



Health Sector Transition and Recovery Programme

Referral Systems Established Between Communities and HI District Rehabilitation Points

August 2016

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ACRONYMS

CBR	community based rehabilitation workers
CIC	clean intermittent catheterization
DFID	Department for International Development
DHO	district health officer
DOHS	Department of Health Services
HI	Handicap International
IMC	International Medical Corps
IRU	International Rehabilitation Unit
LCD	Leprosy Control Division
MDT	multidisciplinary team
MoH	Ministry of Health
NHSS IP	Nepal health Sector Support Strategy Implementation Plan
NHSSP	Nepal Health Sector Support Programme
PHCC	primary health care centre
SCI	spinal cord injury
SIRC	Spinal Injury Rehabilitation Centre
TA	technical assistance
TPO	Transcultural Psychosocial Organisation
TUTH	Tribhuvan University Teaching Hospital

1 INTRODUCTION

1.1 Background

The 7.8 magnitude earthquake that hit Nepal on 25 April, and the multiple aftershocks that followed claimed more than 9,000 lives, left more than 23,000 people injured and destroyed over half a million homes. Fourteen districts were most severely affected.

The DFID funded Nepal Health Sector Support Programme (NHSSP) has been providing technical assistance (TA) to the Ministry of Health (MoH) and the Department of Health Services (DoHS) since 2010 to help implement the second National Health Sector Programme (2010–15). In the aftermath of the earthquakes, DFID contracted Options Ltd to build on its existing programme of TA support and provide further support for a Health Sector Recovery and Transition Programme. This programme runs until September 2016 to restore essential health services, including obstetric care, family planning, physical rehabilitation and psychosocial support, across the 14 most affected districts with a particular focus on Ramechhap, Dolakha and Sindupalchowk districts.

1.2 Specific Background

The Spinal Injury Rehabilitation Centre (SIRC, a project of Spinal Injury Sangh Nepal) aims to conduct referral activities in collaboration with Handicap International's (HI's) district rehabilitation points and local communities. Five community based rehabilitation workers (CBR) from SIRC have carried out 404 follow-ups of people with spinal cord injuries (SCIs) in the 14 earthquake affected districts. During follow ups of these cases, they provided patients with basic therapy and self-care techniques. For patients requiring more intensive care and rehabilitation, SIRC staff provided a referral and sign-posting service. This directed patients to district and national hospitals, HI out-patient/social work services, and other organisations operating in the 14 districts including the Transcultural Psychosocial Organisation (TPO), International Medical Corps (IMC), and the International Rehabilitation Unit (IRU-Chautara). Patients with spinal cord injuries were referred to SIRC.

SIRC's community outreach workers liaised and worked with representatives of local government and communities, NGOs and the private sector to help ensure the successful resettlement of those injured in the earthquakes. Likewise the CBR workers also worked closely with district level step-down rehabilitation service providers. These workers have the capacity to provide support advice, information and referral options to those that may have an SCI or other physical disability.

1.3 Rationale

In Nepal, there are very few rehabilitation centres offering rehabilitation services to people with spinal cord injuries. Among them SIRC is one of the few dedicated SCI rehabilitation centre. In Nepal, in addition to earthquake related injuries, many people have to climb trees and steep slopes to collect fodder and firewood putting them at risk of falls and SCI's. After such injuries, there is evidence that rural people can become bed ridden and suffer painful deaths. To find out the real situation of patients, SIRC conducted follow-up home visits.

These visits are carried out by SIRC's five CBR workers who have been trained to offer basic self-care techniques including the use of catheters and clean intermittent catheterization (CIC) pipes along with basic therapies. Patients in urgent need of treatment are provided with a referral and sign-posting service which directs them to appropriate health service providers including district and national hospitals, Handicap International (HI) out-patient/social work service, Transcultural Psychosocial Organisation (TPO) district service centres, IOM's rehabilitation unit in Chautara, the International Medical Corps' (IMC) district service units and SIRC itself for spinal cord injury cases. Thus, patients are referred to appropriate facilities to help them live easier lives despite their physical disabilities.

SIRC also refers its in-patients to other hospitals or health service providers. Upon discharge, they are informed about the availability of different rehabilitation and health service units, referral criteria and the types of cases accepted by the partner organisations HI, TPO, IMC, and IOM if patients have any non-SCI health issues.

1.4 Activities

The major activities carried out under this assignment were as follows:

- A referral activity/pathway was created between local communities, other organisations, HI, TPO, IMC, IOM and SIRC to support the reintegration of people with an SCI in to their communities post discharge. There is a recording system for the different referral pathways.
- Common referral guidelines were developed and printed.
- A common referral form was developed and used.
- During SIRC's follow up of patients, any cases identified other than SCIs were referred to HI or other available health services.
- Regular meetings with referral agencies and project staff were held about their experiences establishing referral systems. The minutes of these meetings are presented at Annex 3 and include action plans.

1.5 Intended Outcomes

The overall purpose of this assignment was to create a referral mechanism between SIRC and local/district hospitals, HI and other like-minded organisations so that people with sicknesses or disabilities can be referred to appropriate places at the earliest possible time where they will receive proper care. Early referral means fewer complications and in this way patients will not have to remain bedridden but can live their lives with dignity by participating in regular household activities and community activities.

Another intended outcome was the continuation of referral activities even after the completion of the project. All partners are eager to continue this activity in the long run by making referrals to each other upon the identification of patients with disabilities. During the training of health workers, SIRC made sure that the proper process for referral was made clear to the trainee health professionals. Information on the mechanism for referring patients to SIRC was also shared to better facilitate referrals from district based health service providers.

1.6 Coordination Meetings

Six monthly meetings have been held between partners on the creation of a referral pathway between them (see meeting minutes at Annex 3). This series of discussions led to the

development of a common referral form (see Annex 1) and referral guidelines (Annex 2) which are being used by all partner organisations. The guidelines consist of information on referral criteria, referral pathways and contact details of focal persons from each organisation.

At each meeting, partners discussed ways to strengthen the referral system. Each is keen to measure the outcome of referrals in order to build an evidence base on the impact of collaboration in strengthening the CBR system and patient outcomes at clinical, social and vocational levels. The partners recognize the importance of standardizing outcome methodologies and measures to improve the size and robustness of the data generated by the referral system.

2 REFERRALS MADE BY SIRC

SIRC is involved in two types of referral pathways:

- referrals from CBR workers to SIRC or partner organisations; and
- in-patient referrals from SIRC to local district rehabilitation points of partner organisations.

2.1 Referrals by CBR workers

2.1.1 Background

SIRC's CBR workers have conducted more than 400 home visits to ex-patients in order to check individual progress and refer any ex-patients with spinal cord injury-related complications back to SIRC. To date, forty two patients referred to SIRC by CBR workers have come for further rehabilitation treatment. .

The CBR workers coordinate with SIRC's rehabilitation lead person and follow up with the in-charge for the referral of ex-patients. During field visits, ex-patients with non-spinal cord injury complications are referred to the district hospitals or a district partner organisation such as HI, TPO, IOM and IRU depending on treatment needs and the availability of health services. The CBR workers contact the local district rehab leads of the partner organisation if any referral is to be made. With continuous coordination between organisations, patients are referred and receive the right treatment at the right time.

