

Organisation	Swiss Red Cross (SRC)
Country/Region	Nepal, Midwest Region
Project Title	Surkhet Community¹ Eye Hospital (including building construction)
Project stage	01.07.2012 to 31.03.2016 (one and a half year extension from original duration – expected date of completion 3/2016)
Reporting period	01.01.2015 to 31.12.2015
Objectives	To reduce poverty induced avoidable blindness from the Mid-West Region of Nepal.
Beneficiaries	2 million inhabitants of the Midwest Region receiving access to surgical eye care services. The hospital will serve around 80'000 beneficiaries per year through outpatient and 5'000 people a year through inpatient services.
Result	<ul style="list-style-type: none"> - Hospital management committee and Hospital construction committee is functioning. - Despite of heavily delayed construction work, major part of the construction has been completed. - Main Building of hospital is ready for shifting existing services. - Regular availability of Ophthalmologist in the hospital to operate medical, surgical and outreach services. - A doctor from Surkhet, Dr. Shakti Prasad Subedi is sponsored to study MD in Ophthalmology. <p>Hospital team is small with multi responsibility working together.</p>
Contact	<p>Ms. Mona Aryal, HoD, Health Service Department, NRCS HQs, Kathmandu, NEPAL (mona.aryal@nrsc.org)</p> <p>Dr. Bikram Thapa, Ophthalmologist, NRCS SEH, Birendranagar, NEPAL (drbbthapa@gmail.com)</p> <p>Mrs. Ursula Schmid, Program Coordinator, SRC HQs Bern, Switzerland (ursula.schmid@redcross.ch)</p>

¹ Nepal Red Cross Society decided to remove word "community" from the hospital's name. Thus the hospital will now be called Surkhet Eye Hospital.

1 Context

Nepal remains one of the least developed countries and currently ranks 145 out of 187 countries on the Human Development Index. The Midwest Region, inhabited by more than 3.3 million people, is the poorest region in the country. The new constitution of Federal Republic of Nepal was finally promulgated on 20 September 2015. Soon after the new constitution, new coalition government is formed under the leadership of Communist Party of Nepal (United Marxist and Leninist), and the first female President also from the same party. With the new constitution, in contrary to the expected peace in the country, the protesting Madeshi parties intensified the protest by blocking borders and stopping supplies, mainly of fuel, including in Kathmandu dissatisfied with the state boundaries and few constitutional provisions.

Nepal is ranked as one of the riskiest countries in terms of earthquake. On 25 April 2015, an earthquake with a magnitude of 7.8 and a 7.3 magnitude aftershock hit 17 days later, on 12 May 2015 in the central part of the country affecting over 40 districts. According to the Government of Nepal and the United Nations, around 9,000 deaths and more than 602'000 houses have been destroyed and an additional 285'000 houses damaged. Swiss Red Cross together with NRCS as a key humanitarian actor in the country worked day and night together with the government and other NGOs to provide the affected victims with various relief items such as shelter, food and sanitation. Both the political and disaster situations have affected the construction and other development work of all project supported by Swiss Red Cross in Nepal, which is also one of cause for further delayed of construction project.

2 Objectives

Overall goal:

The overall goal of the project is the reduction of poverty induced avoidable blindness in the Midwest Region of Nepal.

Expected results:

The specific output is that a Surkhet Eye Hospital in Birendranagar town of Surkhet district is constructed, equipped and ready to start service provision by Dec 2015.

3 Beneficiaries

2 million inhabitants of the Midwest Region receive access to surgical eye care services. The hospital is still running in the building of CECCs, where they served 53,384 outpatients and 1,776 surgeries in 2015.

