B.P. EYE FOUNDATION

ACTIVITY REPORT 2013

Children’s Hospital for Eye ENT & Rehabilitation Services (CHEERS)
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2. Dr. Ananda Kumar Sharma- Head of Department of Ophthalmology, Institute of Medicine, Tribhuvan University.

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Chairman, Secretary General and Treasurer of the Foundation are ex-officio members of the executive committee. In addition, there are four members elected by the General Assembly. The current membership consists of Prof. P. C. Karmacharya, Dr. Reeta Gurung, Dr. Suraj Shakya and Dr. Sanjib Kumar Upadhyay.

Member
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Former Professor of Ophthalmology, Nepal Medical College

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Former Director of Nobel Medical College Teaching Hospital; Executive Director, Children Hospital for Eye ENT and Rehabilitation Services (CHEERS)

Dr. Reeta Gurung
Deputy Director, Tilganga Institute of Ophthalmology; President, Nepal Ophthalmic Society; Member, Apex Body for Eye Health, Ministry of Health
Established in 1991, the B.P. Eye Foundation has completed 23 years. Looking back, the last 23 years have been very eventful in socio-economic and political landscape of the country. Remarkable progress has been made in the health and education sectors in Nepal. Within the health sector, progress in eye care has been phenomenal with expansion of eye care services in the country where basic services, limited to few towns then, are now reaching almost all districts (not all Nepalese though!). More Nepalese have access to eye care today than when the Foundation came into existence in 1991. The critical role played by the Foundation in partnership with Institute Of Medicine, Tribhuvan University (TU) with generous support of Lions Sight First program, has helped Nepal to greatly increase the number of ophthalmologists from a couple of dozen trained in India and abroad then, to close to a couple of hundreds of ophthalmologists trained within the country now. It will not be an exercise in self-aggrandizement to claim that Nepal today has been recognized, applauded and awarded for the progress it has made in eye care. The Eye Foundation and its partnership with academia and civil society played a crucial role in this by expanding the human resource base. Interestingly, in a country with a large annual exodus of skilled and un-skilled human resources from the country, it is a matter of great satisfaction for us to learn that over 95 percent of the products of this partnership are living in Nepal-live and kicking! They operated on 250,000 of all 320,000 surgeries performed in Nepal in 2012! It is not just the production of human resources but also their distribution, which is equally important for an efficient and effective health system. In this day and age, while inequity in distribution of resources is a matter of global concern, the graduates of this program have proved an exception. They are there everywhere from Mechi to Mahakali, most of them occupying leadership positions in Nepal’s eye care system (some beyond the eye care system). We would like to recognize their contributions and salute them!

BPEF’s legacy does not end here. Initiation of optometry training program not much appreciated by leaders of eye care then, has trained eye care personnel, who are today spearheading the movement to alleviate the sufferings of people from uncorrected refractive errors- the commonest cause of vision impairment in Nepal and the rest of the world. They will play an increasingly important role in global health as precision work demanded by modern society will put ever increasing demand on acuteness of vision on the global workforce. Among other of our legacies is our research on Corneal Ulcer, Vitamin A deficiency, Seasonal Hyper-acute pan-uveitis, Gender Equality, Causes of blindness in children and a recent important discovery of that most blind children in this country are either born blind or become blind before completing their first birth day, a discovery with profound policy implications challenging us to reach these children soon after or even before they are born. To deal with this challenge BPEF/CHHERS is initiating neonatal hearing and vision screening very soon in selected maternity and pediatric units as pilots.

An old adage says, future of a nation depends on its children. More inclusive the opportunity of education and better the quality of education better is the quality of nations’ work force. Science tells us that Vision contributes to 76% of child’s learning and hearing contributes to another 12%. Between them the two contribute close to 90% of child’s learning. Altogether an estimated 20% of Nepal’s 12,000,000 children- a staggering 2.4 million children- are suffering from moderate to severe hearing and visual impairments which restrict their educational performance, interfere with their cognitive development, limit their opportunities...
for employment when they grow up perpetuating a state of intergenerational poverty. Hearing impairment
in early life interferes seriously with speech and language-a serious disadvantage to individuals in this
competitive society where communication is of utmost importance in promoting services and goods.