The ward administrator at SIRC refers in-patients to the local district rehabilitation points of partner organisations. If the patient belongs to the district where partners have service units, then the referral criteria is matched with the needs of the patient. If the patient meets the treatment criteria, then local district rehabilitation lead persons are contacted by the ward administrator and informed by email of the patient being referred to them. The patient is given a copy of the common referral form to show at the local district rehab point.

2.1.2 Analysis of CBR Referrals

SIRC adopted an implementation strategy once the referral system was established. As noted, this involved CBR workers making referrals to SIRC or collaborating partners. In this report, actions that resulted from the steps agreed between the multidisciplinary team (MDT) at SIRC are described through an internal 'closed loop' data system which captures the referral paths of ex-patients from CBR referral, to treatment, to referral outcomes and benefits. The following details were gathered by CBR workers and SIRC clinical staff on each individually referred and treated patient.

Patient details — Of the referrals made to SIRC by CBR workers, a few were referred on to Tamakoshi Hospital, Ramechhap and some to HI's physiotherapy unit in Dolakha. The data presented in this report focuses on the 42 patients who were treated at SIRC.

Demographic information — The use of a shared referral form and internal documentation makes key patient background information available to both referral parties. The cohort comprised 33% females and 67% males who had attended SIRC for rehabilitation treatment between 2002 and 2015. The largest group was discharged in 2015 followed by 2011. Figure 1 shows the time of discharge of patients included in this referral group. Thirty-seven percent

received a referral less than one year after their discharge with most being referred to SIRC between 1 and 8 years after their discharge.

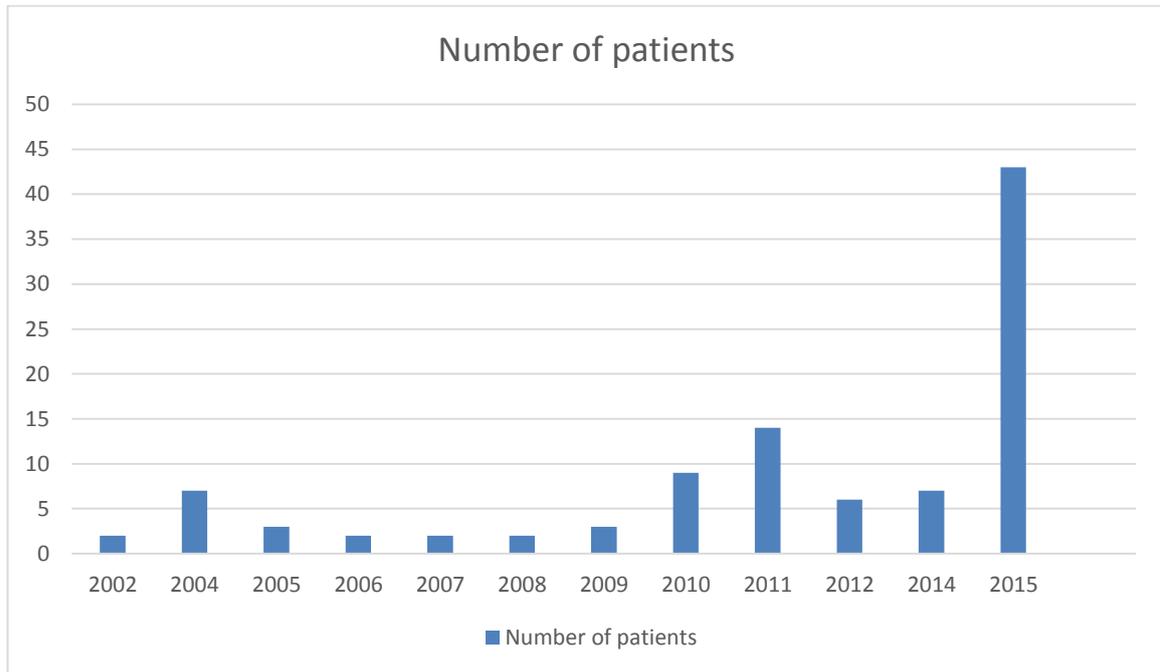


Figure 1: Patient discharge years

Fifty percent of the referred patients had lesions in the lumbar region while 21% had thoracic and 21% cervical level injuries. One referred patient had a sacral lesion.

Health status and referral reasons — Forty-four percent of patients presented both physical and psychological health issues. Disaggregation of the information provided clarity on the prominence of complications affecting SCI cases. Table 2 details this analysis and highlights the need for patients to have pressure wound treatment and management. In cases needing active rehabilitation and therapy, the CBR workers said that this indicated that patients needed attention on a number of issues relating to their condition.

Table 1: Reasons for referral

Reason	% of referred patients
Active rehabilitation and therapy	38%
Pressure wound management	33%
Bladder issues	25%
Psychological support	17%
Pain management	6%
Bowel and bladder issues	4%
Vocational training	3%

Factors contributing to referral — A critical part of the referral system’s establishment and development was the incorporation of tools to capture details and improve understanding about the challenges encountered by patients when living in their communities. This provided valuable information to determine the direction of the referral pathway, and informed the ongoing work of the CBR teams.

The following four key themes concerned individual cases:

- housing that presents movement difficulties for SCI patients
- immobility
- lack of knowledge about SCI conditions
- lack of self-care.

There was found to be a direct link between inaccessibility/immobility, low mood and medical complications such as pressure wounds, CIC issues, bowel irregularity and pain. Outcomes also included the inability to carry out daily living activities unassisted. Four patients had been living in a tent following the 2015 earthquakes which exacerbated their problems due to the unsuitability of the environment. Additional notes from CBR workers point to low levels of self-knowledge, understanding and capacity of patients to maintain and manage their conditions.

Outcomes of referrals — A summary of rehabilitation outcomes was provided by the multidisciplinary team at SIRC which was added to patients' files and referral case notes. The examination of these summaries individually and collectively reaffirmed the need to connect referral reason with the rehabilitation plan. In this regard, the treatment outcomes centred on the following:

- Active bladder and bowel control
- Improved mobility resulting in higher levels of capacity in completing unassisted daily living activities
- Improved mood and positive thinking towards life
- Better knowledge of self-care for prevention of complications such as pressure wounds, skin care, regular bowel and bladder movements, maintaining hygiene and cleanliness.

2.2 SIRC In-patient Referrals to Partner Organisations

SIRC refers in-patients who require treatment that can be provided at local district rehabilitation points to partner organisations to avoid them having to travel too far. SCI patients who need basic therapy treatments are referred to HI district rehab points while SCI patients requiring psychological counselling are referred to TPO's district service centre. The following table shows the number of in-patient referrals made by SIRC to HI and TPO since May 2016:

Table 2: In patient referrals from SIRC to HI and TPO

Organisation referred to	Number of referrals
HI	May: 14 patients June: 25 patients July: 12 patients
TPO	June: 3 patients July: 1 patient

The patients referred to HI received telephonic follow-up with some being called for treatment at HI's district rehab points. The patients referred to TPO received telephonic follow up and one received a home visit by a TPO district-based staff member. Regular coordination on referred patients is taking place between the staff of SIRC, HI and TPO with continuous updates taking place between the partner organisation.

