Evaluation Report of

"HEALTH RIGHT: Inclusive Eye and Ear and Hearing Health in Karnali of Nepal"

Authors of report: Nepal Public Health Research and Development Center (PHRD Nepal)

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Disclaimer:

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Project ID and Name	4111_BMZ-MYP(P00044) HEALTH RIGHT: Inclusive Eye and Ear and Hearing Health in Karnali of Nepal
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List of Abbreviation

BMZ	German Federal Ministry for Economic Cooperation and Development
BRINOSE	Britain Nepal Otology Service
CAPI	Computer-Assisted Personal Interviews
CBM	Christian Blind Mission
CBMI	Christian Blind Mission International
CBO	Community-Based Organization
DPO	Disabled Peoples Organization
EE	Eye and Ear
ENT	Ear, Nose, and Throat
FCHVs	Female Community Health Volunteers
FGD	Focus Group Discussion
GEDSI	Gender Equality, Disability, Social Inclusion
IEC	Information, Education, and Communication
KIIs	Key Informant Interviews
LMICs	Low- and Middle-Income Countries
MoHP	Ministry of Health and Population
MOSD	Ministry of Social Development
NGO	Non-Governmental Organization
NNJS	Nepal Netra Jyoti Sangh
NRCS	Nepal Red Cross Society
OECD/DAC	Organization for Economic Co-operation and Development Assistance Committee
PHCC	Primary Health Care Center
PHRD Nepal	Nepal Public Health Research and Development Center
PWD	Person With Disability
RAAB	Rapid Assessment of Avoidable Blindness
SD	Standard Deviation
SDG	Sustainable Development Goal
SEH	Surkhet Eye Hospital
WHO	World Health Organization

Map of Project Area

The Karnali province stands out as a predominantly mountainous region within Nepal, encompassing almost 20% of the country's landmass while hosting merely 6% of its population. This distinction makes it the largest yet least densely populated province in Nepal. Situated in the northwest part of Nepal, Karnali province spans across 10 districts, sharing borders with Lumbini province to the south and east, Sudurpaschim to the west, Gandaki to the east, and China to the north.[1] According to the 2021 census of Nepal, the population of the province was 1,688,412 with 864,651 females and 823,761 males.

Figure 1: Map of project area

The eye and ear health project were carried out in the four districts of the province namely Surkhet, Dailekh, Jumla, and Mugu. Further, the work was carried out on the selected municipality of the district which is portrayed in Table 1.

Table 1: Distribution of the project area with total population and population with disability[2]

District	Total population	Male	Female	Municipality	People with disability
Surkhet	415,126	199,740	215,386	Gurbhakot Municipality	12,397
				Barahtal Rural Municipality	
Dailekh	252,313	120,774	131,539	Narayan Municipality	7,992
				Dullu Municipality	
Jumla	118,349	59,228	59,121	Sinja Rural Municipality	2,832
				Chandannath Rural Municipality	
Mugu	64,549	32,381	32,168	Chhayanath Rara Municipality	1,759
				Soru Rural Municipality	
Total	850,337	412,123	438,214		24,980

[1] Acharya K, Paudel P. Biodiversity in Karnali Province: Current Status and Conservation Karnali Province Government Ministry of Industry, Tourism, Forest and Environment Surkhet, Nepal. 2020;(November).

[2] National Report | National Population and Housing Census 2021 Results (cbs.gov.np)

Executive Summary

Introduction and Objectives:

The "Health Rights" project, funded by BMZ/CBM and implemented by Nepal Netra Jyoti Sangh (NNJS), spanned a duration of 37 months from February 2020 to December 2023, and operated in four districts: Surkhet, Dailekh, Jumla, and Mugu of Karnali province. The primary objective of the project was to enhance the overall health status of individuals by increasing access to eye and ear care service and raising awareness through multifaceted interventions. These efforts encompassed the establishment of inclusive eye and ear health services, aimed at fostering accessibility and equity within healthcare provision. This report is an evaluation summary of the project highlighting the project's achievements at the end of its implementation period. The evaluation aimed at assessing the relevancy, effectiveness, efficiency, impact, sustainability, gender, safeguarding, and disability inclusion of the project, thereby providing recommendations to inform future programs.

Methodology:

The evaluation employed a descriptive cross-sectional study design, integrating both qualitative and quantitative methods using the OECD-DAC criteria for the evaluation. The evaluation was conducted in eight municipalities across four project-implemented districts of Karnali Province. The evaluation methodology encompassed a comprehensive desk review of project documents and primary data collection. Quantitative data was collected from 325 direct project beneficiaries through a questionnaire survey, supplemented by a desk review of project narrative reports. This combined approach was instrumental in substantiating the achievement of project targets. Qualitative data collection included key informant interviews (KIIs) from 22 participants including the representatives from the provincial government [Ministry of Social Development (MOSD)], local governments, ENT Department of the Province Hospital, project-supported health facilities, Surkhet Eye Hospital, Eye care centers, school principals, traditional healers, Female Community Health Volunteers (FCHVs), NNJS executive director, and key staff of the project, including the project lead and project officers. In addition, four focus group discussions (FGDs) were carried out with project beneficiaries, persons with disabilities, members of the project coordination committee, local CBOs, and local ward representatives. Quantitative data underwent analysis through descriptive statistics (mean, SD, proportion, etc.) using Stata version 17. Qualitative data were subjected to thematic analysis, leading to conclusive insights to address the key evaluation questions.

Major Findings:

An endline survey was conducted with 325 direct project beneficiaries across Surkhet, Dailekh, Jumla and Mugu districts of Karnali Province, with a demographic profile mainly of individuals aged over 60 (46%) with the highest participation of female at 60% with Hindu as the main religion (95.7%) and a major proportion of Dalits at 30.2% while illiterate was 44%. Agriculture was the primary occupation (43.7%) and main source of income of family at 59.4% for the majority of participants.

Overall, radio/jingles (63.5%) and community coordinators (60.7%) were considered the most common methods for receiving awareness messages from the project, while the respondents preferred to receive awareness messages from community coordinators (43.4%) as the best medium for receiving the awareness message on eye and ear health. The project's effectiveness in improving healthcare accessibility and quality is evident through its diverse approach to raising awareness and preventive practices. The project enhanced awareness by using various channels

such as airing informative jingles on FM stations, Community coordinators, Street theatre, murals, and public information panels on eye and ear health. The strategic dissemination of health messages through information panels and murals has contributed to improving eye and ear health-related awareness at the community level. By emphasizing the necessity of seeking timely care from local health facilities, these messages underscore the importance of proactive health management. Participants from Barahtal Municipality shared their experience: "I am illiterate; the colorful and catchy drawing of the wall painting directed me to know that it was a painting related to the eye. With the help of my sons, I came to know that cataracts are curable and that their treatment is being provided at a subsidized rate at Surkhet Eye Hospital." The project effectively achieved its goals of providing training and orientation on eye and ear health prevention and treatment to Community coordinators, parents, traditional healers, community nurse and Female Community Health Volunteers (FCHVs), yielding a significant impact. This training equipped them with knowledge about eye and ear health services available at the project-supported health facilities, Surkhet Eye Hospital and province hospital as well as the support provided by the project. Armed with this awareness, Community coordinators, community nurses, traditional healers and FCHVs played a vital role in educating the community about the importance of eye and ear health. They actively referred community members to nearby health facilities for treatment and informed them about upcoming screening camps.

Regular screenings, in collaboration with community coordinators and FCHVs, reached over 151,134 people, exceeding initial goals. Most of the respondents of the evaluation survey attended eye screening, accounting for 93.8%. Cataracts were the condition identified during screenings at 43%. Post-screening, participants received health messages and treatment referrals. However, only 36.8% of the referred respondents who were surveyed, visited a Surkhet eye Hospital. Additionally, 14% received cataract surgery from outreach camps, and 10.4% received surgery at Gurbakot Eye surgical center, while 4% did not receive any service after being referred. The uptake of cataract surgery varied across districts, with Surkhet showing the highest rate due to better accessibility and improved eye care facilities. Specifically, 50% of respondents in Surkhet underwent surgery at Surkhet Eye Hospital, and 18.7% received treatment at Gurbakot Eye Care center. In Dailekh, 28.6% opted for surgery at Surkhet Eye Hospital, and 22.2% utilized outreach services. While, none of the respondents from Jumla and Mugu districts visited Surkhet eye hospital for Cataract services.

To increase access to cataract surgery, the project implemented outreach camps especially targeting communities with limited access to eye health service. The project improved access to eye and ear healthcare by organizing regular screenings in communities and schools. Referrals for cataract and ear surgeries were made to Surkhet Eye Hospital and Province Hospital, with treatment costs subsidized by the project. Health facilities were equipped with essential tools and provided training to ensure the availability of basic eye and ear health care in community settings. The project supported to establish four accessible Eye and Ear Care Center in the rural communities of Karnali province in coordination and collaboration with Local Government. Upgraded one Eye Care Center to a Surgical center to enhance the availability of cataract surgery. Provided equipment to health facilities to integrate basic eye and ear care services.

The project provided crucial support to Surkhet Eye Hospital by furnishing equipment and devices to establish a low-vision department, thereby enhancing low-vision services in the region. Additionally, it bolstered ear health services in Karnali Province by equipping Karnali Province Hospital and promoting access to ear surgeries and hearing aids in remote communities. Health

facilities received essential ear equipment, and health workers benefited from otology training. Moreover, the project facilitated a referral mechanism to Provincial Hospital for advanced ear health services.

Furthermore, the project played a pivotal role in strengthening Eye and Ear Health Services in Karnali Province through the formulation of a Provincial Eye Health Strategy, which has been endorsed by the Provincial Government. In line with the project plan, evidence-based policy and programs were supported through an ear survey conducted following WHO guidelines. This initiative significantly contributed to the development of provincial-level eye health strategies that address Karnali Province's specific needs and challenges.

Relevancy:

Karnali Province, being one of the largest provinces in Nepal with geographical difficulties and remoteness, is challenging to provide basic eye and ear services to the entire population. Eye and Ear care services are not integrated into basic health facilities in Nepal. Additionally, Surkhet Eye Hospital and Provincial Hospital were the only Institutions that provided eye and ear services in the entire province. With this fact, to increase the access to basic eye and ear health services, the project was found to be relevant. The project has supported to increase eye and ear services through Eye Care Center (ECC), outreach camp, school, and community screening, and through referral mechanism.

Nepal faces a critical shortage of eye and ear healthcare. Cataract surgical coverage (CSC) and effective Cataract surgical coverage (eCSC) in Karnali fall below WHO standards due to inadequate accessible and affordable eye care. Ear health suffers as well, due to insufficient facilities. Financial constraints and the region's challenging terrain further restricts access to healthcare, making treatment even more expensive. Recognizing this critical need in a province with a low Human Development Index (HDI) and a high Multidimensional Poverty Index (MPI), a project was implemented to address these issues. The project adopted and used multiple methods, media, and channels to inform, educate and empower the local communities about eye and ear health: radio jingles, printed materials, school competitions, street theatres, hoarding boards and wall paintings, day celebrations etc. Additionally, they provided screenings and cataract surgeries during outreach camps and subsidized cataract surgery from Surkhet eye hospital. Importantly, the project also played a key role in strengthening local healthcare capacity. This included supporting the establishment of a primary eye care center and improving ear healthcare quality through equipment supports and training for healthcare workers. By collaborating with Surkhet Eye Hospital and the provincial ENT department, the project directly enhanced local facilities, enabling them to handle more surgeries. Overall, the project has been instrumental in closing the healthcare gap in Karnali Province and promoting the importance of eye and ear health for overall well-being. Few of participants share "A student lost his eyesight because of a lack of awareness, inaccessible services at a nearby health facility, and delayed treatment. If a project like this had been implemented earlier, maybe his eyesight could have been saved."

Effectiveness: The project has exceeded its targets across various indicators, notably outperforming its specific goals for providing treatment for eye and ear diseases. Originally set at 11,920, the project has successfully delivered treatments for eye and ear health problems to a total of 15,950 poor and marginalised individuals (11,017 for eye conditions and 4,933 for ear conditions), showcasing a remarkable achievement. The project improved awareness about eye and ear health in target communities by utilizing radio jingles, wall paintings, and community coordinators, and

promoted cataract services and healthy practices. Screening camps provided eye and ear health services close to the community and supported medication and affordable spectacles, with cataract patients and for ear surgery at a subsidized rate. A total of 32 health workers received otology training, and 1 technician from Surkhet Eye Hospital was trained for equipment maintenance. A total of 339 traditional healers, 329 FCHVs, and 395 parents were educated on the importance of eye and ear health while 8 community coordinators and 115 community nurses were trained in ophthalmology. Upgrading Gurbhakot's eye care center into a surgical center facilitated more surgeries, while equipment support health facilities and the ENT Department of Province Hospital enhanced service provision, reducing referrals and increasing surgeries or treatment per day.

Efficiency: Despite initial challenges posed by the COVID-19 pandemic, the project demonstrated remarkable efficiency in achieving its objectives within a shortened timeframe. Community coordinators served as crucial links between target communities and the project, facilitating the successful implementation of activities such as awareness programs and screening camps. Utilizing existing health facilities and partnering with technical experts like Surkhet Eye Hospital and the provincial hospital's ENT department, the project ensured efficient delivery of services. Organising outreach camps and hospital-based surgery support enhanced the access to eye and ear care services to the thousands of deprived and underprivileged community people in Karnali province Overall, through strategic planning and resource utilization, the project significantly improved eye and ear health outcomes in target communities despite pandemic-induced constraints. Project staff share on “It's incredibly satisfying to see the positive impact on people's lives. While a typical cataract surgery can be quite expensive ranging from Rs. 6000-10,000, our project managed to offer it at 4,500 rupees. Bringing essential healthcare like cataract surgery to the unreached communities through 10 outreach camps at subsidized cost, makes it even more rewarding”.

Impact: The project significantly enhanced eye and ear health in Karnali province, extending its impact from local communities to the provincial level. Through improved healthcare infrastructure, specialized training, and awareness initiatives, the project addressed longstanding challenges in accessing quality eye and ear care. Collaboration and coordination with local government and stakeholders led to the establishment of primary eye care centers and increased access to eye and ear health services in remote communities. The positive changes initiated by the project, particularly in the knowledge, attitude, and practices of the target beneficiaries, individuals, family members and community people on eye and ear health, helped to change the individual’s perception of eye and ear health, and subsidized cataract and ear surgery. Equipment provisions and facility renovations further improved service delivery and accessibility of health facility for improving of eye and ear health including person with disability. Comprehensive awareness campaigns, screening camps, and outreach efforts heightened community understanding and practices. Project support in eye and ear services during screening camps, including cataract surgeries and the distribution of spectacles and hearing aids, benefited numerous individuals. By project completion, 151,134 individuals had been screened, with thousands receiving essential eye and ear treatments, leading to restored vision and hearing and prevent from blindness and deafness. Training sessions for health workers and traditional healers fostered trust in local healthcare services, encouraging community members to seek treatment and advocate for others to do the same. In addition to this, the project supported on developing and endorsement of

provincial eye health strategy and endorsement of national eye health strategy by Ministry of Health and Population (MOHP).

Sustainability: The project coordinated to relevant stakeholder for eye and ear health strategy development and a collaborative effort with local authorities and municipalities to ensure commitment and policy endorsements, laying the groundwork for sustainable impact. By establishing government-owned eye care centers and upgrading one of the eye care center into a surgical facility, along with equipping health facilities, training to health worker, the project ensured long-term provision of eye and ear healthcare services in community even after the termination of the project. By strengthening the capacity of hospital, health post, health workers, eye health care centers, and along with the equipment support is a positive step in ensuring the continuity of eye and ear health. Health workers received training in preventive care and equipment usage, while referral systems enhanced access to higher-level hospitals. The project's awareness campaigns promoted timely healthcare visits and educated traditional healers to refer patients to health facilities. Government insurance endorsement and lobbying efforts resulted in the integration of eye care into government services, with ear health issues referred for subsidized treatment. This collaborative, policy-integrated approach has sensitized the government and attracted further funding, driving ongoing improvements in the healthcare system. To ensure that community members receive long-term eye health services after the project ends, measures such as strengthening partnerships with local governments and healthcare institutions, advocating for increased budget allocations, promoting community engagement, ongoing training programmes for healthcare providers, leveraging technology, and continuous monitoring and evaluation are essential. NNJS remains committed to continuing or replicating the project in other operational areas following the cessation of funding from CBM and BMZ. From the participants of local government of Gurbhakot, Surkhet expressed on “The municipality has provided Nrs 10 lakh to the surgical center of Gurbhakot for its sustainability and continuation of its service. If this centre can be converted into hospitals, the people living in eastern part of Surkhet, Jajarkot, Salyan, East Rukum and Dopla can be benefitted in terms of accessibility and availability from this eye hospital.”

Gender Equality, Disability and Social Inclusion (GEDSI): The project achieved gender equality by ensuring equal access to eye and ear services for men, women, girls, and boys, regardless of disability status. Efforts were made to provide gender-friendly programming and staffing patterns, with a deliberate choice to include both genders in the project team. To ensure equitable benefits for person with disabilities, the project implemented strategies such as providing information on the screening camps and its venue via accessible communication materials such as radio/jingles, posters, pamphlets etc. However, challenges related to accessibility barriers for marginalized groups in remote areas were identified, emphasizing the need for strategic planning to overcome geographical and logistical challenges where proper documentation of gender equality considerations was ensured and addressed during project activities. To ensure that the people form marginalized area also get benefitted from the project, it adopted new modality for providing transportation assistance, and reasonable accommodations by local government to the selected individuals who were poor and from marginalized background. The project significantly improved disability awareness among staff through targeted training sessions, fostering a more inclusive environment. Updated organizational policies ensured disability considerations were integrated into all project activities. Equitable benefits for persons with disabilities were ensured through accessible materials, transportation assistance, and accommodations. Disability-disaggregated data collection tailored interventions for equitable access, while active participation of person with disabilities Disabled Persons' Organizations (DPOs), and self-help groups was prioritized through proactive outreach, engagement, and consultation. Their involvement in decision-making processes ensured their voices were heard and their perspectives integrated into project interventions, promoting meaningful inclusion and participation.

Safeguarding: Safeguarding was ensured throughout the project implementation process by enhancing capacity of the project team on safeguarding issues, regular feedback and review. NNJS and its partner hospitals prioritize safeguarding through established policies and extensive staff training. Rigorous measures are in place to create a safe environment for project participants, including children and vulnerable adults. Outreach camps are carefully supervised, with safety protocols enforced during activities. A robust complaint and feedback mechanism ensured prompt resolution of any safeguarding concerns. Additionally, specific security measures were implemented in school and community settings, which included implementation of NNJS child protection policy, providing continuous staff training on safeguarding policy and strict adherence to it throughout the project, and close monitoring to maintain a safe and supportive environment for all participants involved. Project also ensured the increased to secured people on need based service with the safeguarding policy and protection. Safeguarding was ensured throughout the project implementation process by enhancing capacity of the project team on safeguarding issues, regular feedback and review; For example timing of the camps, children accompanied by teacher during school screening camps.

Conclusion: The project delivered a range of services, including capacity building of health facilities and hospitals as well as awareness raising and behaviour changing of community people regarding eye and ear health in the eight municipalities of four project districts of Karnali province. The local government and community people were satisfied with the project as the eye and ear health of their area have been improved with the support of the project as they were able to reach every corner of the municipality and was able to provide the services by conducting screening camp and providing medication for subsidized. Subsidized services and comprehensive outreach camp earned praise from communities and local government. Notably, people identified with operable cataract received surgeries at outreach camp and at subsidized cost in the referred hospital. Similarly, project also helped on improving the ear health by conducting the screening camp where they would get screened, treatment and minor surgeries and for major surgeries, they were referred to province hospital where the cost of surgeries was also subsidized. The awareness programs fostered healthy practices among the people of the Karnali province However, concerns have arisen regarding limited reach in remote areas, particularly in addressing ear health issues health though their moto was to improve both eye and ear health

Recommendation: More action and level wise

1. **Enhance Training for Health Care Workers**
    - Regular refreshers training to the health workers should be provided on eye and ear health yearly and take regular updates from them, followed by monitoring to assess their performance by the project. Project should provide comprehensive training to address gaps in the skill, thereby ensuring the quality of healthcare delivery of eye and ear health.
    - Organise training for all health workers within healthcare facilities rather than confining it to just one individual. This strategy mitigates the risks associated with posting instability and frequent transfers, ensuring continuity of care even if trained personnel is relocated to other areas.

