



Annual Country Report 2018

Country programme at a glance

Country	<i>Nepal</i>		
	<i>443215, Mid-west Eye Care Project, Birendranagar – Surkhet (2016-2019)</i>		
Budget vs. expenditure in NPR	<i>Project Code</i>	<i>Budget 2018</i>	<i>Expenditure 2018</i>
	<i>443215</i>	<i>16,925,525</i>	<i>13,807,910</i>
Director Health Department , NRCS	<i>Mona Aryal</i> <i>Mona.aryal@nracs.org</i>		
Country Coordinator	Kamal Baral Kamal.baral@redcross.ch		
Programme Coordinators	<i>Annette Vondeling</i> <u><i>annette.vondeling@redcross.ch</i></u>		
Thematic priorities	<input type="checkbox"/> Reproductive Health <input type="checkbox"/> Disease Control <input type="checkbox"/> WASH <input type="checkbox"/> Nutrition <input type="checkbox"/> Ageing and health <input type="checkbox"/> Health in Emergencies <input type="checkbox"/> Blood Safety <input checked="" type="checkbox"/> Eye Care <input type="checkbox"/> Shelter, housing and non-food items <input type="checkbox"/> Economic Support <input type="checkbox"/> Reconstruction of public infrastructure <input type="checkbox"/> CBDRM <input type="checkbox"/> Institutional Preparedness <input checked="" type="checkbox"/> Capacity Building / Organisational Development		
	<i>Multiple ticks are okay.</i>		

Table of contents

1. Introduction (max. 6 pages)	4
1.1 Short description of the country programme.....	4
1.2 Context changes	4
1.3 The Delegation.....	5
1.4 Partnership.....	5
1.4.1 Nepal Red Cross Society	5
1.4.2 Other partner organisations.....	5
2. Project impact, outcomes and outputs	6
2.1 Mid-West Eye Care Project (443215)	6
3 Transversal topics	11
3.1 DRR Mainstreaming.....	11
3.2 CSPM Mainstreaming	11
3.3 Gender Mainstreaming.....	11
4 Finance	12
4.1 Budget vs. Expenditure	12
4.2 Efficiency.....	12
5. Risk Management	12
6. Country programme conclusions and outlook	13

Abbreviations

CBOs	Community Based Organizations
CC	Country Coordinator
CCO	Country Coordination Office
CECC	Community Eye Care Centre
CEHP	Community Empowerment for Health Promotion
CME	Continue Medical Education
COS	Cataract Outcome Survey
CSPM	Conflict Sensitive Project management
CSR	Cataract Surgery Rate
DC	District Chapter
DUDBC	Department of Urban Development & Building Construction
ECF	Eye Care Foundation
FCHVs	Female Community Health Volunteers
GESI	Gender Equality and Social Inclusion
GoN	Government of Nepal
HF	Health Facility
HIMS	Hospital Information Management System
HMC	Hospital Management Committee
IPD	In Patient Department
LEI	Lumbini Eye Institute
MoSD	Ministry Of Social development
MoU	Memorandum of Understanding
NNJS	Nepal Netra Jyoti Sangh
NRCS	Nepal Red Cross Society
O&M	Operation & Maintenance
OPD	Out Patient Department
PASSA	Participatory Approach for Safe Shelter Awareness
RAAB	Rapid Assessment of Avoidable Blindness
SEH	Surkhet Eye Hospital
SICS	Small Incision Cataract Surgery
TIO	Tilganga Institute of Ophthalmology

