



PT/Rehab unit at Sindhupalchok

Physiotherapist supervising exercises, Sindhupalchowk

PT Equipment Store - JIRI Dolakha



Health Minister distributing the first assistive device in Dhading

Physiotherapist department at Dhading district hospital

PT/Rehab unit at Rasuwa District Hospital



Client learning exercises with physiotherapist at Rasuwa

Physiotherapist delivering rehabilitation session to a in-patient, Charikot

Health Sector Transition and Recovery Programme

Health Facilities Equipped with Functional Physiotherapy Units

HI Payment Deliverable 4

March 2016

This document addresses the requirements of Handicap International's Payment Deliverable 4 under the Transition and Recovery Programme as follows:

'7 health facilities are equipped with rehabilitation and physiotherapy supplies and have functional PT units continuously providing rehab care to people with injuries/ functional limitation'.

This report has been funded by UKaid from the UK Government's Department for International Development (DFID); however the views expressed do not necessarily reflect the UK government's official policies.

CONTENTS

1. BACKGROUND	4
2. PURPOSE AND OBJECTIVES	4
2.1 Objectives.....	4
2.2 Key Activities	5
2.3 Documentation	5
3 PROCUREMENT PLAN.....	6
3.1 Verification.....	13
APPENDICES	
1. DELIVERY REPORT.....	14
2. NEEDS ASSESSMENT.....	19
3. FIELD VISIT REPORT	32
4. REFERRAL GUIDELINE	38

LIST OF ACRONYMS

DHO	district health office
HEOC	Health Emergency Operation Centre
HI	Handicap International
HSTRP	Health Sector Transition and Recovery Programme
MoH	Ministry of Health
NPR	Nepalese Rupees
PHCC	primary health care centre
PT	Physiotherapy
SOP	Standard Operating Procedures

1. BACKGROUND

Data gathered from the three main health facilities in Kathmandu treating earthquake victims showed that of the 1,005 patients who received care within 4 weeks of the earthquake, 71% (714) suffered from fractures, 8% (80) from spinal cord injuries and 4% (40) required amputations. Based on additional information from MoHP's Health Emergency Operation Centre (HEOC) and sample data from hospitals and international organisations, it is estimated that between 1,500 and 2,000 patients require medium or long term nursing and rehabilitation support.

During the post earthquake intervention period, health facilities in Kathmandu showed limited capacities to provide post-surgical care due to staff shortages in the areas of trauma management and rehabilitation. In terms of injury management and long term rehabilitation capacity, even specialised rehabilitation services in the Kathmandu Valley proved unable to cope with increased demand due to their low capacities and limited outreach to rural and remote communities in the worst affected districts.

A contributing factor here is the failure to integrate specialised rehabilitation services and community-based services within the rehabilitation health care cycle and this has created major challenges in post-trauma case management at facility level and in ensuring continuity of care at tertiary, district and community levels. Further, safe patient discharge and rehabilitation referral procedures - including for community based follow up services - are insufficiently developed.

Given the lack of capacity of medical teams for follow up, a number of discharged patients have failed to receive rehabilitation support and thereby increased the risks of severe complications, worsening disability and even death. In addition, the absence of an effective network of social support services at various levels to carry out comprehensive needs assessments (functional, emotional, social including basic needs such as shelter) and to support the most vulnerable (disabled, women, children and the elderly) through the rehabilitation process remains a major gap in health sector provisions.

As a part of the overall programme of technical assistance to HSTRP, Handicap International (HI) Nepal is providing rehabilitation and psychosocial support at hospital and community levels for approximately 1,000 injured people having functional limitations. In addition, 600 caregivers will be sensitized on the benefits of rehabilitation and trained in effective care giving to support them.

2. PURPOSE AND OBJECTIVES

Within HI Nepal's overall goal of strengthening rehabilitation services at critical levels in the health system, and increasing the capacity of the MoH to plan and coordinate a comprehensive response for rehabilitation and preparedness, the purpose of this assignment was to:

- Ensure that 7 health facilities are equipped with rehabilitation and physiotherapy supplies and have functional PT units continuously providing rehab care to people with injuries/ functional limitation.

These facilities were: 1. Rasuwa District Hospital, 2. Trisuli Hospital (Nuwakot), 3. Sindhupalchowk District Hospital, 4. Charikot PHCC (Dolakha), 5. Jiri District Hospital (Dolakha), 6. National Trauma Centre – Bir Hospital, 7. Patan Hospital (essential equipment and material only), Kathmandu.

2.1 Objectives

The objective of this assignment, and evidence for the deliverable was:

- The preparation of an equipment procurement plan with accompanying rationale

- Procurement of the required items, and
- Arrangements made for maintenance as required
- Staff trained on the correct use of the procured items.

2.2 Key Activities

The key activities undertaken in carrying out this work included:

- 1) Field visits and coordination meetings with DHOs and Hospital Development Boards to assess the feasibility of setting up physiotherapy units including the availability of space.
- 2) Development of a procurement plan, purchasing and delivery of items to the respective hospitals, installation and handover of physiotherapeutic equipment to Hospitals
- 3) Job orientation to physiotherapists on service delivery and the use and maintenance of equipment
- 4) Development of standard operating procedures (SOP) including assessment, follow up and goal setting tools, planning tools and orientation on equipment use to project and hospital staff
- 5) Delivery of physical rehabilitation services by hospitals with severity based follow-up through community home visits and outreach programmes
- 6) Facilitate referral mechanism for specialised care and rehab services to existing rehabilitation centres and specialised hospitals
- 7) Periodic technical and managerial supervision and support by senior HI staff

2.3 Documentation

The following documents are included in the report as evidence of the completion of the above activities:

- Procurement plan (Section 3)
- Consolidated delivery report (Appendix 1)
- Sample needs assessment report from Dhading (Appendix 3)
- Sample field visit report from senior HI staff including description of training and PU functionality assessment (Appendix 3)
- Referral guideline (Appendix 4)

3 PROCUREMENT PLAN

The procurement plan covered 7 batches of goods and services totalling NPR 15,836,600. Items procured were 1) Consumables; 2) Equipment; 3) Office Suppliers; 4) Other; 5) Services; 6) Training/workshops and 7) Construction. The items identified were identified following needs assessments as described in the particular case of Dhading (Annex 1).



2015/16	PROCUREMENT PLAN
Projet Code:	B41_011
Location:	Kathmandu
Implementation Period:	July 27, 2015 to July 26, 2016

BATCH	DESCRIPTION	SPEC'S	Finance			QTY	Unit	COST (NPR)	Delivery Place	1st delivery date to destination	Delivery frequency
			Task	Site Code / Donor Code	Funding body section code						
	SUPPLY OF GOODS										
BATCH 1: CONSUMABLES											
1.1	Sleeping bag for field staff	(-10 degree)	TD01	FB41_050	0	9	pcs	45,000	Dhading, Nuwakot, Sindhupalchok Rasuwa, Jiri, Charikot	1st week Oct 15	Once
1.2	Sleeping bag for field staff	normal	TD01	FB41_050	0	6	pcs	12,000	Dhading, Nuwakot, Sindhupalchok Rasuwa, Jiri, Charikot	1st week Oct 15	Once
1.3	Mattress	normal	TD01	FB41_050	0	15	pcs	7,500	Dhading, Nuwakot, Sindhupalchok, Rasuwa, Jiri, Charikot	1st week Oct 15	Once