- Should be developed otology and eye health care training to health worker in various level;
    - Provincial health workers
    - Districts level health worker
    - Local level health worker

2. **Enhance Referral Visit Rates**
    - To address low referral uptake for eye health problems, especially in rural areas, we can improve accessibility and affordability by partnering with local transportation services for subsidized travel, raising awareness through community education, and offering financial assistance programs with sliding scale fees. These efforts will encourage more individuals to follow through with referrals, enhancing eye health outcomes in underserved communities. Leveraging the project's field-level health staff, community health workers from governments, and FCHVs to provide personalized follow-up and support to referred individuals could help reinforce the importance of seeking treatment and address any concerns or barriers they may face. These frontline health workers can play a crucial role in building trust and rapport with the community, thereby increasing confidence in the healthcare system and encouraging compliance with referrals.
3. **Reaching Hard to Reach Area:**
    - Expand outreach efforts to remote areas like Mugu by conducting regular community-level screening camps in collaboration with local government. Ensure proper and thorough monitoring of project activities to ensure that target groups benefit from the project's interventions.
    - Extending the duration of screening camps and organizing biannual campaigns can significantly benefit hard-to-reach areas by providing more opportunities for individuals in these areas to access essential eye and ear healthcare services.
4. **Ownership and Sustainability by Local Governments:**
    - Advocate for increased ownership of the program by local governments, it involves encouraging and empowering local authorities to take more active roles in the management and oversight of initiatives aimed at improving eye and ear health. This includes fostering a sense of responsibility and commitment among local officials and stakeholders towards ensuring the long-term sustainability and effectiveness of these programs. To maximize project impact and sustainability, prioritize activities with the highest return on investment through strategic budget allocation for the partnered referral sites. Furthermore, collaborate with local governments to expand outreach efforts and anticipate potential challenges faced by technical partners in later phases. This proactive approach ensures optimal use of resources and long-term project success.
5. **Regular supervision and monitoring:**
    - Should develop a comprehensive and integrated supervision and monitoring checklist based on the project objectives and targets to ensure the major achievements of the project.
    - Should conduct supervision and monitoring of the trained health workers to ensure the capacity enhancement and delivery of eye and ear health.

2. Introduction

The "Health Rights" project, funded by BMZ/CBM and implemented by Nepal Netra Jyoti Sangh (NNJS), spans a duration of 37 months and operates within the Karnali province across four districts: Surkhet, Dailekh, Jumla, and Mugu. A primary objective of the project was to enhance the overall health status of individuals by increasing access to eye and ear care service and raising awareness through multifaceted interventions. These efforts encompass the establishment of inclusive eye and ear health services, aimed at fostering accessibility and equity within healthcare provision. Integral to this objective is the strategic capacity development of medical personnel, ensuring the proficiency and readiness of healthcare practitioners to address the diverse needs of the population. Furthermore, the project adopts a comprehensive approach, integrating elements such as community-based screening initiatives, treatment provisions, and awareness-raising campaigns, thus fostering a holistic ecosystem conducive to the promotion of eye and ear health.

In alignment with its overarching goals, the "Health Rights" project extends its influence beyond the realm of service delivery, actively engaging in advocacy endeavors at various levels of governance. Through concerted lobbying efforts directed at local, provincial, and national governmental entities, the project seeks to effectuate systemic changes conducive to sustainable healthcare improvements. This advocacy framework underscores the project's commitment to fostering an enabling policy environment that prioritizes the rights and well-being of marginalized populations, including individuals with visual impairments, disabilities, and other vulnerable cohorts. Moreover, the project adopts a targeted approach, catering to the diverse demographic composition of its beneficiary base, which encompasses men, women, girls, boys, and healthcare workers alike. By delineating a robust target group and delineating specific treatment objectives, including the provision of healthcare services for over 11,920 individuals afflicted with eye and/or ear diseases, the project endeavors to address critical health disparities and promote inclusive development paradigms within the Karnali province and beyond. The project aims to improve the quality of life of the poor population of the province of Karnali affected by visual and hearing impairments is improved.

2.1 Evaluation Objectives

2.1.1 General Objectives:

- To assess the outcomes of the project to show evidence of its effectiveness, value for money (efficiency), potential impact and the likelihood of sustainability and capture learning and draw recommendations to improve future similar operations.

2.1.2 Specific Objectives:

- To measure the extent to which the project has achieved its planned result.
- To measure the relevancy of project to the context of Karnali province and coherence of designed activities.
- To measure effectiveness and efficacy on the part of project implementation.
- To measure the impact and sustainability of project achievement.
- To document project effort/learning and challenges where planned results are not achieved.
- To document disability-inclusive practice in project execution.
- To generate documents/evidence that can serve as reference/learning documents for future and development of similar project in similar context.

2.2 Scope of evaluation:

This endline evaluation primarily assessed the outcomes of the project to show the evidence of its effectiveness, value for money (efficiency), potential impact, and the likelihood of sustainability and capture learning and draws recommendations to improve future similar operations. final evaluation was conducted in line with the project indicators, project plan, training, achievement, annual report, and a logical framework was used as a primary reference in assessing the process, outputs, and potential outcomes. Necessary modifications were made to compare the data and measure the outcome of the project indicators. The evaluation followed the internationally accepted OECD/DAC (Development Assistance Committee) evaluation criteria of Relevance, Effectiveness, Efficiency, and Sustainability and two additional CBM criteria which were Gender equality, disability, and social inclusion (GEDSI) and child safeguarding and impact. It also assessed the roles of different stakeholders in the project. Various tools such as desk review, Household surveys with direct beneficiaries, Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), and Case stories were used to see the progress toward expected outcomes of the project by determining final evaluation results for key performance indicators, project indicators as outlined in a logical framework.

PHRD Nepal conducted data collection and gathered relevant information on the relevancy, effectiveness, efficacy, impact, and outcomes, as well as the implementation modalities of the project. Both qualitative and quantitative data were collected from various stakeholders, including direct beneficiaries who received services such as eye care, ear care, surgical interventions, screenings, and camps, with a specific focus on persons with disabilities. Additionally, engagement with government officials at federal, provincial, and local levels, including those from the Ministry of Social Development (MOSD) and mayors or deputy mayors, was integral to the evaluation process. Further input was sought from provincial hospital ENT focal points, Surkhet eye hospital managers, staff from eye care centers, and project-supported health facility personnel. Collaboration extended to schools' principals or representatives, traditional healers, Female Community Health Volunteers (FCHVs), the NNJS Executive director, and key project staff such as the Project Leader and Project Officer, ensuring a comprehensive assessment of the project's impact and effectiveness.

The insights gained from this evaluation will play a crucial role in guiding the actions of key stakeholders i.e., CBM, Nepal Netra Jyoti Sangh (NNJS), and the government of Nepal. They will utilize these findings to assess the effectiveness of the project's initiatives and their broader impact on the community. Furthermore, armed with this knowledge, future endeavors can replicate successful models in similar settings or adapt them to different contexts. By leveraging the project's experience and implementing meticulous planning to overcome challenges, subsequent projects can aspire to achieve even greater outcomes.

2.3 Structure of the report:

The endline evaluation report consists of six main chapters. Chapter 1 offers an executive summary of the project. Chapter 2 provides a concise introduction to the project, evaluation's objectives, scope of the evaluation work and the structure of report. Chapter 3 offers background information on the project, outlines project's objectives and activities, and introduces the evaluation team. Chapter 4 details the methodological approach used for the project evaluation. Chapter 5 presents the key findings of the evaluation, along with analysis, discussion, and conclusions. Finally, Chapters 6 and 7 present recommendations to guide future projects of a similar nature and lesson learned from the project respectively.

3. Background

Blindness and visual impairment are pressing health issues for the people living in Nepal. The primary healthcare system in Nepal doesn't cover eye care, leaving people in remote areas without access to these services. Non-governmental organizations (NGOs) are still the primary providers of eye care. Surkhet Eye Hospital is the sole base hospital offering higher-level eye care in the province, managed by the Nepal Red Cross Society (NRCS).

According to Rapid Assessment of Avoidable Blindness (RAAB) survey 2020, untreated cataracts represent a significant cause of bilateral blindness in Nepal, with a prevalence of 65.3%, and in Karnali province specifically, with a prevalence of 61%. Furthermore, survey findings reveal that the outcomes of cataract surgeries in Karnali do not meet the standards set by the World Health Organization (WHO), underscoring the inadequacy of eye care facilities in the province. Despite a national eye health strategy, obstacles to accessing eye care include a lack of awareness, surgery-related fears, and financial constraints.[3]

In addition to visual impairment, hearing loss is another major concern, yet the integration of ear health into the primary healthcare system remains inadequate. Globally, it ranks as the third-largest contributor to years lived with disability. However, it often goes unnoticed due to societal stigma, and lack of attention from policymakers often leads to hearing loss going unnoticed. Currently, over 1.5 billion people experience some degree of hearing loss, and this number is projected to escalate to 2.5 billion by 2050, predominantly affecting 80% of individuals living in low-income countries.[4]

Despite recent efforts, such as the establishment of an Ear, Nose, and Throat (ENT) department in a provincial hospital in Karnali, there is a lack of scientific research on hearing and ear problems in Nepal, indicating a low priority for these issues in the country's healthcare system. However, valuable insights from successful interventions in other low- and middle-income countries (LMICs) offer hope. Initiatives like community-based screening programs, public awareness campaigns, and integration of hearing healthcare into primary healthcare services have shown promising results in improving access to hearing healthcare in LMICs.[5]

Addressing the challenges of blindness, visual impairment, and hearing loss in Nepal's Karnali province demands a comprehensive approach that considers the intricate interplay of socioeconomic, cultural, and health system factors. By implementing inclusive interventions that enhance access to services, raise awareness, and mitigate socioeconomic barriers, Nepal can significantly alleviate the burden of these conditions and enhance the quality of life for affected individuals and their communities.

3.1 Project objectives

The overall goal of the project was to improve the quality of life of the poor population of the province of Karnali affected by visual and hearing impairment. Table 2 presents the objective and expected results of the project.

Table 2: Project objective and expected results

Project specific objective	Affordable quality IEEH services are part of the health system of the province of Karnali and treatment for poor people is secured.

[3] *Nepal's remotest eye camp: Karnali province. https://eyecarefoundation.eu/nepals-remotest-eye-camp-karnali-province/ 7 November 2023*

[4] https://www.un.org/en/desa/around-25-billion-more-people-will-be-living-cities-2050-projects-new-un-report

[5] *Chadha S, Cieza A. Promoting global action on hearing loss: World Hearing Day. Bull World Health Organ. 2020;98(10):671-671A. doi:10.2471/BLT.20.267047*

Results	
Result 1	The population of the 4 target districts of Jumla, Surkhet, Dailekh and Mugu is aware of measures for the prevention and treatment of eye and ear diseases as well of the IEEH services being offered.
Result 2	In the target districts of Jumla, Mugu, Surkhet and Dailekh professional capacities and infrastructure for affordable IEEC services are permanently guaranteed.
Result 3	Integration of accessible IEEH services in the state health system is ensured.

3.3 Evaluation team

The evaluation team consisted of a monitoring and evaluation expert (1), subject expert (1), inclusion expert/statistician (1), supervisors (3), and enumerators (6). The qualitative evaluation was carried out by the team leader and subject expert at the province level and with key project staff, including the NNJS executive director, a representative from the ENT department of the provincial hospital, and the manager of Surkhet Eye Hospital. The remaining qualitative and quantitative studies were conducted by experienced supervisors with more than two years of experience and enumerators with at least one year of experience in the related field.

The inclusion expert/statistician was involved in tools development, training of supervisors and enumerators, data cleaning, analysis, interpretation, and preparation and finalization of the report. The consultants had proven experience and expertise in planning, designing, and managing qualitative and quantitative studies, developing data collection tools, training and managing survey teams, contextual knowledge on eye and ear health and the social context of the evaluation area, and professional report writing skills.

4. Evaluation Methodology

This section describes the approach, methodology, and process adopted while carrying out the endline evaluation.

4.1 Evaluation Approach and Design

The final evaluation used a cross-sectional design with concurrent mixed methods employing both quantitative and qualitative methods. The quantitative aspect aimed to establish the evaluation value of the project indicators. The survey closely followed the project indicators as outlined in a logical framework and proposed evaluation design, with sampling conducted after approval from the CBM Nepal country office in close coordination with the CBM Nepal country office, CBMI, and NNJS core teams.

The qualitative aspect of the evaluation included data collected from stakeholders through KIIs, FGDs, and case stories. Using a qualitative strategy, detailed contextualized information beyond simple numerical measures was gathered. A thorough technique that could yield insightful information from various viewpoints was conducted in the study area of the project.

4.1.1 Desk review of available records and documents

Secondary information and data that were available were collected. This included the review of existing national policies, strategic plans, and annual plans related to vision and hearing improvement. Additionally, project documents such as project proposals, detailed implementation plans, annual work plans, progress reports, log-frame matrix, feasibility reports, annual and semi-annual reviews, workshop reports, project database sheets, and other relevant documents were reviewed. These documents helped in assessing the achievement of expected results by considering the theory of change, the logical framework, and the implementation process.

4.1.2 Questionnaire Survey

Face-to-face interviews were conducted with the project's direct beneficiaries, including people with disabilities. A qualitative tool was developed to assess project services, processes, and their impact. Quantitative data were collected from 325 participants using a survey questionnaire implemented via KOBO/ CAPI.

The structured questionnaire for the survey was developed by the evaluation team in consultation with the CBM Nepal country office and NNJS.

4.1.3 Focus Group Discussion (FGDs)

FDGs were conducted with heterogeneous groups of at least 8-12 individuals in each group, consisting of community members who benefited from the project, including people with disabilities, individuals who received eye or ear care services, members of local Community-Based Organizations (CBOs), local ward representatives, and members of the project coordination committee. A total of four FGDs were conducted, one per district.

4.1.4 Key Informant Interviews (KIIs)

KIIs were conducted with representatives from the provincial government-MOSD, local governments, the ENT department of the province hospital, project-supported health facilities, Surkhet eye hospital, Eye care center, school principals, traditional healers, FCHVs, the NNJS Executive director, and key project staff, including the project lead and project officers from the Surkhet Project Office. A total of 22 KIIs were conducted.

4.1.5 Case stories

Relevant cases were identified and developed to showcase the accessibility of services, referral cases, and both the successes and challenges encountered in achieving project objectives. Guidelines were created with project staff to identify challenging and successful cases in project activities, focusing on accessibility, sustainability, and referral mechanisms. Case studies were documented through observation and in-depth interviews, then transcribed and edited. A total of 4 case stories were collected from project beneficiaries in the study area for evaluation.

4.2 Evaluation Location

The evaluation was conducted in four districts of Karnali Province, covering various municipalities and rural municipalities. In Surkhet district, data collection took place in Gurbakot Municipality and Barahtal Rural Municipality. Dailekh district included Narayan Municipality and Dullu Municipality for the evaluation. Additionally, data were collected from Chandannath Rural Municipality in Jumla district and in Chayanath Rara Municipality from Mugu district.

4.3 Study Population and Participants

Study participants included project end-beneficiaries, including persons with disabilities, key staff of the project, comprising the project lead, NNJS executive director, project officer, representatives of the line ministries (local and provincial government), ENT department of the province hospital, traditional healers, Female Community Health Volunteers (FCHVs), school principals, Eye care center staff, project-supported health facility personnel, Surkhet eye hospital staff.

4.4 Sample size and sampling procedure

For endline evaluation, the simple random sampling method was employed. This approach ensures each member of the target population had an equal chance of being selected, minimizing selection bias and enhancing the generalizability of the findings. By providing an equal opportunity for each individual to be selected, this method enhanced the integrity of the research outcomes while minimizing the impact of external factors that could skew the results.

Power of Sample

Sample size (n) = $\frac{z^2 \times p*q / d^2}{1+(z^2 p*q/d^2*N)}$

Where,
z: standard score at 95% CI (1.96)
p: Prevalence (0.5)
q: 1 – p = 0.5
d: allowable error (5.5%, i.e., 0.055)
n = 306
Taking 5% non-response, total sample size = 325

A sampling frame was constructed, comprising direct beneficiaries of the project, inclusive of individuals receiving health services for the amelioration and prevention of eye and hearing impairment, alongside persons with disabilities. A simple random sampling approach was employed to select overall sample of 325 participants from beneficiaries register which resulted in the selection of 305 eye screening and 20 for ear screening and treatment was included.

The sampling procedure and sample size were determined in coordination with the CBM Nepal country office and NNJS core teams. For the qualitative evaluation, encompassing FGD and KII, samples were purposefully selected in coordination with NNJS, ensuring a thoughtful and targeted selection process aligned with the particular requirements of the qualitative evaluation methods.

Table 3: Summary of evaluation methodology

SN	Methodology	Key respondent	Sample	Surkhet	Dailekh	Jumla	Mugu	Tool
1	Desk review	Review key project documents, including the project's Log frame, feasibility report, annual and semi-annual reports and various reports prepared and submitted by the project.						Review format
2	HHs Survey	Direct beneficiaries of the project.	325	161	95	45	24	Structure tools, CAPI based data collection
3	Key informant interviews	Provincial government-MOSD	1	1				Interview guideline
		Local government-Mayor	3	1	1	1		
		ENT department-Province hospital	1	1				
		Surkhet eye hospital - Manager	1	1				
		Eye care center	2	1	1			
		School's Principal	3	1	1	1		
		Traditional healer	2		1	1		
		FCHVs	2		1	1		
		Project-supported Health facilities	4	2	2			
		NNJS Executive director	1					
		Key staff: Project lead, Project officer	2	2				
4	FGDs	Group consisting of: Beneficiaries of the project, person with disabilities, Project coordination committee, Cataract surgery patient/beneficiaries, local CBOs, local ward representative	4	1	1	1	1	Interview guideline
5	Case Stories	Direct Beneficiary of the project	4	1	1	1	1	Interview guideline

4.5 Evaluation Criteria

The endline evaluation was conducted based on the standard evaluation criteria following the OECD-DAC Network on Development Evaluation (Figure 2), which included relevance/appropriateness, coherence, effectiveness, efficiency, impact, and sustainability.[6]Additionally, two additional CBM criteria, namely Gender equality, disability, and social inclusion (GEDSI), and child safeguarding and impact were incorporated. The evaluation also assessed the roles of different stakeholders in the project.

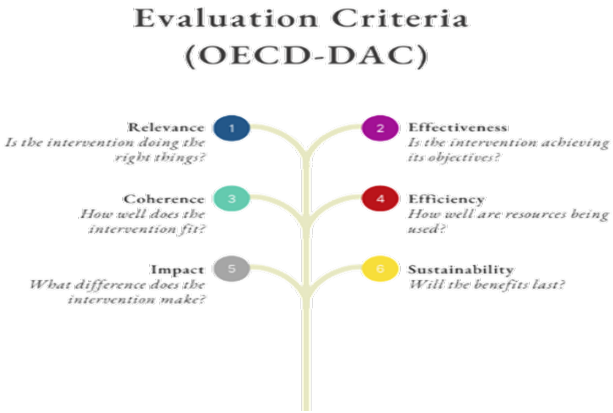


Figure 2: Evaluation criteria

[6] Koser K. Evaluation criteria. In 2001 [cited 2024 Mar 26]. p. 32–7. Available from: https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm

4.6 Evaluation Process

The following figure shows the stepwise procedure of the assessment.

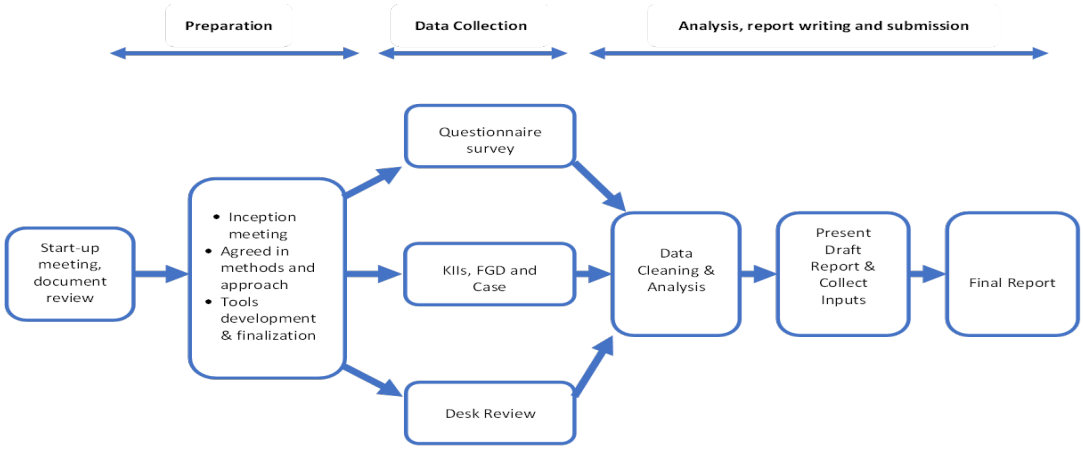


Figure 3: Evaluation process

4.7 Orientation Training for Supervisors and Enumerators

The consultants from PHRD Nepal recruited three supervisors and six enumerators for the fieldwork. Consultants provided training to field supervisors and enumerators for conducting the fieldwork based on the methodology and evaluation tools. The training was conducted on 18th and 19th February, 2024 in the PHRD Nepal office, Kathmandu.