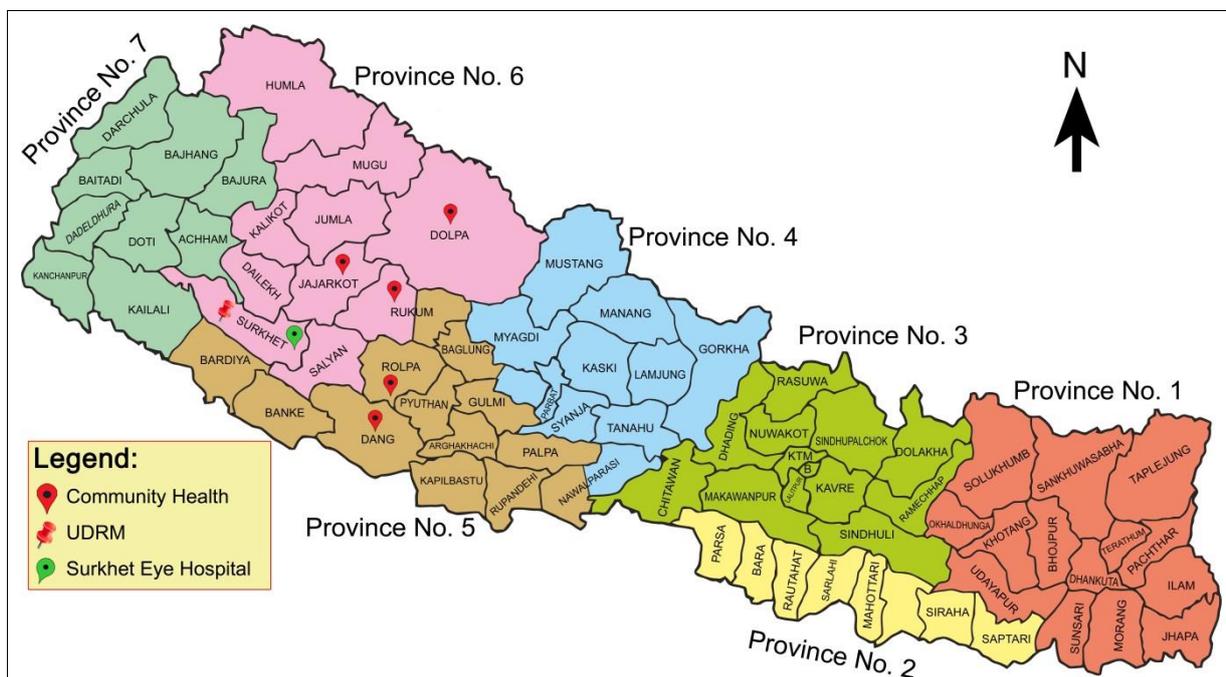
1. Introduction (max. 6 pages)

1.1 Short description of the country programme

Swiss Red Cross (SRC) is one of the long-standing partner of Nepal Red Cross Society (NRCS). SRC is active in Nepal in Disaster Risk Management and Health domains through long-term, development, emergency and recovery interventions.

The SRC supported long-term development projects are being implemented by the NRCS mainly in the former Midwest region (current province 5 and Karnali) of the country – and the project districts are still the least developed regarding all development indicators. Please refer the map

The Midwest eye care project (443215) started in January 2016 and continues till March 2019. It covers management of hospital services to achieve self-sustaining of the basic hospital and outreach services by early 2020. The project contributes to combating avoidable and poverty induced blindness in hard to reach areas. The project served over 75,000 people this year and has a service area of around 1.7 million people of the Karnali province including Surkhet.



1.2 Context changes

Nepal has undergone significant political changes after having received a new constitution in 2015. The country moves from a unitary to federal government system. Now the country has three different structures, i.e. a Federal (Central); Provincial; Local (Municipal) level government. The country is divided into 7 provinces, 77 districts, 6 Metropolitan cities, 11 Sub metropolitan cities 276 Municipalities and 460 Rural Municipalities.

The change in the political scenario delays the development of the country and has also an impact on the needed changes in policies. Many government officials who have been newly assigned lack guidance for the implementation of activities. However, positive impacts of political development are also observed as the new government structure enables local and provincial bodies to design policies, make decisions, introduce budget and deliver public services. We observe that most of the local governments are showing a bigger interest in mutual contributions. At the same time the government is delivering different policies to restrict NGO activities. Apart from a long unstable political situation, Nepal had also experienced devastating earth-quakes in 2015, and still many agencies are engaged in recovery programmes. There is still to be done a lot for the affected population.

Out of 7 provinces the parliament of the Province 4 has been named *Gandaki*, Province 6 is named *Karnali* and Province 7 is named *Sudur-Paschim*. The capital for the Province 6 has

already been confirmed: Birendranagar. All municipalities are busy in formulating policies and laws and have passed some acts related to education, cooperatives and more. Most of the District level government offices are merged as sections in municipalities which are providing one-door coordination to conduct the project activities.

NRCS HQs also have amended their constitution in their last general assembly to align the structure with the Government's new administrative structure and the province level structure is also formed. They are also hoping to have a sub-chapter each at the Palika levels, yet, the district chapter will still remain a strong entity, possibly for some time.

The Midwest eye care project (443215) completed its third year with very good results. It achieved significant cost recovery to move towards sustainability. Since Surkhet / Birendranagar is now known as the capital of Province Karnali, it is expected that this situation may bring more opportunities for the Province Level Eye Hospital. Interactions started with TIO, CEF and the Provincial government for future collaborations. SRC will support NRCS for an exit phase of around 18 months in 2019-20. Currently the hospital is managed with limited HR, that provides services in few districts of the Karnali province.

