# Monitoring Visit Report:
# International Nepal Fellowship Project to Support Rehabilitation Activities for People Who Require Wheelchairs

# Monitoring Visit Report: International Nepal Fellowship Project to Support Rehabilitation Activities for People Who Require Wheelchairs

October 5-10, 2012

Sue Eitel, PT, Senior Rehabilitation Advisor
Cathy Savino, MPH, Senior Manager

This publication was produced for review by the United States Agency for International Development's Leahy War Victims Fund, DCHA/DRG, under contact #AID-OAA-M-10-00010, with New Editions Consulting Group, Inc. The views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

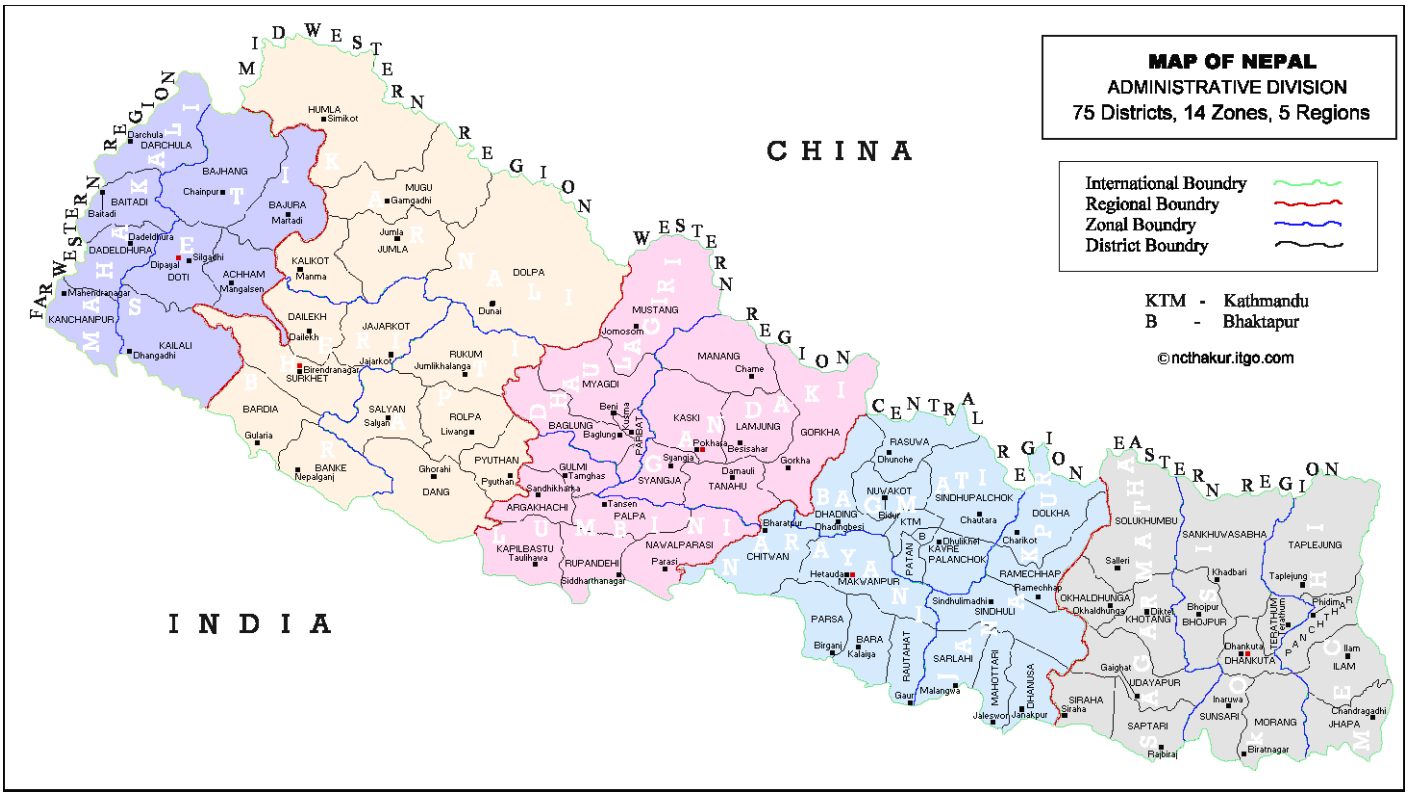
## Contents

**Acronyms** ..... **0**
**Map** ..... **0**
**Executive Summary** ..... **0**
**International Nepal Fellowship** ..... **1**
Background ..... 1
USAID-Funded Project Description ..... 1
**Banke** ..... **1**
INF Office ..... 1
Client Visits ..... 2
Disability Group Visit ..... 2
Document Review ..... 2
**Pokhara** ..... **2**
Client Visits ..... 2
Green Pastures Hospital Rehabilitation Center (GPHRC) ..... 3
Board Meeting ..... 3
**Conclusion** ..... **3**
**Attachment 1: Wheelchair Provision Statistics through End of June 2012** ..... **10**

## Acronyms

| | |
|---|---|
| CBR | Community Based Rehabilitation |
| DCHA | Bureau for Democracy, Conflict and Humanitarian Assistance |
| DRG | Center of Excellence for Democracy, Human Rights and Governance |
| GPHRC | Green Pastures Hospital and Rehabilitation Center |
| ICRC | International Committee of the Red Cross |
| INF | International Nepal Fellowship |
| LPO | Local Partner Organization |
| LWVF | Leahy War Victims Fund |
| OT | Occupational Therapy |
| P&O | Prosthetics and Orthotics |
