



## Country programme at a glance

<b>Country</b>	<i>Nepal</i>		
<b>Projects</b>	<i>443215, Mid-west Eye Care Project, Birendranagar – Surkhet</i>		
<b>Budget vs. expenditure</b>	<i>443215</i>	<i>CHF 308'359</i>	<i>CHF 315'565</i>
<b>Country/ Recovery Coordinator</b>			
<b>Programme Coordinator</b>			
<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 type="checkbox"/> CBDRM <input type="checkbox"/> Institutional Preparedness <input type="checkbox"/> Capacity Building / Organisational Development  <i>Multiple ticks are okay.</i>		



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## Abbreviations



## 1 Introduction

Nepal Red Cross Society is managing eye care services in Mid-West Region since 1990s with the support of Swiss Red Cross. The Surkhet Eye Hospital implements the Mid West Eye Care Project in 8 districts (Surkhet, Dailekh, Jajarkot, Dolpa, humla, Mugu, Kalikot, and Jumla) of MWR. The first phase of the Midwest eye care project (443215) started from January 2016 till March 2019. It covers management of hospital services to achieve self-sustaining hospital and outreach services by 2020 to combat avoidable and poverty induced blindness in hard to reach areas. The project services around 2 million people.

### 1.2 Context changes

The political transition still continues in Nepal. Following the promulgation of the new constitution in September 2015, there is constant protest from the Madhesi party alliance and also is opposition from various provinces in regard to it border and on more issues. The Communist Party of Nepal's (the Unified Marxist Leninist(CPN-UML) Prime Minister Mr. KP Oli was replaced by Mr. Prachnad,the Maoist Leader as the Prime Minister of the country. This happened with a no confidence motion in coalition with Nepal Congress, with the agreement that the congress will take the premiership after 9 months. Frequent change in the political scenario has obvious impact on development and the earthquake recovery program with delays and changes in urgently needed policies and guidance for implementation. In the beginning of the year, the blockage of the India-Nepal border caused serious supply shortages and suffering. Fuel supply is now normal, but there were shortages of cooking gas until mid of the year. Since mid-July, vast areas of Nepal were affected by landslides and floods due to heavy monsoon rains. Because of this in some of the program VDCs of Rolpa, Jajarkot and Rukum, the roads had been heavily destroyed; the debris was cleared with much difficulty. This caused difficulty to reach the program areas and hampered the program activities.

#### 1.2.1 Project Contexts - Midwest Region



### 1.3 The Delegation

The SRC Delegation office is located in Kathmandu within the premises of NRCS with field offices in Nepalgunj and in Dolakha, which are there for coordination and management purposes. Both field offices are staffed with project managers, finance staff and field staff, most of them under contract of NRCS. The Kathmandu office 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.

### 1.4 Partners and Stakeholders

The development projects in the Midwest are funded by the programme contribution from the Swiss Agency for Development and Cooperation as well as the LindenhofStiftung. The SRC provided technical input during all steps of the project management and did the fund raising for the project. SRC has monitored the project during several project visits and by continuous support by the Program Coordinator in Bern. All development projects apply a multi-stakeholder approach, which is implemented at the district, VDC 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 as well sources for financial contributions such as local authorities, communities, other donors and the project with each other.

Mid-west eye care project (443215) provides eye care services in close coordination and collaboration with the Tilganga Institute of Ophthalmology (TIO) and Lumbini Eye Hospital (LEI) for technical and service management. Nepal Netra Jyoti Sangh (NNJS), Lions Club, various governmental agencies at the VDCs district and region level offices are other key stakeholders. The project has been collaborating with national, regional, district and VDC level stakeholders for eye care related services: the Regional Health Directorate, District Public Health Offices (DHO), District Education Office (DEO), Primary Health Centre (PHC), Women Development Offices, District Development Committee (DDCs), VDCs and Health Posts/Health Facilities. SEH participates in policy issues and works together with them for implementation.

