

# ***FINAL EVALUATION REPORT***

## **MECHI EYE CARE PROGRAMME**

**SUPPORTED BY EYE CARE FOUNDATION**

**IMPLEMENTED BY MECHI EYE HOSPITAL SANGH, JHAPA**



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## ACRONYMS

MEHS	Mechi Eye Hospital Sangh
MECP	Mechi Eye Care Project
MEH	Mechi Eye Hospital
ECF	Eye Care Foundation
NNJS	Nepal Netra Jyoti Sangh
DDC	District Development Committee
DHO	District Health Office
MD	Medical Director
DPHO	District Public Health Officer
OA	Ophthalmic Assistant
FGD	Focus Group Discussion
OPD	Out Door Patient Department
IPD	Indoor Patient Department
MECC	Mechi Eye Care Centre
HMIS	Health Management Information System
ICRC	International Committee for Red Cross
IPD	In-Patients Department
KTM	Kathmandu
MDGP	Master of Doctor General Practice
MOHP	Ministry of Health and Population
MoWCSW	Ministry of Women, Children and Social Welfare
NGO	Non-Governmental Organization
OPD	Out Patients Department
OT	Operation Theatre
PAC	Project Advisory Committee
MOHP	Ministry of Health and Population
PA	Project Agreement
SBA	Skill Births Attendants
SWC	Social Welfare Council
PECC	Primary Eye Care Center
TOR	Term of Reference
VDC	Village Development Committee
SWC	Social Welfare Council
HP	Health Post
DOHS	Department of Health Services
ECFN	Eye Care Foundation Nepal
NBS	Nepal Blindness Survey

## **Executive Summary**

Mechi Eye Hospital, established in 1996 is rendering eye care services in Mechi zone. It is supported by eye care foundation and MEHS. From 1996-2019, it has rendered services from rented premises to a new building on 2009, from where it provides good accessibility and quality services as the number of patients served increased every year. It is well known for its primary eye care and its outreach programs which extends service further than Mechi zone where 1.25 million people resides. Nepal launch vision 2020 program in year 1999 with an apex body for eye health at MOHP

A midterm review of vision 2020 Nepal was done in 2010 which found that basic eye care facilities were hardly available beyond district headquarters and there were very limited facilities to address uncorrected refractive errors, cataracts and other diseases. MEH aims to reduce these problems in this project period. The hospital also provides ophthalmic care to the Indian population in the neighboring states of Nepal (Sikkim, West Bengal, Assam and Bihar). Hospital is render with 226 staffs along with 220 beds which is well furnished and equipped, provided by ECF and other donors, have capabilities to deliver the different imminent medical services. Employees of MEH receive regular training and refresher courses within and outside the Nepal. MEH composition is maintained according to hierarchy in 2 sections (administrative and, clinical section) to maintain the hospital activities' is providing major services into following areas: Medical Ophthalmology, Round the clock emergency services, surgical services, Investigative and laser services, Pediatric services and others.

MEH regularly organize eye camps where they occasionally perform surgical procedures. During diagnosis patients are only examined and if necessary, brought to hospital for surgery and prognosis at a later date. The hospital has extensive community outreach activities along with services for outpatients, emergencies, and subspecialties such as vitreoretinal, pediatric, and low vision. The operation theater is well equipped to match surgical needs including phacosurgery for cataract.

Major objectives of project are to eliminate the avoidable blindness in Mechi Zone with the objective to assist in, and supplement, the national target in eye health care by reducing the present prevalence of blindness in Mechi Zone. To study these objectives descriptive cross-sectional study was used and sampling technique was applied. The data was collected using questionnaire, interview, observation as well as secondary data provided by MEH.

Cataract, refractive errors and conjunctiva is the major prevalent disease in MEH. Average flow of patients in OPD is 500-600 per day and most of the patients were satisfied with the services provided by hospital although they have to wait more than an hour for their treatment. Category of achievement (yearly turnover) provided from the MEH Hospital, the highest percent (90%) of the patients were provided OPD services, followed by 10% surgery services.

Findings of a regular activities shows that on average 14,3578 OPD and 20,796 surgical services was provided by the hospital on a yearly basis. The project set target for each year for all the services was

overachieved. From 2014-2019, target goals of OPD and Surgery was exceeded by 32.5% and 11.4% respectively although achievement of 2015 was below par the target values. On an average of 30,000 spectacles were obtained by patients on a yearly basis which was 2.6% increase than target goal. Similarly, 230 glaucoma surgeries were performed during project period accounting the 29% of the target objective. On the other hand, the evaluation team could not find the data for diabetic retinopathy performed during project duration. Most of patients are satisfied with the service provided by the hospital.

Finding of Surgical eye camps in the remote areas organized and operated by hospital shows that 31 surgical camps, composed of 15 team members, were organized in which total OPD flow was 18,174 and 1,351 total surgeries were performed during project period. All the target values for no. of eye camps, OPD and surgeries over overachieved by 207%, 242% and 540% respectively. Maximum surgery, No. of surgical camps and OPD flow happened on 2014 whereas minimum values was found in 2017, 2015 and 2017 respectively. On average 70% of surgery were of cataract disease accounting the major surgery occurring in the hospital. Importantly, Cataract surgical rate (CSR) in the hospital was increased to 16454 exceeding the target of 1200 over this project period.

Number of Screening camps over the five year were 341, exceeding the target by 2.27 times than its target values. These Screening camps were conducted at different mostly targeted in village development committees. Over the six year, 7781 surgeries and 80225 OPD were examined on the screening camps which is 10.73 % of total OPD. These Screening camps was composed of 9 staff.

Staff development and training finding shows that 10 ophthalmic assistant persons were trained during these five years of project period, only 66.67% of target was received who were sponsored to follow the course. Only two candidates comply the scholarship agreement with MEH for the MD ophthalmology residency course, falling behind by 3 candidates to reach the target goals. Periodical posting of the MD Ophthalmology residents from the BP Koirala Lion's Center for Ophthalmic Studies, BP Koirala Institute of Health Science and Tilganga Institute of Ophthalmology were posted for six weeks in MEH but their numbers were also unable to match the target indicator of 35 candidates /5 yr.32 residents were only posted in this project period. To keep the staff up-to-date with the developments in eye care and to build competent human resources, MEH provides regular training to their staffs which will uplift the quality of service. Priority were given to sub specialty services on Cornea/Corneal Ulcer, Glaucoma, Pediatric Eye Care and Diabetic Retinopathy to self-sustain of MEH program. On the positive note, 3 ophthalmologists were sent to different fellowship and training helping to start the sub specialty services.

Finding of Primary eye care training to other staff shows that altogether 95 and 1742 people take part in One-week training and one day training on PEC respectively. Target objectives were overreached in this program as well and increase by in 26.67% and 16425% of one week and one day training target objectives on PECC.

Finding of School Screening shows that 159 school screening camps were conducted during six years in Jhapa and surrounding districts. School Screening had observed a sharp increase in achieving target

objectives by 536% which is 6.36 times the target indicator. Most of the childhood blindness due to cataract, exophthalmia, refractive error etc. was prevented or cured during this camp.

Finding of primary eye care center at district level shows that PECC had been established in the district headquarter of Pachthar in partnership with the district hospital and the Nepal Red Cross Society. Discussion with NNJS going on to take over the PECC operated by the NNJS in Taplejung and Illam was found however MoU in this regards is yet to be signed. Instead of 2 more satellite eye clinics opening at Gauradaha and Baniyani of Jhapa, evaluation team found them as PECC. In data and information given to us there was no distinction on PECC and satellite clinic, they fall on same category. PECC in Taplejung and Illam was not found to be established. 130,522 patients were benefitted by the services provided in 7 PECC over six year's period. Gauradaha PECC had a maximum number of patients flow whereas the Dhulabari PECC had the lowest influx of patients. Optical dispensing services was also provided in these PECC.

Finding of Scientific workshop and seminar shows that 11 people attended various national as well as international workshops, seminars, visits organized by various organization. MEH also organize 19<sup>th</sup> Nepal Ophthalmic Society and 11<sup>th</sup> Eastern Regional Ophthalmic Conference from 16-18 March, 2017 and CME program on Pediatric Ophthalmology to pediatric and general physicians practicing on 25<sup>th</sup> July, 2018. 300 delegates from Nepal and India were participated in this conference. All the goal for scientific workshop and seminar were almost achieved by 92%.

Finding of eye health education shows that program was successfully organized with the distribution of pamphlets and brochures over the project period as well as other awareness and training programs to the target groups and at the community level and 1 person was sent for special eye health training. Numerous awareness program was organized esp. focus on radio program and FCHC, social mobilizer, mothers' groups, school teacher. HPI, VHW, traditional healers, drug retailers were trained included with 11 exhibition programs.

It was found that MEH was working in partner with ECF, MEHS, Government of Nepal, SWC, ORBIS, IRIS, Nepal Netra Jyoti Sangh, Rotary Club International and other organization to extend the support to achieve goals and objectives. They provided the financial support as well as assistant in their organized programme like screening camps, workshops, equipment donation, etc. for its sustainability.

Finding of infrastructure development shows that construction of cafeteria and paying ward had been completed in 2015. Both the private ward and cafeteria has been used. The newly constructed cafeteria is accessible for the staff, patients as well as for visitors.

The Mechi Eye Hospital Sangh comprises 16 members. Out of them eight members executive committee has been formed. Through the AGM, they themselves divided their responsibility.

All most of all ophthalmic assistants are satisfied with their job. Most of the ophthalmic assistant has received refresher training /new training on eye care as training of ophthalmic field and other associate, advanced refraction training etc. but they have complained regarding temporary basis contract and

insecurities for their job. There is no political interference on the hospital work. Most of the staffs are discipline and punctual.

Community as well as patients has got good perception regarding services of the MEH and there is good communication between MEH and the donor and other local organization whereas DPHO/DHO were unaware of MEH activities, they are only informed during camping and screening period of the project. The implementation relation between eye hospital staff and DPHO staffs are in good terms and is maintained through coordination. To make it more sustainable in the future hospital should develop a feedback taking mechanism, maintain strong coordination and services should be provided with the mission of public centered services.

Improvement in skilled Human resources, and the community identified the need for more participation and involvement by community members in the governance of the hospital. Although it is difficult to get full satisfaction from communities, the MEH hospital is leaving progressive footnotes besides some of its shortfalls has been observed in the Hospital, such as subsidy system, reporting and communication system is poor. There is no monitoring visit from Government side, but the report is prepared and submitted to DPHO occasionally, thus data is not reflected in HMIS. As the goal of health sector reform is to improve the performance of the health delivery system, among other aims, it is important to take a closer look at this partnership to better understanding its goals, the nature of the agreement, how the hospital is managed as a result of the agreement, its achievements and results, and the issues that need to be addressed to make this type of arrangement effective so that it can serve as a model for other health facilities.

The project activities includes, construction of private ward and cafeteria, procurement of medical equipment and conducting outreach programs. In the year 3 and 5 the percentage of administration cost of total cost exceeded the limit as prescribed by social welfare regulation i.e. proportion of administration cost is 23% and 27% respectively. Signatory of the account ECF- Mechi Eye Care Programme maintained at NABIL Bank doesn't include the treasurer or MEHS person from the beginning of the project.

During the project period, medical equipment costing NPR. 21,242,082 had been purchased. The details of medical equipment costing NPR 4,021,571 could not be obtained. During the procurement by ECFN of medical equipment, few of the principles of procurement were not followed properly, which may lacks transparency and efficiency in the procurement process.

Fixed assets is an important assets of the organization. Fixed assets should be properly managed to achieve the desired result of the organization. But the MEHS doesn't prepare the updated fixed assets register showing the various particulars of the fixed assets. Periodic inspection of the fixed assets were not carried out.

Adequate internal control and internal policies is required for effective functioning of the organization which ensure the transparency, efficiency and effectiveness in the performance of the organization.

Internal control system of MEH and MEHS is found to be inadequate in ground of lack of effective policies and procedures.

Audited financial statement of MEHS doesn't clearly disclose the amount of grant income for the program and amount of expenditure for the program. System of MEHS seems to be weak in sense of financial disclosure of the program income and expenses.

**SECTION I**  
**INTRODUCTION**

## **Section I: Introduction**

### **1 Introduction**

#### **1.1. Eye Care Foundation, the Netherlands**

Eye Care Foundation (ECF) which was earlier known as *Foundation Eye Care Himalaya/Eye care worldwide* has been contributing towards provisioning comprehensive eye care in the Gandaki, Dhaulagiri and the Karnali zone since 1988 with an agreement with social welfare council (SWC). Himalaya Eye Hospital (HEH) which started its operation since February 1993 is base hospital for the eye care network in the Gandaki, Dhaulagiri, and Karnali zone.

Eye care Worldwide (1984) was founded by a Dutch ophthalmologist who was moved by the plight of the high number of people who suffered from blindness that could be cured or even prevented. Mekong Eye Doctors (1993) was founded by a Dutch biochemist after he had been in Thailand to conduct eye research. Eye Care Foundation (ECF) is an international charity organization active in over 20 countries in Asia and Africa. ECF was founded when Eye care Worldwide and Mekong Eye Doctors joined forces in 2008. The two organizations shared the same objectives and working together as the current foundation has proved to be more efficient and effective.

The Eye Care Foundation helps to prevent and cure avoidable blindness and visual impairment in developing countries. Worldwide there are 285 million people with visual disabilities. 39 million of these people are blind, 246 million are visually impaired. A massive 90% of people with visual disabilities are living in developing countries. The impact of blindness is particularly acute for vulnerable populations in developing countries, and leads to major economic and social problems. Blind people are often no longer able to support themselves and become fully dependent on family members and friends for their livelihood. Fortunately, in 80% of the cases the visual disability can be corrected or cured with relatively simple, low –cost solutions, like a cataract surgery or a good pair of glasses.

Eye Care Foundation aims to prevent and cure avoidable blindness and visual impairment in developing countries. The main focus of the Eye Care Foundation is on setting up sustainable eye care in this project, e.g. in Nepal, and to assist the poorest people for whom medical care is inaccessible or unaffordable.

The country representative, Anil P. Gorkhaly is the Executive Director of the projects and he is assisted by Sujata Gautam who is responsible for administration and finance. Mani Ram Pradhan is responsible for logistics and Anil Gorkhaly reports to Yvonne Reifler, head of projects at Eye Care Foundation. For medical advice they are assisted by the Dutch ophthalmologist Coen Hiemstra, who works on a voluntary basis as a medical advisor for the projects of the Eye Care Foundation in Nepal.

## **1.2.Mechi Eye Hospital Sangh (MEHS) Jhapa**

Mechi Eye Hospital Sangh is register as a non-governmental organization with the District Administration Office. It is registered under the Societies Registration Act in the year 2000 (2057/02/32) and it is also registered with Social Welfare Council since 2057/09/26 (SWC registration No. 11680). The promoters of MECHS are all reputed residents of Jhapa district. It is the local counterpart NGO and it is responsible for bringing the gap between the Hospital and the local community.

## **1.3.Mechi Eye Hospital, Anarmani, Jhapa**



At the request of Nepal Netra Jyoti Sangh (NNJS), / Netherlands, ECW/ Netherlands agreed to support the Mechi Eye Care Programme under its national support programme. Accordingly, the Mechi Eye Care Centre (MECC) was opened in rented premises at Birtamode in November 1996. With the help of Dutch donors and organizations, a complete and well-equipped

eye hospital opened in 2009. The Mechi Eye Hospital Anarmani, Jhapa is well known for its primary eye care and the “outreach programs”. The eye hospital service extends further than the Mechi zone where 1.25 million people live (Census 2011).

## **1.4. Project Background**

Mechi zone (New Federal System, Pradesh No.1) lies in the eastern part of the Nepal, sharing its border with west Bengal of India in Eastern part while with Bihar in the south, with the Mechi River forming boarder line in the east. Total approximate population of Mechi zone is about 1.5 million (14.34 lakhs population as per preliminary results of National population Census 2011, i.e. population density person/sq.km. in average is 218.5) Blindness and eye related complications are a major public health problem and it is not being addressed as a high priority problem by the government. Majority of the eye care services is being carried out by the Non-Governmental Organizations in our country.

Since 2009, Mechi Eye Care Program is implemented through base hospital, Mechi Eye Hospital and through primary eye care centers at Pachthar and a satellite eye care clinic in Dhulabari and Garuadaha. Various eye diseases in blindness and visual impairment are major problem in Mechi zone. Before the establishment of hospital people have to travel to Kathmandu or other developed cities for any eye care services.

According to RAAB survey published in 2012, prevalence of blindness in this region is 0.35% and Cataract, a leading cause in bilateral blindness is 77.5%. In order to mitigate this problem local people, initiate a Mechi Eye hospital Sangh and started the hospital-based services as well as District Eye Care Center was established in remote hilly areas.

MEH is Providing its services from nearly two decades ago (1999-2009 services on rented premises, from 2009 services on own building), provides the convenient service to the patients on Mechi Zone including OPD and surgical services, six days a week and round the clock emergency service. The hospital provides the variety of surgical services including cataract surgeries (ECCE, SICS, Phacoemulsification), glaucoma surgeries, squint surgeries, DCR surgeries, vitreous retina and emergency services.

As a revealed by the valuation Report Submitted by the team appointed by SWC in 2012, there is an urgent need not only to give continuity to the service provided by the MECC but put to the service to new eye hospital complex so as to provide full range services. The service area of the program is Mechi zone, some adjoining district of Mechi zone, and even the part of Indian state of West Bengal, Sikkim, Assam and Bihar and to the peoples of Bhutan and Bangladesh too are enjoying its services.

### **1.5. Project Objectives**

To eliminate the avoidable blindness in Mechi zone with the objective to assist in, and supplement, the national overall target in eye health care by reducing the present prevalence of Blindness in this Zone. Specifically reducing the existing prevalence of blindness to <0.2 from existing 0.35% (VA <3/60) and < 0.4% from 0.79%.

