



Anandaban Hospital & Training and Technical Support Mid-Term Evaluation Report



Conducted by:
Prem Singh Maharjan
Dr. Bharat Kumar Yadav
Maitriya Collaboration, Lalitpur

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**Anandaban Hospital &
Training and Technical Support**

Mid-Term Evaluation Report (DRAFT)

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Conducted by:



Prem Singh Maharjan
Dr. Bharat Kumar Yadav
Maitriya Collaboration, Lalitpur, Nepal

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Anandaban Hospital Main Administrative Complex, Tikabhairav, Lele, Lalitpur

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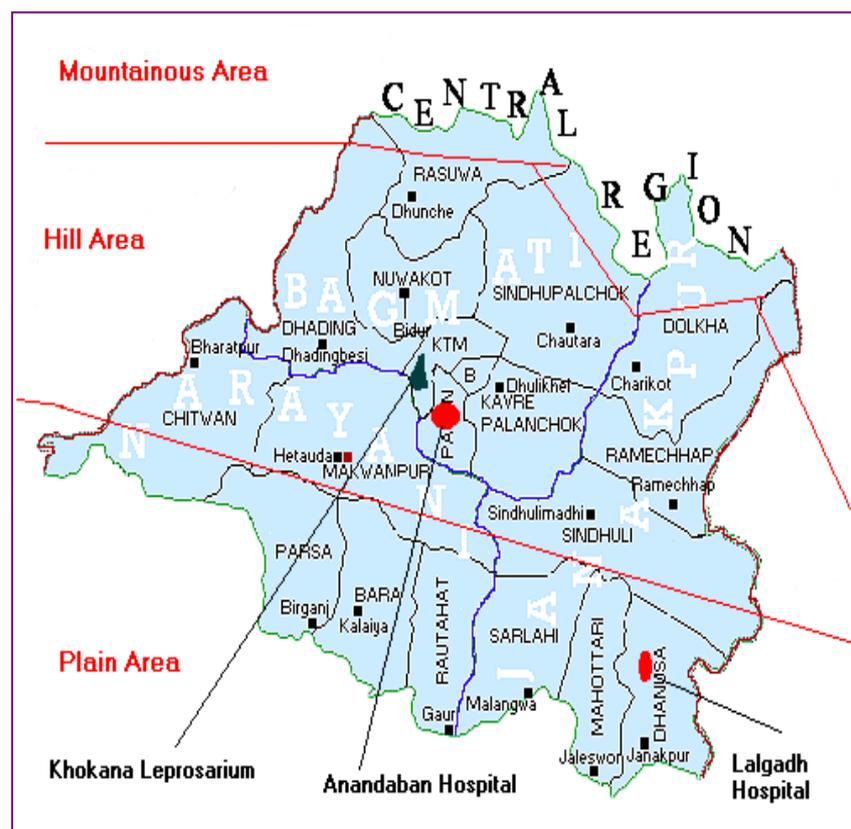
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TLMN itself found to be a unique and specialized institution in Nepal that has been recognized nationally and internationally for its contributions in care, treatment and control of Leprosy with compassion. We hope that the findings of this evaluation will be useful for further strengthening of the project to contribute towards making Leprosy free Nepal.

*Prem Singh Maharjan
Dr. Bharat Kumar Yadav
Evaluation Consultants
Maitriya Collaboration, Lalitpur*

TLMN coverage across Nepal



List of Acronyms

BLS	Basic Life support
CBR	Community Based Rehabilitation
CMC	Christian Medical College
DDC	District Development Committee
DHO	District Health Office
DTLO	District TB/Leprosy Officer
GoN	Government of Nepal
HF	Health Facility
IDM	Inter Department Meeting
LCD	Leprosy Control Division
LPEP	Leprosy post exposure prophylaxis
MB	Multi Bacilli
MDT	Multi Drug Therapy
MoH	Ministry of Health
MRL	Mycobacterium Research Laboratory
MYPP	Multi-Year Project Proposal
NGO	Non-government Organization
OPD	Out-patient-department
PB	Pauci Bacilli
PHC	Primary Health Care
POID	Prevention of impairment and disability
RHTC	Regional Health Training Centre
RTLO	Regional TB/Leprosy Officer
RM	Rural Municipality
SWOT	Strength, weaknesses, opportunities and threats
TLMI	The Leprosy Mission International
TLMN	The Leprosy Mission Nepal
WHO	World Health Organization

Mid Term Evaluation Report of TLMN Anandaban Hospital and Technical Support Projects

Executive Summary

Anandaban Hospital is a central referral hospital for leprosy affected people where high quality tertiary level care has been available since 1957. Through OPD and inpatient services, the hospital offers specialist leprosy services for reaction/neuritis management, wound care, reconstructive surgery, prostheses and orthoses for general orthopedic surgery, dermatology, and so on. The goal of Anandaban Hospital project is "to provide advanced and specialized leprosy and disability prevention services as a National Tertiary referral centre in Nepal."

The training centre was established in 1994 aiming to provide training and technical support to the government workers. The goal of Training and Technical Support project is to "*equip government and other organizations to sustain leprosy elimination and related activities in an integrated approach.*"

This evaluation was carried out between February - March 2017 with the main objective to assess the project target vs. achievement of project performance at output and outcome level as well as to suggest the corrective measures to achieve the desired goal of the project within given timeframe. The evaluation followed an appreciative and participatory methodology involving the stakeholders including GoN officials, the project leaders, leprosy affected persons, and so on. The information was generated from 57 participants using the qualitative methods and participatory tools. Quantitative information was obtained from secondary sources mainly the project documents. The evaluation focused on the relevance, effectiveness, efficiency, impact and sustainability aspects of the project as per OECD-DAC criteria.

The hospital currently offers the services dermatology, orthopedics, pediatrics and gynecology in addition to leprosy services through OPD and in-patients department. It also offers the services through Patan clinic and two satellite clinics outside Kathmandu in Cha-pur and Butwal.

All lab test records were found to be integrated in a computer based software. Quality assurance of the lab has been obtained from Nepal government and CMC Vellore. The Mycobacterium Research Laboratory (MRL) is one of the six labs in the world accredited by WHO. There found to be an increasing trend of OPD visits among both leprosy and general patients with an average visit of 40-50 patients per day while the no. of leprosy patients is up to 135 on leprosy clinic days. The OPD clinics, dressing, pharmacy are in the same complex and the space found to be congested.

The radiology department at the hospital found to be well equipped with new digital x-ray machine, USG machine, however there is no radiologist currently. Physical infrastructure does not seem to be sufficient to address the growing needs and particularly after the earthquake. There exists a ten year master plan for physical improvement within the hospital, but the implementation has been the key challenge due to uncertainty of financial resources.

The Training & Technical Support remains as an integral part of TLMN's commitment and contributions to providing care, diagnosis, treatment and capacity building GoN's staffs towards control and elimination efforts in Nepal. TLMN is viewed as the centre of excellence in Leprosy

training recognized both nationally and internationally. The leprosy training at TLMN is conducted only in coordination with GoN Regional Health Directorate where the health facility staff are selected and sent by GoN. The training ranges from basic to comprehensive leprosy training to GoN health facility staff. The specific technical support to government programme by the project involves - case validation, supervision & monitoring, policy formulation and various awareness raising activities in leprosy. TLMN aims to handover training and technical support to government, yet the project has to fully cover the training costs including travel and daily allowances of GoN sponsored staff.

As described in its MYPP 2014-2018, Anandaban Hospital found to have achieved or is moving towards achievement of most target outcomes and outputs. In some cases, the project found to have achieved more than anticipated. Similarly, in the case of Training & Technical Support project targets, most found to have been achieved. A sample inpatient satisfaction survey and FGD with the leprosy patients revealed greater level of satisfaction over not only the treatment, but also behaviour of doctors and other staff.

Despite the declaration of leprosy elimination in the country, national data shows at least 3000 new leprosy patients being detected every year. The number is higher particularly in Terai region where TLMN has satellite clinics. The government does not have leprosy specialized hospital and human resource for carrying out the training. GoN fully rely on Anandaban Hospital for leprosy training, research and case validation. Therefore, it is clear that the ongoing projects are exceptionally relevant.

All the stakeholders discussed met during MTE opined that Anandaban hospital has been able to serve as backbone of leprosy control programme in Nepal. The key informants acknowledged that project's support to self help groups (SHG) of leprosy affected people has brought changes in reducing discrimination and stigma about leprosy in the society. Use of multi drug therapy (MDT) has also increased in the health facilities due to orientation to health staff.

The coordination with all likeminded organizations and networks has been well appreciated by all key informants during the interviews. The project effectiveness is reflected in the facts that there are increasing trend of patients flow or visits seeking care and treatment for various services at Anandaban Hospital

The external grant mainly traditionally through TLMI is the key source of income for both Anandaban Hospital and Training & Technical Support Projects. The hospital heavily rely on external grant shares about 70% of its total operating expenditure and about 30% are covered by the income from general patients. The financial management system and practice at TLMN found to be as per standard practices. The hospital uses common accounting software 'Tally' for accounting purpose and DOC99 software for patient records. There is no specific plan for capital items in the hospital which are planned on ad-hoc basis when needed.

TLM found to have been operating based on ongoing traditional practices and a standardized human resource and financial policies which have been primarily extracted from TLMI's global comprehensive manual. TLMN has over 150 staffs and the one designated HR person was recently hired to tackle HR management issues. As of now, the HR issues were addressed by the hospital administrator and the country office. Similarly, there is no formal practice of review, planning and

budgeting on annual basis as the plan and budget are simply extracted from MYPP with necessary inflation adjustments.

The hospital seems to have progressed significantly towards sustaining the services by increasing the contribution of local income grew from 22% in 2014 to 33% in year 2016 through extension of general services. However, the financial self-sustainability in the hospital will continue to remain a big challenge to achieve as there is no alternative funding to cover 100% free care of leprosy patients. As of now, TLMN has been covering full cost of leprosy training to all government health staffs including their travel and daily allowance as per standard government rate. There is no clearly stated plan in ongoing MYPP to shift the burden of training costs onto the government health institution in step wise order.

Recommendations

Anandaban Hospital

- All major departments including laboratory, record, nursing, pharmacy and administration mentioned over workloads particularly during satellite clinic days due to inadequate human resources, it is recommended to carry out a thorough review of HR situation in view of both ongoing and future needs.
- It is recommended to coordinate with Nepal Medical Council, Nursing Council, Health professional Council and Ministry of Health through some kind of formal MoU to make all MBBS students have exposure at Anandaban mandatory during their study so that it would contribute towards national goal of leprosy elimination.
- Strengthening of community based rehabilitation of leprosy affected persons can play significant role in reducing stigma, promoting self dignity and integrating people affected by leprosy into their communities. Development of a package programme and partnership with IDEA Nepal for implementation is recommended that also helps to impart the knowledge among leprosy patients on:
 - how to prevent deformity
 - adaptation in society
 - self care
- Ophthalmology service is needed for eye care at the hospital as the eyes are vulnerable part of leprosy patients apart from hands and feet.
- It is difficult to get Obs/Gynae specialist, so a GP may be appropriate to carry out obstetric cases at the hospital given the small number of cases for the time being. It is recommended to plan for a full time gynecologist to improve maternal and child health services in future.
- It is recommended to expand RCS at Anandaban to satellite clinics with necessary equipment in Terai in coordination with LCD as they are the highly leprosy affected zones.
- The hospital waste management practice and the existing incinerator is to be improved.
- Setting up a Trauma Centre seems to be an ambitious that aims to add 25 beds with maternity and pediatric services. However, a feasibility study is recommended to look into all aspects of a trauma centre.
- It is recommended to review existing ten year master plan of the hospital and set annual benchmarks to ensure development and improvement of physical infrastructure with resources

in order for the master plan to get materialized. A specific fundraising strategy needs to be developed in order to address the funding needs.

Training & Technical Support

- It is recommended that TLMN lobby and does advocacy to GoN through LCD to integrate leprosy components in their health training curriculums. In the coming years the project may focus on organizing TOT to develop government trainer and facilitator in leprosy. Since there have been joint efforts between TLMN and IDEA Nepal to integrate leprosy in the curriculum and that the curriculum review workshop done with NHTC representative, it will require a continuous follow up from TLMN.
- Training part can be taken over by the government as GoN has already got leprosy elimination strategy. It is recommended that TLMN starts negotiating with Department of Health Services and LCD to take on training support costs in the remaining project period. NLN may also continue lobbying government training centre to integrate leprosy component and cover TA/DAs of GoN health staff participants.
- Given the history and wider recognition, it is recommended that Anandaban Hospital continue upgrading its leprosy research and training wing towards sustaining the centre of excellence.
- It is recommended that dermatology is included in leprosy training curriculum. Also, TLMN conducts refresher training to the facilitators for getting updated in leprosy care and treatment.

