

Annex I

**SPINAL INJURY REHABILITATION CENTRE
(SIRC)
STRATEGIC PLAN
2006-2009**

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Introduction

Socio-Political and Economical situation in Nepal

Nepal is a country which entered the so-called 'modern era' as late as the 1950s, and the country began a very difficult transition from feudalism to a welfare state, one which has still not succeeded. There have been pushes and pulls between authoritarianism and democracy over the last half century, a period during which the peoples' expectations of better education, better public health, better social security in general, have remained unfulfilled. The life expectancy at birth has been increasing steadily, and reached 55 years for males and 53.5 for females in 1995 due to the gradually improving socio-economic conditions and better health care provision. The reduction in infant mortality rate (IMR) has been a major contributory factor. The main constraints have been illiteracy, difficult terrain, lack of trained manpower, and limited resources. The registration of vital events is grossly inadequate in Nepal. In 1992-1996 the IMR was reported to be 78.5 per 1000 live births and the maternal mortality rate (MMR) 539 per 100,000 live births. Lack of data does not allow a realistic assessment of either mortality or morbidity. The main constraints are limited resources, illiteracy, poverty, difficult terrain, lack of supplies, and poor monitoring and supervision of services. Information on morbidity is unreliable and is not classified by age or sex. The main causes of morbidity are malaria, tuberculosis, leprosy and nutritional disorders.

The disabled are the most vulnerable and neglected group in Nepal. A survey in six districts estimates the prevalence of disability at 3%. The World Health Organisation however estimates the prevalence of disability at 10%. Preventive programmes associated with disability include vitamin A supplementation, iodization of salt and prevention of accidents. The Association for the Disabled and the Association for the Welfare of the Blind have launched national programmes to educate the population regarding disabilities. The main constraints are the low priority given to disability, poverty, and inadequate health care provision.

For being a country with a lot of economic potential, and a social diversity which makes it an example of cohabitation for the rest of the world community, Nepal has been unable to provide its population with a minimal standard of living. The country remains one of the poorest in the world as well as in South Asia, and the last seven years of Maoists' violence has further effected both economic advancement as well as developmental activities. This is a period when, meanwhile, civil society has not been able to creatively respond to the inability of the government to deliver the minimal in terms of services. The public health services remain rudimentary in a country that is geographically variegated, and the hospitals and medical services are all concentrated in the urban centres, most particularly Kathmandu Valley. The overall lack of direction in government as well as in civil society -- which derives from the inability to make the very basics of parliamentary democracy work thus far -- is one reason why there is such lack of direction and momentum in the social and philanthropic sectors. This is also probably why one had to wait till the spring of year 2002 for a Spinal Injury Rehabilitation Centre to be established in a country that is full of cliffs and drops.

Rationale for Establishing SIRC

Nepal is known around the world for its mountains, but its 'vertical' landscape is also responsible for a disproportionate number of head and spinal injuries, with porters slipping off precipitous trails and women and children, in particular, falling while collecting tree fodder or shepherding livestock on cliffs. With the spread of the road network comes a sharp increase in spinal trauma from highway accidents. Injuries are also on the rise because of construction, industrial activity and the growth of adventure sports. Even so, the majority of injuries result from the confluence of subsistence living and hilly terrain.

Victims of accidents affecting the spine in Nepal have had to struggle and suffer like few in places elsewhere. Support and access to care and rehabilitation has been meagre, if available at all. Nepal is one of the most underserved countries in the world in terms of medical and public health facilities, and until now there has been no institution to cater to the special needs of those with head and back injuries.

Injury to the spinal column is one of the most grievous kinds of bodily damage. It affects the use of limbs and organs, and drastically reduces the quality of life of the victims. It tends to leave the injured and their families in deep despair, and the poorer the family the harder it is to cope with the additional burden. The kind of understanding, care and long-term support required by the victims is very difficult for their families to provide when most of the victims are part of the subsistence peasantry.

The challenge of having to deal with grievous and often-irreversible spinal injury often leads to a fatalistic mindset among families and caregivers alike. On humanitarian and practical grounds, it is necessary to reject this attitude, and to concentrate on improving the quality of life of those who have suffered these life changing injuries.

