Health Sector Transition and Recovery Programme

Rehabilitation Support for 1,000 Earthquake Affected Patients

Handicap International Payment Deliverable 8

September 2016

HANDICAP INTERNATIONAL

NHSSP

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This document addresses the requirements of Handicap International's Payment Deliverable 8 under the Health Sector Transition and Recovery Programme (Nepal):

'1,000 persons with injuries and persons with functional limitations affected by the earthquake have received rehabilitation support at hospital and continue to receive support at hospital and community level.'

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

CONTENTS

LIST OF ACRONYMS

CBR	Community Based Rehabilitation
DAS	Disability Adjustment Scale
DFID	Department of International Development
DHO	District Health Office
DPHO	District Public Health Office
DRFU	Disaster Rehabilitation Focal Unit
EQA	Earthquake Affected
EQI	Earthquake Injured
HEOC	Health Emergency Operation Centre
HSSP	Health System Strengthening Project
ISCR	Injury and Rehabilitation Sub-cluster
IPD	In-Patient Department
IRSC	Injury Rehabilitation Sub-cluster
MoH	Ministry of Health
NCD	Non-Communicable Diseases
PT	Physiotherapy, physiotherapists
SCI	Spinal Cord Injury
SIRC	Spinal Injury Rehabilitation Centre
SKMH	Sushil Koirala Memorial Hospital
VDC	Village development Committee

1 INTRODUCTION

1.1 Background

Following the earthquakes that hit Nepal in April and May 2015, over 22,302 people were injured and 8,959 people lost their lives. Based on initial information from the Health Emergency Operation Centre (HEOC) and sample data from health facilities and international organisations, it is estimated that between 1,500 and 2,000 people required ongoing nursing and rehabilitation support and long-term rehabilitation.

Given the high number of survivors with earthquake-related injuries, the newly established Disability and Rehabilitation Focal Unit (DRFU) of the Leprosy Control Division (LCD) at the Ministry of Health (MoH) was given responsibility to lead the activities of the Injury and Rehabilitation Sub-Cluster (ISCR). The aim of the unit is to address specific needs identified during the early response and to develop policies for rehabilitation services to address relevant gaps in the health system.

The Ministry's post disaster medium to long term strategy identifies decentralization of rehabilitation service provision to district level as a priority to better ensure a continuum of care to address long term follow up needs of the injured. The strategy called for Handicap International (HI) to establish seven rehabilitation units as a part of these efforts. This took place during the year as a part of a one year Health System Strengthening Project (HSSP) in partnership with the DRFU with DFID financial support. Rehabilitation units have been set up in Rasuwa, Nuwakot, Dhading, Sindhupalchowk and Dolakha districts and in the Kathmandu valley to serve Lalitpur, Bhaktapur and Kathmandu districts.

Since July 2015, these units have provided physiotherapy and rehabilitation services with a focus on the identification, management, rehabilitation and follow-up in communities of people with injuries, functional limitations and disabilities. Key activities included supporting referrals and discharge services, providing assistive devices, orienting caregivers, referring survivors to specialized services and social community services.

1.2 Purpose of the Assignment

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

> *To provide physical rehabilitation services and basic psychosocial support to 1,000 persons with injuries and persons with functional limitations affected by the earthquake at hospitals and continued care in their communities and homes.*

1.3 Key Activities Undertaken

1. Assessment of survivors by physiotherapists and social workers to identify rehab. needs.
2. Individual goal setting and preparing treatment plans for these survivors.
3. Service delivery including physiotherapy sessions, the provision of assistive devices and mobility aids.
4. Referral of survivors to specialized services including for corrective surgery.
5. Discharge plan and supported discharge of survivors.
6. Follow-up of survivors in health facilities and communities.

2 DELIVERY OF REHABILITATION SERVICES IN COMMUNITIES AND HEALTH FACILITIES AS OF END JULY 2016

2.1 Clients Supported

A total of 1,127 persons (670 females and 455 males) with earthquake related injuries were among 4,617 persons (2,475 females and 2,142 males) provided with rehabilitation services at the seven PT/rehab units and/or community outreach visits in the project period (Table 1). The project was able to provide rehabilitation services to a larger number of clients than the 1,000 suffering earthquake related injuries initially proposed. This was because investments for earthquake injured clients were also utilized by a large number of earthquake affected clients requiring continuing rehabilitation services in the same geographic areas. This is seen to have contributed to good overall value for money of the programme.

The number of female earthquake injured was found to be higher than for males both for facility based care and community outreach. The higher prevalence of injuries among women may be correlated with the absence of men due to their outmigration for employment in other countries. It was however noted that female injured cases were less likely to reach health facility services, many only being identified at a relatively late stage during community outreach.

Table 1: Total clients receiving rehabilitation services and psychosocial support

Gender	Earthquake Injured (EQI)		Earthquake Affected (EQA)		Total Clients	
	No	%	No	%	No	%
Female	670	60	1,805	52	2,475	54
Male	457	40	1,685	48	2,142	46
Grand Total	1127	100	3,490	100	4,617	100

2.2 Service Utilization Summary

The following numbers of clients were provided with services under the project:

- 746 clients among the total 1,597 clients were provided with rehabilitation services in their communities through community outreach and home visits; and
- 381 earthquake injured clients among the total 3,020 clients were provided with rehabilitation services at health facilities (Table 2).

Table 2: Place of receiving rehabilitation care and psychosocial services

Clients	Community		Facility		TOTAL
	No	%	No	%	
EQI	746	66	381	34	1,127
EQA	851	24	2,639	76	3,490
TOTAL	1,597	35	3,020	65	4,617

A total of 7,195 treatment sessions were conducted for clients including 1,857 sessions in communities and 5,338 sessions in health facilities. In addition, 2,578 follow-up sessions were provided comprising 260 sessions in communities and 2,318 sessions in health facilities.