1.4	Towel stand		TD01	FB41_050	0	2	pcs	6,000	Dhading, Nuwakot, Sindhupalchok, Rasuwa, Jiri, Charikot	1st week Oct 15	Once
1.5	Micropore tape		TD01	FB41_050	0	40	pcs	3,200	Dhading, Nuwakot, Sindhupalchok, Rasuwa, Jiri, Charikot	1st week Oct 15	Once
1.6	Wall clock (battery operated)		TD01	FB41_050	0	2	pcs	4,000	Dhading, Nuwakot, Sindhupalchok, Rasuwa, Jiri, Charikot	1st week Oct 15	Once
1.7	Equipment Tray with wheels (steel one with 3 Shelves)		TD01	FB41_050	0	4	pcs	24,000	Dhading, Nuwakot, Sindhupalchok, Rasuwa, Jiri, Charikot	1st week Oct 15	Once
1.8	Body chart (musculoskeletal system)		TD01	FB41_050	0	2	pcs	2,800	Dhading, Nuwakot, Sindhupalchok, Rasuwa, Jiri, Charikot	1st week Oct 15	Once
1.9	Physiotherapist equipments and devices	bulk	TD01	FB41_050	0	1	bulk	3,000,000	Dhading, Nuwakot, Sindhupalchok, Rasuwa, Jiri, Charikot and Kathmandu	1st week Oct 15	Repeated
1.10	Assistive devices	bulk	TD01	FB41_050	0	1	bulk	523,000	Dhading, Nuwakot, Sindhupalchok, Rasuwa, Jiri, Charikot and Kathmandu	1st week Oct 15	Repeated
	Sub-Total Consumables							3,627,500			

BATCH 2: EQUIPMENT

2.1	Laptop		TA35	FB41_050	0	8	nos.	420,000	HI office	2nd week Oct 15	Once
2.2	Printer		TA35	FB41_050	0	8	nos.	90,000	HI office	2nd week Oct 15	Once
2.3	Motorcycle and scooter		TA11	FB41_050	0	4	nos.	880,000	HI office	2nd week Oct 15	Once
2.4	Mobile phone set		TA33	FB41_050	0	7	nos.	18,000	HI office	1st week Oct 15	Once
2.5	Sim card		TA33	FB41_050	0	7	nos.	9,000	HI office	1st week Oct 15	Once
2.6	Internet device		TA33	FB41_050	0	7	nos.	24,000	HI office	1st week Oct 15	Once
	Sub-Total Equipments							1,441,000			
BATCH 3: OFFICE SUPPLIES											
3.1	Visibility Bags with two logos printed (DFID and HI)		TD01	FB41_050	0	30	pcs	75,000	HI office	1st week Nov 15	Once
3.2	Visibility Pendrive with two logos printed (DFID and HI)		TD01	FB41_050	0	30	pcs	37,500	HI office	1st week Nov 15	Once
3.3	Assessment forms-photocopy		TD03	FB41_050	0	1	bulk	145,000	Kathmandu	1st week Nov 15	Repeated
3.4	Wheelchair training manual-photocopies		TD04	FB41_050	0	1	bulk	10,000	Kathmandu	4th week Jan 16	Once
3.5	Helmet		TA11	FB41_050	0	4	No.	7,200	Kathmandu	4th week Dec 15	Once
3.6	Scooty registration transfer cost		TA11	FB41_050	0	4	No.	2,000	Kathmandu	4th week Dec 15	Once

3.7	Comprehensive insurance for scooty		TA11	FB41_050	0	4	No.	10,000	Kathmandu	4th week Dec 15	Once
3.8	Number plate cost for scooty		TA11	FB41_050	0	4	No.	8,000	Kathmandu	4th week Dec 15	Once
3.9	Bike cover		TA11	FB41_050	0	4	No.	2,400	Kathmandu	4th week Dec 15	Once
	Sub-Total Office Supplies							297,100			
BATCH 4: OTHER											
4.1	Master Training of Trainers (ToT) facilitator cost		TD01	FB41_050	0	1	event	150,000	HI office	1st week Aug 2015	Once
4.2	District training facilitator cost		TD01	FB41_050	0	14	event	1,050,000	HI office	1st week Aug 2015	Repeated
4.3	Furnitures and utensils for PT/rehab units	bulk	TD01	FB41_050	0	7	bulk	1,000,000	Dhading, Nuwakot, Sindhupalchok, Rasuwa, Jiri, Charikot and Kathmandu	4th week Sep 2015	Repeated
4.4	Electronic/communication equipments for PT/rehab units	bulk	TD01	FB41_050	0	7	bulk	350,000	Dhading, Nuwakot, Sindhupalchok, Rasuwa, Jiri, Charikot and Kathmandu	4th week Sep 2015	Repeated
	Sub-Total Others							2,550,000			
SUPPLY OF GOODS TOTAL								7,915,600			

BATCH 5: SERVICES SUPPLY (transportation, Rental, etc)												
5.1	Hi-tech diaries for social workers		TD01	FB41_050	0	30	pcs	16,500	Kathmandu	2nd week Sep 2015	Once	
5.2	Vehicle rental to pick up and drop staffs		TD01	FB41_050	0	24	times	192,000	Dhading, Nuwakot, Sindhupalchok, Rasuwa, Jiri and Charikot	4th week Sep 2015	Repeated	
5.3	Vehicle rental for transportation of PT items/equipments/materials		TD01	FB41_050	0	18	times	364,000	Dhading, Nuwakot, Sindhupalchok, Rasuwa, Jiri, Charikot and Kathmandu	2nd week Oct 2015	Repeated	
5.4	Vehicle rental for district training		TD01	FB41_050	0	14	events	700,000	Charikot, Makwanpur, Gorkha, Sindhuli, Dhading, Rasuwa, Nuwakot, Sindhupalchok, Bhaktapur, Lalitpur, Kathmandu, Okhaldhunga, Ramechhap, Kavre	1st week Sep 2015	Repeated	
5.5	Vehicle rental for training and capacity building of PTs and SWs in Kathmandu		TD01	FB41_050	0	28	times	700,000	Kathmandu	2nd week Sep 2015	Repeated	
	Subtotal Services							1,972,500				
		SERVICES TOTAL							1,972,500			

BATCH 6: TRAINING/WORKSHOP											
6.1	District level training (Lunch, venue, banner, stationery)		TD01	FB41_050	0	15	event	4,500,000	Charikot, Makwanpur, Gorkha, Sindhuli, Dhading, Rasuwa, Nuwakot, Sindhupalchok, Bhaktapur, Lalitpur, Kathmandu, Okhaldhunga, Ramechhap, Kavre	1st week Aug 2015	Repeated
6.2	Training to social workers (Lunch, banner, stationery)		TD01	FB41_050	0	2	event	300,000	Kathmandu	2nd week Sep 2015	Repeated
6.3	Contineous professional development for rehab profession		TD01	FB41_050	0	3	events	400,000	Kathmandu	2nd week Sep 2015	Repeated
6.4	Wheelchair training (Residential package)		TD04	FB41_050	0	1	event	300,000	Kathmandu	4th week Jan 2016	Once
	Sub-total Training/Wor kshop							5,500,000			
BATCH 7: CONSTRUCTION											
7.1	Vehicle rental to transport transit home items to respective districts		TD01	FB41_050	0	14	days	126,000	Dhading, Nuwakot, Sindhupalchok, Rasuwa, Jiri, Charikot	1st week Oct 2015	Repeated
7.2	Technical persons/labor cost for		TD01	FB41_050	0	45	days	112,500	Dhading, Nuwakot, Sindhupalchok,	1st week Oct 2015	Repeated

	building transit home								Rasuwa, Jiri, Charikot		
7.3	Ramp construction in respective districts		TD01	FB41_050	0	6	sites	210,000	Dhading, Nuwakot, Sindhupalchok, Rasuwa, Jiri, Charikot	1st week Oct 2015	Repeated
	Sub-Total Construction							448,500			
WORK TOTAL								5,948,500			

SUMMARY	
Supply of Goods	7,915,600
Services	1,972,500
Training/Workshop	5,948,500
TOTAL SUPPLY	15,836,600

The acknowledgement of the receipt of goods is included as Annex 2.

3.1 Verification

Verification of PT Unit functionality following equipment procurement was carried out during monthly field visits. A sample report for Jiri and Charikot is included as Annex 2. The objectives of these field visits is to:

- a) discuss and review the project progress update and plan for upcoming month;
- b) provide on the job mentoring on Physiotherapy/Rehabilitation Unit;
- c) provide technical backup to field staff on reporting template; and
- d) Follow up on action plans and the preparation of a new plan for upcoming month.

