



# Annual Country Report 2019

## Country Programme at a Glance

<b>Country</b>	<i>Nepal</i>		
<b>Budget vs. expenditure in CHF</b>	<i>443244, Karnali Eye Care Project, Birendranagar – Surkhet (June 2019- Nov 2020)</i>		
<b>Country Coordinator</b>	<b>Project Code</b>	<b>Budget 2019</b>	<b>Expenditure 2019</b>
<b>Programme Coordinators</b>	<i>443244</i>	<i>12,220,333</i>	<i>7,494,127</i>
<b>Thematic priorities</b>	<i>Kunhali Muttaje</i> <a href="mailto:Kunhali.Muttaje@redcross.ch">Kunhali.Muttaje@redcross.ch</a> <i>Kamal Baral</i> <a href="mailto:Kamal.baral@redcross.ch">Kamal.baral@redcross.ch</a> <i>Annette Vondeling</i> <a href="mailto:annette.vondeling@redcross.ch">annette.vondeling@redcross.ch</a>		
<b>Thematic priorities</b>	<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 checked="" type="checkbox"/> CBDRM <input type="checkbox"/> Institutional Preparedness <input checked="" type="checkbox"/> Capacity Building / Organisational Development		
<b>Thematic priorities</b>	<i>Multiple ticks are okay.</i>		

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## Abbreviations

CECC	Community Eye Care Center
CECSC	Community Eye Care & Surgical Center
DC	District Chapter
DDC	District Development Committee
DEO	District Education Office
DHO	District Health Office
ECF	Eye Care Foundation
FCHV	Female Community Health Volunteer
GoN	Government of Nepal
IEC	Information, Education and Communication
LEI	Lumbini Eye Institute
MoSD	Ministry of Social Development
RHDO	Regional Health Directorate Office
SEDA	Surkhet Education Development Academy
SEH	Surkhet Eye Hospital
SRC	Swiss Red Cross
TIO	Tilganga Institute of Ophthalmology

## 1. Introduction (max. 6 pages)

### 1.1 Short description of the country programme

- Provide a short description of the country programme, including changes of the portfolio.

Swiss Red Cross (SRC) is one of the long-standing partners of Nepal Red Cross Society (NRCS). SRC is active in Nepal in Health, WASH and Disaster Risk Management themes through long-term development and emergency interventions. Along with these priority themes, organization development, Gender and Social Inclusion and Policy advocacy remains interlinked theme in all projects (Cross cutting issue). The SRC Nepal projects are being implemented by NRCS in the former Midwest region (current province 5 and Karnali province) of the country – and the project districts are all located in rural hilly regions and are least developed regarding all development indicators

The Midwest eye care project (443215) started in January 2016 and ended in March 2019, and an exit phase of this project continues for 18 more months starting from June 2019 as Karnali Eye Care Project (KECP) and will end in November 2020. 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. This project plans to serve 117,500 people as direct beneficiaries including restoration of sight of 3,500 persons.



### 1.2 Context changes

- Report status and changes in the context, in particular developments and events in the political, economic, social and ecological environment that influenced the projects.
- In fragile contexts, provide a brief conflict analysis, including drivers of tensions/conflict, as well as impact on the program.
- In disaster-prone contexts, provide a brief analysis of climate and disaster related aspects (e.g. natural hazards including disaster history, DRM system and practice)
- Insert map to localise the projects.

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 layers of 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 were newly assigned at local authority lack guidance for the implementation of programme both in health and DRR. Furthermore, current staff adjustment 2019 in government sector has created further gap regarding capacity and understanding about their roles. This is resulting some delay in programme implementation. The deputed health personnel at local level who are mostly paramedics primarily trained to offer health services lack management skills. This requires extensive capacity building pertaining to planning, monitoring, evaluation and overall management of the health service delivery.

However, positive impacts of political development are 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. It can be said that Nepal is slowly solidifying the changes brought by Federalism. Many structures and policies are being gradually revised for clear distribution of responsibilities and authority. The new Health Policy 2076 (2019) that aims at developing the health system to ensure equitable access and utilization of health services by all based on social justice and good governance has been implemented. Along with this, Public Health Service Act 2075 and Safe Motherhood and Reproductive Health Right 2075 has come into effect.