Table 3: Place of receiving treatment and follow up sessions

Treatment and Follow up sessions	Community		Facility		TOTAL	Average Treatment session
	No	%	No	%		
EQI	942	51	909	49	1,851	1.6
EQA	915	17	4,429	83	5,344	1.5
TOTAL	1,857	26	5,338	74	7,195	1.5

A higher proportion of community treatment cases were earthquake injured persons reflecting the local priority given to targeting these. This cohort's access to facility based services was generally poor due to difficulties in reaching services. Underlying causes may include embargo-related transportation difficulties, high costs and difficulties in finding travel companions. Accordingly, such clients appeared to seek treatment only when their health conditions were particularly acute. To mitigate this, future programming would need to strongly integrate community out-reach components from early on in the intervention.

While the majority of cases seen at community level were of a non-critical nature, these clients are still susceptible to complications and prone to disabilities should they fail to receive timely care and treatment.

Earthquake injured people treated at health facilities were fewer in number than earthquake affected clients treated at health facilities[1]. This could be due to acute earthquake injury cases having already been treated at health facilities and begun rehabilitation prior to the start of the project. Secondly, high referral rates of earthquake affected clients with pre-existing rehabilitation needs to the PT/Rehab Units were noted. This could be due to improved ease of travel compared with EQI clients but is also an expected outcome of HI's inter-disciplinary approach which focuses on identification, referral and management of rehabilitation services.

A total of 942 treatment and follow up session were carried out at community level - an average of 1.6 sessions per client. This is slightly lower than the standard 3 sessions per person internally set by HI. The main reason for this shortfall was priority follow up being afforded to the most severe cases given the likelihood that theseyclients are most likely to develop complications and require intensive rehabilitation care.

2.3 PT/Rehab unit-wise distribution of clients

The highest number of earthquake injured clients (326) received rehabilitation service at the National Trauma Centre, Kathmandu followed by Trishuli district hospital in Nuwakot (221) (Table 4). The number was high in Kathmandu as it included clients from the highly populated Kathmandu,

[1] EQ Injuries like open fractures or complications often require multiple procedures for primary management [planned treatment].

Bhaktapur and Patan districts. The lowest number of earthquake injured clients (57) received rehabilitation services from Dhading district hospital which was only opened in February 2016.

Table 4: PT/Rehab unit-wise client distribution

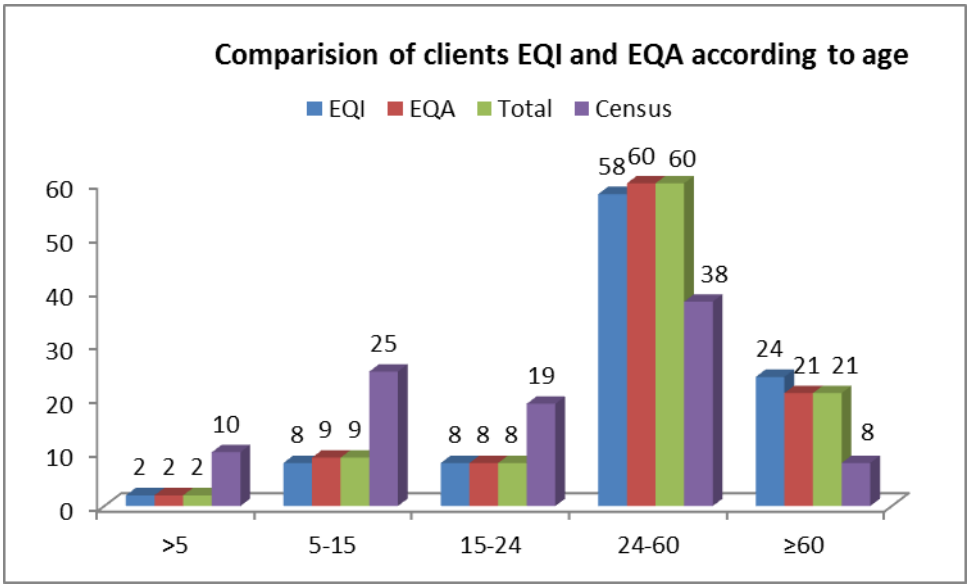
PT/Rehabilitation Unit	EQI		EQA		Total Clients	
	No	%	No	%	No	%
Charikot, Dolakha	125	11	897	26	1,022	22
Trishuli, Nuwakot	221	20	777	22	998	22
NTC, Kathmandu	326	29	406	12	732	16
Chautara, Sindhupalchowk	212	19	440	13	652	14
Dhunche, Rasuwa	102	9	402	12	504	11
Jiri, Dolakha	84	8	356	10	440	10
Dhadingbesi, Dhading	57	5	212	6	269	6
Grand Total	1,127	100.0	3,490	100	4, 617	100.0

2.4 Age-wise Distribution of Clients

The age group of 24-60 years had the highest number of beneficiaries (both earthquake and non-earthquake), which represents the economically active population group (Table 5). The least number of beneficiaries were in the under-5 year age group with 22 earthquake and 102 non-earthquake clients.

Table 5: Age-wise distribution of clients

Age Group	EQI		EQA		Total Clients		National Data
	No	%	No	%	No	%	%
Under 5	22	2	80	2	102	2	10
5-15	85	8	316	9	401	9	25
15-24	94	8	295	8	389	8	19
24-60	661	59	2077	60	2738	59	38
60 & above	265	24	722	21	987	21	8
Total	1127	100	3490	100	4617	100	100



2.5 Distribution of Impairment

Clients with fractures accounted for the highest number of earthquake injured clients (539) followed by musculo-skeletal impairment (472) (Table 6). Clients with musculo-skeletal impairment accounted for the highest number (2,898) of non-earthquake related cases followed by fractures (1,136). Musculo-skeletal related impairment included lower back pain, arthritis, myalgia and sprains. The more serious cases included complicated fractures, musculo-skeletal impairments with complications likely to lead to permanent disability including stiffness, head injuries, spinal cord injuries and peripheral nerve injuries. These cases, which may eventually lead to chronic disabilities were prioritized for follow up both in the health facilities and communities as they require a continuum of care over an extended period.