4.8 Data collection

The field team was mobilized for data collection after the completion of orientation training. PHRD Nepal oversaw the data collection and applied quality control measures throughout the days of data collection. The community coordinators of the project helped to assess quantitative data. The enumerators were responsible for collecting quantitative survey data from direct beneficiaries of the project, while consultants and supervisors were responsible for collecting qualitative data KIIs, case studies, and FGDs with key stakeholders. The supervisor ensured the quality of data collected by enumerators and collected qualitative data from schoolteachers and FCHVs. The team leader and coordinator were also involved in conducting qualitative fieldwork, FGDs and KIIs. CBM Nepal and NNJS former staff coordinated with direct project beneficiaries and other targeted stakeholders for conducting the survey and arranging for qualitative fieldwork.

4.9 Data Analysis and Interpretation

Data analysis began in the field at the end of each day of data collection. However, the main analysis was carried out once all the data had been collected. Quantitative findings were analyzed using descriptive measures (Percentage, frequency). The evaluation team generated necessary tables, charts, and graphs, interpreted them and presented the reports through graphs, charts, and summary measures.

Qualitative data obtained from KIIs, FGDs, and case studies were analyzed using content analysis and thematic analysis to answer the objectives of the evaluation. After the completion of qualitative data collection, all transcripts were compiled and thoroughly read for familiarization purposes. The data were analyzed from verbatim transcripts using the thematic framework approach and content analysis. Data analysis encompassed the following stages: transcribing the interviews, familiarization of the transcripts and the audio recordings, producing a coding framework, coding

and identifying key themes from individual transcripts, merging themes, searching for key findings under each theme, comparing and finding associations, and providing explanations for the findings. Quotations from the interviews were cited wherever applicable.

4.10 Report writing, regular update, and other deliverables

The dedicated CBM Nepal country office was regularly updated about the progress of the evaluation through email and phone calls. Soon after the completion of the fieldwork, preliminary findings were debriefed among the core team members of CBM Nepal country office, and NNJS. The collected information, including document review, was analyzed, and findings were summarized in the endline evaluation report. The evaluation team drafted a report highlighting context analysis, key findings as compared to baseline findings, and a set of recommendations. A draft report was prepared and consulted with CBM Nepal country office and CBMI for feedback before finalization. After incorporating the feedback, the final report (both hard and soft copy) was prepared as per the template suggested/provided by CBM Nepal country office.

4.11 Ethical Consideration and Data Protection

Written signed consent was obtained from the participants. The consent statement contained information on the evaluation purpose and procedure, associated risks and benefits, and the voluntary nature of participation including publication. The respondent was provided with the written information sheet which detailed out the reason for an interview. In terms of audio recording and taking pictures during an interview and initial verbal consent was taken including publication of picture. To maintain the confidentiality of the information, the filled questionnaires were stored in a locked cabinet in the office of PHRD Nepal, and the filled e-data set was stored safely in a password-protected computer/hard drive. Furthermore, the e-data set itself was password-protected and stored in a way that only the core evaluation team had access to. CBMI, CBM Nepal and PHRD Nepal's safeguarding policies, as well as the data protection policy, were thoroughly followed.

4.12 Limitation of the evaluation

The purpose of the study was to evaluate the project implemented by NNJS and CBM. The survey focused on assessing the service status provided by the project and its impact. Therefore, the findings of evaluation related to eye and ear health indicators provided by the survey represent the status of these indicators among the project beneficiaries and should not be generalized to the entire population of Karnali Province. Furthermore, the survey was conducted primarily among the project's beneficiaries, a group that included a disproportionately high number of individuals who had undergone cataract surgery. As a result, the findings regarding cataract cases did not accurately reflect the overall situation in Karnali Province. Furthermore, the absence of baseline survey limited us to compare the endline findings of the project indicators with that of the pre-project period.

5. Analysis, Findings and Conclusions

This chapter presents the results of the study. First general findings of the evaluation related to the project's results area are presented. Subsequently, it details the analysis and evaluation of the project based on these findings. The assessment encompasses various criteria, such as relevance, effectiveness, efficiency, and sustainability. Additionally, the chapter synthesizes earlier sections, outlining the main challenges encountered during the project and offering recommendations for future initiatives. Finally, it concludes by summarizing the study's outcomes.

5.1 Findings of Evaluation

A. Socio-Demographic Information

The socio-demographic characteristics of qualitative respondents are presented in table 4. Data was gathered from 325 respondents across four distinct study areas, namely the districts of Surkhet (161), Dailekh (95), Jumla (45) and Mugu (24). Nearly all respondents were the primary beneficiaries in all districts (96.3%). Most respondents were over 60, constituting 46% of the total sample, followed by 32% within the age range of 41–60 years across all four districts. A larger proportion of respondents were female (60% vs. 40% male). The predominant religion among participants was Hindu (95.7%), followed by Christian (2.4%) and Buddhist (1.9%). The proportion of Dalits among respondents was notably high at 30.1% compared to other social groups. Joint family systems were the most common, accounting for 55.7% of families, while nuclear families comprised 44.3%. Approximately three-quarters (69.5%) of the beneficiaries were married, followed by widows and unmarried individuals at 17.5% and 12.4%, respectively.

Table 4: Socio-Demographic Information (N=325)

Characteristics	Surkhet (n=161) n (%)	Dailekh (n=95) n (%)	Jumla (n=45) n (%)	Mugu (n=24) n (%)	Total n (%)
Respondent					
Primary beneficiary	156 (96.9)	94 (99.0)	42 (93.3)	21 (87.5)	313 (96.3)
Caretaker	4 (2.5)	0 (0)	0 (0)	0 (0)	4 (1.2)
Family member	1 (0.6)	1 (1.0)	3 (6.7)	3 (12.5)	8 (2.5)
Age group of beneficiaries					
<21 years	7 (4.4)	16 (16.8)	4 (8.9)	5 (20.8)	32 (10.0)
21–40 years	16 (9.9)	13 (13.7)	7 (15.6)	3 (12.5)	39 (12.0)
41–60 years	55 (34.1)	30 (31.6)	18 (40)	1 (4.2)	104 (32.0)
>60 years	83 (51.6)	36 (37.9)	16 (35.5)	15 (62.5)	150 (46.0)
Sex of beneficiary					
Female	101 (62.7)	56 (59.0)	26 (57.8)	12 (50.0)	195 (60.0)
Male	60 (37.3)	39 (41.0)	19 (42.2)	12 (50.0)	130 (40.0)
Religion					
Hindu	149 (93.0)	95 (100.0)	43 (95.6)	24 (100.0)	311 (95.7)
Buddhist	4 (2.0)	0 (0)	2 (4.4)	0 (0)	6 (1.9)
Christian	8 (5.0)	0 (0)	0 (0)	0 (0)	8 (2.4)
Caste/Ethnicity					
Brahmin	24 (14.9)	15 (15.8)	26 (58.0)	1 (4.0)	66 (20.3)
Chhetri	23 (14.3)	33 (34.7)	10 (22.0)	15 (63.0)	81 (24.9)
Adhibasi/Janajati	46 (28.6)	6 (6.3)	2 (4.0)	0 (0)	54 (16.6)
Dalit	63 (39.1)	28 (29.5)	6 (13.0)	1 (4.0)	98 (30.2)
Sanyasi	1 (0.6)	1 (1.1)	0 (0)	0 (0)	2 (0.6)
Thakuri	4 (2.5)	12 (12.6)	1 (2)	7 (29.0)	24 (7.4)
Types of family					
Joint family	101 (62.7)	58 (61.0)	16 (35.6)	6 (25.0)	181 (55.7)

Characteristics	Surkhet (n=161) n (%)	Dailekh (n=95) n (%)	Jumla (n=45) n (%)	Mugu (n=24) n (%)	Total n (%)
Nuclear family	60 (37.3)	37 (39.0)	29 (64.4)	18 (75.0)	144 (44.3)
Marital status of beneficiary					
Married	123 (76.4)	61 (64.2)	33 (73.3)	9 (37.5)	226 (69.5)
Unmarried	10 (6.2)	17 (17.9)	6 (13.3)	7 (29.2)	40 (12.4)
Widow	27 (16.8)	17 (17.9)	5 (11.1)	8 (33.3)	57 (17.5)
Divorced/Separated	1 (0.6)	0 (0)	1 (2.2)	0 (0)	2 (0.6)

B. Disability status

Figures 4 and 5 showed that 13.5% of beneficiaries reported having some form of disability, with Mugu and Jumla districts having respondents with highest disability at 25% and 24.4%, respectively.

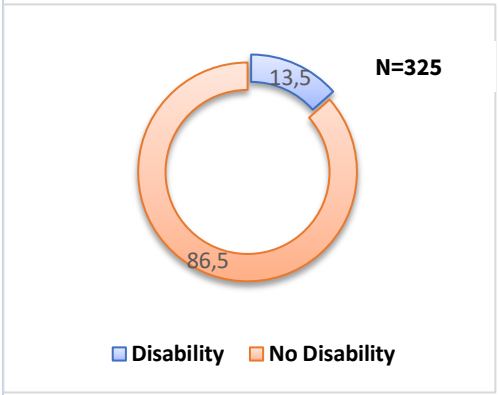


Figure 4: Disability Status

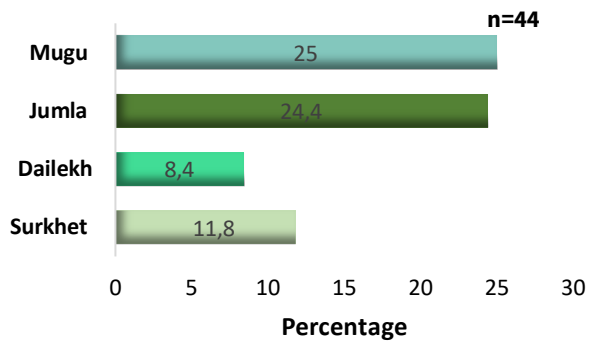


Figure 5: Disability Status by District

C. Socio-Economic Information

Table 5 illustrates the education and occupation of the respondents. Regarding educational qualifications, 44% of the beneficiaries were illiterate, while 18.7% were literate. Furthermore, 19.0% and 15.7% had completed primary and secondary level education, respectively. Only a small percentage of individuals had attained a university education. The primary occupation and source of family income for the majority was agriculture at 43.7% and 59.4%, respectively. Following, approximately 12% of individuals were engaged in business. Other participants were mainly involved in household work and were students or unemployed. Additionally, small percentages of family income, ranging between 5.5% and 9.5%, were attributed to individuals involved in remittance, government employment, retirement or labor-related occupations.

Table 5: Socio-Economic Information (N=325)

Characteristics	Surkhet (n=161) (%)	Dailekh (n=95) (%)	Jumla (n=45) (%)	Mugu (n=24) (%)	Total n (%)
Highest educational qualification of beneficiary					
Illiterate (cannot read and write)	79 (49.1)	39 (41.0)	15 (33.0)	10 (42.0)	143 (44.0)
Literate (can read and write only)	27 (16.8)	17 (18.0)	15 (33.0)	2 (8.0)	61 (18.7)
Primary level (1–8)	36 (22.4)	20 (21.0)	5 (12.0)	1 (4.0)	62 (19.1)

Characteristics	Surkhet (n=161) (%)	Dailekh (n=95) (%)	Jumla (n=45) (%)	Mugu (n=24) (%)	Total n (%)
Secondary level (9–12)	14 (8.7)	18 (19.0)	9 (20.0)	10 (42.0)	51 (15.7)
Bachelor level	3 (1.8)	1 (1.0)	1 (2.0)	1 (4.0)	6 (1.9)
Master level and above	2 (1.2)	0 (0)	0 (0)	0 (0)	2 (0.6)
Primary occupation of beneficiary					
Household work	49 (30.4)	5 (5.3)	1 (2.2)	0 (0)	55 (16.9)
Agriculture	48 (29.8)	45 (47.4)	33 (73.3)	16 (66.7)	142 (43.7)
Business/Self-employment	26 (16.1)	9 (9.5)	1 (2.2)	3 (12.5)	39 (12)
Labour	3 (1.9)	0 (0)	3 (6.7)	0 (0)	6 (1.9)
Service/job	7 (4.4)	6 (6.3)	3 (6.7)	4 (16.7)	20 (6.2)
Student	6 (3.7)	17 (17.8)	3 (6.7)	1 (4.1)	27 (8.3)
Retired	3 (1.9)	3 (3.2)	1 (2.2)	0 (0)	7 (2.1)
Not working	19 (11.8)	10 (10.5)	0 (0)	0 (0)	29 (8.9)
Main source of family income					
Agriculture	79 (49.1)	65 (68.4)	33 (73.3)	16 (66.7)	193 (59.4)
Business	25 (15.5)	13 (13.7)	1 (2.2)	3 (12.5)	42 (12.9)
Government employee	7 (4.4)	6 (6.3)	6 (13.3)	2 (8.3)	21 (6.5)
Retired pension	12 (7.4)	1 (1.1)	4 (9.0)	3 (12.5)	20 (6.2)
Remittance	22 (13.7)	9 (9.4)	0 (0)	0 (0)	31 (9.5)
Labor	16 (9.9)	1 (1.1)	1 (2.2)	0 (0)	18 (5.5)

D. Result Area

I. Awareness on Prevention and Treatment of Eye and Ear Disease

Eye and ear health awareness medium

From the evaluation survey, it was found that 75% of the respondents reported exposed to awareness message delivered by the project (Figure 6). The project employed variety of channels to disseminate awareness messages. Respondents identified radio/jingles (63.5%) and community coordinators (60.7%) as the most common sources of awareness messages, followed by pamphlets (41.8%) and posters (32.0%) (Figure 7). Community coordinators were rated as the most preferred method for receiving awareness messages (43.4%), followed by radio/jingles (Figure 8).

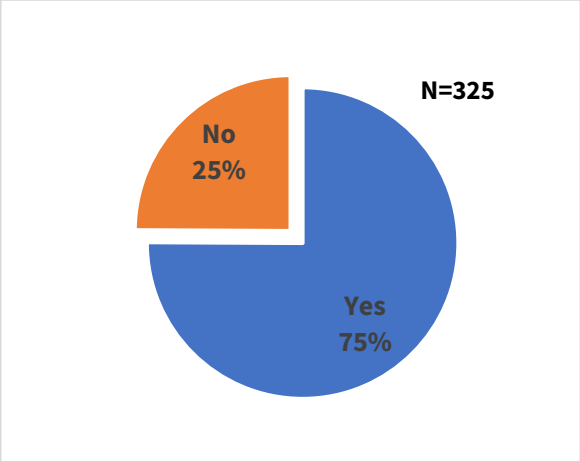


Figure 6: Heard eye and ear health awareness message delivered from project

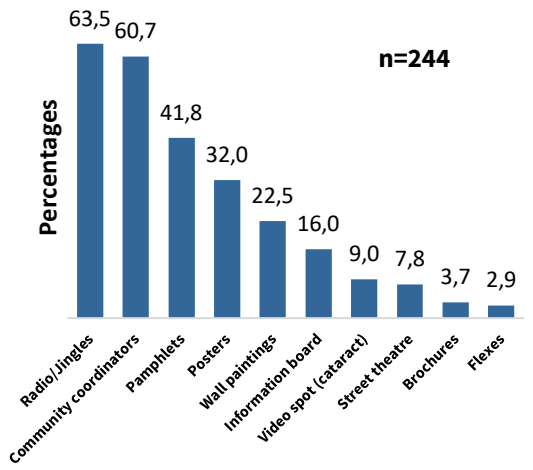


Figure 7: Awareness message delivered by the project

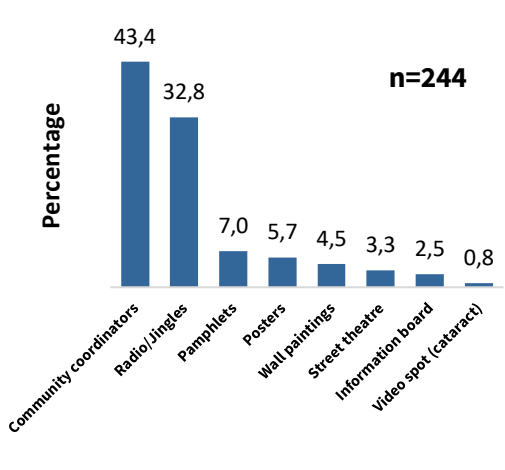


Figure 8: Most preferred method for receiving awareness messages by project participants

Information Received from Project

Table 6 illustrates the types of information received by the respondents (n=244) who were exposed to any type of awareness raising messages. The most common information received from various mediums was related to knowledge on eye and ear health (81.2%), information on screening camps (70.1%), hygiene practices (56.6%), the importance of timely seeking treatment (55.7%) and cataract surgery (50.4%). While, awareness on malpractices and superstitious beliefs (29.5%), as well as services of Surkhet Eye Hospital (25.8%) and Province Hospital (7%), were relatively lower.

Table 6: Information received from the project (n=244)

Characteristics	Surkhet (n=133) (%)	Dailekh (n=72) (%)	Jumla (n=26) (%)	Mugu (n=13) (%)	Total n (%)
Information received*					
Awareness on cataract surgery	59 (44.4)	39 (54.2)	16 (61.5)	9 (69.2)	123 (50.4)
Knowledge on EE health	110 (82.7)	59 (81.9)	20 (76.9)	9 (69.2)	198 (81.2)
Hygiene practice related to EE health	97 (72.9)	30 (41.7)	7 (26.9)	4 (30.8)	138 (56.6)
Timely seeking of treatment in nearby health facilities	86 (64.6)	37 (51.4)	6 (23.1)	7 (53.8)	136 (55.7)
Awareness on malpractices and superstitious belief	53 (39.8)	15 (20.8)	2 (7.7)	2 (15.4)	72 (29.5)
Services of Surkhet Eye Hospital	37 (27.8)	24 (33.3)	2 (7.7)	0 (0)	**63 (25.8)**
Services of Province Hospital	6 (4.5)	11 (15.2)	0 (0)	0 (0)	17 (7.0)
Information on screening camps	102 (76.7)	61 (84.7)	1 (3.8)	7 (53.9)	171 (70.1)

***Multiple response**

Use of Received Information:

Table 7 presents the practice of eye and ear healthcare in daily life. The study revealed that a high proportion of participants (93%) reported integrating health messages from the awareness programs into their daily lives. A significant proportion of respondents reported adopting practices like hygiene practice related to eye and ear health (84.6%) and seeking timely treatment in nearby health facilities (59.5%). However, the data suggests that there may be room for improvement in utilizing outreach camps for eye and ear health services, with 32.2% of the beneficiaries reporting utilizing these services.

Table 7: Practice of eye and ear healthcare in daily life (n=244)

Characteristics	Surkhet (n=133) (%)	Dailekh (n=72) (%)	Jumla (n=26) (%)	Mugu (n=13) (%)	Total n (%)
Practicing received eye and ear health messages in day-to-day life					
Yes	119 (89.5)	70 (97.2)	25 (96.2)	13 (100.0)	227 (93.0)
No	14 (10.5)	2 (2.8)	1 (3.8)	0 (0)	17 (6.0)
Practicing in daily life*					
Hygiene practices related to EE health	108 (90.8)	49 (70.0)	23 (92.0)	12 (92.3)	192 (84.6)
Timely seeking of treatment in nearby health facilities	78 (65.6)	42 (60.0)	9 (36.0)	6 (46.2)	135 (59.5)
Avoiding self-medication and malpractice related to EE health	49 (41.2)	21 (30.0)	1 (4.0)	3 (23.1)	74 (32.6)
Uses of spectacles	51 (42.7)	28 (40.0)	4 (16.0)	5 (38.5)	88 (38.8)
Attending outreach camp	18 (15.1)	48 (68.6)	4 (16.0)	3 (23.1)	73 (32.2)
Periodically visit to nearest health facility for EE checkup	51 (42.9)	49 (70.0)	1 (4.0)	1 (7.7)	102 (44.9)

***Multiple response**

Effectiveness and Impact of Result 1:

The qualitative findings revealed that the project's effectiveness in improving healthcare accessibility and quality is evident through its diverse approach to raising awareness and preventive practices. By employing a range of strategies, including radio broadcasts, jingles on radio stations, and the deployment of community coordinators focused on eye and ear health, the project successfully penetrated diverse segments of the population. This comprehensive approach not only heightened awareness but also tackled geographical barriers, ensuring that crucial health information reached even the most remote areas.

Participants from FGD and KII shared that radio broadcasts and jingles played a pivotal role in effectively disseminating vital health messages to a wide audience. Moreover, community coordinators' door-to-door visits proved invaluable in fostering direct engagement with individuals, thereby deepening understanding and participation in screening camps and subsidized cataract surgeries.

