**Annex 4 – BMZ NARRATIVE INTERIM REPORT**

**Christoffel-Blindenmission Deutschland e.V.**

Project Details

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| CBM Project Number: | 4111\_BMZ-MYP |
| BMZ Project Number: | 5226 |
| Project Title: | Improving eye and ear health of marginalised people through IEEH services in Karnali Province, Nepal |
| City/ Country /Region: | Nepal |

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| Name of Contractual Partner: | Nepal Netra Jyoti Sangh, NNJS |

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| Duration of Project: | 37 months |
| Project Start Date: | 01.12.2020 |
| Project End Date: | 31.12.2023 |

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| Report Submitted by: |  |
| Name: | Man Bahadur Kunwar |
| Designation: | Project Manager |
| Email Address: | manbahadurk@nnjs.org.np |

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| Reporting Period: | 01.12.2020 – 30.06.2021 (semi-annual narrative report) |
| Date of Submission: | 12.07.2021 |

1. General Information
   1. **Project Short Description / Project Goal**

Karnali is one of the most underdeveloped province in Nepal. Basic health service for majority of population is still unavailable and not accessible because of various factor. People have little access to affordable eye and ear care which is fundamental factor influencing the prevalence of blindness and deafness. Surkhet eye hospital, located at province capital in Surkhet is only referral and treatment center for whole province. This project aims to improve the quality of life of poor population of Karnali province affected by visual and hearing impairment by ensuring affordable IEEH service through existing health system, raising awareness on prevention and treatment of eye and ear disease and enhancing professional capacities of service provider.

**Sources of Information (10 lines)**

*Where was the information for the report taken from?*

1. Direct field visit reports
2. Meeting minutes
3. BMZ 4111 Project documents
4. Procurement documents/committee
5. Status of Implementation of the project

*The impact matrix reflects a current-status in every bi-/annual report*

*All data should be disaggregated (women, men, girls and boys, person with disabilities, no duplications please), if possible.*

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| **Overall objective (impact):** The quality of life of the poor population of the province of Karnali affected by visual and hearing impairments is improved. |

**To reach the Overall Objective, the Project aims to reach 4 Results, each equipped with indicators:**

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| **Specific Objective** (Outcome) | **Indicators** | | | | |
| Target | Achievement only in current reporting period in numbers  (quantitative & qualitative)  January to June 2021 | Achievement in previous reporting period in numbers  (as stated in previous report) | Total accumulated achievement up-to-date (cumulative) | Description of achievement so far. Explanation for over-achievement or underachievement of the indicators. |
| 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 measures to prevent eye and ear health (measured by survey). |  |  |  | NNJS has already started coordination with local and provincial government, surkhet eye hospital, local health facilities on this regards. NNJS will start project implementation at community level once government removes restriction |
| 11,920 poor people have received treatment for their eye or ear disease. |  |  |  |  |
|  | 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. |  |  |  |  |

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| **Results** (Output) | **Indicators** | | | | |
| Target | Achievement only in current reporting period in numbers  (quantitative & qualitative)  <current reporting period> *please delete accordingly; usually for 6 months)* | Achievement in previous reporting period in numbers  (as stated in previous report) | Total accumulated achievement up-to-date (cumulative) | Description of achievement so far. Explanation for over-achievement or underachievement of the indicators. |
| 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. | By the end of 2023, the population has been made aware of prevention as well as eye and ear treatments and informed about 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 |  |  |  | NNJS is coordinating with local government and health facilities and implement activities once restriction loosen |
| 320 traditional healers, 240 Female Community Health Volunteers, 80 parents, 16 teachers, 16 community representatives were trained in the prevention and treatment of eye and ear diseases |  |  |  |  |
| 90 health workers, community and district authority representatives were trained on disability, inclusion and inclusive emergency response. |  |  |  |  |
| 16 health care facilities are barrier- free. |  |  |  |  |
| 4 DPOs with 100 members have strengthened their lobbying skills and are committed to inclusion and accessibility. |  |  |  |  |
| 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 ophthalmic and ear medical services in the target communities for basic care of the population. |  |  |  | NNJS has started procurement process and will delivered equipment with in 3rd quarter of 2021 |
| 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. |  |  |  |  |
| 2 eye clinics and 1 ENT department of the tertiary provincial hospital have received 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. |  |  |  | NNJS is coordinating and working together with provincial hospital to finalised necessary medical equipment. |
| 126,000 people participated in 32 mass screenings in schools and communities. |  |  |  |  |
| 3,200 people were screened in 18 community screening programmes for early detection of hypertension, retinopathy and glaucoma. |  |  |  |  |
| 8,400 poor people from the communities have received cataract surgery and 320 people have received ear treatment. |  |  |  |  |
| Result 3. Integration of accessible IEEH services in the state health system is ensured. | In 4 lobbying meetings with representatives of the district and provincial authorities, transfer of established IEEH services to the provincial medical health system was approved and signed. |  |  |  | NNJS has already started lobbying with district and provincial authorities. NNJS central authorities has taken this with priority. |
| 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 implementation plan was adopted and signed. |  |  |  |  |
| 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. |  |  |  |  |