**Vision:** *Eliminating main causes of avoidable blindness.*

**Mission:** *- Let no one be needlessly blind; and those with unavoidable vision loss – achieve their full potential.*

## 1.6. Name of the project and its location

Mechi Eye care Programme (MECP) under Mechi Eye Hospital, Birtamod Municipality-7 Sainikmod, Annarmani, Jhapa

3.1 Duration of the Project: - 5 years (from June 2014 to June 2019)

3.2 Intended Outcomes of the project

Table 1: Intended outcomes of the project

Activities	Physical Target for Five Years (2014-2019)					
	I Year	II Year	III Year	IV Year	V Year	Total
a. Regular Hospital Activities						
OPD(Hospital Based)	120,000	125,000	130,000	135,000	140,000	650,000
Surgeries(Hospital Based)	20,000	21,000	22,000	24,000	25,000	112,000
Optical Dispensing	25,000	26,000	27,000	28,000	29,000	135,000
b. Surgical Eye Camps organized by hospital in remote areas						
OPD(Surgical Camps)	1500	1500	1500	1500	1500	7500
Surgeries(Surgical Camps)	50	50	50	50	50	250
c. Screening Camps						
No. of Screening Camps	30	30	30	30	30	150
d. Staff Development and Training						
OA Training	3	3	3	3	3	15
MD Ophthalmology	1	1	1	1	1	5
Fellowship	1	-	1	-	1	3
MD Residents Posting	7	7	7	7	7	35
No. of person for One Week Training on Primary Eye Care	15	15	15	15	15	75
No. of person for One Day Training on Primary Eye Care	20	20	20	20	20	100
e. Children Screening / School Screening						

No. of School Screening	5	5	5	5	5	25
<b>f. Primary Eye Care Center (PECCs) at district level</b>						
Satellite Clinic	1		1			2
PECCs				1	1	2
<b>g. Scientific Workshop and Seminar</b>						
Scientific Workshop in MEH					1	1
No. of person Attend National/International Conference	2	2	2	2	2	10
<b>h. Eye Health Education</b>						
No. of person for Eye Health Education Training		1				1
Distribution of Brochures, Pamphlets	Throughout year	Throughout year	Throughout year	Throughout year	Throughout year	Throughout year
<b>i. National Programme Support</b>						
<b>j. Infrastructure Development (construction and set up private ward and cafeteria in Hospital)</b>						
Paying Ward		1				1
Cafeteria	1					1

### 1.7. Intended Beneficiaries of the project

- The direct beneficiaries will be the children, old and marginalized people in a dire need of eye services in the Mechi Zone, who cannot afford to go to urban city hospital. A typical user-journey will include a child having improved access to screening and awareness and education in blindness prevention, along with access to treatment closer to home through strengthened referral networks.

- Other direct project beneficiaries will be a broad range of eye health staff, Female community health volunteer (FCHV) and other public health workers who will benefit from skills transfer and capacity building across the primary, secondary and tertiary health care levels.
- Through targeted and appropriate capacity building of individuals and eye health teams, this project will play a vital role in strengthening the existing health system. As this service will be available to the entire community, indirectly all members of the Mechi Zone community can benefit from this service. Certainly, the families of children and old people appropriately treated will have their quality of life improved, which will in turn benefit the entire community.
- Having gained keen support from the Ministry of Health (MoH) and Ministry of Community Development, this project fits directly within the eye health priorities identified by the Nepalese government National plan of action for eye care services strategic plans for 2002-2019. It is a signatory to VISION 2020” Right to Sight”, the global initiative for the elimination of avoidable blindness (a joint programme between the World Health Organization (WHO) and the International Agency for the Prevention of Blindness (IAPB)).

### **1.8. Donor Information**

Donor: Eye Care Foundation, Netherland (Head Office)

Naritaweg 12 D, 1043 BZ Amsterdam, the Netherland

Kathmandu Office: Eye Care Foundation

POB: 2389, Tripureshwor, Kathmandu, Nepal

Counterpart NGO: Mechi Eye Hospital Sangh

Birtamod, Jhapa, Nepal

## 1.9.Project Composition

### Organogram of Mechi Eye Hospital, Jhapa

Organogram of MEHS is presented below:

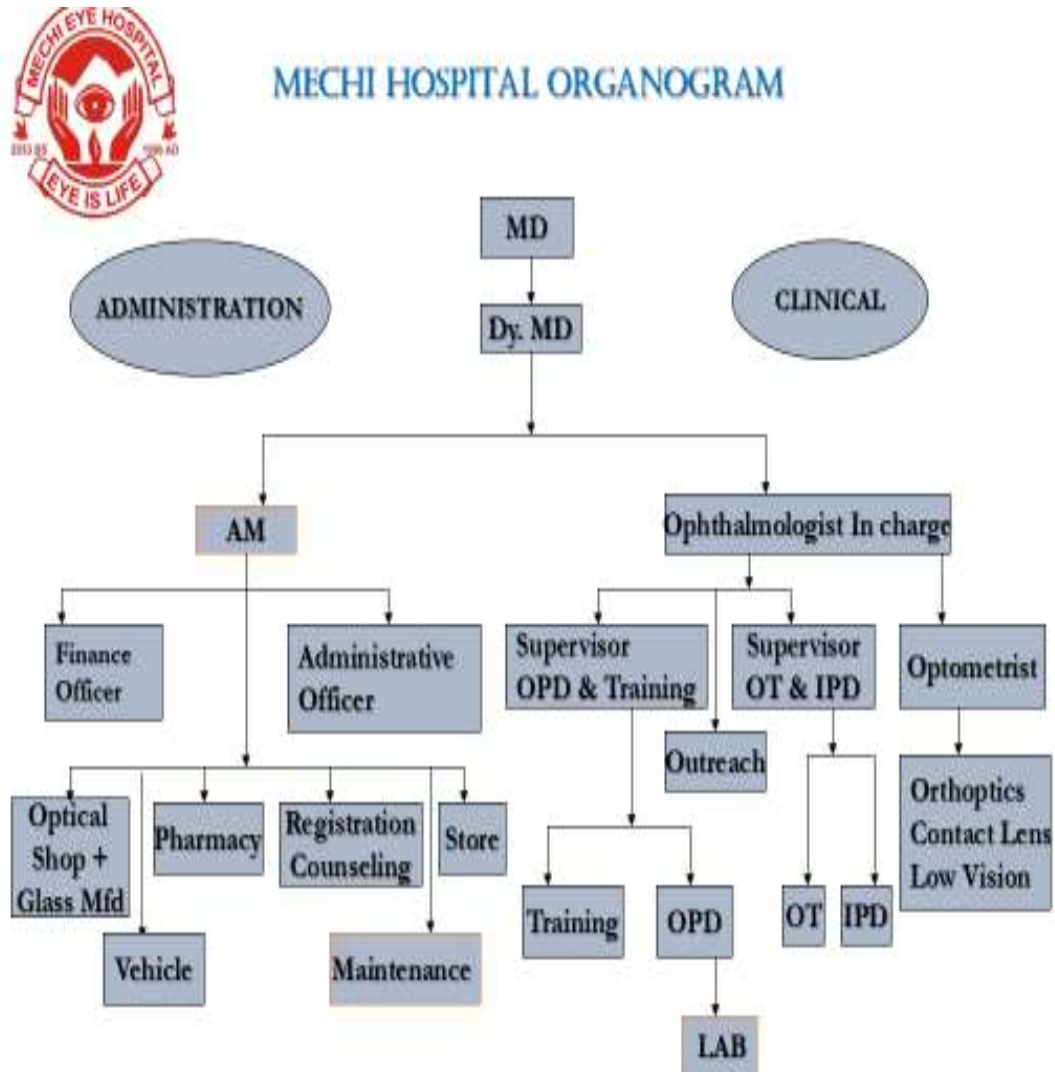


Figure 1: Mechi Eye Hospital Composition

Mechi Eye Hospital organogram signifies the composition which is being maintained according to the hierarchy in two sections (administrative and clinical section) to provide quality services to the needful one.

### 1.10. Mechi Eye Hospital Management Board (MEH)

First meeting of the board will nominate the Chairman of the Board. Medical Director will call the board meeting as needed however, at least two meetings shall be called in one financial year. The Board shall approve all financial and administrative regulation and procedure and will monitor the implementation of the program.

#### The existing member are;

Chairman (President) - Mr. Dinesh Kumar Mittal (Representative from MEHS)

Member – Mr. Chandi Prasad Parajuli (Represent from MEHS)

Member – Mr. Anil P. Gorkhaly (Represent from ECF)

Member – Dr. Dev Narayan Shah (Nominated by ECF)

Member Secretary – Dr. Purusottam Joshi, MD of MEH

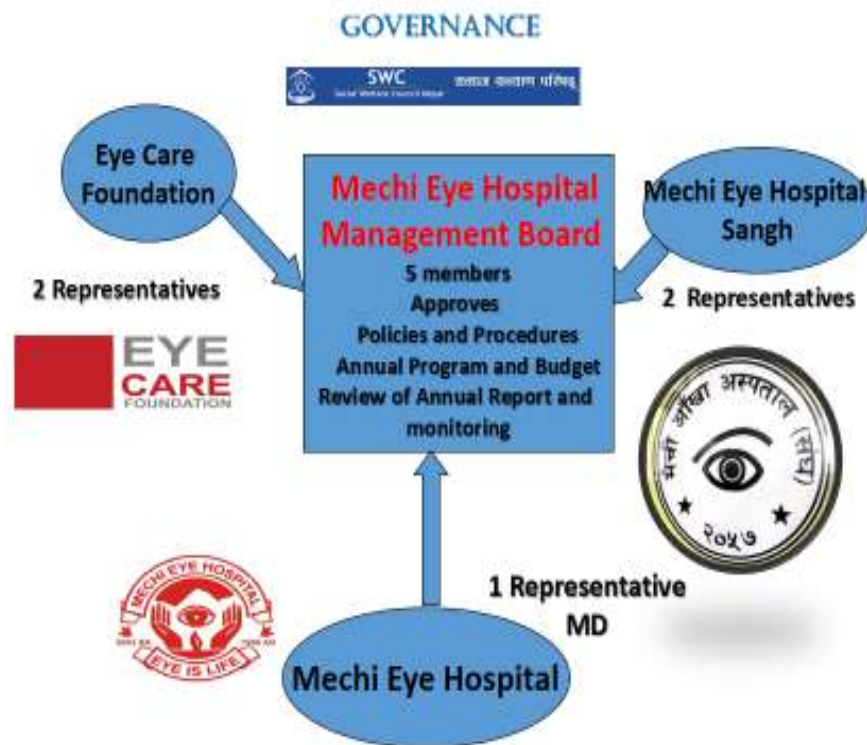


Figure 2: Overall Project composition

Mechi Eye care project is composed of the eye care foundation as donor, Mechi Eye Hospital Sang and Mechi eye Hospital. All these parties contribute for the formation of Mechi Eye Hospital Management Board which helps the project to run effectively and to produce the annual progress report of the project that determines future goals.



**Figure 3: Management Composition and decision process**

The board governs the hospital and approves the policies. The board comprising of the five members (ECF representative 2, MEHS representatives 2 and Medical Director (MD) 1). MD usually reports and is responsible to the board. The board meets normally once in every quarter unless some emergency. The board operates as regulated in the by-laws.

The Deputy Medical Director/Senior Ophthalmologist, Administration Manager/Finance Officer and Administration/Programme Officer are member of the executive committee. District Project Advisory Committee (DPAC) comprises of various members from District Development Committee (DDC) District Women Development Office, District Public Health Office and Red Cross Society meets every six months to review the progress and to provide the guidance to the program and coordinate with other agencies and programs in the district. And the project advisory committee at the central level consists of members from donor organization, and ministers representing the facilitation committee including

MOH, Ministry of Women, Children and Social Welfare, National planning commission, SWC and MEHS, meets once in a year to review the progress and provide the strategic direction of the project.

The Hospital have a simple organizational structure, and it is headed by the Medical Director (MD). The MD, supported by other ophthalmologist and administrative personnel. The MD shall report to the Management Board. The MD Shall be responsible for the preparation and compilation of the annual program and forwarding the same to the donor agency for approval.

An Executive committee will be formed to assist the MD in the day to day management of the hospital. The MD, a senior ophthalmologist, and Administrative Manager/ Officer shall be members of the Committee. Other members may be included as per the need and situation.

In line with the concept of active involvement of local counterpart, two members from the Sangh, represent in the Mechi Eye Hospital (MEH) Board. The working committee of the Sangh takes the decision relating to the Sangh's affair.

***Present Mechi Eye Hospital Sangh (MEHS) Management Committee***

1. Chairman (President) - Mr. Dinesh Kumar Mittal
2. Immediate Past President- Mr. Chhatra Prasad Adhikari
3. Deputy Chairman- Mr. Jal Kumar Gurung
4. Secretary – Mr. Suresh Kumar Mittal
5. Treasure – Mr. Bhim Bahadur Gurung
6. Member – Dr. Gopal Prasad Pokharel
7. Member – Mr. Bharat Lal Giri
8. Member – Mr. Chandi Prasad Parajuli
9. Member – Mr. Suraj Khatri (Law Advisor)

**1.11. District and VDCs to be covered**

Jhapa, Panchthar, Illam and Taplejung district



## SERVICE AREA & POPULATION

### 4 Districts of Mechi Zone

Taplejung =	1,27,461 (SEVA)
Panchthar =	1,91,817 (DEC)
Ilam =	2,90,254 (NNJS)
Jhapa =	8,12,650 (Hospital) +

### Districts of the neighboring Koshi Zone

Dhankutta =	1,63,412
Morang =	9,65,370
Sunsari =	7,63,487
Tehrathum =	1,01,577

### Neighboring Countries

India – Bihar, West Bengal, Assam, Sikkim,  
Jharkhand, Meghalaya  
Bhutan  
Bangladesh



Figure 4: Service area of project and population of Mechi zone

## Mechi Eye Hospital Components/activities/under thematic areas

- Regular hospital activities –OPD, Surgery, Optical dispensing
- Organize and operate surgical eye camps in the remote areas of Mechi
- Conduct screening camps
- Staff development and training
- Children screening/ school screening
- Primary Eye Care Centers (PECCs) at district level
- Scientific Workshop and Seminar
- Eye Health Education
- National Programme Support
- Infrastructure Development- Construction and set-up private ward and cafeteria in the Mechi Eye Hospital.

## Major Services of Mechi Eye Hospital, Jhapa

Mechi Eye Hospital is providing following Major Services.

- Medical Ophthalmology
- Round the clock Emergency Services
- Surgical Services
- Cataract Surgery (Glaucoma)
- ECCE
- SISC
- Phaco
- Trabeculectomy
- Squint
- DCR
- Lid Repair
- Perforation
- Retina/ Vitreous
- Investigative
- A & B Scan
- Automated Visual Field Analyzer
- Micro-biology lab- KOH/ Gram Stain
- Laser Services
- YAG Laser
- YLC
- PI
- Diode laser
- Focal Laser
- Grid
- PRP
- Other Services
- Low Vision
- Contact Lens
- Orthotics
- Pharmacy
- Optical Shop
- DST (Weekly) & DEC (regular)
- Schooling Screening
- Surgical Eye Camp
- Screening Eye Camps

## **1.12. Financing Arrangements: Financial Analysis Section of this Report**

## **1.13. Objectives of the Evaluation**

As per the TOR given to evaluation team, the objectives of evaluation are as follows:

- Explore the level of progress/changes made by the project and analyze the extent to which the achievements have supported the program goals and their objectives
- Evaluate the project effectiveness, the longitudinal effect and continuity of the project activities/services as well as the scope and extent of the institutionalization of the project
- Explore the cost effectiveness of the project activities,
- Identify the target and level of achievements as specified in the project agreement
- Explore the coordination between the concerned line agencies in the project district
- Find out the income and expenditure in compliance with the project agreement and proportion of programmatic and administrative cost incurred by the project,
- Examine the financial regularizes/disciplines in accordance with the prevailing Rules and Regulations and fix assets purchased in duty free privileges and locally, and
- Assess the good lessons to be replicated in other projects and aspects to be improved in the days ahead.

**Based on the above said evaluation objectives the team will categorically concentrate on the assessment of the following**

- Community/ social/public auditing practices in the program/project areas.
- I/NGO/project's coordination mechanism with local bodies and other line agencies.
- Level of public/community participation.
- The extent of social inclusion in the project implementation.
- Impact of the project in the community /changes brought by project/programme in the community.
- I/NGO's partnership modality/strategy with counterpart/partner and its contribution.
- Extent of the level of up to date completion of the project activities.
- Inventory/assets management system of the project/programs (records, uses and condition of durable goods purchased under duty exemption) maintained by the I/NGO/S.
- Income and expenditure pattern of project/program and level of accounting transparency.
- Resource flow modality from I/NGO to partners and community/Ensure financial resource has gone to partners account as per project agreement.
- Internal financial control system of the project.
- Sustainability components of the project/program.
- Project's target and achievements as per the log frame stipulated under project agreements.
- Successful cases/stories of the project, which can be replicated in other areas/programs, and failure cases and the lesson to be learnt.
- Contribution, role and responsibilities of foreign representative/expatriate/volunteers within the project/ organization (if applicable).
- Compliance with clause No.1 of general agreement signed between SWC and INGO.
- Socio-ethical issues governing the project implementation.
- Review of the finding suggestions shown by previous monitoring and evaluation reports.
- Status of fix assets/ equipment's /Medicine/other goods purchased under duty free privilege; purchased date, cost, value, number, its use and condition, number of people benefited by such fix assets, its impact on community and disposal procedure as well as recording system.

- Selection of partner/counterparts and its performance in implementing projects; institutional capacity, planning, implementation and monitoring/evaluation modality, SWC compliances (Review, audit, election, reporting etc.).
- Assess the performance of the expatriate(s) based on the approved TOR and existing policy standard of the Government of Nepal.

#### **1.14. Scope of the Evaluation**

The scope of evaluation as provided by SWC includes identification of the project component and the major relevant issues. These issues will normally reflect the issues in the appropriate evaluation framework suitably tailored to reflect the reasons for this evaluation. The evaluation would cover all aspects and activities of program for the period of five years (June 2012-June 2019).

#### **1.15. Evaluation Research Questions: Annex**

#### **1.16. Evaluation Team Composition**

- 1) Prof. Shiva Prasad Sapkota - Health Expert, Team leader*
- 2) Ms. Indira Lamsal - Asst. Director, SWC - Member*
- 3) Mr. Bhavnath Khatiwada- Undersecretary, MoHP- Member*
- 4) Mr. Babu Ram Bhandari- Financial Expert - Member*

#### **1.17. Organization of the Study Report**

The report is organized into four Sections starting with prefatory part. Section I deals with the introduction, background, objectives. Section II provides the approach and methodology of the study. Section III represents the Presentation, Analysis & Interpretation of Figures & Facts. The Section IV contains the summary, conclusion and recommendations of the project. Supplementary part includes the list of key persons interviewed, interview questionnaire, photographs are attached, which is related to different sections of this report.