### 1.5 Advocacy and policy dialogue

The Surkhet eye hospital contributed to the development of the National Eye Health Policy at the Ministry of Health and Population. The Regional Health Directorates has adopted the Vision Cell 'integration of primary eye care into primary health care system'. The vision cell is expanded into Bardia, Surkhet, Dailekh and Jajarkot district of the mid west region.

## 2 Project outcomes and outputs (max. 4 pages per project)

### 2.4 Mid-west Eye Care Project (443215): Achieved outcomes and outputs

**Outcome 1: To strengthen the Surkhet Eye Hospital (SEH) to provide quality services through achieving self-reliance as per business plan.**

The SEH is functioning in new building since March 2016. In 2016 the hospital offered comprehensive OPD and In Patient Department (IPD) services to around 26,770 patients (25% increased). The different diagnostics/investigation, medical examination and surgical services the hospitals offered include vision tests, tonometry (applanation), sac syringing, refraction (also auto-refraction), low vision services, basic laboratory services, keratometry, Ascan biometry, laser services, paying clinic services (off hour service), emergency services, eye health education and individual counselling for operable patients.

The target for cataract surgery was 1,400 at the hospital, but only 690 (49%) cataract surgery were achieved mainly with Small Incision Cataract Surgery (SICS) and Phaco-emulsification. The transition from the small surgical eye care centre into the hospital caused the following constraints, which are partly the reason for the low cataract numbers. The construction of the hospital building was delayed and caused conflicts between parties, major equipment were not in place and the ophthalmologist left the job. The pharmacy services achieved their target by 100%; this includes the sale of 3,938 spectacles (72% of the target). For better-off patients phaco surgery with individual counselling was offered. Target numbers were met, because the equipment and machines were installed late and the responsible ophthalmologist left the job. Only 69 Phaco-emulsification surgeries were performed in 2016. 296 (59%) poor patients received free surgical and medical services under the poor patient subsidy provision. The target for cataract surgery at outreach was planned as 666 and 648 (97%) micro-cataract surgeries in Dailekh, Surkhet and Jajarkot were achieved. In 2016 the combined hospital and outreach surgical target was 2,066; this was met by only 1,338 (65%) cataract surgeries.

The World Health Organization (WHO) Cataract Outcome Survey (COS) tool had been applied. The COS January to December 2016 shows that 91% of the cataract surgeries outcomes in the hospital is as per WHO standard visual acuity (VA) of 6/18 (without correction) in the follow-up-examination 6 weeks after the operation) and 89% outcomes as per WHO standard in outreach service which exceeds the minimum WHO standard which is determined at 80%.

Because of various challenges faced in the year, it has also impeded the resource generation, which caused low investment in various improvement that were expected to happen in the year. The cost recovery expected target was 40% in 2016 and without deduction of the depreciation of all the investment the cost recovery is 60% in 2016, which would be less if depreciation deducted from this fund.

The Community Eye Care Center (CECC) in Dailekh is doing well in its management and fund generation/cost recovery and the CECC in Jajarkot is still weak in cost recovery because of weak management. It is always challenging to attain self-sufficiency for the CECCs located in the hilly districts where they get low number of patients. The CECC Jajarkot has to improve its technical performance, local fundraising and service friendliness.

The hospital followed the SRC quality of care guideline and clinical protocol for each of the services carried out in the OPD, IPD and Operation Theatre (OT) department of the hospital and outreach service. At the same time, hospital adopted and implemented various management policies and guidelines. The Health Management Information System (HMIS) is installed and linked with the OPD, IPD, OT, and outreach department. Monthly performance review is practised utilizing HMIS data and report to Hospital Management Committee (HMC) for needful action. Exit surveys were carried out on a quarterly basis and improvement had been done as per findings. The survey showed that 90% of beneficiaries are satisfied with hospital services. In the suggestion box one written complaint about misbehave from staff was found against the registration staff so that immediately counselled and warned him. Staff meeting and performance review carried out monthly basis. Sharing of learning is practiced among staff.