Organizational management

- TLMN senior management team (SMT) started functioning on regular basis and recently got its ToR, while IDM still does not have a ToR. It is recommended to develop a specific ToR for IDM clarifying their purpose, membership, roles and functions.
- It is crucial that TLMN have a defined process of planning yearly budget ensuring that the inputs from all concerned staffs are duly integrated and they reflect the long term plans (including MYPP) and budget in realistic way for all projects and programmes.
- DRR, earthquake and leprosy need to be incorporated as additional components in ongoing MYPP of Anandaban Hospital.
- It is recommended to have some kind of mechanism particularly within the hospital to engage locally elected body to seek support for hospital as the current local body is more empowered ever than before.
- There are many leprosy affected persons and should consider positive discrimination in job. IDEA may be informed whenever job openings.
- It is recommended that TLMN develop a fund raising strategy with the provision of funding relation or business development officer to generate local and external funds to support hospital and training services.
- In order to boost the motivation and efficiency of staff, it is recommended that TLMN carry out a thorough review of salary structure in the changed context while considering the local labour market.

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Mid-Term Evaluation of TLMN Anandaban Hospital & Training and Technical Support Programme

1. Introduction

1.1 Background and the project context

The Leprosy Mission International (TLMI) started working in Nepal by opening Anandaban Hospital in 1957. In 2005, The Leprosy Mission Nepal (TLMN) was set up to take over the works of TLMI in Nepal. Since then, TLMI has been working in partnership with TLM and the Government of Nepal through a tripartite agreement in providing effective leprosy control programmes in the country. TLM Nepal works in collaboration with the Ministry of Health in providing care and treatment services to leprosy affected people; and capacity building of government health institutions through leprosy training and technical support.

Anandaban Hospital is a central referral hospital for leprosy affected people where high quality tertiary level care has been available since 1957. The hospital has a well established structure to provide medical and surgical treatment for leprosy affected individuals and general patients with 110 beds. There are currently 18,000 registered leprosy patients who receive care from Anandaban. In addition to providing treatment for both minor and complicated leprosy and leprosy related disabilities Anandaban Hospital continues to provide general health services to the surrounding community receive referral cases from mission hospitals in Nepal. The hospital offers specialist services for reaction management, wound care, reconstructive surgery, prostheses and orthoses, for general orthopedic surgery, dermatology, safe motherhood and other services.

The training centre was established in 1984 in the premises of Anandaban Hospital that aiming to provide training and technical support to the government workers so that the leprosy services are readily available for general public in vicinity. Under the agreement with government, the hospital has been providing trainings at the centre also in the field.

Based upon TLMN Country Strategy 2015-2019, two separate Multi Year Project Proposals (MYPP) are being implemented for Anandaban Hospital and Training and Technical Support from January 2014 towards the end of 2018. The Anandaban Hospital MYPP is being implemented with financial cooperation of TLM England and Wales, TLM in Northern Ireland, Switzerland, Scotland, New Zealand and Australia, while the Training and Technical Support MYPP has been funded by TLM England and Wales. The Mid Term Evaluation (MTE) has been conducted as required as required by the projects.

1.2 Project goals and outcomes

As articulated in MYPP, the goal of Anandaban Hospital project is "to provide advanced and specialized leprosy and disability prevention services as a National Tertiary referral centre in Nepal." The expected outcomes of Anandaban Hospital project are:

- i. Leprosy detected and diagnosed at early stage.
- ii. Government Hospitals strengthened to provide advanced leprosy care

- iii. Specialized Leprosy services ensured in the highly endemic districts.
- iv. Nerve impairment protected and prevented.
- v. Complicated ulcers treated and managed.
- vi. Cosmetically and functionally improved physical appearance and ability of leprosy affected individuals.
- vii. Functional activity of the limbs improved and biomechanical needs of the patients are met.
- viii. Integrated general health services received by the local community.
- ix. Increased capacity to potentially expand into Geriatric services.
- x. Trained and proficient staff for improved work performance.
- xi. Occupational Therapy Service received by the patients.
- xii. Improved physical infrastructure of Anandaban Hospital.

Similarly, the goal of Training and Technical Support project is to "*equip government and other organizations to sustain leprosy elimination and related activities in an integrated approach.*" The expected outcomes of Training and Technical Support project are:

- i. At least one trained professional to diagnose, treat and manage leprosy and its complication in each government health institution.
- ii. Increased leprosy awareness in the community and socially accepted leprosy affected individuals.
- iii. Improved leprosy services in the peripheral health institutions.
- iv. New area of training identified and curriculum developed.

1.3 Evaluation purpose

The key objective of the Mid-Term Evaluation is to assess the processes and achievements till date against the project's Multi-year proposals for the Anandaban Hospital and for the Training and Technical Support so that recommendations would be made for necessary actions for reshaping future directions of the project as appropriate. MTE also assessed the Relevance, Effectiveness, Efficiency, Impact and Sustainability aspects of the project in line with DAC criteria for evaluating development assistance. The attention was given to the relation between Anandaban hospital services and the TLMN Country Strategy. As stipulated in the Terms of Reference (Annex I), the specific objective and scope of the evaluation are:

- To assess the progress against the project objectives, targets and the indicators cited in the multi years proposal of "Anandaban Hospital & Training and Technical Support".
- To assess the level of sustainability achieved by the project for further continuation of the programme.
- To identify the impact (quality of services) of the project to various stakeholders especially the beneficiaries: people affected by leprosy, general patients of the project area.
- To assess the financial expenditures, whether the resources were spent as per the project activities that are mentioned in the project proposal.
- To examine the relevance of the project activities towards in achieving the overall project objectives.

- To identify the future needs in terms of addressing remaining challenges in leprosy, or filling the gaps in the leprosy services.
- To identify the impact of the project on the government periphery health staff.
- To indentify the level of coordination maintained between other stakeholders providing leprosy services and the government (LCD)
- To document, inform and recommend the project leader the project progress and areas to be improved in terms of progress, impact and sustainability of the project.

2. Evaluation Methodology

2.1 Evaluation process and methods

The evaluation followed a participatory process involving the project stakeholders primarily the clinical team, TLMN management, District Health Office, GoN Ministry of Health Leprosy Control Division, Leprosy network, local government health institution and people affected by leprosy including general patients by using a mix of qualitative and quantitative tools for data collection.

The DAC criteria (*The DAC Principles for the Evaluation of Development Assistance, OECD, 1991*) was followed while developing tools, making field inquiries and analyzing information during MTE. The evaluation tools and instruments were developed and used for data collection and analysis in consultation with the project focal person for field inquiries as follows:

Review of project documents

The multi-year project proposals, TLMN Country Strategy 2015-2019, annual reports, financial reports, previous evaluation report, organizational assessment report, training needs assessment, TLMN policies and procedures, other relevant documents were reviewed. The project achievements to date as stated in the progress report were used to analyze the project progress.

Key informant interviews

A wider range of key informants were selected as Key informants both internal and external to map out the relevance, effectiveness, efficiency, impact and sustainability aspects of the projects. Checklist of semi-structured questionnaire were developed in consultation with TLMN project coordinator. The key informants included TLMN management, hospital director, hospital department chiefs, Training and technical support coordinator within the TLMN and among external stakeholders, the key informants included, LCD Director, RTLO, DPHO, DDC, PHC, NLN and NGO run by leprosy affected people. (See Annex III for detail list of informants)

Focus group discussion

A focus group discussion (FGD) was conducted with the leprosy patients at Anandaban Hospital to find out their perception and issues etc. toward project quality of services, project processes, expectations, etc.

Patient satisfaction survey

A simple structured questionnaire was developed and administered to sample patients admitted in leprosy inpatient complex with the help of Anandaban Hospital Administrator. A total of 21 patients were randomly selected which is 25 % of existing 81 patients for the purpose of survey in order to understand the perception of leprosy patients on qualify of services at Anandaban hospital. The survey data was processed in SPSS version 17 to analyze the results.

Participant observation

The evaluation team visited all departments of Anandaban Hospital, Training & Technical Unit and Patan Clinic for observation of physical conditions and availability of services. The observations helped the evaluator for triangulation of information stated in various project documents and the information provided during key informant interviews.

(See Annex IV and V - The checklist matrix for the evaluation inquiry and the checklist questions for specific informants)

2.2 Evaluation team

The evaluation team consists of two consultants from Maitriya Collaboration led by a senior consultant with an extensive experience in evaluation, health project management strategy development, etc. The second consultant was a senior medical doctor with GP and significant training and teaching experience in addition to clinical practice who will primarily look after the clinical and training aspects of the project during evaluation. The evaluation team also involved the project focal person to contribute in evaluation planning, tools designing and facilitate the project site visit for data collection.

- i. Prem Singh Maharjan, Lead evaluator
- ii. Dr. Bharat Kumar Yadav, Evaluation team member as the medical expert
- iii. Chiranjivi Sharma, TLMN Programmes Officer

2.3 Time frame and participants

The evaluation took place between Mid February and Mid March 2017 which involved 18 person days of Lead Evaluator and 9 persons days of Medical Expert. It also involved about 8 persons day of TLMN project coordinator. The detail time matrix of the entire evaluation process was:

Table 1 Evaluation timeframe

Key Activities	No. of persons day		
	Lead Evaluator	Medical expert	TLMN project coordinator
Collect and review of project documents and other secondary information	2	0.5	-
Preparation of evaluation plan, design and develop evaluation tools and instruments for data collection tools in coordination with team members	2	0.5	1
Project site visit for meeting , interviews, FGDs, observation to collect data from various stakeholders including project beneficiaries and government stakeholders	5	4	5
Sharing of preliminary evaluation findings with TLMN	0.5	0.5	
Detailed analysis of data and preparation of draft report	8	3	2
Submission of draft report TLMN for feedback	-	-	-
Incorporate feedback and finalization of report	0.5	0.5	-
Total No. of persons day	18	9	8

The evaluation directly involved 56 informants (of whom 17 were female) in FGD, In-patient satisfaction survey and key informant interviews. (See Annex II Evaluation Field Itinerary and Annex III The List of Informants)

2.4 Limitations

The evaluation had certain limitations as follows:

- The findings of the study were based on various project documents and records, discussion with one patient FGD, satisfaction survey from 25% in-patients admitted at Anandaban Hospital and key project and non project informants related to the project. No mid-term survey was conducted for quantitative data to measure against the baseline.
- The evaluation team was not able to visit project sites outside Kathmandu valley e.g. Butwal and Cha-pur due to time and logistic constraints, hence the team relied more on interviews with key project staffs and the project reports for assessing the services at satellite clinics of TLMN outside Kathmandu.

3. Findings

The Leprosy Mission Nepal is one the pioneering organizations, dedicated to addressing leprosy needs in Nepal. Ongoing Anandaban Hospital and Training & Technical Support projects continue to remain two key five year projects as the second phase supported by TLMN. The hospital has been funded by TLM England and Wales, TLM Northern Ireland, TLM Switzerland, TLM Scotland, TLM New Zealand, TLM Australia and Nepal (Local Income). The Training and Technical Support project also remains as centre for capacity building government health personnel and facilities through leprosy training at various levels. The following sections provide details findings of Mid Term Evaluation (MTE) of these two projects:

3.1 The services at Anandaban Hospital

With its stated goals "to provide advanced and specialized leprosy and disability prevention services as a National Tertiary referral centre in Nepal", Anandaban Hospital serves as the regional and central referral hospital for leprosy patients in Nepal with the capacity of 110 beds with 30 beds designated to general patients. Of the total inpatient beds designated to leprosy in the entire country, 48% has been maintained by Anandaban Hospital alone. The GoN Leprosy Control Division (LCD) considers the hospital as a learning, sharing and centre of excellence for all aspects of leprosy including training and technical support.

There exists a well functioning referral system in the case of leprosy. Every government health facility (HF) has contact list of Anandaban Hospital for referral normally for complicated cases e.g. reaction, disabled for surgery, ulcer diagnostic difficulties, etc. Anandaban is the only leprosy relapse confirmation centre recognized by WHO and the government of Nepal (GoN). It revealed that Nepal's national strategy for leprosy begun in 2011 with objectives to take on government ownership, decrease discrimination and stigma and cut down transmission of leprosy in the country. Anandaban Hospital made tremendous contributions in formulating the National Strategic Plan 2016-2020.

The hospital currently offers the services dermatology, orthopedics, pediatrics and gynecology in addition to leprosy through OPD and in-patients department. It also offers the services through two satellite clinics outside Kathmandu and one POID clinic in Dolakha every month through Patan Clinic as follows:

- **Patan Clinic** was started in the premises of Shanta Bhawan hospital then at Patan Hospital. Since September 2016, it has been running through its own building. The clinic runs 6 days a week from Sunday through Friday. In addition to leprosy, general health checkups have been extended partly with a view to internal income generation to cover hospital operational cost. The average no. of general and leprosy patients is 40 and the no. reaches to 135 on Wednesdays where the leprosy attendants only is 120. The pediatric clinic was started recently in 2016. Patan clinic is equipped physiotherapy, pathology, x-ray, pharmacy, dressing and counseling facilities in addition to the clinics.



Newly built Patan Clinic

- **Cha-pur Clinic** was started in March 2009 on the request of Regional Health Directorate and it is run within the premises of Rauthat Hospital once a month.
- **Butwal Clinic** is the latest satellite clinic started on 20 July 2012 within the premises of Lumbini zonal hospital which is also run once in a month.

The findings of specific services at Anandaban Hospital are as follows:

3.1.1 Clinical laboratory

There exist a clinical laboratory and research laboratory within Anandaban Hospital. The general laboratory has facilities for skin smear, testing of urine, blood, stool, etc. The lab opens six days a week from 9am to 4 pm. Currently there are 5 staff in the lab which is more or less adequate. Staff and equipment found to be adequate to meet current needs. However, in the case of service expansion e.g. trauma centre, additional lab staff will be needed.