The referral system is in its initial stage and being developed gradually. The continuation of the system should lead to positive outcomes for SCI patients.

2.3 Referrals to SIRC

Handicap International referred three cases to SIRC at the time of the earthquakes and two cases after the referral system had been setup. There have been no referrals from TPO, IMC and IOM to SIRC to date. .

Given the specialized nature of SIRC services (only treating SCIs), the number of referrals has been comparatively few from partner organisations. This will normally be the case. .

3 SUSTAINABILITY OF THE REFERRAL SYSTEM

Going forwards, SIRC is finalising the process of establishing a public-private partnership with the public health centre in Ramechhap. This will establish a small in-patient rehabilitation and outpatient service for people with SCIs and other disabilities. The referral process and system established through this project with DFID will be continued and further developed. There will also be a in-built training component which will cover appropriate and effective referrals.

SIRC's almost final new strategic plan (2016–2020) identifies community outreach, training and follow-up as priority areas. SIRC hopes to be successful in generating funds to support community based rehabilitation activities and outreach.

It is apparent from the ongoing project that there is little understanding of SCIs and that SIRC must take a proactive role to support people living with SCIs to stay healthy and live satisfying lives in their communities. The key to this is partnerships with government health facilities and other organisations. Referral pathway development is an important element in building these partnerships.

As noted, the project enabled SIRC to employ five CBR workers and upscale its community outreach programme. This resulted in over 400 follow-up visits and the collection of valuable information on the successes and challenges faced by people with SCIs post discharge. This also allowed for a rapid increase in referrals using the system developed under the project. SIRC is now seeking funds to retain these five CBR workers. As of now SIRC can retain three CBR workers but needs support to retain the other two and increase the total number further. Such support will allow SIRC to:

- continue to identify people living with SCIs who have physical and psychological complications and to refer them appropriately; and
- continue to develop the referral process with other partners and institutions.

SIRC, HI and other organisations have been involved in preparing the National Policy and Action Plan on Disability. It is intended that this action plan will include activities related to increasing the quality and coverage of rehabilitation services beyond the Kathmandu Valley. This will provide further opportunities to use and further enhance the referral process and systems developed under this project.

Annex 1: Common Referral Form

REFERRAL FORM

PATIENT PARTICULARS

DATE:

NAME:

AGE/GENDER:

ADDRESS:

EDUCATION:

OCCUPATION:

MARITAL STATUS:

PHONE NUMBER:

PATIENT'S INFORMANT:

DIAGNOSIS:

TREATMENT:

REASON FOR REFERRAL:

REFERRED TO: Organisation

Name of person.....

Phone number.....

REFERRED BY: Organisation

Name of person.....

Phone number.....

Signature.....

Annex 2: SIRC Referral Guidelines

Referral Guidelines of Spinal Injury Rehabilitation Centre

Bhainsepati, Sanga, Kavre

1. Referral of persons who have sustained a spinal cord injury

1.1 Introduction of SIRC

The Spinal Injury Rehabilitation Centre (SIRC- a Project of Spinal Sangh Nepal), also known as 'Spinal Kendra', is a Nepalese, non-profit, charitable organisation. It was inaugurated in April, 2002 by the late Sir Edmund Hillary at Jorpati, Kathmandu, Nepal. It moved to its current, custom-built, facility at Sanga village, Kavre District, in November 2008. Over nearly a decade of work in Kavre, the centre has developed a range of facilities to support spinal injured people of Nepal, who mostly come from the most marginalized bracket of society. The centre offers holistic rehabilitation services to this vulnerable client group with an emphasis on education and the prevention of complications so they are able to rebuild their lives within the limits of their ability when they go back into their communities.

1.2 Services provided by SIRC to patients and their families

1. Medical care
2. Nursing care
3. Patient education
4. Caretaker education
5. Physiotherapy
6. Occupational therapy
7. Psychological counselling
8. Peer counselling
9. Vocational training
10. Wheelchair services
11. Hydrotherapy
12. Yoga therapy
13. Music therapy
14. Home modification
15. Comprehensive discharge planning.

1.3 Inclusion Criteria for treatment by SIRC

1. Persons who have sustained a spinal cord injury (SCI) due to diseased conditions or traumatic injury.
2. Persons with an SCI who require bowel, bladder, skin education and complication management.
3. Persons with an SCI who require medical assessment and management.
4. Persons with an SCI whose individually assessed functional goals will be achieved after rehabilitation.
5. Persons with an SCI who have a caretaker

1.4 Exclusion Criteria * of SIRC

1. Persons with an SCI with other unstable medical or surgical conditions/co-morbidities.
2. Persons with an SCI who require respiratory support (such as ventilator support or high oxygen requirements).
3. Persons with an SCI who have actively unstable psychiatric illness
4. Persons diagnosed with dementia or cognitive impairment that will affect ability to receive SCI specific rehabilitation. (In these cases, short rehabilitation stays for caregiver/family education is possible.)

*These exclusion criteria are based on SIRC's professional expertise, services available at present, resources available at present, and ultimately for patient safety. Please consult SIRC lead, Chanda Rana, regarding patient assessment for inclusion/exclusion, on an individual basis.

1.5 Costing

The costing of treatment will be calculated after individual financial assessment carried by the social service department.

1.6 SIRC Contact Information

Focal Person / SIRC Lead

Chanda Rana	Rehabilitation In-charge	9818239173
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CBR workers in field

1. Prajjwal Ghimire	9741452972	9841001540
2. Ram Prasad Kharel	9741452968	9841018402
3. Ram Magar	9741452971	9813330699
4. Manish Subedi	9741452969	9849959963
5. Gokul Ghimire	9741452974	9849502138

TOLL FREE NUMBER: 16601166666. This will be manned by Shiva Neupane.

1.7 Other important information:

- Please call between 09:00 - 16:00 Monday to Friday, and Sundays
- Information regarding the patient will include the following:
 - Patient identifiers (forename and surname, date of birth, identification number)
 - Patient demographics
 - Date of injury
 - Mechanism of injury
 - Patient diagnosis: Level of injury. ASIA, SCIM.
- Written referral form will also be required while receiving the referred patients.