**Section II**  
**Methodology of Evaluation**

## **2.1 Study Approach**

Following methodologies was adopted by Evaluation Team to conduct Final Evaluation of the Eye Care Hospital, Birtamod, and Jhapa

- Review of related project documents /agreements / progress reports, etc.
- Interviews with the executive office bearers of I/NGOs after the field visit
- Observation of the Mechi Eye Hospital and its Periphery level / Primary Eye Care Centre
- Interaction with Hospital Management Committee and Hospital Staffs
- Observation of Hospital facilities (OPD, INDOOR Unit, Lab, Store, Medicine, etc.)
- Field visit to Jhapa, Ilam, and Taplejung district (Project thematic areas/ Personal inspections of project sites)
- Visit and interaction to the local Governmental authorities (DDC, Municipality and VDCS)
- Interaction with Local agencies and Clubs, etc.
- Focus group discussions with the user groups and individuals and beneficiaries including local community and patients

### **Evaluation Instruments/Tools**

- FGD/ Key informant interview Guidelines
- Structured and non-structured questionnaires
- Observation checklists
- Evaluation forms, and so on
- Note Writing (Recording)

For the purpose of the evaluation, mixed data collection methods were used. While secondary data related to the project over its five-year duration was compiled, primary data was collected using various tools. The primary data collection tools focused on capturing both qualitative and quantitative data.

## **2.2 Study Design**

The study design was descriptive cross sectional in nature.

## **2.3 Selection of Participants**

A multi-stage sampling methodology was used for selecting the samples for interviewing people from the target community, programme staff and community-based organizations.

## **2.4 Study Instruments/Tools of Data Collection**

Data was collected through questionnaire, interview and observation checklist. Based on the methodical approach and sampling technique, the set of data collection tools were designed for the different stakeholders along with their suggestive sample size and rationale for selecting the tool. The key

evaluation areas and the corresponding questions to be addressed, along with the primary and secondary data collection sources and tools to be used, are elaborated in questions. A questionnaire was used (see Annex) to ensure the consistency and completeness of the information needed for the assessment. The approach used in the final evaluation concentrated on the qualitative information gathered from the field and the quantitative data supplemented mainly by the ECF.

## 2.5 Mechanism of Fieldworks

Team work contribution for the information collection through majorly filling the questionnaire, conducting interview schedules, observing the constructed site and gathering the conducted programs from various districts.

## 2.6 Data presentation and analysis techniques

Qualitative data were coded, or analyzed thematically and presented as narrative. Quantitative data were presented as graphs, charts and tables as appropriate using Microsoft Excel and accompanying narrative was provided.

## 2.7 Work Schedules of the study

S.N.	Activities	Date
1.	Preliminary Meeting	25-04-2019
2.	Meeting in Eye Care Foundation	03-05-2019
3.	Questionnaire Preparation	10-12 -05-2019
4.	Field Visit	15 -18 -05-2019
5.	Report Preparation	20-05-2019
6.	Draft Report Presentation	20-06-2019
7.	Final Report Submission	20-07-2019

Table 2: Work Schedules of the study

## 2.8 Limitations of Study

The information is limited to the responses of selective individuals, groups and institution that were met and observed in the process of this study. The Team interview was conducted with Mechi Eye Hospital Sangh, Management Board Member, Medical Director, Senior Administrative and financial Officer, Ophthalmic Assistant, PECC in-charge, District Public Health Officer, Mayor of Birtamod Municipality and patients who came at PECC. Similarly, the quantitative information is mostly based on secondary data like that of ECF and MEH reports. We couldn't visit all the clinic sites as time constraint and remote location are some of limitations of the study. It was also not possible to see all the stakeholders on the itinerary due to their other work pressures.

### **Section III**

## **DATA PRESENTATION AND ANALYSIS**

## 3.1 Project Report

### 3.1.1 Overview

Nepal blindness survey (NBS) conducted in 1981 revealed that 0.84% of Nepalese population (0.64% in Mechi zone are blind and 1.7% has unilateral blindness. Cataracts was the cause in 72% of the cases, and trachoma, a bacterial infection of the eye, was the second leading cause of blindness. Poor eye-sight and blindness due to Vitamin A were also prevalent. Compared with NBS, the prevalence of blindness (of all ages) reduced to 0.35% conducted on 2011(0.35% in Mechi Zone. But most of them are blind still because of cataracts. Vision 2020 was launched in Nepal in November 1999 implemented under the National Plan of Action (Strategic Plan for 2002-2019).

<b>Prevalence of blindness comparison and MEH target (based on RAAB)</b>			
Mechi Zone	<3/60,1981	<3/60, 2010	<6/60,2010
%	0.64	0.35	0.79
<b>Target</b>		<b>&lt;0.2</b>	<b>&lt;0.4</b>

So, in order to mitigate avoidable blindness in Mechi zone, MEH was established under the initiation of eye care foundation. After a more than two decade of quality service provision from rented building to own building with well-equipped quality services are provided to marginalized and needy people.



## JOURNEY TO THE PRESENT

1996



2003



2009



Figure 5: Journey of MEH from its first establishment in 1996 from a rented building to its own building constructed in 2009

Now, the MEH provides the OPD and surgical services six day a week and round the clock emergency service. The hospital provides the variety of surgical services including cataract surgeries, (ECCE, SICS, Phacoemulsification), glaucoma surgeries, squint surgeries, Cornea Transplant Surgery, DCR surgeries, Pars Plana Vitrectomy (PPV), PPV with retinal detachment surgery, vitreo retina and emergency services.

Technology in MEH
Oerteli - OS3, Pharos & Catarex, Swisstec
Zeiss-IOL Master 500, OCT, Humphrey Phase Analyzer, YAG PI laser, FFA & Operating Microscope
Hag Streit – Slit lamp
Topcon- Auto refracto & keratometer, slit lamp
Takagi Operating Microscope OM-9 & Slit lamp

Iridex – Green laser
Alcon- Accurus 800CS, U2
Nidek- CV7000
Sonomed – USG B scan and A scan
Fundus Camera

There were 220 beds in MEH and the more prevalent eye diseases happening in MEH was cataract, refractive errors and conjunctiva which is show below:

### Mechi Eye Hospital Infrastructure

1. Land: 26,210 sq. m.
2. Construction Area: 7362 sq. m.
3. Main Building: 4176 sq. m.
4. General Ward: 1070 sq. m.
5. Subsidized Ward: 753 sq. m.
6. Staff Quarter: 1363 sq. m.
7. Bed Capacity: 220 beds
8. Primary Eye Care Centers: 6

Types of Bed		
S.N.	Description	No
1	General (Free Bed)	57
2	General Bed	66
3	Paying Bed	46
4	Cabin Bed	22
5	Septic Bed	12
6	Emergency	17
Total		220

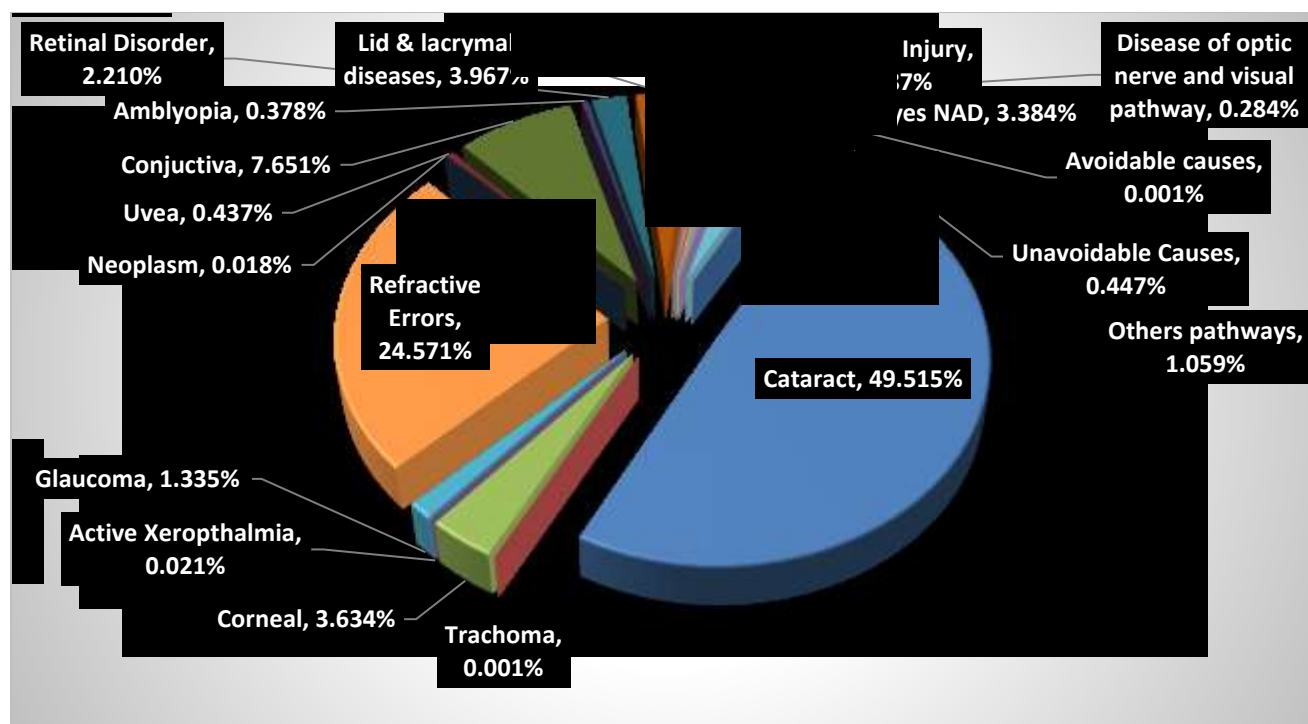
Table 3: Summary of hospital infrastructure with bed types and its numbers

**Detailed disease pattern of MEH is shown below:**

Table 4: Types of eye diseases on MEH

Disease	Year							%
	2014	2015	2016	2017	2018	2019	Total	
Cataract	35237	31668	34496	388184	38416	13735	541736	49.51476
Trachoma	0	0	0	4	2	2	8	0.000731
Corneal	7462	6350	6837	7550	8603	2962	39764	3.634436
Active Xerophthalmia	51	44	33	47	39	11	225	0.020565
Glaucoma	2573	2203	2271	2680	3520	1358	14605	1.334899
Refractive Errors	44304	40177	49657	53319	62477	18897	268831	24.5712
Neoplasm	27	17	31	11	76	37	199	0.018189
Uvea	831	812	805	1017	1039	280	4784	0.437258
Conjunctiva	17280	14943	14711	15593	16335	4852	83714	7.651473
Amblyopia	640	524	768	887	1022	300	4141	0.378488
Retinal Disorder	4667	3685	3965	4687	5428	1745	24177	2.209782
Lid & lachrymal diseases	6759	6395	6693	9054	10852	3646	43399	3.966676
Strabismus	171	124	153	328	240	71	1087	0.099352
Trauma Injury	2062	2081	2021	1938	2058	643	10803	0.987396
Disease of optic nerve and visual pathway	604	570	443	567	670	251	3105	0.283797
Others pathways	1961	1557	1780	2327	3003	955	11583	1.058688
Eyes NAD	8802	7416	7591	6051	5367	1800	37027	3.384274
Avoidable causes	1	0	3	2	0	1	7	0.00064
Unavoidable Causes	1072	797	826	934	1011	255	4895	0.447404
<b>Grand Total</b>							<b>1094090</b>	

***Diseases Pattern 2014 - 2019***



**Figure 6: Disease pattern of MEH from 2014-2019**

Hospital works according to its annual work plan and follows government policies. Average patient flows in OPD was 14, 3578. Duration of service being provided depends upon the patients rush and its conditions. Mechi Eye Hospital has been able to expand its support services by construction of cafeteria and paying ward completed in 2015.

### **3.1.2 Human resources at Mechi Eye Hospital, Jhapa**

There are total of 226 following human resource in Mechi Eye Hospital as on date of our visit.

- Ophthalmologist –12
- VR 2, Ped & Strabis 1,
- Glaucoma 1, Gen 5
- Ant. Fellow – 3,
- Retina Fellow – 1+1
- Optometrist- 5
- Ophthalmic Asst. - 30 & Intern – 16
- Staff Nurse – 4
- Eye Health Worker – 27
- EHW Trainee – 36
- Administrative – 13
- Support Staff- 79

**Table 5: Team composition of screening and surgical camps**

Screening Camp Staff		Surgical Camp Staff	
Type	Nos.	Type	Nos.
Optometrist	1	Ophthalmologist	1
Ophth. Asst.	2	Optometrist	1
Staff Nurse		Ophth. Asst.	2
EHW	2	Staff Nurse	1
Counselor	1	EHW	5
Optical Dispenser	1	Counselor	1
Regd. Asst.	1	Optical	1
Driver	1	Pharmacy	1
	9	Driver	2
<b>Total</b>	<b>9</b>		<b>15</b>

### 3.1.3 Activities with physical target

#### Regular Hospital Activities

Mechi Eye Hospital was well equipped with sophisticated instruments and its existing and available facility in MEH provides round the clock services including emergency services, phacosurgery, Low Vision services, Contact Lens, Medical Retina, Corneal ulcer management, Lab facility and pharmacy dispensing unit and optical dispensing unit.

Target vs Achieve of Hospital OPD		
Year	Achieve	Target
2014	145022	120000
2015	138376	125000
2016	158254	130000
2017	166860	135000
2018	186675	140000
2019	66283	
<b>Total</b>	<b>861470</b>	<b>650000</b>
<b>T/A%</b>	<b>132.53</b>	
<b>T/A In.%</b>	<b>32.53</b>	

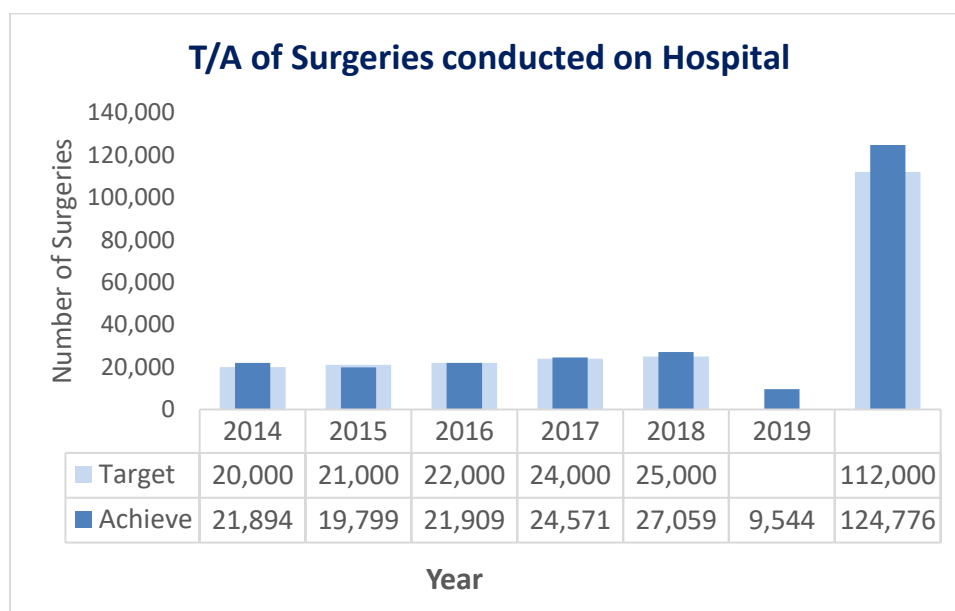
**Table 6: Target vs Actual of Hospital OPD services**

**Figure 7: Target vs Achievement of Hospital based OPD services over 6 years**

On average about 14, 3578 OPD services were provided by the hospital which was achieved by 32.5% more than the target indicator. Flow of patients was slight decrease from 2014-2015 and picks up and keep increased from 2015 onwards.

Target vs Achieve of Hospital Surgeries		
Year	Achieve	Target
2014	21,894	20,000
2015	19,799	21,000
2016	21,909	22,000
2017	24,571	24,000
2018	27,059	25,000
2019	9,544	
Total	124,776	112,000
%	111.41	
% Increase	11.41	

**Table 7: Target vs Actual of Hospital Surgery Services**



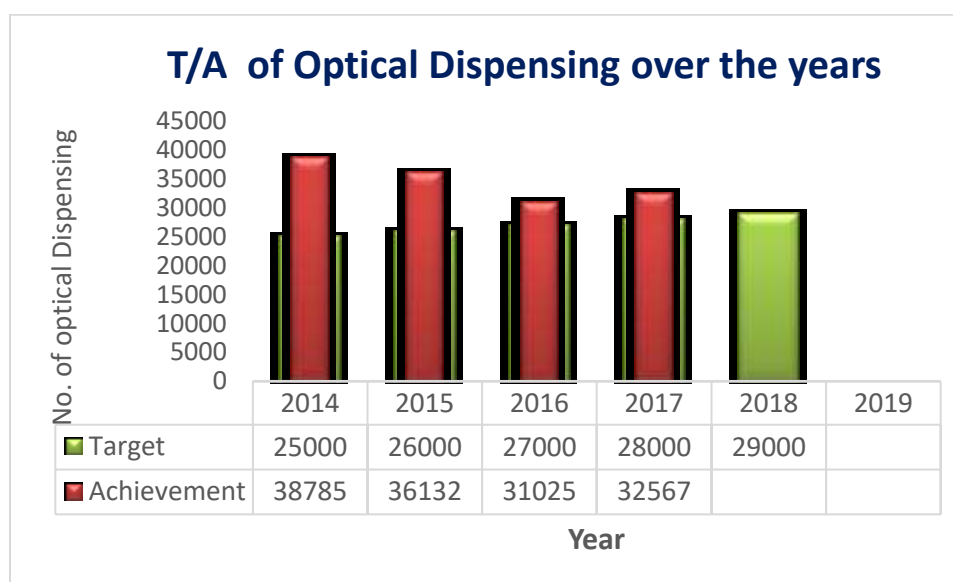
**Figure 8: Target vs Achievement of Hospital based Surgery services over 6 years**

On average about 20,796 surgeries were performed on MEH on a yearly basis. The overall six-year progress against the set target of each year for all the services was achieved. It exceeded the target goals

by 11.5%. There is increasing ratio of patients in the Hospital from 2016 to 2019 but somehow numbers decrease in the succeeding year's esp. in 2015. This decrease in surgeries might be due to calamities earthquake happened on earlier year. Evaluation team observed that most of the patients who were provided general services from the Hospital in remote locations were quite beneficial where patients have to walk hours of distance to avail these services.

