Project Completion Report PCR

(Please complete this form within 90 days after the end of the last year of the project. The report should not exceed 15 pages, excluding annexes.)

**Step 1**: Update activity plan and log frame indicator tracker within 30 days of project completion.

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| **Activity Plan** | NA |
| **Indicator Tracker** | annexed |

**Step 2**: Complete this project completion report and submit within 3 months after project completion.

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| Project Implementing Partner: | | Nepal Netra Jyoti Sangh (NNJS)/ Eastern Region Eye Care Program (EREC-P) | | | | | |
| **Project Name:** | | Sundar Sansar (Beautiful world): Reduce Visual and Hearing Impairment among School going children in Nepal | | | | | |
| **Project no:** | | P00124 | | | | | |
| **Total Project Budget:** | | NPR 13,448,130.00 | Total Expenditure: | | | NPR 13,590,652.31 | |
| **Project Start Date:** | | April 2022 | Project End Date: | | | Dec 2023 | |
| **Report Date Submission:** | | 20 Feb 2024 | **Report Author:** | | | * Mr. Sudhir Kumar Thakur * Sanjay Yadav, * Rashmita Bhattarai | |
| **CBM Global Country Team Project (or Programme) Manager:** | | Bikash Pyakurel | | | | | |
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| 1. **To what extent were the planned overall and specific objectives and results for this project completed?**Please report the main achievements and successes against the planned objectives and results. Include results that could not be achieved giving reasons why and any remedial actions taken. Be as concise as possible with your answer. | | | | | | | |
| EREC-P had implemented the “**Sundar Sansar Project”** in 16 municipality of Morang district. It's a project supported by CBM, starting from April 15, 2022 with the objective to reduce the prevalence of visual impairment due to uncorrected refractive error among school going children between (3-18) years of Morang district. Within the project year, the project screened about 12,0185 (Boy- 60693 and Girl- 59,492) with 100% financial utilization. This project has benefited to all the school going children helping them in scoring good grades as well making them able to achieve their aim with the time screening, diagnosis and treatment related to eye and ear. | | | | | | | |
| 1. **Give an overview of the planned activities and how they have been implemented?** Please report the main achievements and successes against the project activity plan. Which planned activities could not be achieved explaining the reason why and any remedial actions taken? Be as concise as possible with your answer. | | | | | | | |
| **R01: Promote awareness and access to eye and ear care services to school going children:**  **In School:** Screening routines like vision and hearing checks are crucial to unlocking students' full academic potential. Across 318 schools, 120,185 (107,972 in schools and 12,213 in community) children underwent eye and ear screenings. Of these, 9,642 children with identified eye issues received secondary screening on a specialized Vision Van. This mobile unit is fully equipped with optical instruments for precise vision screening, refraction testing, and even lens-edging equipment to promptly fit and provide glasses as needed. A total of 3,687 children referred to base hospital / Eye Care Centers. Total 1,924 children visited to base hospital and 290 visited to ECCs and 245 children received medicine, 3,033 children received spectacle and 25 children undergone for different surgeries.  Similarly among 120,185 children total 6,800 children with ear problem were identified and were referred to base hospital/ECC for further evaluation. Total 866 children visited at base hospital/ECC and 722 children received medicine, remaining for removal of wax and other ear problems.  **In community:** This project prioritized screening children from marginalized communities, ensuring that even those whose parents might struggle to send them to school received essential eye and ear care services. The motive was to ensure that no child was left behind when it came to access to these crucial services. Total 12,213 children were screened in community. Among them 530 children having eye problem and 889 children having ear problem were referred to base hospital/ECC for further treatment. We have found 105 children with disabilities during eye and ear screening.  **R02: Support on Surgery, Treatment and spectacle support**  **R02A01: Spectacle support to children:**  Wearing the recommended spectacles can significantly enhance children's academic performance and overall engagement in various activities. Within this project period, the team screened a total of 9,642 children through secondary evaluation in which a total of 3228 children received spectacle. After getting spectacle, those children will able to read and write which will further help improve their educational performance and thus helps in earning and eventually result in better quality of life.    **R02A02: Medicine support:**  This project offers medical support, including medication, to children whose parents face financial constraints or have limited economic resources. A total of 989 children received free medicine at base hospital/ ECC among them 245 children received eye medicine, and 744 children received ear medicine at base hospital and ECC, which helps to decrease vision and hearing impairment of children. The strategy to dispense medicine on spot at school was adjusted to dispense medicine only in presence of parents or mostly refer to ECC or base hospital if children required medicine on parents unavailability. This was changed as dispensing medicine on spot in absence of parents was risky in regards to administration of correct dose, understanding the need of medicine and increased reluctance to the service. Thus, referral to ECC and hospitals as per need was done which promoted the health seeking behavior and link community to service centers for better facility and wide range of services as required.    **R02A03: Provide subsidies to conduct surgeries based on identified needs:**  A total of 25 (14 male and 11 female) surgery have been done under the support of this project. The surgeries were Dermoid cyst excision, chalazion incision, curettage, cataract, oculoplastic and ptosis to children to restore their proper vision and improve the quality of life.  **R02A04: Provide support to 30 children having low-vision problem:**  Throughout this project, we haven’t found any low vision children. The budget has been used in spectacle.  **R02A06: Conduct spectacle compliance monitoring visit to 500 schools**:  The monitoring of spectacle compliance was done in 318 schools where a sheet listing the spectacles given to school children was provided by project staff. Based on the provided list, we observed spectacle compliance among school children in randomly selected schools. Graduated students, absent students, and students who had changed schools were not counted in the denominator. Those who were wearing spectacles during the observation were counted as numerators. At the end of the project, spectacle compliance was found to be 40.21% as the compliance study conducted in 31 schools as sample ensuring diversity of location, time frame from screening etc.  **R03: OPD engagement and awareness raising:**  **R03.01. Engagement and Collaboration with OPDs at school level**  Interaction with schools’ management and principals: EREC-P had collaborated with NFDN Koshi province and OPDs of all 16 municipalities in the district for coordination meeting. During the meeting, there was open discussion between them about their rights and duties in municipality level. They discussed about their plan, policy and implementation of program regarding to disability at palika level. After discussion about disability rights and duties, inclusive education system was discussed with objective to engagement of OPDs in education and school screening.  Interaction with school’s principal, chairperson of school management committee and OPDs of 16 palika were invited and 6 events were done with 216 participants. NFDN provides facilitator to facilitate the sessions about inclusive education and Mr. Sanjay Yadav, program supervisor of sundar sansar facilitates the sessions about eye and ear care health including refractive error, importance of spectacle etc. Similarly, it focuses on inclusive education and its importance including understanding among the participants along with - Disability inclusion and its importance including assistive devices.  **R03.02. Engagement and Collaboration with OPDs with local unit**  We have conducted OPD led interaction with local government where Deputy mayor or vice-chairperson, health coordinator, education coordinator and OPDs were participated. total 94 participants were participated in the interaction program which was conducted at 3 places (venue-Belbari with participants of Belbari, Sundarharicha, Gramthan, Budhiganga, Kerabari & Kanepokhari municipality), (venue- Dhanpalthan with participants of Sunbarshi, Rangeli, Dhanpalthan, Katahari & Jahada municipality) & (Venue- Urlabari with participants of Letang, Pathri, Urlabari,Ratuwamai & Miklagunj municipality). The trainer was Mr. Narad Prasad Dhamala from the education department, Sanothimi who is working as a inclusive education officer. Discussion was done on:  About inclusive education  Types of inclusive education  Infrastructure for inclusive education  Government roles and responsibilities related to inclusive education  Plan of government in inclusive education  Roles and responsibilities of local government in inclusive education  How to plan for model inclusive education  Provincial government roles in inclusive education  - About eye & ear health, importance of spectacle to children  - Symptoms & identification of refractive error in children  - Referral cases during school camp  **R03.3. Printing of Vision Ambassador Kits**:  Prior to commencing school screenings, the Sundar Sansar team chooses students from grades 7, 6, and 8 based on the total number of students in the respective school. Once selected, eye health workers provide orientation on the procedures involved in primary screening, instructing them on how to assist during the screening process, and encouraging them to act as vision ambassadors in the future. Total 1,807 students were oriented about the process of vision test. They were provided vision kit, which contain 3meter rope, a torch light, PVS card, IEC materials and bag for the protection of those kit. Therefore, the vision kit has helped them check their eye after six months with the help of vision ambassador in schools. The vision kit initiated to be dispatched since start of 2022 was seen to be effective to aware the schools about importance of eye health and hereby, enhance the effectiveness of the screening program adding to sustainability of our school eye health awareness after project's completion.  **R03.4. Orientation and examination to teacher:**  Children invest a significant amount of their time in school, participating not only in academic pursuits like studying, reading, and writing but also in outdoor activities. Teachers play a pivotal role in the school environment. When teachers can identify any issues affecting the children, timely intervention becomes possible. Therefore, it is crucial to provide teachers with orientation on eye and ear health care so that they can promptly refer students facing problems to the hospital. This direct linkage to early intervention contributes to improved academic performance, leading to better grades and have quality of life for the children in the future. This year, total of 1,661 teachers were oriented and 1,187 were examined.  **R03.5. Painting of awareness and prevention message on eye and ear health:**  We tend to remember visuals better than what we simply read. Wall paintings have a unique way of opening us up to new perspectives. In line with this concept, the Sundar Sansar project aimed to increase awareness about eye and ear health by painting walls in various schools across different municipalities where the project was active. Within this project year about 40 school wall painting was done for the purpose of raising awareness.  **R03.6. Develop and disseminate jingle on eye and ear health:**  Jingles focusing on eye and ear health have the potential to reach a vast audience and significantly raise awareness about related issues. This approach plays a vital role in mitigating blindness and hearing impairments within the community, ultimately improving the overall quality of life. To drive this awareness campaign, we initiated the airing of eye and ear health jingles through B FM 91.2 MHZ, broadcasting each jingle three times. This FM station covers the entirety of our operational area, effectively spreading information about refractive errors and ear-related issues. This proactive dissemination aids in early problem identification and facilitates timely treatment  **R03.7. Eye and ear health awareness flex printing**:  During school screenings, a variety of Information, Education, and Communication (IEC) materials were created and strategically positioned to promote awareness about different eye and ear-related issues. About 23,503 IEC materials were dispatched. After the dispatching of it, we found that students were actively reading these informative materials absorbing valuable information on eye and ear health.  **R03.8 Project learning Documentation:**  For the project learning documentation, we have hired consultants by the hiring process. Through the process, Creative Solution For Health Pvt Ltd of Kathmandu is been selected. Agreement between EREC-P and Creative Solution For Health with the aim of the project learning documentation covering following points:  Aim 1: Identifying Successes, Best Practices, Challenges, and Lessons Learned  Aim2: Developing Comprehensive Learning Documents:  The results of this study will contribute to a comprehensive assessment of the Sundar Sansar project's impact, reach, and effectiveness among the target population. The report is yet to be finalized and will be shared soonest possible to CBM country office.  **R03.9 Research on identified issues/areas and publish:**  For the research on identified issues, consultants “Creative Solution For Health Pvt. Ltd” of Kathmandu was hired. Agreement between EREC-P and Creative Solution For Health for the was completed and following activities were covered in the study:  Aim 1: Assessing the Impact of the project  Aim 2: To find out the prevalence of spectacle compliance and non- compliance among the children  The report is yet to be finalized and will be shared as soon as possible to CBM country office.  **Monthly review and planning meeting:** All the staffs of Sundar Sansar department were participated in monthly review meeting. The review of previous month was shared and planning for the current month was done. The outcome was shared and quality team provided feedback and suggestion.  **semi-annual review meeting:** Semi-annual review was done virtually by the CBMG where participants were from different organization. The achievement of sundar sansar were presented and shared.  **IEH thematic review and learning sharing workshop:** Sundar Sansar teamattended theIEH thematic review and learning sharing workshop organized by CBMG where EREC-P and Karnali province participated. The object, achievement, target, best practices, key learning, challenges and further plan were discussed and shared.  **R03.10: Project learning sharing and closing meeting:**  We have conducted the project learning and sharing with all the stakeholders of our project area. We invited all Mayor, deputy mayor, health coordinators and education coordinators of our project area and shared our activities, indicators and achievement of the project. We also conducted feedback sessions where they provided some feedback which should be considered while implementing such projects in near future where they highlighted to strengthen coordination with municipalities in further for more effective implementation. The municipalities also requested for continuation of such programs in future. | | | | | | | |
| 1. **Project revisions and adjustments** (if applicable): Comment on any major revisions and adjustments in strategies, targets, key results, activities, indicators that took place during the course of the project. Briefly explain the reason for the adjustment. | | | | | | | |