Against these objectives, the following activities were carried out:

1. PT/Rehabilitation Unit set-up, including equipment installation, handover and operation and maintenance requirements;
2. Warehouse management;
3. Checks on services provided by physiotherapists (and social workers) to patients;
4. Observation and job orientation session for care givers;
5. Review of documents: assessment forms, reporting templates and patient records including community follow-up, referrals (see Appendix 3);
6. Goal setting and planning for the following month.

Consolidated Delivery Report

(Physiotherapy equipments, assistive devices, human resources and other logistics)

SN	Particulars	District Hospital, Jiri		District Hospital, Rasuwa		Charikot PHCC		District Hospital, Nuwakot		District Hospital, Sindhupalchok		District Hospital, Dhading		National Trauma Centre, Kathmandu	
		Qty	Unit	Qty	Unit	Qty	Unit	Qty	Unit	Qty	Unit	Qty	Unit	Qty	Unit
A	PT equipments														
1	Anti bed sore cushion				pcs	15	pcs	2	pcs	5	pcs				
2	Anti bed sore mattress				pcs	10	sets	4	sets	10	pcs				
3	Air mattress	9	Pcs	10	Pcs	10	Pcs	10	Pcs	10	Pcs			20	Pcs
4	Air mattress operated from electricity	1	Pcs	1	Pcs	1	Pcs			1	pcs	1	pcs	3	pcs
5	Mattress 'Camping'					6		1	Pcs						
6	Arm pouch small	7	Pcs	7	Pcs	6	Pairs	7	sets	12	pairs	2	pairs	3	pairs
7	Arm pouch medium	20	Pcs	20	Pcs	9	Pairs			10	pairs	5	pairs	5	pairs
8	Arm pouch large	7	Pcs	7	Pcs	2	pairs			5	pairs	2	pairs	3	pairs
9	Crepe bandage 4 "	10	Pcs	10	Pcs	15	Pcs	16	rolls	13	pcs	5	pcs	5+3	pcs
10	Crepe bandage 6 "	10	Pcs	10	Pcs	10	Pcs			5	pcs	5	pcs	7	Pcs
11	Theraband set (1 yellow, 1 red and 1 green)	1	set	1	set	1	set	7	rolls	1	set	1	set	1	set
12	Squeeze ball	1	Pcs	1	Pcs	11	Pcs	1	pcs	11	pcs	1	pcs	1	Pcs
13	Bed pan	1	Pcs	1	Pcs	2	Pcs			2	pcs	1	pcs	1	Pcs
14	Normal Quadriceps Exercise Table (70CM*80CM)											1	Set		
15	Shoulder Pulley set (with Tee Bracket)											1	Set		
16	Wedge (4.30cm*60cm*70cm)							4	pcs			1	no.		
17	Goniometer	4	pcs	4	pcs			4	pcs	4	pcs	1	no.	4	pcs
18	Full body stand mirror	1	pcs	1	pcs			1	pcs	1	pcs			1	pcs
19	Peg board	1	pcs	4	pcs										
20	Balance board	1	pcs	1	pcs			1	pcs	1	pcs			1	pcs
21	Static bicycle	1	pcs	1	pcs			1	pcs	1	pcs			1	pcs
22	Stethoscope	1	pcs	1	pcs			3	pcs	1	pcs			1	pcs
23	Blood pressure measurement instrument	1	pcs	1	pcs			1	pcs	1	pcs			1	pcs
24	Low plinth	1	pcs	1	pcs			1	pcs	1	pcs			1	pcs
25	High plinth	2	pcs	2	pcs									2	pcs
26	Foam roller	1	pcs	1	pcs			1	pcs	1	pcs			1	pcs
27	Step stool/stair case-wooden	1	pcs	1	pcs			1	pcs	1	pcs			1	pcs
28	Hip cycle	1	pcs	1	pcs			1	pcs	1	pcs			1	pcs
29	Skeletal chart	1	pcs	1	pcs			2	pcs	2	pcs			1	pcs
30	Muscular chart	1	pcs	1	pcs			2	pcs	2	pcs			2	pcs
31	Gymnastic ball 65 cm	2	pcs	2	pcs					1	pcs			2	pcs
32	Weight cuff 1/2 kg	2	pcs	2	pcs			2	pcs	2	pcs			2	pcs
33	Weight cuff 1 kg	2	pcs	2	pcs					2	pcs			2	pcs
34	Weight cuff 3 kg	2	pcs	2	pcs					2	pcs			2	pcs
35	Shoulder wheel	1	pcs	1	pcs									1	pcs
36	Rope and pulley	1	pcs	1	pcs			1	pcs	1	pcs			1	pair
37	Parallel bar	1	pcs	1	pcs					1	pcs			1	pcs
38	Cervical Lumber Traction with bed													1	pcs

Consolidated Delivery Report

(Physiotherapy equipments, assistive devices, human resources and other logistics)

SN	Particulars	District Hospital, Jiri		Charikot PHCC		District Hospital, Rasuwa		District Hospital, Nuwakot		District Hospital, Sindhupalchok		District Hospital, Dhading		National Trauma Centre, Kathmandu	
		Qty	Unit	Qty	Unit	Qty	Unit	Qty	Unit	Qty	Unit	Qty	Unit	Qty	Unit
39	Therapeutic Ultrasound WI													1	pcs
40	TENS Machine													1	pcs
41	Folding Table bed							1	pcs					1	pcs
42	Bathroom scale													1	pcs
43	Triangular Cushion													4	pcs
44	Theraband Yellow (Golden Straw)							5	pcs			7	pcs	6	package
45	Theraband Green (1.5 meter)							5	pcs			7	pcs	9	package
46	Urinal Flask man							6	pcs			20	pcs	5	pcs
47	Sterilised Compressed gauze													3	pcs
48	Mask													2	box
49	Functional electrical muscle stimulator													1	pcs
50	Foot step													1	pcs
51	Ankle exerciser							1	pcs					1	pcs
52	Hydrocollator machine													1	pcs
53	Quadriceps table													1	pcs
54	Motorised Trademill							1	pcs					1	pcs
55	Surgical set													1	pcs
56	Potty w/ild							4	sets						
57	Reflex hammers							1	box						
58	Vestibular ball w/pump-75 cm							1	box						
59	10 % povidone iodine-Betadine (Liquid) 100ml							3	bottle						
60	Adhesive Tape (urgo fix/Tensoplast)							4	rolls						
61	Gauze							2	box						
62	Spirometer							3	pcs					5	pcs
63	Spygmomanometer (BP Apparatus)							1	sets						
64	Sterile gloves							2	boxes						
65	Yoga mat							2	pcs						
66	Gymnasium mat							1	pcs						
67	Cylindrical pillow							5	pcs					2	pcs
68	Patient couch/plinth													2	pcs
69	Triangular pillow							2	pcs					1	pcs
B	Assistive Devices														
1	Auxiliary Crutches large	18	pairs	17	pairs	14	Pairs	23	Pairs	13	pairs	3	pairs	28	Pairs
2	Auxiliary Crutches medium	70	pairs	70	pairs	44	Pairs	25	pairs	40	pairs	40	pairs	45	Pairs
3	Auxiliary Crutches small	10	pairs	10	pairs	10	pairs	18	pairs	10	pairs	10	pairs	10	pairs
4	Elbow Crutches Large size	2	Pcs	2	Pcs	62	Pcs	9	pcs	32	pcs	2	pcs	2	pcs
5	Elbow Crutches medium size	4	pcs	4	pcs	4	Pcs	4	Pcs	4	pcs	4	pcs	4	pcs
6	Elbow Crutches small size	3	pcs	3	pcs	15	Pvs	41	pcs	13	pcs	3	pcs	3	pcs
7	Elbow Crutches Universal size	16	pcs	17	pcs										
8	Toilet chair	15	pcs	15	pcs	9	Pcs	7	sets	8	pcs	5	pcs	7	pcs