Target vs Achieve of OD		
Year	Achievement	Target
2014	38785	25000
2015	36132	26000
2016	31025	27000
2017	32567	28000
2018		29000
2019		
Total	138509	135000
%	102.60	
% In	2.60	

**Table 8: Target vs Actual of Optical Dispensing Services**



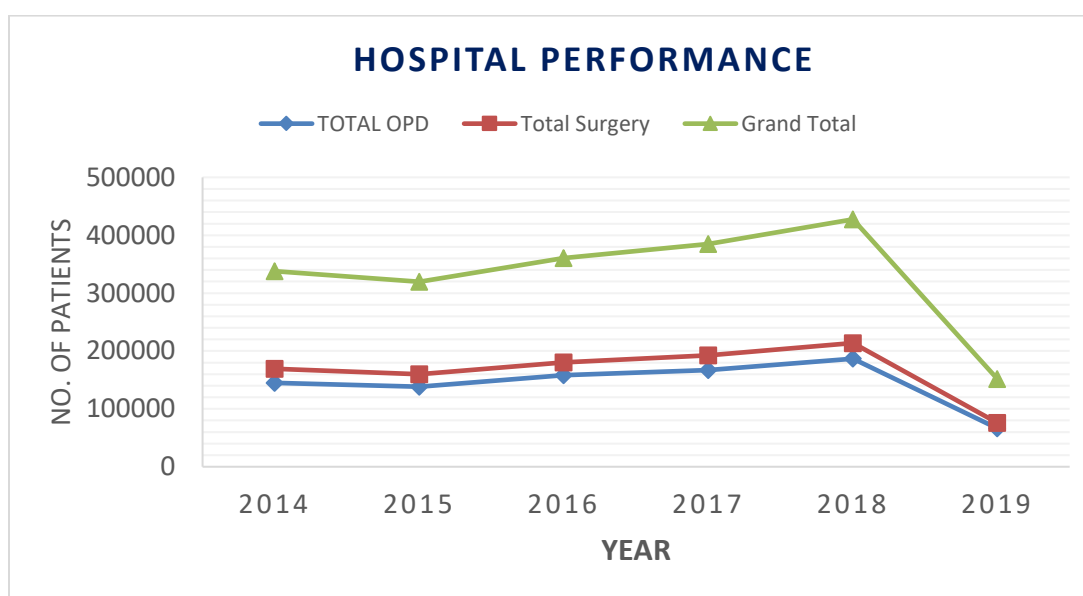
**Figure 9: Target vs Achievement of Optical Dispensing services over 6 years**

An initial annual target of 25,000 spectacles to be dispensed each year was set which will increase to 1000 to coming years from 2014-2019, these targets were over achieved by 2.6% increase. On an average of 30000 spectacles were obtained by patients on yearly basis. The evaluators, during their discussions observed that the set targets were too modest given the scale of refractive errors among the community.

	Year					Total	Target
	2014	2015	2016	2017	2018		
Glaucoma Surgeries	60	74	37	30	29	230	800
Diabetic Retinopathy Treatment							3000(600/year)

**Table 9: Target indicator for Glaucoma Surgery and Diabetic Retinopathy Treatment**

230 glaucoma surgeries were performed during five years of time. Only 29% of target objectives was achieved. The evaluation team could not find the data for diabetic retinopathy performed during project duration.



**Figure 10: Performance of MEH from 2014-2019**

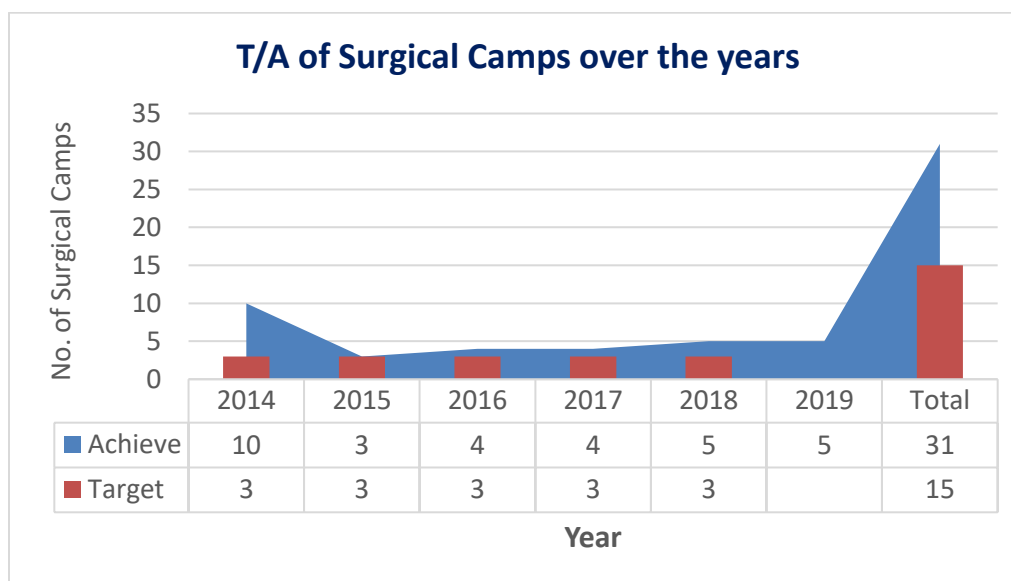
Besides the 2015-year performance, the performance of total OPD and surgeries was in increasing order, which proves the efficacy of the services provided by the hospital.

### **3.1.4 Surgical eye camps in the remote areas organized and operated by the Mechi Eye Hospital**

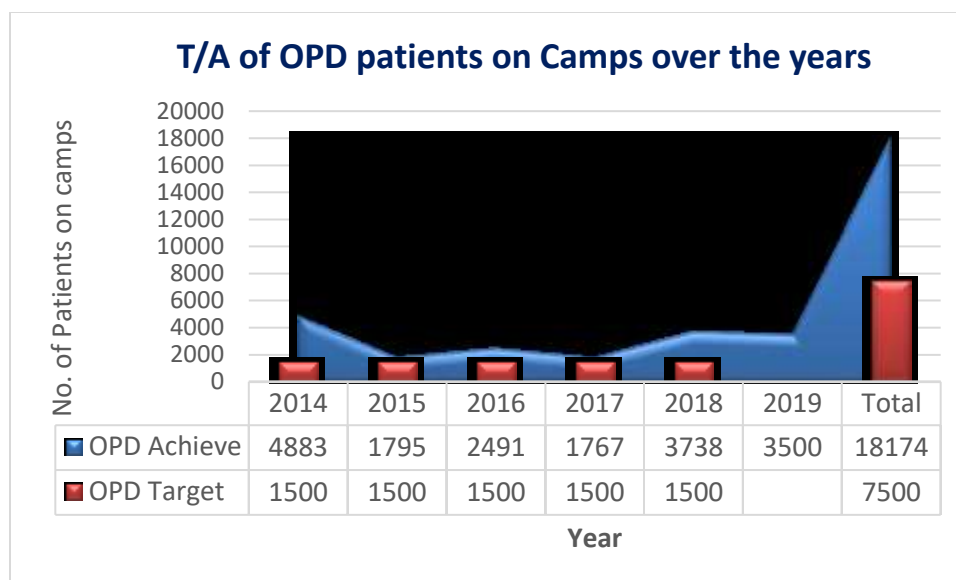
The main objective to conduct eye camps was to improve the accessibility of eye care to people in remote areas and to clear the surgical backlog of cataract. People from remote areas are yet un-served in eye care, primarily due to their inability to commute to the hospital. They will be served through eye camps of the Mechi Eye Care programme, which are organized in co-operation with local bodies such as Lion's Clubs, the Nepal Red cross and VDCs. Surgical camp team consists of 15 staffs.

T/A of OPD, Surgeries and Number of Surgical Camps						
	OPD		No. of Surgical Camps		Surgeries	
Year	Achieve	Target	Achieve	Target	Achieve	Target
2014	4883	1500	10	3	339	50
2015	1795	1500	3	3	151	50
2016	2491	1500	4	3	201	50
2017	1767	1500	4	3	120	50
2018	3738	1500	5	3	276	50
2019	3500		5		264	
Total	18174	7500	31	15	1351	250
%	242.32		206.67		540.4	
% In	142.32		106.67		440.4	

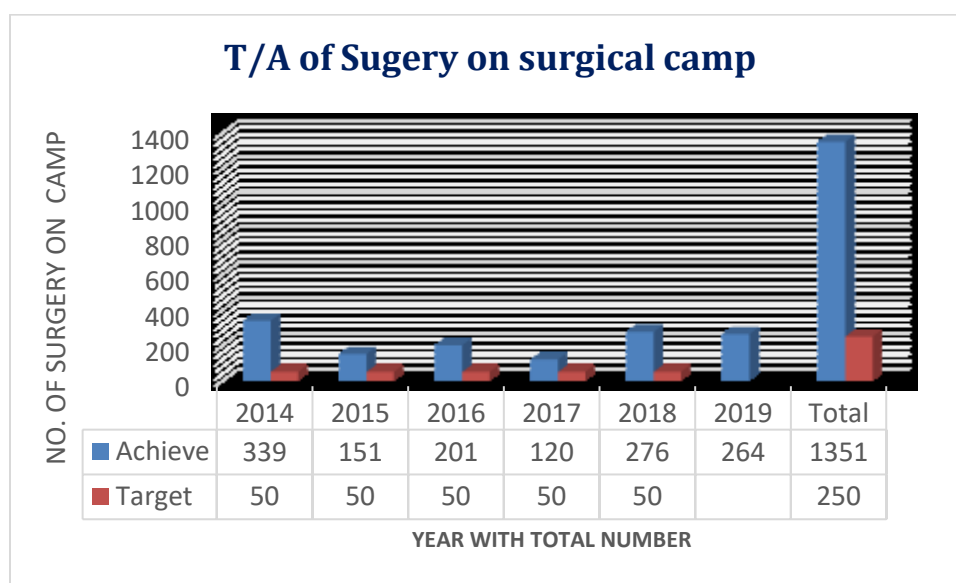
**Table 10: Target vs Actual of OPD, Surgery, and No. of surgical Camps organized from 2014-2019**



**Figure 11: Target vs Actual no. of surgical camps from 2014-2019**



**Figure 12: Target vs. Actual OPD camps from 2014-2019**



**Figure 13: Target vs Actual surgery on surgical camps from 2014-2019**

On average 5 surgical eye camps were conducted per year in different districts. Around 225 major surgeries were performed and 3029 patients were examined and treated in each of these camps for various eye health issues in over six years. All the target values for no. of eye camps, OPD and surgeries over overachieved by 207%, 242% and 540% respectively. Maximum surgery, No. of surgical camps and OPD flow happened on 2014 whereas minimum values was found in 2017, 2015 and 2017 respectively.

	Year					
	2014	2015	2016	2017	2018	Average
Total Surgery	21894	21456	21909	25471	27059	23557.8
Cataract	16201	14371	15509	17838	18352	16454.2
Cataract %	74%	66.97%	70.79%	70.03%	67.82%	70%

**Table 11: Cataract Surgical Percentage in MEH**

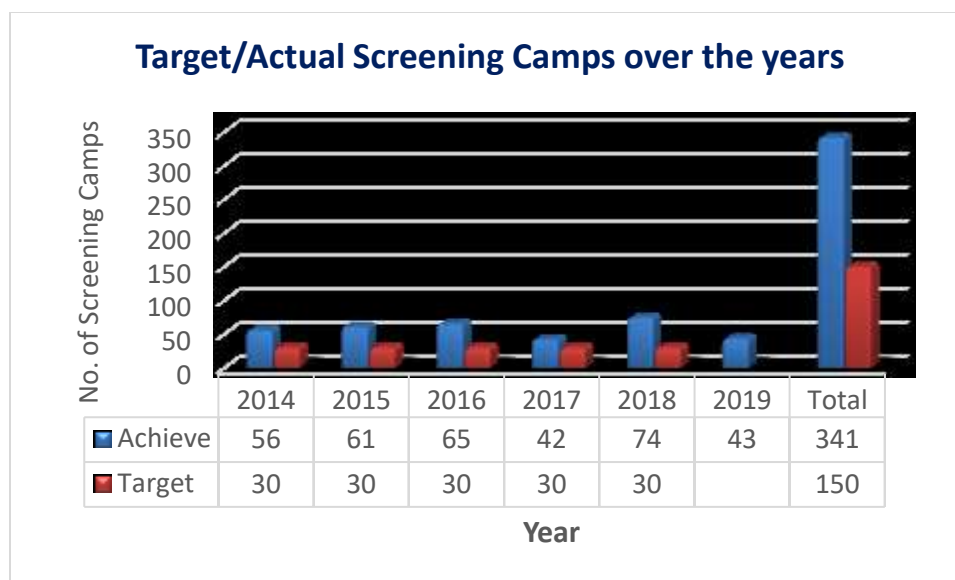
On average 70% of surgery were of cataract disease accounting the major surgery occurring in the hospital. Importantly, Cataract surgical rate (CSR) in the hospital was increased to 16454 exceeding the target of 1200 over this project period.

### 3.1.5 Screening camps

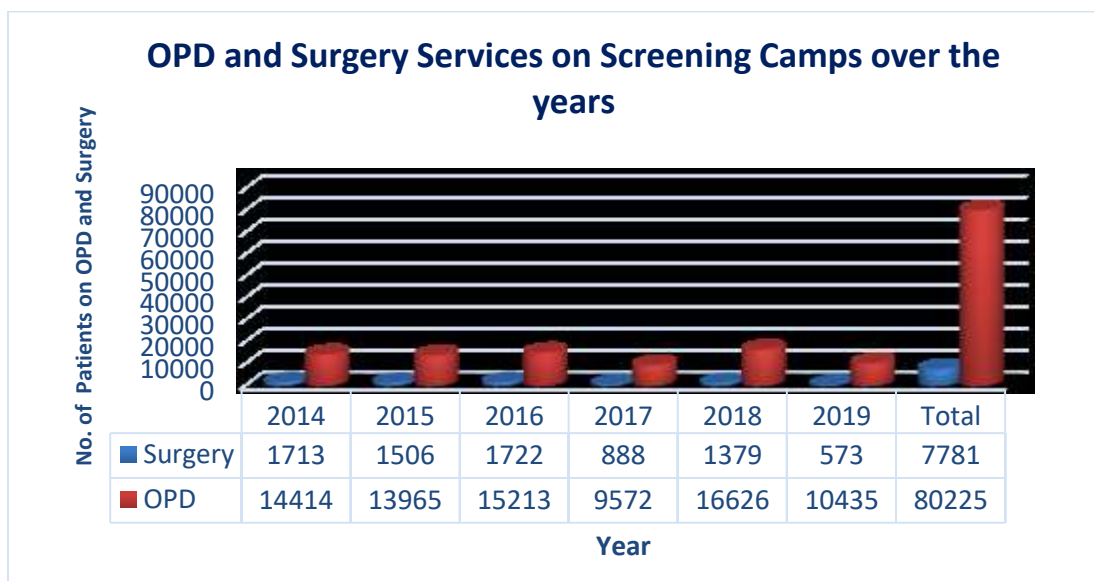
Screening camps deliver eye care services and eye health education to the doorsteps of the people in rural areas within the periphery of the hospital. These people were encouraged to visit the Mechi eye hospital for their surgical treatment. Serious cases are referred to the hospital for prompt treatment and, if necessary, for surgery. These camps ensure a constant flow of patients to the Hospital. The camps also conduct eye health education wherever they are held, in co-operation of the Nepal Red Cross Society (NRCS), Lion's Club, etc.

Number of screening camps			Services	
Year	Achieve	Target	Surgery	OPD
2014	56	30	1713	14414
2015	61	30	1506	13965
2016	65	30	1722	15213
2017	42	30	888	9572
2018	74	30	1379	16626
2019	43		573	10435
Total	341	150	7781	80225
%	227.33			
% In	127.33			

**Table 12: Target vs Actual of No. of Screening Camps**



**Figure 14: Target vs. Actual of No. of Screening Camps**



**Figure 15: Target vs. Actual of OPD and Surgery services on Screening Camps**

Number of Screening camps over the five year were 341, exceeding the target by 2.27 times than its target values. These Screening camps were conducted at different districts (esp. Jhapa, Pachthar, Morang, Ilam) mostly targeted in village development committees Over the six year ,7781 surgeries and 80225 OPD were examined on the screening camps which is 10.73 % of total OPD. Highest number of screening camps was done in year 2016 and increase patents flow on OPD was on 2018.Screening camps was composed of 9 staff.

### 3.1.6 Staff Development and Training

Staffs were trained on this using several in-house and out-of-country training venues. It had conducted training of doctors and staff in order to develop the system and sustainability of project. In addition, equipment donated by ORBIS has improved the quality of services delivered at the hospital.

Year	Staff Training							
	Ophthalmic Assistant Training		MD Ophthalmology		Fellowship		MD Residents Posting	
	Achieve	Target	Achieve	Target	Achieve	Target	Achieve	Target
2014	4	3		1		1	9	7
2015	3	3	1	1	2		10	7
2016	1	3	1	1		1	6	7
2017	1	3		1			7	7
2018	1	3		1	1	1		7
2019				1				
Total	10	15	2	6	3	3	32	35
%	66.67		33.33		100		91.43	

**Table 13: Staff training summary**

10 Ophthalmic assistant persons were trained during these five years of project period, only 66.67% of target was received. There were sponsored to follow the course. Only two candidates comply the scholarship agreement with MEH for the MD ophthalmology residency course, falling behind by 3 candidates to reach the target goals. Periodical posting of the MD Ophthalmology residents from the BP Koirala Lion's Center for Ophthalmic Studies, BP Koirala Institute of Health Science and Tilganga Institute of Ophthalmology were posted for six weeks in MEH but their numbers were also unable to match the target indicator of 35 candidates /5 yr.32 residents were only posted in this project period. To keep the staff up-to-date with the developments in eye care and to build competent human resources, MEH provides regular training to their staffs which will uplift the quality of service. Priority were given to sub specialty services on Cornea/Corneal Ulcer, Glaucoma, Pediatric Eye Care and Diabetic Retinopathy to self-sustain of MEH program. On the positive note, 3 ophthalmologists were sent to different fellowship and training helping to start the sub specialty services.