4 Result achieved during the reporting period

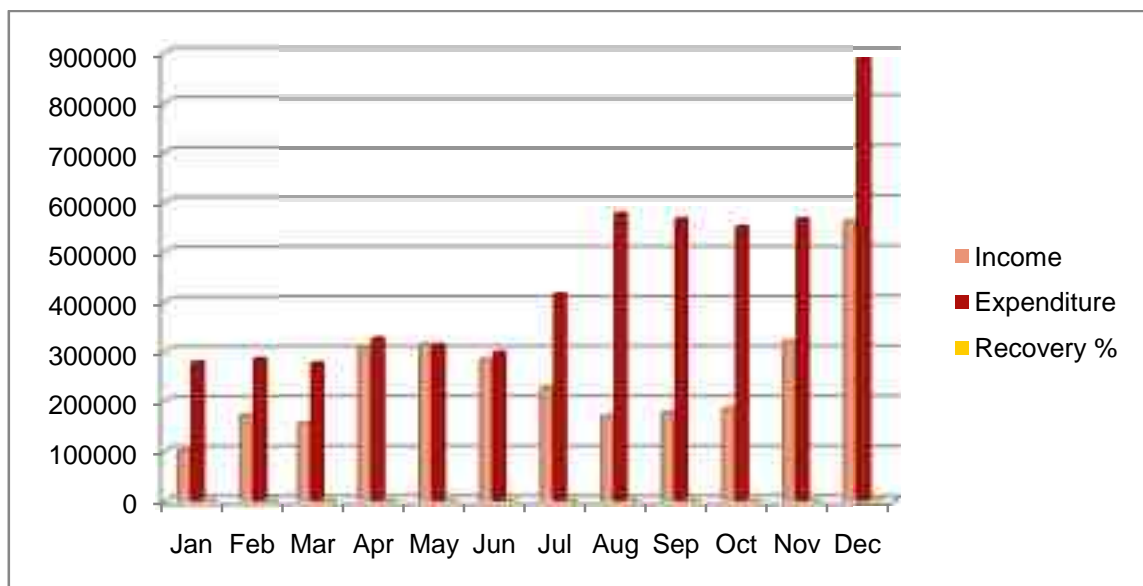
Objective 1: Form hospital management committee and develop management system and business plan (including fees for service structure, fund raising, maintenance policy, etc).

Nepal Red Cross HQs have endorsed the hospital management guidelines that were drafted with the help on a consultant together with the hospital team members. The consultant also visited some other hospitals to collect best practices in hospital manage-

ment. Documentation includes, personnel and finance policies (includes service free management system), fleet management guideline and maintenance and replacement policy. The Hospital Management Committee is fully functional. NRCS HQs has increased members to 7 persons in the committee includes representation from MoH Regional directorate. In 2015, they met for 9 times 2015 and the main decisions they took are: revision of service charges, recommendation for PG Ophthalmology to Local MBBS Doctor Mr. Shakti Prasad Subedi, recommendation for finance and personnel policy of Hospital, request to HQs for needful budget of staff salary, formation of recruitment committee, procurement of HMIS for hospital, provision of referral system from Dailekh and Jajarkot CECC and procurement of generator and requisition to SRC for recovery of financial deficit of the hospital etc.

The hospital management team had planned to achieve around 40% cost recovery in 2015 with their services. However, they were successful to achieve 59% of the cost recovery selling their regular services, which is already a positive indication to archive self-reliance in future. The main sources of income are surgical service, OPD examination, pharmacy and optical services.

Graph: Financial situation of the Surkhet eye hospital in 2015



Objective 2: Form Construction Committee and appoint construction manager.

The Construction Committee meetings were held for 17 times in 2015. The committee reviewed the construction work and decided in different construction related issues like start of construction on labour contract, procurement of construction material, appointment of site engineer and security guard, selection of bidder and budget request to SRC for purchase of electricity transformer. The Construction Committee is doing its best although the situation is not normal due to unrest political protest started since August 2015.