Internationally recognized Mycobacterium Research centre at Anandaban Hospital

All lab test records were found to be integrated in a software. Reagent said to be adequate and there exists one blood bank also to serve emergency needs. However there is no histopathology section for which the samples are sent to Patan Hospital. Leprosy patient biopsy is sent to India.

The Mycobacterium Research Laboratory (MRL) was established in 1981 and is one of the six labs in the world having Mycobacterium Leprac culture facility in Mouse Foot Pad and is authorized by GoN. The hospital also has an animal house facility for research purpose. MRL has been fully engaged in cutting edge laboratory research in leprosy and has yielded over 100 peer-reviewed scientific journal publications and established itself as one of the leading leprosy field research labs. Quality assurance of the lab has been obtained from Nepal government and CMC Vellore.

Areas for improvement

- Despite having the emergency services at the hospital, there is no 24 hours lab service which will be possible only with additional HR.
- Shortage of HR said to be acute on satellite clinic days, as the same people also need to accompany the satellite clinic team.
- The laboratory block seems quite old and may not be safer particularly after the 2015 earthquake.
- Needs five parts automated machine for lacmatology lab as sample number is increasing day by day.

3.1.2 OPD

OPD included five clinics - general, orthopedic, pediatric and dermatology in addition to regular leprosy. Gynecology clinic is run on call. OPD operates from 8:30 and to 4 pm. the general patients visit is approximately 80 per day and leprosy patient 10-15 per day with a bit increase

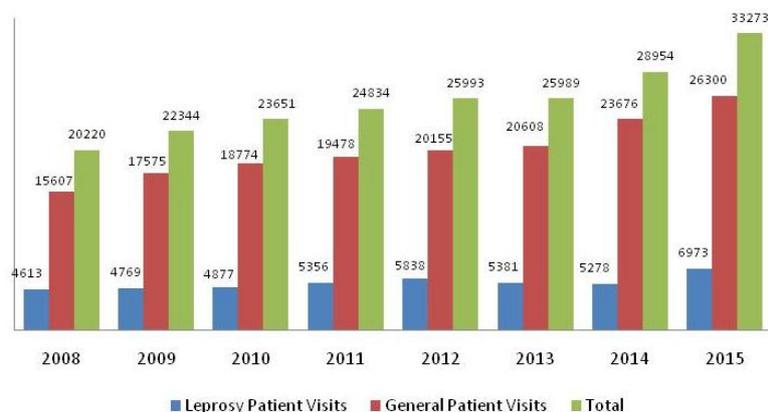


Figure 1 Leprosy and general patients visit trend at Anandaban and satellite clinics

on Tuesday and Friday. On average general OPD visit is 40-50. There found to be an increasing trend of OPD visits among both leprosy and general patients as depicted in Figure 1. OPD clinics, dressing, pharmacy are in the same complex, hence the OPD space found to be running in very congested space.

Areas for improvement

- OPD clinic space found to be congested; also there is no adequate lighting.

3.1.3 Medical record

The hospital has adopted paperless system in 2014 for OPD patient record. However, filing record is maintained for the inpatients. General record files are disposed every 5 year except for chronic cases and leprosy patient record. The hospital found to have invested about Rs. 2.5 million develop and install a specific hospital management software called 'Doc99' which has been in use since 2014. It is an integrated software to record all information about the patients within the hospital. Once patients get registered, their ID nos. remain permanently.

The record unit has four staff and it operates between 8.30 am till 4 pm. The record unit staff also join the satellite clinics once in a month.

In addition to Doc99, a free software Epi info6 has also been use for the past 30 years to record the history of leprosy patients.

Areas for improvement

- Currently there are four staffs who work from 8 am till 4 pm and they also cover satellite clinics.
- Epi info 6 DOS version is in use and only one person is familiar with Epi info, no other staff can run this software where the histories of all leprosy patients are kept.

3.1.4 Physiotherapy

Physiotherapy department is well equipped with six staff with two having BPT and the rest having certificate courses. Physiotherapy service opens from 8 am to 4 pm. It got the adequate space with necessary accessories e.g. muscle stimulator, ultrasound massage, shockwave diathermy, and so on. The service is also open to outpatients for which the fees is Rs. 100 per day.



Physio Therapy unit at Anandaban

3.1.5 Inpatient department

The hospital has 30 beds general ward designated for general and surgery patients with 10% free beds for poor patients. General ward is being attended by four nurses in one shift. Bed occupancy is 100%.



A leprosy patient having meal at Anandaban

The hospital has a separate 80 beds inpatients complex is dedicated to leprosy patients with totally free care including

beds, food, and medicine and dressing services. Male and female are reaction wards found to be kept separate. All patients found to be happy while talking to them.

3.1.6 Pharmacy, radiology, maintenance, foot ware and emergency

- Anandaban hospital pharmacy dispensary is maintained in software. Drug supply, staff and storage facilities are satisfactory.
- Power and vehicle maintenance department also exist with basic maintenance capability.
- The foot ware section exists to supply necessary foot wares for the leprosy and disable patients. There are three full time staff working in the section who are trained and experienced in making foot wares. One of the staff is leprosy affected.

- The hospital emergency services are available 24 hours as needed. Following the earthquake 2015, emergency service is being run in a temporary tent.
- The radiology department at the hospital found to be well equipped with new digital x-ray machine, USG machine (2). No. of staff and space look fine. It performs 15-20 x-rays per day. The X-ray was performed 5,686 in 2016 alone.



Footwear workshop at the hospital

Areas for improvement

- Despite having well equipped radiology department, there is no radiologist.
- Emergency services is being run in a temporary tent.

3.1.7 Other facilities

The evaluators also observed the following facilities:

- **Solid waste management:** There is one ordinary incinerator to dispose hospital waste. The food waste is used for feeding the pigs in a small pig farm managed by the hospital. Other organic waste is disposed into a pit to general compost manure which meant to be used for kitchen garden and flowers inside the hospital. However, the waste pit was not found to be properly used as the evaluators observed rampant disposal of Plastering waste items from orthopedic patients along with the kitchen waste.
- There seemed to have proper water treatment and supply system. Euro guards found to be installed in all needy places to purify water for drinking purpose.
- **The OT** found to be adequately equipped and well maintained. There were two full time anesthetist and the surgeries are performed five days a week.
- **The CSSD** unit found to be well maintained with adequate autoclaves and space.

3.1.8 Physical infrastructure

- Anandaban Hospital- main building and staff quarters are over 40 years old and damaged by mega earthquake in April 2015. Reconstruction of staff quarters are ongoing.
- A new building is under construction to accommodate female wards, OT, emergency and CSSD.
- The hospital is moving towards setting up a Trauma Centre to extend its services.



New leprosy inpatient complex at Anandaban Hospital

- Physical infrastructure is not sufficient to address the growing needs and particularly after the earthquake. There is a ten year master plan in place for physical improvement and infrastructure development within the hospital premises, but the challenge is implementation due to uncertainty of financial resources.
- Due to geographical location, making the hospital infrastructure earthquake resistance and disable friendly would be a big challenge.

3.2 Training and technical support

The Training & Technical Support project has remained as an integral part of TLMN's commitment and contributions to providing care, diagnosis, treatment and capacity building GoN towards control and elimination efforts in Nepal. This is clearly reflected in its long term goal "to equip government and other organizations to sustain leprosy elimination and related activities in an integrated approach." Its training centre is a full-fledged leprosy training centre, funding responsibility for central region. It is a national training centre due to availability of resources technical and leprosy patients.

TLMN is viewed as the centre of excellence in Leprosy training recognized both nationally and internationally. The leprosy training at TLMN is conducted only in coordination with GoN Regional Health Directorate where the health facility staff are selected and sent by GoN. It serves as leprosy training platform not only for Nepalese nationals, but also international participants where WHO usually sponsors the international trainees on regular basis



CLT Participants to at Anandaban Training Centre

to Anandaban Training Centre. The hospital and this project has excellent coordination with GoN, National Academy for Medical Sciences (NAMS), and the Regional Health Directorate and the Health Training Centre. The LCD Director and the Regional Health Director visits the hospital 2-3 times a year. It also publishes semiannual Newsletter and sent to all government health facilities at central region. The training covers particularly the central region while includes participants from all non government institutions dedicated to Leprosy in Nepal. One of reasons for considering Anandaban Hospital as the centre of excellence with regards to training is that it got adequate human resources, equipment along with internationally recognized lab and research facility and largest number of leprosy patients from all parts of Nepal.

Training and Technical Support project covers 15 districts of Central Development Region of Nepal which currently spread into provinces no. 2, 3 and 5. The key aim is to train all basic health of in the government health facilities in the region. The training included:

- Basic Leprosy training to paramedics
- Basic Leprosy training to Medical officers
- Complication Management Training to Leprosy focal person
- Leprosy exposure training to different medical students
- Basic leprosy training to DTLOs

- Leadership training to Leprosy Affected People
- ToT training to trainers from District, Regional Health and NHTC

Technical supports have been provided through transfer of knowledge & skills to government health staff to improve early case detection and manage complication/disability relating to leprosy; orientation and exposure opportunity to medical students in leprosy; and advocacy for leprosy related stigma and discrimination in the society. The specific technical support to government programme involves:

- Case validation
- Joint supervision & monitoring:
- Support for Policy formulation & Planning
- Supporting for Health Campaign
- Conduct referral clinic with full equipment
- World leprosy day celebration

Areas for improvement:

- Training unit in charge has not seen the evaluation report as of MTE, so did not know the recommendations made in the final evaluation 2013.
- Training centre has already recruited a training office as a successor after 3 years when the current in-charge is retiring. There is no direct link with "RHTC" has trained facilitator, but doesn't run training.
- At the moment, TLMN has to pay DAs to government participants, not by the government. TLMN aims to handover training and technical support to government. Field based training to health facility staff is supposed to be conducted at government facility, while comprehensive training to continue at Anandaban. Yet there is no clear plan in place to make this happen.

3.3 Project achievement vs. targets

There are 12 outcomes with clear target outputs and indicators with regard to Anandaban Hospital as described in its MYPP 2014-2018. Looking into the mid-term progress five year targets, most targets have been either achieved or moving towards achievement at the project end. In some cases, the project found to have achieved more than expected. Table 2 below shows details of project achievement over past three years against the baseline indicator and end of project target. In some case, the records were not found, e.g. Outcome no. 11. In overall, it is fair to say from the record that most project targets have been achieved as planned in the case of Anandaban Hospital.

Similarly, in the case of Training & Technical Support project targets, most found to have been achieved with some over achievement as shown in Table 3 below. The progress data was presented either inconsistently or not recorded in the case of year 2015 narrative report of Training & Technical Support. There has not been much progress over the new curriculum design and training relating to leprosy as anticipated in outcome 4.

Table 2 Anandaban Hospital Project targets vs. achievements at output level (2014 – 2016)

Outcome	Indicator(s) including target for project life	Baseline value	Project end target	Achievement			3 year average	Remarks
				2014	2015	2016		
Outcome 1	Leprosy detected and diagnosed at early stage.							
Output 1.1	Decreased number of new case diagnosis	157	90	142	110	154	135	Increasing case
Output 1.2	Decreased number of OPD Visits	5838	5,500	5,307	7,206	6,212	6,242	Increasing visit
Output 1.3	Increased number of relapse diagnosis	3	15	19	22	16	19	Target met
Output 1.4	MDT completion rate	90 %	90%	92%	84%	86%	87%	Likely to meet
Outcome 2	Government Hospitals strengthened to provide advanced leprosy care.							
Output 2.1	No. of medical practitioners trained in the hospital setting	10 doctors	10	19	48	61	43	Over achieved
Output 2.2	Decreased number of patients referred from govt. facility	65	40	93	84	73	83	Over achieved
Output 2.3	Decreased number of patients diagnosed with grade 2 disability	30	10	23	20	30	24	Target met
Outcome 3	Specialized Leprosy services ensured in the highly endemic districts.							
Output 3.1	Number of visits by TLM Staff to Patan clinics	50	50	50		49	33	Less visit
Output 3.2	Number of visit by TLM Staff to Cha-pur clinic	12	12	12	9	12	11	Likely to meet target
Output 3.3	Number of Leprosy cases detected (SEEN) in Cha-pur	481	700	729	824	1,751	1,101	Increased no. of patients
				24 new cases	13 new cases	50 new cases		
Outcome 4	Nerve impairment protected and prevented.							
Output 4.1	Number of reaction patients outpatient visits	1250	1,200	1,091	1,338	1,329	1,253	Target met