It is to address the silent cry of the spinally injured that the Spinal Injury Sangha Nepal was started in the fall of 2001. The Sangha has now established a rehabilitation facility at Jorpati, Kathmandu. Opened on 7th April 2002 by Sir Edmund Hillary, the Spinal Injury Rehabilitation Centre has begun to help patients respond to the short and long term effects of severe head and back injuries.

Spinal Injury in Nepal

Given the poor state of medical and health services for the population at large, spinal injury victims and their families do what they can without outside assistance to cope in villages and at accident sites. To begin with, there are no dedicated rescue facilities. The transport of victims to hospitals, when it does take place, is over rough terrain and tends to compound the injury to the spinal column.

While rescue and transport facilities are wholly inadequate, there are some hospitals in the country that do cater to the spinally injured. Even those fortunate to receive treatment, however, have lacked specialised rehabilitation support. Without such support, including physiotherapy, occupational therapy, vocational training, counselling and health education, for example, the quality of life of the victim is significantly reduced, leading to further, ongoing complications and issues.

While there is no country-wide data available on the incidence of spinal injury in Nepal, the information collected by the Neurosurgery Department of the Government-run Bir hospital in Kathmandu over the past decade highlights both the distressing economic status of victims in general as well as the disproportionately large representation of women and children among the spinally injured. The experiences of Bir Hospital and other hospitals and nursing homes around the country also point to the desperate need for a rehabilitation centre to address the needs of patients with neck and back injuries.

The Spinal Injury Sangha Nepal

The Spinal Injury Sangha Nepal is a registered non-profit society. It seeks to roll back, as far as possible, the despair that burdens victims of spinal injury and their families. While responding to the ‘traditional’ injuries of the spine – mainly resulting from fall from heights – the Sangha also tries to address the rising incidence of spinal trauma from ‘modern-day’ accidents.

The society’s initial focus is exclusively on responding to the needs of people with spinal cord injury through the provision of holistic treatment and rehabilitation from the SIRC but in the future it plans to engage in other activities – including public advocacy, the development of evacuation procedures, and the examination of issues such as the handling of patients in the absence of specialist care. Over time, the Sangha will also try to ensure that trauma centres and health posts around the country are better prepared to handle spinal injuries.

In the running of the SIRC, the Sangha is collaborating with Nepal Disabled Association which has made the premises at Jorpati available for the Centre.

The founding members of the Spinal Injury Sangha Nepal represent a cross-section of prominent and socially-conscious individuals from Nepali society. The Sangha was the idea of the founding chairman, who suffered from a broken back in a trekking accident in August 2000 and managed to recover completely over the course of the next year.

Rationale for strategic plan

The development of a strategic plan for the Spinal Injury Rehabilitation Centre will help to clarify the future direction that SIRC will take. As the Centre develops and more activities get under way, the strategic plan will help ensure that the SIRC remains focused on its vision, mission and objectives.

The strategic plan is a management tool to be used to plan, implement, monitor and review activities. It can be updated on a regular basis.

The strategic plan can also be used as a basis for winning long term support and commitment.

How to use the Strategic Plan

The work of SIRC has been categorised into 4 main sections as follows:

Management
Rehabilitation
Re-integration
Advocacy

Under each section, various strategies have been devised. Each strategy has been broken down further into objectives (the reason for having the strategies).

Each objective has then been broken down again into activities needed to be undertaken to achieve the objective. Each department will need to draw up operational policies for each individual activity. The operational policy describes how the work is to be carried out.

The results of the activities are then described in the outcome section. This tells you what you will achieve by undertaking the activities.

The indicators are tools used to measure the work that has been undertaken.

Finally each activity has a time frame for implementation.

Methodology

The Spinal Injury Rehabilitation Centre requested John Grooms Overseas to undertake a 3 week assignment in order to advise them on attaining long term sustainability. The Agency for Personal Services Overseas provided funding for the assignment.

Initially meetings were held with members of the Working Committee of SIRC to review the terms of reference.

Discussions were held with staff of SIRC, members of the Sangha and patients and their attendants. Files and correspondence relating to SIRC were read. Then the main areas of work currently undertaken by SIRC were clarified. Additional activities deemed necessary for implementing the overall rehabilitation programme were also discussed and clarified.

