



Nepal Red Cross Society Surkhet Eye Hospital

Country	<i>Nepal</i>		
Projects	<i>443215, Mid-west Eye Care Project, Birendranagar – Surkhet</i>		
Budgetvs. expenditure	<i>443215</i>	<i>CHF 159,588</i>	<i>CHF 104,728</i>
Country/ Recovery Coordinator			
Programme Coordinator			
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 type="checkbox"/> Capacity Building / Organisational Development <i>Multiple ticks are okay.</i>		



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Abbreviations

CEHP	CEHP Community Empowerment and Health Promotion Program
SEH	Surkhet Eye Hospital
DHO	District Health Office
RHDO	Regional Health Directorate Office
DDC	District Development Committee
FCHV	Female Community Health Volunteer (GoN Government of Nepal)
IEC	Information, Education and Communication
SRC	Swiss Red Cross
VDC	Village Development Committee
SEDA	Surkhet Education Development Academy
DEO	District Education Office
CECC	Community Eye Care Center
CECSC	Community Eye Care & Surgical Center
TIO	Tilganga Institute of Ophthalmology
LEI	Lumbini Eye Institute
DC	District Chapter
JRC	Junior Red Cross
YRC	Youth Red Cross
CEHP	CEHP Community Empowerment and Health Promotion Program
SEH	Surkhet Eye Hospital
DHO	District Health Office
RHDO	Regional Health Directorate Office
DDC	District Development Committee
DUDBC	Department of Urban Development & Building construction



1 Introduction

Nepal Red Cross Society Surkhet Eye Hospital implements Mid West Eye Care Project in Mid West Region (At present Province no 6) with the support of Swiss Red Cross. The Project phase will Jan 2016 to March 2019. It is implemented in 8 districts and covers the 2 million populations of MWR (3 districts of Bheri zone-Surkhet, Dailekh and Jajarkot) and (5 district of Karnali zone-Dolpa, Jumla, Mugu, Humla and Kalikot) through hospital and outreach service. The hospital provides curative, preventive, supportive eye care services in collaboration with various stakeholders.

1.2 Context changes

The political situation is bit stable compared to 2015. The new constitution of Nepal 2015 is in implementing phase. Administratively, Nepal is divided into 7 province, 77 district, 6 Metropolitan cities, 11 Sub metropolitan cities 276 Municipalities and 460 Gaunpalika. Democracy was replaced and officially became Federal Democratic Republic of Nepal. Recently, 3 levels elections such as local government, province and house of representative elections were completed respectively on the leadership of Nepal Congress party. In the election, the Communist Party of Nepal's (the Unified Marxist Leninist (CPN-UML) became major party. Now new government is not replaced by the majority party. The political protests are started against the province headquarter in province no 2, 5 and 7. The political stability will take time to settle.

In new administrative division, Mid West Region lies in 6 no province. The headquarter of this province is Birendranagar, Surkhet. It covers the Surkhet, Dailekh, Jajarkot, Dolpa, Humla, Kalikot, Jumla, Mugu, Rukum and Salyan district. In new federal structure the service area of Mid West Eye Care project has expanded in two districts that are Rukum and Salyan district.

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

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, Government Social Security Health Insurance Board, various governmental agencies at the VDCs district and region level offices are other key stakeholders. The project has been collaborating with the Regional Health Directorate, District Public Health Offices (DHO), District Education Office (DEO), Primary Health Centre (PHC), Women Development Offices, VDCs and Health Posts/Health Facilities for eye care related services.

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)

This report reflects the achievements at the outcomes and output levels of 2017 from January to December. The monitoring matrix in Annex-2 reports all results of the indicators.

2.1 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 hospital services are functional in its second year in the new building. With the basic equipment, instrument and the human resources offered OPD and IPD services for 32,820 eye patients (53% 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, B-Scan, 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 1,450 at the hospital, however, only 1,053 (72%) cataract surgery were achieved mainly with Small Incision Cataract Surgery (SICS) and Phaco-emulsification. Almost throughout the year there was one functional Ophthalmologist who was also occupied in surgical eye camp, workshop and training, the surgical activity at hospital could not regularize and achieved less target. Now the hospital got the second ophthalmologist as well. The pharmacy services achieved their target by 100%; this includes

the sale of 4,583 spectacles (83% of the target). Individual counselling was offered in the hospital setup and outreach that increased the Phacoemulcification surgery, achieved (292) 80%. 733 (91%) 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 407 (61%) micro-cataract surgeries in Dailekh and Jajarkot were achieved. In 2017 the combined hospital and outreach surgical target was 2,116; this was met by only 1,460 (69%) cataract surgeries.