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

The quality and range of services provided by the Surkhet hospital can easily be compared with hospitals in the lowlands, having modern equipment and choices in services (private cabins, off-hour examination). This helps to gradually increase the patient numbers for medical, surgical and optical services. Despite of regular presence of an eye surgeon the OPD patients increased by 25% in 2016 compared to 2014. 26,755 (100.96% target) outpatients examined and treated. The hospital was received visiting ophthalmologists and is constantly looking for a regular one. This situation led to have low achievement (65%) in surgical activities, which is expected to be high in 2017 with the regular availability of surgeons. The (WHO) Cataract Outcome Survey (COS) tool had been applied and it shows that 91% of the cataract surgeries outcomes in the hospital is as per WHO standard. Since the phaco surgery is meant for those can afford high charges, the staff carry out individual counselling to the cataract patients. It has effectively worked and found that around 20% of the patients we were planning to go for simple cataract surgery (SICS) were shifting for the phaco emulsification. This approach is important to increase the income of the hospital and at the same time the patients also receives quality surgery.

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

In order to provide standardised care to the patients, the hospital has developed and is implementing clinical protocols and SRC's bio-safety guidelines, which are strictly practiced in OPD, OT and IPD as well as in the outreach programs. The hospital plans to review the protocols and guidelines to maintain constant improvement. The medical head of the hospital is regularly monitoring whether those standards are maintained or not. Individual counselling is practised for operable cataract patients not only to promote modern technologies such as phaco-emulsification surgery, but also to increase the compliance of all patients. The HMIS system is maintained with records of services in the OPD, IPD, OT and referral cases. Monthly performance review is carried out utilizing HMIS data and report to HMC for needful action. Intercom systems in all departments have been placed for time management and CC camera have been placed to monitor functional for security and transparency in finance management and patient care.

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

The hospital has followed the business plan as planned in the project 2016-2019 and generated a reasonable income providing diverse services such as pharmacy, optical, surgical, consultation fee, investigation and fund raising. Regular availability of eye surgeons plays important role in providing comprehensive services, and which has also direct relation with the income generation. Because of various challenges faced in the year, it has also impeded the resource generation, which caused low investment in various improvement that were expected to happen in the year. The cost recovery expected target was 40% in 2016 and without deduction of the depreciation of all the investment the cost recovery is 60% in 2016, which may decrease if depreciation deducted from this fund. The CECC Dailekh is a good position as the number of eye patient is growing and ENT service is also integrated in eye care. CECC Dailekh cost recovery is 90% in which target was 80%. The Jajarkot CECC has a poor cost recovery possibly due to a lower turnover of patients so that the cost recovery is 80% in which target was 70% in 2016. However, CECC has a good coordination with DDC, VDC and local institutions to carry out surgical eye camps in the community. It is always challenging to attain self-sufficiency for the CECCs located in the hilly districts where they get low number of patients. Seasonal outreach service has contributed more beneficiaries in the Jajarkot district. The staff members of SEH and the CECCs Bardia, Dailekh and Jajarkot received 2 weeks training on the job for optical service and technical skills on refraction organized by SRC. The workshop was provided by SRC Eye Care Consultant Mrs. Annegret

Abplanalp and Mr. Patrick Hartmann. The optical service upgraded tremendously on patient oriented quality service and as a consequence contributes increasingly to the hospital income.