A needs assessment report was completed. The needs assessment report includes sections taken from the document “The Spinal Injury Rehabilitation Centre, Kathmandu Report on the first 3 months, July 2002.” Both this document and the needs assessment report can be used as reference points for management and staff to refer to. The contents within provide a basis for the history of the SIRC. In addition they both help to clarify how and why the defined strategies were arrived at.

Finally a strategic plan was drawn up with a timeframe of 3 years (2006-2009) which will be used to guide the SIRC’s activities and as the basis for funding proposals.

Clarification of Policies of SIRC

Vision

The Spinal Injury Rehabilitation Centre's vision is to ensure that those with spinal injury in Nepal are provided with short- to medium-term support so that they can optimise the use of their limbs and bodies. In addition SIRC strives to also provide social and psychological support so that those who have faced extreme trauma are able to find mental energy to sustain themselves and to try and improve their condition.

Mission

Provide quality care and skilled based training so that the patient become as far as possible physically, mentally, socially , economically and psychologically independent. To educate patient and their relatives and enable them to educate others about the prevention and cure of spinal injury.

Objectives

- To provide appropriate treatment services considering the physical, social, economical and psychological well-being of the person with spinal injury.
- To support the re-integration and resettlement of the person with spinal injury to live independently in the community.
- To increase awareness about spinal injury, its causes and prevention measure.
- To increase awareness about spinal injuries, its causes and prevention
- To initiate and develop research activities consistent with the organisation's objectives.
- To collaborate nationally, regionally and internationally to share experiences and learn from others.
- To provide a referral service where hospital based medical treatment is required

MANAGEMENT

Objective	Activity	Outcome	Indicators	Time Frame		
				2006/07	2007/08	2008/09
To ensure SIRC provides quality services for those suffering from spinal injury	50 beds occupied	Increased quality of care for persons in Nepal suffering spinal injury	No. of people undergoing rehabilitation		X	
	Systems in place and operational policies drawn up for Centre Management, Staff Management and Patient Management	Effective and co-ordinated management of services and staff	Operational policies devised Management team meetings held	X		
	Full complement of staff employed	Centre operating at full capacity	No. of staff employed		X	

**MANAGEMENT
Administration**

Objective	Activity	Outcome	Indicators	Time Frame		
				2006/07	2007/08	2008/09
To ensure a co-ordinated service and effective management systems are in place	External communication, including general correspondence. Reporting to donors	Recognition of well managed organization	Copies maintained in file Monitoring and reporting procedures in place	X		
	Maintenance	Services provided in safe, well equipped environment	Complaints form analysed and reported quarterly Questionnaire distributed and analysed yearly. Work ongoing, problem areas identified and dealt with.	X		
	Transportation	Appropriate transport available to centre	Transport book maintained and updated daily	X		
	Full utilization of Centre and renovation	Improvement in facilities Full use of facilities	All rooms functioning	X		
	Fund management	Correct use of funds, Donor confidence	Accounting systems in place Audited accounts	X		
	Human resources and personnel policies	Motivated workforce. Low turnover	Operational policies in place	X		
	Collating dept plans	Efficient and effective service delivery	Completion of dept. targets	X		
	Co-ordinating inter-dept communication	Effective management of services	Copies maintained in file	X		

MANAGEMENT

Human Resource Management

Objective	Activity	Outcome	Indicators	Time Frame		
				2006/07	2007/08	2008/09
To ensure Centre is run by a motivated workforce with opportunities of professional and personal development	Personnel policies in place	Effective management of staff	Policies devised	X		
	Skills development of staff – internal	Greater numbers of skilled personnel. Improved quality of service at SIRC	Human Resource plan developed No. of training programmes conducted. No. of personnel trained. Types of skills acquired.	X		
	Skills development of staff -external training	Skilled personnel	No of external visits for training and conference	X		
	Training for external trainees (potential under graduate training for pts, OTs,)	Greater numbers of skilled personnel. Increased services countrywide	No. of training courses attended and where. No. of personnel trained Types of training undertaken			X
	Training for other organizations, eg nursing and medical care	Greater numbers of skilled personnel. Increased services countrywide for people with spinal injury	No. of training courses organized. No. of staff attending and professions		X	

