



**Transition and Recovery of Nepal's Health System
in Post earthquake situation
Involvement and Activities of Spinal Injury Rehabilitation Centre
(SIRC - run by Spinal Injury Sangh Nepal)**

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“WHEEL OF INDEPENDENCE”

***A Life They Can Lead Through Our
Continued Support***

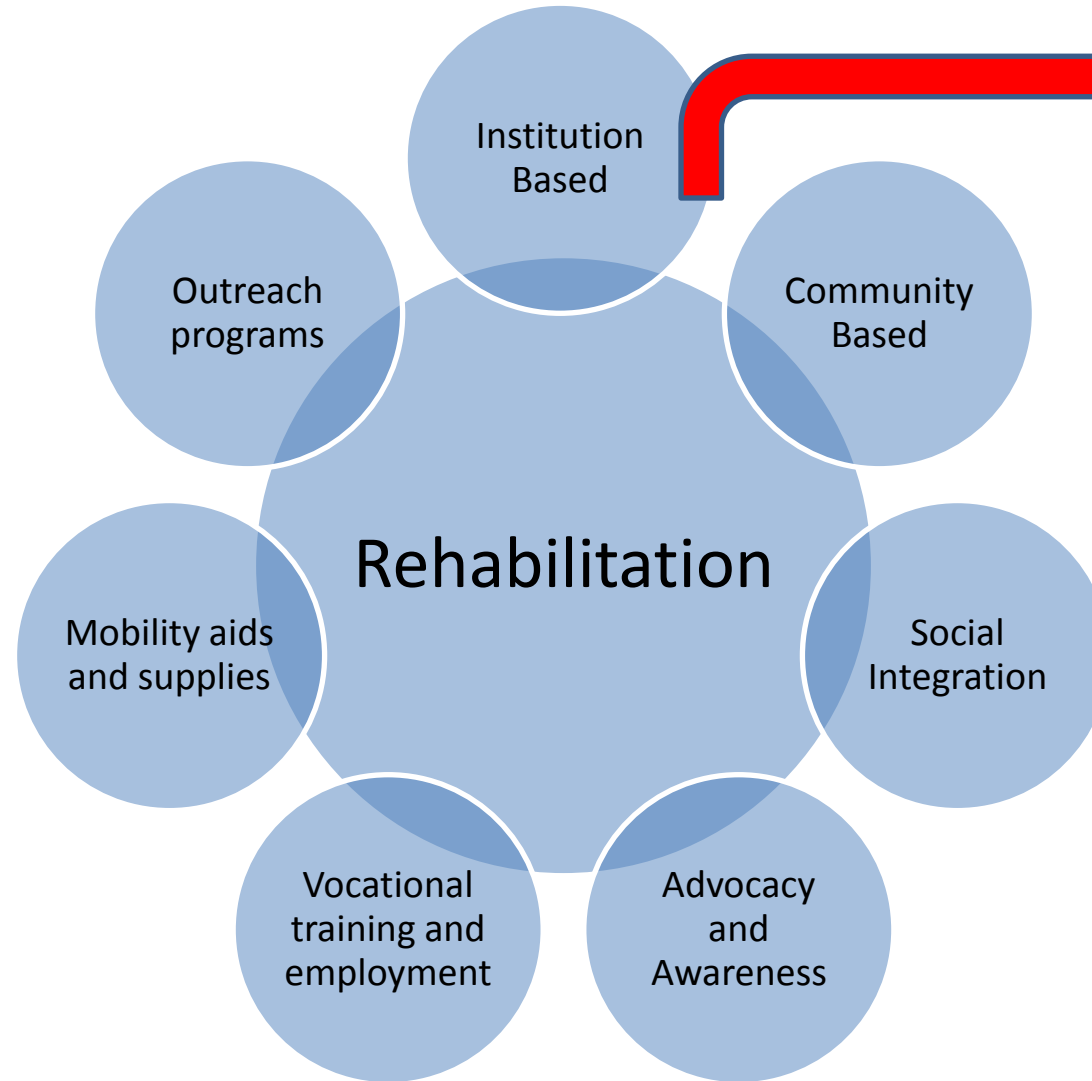
SIRC: Then and Now



- Medical and Nursing care
- Physiotherapy
- Occupational therapy
- Psychosocial counseling
- Patient and caretaker education
- Wheelchair service, repair and maintenance
- Hydrotherapy
- Vocational training
- CBR, follow up and home modification
- Half way home
- OPD

What is Rehabilitation?

process aimed at enabling service receivers to reach and maintain their optimal physical, sensory, intellectual, psychological and social functional levels