Consolidated Delivery Report

(Physiotherapy equipments, assistive devices, human resources and other logistics)

SN	Particulars	District Hospital, Jiri		Charikot PHCC		District Hospital, Rasuwa		District Hospital, Nuwakot		District Hospital, Sindhupalchok		District Hospital, Dhading		National Trauma Centre, Kathmandu	
		Qty	Unit	Qty	Unit	Qty	Unit	Qty	Unit	Qty	Unit	Qty	Unit	Qty	Unit
9	Walker without wheel-adult	10	pcs	11	pcs	5	pcs	9	sets	9	pcs	3	pcs	8	pcs
10	Walker without wheel-child	6	pcs	6	pcs	9	Pcs			2	pcs	2	pcs	2	pcs
11	Walking stick	10	pcs	11	pcs	3	Pcs			3	pcs	3	pcs	3	pcs
12	Lumbar Coreset-large	4	pcs	4	pcs	4	Pcs			4	pcs	4	pcs	6	pcs
13	Lumbar Coreset-medium	15	pcs	10	pcs	5	Pcs			15	pcs	20	pcs	20	pcs
14	Lumbar Coreset-small	8	pcs	5	pcs	5	Pcs			5	pcs	5	pcs	5	pcs
15	Cervical collar philadelphia large	5	pcs	7	pcs	6	Pcs			7	pcs	8	pcs	8	pcs
16	Cervical collar philadelphia medium	10	pcs	5	pcs	5	Pcs			10	pcs	10	pcs	15	pcs
17	Cervical collar philadelphia small	5	pcs	5	pcs	6	Pcs			5	pcs	5	pcs	5	pcs
18	Knee immobiliser medium	12	pcs	13	pcs	5	Pcs	9	box	5	pcs	5	pcs	5	pcs
19	Knee immobiliser small	9	pcs	10	pcs	2	Pcs			2	pcs	2	pcs	3	pcs
20	Anti DVT stocking (medium)	5	Pairs	5	pais	5	pairs			5	pairs	5	pairs	5	pairs
21	Anti DVT stocking (Large)	2	Pairs	1	pairs	2	pairs			2	pairs	2	pairs	3	pairs
22	Cervical collar small	5	pcs	5	pcs					3	pcs				
23	Cervical collar medium	15	pcs	15	pcs	3	pcs	4	box	3	pcs				
24	Cervical collar large	5	pcs	5	pcs	3	pcs								
25	Lumbar Belt-large	5	pcs	4	pcs										
26	Lumbar Belt-small	4	pcs	10	pcs										
27	Lumbar Belt-medium	10	pcs	4	pcs	2	pcs			10	pcs				
28	Wheelchair(regular for long term use)size medium- 40 (Motivation)	3	Pcs	3	Pcs	4	Pcs	5	sets	2	pcs			4	pcs
29	Motivation Wheelchair-regular for long term use-size large 42					4	Pcs	9	sets	2	pcs				
30	Motivation Wheelchair-regular for long term use-size small 38					3	Pcs	2	sets	2	pcs				
31	Shoulder immobilizer MR					2		2	box	2	pcs			2	pcs
32	Shoulder immobilizer ML					5	pcs			2	pcs			3	pcs
33	Elastic knee support bandage					5	pcs			5	pcs			9	pcs
34	Ankle elastic sleeve (M,L)					10	pcs			10	pcs			10	pcs
35	Spinal braces M					5	pcs			5	pcs			15	pcs
36	Spinal braces L					5	pcs			5	pcs			5	pcs
37	Spinal braces S					4	pcs			4	pcs			12	pcs
38	Ankle braces					19	pcs	5	sets	19	pcs				
39	Foot drop braces							9	box						
40	Single lip cane							1	pcs						
41	Tripod cane							6	pcs	1	pcs				
42	Walkers (w/wheels-Rollator)							4	sets						
43	Wrist drop splint-medium							4	box						
44	Ankle Foot splint														
45	Pelvic Binder (L,M,S)					20	pcs			20	pcs				
C	Office Equipment					9	pcs			10	Pcs				
1	Printer M125A with Toner	1	set	1	set	1	set	1	set	1	set	1	set	1	set

Consolidated Delivery Report

(Physiotherapy equipments, assistive devices, human resources and other logistics)

SN	Particulars	District Hospital, Jiri		Charikot PHCC		District Hospital, Rasuwa		District Hospital, Nuwakot		District Hospital, Sindhupalchok		District Hospital, Dhading		National Trauma Centre, Kathmandu	
		Qty	Unit	Qty	Unit	Qty	Unit	Qty	Unit	Qty	Unit	Qty	Unit	Qty	Unit
2	Laptop	1	no.	1	no.	1	no.	1	no.	1	no.	1	no.	1	no.
3	Pendrivel	1	no.	1	no.	1	no.	1	no.	1	no.	1	no.	1	no.
4	Mobile phone	1	no.	1	no.	1	no.	1	no.	1	no.	1	no.	1	no.
5	Ncell internet device	1	no.	1	no.	1	no.	1	no.	1	no.	1	no.	1	no.
D	Vehicles														
1	Motorcycle	1	no.	1	no.										
2	Scooter														
E	Office Supplies														
1	Office Table-(wooden, with drawer)	2	Pcs	2	Pcs	2	Pcs	2	Pcs	2	Pcs	2	Pcs	2	Pcs
2	Chair-(wooden with cushion)	4	Pcs	4	Pcs	4	Pcs	4	Pcs	4	Pcs	4	Pcs	4	Pcs
3	Chair-(plastic)	6	Pcs	6	Pcs	6	Pcs	6	Pcs	6	Pcs	6	Pcs	6	Pcs
4	Rack or cupboard-(wooden with lock having atleast 3 shelves)	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs
5	Mobile partition (metal with colth screen, foldable)	2	Pcs	2	Pcs	2	Pcs	2	Pcs	2	Pcs	2	Pcs	2	Pcs
6	Dustbin (medium size-plastic with cover)	2	Pcs	2	Pcs	2	Pcs	2	Pcs	2	Pcs	2	Pcs	2	Pcs
7	Bucket with Tap (Plastic-in place of basin)	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs
8	Tub (medium size-plastic)	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs
9	Doormat-plastic net type	2	Pcs	2	Pcs	2	Pcs	2	Pcs	2	Pcs	2	Pcs	2	Pcs
10	Toilet kit (handwash-4 Sanitizer-5, Odoril-5, Harpic-3, soap-5, Toilet	1	Set	1	Set	1	Set	1	Set	1	Set	1	Set	1	Set
11	Bucket-medium size-Plastic (for bathroom)	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs
12	Mug- Plastic-(for bathroom)	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs
13	Wall mirror-Medium size-(for bathroom)	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs
14	Hand towel-small size-(for bathroom)	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs
15	Wiper (With steel handle)	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs
16	Extra mop (cloth)	2	Pcs	2	Pcs	2	Pcs	2	Pcs	2	Pcs	2	Pcs	2	Pcs
17	Mop with stick (with steel handle)	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs
18	Water filter (good quality -aqua guard)	1	Set	1	Set	1	Set	1	Set	1	Set	1	Set	1	Set
19	Towel (medium size with different colors)	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs
20	Water pot for client	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs
21	Garbage polythene bags (plastic)	3	Packets	3	Packets	3	Packets	3	Packets	3	Packets	3	Packets	3	Packets
22	Electric kettle	1	pc	1	pc	1	pc	1	pc	1	pc	1	pc	1	pc
23	Refrigerator-small size	1	pc	1	pc	1	pc	1	pc	1	pc	1	pc	1	pc
24	Record file	200	pcs	200	pcs	200	pcs	250	pcs	250	pcs	250	pcs	400	pcs
25	A4 Paper	1	rim	1	rim	1	rim	1	rim	1	rim	1	rim	1	rim
26	Stand fan														
27	Electric Halogen Heater (Ballra)	2	pcs	2	pcs	2	pcs	2	pcs	2	pcs	2	pcs	2	pcs
28	Torch light	3	pcs	3	pcs	3	pcs	3	pcs	3	pcs	3	pcs	3	pcs
29	Thermos	2	pcs	2	pcs	2	pcs	2	pcs	2	pcs	2	pcs	2	pcs
30	Shoe Rack	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs	1	Pcs
31	Tent 45 m ²														
32	3 level metal file cabinet														
33	Folding chairs														
34	Plastic chairs														
35	Plastic storage box														
36	Puncher														