The main contractor was released as he was the main reason for delay of the project. Since 18 July 2015, the construction committee has taken charge for implantation of the construction work through labour contract. At present there is the 6th site Engineer work-

ing. This high turnover has also caused delay and given excuses to the contractor to day. It was very difficult to get someone for a short project, as they were all the time fishing jobs to other places. At the moment engineer Ramji Prasad Koirala is working for the project.

Objective 3: Tender the construction, select the contractor and start construction on the already available piece of land.

The contractor delayed the construction showing different problems and did not maintain the quality. Considering these situation, Nepal Red Cross terminated the contract effective from 18 July 2015. Afterwards, Nepal Red Cross has been constructing construction work under labour contract.

The structural part of the building including boundary wall has been completed though there are still many small finishing work is remaining, thus the construction will not compete before March 2016. The main building can already be used to function as outdoor and indoor provisions. Discussion is going with NRCS HQs to take decisions on this.

The remaining work has been divided into 3 parts; and the part of the work is remaining that consist of deep boring for water, parapet, apron, sewerage, ground levelling, cleaning, repainting, installation of transformer for 3 phase electricity, generator installation, canteen care taker block finishing, truss for main building - garage and canteen are the main work.

Objective 4: Procure the necessary equipment and instruments.

Hospital services are continuing with basic equipments. Some of the equipments were purchased in 2014. At the moment, Ophthalmologist Dr. Bikram Bahadur Thapa has been giving his full efforts for regularise diverse ophthalmic services. Since the hospital building will soon be ready use the procurement process of instruments and equipment is started. At present many cases of LASER and phaco-emulsification surgical patients are referred to out of district while such surgery and service are possible in our hospital.

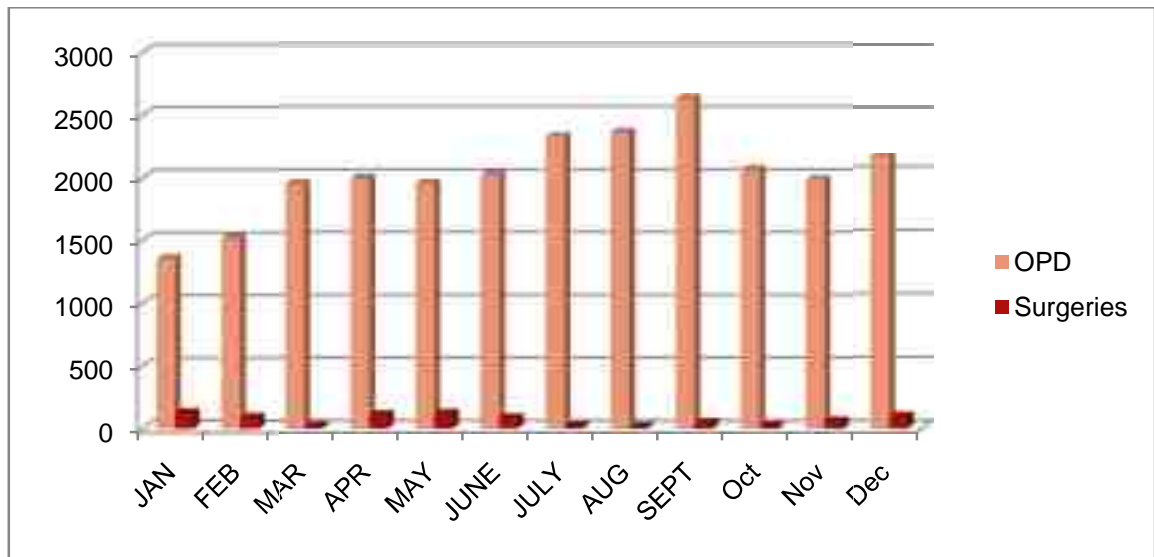
Objective 5: Establish links and networks with the CECCs and other partners and develop a referral system.