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

The Karnali eye care project (443244) completed its first 7 months with very good results. It achieved significant cost recovery in a short period and moves further 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. Integration of eye care service into government health systems has been started as a model with partnership of MoSD provincial government. The project in support of TIO/FHF has already confirmed basically for capacity enhancement and free IOL. Interactions started with ECF CBM 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

- *Provide brief information on status and developments in the SRC delegation:*
  - *Human Resources*
  - *Financial Management*
  - *Security*
  - *M&E systems and capacities*
  - *Delegation preparedness for emergency response*

The SRC Country Coordination Office (CCO) is located in Kathmandu within the premises of NRCS Headquarter. The Nepalgunj project office is the program hub of NRCS for the community health and WASH projects ongoing in Province 5 and Karnali province. The team comprises of Country Coordinator, Senior Health Programme Officer, Senior DRM Officer, Senior Finance and Admin

Officer. The CCO team plays an important role in coordinating with the counterparts at NRCS headquarters, the wider Red Cross Movement working in Nepal, and building alliances with government and non-government agencies. It provides needful technical backstopping to all projects along with supportive supervision and regular monitoring of performance and outcomes. It continues to support capacity building of overall project staffs and foster innovations.

## **1.4 Partnership**

NRCS is the main implementing partner for all development projects. All projects apply a multi-stakeholder approach, that focuses stakeholders for technical expertise but also for their financial contributions. The NRCS Health and Disaster Management departments are leading the current projects.

### **1.4.1 Nepal Red Cross Society**

- *Provide information on dialogue and collaboration at organisational level (achievements, challenges), and on the results of major partnership meetings.*
- *Report on the organisational development of the National RCRC Society, and on the contribution of SRC, indicating coordination with other PNS.*

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. The SRC is supporting NRCS at various levels to strengthen their capacities in management and development through opportunity to participate in different national and international platform.

NRCS HQ is in the process of developing the National Society Development Plan with financial support from IFRC including involvement of all PNS.

### **1.4.2 Other partner organisations**

- *Provide information on dialogue and collaboration at organisational level (achievements, challenges), and on the results of major partnership meetings.*
- *Report on the organisational development of the partner organisation, and on the contribution of SRC.*
- *Report on stakeholder coordination and alliances as well as efforts for alignment and harmonization.*

SRC supported program applies a multi-stakeholder collaborative approach. 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.

Karnali Eye Care Project (443244) provides eye care services in coordination and collaboration with the Tilganga Institute of Ophthalmology (TIO) and Lumbini Eye Hospital/Institute (LEI/H) mainly for technical capacity building and service management. KECP is in process for formal collaboration with TIO/FHF. A proposal with TIO/FHF has been accepted and is in process of formalization. In principle, this collaboration will mainly focus to support capacity building, supply of free IOLs and situation analysis on eye care at Karnali province. This will provide information on existing service available, partners working on eye care, activities needed for both preventive and curative aspect and availability of resources from government sector. KECP also continues to look for possible cooperation with Nepal Netra Jyoti Sangh (NNJS) and Lions Clubs. A MoU with government Health Insurance Board will continue till 2020. SEH also collaborates with provincial and municipal level government authorities, the Ministry of Social Development 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 to carry out national and provincial activities.

## 1.5 Advocacy and policy dialogue

Please report on the following:

- Has the SRC programme contributed to the development of national programmes and policies?
- Did SRC or partner organisation conduct a dialogue on policy change or scaling-up with government authorities throughout the year? On which topics?
- What were the results of the dialogue and advocacy activities?

All projects include advocacy and policy dialogue activities. Most of the advocacy activities are at Municipality/ level to influence the decision and policy making. However, some efforts are started at the regional to national levels. SRC supported projects maintained effective collaboration mechanism with government authority and relevant stakeholders at local level.

Karnali Eye Care Project (KECP) is continuously advocating with Ministry of Social development at provincial level for financial contribution in eye care. This has resulted in financial support for conducting surgical camp in remote district of Karnali and will continue in future as well. This has further contributed to the integration of eye care in one of the government health institution; Chaurjahari Hospital as emphasized in current National Health Policy on eye care. Only primary eye care services will be delivered from government health institution like services from CECCs. Services for major eye issues will be delivered by KECP/SEH. There will be referral linkages. The success of this approach leads to the fact that MoSD is encouraged to replicate the approach in other health institutions in Karnali province. Having the opportunity to understand about importance of Eye Care through different event and achievement from Surkhet Eye Hospital, MoSD took ownership of the recently conducted RAAB survey including financial contribution. The result will be disseminated at the beginning of March 2020 among concerned partners. They are further planning to conduct situation analysis to develop long term eye care strategic plan.