**2.1 Further Explanations for Changes and adaptions in initial project plan**

Though the project was designed to implement from December 2020, NNJS could not start the project activities on the time due to delay in fund release and project agreement signed with CBM. NNJS received fund on 3rd week of March 2021 and project agreement was signed by 1st week of June 2021. We had planned to conduct the project inception workshop and training for eye and ear health workers on first week of April 2021. Unfortunately, second wave of co the government announced nationwide lockdown and restrictions due to massive rise of second wave of COVID 19 pandemic. So, none of the field level project activities happened during the reporting period. There is still government restrictions in the project sites with higher rates of infections and deaths as compared to other parts of Nepal.

***a. Status of implementation of activities, in comparison to proposal***

*This is the main part of the report, where the focus is on the progress of the project implementation for the reporting year. Here we give detailed description of all implemented activities in the reporting period with photos, breakdown of target group reached per activities (women, men, girls and boys, person with disabilities, no duplications please). Hereby, we follow the structure of the proposal, describing each activity under each result.*

*If one of the results or activities have not been achieved/implemented although they were planned to be implemented in the reporting period, please describe the reason for delays, variations, challenges, obstacles and how you have or will scope them.*

**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 and of the range of IEEH services.**

**1.1 Information on prevention and treatment of eye and ear diseases as well as disability and inclusion**

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| **1.1.1 Radio spots to inform people about eye and ear health** |
| This was planned to be carried out from first week of April but we could not organize meetings and interactions to design and develop the necessary messages on eye and ear health due to the government lockdown and restrictions following abrupt rise of COVID pandemic incidence all over Nepal including the project sites. All the official activities were banned by the government order to control the pandemic. We have started to prepare the messages and will air from the 3rd Quarter. |

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| **1.1.2 Street theatre to raise awareness of eye and ear health** |
| There is still government restrictions on mass gathering in public places in the project sites. |

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| **1.1.3 Design and production of information material** |
| We could not organize meetings and interactions to design and develop the necessary information materials and disseminate them in the public due to COVID pandemic. We have started the process for preparing the contents of the IEC materials on eye and ear. Designing, production and dissemination will start from 3rd Quarter. |

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| **1.1.4 Wall paintings in central places in communities** |
| This could not be accomplished during the project reporting period due to restrictions in the public places amidst the COVID pandemic rises. Wall paintings in central places is not allowed by the government, so we should modify it as hoarding boards/flexes etc. |

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| **1.1.5 Video spot production** |
| This could not be done during the reporting period because there was nationwide lockdown and restrictions on all official works following the rapid rise of COVID 19 incidences in Nepal. This has been planned in the 3rd Quarter. |

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| **1.1.6 Production of information boards for schools and public places** |
| This has been planned for the 3rd Quarter. During the reporting period, all the offices\vendors were closed due to government restrictions following the COVID 1 pandemic all over Nepal including the project sites. |

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| **1.1.7 Competition on health practice** |
| Competition programs on eye and ear health could not be planned and conducted during the reporting period due to closing of schools and offices following the second wave of COVID 19 pandemic |

