

Project/Programme Design Form
CBM Global

Project title	Sundar Sansar (Beautiful World)						
Country	Nepal						
Lead implementing partner	Nepal Netra Jyoti Sangh (NNJS), Eastern Region Eye Care Program (EREC-P)						
Thematic area / Sector	Eye and Ear health, CBID						
Project duration	01 Jan 2022-31 Dec 2023						
New phase of a current or past CBM project?	No						
Project design prepared by:	Bikash Pyakurel			Date:		18 December 2021	
Estimated project budget for CBM Global							
Year 1		Year 2		Year 3		Total	
PCY	EUR	PCY	EUR	PCY	EUR	PCY	EUR
	50,000		50,000	0	0		100,000

Detail funding sources identified including funder name and amount.	CBM International (Germany)
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<p>Project background and rationale</p> <p><i>Hearing and sight are two of the five senses which affects education and future. Periodic vision and hearing screening is recognized as an integral part of preventive paediatric health care. Adverse effects on educational and social development are obvious consequences of poor visual and hearing acuity.</i></p> <p><i>The World Health Organization (WHO) estimates that 15 million children worldwide suffer from uncorrected refractive disorders and another 275 million people have compromised hearing. In Nepal also uncorrected refractive error (URE) is a public health problem.</i></p> <p><i>In Nepal, the prevalence of refractive error varies from place to place. The study done in Jhapa shows prevalence of refractive error in private school was 10.3% and prevalence of refractive error in government schools was 7%.</i></p> <p><i>In recent Nepal REACH (Refractive Error among Children) project study shows the overall prevalence of refractive error was 4%. The prevalence of refractive error in the school of urban area was 10% and in rural areas 3%.</i></p>

According to WHO, 466 million people live with disabling hearing loss which is 6.1 percent of the world's population. About 75 percent of childhood hearing loss is due to preventable causes in low- and middle-income countries in comparison to high income countries 49 percent. Hearing disability is ranked among 20 leading global burden of diseases.

In Nepal, 16.6 percent of the population suffers from hearing problems, one of the highest in Asia. Hearing disability is the third most common disability, only after physical and visual disability. The main cause of hearing loss is ear infection, which could easily be prevented by early diagnosis and treatment. In about 55.5 percent of the school-going aged children, ear infection is the main cause of hearing loss. The predominant factors that lead to ear infection are recurrent untreated common cold, installation of oil and other traditional herbs inside the ear, poor nutrition and hygiene, and ignorance about the disease. If left untreated, ear infection not only causes hearing loss, it can also cause life threatening conditions like meningitis, brain abscess, and even death. More than half of all cases of hearing loss in children can be prevented by healthy ear and hearing care practices, and early identification and appropriate management of ear infections.

A prospective study done in Sunsari and Morang district of eastern Nepal in (2014 and 2015) shows that ear diseases in school-going children is a major social burden.(3) It shows that out of 3729 children screened for ear problems, 1346 (36.09%) had different kinds of ear ailments. The main cause of hearing loss due to preventable conditions such as chronic otitis media. It is believed that early standardized screening, detection, and timely management of chronic otitis media in these children can prevent hearing loss and its impact on their educational, social and language development. School based ear health programs are a useful community-oriented solution for prevention of deafness. It shows how important it is to introduce hearing screening for primary school aged children to prevent hearing loss.

NNJS/EREC-P has more than 38 years of working experiences in the sector of eye health in prevention of blindness and ear health has been incorporated since last 5 years into regular services. Ear screening has been done through Eye Care Centers(ECC) and both the hospitals establishing a separate units. REACH project supported by Orbis International has been piloted and implemented by Biratnagar Eye Hospital (BEH) in Sunsari district and Biratnagar Metropolitan city. It has focused among the school going children aged 03-18 years. Based on the experience and incorporating the learning and challenges for better result, the proposed project will be implemented by the EREC-P. This program will help in reduction of prevalence of refractive error among school going children which will help to achieve their full academic potential and can contribute to the socio-economic development at individual and community level. Besides, it will also contribute for the quality education in Nepal.

Project participant group(s), accountability, and participation

Major target groups for this project are 120,000 children aged 03-18 years (100,000 in school and 20,000 out of school) from Morang District Nepal. In addition, 2,500 teachers will be sensitised on eye and ear care services, its importance, and their role to aware students on it and linked the identified cases with EREC-P, Biratnagar eye hospital.