- Medical
- Nursing
- Physiotherapy
- Occupational Therapy
- Counseling
- Wheelchair/mobility aid/PO
- Vocational training
- Community integration
- Advocacy and Awareness

Devastating Earthquake: April 25 and May 12, 2015

- Killed more than 9000 people and injured nearly 22,000 people.
 - 5000,000 household were destroyed/200,000 damaged
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- **Estimated 3 - 400 people** sustained SCI (SIRC received 145 patients only with SCI)
 - Approximately 300 people with SCI of 14 districts were affected
 - Approximately 120 people with SCI of 14 districts completely lost their homes and approx 130 peoples houses were destroyed



SIRC Earthquake Response



- ✓ NGO: preparation not enough
- ✓ Devise a plan to identify SCI patients across Kathmandu Valley who would need SIRC's expertise.
- ✓ Staff visited acute hospitals of Kathmandu valley to identify patients with SCI.
- ✓ Increase capacity of centre from 51-beds to 150-beds facility.
- ✓ Increase in human resources and logistical requirements.
- ✓ Received support and aid from **national and international agencies including DFID.**

Role of the Government/MOH

- Instrumental in connecting people for response via different cluster/sub cluster/regular meeting
 - Directing the sources/resources
 - Managing the volunteers/specialist
 - Implementation of programs at local level
 - Connecting (stake holder) at local level
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- Recognition of our work (profile raise/acknowledgement/support)

Community home visit support services to 404 ex-patients

30 patients received vocational training package

148 health workers were trained

Holistic rehabilitation provided to 132 patients

Staff Training on disaster drill, project management and team building

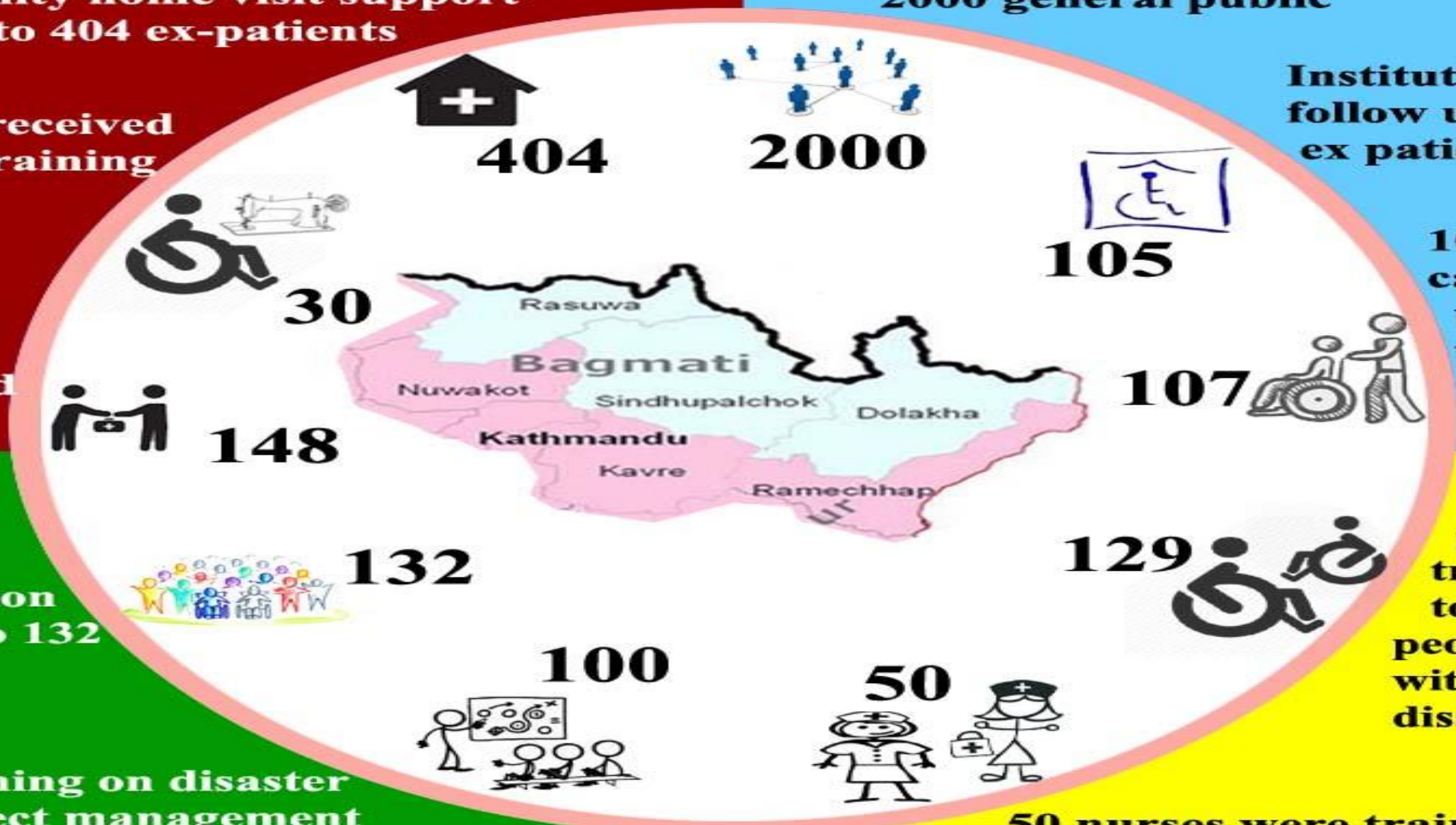
Awareness camps to more than 2000 general public