Table 6: Distribution of impairment among clients

Impairment	EQ I		EQA		Total Clients	
	No	%	No	%	No	%
Musculo-skeletal	472	42	2426	70	2898	63
Fracture	539	48	597	17	1136	25
Cerebral Palsy & Other Paralytic	0	0	96	3	96	2
Head Injury	47	4	16	0	63	1
Respiratory Problems	1	0	61	2	62	1
Spinal Cord Injury*	23	2	39	1	62	1
Disabilities	0	0	61	2	61	1
Amputation	11	1	35	1	46	1
Minor Injuries	12	1	28	1	40	1
Peripheral Nerve Injury	9	1	30	1	39	1
Other Neurological Problems	0	0	38	1	38	1
Stroke	0	0	35	1	35	1
Burn	0	0	25	1	25	1
Psychosocial Problem	13	1	3	0	16	0
Grand Total	**1127**	**100**	**3490**	**100**	**4617**	**100**

Spinal cord Injury* - the figure reported here is for cases treated by SIRC but with follow-up provided by PT/Rehab Units or in the community. This figure does not reflect all earthquake injured with spinal cord injuries.

3 CLIENTS SUPPORTED FOR SURGERY INSTEAD OF MOBILE CAMPS

The project had originally proposed conducting two specialized surgery camps in earthquake affected districts. These camps were to be planned in collaboration with specialized health facilities — the Sushma Koirala Memorial Hospital, Nepal Orthopedic Hospital and the Hospital for the Rehabilitation of Disabled Children. A team of surgeons with their nursing and paramedic staff was to conduct these surgery camps using the resources of district hospitals.

Ultimately however, these camps were not held as most of the cases identified for surgery needed intermediate and major surgical intervention which, in turn, required advanced medical set up (operation theatres to remove implants and access to appropriate drugs). These were not available in the district hospitals. Such cases also need long-term post-operative support and observation following surgery. Thus the clients were referred for surgery to the tertiary facilities of Bir Hospital, Patan Hospital, Teaching Hospital and to Sushma Koirala Memorial Hospital (SKMH — a specialized hospital for corrective and reconstructive surgery in Kathmandu district), instead of carrying out the planned district surgical mobile camps. A memorandum of understanding (MoU) was signed with SKMH and the project supported the cost of surgery, food and accommodation for clients and their caregivers.

A total of 30 cases (12 females and 18 males) including 26 earthquake injured cases were identified as of June end 2016 for corrective and reconstructive surgeries, of which the following cases were operated on up to the end of July 2016:

- 24 corrective surgeries for complications including malunion, non-union, discharging sinus and implant removal.
- 1 reconstructive surgery for pressure sore management and revision surgery of crush injuries.
- 5 cases to correct fracture- and flap-related complications (thus categorized as corrective/ reconstructive surgery).

Of these 30 cases, 16 were referred from Nuwakot, 4 from Dolakha, 4 from Dhading, 4 from Sindhupalchowk and 2 from Rasuwa districts.

All the cases identified for surgery had previously been operated on or treated at private health facilities by foreign medical teams, specialized rehabilitation centres including the Spinal Injury Rehabilitation Centre (SIRC, Kabhre) or by the International Organization for Migration. The corrective surgeries count was seen to be high because of the high incidence of fractures during the earthquakes.

The clients operated on by a foreign medical team in Nuwakot in the early days following the earthquakes underwent second operations to remove implants and to correct complications. Surgical support was not given to clients in Kathmandu because most of them had already received surgery in government health facilities in Kathmandu and follow up services were being provided free of cost at these health facilities.

3.1 Impairment status of EQI

Total EQI clients also included the 26 patients who underwent surgery. From the total number of earthquake injured clients seen by the project, approximately half (47%) had impairment levels between 26 and 75 on the WHO Disability Assessment Scale (DAS), raising the need for rehabilitation services. Of these, 46 had very severe impairments (DAS > 75) (Table 7).

The disaggregation record as per WHO DAS started from January 2016. Accordingly, the 269 clients whose data was recorded before this date have not been disaggregated. Further, disaggregated data could not be collected for some outreach events due to the high number of clients and the need to quickly assess and manage cases upon presentation.

Table 7: Impairment scores of earthquake injured clients

Clients		WHO DAS						Discharged	Surgery
		0-25	26-50	51-75	>75	Not Recorded	Total		
EQI	No	321	345	146	46	269	1,127	38	26
	%	28	31	13	4	24	100	3	2
EQA	No	952	980	421	180	957	3,490	129	4
	%	27	28	12	5	27	100	4	0.1
Total	No	1,273	1,325	567	226	1,226	4,617	167	30
	%	28	29	12	5	27	100	4	0.6

Significant impairment (more than 25%) accounted for approximately 45% of the total for EQA clients, which is very close to the figures for EQI patients.

296 earthquake injured require long term rehabilitation services through a continuum of care for at least one more year. These cases include multiple fractures, fractures with complications, people waiting for implant removal, spinal injury, amputation and peripheral nerve injuries (Table 8).

Table 8: Need for rehabilitation services among EQI and EQA clients

Rehab needs	Long Term	Short Term	Unrecorded	Pending Surgery	Discharged	Total
EQI	296	446	347	0	38	1,127
EQA	541	1,325	1,495	0	129	3,490
Total	837	1,771	1,840	0	167	4617

Similarly, 541 earthquake affected people require long term rehabilitation with cases including cerebral palsy, spinal cord injury, head injury, stroke, chronic osteoarthritis and permanent assistive device users.

3.2 Treatment sessions

Treatment is started on the first contact following assessment and continues during follow-up visits. The tables below show the number of treatment sessions, between 1 and >25, by patient type. Relatively few clients require more than 20 sessions.