### 3.1.7 Primary Eye Care Training to other health Staff

Training component is a particular strength of the project in scale and breadth: training in eye health and primary eye care has included all levels of the health system from district management teams, eye unit staff, primary and community levels. The higher number of Health Post In charge / Nurses trained arises from District concern to train staff at all primary level Health Posts: this reflects the recognized need for good coverage at community level and has resulted in an equitable distribution at primary and community level.

Year	1 Week training on PEC		1 Day training on PEC	
	Achieve	Target	Achieve	Target
2014	3	15	339	20
2015	4	15	705	20
2016	25	15	361	20
2017	57	15	183	20
2018	6	15	154	20
2019				
Total	95	75	1742	100
%	126.67		1742	17.42
% In.	26.67		1642	1642

**Table 14: PECCs training Summary from 2014-2019**

The desired result of trained eye care workers present at primary and secondary levels of the health system has been achieved in the project intervention. Altogether 95 and 1742 people take part in One-week training and one day training on PEC respectively. Target objectives were overreached in this program as well and increase by in 26.67% and 1642% of one week and one day training target objectives on PEC.

Although MEH has identified the need for more than just the initial training and showed ingenuity and determination in managing to ensure that all the primary and secondary staffs received one or more rounds of refresher training, it was not enough esp. in following government policy. Not only the trainees but also their supervisors, administrators and instrument maintenance technicians should learn what was required of them and understand its importance. Other than that, the evaluation review found that they had good levels of knowledge.

Also, the current staffing levels of the eye units was on an area of risk: there was limited career development plan for esp. resident surgeons and retention of them found to be difficult issues. With a limited supply of surgeons, it is likely that a departing cataract surgeon will be replaced by an eye care technician without surgical skills which might interfere achieving the project goals and continuity.

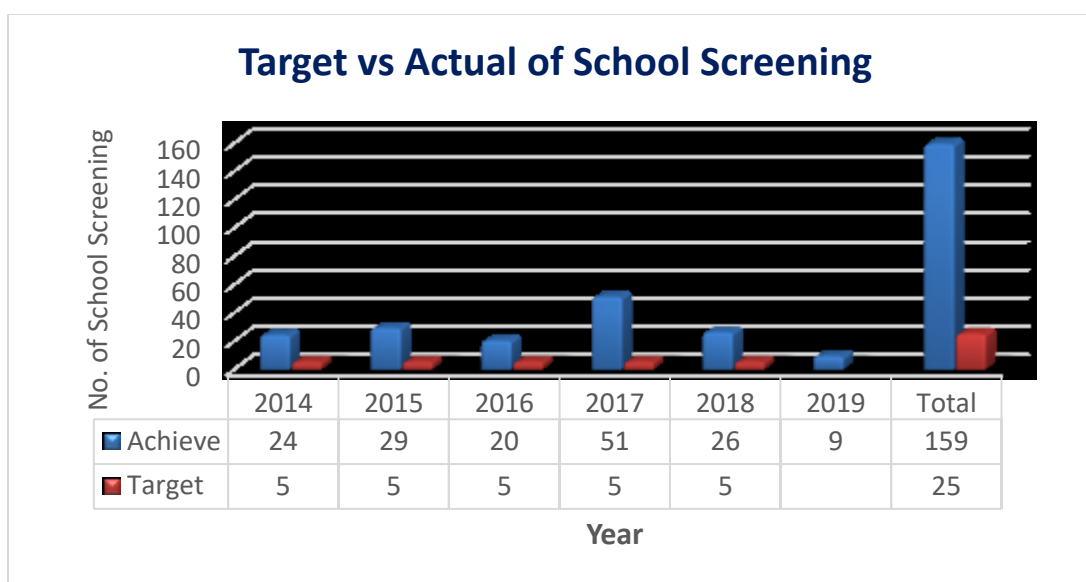
### **3.1.8 Children Screening / School Screening**

The training for School Health Personnel and screening in school was important to enable them to conduct visual acuity screening as well as other eye issues for students was highly relevant and appropriate which implies that students were able to be screened and referred to the Doctors/Refractionists for further eye checks and be prescribed with spectacles. It was critical for students to be able to see properly if they are to have equal access to learning from the teacher's writings on the chalkboard and by reading books.

Year	No. of School Screening		OPD Services	
	Achieve	Target	Achieve	Target
2014	24	5	6093	
2015	29	5	5875	
2016	20	5	5389	
2017	51	5	13692	
2018	26	5	9357	
2019	9		6335	
Total	159	25	46741	
%	6.36			
% In	536			

**Table 15: Actual vs Target of No. of School Screening and its OPD services**

Total number of 159 school screening camps were conducted during six years in Jhapa and surrounding districts. School Screening had observed a sharp increase in achieving target objectives by 536% which is 6.36 times the target indicator. Most of the childhood blindness due to cataract, exophthalmia, refractive error etc. was prevented or cured during this camp. School children screening as well as eye health education were conducted which imparts them with a sharp awareness of eye diseases and their preventive measures. In addition, institutional authorities, school heads and teachers, parents and community leaders were also motivated at involving themselves in this particular programme. Therefore, a strong linkage was made with schools and the service for school health for enabling school screening.



**Figure 16: Target vs Actual of School Screening**

### 3.1.9 Primary Eye Care Center (PECCs) at district level

PECC were staffed with three employees: one senior ophthalmic assistant, one eye worker and one support staff. Patients with minor disorders were treated (including minor surgery) in the center and those with serious eye problems are referred to the base hospital. A part from providing services to eye patient's community-based activities such as DST camp and school screening are conducted, using these centers as basis. Further on, in order to provide complete reflection services, optical dispensing was done from the PECCs. Therefore, eye worker receives a basic training in glass edging and fitting and allocate the required equipment.

A PECC had been established in the district headquarter of Pachthar in partnership with the district hospital and the Nepal Red Cross Society. Further discussion with NNJS is going on to take over the PECC operated by the NNJS in Taplejung and Illam was not found and informed to evaluation team. Instead of 2 more satellite eye clinics opening at Gauradaha and Baniyani of Jhapa, evaluation team found them as PECC. In data and information given to us there was no distinction on PECC and satellite clinic. PECC in Taplejung and Illam was not found to be established.

PECC	No. of Patients on PECC/Year						
	2014	2015	2016	2017	2018	2019	Total
Phidim,PECC	5,435	3,500	4,475	4,338	4,088	1,345	23,181
Gauradaha ,PECC	7,271	7,743	8,155	8,810	10,183	3,717	45,879
Damak,PECC	-	3,599	7,289	8,073	9,264	3,314	31,539
Rajgadh,PECC	-	-	-	2,436	2,636	1,026	6,098
Bhadrapur,PECC	306	1,011	1,091	1,069	1,208	1,646	6,331
Baniyani,PECC	561	4,046	3,038	3,401	4,014	1,669	16,729
Dhulabari,PECC	477	210	78	-	-	-	765
<b>Grand Total</b>							<b>130,522</b>

Table 16: Summary of OPD services of six PECCs

130,522 patients were benefitted by the services provided in 7 PECC over six year's period. Gauradaha PECC had a maximum number of patients flow whereas the Dhulabari PECC had the lowest influx of patients. Optical dispensing services was also provided in these PECC.

These PECCs and Satellite Clinic deployed community health workers (CHWs) to conduct screening tests in the target community. Beneficiaries identified with refractive errors were referred to the vision centers, which operated once or twice a week, to undergo a more detailed eye examination and prescription of spectacles. Beneficiaries detected with cataract or other eye-care problems were referred to the MEH for treatment.

### 3.1.10 Scientific Workshop and Seminar

Several scientific seminars and workshops were organized with the use of local and international experts. Knowledge and experience among Ophthalmologist, paramedics and other staff on recent developments has been exchanged and Ophthalmologist and other staff working in the programme were given the opportunity to update their knowledge. Additionally, participation in workshops and seminars allowed the doctors and staff to get exposure in the field of their jobs.

Year	Scientific Workshop in MEH		Attend National/International Conference	
	Achieve	Target	Achieve	Target
2014			4	2
2015			5	2
2016				2
2017				2
2018	1	1	2	2
2019				2
Total	1	1	11	12

Table 17: Summary of workshop attendance and organized by MEH from 2014-2019

During five-year period, 11 people attended various national as well as international workshops, seminars, visits organized by various organization. MEH also organize 19<sup>th</sup> Nepal Ophthalmic Society and 11<sup>th</sup> Eastern Regional Ophthalmic Conference from 16-18 March, 2017 and CME program on Pediatric Ophthalmology to pediatric and general physicians practicing on 25<sup>th</sup> July, 2018. 300 delegates from Nepal and India were participated in this conference. All the goal for scientific workshop and seminar were almost achieved by 92%.

### 3.1.11 Eye Health Education

Together with the NNJS, more effective means and techniques of Eye Health Education was developed and implemented in the target areas. One person was sent for formal training in Eye Health Education who work later as Eye Health Educator, successfully achieved of target activities. Eye health education was initiated and expanded from the hospital to the grass-roots level as an integral part of this programme. The programme focus on creating awareness and providing primary eye care services complemented with the national strategy on blindness on providing universal access to quality eye care services. However, the programme alignment to MEH strategy was not comprehensive. Inadequately rationalized project design, lower engagement with government agencies and limited focus on building local teams were some of the areas of concern.

Eye health education program successfully organized with the distribution of pamphlets and brochures over the project period as well as other awareness and training programs to the target groups and at the community level. Highlighted program activities are shown below:

Awareness Program	Year					Total
	2014	2015	2016	2017	2018	
Radio Program	24	26	24	24	24	122
FCHV	130	119	136	73	102	560
Social Mobilizer	41	39	69	60	-	209
Mothers Group	81	150	40	56	98	425
School Teacher	141	206	146	26	210	729
HPI	8	70	21	15	22	136
VHW	18	60	60	23	30	191
Traditional healers	-	20	32	51	45	148
Drug Retailers	65	85	39	12	42	243
Exhibition	2	3	1	3	2	11

**Table 18: Eye Health Education Awareness Program**

These programme includes communications and awareness ease the raising of eye care health, door to door visits to inform people in the village, understanding the situation of villagers and the constraints they face and counseling patients on having surgery and ensuring they have the appropriate social and economic support.

### **3.1.12 National Programme Support**

It was found that MEH was working in partner with ECF, MEHS, Government of Nepal, SWC, ORBIS, IRIS, Nepal Netra Jyoti Sangh, Rotary Club International and other organization to extend the support to achieve goals and objectives. They provided the financial support as well as assistant in their organized programme like screening camps, workshops, equipment donation, etc. for its sustainability.

### **3.1.13 Infrastructure Development (Construction and set-up Private ward cafeteria in the hospital)**

The project sought to construct one paying ward and one cafeteria to ensure the quality for paying patients for high standard and good quality private rooms as well as serving food for both staff and patients inside a hospital premises. It was found that all rooms are fully furnished and fetched with nursing care. Since the hospital does not have a cafeteria, this facility had been constructed inside the hospital compound. The cafeteria serves for both staff as well as for patients. As per project agreement, construction of cafeteria and paying ward had been completed in 2015. Document of handover of the cafeteria and paying ward to the hospital was not found.

On the other hand, Hospital Pharmacy reported being able to get what they needed through the system although some reported problems with obtaining post-operative medicines, especially when there were stock-outs at the pharmacy depots and/or it was necessary to get them from private pharmacies.

### **3.1.14 Mechi Eye Hospital Board Management Meeting**

Every Hospital as per mandate of Government of Nepal and for the proper management of the Hospital form the Hospital Management Committee. The Committee is responsible to look after day to day programmatic and administrative management and smooth running of the Hospital. As per guideline of the Ministry of Health and Population, Government of Nepal, there is set standard for the Hospital Management Committee. The Committee should comprise of representative from district line agencies, social workers, community representative and in the Chairmanship of the District Development Committee.

As informed to evaluation team through interview and via secondary data, the Mechi Hospital Management Board comprise of their institutional rule. It comprises of five members- two from Eye Care Foundation, two from Mechi Eye Hospital, Sangh (MEHS) and the Medical Director (Ophthalmologist In charge). First meeting of the will nominate the Chairman of the Board. Medical Director will call the board meeting as needed however, at least two meetings shall be called in one financial year. The Board shall approve all financial and administrative regulation and procedure and will monitor the implementation of the program. It will however, not get involved in day to day management.

The Mechi Eye Hospital Sangh comprises 8 members. There was no need of election and selection. They themselves divided their responsibility.

Mechi eye Hospital has good coordination with local NGO Lion's Club of Birtamod. Hospital coordinate with other agencies during organizing Eye Camp at different rural Community and other formal function organized at Birtamod, Jhapa. On the other hand, the Final Evaluation Team perceived lack of coordination between Birtamod Municipality, District Public Health Office, Mechi Zonal Hospital and other formal health related at Jhapa district. (Primary Health Care Center and Health Post).

According to DHPO, District Public Health, Jhapa there are no specific guidelines to control and monitor to them, because Eye Hospital was not registered in Ministry of Health. So, we are not included Mechi eye Hospital Services in preparation of District Health Profile.

Level of co-ordination between the health facility in charge and MECP does not seems to be maintained in proper way. According to Social Development Officer (Health Sector) DDC, Jhapa he did not seem to be satisfied with the preference of the MEH and in this regard MEH does not submit any progress report in DDC.

According to the member of the Mechi Eye Hospital Sangh, there is still overload of patients in this hospital because of 500 - 600 per day patient flow in OPD. They complain that they always handover annual report to DDC and call for meeting but they didn't receive any response from the DDC. They provided training to the teachers and Health Post In charge (HPI) and FCHVs, but this training is not useful due to lack of reporting.

### **3.1.15 Mechi Eye Hospital Service Reporting System**

Despite the strong technical and managerial capabilities of the MEH, our evaluation team found that it has no any guideline to report their Hospital Service activities. The Ministry of Health has own HIMS rules to report from peripheral to central level of Health Services. This rule was not adopted by Mechi eye Hospital because of the lack of guidelines from Ministry of Health. In Their Hospital record they have reported up to 2072/73 but due to not specific formats to maintain the record according to HIMS. The Ministry of Health and Population has not service record of Mechi Eye Hospital itself. These inconsistencies in delivering reports, the data was not captured as required.

For coordination, MEH has capacity constraints for monitoring and following up specific issues. For maintaining the current programme achievements, a good flow of communications is clearly essential with associated services: Department of Health Services) Management Division) , DPHO and training institutions for optimizing the integration of eye care when they revise the Standard lists, data collection tools and curricula. This has to be done at regular intervals and without proper ground work, attendance at key meetings and advocacy, there is a risk that the interests of eye health will be ignored. Also, a noncomplex, automated MIS (management information system) tool will not only ensure completeness of data and information, but also help in avoiding errors caused due to manual inputs.

### **3.1.16 Perception and Feedback from the Hospital and Primary Eye Care Centre's Employees**

The Evaluation Team interviewed with Mechi Eye hospital employee. All most of all ophthalmic assistants are satisfied with their job. Most of the ophthalmic assistant has received refresher training /new training on eye care as training of ophthalmic field and other associate, advanced refraction training etc. Most of them get support from their supervisor for accomplishing their tasks. The in charge of Primary Eye Canters are involved in-house training only, they are not involved in advance training organized at central (National) level and other areas of training. The basic remuneration is also not match with other private Hospital and they have complained regarding temporary basis contract and insecurities for their job. As they are appointed at the beginning on one-year trail-basis and then they are appointed up to five-year contract only. Even after five year have to renew again. So, they are always job insecurities atmosphere on the staff members. Appropriate time is not mentioned as the frequency of MEH staff for technical back up and monitoring visit at PECC. When each time, new people were hired and trained and this led to additional training costs and hampering of the relationship developed by the health worker with the community. Referral mechanism is not seemed to be maintained for eye patients.

#### **The feedback of ophthalmic Assistant & PECC in charge to MEH are;**

- Policy of the Hospital & PECC should be revised and upgrade.
- Facilities should be increased both for the staffs and patients.
- Training institute for MD program and O.A should be developed.
- The project should expand its treatment facility in other sectors.

Recruitment and personnel management appears to be rigorous, ensuring that qualified persons are hired and managed well. In relative terms, good salaries (government personnel salaries are supplemented) and good benefits are provided, and in return, personnel are prohibited from moonlighting.

### **3.1.17 Perception and Feedback from District Stakeholder**

MEH is working in line to policy of Government of Nepal and SWC reaching its target and objectives in a stipulated amount of time. It is serving its services at both at MEH and its peripheral rural community through organizing eye campaign program mitigating the eye issues in various district.

Mayor Mr.Dhurba Kumar Siwakoti, of Birtamod Municipality, Jhapa praised the Mechi eye Hospital service and its excellence in the future. He seems interested to support to them due to official overload he was unable to visit MEH. Similarly, Mr. Khagendra Prasad Dangal and Dipendra Chaudhai (Senior Auxiliary Health Worker) Municipality Health Section indicate that MEH staff only came to them to support during camp health program. They are not formally invited to their office and importantly they didn't submit their health service report to them.

On the other hand, Lions Club, Birtamod praised MEH regarding the good quality of services and good co-ordination between lions Club and MEH. They also support in school awareness and community awareness program related to eye problems. Annual reviews brought partners together for planning purposes and promoted learning between partners in different districts.

According to DPHO and PHC/HP in charge, they were only contacted during Cataract surgery, Screening for refractive error for school children. Training and meeting activities are completed successfully by the MECF in the health facility catchment areas. DPHOs are on the Vision 2020 initiative under National plan for action of eye care services 2002-219 statute and were occasionally consulted, but have not been actively involved. Level of coordination between the health facility in-charge and MECF does not seem to be maintained in proper way. For sustainability and the future of the eye care programme as a whole, more collaboration needs developing at district, local as well as national level.

### **3.1.18 Perception and Feedback from beneficiaries (Patients)**

Patient's perception shows that most of the patient who knows about hospital from other sources travels for more than 2 hours in bus to reach to the hospital. The evaluation team observed that most beneficiaries were satisfied with the performance of the staff and confirmed the staff is efficient, well trained, paid proper attention to their needs, shared all the relevant information and were cordial and respectful although they have to wait for more than one hour to receive the treatment for their eye. Almost all of the patients have perceived the services launched by the hospital as needful and are satisfied with it.