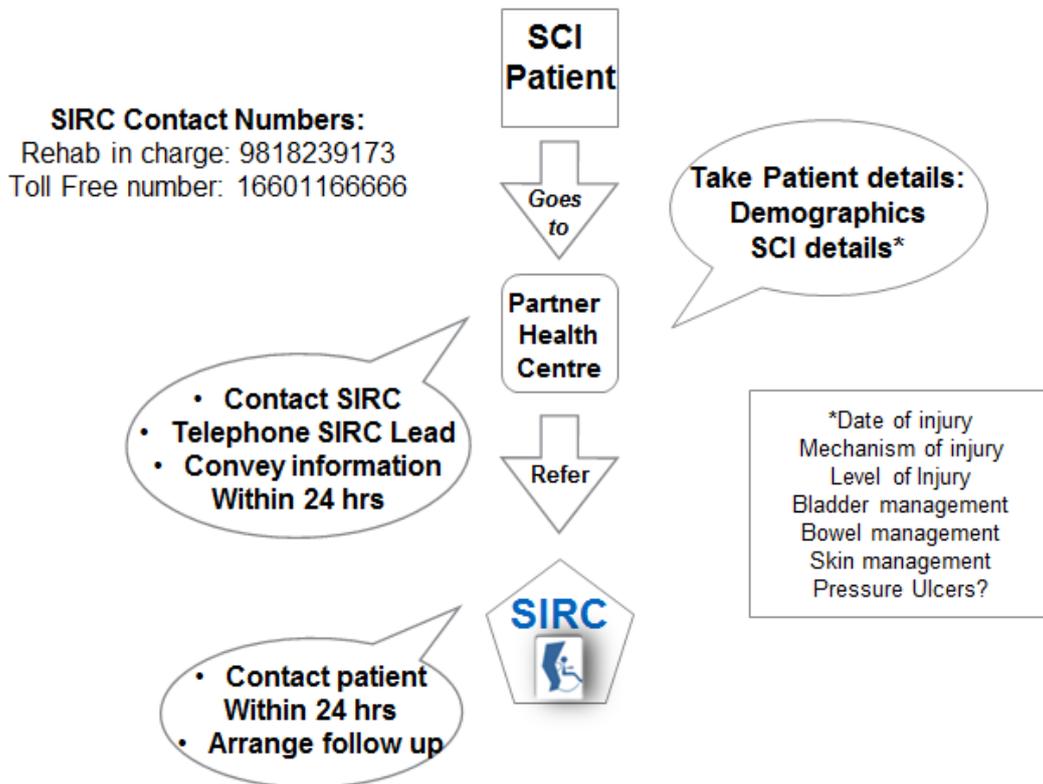
2. Referral Process

Referral for successful rehabilitation to achieve individual functional goals following a spinal cord injury is the ultimate aim of SIRC staff. Education on managing spinal cord injuries, such as the related changes to bladder and bowel for example, will assist in reducing morbidity and mortality in this vulnerable client group. This also applies to skin and positioning management (to reduce the risk of pressure ulcers, contractures and foot drop), as well as achieving maximum independence for people with SCIs to enhance patients' quality of life and inclusion in society.

SIRC offers home visit follow-up services to people by community based rehabilitation workers. Institutional follow-up is also provided on an individual basis for those with identified, achievable, rehabilitation goals.

A. The following diagram shows the referral pathway between SIRC and its partners-

Spinal Cord Injury New Patient in Community Pathway

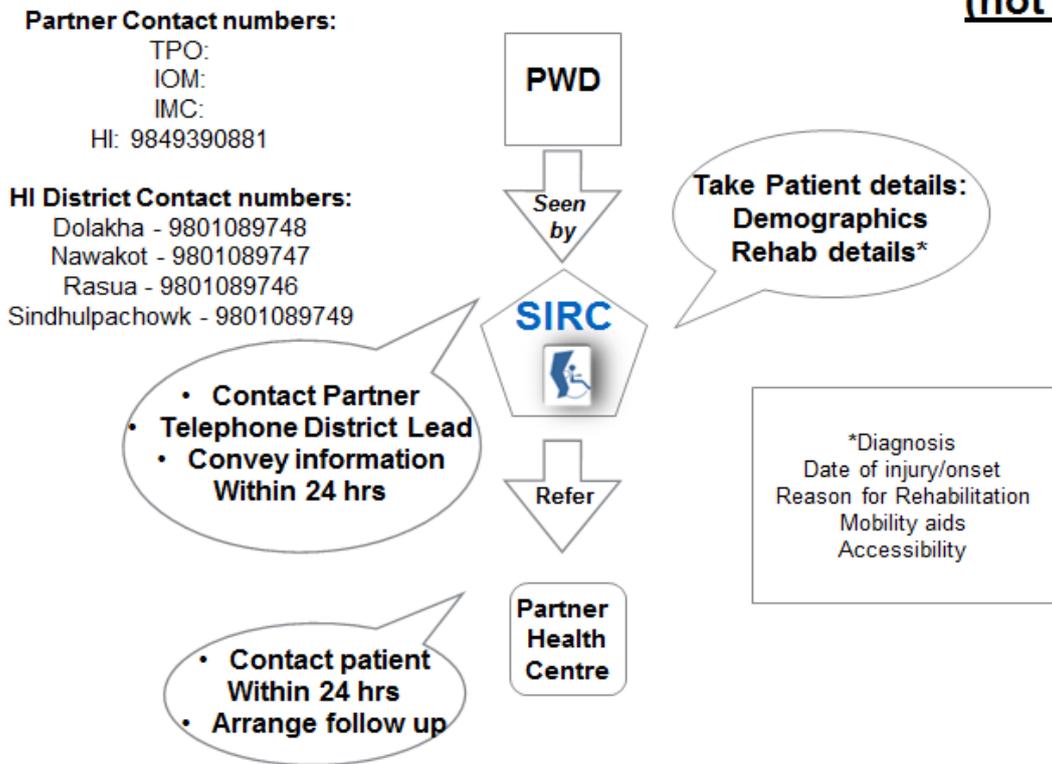


Partner health centres that receive a spinal cord injury patient who requires rehabilitation and treatment will take the patient's details including demographics and details of the injury for their own records. Within 24 hours they will then contact and telephone the SIRC focal person conveying information about that patient. If the patient meets SIRC's criteria, then they will be referred to SIRC. The referring organisation should provide a referral form to the patient which the patient needs to show to SIRC upon arrival. Patients who have been referred to SIRC will be contacted within 24 hours to provide them with necessary information. Once the patient reaches

our centre, the referring organisation will be informed . Feedback on referred patient will be provided to referring organisations.