Outcome	Indicator(s) including target for project life	Baseline value	Project end target	Achievement			3 year average	Remarks
				2014	2015	2016		
Output 4.2	Number of reaction patients to receive inpatient services	97	80	137	125	116	126	Over achieved
Output 4.3	Improved average EHF scores	NA	TBC	2	2		1	
Outcome 5	Complicated ulcers treated and managed.							
Output 5.1	Number of ulcer patients outpatient visits	989	800	647	661	575	628	Fewer visit due to increased self care and change in septic surgery practice
Output 5.2	Number of ulcer patients to receive inpatient services	421	320	435	261	283	326	Target met
Output 5.3	Number of ulcer patients to receive Septic surgery	268	170	193	143	182	173	Target met
Output 5.4	Average length of stay of ulcer patients	45 days	45 days	40	18	35	31	Reduced length of stay due to self care
Output 5.5	Readmission rate of ulcer patients	12 %	0	0	0	0	0	
Outcome 6	Cosmetically and functionally improved physical appearance and ability of leprosy affected individuals.							
Output 6.1	Number Reconstructive surgeries performed	151	150	183	167	177	176	More RS performed
Output 6.2	Decreased social stigma towards people affected by leprosy	NA	TBC	N/A	NA	NA	N/A	No record found
Output 6.3	Increased physical self reliance and self care	NA	TBC	1	1	1	1	
Outcome 7	Functional activity of the limbs improved and biomechanical needs of the patients are met.							
Output 7.1	Number of patients to receive footwear	1373	1,400	1,361	1,103 Anandaban	1,070 Anandaban	1,222	Likely to meet target
					70 (field)	62 (field)		
Output 7.2	Number of patients to receive Prosthesis	20	20	27	36	30	31	Target met
Output 7.3	Number of patients to receive Accessory appliances	616	650	666	416	1,840	974	Over achieved
					168 Earthquake victims	1751 Leprosy, 133 general		
Output 7.4	Increased Physical and Social Mobility of the patients	NA	TBC	A Scale (21.85)	A Scale (20.5)	A Scale (20.76)	A Scale (21.04)	

Outcome	Indicator(s) including target for project life	Baseline value	Project end target	Achievement			3 year average	Remarks
				2014	2015	2016		
				P Scale (3.1)	P Scale (3.20)	P Scale (4.22)	P Scale (3.35)	
Outcome 8	Integrated general health services received by the local community.							
Output 8.1	Number of patient visit to OPD (includes Medical OPD, and specialty clinics i.e. Dermatology, Orthopedic)	20,155	25,000	23,676	26,300	33,727	27,901	Over achieved
Output 8.2	Number of patient visit to Inpatient department (includes Medical, Maternity, General surgery and Ortho-surgery)	1,150	1,400	1,269	1,414	1,333	1,339	Likely to meet target
Outcome 9	Increased capacity to potentially expand into Geriatric services.							
Output 9.1	Number doctor trained on geriatric care	0	-	-	-	-	-	
Outcome 10	Trained and proficient staff for improved work performance.							
Output 10.1	No of persons involved in trainings	NA	15	20	8	8	12	Likely to meet
Output 10.2	Number of SBA training workshops	2	-	-	-	-	-	
Outcome 11	Occupational Therapy Service received by the patients.							
Output 11.1	Number of hospital patients to receive OT service	0	400	-	-	-	-	No record
Output 11.2	Number of field patients to receive OT service	0	200	-	-	-	-	No record
Outcome 12	Improved physical infrastructure of Anandaban Hospital							
Output 12.1	New staff quarter	NA	0	Not done	Not done	Ongoing	Not done	Target not met
Output 12.2	OPD extension		1	Completed	Completed	Completed	Completed	Target met
Output 12.3	Renovated ramps		1	Completed	Completed	Completed	Completed	Target met

Sources: Anandaban Hospital Project Annual Narrative Reports (2014, 2015 and 2016)

Table 3 Training & Technical Support Project targets Vs. achievements at output level (2014 – 2016)

Outcome/O utputs	Indicator(s) including target for project life	Baseline value	Project end target	Achievement			Remarks
				2014	2015	2016	
Outcome 1	At least one trained professional to diagnose, treat and manage leprosy and its complication in each government health institution.						
Output 1.1	Number of Comprehensive Leprosy Training Courses (CLT)	41	64	91	74	74	Over achieved
Output 1.2	Number of Medical Officers Courses (MO)	42	32	49	33	50	

Outcome/Outputs	Indicator(s) including target for project life	Baseline value	Project end target	Achievement			Remarks
				2014	2015	2016	
Output 1.3	% of leprosy cases diagnosed in community level health facilities	41 % (RTLO Report)	70	N/A	N/A	N/A	There was no follow up for the report
Outcome 2	Increased leprosy awareness in the community and socially accepted leprosy affected individuals.						
Output 2.1	Number of times Jingles broadcasted from FM radio	730	730	730	N/A	1092	Over achieved
Output 2.2	Number of Leaflets, pamphlets, and news letter distributed	5000	2000	3200	N/A	3000	Over achieved
Output 2.3	Number of street dramas conducted	18	18	18	N/A	0	
Output 2.4	Number of key contacts oriented (Health workers and students, Lawyers, School Teachers, Journalists etc.)	790	800	791	N/A	971	Over achieved
Outcome 3	Improved leprosy services in the peripheral health institutions.						
Output 3.1	Number of Supervision visits done by Anandaban Team to the periphery	5	5	3	N/A	4	Likely to achieve
Output 3.2	Number of skin camps conducted.	N/A	1	1	N/A	1	Achieved
Output 3.3	Number of foot camps conducted.	N/A			N/A	0	
Output 3.4	Pair of Footwear distributed	N/A	100	1102	N/A	883	Over achieved
Output 3.5	Number of persons received assistive devices	NA	20	83	N/A	29	Over achieved
Output 3.6	Number of PHCs developed as ulcer care centre	NA	3	0	N/A	0	
Output 3.7	The percentage of health workers who receive follow up visit	23%	40%	27.40%	N/A	25.87%	May not achieve
Output 3.8	Number of visits by Anandaban Team for Case Validations	3	3	4	N/A	0	
Outcome 4	New area of training identified and curriculum developed.						
Output 4.1	No of workshop conducted on need assessment			Curriculum developed on Reaction Neuritis Training to Dermatologist & Leprosy training to administrative staff			
Output 4.2	No of Training Curriculum testing Workshop	N/A	2				
Output 4.3	No of Training curriculum development Workshop						

Sources: Training & Technical Support Project Annual Narrative Reports (2014, 2015 and 2016)

3.4 Patient perception towards hospital services

A sample inpatient satisfaction survey (Annex VI) and a focus group discussion (FGD) were conducted with leprosy patients in order to understand beneficiary perceptions towards environment and the services being rendered by the hospital. It revealed from the FGD that vast majority leprosy patients were referred by the local health facilities from various parts of the country. There was a consensus among the patients that care and treatment they received from the hospital was the best. All the FGD participants highly appreciated not only the treatment, but also behaviour of doctors and other staff. They however pointed out a couple of concerns as follows:



A leprosy patient is having dressing on her wound

- “*Khana khullai garera lyainchha. Chhopera lyaye ramro hunchha.*” (There is no practice of covering the food being served in the trolley).
- All the patients get same food, while there were some Diabetic patients who do not get special food.



Free meal being served to the patients at Anandaban

The patients satisfaction survey shows the patients were from at least 15 districts across Nepal and two third 67% of the respondents were above 35 years of age. Likewise, nearly 15% (3 out of 21) patients were from India.



Figure 2 Level of satisfaction over the hospital services as felt by the patients

Majority 75% inpatients were with leprosy while 25% were with disability. It also revealed from the survey that an overwhelming no. of patients 20 out of 21 respondents were old patients who have been staying in the hospital for 10 days or more for free care facilities. When asked to general inpatients about the reason for being at Anandaban Hospital, majority said they get free care and the hospital is next to their home. As depicted in Figure 2 above, majority respondents said the services in the hospital were either good or excellent. None of the respondents said the services were not good or not satisfactory. (See Annex VII for detail results of the survey)

3.5 Project relevance

The leprosy elimination was declared by the government of Nepal in 2010, yet the national data shows 3000 new leprosy patients being detected every year according to LCD, which has threatened national aim of reducing the burden of leprosy and achieving complete elimination of leprosy in the country. The hospital data also shows increasing number of new leprosy case diagnosed every year which is 135 on average annually against the project target of 90 (Table 2). LCD admits that the elimination has not happened yet in 18 districts of Nepal in Terai particularly.

It is pity that there is only Rs. 20 million allocated by GoN in leprosy control programme which is far beyond sufficient to implement the national programmes in terms of both service and capacity building human resources within government health system. Hence a number of non government actors dedicated to leprosy care, treatment and training in leprosy including TLMN has been designated to take on responsibilities for different parts of leprosy affected regions in Nepal as coordinated by GoN. TLMN alone has been assigned to cover 15 out of 19 districts in central region of Nepal. Given the context, Anandaban Hospital has been fulfilling as the national referral centre for care, treatment and research of leprosy in Nepal. Hence the project goal of providing "advanced and specialized leprosy and disability prevention services as a national tertiary referral centre in Nepal" continues to remain highly relevant.

Similarly, the training and technical support interventions also continue to remain exceptionally relevant due to the fact that the entire government health system fully rely on leprosy related training to its health personal in the region. Also, Anandaban hospital got only one national laboratory recognized by GoN for leprosy related research.

All the broader level outcomes and corresponding outputs are found to be relevant and aligned with the project goals. The indicators seem to be more of regular activities rather than project specific and time bound. Outcome no. 2 of "Government Hospitals strengthened to provide advanced leprosy care" may fit better in training and technical support project rather than in Anandaban Hospital project.

In overall it is fair to say all the project interventions are strongly contributing to the national objectives to:

- To eliminate leprosy (Prevalence Rate below 1 per 10,000 population) and further reduce disease burden at district level.
- To reduce disability due to leprosy.
- To reduce stigma in the community against leprosy.
- Provide high quality service for all persons affected by leprosy.
- Integrate leprosy in the integrated health care delivery set-up for provision of quality services.

In addition, there have been number of projects implemented funded through external funding partners particularly following the major earthquake 2015 which included PACED - participatory Action Community, LIVE and CBM. These projects are related mainly to community strengthening, livelihood improvement and disaster recovery and preparedness in connection to disability which are also relevant to the overall project goal in providing support to leprosy, persons with disabilities and disability prevention.

3.6 Project impacts

The stakeholders were of the views that Anandaban hospital has been able to serve as backbone of leprosy control programme in Nepal. It runs beyond and NGO as it provides services at national level, the government of Nepal also rely heavily on its services in leprosy care, treatment and research. Unlike other NGOs, TLMN is specialized and solely dedicated in leprosy. Leprosy Control Division and Directorate of Regional Health services often request Anandaban Hospital team to join high level joint supervision to leprosy endemic and non endemic districts every year (Annual Narrative Report 2016). Anandaban Hospital was able to give significant input in formulating and shaping the government of Nepal's Strategic Plan of Leprosy Control Programme (2016-2021).

The project has been able to initiate and start LPEP programme in Parsa, Kapilvastu and Rupandehi districts involving the government health facility staff. The external project stakeholders stated that project's support to self help groups (SHG) of leprosy affected people has brought changes in reducing discrimination and stigma about leprosy in the society. Use of multi drug therapy (MDT) has also increased in the health facilities due to orientation to health staff.

The evaluators also noted good coordination and relationship with different level of Government health system and other partner organization including medical collages (request for MD residence) and private dermatologists.

With regards to training & and technical support, Anandaban Hospital is considered to be the most reliable and reputed centre for training due existence of qualified human resources, equipment, laboratory and research activities. Leprosy Control Division, Ministry of Health is dependent on Anandaban Hospital for training organizing Basic Leprosy Training (BLT) to its health staff in high endemic district to suspect and diagnose leprosy instead of Comprehensive Leprosy Refresher Training (CLT) refresher. The project conducts field training as regular training including LPEP project District for FCHVs, School teachers, District chief of government, Health management committee of Health Post/PHC, People affected by leprosy, Leprosy focal persons and other social workers/volunteers. This has helped GoN HF staff at least to suspect leprosy cases and refer for confirmation and treatment of leprosy.

Achievement in organizing national and international level leprosy training is certainly a credible impact of TLMN' training programme in leprosy. The project has been able to design new curriculum design in Reaction/Neuritis for dermatologist and LCP for Administrative staff which would further strengthen the capacity of leprosy related human resources in Nepal. The CLT participants said to the evaluators that the training helped them to be able to suspect leprosy and they can give orientation to health facility management committee members as well.

The project was also able to make some unintended achievements as follows:

- The acquisition of Patan Clinic complex
- CBM project for physical rehabilitation of disabled persons
- Disaster inclusive risk reduction programmes through Emanuel Hospital Association

3.7 Project effectiveness

The statistics show both Anandaban Hospital project and Training & Technical Support project were successful and effective in delivering the planned activities and achieving the targets (see Remarks column in Tables 2 and 3 under Section 3.3). In general all the set targets have been either met or there were over achievements at output levels of both projects. Overachievement was due to absence of reviewing practice of the project targets periodically.

The coordination with all likeminded organizations and networks found to be well appreciated by all key informants during the interviews with GoN officials including LCD, DPHO, PHC, DDC, Network of Leprosy NGOs and IDEA Nepal. There is long standing reputation for quality of services at Anandaban Hospital in the areas of treatment, care, research and training both nationally and internationally. The hospital is considered to be the most effective centre for leprosy treatment, research and training, this is why its laboratory has got sole recognition from GoN for validation of leprosy cases and drug sensitivity testing.