| PFR | Partnership for Rehabilitation |
| PT | Physical Therapy |
| PWD | Persons with Disabilities |
| SCI | Spinal Cord Injury |
| USAID | United States Agency for International Development |
| WHO | World Health Organization |
| WL | World Learning |

## Map


MAP OF NEPAL
ADMINISTRATIVE DIVISION
75 Districts, 14 Zones, 5 Regions
International Boundry
Regional Boundry
Zonal Boundry
District Boundry
KTM - Kathmandu
B - Bhaktapur
©ncthakur.itgo.com
CHINA
INDIA
MID WESTERN REGION
WESTERN REGION
CENTRAL REGION
EASTERN REGION
FAR WESTERN REGION
HUMLA
Simikot
MUGU
Gamgadhi
Jumla
JUMLA
DOLPA
Dunai
MUSTANG
Jomosom
MANANG
Chame
KALIKOT
Manma
DAILEKH
Dailekh
JAJARKOT
Jajarkot
RUKUM
Jumlikhalanga
SUPKHET
Birendranagar
MYAGDI
Beni
BAGLUNG
Baglung
KASKI
Pokhara
LAMJUNG
Besisahar
GORKHA
Gorkha
Damauli
TANAHU
Syangja
SYANGJA
GULMI
Tamghas
Sandhikharka
ARGAKHACHI
Tansen
PALPA
PYUTHAN
Pyuthan
ROLPA
Liwang
SALYAN
Salyan
BARDIA
Gularia
BANKE
Nepalganj
Ghorahi
DANG
KAPILBASTU
Taulihawa
RUPANDEHI
Siddharthanagar
NAWALPARASI
Parasi
CHITWAN
Bharatpur
DHADING
Dhadingbesi
NUVAKOT
Bidur
RASUWA
Dhunche
SINDHUPALCHOK
Chautara
DOLKHA
Charikot
KTM
B
PATAN
Dhulikhel
KAVRE
PALANCHOK
RAMECHHAP
Ramechhap
Hetauda
MAKWANPUR
Sindhulimadhi
SINDHULI
OKHALDHUNGA
Okhaldhunga
Diktel
KHOTANG
SOLUKHUMBU
Salleri
SANKHUWASABHA
TAPLEJUNG
Taplejung
Khadbari
Bhojpur
BHOJPUR
PANCHTHAR
Phidim
ILAM
Ilam
Dhankuta
DHANKUTA
TERATHUM
Leatham
PARSA
Birganj
BARA
Kalaiya
RAUTAHAT
Gaur
SARLAHI
Malangwa
MAHOTTARI
Jalesvor
DHANUSA
Janakpur
SIRAHA
Siraha
Gaighat
UDAYAPUR
Inaruwa
SUNSARI
SAPTARI
Rajbiraj
MORANG
Biratnagar
Chandragadhi
JHAPA
Darchula
DARCHULA
BAJHANG
Chainpur
BAITADI
Baitadi
BAJURA
Martadi
Dadeldhura
DADELDHURA
Silgadhi
Dipayal
DOTI
ACHHAM
Mangalsen
Mahendranagar
KANCHANPUR
KAILALI
Dhangadhi

