

## KPHMN review January 2016.

### (Please refer to attached photo files)

Following the visit/review in 2014 a visit to the medical centre was conducted to ascertain:

1. Physical status of the facility following the 2015 earthquake and associated damage.
2. Operational status and functional performance.
3. Status of equipment.

In addition a visit with staff from KPHMN was made to the Phaplu Hospital which included discussions with the Senior Doctor and Administrator.

#### **1. Physical status:**

The material areas of concern were damage to the buildings and exposure to falling rocks from the adjacent cliff.

Pictures are attached identifying the extent of damage incurred to the buildings which mainly included:

- a. Amenities/Toilet and shower block internal walls.
- b. Plumbing repairs to the amenities block.
- c. Building peaks were shattered, but intact. One window in the main building peak requires glass.
- d. Minor wall cracks, with no serious structural damage.
- e. A general repair to the staff quarters was also required; which had been identified in the previous visit but not attended to relating to water seepage in the toilet and adjacent bedroom (now utilised for storage). To rectify external drains at the rear retaining wall and building wall adjacent to the store room will help to solve the problem.

Interviews were held with local staff and community members to ascertain what events occurred during the earthquake and aftershocks, especially focused on falling rocks. A physical inspection was made of the cliff faces and also of the damage to fences caused by the falling rocks. Whilst many areas have been rectified, fortunately one rock remained on the road above the staff quarters and several fences were still to be repaired. The rocks were generally of the size in the photo, around 50cm, and were disturbed off a fractured face.

The main area of cliff disturbance was to the north of the facility where all rocks had fallen. The cliff above the facility was stable and no apparent areas of disturbance present.

Where rocks had fallen most were stopped when they hit stone fences. The few rocks which had gone through the fence was where it was narrow and not very high, then landing in the adjacent field.

A general consensus of the committee after the inspection was that there is no material exposure to the facility if another disturbance was to occur. Relocation of the facility is not recommended. It was determined though that the stone fence above the facility, albeit currently robust, should be expanded by 30-50cm and the height increased by 500cm. No fence currently exists above the staff quarters, so it was also concluded that the fence in its new configuration be extended on owned

land to the northern boundary of KPHMN land. Ideally for added security a stone barrier fence could also be constructed further above the facility, but the land owner would object to this.

It has been requested therefore to obtain quotes for all works. It is recommended that the repair works be undertaken as soon as possible from KPHMN funds, except for painting, with the cost and work required for painting and fence construction to be targeted as community programs for 2016.

The latest community program in 2015 was to construct a new incinerator for the facility which was successfully completed by GHAWS as described in the recent newsletter and the attached photos.

## **2. Operational status and functional performance.**

Current operations are considered very stable and achieving good results. Installation of the head nurse two years ago has uplifted performance standards. Administration changes also introduced have proved to be effective. Not surprisingly the success achieved relies largely on the nature of individuals involved with the return of Osheen, who is a Junbesi local, working for KPHMN. She plays a major role in the smooth running of medical services and administration of the facility. Ang has handed a large part of daily administration and co-ordination over to Ram who together with Osheen have a good working relationship. The Committee, particularly the Chairman (Mr Lama) have a good working relationship with Osheen. Aside from some now antiquated equipment issues it was pleasing to see the facility operating efficiently.

The multi-skilling of Niru has proved successful and she operates the lab and provides physiotherapy without difficulty.

Staff levels have been reduced whilst services have improved.

A review of staff levels and the retainer associated with the lawyer were reviewed. Currently they are considered appropriate, however may be subject to change depending on equipment or key staff movements. The budget review did identify no pay increases for the past two years, so a 10% pay increase has been provided for.

The District Health Office has recently installed a new Health Assistant (Manooka) who is keen to work with Osheen and they are developing a positive working relationship. They also installed a new Auxilliary Nurse/Mid Wife (two were identified but so far only one provided) and a CME. KPHMN provides free accommodation to these government paid employees, in return we can ensure 24 hour service.

As an observation it would seem that the Government Health Office based in Phaplu has possibly embraced KPHMN and in conjunction with the inspection of the Phaplu Hospital (see notes later) we are attempting to discuss further co-operation with the District Health Officer.

Unfortunately not much progress had been made in respect to reaching out into the community (little feedback from surveys conducted in 2014) with expanded health services. Discussions with Osheen and Niru were held to ascertain how these could be progressed. It was agreed that the purchase of a projector would facilitate conducting programs for family health and planning, youth and children education and aged health care.