**1.2 Mobilization and capacity development in the communities**

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| **1.2.1 Training community coordinators (eye and ear health worker)** |
| Training 8 community coordinators was planned for the first week of April 2021, but mass gatherings and all kinds of mobilities in the community were prohibited by the government restrictions against the COVID pandemic. However, virtual orientation regarding the project implementation was done by the project team lead. |

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| **1.2.2 Training of Female Community Health Volunteers (FCHV)** |
| Training pf 80 FCHVs was planned during the reporting period, but mass gatherings and all kinds of mobilities in the community were prohibited by the government restrictions against the COVID pandemic. NNJS will start to provide training once government remove the restriction on gathering. |

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| **1.2.3 Further training of traditional healers** |
| This activity is also postponed due to covid infection. For now, it is planned for |

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| **1.2.4 Training for parents on eye and ear health** |
| We did not plan and conduct this activity during the reporting period. We will plan and organize this event in the 4th Quarter for the year 2021. |

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| * + 1. **Capacity development of community nurses on eye and ear diseases and rehabilitation** |
| We did not plan and conduct this activity during the reporting period. We have plan to organize this event in the 4th Quarter of 2021 if environment becomes favorable. |

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| **1.2.6 Further training of health personnel on emergency response measures** |
| We did not plan and conduct this activity during the reporting period. Observing ongoing situation NNJS has planned to organize this event in 2022. |

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| **1.2.7 Training in Disability and Inclusion**  **Further training of health personnel on emergency response measures** |
| We did not plan and conduct this activity during the reporting period. Observing ongoing situation NNJS has planned to organize this event in 2022. |

* 1. **Treatment and further referral of people with disabilities**

BMZ project document does not have such activity. NNJS would like request to clarify on it

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| **1.3.1 Development of individual rehabilitation plans** |
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| **1.3.2 Referral to rehabilitation services at secondary level** |
| *T* BMZ project document does not have such activity. NNJS would like request to clarify on it |

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| **1.3.3 Physiotherapy groups** |
| BMZ project document does not have such activity. I would like request to clarify on it |

**1.4 Improving the mobility of people with disabilities**

*This activity Number and name does not match with the project template and document provided. I would like to request you to further clarify.*

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| **1.4.1 Supply of technical aids** |
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| **1.4.2 Maintenance and repair of technical aids** |
| *This activity Number and name does not match with the project template and document provided. I would like to request you to further clarify.* |

**Result 2: Result 2: In the target districts of Jumla, Mugu, Surkhet and Dailekh the professional capacities and infrastructure for affordable IEEH services are permanently guaranteed.**

**2.1 Building inclusive eye and ear health services**

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| **2.1.1 Regular screening in communities and schools** |
| NNJS purchased the necessary equipment for screening during this period however; regular screening in communities and schools could not performed because of COVID 19 pandemic. This activity is planned to start in 3rd quarter after organizing training for community coordinators on eye and ear health. |

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| **2.1.2 Early detection in mass screening** |
| Necessary equipments for early detection in mass screening have already been purchased. Regular screening in communities and schools could not performed because of of COVID 19 pandemic. This activity is planned to start in 3rd quarter after organizing training for community coordinators on eye and ear health |

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| **2.1.3 Special holidays** |
| World Sight Day (14th October 2021) and International Day of Disabled Persons (Dec 3, 2021) will be observed in the running year. |

**2.2 Building integrated eye and ear health services**

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| **2.2.1 Specialist study on ear health** |
| A population based scientific study will be designed through multisector involvement of concerned stakeholders at local, district, province and national level. Discussions and consultations are going on among the concerned stakeholders about design, development and conduction of the specialist study on ear health in Karnali Province. |

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| **2.2.2 Equipment of the state basic health stations** |
| Procurement of the proposed equipment for the state basic health stations has already been in process and will be handed over within 3rd Quarter. |

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| **2.2.3 Establishing an integrated eye and ear health service** |
| To integrate eye and ear health services at the community levels, 4 primary eye and ear care centers have been decided to be established in the four project districts in partnership with the local governments. Procurement of the necessary equipments for the 4 PEEC is already started and will complete by the 3rd quarter of 2021. |