The World Health Organization (WHO) Cataract Outcome Survey (COS) tool had been applied. The COS January to December 2017 shows that 91% of the cataract surgeries outcomes in the hospital is as per WHO standard with visual acuity (VA) of 6/18 (without correction) in the follow-up-examination 6 weeks after the surgery and 89% outcomes as per WHO standard in outreach service which exceeds the minimum WHO standard which is determined at 80%.

The cost recovery expected target was 60% in 2017 and without deduction of the depreciation of all the investment the cost recovery is 70% in 2017, 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. The existing protocol has been revised based on practice in Dec 2017. At the same time, hospital adopted and implemented various management policies and guidelines. The Health Management Information System (HMIS) is 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 half yearly and improvement had been done as per findings. The last survey carried out in Dec 2017 showed that 90% of beneficiaries are satisfied with hospital services. 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 hospital is gaining gradual popularity having modern equipments and choice of services (general wards, private cabins, off-hour examination). Individual counselling provision to the cataract patients are shifting to Phacoemulcification which gives patient quality service and another side hospital gets more income. The patient numbers for medical, surgical and optical are gradually increased. The OPD patients increased by 53% (32,822 OPD) in 2017 compared to 2014. Phacoemulcification surgery is regularly carried out in the hospital by one of the trained ophthalmologist. The Phacoemulcification surgery is gradually increasing. Dependency on visiting Ophthalmologist is cut off. At the same time another Ophthalmologist who was sponsored for MD Ophthalmology, joined from October 2017 at hospital completing his MD study. Now, the hospital has two Ophthalmologists. It is expected that the surgical service will go smoothly upcoming days.

The patient flow is gradually increasing. The target of OPD increment in 2017 was 50% and achieved 53% patient flow this year. The major component of the hospital is surgical service. The surgical target increment in 2017 (baseline 2015 surgeries) was 70% (total surgery 1,237) and 85% surgical service achieved which is 15% more than target. Surgical walk-in and referrals at SEH are gradually increasing with better visual outcome. Missing

The (WHO) Cataract Outcome Survey (COS) tool had been applied and it shows that 91% of the cataract surgeries outcomes in the hospital were as per WHO standard.

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

The Hospital maintaining adherence to the clinical protocols and SRC's bio-safety guidelines to provide standardise, uniformity and quality care to the patient. The existing protocol was revised in December 2017. The protocol and guidelines are strictly practiced 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 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. The cost recovery expected target was 60% in 2017 and without deduction of the depreciation of all the investment the cost recovery is 70% in 2017, which would be less 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 100% in which target was 90%. 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 90% in 2017. However, both CECC has a good coordination with municipality, VDC and local institutions to carry out surgical eye camps in the community and raised fund. Seasonal outreach service has contributed more beneficiaries in the Jajarkot district. The staff members of SEH and the CECCs Bardia, Dailekh and Jajarkot received 4 days continue medical education on Ophthalmology for improvement of technical skills and uniformity of the services.

Individual counselling provision for surgical patient at hospital has increased the Phacoemulsification surgeries which increased the income of the hospital and quality service. Eye care Orientations were carried out to 544 FCHVS, 60 HP and 111 teachers to disseminate the eye care and eye care service delivery of Surkhet eye hospital. The referral from the community is gradually increasing.

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

In order to reach the unreach population, the SEH carried out its outreach activities to provide curative and preventive service in Surkhet, Dailekh and Jajarkot districts mobilizing different local Red Cross volunteers and institutions. In 2017, the hospital continued to carry out mobile screening and surgical eye camps. 75 screening eye camps and 4 (100%) surgical eye camps were carried out and reached 49,925 (91% of the target) patients.

Training and orientation to teachers, HF staff and FCHVs were carried out to focus on raising sensitivity on 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 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. 1,146 (248% compared to CEHP report in 2014) 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.

In 2017, a total of 3,355 cataract surgeries were carried out in Bheri zone by various agencies. This gives a Cataract Surgical Rate (CSR) of 1,971 which is less compared to the 2016. The project had planned 2,116 cataract surgeries for 2017 at the hospital and outreach and carried out 1,460 which are around 43% of the total surgeries in Bheri zone contributing visibly to the regional CSR. The surgical eye camp at Dolpa was proposed in 2017 but unfortunately, lack of means of transportation camp did not happen. We still did not receive surgery data from Fateh Bal Eye Hospital to calculate CSR.