## Executive Summary

Sue Eitel, PT, senior rehabilitation advisor to the U.S. Agency for International Development's (USAID) Vulnerable Populations Programs, and Cathy Savino, MPH, senior manager, Vulnerable Populations Program, visited the USAID-supported International Nepal Fellowship (INF) project, "Project to Support Rehabilitation Activities for People with Disabilities Who Require Wheelchairs" from October 4–10, 2012.

On October 4, the two staff visited the INF office in Ghorai (Dang District) and conducted two home visits with the physical therapist responsible for wheelchair provision in Ghorai. Ms. Eitel visited a Disabled Persons Organization in Khalanga on October 5, and visited INF's activities in Pokhara on October 9–10.

INF received a $650,000 grant from World Learning (WL) through WL's Grant Solicitation and Management Leader with Associate Agreement with USAID/DCHA/DRG (Cooperative Agreement DFD-A-00-08-00260-00) for their program "Integrated Wheelchair Provision for Rehabilitation of People with Disabilities."

This three-year program (April 2009 through March 2012) suffered severe delays due to a lengthy waiver process and was extended to December 2012. INF is looking for a no-cost extension into July 2013 to provide adequate follow-on care for individuals receiving chairs and to apply to host the five-day World Health Organization (WHO) Wheelchair Service Training Package (WSTP) in March 2013.

The specific objectives of the current INF program:

- Wheelchair service provision for 1,254 people in Pokhara and Surket, (with follow-up in all INF areas).
- Support four individuals to receive two-week training in India (two for assembly, two for prescription).

Key findings:

To date, the project has provided 1,224 wheelchairs (only 30 shy of original target) and has sent the four individuals to India for training. Additional observations include:

- The project greatly increased Surket's capacity to provide wheelchairs (through training and products).
- Due to demand, INF engaged in wheelchair provision in the CBR programs (not in original plan).
- Individuals outside of Surket and Pokhara have limited training in wheelchair provision.
- There are limitations in sizes, types, and numbers of wheelchairs available (few prescription options).
- Forms used in wheelchair prescription are lengthy and not effectively utilized.
- INF is one of the few organizations providing wheelchairs in Nepal, and the only one providing follow-up.

Recommendations:

- Should INF request a no-cost extension until July 2013, it is recommended this be approved by USAID. In the no-cost extension it would be important to include three key areas:
    - Additional wheelchair service training especially for staff in Banke, Dang, Jumla, and Mugu (there is an opportunity for existing USAID partners to receive the WHO training on wheelchair service provision and this was discussed with INF),
    - Focus on follow-up and impact evaluation of existing interventions, and
    - Review of existing wheelchair forms for increased utility; INF should seek support from wheelchair experts (USAID can provide guidance on names/contacts) to review existing forms with staff to streamline questions that are included in the wheelchair assessment form.
- INF should review the cost estimates for the provision of wheelchair services and revise based on actual figures from project experience.
- Should additional funds remain available after consideration of the key recommendations listed under the no-cost extension request, INF could consider additional wheelchair provision following the original project model.

# International Nepal Fellowship

### *Background*

The International Nepal Fellowship (INF) was founded in 1952 and has five-year agreements with the Government of Nepal. INF works in Pokhara, Surkhet, and has community based rehabilitation programs (CBR) in the Midwest Area (Dang, Banke, Mugu, and Jumla).