These findings underscore the significance of adaptability and community involvement in driving successful outcomes in health promotion endeavors. By tailoring approaches to suit local contexts and actively engaging with communities, the project demonstrated its capacity to make tangible improvements in healthcare accessibility and quality. Through a combination of communication methods and grassroots outreach efforts, it not only raised awareness but also empowered individuals to take proactive steps toward safeguarding their eye and ear health.

> "The female community coordinator was very active during the project. She used to share information on eye and ear health in the community and also refer the one having cataract problem to the Surkhet Eye hospital. She also helped one of students by lobbying with the municipality to get the disability card which helped him to get free education and accommodation."
>
> -A KII with the principal, Dullu Municipality

Community coordinators, schoolteachers and health facility staff emerged as a crucial element in promoting preventive practices of eye and ear health. By emphasizing simple yet impactful habits like face washing and smoke avoidance and distributing educational materials such as posters and pamphlets in schools and health facilities, the project disseminated key health messages. This strategy, with students sharing materials at home, effectively reached a broader community.

The health facilities in-charge and local leaders shared visual aids like information panels and murals featuring cataract symptoms and wall paintings containing information on subsidized surgeries, effectively educating the community. Moreover, the health facility in-charge shared that Video spots displayed during screening further boosted participation to utilize eye services, including cataract surgery. This multifaceted approach highlights the project's ability to leverage various channels for maximum impact. While jingles and community coordinators were frequently mentioned by respondents, other implemented methods, such as information panels, video spots, also played a significant role.

> "We distributed project-provided IEC pamphlets on eye and ear health to students, who then shared them with their parents, ensuring family-wide awareness. Now, NGO named LIFESKILL uses these pamphlets to teach students essential life skills beyond their curriculum."
>
> -A KII with School Principal, Surkhet district

Awareness on eye and ear health through Wall paintings/Murals and posters

> "Though I am illiterate, the colorful and catchy drawing of the wall painting directs me to know that it was painting related to eye. With the help of my sons, I came to know about the cataract is curable and its treatment is being provided in a subsidized rate at Surkhet eye hospital."
>
> - A FGD conducted at Barahtal Rural Municipality, Surkhet

The project effectively achieved its goals of providing training and orientation on eye and ear health prevention and treatment to Community coordinators, parents, traditional healers, community nurse and Female Community Health Volunteers (FCHVs), yielding a significant impact. This training equipped them with knowledge about eye and ear health services available at the project-supported health facilities, Surkhet Eye Hospital and province hospital as well as the support provided by the project.

Community coordinators, community nurses, traditional healers, and FCHVs played integral roles in raising awareness about the importance of eye and ear health within their communities. They actively educated community members and referred them to nearby health facilities for treatment, while also informing them about upcoming screening camps. FCHVs demonstrated exceptional skill in mobilizing community participation for these camps. The community praised the effectiveness of in-person awareness efforts led by community coordinators and emphasized their importance. Additionally, community nurses, responsible for primary healthcare, received additional training in the rehabilitation of individuals affected by eye and ear diseases.

Moreover, the effectiveness and impact of the project were enhanced by training sessions provided to health personnel and teachers which was led by a consultant expert hired by the project. The sessions focused. This session helped on equipping and enhancing the capacity of project staff, teachers, and health personnel with essential skills and knowledge on emergency response measures, disability-inclusive disaster risk reduction, and climate change adaptation leading to meeting the targets of project successfully. Targets. Similarly, members of DPOs received training in disability and inclusion, enhancing their ability to advocate for disability inclusion within the mainstream health system. These efforts contributed significantly to the project's effectiveness and long-term impact on healthcare accessibility and quality.

Table 8 presents the project's planned indicators, target, and achievement of result 1: Awareness on Prevention and Treatment of Eye and Ear Disease. The project planned 14 activities related to Result 1 and achieved more than expected in most areas within the allocated budget. The project had successfully accomplished its planned activities on "Radio spots to inform people about eye

and ear health" by disseminating the awareness on eye and ear health continuously through 6 FM stations during the project period. It had successfully conducted 8 street theatres to raise awareness about eye and ear health. A survey showed that 75% of people received messages about eye and ear health from the project. This result came from creating and distributing 15 stickers, 50 flexes, 2500 brochures on eye health, 50 flexes and 2000 posters on ear health, and 250 pamphlets in braille. The project also painted 60 wall murals in different places to spread awareness about eye health in the study area. Additionally, the project was able to trained 329 Female Community Health Volunteers (FCHVs) with available budgets and need for awareness program in 8 project municipalities of four project districts as well as in coordination with local government. The project also exceeded its goals in training parents about eye and ear health and improving community nurse skills. It trained 395 parents on eye and ear health within the budget allocation in coordination with local government and health facilities. Based on the budget plan, there was the provision of training to 100 nurses, and within the budget, the project was able to provide capacity development on eye and ear diseases to 115 nurses. Based on the planned budget with coordination with local-level health facilities, the project successfully accumulated the target of training 101 health personnel on emergency response measures within the budget. These efforts have significantly helped the project's goal of improving eye and ear health through awareness and outreach. This success is evident in the increased screening and treatment of eye and ear problems, including cataract and ear diseases, in the community.

The project was able to achieve all the achievements within the planned and allocated budget within the project duration. The project achieved some indicators higher than expected because of community demand, affordable cost, locally organized training program, duration of the training, distance of health services, inadequate government services in eye and ear health services, and the need for services of rural community people. Furthermore, the targets of the contract documents and target of the program budget were mismatched. The activities were conducted according to the program budget, which resulted in more achievement of project targets than in project contract. The project was able to do all activities with higher achievement than expected within the allocated budget.

The table below presents the project's planned indicators, target and its achievement of result 1.

Table 8: Planned v/s achievement of Result 1.

S.N.	Planned activities	Project's target	Project's achievement
1.	Radio spots to inform people about eye and ear health	N/A	6 FM stations
2.	Street theatre to raise awareness of eye and ear health	8	8
3.	Design and production of information material	N/A	15 stickers, 50 flexes, 2500 brochures on eye health. 50 flexes and 2000 posters on ear health 250 pamphlets on eye and ear health in braille format
4.	Wall paintings in central places in communities	60	60
5.	Video spot production	N/A	1
6.	Production of information boards for schools and public places	8	32
7.	Competition on health practices	4	12

8.	Training of Eye and Ear Health Workers (community coordinators)	8	8
9.	Training of Female Community Health Volunteers (FCHV)	20	329
10.	Training of traditional healers	320	339
11.	Training for parents on eye and ear health	80	395
12.	Capacity development of community nurses on eye and ear diseases and rehabilitation	100	115
13.	Training of health personnel on emergency response measures.	90	101
14.	Training in Disability and Inclusion (4 DPOs with 100 members)	100	99

Challenges and lessons learnt

The challenges noted were regarding dissemination of knowledge for raising awareness and promoting healthy practices for improving eye and ear health which was closely linked with the topography of the study area. Since the intended people resided in hard-to-reach areas, it posed difficulties for the project team in disseminating awareness and knowledge effectively. This geographical barrier impedes efforts to bring about positive changes in eye and ear health on a daily basis. Furthermore, the majority of the population in these study areas is illiterate, which further compounds the challenge. The intended messages conveyed through posters and pamphlets may not be as effective in reaching and educating this demographic. The evaluation survey revealed that nearly half of the respondents (44%) were illiterate, highlighting the significant hurdle in effectively communicating health information and promoting healthy practices.

Despite facing these challenges, the project team successfully addressed them by employing various strategies. One key lesson learned was the importance of diversifying awareness mediums beyond traditional approaches like posters and pamphlets. Utilizing radio broadcasts and jingles proved instrumental in reaching a wider audience and overcoming geographical barriers in the study area. Additionally, wall paintings served as effective tools for conveying messages to illiterate individuals and those with hearing impairments. Community coordinators played a crucial role in enhancing awareness about eye and ear health, screening camps, and subsidized cataract surgeries. These experiences highlight the importance of adaptability and community engagement in achieving successful outcomes in health promotion initiatives.

II. Capacities and infrastructure for affordable integrated eye and ear care services are strengthened

Information and Participation in Screening Camp

Health services provided by the project across different districts are presented in Table 9. The majority of respondents participated in eye screening camps, with 93.8% while 6.2% attendance in ear screening. Community coordinators (55.3%) and FCHVs (51.7%) were the primary sources of information on eye and ear health camps and screening. Among those who reported receiving information from others, sources included family members, friends, neighbors, schoolteachers, local community-based organizations, and social media, accounting for 10.7%. Information about camp was mostly received 1–3 days before the event (53.2%), followed by one week before (34.2%).

Table 9: Participation on screening camp and information received (N=325)

Characteristics	Surkhet (n=161) (%)	Dailekh (n=95) (%)	Jumla (n=45) (%)	Mugu (n=24) (%)	Total n (%)

Participated in screening camps					
Eye screening	161 (100.0)	81 (85.3)	40 (88.9)	23 (95.8)	305 (93.8)
Ear screening	0 (0)	14 (14.7)	5 (11.1)	1 (4.2)	20 (6.2)
Sources of information on eye and ear health camps and screening*					
Community coordinators	71 (44.1)	57 (60.0)	44 (97.8)	8 (33.3)	180 (55.4)
FCHVs	62 (38.5)	66 (69.5)	30 (66.7)	10 (41.7)	168 (51.7)
Local government	11 (6.7)	9 (9.5)	1 (2.2)	3 (12.5)	24 (7.4)
Eye care center	3 (1.9)	7 (7.4)	6 (13.3)	1 (4.2)	17 (5.2)
Health facility	45 (27.9)	4 (4.2)	0 (0)	0 (0)	49 (15.1)
Jingles on radio	32 (19.8)	37 (38.9)	2 (4.4)	18 (75.0)	89 (27.4)
Poster/pamphlets	39 (24.2)	12 (12.5)	2 (4.4)	5 (20.8)	58 (17.8)
Others	16 (9.9)	19 (20.0)	0 (0)	0 (0)	35 (10.8)
Time when information about eye and ear health camps or screening received					
2 weeks before	7 (4.4)	27 (28.4)	2 (4.4)	5 (20.8)	41 (12.6)
1 week before	30 (18.6)	44 (46.3)	20 (44.4)	17 (70.8)	111 (34.2)
1–3 days before	124 (77)	24 (25.3)	23 (51.2)	2 (8.4)	173 (53.2)

***Multiple response**

Eye Screening

Table 10 displays the types of identified eye problems during screening. Of the respondents who underwent eye screening (n=305), 43% were diagnosed with cataracts, while 34% had no eye-related issues.

Table 10: Identified eye problem during Screening (n=305)

Characteristics	Surkhet (n=161) (%)	Dailekh (n=81) (%)	Jumla (n=40) (%)	Mugu (n=23) (%)	Total n (%)
Cataract	78 (48.4)	32 (39.5)	14 (35.0)	7 (30.4)	131 (43.0)
Others eye problem	34 (21.1)	31 (38.3)	3 (7.5)	2 (8.7)	70 (23.0)
No problem	49(30.4)	18(22.2)	23(57.5)	14(60.9)	104 (34)

Among respondents with cataracts, 80.9% were over the age of 60, 17.6% were between 41 and 60, and 1.5% were between 21 and 40, with none under the age of 21. For other eye problems, 48.6% of respondents were between 41 and 60, 22.8% were over 60, 18.6% were between 21 and 40, and 10% were under 21.

Table 11: Age disaggregation of respondents identified with eye problem

Disaggregation of types of eye problems identified					
Characteristics	**Surkhet (n=78) (%)**	**Dailekh (n=32) (%)**	**Jumla (n=14) (%)**	**Mugu (n=7) (%)**	**Total (n=131) (%)**
Age Category					
Cataract (n=131)					
<21 years old	0	0	0	0	0
21 to 40 years old	0	1(3.1)	1(7.1)	0	2(1.5)
41 to 60 years old	15(19.2%)	5 (15.6)	3(21.4)	0	23(17.6)
More than 60 years old	63 (80.7%)	26(81.2)	10(71.4)	7(100)	106(80.9)

Other eye problems (n=70)					
Characteristics	**Surkhet (n=34) (%)**	**Dailekh (n=31) (%)**	**Jumla (n=3) (%)**	**Mugu (n=2) (%)**	**Total (n=70) (%)**
<21 years old	1(2.5)	6(19.3)	0	0	7(10)
21 to 40 years old	6(17.8)	6(19.3)	0	1(50)	13(18.6)
41 to 60 years old	18(52.9)	14(45.2)	2(66.7)	0	34 (48.6)
More than 60 years old	9 (26.8)	5(16.2)	1(33.3)	1(50)	16(22.8)

Service Received During Screening:

After the screening, 43.6% of participants received eye health messages, and a considerable number were confirmed to have normal eyes (41.6%), as shown in Table 12. Approximately one-quarter of respondents had cataracts (25.8%) and was referred to Surkhet Eye Hospital, with an additional 9.7% of individuals with cataracts who were provided information for surgical camps.

Table 12: Eye service/advice received during screening (n=305)

Characteristics	**Surkhet (n=161) (%)**	**Dailekh (n=81) (%)**	**Jumla (n=40) (%)**	**Mugu (n=23) (%)**	**Total n (%)**
Eye related service/advice received after screening*					
Eye health message	32 (19.9)	68 (90.7)	21 (53.8)	9 (39.1)	130 (43.6)
Confirmation of normal eye (no cataract)	59 (36.7)	31 (41.3)	21 (53.8)	13 (56.5)	124 (41.6)
Referred for further treatment including cataract	112 (69%)	63(77.8)	17(42.5)	9(39.1)	201(66%)
Identified cataract, referred to Surkhet eye hospital for surgery	59 (36.7)	18 (24.0)	0 (0)	0 (0)	77 (25.8)
Referred to health facility for treatment	22 (13.7)	2 (2.7)	3 (7.7)	3 (13.0)	30 (10.1)
Referred to Eye care center for treatment	1 (0.6)	5 (6.7)	4 (10.3)	1 (4.4)	11 (3.7)
Referred for further treatment (not Surkhet eye hospital)	0 (0)	2 (2.7)	0 (0)	0 (0)	2 (0.7)
Referred to Surkhet eye hospital for treatment (not cataract surgery)	3 (1.9)	4 (5.4)	0 (0)	0 (0)	7 (2.4)
Identified cataract, provided information for surgical camp	0 (0)	14 (18.7)	10 (25.6)	5 (21.7)	29 (9.7)
Others	35 (21.7)	3 (4.0)	0 (0)	0 (0)	38 (12.8)

***Multiple response**

Ear Screening:

Table 13 display the types of identified ear problems during screening. Out of the total respondents who underwent ear screening (n=20), 65% had ear problems. Among those with ear issues, hearing problems were the most frequently reported, impacting 61.5% of individuals. Other reported issues included itching, irritation, painful sensation inside the ear, impacted earwax or ear infection at 38.5%.

Table 13: Identified ear problems during screening (n=20)

Characteristics	**Surkhet (n=0) (%)**	**Dailekh (n=14) (%)**	**Jumla (n=5) (%)**	**Mugu (n=1) (%)**	**Total n (%)**
Identified Ear problem					
Yes	0 (0)	9 (64.3)	4 (80.0)	0 (0)	13 (65.0)
No	0 (0)	5 (35.7)	1 (20.0)	1 (100)	7 (35.0)

Type of ear problem identified (n=13)					
Hearing problem	0 (0)	5 (55.6)	3 (75.0)	0 (0)	8 (61.5)
Others	0 (0)	4 (44.4)	1 (25.0)	0 (0)	5 (38.5)

In terms of ear service received during screening (Table 14), all of those screened received ear health messages, and less than half (35.0%) of them were referred to a province hospital for treatment.

Table 14: Ear service/advice received after screening (n=20)

Characteristics	Surkhet (n=0) (%)	Dailekh (n=14) (%)	Jumla (n=5) (%)	Mugu (n=1) (%)	Total n (%)
Ear related service/advice received after screening*					
Ear health message	0 (0)	14 (100)	5 (100.0)	1 (100.0)	20 (100.0)
Referred to health facility for treatment	0 (0)	0 (0)	4 (80.0)	0 (0)	4 (20.0)
Referred to Province hospital for ear treatment	0 (0)	6 (42.9)	1 (20.0)	0 (0)	7 (35.0)

***Multiple response**

Family Support Received During Screening Camp

Table 15 portrays the types of family support received during screening. During the screening process, about two-thirds of the participants (64.31%) were accompanied to the screening followed by information about screening camp at 63.69%. About one-third of participants (33.84%) received motivational or emotional support.

Table 15: Family support received during screening (N=325)

Characteristics	Surkhet (n=161) (%)	Dailekh (n=95) (%)	Jumla (n=45) (%)	Mugu (n=24) (%)	Total N (%)
Received family support during screening					
Yes	96 (59.6)	93 (97.9)	43 (95.6)	23 (95.8)	255 (78.5)
No	65 (40.4)	2 (2.1)	2 (4.4)	1 (4.2)	70 (21.5)
Family support received during screening* (n=255)					
Information about screening	66 (41.0)	76 (80.0)	42 (93.3)	23 (95.8)	207 (63.7)
Accompanied to screening camp	87 (54.0)	76 (80.0)	31 (68.9)	15 (62.5)	209 (64.3)
Motivation/Emotional support	21 (13.0)	51 (53.7)	21 (46.7)	17 (70.8)	110 (33.8)
***Multiple response**					

Visited Health Facility After Eye and Ear Screening

Among the 214 respondents identified with eye and ear health problems, only 37.8% visited health facilities that were referred.

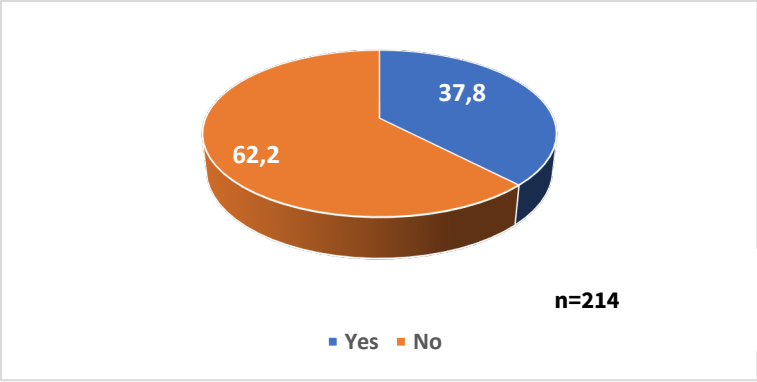


Figure 9: Respondents visiting health facility after screening

Referral after Screening:

Among the 201 respondents identified with eye problems after screening, 112 were from Surkhet, 63 were from Dailekh, 14 were from Jumla, and 9 were from Mugu.

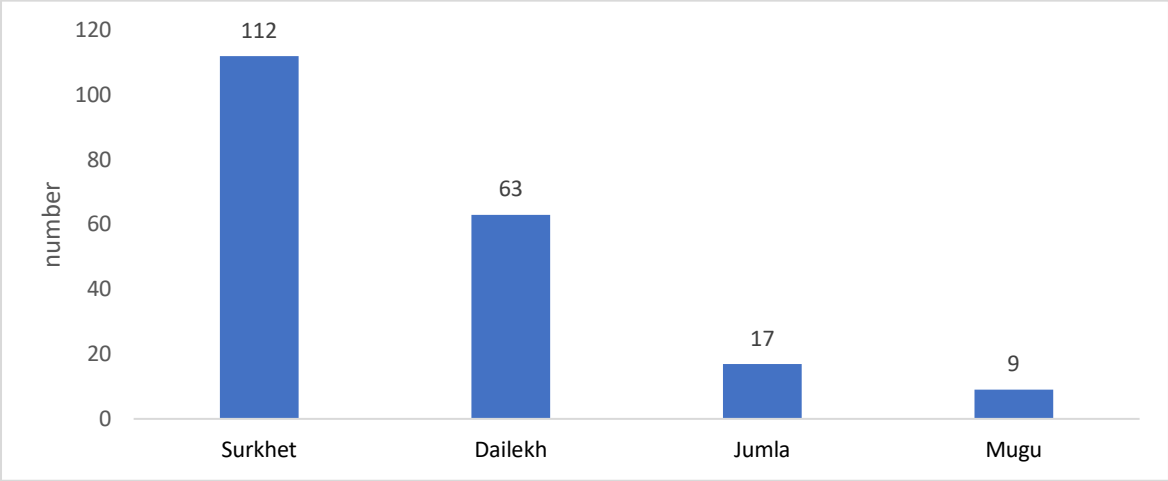


Figure 10 Number of respondents referred for further treatment after screening

Eye Service received

Table16 illustrates the service received by the respondent after referral. Among the 201 respondents diagnosed with eye problems and referred for treatment, only 36.8% visited Surkhet Eye Hospital for cataract surgery. Additionally, 14% received cataract surgery from outreach camps, and 10.4% received surgery at Gurbakot Eye Care Center. Furthermore, 34.8% received general eye care services from the nearest health facility, while 4% did not receive any service after being referred.

