Financial request

NEPAL, Surkhet

Community Eye Hospital

The building site in Surkhet today.

Our vision for 2014: A fully functional eye hospital for the community.

Swiss Red Cross

The project at a glance

Applicant	Swiss Red Cross (SRC) International Cooperation Rainmattstrasse 10 3001 Berne
Account	Postal account 30-4200-3 Reference „Nepal, eye hospital Surkhet“

Country / Region	**Nepal / Mid West Region, Surkhet District**
Title	Community Eye Hospital
Beneficiaries	2 million inhabitants of the MWR 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.
Objectives	To reduce poverty induced avoidable blindness from the Mid-West Region of Nepal.
Content and approach	A community eye hospital in Surkhet is constructed, equipped and staffed and ready to start service provision by January 2014.
Local partners	▪ Nepal Red Cross Society, Banke District Chapter ▪ Regional Health Directorate, Ministry of Health, Surkhet
Monitoring SRC	▪ Mr Kamal Baral, SRC delegate in Nepal ▪ Mrs Monika Christofori-Khadka, Programme coordinator of the SRC in Berne
Duration	01.07.2012 - 31.12.2013
Financing	**Overall costs: CHF 557’530** Own funds of the SRC: CHF 460’051 Requested funds: CHF 97’479
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List of abbreviations	CECC	Community Eye Care Centre
	CEHP	Community Eye and Health Promotion Project
	CEH	Community Eye Hospital
	CM	Construction Manager
	DC	District Chapter
	DDC	District Development Committee
	FBEH	Fateh Bal Eye Hospital
	HMIS	Health Management Information System
	MWR	Mid West Region
	NGO	Non Government Organisation
	NHQ	National Headquarter
	NRCS	Nepal Red Cross Society
	RHD	Regional Health Directorate
	SRC	Swiss Red Cross
	WHO	World Health Organisation

1 Context

Country-specific information

Nepal is a mountainous country located in South Asia, bordering to India in its East, South and West and to China in the North. It covers an area of 147,181 square kilometres and varies from an altitude of 60 metre to 8,848 metre. Its population is growing at an annual rate of 1.94 per cent. The Mid-West Region (MWR) is 42,378 km2 (16,362 sq mi) in area and is home to 13.5% of teh national population (according to 2011 census the MWR has 3'584'386 inhabitants). The region has three zones (Bheri, Karnali and Rapti) with a total of 15 districts and it's headquarter located in Birendranagar, Surkhet in Bheri Zone. The MWR ranks amongst the lowest in regards to the human development index. Of the 75 districts of Nepal, twelve hilly and mountain districts in the MWR are at the bottom twelve since many dimensions of development such as communication, roads, school enrolment, health services utilization, toilet and piped water facilities are lacking.

In Nepal eye care service is not part of the Government Health System. Throughout the country these services are commissioned by Government to be rendered by Non Government Organisations (NGOs). Under the umbrella of the global 'Vision 2020' campaign, which was endorsed by the Nepal Government in 1999, Nepal has set a target of bringing down blindness prevalence rate to below 0.5% of the total population with 90% of surgical coverage, service availability, service utilization and service accessibility.To achieve this, the Nepal Government is promoting extensive collaboration with external agencies to intensify the eye care services that especially address poverty induced avoidable blindness.

The latest Rapid Assessment of Avoidable Blindeness survey from 2011 showed a significant reduction in avoidable blindness in Nepal and in the MWR. However, the survey also indicated that the cataract surgical rate is still not sufficient to meet the needs and tackle the existing cataract backlog. At present, the Cataract Surgical Rate is only 4'184, whereas around 10,000 surgeries per year must take place to meet the needs. Yet, hospital based eye care services outside the big cities of Kathmandu and Pokhara, cover mainly the Southern part of Nepal bordering to India with the aim to not only service the Nepali population but reach out to Indians as well (see Map in Annex 1). Indians make up to 60% of total patient load in these hospitals. Thus particularly services targeting Nepali people need to be expanded in locations of easy access.

Achievements in eye care by Swiss Red Cross (SRC) and partners

The SRC has been supporting the Nepal Red Cross Society (NRCS) with the Community Eye Care and Health Promotion (CEHP) project since 2001. The CEHP, among other components, has been providing eye care services through four Community Eye Care Centers (CECCs) in four districts and outreach services in 7 districts of the MWR. The CECCs provide holistic and integrated eye care services, including optical shop and medicine sale. Two of the CECCs (Bardia and Surkhet) have achieved financial and operational self-reliance in 2009 and are now operated solely and successfully by the NRCS and the respective District Chapters. Following the need for more surgical service to the hill and mountain people, the CECC Surkhet has started monthly cataract surgery with the help of visiting ophthalmologists. Service uptake has increased from 158 cases in 2009 to 554 cases in 2011. Each month, there is a waiting list with more than 50 patients for surgery. Similarly, the CECC Bardia has successfully started surgical services in 2011.