1.3 The Delegation

The SRC Country Coordination Office (CCO) is located in Kathmandu within the premises of NRCS. The Nepalgunj project office is taken as a field office for SRC as well which is the program hub of NRCS for the community health and WASH projects implementing in Provinces 5 and 6 (Karnali). The CCO is in charge of coordination with the counterparts at NRCS headquarters, the wider Red Cross Movement working in Nepal, and other stakeholders such as Swiss NGOs. He provides technical backstopping and monitoring support needed for the UDRM project in Surkhet from CCO Kathmandu.

1.4 Partnership

All development projects apply a multi-stakeholder approach, which is implemented at the Municipality and ward levels by the district chapters of the NRCS in partnership with various stakeholders for each activity. The overall approach focuses on linking not only technical expertise but also for financial contributions such as local authorities, communities and other organization

1.4.1 Nepal Red Cross Society

NRCS is considered one of the strong National Societies in the region. It has its district chapters and sub-chapters throughout the country having around 100,000 trained volunteers and over one million members. Midwest Eye Care Project activities have been implemented by the NRCS HQ Health department and Surkhet Eye Hospital

1.4.2 Other partner organisations

In each of the projects some are common partners (like – Municipalities, Health Facilities) and stakeholders and some are sectoral. All the projects are in line with national, provincial and municipality level policies and are coordinated with different stakeholders.

The Mid-West Eye Care Project (443215) or so called Surkhet Eye Hospital (SEH) provides eye care services in close coordination and collaboration with the Tilganga Institute of Ophthalmology (TIO) and the Lumbini Eye Hospital/Institute (LEI) for technical and service management. The project explores a possible collaboration with Nepal Netra Jyoti Sangh (NNJS), Eye Care Foundation. These organisations are working in some of the Karnali districts. SEH is in close coordination with Lions Clubs to carry out cataract surgery camps. SEH also collaborates with provincial and municipal level government authorities; the Ministry of Social Development, District Coordination Committees, the District Education Office (DEO) and different health structures at local level, i.e. Primary Health Care Centres and Health Posts for eye care related services. The Eye Care NGOs in Nepal are also regularly meeting and SRC and NRCS join

these meeting to contribute for policy advocacy and also to carry out national and provincial activities.

1.5 Advocacy and policy dialogue

Advocacy and policy dialogue related activities are part in the project. Most of the advocacy activities are at District and Municipality/ levels. However, some activities are carried out at the regional to national levels.

SEH contributed to the development of the National Eye Health Policy which has been endorsed by the health and population ministry and which was forwarded for the approval of the Council of Ministers. Because of the changed administrative structure, it is not yet approved. SEH together with other eye care providers is constantly lobbying for the release of the policy. SEH has also started discussions with the Provincial government and health directorate for the expansion of the Vision Cell¹ into the Government's Primary Health Care Centre to integrate eye care in health care system. Few Vision Cells are already expanded into Bardia, Surkhet, Dailekh and Jajarkot districts of the mid-west region. The hospital is further lobbying with the Provincial Government to take ownership with financial contribution for the RAAB survey and eye care situation analysis of the provinces to generate information for long term eye care strategic plan.

2. Project impact, outcomes and outputs

The SRC supported Midwest Eye Care Project implemented by the NRCS HQs Health Department and Surkhet Eye Hospital. The project is receiving technical and management inputs from NRCS HQ and SRC CCO

2.1 Mid-West Eye Care Project (443215)

The current phase of Mid-West Eye Care Project (443215) started in January 2016 and runs till March 2019. The project is being implemented by NRCS with the financial and technical support of SRC. The service area population of the project is around 1.7 million within the 8 districts of the Karnali Province (earlier State 6) for preventive, promotional and curative eye care services.

The hospital is gaining popularity because of its comprehensive services. The number of outpatient flow and surgical walking patients are gradually increasing. The eye care service is linked with Government Health Insurance board. Being the only eye hospital in the province, SEH has become as a referral base for all eye care and other health facilities of Karnali province. SRC conducted a midterm review in April 2018 which highlights the numbers of positive achievement, challenges and shortcomings including some recommendation to improve that are mainly related to the quality and sustainability of the services.

Outcome 1: Improved and sustainable eye care services provided by the Surkhet Eye Hospital.

The hospital services are fully functional in its third year offering OPD and IPD services for 35,894 (117% as per set target 2018) eye patients which is 68% (EOP target 60%) increased compared to baseline SEH report 2015. The different diagnostics/investigation, medical examination and surgical services have been offered. Extended clinic (off hour service), emergency services, eye health education and individual counselling including information about Phacoemulsification for operable patients are also added services to the client.