## 2. Project impact, outcomes and outputs (max. 6 pages per project)

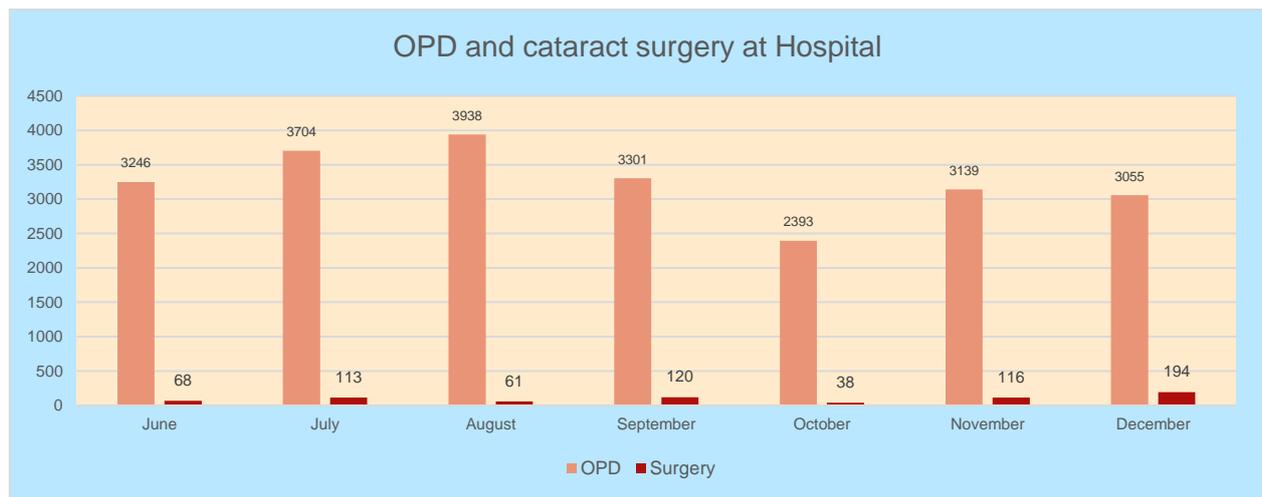
The SRC supported projects are implemented by the NRCS HQs and District Chapters. The relevant NRCS HQ departments (Health and DM) and SRC CCO provide technical and management support. The projects are implemented in two different modalities, i.e. 1) The CEHP programme consisting of Health and WASH projects are receiving management inputs from the CEHP office in Nepalgunj and 2) The projects like Karnali Eye Care Project and Urban DRM are receiving management inputs directly from the NRCS HQs.

### 2.1 Karnali Eye Care Project (443244)

This current Karnali Eye Care Project (KECP) is the exit phase for SRC which has started in June 2019 and will end in November 2020. The project aims strengthening Surkhet Eye Hospital (she) to achieve sustainability to provide comprehensive and quality eye care services to the people of Karnali province. The catchment population of the project is 1.7 million of 8 districts of the Karnali Province (#6) for preventive, promotive and curative eye care service. The eye care services of SEH are linked with Government Health Insurance Programme. Eye care service expansion in Chaurjahari hospital has been established for primary eye care and strengthens the referral in collaboration with local government and provincial government. Being the only one eye hospital, SEH has become as a referral centre of Karnali province. The Provincial government has also given priority for integration of eye care services in government health system in future. The RAAB survey is currently being completed and will guide to make comprehensive strategic eye care plan in Karnali province.

**Outcome 1: Deliver diverse and quality eye care achieving self-reliance as per business plan of the hospital and outreach services**

The hospital service is gradually gaining popularity with its services. Latest techniques of cataract surgery called Phacoemulsification is regularized by own Ophthalmologist from September 2019. The services are diversified with different diagnostics/investigation, medical examination, surgical services such as noncontact tonometry, sac syringing, refraction, Schirmer test, low vision services, basic laboratory services, keratometry, A-scan, B-Scan, laser services, on call emergency services, orthoptic evaluation, individual counselling for operable patients. Total of 38785 eye care patient have received services from hospital in 2019 which is 10 percent against the baseline of 35000 in 2018. The hospital has achieved 95% financial self-reliance for operational cost in 2019. The exit survey was carried out with revised questionnaires which revealed 97% of the patients are satisfied with hospital service.