In addition to the direct beneficiaries of 100,000 students and 2,500 teachers, their families, peers and relative also will be indirectly benefited through the sharing of information on their learning and services. A total of 900,000 people residing in Morang district will be benefited from messages broadcasting through the local FM radio, distribution of IEC materials and other means of communication and awareness raising activities.

EREC-P with the support from Orbis International conducted a Refractive Error Among School Going Children (REACH) project since 2018 in Sunsari (neighbouring district) and it has reached 250,000 plus students through screening and need based referrals for the services to nearby Eye Care Centre (ECC) and Biratnagar hospital for further services.

EREC-P with the support from CBM Nepal country Office has been implementing Eastern Region Eye and Ear Care- Program in eastern part of the Nepal and Biratnagar Eye hospital is based in Morang district. It has been conducting different activities to the communities and establish the linkage for services. Based on the different studies and learning from the EREC-P implementation, students and children are at the risk of eye and ear health problems and intervention to them may help to get early treatment and services which may lead for better future.

As part of the REACH (Refractive Error Among Children) program, EREC-P has organised different meeting and consultations with school management, students, and teachers about the effectiveness of the program and recommendations from those discussion is also considered in this project development. Similarly, learning from the Community Outreach and Rehabilitation (CORE) activities in existing 3667 MYP (2018-2022) will be applied to make the proposed project successful.

In Nepal, the prevalence of refractive error varies from place to place. The study done in Jhapa, neighbouring district to Morang conducted by Mechi eye hospital in 2006 shows prevalence of refractive error in private school was 10.3% and prevalence of refractive error in government schools was 7.0%.

In recent Nepal REACH project study shows the overall prevalence of refractive error was 4%. The prevalence of refractive error in the school of urban area was 10% followed by 3% in rural areas.

An unpublished study conducted by Karuna Foundation in 2018 in province 1 has 3000 plus students have at least one type of impairments and facing challenges to continue their education in school. Morang district has 965,370 population (51.65% female) along with 42.47% of total population are aged between 0-19 years. Though the Morang is one of the largest districts located in the low land has literacy rate of 70.63% (male 78.73% and female 63.13%) which limits people to understand the importance of eye and ear health issues including their children. So, education and awareness to children in schools also will help their parents and communities to promote their learning and increase access to eye health services,

The project has planned to promote access to child health to ensure their full potentials in quality education and access to services on time. Major learning and challenges will be incorporated into implementation through establishing the feedback collection from direct and indirect beneficiaries during school orientation, teachers training, pre and post-test in IEC materials development and wall painting etc. Furthermore, a complain box will be placed in mobile bus to collect the feedbacks and EREC-P will ensure its appropriate handling ensuring institutional policies and practice.

<p>Strategic alignment</p> <p>Inclusive eye health is one of the strategic priorities for CBMG. Similarly, Nepal country office strategic plan 2013-2023 also clearly defines one of the most important strategic focuses on it and implementing inclusive. Similarly, Nepal government has committed different international commitments such as vision 2020 to scale up the community intervention, developed the national program on control of blindness and visual impairments and services strategies which this project will directly contributed to achieve those commitments and priorities. The proposed program directly contribute to SDG- 3 Good health and well-being result Poor eye health increases the risk of mortality.</p> <p>EREC-P has been implementing Eastern Region Eye Care Program- (EREC-P) 2018-2022 which combines community reach to services delivery from the base hospitals. Proposed reach through the project will directly contribute to its linkage with 3667 as to expand coverage as prevention component.</p>
<p>Partnership participation and stakeholder engagement</p> <p>The Eastern Regional Eye Care Programme (EREC-P) in South-East Nepal is a further development of Sagarmatha Choudhary Eye Hospital (SCEH), Lahan. EREC-P continues 38-years co-operation between Nepal Netra Jyoti Sangh (NNJS), the Social Welfare Council of Nepal and CBM. With the combination of the two eye hospitals SCEH and BEH along with its' satellite clinics EREC-P is a high-volume treatment programme, which provides high quality comprehensive eye services at a cost affordable to the population in eastern Nepal and northern India.</p> <p>EREC-P has well experienced team and resources gained through different programs and services deliveries. Together with the services and community outreach, it has been advocating with the local government to consider eye health as key priority in their long- and short-term plan and policies.</p> <p>Similarly, EREC-P built linkage with Organizations of Persons with Disabilities (OPDs) and advocates in the disability and inclusion, capacitate them to ensure linkage with disability and inclusion through its regular program delivery.</p>
<p>Project Plan</p> <p>EREC-P will implement the Sundar Sansar, a two-year project with the:</p> <p><u>Overall Objective:</u> Reduced prevalence of visual impairment due to uncorrected refractive error and hearing impairment among children between (03-18) years in Morang district</p> <p><u>Specific objective</u></p> <ul style="list-style-type: none"> • To increase access to child eye health by providing comprehensive refractive error screening and services to children between 03-18 years. • To improve the quality of child ear health through high-quality ear screening and care services to children 03-18 years. • To increase awareness by educating children and teachers about eye and ear health practices, available services, and their role on it.