The annual target of cataract surgery for 2018 is 2,116 and achieved 1,626 (77%) including hospital and outreach. Because of irregular presence of the eye surgeon, the number of walk in patients for surgery was reduced and only 848. Small Incision Cataract Surgery (SICS) and 277 Phacoemulsification have been done at hospital base mainly by the visiting ophthalmologist. The pharmacy services achieved their target by 100% and 4,578 spectacles (83% of the target). With individual counselling provision for cataract patients at hospital set up and outreach; the achievement for Phacoemulsification surgery is 277 (79%). Cataract drop out monitoring and

¹ Small basic eye care cell managed with in the govt health facilities.

evaluation has been started to find out the dropout rate of walking patient at Hospital. 490 poor patients received free surgical and medical services under the poor patient subsidy provision. The annual target for cataract surgery at outreach was planned as 666 from 4 surgical eye camps and achieved 501 (75% surgical target) cataract surgeries by carrying out 4 surgical eye camps at Dailekh, Jajarkot and Dolpa districts.

The exit survey was carried out in Dec 2018 at SEH to find out the patient satisfaction using ODK mobile application. The survey has showed that overall 90% patients are satisfied with exiting service of hospital. The cost recovery expected target was 75% in 2018 and without deduction of the depreciation of all the investment the cost recovery is an average 70% in 2018, which would be less if depreciation deducted from this fund.

The Community Eye Care Centre (CECC) of Dailekh is in good position in delivering the services where as Jajarkot is receiving low number of patients as they are weak in managing the service delivery system. However, they have received good financial support from local government and continues their services.

Output 1.1: Quality curative eye care services are delivered Surkhet

The patient flow at SEH is in increasing trend. 68% patients flow increased compared to baseline till December 2018. Provision of individual counselling to the cataract patients is organized to give the option of Phacoemulsification and patients prefer this option. Phaco surgery has been managed by hiring visiting Ophthalmologist. Dr. Shakti Prasad Subedi for Phaco training and Dr. Manish Khatiwada for SICS training has been planned at Lumbini Eye Institute in Bhairahawa. The cataract surgeries carried out 1,125 (78% as per set target 2018). Surgical walk-in and referrals at SEH are increasing from various agencies. The number of cataract surgery at the hospital is increased by 155% till December 2018 compared to the baseline data Surkhet Community Eye Care and Surgical Centre in 2015. It was possible because of the regular presence of the ophthalmologists at the hospital.

Output 1.2: Standardized patient care and management system are developed and implemented Service protocol for OPD – including counselling, in door and OT services are developed and implemented.

The Hospital adheres to the clinical protocols and SRC's bio-safety guidelines to provide standard, uniform and quality care. Revised protocols and guidelines are in practice in OPD, OT and IPD as well as in the outreach programs. The medical head of the hospital is regularly monitoring whether those standards are maintained. Individual counselling is practised for operable cataract patients not only to promote modern technologies such as Phacoemulsification surgery, but also to ensure/increase the compliance for all patients. Discussions on proper use of the clinical protocol are carried out in each CME session.

The waiting area for outpatients, general ward and private cabins for inpatients were re-organized. Bio-safety guidelines and clinical protocols are strictly followed however; there is a need for a periodic monitoring mechanism. Sterilization is maintained with records of time and sterilization marking tape is used each time to ensure sterilization is properly done. The OT laboratory culture is mandatory in 3 months' interval to ensure OT is free of microorganism (the germs free). Ophthalmologist regularly monitors the bio safety of OT and fills the monitoring form once a month.

The HMIS system is in place for OPD, IPD, OT and referral cases. Monthly performance reviews are carried out utilizing HMIS data and issues and challenges have been reported to HMC for needful action. Intercom systems in all departments have been placed for time management and CC camera has been placed to monitor and strengthened the security of the hospital and ensure the quality of patient care.

Output 1.3: Functioning systems are established to achieve financial self-sufficiency in running costs of the hospital and CECCs

The hospital business plan 2016-2019 was revised in February 2018. Based on this business plan, the hospital is generating a reasonable income providing diverse services such as OPD,

IPD, pharmacy, optical, surgical, consultation fee, investigation and fund raising through collaboration with different level of local government. DCR, DCT and Orthoptic services are extended. Provision of individual counselling is in place and has increased the acceptance rate for surgical and optical patient at hospital which generates more income. Phacoemulsification surgeries are increased by individual counselling. The cost recovery expected target was 75% in 2018 and achieved 70% up to December 2018 without deduction of the depreciation. Due to low irregularity in surgery it impacted in revenue generation and the hospital also contributed funds to outreach service as per cost sharing ratio caused slight low performance on cost recovery target. The CECC Dailekh is in good position as the number of eye patient is growing and ENT service is also integrated in eye care. The Jajarkot CECC is comparatively weak however; both CECCs raised good fund for outreach and CECC's service management from the local government. The CECCs will continue its fund raising effort for the next years as well. That makes Dailekh and Jajarkot CECCs' cost recovery 100% and 80% respectively excluding the contribution of SRC and local fundraising. CECC Dailekh has carried out 4 screening camps with full support of local government. Following request from the 9 municipalities for cataract surgery and refractive error correction, 336 spectacles were distributed and 214 cataract surgeries carried out with their financial contribution.