Consolidated Delivery Report

(Physiotherapy equipments, assistive devices, human resources and other logistics)

SN	Particulars	District Hospital, Jiri		Charikot PHCC		District Hospital, Rasuwa		District Hospital, Nuwakot		District Hospital, Sindhupalchok		District Hospital, Dhading		National Trauma Centre, Kathmandu	
		Qty	Unit	Qty	Unit	Qty	Unit	Qty	Unit	Qty	Unit	Qty	Unit	Qty	Unit
37	Scissors							1	pcs						
38	Stamp pad							1	pcs						
39	Stappler							1	pcs						
40	White board with stand							1	pcs						
41	Worktable-folding							1	pcs						
42	Blankets							4	pcs						
43	Brooms							1	pcs						
44	Community water filter							1	pcs						
45	Dustbin							1	pcs						
46	Fencing rolls							1	roll						
47	Mopper							1	pcs						
48	Trash bin (Medium)							1	pcs						
49	Fire extinguisher							1	pcs						
50	Plastic table							1	pcs					1	pcs
51	Wooden bench													2	pcs
F	Accessibility Arrangement														
1	Construction of trail ramp floor	1	unit	1	unit	1	unit	1	unit	1	unit	1	unit		
2	Transit home	1	unit			1	unit			1	unit				
3	Store renovation			1	unit									1	unit
G	Human Resource														
1	Physiotherapists	1	no.	1	no.	1	no.	1	no.	1	no.	1	no.	1	no.
2	Social Workers	1	no.	2	no.	2	no.	2	no.	2	no.	2	no.	3	no.

Prepared By		Logistics Manager		Project/Budget Manager	
Name	Prajwal Shrestha	Mohan Bhatta	Mahendra Bikram Shah		
Date and Signature	Prajwal 08/02/2016	<i>Moh</i> 08/02/2016	<i>Shah</i> 8/02/2016		

A Rapid Assessment Report on the Rehabilitation Service Need in the District Hospitals of Dhading and Makwanpur

..

Report Prepared for:

A Project “Rehabilitation Support Services in Earthquake Affected Districts” funded by DFID/Option and Implemented by HI, jointly with Disability Rehabilitation Focal Unit, Leprosy Control Division, DoHS, MoHP

**Handicap International Nepal
Kathmandu, Maharajgunj, Sallagharimarg, Nepal
P.O. Box 10179, Kathmandu
Tel: +977 1 4378482
Fax: +977 1 437 6983**

Dec 2015



Table of Contents

Background of the Project	2
Rationale of Rapid Need Assessment	2
Objective of the RNA	4
Finding	4
DHADING DISTRICT	4
Earthquake loss/damage in Dhading District.....	5
District Hospital, Dhading	5
Summary of District Hospital, Dhading	6
Sahid Memorial Private Hospital, Dhadingbesi.....	6
Consultation with District Authority	7
DHO, Dhading – Mr. Jeewan Malla, Senior Public Health Administrator	7
WDO Office: (WDO - Sabitri Thapa Rawal)	8
MAKWANPUR DISTRICT	8
Earthquake loss/damage in Makwanpur District	8
PRERANA Sat Unit – Hetauda, Makwanpur	9
1. RECOMMENDATION	10
Annex I: Action List of Dhading PT/Rehabilitation.....	11
Appendix 2: Check list for Rapid Need Assessment	12

Background of the Project

The DFID-funded project “Rehabilitation support services in earthquake affected districts” intends to meet rehabilitation needs in order to minimize secondary complication and regain function among people with injuries induced by earthquake of 25th April 2015. The project aims at achieving the overall objective of preventing disability through key approaches which include providing post-surgery care, supporting safer discharge and long term rehabilitation and putting in place skills and basic start-up systems for sustaining rehabilitation services.

The project has two components:

- ❖ Strengthening follow up services for patients in need of long term rehabilitation including community-based and specialized services in Kathmandu Valley and districts; and,
- ❖ The capacity of the Ministry of Health and Population (MoHP) to plan and coordinate a comprehensive response for rehabilitation and preparedness is increased.

Rationale of Rapid Need Assessment

This project has 10 strategically designed activities to achieve nine project deliverables (PD). Among nine PDs, fourth deliverable is “Seven Health Facilities are Equipped with Rehabilitation and Physiotherapy Supplies and have Functional Physiotherapy Units Continuously Providing Rehabilitation Care to People with Injuries/Functional Limitations”. Under aforesaid fourth deliverable, HI has

already set-up six physiotherapy/rehabilitation units in district hospitals Dolakha-Jiri and Charikot, Sindhupalchowk, Rasuwa, Nuwakot and Kathmandu valley National Trauma Centre - Bir Hospital. HI has equipped all six Physiotherapy and rehabilitation units with necessary professional physiotherapists, Social workers, physiotherapy equipment and Assistive devices. HI also supported some physiotherapy equipment in Patan Hospital. Patan Hospital has expressed that they do not need any further support.

Now project intends to set-up a functional physiotherapy/Rehabilitation unit in a district hospital where there is high intensity to address the immediate and continuous needs of rehabilitation cares of people with injuries/functional limitations are high. Looking at scarce resource, HI Nepal want to select either Dhading or Makwanpur, being based upon, intensity of need and willing ness of District hospitals. To carry Rapid Need Assessment (RNA), HI Nepal assigned its two senior staff – Ms. Amina Bomjan, Head of Operational and Mr. Mahendra Bikram Shah, Project Coordinator – Health System Strengthening. This assessment was carried through interaction, meeting, discussion, interview, observation with help of well-designed checklists to collect primary information. The secondary information also collected from government Disaster Risk Reduction portals and triangulated with district information pool as well. The RNA has been carried out on 7-8 December, 2015 in Dhading and Makwanpur district.

Objective of the RNA

The overall objective of the Rapid Need Assessment is to find out immediate and long term rehabilitation need of people with injury and trauma induced by earthquake emergency and their access to quality rehabilitation services.

More specifically the specific objectives of the RNA are:

- To assess the access of earthquake affected people with injury and trauma to quality rehabilitation services in government health facilities; and,
- To analyze the capacity gap, service delivery status and needs of district hospital in relation to physiotherapy and social services.

Finding

DHADING DISTRICT

Dhading District is one of the remote districts in the central region of Nepal. Dhading is located at a distance of 3-3.5 hour drive from Kathmandu. Although the district is located at the border of Kathmandu Valley in Bagmati Zone, many parts of it are still inaccessible by road. The district extends from 27° 40' N to 28° 14' N Latitude and 84° E to 85° 1' East longitude and is surrounded by Gorkha district in the west, Kathmandu and Nuwakot the east, Makwanpur and Chitwan in the south and Rasuwa district in the north.

Dhading has 46 Village Development Committees (VDCs) and one Municipality. Dhading has a total population of 336,067 with 157,834 male populations and 178,233 female populations¹.

Earthquake loss/damage in Dhading District²

Earthquake Death:	678
Earthquake injured:	1218
Fully damaged private houses:	81313
Partially damaged private houses:	3092
Fully damaged health facility:	69
Partially damaged health facility:	37

The district has one district hospital, six community/private hospitals, two primary healthcare centers, 33 health posts and 16 sub health posts.

District Hospital, Dhading

The hospital has 50 beds including 10 beds for observation and emergency, eight beds for maternity and four beds in post-operative ward. The hospital provides antenatal Care (ANC), 24 hours - Intra-natal (baby delivery services) and post-natal care in addition with caesarian delivery service. The hospital currently has six medical officers, six staff nurses and four paramedics.