### Output 1.1: Quality curative eye care services are delivered

The hospital is providing regular medical, surgical, optical, pharmacy, laboratory and major investigations i.e Schirmer test, vision test, basic laboratory services, keratometry, A-scan, B-Scan, Orthoptic evaluation etc with 27 staff members including 2 ophthalmologists. 38785 eye patients received the services in 2019, which is 10% increasement against the baseline of 35000 in 2018. The surgical, optical and pharmacy services are the major component of the hospital service. The annual target of cataract surgery for 2019 from June to Dec 2019 is 750 (500 SICS and 250 Phaco) and achieved 710 (95%). The annual target for cataract surgery at outreach was planned as 250 from 1 surgical eye camps and achieved 260 cataract surgeries (achieved 104% target) by carrying out 2 additional surgical eye camps with partial contribution from EK EK PAILA – a local NGO in Kathmandu - and local government of Dolpa. The total number of cataract surgery from hospital and outreach from June to December 2019 is 970. Phacoemulsification surgery is regularized by in-house ophthalmologist as of September 2019. Surgical walk-in and referrals at SEH are increasing from various agencies. The pharmacy services achieved their target by 100% and 2,013 spectacles (50% of the target). 43 poor patients received free surgical and medical services under the poor patient subsidy provision.

### Output 1.2: Standardized patient care and management system are developed and implemented

The Hospital is maintaining adherence to the clinical protocols and SRC's bio-safety guidelines to provide standard, uniform and quality care to the patient. Protocol and guidelines are in practice in OPD, OT and IPD as well as in the outreach programs. Moxifloxacin intraocular injection is continued to minimize the intraocular infections. Fumigator machine is used for operation theatre for proper sterilization. The operation theatre laboratory culture is mandatory in 3 months' interval to ensure OT is free of microorganism (germs free).

The medical head of the hospital is regularly monitoring whether those standards are maintained. A quality assurance committee has been formed as per the guideline from MoH for maintaining the hospital's quality service. Quality assurance committee consists of five members (Medical Director, MoSD representatives, Public health service office, SRC country office representatives

and Hospital Manager. 5S check lists are practiced in monthly basis by this committee. An orientation on Health Care Waste Management as per the guideline from MoH will be carried out in first quarter of 2020.

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. Discussion on proper use of the clinical protocol is carried out in each Continue Medical Education (CME) session. The HMIS system is maintained with records of service delivery in the OPD, IPD, OT and referral cases. Monthly performance reviews are carried out utilizing HMIS data and issues and challenges i.e issues related to quality, supplies, meeting the expectation of clients, division work load etc have been reported to HMC for needful action. Room arrangement for vision test, registration, optical, ear, counselling, paying section and store have been completed as recommended by MTR. Intercom systems in all departments have been placed for time management and CC camera have been installed to monitor and strengthened the security of the hospital and to ensure the quality of patient care. Furthermore, coupon system is in place in registration so that patient can have vision test without losing time.

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

The hospital has a business plan for 2019-2020. 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. Phacoemulsification service is regularized from September by the SEH Ophthalmologist. Individual counselling provision will focus more on Phaco surgery that can generate the more revenue. Cataract dropout tally sheet is used in August and September. Based on tally sheet 70% cataract attending at Hospital are accepted for surgery. This still needs an increased input in counselling for reducing cataract dropout rate. The cost recovery expected target was 80% by 2019 and achieved 95% till December 2019.

The CECC Dailekh is in good position as the number of eye patient is growing and ENT (Ear Nose & Throat) service is also integrated in eye care. The Jajarkot CECC is comparatively weak. However, both CECCs raised good funds from local government (total of NPR. 500000). Dailekh and Jajarkot CECCs cost recovery is 100% and 90% (average 95%) respectively excluding the contribution of SRC and local fundraising. CECC Jajarkot organized a surgical eye camp in a remote area of the district. Eye care unit Chaurjahari Rukum established in collaboration with MoSD is also running with full cost recovery. SEH has a separate business plan for hospital and outreach.