Institutional follow up to 105 ex patients

107 caretakers were trained

Peer group training to 129 people with disabilities

50 nurses were trained on neuro rehabilitation



Glimpses of our work



Nursing Care



Physiotherapy



Occupational Therapy



**Wheelchair
maintenance**



**Wheelchair
mobility area**



Health workers training



Staff Training



Caretakers training



Nurses training



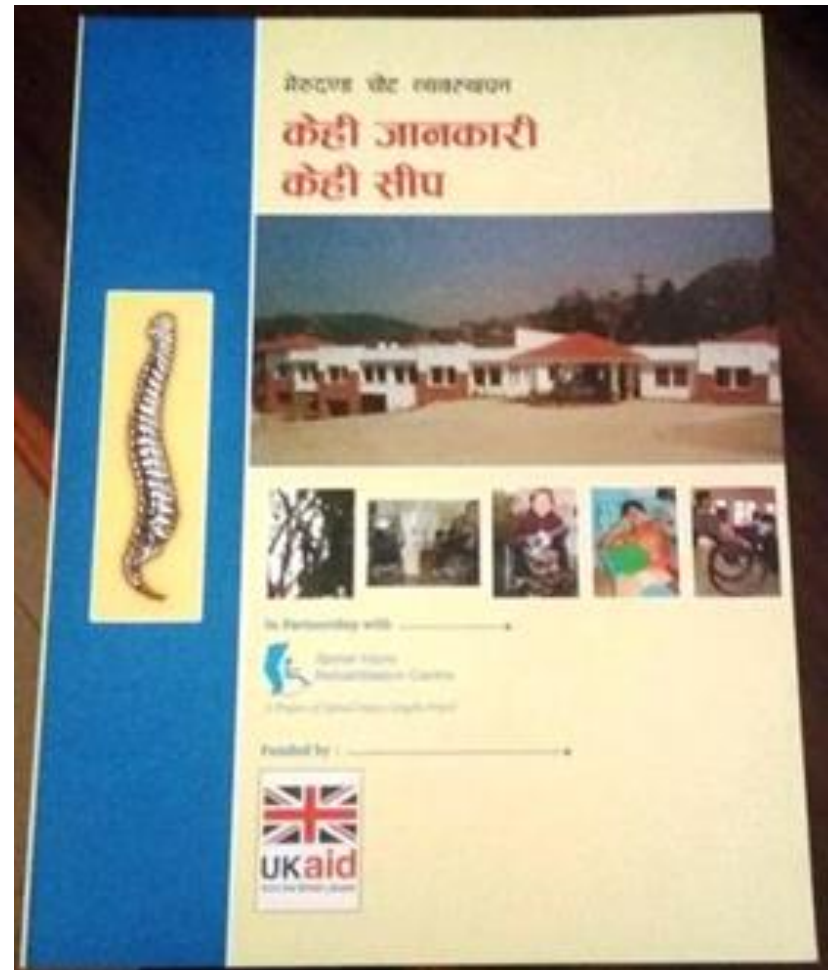
Vocational training package distribution



Patient with discharge kit



Community outreach / Home visit



Self-care manual for patients and caretakers



Kesh Bahadur Gurung



Indira Budathoki



Handover of 10 year action plan document Leprosy Control Division (LCD) funded by Direct Relief

How this program created a difference?