Outcome 2: Improved access to eye care services through community outreach.

Outreach is one of the most effective community programs that increase access of eye care service to unreached population. The hospital carried out 65 (122%) mobile screenings, (100%) 4 surgical eye camps in the service area, School vision in 189 schools in Surkhet, Dailekh, Jajarkot and Dolpa districts. Total of 56,712 patients were reached and the sight was restored of 501 (75%) patients from outreach and 1,125 (77%) from hospital services. The other stakeholders carried out 1,943 cataract surgery in the Province, that makes the CSR of the Karnali province 2,022 in 2018 which is 42% less to the target.

Training and orientation to 189 teachers, 497 FCHVs and 81 HPs were carried out to focus on common blinding eye disease and raising sensitivity of the problems. The orientation has been carried out covering the topics of childhood blindness, low vision, diabetic retinopathy, glaucoma, cataract, refractive error, low vision for identification and referral of patients for further treatment at the hospital. 1,849 (217%) referral cases from screening and various agencies i.e. HF staffs, FCHVs, teacher, CECCs of Bheri and Karnali zones received the hospital services. There is still needed to further strengthen the referral system.

The World Health Organization (WHO) Cataract Outcome Survey (COS) tool has been applied to ensure the quality of cataract surgery. The COS January to December 2018 shows that average 90% of the cataract surgeries outcomes in the hospital is as per WHO standard with visual acuity (VA) of $\geq 6/18$ (without correction) in the follow-up-examination in 6 weeks' time and 90% outcomes as per WHO standard in outreach service which exceeds the minimum WHO standard which is determined at 80%.

Service seeking behaviour of the patients are identified through bi-annual exit survey. 63.16% (target 40%) of patients reaching an eye care facility within 7 days after onset of symptoms.

Output 2.1: Awareness, identification and management² of blinding eye diseases (Cataract, childhood blindness, Glaucoma, Diabetic retinopathy, refractive error and Low vision) is improved

The SEH carried out different activities such as school vision program, training orientation of HP and FCHVs, mobile screening and surgical eye camps to focus on prevention of avoidable blindness prioritised by the Vision 2020 initiative, i.e. cataract, refractive error, trachoma, childhood blindness, low vision, glaucoma, diabetic retinopathy. The outreach directly served 56,712 (103%) beneficiaries which is 13% annual increment as per the baseline.

²Management includes: Education, Medical and Surgical Treatment, and referral.

34,647 (251% achieved as per target) school children vision screened and identified/corrected refractive error. The target of spectacle free distribution to refractive error children was 1,050 in 2018 and achieved 1,741 (166%). 189 teachers, 81 HPs and 497 (99%) female community health volunteers (FCHVs) were trained on eye care to raise awareness in community for the prevention of blinding diseases and to strengthen the referral to the hospital. 7,687 refractive errors, 248 cases of glaucoma, 57 cases of diabetic retinopathy and 53 cases of low vision were identified and treated at the hospital and outreach. Diabetic retinopathy cases were referred to the tertiary eye care service providers TIO and LEI for further management.

Peek Vision and Peek Retina was started for outreach for proper diagnosis, treatment and referral in field level especially school vision program. 100 students' vision was looked at using Peek vision. The peek Retina is used limited due to poor fundus photo that may be low quality of mobile phone camera. The hospital is consulting with PEEK vision supplier to get improvement support.

Output 2.2: Cataract surgical rate and coverage³are increased.

Cataract is the leading cause of blindness and more efforts have been spent for its intervention. In order to give significant impact in the reduction of cataract blindness, it is necessary to do around 10,000 cataract surgeries (visual acuity threshold 6/60) in Karnali province per year. The cataract surgical target was 2,116 in 2018 and carried out total 1,626 (77%, hospital 1125 and 501 outreach) cataract surgeries till December 2018. The other stakeholders carried out 1,943 cataract surgery in the Province, that makes the CSR of the Karnali province 2,022 in 2018 which is 42% less to the target.

Output 2.3 Effective and collaborative networks for referral are established at different levels

189 (236%) teachers, 81 HPs (162%) and 497 (99%) FCHVs are linked with the hospital for referral through training orientations activities. 1,849 referral patients from screening and different agencies received surgical service at hospital.