Table 9: Treatment sessions by client type

No. of treatment sessions by client type											Total
No.	1	2	3	4	5	6-10	11-15	16-20	21-25	>25	
EQI	912	107	39	13	13	25	9	3	4	2	1,127
EQA	2,954	223	87	57	41	96	16	6	7	3	3,490
TOTAL	3,866	330	126	70	54	121	25	9	11	5	4,617

3.3 Impairment patterns and sessions as per WHO Disability Assessment Scale

Clients undergoing 1 Session

IMPAIRMENT	10%	11-25	26-49	50-74	=>75	Not Recorded	Total
EQI	78	177	255	130	33	239	912
EQA	145	666	727	375	147	894	2954
TOTAL	223	843	982	505	180	1133	3866

Clients undergoing 2 Sessions

IMPAIRMENT	10%	11-25	26-49	50-74	=>75	Not Recorded	Total
EQI	15	15	23	21	8	25	107
EQA	15	40	69	49	17	33	223
TOTAL	30	55	92	70	25	58	330

Clients undergoing 3 sessions

IMPAIRMENT	10%	11-25	26-49	50-74	=>75	Not Recorded	Total
EQI	4	7	16	10	1	1	39
EQA	8	18	23	23	5	10	87
TOTAL	12	25	39	33	6	11	126

Clients undergoing 4 sessions

IMPAIRMENT	10%	11-25	26-49	50-74	=>75	Not Recorded	Total
EQI		2	7	1	3		13
EQA	5	11	15	9	9	8	57
TOTAL	5	13	22	10	12	8	70

Clients undergoing 5 sessions

IMPAIRMENT	10%	11-25	26-49	50-74	=>75	Not Recorded	Total
EQI	2	1	2	2	3	3	13
EQA	2	9	8	11	9	2	41
TOTAL	4	10	10	13	12	5	54

Clients undergoing 6-10 Sessions

IMPAIRMENT	10%	11-25	26-49	50-74	=>75	Not Recorded	Total
EQI	3	8	6	5	3		25
EQA	12	16	16	21	22	9	96
TOTAL	15	24	22	26	25	9	121

Clients undergoing 11-20 sessions

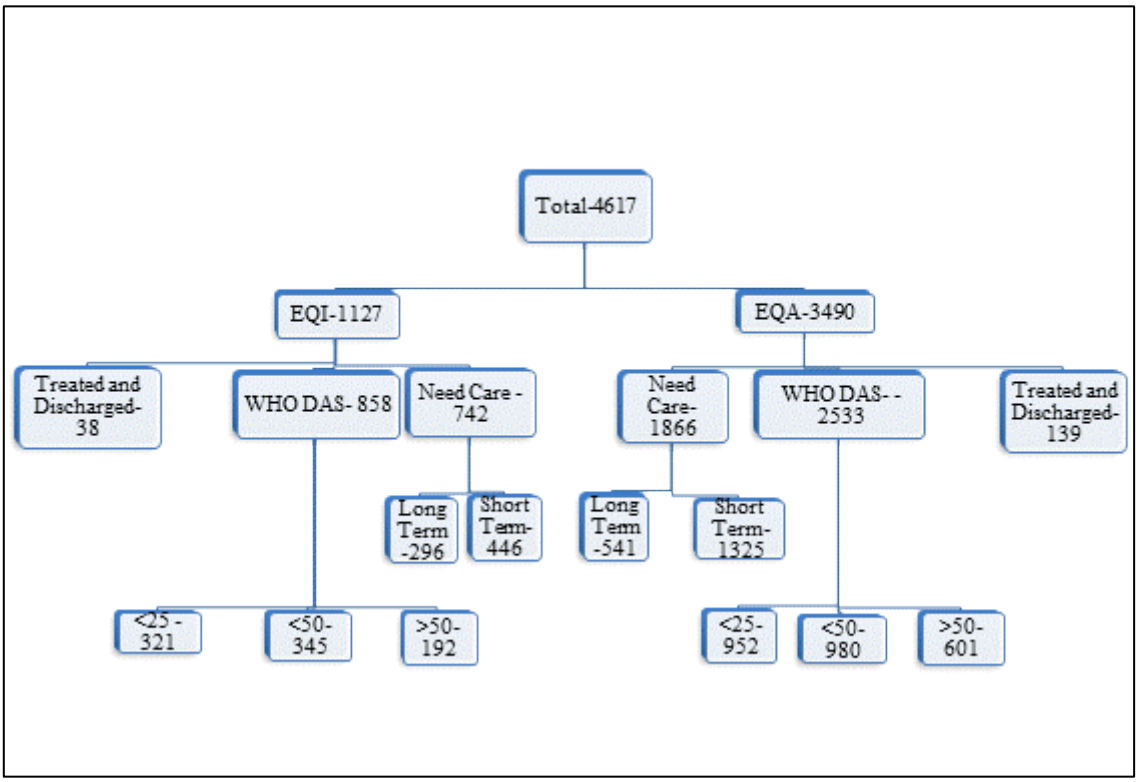
IMPAIRMENT	10%	11-25	26-49	50-74	=>75	Not Recorded	Total
EQI	1	4	5	1	1		12
EQA	2	2	6	6	5	1	22
TOTAL	3	6	11	7	6	1	34

Clients undergoing more than 21 sessions

IMPAIRMENT	10%	11-25	26-49	50-74	=>75	Not Recorded	Total
EQI		4		1		1	6
EQA	1		6	2	1		10
TOTAL	1	4	6	3	1	1	16

These data show that clients with impairments of more than 25% appear to have had less follow up although rehabilitation care for them is still required.

Figure 1 below provides an overview of client numbers and DAS scores for EQI and EQA patients.



4 DOCUMENTATION

The following documents are included with the report as evidence of the completion of PD 8.

- Database (Annex 1): Submitted as a separate excel file
- Photographs (Annex 2)
- MoU with SKMH (Annex 3)
- Press clippings (Annex 4).