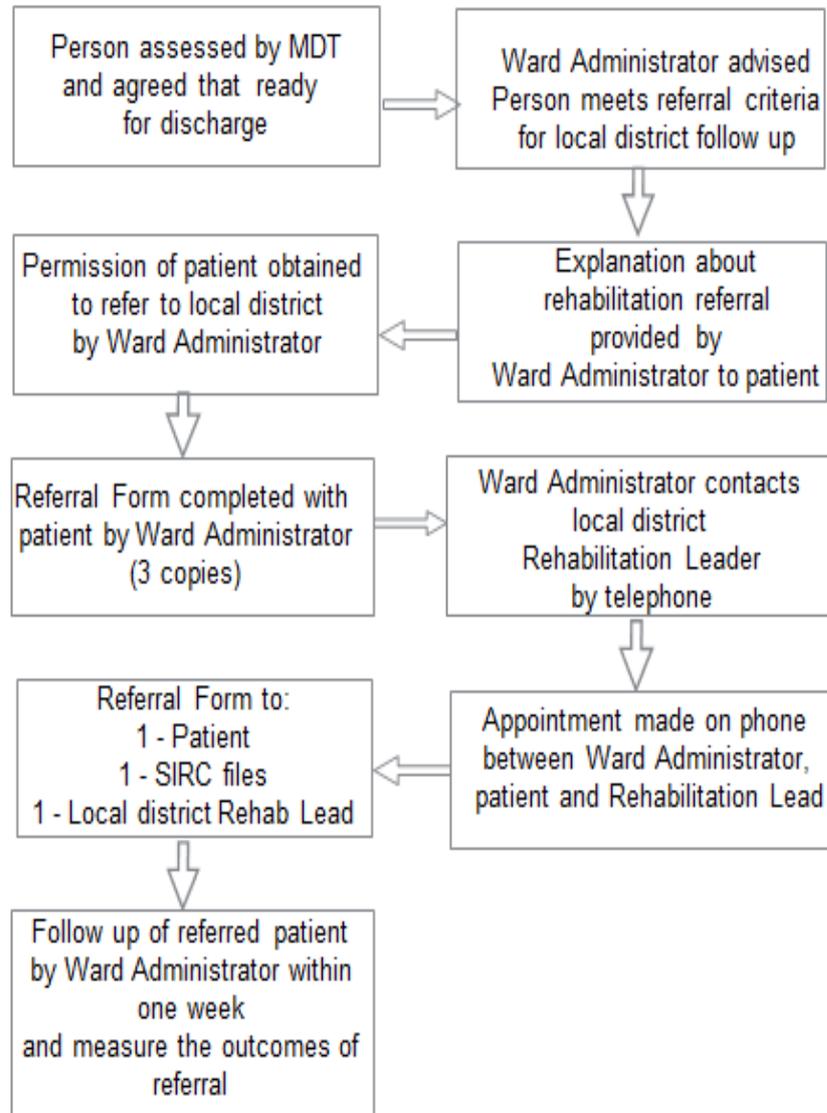
If any patient with disability (not spinal cord injury) is identified by community based rehabilitation (CBR) workers of SIRC, then they will take the details of the patient for the records. Then, depending on the nature of the disability and treatment requirement, CBR workers will contact the partner organisation and convey the information about that patient within 24 hours. If the receiving partner organisation agrees, then that patient will be referred to that organisation. A referral form will be filled up and provided to the patient telling them to visit the partner organisation for further treatment. SIRC expects to receive confirmation from the referred to organisation that the patient has attended and it will follow up with the partner organisation to get feedbacks on the referred patient.

New Patient With Disability (PWD) in Community Pathway (not SCI)



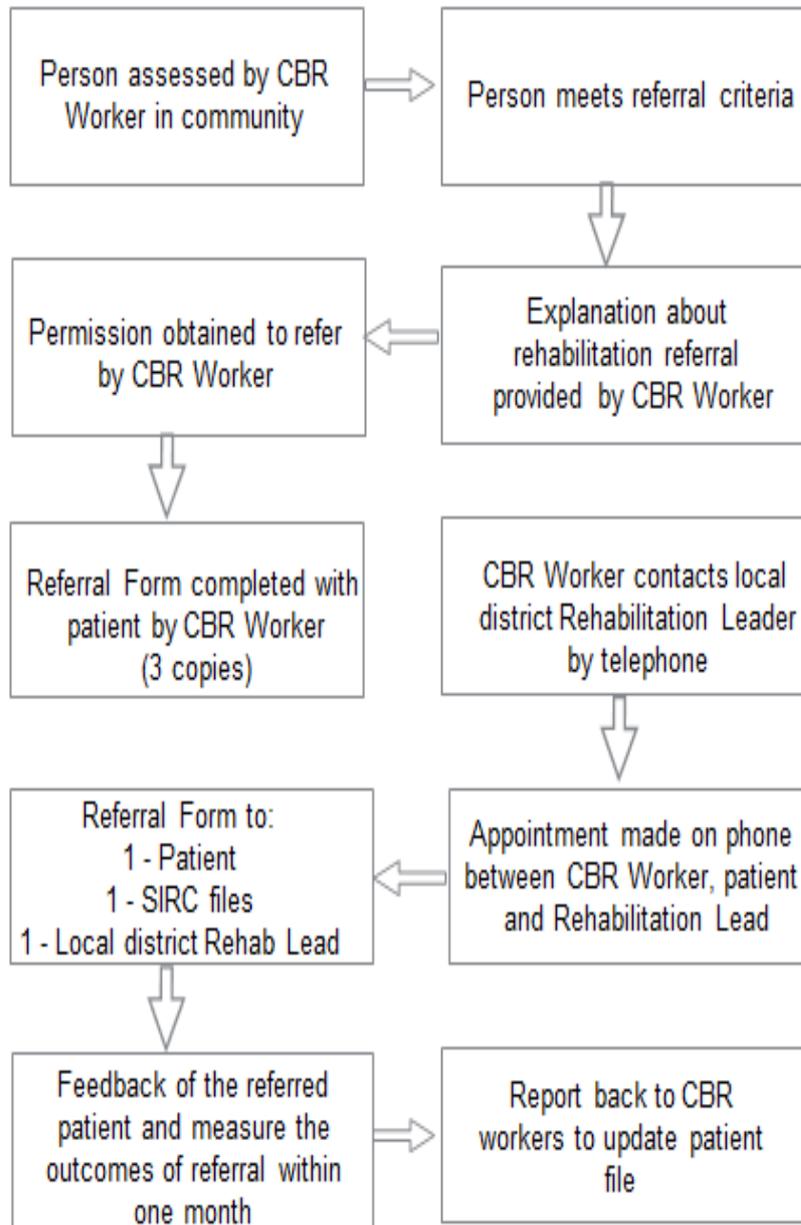
B. The following diagram shows the SIRC in-patient referral pathway to local district and partner rehab/health centres.

In patient Referral Pathway to Local District Rehab Lead



C. The following diagram shows the referral pathway of SIRC CBR worker referrals of clients to local district or partner rehab and health centres.

Referral Pathway: CBR worker to Local District Rehab Lead



Annex 3: Minutes of Coordination Meetings

Annex 3.1: SIRC, HI and TPO Meeting on Strengthening Referral Pathway (15 March 2016)

15 March 2016, 13:30hrs
SIRC Conference Hall

Attendees:

- Esha Thapa Dhungana – SIRC Executive Director.
- Nikita Kayastha – Asst. Project Manager, SIRC
- Fiona Stephenson - Consultant
- Chanda Rana Maya - Rehabilitation in Charge, SIRC
- Mandira Baniya - Head of Nursing, SIRC
- Dr Arjun - Medical Doctor, SIRC
- Lekhnath Paudel - Human Resources, SIRC
- Suresh Poudel - Head of Social Services Department, SIRC
- Keshab Sitaula - Occupational Therapy Department in charge, SIRC
- Shashi Shrestha - Physiotherapy Department in charge, SIRC
- Sapana Darnal - Psychologist, SIRC
- Prajwal Ghimire - CBR Worker in charge, SIRC
- Sonika Dhakal - Peer Counsellor, SIRC
- Shiva Neupane - Peer counsellor, SIRC
- Dr Pawan Sharma - Psychiatrist, TPO
- Sunil Pokrel - Rehabilitation Lead, HI



Presentations:

Welcome and opening of discussions relating to a referral pathway to enhance communication and care for persons with disabilities in Nepal (Esha Thapa Dhungana).