Output 2.1: Awareness, identification and management¹ 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. 12,897 (achieved 117%) children were served with vision screening to identify and manage blinding eye diseases and low vision. Out of them 667 children had refractive errors and spectacles were distributed free of cost. 111 teachers, 60 staff of health posts (HP) and 544 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. 115 (achieved 48%) cases of glaucoma, 115 (achieved 104%) cases of diabetic retinopathy and 52 (94%) cases of low vision were identified at the hospital and outreach, treated and diabetic retinopathy cases were referred to a tertiary eye care provider; 5,979 (183%) refractive error cases were treated compared to the set target of 2,700 (Baseline CEHP report 2014). SEH celebrated the 'World Sight Day' event providing free surgical service to 5 poor patient at hospital and broadcasted eye health message through Bheri FM Radio.

The number of eye patients reached with eye care services in the outreach with 10% (55,000) of increment target annually (baseline of CEHP's 2014 annual report) and 91% achieved as per set target.

Output 2.2: Cataract surgical rate and coverage² 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 2,116 cataract surgeries in 2017 and carried out 1,460 (69%) cataract surgeries in hospital and outreach. The other eye care provider carried out 1,895 numbers of surgeries which is also low number compared to 2014, which gives CSR 1,971. The surgical rate and coverage is decreased in Bheri zone. No surgery was carried out being in Dolpa as air transportation was closed from months to repair the airport. The CSR of Humla is 2,261 which is decreased by 70% (from 3,205 to 2,261). We are still waiting for the surgery data from Fateh Bal Eye Hospital to finalise the CSR, which will definitely increase it.

¹ Management includes: Education, Medical and Surgical Treatment, and referral.

² **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.

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 60 (80%) HP staff 544 (108%) FCHVs; and in collaboration with the DEO 111 (46%) 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. MoU has been signed with Nepal Government Social Health security Insurance Board to provide eye care service under the Insurance policy. Informal collaboration and coordination is continued for technical and service management with TIO and LEI, and continues attempt has been made to have formal technical collaboration for referral, service management and capacity building.

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

The hospital is having 7 members hospital management committee (HMC) responsible for governance related roles. The hospital also has 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 once 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. Annual fund raising action plan were in place, however specially the fund raising activities could not happen due to involvement in different activities. This activity will carry out strictly in 2018. The management team (including other key staff) meet once every month; and all staff sits 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.

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 is growing. The demand of phaco surgery is increasing at hospital.

The SEH registered officially from MoH in Feb 2017. As per advice of Department of Urban Development & Building Construction Office Kathmandu (DUDBC), the NDT (Non Destructive Test) test for Surkhet eye hospital constructed building, was carried out in 2017 by consultancy whether the constructed building is made as per National Building Construction Policy and earthquake resistance or not. The report has been submitted to DUDBC for building certification. It is expected that it will happen in early 2018.

The hospital has a repairing and maintenance fund. The fund is allocated every month in a separate bank account, and this year Rs. 360,000 has been deposited in the bank.

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 met 16 times (10 formal and 6 informal meetings). Staff of each department has a department head and each department head monitor the junior staff and evaluate the staff performance routinely. Management audit carried out in 2017 for evaluation of various performance, examination, review and appraise the various policies and actions. Staff performance was carried out in 2017. The management audit suggestions are followed for improvement. Continue Medical Education program (CME) was carried out in 2017 for skill enhancement of CECCs Bardia, Dailekh, Jajarkot and SEH staffs. During that period, Ophthalmologist took clinical classes. The classes were very interacting and discussed current practices of ophthalmology at SEH and CECCs. They were deputed in all department for practical exposure and practical learning

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

Effective coordination and communication were carried out with Government health (RHD, DPHO, and Health Facilities) and Education (District Education Office, Schools and Resource centres³) networks for referral and collaborations. Existing vision cell services at the Primary Health Centres in Dailekh, Jajarkot, Surkhet and Bardia districts were monitored. 9,126 patients examined and there was 306 cases referred from the vision cells.

SEH made a MoU with Nepal Government Social Security Health Insurance board to provide comprehensive eye care service under Insurance policy in the service area that will be effective from Jan 2018. It is expected that this provision will make the win situation to the service provider and the beneficiaries.

The hospital is in constant attempt to get technical MoU signed with tertiary eye center – like Tilganga, Mechi Eye Hospital, Geta, and Lumbini Eye Hospitals in order to promote link to attain financial and human resources and capacity building inputs. In 2017, MD Dr. Namarata Gupta took one month Phaco training in Mechi Eye Hospital.

