

Project Reporting Form

DATE: 27th April, 2016

1. Name of Organization <u>NEPALESE ASSOCIATION OF OPTOMETRISTS (NAO)</u>
2. Name and location of Project <u>“Helping earthquake victims restore their eye health.”</u> <u>Project Location:</u> Dolakha District comprising Sahare, Pawati, Lamidanda and Kabre” VDC
3. Contact Details of person making this report (name, address, phone, email) Birendra Mahat Research Optometrist, Nepalese Association of Optometrists (NAO). Maharajgunj, Kathmandu, Nepal Phone: +977-9843583364 (Personal) Email: mabirendra@gmail.com
4. Project Duration (start / finish dates) August 2015 to September 2016
5. Report Number: (x/y) 1/2
6. Names of other funding and / or implementing partners (including all government, educational, institutional and local organizations) and their function Implementing partner: Camps were implemented in partnership with BP Eye Foundation (an NGO in Kathmandu who had a medical team comprising of general physician, gynecologist, psychology counselor, pediatrician, otologist and other support staff).
7. Please summarize the key <u>objectives</u> of the project. a. To examine people for eye health problems, b. To provide needy people with medicines, glasses and referral for surgery, c. To support poor families with sanitary goods d. To raise awareness on post earthquake infections and maintaining environmental/ personal hygiene in the community.
8. Please summarize the KPIs for the project, including the key <u>achievements & targets</u> of the project for the current project period.

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Key Project Inputs:

- a. Two health camps were held in earthquake affected villages of Dolakha District.
- b. Distribution of free glasses and medication to people in the village.
- c. Distribution of sanitary goods to poor families.
- d. Awareness raising programs organized.

Key Achievements and Targets:

- a. A total of 832 people were examined comprehensively for their eye health problems in two villages (Sahare and Kabre) of Dolakha District by a team of optometrists.
- b. A total of 648 people were provided with an intervention. Medicines were given to 452 people. The medicines mostly comprised of tear substitutes, antibiotics and anti-allergics. 156 people (most of whom were presbyopes) were provided with glasses. Minor lid repairs and foreign body removal was done in 8 people who sustained injury from the disaster. A total of 32 required cataract surgery; they were counseled along with their family members and were referred to a tertiary hospital in Kathmandu (B.P. Koirala Lions Centre) having facilities of the required care and management.
- c. 80 families (40 in each village) were provided with sanitary packs; each pack comprising of 2 pc each of soap, toothbrush, toothpaste, comb, towel, hair oil, razor, shaving cream, sanitary pads and water purifier solution.
- d. An awareness raising program was held in both the villages on the theme "Risk of Infection after Earthquake" and "Maintaining environmental/ personal Hygiene." More than 500 people participated in the program.

Note: Details of outputs- Annex I

9. Please summarize the key challenges & key learning's for the project and how they might be applied to future project periods and / or future projects

a. Challenges:

- i. An unstable political situation in the country caused delay in starting the project activities. Blockade of southern border to Nepal prevented import of essential goods. The major challenge was for managing transportation due to shortage of petroleum products and lodging facility at the camp site as majority of the houses were damaged.
- ii. Identifying poor families for distribution of sanitary packs. More people than expected visited camps with the hope of getting one.
- iii. Frequent power cuts disturbed usage of some medical equipment. The battery operated equipments and generator were carried for backup.
- iv. Rough roads and shortage of food at camp sites gave discomfort for the camp team.

b. Key Learnings:

- i. People are still suffering from mental trauma given by the disaster.

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ii.	<p>Proper counseling by qualified personnel is required.</p> <p>There is duplication of activities held by different organizations in the disaster affected areas. In a resource constrained setting like this a medical relief program should have a team with all needed services rather than a single specialty service. NAO's decision to co-partner the event in these villages with another organization with varying services was found effective.</p>
	<p>10. Please advise if there have been any significant changes in the direction or scope of the project in the project period, including any overall variances to the project and your revised KPIs. (Please advise what these have been and what action has been taken as a consequence).</p> <p>Except for delay in starting up the project activities caused by some unforeseen circumstances there has not been a significant variation in the direction or scope of the project so far.</p>
	<p>11. Please provide a detailed breakdown of achievements and outcomes against the KPIs listed in your application for the entire project period.</p> <p>This has been prepared in a tabulated form. Please refer Annex II</p>
	<p>12. Please provide a breakdown of how funds have been expended to date for the entire project (noting that these will generally be on a per annum basis). Provide an attachment if required).</p> <p>Please refer Annex III</p>
	<p>13. Please briefly summarize how activities in the project period contributed to the creation of sustainable vision care programs in the region.</p> <p>A total of 832 people from two villages of Dolakha district received eye examination and treatment by optometrists. About 650 of them were provided with an intervention. In the context where people are suffering from mental trauma due to loss of their family member, property etc seeking an eye examination from a far away eye health facility is not in their priority. Arrangement of an eye examination and treatment at their door steps has helped hundreds of people regain their good eye health and vision. Identification and referral of people with cataract from rural communities is expected to contribute towards lowering the burden of preventable blindness from the country. At times of disaster when there is no safe water to drink and consumables for maintaining personal/ environmental hygiene are scarce, provision of sanitary goods to the families along with raised health awareness is expected to prevent them from acquiring infections and cost of care.</p>
	<p>14. Please list any internal or external media or promotional coverage for the project and how / where funds from Optometry Giving Sight were acknowledged.</p> <p>Financial support from Optometry Giving Sight (OGS) was acknowledged in the media/ promotional coverage.</p>

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15. Please list any photos, case studies, testimonials, quotes, video material have or are being provided as part of this report (or the project period). Please provide all photos as separate jpeg files.