The constitutional reform process has led Nepal to enter into a new federal structure. Roles and responsibilities of the new local government are still not very clear. Thus, SEH started to work closely with local government and Ministry of Social development at provincial level and seeking funds for eye care programme; as a result, the Ministry of Social Development contributed financial support for organising a Dolpa surgical eye camp in August 2018 where 20 patients had cataract surgery.

Two MoUs have been signed between the SEH and CECCs from Jajarkot and Dailekh for mutual cooperation and referral cases management. The both CECCs are referring the cases to SEH for further management. SEH also provides technical and capacity building supports to CECCs. Informal collaboration and coordination have been maintained with NNJS supported CECCs for mutual cooperation and referral. Informal collaboration and coordination are continuing for technical and service management support with TIO and LEI. An attempt has been made to have formal technical collaboration for referral, service management and capacity building. Formal collaboration with TIO is in process. Discussion has also been started with ECF Netherlands to collaborate for the implementation of RAAB survey.

Outcome 3: To improve management capacity of the SEH for effective and efficient implementation of the hospital and outreach services.

The hospital is gradually gaining popularity. The revenue earned from different service charges and contribution from fundraising covers 70% of the present operational expenses. In 2018, SEH signed MoU for 3 years with Government Health Insurance Board (HIB) and started service; this should also increase sustainable recovery of fund. Under this provision, the insured family (NPR 2500/year = 22 CHF) receives free OPD services, cataract surgery including phacosurgery,

³**Cataract Surgical Rate** - number of cataract surgeries performed per year, per million population and **Coverage** - number of individuals with bilateral cataract causing visual impairment, who have received cataract surgery on one or both eyes. (Ref: WHO)

optical service, pharmacy and minor surgeries, and the full cost is reimbursed to the hospital by the HIB.

The hospital has a repairing and maintenance fund, where a certain amount is allocated each month and which is kept in a separate bank account. In 2018 NPR 420,000.00 has been deposited. That is 2% of the total revenue.

The management team (including other key staff) meet once every month; and all staff sits together every quarter to analyse the data of HMIS and take participatory decisions for service improvement. There is a system of brief staff meeting among eye surgeons (medical director), hospital manager, OPD/outreach coordinator and finance in-charges to exchange on important information and in order to take decisions. Staff orientations on important topics and issues are carried out weekly basis for common understanding and to improve the quality of hospital services.

Output 3.1: Managerial and technical skills and abilities of the SEH team and CECCs are enhanced and its effectiveness reflected in service delivery.

The NRCS HQs has revised the hospital operational policy to make uniformity of Surkhet and Janakpur eye hospital services effective from August 2018. According to new policy – available in Nepali - the hospital management committee consists of 5 members with representatives from NRCS HQ and District chapter Surkhet. The SRC representative and Government representative are invited members/observers. The hospital also has a senior management team composed of a chairman of the hospital management committee, a medical head and a hospital manager. The HMC committee meets on a quarterly basis. There are 3 more sub-committees for recruitment, fund raising and performance evaluation.

HMC meeting were held 3 times (75%). However, 5 informal meetings were conducted within the same time period. The committee has revised the fee structure of the hospital services, business plan for 2016-2019 including extension of contract of staffs and revision the budget 2018. The meeting has also decided to reduce the annual holiday to 26 days from 41 days. During the meeting, the annual review of 2017 was carried out with the participation of HMC and staff. Annual staff performance evaluation will be carried out based on NRCS HQs new performance evaluation guidelines and reward TOR will be made.

Continue Medical Education is carried out on weekly basis. During that period, Ophthalmologists give technical inputs in the classes. Sharing of learning from workshop, training and orientation is practised among staff for capacity building as well as improve the quality of service delivery. Management Audit was planned for the year 2018 but did not happen by December 2018. It is now rescheduled for March 2019.

Output 3.2: Meaningful networking and partnership with the government and other organizations are increased.

SEH is working closely with Ministry of Social Development of provincial government, local government, other agencies and other relevant collaborators for eye care service expansion, referral and service delivery. The coordination and communication carried out several times with relevant partners. SEH has signed a 3 years MoU with Nepal Government Health Insurance Board to provide eye care service under insurance provision at Surkhet Eye Hospital. Total of 2,574 insured patients received medical, surgical, pharmacy and optical services from SEH under this provision, and SEH received NPR 894,047 from the Health Insurance Board for these services.

Outreach activities are carried out in collaboration with various agencies. SEH signed a MoU with 8 Palikas and Janata bank for outreach service (to run screening camps and cataract surgeries). The hospital is in constant attempt to sign MOUs to get technical support with tertiary eye centres like TIO, Mechi Eye Hospital and LEI. Informal collaboration and coordination is ongoing with these tertiary level eye hospitals. SEH has submitted a proposal to TIO for technical collaboration and situation analysis of Karnali province, and waiting for the decisions.