MANAGEMENT**Promotion and Fundraising**

Objective	Activity	Outcome	Indicators	Time Frame		
				2006/07	2007/08	2008/09
To ensure the work of the Centre is promoted so that support for its activities is generated	Development and distribution of publicity materials/research publications/newsletter using website, contacts, networks, address lists	Increased awareness about SIRC and increased support for SIRC	SIRC continues to develop its services	X		
To ensure that sufficient funds are generated to further develop services and run the centre through: National fundraising initiatives International fundraising initiatives	Project proposal development. Fundraising plan developed	SIRC is sustainable and can continue its activities	Amount of funds raised internally, ie (Nepal) and externally	X		

REHABILITATION

Co-ordination

Objective	Activity	Outcome	Indicators	Time Frame		
				2006/07	2007/08	2008/09
Rehabilitation Programme co-ordinated and effective	Interdisciplinary team meetings/case conferences organized	Rehabilitation programme co-ordinated and team work developed	No. of meetings Records of attendance and meeting minutes	X		
	Joint team goals set at time of admission focused on patient's long term situation.	Patient and team all working towards same goals	Records of goals drawn up	X		
	Goals reviewed and amended throughout rehab. Period	Goals set remain relevant and appropriate	Records of progress maintained	X		
	Patient and attendant fully involved in rehab. Programme design and implementation	Effective and efficient rehab. Programme and long term understanding of patient and attendant	Pre discharge meeting to ensure patient fully prepared for discharge. Discharge data recorded.	X		
	Records maintained of goal setting and patients' progress	Improvements in present and future services and the development of research activities	Records maintained	X		

REHABILITATION
Medical and Nursing Services

Objective	Activity	Outcomes	Indicators	Timeframe		
				2006/07	2007/08	2008/09
To ensure that patients with spinal cord injury have access to appropriate medical and nursing intervention in the acute stage of injury	To work in collaboration with Nepal Orthopaedic Hospital and other hospitals for acute spinal injury management and SKM hospital for plastic surgery	Appropriate medical intervention and complication prevention	Ongoing collaboration with NOH and other hospitals	X		
To develop appropriate systems and protocols at SIRC to ensure the following:	Pressure sores are managed effectively	Healing times of pressure sores and length of stay in hospital are reduced	Pressure sore healing times recorded and files maintained	X		
	Pressure sores are prevented	New pressure sores do not develop at SIRC	Nos of pressure sores developing at SIRC	X		
	Patient regains the ability to understand and manage bladder function	Patient can control bladder and risks of physical and social problems are reduced	Bladder management progress recorded	X		
	Patient regains the ability to understand and manage bowel function	Patient can control bowel and risks of physical and social problems are reduced	Bowel management progress recorded	X		
	Other medical conditions are managed and further complications are prevented, eg, chest infection, contractures, gastro intestinal complications	Risk of complications in SIRC and at home are reduced	Types and numbers of complications recorded	X		
	Equipment and treatment materials identified and available	Appropriate services and treatment provided	Equipment inventory and delivery maintained	X		

REHABILITATION

Therapy

Objective	Activity	Outcome	Indicators	Time Frame		
				2006/07	2007/08	2008/09
To provide therapy appropriate to the needs of the patient	To develop physiotherapy and occupational therapy programmes for each patient	Patient regains maximum physical ability	Records of patient's progress maintained	X		
	To implement programme and develop appropriate systems to record progress and review programme	Programmes remain appropriate to the needs of each patient	As above	X		
	To provide patient education to ensure programme is ongoing in SIRC and when patient returns home	Patient and attendant fully understand techniques which they can use while at SIRC and when returning home	Patient and attendant knowledgeable and understand intervention	X		
	To liaise with Occupational Therapists in the country in order to develop hand therapy and activity of daily living programmes	Patient regains maximum functional ability of the hand and arm and can carry out activities of daily living to the greatest degree	Hand therapy and ADLs programmes initiated	X		
	Appropriate equipment and materials identified and available	Appropriate services and treatment provided	Equipment and materials ordered and delivery. Inventory maintained	X		