| * The project was under reached to meet its target in 2022 due to delayed in startup, coordination, planning for implementation, team preparedness including need-based training which led to reach only 38% of the 2022 target. In coordination with CBM, EREC-P revised its target and implementation approaches and was able to reach the revised project changes the team structure and develop accelerated plan to meet target ensuring services quality. * Compliance monitoring was planned as part of the project implementation through a separate staff for 2023 and considering the volume of schools and number of children reached, CBMG and EREC-P agreed to conduct a study on compliance monitoring. Report annexed.   **R02A04: Provide support to 30 children having low-vision problem:**  Throughout this project, we haven’t found any low vision children. The budget has been used in spectacle. | | | | | | | |
| 1. **Comment on overall budget expenditure and any significant budget variances** (including any overspends or underspends greater than 10% at the result level unless the funder requires at a more detailed level). Please indicate budget line numbers you are referencing. | | | | | | | |
| **The budget expenditure for this project is** NRs. 13,590,652.31 as the actual budget for this project is Rs.13,448,130.00. Over expenditure was managed by EREC-P. | | | | | | | |
| 1. **Key issues that have arisen during the project.** Please use this space to comment on any other challenges that have arisen during the project which are not captured by the above questions.This could include those which may have been outside the control of the project. Outline any solutions or strategies used to address these issues. | | | | | | | |
| * The different festivals holiday halts the screening. * The engagement of local government in the program executed by this project seem to be less. * The staff got eye flu as the activities work wasn’t done as per the plan. | | | | | | | |
| 1. **Lessons learned and best practice.** Give examples of any lessons learned and best practices identified during the project duration. Think back to the project design phase and identify how best practice has been intentionally incorporated into the project implementation. Please also include any difficulties experienced during the project which are often the richest source of lessons learned. | | | | | | | |
| The project itself as the best practices that was implemented in the school along with the community level to reach large number of the school going children or marginalized community children just in two year.  **Vision van:**  This project has the unique screening system as it has vision van in which staff travel along with eye and ear screening was done for the school going children as well marginalized children in the community where on the spot the team provide medicine, and make the spectacle as required power and provide them.  **Other lesson learned:**   * Refractive error was found in private schools and madrassa in comparison to government school. * Sundar Sansar team face problems while screening in Muslim communities as the girls does not come out from house for screening. * While doing community screening in marginalized groups, it takes long time to find out the children as they went outside for their household works. * Coordination and collaboration with government was an effective reflection that supported overall project's progress. The joint venture in some municipalities for providing fooding and lodging for project staff, sharing cost for dispensing spectacles, widely sharing information on screening and participating in management of camps highly added to effectiveness of the project. * Collaboration with local government helped to reach and provide services in schools and communities. Local government also supported for spectacles and | | | | | | | |
| 1. **Cross cutting issues/themes:**  Referring to each of the cross cutting issues mentioned at project design stage, comment on your project’s overall achievements, challenges and learning in incorporating Gender Equality and Social Inclusion, Safeguarding of Children and Adults at risk, and Ecological Sustainability into the project design and implementation. | | | | | | | |
| **Gender Equality and Social Inclusion:** EREC-P have developed and endorsed GESI policy, and all of Sundar Sansar staff were oriented on it. Total 60,693 boys and 59492 Girls were examined and treated from 15 municipality of our project area, which have covered all the children in the community irrespective of gender, disability and their enrollment in school.  **Safeguarding of Children:** All staff were oriented on child safeguarding issues, which ensured the safeguard of children.  **Ecological Sustainability:** In adherence to ecological sustainability, the project has operated on the principle of minimizing harm to the environment, emphasizing reduced use of non-reusable plastic and other materials contributing to carbon production. Additionally, all project staff received orientation on this ecological approach. The Sundar Sansar team has adopted software for data entry, diminishing the reliance on paper. Furthermore, for refraction and optical work conducted through the Vision Van, electricity is preferred over generators, showcasing a commitment to minimizing environmental impact. | | | | | | | |
| 1. **Collaboration with partners and stakeholders:**  Complete the table below by describing your collaboration with each of the partners/ stakeholders involved in or relevant to the project. (Collaboration could be in the form of networking for mainstreaming, systems strengthening, support in the implementation of the project etc.) Include as an annex the updated Partner Assessment Action Plan (if applicable). | | | | | | | |