¹ Dhading District Profile 2071

² <http://drrportal.gov.np>

Summary of District Hospital, Dhading

- No. of patient in the OPD (Outpatient department) - 200 per/ day;
- No. Of Orthopedic Cases - Fracture cases average in five/daily managed by Plaster (In average 100 orthopedic case/month);
- Follow of total 30-40 patient with skeletomuscular problem;
- Recently there was a camp organized by the Nepal Orthopedic Hospital where they performed surgery of 34 patient and they provided treatment to 382 orthopedic cases in OPD;
- Nepal orthopedic Hospital has planned to send One Ortho Surgeon once in a month;
- Catchment area: Dhading (northern) and Gorkha - part of the District that has to pass thru Dhading Besi enroute to Kathmandu, but all cases from the highway side goes to Kathmandu;
- Infrastructure intact, no visible damage by the earthquake; and,
- Referrals are made mostly to Kathmandu and seldom to Chitwan.

Sahid Memorial Private Hospital, Dhadingbesi

The hospital has 11 beds and 4 cabins. The hospital runs an Orthopedic OPD last Saturday of every month by Dr. Ram Krishna Barakoti (Mob. No. 9841472342) - visiting Ortho Specialist from Nepal Orthopedic Hospital.

Summary of Sahid Memorial Private Hospital, DhadingBesi

- Patients come from all over the District - 6-7 hours by walking distances away;
- Average of 60-70 patients including new and follow-up cases visit in orthopedic clinic carried in weekly basis by hospital every day;

- Major and complicated cases are referred to Kathmandu and some to Chitwan;
- No rehab services provided by physiotherapists;
- Physiotherapist teach exercises which the patients do at home; and,
- Currently no linkages with the District Hospital but if a physiotherapist was available at the Hospital, referrals could be made to the Hospital.

Consultation with District Authority

DHO, Dhading – Mr. Jeewan Malla, Senior Public Health Administrator

- DHO very welcoming and positive on establishing a Physio Unit at the Hospital;
- Was positive about the Injury and Trauma training that was organised by LCD/HI;
- There is perceived need for such service - but not able to give facts and figures on earthquake injuries currently coming to the Hospital;
- Agreed to allocate space - the main Physio Unit can be a big UNICEF tent in the Hospital compound currently lying unused. DHO has also agreed to provide one store room within hospitals building. He fixed it by telephone conversation with Dr. Rasila Amatya, Medical superintendent. Later on our district team can further explore and request DHO and medical Superintendents; and,
- Mentioned NOH were doing camps at the Hospital but was not clear on the modality or frequency of the camps/ visits by NOH Orthopedic team. Dr. Ila - WHO Representative for Dhading/Gorkha
- Expressed the need for rehab of earthquake victims.

- o Mentioned there were still IDP camps of earthquake displaced in the vicinity Dhading Beshi but not able to give concrete nos.

WDO Office: (WDO - Sabitri Thapa Rawal)

- o CBR Focal Person - Nirmala KC - very positive on the Fitment Mobile Camp done by NDF at Dhading by NDF through local Partner "Apanga Kalyan Sangh Gajuri (Gunaraj Khatiwada:9843610613);
- o Not able to give data on actual injured - as they are directly concerned with District Hospital - Disability id cards not given yet to earthquake injured/disabled as some are with temporary impairments only;
- o No of people with disabilities seen until November: 2,338;

MAKWANPUR DISTRICT

Makwanpur is a district lying in Narayani Zone of Central Development region and is located 34 km South of Capital City- Kathmandu. The district covers an area of 2426 sq. Km. In the east, west, south and north part of the district, there are Bagmati River, Lothar River, Churiya range and Chandragiri hill respectively. This district ranges from 166m to 2584 m from the sea level. Makwanpur has a total population of 420,477 with 206,684 male populations and 213,793 female populations³.

Earthquake loss/damage in Makwanpur District⁴

Earthquake Death:	33
Earthquake injured:	229

³ National Population and Housing Census 2011

⁴ <http://drrportal.gov.np>

Fully damaged private houses:	20035
Partially damaged private houses:	17383
Fully damaged health facility:	39
Partially damaged health facility:	20

The district has one district hospital and one private orthopedic hospital. Currently, PRERANA Sat Unit is under operation in Hetauda, Makwanpur.

PRERANA Sat Unit – Hetauda, Makwanpur

- Location - a bit away from the District Hospital as they could not find spaces in the Hospital nor in the vicinity;
- Average of 5 patients / day - stroke, children with spinal bifida, CP;
- Total patient seen to the date: about 130, of which about 12 were EQ injured'
- Mobile Camps conducted 1. Hetauda Hospital - 84 beneficiaries seen 2. Palung PHC - 55 beneficiaries. Fitment camp to be done;
- Earthquake affected districts are the remoter ones - access difficult - only by public vehicle now reduced in no and 2-5 hours of walking. E.g.: Chhatiwan VDC; 14 earthquake injured but only 7 seen to date due to access difficulty;
- Referrals from Hetauda Orthopedic Hospital (Private and paying) - although PT services are available, no provision of devices and those not able to pay are referred to PRERANA; and,

- Lack of accommodation for patients coming for treatment specially those coming from the distance - discourages patient - no hotels in the vicinity nor availability of rooms for short term renting.

RECOMMENDATION

It is recommended to start a physiotherapy/rehabilitation service under HI Nepal's Project - Health System Strengthening in Dhading rather than Makwanpur. The justifications are: (1) Magnitude of EQ injury (Dhading 1218, Makwanpur 229); (2) Patient flow (Distrait hospital 40 and Private Hospital 10); (3) Intensity of EQ effects; (4) Willingness and cooperation of DHO/Hospital; and, availability of a functional Rehabilitation Sub-unit of PRERANA Nepal – HI's STRIDE Project partner.

Annex I: Action List of Dhading PT/Rehabilitation

Activities	Date	Main Responsibility	Support is needed?
1. Final decision to start 7 th PT/Rehab unit in Dhading	15 th Dec, 2015	SMT	CD
2. Decision of recruit new PT or transfer PT working in Trauma –Bir Hospital	18 th Dec 2015	SMT	
3. Transfer of SW from Bir/Dolakha	18 th Dec 2015	SMT	HR/Head of Operation
4. Estimation/PSR of rehabilitation and Physiotherapy supplies	18 th Dec 2015	Mohan/Prajwo I	Sunil/Suniti/Mahendra
5. Estimation/requisition/PSR of Office, communication and Physiotherapy supplies	18 th Dec 2015	Mohan/Prajwo I	Sunil/Suniti/Mahendra
6. Letter of LCD to DHO, Dhading	25 th Dec 2015	Shanta	Mahendra
7. Final communication with DHO/MS	26 Dec 2015	CBR Officer	Mahendra
8. Receive most of the material's – Office equipment and physiotherapy supplies Arrangement transport/staff movement	10 th Jan 2016	Bimal/Prajwo I	Shanta/ CBR Officer
9. Setting physiotherapy and rehabilitation equipment	11 th – 14 th 2016	Logistic/District team	Mahendra
10. District Inception meeting	12 Jan 2016	PT	Sunil/ CBR Officer
11. Physiotherapy and psychosocial support services delivery	15 Jan 2015	PT and SWs	Sunil/ CBR Officer

Appendix 2: Check list for Rapid Need Assessment



Check list for Rapid Need Assessment of Physical Rehabilitation Services in District Hospital

Name of Hospital:

Who are informants:

1. Possible informants and their opinion:
 - DHO/DPHO/DTLO, Statistic Officer, Medical Superintendent, Chair of Hospital Development Board and Private Hospital
2. Total Number of people with injury and trauma due to Earthquake incidents
3. Total Number of affected VDCs/out of Numbers:
4. Average number of Patients who need rehabilitation services
5. Is/are their other organisation who are rendering the physical rehabilitation services
 - a. Physiotherapy services
 - b. Prosthetic services
 - c. Orthotic services
6. DHO/DPHO and Hospital development Board can deploy some staff so that later on , they can take over the services from HI
7. Is there any arrange for surgical services/camps? If yes, its frequency and details of it:
8. Is Hospital ready to provide a room/space for establishing (Commitment of Medical Superintendent and Char of Hospital development Board)
9. Other relevant information



Field Visit Report-Dolakha



Physiotherapist providing Service at OPD –PHCC, Dolakha

January 2016

Project Monitored:	Health System Strengthening Project (HSSP)
Background and Purpose:	The DFID-funded project “Rehabilitation support services in earthquake affected districts” aims at achieving the overall objective of preventing disability through key approaches which include providing post-surgery care, supporting safer discharge and long term rehabilitation and putting in place skills and basic start-up systems for sustaining rehabilitation services. The monitoring mission was to monitor and provide managerial and technical feedback to staff deployed at Hospitals Jiri and PHCC Charikot of Dolakha districts
Visit duration with date	31 December to 1 January, 2016 (2 days)
Visit Location	Dolakha District Hospital Jiri and PHCC Charikot.
Specific objectives and expected outputs:	<ul style="list-style-type: none"> • To discuss and review the project progress update and plan for upcoming month; • Provide on the job mentoring on Physiotherapy/Rehabilitation Unit (PT); • To provide the technical backup to field staffs on reporting template; and • Follow up action plan and prepare an action plan for upcoming month.
Monitored by:	<ul style="list-style-type: none"> • Mahendra Bikram Shah, Projects Coordinator, HSP • Shanta Upadhyaya, Project Officer, HSSP • Gyanendra Shrestha, Project Officer, HSSP

A. Observation

1	PT/Rehabilitation Unit set-up at Jiri and Charikot
2	Warehouse management at Charikot
3	Services provided by physiotherapists and social workers to the patients in District Hospital Jiri & PHCC Charikot, Dolakha
4	Observation and orientation session for Care givers
5	Review of documents-assessment forms, reporting templates

Activities conducted

1	<p>Meeting with field based staffs at Jiri</p> <p>A meeting was conducted with team deployed in Hospital and PHCC in Jiri. Project Coordinator Mr. Mahendra Bikram Shah shared the objectives of the visit. The meeting intended to discuss and review the project progress update and plan for upcoming month for effective delivery of physiotherapy services in Jiri. Mr. Bibek Khadka, Physiotherapist shared the progress update: Mr. Khadka told that a total of 129 clients including 49 male and 80 female received physiotherapy services till date and among them 36 clients including 15 males and 21 females were earthquake victims.</p> <p>Mr. Khadka also shared about the coordination with government and non-government organizations working in Jiri. During the meeting with staffs, Project Coordinator briefly discussed on role and responsibility of Social Workers, which included client's assessment and support clients and their care takers for social support for physical rehabilitation and social protection issues. They are more responsible for mapping of social service and social protection provision at local level. Moreover Social Workers should make linkage with local stakeholders such as District Development Committee, District Public Health Office, District Women Children Office, District Education Office, District Agriculture Development Office, Disabled People's Organization and local private organizations who are working in the field of health and disability for their livelihood option and education.</p> <p>Mr. Khadka also shared the following challenges:</p> <ul style="list-style-type: none">• Sustainability of PT services in Jiri;• Transportation problem for community outreach and patients follow up; and,• Internet problem. <p>The meeting was successful to take fresh note of progress in Jiri and also know the problems and challenges the field based staffs were facing. Mr. Shah assured to discuss and find a way out to the challenges and problems in the review and planning meeting scheduled in last week of January 2016.</p>
2	<p>Meeting with field based staffs at Charikot</p> <p>A meeting was conducted with field based staffs comprising of one physiotherapist and two social workers in Charikot. Project Coordinator Mr. Mahendra Bikram Shah shared the objectives of the visit. The meeting intended to discuss and review the project progress update and plan for upcoming month for effective delivery of physiotherapy services in Charikot. Physiotherapist based in Charikot Mr. Om Ishwor Disti shared the progress update and challenges. Mr. Disiti told that a total of 68 clients including 28 male and 40 female received physiotherapy services till date and among them 23 clients including 11 males and 12 females were earthquake victims. Mr. Disti shared about the coordination with the government and non-government organizations working in Charikot. He shared that HI is currently coordinating with Community Service Association of Disabled and Blind to provide advertisement in F.M. about the physiotherapy service provided by Handicap International in Charikot, which will support to increase flow of patients in the PT unit.</p>

Mr. Om Disti shared the following challenges:

- Difficulty in following the patients: Fuel crisis, People with complex cases need expert consultation
- Client adequately not turning up for follow up
- Caregiver not giving sufficient time for proper care of the patients

The meeting was successful to take fresh note of progress in Jiri and also know the problems and challenges the field based staffs were facing. Mr. Shah assured to discuss and find a way out to the challenges and problems in the review and planning meeting scheduled in last week of January 2016.

Progress Data Sheet (October – December 2015)

PT Centre	Total Patients		Old patients		EQ Survivors		Home Visit		Care Taker
	Male	Female	Male	Female	Male	Female	Male	Female	
Charikot	28	40	1	3	11	12	11	10	49
Jiri	49	80	--	-	15	21	13	15	-

3 Meeting with hospital management committee at Jiri

The visit team conducted a meeting with chairperson and members of hospital management committee in Jiri. Chairperson of hospital management committee talked about the mega earthquake that hit Nepal on April 25, 2015, which took away lives and property of many people in Jiri. He thanked Handicap International and UkAid for running physiotherapy services in Jiri hospital and committed to support the PT unit in Jiri. He also expressed happiness on injury/trauma management training organized in Charikot, which trained the health professionals in Jiri and Charikot to be prepared and alert for any disaster that may strike in future.

On behalf of the visit team, Mr Mahendra Bikram Shah thanked hospital management committee for providing support for the establishment of PT unit in Jiri and expressed that the support will continue in the future as well.

4 Meeting with local stakeholders in Charikot

The visit team also had the meeting with local stakeholders including District Public Health Office, Disabled People’s Organization to share about the project progress and also know their perception towards the PT unit in Charikot. Physiotherapist Mr. Om Ishwor Disti shared about the project progress and services provided by the PT unit in Charikot.

Mr. Disti shared about some activities conducted in Charikot, which are as follows,

- Contents provided to local disabled organization named Community Service Association of Disabled and Blind for advertisement in FM. It will be aired at the earliest and will help the people with disability and earthquake survivors to have access to the physiotherapy services.
- Coordination meeting with doctors and district coordinator of NHSSP to build the referral system of patients who are in need of physiotherapy services;
- Meeting with local disabled organization (Community service association of disabled and blind) to organize camp in WORLD DISABILITY DAY;
- Attended camp on WORLD DISABILITY DAY and provided assistive devices to beneficiaries;
- Support and participate at Health Camp organized by DPHO; and
- Visit to state and non-state organization for sharing the project and its services.

Meanwhile, Mr. Ram Krishna Tamang, Chairperson, Disabled People Organization shared about the situation of people with disability in Charikot and shared the current plans and activities of the organizations.

B. Findings and Challenges

SN	Findings/ Challenges	Way Forward
1	Lack of community outreach and follow up due to transportation problem and fuel crisis.	Make a field plan for group support, Plan with concern stakeholders for joint field visit
2	PTs and district health counterparts are worried about the long-term sustainability of PT units.	Continue agenda for project period and advocate with Government line agency at district & centre.

C. Recommendations and Plan of Action

SN	What	When	By Whom
1	Preparation of upcoming plan/ Activities for the month of January 2016	1st week of January 2016	PT/SW
2	Visit District level line agencies and explore the disable service		SW/PT
3	Manage PT room (Service Delivery Room) at Charikot with the close coordination with DPHO, Dolakha		PT/ SW
4	Display IEC materials in front of PT unit for clients and visitors		SW/PT

D. Action Photos



Transit Home, store room for PT equipment.