REHABILITATION

Patient Education And Recreation

Objective	Activity	Outcome	Indicators	Time Frame		
				200 6/07	200 7/08	200 8/09
To ensure patient and attendant are fully involved, supported and understand the rehabilitation process	To clarify the role of the patient and attendant in the rehabilitation process and how they can be involved	Patient and attendant are seen as members of the rehabilitation team and the rehab. Programme is most effective and efficient	No. of patients and attendants involved in the rehab process	X		
	To provide appropriate support to the attendant to ensure they remain a resource	The needs of attendants are understood and addressed	No. of meetings held with patients and attendants Records of Minutes	X		
	Develop opportunities for staff, patients and attendants to meet and discuss relevant issues	Increased understanding between those involved in the rehab. Programme	As above	X		
To ensure an effective patient and attendant education programme is organized	Each department to see patient education as a priority area and plan for this in their work	Focus on patient education and its importance emphasized	Each department contributing to patient education programme	X		
	To investigate the feasibility of developing and employing an ex-patient as a patient educator	Increased understanding and support of patients in physical management, mobility aid management and psychological adaptation	Feasibility study undertaken	X		
	To develop a patient information booklet in Nepalese	Increased understanding of patient, family and community of spinal cord injury	Booklet being used by staff, patients and attendants	X		
	To publish information booklet	As above	Booklet published		X	

To develop appropriate recreational programmes	To design and implement programme following discussion with patients and attendants	Patients remain motivated. Opportunity for staff, patients and attendants to get together	Types and no. of programmes held	X		
	To consider how these programmes may help support livelihoods in the future	Opportunity for income generation	Recreational programmes developed with economic wellbeing in mind	X		
	To encourage school community groups and individuals to support recreational facilities	Increased support to and understanding of work of SIRC	No. of schools and community groups and individuals involved with SIRC	X		

MOBILITY AIDS

Objective	Activity	Outcome	Indicators	Time Frame		
				2006/07	2007/08	2008/09
To provide the patient with appropriate mobility aids to enable mobilization and prevention of pressure sores	To establish availability of appropriate mobility aids in Nepal	Information on availability of appropriate mobility aids	Database of mobility aids producers Production of mobility aids	X		
	To order and purchase appropriate aids from producer/supplier	Mobility	No. of people discharged with/without mobility. Reasons for no mobility aids	X		
	To establish the feasibility of producing own mobility aids or forming a partnership with producer/supplier to enable production and availability of appropriate aids	Appropriate mobility aids readily available	Feasibility study undertaken and recommendations acted upon Partnership formed	X		
	To ensure patient has an effective cushion for the wheelchair	Prevention of future pressure sores and the problems these cause	No of people with appropriate cushion	X		
	To consider what the patient will sleep on when returning home and advise/supply an appropriate mattress	Prevention of future pressure sores and the problems these cause	No. of people receiving advice. No. supplied with mattress		X	

RE-INTEGRATION
Income Generating Activities

Objective	Activity	Outcome	Indicators	Time Frame		
				2006/07	2007/08	2008/09
To ensure the patient has the opportunities to return to his/her old job wherever possible	To consider previous job and present ability and decide if it is feasible to train to return to previous job	Patient can return to old job	No. of patients returning to old job		X	
To ensure the patient has the opportunity to Undertake appropriate vocational training leading to meaningful and profitable employment	Establish the feasibility of providing vocational training within SIRC	Patient learns a skill which will lead to a job which Provides an adequate income; Supports the person's re-integration into society; Reduces psychological and physical complications; Provides a good role model to other disabled people	Feasibility study completed and recommendations acted upon	X		
	To develop a database of organizations running vocational training programmes in Nepal	Increased opportunity for people with spinal injury to undertake appropriate vocational training	Database established and in use	X		
	To organise vocational training opportunities with existing programmes for patients from SIRC	As Above	No. and type of programmes organized No. of patients undertaking programmes	X		
	To support patients to find appropriate employment	Patient has the support to resettle into a new job	No. of people earning an income No and type of job being done following training	X		