SEH has started coordination with MoSD for the integration of eye care service in government system. The existing vision cells served 6,760 and referred 161 cases to SEH for further treatment. This integration needs expansion and strengthens.

Output 3.3 Innovative actions for local level fund raising to strengthen services is regularly practiced

SEH had organized a coordination meeting among local government health unit heads on June 2018 for fund raising and service delivery. In the meeting, 42 local government health unit head from 10 districts of Karnali province participated. The authorities were very positive to integrate eye care service in government health systems with their financial contribution. They have committed to allocate the fund to eye hospital for eye care service. A follow up continues for an official decision on the said commitment.

The MTR has also focused on fundraising and collaboration for service development. The SEH has tried to receive funds from all concerned agencies. This year, SEH raised NPR 1,318,000.00 cash from MoSD, Municipalities and Janata Bank for outreach surgical camps; and in-kind support worth NPR 200,000 (20 set three seated steel benches) from the Regional Education Training Centre Surkhet. The Dailekh and Jajarkot CECCs have raised NPR 500,000 and 400,000 respectively from the local governments. The funds will be used for the hospital and CECCs service management and development.

3 Transversal topics

3.1 DRR Mainstreaming

The DRR Officer stationed in Surkhet District Chapter is responsible to support all projects to ensure build-in DRR mainstreaming elements. The staff supports all projects based on their need with focused input to the Urban DRM project.

The Surkhet eye hospital (443215) respecting earthquake safety norms. Necessary tests were carried out by an expert company and the report is submitted to DUDBC for certification. The hospital is maintaining bio-safety and waste segregation. Periodic culture of the OT air to maintain sterility is in place. Adherence to the clinical and management protocols are maintained to minimise the health hazards.

The key project staff from all projects along with the delegation staff participated in the SRC Delegation Preparedness workshop in November 2018. All projects will develop project level contingency plans which are focussing on responding to disaster in Project areas and act as integral part of the district chapter Contingency Plan. A separate contingency plan will be developed for the Surkhet Eye Hospital considering its service nature

3.2 CSPM Mainstreaming

The Mid-west eye care project (443215) is also maintaining conflict sensitivity on service delivery and planning activities taking into account poor people. Through the hospital and its outreach services, we offer free or subsidised care and surgical services for the poor (733 patients). Furthermore, the project reaches out to patients living in remote areas and to offer eye care services to address the need of the economically weak population. Priority is given to women organising special activities for them. The project organises exit surveys. Most of services are made affordable to the people. SHE invite the local authorities to the hospital to observe the services and provide their feedback for improvement. Hospital carry out special events for the children and women to make better reach and address their eye health need.

3.3 Gender Mainstreaming

Gender Equality and Social Inclusion (GESI) is one of the crosscutting elements in all projects. SHE carefully monitored gender concerns and encouraged all staffs for its sensitivity, which was positively responded to by the staff member, partners and other relevant institution.

Surkhet Eye Hospital 443215 is trying best to be gender sensitive while delivering eye care services both in hospital and outreach. However, its management committee has not yet an inclusive committee. The number of staff members are moving towards gender balance at the hospital. Since women are more vulnerable and have a higher prevalence of blindness than men, women focused eye care services were carried out. Women reached on eye care with cataract surgery was 1,094 (67% women) and 35,894 (57% women) eye patients received treatments from the hospital in 2018. The project also applies an exemption policy to offer eye care services free of cost to meet the health need of poor and marginalized group.

4 Finance

4.1 Budget vs. Expenditure

The Project are maintaining accounting records in Banana software as prescribe by SRC HQs. The financial audit of SRC supported projects for FY 2018 will be carried out by February 2019 by the audit company Joshi and Bhandary Chartered Accountants Kathmandu.

The table below shows the budget vs. expenses for the year 2018 of 443215

Project Code	Budget 2018 (NPR)	Expenditure 2018 (NPR)	Comment if deviation >10%
443215	16,925,525	13,807,910	<i>Budget utilization is 82%. Due to change in government structure (federal system), training to government staff to establish eye care unit in primary health centre is remained to be implemented in 2019. Similarly, the budget of purchase of medicaments, surgical, lab, optical and pharmacy materials is under-utilized, because the hospital contribution to purchase the medicaments is high in 2018.</i>

4.2 Efficiency

The overall expenses of the 443215 were 82% from SRC budget. The capacity of HR in the project was utilized to its optimum attaining high level of efficiency and cost effectiveness and same way local resources such as Municipality, Rural Municipality, Lions clubs, Senior citizens with small financial and JRC/YRC volunteers have been mobilized optimum for outreach services for cost effectiveness and efficiency.