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| * + 1. **Building up an eye clinic**     2. **2.1.2 Early detection in mass screening Building up an eye clinic** |
| Procurement of equipments for developing 1 existing PEEC into surgical center is already started and will complete by 3rd quarter of 2021. |

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| * + 1. **Special Establishment of a low vision department at Surkhet Eye Hospital** |
| To establish a low vision department at Surkhet Eye Hospital, procurement of low vision devices has started and will complete by 3rd quarter of 2021. |

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| * + 1. **Improving the ophthalmological services at the Surkhet Eye Hospital** |
| To upgrade and improve the ophthalmological services at SEH, procurement of necessary equipment is under process. All the procured equipment will handover to SEH within 3rd quarter. |

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| * + 1. **Strengthening the ENT department at Karnali Provincial Hospital in Surkhet** |
| NNJS has started coordination with Karnali provincial hospital for procurement of ENT equipment to strengthen the ENT department. ENT department is newly established department at Karnali provincial hospital and they have not provided any surgical service yet. Provincial hospital has requested for additional equipment and NNJS is working closely with ENT department to finalize the list of necessary equipment. Once it is finalized and need additional budget, NNJS will communicate to CBM and proceed further accordingly. The department after the equipments support is expected to perform ear surgeries, and management of deafness and hearing impairment. |

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| **2.2.8 Accessible health services** |
| Accessibility audit and renovation of the health facilities in the project sites could not be done during the reporting period due to government restrictions on mobility and mass gathering. This activity has been planned for the next quarter. |

**2.3 Enrolment of children with disabilities in mainstream schools ( Provide affordable eye and ear care services to unaffordable populations)**

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| * + 1. **Cataract surgery at Surkhet Eye Hospital** |
| Cataract surgeries at Surkhet Eye Hospital could not be performed during the reporting period because the hospital remained closed due to widespread COVID 19 infections. The project implementation MoU has already been signed between NNJS and Surkhet Eye Hospital. We have planned to initiate cataract surgeries at SEH by providing the consumable support to the hospital in the next Quarter of the running year (Q3). |

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| * + 1. **Ear surgery campaigns** |
| Ear surgical campaigns were not planned and organized due to massive rise of COVID 19 pandemic in the project areas and imposed restrictions by the government. They have been planned and will begin in the 3rd Quarter. |

* 1. **Capacity development in the state health sector**

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| **2.4.1 Training on maintenance of medical equipment**  **Workshop presentation including school clubs** |
| Since there were strict lockdown and restrictions in the project sites, this event could not be organized during the reporting period. We have planned it by the 4th Quarter for the running year. |

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| * + 1. **Audiology training of state health personnel** |
| Due to nationwide lockdown and restrictions, audiology training of state health personnel could not be planned. This activity has been planned to be implemented in the 4th Quarter, 2021. |

**Result 3: The integration of integrated ophthalmic and otorhinolaryngologic services in the public health system is ensured**

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| **3.1.1 Lobbying meeting with representatives of local, district and regional authorities** |
| Initial rapport building and coordination meetings held with the local government authorities in Surkhet (Barahatal and Gurvakot Municiplaity) and Dailekh (Dullu and Narayan Municiplaity) district from February 18 – 26, 2021 by the project manager. From March 4, - 18, 2021, a team consisting NNJS central office authorities and project manager visited Jumla (Chandannath Municiplaity and Sinja Rural Municiplaity) and Mugu (Soru Rural Municiplaity and Chhayanath Rara Municiplaity) districts for coordination meetings with the local government authorities and Provincial authorities at Surkhet. |

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| **3.1.2 Expert committee on eye and ear health at district level** |
| Expert committee on eye and ear health is not formed yet due to the prevailing restrictions on mobility and mass gatherings. Initial coordination and rapport has been established in all project district. NNJS has planned to form district level eye and ear health committee by 3rd quarter. |

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| **3.1.3 Disability Inclusive Development (DID) Training (Policy Review and Formation)** |
| A workshop on policy discuss on eye and ear health has been planned for the 4th Quarter in the running year. |