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

This year, the SEH raised NPR 182,000 only from the Surkhet Education Development Academy and Senior citizens. Further fund raising activity could not happen. Dailekh and Jajarkot CECCs raised NPR 500,000 and NPR 600,000 respectively from Narayan Municipality Dailekh and VDC Jajarkot. The fund raising of CECC Dailekh and Jajarkot was satisfactory compared to the set target.

Annual fund raising action plan was in place however, special fund raising activities did not happen this year due to involvement in different activities of the outreach. Effective fund raising activity will carry out in 2018.

The primary eye care treatment is existed in vision cell (Integrated eye care program with government health system) and the referral from vision cell is receiving SEH service.

3 Transversal topics

3.1 DRR Mainstreaming

As per advice of Department of Urban Development & Building Construction Office Kathmandu (DUDBC), the NDT test for Surkhet eye hospital constructed building, was carried out in 2017 by consultancy whether the constructed building is made as per National Building Construction Policy and earthquake resistance or not. The report is received from consultancy

that the building is earthquake resistance. The hospital uses an 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 carried out. The women reached on eye care with cataract surgery 880 and 48,925 treatments from the hospital and outreach in 2017.

4 Finance

4.1 Budget vs. Expenditure

Project Code	Budget 2017	Expenditure 2017	Comment if deviation >10%
443215	CHF 159,588	CHF 104,728	

4.2 Efficiency

The overall expenses of the **443215** project are 105% in this year. As per the allocation of SRC, the expenses were 68% 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 VDC, Municipality, 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 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 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 2017. SEH will have 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 integrate Nepal Government Social Security Health Insurance policy from Jan 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. 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 1: Annual beneficiary statistics by project

Please refer the annual statistics 2017 at Nepal project lists on IC Net.

Annex 2: Logframe reporting 2017

- *443215 Midwest Eye Care Project*

Annex 3: Testimonials, Illustration of Impact, Case Stories

"My lost happiness"



My name is Lila B.K, 45 years, resident of Toli Jaisi VDC Dailekh. After I lost my bilateral eye sight since a year, my husband left me alone at home and married another women. I lost all hopes in life and didn't wish to live further. All I was waiting for was death. One day my relative Mr. Kasiram came and informed me that an eye



screening camp will be conducted in our health post and suggested me to get checked. I thought camp will be useless for me as I lost my eye sight since a long time. Meanwhile I consulted local traditional healer who refused to give any hope. Initially, I refused to go to screening camp site but my relative persistently insisted. I went unwillingly to camp site and got myself checked. Camp doctor told me that I had bilateral cataract and advised me to come to surgical camp to be conducted in Laxmi Secondary school Dailekh. After this i started seeing the rays of hope.

But there was a huge hurdle to cross. While a normal person takes one day on foot to reach the camp site, for a blind person like me with poor financial status, it was looking impossible. Tear rolled down as i found no solution to this problem. In the meantime my relative Kasiram came as blessing and carried me on his back for two days and we reached the camp. Considering my physical situation doctor performed my eye surgery on the first day itself. On second day when eye pad was removed, I saw the bright world clearly as i could before. my second eye was operated the second day. I had no words to express my joy and thank Red Cross for its services to remote and poor people like us who had no hopes to see this world ever again. Now I am not dependent, I can do my work myself. Once again, I heartily thank Surkhet Eye Hospital team for this humanitarian effort.



"I can continue my study and my mom her work"

My name is Bhabi Budha, 15 years, resident of Lanha VDC Jajarkot. In the beginning, I had poor vision and could not see the words written by teacher on the black board. My performance was gradually getting poor. Eventually I was unable to read the board and I left the school. I was at home from 7 months due to poor vision. I could walk to and fro only with physical support of family members. My family's economic status is very poor. My mother was already blind due to lack of timely treatment and poor economic condition and my blindness further made the





situation at home critical. My father was the only earning person of the family and also took care of us. He was struggling to maintain finances for daily expenses and had no sources to get us checked. My father then got the information from female community health volunteer that free screening camp is going to be conducted in our VDC. My father took me and my mother at screening camp for check up. Screening team advised us for both eye cataract surgeries at Rimna surgical eye camp. Our family got very hopeful and reached the Jajarkot Rimna Surgical eye camp. On the first day of surgical camp, We got first priority due to bilateral blind. Doctor operated on me and my mother the same day. Now, we both can see. My mother can continue her work and I can continue my study. I felt proud and thankful that the camp has changed our lives.

Annex 4: Photos

Project: Mid-west eye care project 443215