1. Presentation from Chanda Rana – Brief overview of SIRC services, including inpatient and follow up activities.
2. Presentation from TPO – Services, challenges and difficulties. Psychiatrists x 2. Home visits by trained counsellors (who have monthly supervision). in 4 districts; Ramechhap, Dolakha, Kavre, Nuwakot. Seeing more teen suicides. Medication procurement a challenge.
3. Presentation from HI - Video of 2014 activities and overview of post-earthquake statistics. Seven rehab units (Dolakha x2, Sindupalchowk x1, KTM x1, Shading x1, Rasuwa x1, Nuwakot x1)

Discussion and Action Plans:

1. Develop a SIRC referral form.
2. HI referral procedure explained, draft HI referral form discussed
3. Agreement on SIRC referral pathway developed by Fiona.

4. Ensure lifelong follow up by SIRC due to specific SCI related risks (such as urology). Agreed.
5. Discussion on transportation and cost of services. For urgent surgeries, HI will cover the cost of surgery and transportation. For regular cases; no concrete decision was made.
6. Send SIRC patient details to local health centres, HI and TPO for two way referral pathways. This will be done by partner organisations as well.
7. MDT discharge summary provided to clients could be emailed to partners (This has to be kept confidential by partners using organisational email addresses) with follow up phone call to ensure referral has been received. However, for confidentiality, TPO suggested giving basic information only of patients because TPO will assess patient themselves. This was agreed.
8. Monthly update by partners on acknowledgement of patients. Agreed.
9. Request to HI re case inclusion and exclusion criteria. HI will provide in referral document.
10. PWD identified by CBR workers will call the in-charges of HI rehab units. The in-charge will visit the patient and do necessary assessments (physical and socio economic) assessment. After the assessment, required treatment will be provided by them.
11. HI can provide commode chairs to SIRC as they have plenty of them. At present HI has mobility aids, but no wheelchairs. HI does not carry out home modifications. Following discussions re lifelong essential equipment required for people with an SCI, HI will look at procuring other equipment such as wheelchairs, cushions, mattresses, catheters and gloves.
12. Next meeting: First week of April at HI HQ. To be confirmed.

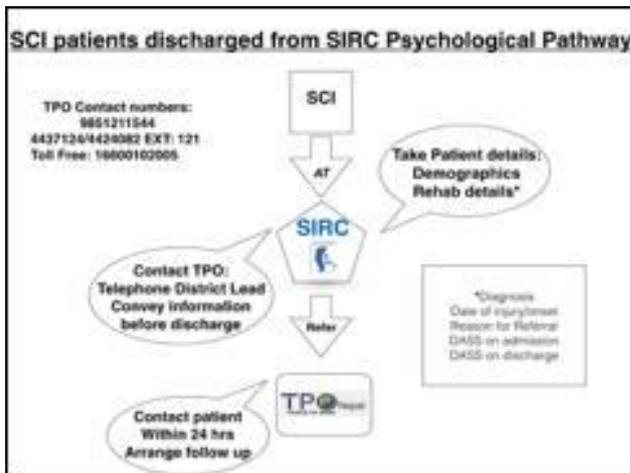
Thank you to Handicap International (HI) and Transcultural Psycho-social Organisation (TPO) for their collaboration in this process.

The following diagrams show the SIRC to HI and SIRC to TPO pathways.

SIRC-HI referral pathway



SIRC - TPO Referral Pathway



Annex 3.2: Referral Pathway Meeting between SIRC and HI (1 April 2016)



Venue: Handicap International office- Kathmandu

Date: 1st April 2016

Time: 12:00 – 13:00

Participation from SIRC:

- Fiona Stephenson
- Chanda Rana
- Mandira Baniya
- Suresh Paudel

Participation from HI:

- Sunil Pokhrel

Updates from HI:

- Sunil Pokhrel informed that CBR Prajwal Ghimire is already collaborating and meeting with HI physiotherapist at Dolakha and has shared the details of needy patients.
- HI physio staffs have visited two SCI patients at Nuwakot and provided them with air mattresses as they have developed pressure ulcers.
- HI has three to four WM-4 Motivation wheel chairs in all fourteen affected districts except Sindhupalchok where it only has emergency wheelchairs. They are happy to distribute these wheelchairs to needy clients.
- HI is ready to provide cushions to needy clients within the next 20 days.

- Sunil Pokhrel shared information on the International Wheelchair Forum, which is an online course co-organized by WHO and Pittsburg University. Any rehabilitation professionals can apply to take part. Only candidates who have successfully completed seventy out of ninety nine questions are eligible to participate in this course. Trainees will be credited with certificates.

Updates from SIRC:

- Initiation of collaboration between SIRC CBR team and HI team at Dolakha.
- Two patients identified by HI physio at Nuwakot have been followed up by SIRC's peer counsellor over the telephone. One had a healed pressure ulcer and another is coming to the centre in the first week of April.
- Shared the SCI specific referral form.

Discussion:

- Fiona to forward a clearer version of last time's referral pathway.
- The possibility of HI supporting accessibility and home modifications of clients with SCIs?
- HI has no specific projects or funding for improving accessibility of clients; however they have experience of educating people about home accessibility and supervision during modification.
- The possibility of coordinating with water, sanitation and hygiene (WASH) organisations for accessible toilets.
- Every VDC has a budget for people with disabilities, which is commonly used for buying equipment. Such funds could be used to improve access for persons with disabilities. Advocacy is needed on this.
- The establishment of a referral system between SIRC & HI across the country.
- SIRC CBR team will inform the HI team over the phone about clients in remote areas.

Requisition from HI:

- Number of SCI patients from each district.
- Approximate number of catheters required for each district.
- Brief guidelines on CIC and catheter use.
- Location of SIRC'S CBR Team, names and phone numbers.

Decision:

- Next meeting on 8 April at HI office, 11:30 to 13:30 hours. IOM and IMC will also attend.
- HI will support reconstructive surgery costs.
- Merging of SIRC & HI's referral forms to make it more convenient for clients.
- Plain mattresses will be supplied instead of air mattresses.

Agenda for Next Meeting:

- Review recent collaboration activities.
- Agree on timeline for activities
- Within July both organisations to review the referral pathway, draft a report and possibly disseminate it to the government, stakeholders and at conferences.

Annex 3.3: Meeting Minutes (8 April 2016)

Date: April 8, 2016

Venue: Handicap International (HI), Sallaghari

Attendees:

- Mahendra Bikram Shah , HI
- Ashok Paudel, International Medical Corps
- Amit Dhungel, International Medical Corps
- Dr Girwan Raj Timalisina, Injury and Rehabilitation Unit, IOM
- Kit Leung, Injury and Rehabilitation Unit, IOM
- Dr Pratikshya Chalise, TPO Nepal
- Dr Pawan Sharma, TPO Nepal
- Esha Thapa Dhungana, SIRC
- Dipesh Pradhan, SIRC
- Nikita Kayastha, SIRC

Objectives of the meeting:

- To understand each other's services and referral criteria to promote systematic cross-referral between like-minded organisations.
- To share experiences, generate possible ideas/ways forward on how rehabilitation services can be mainstreamed into the health system.