5. Risk Management

There are some risks in the country as listed below

- Finance management at the hospital level is still weak and human resource capacity need to improve in the years to come. There is still risk of financial sustainability as cost recovery for operational cost is only 70%.
- Meaningful multi-partnership approach demands flexible timing for coordination and negotiation, which may required designated person or hospital manager require to delegate some of the responsibilities to other member of staff.
- Geographical difficulty and poor transportation linkages to the different district is one of the challenge to conduct the outreach/surgical camp.
- Providing services in hospital and outreach service with limited staff members is challenging. Hospital regular service could hampered due to inadequate staff during the outreach deputation which can turn in to question of quality and regularity of services.
- Since the Karnali province is the least developed by all development indicators, other stakeholders are showing interest to work in this province. So, SEH may face the competition

with other stakeholders which directly give negative impact for hospital sustainability and development

6. Country programme conclusions and outlook

The Mid-west eye care project (443215) is becoming slowly a success and popular, proved by good numbers of patients and number of walk-in surgical patients at hospital base. Both the hospital and the outreach services were continued in 2018. SEH has 2 full time surgeons for 5 years contract which will give stable operation and management possibilities with an expectation of increased productivity. SEH will continue medical, optical and surgical intervention through hospital and outreach to deal major reasons of blindness involving multiple partners. SEH will continue to integrate Nepal Government Social Security Health Insurance policy that was started from January 2018. The Project will make further reach to the people living in hard to reach areas who are in poverty and lack information and services. Dealing along with the main cause of blindness, i.e. cataract, the project will give emphasis for the integration of eye care service with government networks through various activities including Vision Cells to strengthen primary care and referral to the hospital and CECCs. Service on emerging causes of blindness and priorities of "Vision 2020" like diabetic retinopathy, refractive error, childhood blindness, Low vision, glaucoma is continue addressing by the hospital and outreach services. The project will continue strengthen the referral networking with existing CECCs of Karnali and Government health facilities, and will focus on capacity building of Hospital, CECCs and fund raising. The hospital will put its effort to formalise collaboration with other partners like TIO, ECF to expand its reach to unserved areas through outreach and hospital activities.

Annex 1: Country Summary

Country programme overview	
Country	<i>Nepal</i>
Objectives of the country programme 2017-20	<i>To contribute to improving the health and well-being status of the target population in the Mid-Western Development Region (project districts of Province Karnali and 5)</i>
Impact of the project 443215	<i>The Mid- West Eye Care Project will contribute to improving access to comprehensive eye care services in the target areas.</i>
Thematic priorities	<i>Eye Care, Capacity Building / Organizational Development</i>

Summary results January – December 2018	
<i>For each project, describe 3 most important results achieved during the phase. Refer to outcome indicators and to related outputs. Include narrative information on your SOCI results.</i>	
<i>443215, Mid-west Eye Care Project, Birendranagar – Surkhet</i>	<ul style="list-style-type: none"> - <i>Local government got attraction for eye care services</i> Regular sharing about the impact of the blindness is human life and its affect to the development has been taken positively by the local government and have started to demand for the services to their municipalities investing resources. MoUs were signed with eight Palikas to carry out screening camps and cataract surgeries. SEH received around NPR 800,000 to serve around 2,000 patients and 336 had cataract surgery for sight restoration. Such collaboration will be further promoted for the hospital and outreach services. - <i>Collaboration with government health insurance for service delivery</i> Surkhet Eye Hospital has made 3 years MoU with Government health insurance board for service delivery to insured people in the province became an eye care service provider in the province. The service has been effective from Jan 2018. Since the service fees by health insurance policy is offered more than SEH service fee, SEH will generate more revenue

	<p>providing service to insured beneficiaries that contribute for cost recovery. The number of beneficiaries of the insured people is gradually increasing at SEH. The Insurance Board has already implemented health insurance policy in 8 districts in Karnali province and remain district is also plan to implement.</p> <p>- <i>Collaboration with province government and local government</i> SEH has started the collaboration with MoSD and local government and its health unit. Positive responses have been found. Surgical eye camp in Dolpa carried out in collaboration with MoSD. The program has given positive impact. The MoSD is interested to work further with SEH for surgical eye camps in this province. Coordination meeting at SEH with participation of local government health unit heads of Karnali province explored the opportunity for allocation of fund for outreach and integration of eye care service in government health systems.</p>
--	---

Annex 2: Logical framework Monitoring Matrix of project 443215 is in the separate files.

Annex 3: Testimonials, Illustration of Impact, Case Stories of projects 443215 are in a separate file.

Annex 4: Photos of the projects 443215, are in a separate file.