Meeting with Mr Tank Bahadur Jirel (Chair of Hospital Management Committee, Jiri Dolakha)



Providing physiotherapy service from PT unit of Charikot, Dolakha (01/01/2016)



Interaction with Mr. Ram Krishna Tamang, Chairperson, Disabled People Organization, Dolakha

Referral Guideline For Physiotherapy services at Project Catchment Districts

Physiotherapy services at the district level include the following interventions:

- Physical assessment and treatment plan
- Delivery of therapy: exercise, mobilization, physical modalities, etc.
- Functional training for daily activities to increase autonomy
- Fitting of assistive devices and train to use for aids like crutches, sticks, walkers and wheelchair Delivery is ensured after proper individual assessment
- Identification of needs of specialized rehabilitation services (such as reconstructive surgery, prosthetics and orthotics) and referral when appropriate to National Disabled Fund Rehabilitation center in Kathmandu or to selected hospitals for surgery.

Services not available

- Transportation to pick and drop the clients for rehabilitation services
- Allowances for accommodation but coordination with the hospital is done to admit the client for the long term rehabilitation

Physiotherapy sessions are delivered according to the following modalities:

- **Inpatients:** the length of the session is usually 15 to 30 minutes and can be repeated at least 2 times a day, according to the needs (for example, for patients with respiratory conditions). It requires coordination with the medical and nursing team and it must be reported in the patient file (form available with the team). The session can be delivered either in bed or in the PT room, depending on mobility. Follow up is mandate either in the wards or in PT Department.
- **Outpatients:** 45 to 60 minutes session, in the PT room. Follow up is mandate.
- **Outreach in the community:** outreach to the patient's house to be planned based on need and based on severity of conditions and limited mobility by the team. This can include first assessments or follow up after discharge from hospital or intensive rehabilitation care in specialized centers.

Physiotherapy sessions are delivered by professional physiotherapists who received trainings based on international standards as established by the World Confederation of Physical Therapy.

Office hour/Public Holiday: District team from HI will act according to government rule for office time and public holiday.

Physiotherapist is the rehabilitation team leader for each district. Apart from physiotherapist, there are two **social workers** based at each district working under the team leader. Social workers contribute to need assessments including psycho-social needs, provide information on rehabilitation services and facilitate access to available educational, livelihood and social protection opportunities such as disability card released by the MWCSW.

Eligibility criteria for referral: causes of impairment

The focus of newly-set rehabilitation units at district hospitals is to respond to the needs of the injured by the earthquake and earthquake survivors. However, HI -supported rehabilitation units also welcome case whose cause of impairment is other than earthquake and precisely:

- Post - Earthquake victims
- Road traffic accident
- Domestic accidents
- Non communicable diseases
- Previous/other disasters such as conflict
- Work related musculoskeletal and neurological problems
- Congenital physical impairments and developmental delays

Exclusion criteria

Cases needing urgent medical or surgical interventions

Common Conditions that can be referred to physiotherapy at district hospital

Orthopedics	Neurological	Cardio respiratory/Rehabilitation	Other NCDs
Post trauma/surgery joint stiffness	Multiple sclerosis	COPDs	diabetes (Foot ulcers, pain, limb amputation)
Post trauma/surgery joint pain/swelling	Paralysis due to Poliomyelitis	Dyspnoea	Cardiovascular diseases (hypertension)
Post trauma/surgery muscle weakness	Peripheral nerve injury	Airflow obstruction/mucous retention	Peripheral vascular disease
Stump management following amputation	Hemiplegia	Restrictive lung diseases	
SCI patients-medically and surgically stabilised		Pediatrics	
Burns	Neurological		

	conditions due to Meningitis	<p>Birth defects: club foot, spina bifida, Down Syndrome, cleft lip/ palate</p> <p>Developmental delays (including the ones due to malnutrition) and Cerebral palsy</p>
Head trauma – Stabilised	Parkinson’s disease	
Torticollis	Muscular dystrophy	
Idiopathic scoliosis	Transverse myelitis	
Ankylosing spondylitis	Multiple sclerosis	
<u>Spondylolisthesis(isthmic type and post- surgical)</u>	Motor neurone diseases	
<u>Spondylitis</u>	Peripheral nerve injury	
Osteoarthritis	Hemiplegia	
Rheumatoid arthritis	Poliomyelitis	
Septic arthritis	Meningitis	
Osteomyelitis	Parkinson’s disease	
Ligament and tendon disorders		
Soft tissue injuries		
TB spine after medical or surgical management		

Location and contact details of Physiotherapist

Name	Based station	Email
Anu Bhatta	Trisuli Hospital , Nuwakot	anubhatta25@gmail.com pssu.nuwakot@hi-nepal.org
Sabita Bania	Dirstrict Hospital, Sindupalchok	sabitabaniya99@yahoo.com ; pssu.sindhupalchok@hi-nepal.org
Sudan Rimal	National Trauma Centre , Kathmandu	sudanu.rimal@gmail.com pssu.traumaktm@hi-nepal.org
Dikshya Joshi	District Hospital Dhading	dixa.joshi@gmail.com pssu.dhading@hi-nepal.org
Om Ishor Dristi	Primary Health Care Center, Charikot, Dholaka	omidristi07@gmail.com pssu.dolakha.c@hi-nepal.org
Bibek Khadka	District Hospital ,Jiri Dholaka	777bibek@gmail.com pssu.dolakha.j@hi-nepal.org
Susmita Shakya	District hospital, Rasuwa	susmita_dang@yahoo.com pssu.rasuwa@hi-nepal.org

Services	Kathmandu	Lalitpur	Bhaktapur	Gorkha	Dhading	Sindhupalchowk	Rasuwa	Nuwakot	Makwanpur	Kavre	Dolakha	Sindhuli	Ramechhap
Phy. Rehabilitation Providers (PT, CW, SM)	NDF center NDF CWs Kathmandu CBR	NDF CWs Patan CBR CP center/ SGCP	NDF CWs Bhaktapur CBR CP center/ SGCP	GPH/ INF IMC (DHO)	NDF HRDC (DH?)	NDF CWs HRDCm CP center/ SGCP	-Karuna	NDF	HRDC Prerana satellite unit Prerana CW	SIRC HRDC DH CP center/ SGCP	NDF DH	Prerana CWs	DH CP center/ SGCP
Psycho-social Support	Koshish TUTH ACF	Koshish ACF	Koshish	-	-	MdM IoM (Chautara) Psychosocial support Sub-cluster	ACF TPO	-TPO	-TPO	-	-TPO	-	-
Orthopedic Surgery	NOH Civil Hosp. Bir Hosp. Trauma TUTH Army Hosp.	Anandaban (TLM) Patan B&B Hosp. KIST Hosp.	Sheer Memorial						HRDC	DH HRDC	DH MSF		
Plastic surgery	SKMH Kiritpur Hosp. Bir Hosp. Trauma TUTH	SKMH Kiritpur Hospital Bir Hosp. Trauma TUTH	SKMH Kiritpur Hospital Bir Hosp. Trauma TUTH										
Rehab Mobile Camp	NDF	NDF TLM	NDF	GPH NDFm	NDFm HRDCm	NDFm	NDFm	NDFm	Preranam HRDCm	NDFm HRDCm	NDFm	Prerana/m	Prerana/ m

SDF/shelter	NHEDF HOPE Khagendra Nava Jivan	50 beds Kist (Until Dec)				20 beds IoM				50 beds SIRC			
OTHERS						RADAR (Antenatal and Post natal care)							

DH= Dhulikel Hospital

HRDC – Hospital and Rehabilitation for Disabled Children

SIRC – Spinal Injury Rehabilitation Center

M - Mobile camps /outreach

Psychosocial Support: psychosocial counseling, psychiatric counseling and consultation

SGCP – Self Help Group for Cerebral Palsy

MSF – Medecins Sans Frontieres

ACF – Action Contre La Faim