Schedule of meeting:

Time	Activities	By
9.30- 9.40	Welcome and Introduction	Mahendra Bikram Shah
9.40-9.45	Remarks by HI head of operations	Sangay Amina Bomzan
9.45- 10.00	Presentation on service referral criteria in earthquake affected district	Sunil Pokharel
10.00-10.15	Presentation on service referral criteria of HI supported rehabilitation centre in regional hubs	Pushpak Newar
10.15-10.30	Presentation on service and referral criteria	Spinal Injury Rehabilitation Centre
10.30-10.45	Presentation on service and referral criteria	TPO
10.45-11.00	Presentation on service and referral criteria	International Organisation for Migration
11.00-11.15	Presentation on service and referral criteria	International Medical Corps
11.15-11.20	Concluding remarks on referral	Sunil Pokharel
11.20 – 11.45	Mainstreaming PT/rehabilitation services in health system of Nepal	Open group discussion
11.45-12.10	Closing and Lunch	

Discussions:

1. Brief overview of the organisations, services being provided, earthquake response activities and referrals being made by all the participating organisation through the presentation.
2. Agreement on following regarding the referrals:
 - Common referral guideline/criteria will be developed and circulated.

- Suggestion to have cost determination in the guidelines which will include major costing for patients such as transportation charges, bed charges, food and medicine costs.
 - Suggestion to institutionalize the guidelines within the Leprosy Control Division.
- Common referral form will be developed and used.
- Sharing of contact information about each organisation's focal person.

Action Plan:

- All organisations to send information on referral guideline/criteria and contact information about focal person to Sunil Pokharel from Handicap International for compilation.
- Systematic cross referral between the organisations with timely and efficient delivery of services.
- Strengthen the sustainability of physical rehabilitation services.
- Mainstream rehabilitation services in Nepal's health system.

Decision:

- Next referral meeting at IOM corporate building tentatively on 9 May 2016.

Annex 3.4: Meeting Minutes (6 May 2016)

Date: May 6, 2016

Venue: IOM, Corporate Building

Attendees:

- Sunil Pokharel, HI
- Gaetan Mareschal, HI
- Amit Dhungel, IMC
- Dr Pratikshya Chalise, TPO Nepal
- Damodar Rimal, TPO Nepal
- Nikita Kayastha, SIRC
- Anu Shakya, SIRC
- Deepa Lamichhane, IOM
- Dr Radheshyam KC, IOM
- Dr Girwan Raj Timalsina, IOM

Agenda:

1. Review of last meeting minutes (held at HI office)
2. Update on plans from MoHP/Leprosy Control Division and district health authorities on plans for managing injury, rehabilitation and disability-related activities for the next fiscal year.
3. Finalization and endorsement of patient referral form by rehabilitation organisations.
4. Sharing of combined referral criteria to all partners by HI.

Discussion:

- **Agenda 1:** Brief discussion on minutes of last meeting held at HI office. All attendees updated their current referral status.
- **Agenda 2:** No concrete decision received from MoH/LCD regarding plans for injury, rehabilitation and disability related activities for the next fiscal year. Need to wait for updates from MoH.
- **Agenda 3:** Common referral form has been finalized. It will be used by all participating organisations to make referrals.
- **Agenda 4:** Presentation by Sunil Pokharel on common referral guidelines which includes referral information of participating organisations. However, attendees felt that there could be improvements in their information. So, changes will be made by respective organisations on their referral criteria and they will send it to Sunil Pokharel for final compilation.

Action Plan:

The following is the to-do list for SIRC in terms of providing needed information on referral guidelines and criteria:

- Brief introduction of SIRC
- Services provided by SIRC
- Cases accepted by SIRC i.e. criteria for accepting patients at the centre
- Exclusions i.e. cases not taken by SIRC
- Referral pathway of SIRC with HI, TPO Nepal, IMC and IOM (IRU)

- Cost determination (bed charges, transportation charges, food costs, medicine costs, etc)
- List of focal persons at SIRC to contact regarding referrals (this could be focal staff from SIRC or CBR workers in the field)
- Share our toll free number
- Photo for cover page of common referral guidelines
- Finalized guidelines for referral pathway for next meeting.

Decision:

- Next meeting at TPO Nepal
- A focal person from LCD will be invited to the next meeting
- Date and venue to be communicated by TPO Nepal.

Annex 3.5: DFID Referral Pathway Meeting (10 June 2016)

Venue: Baluwater Office, KTM

Date: 10 June 2016

Time: 10:00

Attendees: Representatives of IOM, SIRC, TPO, HI



TPO: Hosted by Dr Pawan Sharma, Psychiatrist, TPO.

External and internal referral information has been received from all organisations. No referrals received (by TPO) or made by TPO (as is not a rehab organisation).

Health posts – staff have been trained on psycho-social counselling to access and prescribe some medication. The figure below demonstrates the TPO referral pathway at the present time. TPO is able to provide financial assistance on an individual basis for mental health management.

Challenges of the TPO project:

- May not get data (not documented)
- Contact in remote areas
- Identification of mild to moderate symptoms. Following discussion; SIRC to send its DASS form as example of anxiety and depression screening tool.
- Referrals from other organisations – nil. SIRC to include the TPO toll free number in caretaker training. Psychosocial and CBR team will be reminded about availability of TPO support for people with mental health issues.

Sustainability of TPO project: Due to end July 2016. Capacity building has been achieved with 400+ staff in districts trained on psychosocial counselling. The figure below is the anticipated pathway following the projects' end.

Psychiatric medication: The government has promised to continue to provide medication for patients, as they are on the free drug list, including Amitriptylline, Chlorazepam, Thiamine, Diazepam and Carbomazepine.

All the above drugs can be prescribed by health post staff who have received the 6-day training. Patan Hospital runs monthly mental health camps.

IOM feedback: Handover to DoHS. Will discuss with SIRC, HI, district hospitals. If no interest, will close. Extended to September 2016 but will have to finish then if no donors. No referral cases received.

HI feedback: Similar situation in the districts. No DFID extension confirmed by Options. May be able to continue for 3-4 months after July 2016. Referrals made to SIRC and received from SIRC.

SIRC feedback: In-patient and CBR referrals made to HI and other district hospitals. Continuation of referral to other partner organisation including HI depending upon requirements of patients.

Next meeting: At SIRC, date to be confirmed (July 2016).

Agenda to include:

- What is going on in the districts?
- Number of referrals made
- Success stories.

Annex 3.6: Coordination Meeting

Venue: Spinal Injury Rehabilitation Centre
Time: 10am to 11pm

Attendees:

	Name	Organisation
1	Dr Pratikshya Chalise	TPO Nepal
2	Dr Pawan Sharma	TPO Nepal
3	Gaetan Mareschal	HI
4	Sunil Pokharel	HI
5	Amit Dhungel	IMC
6	Radheshyam KC	IOM
7	Prajwal Limbu	SIRC
8	Chanda Rana	SIRC
9	Nikita Kayastha	SIRC



Agenda:

1. Update on referrals

- Number of referrals made
- Success stories of patient referred.

2. Partnership and Sustainability – Group discussion

- Continuation of working relationship
- Sustainability actions regarding referrals – Who will maintain it? What commitment is required? What are the challenges? How can these challenges be overcome?