In order to meet the need of the increasing surgical demand, the NRCS district chapter and NRCS HQs requested the SRC for assistance in establishing a 15-bed community eye hospital in Surkhet, which will unite inpatient and outpatient facilities under one roof. Already in 2008, the municipality of Birendranagar (capital of Surkhet) has donated a piece of land in 2008 (6,850 Sq.M.) in the name of NRCS to build the hospital (see Annex 2). The land is in ultimate vicinity of the present CECC and thus allows easy access for patients. Already existing manpower, instruments and equipment of the CECC Surkhet as well as the CEHP eye care team will be integrated in the hospital services, allowing to conduct hospital activities and outreach services from a more central hub to the region.

2 Beneficiaries

The present project will enable 2 million inhabitants of the MWR of Nepal to receive access to surgical eye care services. In detail, the hospital will serve around 80'000 beneficiaries per year through outpatient and 5'000 people a year through inpatient services.

3 Objectives

The overall goal of the project is the Reduction of poverty induced avoidable blindness from Mid-west region of Nepal.

The specific output is that a community eye hospital in Surkhet is constructed, equipped and ready to start service provision by January 2014.

The hospital will provide the following services at secondary eye care level:

General Ophthalmology (outpatient services)	**Surgeries (inpatient services)**	**Outreach***
▪ Various Investigations / OPD Procedures for - Cataract - Glaucoma - Cornea - Diabetic Retinopathy - Paediatric Ophthalmology - Low vision and refraction service ▪ 24 hour emergency services ▪ Keratometry ▪ Pachymetry ▪ Basic Lab Service ▪ Optical services ▪ Pharmacy services ▪ Counseling and health promotion services	▪ Small Incision Cataract Surgery ▪ Cataract surgery with Phaco emulsification ▪ Yag Laser ▪ Glaucoma surgery ▪ Lid Surgery ▪ Sac surgery ▪ Trachoma surgery ▪ Various minor surgeries	▪ Cataract camps ▪ Primary Eye camps ▪ Training of various health staff ▪ Vision cell establishment and monitoring ▪ Monitoring and supervision of CECCs

Since the construction of the Community Eye Hospital (CEH) is an integral part of the already ongoing eye care programme in the CEHP project, the existing logframe of the CEHP project is used as base to achieve the overall goal. Please consult Annex 3 and particularly the sections highlighted in grey in the attached project documentation.

4 Content and approach

The main aim of the project is to construct and equip the community eye hospital and make it functional by January 2014. Annex 4 describes the milestones to be achieved. The implementation plan in Annex 5 outlines the timeline for the implementation of the following activities:

Form a Hospital management committee and develop management systems (including fees for service structure, fund raising policy, maintenance policy, staff recruitment etc. (see logframe 1.6.1)

So far, the CECC Surkhet is managed by the Surkhet District Chapter (DC) of the NRCS. The hospital and its management will be in the hands of the NRCS National Headquarters (NHQ) Health Department, with the technical and financial input of the SRC as decided in a joint meeting on 29 September 2011. The NRCS NHQ will form the Hospital Management Committee (HMC) and outline the mandate for the management of the hospital. During the construction time, the HMC will furthermore develop the equipments/instruments maintenance policy and the budget policy for maintenance and repair of the building as well as select a Hospital Information Management System (HMIS). They will also be in charge to advertise for and select new staff.

The HMC will also finalise the business plan for 2014-2016 and develop a fund–raising plan to be implemented already during the construction period. On the one hand, they will determine the fees structure, charging the lowest service fee possible to give possibility to access the services to all sections of the society especially the economically weak. On the other hand the business plan will ensure to cover the expected running costs. The NRCS HQs and the HMC will also make continuous effort to obtain funds from Nepal Government coordinating with the District Development Committee (DDC), Regional Health Directorate (RHD) and any other relevant authorities. At the same time they develop and implement various income generation activities and fundraising plans at local level. The HMC will receive special fund raising training and proposal writing training right at the start of the project. Minimum fund raising threshold during construction is 10’000’000 NRS and for each year of operation an increase in minimum 10%.

Members of the HMC will be representatives of the NRCS NHQ, the Surkhet DC, a representative of the CEHP project, a representative from the DDC office as well as representatives from regional and local health authorities. The HMC will also invite other eye care stakeholders (Nepal Netra Jhoti Sangh / NNJS and Tilganaga Eye Hospital / TEH) as advisors to the meetings.

Form a Construction committee and appoint construction manager (see logframe 1.6.2)

Next to the HMC, an independent construction committee will be formed by the NRCS. The committee will be represented by the HMC Convener, the Ophthalmologist, NRCS HQs' representative, a construction manager and the presen In-charge of the Surkhet CECC.