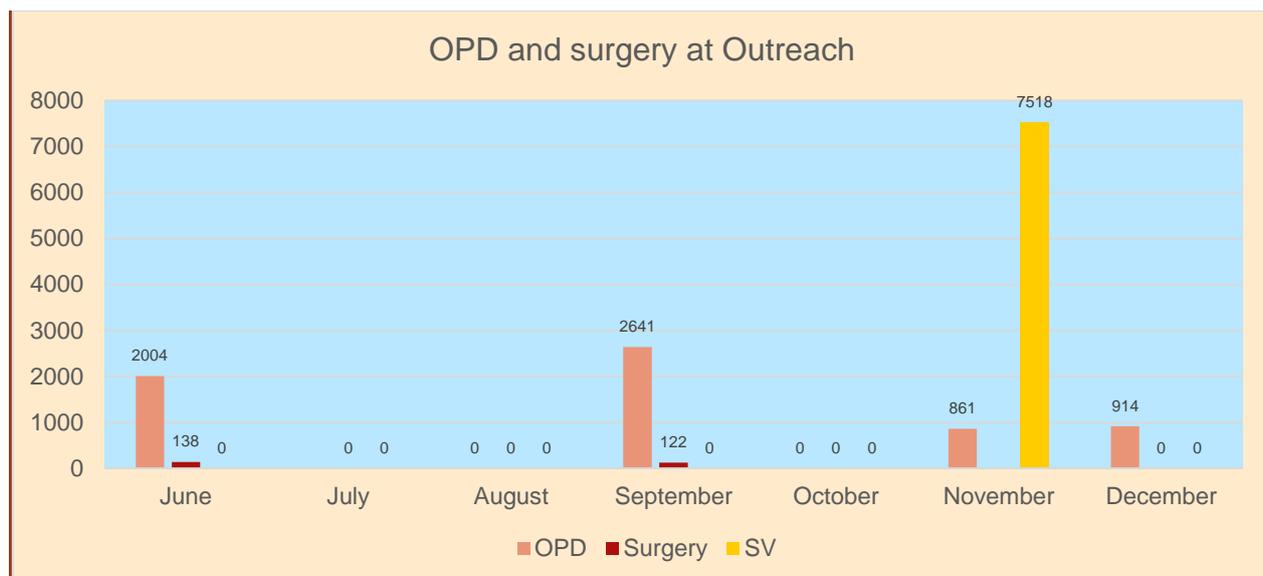
### **Outcome 2: Increase access to reach eye care services through community outreach.**

Outreach is one of the most effective community programs that increases the access of eye care services to unreached population. The SEH carried out its outreach activities to provide curative, preventive, promotive and supportive service in Surkhet, Dailekh, Jajarkot and Dolpa districts mobilizing different local Red Cross volunteers and institutions. The hospital carried out 54 (54%) mobile screening and (300%) 3 surgical eye camps against one planned for 2019 in the service area, reached 5,971, and restored sight 260 (104%) patients. Last year's CSR of Karnali Pradesh was 2,022. The CSR for 2019 is 2738 (90%)

8 surgical eye camps were carried out in Humla, Mugu and Jajarkot districts with the financial contribution about NPR 2300000.00 from Ministry of Social Development of Karnali province. During that period 8,344 patients were treated, and 410 patient's sight restored.

The World Health Organization (WHO) Cataract Outcome Survey (COS) tool has been applied to ensure the quality of cataract surgery. The COS June to December 2019 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.

Reaching patient within 7 days after onset of symptoms at eye care facility target was 75% and achieved 70% percentages based on client exit interview.



Source: SEH Monthly report

**Output 2.1: Awareness, identification and management of blinding eye diseases (cataract, childhood blindness, glaucoma, diabetic retinopathy, refractive error and low vision) is improved**

The SEH carried out 54 (54%) screening camps and 3 (300%) surgical eye camps in different districts focusing on prevention of avoidable blindness prioritised by the Vision 2020 initiative, i.e. cataract, refractive error, trachoma, child-hood blindness, low vision, glaucoma, diabetic retinopathy. 12,532 (6430 screening camp & CECCs 6,102) client received the eye care services which is 89% of target 2019. 260 patients restored the sight which is 104% against the target of 2019.

The school vision programme trained 62 teachers on primary eye care and vision test. 7,518 students received vision screening from the teacher and 1,200 students referred for further examination to ophthalmic technician. 250 out of them corrected refractive error and distributed 250 spectacles on free of cost. HP staff orientations will be started from Jan 2020 for raising awareness in community for prevention of blinding diseases and strengthen the referral to the hospital. 3,961 refractive errors, 86 cases of glaucoma, 16 cases of diabetic retinopathy and 21 cases of low vision were identified and treated at the hospital and outreach. Diabetic retinopathy cases were referred to a tertiary eye care provider for further management.

**Output 2.2: Cataract surgical rate and coverage<sup>1</sup> are increased.**

Cataract is the leading cause of blindness and more efforts are spent for this intervention in the province. In order to give significant impact in the reduction of cataract blindness, it is necessary to do 10,000 cataract surgeries (threshold 6/60) in this province per year. SEH has a target of 1,000 cataract surgeries from June to Dec 2019 and carried out total 970 (97%); hospital-710, outreach 260. This year, 2,725 cataracts and 306 minor surgeries carried out from hospital and outreach in collaboration with Ministry of Social Development, Ek Ek Paila, a NGO and Municipality.