Interviews with patients showed that 80% of the respondents (n=20) especially who came from different primary eye care Center, remote areas like Pathibhara Natalya Damak-1, Jhapa said that they

are satisfied with all PECC service but suggested to provide specific service (surgery) once a week at their center foreseeing the ease of travel and difficulties faced by them reaching to MEH. Therefore, for senior citizens, the ability to travel distances to visit a hospital was limited, due to physical reasons, making availability of services within the community critical. Some poor and marginalized people are also affected by current OPD ticket price surge (Increase from Rs.20 to Current Rs.50).

Subsidy was provided by MEH as well as in its PECCs and screening camps but our team could not find the details of its delivery process and its identification of marginalized patients. These subsidy categories include lab tests, surgery, blood inv.package, and B-scan.

### **3.1.19 Mechi Eye Hospital and Community/People Participation**

Participation of communities, of both organized and unorganized public groups, is widely argued to be an important factor in improving health outcomes and the performance of health systems. Despite this, the common inclusion of 'participation' as both means and ends in health policy, participation is poorly operationalized, both in governance and accountability in health and in technical health interventions, so that there is little systematic analysis of its specific contribution to health and health systems outcomes.

In case of Mechi Eye Hospital, Jhapa, it should encourage to participate the local governmental authorities and community people for improvement of hospital services. The New Health Policy 2014 (2071) and 2019 (2076) recent coming Health policy is more focusing on people's participation in every activities of health sector. By people's Participation implies a mechanism for increasing the efficiency or reducing the costs of programme implementation, improving sustainability of programme and building local skills and experience useful for future interventions.

This form of participation is a means to other development 'ends', a way in which goals and objectives of MEH Hospital, Jhapa may be better achieved. Participation is however also conceived of as an end in itself, building networks of solidarity and confidence in social groups, building institutional capacity, empowering people to understand and influence the decisions which affect their lives, legitimizing policy and practice, ensuring that they relate more closely to perceived public need and strengthening the incorporation of local knowledge.

### **3.1.20 Effectiveness of the Project**

The project was effective in terms of achieving its set target as per project agreement. The project had met or exceeded nearly all its output targets as mentioned on SWC contract and, as a result, eye care services are accessible and available at both 9 new district level eye units and from primary Health Posts (via PECC and Satellite Clinic) for communities that previously had very little access through screening and surgical camps. The presence of 6 functioning PECCs and one district eye units with trained eye health staff and a good range of basic eye equipment for OPD consultations and surgeries is recognized as a major achievement, although there are minimum levels of trained staff. The remote and poor people who need to walk long hours for health services or go to Kathmandu have been benefited from eye services, but the identification of poor patient was found not so systematic process and who has provided further treatment facilities was not transparent although having a referral slip.

Even though the eye care services established were considered accessible and affordable, this is clearly a result of intense outreach activity, eye camps and initial free surgery offers. The survey sample and FGDs confirmed that patients are coming from beyond the districts although this aspect has not been measured. Both survey respondents and the interviewers interacting with them confirmed that the reduced cost of surgery is still high for poor communities unless they can access waivers. Subsidies or cost reductions and increases in the number of camps were amongst the most common survey suggestions for the improvement of services. The infrastructure is functional but not all is purpose-built or ideal owing to construction issues encountered. The equipment is adequate and well maintained due to the emphasis on maintenance and the training of district-level instrument technicians; however, despite this, some items are showing signs of wear before they should. The Hospital has started taking certain charges such as registration fee, laboratory and other investigation charges for the payable patients for sustainability of the Hospital. There is need for strong coordination and collaboration with Government of Nepal for support to the Hospital. To get support from the government of Nepal, the project process should review and the hospital should be converted to the community Oriented or support from the local people.

### **3.1.21 Mechi Eye Hospital Sustainability**

The Mechi Eye Hospital is well equipped with sufficient building rooms and advanced equipment's to provide the quality eye health services esp. for the people of 4 district Mechi zone. The Hospital is self-sustained in terms of financial and human resources. On the other hand, Sustainable health care system goes on forever within the limits of financial, social and environmental resources. The challenge is the current approach to delivering health care cannot continue in the same way and stay within these limits. A sustainable health care system is achieved by delivering high quality care and improved public health without exhausting natural resources or causing severe damage. It may also be useful to think about the relationship between sustainability and health in three distinct ways moving from a narrow focus to a broad focus.

The absence of any eye care indicators from the primary level register pages submitted to HMIS is the most serious integration issue identified and one with potential repercussions for sustainability. If eye care activities are not recorded, this aspect of Health Post work will not be monitored or adequately recognized and valued at district and regional levels. This may undermine the motivation levels of staff, while at national level there will be no formal evidence of demand or the achievements of health facilities to support planning, policy and advocacy activities. The leadership and capacity of the MEH to address these will be key in determining the sustainability of the programme.

For sustainable of the Mechi Eye Hospital, Jhapa "Eye Care Foundation "should continue supporting to the implementing agency Mechi Hospital Sangh. Evaluation team suggest to the Current Hospital Management Committee to include local Governmental authority (DDC, Municipality and DPHO) as a working partner who are interested to contribute to the improvement of Hospital Services.

#### **Following things might hinder the MEH sustainability:**

- Insufficient human resources and minimum staffing at eye units

- Difficulty in training for more surgeons and ophthalmologist as well as primary health workers.
- Difficulty and risks of not ensuring adequate supervision
- Retaining of the trained health workers for a longer period
- Funding over for activities, Screening and camps and reduced for outreach visits
- The use of outreach, cataract camps and some free surgeries could create hopes of more free services. So, Poverty and perceptions of price barrier will limit demand
- Limited capacity of MEH to provide necessary policy and advocacy support
- Cost of replacing expensive equipment and/or spare parts
- Lack of integration of eye care into HMIS at primary level

## **3.2 Financial Analysis of Mechi Eye Care Programme**

### **3.2.1 Project Background**

Social Welfare Council, Nepal and Eye Care Foundation, The Netherlands entered an general agreement on 27th May, 2014 for furthering development activities in Nepal in the health sector

Social Welfare Council, Nepal, Eye Care Foundation, The Netherlands and Mechi Eye Hospital (Sangh) entered an agreement on 16th June, 2014 with an objective to eliminate avoidable blindness in Mechi with the objective to assist in, and supplement, the national overall target in eye health care by reducing the present prevalence of blindness in Mechi Zone.

Total budget of NPR 67,235,000 was allocated to cover both its administrative and programme costs. Donor agency has intended to spend about 11% of its total budget on administrative costs, which include salaries and benefits for staffs, rent and equipment as per the agreement and its remaining 89% will be spent project activities.

### **3.2.2 Objective of Financial Evaluation**

The objective of project/financial evaluation are to-

- Explore the level of progress/changes made by the project and analyze the extent to which the achievements have supported the program goals and their objectives,
- Evaluate the project effectiveness-longitudinal effect and continuity of the project activities/services as well as the scope and extent of the institutionalization of the project,
- Explore the cost effectiveness of the project activities,
- Identify the target and level of achievements as specified in the project agreement,
- Explore the coordination between the concerned line agencies in the project districts,
- Find out the income and expenditure in compliance with the project agreement and proportion of programmatic and administrative cost incurred by the project,
- Examine the financial regularities/disciplines in accordance with the prevailing rules and regulation and fix assets purchased in duty free privileges and locally, and
- Assess the good lessons to be replicated in other projects and aspects to be improved in the days ahead.

### **3.2.3 Scope of Work**

Financial evaluation was carried out based on project agreement between Social Welfare Council, Nepal, Eye Care Foundation, The Netherlands and Mechi Eye Hospital (Sangh) and TOR of the assignment, Audit report and audited financial statements of Eye Care Foundation, Mechi Eye Hospital (Sangh) and implementing partners, policies and procedures. The scope of work included following general procedures;

- Reviewing project agreement between Eye Care Foundation, The Netherlands and Mechi Eye Hospital (Sangh)
- Reviewing the policies and procedures of the Eye Care Foundation, Kathmandu and Implementing Partners.
- Reviewing Internal and External Audit reports and audited financial statements of foundation and implementing partners.
- Reviewing Compliance with applicable law and regulations.
- Review of related project documents/agreements/progress reports, website information etc. of foundation and implementing partners.
- Visiting sites and interviewing stakeholders.
- Reviewing the other relevant accounting records of foundation and implementing partners.

### **3.2.4 Introduction of the Findings**

The administrative and financial findings and their analysis are presented in this section accordingly. The management system of the MECF and Implementing organization were observed and verified with the concerned stakeholders by the evaluation team. Mainly the financial rules, regulation and practices of the organizations, the administrative issues, completion of the legal obligations, record keeping in the offices and their dissemination to the concerning stakeholders etc. were observed and analyzed as a part of the evaluation study.

### **3.2.5 Total Budget of Project**

Total budget of the project is NPR 67,365,000. Yearly breakdown of the budget had been presented below:

(Amount in NPR in “000)

<b>Year/ Particulars</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
Total Budget	6,719	19,701.5	19,527	11,643.5	9,773.5

### **3.2.6 Analysis of Budgeted and Actual Financial Support**

Below table shows the details of administrative overhead cost and programme cost. Total ratio of budgeted programme and administrative cost is 88.49:11.51

(Amount in NPR in “000)

Table: Planned Administrative and Program cost

Particulars	Year 1		Year 2		Year 3		Year 4		Year 5		Total	
	NPR	%	NPR	%	NPR	%	NPR	%	NPR	%	NPR	%
Administrative Overhead	1,500	22	1,500	8	1,500	8	1,500	13	1,500	17	7,770	11
Programme Cost	5,219	78	18,201	92	18,027	92	10,413	87	8,143	83	59,735	89
Total	6,719	100	19,701	100	19,527	100	11,643	100	9,643	100	67,505	100

(Amount in NPR in “000)

Table: Actual Administrative and Program cost

Particulars	Year 1		Year 2		Year 3		Year 4		Year 5		Total	
	NPR	%	NPR	%	NPR	%	NPR	%	NPR	%	NPR	%
Programme Cost	17,992	93	20,347	93	6,089	77	6,093	80	3,542	63	54,065	86
Administrative cost	1,340	7	1,480	7	1,501	23	1,469	20	1,731	27	7,777	14
Total	19,332	100	21,827	100	7,878	100	7,562	100	5,554	100	62,410	100

### 3.2.7 Committed Support vs. Actual Support

The year wise committed fund support vs. actual fund support is presented below:

(Amount in NPR)

Year	Committed Support	Actual Support
Year 1	6,719,000	19,332,994
Year 2	19,701,500	21,827,996
Year 3	19,527,500	7,878,749
Year 4	11,643,500	7,562,805
Year 5	9,773,500	5,554,526
<b>Total</b>	<b>67,365,000</b>	<b>62,410,801</b>

### 3.2.8 Committed Program Expenditure vs. Actual Program Expenditure

The year wise committed program expenditure vs. actual program expenditure is presented below:  
(Amount in NPR)

Year	Committed Program Expenditure	Actual Program Expenditure
Year 1	5,219,000	17,992,082
Year 2	18,201,500	20,347,868
Year 3	18,027,500	6,089,415
Year 4	10,143,500	6,093,370
Year 5	8,143,500	3,542,899
<b>Total</b>	<b>59,735,000</b>	<b>54,065,634</b>

### 3.2.9 Committed Administrative Expenditure vs. Actual Administrative Expenditure

The year wise committed administrative expenditure vs. actual administrative expenditure is presented below:

(Amount in NPR)

Year	Committed Administrative Expenditure	Actual Administrative Expenditure
Year 1	1,500,000	1,340,912
Year 2	1,500,000	1,480,128
Year 3	1,500,000	1,501,683
Year 4	1,500,000	1,469,434
Year 5	1,500,000	1,731,627
<b>Total</b>	<b>7,500,000</b>	<b>7,777,515</b>

### 3.2.10 Source of Fund and Funding Modality

The funding for 5 years long project is granted by the Eye Care Foundation, The Netherlands. Total Budget of the project is NPR. 67,235,000. The mode of disbursement has been released after submission of estimated yearly basis budget.

Program Expenditure NPR 27,399,324 is transferred on account of ECF- Mechi Eye Care Programme Account (NABIL Bank Account Number: 0201017503233). Treasurer or the person prescribed by MEHS is not the signatory of bank account ECF- Mechi Eye Care Programme Account (NABIL Bank Account Number: 0201017503233) since inception of the program.

Further we noted ECF Nepal had directly procured the medical equipment and instruments amounting to NPR 17,220,511 budget of which is NPR 33,161,000.

Summary of program expenditure had been mentioned below:

SN	Particulars	Year 1	Year 2	Year 3	Year 4	Year 5	Total
1	Bank Transfer to MEH						
	Outreach/ Equipment	5,429,010	6,317,365	6,016,679	6,093,371	3,542,899	27,399,324
	Construction	3,250,000	9,750,000	72,736			13,072,736
2	Equipment (In Kind Support)	9,256,621	4,263,890				13,520,511
3	Expenses by ECF on MEH behalf	56,451	16,614				73,064
<b>Total Support to MEH</b>		<b>17,992,082</b>	<b>20,347,868</b>	<b>6,089,415</b>	<b>6,093,371</b>	<b>3,542,899</b>	<b>54,065,635</b>

Administrative expenditure is expensed by ECFN out of the grant fund received from ECF, The Netherland.

### 3.2.11 Procurement Procedures

Management board had formulated procurement policy applicable to MEH. As per the procurement policy, In case of local purchase, at least 3 sealed quotations need to be obtained from the suppliers while fixing the rates of different commodities having the value equal or more than NRs. 200,001 to up to NPR 1,000,000 and tender to be advertised in national daily newspaper while fixing the rates of different commodities having the value equal or more than NRs. 1,000,001 and in case of execution of construction work tender to be advertised in local daily newspaper for construction works with value equal or more than NPR 500,001.

During the procurement of medical equipment and instrument, provision contained in procurement policy is not applicable as all the equipment had been procured by and under the authority of ECFN.

### 3.2.12 Expenditure prior to the Project Period

Project agreement between the Social Welfare Council (SWC), Mechi Eye Care Foundation (INGO) and Mechi Eye Hospital (Sangh), had been executed on 2014 June 16. Expenditure prior to the project agreement of NPR 9,246,621.20 had been included as part of program cost as follows:

SN	Particulars	Amount (NRS)
1.	Medical Equipment and Instruments	9,256,621.20

### 3.2.13 Procurement of Medical Equipment

As per details provided by management of ECFN, actual expenditure for procurement of medical equipment and instrument incurred was NPR 21,242,082, but as per the details sheet of procurement amount of expenditure is only NPR. 17,220,510 Details of difference of NPR 4,021,571 couldn't be obtained. MEHS doesn't have the updated fixed assets register regularly.

Further, there is variance in plan as follows during procurement of medical equipment.

Particulars	Prior Period	Year 1	Year 2	Year 3	Year 4	Year 5
As per plan (A)	0	5,219,000	9,058,000	8,884,000	6,000,000	4,000,000
Procurement of medical equipment (B)	9,256,621	7,963,890	0	0	0	0
<b>Variance ((A-B)/A*100)</b>	<b>-100%</b>	<b>-52.94%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

### 3.2.14 Efficiency of Project/Cost Effectiveness

Total project cost had been allocated under outreach activities, procurement of medical equipment and instruments and construction of private ward and cafeteria.

Hospital had constructed private ward under the project cost. There is facility of rendering private ward to the patient at a reasonable price in comparison to market price. There is lodging facility to the patient inside the hospital and the service seems efficient.

Cafeteria is constructed under the premises of the hospital. Cafeteria had been leased to third party. Third party is operating the cafeteria. Price of fooding seems to be reasonable in comparison to market price. The place is accessible to the patient and they doesn't have to go outside the hospital for fooding.

Hospital had been providing better service to the patient as it had own the adequate infrastructure facility, adequate modern medical equipment and competent manpower. Service of the hospital seems to be efficient.

For outreach activities, program had been arranged and managed by MEH. MEH send the periodic quarterly report to the ECFN. On the basis of periodic quarterly report, ECFN had transferred the grant amount on account of ECF- Mechi Eye Care Programme Account.

Operation of the project seems to be efficient and cost effective.

### **3.2.15 Hospital Management Board**

For the management of hospital management board consisting of representative from eye care foundation, MEHS and Medical director had been formed as per the provision contained in project agreement. The management board governs the hospital and approve policies.

There is no formal policies and procedures of MEHS till date.

### **3.2.16 Management of Fixed Assets**

Fixed assets management is an accounting process that seeks to track fixed assets for the purposes of financial accounting, preventive maintenance, and theft deterrence.

As per the project agreement, MEH had constructed paying yard to meet the increasing demand from patient's for high standard and good quality private rooms and cafeteria to provide cafeteria service for both staff as well as for patients. Further, medical equipment and instruments had been purchased under the project agreement to meet the objectives of project agreement.

General details on the fixed assets management are elaborated below:

- Fixed assets are charged to cost of program performance at the time they are purchased. There is no practice of reporting a separate list of fixed assets.
- Fixed assets register with detailed information like, acquisition date, invoice value, status, custodian, code, description has not been maintained. There is no practice of physical verification of the fixed asset neither there is any asset management body which would take care of assets and also would prevent from misutilization.
- MEHS/MEH had not procured any fixed assets/equipment's/medicines/other goods purchased under duty free privilege during the project period.
- MEH doesn't have any formal policy for recording the fixed assets, safeguarding of fixed assets, and depreciation of fixed assets and disposal of fixed assets. However, the fixed assets purchased had been recorded in the accounting system and had been reported in the audited financial statements.
- Physical verification of the fixed assets were not carried out yet.
- In most of the instances coding of the fixed assets were not done.
- Strong/adequate control system for management of fixed couldn't be found.

### 3.2.17 Private Ward and Cafeteria Construction

During the project period MEH had constructed private ward and cafeteria under the premises. Contract is awarded to **Chakreswori Nirman Sewa Pvt. Ltd.** Cost of the construction is as follows:

Particulars	Cost as per Details Sheet (A)
<b>Private Ward Construction:</b>	
Taxable Amount	29,194,589.47
VAT on Taxable Amount	3,795,296.63
<b>Total Amount</b>	<b>32,989,886.10</b>
<b>Cafeteria Construction:</b>	
Taxable Amount	8,268,298.68
VAT on Taxable Amount	1,074,878.83
<b>Total Amount</b>	<b>9,343,177.51</b>

Following remarks related to private ward and cafeteria construction, were observed during our review:

- Total cost of private ward construction was NPR 29,194,589.47 and cafeteria construction was NPR 8,268,298.68 which is 100.70% and 197.02 % of agreed BOQ respectively.
- Constructed cafeteria building had been leased to third party, however the formal contract of leasing were not entered with the third party.