The construction committee will meet regularly to initiate the tender process, oversee the construction activities and do the regular monitoring.

SRC Delegation will appoint a local engineer as a full time construction manager (CM), who will reside in Surkhet and ensure day to day supervision, give technical input and ensure quality construction carried out by the local contractor. The CM will be part of the construction committee.

Tender the construction, select the contractor and start construction on the already available piece of land (see logframe 1.6.3)

NRCS has already received land big enough (6,850 sq.m.) to construct all facilities of a 15 bedded secondary level community eye hospital. The construction details of the eye hospital have been worked out as per the draft plan in Annex 6. Explanations of the different facilities are given in Annex 7. The plan may further be improved consulting other hospitals and ophthalmologists.

The construction committee will call for a sealed tender as per the tender rules and regulations of NRCS and SRC. The CC will select a contractor for the construction of the building. In addition to the CM, SRC will assign another engineer (possibly an expatriate from SKAT consulting living in Nepal) as a technical expert to supervise the construction temporarily at crucial decision-mkaing points.

It is expected that the building construction will be completed by October 2013 and services can be started by 1 January 2014.

Procure the necessary equipment and instruments (see logframe 1.6.4)

Similarly to the construction tender, the Hospital Management Committee will make the tender procedure for equipment and materials for the final selection of suppliers. Since the hospital will integrate the already existing eye care services of the CEHP programme and shift the existing CECC with all its equipment to the hospital, most equipment can be taken over from the existing programmes. Further needed equipment and instruments will be procured.

It is expected that all equipment and instruments are delivered immediately after the construction is completed and installed and ready for use in December 2013.

Establish links and networks with the CECCs and other partners and develop a referral system (see logframe 1.6.5)

In order to harmonize the cooperation among the existing CECCs, the CEHP Project, other partners and the CEH, a workshop will be organized and a Memorandum of Understanding signed between all partners to establish functional referral systems from outreach and CECC to the hospital and back from the hospital to CECC and outreach for follow-ups. The referral systems will also include Vision Cells from Primary Health Care Centers who will refer patients to CECCs or to CEH. Since CEH will be of a secondary level, it will also refer patients in need of sub-specialty/tertiary care to the Fateh-Bal Eye Hospital (FBEH) in Nepalgunj. The CEH will also seek technical collaboration with other eye hospitals in the country that are providing comprehensive sub-specialty services. The most convenient hospitals for patients for this purpose besides the FBEH are Tilganga Eye Hospital, Lumbini Eye Hospital and Geta Eye Hospital.

A good human resource plan and system will be developed to ensure that outreach services can take place without interruption of the hospital services. Payment exemption policies for poor patients will be integrated and reflected in the referral system.

Develop an eye care strategy 2014-2016 (see logframe 1.6.6)

A cost-effectiveness analysis is presently under way to examine the cost effectiveness of cataract surgery in eye camps versus hospital based surgery. Depending on the outcome of this study (results expected by September 2012), the strategy of eye care, whether or not to continue eye camps, the number of eye camps etc. needs to be determined and an eye care strategy after 2014 developed.

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 new staff to fill vacant positions (see logframe 1.6.7)

The integration of the CEHP eye care team will ensure quality and professionalism in the hospital services, as well as increase the efficiency of the human resources. However, integrating the existing human resources of the CECC Surkhet as well as the existing eye care team of the CEHP in the hospital services requires good human resource planning to meet the professional needs of inpatients, outpatients and outreach services in line wiht the newly developed eye care strategy 2014 - 2016.

Right from the start the CEH will keep a small and efficient team to work for the hospital and outreach services and assign multipurpose responsibilities.The SRC, under the provision of the CEHP project, will continue to pay the salaries of human resources, already contracted by the CEHP. For all other human resources the NRCS is responsible for payment, either through hospitals income, local fundraising and others.

In order to meet the hospital needs the following trainings of staff are foreseen and will take place within October 2013:

1. Leadership and Management Training: A short training is for the Medical Director to enhance his/her management skills. The training will be provided at a Aravind Eye Hospital in South India.
2. Eye Hospital Management Training: The Hospital Manager will attend this training carried out by the Aravind Eye Hospital in South India, which is a 12 months course. The manager will sign a legal bonding contract for 5 years.
3. Instruments Maintenance Training: This training can be provided to one of the Ophthalmic Assistants at Tilganga Eye Hospital or Aravind Eye Hospital.
4. Phaco Surgery Assistant Training: 2 Ophthalmic Assistants will receive practical training at the Tilganga Eye Hospital to be able to assist the surgeon. The surgeon is already skilled to do Phaco surgery.
5. HMIS training: This training to be provided to the Registrar, Accountant and Hospital manager.
6. Proposal Writing and Fund Raising Training: a 5 day training conducted by the CEHP Organisatinal Development team to the Hospital Management Committee members who are assigned for fund raising tasks.
7. Ophthalmology Training: 1 local MBBS doctor with a legal contract to provide service for 10 years.
8. Pathology Training: Two weeks basic pathology training will be provided to one of the staff members at Tilganga to carry out few of the basic tests.