Jan to Dec 2019, the total cataract surgeries were performed 4,659 including all stakeholders; SEH has performed 2,725 (58%) and 1934 (42%) cataract surgeries from other eye care stakeholders). Last years, CSR of Karnali province was 2,022. The CSR of Karnali province in 2019 is 2,738 , which is an increased by 35%.

SEH has procured the bus for patient transportation so that operable cataract cases can be collected from screening camp from 2020.

<sup>1</sup>**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)

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

Collaboration and coordination has been continued with local and provincial government and other stakeholders for eye care service development, fund raising and referral mechanism. 62 school teachers were trained on eye care specially focusing school vision program and referral. The MoSD is very positive to integrate eye care services into government health systems. Eye care unit has established in Chaurjahari hospital of Rukum District with financial contribution of MoSD and technical support of SEH. The eye care unit is successfully running, reaching 1,303 eye patients from September to Dec 2019. SEH has planned to extend additional eye care units in other government health unit based on geography and population.

At present, SEH has four satellite clinics including two CECCs Dailekh, Jajarkot, Eye care Unit Chaurjahari and Bidhyapur Surkhet satellite clinic. They are referring the cases to SEH for surgery and other necessary management. SEH also provided technical and capacity building supports to CECCs and eye care unit. Informal collaboration and coordination have been maintained with NNJS, CECCs for cooperation and referral.

### **Outcome 3: Improve management and fundraising capacities of the SEH for continued hospital and outreach service.**

SEH fundraising committee is reformed. The team is working as per plan for generating the funds from different donors. The team has approached to local level Municipality and Rural Municipality and provincial level for development of hospital service and outreach. Recently, the SEH has applied an application for XOVA grant and selected for initial stage. The hospital has continued the deposition of income NPR 30,000.00 as maintenance fund as monthly basis. In-house training and orientations are continued for skill enhancement and good coordination among team. The staff meetings are carried out monthly basis. The staff meetings recommendations and decisions are implemented themselves and some recommendations are taken to HMC meeting for necessary decision and action. Core staff team Medical Director, Hospital Manager, Outreach coordinator, Finance head and Unit heads meeting are carried out in daily basis.

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

4 HMC meeting were held in 2019. Decisions were taken in relation to tender, HR recruitment, salary increment, service fee, paying clinic, extension staff service contract, formation of different sub committees and coordination meeting of RAAB Survey.

The HMC formed the Waste management committee with three members from HMC treasurer, Hospital Manger and representatives of local government. The Quality assurance committee has formed with 5 members from HMC, PHSO and MoSD representatives. Likewise, fundraising committee has also reformed with 5 members from HMC, District chapter and Lions Clubs representatives. The HMC recruited 4 staffs for smooth operation of vision, registration, OT and finance department.

Dr. Shakti Prasad Subedi (MD) took one-month phacoemulsification surgical training at Kedia eye hospital Birganj. He also participated in training on research methodology organized by TIO. He also participated in ESIO conference in Geneva and presented the achievement made by hospital. Dr. Manish Khatiwada participated in a workshop on Environment Sustained Eye Care organized by TIO. Ophthalmic Assistant Ms Smirti Shahi participated in a one-day refraction symposium at TIO Kathamandu.

Continue Medical Education is continued in house on a weekly basis. During that period, ophthalmologists give technical input 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. The staff will be deputed to different trainings as per need of the hospital in 2020.

#### **Output 3.2 Networking and partnership with the government and other organizations is increased.**

SEH is working closely with Ministry of Social development of provincial government, local government, and other relevant stakeholders for service expansion and referral. RAAB survey is carried out with the ownership of MoSD and coordination of SEH with financial contribution of MoSD, ECF, SRC, ECF. The survey is implemented in coordinating role of SEH with participation and technical support of FBEH, HEH and RAPTI eye hospital. The survey findings and report will be disseminated by Jan 2020

SEH has a MoU with Nepal Government Health Insurance board to provide eye care service under Insurance provision at SEH. The insured patients are gradually increased at hospital. From June to December 4,081 insured patients from Surkhet, Jajarkot and Jumla received medical, surgical, pharmacy and optical service from SEH. The SEH has received total Rs. 5,547,246.00 in terms of OPD, IPD, Optical, Pharmacy and Surgical service delivery from Health insurance board.