In Pokhara, INF has a well-established 73-bed hospital (Green Pastures Hospital and Rehabilitation Center [GPHRC]). It was established as a shelter for leprosy patients in 1957 and twelve years ago it transformed to include general rehabilitation work – wheelchair users comprise about 40 percent of the GPHRC current workload. Also in Pokhara, INF has an additional project called "Partnership for Rehabilitation" (PFR). This project includes a CBR component as well as working with local partner organizations that focus on advocacy and raising awareness for people with disabilities.

In Surkhet, INF has an in-patient facility (four beds) and a comprehensive CBR program. It is the only tertiary leprosy referral center in mid-western Nepal. There is an expatriate PT (volunteer) and one occupational therapist (Nepali). The CBR team comprises three community facilitators. The Surkhet facility works with wheelchair users, but relies on Pokhara for wheelchair provision.

The Mid-West Area is made up of four smaller centers in Banke, Dang, Jumla and Mugu. All of these centers are focused solely on CBR and community development projects.

### *USAID-Funded Project Description*

The overall objective is to provide 1,254 wheelchairs in Pokhara and Surket. Each chair is provided with medical screening, assessment and fitting, training wheelchair users, environmental adjustments as appropriate, and a minimum of two follow-up visits. Follow-up for wheelchair users is provided in Pokhara, Surket, Banke, Dang, Jumla, and Mugu.

The INF project adopted a unit cost approach to wheelchair provision. The scale is for three different types of provision; after an assessment by an INF staff member trained in wheelchair service provision, a determination is made that identifies what type/level of service is needed:
A. Basic (medical screening, prescription, fitting, follow-up, maintenance): $379 unit cost (est. 85 percent of caseload)
B. Basic + home modification: $721 unit cost (est. 9 percent of caseload)
C. Spinal Cord Injury Provision (more extensive treatment, mattress, etc.): $1,502 unit cost (est. 6 percent of caseload).

The project intends to provide:
- 1,025 (A) chairs (872 with USAID funds, others from INF cost share)
- 109 (B) chairs (97 with USAID funds, others from INF cost share)
- 120 (C) chairs (60 with USAID funds, others from INF cost share)

TOTAL: 1,254 products ensuring basic service and with varying levels of additional intervention as described above. INF provides four different types of wheelchair products: standard four-wheel chairs currently in INF stock, hand driven tricycles, Motivation WM3 (three-wheel chair) and WM4 (four-wheel chair).

In addition to product/service, INF will utilize Mobility India to provide training to four staff (two for wheelchair provision and two for assembly). This two-week training will be provided in India.

# Banke

### *INF Office*

The INF Dang District Office is located in Ghorai town and is managed by Mr. Dhirendra Rai. There are four main activities undertaken by INF Dang: Community Health and Development, HIV AIDS, leprosy clinic (about 40 cases seen), and CBR/wheelchairs. There are 30 staff – 4 work with CBR and wheelchairs. It appears that Baptist World of Australia will continue to support the CBR project in the future.

The individual responsible for wheelchair provision is Ms. Shilu Gurung; she started work with INF two years ago with the wheelchair project, and she graduated from PT School four years ago. She has provided 79 chairs (71(A) chairs and 8 (B) chairs); the original target was 30 wheelchairs. There are more than 30 people on the waiting list for a wheelchair. Ms. Gurung indicated that she felt her training from INF did not fully prepare her for her work.[1] She received two days of training in Pokhara, but received little technical support or follow-up. She noted the training focused primarily on filling the prescription form.

### *Client Visits*

The team visited two different clients: Sudip Sharma (a 14-year-old boy with muscular dystrophy) and Jhakku (a 38-year-old man with unknown disease creating gradual paralysis in both legs). Both received a wheelchair and follow-up from Shilu. No house adaptations were made for Sudip as the hose is not owned by the family. Toilet adaptations were made for Jhakku (very well done), but he spends most of his time on the second floor of his home – his son carries him up and down the stairs. Sudip's wheelchair has a desk-top adaptation which is extremely useful to support his upper extremities as well as for eating and school work.

