselor), Sumitra Dhakal (Program Manager & Lead Counselor), Shristee Shrestha (Lead Counselor)

The **Nutritional Rehabilitation Home** team is working with village-level governments to create community action plans in particularly isolated regions.

The **New Life Center** team is providing key learnings to small NGOs serving pockets of the HIV/AIDS community in hard-to-reach municipalities, strengthening these lifesaving healthcare systems for families who need the most support of all.

**Ankur Counseling Center** is tracking the ways therapeutic norms first developed in the West are best applied to patients in Nepal's unique cultural contexts—and they're slowly adjusting their practices to match. These precious findings are making their way into presentations given to psychology students in Nepal's universities, where they will form the bedrock of Nepal's expanding mental health network for children.

We are so grateful for the powerful contributions of these remarkable teammates. NYF is so fortunate to have each and every one of them serving the children in our care.

### ***Dhanyabad!***

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**Our global team is so grateful to you for supporting our remarkable health programs.** Our work is expanding Nepal's healthcare system—and building a nation in which children born in remote regions can harness their full potential.

Nepal still has a long road ahead in improving healthcare access for its children—but we are making excellent progress. **That's in part thanks to supporters like you, who have funded our health programs and cheered us on through trial and error.**

In the coming year, we'll be expanding these services even more, helping children in regions we could never have reached only 10 years ago. **Thank you for your loving support of these children. For them, we are building a world their parents never dreamed of.**



At the end of September 2021, siblings Mina\*, 4, (*left*) and Nirmal\*, 3, (*right*) play outside with a Kathmandu Valley NRH staff member.

Only a few COVID-19 patients are still isolating here, far away from the handful of pediatric nutrition patients. Mina and Nirmal are here with their mother and baby brother. All of them were malnourished when they arrived.

Since then, Mina and Nirmal have made rapid progress—but they both still get chilly much faster than they should. Watching them giggle and play together has improved their mother's spirits tremendously.

Their brother is making good progress as well, but he was in the worst shape from the beginning. Their mother reports that she had the three children so closely, one after the other, that when the newest baby was born, she was unable to produce breastmilk, and she was so exhausted that she couldn't prepare enough food for the family. The NRH team is helping her build up strength and teaching her new techniques—not only for crafting easy, nutritionally rich meals, but for family planning and self-care as well.