| **Local government**: This project strengthens the coordination with the local government throughout its duration. In addition to supplying crucial data, the local government also offered partial financial support for the spectacle costs. This support was and outcome of the project's successful networking and collaboration with diverse partners, stakeholders, and the local government.  **National Federation of the Disabled – Nepal (NFDN)**: Built up the good relationship with the NFDN for OPD led awareness for inclusive education in school. This coordination also helped in facilitation with OPD about inclusive education at school and in developing policy at palika level. | | | | | | | |
| 1. **To what extent were people with disabilities enabled to participate in the project and how could this be improved?** Were there any barriers that prevented their full participation and what was done to address these? | | | | | | | |
| EREC-P/BEH under this project enabled few number of person of disability in the project by providing accessible services through prevention, promotion, cure and rehabilitation. We collaborated with different OPDs and other stakeholder like KFN, and NFDN organizations which are directly working to reach with person with disability easily at Municipality and Provincial level. | | | | | | | |
| 1. **To what extent were project participants empowered in decision making?** Include examples of community-based solutions in your answer. | | | | | | | |
| * To empower staff in decision making, we held regular monthly meetings with the staff to determine the project's target and achievement, as well as the problem's solution. * Local governments are also empowered because they allocate resources for blindness prevention. * Engagement of OPDs helped in creating awareness for inclusion and accessibility at the local level * Vision ambassador helped to do follow ups with the support of vision kits provided by the project. * Importance of eye health promoted among children who screened, received any form of services and linked them for services * Local Government and OPDs informed on importance of eye health and its linkage to inclusive education including accessibility and inclusion * OPDs empowered for their role with local government and schools | | | | | | | |
| 1. **Project sustainability – how will the project results continue beyond the duration of project implementation?** | | | | | | | |
| During the execution of this project, various children underwent orientation sessions on vision tests. They were equipped with vision ambassador kits to enable them to screen other children every six months and refer them to the base hospital/ECCs. Additionally, the project established connections with all OPDs, the education sector, the health sector, and various local units, enhancing the sustainability of the project. Increased understanding and need of eye health services among 120,000 plus children will help their quality of life and better education through regular and need based access to services. Orientation to teacher and linkages for referrals also will contribute to finding children with eye health problems to link ECC and hospitals. Similarly, ECC and hospital linked with 500 plus schools and 16 municipalities also work for sustainability of services availability in the community and in their doorsteps. | | | | | | | |
| 1. **Has your ability as an organization to achieve project outcomes changed during the course of this project? If so how?** | | | | | | | |
| This project has expanded capacity building, enhancing the baseline performance. Likewise, it has significantly increased visibility within the community throughout the project year, while also fostering and maintaining positive relationships with existing stakeholders. | | | | | | | |
| 1. **How have recommendations agreed with CBM Global staff during the course of the project been incorporated?** | | | | | | | |
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| 1. **Feedback and recommendations to CBM Global:**  CBM Global welcome feedback and suggestions from partners about their partnership with CBM Global. Here you have the opportunity to provide any feedback or recommendations. For sensitive matters, we refer to CBM Global’s parallel feedback and complaints procedure which can be submitted anonymously and found on our website (https://cbm-global.org/feedback/). | | | | | | | |
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| 1. **Annexes** Please attach the following as an Annex to this report. | | | | | | | |
| **Annex I: Stories of Change (mandatory)** Provide two project related real life stories. This could be either success stories and/or human-interest stories. Each story should highlight a concrete example portraying the impact of the project. The attachment of further supporting documents is possible. Although it is not mandatory, the following structure is recommended to guide the writing of the story:   1. Problem / Challenge faced: Describe the specific problem or challenge faced by the subject of your story (this could be a problem experienced by an individual, community or government). 2. Project Intervention: How was the problem or challenged addressed through the Project intervention? 3. Result (if applicable): Describe the observable change that occurred so far because of the Project intervention. For example, how did community life change or how was the government better able to deal with the initial problem? 4. Lessons Learned: What did you (and/or other partners) learn from this situation that has helped inform and/or improve Project (or other) intervention?   **Annex II: Photos (mandatory)** Annexed.  **Annex III: Include as an annex the updated Partner Assessment Action Plan (if applicable)-** Not applicable for this project with EREC-P as PA action plan will be reviewed with NNJS periodically. | | | | | | | |