### *Disability Group Visit*

Sue Eitel, Linda Kentro (USAID Nepal) and Shilu Gurung visited the Welfare Association of the Disabled in Salyan. It was noted that there are 3,395 people with disability in Salyan. The group does not have any wheelchairs users nor have they provided wheelchairs. The group has 154 members—two of the leadership are supported by INF. The people met included (Ruplal Bhandari, supervisor; Mahisha Yogi, chairman; and Dhan Bahadur Budha, secretary). Within this group, 45 people started a cooperative six months ago (Chetara Cooperative) —currently there are 900 members of the cooperative. The team visited the cooperative office and met Dhanbhedur Nepali (chairperson of the cooperative) and five cooperative members. Though this group seems to do good work, the objective of the visit was not clear.

### *Document Review*

The documents used by INF for wheelchair prescription are the 9-page form adopted from the UK-based group, Motivation (interview, examination, assessment summary, instruction checklist, fitting and quality check); the 2-page Worldmade rough terrain wheelchair prescription and fitting form (adopted from Whirlwind Wheelchairs in the US); and the 2-page Worldmade rough terrain quality control form (also from Motivation).

In reviewing Shilu's files, general form page 8 onward was left blank. She indicated that it was not clear how to fill out this information or how this information was to be used.

There is a notebook that has all forms for clients —only the Motivation forms and no other documentation; there has been no technical review of how these are filled. For follow-up, there is no specific form used —Shilu simply reports this in her monthly reports to INF. If a client has a housing modification, there is a separate folder where all information about cost and design is kept. There is also a separate folder for travel costs incurred by client travel.

## Pokhara

### *Client Visits*

In Pokhara, Sue Eitel visited three clients with Prakash Wagle (wheelchair project coordinator) and three members of the CBR/PFR team (Bimala, social worker; Vishnu Giri, PFR manager; and Ratna Chhetri, former WC assistant coordinator).

The first visit was to an eight-year-old girl (Alisha) who has osteogenesis imperfect. INF has supported her with school fees, a wheelchair, a floor-desk, and made the school toilet wheelchair accessible. The positive outcome is that Alisha is going to school (she lives with her grandmother in town and INF supports with some housing support) where previously she was in the mountains and remained in a small room. The floor-desk is very appropriate and allows her to work on the floor (all of the other children also have tables and sit on the floor). The challenges are that her

[1] Originally the INF project was to provide wheelchairs through Surkhet and Pokhara; due to high demand and extensive distance between areas, INF modified the approach to provide chairs in the CBR areas as well. People with spinal cord injury are only seen in Pokhara; but follow-up can be made in any of the INF areas.

wheelchair does not fit at all (even a child chair is too big), the chair remains at school—her grandmother carries her, and she does not use the toilets—she has a potty chair where teachers will place her when she needs to go. Although the social worker has made advocacy with the school, the headmaster (Vishnu Prasat Lamsal) believes it is problematic having kids with disabilities in the school and feels it is best to have separate schools where kids can receive support.

The second visit was to a 35-year-old woman who sustained a complete spinal cord injury nine months ago (Dilmaya Kumal). She has an appropriate wheelchair and cushion, she received extensive care in GPHRC, and has a good bed mattress and a modified toilet is underway. The challenge is that she lies on the floor in a breezeway (no mattress), as it is cooler. The new bathroom seems to have blocked airflow to the bedroom. Her oldest daughter has stopped school to take care of her and INF plans to give goats for income generating. The assumption is that the oldest daughter will take care of them. There is not a clear system for record-keeping on what was made during home visits, and strategic thinking about goals, not just for Dilmaya, but for her family.

The third visit was to Durga, a woman with a SCI and subsequently had a bilateral hip disarticulation. She has a soft socket to hold her in place, and her son takes care of her - she has pressures sores. INF has been visiting her for nearly 3 years and has worked with her for small business, compliance with wound care, and house modifications. She currently has Worldmade wheelchair (Motivation), but utilizes chest straps to keep her in the chair.