### 3.2.18 Financial Reporting by ECFN and MEHS

MEHS and ECFN had prepared the financial statement under the GAAP yearly within 6 months of end of financial year. Financial statement of both MEHS and ECFN had been audited by the Chartered Accountant having the audit license from Institute of Chartered Accountants of Nepal.

Grant income had not been disclosed in the audited financial statement of MEHS for any financial year. We couldn't obtain the amount and/or details of grant income from the financial statement of MEHS. Therefore we couldn't verify the amount of program expenses from the audited financial statement of MEHS and further, we couldn't obtain the details of program expenses from the MEHS.

Audited financial statement of ECFN provide the total of yearly expenditure on MECP- Outreach Program, however the program wise individual detail of grant income from ECF, The Netherland, had not been disclosed in audited financial statement. Further statement showing the amount of grant received for ECF Program, administrative expenses incurred, program expenditure incurred, opening and closing balance of fund had not been prepared. Therefore we couldn't verify whether the grant income as agreed in the budget had been received or not, administrative and program expenditure had been incurred or not.

### **3.2.19 Evaluation of the Internal Control System**

Policies required for strong implementation of Internal Control System like; Financial Bye-Laws, Cash Handling Policy, and Asset management policy was not in place. Implemented policy seems to be inadequate for maintaining the proper internal control system.

### **3.2.20 Compliance with Income Tax Laws and Regulations**

ECFN and MEHS had been registered with Inland Revenue Department and had obtained tax exemption certificate from Inland Revenue Office. While assessing financial transactions in our sample review of some of the transaction we found that ECFN and MEHS ECFN and MEHS had deducted the applicable tax at source and had deposited the deducted TDS amount within the time stipulated by Income Tax Act with one exception. Hospital has provided quarter facility to the doctor under service. However quantification of quarter facility (2% of salary) as prescribed by income tax regulation 2059 (rule 13(2)) was not done and the same amount had not been included in taxable income calculation of doctors for financial year 2074.75. Amount less than required TDS of the doctor having quarter facility, had been deducted and deposited to concerned Inland Revenue department.

### **3.2.21 Accounting and Reporting System**

- Double Entry Book keeping system has been adopted by ECF, Nepal Office and MEHS.
- ECFN and MEHS had followed both cash and accrual basis of accounting for recording the income and expenditure of the project.
- Balance Sheet, Income Statement, Cash Flow Statement and other particulars had been prepared by the management of ECFN and MEHS yearly and get the account audited by the competent Chartered Accountant. The format of financial statement is in accordance with the generally accepted accounting principles.
- Audited financial statement is report is drafted in English.
- Revenue is recognized at the time of receipt of funds from donors.
- Fund transferred to ECF in Nepal in EURO has been recognized as income at the spot rate applicable at the time of receipt of fund.
- ECFN uses excel to record the financial transactions. All the vouchers, general ledgers and authentic financial reports are generated by the software. MEHS had been using FACT Accounting Software and all the vouchers, general ledgers and authentic financial reports are generated by the software. However the agreement for procurement and management of software were not executed with the party.
- Overall transparent accounting system was found.

### **3.2.22 Fund Accountability Statement (FAS)**

As part of internal control/internal check system, ECFN and/or MEHS had to prepare the fund accountability statement that disclose, periodic receipt of grant, expenses from the fund and balance of fund if any disclosing the details of balance of fund.

ECFN and/or MEHS had not prepared separate fund accountability statement of MECP. We are unable to present the project FAS in this report.

### **3.2.23 Financial Reporting**

As mandate by point number 5.6 of project agreement, Regular (half- yearly) progress report of the MECP and an annual report as prescribed by the council is submitted to the SWC and other relevant organizations. We couldn't observe whether the annual report and progress report had been submitted to concerned SWC, DDC, DPHO, VDC, concerned Nepal government line agencies.

### **3.2.24 Social Audit**

As per mandate of Social Welfare Council, all I/NGOs implementing the projects should organize social audit to ensure transparency and accountability towards beneficiaries and stakeholders. Social Audit adds value for voices of rights holders and other stakeholders in understanding, measuring and reporting performance of community development interventions/organizations. It gives the opportunities to the rights holders to receive information, express concerns and provide feedbacks for performance improvements.

Evaluation team suggests for conducting social audit by complying relevant provisions and procedures besides doing it by involving local community. The project activities were not reflected in District Development Council's annual program.

### **3.2.25 Internal Audit**

To keep stringent control over all the activities of an organization and to assurance on the authenticity of the financial records and the efficiency of the operations of the organization internal audit should be conducted periodically and the result of the internal audit should be periodically reviewed by the organization.

Separate internal auditor has not been appointed though there has been different mechanism to maintain internal control system. So it is suggested to look to appoint the internal auditor.

### **3.2.26 Conclusion**

In conclusion, we observe following remarks from the evaluation of the project:

- As provided in program agreement, medical equipment had been purchase for the program, private ward and cafeteria had been constructed on the hospital premises. It is seen during our visit that public is satisfied with the activity of hospital.
- Principles of procurement such as transparency, economy and efficiency is not seen during procurement of medical equipment and construction of private ward and cafeteria construction.
- Due to unavailability of relevant documents such as bank statement showing transfer of amount and utilization of amount, documents of procurement of medical equipment and construction of private ward and cafeteria construction, we couldn't assure on the effective utilization of grant amount in the specified program.
- In the absence of adequate and efficient internal control system and relevant policies and procedures, we couldn't assure good financial discipline had been maintained.

## SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

### 4.1.1 Summary

Mechi Eye Hospital, established in 1996 is rendering eye care services in Mechi zone. It is supported by eye care foundation and MEHS. From 1996-2019, it has rendered services from rented premises to a new building on 2009, from where it provides good accessibility and quality services as the number of patients served increased every year. It is well known for its primary eye care and its outreach programs which extends service further than Mechi zone where 1.25 million people resides. Nepal launch vision 2020 program in year 1999 with an apex body for eye health at MOHP. A midterm review of vision 2020 Nepal was done in 2010 which found that basic eye care facilities were hardly available beyond district headquarters and there were very limited facilities to address uncorrected refractive errors, cataracts and other diseases. MEH aims to reduce these problems in this project period. The hospital also provides ophthalmic care to the Indian population in the neighboring states of Nepal (Sikkim, West Bengal, Assam and Bihar). Hospital is render with 226 staffs along with 220 beds which is well furnished and equipped, provided by ECF and other donors, have capabilities to deliver the different imminent medical services. Employees of MEH receive regular training and refresher courses within and outside the Nepal. MEH composition is maintained according to hierarchy in 2 sections (administrative and, clinical section) to maintain the hospital activities' is providing major services into following areas: Medical Ophthalmology, Round the clock emergency services, surgical services, Investigative and laser services, Pediatric services and others.

MEH regularly organize eye camps where they occasionally perform surgical procedures. During diagnosis patients are only examined and if necessary, brought to hospital for surgery and prognosis at a later date. The hospital has extensive community outreach activities along with services for outpatients, emergencies, and subspecialties such as vitreoretinal, pediatric, and low vision. The operation theater is well equipped to match surgical needs including phacosurgery for cataract.

Major objectives of project are to eliminate the avoidable blindness in Mechi Zone with the objective to assist in, and supplement, the national target in eye health care by reducing the present prevalence of blindness in Mechi Zone. To study these objectives descriptive cross-sectional study was used and

sampling technique was applied. The data was collected using questionnaire, interview, observation as well as secondary data provided by MEH.

Cataract, refractive errors and conjunctiva is the major prevalent disease in MEH. Average flow of patients in OPD is 500-600 per day and most of the patients were satisfied with the services provided by hospital although they have to wait more than an hour for their treatment. Category of achievement (yearly turnover) provided from the MEH Hospital, the highest percent (90%) of the patients were provided OPD services, followed by 10% surgery services.

Findings of a regular activities shows that on average 14,3578 OPD and 20,796 surgical services was provided by the hospital on a yearly basis. The project set target for each year for all the services was overachieved. From 2014-2019, target goals of OPD and Surgery was exceeded by 32.5% and 11.4% respectively although achievement of 2015 was below par the target values. On an average of 30,000 spectacles were obtained by patients on a yearly basis which was 2.6% increase than target goal. Similarly, 230 glaucoma surgeries were performed during project period accounting the 29% of the target objective. On the other hand, the evaluation team could not find the data for diabetic retinopathy performed during project duration. Most of patients are satisfied with the service provided by the hospital.

Finding of Surgical eye camps in the remote areas organized and operated by hospital shows that 31 surgical camps, composed of 15 team members, were organized in which total OPD flow was 18,174 and 1,351 total surgeries were performed during project period. All the target values for no. of eye camps, OPD and surgeries over overachieved by 207%, 242% and 540% respectively. Maximum surgery, No. of surgical camps and OPD flow happened on 2014 whereas minimum values was found in 2017, 2015 and 2017 respectively. On average 70% of surgery were of cataract disease accounting the major surgery occurring in the hospital. Importantly, Cataract surgical rate (CSR) in the hospital was increased to 16454 exceeding the target of 1200 over this project period.

Number of Screening camps over the five year were 341, exceeding the target by 2.27 times than its target values. These Screening camps were conducted at different mostly targeted in village development committees. Over the six year, 7781 surgeries and 80225 OPD were examined on the screening camps which is 10.73 % of total OPD. These Screening camps was composed of 9 staff.

Staff development and training finding shows that 10 ophthalmic assistant persons were trained during these five years of project period, only 66.67% of target was received who were sponsored to follow the course. Only two candidates comply the scholarship agreement with MEH for the MD ophthalmology residency course, falling behind by 3 candidates to reach the target goals. Periodical posting of the MD Ophthalmology residents from the BP Koirala Lion's Center for Ophthalmic Studies, BP Koirala Institute of Health Science and Tilganga Institute of Ophthalmology were posted for six weeks in MEH but their numbers were also unable to match the target indicator of 35 candidates /5 yr.32 residents were only posted in this project period. To keep the staff up-to-date with the developments in eye care and to build competent human resources, MEH provides regular training to their staffs which will uplift the quality of service. Priority were given to sub specialty services on

Cornea/Corneal Ulcer, Glaucoma, Pediatric Eye Care and Diabetic Retinopathy to self-sustain of MEH program. On the positive note, 3 ophthalmologists were sent to different fellowship and training helping to start the sub specialty services.

Finding of Primary eye care training to other staff shows that altogether 95 and 1742 people take part in One-week training and one day training on PEC respectively. Target objectives were overreached in this program as well and increase by in 26.67% and 1642% of one week and one day training target objectives on PEC.

Finding of School Screening shows that 159 school screening camps were conducted during six years in Jhapa and surrounding districts. School Screening had observed a sharp increase in achieving target objectives by 536% which is 6.36 times the target indicator. Most of the childhood blindness due to cataract, exophthalmia, refractive error etc. was prevented or cured during this camp.

Finding of primary eye care center at district level shows that PECC had been established in the district headquarter of Pachthar in partnership with the district hospital and the Nepal Red Cross Society. Discussion with NNJS going on to take over the PECC operated by the NNJS in Taplejung and Illam was not found and informed to evaluation team. Instead of 2 more satellite eye clinics opening at Gauradaha and Baniyani of Jhapa, evaluation team found them as PECC. In data and information given to us there was no distinction on PECC and satellite clinic, they fall on same category. PECC in Taplejung and Illam was not found to be established. 130,522 patients were benefitted by the services provided in PECC over six year's period. Gauradaha PECC had a maximum number of patients flow whereas the Dhulabari PECC had the lowest influx of patients. Optical dispensing services was also provided in these PECC.

Finding of Scientific workshop and seminar shows that 11 people attended various national as well as international workshops, seminars, visits organized by various organization. MEH also organize 19<sup>th</sup> Nepal Ophthalmic Society and 11<sup>th</sup> Eastern Regional Ophthalmic Conference from 16-18 March, 2017 and CME program on Pediatric Ophthalmology to pediatric and general physicians practicing on 25<sup>th</sup> July, 2018. 300 delegates from Nepal and India were participated in this conference. All the goal for scientific workshop and seminar were almost achieved by 92%.

Finding of eye health education shows that program was successfully organized with the distribution of pamphlets and brochures over the project period as well as other awareness and training programs to the target groups and at the community level and 1 person was sent for special eye health training. Numerous awareness program was organized esp. focus on radio program and FCHC, social mobilizer, mothers' groups, school teacher. HPI, VHW, traditional healers, drug retailers were trained included with 11 exhibition programs.

It was found that MEH was working in partner with ECF, MEHS, Government of Nepal, SWC, ORBIS, IRIS, Nepal Netra Jyoti Sangh, Rotary Club International and other organization to extend the support

to achieve goals and objectives. They provided the financial support as well as assistant in their organized programme like screening camps, workshops, equipment donation, etc. for its sustainability.

All most of all ophthalmic assistants are satisfied with their job. Most of the ophthalmic assistant has received refresher training /new training on eye care as training of ophthalmic field and other associate, advanced refraction training etc. but they have complained regarding temporary basis contract and insecurities for their job. There is no political interference on the hospital work. Most of the staffs are discipline and punctual.

Community as well as patients has got good perception regarding services of the MEH and there is good communication between MEH and the donor and other local organization whereas DPHO/DHO were unaware of MEH activities, they are only informed during camping and screening period of the project. The implementation relation between eye hospital staff and DPHO staffs are in good terms and is maintained through coordination. To make it more sustainable in the future hospital should develop a feedback taking mechanism, maintain strong coordination and services should be provided with the mission of public centered services.

#### **4.1.2 Conclusions**

Mechi Eye Hospital provide services like OPD, surgery, pediatric and other services to the people of Mechi Zone and its neighboring districts. 226 staffs are working for the hospital to deliver the health services. It has 220 bedded well equipped Hospital with required equipment to deliver the medical and other services. Construction of cafeteria and paying ward had been completed in 2015. The newly constructed cafeteria is accessible for the staff, patients as well as for visitors

86,1470 OPD patients have been benefited from different services from Hospital and 124,776 surgeries was performed in the hospital. 138,509 number of optical spectacles were dispensed and 230 glaucoma surgeries were performed during five years of project period. General services provided from the Hospital in remote locations were quite beneficial where patients have to walk several hours of distance to avail these services. Around 1,351 major surgeries were performed and 18,174 patients were examined and treated in 31 of these surgical camps for various eye health issues in over six years. On average 70% of surgery were of cataract disease accounting the major surgery occurring in the hospital. Importantly, Cataract surgical rate (CSR) in the hospital was increased to 16,454 exceeding the target of 12,00 over this project period. Over the six year, 7,781 surgeries and 80,225 OPD were examined on the 341 screening camps which is 10.73 % of total OPD.

10 ophthalmic assistant persons were trained during these five years of project period, who were sponsored to follow the course. Only two candidates comply the scholarship agreement with MEH for the MD ophthalmology residency course. 32 residents were only posted in this project period. To keep the staff up-to-date with the developments in eye care and to build competent human resources, MEH

provides regular training to their staffs which will uplift the quality of service. Priority were given to sub specialty services on Cornea/Corneal Ulcer, Glaucoma, Pediatric Eye Care and Diabetic Retinopathy to self-sustain of MEH program. On the positive note, 3 ophthalmologists were sent to different fellowship and training helping to start the sub specialty services. Altogether 95 and 1742 people take part in One-week training and one day training on PEC respectively. 159 school screening camps were conducted during six years in Jhapa and surrounding districts. 130,522 patients were benefitted by the services provided in 7 PECC over six year's period. Gauradaha PECC had a maximum number of patients flow whereas the Dhulabari PECC had the lowest influx of patients. Optical dispensing services was also provided in these PECC. Numbers of seminars and workshop was organized by MEH and 11 people attended various national as well as international workshops, seminars, visits organized by various organization. To support the national programme MEH is working in partner with ECF, MEHS, GON, ORBIS, IRIS to achieve national goals and objectives.

The coordination and collaboration capacity were observed and need to scale up with local organizations and government sector. Currently, its practice and government policy do not contradict each other, but as policies in the health sector are further to be refined in future, MEH targeted experiences can be studied more intensively to determine whether they offer operational alternatives to achieving common ends in this regard. As MEH is not register in MOH as government of Nepal does not have clear health policy where health services are not integrated with the general health and the delivery of eye health services is left entirely to NGO. Further emphasis should be made on the inclusion of eye care data collection in the HMIS. It is challenging to meet the growing expectation of people. They look for specialized services. It is more challenging in the context of lack of available human resources. It is obvious that retention of doctors and staff in the rural area has always been difficult. Instead of upgrading new instruments and departments, its foremost important is to describe the current need to fully utilize existing resources.

The social responsibility of the local community has not been clearly spelled out in the agreement. Such uncertainties and ambiguous arrangements could undermine the impact of success very quickly and may lead to under-performance, ultimately challenging sustainability. On top of lot of challenges, the Hospital activities were effective in terms of achieving more than 95% of its set target as per project agreement. The overall achievements in terms of services provided as per set target are overachieved if we see altogether and at least various district population from remote mountainous area have been benefitted from basic health care services.

The poor economic condition of the people in the remote area and to implement as it requires additional human resources and policy framework is more challenging towards provide social security in health care services. It certainly requires more networking with the government including DPH Office and other district health service units which is also challenging until there is such a policy formulated. Hopefully upcoming phase address the problems esp. implementation and monitoring of hospital that it is facing right now.

As provided in program agreement, medical equipment had been purchase for the program, private ward and cafeteria had been constructed on the hospital premises. It is seen during our visit that public is satisfied with the activity of hospital. However, adequate policies and procedures is to be framed and proper system of internal audit and internal check system should be framed and implemented to ensure financial discipline on its transactions.

### **4.1.3 Recommendations**

The evaluation team identifies the following key recommendations based on finding and results of analysis which are solely focused on sustainability of project, access utilization of MEH and coordination and communication behavior.

#### **Mechi Eye Hospital Sangh**

- MEHS encourage to involve hospital activities to the community who are devoted to improve Mechi Eye Hospital activities.
- MEHS review and update the formal policies and procedures for management of hospital activities.
- Proper internal control system should be maintained and internal audit on audit financial transactions to be carried out periodically.