The project effectiveness is also reflected in the facts that there are increasing trend of patients flow or visits seeking care and treatment for various services at Anandaban Hospital as presented in Tables 4, 5, 6 and 7 below:

Table 4 New patients flow

	2014			2015			2016 (6 months)		
	MB	PB	Total	MB	PB	Total	MB	PB	Total
New Leprosy patients	97	45	142	89	21	110	58	9	67
Smear positive among new patients	47	0	47 (33.0%)	46	0	46 (41.8%)	36	0	36 (53.7%)
Children under 14 years among new patients	9	5	14 (9.8%)	8	3	11 (10%)	3	2	5 (7.5%)
Female among new patients	31	19	50 (35.2%)	32	10	42 (38.2%)	17	3	20 (29.8%)

Source: Presentation slides by Dr. Mahesh Shah for MTE

Table 5 Out patients visit trend

OPD visits(LAP)	2010	2011	2012	2013	2014	2015	2016(6 mo.)
Post MDT visits	892	786	837	730	934	1393	537
On MDT visits	1311	1621	1470	1435	1785	2615	1436
Eye care	52	37	28	23	20	24	10
Footwear	309	306	302	337	346	496	263
Surgery consultations	107	131	507	235	423	352	278
Ulcer visits	882	925	989	919	647	661	350
Reaction visits	814	1117	1250	1426	1051	1338	724
General visits	510	433	455	276	312	446	290
Total	4877	5356	5838	5381	5518	7325	3888

Source: Presentation slides by Dr. Mahesh Shah for MTE

Table 6 General patient visit trend at OPD

	2010	2011	2012	2013	2014	2015	2016(6 mo.)
OPD visits	18774	19478	20155	20608	22703	26300	12793
Emergency	1429	1418	1137	881	973	1877	792
Admissions	1596	1300	1150	1132	1269	1237	931
Number of beds	30	30	30	30	30	30	22
Average bed occupancy	57%	50%	41%	45%	46%	74.4%	66%

Source: Presentation slides by Dr. Mahesh Shah for MTE

Table 7 Trend of type and no. of surgeries performed at Anandaban

	2010	2011	2012	2013	2014	2015	2016 (6 mo.)
RCS	135	126	151	181	183	167	114
Septic	184	192	268	250	193	143	73
Non Leprosy	708	877	915	1240	1141	1346	730
Total	1027	1195	1334	1671	1517	1656	917

Source: Presentation slides by Dr. Mahesh Shah for MTE

TLMN has got capable team to increase partnership for new initiatives particularly to address post earthquake needs relating to disability in Lalitpur. It has been effective in mainstreaming leprosy with other organizations and areas e.g. disability, shelter and WASH.

3.8 Project efficiency

Project efficiency can be viewed in terms of timely delivery of planned activities and achieving the targets within the given resources. In some cases both projects were able to achieve more than expected within given resources.

In terms of use of financial resources, the variance between budget and actual expenditures were not found significant in the case of both hospital and training & technical support project. Relatively a higher variance of nearly 23% was noted in year 2015 (actual expenditure of Rs. 5,372,952 against the budget of Rs. 6,665,933) in the case of Training & Technical Support which was mainly due to mega earthquake which hindered the planned training activities in year 2015. Otherwise, the financial reports clearly show efficiency in utilization of resources as depicted in Figures 3 and 4. The reason could also be attributed to continuation of the regular activities that TLMN has been carrying out for many years and availability of efficient teams.

Moreover, the project found to be quite efficient in addressing the emergency needs aftermath of the mega earthquake in April 2015. TLMN formed ad hoc partnership during time of disaster with CBM and other agencies to provide relief materials and treatment of earthquake victims both through sending medical teams to affected areas and treatment at Anandaban Hospital. The project was able to serve 7,736 earthquake victims through direct medical services as presented in Table 8.

Table 8 Earthquake victims served as of mid 2016

Activity	Male	Female	Total
No. of people treated at Medical Relief camps	2417	3646	6063
No. of victims treated at Anandaban Hospital	236	201	437
Major Surgeries (conducted)	80	52	132
Assistive devices (distributed)	98	70	168
Post Op rehab (conducted)	559	401	936
Total	3390	4370	7736

Source: Presentation slides by Dr. Mahesh Shah for MTE

Figure 3 Budget vs. expenditure trend at Anandaban Hospital

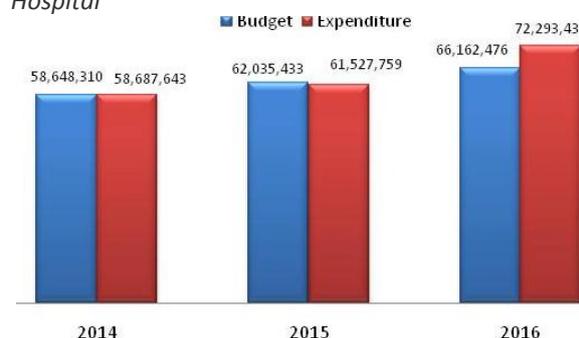
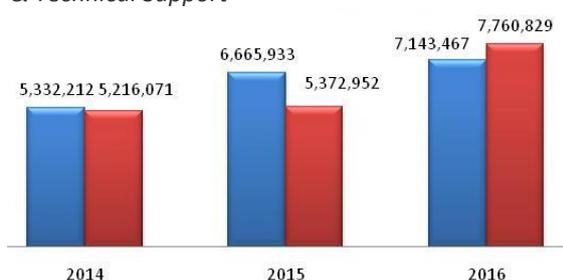


Figure 4 Budget vs. expenditure trend at Training & Technical Support



Through IDEA Nepal, an NGO of leprosy affected people, nurtured by TLMN, the project provided relief items to a total of 14,260 earthquake affected people. The leprosy affected persons were kept in front while giving relief materials during EQ so that their dignity will increase at the sight of general public.

3.9 Financial assessment

The external grant mainly traditionally through TLMI is the key source of income for both Anandaban Hospital and Training & Technical Support Projects. The hospital heavily rely on external grant shares about 70% of its total operating expenditure and about 30% are covered by the income from general patients (Table 9). While the training & technical support activities are supported 100% by external grant as presented in Tables 10 below. Local income is nominal and is kept at separate fund to replace old items in the case of training and technical support programme.

Table 9 Income and expenditure at Anandaban Hospital

Particulars	2014		2015		2016	
	Budget	Actual	Budget	Actual	Budget	Actual
Income						
External grant	46,148,310	46,148,310	46,299,433	46,299,433	48,225,633	48,225,633
Local income	12,500,000	12,946,901	15,736,000	15,515,814	17,936,843	24,172,102
Total Income	58,648,310	59,095,211	62,035,433	61,815,247	66,162,476	72,397,735
Expenses						
Capital	100,000	108,115	300,000	223,350	230,000	-
Programme	13,055,000	13,261,736	13,175,000	16,463,907	14,975,000	16,251,152
Staff	37,419,310	36,809,752	39,120,433	36,277,460	41,103,476	45,777,447
Admin. overhead	8,074,000	8,508,040	9,440,000	8,563,043	9,854,000	10,264,839
Total Expenses	58,648,310	58,687,643	62,035,433	61,527,760	66,162,476	72,293,437
Surplus/deficit	-	407,568	-	287,487	-	104,298

Sources: TLMN Financial Reports

Table 10 Income and expenditure at Training & Technical Support

Particulars	2014		2015		2016	
	Budget	Actual	Budget	Actual	Budget	Actual
Income						
External grant	5,132,212	5,132,212	6,366,053	6,366,053	7,143,467	7,102,602
Local income (balance of previous period)	200,000	618,026	299,880	534,169	-	1,527,269
Total income	5,332,212	5,750,238	6,665,933	6,900,222	7,143,467	8,629,871
Expenses						
Programme	2,125,000	2,061,911	3,088,000	2,049,468	3,490,000	4090931
Staff	2,787,212	2,903,590	3,137,933	3,089,951	3,503,467	3,577,502
Admin. overhead	420,000	250,570	440,000	233,533	150,000	92,396
Total expenditure	5,332,212	5,216,071	6,665,933	5,372,952	7,143,467	7,760,829
Surplus/deficit	-	534,168	-	1,527,270	-	869,042

Sources: TLMN Financial Reports

The financial reports reveal that the proportion of staff costs including both technical and administrative are 62% and 52% in the case of hospital and training & technical support respectively as depicted in Figures 5 and 6 above. In the case of hospital the proportion of administrative cost comprises 14% that included mainly rental cost, utilities, communications, etc. The proportion of programme expenses is 24% in the case of hospital. While, in the case of Training & Technical Support, the programme cost is 45% that included mainly training related costs. The administrative overhead cost is only 3% in the case of training and technical support mainly because most administrative works are covered by the hospital administration.

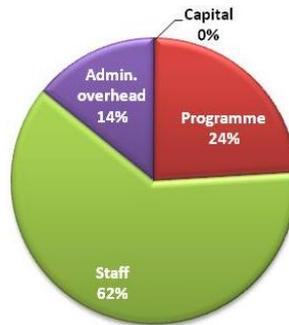


Figure 6 Proportion of expenses at Anandaban hospital

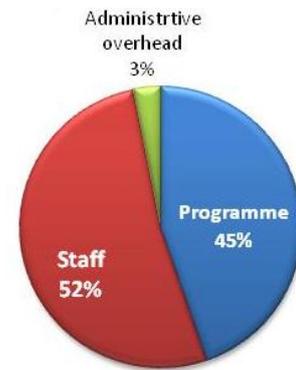


Figure 5 Proportion of expenses in Training & Technical Support

The proportion of programme expenses is 24% in the case of hospital. While, in the case of Training & Technical Support, the programme cost is 45% that included mainly training related costs. The administrative overhead cost is only 3% in the case of training and technical support mainly because most administrative works are covered by the hospital administration.

A common accounting software 'Tally' has been in use for accounting purpose for long time whereby all financial transactions are recorded and reports are produced. Similarly, DOC99 software is being used for hospital statistics. DOC99 is an integrated hospital management software that was designed particularly for Anandaban Hospital whereby patients related all records are kept including pharmacy, lab and financial. There is practice of procurement system which involves requisition slip, admin decides as per finance manual 2010 - purchase order approval - good received note (GRN) - issuance done through DOC99. Financial report is produced quarterly to board and semiannual report to donor while monthly report to hospital director.

Asset register is being maintained with coding for new equipment. Donated items are recorded in audit report that does not have clear value tagged. Every month tax is paid and verified through eTDS.

Areas for improvement

- Multi Year Project Proposals seem to be sole basis for income and expenditure budget in the case of both hospital and training & technical support. There is no practice of preparing or reviewing annual plan and budget within TLMN as the budgets are simply extracted from MYPPs every year with necessary inflation adjustment as directed by TLMI.
- Meeting full budget is the challenge at the hospital. Since 2008 funding for capital items is not available.
- There is no specific plan for capital items in the hospital which are planned on ad-hoc basis when needed.

3.10 Management system and structure

TLM found to have been operating based on existing traditional practices and a standardized human resource and financial policies which have been primarily extracted from TLMI's global comprehensive manual. In order for programme support, there exist number of other policies such as counter – terrorism policy, bribery policy, complaints handling policy, human rights policy, child protection policy, gender equality and equity policy, and so on.

From the conversations with various stakeholders and the evidences of frequent participation and involvement of high level government officials in the project events, it is clear that the coordination and communications with all level of stakeholders are excellent.

There is practice of orientation and training to newly appointed on basic and comprehensive leprosy training before they start working. Nursing and nursing staff are particularly given comprehensive leprosy training and basic life support training which is a crucial need to ensure quality their works in leprosy.

The TLMN Board naturally remains as an apex decision making body for policy matters. In the structure, the Country Director seems to be pivot with whom the hospital director, finance manager and administrative officer are responsible to. There exists an Inter Department Meeting (IDM) consisting of the department chiefs within the hospital to share and discuss department level issues including new project formulations, while it lacks the mandate to make decisions. Also, IDM does not have clear terms of reference that define its roles, responsibilities. IDM doesn't seem to have specific roles in planning, budgeting, reviewing of the projects apart from discussions and consultations.

There found to have provision of a Senior Management Team (SMT) led by the Country Director, which started functioning well in line with its ToR approved recently by the board. SMT is supposed to be functioning as an apex management body within the organization to make all key operational and management decisions.

Currently there are over 150 staff working in TLMN with vast majority of them are working at Anandaban Hospital. Given the size of organization, it is natural that human resource management tasks would be very complex. However, the organization got a designated HR staff just recently who can handle human resource management and development issues. The nursing staff particularly expressed the need for reviewing the salary structure while recognizing the human resource market situation.

Areas for improvement

- There is no practice of annual review of planning and budgeting as the plans and budgets are extracted from MYPP with necessary inflation adjustment in the budget.
- The decision making process involves MYPP process whereby MYPP is prepared in consultation with department heads by a designated senior staff at TLMN then get approved by TLM Board.
- Absence of ToR makes IDM not thoroughly clear about its roles and responsibilities in the decision making process apart from discussions and consultations

3.11 Project sustainability

Sustainability in development context refers to likelihood of the continuation of the changes and outcomes that occurred in the communities caused by the project interventions after phasing out the project resources. Both Anandaban Hospital and Training & Technical Support projects seemed to have been designed as continuation of ongoing hospital services and training activities. Considering the need for continuation of regular services of free care and treatment of leprosy patients, the hospital planned to cover 50% of its total operational costs from local income by end of 2018. The hospital seems to have progressed significantly towards this

direction over the past three years, where the contribution of local income grew from 22% in 2014 to 33% in year 2016 as depicted in Figure 7 above.