- Strengthened partnership with Ministry of Health and Leprosy Control Division (LCD) and other stakeholders and partners
 - Trained health workforce (awareness/referral)
 - Increased community awareness on spinal cord injury/prevention
 - Increased community outreach (evidence based approach/programs)
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- Strengthened internal monitoring and evaluation system
 - Efficient service delivery
 - Capacity building of staff
 - Provided motivation to SIRC to achieve its goals.

100 patients follow up - Major Findings

Medical/ Health care needs

- a. Bowel/ bladder/ skin care education
- b. Pain management through physiotherapy
- c. Psychological counseling to deal with depression
- d. Limited access to health care facilities.
- e. Lack of local trained manpower to address their health needs.

Social and Financial needs

- a. Lack of income generating and employment opportunities.
- b. Limited access to disability card and allowances.
- c. Lack of proper living space
- d. Lack of accessible infrastructure

Suggested approach based on six pillars of “Health systems strengthening promoted by WHO and MoHP”

- Governance and Leadership
- Services
- Human Resources
- Health Technologies
- Information and Research
- Finance

Suggested Approach

1. Leadership and Governance

- Finalisation, linkage and synergy of the “10 year action plan on prevention and rehabilitation of disability in Nepal” to the implementation framework of NHSS and NHSSP3

NHSS OP 4.1 Strategic planning and institutional capacity enhanced at all levels.

IP 3: Develop and implement national rehabilitation policy.

- Implementation of rehabilitation policies and SoPs at different levels.

NHSS OP 2.1 Quality health care service delivered as per protocols and standard

IP 2 : Develop and institutionalize national standard for quality in rehabilitation including SoPs and protocols for rehabilitation services in districts as well as zonal, regional and central hospitals.

- National level awareness campaign for better understanding of disability prevention and rehabilitation

NHSS OP 7.1 Healthy behaviors and practices promoted

IP1: Reduce stigma and discrimination through advocacy, social mobilization and IEC activities and address gender equality and social inclusion.

Suggested Approach

2. Service Delivery

- Provide financial support to existing specialized care providers.

NHSS :OP 2.1 Quality health care service delivered as per protocols and standard

IP 3: Develop and institutionalize the guidelines for PPP to ensure quality rehabilitation services at non state service providers at central and regional level.

- Continued strengthening of existing SCI and neuro-rehabilitation services along with community outreach services (specialized centre/revising basic healthcare package).

NHSS :OP 3.1 Improved access to health services especially for unreached population

IP 12: Through PPP with existing non state rehabilitation service providers, deliver rehab services through outreach camps.

IP 13: Regular financial support to non state actors through PPP approach to deliver rehabilitation services.

Suggested Approach

3. Health Financing

- Promotion and proactive support to establish rehabilitation services beyond Kathmandu valley through public private partnership/funding mechanism.

NHSS :OP 1a1 Health infrastructure developed as per plan and standards

IP 3: Establish/ strengthen rehabilitation department in district, zonal, regional and central hospitals.

NHSS :OP 6.1 Health financing system strengthened

IP 3: Establish a medium-term financing framework for the health sector and a health financing strategy

IP 5: Develop and introduce allocation formula for the budgetary allocation and absorption of the district and hospitals

Suggested Approach

4. Human Resources

- Support establishment of new and innovative rehabilitation related training courses i.e. physical and rehabilitation medicine ,occupational therapy, and mid level health workers(multilevel/revisiting curriculum/sensitizing NHTC)

NHSS :OP 1b.2 Improved medical and public education competencies.

IP 1: Deliver continued medical education to various level service provider for all type of disability.

IP 6: Promote e-learning among health professionals.

IP 8: Develop training manual for all type of disability for PHC staff and FCHVs.

IP 9: Integrated training (early detection, referral for rehabilitation, long term rehabilitation and follow up at regional training centres).

Suggested Approach

5. Information Systems

- Development of mechanisms to effectively utilize data information and research to inform injury /rehabilitation policy and programs (HMIS strengthen/centralized data)

NHSS OP 9.1 Integrated approach management practiced

IP 1: Revise and update HMIS format with inclusion of disability and rehabilitation.

NHSS OP 9.2 Survey, research and studies conducted in priority areas

IP 2: Strengthen linkage of data and information on disability and rehabilitation service providers with HMIS.

Suggested Approach

6. Health Technologies

- Working with partners to increase access to appropriate and affordable wheelchairs and assistive technology nationally (enabling environment for synergy).

NHSS OP 5.4 Multi sectoral coordination mechanism

IP 1: Establish and operate multi sectoral technical groups for disability and rehabilitation in central and regional level.

Rehabilitation in Nepal : Need for continued support and nurturing