#### **Mechi Eye Hospital**

- Follow up and strengthen the integration of eye health into the national health system, with particular emphasis on the inclusion of eye care data collection in the HMIS. The monitoring, data management and reporting mechanism should be improved for making the proper conduction of handling and analysis of Hospital services will be easier.
- Develop and implement a strategy for improving the quality of services offered at district level eye units, in particular the supervision arrangements This is important for protecting and consolidating the progress achieved
- To make the service sustainable the eye hospital should develop a feedback mechanism, maintain strong co-ordination and service should be provided with the mission of public in center or public centered services
- Eye care services should be provided through more and more eye campaign at rural areas of with community participation.
- Developing knowledge sharing platforms to share information and best practices among the stakeholders and conducting independent review of the functioning of the programme could have helped bolster the effectiveness of the intervention. The independent programmatic reviews, during the tenure of the programme, would have helped in improving the reporting formats and structures, rationalized the concept of the vision centers and improved accountability and process standardization.
- Human Resource Management (MEH suggest to appoint administrative and financial officer separately and appropriate post should be created according to the needs of hospital).
- Proper motivation and training program should continue and promotion and future opportunity should be provided to the MEH staffs.

## **5     Supplementary Part**

### **5.1   REFERENCES**

- Mechi Eye Care Program Annual Report 2014,2015,2016,2017
- Final Evaluation Report 2012
- Terms of References by SWC
- Eye Care Foundation Report 2018
- District Public Health Profile 2073-2074

## 5.2 ANNEXTURES

### Annex.1. Schedule of the Evaluation Team

S. N	Date	Time	Activities
1.	15 <sup>th</sup> May, 2019	Morning 7 – 9 Am	Departure from Kathmandu to Jhapa (Bharatpur) Chadragadhi Airport (Shiva Sapkota, Baburam Bhandari and Indira Lamsal)
		10-12	Management of lodging and fooding at Hotel
		1 -3 Pm	Meeting with Mechi Eye Hospital Sangh/ Mechi Eye Hospital Management Committee &MEH Staff (Shiva Sapkota, Baburam Bhandari and Indira Lamsal)
		3 - 5 Pm	Visit to new constructed sites and Hospital Various departments (OPD/Inpatient Department /OT/Examination/Screening/Treatment Laboratory/Dispensing/Adm/Finance etc. areas). (Shiva Sapkota, Baburam Bhandari and Indira Lamsal)
2.	16 <sup>th</sup> , May,2019	9 - 12 Am	Observe Mechi Hospital Eye Care OPD/Treatment Education/Training/Patient Health Care Management and interview with beneficiaries (Patients) and outside community People. (Shiva Sapkota, Baburam Bhandari and Indira Lamsal)
		12 – 1	Lunch Hour
		2 – 5 Pm	Meeting/Interaction with Mechi Eye Hospital Management Committee and Hospital Staffs/Local Lion's club and visit DDC/Municipality/CDO. (Shiva Sapkota, Baburam Bhandari and Indira Lamsal)
3.	17 <sup>th</sup> May, 2019	8 – 12 noon	Visit and observed Peripheral Local Primary Eye Care Center / Teacher/ Local community & Visit Mechi Zonal Hospital/DPHO. (Shiva Sapkota, Baburam Bhandari and Indira Lamsal)
		12 – 1	Lunch Hour
		2 - 5 Pm	Meeting with Administrative and Finance officers and review administrative and Finance system. (Shiva Sapkota, Baburam Bhandari and Indira Lamsal)
4.	18 <sup>th</sup> May, 2019	Morning 8 to 12 noon	Overview the remaining part of Hospital Technical /service and Administrative & Financial Activities / Observed Store and Medical Record section. (Shiva Sapkota, Baburam Bhandari and Indira Lamsal)
		1 – 2	Lunch Hour
		2 – 5	Preparation and departure from Jhapa (Bhadrapur) Chadragadhi to Kathmandu. (Shiva Sapkota, Baburam Bhandari and Indira Lamsal)
5.	20 <sup>th</sup> May to last of June, 2019		Preparation of final evaluation Report. (Shiva Sapkota, Baburam Bhandari and Indira Lamsal)
6.	5 <sup>th</sup> -15 <sup>th</sup> July, 2019	11-1 pm	Final Report Presentation at SWC Office & submit Final Report. (Shiva Sapkota, Baburam Bhandari and Indira Lamsal)

## Annex 2. List of Key persons Interviewed

S.N.	Name	Designation
1.	Mr.Anil P. Gorkhaly	Executive Manager, Eye Care Foundation, the Netherlands, Nepal
2.	Ms. Sujata Gautam	Adm & Finance Officer, Eye Care Foundation, the Netherlands, Nepal
3	Dr.Gopal Prasad Pokharel	Founder prescience & Present member MEHS
4	Mr. Chhatra Prasad Adhikari	Member, Mechi Eye Hospital Sangh, Jhapa
5	Mr. Jal Kumar Gurung	Member, Mechi Eye Hospital Sangh, Jhapa
6	Mr. Bhim Bahadur Gurung	Member, Mechi Eye Hospital Sangh, Jhapa
7.	Dr. Purusottam Joshi	MD, Mechi Eye Hospital, Jhapa
8.	Dr. Prabha Subedi	Deputy,MD,Mechi Eye Hospital, Jhapa
9	Mr. Suraj Kumar Rauniyar	Senior Administrative & Finance Officer, Mechi Eye Hospital, Jhapa
10	Mr.Prasant Shrestha	Adm.Officer Mechi Eye Hospital, Jhapa
11	Ms. Jyoti Khadka	Sore Keeper, Mechi Eye Hospital, Jhapa
12	Mr. Mohan Adhikari	Medical Recorder, Mechi Eye Hospital, Jhapa
13	MS. Nisha Sangghaula	In Charge, PECC, Damak Jhapa
14	Mr. Santosh Paudel	In Charge, PECC,Pathbhara Netralaya,Jhapa
15	Mr. Subash Shrestha	Regional Manager, Siddhartha Bank Ltd.Jhapa
17.	Mr. Dhurba Kumar Sibakoti	Mayor, Birtamod Municipality, Jhapa
18	Mr. Khagendra Pd.Danggal	S.AHW,Birtamod Municipality, Jhapa
19	Mr. Dipendra Chaudhary	S.AHW,Birtamod Municipality, Jhapa
20	Mr.Madhu Sudan Koirala	DPHO,District Public Health Office, Jhapa
21	Mis.Samixha Subedi	Beneficiary(Patient), Damak, Jhapa
22	MS. Urmila Subedi	Beneficiary (Patient), Damak, Jhapa
23	Ms. Meena Bhattarai	Beneficiary Siligudhi, India
24	Mr. Sanjeeb Baral	Beneficiary Bhanu Chok, Damak , Jhapa
25.	Ms. Maharani Chaudhari	Beneficiary, Damak-7 Jhapa
26	Mr. Bishnu Yadav	Community People, Damak-8 Jhapa
27	Mr. Meena Mandal	Community People, Damak-5 Jhapa
28	Mr. Krishna Prasad Adhikari	Teacher, Satvisa Madhyamik Bidhalaya, Jhapa

### **Annex 3. Questionnaire**

**(Structured semi open interview/discussion questionnaire)**

***A. (Questionnaire for the Executive Director, Eye Care Foundation, KTM)***

1. When you started project in Nepal?
2. What is your Mission, Vision, objectives and target/ Long term Plan?
3. How you formulate plan and strategy to meet your target.
4. How you manage financial resources/ what is your financial source.
5. How you select areas of your project/ Program/ Human resources.
6. Which areas are running project/ Program in Nepal?
7. What is your criteria to select project/ program and how you plan your project?
9. Who are your stakeholders/ Techniques of Monitoring and evaluation?
10. What are your major difficulties to implement your project?

***B. Mechi Eye Hospital, Sangh & Mechi Eye Hospital Management Committee. (Questionnaire for the executive Member of MEHS).***

1. How do you formulate Mechi Eye Hospital Management Committee/ process/ Purpose/function/ organization, Composition and Role of Management Committee?
2. How committee is Plan, Implement and Evaluate of Mechi Eye Hospital activities?
3. How Committee is Managing Resources/Finance, Human and logistic?
4. How is your Coordination to the Central Level Eye Care Foundation/How is the coordination mechanism at different level?
5. What kinds of difficulties do you overcome and still facing during reconstruction phase and other activities?
6. How monitoring and evaluation of reconstruction is being done?
7. What kind of steps does organization is taking for its capacity development?
8. How was the communication between NGO, MOHP and health facility management and how often the meeting was held?
9. Please provide us ratio of patients flow to your Hospital, its utilization rate and List all hospital and health post services, ranking them in order of priority?

10. What are the types of medical and surgical services provided from the Hospital and is all the essential services i.e. those that need to be available at all times in any circumstances are easily accessible or not?
11. How many medical and surgical outreach clinics are organized? Please give details? Please include the number of persons receiving assistive and mobility services.
12. Please provide Target vs. achievement till project period? Also, the number of patients identified and provided with rehabilitation care.
13. Please provide us list of Training provided Hospital and health post staff during project period.
14. How many health staffs were trained on using standard treatment protocol and what about staff sufficiency, technical support and performance?
15. How is the coordination mechanism at different level/coordination with District Health Office and health facilities?
16. Do you have any suggestion to Government of Nepal/Social Welfare Council?
17. What about the availability of vehicles and resources required for patient transportation?
18. How is the referral systems works?
19. What is the provision for poor people who cannot afford and the number of service users and their families expressing satisfaction with the service received till date?
20. In your opinion, what are the strengths, areas to improve and opportunities and threats for Mechi Eye Hospital?
21. What is the sustainability plan for this project and how its standard of care can be improved?
22. How you Plan/ organized Eye camp/Eye care Education other activities at project thematic areas.
23. How do you coordinate local authority and community during your camp period?
24. How do you collect feedback from the community during camp/education Program?

***C. Mechi Eye Hospital, Anarmani, Jhapa Staff (Technical and Adm)***

(Questionnaires for the MD & Adm.Officer)

1. Organogram of Hospital /existing Human Resources in Mechi Eye Hospital?
2. Is there any job description according to their position/role and responsibilities assigned from Mechi Eye Hospital?
3. Is there any provision of permanent/ promotion facilities or process?
4. Are you satisfy with your job/ job description /responsibilities?
5. Are you getting essential equipment's/material to manage your job?
6. What about lab and other facilities of this hospital and are they sufficient?
7. Daily patient flow of OPD at Mechi Eye Hospital.
8. How Mechi Eye Hospital charges are manage/is there free services available to the poor patient/ how managed?
9. What is patient satisfaction level/any feedback from the patient?
10. What is your feedback/Suggestion to the higher authority to improve the quality of Mechi Eye Hospital services?

***D. Local Authorities Mechi Hospital/DPHO/ CDO***

(Questionnaire for the MD, Hospital DPHO & CDO)

1. How is the reporting mechanism from Mechi Eye Hospital to DPHO? Have you participated in the meeting organized at Mechi Eye Hospital, Anarmani, and Jhapa?
2. Does the accomplished activities of Mechi Eye Hospital are included in HMIS reports?
3. What are the supports provided to Mechi Eye Hospital from DPHO/Health Facility?
4. Do the Mechi Eye Hospital staff participate in DPHO/HF organized training and other programme?
5. How is the coordination and collaboration of DPHO with Mechi Eye Hospital?
6. In your opinion, what are the strengths, areas to improve and opportunities and threats for Mechi Eye Hospital?
7. What is your advice and plan for Mechi Eye Hospital for effective implementation of the project activities?

8. To what extent are there well-defined mechanism of coordination and cooperation for disaster preparedness, safety and risk reduction between INGO, health post and MOH?
9. To what extent is the reinforcement and retrofitting of infrastructure are carried at Mechi Eye Hospital, Anarmani, and Jhapa.
10. Any feedback to Mechi Eye Hospital/Suggestion to improve Mechi Eye Hospital services.

#### ***E. Local Government DDC/ Municipality/VDC***

(Questionnaires for the DDC, Mayor, Birtamod Municipality)

1. Any representation from your office for Mechi Eye Hospital, Management? Committee/Can you state your impression about the services provided by the Mechi Eye Hospital?
2. How the community of your VDC benefitted from services provided by the Mechi Eye Hospital?
3. Are the services offered from Mechi Eye Hospital are free of cost or any charge?
4. What is your suggestion for betterment of Mechi Eye Hospital and to Government?
5. How often do you participate in the meeting organized at Mechi Eye Hospital?
6. Does Mechi Eye Hospital annual plan and budget is approved from DDC Council?
7. In your opinion, did the project ensure transparency and accountability in implementation through a participatory approach at all levels? If yes, what are/were the evidences? If not, what were the gaps?
8. In your opinion, how much has the project succeeded in ensuring sustainability of the results generated by the project and to what extent has the project been able develop measures to sustain the community institutions?
9. What are the recommendations for similar initiatives for future?
10. Any suggestions.....

#### ***F. Mechi Eye Hospital, Anarmani, Jhapa Service receiver or patient (Beneficiaries) Community***

1. Focus group discussion with Patients / Clients / Beneficiaries
2. What is your problem that brought you in the Mechi Eye Hospital, Jhapa?
3. How did you know of this Mechi Eye Hospital, Jhapa and from where you have come?
4. You were either referred or self-motivated to seek the services in Mechi Eye Hospital, Jhapa?

5. Where from you have come to this place? How long from here you're in your areas.
6. Did you pay for the treatment? If yes, how much? Or all services free?
7. Are you satisfied with services provided by Mechi Eye Hospital, Jhapa?
8. Do you have information you need to get relief and support? Is support provided in a fair way?
9. What is your perception about the Mechi Eye Hospital, Anarmani Jhapa?
10. Is any mobile camps organized in your place by Mechi Eye Care Project and how many people were benefitted by Health Camp?
11. Do you have any suggestions to Mechi Eye Hospital and Government?
12. Do you have any suggestions to SWC and Government of Nepal?
13. In your opinion, how the Mechi Eye Hospital services contributed in improving health status of People?

#### **Patients' Satisfaction questionnaire of MEH**

1. Sex: F/M			
2. Have you ever been treated at MEH or at PHCC? Yes/No			
3. Do you live in this District? Yes/No			
<b>Service</b>	<b>Good</b>	<b>Faire</b>	<b>Bad</b>
4. Do staff's advice and explain clearly about the eye health?			
5. Do staffs explain clearly about the disease and treatment?			
6. How to do think about registration waiting time?			
7. How do you think about the waiting time at OPD and OT?			
8. How do you think about the user fee? Is it free?			
9. How do you get to hospital/clinic?			
10. How much time does it take?			

11. Are you happy about the services provided by the hospital and primary health care center?			
<b>Staffs' attitude</b>			
12. Do you think staffs listen to your explain?			
13. Do you think staffs are friendly at the registration place?			
14. Do you think staffs pay attention to treatment?			
<b>Place and Time</b>			
15. Do you think staffs arrive on time?			
16. How do you think about waiting place? (Comfortable, environment...). How long do you have to wait for treatment?			
17. How do you think about OPD room?			
18. How do you think about ward and restroom?			
19. How do you think about the canteen?			
20. Do you intend to tell the other about it? Yes/No			
21. Did any staffs use to tell you to get the private service? Yes/No			
22. Have you ever received private service? Yes/No			
23. Is there any eye camp organized in your area? Yes/No			
24. Are you planning to get private ward or general ward? Can you afford a private ward? Yes/No			
Idea or suggestion:			

### ***G. Administration and Finance Officer at Mechi Eye Hospital***

(Questionnaires for Administration & finance Officers)

1. What is your administrative / any written rules and guideline?
2. How you manage Human Resource/ Monitoring and Evaluation System?
3. Promotion and permanent mechanism/ Remuneration? Logistic System (Medicine, and equipment's and materials)
4. Recording and Reporting System?
5. Financial Mechanism/ Guidelines/ Practice.
6. Auditing / Social Auditing system?
7. Building Contraction and Maintenance rules and Procedures?

### ***H. Logistic/ Medical Store Section***

(Questionnaires for the Store Keeper)

1. What is Hospital Purchasing process?
2. Inventory and despatcher system?
3. Physical asset and consumable goods Register System?  
(Donated items, condition, Manufacture Company, Models, Supply form, Date of Purchased, inventory, quantity, amount, rate, Supply demand form)
4. Physical verification process?
5. Supply system and recording system
6. How the stock management systems for renewal medical supplies and drugs at PECC is manage?  
Check the dispensary section.
7. Observe store condition: Systematic or not
8. Where you got training? (Store keeper is well trained or not)

### ***I. Medical Recording Section***

(Questionnaire for the Medical Recorder)

1. Store Keeper knowledge and skill / well trained
2. Recording system
3. Followed HMIS system or Mechi Eye Hospital has own system
4. Coordination with MOHP/DPHO for reporting
5. Where your Hospital reporting?
6. How is the reporting mechanism? Does Hospital data incorporate into HMIS?

### ***J. Observation Checklist & Questionnaire for Focus group discussion***

#### *(a) Observation checklist:*

- Condition of the Hospital - Environment, Cleanliness, Hygiene and Sanitary measures
- Water supply system, Responsiveness of the staffs, Behavior of staffs towards patients
- Registration, enquiry
  
- Outdoor patient Management
  
- Indoor patient Management
  
- Patient waiting rooms
  
- Situation of ventilation / lighting facilities
  
- Maintenance of equipment
  
- Operation Theatre condition
  
- Dressing/injection room condition
  
- Display of IEC materials
  
- Poster, Pamphlets, flip, chart, radio message
  
- Hospital waste Management
  
- Recording/Reporting (Statistical Section)
  
- Hospital building /compound wall & their maintenance.

#### Annex 4. Mechi Eye Hospital Activities Pictures

##### a. Mechi Eye Hospital Front View



##### B. (i) Patient Examination View and MD Examining the Patient



### C. Sophisticated Eye Equipment of MEH



**e.( i) Pathibhara PEC Observatiobn by the evaluation team**



**f. PECC Damak Incarge Examining the patient**



**f. Mechi Eye Hospital Staff Metting**



**g. Peripheral Eye Camp Visit by the team**







## HOSPITAL SERVICES



## OUTREACH PROGRAM





## EYE HEALTH EDUCATION



## EYE HEALTH EXHIBITION