4 MoUs have been signed for RAAB Survey, Eye Care Service expansion, Surgical eye camp with EK EK PAILA and MoU has been signed among SEH, Chaurjahari Hospital and Chaurjahari Municipality to establish the eye care unit in chaurjahari hospital with financial support of MoSD and technical support of SEH. The eye care unit ran successfully from September with no financial burden to SEH. The MoSD has allocated the budget this year for expansion of eye care service in government hospital.

Provincial level eye care coordination meeting was carried out with participation of MoSD and TIO/FHF. The project with TIO/FHF is in its final stage. In the first phase, TIO/FHF will support 20,000 Intraocular Lens, Capacity building and situation analysis. Eye Care Foundation and CBM also show interest to work through SEH. Apart from this, SEH has coordinated and collaborated with Lumbini Eye Hospitals, Kedia Eye Hospital, RAPTI eye hospital, Himalaya eye hospital and Fateh Bal Eye Hospital for technical supports.

Furthermore, SEH carried out screening and surgical eye camps in Humla, Mugu and Jajarkot Districts from Jan to June 2019 with financial support of MoSD provincial government. The outreach served 5,209 eye patients and restored sight to 466 patients. The provincial government and local government are showing interest and taking ownership to carry out outreach pro-grams.

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

SEH has generated near about Rs. 2,300,000.00 (cash and inkind) fund from MoSD, and EK EK PAILA for carrying out the screening and surgical eye camps in Humla and Dolpa districts from June to December 2019. Dailekh and Jajarkot CECCs have raised fund Rs. 100,000.00 and 400,000.00 respectively from Municipality and Gaupalika.

## **3 Transversal topics (max. 2 pages)**

### **3.1 DRR Main streaming**

- *Report on milestones of DRM integration (DRR and institutional preparedness) into a) the country programme, b) the partner organisations, c) the delegation.*
- *Reflect on the impact that the DRM measures have had during the reporting year.*
- *Mention lessons learnt and good practices as well as the challenges and how they were addressed.*

The Surkhet eye hospital (443244) has followed the earthquake safety norms. The hospital is maintaining biosafety and waste segregation. Periodic culture of the OT air to maintain sterility is in place. Adherences to the clinical and management protocols are maintained to minimise the health hazards. The SEH has planned to organize the orientation to staff on hospital waste management by government health expert to improve the infection control and waste management systems in hospital setting.

### **3.2 CSPM Mainstreaming**

- *Report on any CSPM mainstreaming activities carried out and their impact on the project.*

- *Mention lessons learnt and good practices as well as the challenges and how they were addressed.*

Karnali eye care project (443244) 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 (67 patients). Furthermore, the project reaches out to patients living in remote areas to offer eye care services to address the need of the economically weak population. The hospital carries the exit surveys to improve the service as per recommendations. Most of services are made affordable to people. SEH invites the local authorities to the hospital to observe the services and provide their feedback for improvement. Hospital carries out special events for the children and women to make better reach and address their eye health need.

### 3.3 Gender Mainstreaming

- *Report on the different achievements and implications for women and men related to the project outputs or outcomes. In chapter 2, provide gender disaggregated data if available.*
- *If apparent, reflect on the impact that the gender and diversity measures have on the project.*
- *Mention lessons learnt and good practices as well as the challenges and how they were addressed.*

Gender Equality and Social Inclusion (GESI) is one of the crosscutting elements in all projects and a focal GESI person has been appointed in the NPJ office. The SRC delegation in Nepal carefully monitors gender concerns and encourages all projects for its sensitivity, which was positively responded to by the implementing partners .

Surkhet Eye Hospital 443244 is trying best to be gender sensitive while delivering eye care services both in hospital and in outreach. However, its management committee is not yet an inclusive committee. The numbers 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 397 (56% women) and 12,630 (58% women) eye patients received treatments from the hospital in 2019. 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 (max. 1page)

### 4.1 Budget vs Expéditeurs

<b>Project Code</b>	<b>Budget 2019 (NPR)</b>	<b>Expenditure 2019 (NPR)</b>	<b>Comment if deviation &gt;10%</b>
443244	12,220,333	7,494,127	61% of the total budget is utilized from June to December 2019, which is low than the projection. The most important activity that was RAAB survey took more time and hospital team also engaged to implement the surgical camp supported by MOSD. Project will focus to implement planned activities since beginning of 2020

## 4.2 Efficiency

The overall expenses of the Karnali Eye Care Project (443244) is 61% from SRC budget. The capacity of HR in the project was utilized to its optimum attaining high level of efficiency and cost effectiveness. The programs are carried out in collaboration with provincial government, local government such as surgical eye camps and RAAB survey. Red Cross volunteers have been mobilized optimum for outreach services for cost effectiveness and efficiency.