Since available of an Ophthalmologist in regular basis in the Hospital, the surgical and referral patients from adjacent eye care centres Dailekh, Jajarkot and other districts i.e. Jumla, Kalikot, Jajarkot, Dailekh, Humla, Salyan, Achham and Rukum's people are receiving immediate surgical service and gradually increased walking patients for surgery.

Coordination is continues with stakeholders specially the Lions Clubs to collaborate for community eye care activities like cataract surgery in eye camps and in the Hospital. In 2015, in collaboration with Lions and Rotary 325 surgeries were carried out.

In 2015, Hospital served 53,384 eye patients and 1'776 (200 minor) surgeries performed including outreach program (served 8,627 eye patients and 325 sight restored). Please refer the graph below.

Graph: OPD/Surgery situation of the Surkhet eye hospital in 2015



Objective 6: Develop an eye care strategy 2014-2016.

Ministry of Health is in process to develop Eye Care Policy for Nepal. NRCS HQs and SRC members participated in the process. Because of turmoil in the country this policy is still kept pending. NRCS has given high priority to eye care services though is 5 years development plan and plan to develop an eye care strategy as soon as the National Policy for Eye care is released.

Objective 7: Identify human resources within the already existing eye care teams of the CEHP and the CECC Surkhet and train them to fill the required positions in the hospital. If necessary, recruit new staff to fill vacant positions.

The staff member size of Hospital is small and working with multi-task responsibility for clinical, surgical and other assignments. Hospital surgical service was run by visiting Ophthalmologist for a long time in the past, but, at the moment, an Ophthalmologist Dr. Bikram Bahadur Thapa was appointed in the post of Ophthalmologist. He has been continuing his service since August 2015. Another local Doctor Mr. Shakti Prasad Subedi is sponsored to study MD in Ophthalmology in Kathmandu. He will be in Surkhet Eye hospital from 2017. Recently, recruitment committee selected Ms. Ganga as an accountant. Since there is increased number of OPD and surgical patients, new staff will gradually be recruited for hospital like Ophthalmic Assistants, Nurses, and support staff.

Collaboration has been started with stakeholders to train staff on HMIS, Laboratory, and management in country and out of country.

Objective 8: Adapt clinical protocols, bio-safety guidelines and quality of care guidelines to the hospital context ready for implementation.

An improved Bio-safety and clinical protocol/guideline has been followed in hospital and outreach program. This may need some improvement after sometime so as to incorporate various learning.

Objective 9: Introduce a Hospital Management Information System (HMIS).

Since the delay of construction of hospital building, Installation of HMIS has also delayed in 2015. Hospital services are expected to start in the new premises from February 2016, and then the HMIS will also be installed.

In regards to HMIS software, Nepal Netra Jyoti Sangh is widely using HMIS from Aravind Eye Hospital, India for in their network. They have been coordinated to receive the software.

5 Local partners

Following termination of the agreement with the contractor, NRCS HQs delegated full responsibility to local construction committee to complete the work. It took good move on construction work and most of the major works were completed by December 2015. Yet, there are so many small works remaining that it will consume a lot of time to get it completed.

6 Monitoring SRC

SRC Programme Coordinator visited the construction site in March 2015 and September 2015. During her September visit she expressed happiness to see the improved progress in the construction. The remaining construction work was divided into three phase with advice of SRC consultant, which was constructed in the supervision of local construction committee.

SRC eye care advisor Mrs. Annegrade also visited on 1st November 2015 for 10 days. She carried out optical training to the Hospital and CECC staff members. She visited to Dailekh and Jajarkot CECCs to promote optical services training them for quality management. At the end of her visit she organized 1 day workshop on refraction and optical business in Surkhet eye Hospital. The workshop was fruitful for the hospital and eye care centres for improving optical services. Swiss Red Cross CEO, Mr. Markus Mader visited at Surkhet Eye Hospital and observe hospital building and eye care activities and had interaction with the hospital team.

NRCS HQs authorities, SRC Country Coordinator and SRC consultant engineer paid frequent monitoring and supervision visit at construction site to maintain the quality of construction.