ANNEX 2: Photographs of project activities

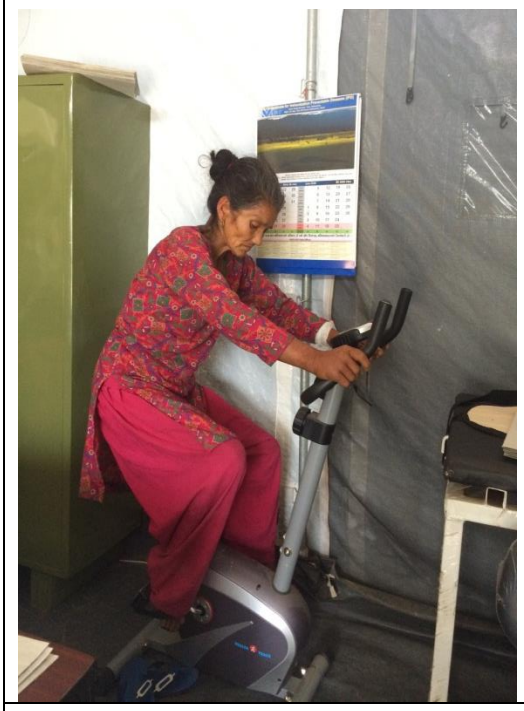
Social worker supporting a client to use auxilliary crutches

Physiotherapist bandaging leg of a client in Jiri district hospital

Woman with injury re-learning how to walk

Physiotherapist supervising wheelchair user training during an outreach event

	
A physiotherapist teaching a woman with an injury to walk	Physiotherapists conducting the home follow of a person injured by earthquake
	
Physiotherapist supervising balance training at a client's house	Injury rehabilitation officer mentoring a physiotherapist to assemble a wheelchair

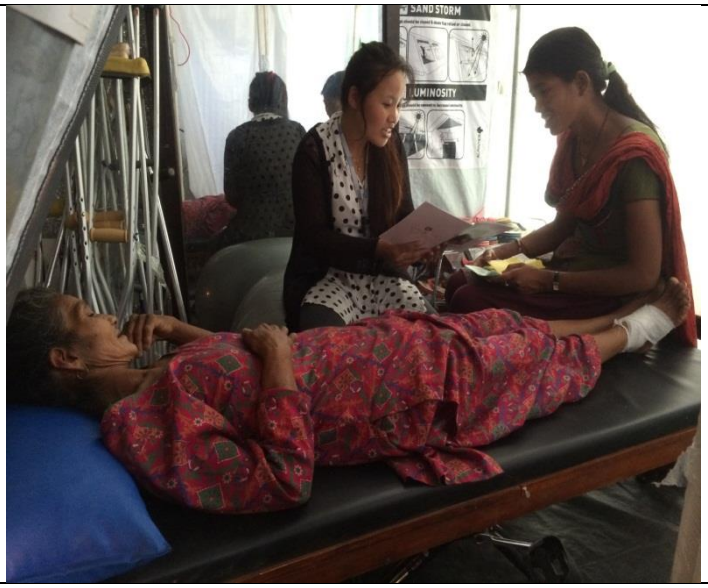


A woman with right pelvis fracture cycling in the physiotherapy unit

Physiotherapist teaching exercise to woman while other women await their turn

Physiotherapists accessing a case during an outreach event in Melamchi PHCC

Social workers conducting a community follow up of clients

	
Physiotherapist facilitating a child to be in four point position to help her crawl.	Social worker giving education on wound care to a cleint and her caregiver.

ANNEX 3: MoU with SKMH

Memorandum of Understanding (MOU)

MOU between: Handicap International and Sushma Koirala Memorial (SKM) Hospital

MOU Effective Date: 1st April, 2016 to 26th July, 2016

Objective of the MOU:

- Provide surgical services and specialized care to the referred clients from 7 Physiotherapy units of Handicap International through an agreement (MOU);
- Conduct surgery and in-patient rehabilitation of referred clients with surgical and specialized care with need in SKMH Hospital
- Provide contra-referral from SKMH to 7 Physiotherapy unit with information on the clients evolution/situation and an eventual need of follow-up in HI supported physiotherapy unit.

Surgery Service Cost: As per enclosed annex 1 (Service rate list)
HI will not reimburse the cost above the cost rate specified in Annex 1.

Context:

Following the earthquakes that hit the country in April and May 2015, 8856 people lost their life and 22,309 were injured. Out of the 14 affected districts, only Kathmandu, Bhaktapur, Lalitpur, Sindupalchok, Dhading, Nuwakot, Rasuwa and Dolakha Districts have surgical and rehabilitation facilities.

Given the high number of survivors with impairments caused by earthquake-related injuries, an Injury and Rehabilitation Sub-Cluster was established under the Health Cluster to help coordinate the response of Foreign Medical Teams and local organizations. The Leprosy Control Division at the MoH was given the responsibility to lead this group with the support of UKIETR for the first 2 months of the response.

The members of the IRSC were rehabilitation stakeholders (rehabilitation centers, hospitals and professional associations) in Nepal and non-state actors like Handicap International, CBM, IOM, MSF, SIRC and IMC. Several working groups were established under the IRSC in order to address specific needs identified during the early response such as further trainings on injury management to health staff and community actors, development of guidelines for the management of spinal cord injury and amputation, and last but not least policy development for rehabilitation services to address a pre-existing gap within the health system. A short term, medium term and long term plan for the development of rehabilitation services was fostered and endorsed by the MoH as part of the Health Sector Rehabilitation and Reconstruction Plan.

Among actions identified in the medium to long term strategy, the decentralization of rehabilitation services to the most affected districts was acknowledged as a priority to ensure continuum of care and address the long term follow up needs for the injured.

The establishment of seven rehabilitation units is part of this strategy and it has been implemented by Handicap International in partnership with the newly established Disability Unit at the MoH and the support of DFID Option

Rehabilitation units have been set up in Rasuwa, Nuwakot, Kathmandu, Dhading, Sindupalchok and Dolakha.

Introduction of HI:

Handicap International, a not for profit association incorporated and run in accordance with France's law of 1 July 1901, based at 138 Avenue des Frères Lumière, 69008 Lyon, France represented by Sarah Blin, Country Director in Nepal, pursuant to a delegation issued by the Chairman, located in Nepal at Narayan Gopal Chowk, Sallaghari, P.O. Box 10179, Kathmandu. Handicap International Nepal office was established in 2000 under the general agreement signed with Social Welfare Council (SWC) of Nepal and renewed on January 2015 for the duration of another five years ending in January 2020.

Co-recipient of the 1997 Nobel Peace Prize, Handicap International is an independent and impartial organization working in situations of poverty and exclusion, conflict and disaster.

We work alongside people with disabilities and vulnerable populations, taking action and bearing witness in order to respond to their essential needs, improve their living conditions and promote respect for their dignity and fundamental rights.