The uptake of cataract surgery varied across districts, with Surkhet showing the highest rate due to better accessibility and improved eye care facilities. Specifically, 50% of respondents in Surkhet underwent surgery at Surkhet Eye Hospital, and 18.7% received treatment at Gurbakot Eye Care Center. In Dailekh, 28.6% opted for surgery at Surkhet Eye Hospital, and 22.2% utilized outreach services. None of the respondents from Jumla and Mugu districts visited Surkhet eye hospital for Cataract services. They predominantly relied on outreach camps for cataract surgeries, with 52.9% and 55.6% of respondents receiving their surgeries through these camps. Notably, residents of Jumla and Mugu only rely on outreach camps for cataract surgery services.

For general eye problems, respondents referred to health facilities showed varying rates of visitation. In Dailekh and Surkhet, 49.3% and 30.4% of respondents, respectively, visited health facilities for services. This was followed by Mugu with 22.2% and Jumla with 17.6% of respondents seeking care.

Table 16: Eye service received after referral (n=305)

Characteristics	**Surkhet (n=112) (%)**	**Dailekh (n=63) (%)**	**Jumla (n=17) (%)**	**Mugu (n=9) (%)**	**Total (n) (%)**
Referral service after screening					
Surkhet Eye Hospital	56 (50)	18 (28.6)	0 (0)	0(0)	74 (36.8)
Outreach camp	0 (0.0)	14 (22.2)	9 (52.9)	5 (55.6)	28 (14.0)
Gurbakot Eye Care Center (Upgraded)	21 (18.7)	0 (0)	0 (0)	0 (0)	21 (10.4)

Characteristics	Surkhet (n=112) (%)	Dailekh (n=63) (%)	Jumla (n=17) (%)	Mugu (n=9) (%)	Total (n) (%)
Referral service after screening					
Surkhet Eye Hospital	56 (50)	18 (28.6)	0 (0)	0(0)	74 (36.8)
Outreach camp	0 (0.0)	14 (22.2)	9 (52.9)	5 (55.6)	28 (14.0)
Nearest Health Facility (General eye service)	34(30.4)	31(49.2)	3(17.6)	2(22.2)	70(34.8)
Not received service	1(0.9)	0	5(29.4)	2(22.2)	8(4.0)

Accessibility for eye and ear health service:

The project's commitment to accessibility of eye and ear health facilities was evident through several key initiatives. First, the project organized regular screening in communities and schools through the trained community coordinators stationed in every study municipality of Surkhet, Dailekh, Jumla, and Mugu districts. The community coordinators were provided training on eye and ear health and its screening. The project planned to reach 126,000 community people through screening which they had accomplished by reaching 151,134 people. The participants were provided free medication and spectacles at an affordable cost. For individuals diagnosed with cataracts, they were referred to Surkhet Eye Hospital and for those requiring ear surgeries were referred to Province Hospital.

The qualitative study with project staff revealed that despite referring patients to the Surkhet eye hospital and eye care center for cataract surgery in geographically hard to reach area, many individuals were not attending due to lack of proper transportation facility and associated cost. To address this challenge, the project specifically focusing on people living hard to reach area i.e.; Jumla and Mugu districts conducted outreach camps for cataract surgery, bringing cataract surgery closer to the communities most in need.

Furthermore, the evaluation revealed that 12 health facilities across all working municipalities were equipped with basic eye and ear care services, provided by the project. This support, along with the one-month audiology training program delivered in collaboration with the Provincial Hospital-Surkhet, empowered health workers to effectively deliver essential services within their communities. The project also supported for establishing four eye care centers under local government ownership and management: two in Jumla, one in Dailekh, and one in Surkhet. Notably, the eye care center established in Surkhet was further upgraded to a surgical center (Gurbakot), expanding its capacity to manage cataract cases.

Equipment provided by the project to health facilities

A qualitative study with healthcare staff at facilities equipped by the project revealed positive outcomes. Staff reported that the training they received led to an increase in the number of patients seeking services at the facility. They also expressed greater confidence in their ability to provide both eye and ear care due to the training and the established clear referral system. Notably, the project also trained the technician on the maintenance of medical equipment so that the services provided by the hospital wouldn't be halted and would be continued.

> "One month-long audiology training provided by the project has refreshed my knowledge. Now, with equipment supported by the project I am confident in providing service for ear screening and treatment."
>
> -A KII with health In-charge of Belaspur HF

The project extended its support beyond equipping local-level health facilities. Recognizing the importance of referral centers, they strengthened the Surkhet Eye Hospital and ENT department of province hospital. Furthermore, the project established a low vision treatment facility at Surkhet Eye Hospital. Surkhet Eye Hospital was established as a strengthening referral center for Karnali Province for cataract surgery, and the province's ENT department was designated as the referral center for ear services. The qualitative study revealed the project facilitated a significant increase in patient flow to the hospital through referrals from screening camps. Moreover, to enhance access to services for those in need, the hospital has established a poor patient fund which reduced treatment fees by 10%. The hospital plans to further increase this reduction to 20%, demonstrating its commitment to improving access to care for underprivileged individuals including people living with disability.

Similarly, the ENT department at the provincial hospital received significant support. The project provided essential ear treatment equipment to enhance their service delivery. Patients identified during ear screening campaigns who required surgeries beyond local facilities were referred to the provincial hospital. Here, surgeries were performed at subsidized rates, and with the project's help, hearing aids were also distributed free of charge to those in need.

> "Thanks to the project, the capacity of the hospital has been strengthened and now hospital can perform 3-4 ear surgeries at parallel and hospital is also observing the patient flow by three time as compared to prior to the project."
>
> -A KII with doctor of ENT department of province hospital, Surkhet

Inclusivity in Healthcare Facilities

The project prioritized inclusivity within healthcare facilities through several key initiatives. First, the project facilitated the installation of ramps and gender-friendly toilets at healthcare facilities, ensuring that individuals with disabilities could navigate these spaces with ease and dignity. The qualitative study with the direct beneficiaries highlighted that these physical modifications not only addressed structural barriers but also fostered a welcoming environment for all community members.

Additionally, the project organized Disability Inclusive Development (DID) training sessions for relevant stakeholders, including healthcare professionals and community leaders. These sessions aimed to raise awareness about the unique challenges faced by individuals with disabilities and equip participants with the knowledge and skills needed to provide inclusive care.

By promoting equal access to eye and ear health services for all community members, regardless of their abilities, the project exemplified its commitment to inclusivity and equity in healthcare delivery. These concerted efforts improved access to essential services and fostered a more inclusive and supportive healthcare environment for diverse populations within the study area.

Table 17 illustrate the project planned activities, target and achievement of result 2 as per the project planned activities. The project had planned 16 activities related to Result 2. The table shows that the project has made significant strides in achieving and surpassing its targets across various planned activities. For regular screenings in communities and schools, the target was 126,000 individuals, but the project exceeded this, reaching 151,134 individuals as the project was well informed and well-coordinated with local government, health workers and FCHVs also aware the people on the screening which also increases the participation of people. Furthermore, project conducted more outreach camp than planned which also boost the number of people to attend the screening. The project well-established different awarness program of eye and ear health in rural community. Early detection efforts in mass screenings also surpassed project targets, achieving 3,912 against a target of 3,200 as the number of participants in screening increase which results in the increase of early detection. The project met its target for Special Public Celebration Days, conducting 32 events as planned. A baseline study on ear and hearing care was completed as intended. Basic Health Stations were equipped beyond the initial target, with 17 equipped instead of the planned 12 within the budget availability and provision and need of the local communities in the project municipalities, the project was able to be equipped 17 basic health stations. Integrated eye and ear health services were established in four Primary Health Centres, meeting the target. One Primary Health Centre was successfully upgraded to an Eye Clinic. A Low Vision Department was established at Surkhet Eye Hospital, achieved by providing necessary equipment. Eye Health Services at Surkhet Eye Hospital were improved through equipment and partial salary support, leading to increased service utilization. The ENT department at Karnali Provincial Hospital in Surkhet was strengthened with equipment support, enhancing its service delivery capabilities. Accessibility improvements at 16 Primary Health Centre were accomplished as planned. However, cataract surgeries at Surkhet Eye Hospital fell short, with 941 surgeries against a target of 3,200 as the Surkhet eye hospital was geographically hard to reach to many people of other district like Mugu and Jumla. Many people who were refer could not attend due to lack of proper transportation facility, associated cost and dependency on camp. Despite this, the project was able to provide cataract surgery to the 941 people in Surkhet Hospital within the allocated budget at subsidized price. As discussed with the CBM team, a contingency plan was developed; the project mobilized the budget heading to conduct the cataract surgery by bringing the needed people to do surgery eye camps in rural areas as well as upgrading the eye care center.

Furthermore, the cataract surgical campaign in remote areas also made it easier to provide cataract surgery to people in need. Implementation of cataract surgery campaigns were implemented in remote regions with target of 2000 and the project was successful in providing the service to 2886 people. The project mitigated the project barriers, and its contingency through the cataract surgery campaign in remote regions, and the project was able to conduct the surgery on 2886 people. Through this the people who were not able to go in Surkhet eye Hospital for cataract surgery also received the cataract surgery through this campaign. Ear treatment targets were slightly exceeded, with 324 treatments conducted against a target of 320 within budget allocation. Training on medical equipment maintenance and audiology training for state health personnel were both successful, meeting or surpassing their targets with 1 and 32 completed, respectively. As the project had

planned to provide the audiology training of state health personnel in TU Teaching Hospital of Kathmandu. However, during project implementation it is found that province hospital ENT department is ready to provide autology training to health worker and it is cost effective to organize training at local level the audiology training was conducted in Karnali Province hospital Surkhet, which subsidized the cost of the duration of the training, and as the project was locally organized, which minimized the cost. Focusing on the needs and requirements of the community people of the project implemented districts, and after coordination with local government authorities, the project was able to provide the training to 32 personnel within the allocated budget. The project was able to achieve all the achievements within the planned and allocated budget within the project duration. The project achieved some indicators higher than expected because of community demand, affordable cost, distance of health services, inadequate government services in eye and ear health services, and the need for services of rural community people. The project could do all activities with higher achievement than expected within the allocated budget.

The project was able to achieve all the achievements within the planned and allocated budget within the project duration. The project achieved some indicators higher than expected because of community demand, affordable cost, locally organized training program, duration of the training, distance of health services, inadequate government services in eye and ear health services, and the need for services of rural community people. Furthermore, the targets kept in project contract and target of program budget found mismatched. The activities were conducted according to the program budget, which resulted in the achievement of more project targets than the project plan. The project was able to do all activities with higher achievement than expected within the allocated budget.

Table 17 shows the detailed project's planned indicators, target, and achievement of result 2.

Table 17: Planned v/s achievement of Result 2.

S.N.	Planned activities	Project's target	Project's achievement
1.	Regular screening in communities and schools	126,000	151,134
2.	Early detection in mass screening	3200	3912
3.	Special Public Celebration Day	32	32
4.	Baseline study on ear and hearing care	1	1
5.	Equipment of Basic Health Stations	12	17
6.	Establishment of an integrated eye and ear health service in Primary Health Centres	4	4
7.	Upgrade of one Primary Health Centre to an Eye Clinic	1	1
8.	Establishment of a Low Vision Department at Surkhet Eye Hospital		Accomplished by providing the necessary equipment for its establishment.
9.	Improvement of Eye Health Services at Surkhet Eye Hospital		It is accomplished as the equipment and partial salary support helped to increase the service utilization rate.
10.	Strengthening the ENT department at Karnali Provincial Hospital in Surkhet		It is accomplished as the equipment support

S.N.	Planned activities	Project's target	Project's achievement
			helped to increase its service delivery including multiple surgeries at once.
11.	Improvement of Accessibility at the Primary Health Centres	16	16
12.	Cataract surgery at Surkhet Eye Hospital	3200	941
13.	Implementation of cataract surgery campaigns in remote regions	N/A	12
14.	Ear treatment	320	324
15.	Training on maintenance of medical equipment	1	1
16.	Audiology training of state health personnel	22	32

Challenges and lesson learnt

The project faced challenges due to a inadequate human resources of Surkhet eye hospital that hampered screening and outreach surgical camps. Even the COVID-19 pandemic caused delays, pushing project activities from 2020 to 2021. Despite substantial investments in technical partners, it experienced inadequate expertise required to conduct eye screening camps, requiring the development of new strategies. Furthermore, the province hospital's inability to provide health services at subsidized rates and refusal to accept health insurance service provided by government of Nepal, hindered the project's objectives of improving ear health for the people in the study area.

Despite project efforts to strengthen local healthcare facilities, some patients opted to travel to tertiary centers in Nepalgunj for cataract surgery, perceiving them as offering a higher quality of care or lower opportunity costs. Similarly, the newly established eye care center struggled to attract qualified healthcare workers willing to serve in remote locations.

Surkhet Eye Hospital experienced low number of patient attendance for cataract surgery from remote areas of Karnali province. According to the qualitative findings, low attendance was attributed to factors like travel costs, distance from home, and high opportunity costs, even when subsidized services were available. Many individuals face difficulties accessing healthcare facilities due to long distances and inadequate transportation options. The cost of travel, compounded by associated expenses for patients and accompanying family members, often becomes unaffordable, hindering their ability to seek necessary treatment. FGD findings revealed that some individuals are reluctant to undergo the procedure due to hesitations arising from previous negative experiences of people. Moreover, individuals living with cataracts may choose to adjust their daily activities to accommodate their diminishing eyesight instead of pursuing surgical intervention rather than traveling long distances for surgical intervention. The discussion with key service providers of the respective health, facilities revealed that there is no separate recording and reporting of the project-referred specific data.

Despite these challenges, the project provided valuable insights. By establishing an eye care center in collaboration with the local government, the project ensured sustainability beyond its duration, ensuring continued healthcare provision post-project phase-out. Furthermore, the project enhanced existing healthcare facilities by providing necessary equipment, significantly improving healthcare delivery in remote areas. Equipment support to Surkhet Eye Hospital and the ENT department of Karnali Hospital effectively doubled their capacity to serve patients. Additionally, the project addressed barriers to healthcare access by adopting a new modality of providing travel

support to marginalized and impoverished individuals, including people with disabilities during screening camp at Surkhet and Dailekh. These lessons underscore the importance of sustainable partnerships, capacity building, and addressing systemic barriers to healthcare access in remote regions. To enhance the sustainability of eye healthcare services, the project provided training to technician from Surkhet Eye Hospital. This initiative aimed to equip with the necessary skills for repair and maintenance, thus ensuring continuous and effective eye healthcare delivery. To facilitate the operation of the screening and outreach camp amidst a shortage of human resources, the project devised a novel strategy by collaborating with other eye hospitals working for the same province. Simultaneously conducting eye and ear health campaigns, they successfully met their objectives of enhancing the overall eye and ear health of the community. Additionally, they maximized resources by leveraging existing health facilities and personnel, including those trained by the project, as well as utilizing supported equipment. This showcases that with effective coordination, strategic planning, and a focused approach, overcoming formidable obstacles is achievable.

III. Integration of accessible IEEH services into government health care service

Endorsing National and Provincial Eye Health Strategies:

The qualitative findings revealed significant achievements in endorsing national and provincial eye health strategies. Through workshops facilitated by the project, task forces were formed under the leadership of the Secretary of the Ministry of Social Development (MOSD). The provincial eye health strategy received endorsement from the Karnali provincial government in December 2023. Furthermore, the project's advocacy efforts led to the formal endorsement of the national eye health strategy by the Ministry of Health and Population (MoHP), addressing long-standing gaps in the national health system.

Though eye health strategy was only endorsed less than a year ago, the qualitative findings showed that the local government is positive for addressing the eye and ear health service and is committed to allocating a budget for the continuity of the services.

Coordination with local government for integration of Eye and ear health:

A KII with project officer of NNJS

Findings from the evaluation emphasized significant progress in integrating eye and ear health services into the local government health system. Local government actively participated in planning and implementation initiatives aimed at improving eye and ear health within government health facilities. Their involvement extended to establishing and leading the project coordination committee, emphasizing a collaborative approach to integration effort. A notable bridge between local government and the project was the community coordinators who served to facilitate communication and address local needs. The qualitative findings highlighted that the collaborative approach culminated in the establishment of 4 eye care centers under local government ownership and management. To overcome accessibility barriers, pull factor strategy was implemented in Barahatal Rural Municipality, Dullu Municipality, and Narayan Municipality. Local governments arranged a one-time transportation facility for people living in hard-to-reach areas, facilitating their attendance at screening camps for early detection of eye and ear disease.

The project also supported lobbying with the municipalities in case the health facilities had advocacy with the municipalities in management of screening camps, regular supply of medicine, and budgeting for local level health facility and priority of in the health facilities for HR and functioning. Health workers utilized the equipment to examine individuals with eye and ear health issues visiting their facilities, ensuring quality service delivery.

Moreover, during eye and ear screening, health workers from the government health facility assisted in identifying the cases, further demonstrating the effectiveness of partnering with local governments for sustainable integration of essential health services.

IV. Evaluation of project based on OECD-DAC Criteria

Relevancy and Appropriateness of The Project

In Nepal's remote Karnali province, where access to eye and ear healthcare is limited to Surkhet Eye Hospital and province hospital, a significant portion of the population suffers from untreated cataracts, highlighting the urgent need for cataract surgeries. However, the outcomes of these surgeries often fall short of WHO standards, indicating deficiencies in eye care infrastructure. Similarly, the province lacks proper facilities for ear services, adding to the burden of ear problems.[7] Financial constraints and difficult terrain further hinder access to healthcare, making the opportunity cost of seeking treatment higher than the benefits. Given these challenges, the project played a vital role in addressing the pressing eye and ear health needs in the province. Moreover, with a very low human development index (HDI) of 0.46 as compared to the national figure, [8] Karnali Province has the highest Multidimensional Poverty Index (MPI) of 0.169, surpassing the national MPI of 0.074.[9]This underscores the urgency of interventions like this project to improve healthcare access and outcomes in the province.
The project initiated a comprehensive awareness campaign utilizing multiple mediums like radio jingles, posters, street theatre, and community coordinators to educate about eye and ear health. These efforts aimed to raise awareness about the importance of regular screenings and the availability of subsidized ear and cataract surgeries. Additionally, health workers underwent training sessions to enhance their proficiency in using screening tools and understanding eye and ear health issues. To support the screening process, the project supplied necessary equipment and organized screening camps where patients received free medication. Individuals diagnosed with cataracts were referred to Surkhet Eye Hospital for subsidized surgeries, ensuring access to essential eye care services at a subsidized rate.

> "A student lost his eyesight because of a lack of awareness, inaccessible services at a nearby health facility, and delayed treatment. If a project like this had been implemented earlier, maybe his eyesight could have been saved."
>
> -A KII with principal of school, Barahtaal Rural Municipality, Surkhet

To address the increasing prevalence of vision and hearing impairments in Karnali province, worsened by inadequate healthcare equipment, the project took decisive action by establishing a government-owned eye care center. Equipped with essential tools, this center facilitated the screening of ear diseases and provided training to healthcare workers in audiology, thereby enhancing the quality of ear healthcare services. Through strategic partnerships with Surkhet Eye Hospital and the provincial ENT department, the project strengthened the capacity of local

[7] *Nepal's remotest eye camp: Karnali province.* https://eyecarefoundation.eu/nepals-remotest-eye-camp-karnali-province/
[8] Paudel T, Amgain K, Sanjel S. Health scenario of Karnali Province. J Karnali Acad Heal Sci [Internet]. 2018 [cited 2024 Mar 27];1(3):35–40. Available from: https://www.researchgate.net/publication/333195185
[9] https://npc.gov.np/images/category/MPI_Report_2021_for_web.pdf

healthcare facilities. This collaborative effort ensured effective screening and referral processes for patients, thereby easing the burden of eye and ear ailments in the region. Notably, the provincial hospital's ENT department, initially limited to two surgeries at a time, now handles 3-4 surgeries concurrently with project-provided equipment. Overall, the project's importance is widely recognized for addressing challenges and promoting awareness about the significance of eye and ear health in enhancing overall well-being and quality of life.