7 Conclusions and outlook

After termination of the contractor, there was very good progress in the construction work, even though the project had to face different problems, such as political unrest/protest, fuel crisis and supply blockades from India as well falling two major festival Dashain² and Tihar.

Every effort will be made to complete the remaining work by March 2016. The hospital services will already be started in the new building from February 2016 if agreed by the NRCS HQs and SRC. Most of the equipment and instruments will be procured and the necessary furniture will also be bought. HMIS will be established. Recruitment of staff will also be completed as they are needed to manage increase patient flow.

17 January 2016

Nepal Red Cross Society
Surkhet Eye Hospital

Attachment

- Monitoring Reporting Matrix 2015
- Photos

² Dashain and Tihar are Hindu festival fall in October.

Annex 2: Monitoring Matrix for 01.01.2015 to 31.12.2015

Surkhet Eye Hospital – Project No: 443234

Project Phase: 1.7.2011 to 31.12.2015

Intervention logic	Indicators	Result/Status	Eval. ☺☹☹☹	Comments
Outcome 1: Avoidable blindness is reduced.	<ul style="list-style-type: none"> Prevalence of avoidable blinding diseases are reduced 5% by 2013 	<ul style="list-style-type: none"> RAAB survey carried out in 2012 revealed that the prevalence of blindness in Nepal was reduced by 1.5% per year. This makes feasible for reduction of 5% in 3 years. 	☺ <input type="checkbox"/> ☹ <input checked="" type="checkbox"/> ☹ <input type="checkbox"/>	<ul style="list-style-type: none"> Ageing/longevity and early demand for cataract surgery requires regular surgical and outreach in the service area of Surkhet eye hospital so as to increase CSR and surgical coverage.
Output 1.6. A Community Eye Hospital in Surkhet is constructed and functional	<ul style="list-style-type: none"> The SEH is constructed, equipped and functional by 2013 	<ul style="list-style-type: none"> Major construction work in the hospital building is complete; the main building is almost ready for hospital service, some finishing work is remained. Yet, there are many small works to be done to complete the whole thing. Procurement process has started to equip the hospital. Eye hospital services are continued in the old building of the CECC, and availability of eye surgeon made possible for uninterrupted medical and surgical services. 	☺ <input type="checkbox"/> ☹ <input checked="" type="checkbox"/> ☹ <input type="checkbox"/>	<ul style="list-style-type: none"> The finishing work of construction and purchase of equipments for the hospital need to be done as soon as possible. At the moment patients are referred to other eye hospital for laser and phaco surgery cases.
	<ul style="list-style-type: none"> The SEH is promoted among all eye care stakeholders and a referral system to the SEH and back to CECCs is established 	<ul style="list-style-type: none"> Coordination visits to the service districts, publicity through radio and IEC materials, and regular meeting with the relevant stakeholders in Surkhet and out of Surkhet is maintained. Collaboration with CECCs from Bheri zone continues and it was further extended in all CECCs from Karnali zone. Referral of patients from Red Cross, other NGOs run CECCs and government health facilities (Vision Cells) from Bheri and Karnali zones have increased in Surkhet Eye Hospital. 	☺ <input checked="" type="checkbox"/> ☹ <input type="checkbox"/> ☹ <input type="checkbox"/>	<ul style="list-style-type: none"> There is need to extend collaboration with Lions clubs and other external collaborators to make further reach to the communities. <p>Joint monitoring visit of Vision Cell in Surkhet, Dailekh and Jajarkot needs to be carried out more. Further links and collaborations are needed with Government and NGO network.</p>