Photo Features: (photos are attached as separate files, their captions are as below)

1. Patient registration at camp site
2. Dispensing of glasses
3. Houses in Sahare VDC damaged by earthquake
4. Way to Sahare VDC, team had to get off and push the vehicle at some places
5. Handover of sanitary pack to poor families
6. Optometrist with sanitary pack recipients
7. Happy patients thankful to the event organizer
8. Patient waiting for their turn for an eye examination
9. Dispensing of medicines and counseling service
10. Handover of support materials

16. Please list what volunteer opportunities or sight visits were undertaken by Optometry Giving Sight donor, sponsors or staff; and any learnings from these visits.

N/A

17. Please advise any additional support that Optometry Giving Sight could provide in relation to the design, implementation or evaluation of the project – and if you intend to seek any further funding from the organization.

It is very convenient to provide eye care services in remote communities on a regular basis if NAO can have its own vehicle. The vehicle could also be used to bring patients to tertiary care facilities for additional care needed. We request OGS for a vehicle so that outreach services provided by NAO could be more efficient in future.

Annex I

Details of outputs

Activity Sites:

1. Sahare V.D.C Dolakha
2. Kabre V.D.C Dolakha

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1. Number of People Examined:

VDC	Male	Female	Total
Sahare	285	125	410
Kabre	265	157	422
Total	550	282	832

2. Common Ocular Conditions Diagnosed

Ocular condition	Sahare	Kabre	Total
Refractive error (causing Visual Impairment)	76	80	156
Cataract (VA 6/60 or less)	24	8	32
Poor ocular hygiene related conditions (blepharitis, conjunctivitis, ocular allergies etc)	67	54	121
Ocular injury, foreign body	5	3	8
Pterygium, Pinguecula, dry eyes	84	54	138
Others	106	87	193
Total	362	286	648

3. Intervention Provided

Intervention	Sahare	Kabre	Total
Medicines	288	164	452
Glasses	76	80	156
Lid repair/ FB	5	3	8

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removal			
Referral for cataract surgery	24	8	32
Total	393	255	648

4. Support to poor families (providing of sanitary goods)

40 poor families in each village; that is a total of 80 families were provided with one sanitary pack each.

5. Awareness on ""Risk of Infection after Earthquake" and "Maintaining environmental/ personal Hygiene."

Participants from
Sahare VDC= 328
Kabre VDC= 234

Total= 562

Annex II

Project Objectives, Achievements and Outputs

SN	Project Objectives	Achievements	Outputs
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1.	Organize four health camps, one each in four earth quake affected villages of Dolakha district	One health camp each was held in Sahare and Kabre VDC	832 people examined for ocular conditions
			648 people provided with an intervention
2.	Support poor families with sanitary goods to maintain personal hygiene	40 families in each village of Dolakha provided with a sanitary pack	240 people (assuming 6 people on average per family) benefitted with sanitary goods
3.	Raise public awareness on "Risk of Infection after Earthquake" and "Maintaining environmental/ personal Hygiene."	2 awareness raising programs held, one in each village of Dolakha district	562 people participated in awareness raising program

Annex III

Summary of Expenses (August 2015- April 2016)

SN	Particulars	Amount allocated for	Expenses (NRs)	Balance (NRs)
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		Aug- April (NRs)		
A	Expenses common for all programs			
i.	Transportation of technical team from Kathmandu	100,000	125,000	-25,000
ii.	Daily allowance for technical team from Kathmandu	200,000	210,000	-10,000
iii.	Salary of project coordinator	360,000	360,000	0
iv.	Stationary and printing	45,000	35,000	10,000
v.	Communication and internet	45,000	37,500	7,500
B	Expenses for specific programs	0	0	0
1.	<i>Holding Eye Camps</i>	0	0	0
i.	Camp advertisement	10,000	7,000	3,000
ii.	Venue rental	10,000	10,000	0
iii.	Generator rental	10,000	18,000	-8,000
iv.	Refreshment for volunteers	10,000	12,000	-2,000
v.	Medicines	40,000	45,000	-5,000
vi.	Glasses	120,000	156,000	-36,000
2.	<i>Support poor families with sanitary goods</i>	150,000	150,000	0
3.	<i>Development of health awareness materials</i>	0	0	0
i.	Remuneration for resource person	60,000	50,000	10,000
ii.	Designing and layout cost	20,000	10,000	10,000
iii.	Printing cost	150,000	120,000	30,000
3.	<i>Organizing Health Awareness Program</i>	0	0	0
i.	Audio video rental	20,000	18,000	2,000
ii.	Consumables	2,500	2,000	500
	Total	1,352,500	1,365,500	-13,000

Funds received= USD 9,975.00

Expenses= USD 12,882.08

(Exchange rate 1 USD= NRs 106 as on 27th April 2016)

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