With local partners, we run programs in health and rehabilitation and social and economic integration. We work with local authorities to clear landmines and other war debris and to prevent mine-related accidents through education. We respond quickly and effectively to natural and civil disasters in order to limit serious and permanent injuries and to assist survivors' recovery and reintegration. We advocate for the universal recognition of the rights of people with disabilities through national planning and advocacy.

Introduction of SKM Hospital:

In 1997, **IPGN (Interplast Germany Foundation, Section Nepal)** and the SKMT established the Sushma Koirala Memorial Hospital (SKMH) to provide Plastic and Reconstructive Surgery services in Nepal. The first and second project agreement between the SWC, SKMT and IPGN ran from 25th May 2001 to 24th May 2010. From the beginning of the Project, in total, 286,705 people have received various medical and surgical health services from the Hospital. In total, 20,887 surgeries (Operations at

Hospital: 17,262, Operations at Camps: 3,625) and Outpatient surgery check up: 80,868 were successfully performed. Altogether 35 surgical camps in 35 districts of Nepal organized from July 2006 to December 2014. SKMH is now well known as specialized Hospital for plastic and reconstructive surgeries benefitting many Nepalese people from burn care and other reconstructive surgeries.

Obligations and Responsibilities of each party:

This MOU is applied for a period of six months, from **1st April, 2016 to 26th July, 2016**

Each party shall;

- Respect the philosophy and ethics of each other;
- Respect the fundamental of non-profit making organization/project;
- Support each other in decision making through the exchange of timely, relevant and transparent information;
- Work in conformity with the prevailing laws in Nepal; and,
- Work to find efficient and concerted answer and solution from both parties to any question, issue or difficulty that may arise in the project under this agreement as partnership.

General Obligations of SKM Hospital:

SKM Hospital will be responsible for,

- Undertaking surgical procedures for the referred clients and conducting in-patient medical care and rehabilitation;
- Appointing the focal doctor who will be responsible to conduct counseling, assessment and final diagnosis of clients referred for surgery. He/she will be the technical referent from hospital side to deal with the technical matters and communication with the physiotherapist of HI;
- Focal doctor will determine the type of surgery after the face to face appointment. Then, the information is communicated to referring PT before starting the procedure.
- Explaining the possibility of the refusal and complications if it is relevant;
- Supporting HI by exchanging and communicating relevant information for an optimal quality follow-up;
- Coordinating with HI to provide optimal quality interventions to clients. Ensure that there is no mismatch on the appointment schedule shared before and also support clients and family members making them familiar with all the departments , rules and regulations of the hospital;
- Address any other disability related medical conditions that are identified during the hospital admission and address these problems during the client's admission or provide appropriate follow up;
- Address any other medical or surgical intervention that may be required as a result or follow up of the initial surgery; and,
- Share eventual risks of the intervention with the family members and always inform and ask their approval in case of additional intervention needed.

- Provide technical assistance on HI organized surgical outreach events. This will be only done if there are cases available in districts that can be operated within the available infrastructure of district hospital.

Financial Obligations of SKM HOSPITAL:

- Reimbursement by HI depends on the accuracy of the financial report and supporting accounting documents forwarded by SKM Hospital. Failure to provide supporting documents will result in non-reimbursement of expenses. Documents to be produced for each individual client:
  - Summary of expenses with bills
  - Discharge form including detailed follow-up plan (if further surgeries are required)
- Financial documents and discharge form have to be submitted to HI as soon as possible for payments.
- Reporting of clients and calculation of client expenses have to be billed to HI after the client has been discharged.
- In case where after assessment and investigations, the decision is taken by the focal doctor to not proceeding to a surgery, then the hospital would need to provide:
  - Actual bill for any assessment/investigation done
  - Discharge form
- For all the clients undergoing follow-up surgery(if required), SKM Hospital will need to furnish the following documents; :
  - Actual bill for hospitalization costs incurred and service provided (including follow up surgery and all related costs);
  - Discharge form per follow up surgery; and,
- Bills should have clear descriptions with actual figures.

General Obligations of HI:

HI is responsible for;

- Ensuring an efficient and effective communication strategy between the clients, family members and hospital.
- At least one care giver(family member) should accompany the beneficiary during the hospital stay
- Referring clients with agreed dates to the hospital by using referral guideline.

Financial Obligations of HI:

- HI will provide the cost of surgery to the SKM Hospital (inclusive of any taxes , which may be incurred)
- For all clients undergoing follow-up surgery (if required), HI will pay based on actual bills up to and not exceeding the amount provided for initial surgery.

- For all clients not requiring the surgery after assessment, HI will pay the minimal costs of assessment and investigation based on actual bills from SKM Hospital
- HI will reimburse only those surgery cost which are referred by HI

Mode of Payment:

HI will make payment through cheque issued or through bank account deposit to the SKM Hospital after receiving the actual bills of surgeries. The bank account details of SKM hospital is,

SKM Hospital Account
Account Name:SKM Hospital
Account Number:01800105000070
Bank Name: Everest Bank Limited
Branch: Chabil Branch
SWIFT Code: EVBLNPKA

Referral Mechanism:

Both the parties will follow the referral guideline and quality assurance mechanism developed by HI. Similarly, both parties will appoint the following referents, for the information exchange related to surgery client.

The Focal Doctor/person in SKM Hospital is;
Dr. Jaswan Shakya, Medical Director
Mr. Bishwajeet Prajapati, Chief Administrator

Other Contact person in SKM is;
1. Mr. Bishwajeet Prajapati
2. Mr. Bhola Bista
3. Mrs. Mamata Raj Singh

Progress Review:

As this contract is of limited time duration, it will be continuously reviewed throughout. A detailed report including financial details need to be submitted to HI by SKM Hospital before the completion of this contract period.

Both parties will mutually review the progress and exchange with each other. However all progress report of the surgery will be sent to HI by SKM Hospital after completion of agreement time period.

Monitoring and Supervision:

Both parties will jointly be responsible for monitoring corrective and reconstructive surgical and paramedical services that have been provided to the clients referred from HI to SKM Hospital. Both parties will follow the timely exchange of information so that the appropriate actions can be made in a timely manner.