The management seems to have focused on extending general health care services including maternity and orthopedic services and setting up an ambitious trauma centre to generate more income from general patients in order to compensate the free care of leprosy patients. Given negligible fund allocated to leprosy in government programmes and need for subsidized or free care

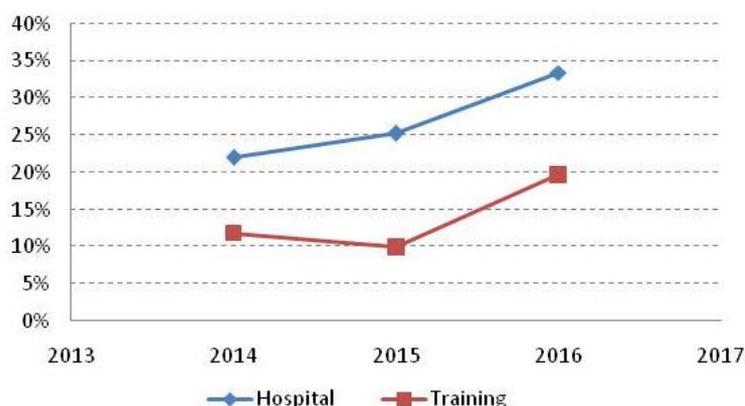


Figure 7 Proportion of local income to total expenditures

among general patients too, it may not be realistic to achieve the goal of achieving 50% local contribution in the total hospital cost in the next two years. Hence, financial self-sustainability in the hospital will continue to remain as a big challenge to achieve.

Training & Technical Support project aims to capacity build government health personnel and facilities through regular training and technical support at the request of GoN so that leprosy verification and treatment services would continue. The training programme does seem to generate some income from the participants including the international participants sponsored by non government actors in leprosy. This contribution also seems to have risen from 12% in 2014 to nearly 20% of the total training expenses in year 2016 which is encouraging.

The local income is planned to be used for replacement of capital items required for training and for covering maintenance cost of training centre building. However given that the training component is fully dependent on external grants and that GoN LCD has negligible amount of budget at the centre it is certain that ongoing training and technical support will not sustain.

No plan is clearly stated in the ongoing MYPP to transfer the burden of training costs onto the government health institution in step wise order. As of now, TLMN has been covering full cost of leprosy training to all government health staff including their travel and daily allowance as per standard government rate. There is no cost contributions from the government, while in reality leprosy training is supposed to be responsibility of the state to ensure leprosy elimination in the country. In the discussions with GoN health officials, it was stated that GoN will be able to take on training of HF staff gradually. At least this cost could have been negotiated with the corresponding GoN agency to cover.

Retention of HR in Leprosy is a challenge worldwide. No training is available elsewhere except for Ilahabad in India, so there is scope for international training for doctors (HR) from Bangladesh, Sri Lanka, Indonesia and Papua New Guinea and this could be a good source of income.

3.12 Lessons learned

- Due to free and prompt treatment offered, many victims were referred from other government and private hospitals to Anandaban during earthquake disaster in 2015. TLMN came to realize a need for disaster preparedness plan (medical response team) to respond

emergency needs at the time of disaster. Basic items such as tents and extra blankets, stretchers need to be ready for disaster management. Moreover, it also needs bigger store of fuels and supplies.

- The earthquake also triggered TLMN to accelerate materialization of the concept of 'Trauma Centre' establishment. Due to availability of expertise and basic infrastructure, establishment of a model trauma centre is thought to be beneficial wing.

4. Conclusion and Recommendations

4.1 Conclusion

Anandaban Hospital continues to remain as centre of excellence for all aspects of leprosy in Nepal e.g. care, treatment, case validation, research, training and technical support. As stated by LCD director it is a backbone of leprosy control movement in Nepal.

Self-care, supervision, POID - Prevention of Internal Deformities Orientation is the key feature of TLMN Leprosy training. It provides international level training not only quantity but quality. In all aspects Anandaban is the most appropriate place for training due to availability of all facilities.

A wider range of stakeholders including leprosy affected persons, government and non government officials highly appreciated the quality services of TLMN which also reflect an excellent level of coordination by the project team.

The project interventions are relevant due to the facts that many new leprosy patients are being detected every year despite leprosy elimination has been declared in Nepal in 2010 and the government does not have adequate expertise and other resources in leprosy control activities. Both projects have been effective in achieving almost all targets set in MYPPs and accomplishing the planned activities.

The project has been able to generate some local income by extending the services, however financial self sufficiency continues to remain as ongoing challenge to fully cover operational cost of the hospital and continue ongoing training and technical support activities.

Despite having well functioning services, the organization neither have practice of annual planning and budgeting nor the periodic review of multi-year programmes by involving all key concerned people. Also, there seem unclarity and gap in existing organization structure particularly with regards to defined processes and roles in operational and management decision making.

4.2 Recommendations

Anandaban Hospital

- All major departments including laboratory, record, nursing, pharmacy and administration mentioned over workloads particularly during satellite clinic days due to inadequate human resources, it is recommended to carry out a thorough review of HR situation in view of both ongoing and future needs.
- It is recommended to coordinate with Nepal Medical Council, Nursing Council, Health professional Council and Ministry of Health through some kind of formal MoU to make all

MBBS students have exposure at Anandaban mandatory during their study so that it would contribute towards national goal of leprosy elimination.

- Strengthening of community based rehabilitation of leprosy affected persons can play significant role in reducing stigma, promoting self dignity and integrating people affected by leprosy into their communities. Development of a package programme and partnership with IDEA Nepal for implementation is recommended that also helps to impart the knowledge among leprosy patients on:
 - how to prevent deformity
 - adaptation in society
 - self care
- Ophthalmology service is needed for eye care at the hospital as the eyes are vulnerable part of leprosy patients. Leprosy needs to care eye, hand and feet
- It is difficult to get Obs/Gynae specialist, so a GP may be appropriate to carry out obstetric cases at the hospital given the small number of cases for the time being. It is recommended to plan for a full time gynecologist to improve maternal and child health services in future.
- It is recommended to expand RCS at Anandaban to satellite clinics with necessary equipment in Terai in coordination with LCD as they are the highly leprosy affected zones.
- The hospital waste management practice and the existing incinerator is to be improved.
- Setting up a Trauma Centre seems to be an ambitious that aims to add 25 beds with maternity and pediatric services. However, a feasibility study is recommended to look into all aspects of a trauma centre.
- It is recommended to review existing ten year master plan of the hospital and set annual benchmarks to ensure development and improvement of physical infrastructure with resources in order for the master plan get materialized. A specific fundraising strategy needs to be developed in order to address the funding needs.

Training & Technical Support

- It is recommended that TLMN lobby and does advocacy to GoN through LCD to integrate leprosy components in their health training curriculums. In the coming years the project may focus on organizing TOT to develop government trainer and facilitator in leprosy. Since there has been joint efforts between TLMN and IDEA Nepal to integrate leprosy in the curriculum and that the curriculum review workshop done with NHTC representative, it will require a continuous follow up from TLMN.
- Training part can be taken over by the government as GoN has already got leprosy elimination strategy. It is recommended that TLMN starts negotiating with Department of Health Services and LCD to take on training support costs in the remaining project period. NLN may also continue lobbying government training centre to integrate leprosy component and cover TA/DAs of GoN health staff participants.
- Given the history and wider recognition, it is recommended that Anandaban Hospital continue upgrading its leprosy research and training wing towards sustaining the centre of excellence.
- It is recommended that dermatology is included in leprosy training curriculum. Also, TLMN conducts refresher training to the facilitators for getting updated in leprosy care and treatment.

Organizational management

- TLMN senior management team (SMT) started functioning on regular basis and recently got its ToR, while IDM still does not have a ToR. It is recommended to develop a specific ToR for IDM clarifying their purpose, membership, roles and functions.
- It is crucial that TLMN have a defined process of planning budgeting every year on regular basis ensuring that the inputs from all concerned and they reflect the long term plans (including MYPP) and budget in realistic way for all projects and programmes.
- DRR, earthquake and leprosy need to be incorporated as additional components in ongoing MYPP of Anandaban Hospital.
- DRR, earthquake and leprosy need to be incorporated as additional components in ongoing MYPP of Anandaban Hospital.
- It is recommended to have some kind of mechanism particularly within the hospital to engage locally elected body to seek support for hospital as the current local body is more empowered ever than before.
- There are many leprosy affected person and one should be given priority positive discrimination in job. IDEA may be informed whenever job openings.
- It is recommended that TLMN develop a fund raising strategy with the provision of funding relation or business development officer to generate local and external funds to support hospital and training services.
- In order to boost the motivation and efficiency of staff, it is recommended that TLMN carry out a thorough review of salary structure in the changed context while considering the local labour market.

ANNEXES

Annex I Terms of Reference (ToR)

Mid Term Evaluation of Anandaban Hospital & Training and Technical Support

Anandaban Hospital is a central referral hospital for leprosy affected people where high quality tertiary level care is provided since the late 50s. There are in and outpatient services with 110 beds (30 of which are for general patients). Patients come primarily from the Central Development Region, but also from all over the country and 5% of the patients come from India. There are specialist services for reaction management, wound care, reconstructive surgery, prostheses and orthoses, for general orthopedic surgery, dermatology, safe motherhood and other services.

The project is described in project documents as well as in a Project Agreement between the Social Welfare Council, Government of Nepal and The Leprosy Mission, signed for 14 districts in the Central Development Region and three districts in the far western development region in Nepal for the period 1 August 2015 – 31 July 2020.

The Leprosy Mission Nepal therefore is committed to implement the project as in the General Agreement till 2020, but The Leprosy Mission Nepal (LMN) are in a position to evaluate the project.

Available Project Documents

- A Multi Year Proposal for Anandaban Hospital January 20014 – December 2018
- A project review in 2010 identified the need to do a baseline data study to describe community needs, therefore:
- A Participatory Rural Appraisal was carried out in 2011.
- In 2011 an Organizational Assessment of Anandaban Hospital with assessment of skills and services was carried out. (Because of its confidentiality the Hospital Director will share relevant parts from this Assessment with the team of Evaluators.)
- A Mid Term Evaluation October 2011 took into account the above two studies and focused only on services provided on the basis of indicators in the MYPP; lessons learned by staff and the effect on future development; and the impact of services on general well being of patients.
- Annual reports have been written at the end of each year of this current project phase.
- A last evaluation took place in January 2013 in the context of a Mid-term evaluation of the ‘General and Project Agreement’ signed between the Social Welfare Council (SWC) and Leprosy Mission Nepal, funded by The Leprosy Mission International.
- The scope of the Mid Term Evaluation

For a project which has been well documented both in Proposal and Project Agreement, in annual reports , it is important to consider the Clinical skills and Standards and to consider what the project has done. Attention will be paid to the relation between Anandaban services and the TLMN Strategy.

- To assess the progress against the project objectives, targets and the indicators cited in the multi years proposal of **“Anandaban Hospital & Training and Technical Support”**.
- To assess the level of sustainability achieved by the project for further continuation of the programme.
- To identify the impact (quality of services) of the project to various stakeholders especially the beneficiaries: people affected by leprosy, general patients of the project area.
- To assess the financial expenditures, whether the resources were spent as per the project activities that are mentioned in the project proposal.
- To examine the relevancy of the project activities towards in achieving the overall project objectives.

- To identify the future needs in terms of addressing remaining challenges in leprosy, or filling the gaps in the leprosy services.
- To identify the impact of the project on the government periphery health staff.
- To identify the level of coordination maintained between other stakeholders providing leprosy services and the government (LCD)
- To document, inform and recommend the project leader the project progress and areas to be improved in terms of progress, impact and sustainability of the project.

Desired time table

- Draft terms of reference will be presented to Chairman TLMN –
- The Management of Anandaban Hospital brings together all recommendations of all assessments and evaluations of the last 3 years and put these in a table, indicating the response of the Management, action taken or still to be taken
- Members of midterm evaluation team will be invited
- The Medical Director and TLMN Country Director will discuss the table and formulate the relevant questions for the final TOR
- Members of evaluation team will receive final draft TOR and further develop TOR and plan for midterm evaluation
- Evaluation - December lasting 3 or 4 days (as this evaluation will be combined with the evaluation of the Training and Technical Support Project, the total no of days of the two projects will probably last less than 6 days.
- Reporting of findings: on the last day of the actual evaluation, the members of the evaluation team will meet with the leadership of the project and TLMN and report about findings. This will be a time of interaction about findings and about the way the evaluation has been conducted. After which:
 - First draft of report will be submitted –
 - Review of draft by T LMN/TLM - before mid January.
 - Final report

Proposed members of the evaluation team:

Background information, Project Goal and outcomes

Background Information

The History of TLM at Anandaban

Anandaban Hospital has been providing holistic care to leprosy affected people from throughout Nepal as well as neighbouring India and Tibet since 1957. There are currently 18,000 registered leprosy patients who receive care from Anandaban. In addition to providing treatment for both minor and complicated leprosy and leprosy related disabilities Anandaban Hospital continues to provide general health services to the surrounding community receive referral cases from mission hospitals in Nepal. In 2012, there were a total of 948 Leprosy related admissions, and 5,838 Leprosy related clinic visits. In the same year, over 20,000 general patients were seen, with 1,150 admissions. We continue to expand our coverage area and available services including maternity care for low socioeconomic patients, and surgery availability for leprosy and general patients. In 2012, a total of 1,334 surgeries were performed, 151 reconstructive, 268 septic and 915 general. The work and experience has established Anandaban Hospital as a centre of excellence in the field of leprosy and medicine.