3. Update on NHSS implementation plan development meetings – Sunil Pokhrel, Handicap International

Discussion:

Agenda 1: Update on referrals

1. Updates by SIRC

- Referrals by CBR workers: 42 patients referred to SIRC
- In-patient referrals as of 25 July 2016:

Referring organisation	Number of referrals
HI	May: 14 patients June: 25 patients July: 12 patients
TPO	June: 3 patients July: 1 patient

A few patients referred to HI have received telephonic follow-up. One patient has been called by HI for treatment at their rehab point in Sindhupalchowk. The patient may visit there soon.

Patients referred to TPO have received telephonic follow up. Further investigation yet to be done.

- There is continuous coordination with HI and TPO field staff for referral of patients and their follow up.

2. Update by HI

- SIRC coordinated with HI physio unit to call wheelchair users at Rasuwa to conduct peer group training camp.
- A SIRC patient has been called by HI Rasuwa unit for treatment. HI has agreed to bear the transportation costs of that patient.
- A SIRC CBR worker met the HI Nuwakot unit team. The data of SCI patients in Nuwakot has been shared for follow up by SIRC CBR workers. Telephonic follow up has been done by HI whereby two SCI patients came for treatment. A few more are coming soon.
- Two referrals made from SIRC to HI Dolakha unit. They are being followed up by HI.
- Participation of one physiotherapist from SIRC in 'Injury Management and Early rehab training' conducted by HI.

3. Updates by IMC

- Two physiotherapists from IMC participated in the 'Injury Management and Early rehab training' organized by HI.
- Working with government for integrated camps in Gorkha. Each camp has one physiotherapist and nurse from IMC. Three camps supported to date.
- Is yet to receive update on referrals from the team.

4. Updates by TPO Nepal

- Update provided on the number of OPD patients in Ramechhap and Dolakha districts.
- Telephonic follow up to one patient referred by SIRC in Dolakha
- Received call from SIRC for the treatment of patient who required psychosocial support. Since TPO do not provide admission services; advised the patient to go to Patan Hospital.
- Sharing of success stories of patients.

Agenda 2: Partnership and Sustainability – Group Discussion

- IMC's unit in Gorkha will be there until December 2016. No phase out plans prepared yet.
- HI's physio units will operate until September 2016 and hope to continue until support is received from the government. This situation is similar with TPO.
- The services provided by the Injury and Rehabilitation Unit (IRU) Chautara will stop by July 2016. It will be decommissioned by September. The step down rehab facility (SDRF) will be ready and its status will be shared soon.
- Advocate for MoH to include rehabilitation services under the public health system.
 - Suggestion to conduct a workshop with all partner organisations (SIRC, HI, TPO, IMC and IOM) and invite people from MoH, WHO and other related government officials. The major purpose would be to advocate and sensitize respective personnel on the need to include rehab services in the health system.
 - Another suggestion to conduct a dissemination workshop under DFID together for the same purpose. HI, TPO and SIRC to explore this suggestion with the team.

Agenda 3: Update on NHSS Implementation Plan (IP) development meetings – Sunil Pokhrel, Handicap International

Updates provided by Sunil.

- HI was involved to create indicators for NHSS IP's strategy. The indicators however need to be prioritized and a workshop is to be conducted.

Action Points:

- Share the Ten year action plan draft document hosted by SIRC to IMC and IOM.
- Continue the referral of patients and coordination among partners.
- Next meeting to be hosted by IMC. Date yet to be finalized.

Annex 4: Success story of an ex-patient referred to SIRC by CBR worker

1. Name: Buddhi Bahadur Thapa Magar

Mode of injury: Crushed by Rock

Address: Ramechhap

Diagnosis: #L1

AIS: "B"

Buddhi Bahadur Thapa Magar was a farmer. His life was going well until he was crushed by stone while he was returning to home after work in the evening and sustained a spinal cord injury. He was in pain the whole night until he was found by some people early next morning. Mr Magar was immediately taken to Tribhuvan University teaching Hospital (TUTH), Kathmandu in an ambulance and was surgically managed with internal fixation. Then he was referred to SIRC for comprehensive rehabilitation. He stayed at SIRC and received rehabilitation. But he went back to home without completing his rehabilitation due to emergency family problems.



Buddhi sitting on the porch of his cracked house (left) and with a CBR worker (right)

He was managing his life until the huge earthquake of 25 April 2015 cracked his house. He was forced to stay outside. He had power in both legs but needed further rehabilitation support. He was followed up by community based rehabilitation (CBR) staff and referred back to SIRC for further rehabilitation. The CBR staff provided him a mobile phone to enable telephonic follow up.



CBR worker providing mobile phone to Mr Buddhi



Mr Buddhi with wheelchair, mattress, toilet chair and walker at time of discharge

The SIRC referral focal person contacted Buddhi after the information was received from the CBR worker. With continuous telephonic follow up with Buddhi and transportation arrangements, he came to SIRC for his top-up rehabilitation. After admission at SIRC, he actively participated in of rehabilitation activities which helped him walk short distance with the help of a walker.

Buddhi is back home and keeping himself busy with household work. Now his wife can go outside to do her work more easily and she doesn't have to look after him all the time. He received a new wheelchair in which he can propel himself long distances. He also received a mattress and toilet chair which is improving his bowel habits and will protect him from further complications. Hence, the referral by a CBR worker has greatly helped Buddhi to become more independent and active.

2. Raj Kumar Kuwar

Address: Nuwakot, Thansing, Ambarbot

Diagnosis: #T10

AIS: A

Mode of Injury: Earthquake

Raj Kumar Kuwar was sustaining his life through farming before the 2015 earthquake caused him spinal cord injury. He was brought immediately to TUTH for further treatment. He was then referred to SIRC for rehabilitation.

A SIRC CBR worker went to his house for home visit support. After getting off the bus it took 30 to 45 minutes of uphill climbing to reach Raj's home. His house had been destroyed by the earthquake and his family was living in a temporary shelter. The surroundings were completely inaccessible so he used to spend most of his time in bed. He developed pressure sores on his sacrum as he lay in the same position for long hours at a time.



Raj Kumar Kuwar's House



Raj Kumar Kuwar with his daughter

Given his condition and situation in the community, Raj was referred to SIRC by the CBR workers for the management of his pressure sore. As soon as the referral information was received, a SIRC staff member telephoned Raj and made arrangements for him to travel to the centre.



Pressure sore of Raj Kumar Kuwar



CBR worker with Raj Kumar Kuwar and his wife

Raj came to SIRC for treatment and stayed for two months. During his stay, he was very motivated and showed a strong willingness to recover. His pressure sore healed in a short time. He then started his therapy and counselling. Upon discharge, he received a mattress to help him reduce the chance of getting another pressure sore and to help his postural balance. He was also taught about measures to help reduce bowel, bladder and skin complications. He also received a toilet chair to help with his bowel movements and he was able to use it by himself with minimum support from his caretakers.

On being discharged, he was very thankful to the CBR worker and SIRC for the support provided to him. His situation would have been worst with the pressure sore if he had not been visited and referred by the CBR worker to SIRC. He felt that he had come back to a near normal life from the previous life nearing death. Hence, it was a moment of accomplishment for SIRC as it saved a patient's life and motivated him to become independent in his daily life.



Raj Kumar Kuwar with mattress and toilet chair at the time of discharge