> "The project was very necessary for us as it helps to restore our eye and ear health in subsidized cost. The eyes and ears are very sensitive organs and this type of outreach camps is necessary and should be conducted more than 2-3 times per year to improve eye and ear health of community people in this municipality."
>
> -A FGD conducted in Dullu municipality, Dailekh

Effectiveness of the Project

The project demonstrably exceeded its goals in raising awareness of eye and ear health within the target communities. Radio jingles aired on FM stations highlighted the importance of eye health and various eye diseases. Additionally, wall paintings/murals and information panels were utilized to educate the population about eye health, emphasizing subsidized cataract services provided by the project. Community coordinators played a crucial role in fostering collaboration with local authorities and health facilities. These coordinators actively disseminated information on eye and ear health practices and the available services. To promote early detection of eye and ear health among children, the project organized screening camps directly within schools. Parents and students further benefitted from informative materials distributed during these camps, reinforcing awareness within households. The project went beyond awareness campaigns by conducting door-to-door screenings for cataracts. This proactive approach allowed for the identification of cases and timely referrals to Surkhet Eye Hospital for surgery. By combining engaging media campaigns, community engagement activities, and direct screening initiatives, the project significantly improved awareness and promoted healthy practices related to both eye and ear health within the target communities.

> "The project had helped to restore the eye sight of 11 years child from the poor family who were unaware about cataract treatment before the project by referring them to Biratnagar under the expenses of the project covering treatment, lodging, food and travel cost. Now, the child is independent and is able to study and reach school walking for 3 hours by himself."
>
> -A case story of the beneficiary of the project, Dullu Municipality, Dailekh

The project's impact extended beyond raising awareness by providing concrete services to the targeted communities. The project organized screening camps, offering essential medications and affordable spectacles to address immediate needs. They identified cataract cases and referred patients for subsidized surgery at either Surkhet Eye Hospital or the Gurbhakot Surgical Center. Ear patients were referred to the provincial hospital's ENT department. To improve service delivery, health workers at basic health stations received one-month otology training, equipping them with knowledge of ear anatomy, diseases, prevention, and proper equipment usage. Additionally, Surkhet Eye Hospital technicians underwent maintenance training, ensuring proper equipment usage.

The project recognized the influence of traditional healers and oriented them to refer clients with eye issues to nearby facilities or Surkhet Eye Hospital, and those with ear problems to the provincial hospital or project-supported local health facilities. This collaboration strategy between traditional healer and the project likely improved access to care for some community members. The project

significantly extended its reach by upgrading Gurbhakot's eye care center into a surgical facility. This enabled them to provide eye service including cataract surgeries locally, greatly benefiting the target communities. Both direct beneficiaries and the target community expressed gratitude for this expanded access to surgical care.

> "The training from the project was very helpful as it helped us in our capacity development. Now, the patients can be screened and treated properly here on our health facility. Moreover, the equipment supported were handy as it helped us in proper screening. Due to the training, our confidence has been boosted and even the people trust us now for treatment."
>
> -A KII with project supported health facility, Barahtaal Rural Municipality, Surkhet

By providing equipment support to healthcare facilities and the provincial hospital's ENT department, the project enhanced service provision capacity. The project included capacity building for health worker and doctors, as well as supplying necessary equipment and materials. This resulted in a reduction in referrals and an increase in the number of surgeries performed per day.

The project effectively promoted accessibility by installing ramps and accessible toilets, improving access for people with disabilities. Training for staff and encourage a children's playground further created a welcoming environment for all. The details of project achievements are attached in Annex I.

Efficiency of the project

The qualitative interaction with project staff and from the partner hospital it was indicated that the project approach and implementation modality was efficient, and the project has accomplished the outputs, in terms of delivering quality services as compared to financial and human resources invested. The total budget for the project was 733,071.00 EUR.

Despite facing challenges from the COVID-19 pandemic during its inception, the project displayed remarkable efficiency and achieved its targets within a shortened timeframe. Community coordinators played a vital role in bridging communication between the target communities and the NNJS, facilitating successful implementation of activities. Through comprehensive training, these coordinators effectively identified individuals with cataracts and referred them for treatment, while also conducting awareness programs and coordinating screening camps. Strategic planning ensured effective utilization of existing health facilities, with upgraded eye care centers and otology training for health workers further enhancing service delivery. The project's collaboration with technical partners like Surkhet Eye Hospital and the ENT department of the provincial hospital facilitated efficient screening camps and access to treatment. Additionally, the provision of surgeries and medicine for cataract patients at outreach camp ensured they received necessary health care. Similar procedures were followed for individuals requiring ear surgery, demonstrating the project's commitment to comprehensive ear and eye health care. Notably, the project partnership with hospitals working for Karnali Province for conducting screening and outreach camp was efficient and effective on achieving the targets which overcome the shortage of human resource. The project demonstrated efficiency by orchestrating multiple eye and ear health screening campaigns concurrently, optimizing the utilization of available funds. This efficiency was particularly evident during the outreach camps, where cataract surgeries were conducted following pre-screening on earlier days. Moreover, adherence to WHO guidelines was paramount, with beneficiary sight verification conducted the day after surgeries to ensure successful outcomes. The effectiveness of the project was underscored by the convenience afforded to participants, eliminating the need for follow-up visits to the base hospital. By leveraging resources such as FCHVs and local government support, the project secured manpower for awareness campaigns and

service delivery. Overall, the project's effective coordination, strategic planning, and utilization of available resources significantly improved eye and ear health outcomes in the target communities.

> "The project's strategic efficient was evident through its collaborating with hospitals working for Karnali Province. Through this collaboration along with Surkhet eye hospital, the project was able to deliver eye health services across all study areas simultaneously, within the designated timeframe. This accomplishment was noteworthy as it maintained the project's timeline without any extensions, showcasing resilience and adaptability which was affected by the covid pandemic in its early days."
>
> -A KII with manager, Surkhet Eye hospital, Surkhet

The project prioritized providing cataract surgery to communities with transportation challenges and limited access to healthcare facilities by reaching their community with outreach camp for conducting cataract surgery. Surgery was conducted in the eye care center following screenings, ensuring proper precautions were taken. Despite time constraints, the project efficiently utilized resources to achieve its targets and enhance eye and ear health in the study area.

> "It's incredibly satisfying to see the positive impact on people's lives. While a typical cataract surgery can be quite expensive ranging from Rs. 6000-10,000, our project managed to offer it at 4,500 rupees. Bringing essential healthcare like cataract surgery to the unreached communities through 10 outreach camps at subsidized cost, makes it even more rewarding".
>
> -A KII with project officer of NNJS, Surkhet

Impact-contribution to change

The project significantly improved eye and ear health in Karnali province, extending its impact from the community to the provincial level. By strengthening existing healthcare facilities and capacity building of health workers, the project enhanced service delivery and raised awareness on preventive measures. Previously, many residents had to journey outside their province in search of healthcare, facing the inconvenience of limited options of health care facility and its services. With just one eye hospital and province hospital in Surkhet, accessibility and availability of its health care services was a challenge. This limited availability meant higher opportunity costs for patients, surpassing even their treatment. Through collaboration with local government, the project established eye care centers under their ownership and encouraged budget allocation for eye health. Equipment supports to health facilities, Surkhet eye hospital and the provincial hospital's ENT department results into increment in patient's flow and improved service quality. The project helped on upgrading one of the eye care center
of Gurbhakot into surgical center which made a huge impact in the eye health of the people by providing affordable eye health services. Through this help, this surgical centre was able to perform surgeries of cataract and pterygium in their own centre. Renovations, including gender and disability-friendly facilities, enhanced accessibility for vulnerable populations. Awareness programs, screening camps, and outreach efforts led to improved community understanding and practices regarding eye and ear health. Services provided during screening camps, such as cataract surgeries and distribution of spectacles and hearing aids, significantly benefited target communities. By the project's deadline, 151,134 individuals were screened, with 11,017 cataract surgeries and 324 eye treatments performed, resulting in restored vision and hearing of many people.

"After being diagnosed with cataracts during a health facility visit, I found myself unable to cover the surgical expenses due to financial hardship. Fortunately, the project's community coordinators stepped in, guiding me and informing me about the subsidized cataract surgeries available at Surkhet Eye Hospital under the project's umbrella. Thanks to their support, my vision has been restored, empowering me as the head of my family and enabling me to fulfill my responsibilities as a farmer with renewed independence."

-A Case story, Gurbhakot Muncipality, Surkhet

The training sessions conducted by the project for health workers and traditional healers played a crucial role in building trust among the community members regarding the screening and treatment services offered by local health facilities. This trust was evident as individuals not only sought treatment for themselves but also encouraged their family members and friends to utilize the services for any eye and ear health concerns.

The project's impact was profound, as it helped in endorsement of eye health strategies at both national and provincial levels. Through workshops and stakeholder engagement, it ensured the development of comprehensive strategies tailored to local needs of the Karnali province. The provincial eye health strategy was endorsed by Karnali provincial government. It also lobbied on endorsement of existing national eye health strategies by MOHP. By advocating for these strategies, the project paved the way for significant benefits, ensuring better eye health services and addressing unique challenges within Karnali Province. Overall, its efforts had a lasting impact on improving eye health outcomes for the people of Karnali.

Sustainability of the Project Intervention

The project's initiation involved a comprehensive approach, engaging both formal and informal channels to secure commitments from local authorities and municipalities. This collaborative effort ensured essential service availability and policy endorsements, laying the foundation for sustainable impact. The project had ensured the long-term provision of eye and ear healthcare services for the local population by establishing eye care centers under the ownership of local government and one eye care center upgraded into surgical center along with equipping health facilities, streamlined management and enhanced accessibility. The project equips health workers with training in preventive care and proficiency in equipment use. Referral systems connect patients to higher-level hospitals. Equipment provided to the provincial hospital significantly increased its capacity, enabling more surgeries and improved effectiveness. Technicians trained to maintain equipment at Surkhet eye hospital ensured continuous healthcare delivery. The hospital's self-sustainability is also evident from outpatient fees and medicine sales margins.

"The municipality has provided Nrs 10 lakh to the surgical center of Gurbhakot for its sustainability and continuation of its service. If this centre can be converted into hospitals, the people living in eastern part of Surkhet, Jajarkot, Salyan, East Rukum and Dopla can be benefitted in terms of accessibility and availability from this eye hospital."

-A KII with local government of Gurbhakot, Surkhet

The project's awareness efforts have improved understanding and adherence to eye and ear health practices, encouraging timely healthcare visits over superstitions. The project's focus on educating the community about eye and ear health not only addressed immediate healthcare needs but also aimed at creating sustainable practices. By targeting traditional healers and providing them with education and awareness on modern healthcare practices, the project fostered a shift in mindset towards seeking treatment from nearby health facilities. The

A KII with traditional healer, Mugu

project laid the groundwork for a sustainable healthcare model that integrates traditional beliefs with modern medical practices by empowering traditional healers to refer patients to health facilities. Despite being small intervention employed by the project, this holistic approach not only improves access to healthcare services but also ensures that the community continues to benefit from these practices beyond the project's lifespan.

The successful advocacy and coordination with different stakeholder by the project led to the development by the project team and advocacy by project team for endorsement of a provincial eye health strategy, which ensures the long-lasting integrating eye care into government services. Ear health issues are referred to province Hospital for almost treatmenThe project's collaborative approach, policy integration, and promotion of government insurance demonstrate its dedication to long-term eye and ear healthcare in the province. Its impact has sensitized the government and attracted further funding, paving the way for continued improvements in the healthcare system.

To ensure sustained eye health services post-project, vital steps include strengthening partnerships with local entities, advocating for increased budgets, community engagement, ongoing training for healthcare staff, technology utilization, and continuous monitoring. NNJS remains committed to project continuity in other areas post-funding from CBM and BMZ.

Gender Equality, Disability and Social Inclusion (GEDSI)

The gender achievements of the project indicated the participation of men, women, girls and boys with and without a disability were equally able to access the services of eye and ear services offered by the project. Gender equality was crucial to ensuring equitable access to the project's services. Efforts were made to secured that both men and women had equal opportunities to benefit from the project. Additionally, there were no specific barriers related to physical accessibility encountered during the project, indicating that the facilities and services were accessible to all individuals regardless of their physical abilities. Women, men, boys and girls had equal access to services, with women predominantly utilizing subsidized services and men utilizing paid services more frequently was noted. Efforts were made to ensure gender-friendly programming, in project planning and implementation indicating a need for greater inclusivity across all activities.

The project prioritized gender sensitivity in its staffing patterns, with three males and seven females, which deliberate choice aimed to ensure inclusivity and representation within the project team, reflecting a commitment to gender equality. Accessibility barriers were identified, especially for marginalized groups residing in remote areas. Limited campaign durations posed challenges for comprehensive outreach, emphasizing the importance of strategic planning in overcoming geographical and logistical barriers where proper documentation was ensured in relation to gender equality considerations and were recorded and addressed during the project activities.

The project successfully enhanced staff awareness about disability inclusive development through targeted training and capacity-building initiatives. Comprehensive training sessions focused on disability inclusion improved understanding of the challenges faced by persons with disabilities and emphasized the importance of accommodating their needs within project activities. Additionally, regular communication efforts fostered a more inclusive and supportive environment for person with disabilities within the project. Organizational policies, procedures, and project decisions were thoroughly reviewed and updated to ensure disability inclusion. These revisions addressed various issues, including recruitment processes, training protocols, accessibility measures, and decision-

making frameworks, integrating disability considerations into all aspects of project planning and implementation.

To ensure equitable benefits for person with disabilities, the project implemented strategies such as providing information on the screening camps and its venue via accessible communication materials such as radio/jingles, posters, pamphlets etc. The project also adopted new modality for providing transportation assistance, and reasonable accommodations by local government to the selected individuals who were poor and from marginalized background. Disability-disaggregated data collection helped identify specific needs and tailor interventions for equitable access and benefits. Screening camps were made disability-friendly and accessible prioritizing treatment for person with disabilities. Throughout project implementation, active participation of person with disabilities, disability organizations, and self-help groups was prioritized through proactive outreach, engagement, and consultation. Their involvement in decision-making processes ensured their voices were heard and their perspectives integrated into project interventions, promoting meaningful inclusion and participation.

Safeguarding

Safeguarding was ensured throughout the project implementation process by enhancing capacity of the project team on safeguarding issues, regular feedback and review. NNJS has its own Safeguarding policy, which ensures that all activities carried out by the organization adhere to rigorous safeguarding standards. Similarly, Surkhet Eye Hospital and other partner hospitals maintained their own Safeguarding policies, reflecting a commitment to the safety and well-being of all project participants. Staff members at partner hospitals receive extensive training to better understand safeguarding issues, allowing them to effectively implement and enforce safeguarding measures within their institutions.

To create and maintain a safe environment for children and vulnerable adults within projects, the project and its partners used a variety of strategies. These included strict adherence to safeguarding policies, regular staff training sessions, and continuous monitoring to prevent and address potential risks or incidents. Furthermore, the project's outreach camps ensured safety by carefully planning, supervising, and implementing safety protocols during camp activities.

A robust mechanism for complaint/feedback and reporting was essential for the project's safety efforts. Individuals participating project events were encouraged to raise any concerns or provide feedback on safeguarding issues by means of established channels. This ensures that any safeguarding incidents or concerns are promptly addressed and resolved.

Furthermore, when working with children in school and community settings, NNJS and its partners prioritize security measures. This included implementation of safeguarding policies aimed to these specific environments, providing ongoing staff training, and closely monitoring interactions to ensure a safe and supportive environment for all children involved in the projects.

Evaluation of the Project

The Table 18 shows the effect of project as reported by the quantitative participants (N=325). Eight different questions related to the contribution of the project were asked to the direct beneficiary of the project. Most of the participants agreed on most of the given statements followed by strongly agree ranging from (61.5% to 74.5%) and (13.5% to 25.2%) respectively. The average score was above 3.9 (in a possible range from 1 to 5), with the average mean score of 4.0 in a possible range from (1 to 5) with SD of 0.6.

Table 18: Evaluation of the effect of the project

Characteristics	Strongly disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly agree (5)	Mean (SD)
This project has (N=325)						
Improved access to eye and ear health facilities and services in the community	0 (0)	5 (1.5)	17 (5.2)	238 (73.2)	65 (20.0)	**4.1 (0.6)**
Increased public awareness about eye and ear health prevention	0 (0)	8 (2.5)	17 (5.2)	231 (71.1)	69 (21.2)	**4.1 (0.6)**
Reduced the social stigma on eye and ear health and related disability	0 (0)	4 (1.2)	73 (22.5)	200 (61.5)	48 (14.8)	**3.9 (0.6)**

Raise school teachers' and students' awareness of eye and ear health by providing education	0 (0)	5 (1.5)	45 (13.9)	230 (70.8)	45 (13.9)	**4.0 (0.6)**
Helped to reduce eye and ear health and related disability/problems in the community through education	0 (0)	6 (1.9)	43 (13.2)	227 (69.9)	49 (15.1)	**4.0 (0.6)**
Helped to provide quality eye and ear health education through various communication media	0 (0)	10 (3.1)	37 (11.4)	234 (72.0)	44 (13.5)	**4.0 (0.6)**
Helped to make access and availability of eye and ear health easier and stronger	0 (0)	7 (2.2)	26 (8.0)	242 (74.5)	50 (15.4)	**4.0 (0.6)**
Helped to boost confidence of people suffering from or at risk of Eye and ear health problems or related disability	0 (0)	4 (1.2)	24 (7.4)	215 (66.2)	82 (25.2)	**4.2 (0.6)**
Total Mean (SD)						**4.0 (0.6)**

Participants were further asked different questions related to the project evaluation aspects including the project's relevancy, effectiveness, sustainability, efficiency, and coordination (Table 19). The responses options were 'Not at all (1)', 'Extremely low (2)', 'Average (3)', 'High (4)', and 'Extremely high (5)'. The scores were above 4 (in a possible range of 1 to 5) for relevancy, effectiveness, efficiency, sustainability and partnership and coordination with a mean of 4.7 as highest for relevancy and lowest was for project's sustainability at 4.0. The average sum of mean score of the project evaluation reported was 4.3 in a possible range of 1 to 5 with SD of 0.7.

Table 19: Evaluation of the project

Characteristics	Not at all (1)	Extremely low (2)	Average (3)	High (4)	Extremely high (5)	Mean (SD)
Relevancy	0 (0)	0 (0)	43 (13.2)	48 (32.0)	234 (72.0)	**4.7 (0.5)**
Effectiveness	0 (0)	0 (0)	43 (13.2)	99 (30.5)	183 (56.3)	**4.43 (0.7)**
Sustainability	0 (0)	0 (0)	80 (24.6)	155 (47.7)	90 (27.7)	**4.0 (0.7)**
Efficiency	0 (0)	0 (0)	49 (15.1)	182 (56.0)	94 (28.9)	**4.1 (0.7)**
Project's partnership and coordination	0 (0)	0 (0)	70 (21.5)	165 (50.8)	90 (27.7)	**4.1 (0.7)**
Total Mean (SD)						**4.3 (0.7)**

Overall Evaluation as analyzed by the evaluation team

The summary of the above analysis and discussion as understood by the evaluation team has been presented in Table 20 and Figure 11, which is in line with the evaluation made by the respondents of the evaluation. Overall, the project was found to have been perceived well by its beneficiaries as it obtained an average score of 4.3 (in the range of 1 to 5). The scale is described in the table below.