Intervention logic	Indicators	Result/Status	Eval. ☺☹☹☹	Comments
	<ul style="list-style-type: none"> The CEHP eye care team is successfully integrated in the service delivery of the hospital and outreach by end of 2013 	<ul style="list-style-type: none"> CEHP and CECC staffs are fully integrated in the service delivery of hospital and outreach of Surkhet Eye Hospital. A doctor from Surkhet is sponsored to train on Ophthalmology Account and administration assistant is also recruited. 	☺ <input checked="" type="checkbox"/> ☹ <input type="checkbox"/> ☹ <input type="checkbox"/>	<ul style="list-style-type: none"> Some staff members and the Ophthalmologist left the job at SEH following integration. New ophthalmologist was immediately recruited to maintain service regularly. Few more paramedics need to be recruited soon in future to cope with the increased number of patients and surgery.
	<ul style="list-style-type: none"> The business plan is put in place to achieve 100 % operational and financial self reliance of the hospital to be achieved after 2013. 	<ul style="list-style-type: none"> The hospital has prepared a business plan presenting possible income and expenditure of the hospital for the next 3 years and 3 months (2016- Mar 2019). The hospital management team expects that the financial self sufficiency can be achieved by 2020. A Workshop was organized with the facilitation from SRC's technical advisor Ms. Annegret for improving optical services of the hospital and CECCs for better income for the hospital services. Hospital staffs are not allowed to practice in private to ensure quality care at the hospital which also in turn help in increasing the revenue. 	☺ <input checked="" type="checkbox"/> ☹ <input type="checkbox"/> ☹ <input type="checkbox"/>	<ul style="list-style-type: none"> Business plan (including fee structure and fund raising) is reviewed every 6 month by the management and external consultant. Service diversification/improvement for refraction, low vision, contact lens, optical dispensing is also planned.
	<ul style="list-style-type: none"> Clinical protocols and guidelines are in place and ready to be followed (including bio-safety guidelines and Quality of care guidelines) 	<ul style="list-style-type: none"> Clinical protocols and guidelines are developed. Adherence to SRC developed bio-safety guidelines and Quality of care guidelines is maintained. Client satisfactions survey is also done to improve service provision. 	☺ <input type="checkbox"/> ☹ <input checked="" type="checkbox"/> ☹ <input type="checkbox"/>	<ul style="list-style-type: none"> There may be need to revise/improve the guideline and protocols consulting with Aravind or Tilganga Institute of Ophthalmology after its use for some time.

Surkhet Eye Hospital

Project Phase: 1.7.2011 to 31.12.2015

Intervention logic	Indicators	Result/Status	Eval. ☺☹☹	Comments and appreciation	Required actions
Outcome 1: Avoidable blindness is reduced.	<ul style="list-style-type: none"> Prevalence of avoidable blinding diseases are reduced 5% by 2013 	<ul style="list-style-type: none"> RAAB survey revealed that the blindness in Bheri zone is reduced by 50% of total. 	☺ <input type="checkbox"/> ☹ <input checked="" type="checkbox"/> ☹ <input type="checkbox"/>	<ul style="list-style-type: none"> Extensive community outreach and excellent collaboration with partners made this possible. Intensive outreach service needs to carry out. 	<ul style="list-style-type: none"> Economical blindness and emerging cause of blindness need to tackle. Collaboration and coordination for fund for outreach service.
Output 1.6. A Community Eye Hospital in Surkhet is constructed and functional	<ul style="list-style-type: none"> The SEH is constructed, equipped and functional by 2013 	<ul style="list-style-type: none"> 1st and 2nd phase (main building, public toilet septic tank, guard room, and compound wall) construction are completed. 3rd phase is remaining for approval from SRC consultant. Recruited new Ophthalmologist and available specialty service in hospital. 10% of outpatients are increased. Increased the referral patients 	☺ <input type="checkbox"/> ☹ <input checked="" type="checkbox"/> ☹ <input type="checkbox"/>	<ul style="list-style-type: none"> Construction of Surkhet eye hospital and various delays made by the contractor. Construction contract terminated in mutual understanding and started construction work by Nepal Red Cross under labour contract. Since the delay of construction, Mid Eye Care Project not implemented in 2015. The main hospital building is ready for existing hospital service. Availability of regular surgical services in the hospital. Patients are referred to other eye hospital for Laser and phaco surgery cases. 	<ul style="list-style-type: none"> 3rd phase is the final phase of the construction need to finalize the cost estimation as soon as possible from SRC consultant. Phacoemulcification for advance cataract surgery and investigation machine and equipments such as B-Scan, Yag Laser, perimetry, Laboratory set up should be installed for Choice of service in the hospital.