Amendments

Amendments to this agreement/MOU shall be made through mutual understanding along with official correspondence by both parties. If any points and sub-points of this agreement is declared invalid and amended, all remaining points or sub-points shall remain unaffected.

Conflict Resolution

Any disputes, which may arise concerning the interpretation and/or implementation of this agreement/MOU after its due signature, shall be settled amicably.

If a dispute cannot be settled amicably, both the parties shall be referred to an arbitration panel consisting of one representative of each party and one independent person to serve as chairperson of the panel agreeable to both parties. The chairperson of the panel shall have the deciding vote and the decision of the panel shall be binding to both parties.

Termination of Agreement/MOU

Either party may terminate this agreement/MOU at any time upon 1 month advance written notice to the other party.

For any unexpected external reasons (for example; political unrest, natural disaster), this agreement/MOU shall be invalid from the date of the official phase out or withdrawal.

In case of termination of the agreement/MOU, both parties shall fulfill their commitments made before the date of such termination.

The undersigned, being duly and officially authorized by their respective authorities have accepted this MOU at SKM Hospital, in three original texts in English language being equally authentic.

On the behalf of HI:

Sarah Blin
Country Director
Handicap International, Nepal

11.9.16

On the behalf of SKM:

Dr. Jaswan Shakya
Medical Director
SKM-Hospital

ANNEX 4: Press Clippings

5 १ हजार १ सय २७ जना भूकम्पपीडित

भाद्र २८ गते काठमाडौं । गत २०७२ बैशाख १२ गते गएको विनाशकारी भूकम्प पश्चात ह्याण्डिक्याप इन्टरनेशनलले भूकम्पबाट घाइते भई अपाङ्ग भएका व्यक्तिहरुको उपचार, अपाङ्गता व्यवस्थापन तथा पुनस्र्थापनाकालागि अतिप्रभावित जिल्लाहरुमा सञ्चालित फिजियोथेरापी÷पुनस्र्थापना इकाइहरुबाट १ हजार १ सय २७ जना भूकम्पपीडित सहित ४ हजार ६ सय १७ जना चोटपटक, हिंड्डुल गर्न कठिनाइ भएका र अपाङ्गता भएका व्यक्तिहरु लाभान्वित भएका छन् ।

यसका साथै, ४ हजार ४ सय २८ जना बिरामी तथा तिनका १ हजार ४ सय २८ जना सहयोगीहरुलाई पनि बिरामीको हेरचाह तथा पुनस्र्थापनाको फाइदाबारे अभिमुखीकरण गराइएको छ ।

भाद्र २७ गते राजधानीमा आयोजित एक कार्यक्रममा ह्याण्डिक्याप इन्टरनेशनलका राष्ट्रिय निर्देशक Willy Bergogne ले इन्टरनेशनलको विगत ११वर्ष देखि नेपालमा अपाङ्गता भएका व्यक्तिहरुलाई सहज तथा गुणस्तरिय शारिरीक पुनस्र्थापना सेवा प्रदान गरिरहेको कुरा बताउनुभयो । उहाँले पुनस्र्थापना क्षेत्रलाई सरकारी स्वास्थ्य प्रणालीमा समायोजन गर्न संस्था लागि परेको भन्दै भूकम्प पश्चात पुनस्र्थापना सेवाको महत्व अझ बढेको बताउनु भयो ।

कार्यक्रममा परियोजना संयोजक महेन्द्रविक्रम शाहले परियोजनाले हासिल गरेको उपलब्धि, सिकाई, समस्या, चुनौति तथा अवसरहरुबारे प्रस्तुति गनु भएको थियो ।

स्वास्थ्य मन्त्रालय, अपाङ्गता रोकथाम तथा पुनस्र्थापना शाखा÷कुष्ठरोग नियन्त्रण महाशाखासँगको समन्वय तथा DFID को आर्थिक सहयोगमा यस संस्थाले भूकम्प प्रभावित सिन्धुपाल्चोक, नुवाकोट, रसुवा, धाडिङ्गका जिल्ला अस्पताल तथा दोलखा स्थित जिरी जिल्ला अस्पताल र चरिकोट प्राथमिक स्वास्थ्य केन्द्रका साथै काठमाडौँस्थित नेशनल ट्रमा सेन्टरमा फिजियोथेरापी÷पुनस्र्थापना सेवा उपलब्ध गराएको उक्त कार्यक्रममा जानकारी दिएको थियो ।

कार्यक्रममा स्वास्थ्य मन्त्रालय तथा त्यस मातहतका विभिन्न निकायका उच्चपदस्थ पदाधिकारीहरु, राष्ट्रिय÷अन्तर्राष्ट्रिय गैरसरकारी संस्था, दात्तृ निकाय तथा सामुदायिक संघसंस्थाका प्रतिनिधिहरुको सहभागितामा आयोजित Lesson Learned Workshop को अवसरमा वक्ताहरुले भूकम्पप्रभावित जिल्लामा मात्र नभई अरु जिल्लामा पनि फिजियोथेरापी÷पुनस्र्थापना सेवाआवश्यक रहेको जिकिर गर्दै सबै जिल्ला अस्पतालहरुमा आवश्यक जनशक्ति तथा पूर्वाधारको उपलब्धता सुनिश्चित गर्नुपर्नेमा जोड दिनुभएको थियो । हालसम्ममा यी सात वटा फिजियोथेरापी÷पुनस्र्थापना इकाइ मार्फत ५ सय ५२ थान अपाङ्गता भएका व्यक्तिलाई दैनिक जीवनयापनमा सहयोग गर्ने ह्वीलचेयर, वैशाखीलगायत विभिन्न सहयोगी सामाग्रीहरुवितरण गरिएको थियो । उक्त जानकारी अपाङ्गता रोकथाम तथा पुनस्र्थापना शाखा÷कुष्ठरोग नियन्त्रण महाशाखा र ह्याण्डिक्याप इन्टरनेशनलले संयुक्त रुपमा आयोजित Lesson Learned Workshop मा दिइएको हो । भूकम्प पश्चात् घाइते भएका व्यक्तिहरुमा हुनसक्ने थप जटिलता हुन नदिन र हिंड्डुल गर्न सक्षम बनाउनकालागि सञ्चालित परियोजना अन्तर्गत फिजियोथेरापी तथा पुनस्र्थापना सेवाकार्यको उपलब्धि तथा सिकाइ प्रस्तुतगर्न Lesson Learned Workshop को आयोजना गरिएको हो ।