## 5. Risk Management (max. 1page)

*Report high risks in your country, and respective mitigation measures, referring to the updated Risk Cockpit in NGO Online.*

There are several risks in the country as detailed in the SRC Risk Cockpit. Some of them are listed below.

There are some risks in the country as listed below

- There is still risk of financial sustainability as cost recovery for operational cost is only 95%. Additional fund needed for hospital for its development.
- Meaningful multi-partnership approach demands flexible timing for coordination and negotiation, which may require designated person or hospital manager require delegating some of the responsibilities to other member of staff.
- Geographical difficulty and poor transportation linkages to the different district is one of the challenges to conduct the outreach/surgical camp.
- 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. Local fund raising/mobilisation

All projects activities apply a multi-stakeholder approach. The overall approach focuses on linking not only financial contribution but also technical expertise from local authorities, communities, other donors and the project with each other.

SEH received the funds from MoSD for RAAB survey surgical eye camps and eye care service expansion in government health systems. Local level has also shown interest for eye care service expansion in local level. Collaboration and coordination are continued with relevant stakeholders for service development. Total of NPR. 2300,000 have received from the MoSD and Local Government

## 7. Capacity building of the project management team

Two member of the hospital Dr Shakti Subedi (Medical Director) and Ghan Thapa (Hospital Manager) had exchange visit to Kedia Eye Care Hospital on Health Care Waste Management in eye care setting. Dr. Shakti Prasad Subedi (MD) took one-month phacoemulsification surgical training at Kedia eye hospital Birganj. The phaco surgery has regularized from September 2019. Dr Subedi also participated in European Society of International Ophthalmology Conference in November 2019. Furthermore, Hospital organized Training on Health Care Waste Management based on the guideline from the Government which was facilitated by government authority.

## 8. Country programme conclusions and outlook (max. 1 page)

- *Reflect on overall lessons learnt and conclusions, and implications or required modifications at country programme level. If an overall review/evaluation took place, report main findings and conclusions.*
- *Provide an outlook on the following year and if a new phase starts in the following year, indicate the planned outcomes. Also refer to prospects of sustainability.*

Nepal country programme has mixed and innovative modalities in the implementation of different projects. The current projects in the sector of Health, WASH, Eye Care and Urban DRR are considered municipal level cornerstone which has direct link to the provincial and federal level priority on those sectors. Following the changed administrative governments structure; implementation modality of Nepal projects supported by SRC has also changed. The programme coordinated with local government as a prime partner with written commitment for joint management of projects activities and related issues has been a successful accomplishment. The project 443215 was ended in March 2019 and new exit phase for 19 months as Karnali Eye Care Project has started from June 2019 and will end in November 2020.

### Overall Lesson Learnt:

- Proper coordination and collaboration with government, implementing partners and other stakeholders has made it easier to implement the project activities with significant financial contribution; RAAB Survey, Surgical camp, Mitigation activities and different water schemes.
- Community Engagement and Accountability helps to ensure successful implementation and ownership eye camp
- Provincial government and Palikas now have greater level of authority in local budget and planning which is very encouraging in order to organize the eye care camps even in remote areas.
- Multiple level coordination to ensure the financial contribution from local authority and relevant stakeholder leading to delay in implementation of planned activities.

Karnali Eye Care Project (443244): Surkhet Eye Hospital (SEH) is gradually improving its services and has established itself as one of the secondary level eye care providers in Karnali Province. The numbers of walk-in surgical patients at hospital base is gradually increased and receiving referrals through existing CECCs, eye care unit, satellite clinic. SEH has 2 full time surgeons for a 5-year contract (one up-to 2022 and another is 2024) which will give stable operation and management possibilities with an expectation of increased productivity including regular phacoemulsification services from September 2019 by own ophthalmologist. 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 has started partnership with provincial and local government for the integration of eye care service in government health networks to strengthen primary care and referral to the hospital and CECCs. The Project will make further reach to the people living in hard to reach areas who are in poverty and lack information and services. 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 has focused on capacity building, networking and collaboration with possible partners i.e TIO, ECF NNJS and fund raising. SHE will sign the project with FHF which will focus on capacity building and provision of free IOL.