Both Osheen and the new Health Assistant provide some basic dental care services. In light of this and the occurrence of a yearly dental camp it was decided to convert the room currently allocated as government stores into a dental room. Services up to date have been conducted in an office chair in the main surgery which has been inappropriate and inadequate. Osheen is seeking to source a dental chair, possibly from one of the hospitals she previously worked at in Kathmandu.

One initiative was to produce an "OPD Ticket"; an Outpatient Booklet which is provided to all patients and it contains details of any treatment, results and drugs prescribed. It is retained by the patient and can be used multiple times and also taken with the patient for any treatment elsewhere such as Phaplu or Kathmandu.

During the visit various procedures relating to the ordering and inventory management of drugs were documented. Monthly accounting of income from drug sales and local expenses is required.

In addition a review of the budget has identified certain adjustments and several reclassifications are required. Also resulting from the inspection quotations are yet to be obtained for replacement medical equipment and repairs to the buildings. These are being followed up to ensure an accurate budget can be provided to sponsors.

### **3. Status of Equipment**

All equipment was inspected and the facility was found to be neat and organized.

It should be noted that many items are now showing their age and a list of replacement items and quoted costs are to be provided shortly to complete the budget as noted above.

The most notable omission is to replace the aged X-ray machine with a modern digital version. Quotes for a new digital machine are being sought. In the interim repairs to the current machine have been completed which will ensure it can be used.

Functionally the efficient operation of KPHMN required replacement of the aged PC platform. The founders have purchased two new notebooks (one for use at Junbesi and one for administration in Kathmandu), a new scanner printer and a projector for the medical Centre. The projector to enhance presentations for health programs is noted above.

Over time many people have kindly donated various items of medical equipment some of which is now obsolete or broken. It was agreed that these items be collected and disposed.

In conjunction with the installation of new government staff (Health Assistant, Maternity Nurse & CME) it is envisaged that in-patient services can be provided. Room, beds and equipment are in place for this to occur.

### **Phaplu Hospital**

Phaplu hospital is the district hospital. A brief diagram and photos are included in the attached.

Other than referring patients to Phaplu there has been no communication, nor co-ordination with KPHMN. Following the visit we have requested staff to explore a more pro-active interrelationship. One avenue is to solicit involvement of the District Health Officer.

Infrastructure in the area, particularly the development of roads, means that an ambulance service is feasible, or alternatively if required motor vehicle transport for a patient in need of urgent medical attention.

Elements of the hospital are very modern and it certainly can provide services locally that otherwise would have to be sourced in Kathmandu.

The hospital comprises several buildings, photos of which are appended. There is:

1 permanent GP

4 intern doctors

24 permanent staff

Out patient ward including laboratory and new digital X-ray facility

15 bed in-patient facility; patients provide own meals and services

Maternity ward – delivery of 30-40 babies per month

1 functioning operating theatre, minor surgery only

Optical ward

Dental surgery

Staff quarters

Government supplied drugs; but we observed patients purchasing drugs at a private facility near the hospital.

One ambulance but currently not working due to need for repairs. If operating they quoted a fee of R2,000 to collect a patient from Junbesi.

## **Conclusion**

The facility is operating efficiently however it is in need of certain repairs and replacement of equipment.

Upgrades to the information technology platform will enable efficient administration and improved community programs.

Relocation of the facility is not considered necessary, however expansion of rear fences will provide added protection to the potential risk of falling rocks.

An updated budget is necessary for continued sponsorship.

**KPHMN Building damage**



Toilet block damage

Toilet block internal walls need repair



Roof peak damage

Roof peak + window repair



Staff quarters, peak & crack repairs  
Arrows indicate new drain locations

Structural soundness, some minor render cracks



**Cliff disturbance & Fence expansion**

	
<p>Fallen rock stopped by fence</p>	<p>Cliff above KPHMN and fence</p>
	
<p>Origin of rock fall</p>	<p>KPHMN facility with existing fence</p>
	
<p>Fence to be widened and height lifted</p>	<p>Fence extension to include staff quarters</p>

**New Incinerator**

	
<p>New incinerator</p>	<p>GHAWS Plaque</p>

**KPHMN Facility**



Osheen in medical store



Examination room



X-ray equipment requiring upgrade



Laboratory



Birthing room



In patient room



**Phaplu Hospital**



Main building



In-patient facility



Examination room



Operating theatre

**KPHMN Community meeting**