Intervention logic	Indicators	Result/Status	Eval. ☺☹☹☹	Comments and appreciation	Required actions
	<ul style="list-style-type: none"> The SEH is promoted among all eye care stakeholders and a referral system to the SEH and back to CECCs is established 	<ul style="list-style-type: none"> Referral patients from existing community eye care center Dailekh and Jajarkot and other adjacent districts of Karnali,zone are increased in Surkhet Eye Hospital. Served 53,384 eye patients and 1576 sights restored and 200 minor. 	☺ <input checked="" type="checkbox"/> ☹ <input type="checkbox"/> ☹ <input type="checkbox"/>	<ul style="list-style-type: none"> The Surkhet hospital is carrying out regular basis surgical activities. Referral cases are coming from existing CECCs Dailekh and Jajarkot as well as Kalikot, Rukum, Kailali, salyan that will be continued as well. Fund support from Lions clubs for cataract surgery in Dailekh, Jajarkot and Surkhet and reached service to the poor. 	<ul style="list-style-type: none"> Joint monitoring visit needs for further improvement of Vision Cell in Surkhet, Dailekh and Jajarkot Further links and collaborations are needed with Government and NGO network.
	<ul style="list-style-type: none"> The CEHP eye care team is successfully integrated in the service delivery of the hospital and outreach by end of 2013 	<ul style="list-style-type: none"> CEHP and CECC staff are integrated in Surkhet Eye Hospital and working together. New Ophthalmologist is recruited for regular service. One local MBBS Doctor is sponsored to train on Ophthalmology Account and administration assistant recruitment process is completed. 	☺ <input checked="" type="checkbox"/> ☹ <input type="checkbox"/> ☹ <input type="checkbox"/>	<ul style="list-style-type: none"> Some staff members and senior Ophthalmologist quite the job at SEH. New Ophthalmologist is providing his service regularly. Hospital will have 2 Ophthalmologist by 2017. Account and administration assistant will join hospital from Jan 2016. 	<ul style="list-style-type: none"> Account and administration, ANM and some staff need to recruit for smoothly running hospital and outreach service.
	<ul style="list-style-type: none"> The business plan is put in place to achieve 100 % operational and financial self reliance of the hospital is achieved after 2013 	<ul style="list-style-type: none"> Business plan has been completed. Optical workshop organized for improving optical services. 	☺ <input type="checkbox"/> ☹ <input checked="" type="checkbox"/> ☹ <input type="checkbox"/>	<ul style="list-style-type: none"> Business plan (including fee structure and fund raising) will be reviewed 6 monthly. Discussion on refraction, low vision, contact lens, optical shop and edging & fitting. 	<ul style="list-style-type: none"> This will be come into action from Jan 2016. Apply best practices

Intervention logic	Indicators	Result/Status	Eval. 😊😐😞	Comments and appreciation	Required actions
	<ul style="list-style-type: none"> Clinical protocols and guidelines are in place and ready to be followed (including biosafety guidelines and Quality of care guidelines) 	<ul style="list-style-type: none"> Existing Bio-safety guidelines have been practiced routinely. Clinical protocol draft has been completed. 	😊 <input type="checkbox"/> 😐 <input checked="" type="checkbox"/> 😞 <input type="checkbox"/>	<ul style="list-style-type: none"> Existing guidelines has been practised in Hospital. 	Continuation practise of clinical protocol for improvement and revision.