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| **3.1.4 Disability Inclusive Development (DID) Training** |
| This DID training has been planned to be conducted in the 4t Quarter of the running year. |

**2.3 Activities planned in following period:**

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| Activity No. | Description of the activities |
| A 01.01 | Awareness raising on eye, ear and disability |
| A 01.02 | Training the eye and ear health workers |
| A 01.03 | Orientation of FCHVs |
| A 01.04 | Training to the traditional healers |
| A 01.05 | Parents orientation about eye and ear health |
| A 01.06 | Capacity building training to community nurses on eye, ear and disability for 3 days |
| A 01.07 | Capacity building training to health staffs on emergence response |
| A 01.08 | 3 – day advanced training on disability and inclusion – use of WG questions |
| A 02.01 | Prevention and promotion measures through screening camps at community, school and club |
| A 02.02 | Establishment of 4 integrated eye and ear care centers |
| A 02.02 | Develop ECC as surgical center |
| A 02.02 | Establishment of low vision clinic at Surkhet Eye Hospital |
| A 02.02 | Equipments for government health facilities |
| A 02.02 | Upgradation of Surkhet Eye Hospital Services |
| A 02.02 | Strengthen ear and hearing care services |
| A 02.02 | Accessibility audit |
| A 0203 | Consumable support to Surkhet Eye Hospital for cataract surgeries for the poor patients |
| A 02.03 | Ear surgeries at Karnali Provincial Hospital |
| A 02.03 | Eye surgical camps at hills and mountains |
| A 02.04 | Training on equipments maintenance |
| A 02.05 | Basic audiology training to the government level health personnel |
| A 03.01 | Coordination meeting at provincial, district and local levels |
| A 03.03 | Eye, Ear and Hearing Committee at provincial level |

1. Findings of the Project (Challenges and Lessons learned)

*Please complete the table below with challenges that were encountered during the reporting period and the lessons learned. Include any solution that you plan to implement in the next reporting period. (If you have used the Status Column in the Indicator Tracking Sheet (Column K) to report Challenges against specific indicators, make sure you elaborate on the challenge in the table below.)*

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| **Challenge** | **Lesson learned/Solutions** |
| COVID 19 Pandemic rapidly spread all over Nepal since early April 2021 and surkhet is one of the high risk district along with other project district | This has adversely affected the project activities requiring physical presences, and mobility.  The major lesson learned is that we have to learn to live with it maintaining high precaution  NNJS should revisit the activities and go ahead by virtual mode if such situation persistently goes on. |
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1. Risk Update

Up to this reporting period, the major risk project faced is covid -19 pandemic. Which was not anticipated during project development.

1. Other remarks

*This gives room for information that did not fit anywhere else (e.g. finance related problems beyond the reporting year).*

1. Photos



Office Equipment-Printer

Project Office-Surkhet Office Equipments-Laptops

Comments from responsible CBM Office

4111-multi-year project handed over to project partner (NNJS) in the end of March 2021 though it officially began from December 2020. NNJS central team along with project manager visited the all project district in March, which help to establish coordination with local government and health facilities. They took full responsibility of implementation from April, other project staff along with community coordinator on-boarded from mid of April. Unfortunately, Nepal encountered second wave of covid pandemic at the same time and went through nationwide lockdown. Because of covid pandemic, none of the community activities carried out in the field during this period. However, NNJS has utilized this time to coordinate and establish good rapport to surkhet eye hospital, Karnali provincial hospital, and local government and health facilities. Furthermore, they have begun procurement process of most of the equipment as planned in project. This preparation will speed up the service delivery once government removes restriction.

NNJS has set up project office at surkhet from April. However, all project staff worked from home during this period. Still there is government restriction on gathering and conducting community activities. NNJS has utilised all budget sent in first instalment and they have plan to speed up project activities from 3rd quarter of 2021 and they are prepared for it. Nevertheless, it completely depends on covid infection and its future trend. CBM NCO closely monitoring all scenario. NNJS has done what they could have done during restriction period. However, we never know how situation goes in future therefore CBM NCO strongly recommend NNJS to analyse all project activities and develop contingency plan accordingly and communicate on time if there is any plan that they could not put on implementation because of covid pandemic.