## **Outcome 2. To increase access and reach of eye care services through community outreach.**

Over 90% of the population with blinding eye disease in the project target area are residing in rural areas. Most of them have no opportunity to access services due to lack of information and insufficient funds. In 2016 the hospital continued to carry out their outreach program such as mobile screening and surgical eye camp as well as trainings of teachers, HF staff and FCHVs. The training focused on raising sensitivity that should lead referral of cases of the common blinding eye disease and providing identification skills for some of them; covering the topics of childhood blindness, low vision, diabetic retinopathy, glaucoma, cataract, refractive error, low vision and referral of patients for further treatment at the hospital. The SEH carried out outreach activities in Surkhet, Dailekh and Jajarkot districts mobilizing different local Red Cross volunteers and institutions to increase the access to eye care. In 2016, 35 (70%) screening eye camps and 6 (150%) surgical eye camps were carried out and reached 49,266 (96% of the target) patients. In 2016, a total of 6,985 cataract surgeries were carried out in Bheri zone by various agencies. This gives a Cataract Surgical Rate (CSR) of 3,904 which is 6% low compared to the 4,169 CSR in 2015. The project had planned 2,066 cataract surgeries for 2016 at the hospital and outreach and carried out 1,338, which is around 20% of the total surgeries in Bheri zone contributing visibly to the regional CSR. The CSR of Dolpa decreased by 76% (1,689 to 409 in 2016). The collaboration and coordination with the existing CECC's of Bheri and Karnali zone as well as school teachers, vision cells, FCHVs and JRCs continued to ensure timely and correct referrals to the hospital. 270 referral cases from various agencies i.e. HF staff, FCHVs, teacher, CECCs of Bheri and Karnali received hospital services, and is a need to further strengthen this system.

### **Output 2.1: Awareness, identification and management<sup>1</sup> of blinding eye diseases (Cataract, childhood blindness, Glaucoma, Diabetic retinopathy, refractive error and Low vision) is improved**

The SEH works for the prevention of avoidable blindness prioritised by the Vision 2020 initiative, i.e. cataract, refractive error, trachoma, childhood blindness, low vision, glaucoma, diabetic retinopathy. Under the outreach services, mobile screening and surgical eye camps were carried out. 114 teachers were trained on eye care; 20,400 (achieved 204%) children were served with vision screening to identify and manage blinding eye diseases and low vision. Out of them 538 children had refractive errors and spectacles were distributed free of cost. 114 teachers, 67 staff of health posts (HP) and 256 female community health volunteers (FCHVs) were trained on eye care to raise awareness in community for prevention of blinding diseases and strengthen the referral to the hospital. 88 (achieved 41%) cases of glaucoma, 105 (achieved 115%) cases of diabetic retinopathy and 40 (80%) cases of low vision were identified at the hospital and outreach, treated and/or referred to a tertiary eye care provider; 3,094 (115%) refractive error cases were treated compared to the set target of 2,700 (Baseline CEHP report 2014). The SEH celebrated the 'World Diabetes Day' an event at the hospital on 14 November 2016 with joint collaboration with DHO for raising the awareness about Diabetes and its effect on eyes. The day celebrated with orientation Eyes on Diabetes among hospital attending patients and distributed the brochures of Diabetes and Diabetes eye. The patients need cataract surgery are usually of above age 40, who are potential for having diabetes, thus, as a routine, SEH performs a urine test for each patient in the hospital and surgical eye camps prior to the operation to screen the diabetes.

<sup>1</sup>Management includes: Education, Medical and Surgical Treatment, and referral.

**Output 2.2: Cataract surgical rate and coverage<sup>2</sup>are increased.**

In order to give significant impact in the reduction of cataract blindness, it is necessary to have over 5,000 CSR in an area, which is counted together with all stakeholders' contribution. SEH had planned 2,066 cataract surgeries in 2016 and carried out 1,338 (65%) cataract surgeries in hospital and outreach. The other eye care provider carried out 5,647 numbers of surgeries which is also low number compared to 2014, which gives CSR 3,904. The surgical rate and coverage is decreased in Bheri zone. The CSR of Dolpa is decreased by 76% (from 1,689 to 409) and the CSR of Humla is increased by 24% (from 2,576 to 3,205).

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

The collaboration with the DHO, Regional Health Directorate (RHD) and DEO continued to increase as the DHO together with the RHD has appreciated the good work of SEH and had assured that they will provide all possible support to each the registration of the hospital. The RHD sends a representative in the HMC as well. The DHO has also communicated all the HFs to support the SEH in managing outreach services and refer the eye cases to the hospital, which has improved the referral cases to the hospital. The hospital provided primary eye care orientation together with the DHO for 37 (74%) HP staff 256 (51%) FCHVs; and in collaboration with the DEO 114 (47%) school teachers were also oriented with the objectives to link and strengthen the referral mechanism with Government of Nepal (GoN) health networks. Coordination has been established with existing CECC's of Karnali zone for referral patients. MoU has been signed with Dailekh and Jajarkot CECC's for mutual cooperation and referral patients. Informal collaboration and coordination is continued for technical and service management with TIO and LEI, and continues attempt has been made to have a formal collaboration for referral and service management.