Table 20: Summary of overall evaluation of the project

Evaluation	Results	Major Findings
Relevance	Highly relevant (5)	In Nepal's Karnali province, limited access to healthcare leaves many untreated for cataracts and ear issues, worsened by inadequate infrastructure and financial barriers. To tackle these challenges, the project launched an awareness campaign using radio, posters, and community coordinators. They provided free screenings and cataract surgeries, with expenses covered. The project collaborated with the local government to establish an eye care center which is now owned and operated by the local government. The project was also relevant as it helped on improving eye

		and ear healthcare services and its quality by providing equipment and training to healthcare worker. By collaborating with Surkhet Eye Hospital and the provincial ENT department, the project strengthened local facilities, increasing their capacity to handle surgeries. Overall, the project has been instrumental in addressing healthcare gaps and promoting awareness of eye and ear health's importance for overall well-being.
Effectiveness	Effective (5)	The project surpassed its overall targets by effectively raising awareness about eye and ear health in target communities. Utilizing radio jingles, wall paintings, and community coordinators, they promoted subsidized cataract and ear services along with healthy practices. Screening camps provided medication and affordable spectacles, with cataract patients referred for subsidized surgery. Health workers received training, and technicians were trained for equipment maintenance. Traditional healers were educated to refer clients appropriately. Upgrading Gurbhakot's eye care center into surgical center facilitated more surgeries, while equipment supports enhanced service provision, reducing referrals and increasing surgeries per day.
Efficiency	Efficient (4)	Despite initial challenges posed by the COVID-19 pandemic, the project demonstrated remarkable efficiency in achieving its objectives within a shortened timeframe. Community coordinators served as crucial links between target communities and the project, facilitating successful implementation of activities such as awareness programs and screening camps. Utilizing existing health facilities and partnering with technical experts like Surkhet Eye Hospital and the provincial hospital's ENT department, the project ensured efficient delivery of services. Notably, the project partnership with Fatebaal hospital and Himalayan hospital for conducting screening and outreach camp was efficient and effective on achievening the targets which overcome the shortage of human resource. The project demonstrated efficiency by orchestrating multiple eye and ear health screening campaigns concurrently, optimizing the utilization of available funds. This efficiency was particularly evident during the outreach camps, where cataract surgeries were conducted following pre-screening on earlier days. Moreover, adherence to WHO guidelines was paramount, with beneficiary sight verification conducted the day after surgeries to ensure successful outcomes. The effectiveness of the project was underscored by the convenience afforded to participants, eliminating the need for follow-up visits to the base hospital. Leveraging resources like Female Community Health Volunteers and local government support, the project effectively conducted awareness campaigns and service delivery. Overall, through strategic planning and resource utilization, the project significantly improved eye and ear health outcomes in target communities despite pandemic-induced constraints.
Impact	Impactful (5)	The project significantly enhanced eye and ear health in Karnali province, extending its impact from local communities to the provincial level. Through improved healthcare infrastructure, specialized training, and awareness initiatives, the project addressed longstanding challenges in accessing quality eye and ear care. Collaboration with local authorities led to the establishment of dedicated eye care centers and increased budget allocations for eye health. Equipment provisions and facility renovations further improved service delivery and accessibility. Comprehensive awareness campaigns, screening camps, and outreach efforts heightened community understanding and practices. Free services during screening camps, including cataract surgeries and the distribution of spectacles and hearing aids, benefited numerous individuals. By project completion, over 151,134 individuals had been screened, with thousands receiving essential eye and ear treatments, leading to restored vision and hearing. Training sessions for health workers and traditional healers fostered trust in local healthcare services, encouraging community members to seek treatment and advocate for others to do the same.
Sustainability	Sustainable (4)	The project initiated a collaborative effort with local authorities and municipalities to ensure commitment and policy endorsements, laying the groundwork for sustainable impact. By establishing government-owned eye care centers and upgrading one eye care center into a surgical facility, along with equipping health facilities, the project ensured long-term provision of eye and ear healthcare services. Health workers received training in preventive care and equipment usage, while referral systems enhanced access to higher-level hospitals. The project's awareness

		campaigns promoted timely healthcare visits and educated traditional healers to refer patients to health facilities. Emphasis on government insurance and successful lobbying led to the endorsement of a provincial eye health strategy, integrating eye care into government services, with ear health issues referred for almost free treatment to province hospital. Training, eye surgical center, upgrading of services, establishment of eye care center equipment, eye and ear health strategy development and advocacy for endorsement by project. The project's collaborative approach policy-integration and promotion of government insurance demonstrate its dedication to long-term eye and ear healthcare in the province. Its impact has sensitized the government attracted further funding paving the way for continued improvements in the healthcare system.
Partnership and coordination	Very good (4)	The project collaborated effectively with provincial government, Provincial health directorate, ENT department of province hospital, technical partners, Surkhet Eye Hospital to address eye and ear health of the Karnali province. Moreover, the project also partnered and engaged local government authorities to address eye and ear health issues comprehensively along with their ownership on established eye care center. Notably, the project also coordinates with the eye hospitals namely Fatebaal hospital and Himalayan hospital operating in same province to reach out the community people of the study area for screening camp parallelly at a same time. Under local government ownership, an eye care center was established, with one center upgraded to a surgical facility, significantly improving access to specialized services. Additionally, the project worked closely with health facilities and Female Community Health Volunteers (FCHVs) to raise awareness and promote preventive practices within communities. Traditional healers were also involved through orientation sessions, encouraging referrals to nearby facilities. Moreover, the project endorsed the provincial national eye health strategy, integrating eye health into the healthcare system via a task force under the Ministry of Social Development (MOSD), aimed at enhancing healthcare delivery and fostering sustainable eye health practices in Karnali province.
Overall Evaluation	Very good (4.5) *	Overall, the project is ranked in “Very good” performance position.

Note:

Relevance: Highly Relevant (5), Relevant (4), Moderately Relevant (3), Fairly Relevant (2), Not Relevant (1)

Effectiveness: Highly Effective (5), Effective (4), Moderately Effective (3), Fairly Effective (2), Not Effective (1)

Efficiency: Highly efficiency (5), Efficient (4), Moderately Efficient (3), Fairly Efficient (2), Not efficient (1)

Impact: Highly impactful (5), Impactful (4), Moderately Impactful (3), Fairly Impactful (2), Not Impactful (1)

Sustainability: Highly sustainable (5), Sustainable (4), Moderately Sustainable (3), Fairly Sustainable, (2), Not Sustainable (1)

Partnership and coordination: Excellent (5), Very Good (4), Good (3), Fair (2), Poor (1)

Overall Evaluation: Excellent (5), Very Good (4), Good (3), Fair (2), Poor (1)

*The average score of the 6 evaluation criteria is 4.4 (i.e., Very Good).

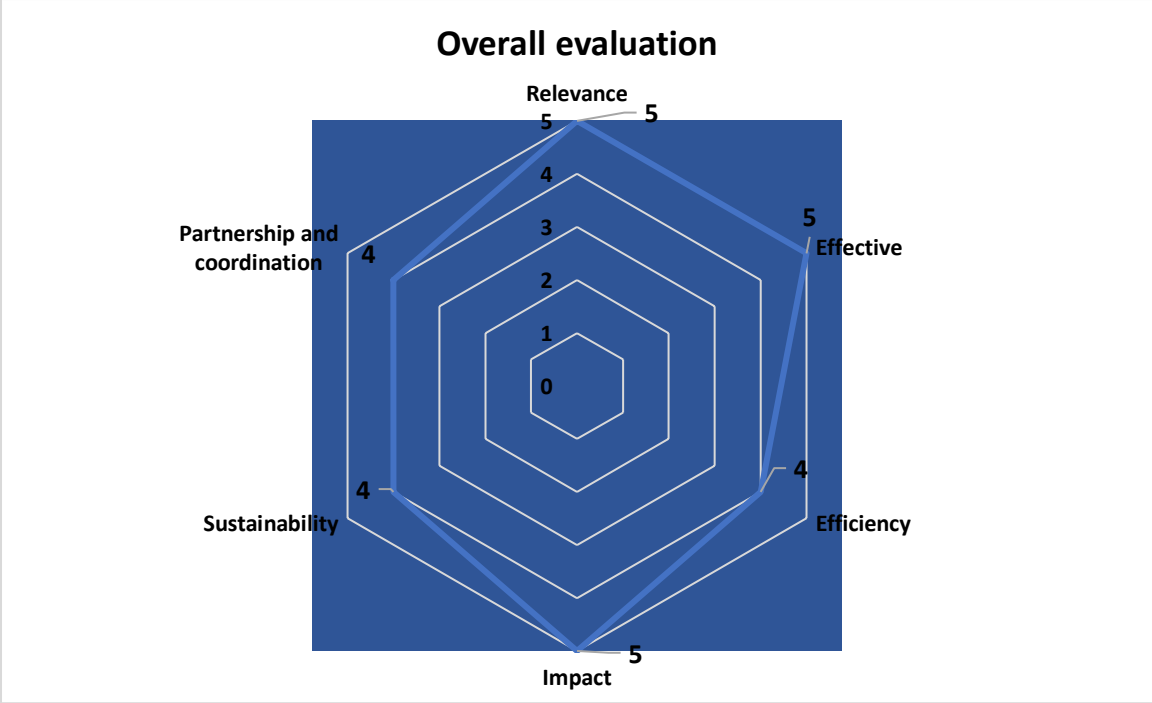


Figure 11: Overall evaluation of the project in six evaluation criteria

Limitation of the Project

The limited staffing at Surkhet Eye Hospital, classified as a secondary hospital, posed a significant challenge, potentially undermining the project objectives. With limited doctors are available on and off to perform surgeries because of turn over, time to get trained in surgeries, the hospital's capacity fell short of meeting the demands generated by the project. Also, COVID-19 lockdown, staff turnover, geographical difficulies, etc. could be the challenges and limitations of the project. To mitigate this constraint, the project resorted to hiring consultants from Nepalgunj, as recommended by Surkhet Eye Hospital and collaborate with other eye hospital like Himalayan eye hospital to conduct outreach camp. Additionally, local health facilities' human resources were mobilized during screening camps to support the project's activities. Furthermore, collaboration with other hospitals became necessary to address the shortage of human resources and achieve the project's targets within the specified timeframe.

The project primarily focused on eye health services, resulting in a lower number of participants receiving ear screenings and treatment compared to eye care interventions. This limits the comprehensiveness of the data on ear health outcomes. Furthermore, the absence of a baseline report prevents a robust comparison between pre-intervention and post-intervention findings. This makes it challenging to definitively measure the project's impact on overall eye and ear health within the target population.

Project monitoring and reporting

Monitoring and reporting procedures were integral aspects of the project's operations, ensuring effective oversight and documentation of program activities and outcomes. Regular monitoring activities involved various levels of supervision, including field visits conducted according to monthly work plans and sheets. These visits enabled project staff to assess progress, address challenges, and ensure alignment with project objectives. Additionally, periodic reviews with elected officials and project executives uphold accountability and adherence to financial and administrative policies outlined by the NNJS and project log frames.

In terms of reporting, the project maintained detailed records of patient services and referrals, particularly concerning the provincial hospital designated as Karnali province's referral site. Through systematic monthly reports based on the schedule and work plan, the project tracks its overall achievement based on the project's log frame, ensuring that all interventions are aligned with established targets and objectives. Communication between project staff and local stakeholders was vital for comprehensive monitoring and reporting. While field staff engaged directly with communities during program activities, they also collaborated with local health facilities to gather essential data on patient services and program impact. In instances where direct involvement was challenging, project staff collected reports from community members to ensure accurate documentation of project activities and outcomes.

Overall, the collaborative approach to monitoring and reporting enabled the project to maintain transparency, accountability, and effectiveness in delivering eye and ear health services to the target communities of Karnali province.

Conclusion

In conclusion, the project has achieved its milestone in improving the eye and ear health in the eight municipalities of four project districts of the Karnali province. Community members expressed gratitude for the restored vision and the local government appreciated the project's reach into remote areas. Screening camps and free medicines increased the number of diagnosed cataract cases. Additionally, participants diagnosed with cataracts were referred to either Surkhet Eye Hospital or the surgical centre in Gurbhakot, where surgeries were subsidized. The project also helped the people to get ear treatment by referring them to Province hospital, Karnali at subsidized rate. The awareness programmes conducted by the project was noteworthy as they helped on raising the knowledge and adopting healthy practice for the prevention and improving eye and ear health in community and timely visit to the nearby health facility. In addition to this, the project's success in equipping healthcare facilities and provincial hospitals, training personnel, establishing eye care centers and surgical center suggests a path towards long-term sustainability.

While the project demonstrably improved access to eye care, concerns remain regarding the balance between eye and ear health initiatives. Despite project efforts, people of geographically hard to reach area still lack the service benefitted by those having access. people from geographically remote areas still faced challenges accessing services.

6 Recommendations

The project had done a great deed improving and enhancing the eye and ear health of the Karnali province. But there is always a room for improvement and some of the recommendations are as following.

a. Replicate of effective intervention:

- Utilize community engagement strategies like radio jingles and posters to raise awareness about eye and ear health.
- Invest in training for healthcare workers to enhance their skills in screening and understanding eye and ear health.
- integrate eye and ear service into primary health care service where government is responsible to manage and deliver basic eye and ear health service along with other primary health service- for sustainable and universal health coverage.
- Foster collaborative partnerships with tertiary centers and provincial hospitals to strengthen local health facilities.
- Involve local community groups and individuals with disabilities to enhance effectiveness and tailor activities to address diverse community needs and preferences, thereby maximizing impact.

b. Enhance Training for Health Care Workers

- Provide refreshers training to the health workers on eye and ear health yearly and take regular updates from them, followed by monitoring to assess their performance by the project. Project should provide comprehensive training to address gaps in the skill, thereby ensuring the quality of healthcare delivery of eye and ear health.
- Organise training to all health workers within healthcare facilities, rather than confining it to just one individual. This strategy mitigates the risks associated with posting instability and frequent transfers, ensuring continuity of care even if trained personnel is relocated to other areas.
- Should provide training and capacity building support to health workers by equipping local government's health section and health facility with the necessary skills. The training materials should be developed on otology and eye health care training to health worker in various level;
    - Provincial health workers and doctors
    - Districts level health worker
    - Local level health worker

3. Enhance Referral Visit Rates

- Should be strength referral uptake for eye health problems, especially in rural areas, improve accessibility and affordability by partnering with local transportation services for subsidized travel, raising awareness through community education, and offering financial assistance programs with sliding scale fees.
- Referral mechanism should encourage more individuals to follow through with referrals, enhancing eye health outcomes in underserved communities. Leveraging the project's field-level health staff, community health workers from governments, and FCHVs to provide personalized follow-up and support to referred individuals could help reinforce the importance of seeking treatment and address any concerns or barriers they may face.
- Should encourage to health workers and female community health volunteers can play a crucial role in building trust and rapport with the community, thereby increasing confidence in the healthcare system and encouraging compliance with referrals.

- Should establish supportive incentives fund such as transportation and accommodation support when the patient/client has to travel long distances to reach the referral center could improve the referral visit rates.

4. **Reaching Hard to Reach Area:**
    - Expand outreach efforts to remote areas like Mugu by conducting regular community-level outreach eye camps in collaboration with local government. Ensure proper and thorough monitoring of project activities to ensure that target groups benefit from the project's interventions.
    - Extending the duration of screening camps and organizing biannual campaigns can significantly benefit hard-to-reach areas by providing more opportunities for individuals in these areas to access essential eye and ear healthcare services.
    - Expand eye care services by establishing surgical centers and upgrading existing eye care center in hard-to-reach areas, ensuring that individuals living in remote or isolated regions have access to essential eye healthcare.
    - Explore partnerships and establish with local government, community youth club and local transportation providers to subsidize travel costs and associated costs for patients requiring specialized care including Cataract surgery at referral centers.
5. **Ownership and Sustainability by Local Governments:**
    - Advocate for increased ownership of the program by local governments, it involves encouraging and empowering local authorities to take more active roles in the management and oversight of initiatives aimed at improving eye and ear health. This includes fostering a sense of responsibility and commitment among local officials and stakeholders towards ensuring the long-term sustainability and effectiveness of these programs.
    - Should prioritize activities with the highest return on investment through strategic budget allocation for the partnered referral sites to maximize project impact and sustainability. Furthermore, collaborate with local governments to expand outreach efforts and anticipate potential challenges faced by technical partners in later phases. This proactive approach ensures optimal use of resources and long-term project success.
    - Focus on effective eye and ear health care service, recording, reporting, and monitoring & evaluation. Based on evidence of provience and Surkhet eye hospital Should be develop on recording and reporting system in in hospital based on district wise referral. This will empower local officials to effectively manage and sustain the eye and ear health program.
    - Actively engage local governments in strategic planning for eye and ear health initiatives.
    - Strengthen local level capacity to allocate and utilize funds effectively for sustained eye and ear health service delivery.
    - Propose a partnership model fostering collaboration between public and private sectors, while integrating eye health targets into existing Sustainable Development Goal (SDG) agendas for enduring sustainability - facilities
    - Establish clear communication channels among the stakeholders by regularly sharing project progress and achievements, subsidized costs.
6. **Regular supervision and monitoring:**
    - Develop the comprehensive and integrated supervision and monitoring checklist based on the project objectives and targets to ensure the successful achievements of the project.
    - Conduct the supervision and monitoring of the training provided health workers to ensure the capacity enhancement for the prevention of eye and ear health.

7 Lessons Learnt

The project had successfully completed its targets by carrying out so many activities they were fruitful for the clients, individuals and the implementers as a whole. Some of the best lesson learnt from this endline evaluation of the project are detailed below.

- Despite the challenges posed by the COVID-19 pandemic, the project not only met its targets but surpassed them. This success can be attributed to its multifaceted approach, which involved simultaneous work across various areas. By leveraging existing human resources and fostering strong coordination with stakeholders, the project achieved remarkable results.
- The community coordinators deployed by the project played a pivotal role in raising awareness about eye and ear health in the target communities. Their proactive engagement with local government, health facilities, and residents, despite geographical obstacles, was commendable. Conducting door-to-door screenings for cataracts and facilitating referrals to the Surkhet eye hospital significantly contributed to achieving project goals.
- Utilizing diverse media channels such as radio jingles, posters, and wall paintings proved instrumental in enhancing awareness and promoting health practices among the local population. These efforts effectively conveyed information about health practices and screening camps, as well as the subsidized cataract surgery services offered by the Surkhet Eye Hospital.
- Overcoming geographical hurdles, the project's strategic transportation management in financial support of local government ensured accessibility to screening camps, demonstrating efficiency in service delivery.
- Addressing prevalent superstitions and reliance on traditional healers among Karnali province residents was a notable challenge. To overcome this, the project provided orientation sessions for traditional healers on eye and ear health and educated healers about modern medical practices and the importance of early diagnosis and treatment. The project also encouraged them to refer clients to nearby health facilities or inform them about screening camps. This collaboration with traditional healers was a significant achievement, bridging the gap between traditional beliefs and modern healthcare and improving access to medical services for the community.
- The project's success hinges on effective coordination and collaboration with various stakeholders, including provincial and local governments, technical partners (Surkhet eye hospital), basic health facilities, school principals, and Female Community Health Volunteers (FCHVs). Through collective efforts, the project successfully achieved its mission of enhancing eye and ear health.
- By providing essential screening equipment and thorough training in eye and ear health prevention, including specialized otology training for healthcare workers, the project established the framework for long-term delivery of eye and ear health services in the study area. Additionally, by upgrading the Gurbhakot eye care center to a surgical facility and equipping the provincial hospital with necessary ear health tools, the project significantly enhanced their capacity to provide healthcare services effectively. This proactive approach ensured a lasting positive impact well beyond the project's completion.

- The project's collaboration with other hospitals and reallocation of funds for outreach surgical camps yielded valuable lessons. It demonstrated the importance of strategic partnerships in overcoming human resource limitations and enhancing project efficiency. In addition, decision to shift the budget from hospital base surgery support to outreach surgical camp highlighted the significance of adapting strategies to address challenges of low attendance of referred participants of screening camp to the hospitals. These lessons underscored the importance of flexibility and innovation in project management, showing that by adapting approaches, projects can better meet the needs of communities, especially in remote or underserved areas.