The overall impressions from the community visits to three individuals indicate that INF's interventions are positive, but that the CBR/PFR programs are focused on standard interventions when situations may call for thinking more outside the box. For example, Durga's daughter must sacrifice her education to stay at home to take care of goats (couldn't a member of the community be called in to help?); it is not clear that the wheelchair for Alisha has made a difference, especially when it stays at school, while in school she is on the floor at her desk. Perhaps further dialogue with Alisha's grandmother is warranted to help identify the best means of mobility to and from school.

### *Green Pastures Hospital Rehabilitation Center (GPHRC)*

Sue Eitel went with Prakash on the tour of the facility and observed a number of treatments in the different departments. Some noteworthy elements from the visit:

- ICRC supports GRHRC with materials and supplies for prosthetics, surgical interventions, and transportation. According to Prakash, this support is for conflict-affected patients only; the partnership is 2004-2013.
- Prakash will be leaving INF at the end of 2012; he may be replaced by Dr. Paul Roche (Australian).

### *Board Meeting*

The INF Board meeting was well attended by the chairman and six other members. Key information from the meeting highlighted by USAID (Sue Eitel):

- Prakash has done a very good job in managing the overall project and providing timely reports;
- There is still a large unmet need for wheelchairs in Nepal, especially the flat areas near the Indian border.
- Wheelchair training (basic and intermediate) is a big need as are diversity of new products (CP chairs).
- The WC prescription form is lengthy, has excessive information, and is difficult for staff to use.
- Targets are nearly met, but INF has roughly $50,000 remaining in the award.
- Surket and Pokara are the only two centers with well-qualified folks providing wheelchairs.

The Board asked if a no-cost extension of the project would be acceptable – and looking at July 2013 timeframe. It was noted that any such request would need to be made to World Learning.

## Conclusion

We would like to extend a sincere note of thanks to the INF staff for organizing the visit and making the time during this period to discuss and share information and insight about the project. Wheelchair provision is not an easy task, and the mountainous terrain in Nepal makes this even more difficult.

The INF project through its "unit-cost" approach has provided an opportunity to reflect on the calculations and on the benefits and challenges of packaging the project in this way. It is recommended that this experience be incorporated into the final report.

There is still a large unmet need for wheelchairs in Nepal and there are very few individuals who have benefitted from wheelchair service provision training. It would be a good opportunity for INF to consider hosting a basic training on wheelchair service provision as additional funds are available through the USAID-sponsored training initiative.

The wheelchair prescription form is in need of review and the interventions by the CBR and community teams could benefit from peer review to assist in brainstorming on the most appropriate interventions for each individual client and their family.

**Attachment 1: Wheelchair Provision Statistics through End of June 2012**

| Types of devices | GPH RC | Banke | Dang | Surkhet | Kanchanpur | Total |
|---|---|---|---|---|---|---|
| 4 wheel | 278 | 5 | 17 | 153 | 35 | 488 |
| WM3 | 232 | 42 | 39 | 63 | 60 | 436 |
| WM4 | 96 | 21 | 17 | 20 | | 154 |
| Tricycle | 37 | 12 | 05 | | 5 | 59 |
| CP chairs | 87 | | | | | 87 |
| Total | 730 | 80 | 78 | 236 | 100 | 1224 |

Chairs distributed by category A B and C

| GPHRC, Pokhara | | | Banke | | | Dang | | | Surkhet | | | Kanchanpur | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | B | C | A | B | C | A | B | C | A | B | C | A | B | C | A | B | C |
| 570 | 70 | 90 | 72 | 8 | 0 | 73 | 5 | 0 | 140 | 46 | 50 | 90 | 10 | 0 | 945 | 139 | 140 |

**U.S. Agency for International Development**
**1300 Pennsylvania Avenue, NW**
**Washington, DC 20523**
**www.usaid.gov**