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

The hospital is having a 7 member hospital management committee (HMC) responsible for governance. They also have a senior management team composed of a convener of the hospital management committee, medical head and hospital manager to take decisions on management. The main committee is meeting twice a month, though the management team meets when and as needed. There are 3 more sub-committees such as recruitment, fund raising and performance evaluation. The recruitment committee consists of SRC and RHD representation headed by one of the HMC member. A fund raising committee is also form responsible raise fund at the local level. They still have to come into actions. The staff evaluation team is monitoring performance of the hospital staff on a regular basis. In order to discourage private practices (clinical and optical service); the hospital is providing a non-practice allowance to the technical staff. The evaluation team is also responsible to monitor these situations. All these committees worked fairly well. The current trend of income and expenditure indicates a promising future of the hospital to attain self-sufficiency with an estimated 60% coverage for 2016. The hospital continued attempting to obtain resources from the government system. In order to establish a proper system a hospital finance expert from the institution like Aravind eye hospital will be consulted in 2017. A functional HMIS system is now in place, the management is in position to examine every day the hospital performance. The management team (including other key staff) meet once every month; and all staff sit together every quarter to analyse the HMIS information and take participatory decisions for improvement. Daily a brief staff coordination meeting, mainly by the eye surgeon, manager, OPD/outreach Coordinator and finance in-charges, is carried out in the first hour before starting the hospital services, and day to day matters are discussed and decisions are taken.

<sup>2</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)

All staff members are assigned to carry out multiple responsibilities to balance the workload. They are trained for effective communication and counselling of patients and their escorts. As a result the number of walk-in and surgical cases are growing. Patients and their guardians now demand phaco and laser service provided by visiting eye surgeons from Kathmandu and Nepalgunj. Retention of technical staff especially of the eye surgeon was a challenge in 2016. However, 2017, will this situation will be different as a lady eye doctor has agreed to join in January 2017 and the young ophthalmologist who is studying in Kathmandu will also join from August 2017. This will lead to normal functioning of the hospital and community services.

Now the management is in process to obtain official registration of the eye hospital from the MoH. Until now, none of the eye hospital is registered for this. The local authorities in general have a positive image of the SEH, thus the Birendranagar Municipality, Regional Health directorate and district health office has presented their full support to the hospital for registration. The hospital is also in coordination with the DUDBC to request a visit to Surkhet to do the necessary quality tests of the building for certification. It is expected that it will happen and the registration be done in early 2017.

The hospital management is sensitive towards functionality of all physical facilities that includes building, equipment, furniture, vehicles and instruments. Thus, they are in process to organise HR that will take care/maintain of these items in a very regular basis and they are also allocating fund every month in a separate bank account as O&M fund. The target for this allocation is 2% of the overall cost (Rs. 32,264,984.31 in 2016), however they did only of Rs. 300,000 (about 1%).

**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 HMC meeting had planned 12 times and achieved 12 times (100% achieved 4 formal and 8 informal meeting). Since the under construction of the hospital building, the most of the time spent on it and formal HMC meetings were carried out less as per plan. Staff of each department has a department head and each department head monitor the junior staff and evaluate the staff performance routinely. Optical fitting techniques, optical promotion and technical skill enhanced of hospital and CECC staff by the technical support of SRC. SRC eye care advisor carried out the workshop and taught the team about optical and refraction for a week. After the training, the optical fitting is significantly different and qualitative. The practise has been continued as taught by the SRC eye care consultant. Management audit had planned for evaluation of various performance, examination, review and appraise the various policies and actions. Due to engagement in various management activities and the starting phase of the hospital, the management audit could not happen this year, and will be carried out in 2017.