Results:

- **Result 01:** Promote awareness and access to eye and ear health services to children
- **Result 02:** Support on Eye and ear treatment, surgeries, and devices
- **Result 03:** Increase OPD engagement on eye and ear health and awareness raising

Key Activities

Capacitate project team: All the project staffs will be oriented about the program, its focusses, timeline, expected results and strategies to reach the intended targets. This will help the team to prepare themselves for the implementation and seek further support from EREC-P to make it more successful.

Project launch: EREC-P will conduct a project sharing meeting with the local governments every municipality and rural municipality and other key stakeholders in Morang district. The event will be focused to aware them on the importance of program, implementation modality and areas for collaboration with the local government to strengthen eye and ear care services at the local level.

Screening on eye and ear health: A total 120,000 out of them 100,000 school going children aged 03-18 years in 500 public and private schools and 20,000 out of school children of similar age groups will be screened to detect the refractive error, other eye problems and treated in them in the same place. The students having refractive errors will be referred for further diagnosis to Biratnagar hospital. EREC-P will ensure their protocol in screening and services delivery through the mobile services. A well-equipped vehicle will be used to provide basic services in their own school. The same students will be screened for ear health and provide need-based treatment.

Support with spectacle: An estimated 4,000 children who have problem in their eyes will be provided with the spectacles after secondary evaluation of their eye health. Together with the spectacle, they will be oriented on its importance to them, caring and handling practices and provision for replacement for lost, damage and changes in specification. This will link with their teachers for adherence on use.

Treatment and support Eye health: Apart from the spectacle support, 300 students suffering from other eye problems will receive free medicine from the project and recommend for further services from the hospital. Similarly, 30 identified cases for surgeries provided accompanied referral to the hospital. A total of 30 students having low-vision problem will be supported the appropriate low-vision devices after the confirmatory verification in the hospital.

Treatment and support Ear health: as a results from the screening, 6,000 students suffering from ear health will receive the medicine for ear health and at least 20 children receive hearing aid and 10 referred for the further treatment and surgery in Biratnagar eye hospital.

Awareness raising: Following strategies will be applied for wider awareness of Refractive error and ear health.

- a) **Painting in school walls:** EREC-P has developed set of messages in its current and previous programs to promote them in the community. Eye and ear care message will be painted 80 secondary school in Morang district.

- b) **Orientation to teacher:** About 2,500 teachers will be oriented about eye and ear health during project period. This will help to conduct the screening, follow ups, and build linkage of referrals for future when they identified students with eye and ear health problems.
- c) **Printing of Flex on Eye and ear health:** 10 different flexes for eye and ear health will be printed and displayed during screening time for awareness to children.
- d) **Jingle broadcasting:** Eye and ear health related message will be broadcasted through two local FM radio aiming to reach 900,000 people in Morang and neighbouring districts.
- e) **Printing of Leaflet, Prescriptions:** A total 10,000 Leaflets on refractive error, other eye and ear health will be developed, printed, and distributed.

Identify, aware and engage vision ambassadors: The project will coordinate with the local child club in the school and orient them on their importance to prevent any issues related to the students in the school. Representative from the child club will be assigned as vision ambassador in each school and linked them with other ambassadors to establish and build the network for sharing and linkages. Besides, the vision ambassadors will be engaged in the creative activities such as quiz, street drama, day celebrations and other activities in coordination with the respective schools. All the creative activities will be focused on the eye and ear health.

Compliance monitoring: EREC-P will visit all 500 schools at least once for physical verification that children are wearing spectacle and collect the latest information from the school. Issues if any will be discussed and actions for appropriate solutions.

Annual follow up: This will be conducted 1 year from the screening in the school. All students identified visual defect will be visited and interact to know their latest status. All new students in the school and all students in 8th and 11th Grade will be screened during annual follow up as it is most important time for eye check-up.

Engagement and Collaboration with OPDs: EREC-P will identify the local OPDs/Self Help Group (SHG) to conduct an interaction with the officials from the 16 local governments in Morang. The OPD will lead to interact with the local governments on the importance of inclusive education and accessibility in schools and promote importance of inclusive education policies and guidelines at the local level. This will enhance local government understanding and ownership towards inclusive education and school environment including non- discriminatory practices for children with disability.