Moreover, Anandaban Leprosy Hospital has a well established structure to provide medical and surgical treatment for leprosy affected individuals and general patients. We have a committed and competent

staff of medical practitioners, health professionals who have gained wide range of experience working for decades in the field of leprosy. We have gained experience in handling both minor and complicated leprosy related surgeries, including reconstructive surgery. The leprosy services at Anandaban Hospital have been provided since its establishment in 1957 and have always been a priority; however increasing demand of general health care services from the surrounding community has become wonderful opportunity to serve the local population. The 2011 PRA report confirmed that the local community is willing to pay for the general medical services received from Anandaban. Ongoing work at Anandaban Hospital includes:

- Leprosy diagnosis
- Relapse confirmation
- Leprosy related reaction management
- Leprosy related minor and major surgeries
- Leprosy and non leprosy related reconstructive surgeries
- Orthopedic and Dermatology services
- General surgery
- General medical services
- Physiotherapy Services
- Artificial limbs, Supportive Appliances and Footwear
- General and advanced Laboratory services
- Diagnostic service
- C-arm and Digital X-Ray
- Ultrasound
- Clinical Counseling

The History and Background of Training Centre

The training centre was established in 1984 in the premises of Anandaban Hospital. This was established with the foresight to provide training and technical support to the government workers so that the leprosy services are readily available for general public in vicinity. However TMLI made an agreement with government in the year 1994 and then onwards training and technical support to the government proceeded. Since then we have been providing trainings at the centre also in the field. This has tremendously benefitted the health professionals in making accurate diagnosis of the leprosy and further management of the disease. There has been frequent transfer of the health workers and recruitment of new health workers at from the periphery which creates a gap in providing quality leprosy service. This has made us to provide the continuous technical support and training to the new health professional.

The target beneficiary group for this project is Government health workers at the community level. TLM Nepal has been providing training to Government health workers since 1994. The Government continues to change and adapt its policies according to WHO mandate and Training and Technical Support (LMN) plays supportive role through training the government health workers. Government has post elimination strategy under stigma reduction and rehabilitation program are the focus of the work. We will be providing technical support through the training. Following are some training packages provided for the health workers at the community level.

- Comprehensive Leprosy Training for health workers (Basic and refresher)
- Basic Leprosy Training for Medical Doctors
- Leprosy training for Dermatologist (MD-residential)
- Basic Community Based Rehabilitation Training to health workers

- Leprosy Orientation - Journalists, Lawyers, Other Key Contact (School teachers, traditional healers, scout teachers etc.)
- Need based Training- Government health workers

Project Goals for 2014 - 2018:

Anandaban Hospital: To provide advanced and specialized leprosy and disability prevention services as a National Tertiary referral centre in Nepal.

Training and Technical Support: Equip government and other organizations to sustain leprosy elimination and related activities in an integrated approach.

Expected Outcomes

Anandaban Hospital, for the year 2014-2018:

- Leprosy detected and diagnosed at early stage.
- Government Hospitals strengthened to provide advanced leprosy care
- Specialized Leprosy services ensured in the highly endemic districts.
- Nerve impairment protected and prevented.
- Complicated ulcers treated and managed.
- Cosmetically and functionally improved physical appearance and ability of leprosy affected individuals.
- Functional activity of the limbs improved and biomechanical needs of the patients are met.
- Integrated general health services received by the local community.
- Increased capacity to potentially expand into Geriatric services.
- Trained and proficient staff for improved work performance.
- Occupational Therapy Service received by the patients.
- Improved physical infrastructure of Anandaban Hospital.

Training and Technical Support

- At least one trained professional to diagnose, treat and manage leprosy and its complication in each government health institution.
- Increased leprosy awareness in the community and socially accepted leprosy affected individuals.
- Improved leprosy services in the peripheral health institutions.
- New area of training identified and curriculum developed.

Questions for the evaluation

The Management of the Hospital will bring all recommendations together from assessments and evaluations of the last three years and together with the Country Leader, the Medical Director and the Executive Director of TLMN will formulate the relevant questions for the final TOR.

In addition:

Clinical skills and standards (for a number of questions the management can collect information for the evaluation team in the preparation phase)

- What are the clinical skills the hospital is able to offer successfully, and which skills need to be improved and what measures would need to be taken to improve these if the hospital want to continue to function with its present portfolio of services?
- What clinical outcome measures of Anandaban activities are available?
- How does the process of audit function for discussion of death, surgical and medical outcomes etc.?

- How does the infection control procedure function?
- What laboratory and X-ray services are and can be provided and how do the quality and safety procedures function?
- Are the necessary drugs available and is a formulary policy available and are drugs used according to defined protocols?
- Are necessary medical records maintained?
- Are health and safety matters addressed?

In relation to the TLMN Strategy

- Does the Anandaban Hospital/Training and Technical Support Significantly contribute to achieving TLMN Vision, Mission and Strategy?
- What are strength and weaknesses of Anandaban Hospital (as perceived by those interviewed, and as understood from the documentation by the Evaluators)?
- What are opportunities and threats for Anandaban Hospital/Training and Technical Support (as perceived by those interviewed, and as understood from the documentation by the Evaluators)?
- Given the current change in the leprosy situation at the local and national level, should Anandaban/Training and Technical Support consider a change in focus? Are key objectives guiding us since 2001 still relevant to the leprosy community?
- What could Anandaban Hospital/Training and Technical support contribute nationally?

Important and informative in relation to the development of a new Business plan for Anandaban/Training Centre

- How are beneficiaries involved in the delivery, management and evaluation of the services and how does that function on the ground
- Are there barriers for beneficiaries to overcome and how do staff support in this process and what improvement can management create
- How can an institution like Anandaban Hospital encourage and challenge policy makers to increase the entitlements of beneficiaries
- How will the institution partner with and encourage other organizations (i.e., public, private, not-for-profit) to provide the services through the partnership approach?
- How can benefits of services be sustained over the years?
- How can expertise at Anandaban be utilized to benefit the facility towards greater sustainability? And which areas need more capacity building for that purpose?
- There is currently no human resource management plan at Anandaban. Can Evaluators comment as to the need and benefits of developing a plan?

Annex II Mid-Term Evaluation Field Itinerary

Date	Activity	Location
20 February	<ul style="list-style-type: none"> • Meeting with Sr. staff at Anandaban Hospital • Interview with Dr. Basudev Pandey, LCD Director 	Anandaban Hospital, Lele MoH, LCD, Teku
21 February	<ul style="list-style-type: none"> • Interview with Mr. Kapildev Neupane, Laboratory In-charge and observation of laboratory facilities at Anandaban Hospital • Interview with Mr. Kanchha Shestha, Record In-charge • Observation of OPD, Dressing room, Pharmacy/dispensary, X-ray, USG, physiotherapy unit and operation theatre, emergency unit and brief inquiries with the corresponding staff <p>Interviews with,</p> <ul style="list-style-type: none"> • Mr. Gopal Pokharel, Training and Technical Support Division In-charge • Mr. Ramesh Khadka, Administrative Officer 	Anandaban Hospital, Lele
22 February	<ul style="list-style-type: none"> • Visit to TLMN Patan Clinic • Interview with Mr. Badri Kathayat, Clinic Administrator <p>Interviews with,</p> <ul style="list-style-type: none"> • Dr. Mahesh Shah, Sr. Dermatologist • Mr. Amar Bahadur Timilsina, IDEA Nepal • Mr. Bishweshwor Koirala, Lalitpur DDC 	Patan Clinic, Satdobato DDC, Lalitpur
23 February	<ul style="list-style-type: none"> • Interview with Dr. Krishna Prasad Dhakal, Chairperson, Network of Leprosy NGOs (NLN) 	Norwegian Leprosy Mission, Lalitpur
24 February	<p>Interview with,</p> <ul style="list-style-type: none"> • Ms. Jayanti Niraula, Nursing Supervisor • Mr. Bishnu Prasad Jaisi, Regional TB and Leprosy Officer (RTLO) 	Anandaban Hospital, Lele
27 February	<ul style="list-style-type: none"> • Meeting with TLMN Management Team - Mr. Shovakar Kandel, Country Director; Dr. Indra Napit, Hospital Director and Mr. Chiranjivi Sharma, Program Coordinator • Interview with Mr. Sushil Khatiwada, TLMN Finance Manager • FGD with patients at Anandaban Hospital • Observation of Footwear unit, Kitchen, Waste disposal space • Interviews with GoN PHC staff at Lele - Mr. Dipendra P. Shah, HA; Mr. Rajman Ranjitkar, Sr. AHW and Ms. Apsara Basnet, Sr. ANM 	Anandaban Hospital, Lele Lele PHC
2 March	<ul style="list-style-type: none"> • Interview with Mr. Jhalak Sharma Poudel, DPHO 	DPHO Lalitpur

	Lalitpur	
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Annex III List of Informants

Anandaban Hospital, Lele

1. Mohan Khadka, Pharmacy In-charge
2. Kapil Dev Neupane, Laboratory Manager
3. Jaganath Maharjan, Physiotherapist
4. Kanchha Shrestha, Medical Record Officer
5. Rabinda Rana, Radiologist
6. Sushil Khatiwada, Finance Manager
7. Ramesh Khadka, Administrative Officer
8. Dr. Mahesh Shah, Sr. Consultant Dermatology
9. Gopal Pokhrel, Training Coordinator
10. Kumar Mijar, Footwear maker
11. Ruth Shrestha, Counselor
12. Badri Kathayat, Patan Clinic Administrator
13. Jayanti Niraula, Nursing Supervisor

Patients

Male:

26. Badri Prasad Jaiswal
27. Bhanu Nepali
28. Bhav Sagar K.C
29. Bishu Thapamagar
30. Dil P. Tamang
31. Gokul Ghimire
32. Gokul Khadka
33. Ishwor Lamichane
34. Jagdish Raja
35. Krishna Bahadur Kusuwa
36. Krishna Man Shrestha
37. Manoj Kumar Das
38. Raj Dev Psd. Kusuwa
39. Raj Khadka
40. Rakesh Shrestha
41. Sani Lal Chaudhary
42. Shanta Kumar Limbhu
43. Suresh Mahato

TLMN

14. Shovakar Kandel, Country Director
15. Chiranjivi Sharma, Programme Coordinator
16. Dr. Indra Napit, Anandaban Hospital Director
17. Interviews (Local and District Stakeholders)
18. Jhalak Sharma Poudel, DPHO, Lalitpur
19. Bishweshwor Koirala, Sr. Social Mobiliser, DDC, Lalitpur
20. Dr. Basudev Pandey, LCD Director
21. Amar Bahadur Timilsina, Chairperson, IDEA Nepal
22. Bishnu Prasad Jaisi, RTLO
23. Rajman Ranjitkar, Sr. AHW, Lele
24. Apsara Basnet, Sr. ANM, PHC Lele
25. Dipendra P. Shah, Health Assistant, PHC, Lele

Female:

44. Bal Sari Rai
45. Biala Kumari Chaudhari
46. Chal Maya Shrestha
47. Dhana Kumari Pariyar
48. Durga Rai
49. Jajashri Khadka
50. Lal sari Khadka
51. Maya Shrestha
52. Parvati Bista
53. Ram Piyari Pariyar
54. Sabitri Adhikari
55. Sangdolma Tamang
56. Sonapati Devi Shaha
57. Sushila Mukhiya

Annex IV Checklist Matrix for the Evaluation

Key areas of inquiry	Specific questions for inquiry	Tools used
Relevance of the project	<ul style="list-style-type: none"> • How relevant is the hospital services and training and technical support of TLM at present ? • Why did the hospital offer general health services? How do they link to TLM mandate? • To what extent were the communities and beneficiaries involved in the delivery, management and evaluation of the services? • What was the role played by the project staff in this process? • Was need-assessment a dynamic and ongoing process in the Project? 	<ul style="list-style-type: none"> • Key informant interviews with project leaders, management and external stakeholders
Project coverage and connectedness	<ul style="list-style-type: none"> • Does this project reach enough relevant communities and beneficiaries given the available budget and resources? • How are the hospital services and the training components linked to each other? • How far the project is able to cover needy geographical areas? • Are the ongoing satellite leprosy clinic outside valley well connected to central services? 	<ul style="list-style-type: none"> • Desk review of project documents • Key informants interviews
Project achievements -	<ul style="list-style-type: none"> • How have been the project achievement to date against the stated project outputs and outcome both at the hospital and in training and technical support. • Were the project's activities completed as planned? • Has the project been able to achieve the targets as stated in the project MYPP? 	<ul style="list-style-type: none"> • Desk review of project documents: project plan, annual reports • Key informants interviews
Effectiveness and efficiency	<ul style="list-style-type: none"> • To what extent the Project was able to meet the specific health needs? • To what extend the expected outcomes have been achieved and how? • What is the level of satisfaction of the beneficiaries with the Project? • What mechanisms have been adopted for ensuring the sustainability of intervention? What is the planned exit strategy of the project ? • What key lessons have you learned from this project? How? What do you do differently in future project? • How timely, appropriate, gender-sensitive and flexible was the Project response? • How do the activities of Anandaban Hospital and Training and Technical Support Programme contribute to the realization of the vision, mission and goals of TLMI? 	<ul style="list-style-type: none"> • Review of project plan and budget and the project reports including financial report • Interviews with project leaders, management team, finance person and government stakeholders