**Output3.2. Meaningful networking and partnership with the government and other organizations are increased.**

Effective coordination and communication were carried out with Lions Clubs, Government health (RHD, DPHO, and Health Facilities) and Education (District Education Office, Schools and Resource centres<sup>3</sup>) networks for referral and collaborations. Memorandum of Understanding (MoU) was signed with Lions Clubs, CECC Dailekh and Jajarkot for management of outreach eye camps, financial contributions, technical support and referral services. 648 cataract surgeries carried out in collaboration with Lions Clubs. Existing vision cell services at the Primary Health Centres in Dailekh, Jajarkot, Surkhet and Bardia districts were monitored. 8,505 patients examined and there was 270 cases referred from the vision

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<sup>3</sup>A resource center is responsible to monitor cluster of schools (around 20-30 schools).

cells. The expansion of the vision cell did not happen due to constraints raised by the eye surgeon, which will be expanded 2017 as there was a change of surgeon at SEH.

The hospital is in constant attempt to get technical MoU signed with tertiary eye center – like Tilganga, Geta, and Lumbini Eye Hospitals in order to promote link to attain financial and human resources and capacity building inputs.

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

A fund raising sub-committee has been formed in 2016 with 5 members. A proper annual fund raising plan will be developed and the team is expected to be functional adhering to its work on annual fund raising plan of action. This year, the SEH; Dailekh and Jajarkot CECCs raised NPR 1,648,000, NPR 150,000 and NPR 350,000<sup>4</sup> respectively from the Lions clubs, Surkhet Education Development Academy, Narayan Municipality Dailekh, DDC of Dailekh and Jajarkot and Parliament members' fund in Dailekh, exceeding far from the targeted fund raising. Two proposals submitted by the SEH to the external donors USAIDS (for childhood blindness) and Fred Hollows (IOLs) were not approved.

## **3 Transversal topics**

### **3.1 DRR Mainstreaming**

Surkhet eye hospital is constructed considering the earthquake resistance. This will be further verified and certified by the government agency in early 2017. The hospital is maintaining bio-safety and waste segregation and management. The hospital is also in use of incinerator for proper disposal of medical waste.

### **3.2 CSPM Mainstreaming**

The Mid-west eye care project is also maintaining conflict sensitivity on service delivery and planning activities taking into account poor people. Through the hospital and its outreach services, they offer free or subsidised care and surgical services for the poor, make reach to the hard to reach areas with the eye care services to address the need of the economically weak population, gives priority to the women organising special activities for them, involves the clients in improving the management addressing their perspectives through exit surveys, and most of all services are made affordable to the people.

### **3.3 Gender Mainstreaming**

The Surkhet eye hospital has inclusive management committee and the numbers of staff are also moving towards gender balance. Since the women are more vulnerable and have a higher prevalence of blindness than men. Women focusing eye care services had also been planned. The women reached on eye care with cataract surgery 856 and 49,423 treatments from the hospital and outreach in 2016.

## **4 Finance**

### **4.1 Budget vs. Expenditure**

<i>Project Code</i>	<i>Budget 2016</i>	<i>Expenditure 2016</i>	<i>Comment if deviation &gt;10%</i>
443215	CHF 308'359	CHF 315'565	

<sup>4</sup> 1 CHF = 105 NPR

## 4.2 Efficiency

The overall expenses of the **443215** project are 86% in this year. 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 VDC, DDC, Lions clubs, Senior citizens with small financial and JRC/YRC volunteers have been mobilized optimum for outreach services for cost effectiveness and efficiency. Income of over NPR 10 Mio was very good cost recovery from the services.

## 5 Risk Management

There are several risks in the country as detailed in the SRC Risk Cockpit. The risk of changes in administrative structure (reshaping of province, districts) of the country is a lengthy process and possibly this is not going to cause much negative implication except increment in administrative expenses. However, the project areas may need to be adjusted in an appropriate time to settle this risk. NRCS had got 3 years renewal of their registration exceptionally, and they are also trying to lobby for Red Cross law in order to decrease the GoN control. Success on this would give better status to the Red Cross.