Similarly, OPDs also interact with 100 school management committee members and principals for their efforts, status, and plan for inclusive education in their school. The schools will be selected based the status of students having impairments and studying in the school. The OPD will receive need based and technical support through National Federation of Disabled, Nepal, province 1.

Technical Quality

The project will screen the 100,000 students (03-18 years) from 500 schools and 20,000 same aged out of school children in the community to provide spectacle and medicines through the experienced mobile team. The mobile team will be oriented and equipped during the project orientation to provide the services and handle the field situations. EREC-P has developed the protocol and procedure for this and the students who require more support referred to the Biratnagar Eye hospital.

The quality assurance team from EERC-P, Biratnagar Eye hospital will orient and support the mobile team on quality assurance to technical staff during project orientation. BEH will conduct Optometrist (senior consultant) visit to the screening site and ensure the quality services in screening to apply quality standard, Support in identified needs and establishing the referral linkages and follow ups.

Project risk management

EREC-P has identified the following major risk:

- *Continuation of COVID-19 pandemic*
- *Elections (local to federal level)*
- *Natural disasters mostly flood in rainy season as*
- *Cooperation of local government, communities, and schools in school screening*
- *Time management in school as schools are closed due to pandemic or other reasons*
- *Safeguarding of children and adolescents during screening and service delivery*

All the risk along with the measures for mitigation and timeline were entered in Global Online.

Monitoring, Evaluation and Learning

EREC-P has developed a data base management system for their program using NAVISION which mostly focused to track the project performance. The research unit in EREC-P will lead to manage the data for the project. Online data entry and management will be done to ensure on time reporting on the project performance. EREC-P will use the same system developed for REACH project in Sunsari and made necessary changes as required. To ensure the field implementation, senior management team for overall project and senior optometrist from the hospital for quality assurance and guidance visits frequently and guide the team accordingly.

A detailed M&E plan for the project will be developed to track the project performance and quality in services delivery. Annual follow ups to the students who have provided spectacle, medicines and surgery will be conducted through visits and follow up through the focal person in the school.

Since the project has been working with schools with the purpose of wider screening and service delivery to the needy students may not require baseline and midline evaluation.

CBM Global project oversight
<p>CBM Nepal country office closely worked with the technical expert CBM Global Inclusive Eye Health initiative along with the inputs and guidance from inclusive ear health and eye health initiatives from CBM international. Their inputs and guidance have been incorporated into the project development and finalization.</p> <p>During the implementation and regular monitoring, CBM Nepal Country Office will seek regular guidance and support from the inclusive Eye health advisor and ensure its proper implementation and support. Similarly, NCO will seek support on inclusive ear health from the CBM International and update the progress updates in regular basis.</p>
Cross-cutting issues
<p>EREC-P has developed and endorsed their GESI policy, and all staff were oriented on it. This has been considered as a major compliance for the project development and implementation. Out of estimated more than 1,000 schools, 500 schools will be selected ensuing their locality, hard to reach locations, higher representation of marginalised groups and communities. Since all the students will be screened, this will cover all the groups in the community and treating as students as beneficiary of the project. Project reach will be analysed ensuing GESI and disability prospective. Support for spectacle, surgery and medicines will be considered with GESI and impairment status.</p> <p>Safeguarding of children and adults-at risk</p> <p>All staff were already trained in safeguarding of child and adult at risk. A list of safeguarding issues will be oriented to the project team to ensure minimal impact in the project. Monitoring from CBM and senior management from EREC-P will ensure the status of safeguarding risk for the project and take appropriate actions.</p> <p>Ecological Sustainability</p> <p>The project applies do no harm principle for ecological effects along with the minimal use of non-reusable plastic and other materials that contribute to carbon production. EREC-P has standard protocol for waste care management including segregation of biodegradable and non-degradable waste and appropriate management. The waste from the services delivery through this project will be managed by the EREC-P protocol and practices. Besides, all project staff will be oriented on it.</p>
Disability Inclusion
<p>EREC-P has ensured the disability and inclusion are one of the major areas of their work in policy and practice. They have ensured their service delivery mechanism are more accessible to person with disability and provisions to provide quick and easy services to persons with disability from their hospitals and eye care centres. Similarly, EREC-P regularly interacts with disabled People Organizations and their network in regular basis and members aware and sensitised the hospital team on importance of disability and inclusion. EREC-P will ensure project team to capacitate on disability inclusion, CBID and DiDRR.</p>