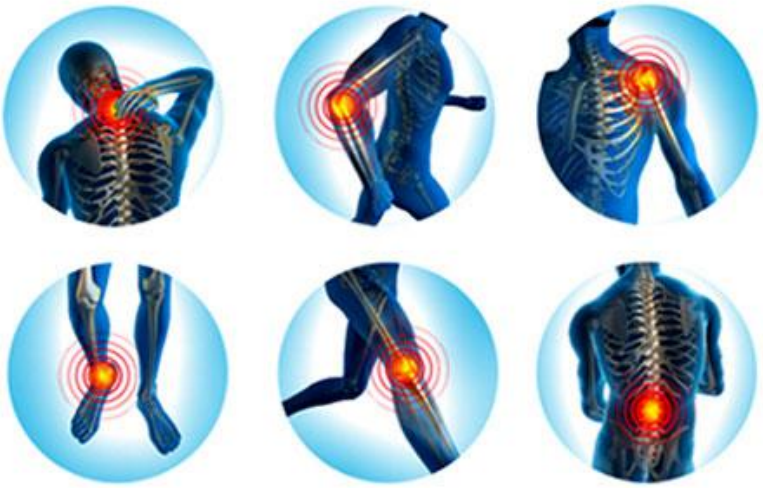
http://www.bhaktapurfm.com/national/20718

‘एक हजार १२७ फिजियोथेरापी सेवाबाट लाभान्वित’

रासस

1 प्रतिक्रिया

२७ भदौ, काठमाडौं । भूकम्प अतिप्रभावित जिल्लाका एक हजार १२७ जनाले फिजियोथेरापी सेवा लिएर लाभान्वित भएका छन् ।



स्वास्थ्य मन्त्रालय, अपाङ्गता रोकथाम तथा पुनःस्थापना शाखा/कुष्ठरोग नियन्त्रण महाशाखाको समन्वयमा ह्याडिक्याप इन्टरनेसन नेपालले आज आयोजना गरेको 'भूकम्प अतिप्रभावित जिल्लाका पुनःस्थापनाका लागि सहयोग सेवा सिकाइ गोष्ठी'मा एक हजार १२७ ले सेवा लिएर लाभान्वित भएको बताइएको हो ।

विगत १४ महिनादेखि भूकम्प प्रभावित जिल्लाहरु सिन्धुपाल्चोक, नुवाकोट, रसुवा, धादिङका जिल्ला अस्पताल तथा दोलखास्थित जिरी अस्पताल र चरिकोट प्राथमिक स्वास्थ्य केन्द्रका साथै काठमाडौँस्थित नेसनल ट्रमा सेन्टरमा फिजियोथेरापी सेवा उपलब्ध गराइएको ह्याडिक्याप इन्टरनेसनलले जनाएको छ ।

सो संस्थाले विभिन्न सात स्थानमा फिजियोथेरापी÷पुनःस्थापना एकाइको स्थापनाकालदेखि हालसम्म जम्मा चार हजार ६१७ जना चोटपटक, हिँडडुल गर्न कठिनाइ भएका र अपाङ्गता भएका व्यक्ति सेवा लिएर लाभान्वित भएको सो संस्थाले जारी गरेको विज्ञप्तिमा उल्लेख छ ।

साथै, संस्थाले चार हजार ४२८ जना बिरामी तथा तिनका एक हजार ४२८ जना सहयोगीलाई पनि बिरामीको हेरचाह तथा पुनःस्थापनाको फाइदाबारे अभिमुखीकरण गराएको छ ।

हालसम्म सात फिजियोथेरापी÷पुनःस्थापना एकाइमार्फत ५५२ थान अपाङ्गता भएका व्यक्तिलाई दैनिक जीवनयापनमा सहयोग गर्ने ह्विलचियर, वैशाखीलगायत विभिन्न सहयोगी सामग्री वितरण गरेको स्वास्थ्य सेवा विभाग तथा कुष्ठरोग नियन्त्रण महाशाखाका उपनिर्देशक डा. वासुदेव पाण्डेले बताए ।

उनले भूकम्पपश्चात् घाइते भएका व्यक्तिमा थप जटिलता हुन नदिन र हिँडडुल गर्न सक्षम बनाउनका लागि सञ्चालित परियोजनाअन्तर्गत फिजियोथेरापी तथा पुनःस्थापना सेवा कार्यको उपलब्धि तथा सिकाइ प्रस्तुत गर्न गोष्ठीको आयोजना गरेको जानकारी दिए ।

कार्यक्रममा भूकम्पका बेला मात्र नभएर अन्य बेलामा पनि फिजियोथेरापी कार्यक्रमलाई निरन्तरता दिनुपर्ने र दैनिक सवारी दुर्घटनाबाट हुने घाइतेका लागि पनि सो सेवा आवश्यक रहेको बताए ।

२०७३ भदौ २७ गते १४:०८ मा प्रकाशित

http://www.onlinekhabar.com/2016/09/477651/

English Version (short)

1,127 benefited from physiotherapy services

National News Agency

1,127 earthquake injured from the most earthquake affected districts have received physiotherapy and rehabilitation services. This was informed in the Lesson Learned Workshop of 'Rehabilitation Support services in Earthquake Affected Districts' project organized jointly by Handicap International and Disability and Rehabilitation Focal Unit/Leprosy Control Division, Ministry of Health. A total of 4,617 beneficiaries of which 1,127 earthquake victims received the services from physiotherapy and rehabilitation units in Sindhupalchowk, Nuwakot, Rasuwa, Dhading, Jiri, Charikot and Kathmandu. Along with this, 4,428 patients and their 1,428 caregivers also were given orientation on proper care of patients and benefits of rehabilitation.

Speaking at the program, the guests stressed on the need to provide such services all the time and not only during the emergencies.