Now there is reasonable saturation in staff turnover especially the technical one e.g. engineers public health specialists as well as eye surgeons. However, still it would be difficult for the project to get quality specialized staff for the remote project district. The quality and qualified staff recruitment in some of the project will still remain difficult. In one hand low disbursement of funds leading to project implementation delays and in other hand we saw that high disbursement of fund in one of the project was possibly led to the misappropriation of fund. There is a need to see the absorption capacity of the implementation partners while disbursement is decided.

## 6 Country programme conclusions and outlook

The Nepal country program has mixed scenarios with its projects as there are different modalities applied in the implementation of projects. Out of 5 different projects, most of the development projects are moving with positive results, and they are becoming key regional actors in the sectors of WASH, Community Health and Eye Care.

The Mid-west eye care project (443215) is becoming slowly a success and popular, proved by good numbers of patients. Both the hospital and the outreach services will be continued in 2017. There will be 2 full time surgeons in the hospital, which will give stable operation and management possibilities with an expectation of increased productivity. Quality improvement measures will be applied and link with the external collaborator will be made to carry out management and business plan audit. SEH will continue medical, optical and surgical intervention through hospital and outreach to deal major reasons of blindness involving multiple partners. The Project will make further reach to the people living in hard to reach areas who are in poverty and lack information and services. Integration of eye care service with government networks are providing as a satellite clinic and referring the cases to hospital. Service on emerging causes of blindness and priorities of "Vision 2020" like diabetic retinopathy, refractive error, childhood blindness, Low vision, glaucoma are continue addressing by the hospital and outreach services. The project will continue strengthen the referral networking with existing CECCs of Bheri and Karnali and Gov health facilities, and will focus on capacity building of Hospital, CECCs and fund raising.

### Annex 2: Annual beneficiary statistics by project

Please refer the annual statistics 2016 at Nepal project lists on IC Net.

**Annex 3: Logframe reporting 2016**

- *443215 Midwest Eye Care Project*

**Annex 4: Testimonials, Illustration of Impact, Case Stories**

**Surkhet Eye Hospital, Birendranagar**

**Restoring sight changed my son's life**

Master Nischal Gharti Mager, 8 years, resident from a rural village at Salkot in Surkhet district. He studies in grade 4 in a school at Salkot VDC in Surkhet district. He lost his vision gradually after a trauma by stick while playing in the school ground. His vision loss cause was traumatic cataract identified by school screening mobile team of Surkhet Eye Hospital (SEH). He was treated referring from school. Short conversation has been carried out in regards to situation with Nischal with his father Jagat Gharti.



His father says his study was good but when he lost his vision he became weak for the study and playing. He knew from School teacher that SEH mobile team came and examined my son's eyes and suggested for cataract surgery at Surkhet Eye Hospital. He had told the teacher that he could not afford the service fee. Then the teacher had suggested him to come to Surkhet eye hospital requesting for free surgery.

With the teacher's advice, Nischal's father came to SEH for surgery with a recommendation/request letter of school. All examinations were complete at the hospital and planned to operate on eyes of Nishchal next day. Nischal's father said, the next day afternoon, he was worried and waiting outside of the operation theater that what would happen with his son's eye? Would he see again as before? After some time he surprised to see his son walking out of the Operation Theater as if it was a normal condition. Next day morning the eye pad was removed from the eye of Nischal. his father said, in a room, some letters were shown and asked to my son and he could recognized the all letter presented by hospital staff. I felt that now he can see clearly. Seeing this amazing work, I am really happy. Restoring sight changed my son's life within a day again He can continue his study as before. I really thank to School teacher and SEH for restoring my son's eye sight.

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**Annex 6: Photos**

**Project 4: Mid-west eye care project 443215**



Foundation stone lying ceremony



The land before construction



Laying foundation



Foundation work



Laying bricks



Front view of the hospital



Front view



West view of the hospital



Toilet



Security and Garage



Canteen



Incinerator



South view of the hospital



North-West view of the hospital



North view of the hospital from the CECC building



East view of the hospital



Inside from East



Security and garage