Project sustainability and contribution to change

The project will coordinate with the local child club in the school and orient them on their importance to prevent any issues related to the students in the school. Representative from the child club will be assigned as vision ambassador in each school and linked them with other ambassadors to establish and build the network for sharing and linkages. Similarly, the child club will receive the vision kit (IEC materials, 3-meter of rope, Pocket vision screen card and torch light) which can be used after the project. Training and sensitization to the teachers help to educate children in eye and ear health issues and they will facilitate for the services to the needy students connecting them with the nearby ECCs which will support to build the strong referral mechanism between school and the ECCs. Similarly, eye and ear screening can be a part of school calendar and in coordination with ECCs, any school conduct free screening in the school. Trained teachers and vision ambassador will coordinate with parents of those children who received spectacles, medicine, and hearing aid for further support in home. Likewise, investing in children is investing for future, so benefits of screening and its importance will be challenges with their families and communities which may support in building linkage for need with the services.

Supplementary information

Submit the final detailed project design form together with the following supplementary documentation:

1. Project logframe** (CBM Global format in GO)
2. Project activity schedule* (CBM Global format in GO)
3. Project and safeguarding risk register** (CBM Global format in GO)
4. Project budget** (CBM Global format in GO)
5. *Map of project location (for humanitarian projects only)*
6. Any other required documentation, as agreed by the project development team.

Note: Project log frame, budget, risk register and activity schedule are updated in respective section in GO.

**Alternative funder format of the activity schedule may be accepted on the condition that it provides sufficient information for review and assessment. Detailed activity schedules only need to be submitted 3 months (1 month for humanitarian) after project commencement.*

*** In exceptional circumstances the funder format of the logframe, risk register and budget may be accepted in place of the CBM Global version in GO. See 'exceptions for funder applications' paragraph on page 1 for full details.*

G) Approval Step 2: Programmatic Final Approval of full Project Proposal

☒ Above pre-approved project concept has been developed into a full project proposal following the three-way working methodology. Findings of a full partner assessment demonstrate sufficient organizational capacities.

Obligatory final project documents are available (Project Idea Pipeline/Project or Partner Card)³

- ☒ Cost Plan and Logframe
- ☒ Project Design Form (or respective LCDF donor format) for projects >EUR 50k
- ☒ Project Risk Register (or respective LCDF donor format)
- ☒ Activity Schedule (or respective LCDF donor format)
- ☒ Partner Assessment (not older than three years)
- ☐ if applicable, additional information **on CBM own costs related to the project** has been provided via the [PPA Addendum Additional CBM Own Costs to Partner Project](#)

☒ The above pre-approved PPA remains unchanged and reflects the overall nature of the full project proposal and accompanying documents. Any changes to the overall budget are less than 15%.

All above pre-approval signatures (Section F) remain valid for this final PPA approval.

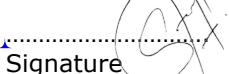
This is to be confirmed below by either the Country or Initiative Director (lead entity regarding this project plan.)

OR

☐ The overall nature of the pre-approved project has been affected by a) changes to the specific objectives, b) a change of partner, c) a difference of more than 15% to the overall budget. Those changes have been revised and highlighted in Section A-E of this PPA.

Full final approval is required below as per CBMs Authority Matrix.


Country Director (approval for projects <250k € CBM budget OR endorsement for >250k €)

<u>Suraj Sigdel</u>		<u>31.01.2022</u>	<u>Kathmandu</u>
Name/Designation	Signature	Date	Place

Initiative Director(s) for all projects as per work area(s) indicated under section D)

<u>Dominique Schlupkothen / Dr M Babar Qureshi</u>		<u>27.01.2022</u>	<u>Heddesheim / Cambridge, UK</u>
Name	Signature	Date	Place

Regional Hub Director (approval for projects 250k -500k € CBM budget OR endorsement for >500k €)

<u>Tibor van Staveren</u>		<u>27.01.2022</u>	<u>Germany</u>
Name	Signature	Date	Place

Director Institutional Donors (for LCDF Projects only)

.....
Name	Signature	Date	Place

⁴Director FaOD (500k-1,000,000€) **OR CBM Executive Management** (>1,000,000€ OR changes to staff plan)

.....
Name(s)	Signature(s)	Date	Place

³ **Mandatory upload of finally approved PPA in the Project Idea Pipeline to request a project number.**

⁴ For all projects > 500k € CBM Budget PPAs are to be submitted to the Strategic Portfolio and Partner Management Team under programmatic.approval@cbm.org for facilitation of approval