Annexes

Annex I: Log frame of the project

Level of objectives	Narratives	Indicators	Project target	Project achievement	Achievement	Remarks
Specific objective (Outcome)	Affordable quality IEEH services are part of the health system of the province of Karnali and treatment for poor people is secured.	The population practices measure to prevent eye and ear health (measured by survey).				
		11,920 poor people have received treatment for their eye or ear disease.	11,920	Eye:11017 Ear: 4933 Total:15951	134 %	Overachieved the targets
		An agreement for the integration of the established IEEH services into the health system of the province of Karnali has been agreed with the government and ratified in writing. Defined requirements for inclusive barrier-free services are an integral part of the agreement.		We conducted 5 workshops (2 national and 3 provincial) to lobby, discuss for endorsement and disseminate the national provincial eye health strategies		# with continuous lobby, advocacy and support both national and provincial eye health strategies have been endorsed. This will ensure the inclusive eye health services as an integral part of the government health system
Result 1	The population of the 4 target districts of Jumla, Surkhet, Dailekh and Mugu is aware of	By the end of 2023, the population has been made aware of prevention as well as eye and ear treatments and informed about	# Street theatres= 8 # Murals= 60 #Information panels=8 #School Competitions= 4	#Street theatres= 8 # Murals= 60 #Information panels=32 #School Competitions= 12		Achieved the overall targets for public awareness. We need to conduct separate survey for finding the total no. of

Level of objectives	Narratives	Indicators	Project target	Project achievement	Achievement	Remarks
	measures for the prevention and treatment of eye and ear diseases as well of the IEEH services being offered.	integrated services through 8 street theatres, 60 murals and 8 information panels in public places, 4 school competitions, radio spots and 32 events on special holidays	#Radio spots= #Public events and celebration = 32	#Radio spots=6 FM stations #Public events and celebration= 32 Total number of publics reached through these events= around 30% of the total populations		people reached through all these initiatives.
		320 traditional healers, 20 Female Community Health Volunteers, 80 parents, 16 teachers, 16 community representatives were trained in the prevention and treatment of eye and ear diseases	Traditional healers= 320 FCHVs=20 Parents = 80 Teachers = 16 Community representatives = 16	Traditional healers= 339 FCHVs=329 Parents = 395 Teachers = not plan for teacher training Community representatives = not plan for community representatives	TDH=106% FHHVs=103% Parents= 123%	Planned project targets achieved
		90 health workers, community and district authority representatives were trained in disability, inclusion and inclusive emergency response.	Health workers =90 Community authority District authority representatives trained in disability= inclusion and inclusive emergency response=	Health workers, Community authority District authority representatives trained in disability. inclusion and inclusive emergency response=101	100%	Health workers, health authorities from local government, teachers trained on DIDRR
		16 health care facilities are barrier- free.	Health care facilities =16	No. of health care facilities completed their	100%	Have accomplished the targets

Level of objectives	Narratives	Indicators	Project target	Project achievement	Achievement	Remarks
				accessibility works = 16		
		4 DPOs with 100 members have strengthened their lobbying skills and are committed to inclusion and accessibility.	100 members from 4 DPOs	No. of DPOs members trained on disability and inclusion = 99	We have met 99% of the targets	Almost achieved
Result 2	In the target districts of Jumla, Mugu, Surkhet and Dailekh professional capacities and infrastructure for affordable IEEC services are permanently guaranteed.	12 basic health stations and 4 primary health centres are equipped with basic ophthalmic and ear care services in the target communities.	Basic health stations equipped: 12 PHCs equipped: 4	Basic health stations equipped:17 PHCs equipped:4	= 141% =100%	Completed
		8 community coordinators and 25 community nurses working in the 16 health stations are trained in ophthalmology. They are integrated into a referral system with 2 eye clinics and 1 ENT department at the tertiary provincial hospital.	No. of community coordinators trained =8 No. of community nurses trained = 25	No. of community coordinators trained =8 No. of community nurses trained = 115	=100% = 115%	Completed
		2 eye clinics and 1 ENT department of the tertiary provincial hospital have received	Eye clinics equipped =2 ENT Department supported = 1 Health workers	Eye clinics equipped =Surkhet Eye Hospital and Surgical Eye centre at Gurvakot		Overall achievement

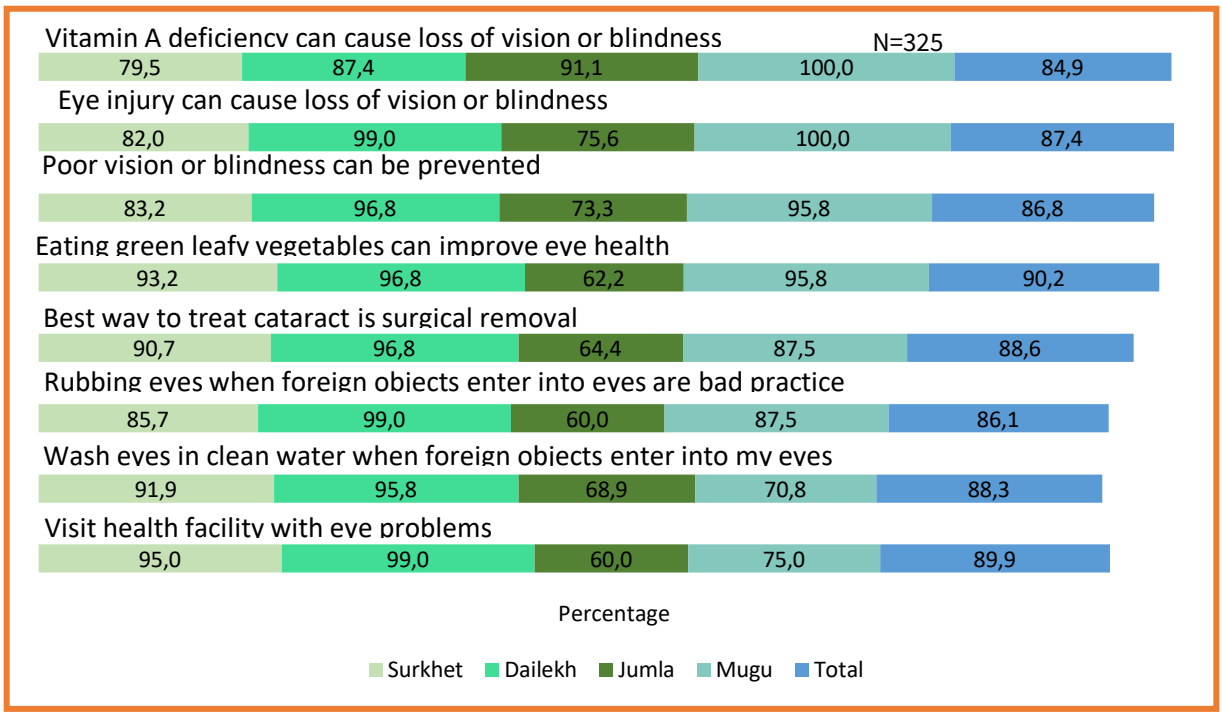
Level of objectives	Narratives	Indicators	Project target	Project achievement	Achievement	Remarks
		necessary medical equipment for further treatment and work together with health stations. 22 health workers were trained in audiology and 1 technician in maintenance of medical equipment.	trained in audiology = 22 Technician trained = 1	ENT Department supported =Karnali Province Hospital Health workers trained in audiology = 32 Technician trained = 1		
		126,000 people participated in 32 mass screenings in schools and communities.	126,000 Target population	Number of people screened (Total):151134	120%	Overachieved by 20%
		3,200 people were screened in 18 community screening programmes for early detection of hypertension, retinopathy, and glaucoma.	3,200	Number of people screened for early detection:3912 Hypertension: 3912 retinopathy:3912 Glaucoma:3912	122%	Overachieved the targets
		8,400 poor people from the communities have received cataract surgery and 320 people have received ear treatment.	cataract surgery: 8,400 ear treatment: 320	#cataract surgery: 11017 # ear treatment: 324	Cataract surgery=131% Ear treatment =101%	completed
Result 3	Integration of accessible	In 4 lobbying meetings with	Lobbying meeting: 4	Lobbying meeting:3	Objectives fulfilled	The project organized 3 lobbying

Level of objectives	Narratives	Indicators	Project target	Project achievement	Achievement	Remarks
	IEEH services in the state health system is ensured.	representatives of the district and provincial authorities, transfer of established IEEH services to the provincial medical health system was approved and signed.				meetings with provincial and local government authorities till December 2023. They committed strongly for the integration of eye care services under their ownership and transfer of IEEH services under the provincial health system along with endorsement of provincial eye health strategy. With endorsement of the provincial eye health strategy, we have achieved our objective
		In four workshops, government representatives were given expert advice on the development and implementation of the strategy for IEEH services into government health programmes, and an MoU with an	IEEH strategy endorsed and/or under review process in provincial and national level Project support for endorsement of the provincial eye health strategy and the implementation guidelines of		IEEH strategy already endorsed. NNJS will lobby for effective implementation of the provincial eye health strategy for the integration of the IEEH services into the government health system.	During the accomplished workshops, the government representatives were consulted, advised for the endorsement and implementation of the strategy for ensuring IEEH services integrating into the government

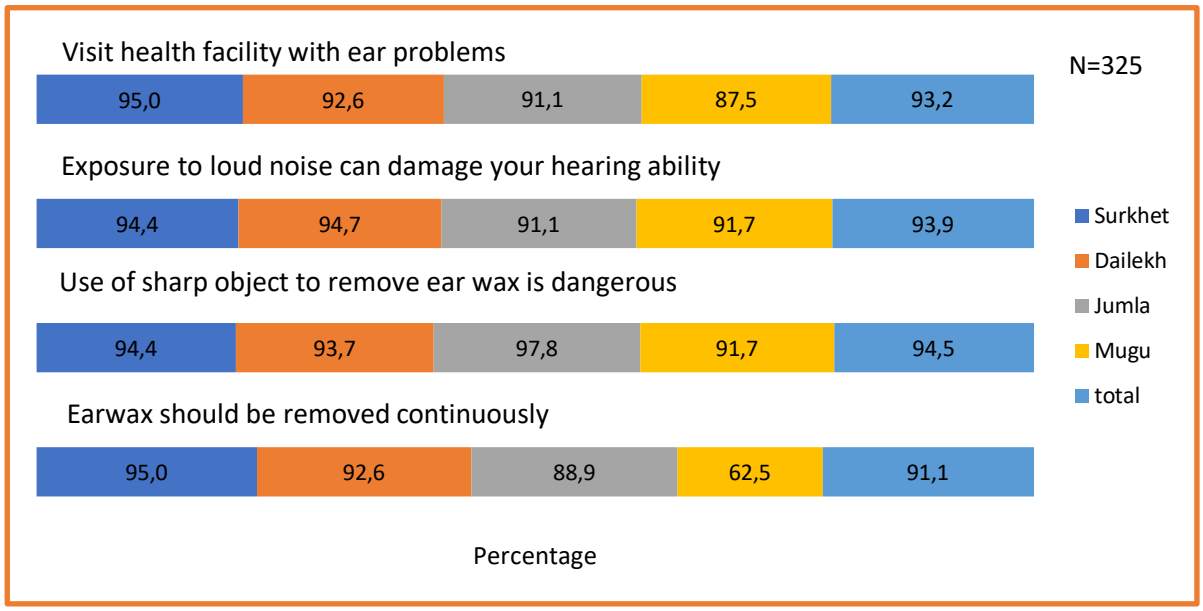
Level of objectives	Narratives	Indicators	Project target	Project achievement	Achievement	Remarks
		implementation plan was adopted and signed.	the national eye health strategy.			health programs
		In 4 lobbying meetings and 4 workshops, DPO representatives have ensured that the agreements and implementation plans take into account the inclusion of people with disabilities.	Lobby meetings, workshops, and policy reviews conducted: 8	Lobby meetings, workshops, and policy reviews conducted: 4		In all lobby meeting and workshop DPO representatives have participated and ensured their voice and right. Similarly, DPO engagement has ensured in provincial eye health strategy development process and this policy has ensured the inclusion of person with disabilities in eye health service.

Annex II: Knowledge and practice related to Eye and ear health

Knowledge and practice related to eye and ear heath



Knowledge and practice related to ear health



Annex III: Satisfaction level of respondents on project activities

Satisfaction related to eye health services

Characteristics	Not at all satisfied (1)	Slightly satisfied (2)	Moderately satisfied (3)	Very satisfied (4)	Completely satisfied (5)	Mean (SD)
Satisfaction related to eye health (N=306)						
Management of screening program						
Timely information on screening campaign	1 (0.3)	6 (2.0)	95 (31.2)	152 (49.8)	51 (16.7)	**3.8 (0.7)**
Accessibility of screening place	2 (0.7)	6 (2.0)	83 (27.2)	158 (51.8)	56 (18.3)	**3.9 (0.8)**
Management of facilities	4 (1.3)	21 (6.9)	93 (30.5)	142 (46.6)	45 (14.7)	**3.7 (0.9)**
Hygiene of screening site	4 (1.3)	16 (5.2)	103 (48)	134 (43.8)	48 (15.7)	**3.7 (0.8)**
Total Mean (SD)						**3.7 (0.8)**
During screening						
Service provided	0 (0)	8 (2.6)	76 (24.8)	158 (51.8)	63 (20.6)	**3.9 (0.7)**
Behavior of health workers	0 (0)	7 (2.3)	65 (21.3)	169 (55.4)	64 (21.0)	**4.0 (0.7)**
Behavior towards a person with disability	1 (0.3)	1 (0.3)	91 (29.8)	146 (47.9)	66 (21.7)	**3.9 (0.7)**
Gender friendly service	1 (0.3)	4 (1.3)	89 (29.2)	143 (46.9)	68 (22.3)	**3.9 (0.8)**
Referral mechanism	1 (0.3)	1 (0.3)	77 (25.3)	167 (54.8)	59 (19.3)	**3.9 (0.7)**
Total Mean (SD)						**4 (0.7)**
Outreach camp of eye						
Service provided	0 (0)	2 (7.1)	7 (25.0)	18 (64.3)	1 (3.6)	**3.6 (0.7)**
Treatment process	1 (3.6)	0 (0)	10 (35.7)	12 (42.9)	5 (17.9)	**3.7 (0.8)**
Behavior of health workers	0 (0)	1 (3.6)	9 (32.1)	16 (57.1)	2 (7.1)	**3.7 (0.7)**
Accessibility for Disabled people	0 (0)	1 (3.6)	8 (28.6)	17 (60.7)	2 (7.1)	**3.7 (0.6)**
Gender friendly	0 (0)	1 (3.6)	7 (25.0)	18 (64.3)	2 (7.1)	**3.7 (0.6)**
Physical accessibility to outreach camp	0 (0)	0 (0)	9 (32.1)	17 (60.7)	2 (7.1)	**3.7 (0.6)**
Total Mean (SD)						**3.7 (0.7)**
After referral, respondents receiving cataract surgery						
Treatment process during cataract surgery	2 (1.6)	3 (2.4)	15 (12.2)	42 (34.1)	61 (49.6)	4.3 (0.9)

Satisfaction related to ear health

Characteristics	Not at all satisfied (1)	Slightly satisfied (2)	Moderately satisfied (3)	Very satisfied (4)	Completely satisfied (5)	Mean (SD)
Satisfaction related to ear health (n=33)						
			Management of screening program			
Timely information on screening campaign	0 (0)	1 (4.6)	10 (50.0)	8 (40.0)	1 (5.0)	**3.5 (0.7)**
Accessibility of screening place	0 (0)	2 (10.0)	7 (35.0)	10 (50.0)	1 (5.0)	**3.5 (0.7)**
Management of facilities	0 (0)	3 (15.0)	8 (40.0)	9 (45.0)	0 (0)	**3.3 (0.7)**
Hygiene of screening site	0 (0)	2 (10.0)	12 (60.0)	6 (30.0)	0 (0)	**3.1 (0.6)**
Total Mean (SD)						**3.3 (0.7)**
			During screening			
Service provided	0 (0)	1 (5.0)	5 (25.0)	12 (60.0)	2 (10.0)	**3.8 (0.7)**
Behavior of health workers	0 (0)	2 (10.0)	4 (20.0)	10 (50.0)	4 (20.0)	**3.8 (0.9)**
Behavior towards a person with disability	1 (5)	0 (0)	6 (30)	11 (55.0)	2 (10.0)	**3.7 (0.9)**
Gender friendly service	0 (0)	1 (5.0)	4 (20.0)	12 (60.0)	3 (15.0)	**3.9 (0.8)**
Referral mechanism	0 (0)	0 (0)	6 (30.0)	11 (55.0)	3 (15.0)	**3.9 (0.7)**
Total Mean (SD)						**3.8 (0.8)**
			Outreach camp of ear			
Service provided	0 (0)	1 (5.0)	5 (25.0)	11 (55.0)	3 (15.0)	**3.8 (0.8)**
Treatment process	0 (0)	2 (10.0)	3 (15.0)	12 (60.0)	3 (15.0)	**3.8 (0.8)**
Behavior of health workers	0 (0)	0 (0)	6 (30)	11 (55.0)	3 (15.0)	**3.9 (0.7)**
Disabled friendly	0 (0)	1 (5.0)	8 (40.0)	9 (45.0)	2 (10.0)	**3.6 (0.8)**
Gender friendly	0 (0)	0 (0)	7 (35.0)	12 (60.0)	3 (15.0)	**3.9 (0.7)**
Physical accessibility to outreach camp	0 (0)	0 (0)	9 (45.0)	11 (55.0)	2 (10.0)	**3.7 (0.7)**
Total Mean (SD)						**3.8 (0.7)**

Annex IV: Relevant documents

Project indicator and targets	Project objectives and targets_Health ric
Terms of reference for evaluation	Evaluation TOR_Health Right.p
Schedule of evaluation	Evaluation schedule_Health rig
List of key informants interviewed and sites visited	List of contatced person and sites viiste
Questionnaire Quantitative (Both English and Nepali format)	Quantitative tools _Health rights_engli Quantitative tools_Health rights_
Questionnaire Qualitative (Both English and Nepali format)	Qualitative tools _Health rights_Engli Qualitative tools_Health rights_
Documents reviewed (The documents of project were reviewed and other relevant articles were also reviewed which are kept at footnote)	Report_Feasibility_Stu dy_CBM_AEC_21 02 2(P00044 (BMZ 4141)_ Semiannual report- Ji BMA Annual Narrative 2022 Final_ MYP 4111_BMZ_ Annual narrative repo BMZ_4111 Contract signed.pdf
Information regarding the evaluators (summarized CVs)	CVs of the evaluators.docx
Signed code of conduct, in particular child safe guarding policy	Information sheet and Consent form Enc Information sheet and Consent form Ne

Annex V: Case stories

Case Story 1

Ram lal Yadav (name changed) is 45 years old, residing in Gurbhakot Municipality, sukrhet is the head of his family and is responsible for earning for his family. He is a farmer by profession and works hard to grow the nutritious vegetables according to season and sold it on a market. He had some itching problems in eyes and went for the treatment where he received eye drops as medication. After treatment he knew that he had cataract but due to financial constraint he was not able to afford for his treatment.

One day a community coordinator came to his house for screening and since he had cataract, the community coordinators share information about NNJS project's screening camp. He went to that screening camp and was referred to the Surkhet Eye hospital for cataract surgery which was free of cost. After the surgery, he is very happy and is gratuitous to the project and its staffs. Due to the project, he was able to regain his vision and now he can see and do his work efficiently and effectively. He also follows the eye health practice in his daily life which was shared in awareness program by the project like use of gloves while working, use of spectacles, cleanliness and timely checkup of eye in a nearby health facility.

Case Story 2

Ram Khadka (name changed for privacy) from Dullu Municipality, Dailkeh is an 11-year-old boy currently enrolled in grade 5. Since birth, he has been experiencing vision-related issues. Despite this, his parents were unaware of where to seek help for his condition until they were informed about the initiatives of the NNJS through awareness programs conducted by project and community coordinators. Additionally, Family and Community Health Volunteers (FCHVs) and school teachers also emphasized the benefits provided by the project in improving eye health, which could significantly impact Ram's studies and daily life.

Prior to the intervention of the project, Ram had not received any treatment for his condition. However, upon the recommendation of community coordinators and doctors during a screening camp, Ram's mother took him to Biratnagar for eye treatment. With the support and coordination of Dullu Municipality, they were able to secure NRs 10,000 for Ram's eye surgery.

In Biratnagar, the project provided comprehensive support to Ram and his family, covering all expenses associated with the treatment, including surgery costs, transportation fees, lodging, and food. This assistance was invaluable to Ram's family, who otherwise would have struggled to afford the necessary medical care.

Since undergoing treatment, Ram's life has undergone a remarkable transformation. He expresses deep gratitude towards the project for its invaluable support, which he considers a blessing. With his vision restored, Ram is now able to engage fully in various activities such as reading, playing with friends, and recognizing people independently. Previously reliant on others for assistance, Ram now enjoys newfound independence, with his mother proudly noting that he can walk to school alone for three hours without any assistance.

Case story 3

Bam Bahadur Rana (name changed) is a resident of Chayanath Rara Municipality, Mugu district. He was suffering from cataract, was having hard times doing his daily life. He had lots of difficulties while walking, seeing distant object and cannot see during night times. He had gone for treatment to district hospital of Mugu but his eye problems were not solved due to poverty. He heard about the awareness program conducted by the NNJS project and about the screening camp that would take place where the surgery would be done at free of cost. He went to the screening camp and after the screening he was referred to outreach camp where he had cataract surgery.

After the surgery, he got his new life. He was very satisfied with the treatment. He got his eye vision at free of cost, thanks to the project conducted by NNJS. Now he is able to see distant object, recognize the people, can play in his mobile and read books. Moreover, he has no problems while walking nowadays even during night times.

Case story 4

Pratik Sunar (name changed), from Sinja Rural Municipality, Jumla aged 10 used to suffer from frequent allergies in his eyes due to dust and smoke exposure while attending school. His family was unaware of his condition because his school was far away. When the situation worsened and he couldn't attend school, his family became aware of his problem. They decided to change his school, realizing that he couldn't see properly. When a screening camp was held at the school, he was examined, and a health worker informed them of his serious condition.

The health worker suggested taking him to an eye camp immediately because Pratik was only 7 years old at that time. According to his sister, they took him to an outreach camp, but treatment wasn't possible there. Then, his father took him to Nepalgunj Eye Hospital, where he underwent examinations. He received treatment there and was prescribed glasses. After 14 days, he was called for a follow-up, and after spending 14 days in Nepalgunj, his father brought him back home to Jumla after the suggestions from the doctors, it was decided that the remaining follow up on every 3 months, would be done at the Jumla Eye Care Health Center and incase there's no improvement in Pratik's eyes, he would be again taken to the Nepalgunj for the further treatment.

Now, Pratik's eyes have improved significantly, and he and his family are very happy and satisfied with this project. He now uses glasses regularly, and his eye allergies have also decreased. He has now been able to lead a normal student life.

Photo Gallery

Interview with Traditional healer, Jumla

Interview with Beneficiaries, Surkhet

Interviews with disabled person, Surkhet

Interview with Beneficiaries, Surkhet

FGD in Barahtal Rural Municipality, Surkhet

KII with Deputy Mayor, Barahtal Rural Municipality, Surkhet