In case possible vacancies need to be filled, recruitment will be done in spring 2013 following rules and regulations of the NRCS under the supervision of a recruitment committee appointed by the NRCS NHQ.

Since retention of ophthalmologists is a problem in the rural areas in Nepal, the project will foresee a scholarship for one already trained MBBS doctor to become a trained ophthalmologist starting from July 2012 for 3-4 years which may vary depending on the universities. The candidate will sign a contract with the NRCS NHQ which ensures that they will provide at least 10 years services for the CEH. To ensure training opportunities, the NRCS NHQ will make agreements with ophthalmic institutes such as Tilganga Institute of Ophthalmology, Nepalgunj Medical College and Tribuvan University.

Adapt clinical protocols, biosafety guidelines and quality of care guidelines to the hospital context ready for implementation (see logframe 1.6.8)

The project will ensure that the CEH provides high quality eye care services based on standardized national and international clinical protocols, the biosafety guidelines developed by SRC and the Quality of care guidelines, established by the CEHP project for all eye care services. The biosafety and Quality of Care guidelines have been under regular implementation in the CEHP project since 2009. Cataract outcome surveys at discharge and 6 weeks after follow-up are the standard procedure in the CEHP project to measure the quality of cataract surgery, which is done according to World Health Organisation (WHO) guidelines and using WHO benchmarks.

The CEH will also ensure involvement of staff and community in the improvement of service delivery through regular client satisfaction surveys (developed and implemented already by teh CEHP project) and their analysis, which are used to improve service quality. A well tested HMIS system (computerized) will also be implemented right from the start of the hospital services to ensure evidence based monitoring and planning.

Introduce a Health Management Information System (see logframe 1.6.9)

In order to measure and monitor regularly the patient turnover and operating and financial successes, a electronic HMIS will be introduced for data collection and analysis. The Nepal Netra Jhoti Sangh is supplying the software to the hospital in Nepal which is developed by Aravind Eye Hospital from India, a well defined and easy to operate HMIS, which the NRCS has already put in place in the Shri Janaki Eye Hospital in Janakpur. The software and training might be provided by Netra Jhoti Sangh. Computers for the relevant staff as well as data entry and analysis training will be provided to the registrar, accountant and hospital manager. The software shall integrate finance, procurement, stock keeping, etc.

5 Local partners and monitoring SRC

The main executing partner is the NRCS NHQ in cooperation/coordination with the Surkhet DC. Other DCs and sub-chapters of each district of the Mid-West Region are important partners as they act as referral districts and are part of the outreach programme. The NRCS works in close collaboration with the RHO in Birendranagar (Surkhet) and the different district health offices and District Public Health Offices.

The project will work closely with the Ministry of Health at the regional level in the areas of eye care. As eye care services are only delivered by NGOs in Nepal, the program trains Governmental health staff at the primary and secondary level on identification and basic treatment of eye diseases. Strong collaboration with the RHO is already established through the so-called Vision Cells in selected Primary Health Care centres in Bheri and Karnali zone of the Mid West, NGOs and private sector organizations in eye care are other key programme partners. The Fateh-Bal Eye Hospital in Nepalgunj will remain the tertiary level referral hospital for eye care service in the Mid-West. However, it is located at Nepalgunj city, which is far from remote districts and the patients referred from remote districts have been facing problems to get timely services.

Tilganga Eye Hospital of Kathmandu provides capacity building input to the technical staff members and supplies high quality Intra-Ocular Lenses. Besides the FBEH and TEH, the CEH will maintain regular correspondence and collaboration with the Geta Eye Hospital Dhangadhi, Eye Care Foundation Kathmandu, Himalayan Eye Hospital Pokhara, Lumbini Eye Hospital Bhairahawa, Nepal Eye Hospital Kathmandu and other partners and also to refer patients for sub-specialty care.

The construction project will be closely monitored by the SRC delegate in Nepal, Mr Kamal Baral, as well as followed closely form the SRC NHQ Programme coordinator in Bern. During the annual project visits, the SRC Programme coordinator will visit the construction site in person and assess the progress. For the technical expertise, the SRC will hire an external consultant based in Nepal to give relevant input at crucial decision-making points.

6 Funding of the project

Funds	**CHF**
Overall costs	557‘530
Own funds of the SRC	460‘051
Required funds	**97‘479**

Swiss Red Cross
Berne, 2 October 2012

Attachment

- Project documentation, including also all annexes mentioned in this document