Key areas of inquiry	Specific questions for inquiry	Tools used
	<ul style="list-style-type: none"> • What are the proportions of programme, staff and overhead costs? 	
Project implementation modality	<ul style="list-style-type: none"> • What mechanisms were set up for project implementation? • How are the various components of project connected in logical order? • To what extent did you have consultations with the relevant government stakeholders e.g. LCD, DHO while developing the project? • What are the planning monitoring and evaluation (PME) mechanisms integrated to enable effective, efficient and relevant assistance, including meaningful participation by the clients and local stakeholders? • What were the challenges you faced in this project? How were they overcome? • How are the activities and beneficiaries selected? (hospital and training) • Is there any tangible input from the government stakeholders in the project? What are they? • How the beneficiaries and stakeholders perceive the project in general and their roles in particular in the project? 	<ul style="list-style-type: none"> • Key informants interviews • Interviews with key project staff • Focus group discussions • Review of project reports
Areas of project impact	<ul style="list-style-type: none"> • What are the achievements and impacts of the interventions in reducing the leprosy prevalence in the country? • How far the project has contributed towards capacity building government institutions in the areas of leprosy control? • What are the specific learning, challenges, and areas of improvement for future? 	<ul style="list-style-type: none"> • Key informants interviews • Review of project reports
Sustainability of the project	<ul style="list-style-type: none"> • What are the strategies adopted that ensure sustainability of the project if any? • If the indigenous farming and food security practices are encouraged by the project? • If there is adequate technical back up, financial back up, institutional back up for project undertaking in the target communities? 	<ul style="list-style-type: none"> • Interviews with project staff • Review of project proposal and plan
Coordination and Collaboration aspects	<ul style="list-style-type: none"> • What mechanisms were adopted to map services particularly the general hospital services and training services ? • What was the level of coordination with other likeminded organizations and GOs? • How did you cooperate with other agencies in order to respond effectively to the needs of clients? • How effective was the networking and linkages with relevant networks in influencing policy matters with regard to leprosy control? 	<ul style="list-style-type: none"> • Key informant interviews including the project leaders

Annex V Checklist for specific informants

Evaluation tool	Checklist
Interviews and group discussions with project leaders and TLMN management	<p>Clinical</p> <ul style="list-style-type: none"> • What clinical skills is the project able to offer successfully? Which areas do you think need to be improved? • What are the key services offered by the hospital? Are there adequate human resources? • How do the activities of Anandaban Hospital and Training and Technical Support Programme contribute to the realization of the vision, mission and goals of TLMN? • How do the specific contributions of the TLMN Programmes contribute to the potential of leprosy eradication nationally and internationally? • What are the strengths of the TLM staff and what capacities need improvement in light of leprosy care services or achieving greater sustainability? • Are the necessary drugs available for patients and are drugs used according to defined protocols? • Are necessary medical records maintained? • Are health and safety matters addressed? • How is your involvement in ulcer management in leprosy? • How often do you do physio -assessment of the patients? • How are reactions and other complications managed ? • What medicines are available for the management of ulcers ? • How do you follow up with the patients who have been released from the treatment? • What are the challenges you are facing? How they could be overcome? <p>Financial management</p> <ul style="list-style-type: none"> • What are the key sources of income? What is the proportion of local income in and external funding? • Accounting system and principles: Is there accounting software being used? What is the software called? How often financial report prepared? Who is responsible for verifying and approving the report? Role of Board in financial reporting. • How comprehensive is the financial management policy? Is there separate procurement policy? Is there statutory and internal audit reports with management comments? • How is fixed asset register being maintained? • Compliance with the provisions of the General/Project Agreement with the GON. • Compliance with the Income Tax Laws & Regulations • Proportion of programme cost, staff cost and other administrative overhead cost. • Management of designated fund. <p>Human resource management</p> <ul style="list-style-type: none"> • Overview of human resource policy. • Are there adequate human resource in place to render all clinical and non-clinical services to run hospital services and continue training activities? • How is the staff movement trend? Is there succession plan in place? If yes how is it maintained?

Evaluation tool	Checklist
	<ul style="list-style-type: none"> • How is staff recruitment process? What plan do you have for staff retention? • How is the line of authority? How are the authorities delegated? Is it clear? • How is staff composition? Inclusiveness - gender, disabled? • What mechanism is there in place to ensure gender balance? • Staff safety policy? Child protection, Sexual harassment policy? • Staff appraisal practice, job description, staff training and development. <p>General</p> <ul style="list-style-type: none"> • What makes you proud about the hospital? Training and technical support? • What mechanisms have been adopted for ensuring the sustainability of the care and treatment services of leprosy patients and training and technical support to government health facility staff? • How do you assess the capacity of government health facility staff? What are the parameters to see the level of their capacity? • What key lessons have you learned from this project? How? What do you do differently in future project? • What were the challenges you faced in this project? How were they overcome? • How far the recommendations made in the previous final project evaluation have been addressed? • What new activity you want to add in the next half project year and what activity do you want to drop learning in the first half of the current project life? • What is working well and what are not working well in your opinion and why?
<p>Key informant interviews (external stakeholders)- LC D Director, DPHO and DDC officer, NLN, Idea</p>	<p>General checklist</p> <ul style="list-style-type: none"> • How familiar are you with TLMN? • How do assess TLMN programme in general? • How relevant do you think the services of Anandaban hospital and its training and technical support activities? • What do you most appreciate about the hospital? About the training and technical support to government staff? • What do you see the areas for improvement with regard to hospital services and training? • What is the mechanism in place for coordination between TLMN and LCD/DHO/DDC/NLN/idea? • What do you think about the quality of the hospital services? Training activities for GoN health facility staff? • Do you have any suggestions for future? <p>DHO/LCD/RTLO</p> <ul style="list-style-type: none"> • What mechanism do you have in the Division that ensures utilisation of skills from training programmes • What are the key roles of DHO/DDC/LCCD in Leprosy support and eradication programme ? • How is leprosy record disseminated? Any duplication? Missing? • What plan do you have to continue/sustain training activities? • Is there government budget for staff training/DAs who attend training? <p>NLN/idea</p> <ul style="list-style-type: none"> • When was it formed? What is the role of NLN/Idea? • What achievements you have made so far?

Evaluation tool	Checklist
	<ul style="list-style-type: none"> • What level of coordination do you have with TLMN? • Was there any collaboration? What are the areas of collaboration? • What do you see the areas of improvement in TLMN? <p>DDC</p> <ul style="list-style-type: none"> • What is the connection between DDC and TLMN? • Is there any specific plan with DDC with regards to leprosy control? • Is there any budget allocated at DDC for this? <p>PHC</p> <ul style="list-style-type: none"> • What is the connection between PHC and TLMN? • How is TLMN general health services affecting your services? Is it a threat? Enabler?
Participant observation	<ul style="list-style-type: none"> • Is the physical space (land, building, open space) of the hospital adequate, friendly? • Are there adequate no. of medical and other technical personnel to render services? If their qualifications are adequate and appropriate? • Are there all necessary equipment, accessories adequate, appropriate, functional in the services of OT, Laboratory, Radiology, Physiotherapy, Housekeeping, etc? • How is duty shift being managed? • How is training and HR development plan being practiced? • How is waste being managed? • How is environment being maintained? • How is hospitality at the service points? • How is line of authority? • How is organizational structure? • How is the statistics being maintained and disseminated?

Annex VII Patient Satisfaction Survey

ID No:

Date of Interview (DD/MM/YY):/...../.....

General description (please circle the answer if option given)

1.1 Name of respondent				
1.2 Home District		VDC/Municipality		
1.3 Details of interviewee	Gender	01 Male 02 Female 03 Other	Age	
	Nationality	01 Nepalese 02 Indian		
	Religion	01 Buddhist 02 Christian 03 Hindu 04 Islam 05 Others (<i>specify</i>).....	Ethnicity	01 Brahmin/Chhetri/Thakuri 02 Dalit 03 Janjati 04 Madhesi 05 Others (<i>specify</i>).....
1.4	Are you leprosy affected ?		01 Yes	02 No
1.5	Do you have disability ?		01 Yes	02 No
1.6	If 'Yes' was the disability because of leprosy?		01 Yes	02 No
1.7	If 'Yes' what kind of disability you have?			
1.8	Are you a new patient ?		01 Yes	02 No
1.9	If you are not a new patient, for how long you have been in the hospital?			

Perception about services (please tick)

		Worse	Okay	Good	Excellent
2.1	How have you found the overall services in the hospital?				
2.2	How is your stay (food, bed, etc.)?				
2.3	How are the services of doctors and nurses?				
2.4	How have you found hospitality of other hospital staff?				
2.5	How have you found the quality of aid accessories (e.g. crutches, footwear etc.)				
2.6	How have you found the quality of medicine, dressing and other treatment?				
2.7	How have you found the counseling services				

Please state the reason if the answer is 'worse' for any of the above:

3. Cost and others

3.1	Do you have to pay for the services ?	01 Yes	02 No
3.2	If you have to pay for the services do you find it expensive?	01 Yes	02 No
3.3	Do you have someone (relative or friend) with you to take care of you here?	01 Yes	02 No
3.4	Do you feel you are improving?	01 Yes	02 No
3.5	If you are here for general treatment other than leprosy or disability, why have you come to this hospital?	01 Hospital is close from home 02 Get free care 03 Cost is cheaper 04 Good quality care 05 Others (<i>specify</i>).....	

Annex VII In-Patient Satisfaction Survey Result

Table 1: Distribution of patients by district

District	Frequency
Banke	1
Bara	1
Dang	1
Dhading	1
Dhankuta	1
Dolakha	1
India	3
Jhapa	1
Kavre	1
Lalitpur	3
Morang	2
Nuwakot	1
Okhaldhunga	2
Rauthat	1
Tanahu	1
Total	21

Table 2: Distribution of patients by gender

Gender	Frequency	Percent
Female	11	52%
Male	10	48%
Total	21	100%

Table 3: Distribution of patients by age group

Age group	Frequency	Percent
Up to 15 yrs.	1	5%
16 - 25	3	14%
26 - 35	3	14%
36 - 45	4	19%
46 - 55	4	19%
56 - 65	3	14%
66 and above	3	14%
Total	21	100%

Table 4: Patients by nationality

Nationality	Frequency	Percent
Indian	3	14%
Nepalese	18	86%
Total	21	100%

Table 5: Patients by religion

Religion	Frequency	Percent
Buddhist	1	5%
Christian	3	14%
Hindu	17	81%
Total	21	100%

Table 6: Patients by ethnicity

Ethnicity	Frequency	Percent
Brahmin	3	14%
Chetri	1	5%
Dalit	2	10%
Janjati	8	38%
madhesi	7	33%
Total	21	100%

Table 7: Type of patients

Patient type	Yes		No		Total
	Freq	%	Freq	%	
Patients with leprosy	16	76%	5	24%	21
Patients with disability	11	52%	10	48%	21

Table 8: Type of disability

Disability type	Frequency	Percent
DG-1	3	14%
DG-2	8	38%
Total	21	100%

Table 9: Patients by type

Type of patients	Frequency	Percent
New patient	1	5%
Old patient	20	95%
Total	21	100%

Table 10: Length of stay in the hospital

Length of stay	Frequency	Percent
Below 10 days	4	19%
10 - 30 days	9	43%
31 - 60 days	2	10%
61 - 90 days	0	0%
91 - 120 days	2	10%
121 days and above	3	14%
Not mentioned	1	5%
Total	21	100%

Table 11: Satisfaction rating about services at the hospital by the patients

Areas of services	Okay	Good	Excellent	Total
Overall services received at the hospital	1	20		21
Level of satisfaction re food, bed, etc.	8	13		21
Services of doctors and nurses		14	7	21
Hospitality of the staff		18	3	21
Quality of accessories e.g. crutches, footwear, etc.	1	13	5	19
Quality of medicine, dressing and other treatment	2	14	5	21
Counseling services		16	5	21

Table 12: Provision of payment for hospital services

Need for payment	Frequency	Percent
Yes	5	24%
No	16	76%
Total	21	100%

Table 13: Is it expensive?

Perception on cost	Frequency	Percent
N/A	2	10%
Expensive	15	71%
Not expensive	4	19%
Total	21	100%

Table 14: Presence of care taker with patient

Presence of care taker	Frequency	Percent
Yes	18	86%
No	3	14%
Total	21	100%

Table 15: Reason for general patients coming to the hospital

Reason	Frequency	Percent
Get free care	3	38%
Hospital is close from Home	3	38%
Referred by Okhaldunga Hospital	2	25%
Total	8	100%

List of documents reviewed

- I. Multi Year Proposals for Anandaban Hospital and Training and Technical Support January 20014 – December 2018
- II. Annual Narrative Reports February 2016
- III. Final Evaluation of Anandaban Hospital and Training and Technical Support Programme, July 2013
- IV. Annual reports have been written at the end of each year of this current project phase.
- V. TLM Nepal Country Strategy 2015-2019
- VI. Report of Participatory Assessment of Anandaban Hospital : Situation, Effectiveness and Way-forward, October 2011
- VII. Financial reports of Anandaban Hospital and Training and Technical Support Programme, February 2016