To ensure patient has opportunities to return to or commence education	Where possible, help ensure that students continue their education while at SIRC, in liaison with the school of NDA or other local school	Student can continue his/her studies	No. of people continuing to study while at SIRC	X		
	Organise for students to return/commence education following discharge from SIRC	Student can return or commence school. Social integration will be promoted	No. of people commencing education after returning home. No. of people returning to education on returning home	X		

RE-INTEGRATION

Resettlement

Objective	Activity	Outcome	Indicators	Time Frame		
				2006/07	2007/08	2008/09
To support the patient to resettle in their localities and continue to lead active lives	To liaise with patient and attendant while at SIRC to consider challenges that will be faced when leaving SIRC and consider how these can be overcome	Appropriate action taken to consider how resettlement can be successful	Resettlement plans drawn up	X		
	To support resettlement through: Visits to the patient's home and locality; Speaking to family and community leaders; Consideration of future income generation or educational possibilities and opportunities; Networking and liaising with government depts. and NGOs to establish what kind of support they can provide;	Successful economical and social integration	No. of people successfully resettled in the community	X		
Follow up programme	Carry out home visits to provide support and review physical, psychological, social and economical well-being	Support given to ex-patient	No. of home visits carried out	X		
	Complete a home visit questionnaire	Provide information on impact of SIRC rehabilitation services and present situation of the ex-patient	Result of home visit questionnaires analysed and disseminated		X	
	Produce and send a newsletter periodically to ex patients	Ex patients are kept up to date on what's happening at SIRC and of developments in spinal injury management	Newsletter produced No. distributed		X	

	Include in newsletter a questionnaire for patients to complete	Provide information on impact of SIRC rehabilitation services and present situation of the patient	Completed questionnaires analysed and disseminated.		X	
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ADVOCACY

Advocacy and Networking

Objective	Activity	Outcome	Indicators	Time Frame		
				2006/07	2007/08	2008/09
To increase awareness about causes of spinal cord injury and to support persons affected by this condition	To organise programmes to raise awareness about SCI and disability issues through community meetings; visits to schools, etc	Increased understanding by the public; Increased chances of successful integration of the person with SCI	No and type of awareness raising programmes Case studies		X	
To increase awareness on prevention of spinal injuries; correct handling and transfer procedures	As above	Increased understanding by the public; Decrease in incidence of spinal injuries	No and type of prevention programmes	X		
To increase awareness and support to SIRC	Appropriate use of media to raise understanding of SCI and disability issues	As above	Increased understanding of spinal injury Increased understanding on disability issues	X		
	Networking with other government and non government organizations and related umbrella organizations	Create understanding and participation of disabled people in : Government programmes; NGO programmes; Society as a whole.	No. and reasons for meetings with NGOs, Government, Umbrella organizations Minutes maintained	X		
	To attend related conferences and workshops, nationally and regionally	Further development of SIRC services and activities. Increased support of the work of SIRC	Records and types of conferences or workshops attended	X		
	Build upon present links with CRP Bangladesh to ensure future partnership and mutual cooperation	Develop of staff and services of SIRC and CRP	Records of visits to CRP Records of visits from CRP	X		

ADVOCACY

Research

Objective	Activity	Outcome	Indicators	Time Frame		
				2006/07	2007/08	2008/09
<p>To ensure that the services of SIRC and other centres:</p> <ul style="list-style-type: none"> - Are appropriate; - Can influence future national and regional approaches to spinal cord injury management and prevention; - Can influence positive policy to support equal opportunities for disabled people 	To develop systems at SIRC which will help ensure data is recorded	Patient goals/progress monitored and programmes remain appropriate	Records of patients goals and progress maintained Data on causes and prevalence of SCI collected	X		
	Rehabilitation impact is monitored	To ensure that SIRC programmes are appropriate, necessary and effective	Monitoring systems in place Information from monitoring reports collected and analysed	X		
	To plan and initiate research projects relevant to SIRC	Increased understanding on spinal injury, its causes	Research projects undertaken	X		
	To work closely and liaise with other centres involved in similar areas in the country	To build awareness and skill on the proper management of SCI in Nepal	No. and types of visits to other countries No. of visitors to SIRC and reasons for visit	X		
	To establish links with regional and international research partners	To develop understanding of SCI between different countries. To receive income for SIRC	No. and type of regional and international links ongoing	X		