Therefore, that huge number of children are marginalized, cannot be acceptable to a civilized society. Out of
this concern for children was born the Children Hospital for Eye, ENT and Rehabilitation Services (CHHERS).
It is not one of the many conventional hospitals engaged in only providing “reactive clinical care”. CHEERS
is a proactive facility which, in addition to its institution based services screens children before clinical
manifestation, identifies children at risk and intervenes before they become symptomatic and provides
services close to homes of people who are not able to come to hospital. This does not complete the identity
of CHEERS. Its educational program works hard to raise awareness of the community and sensitize it to its
rights to public services and their duties as citizens of the country. Its spectrum of care extends, beyond
the frontiers of medical care, to prepare the incurably blind or deaf children to send them back to the
community as productive citizens by enabling them to learn compensatory knowledge and skills at its
innovative “Enabling Center” where children as young as 2 to 6 years of age are imparted skills of daily
living and prepared for enrollment at Early Childhood Development Centers, a right denied to them until
our ground breaking work to unlock the closed doors (doors closed because of their young age and because
of their disability). In addition to children, the Enabling Center also caters to the needs of adults and elderly
persons with sensory disability to return them to productive life and improve the quality of their life. CHEERS
therefore is a unique blend of health, a pre-primary education and a range of rehabilitation services under
one roof committed to provide a continuum of care, metaphorically speaking, from womb to tomb. Our
ultimate goal is to reach them even before a fertilized ovum is implanted in the womb.

We are grateful to government of Nepal and friendly countries, our well wishers who have supported
us through the years in establishing an institution devoted to development of children with health and
education as door openers to help children achieve their full potential and contribute to their own as well
as to this country’s prosperity.

Prof. Dr. Madan Prasad Upadhyay
Chairman B.P. Eye Foundation
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGM</td>
<td>Annual General Meeting</td>
</tr>
<tr>
<td>BoT</td>
<td>Board of Trustees</td>
</tr>
<tr>
<td>BPEF</td>
<td>B. P. Eye Foundation</td>
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<tr>
<td>BPKLCOS</td>
<td>B.P. Koirala Lions Centre for Ophthalmic Studies</td>
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<tr>
<td>CBOs</td>
<td>Community Based Organizations</td>
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<td>CDO</td>
<td>Chief District Office</td>
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<td>CHEERS</td>
<td>Children’s Hospital for Eye ENT and Rehabilitation Services</td>
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<td>CTEVT</td>
<td>Council for Technical Education and Vocational Training</td>
</tr>
<tr>
<td>CWBVI</td>
<td>Children With Blindness and Visual Impairment</td>
</tr>
<tr>
<td>CWD</td>
<td>Children With Disability</td>
</tr>
<tr>
<td>CWVHI</td>
<td>Children With Vision and Hearing Impairment</td>
</tr>
<tr>
<td>DSTS</td>
<td>Day Screening and Treatment Services</td>
</tr>
<tr>
<td>EC</td>
<td>Executive Committee</td>
</tr>
<tr>
<td>ECDC</td>
<td>Early Childhood Development Centre</td>
</tr>
<tr>
<td>ENT</td>
<td>Ear Nose Throat</td>
</tr>
<tr>
<td>FCHVs</td>
<td>Female Community Health Volunteers</td>
</tr>
<tr>
<td>GA</td>
<td>General Assembly</td>
</tr>
<tr>
<td>HF</td>
<td>Health Facility</td>
</tr>
<tr>
<td>ICEVI</td>
<td>International Council for Education of people with Visual Impairment</td>
</tr>
<tr>
<td>IEC</td>
<td>Information Education Communication</td>
</tr>
<tr>
<td>INGOs</td>
<td>International Non Government Organisations</td>
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<tr>
<td>MoE</td>
<td>Ministry of Education</td>
</tr>
<tr>
<td>MoHP</td>
<td>Ministry of Health and Population</td>
</tr>
<tr>
<td>MoLD</td>
<td>Ministry of Local Development</td>
</tr>
<tr>
<td>MoU</td>
<td>Ministry of Urban Development</td>
</tr>
<tr>
<td>NAB</td>
<td>Nepal Association of the Blind</td>
</tr>
<tr>
<td>NAO</td>
<td>Nepalese Association of Optometrists</td>
</tr>
<tr>
<td>NAWB</td>
<td>Nepal Association for Welfare of Blind</td>
</tr>
<tr>
<td>NGOs</td>
<td>Non Government Organizations</td>
</tr>
<tr>
<td>NNJS</td>
<td>Nepal Netra Jyoti Sangh</td>
</tr>
<tr>
<td>NRN</td>
<td>Non Resident Nepalese</td>
</tr>
<tr>
<td>OPD</td>
<td>Outdoor Patient Department</td>
</tr>
<tr>
<td>ORC</td>
<td>Out Reach Clinic</td>
</tr>
<tr>
<td>PAN</td>
<td>Permanent Account Number</td>
</tr>
<tr>
<td>PHC</td>
<td>Primary Health Care</td>
</tr>
<tr>
<td>PHCRC</td>
<td>Primary Health Care and Resource Centre</td>
</tr>
<tr>
<td>RUAS</td>
<td>Rehabilitation Unit for Audiology and Speech</td>
</tr>
<tr>
<td>TU</td>
<td>Tribhuwan University</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>USA</td>
<td>United States of America</td>
</tr>
<tr>
<td>USD</td>
<td>United States Dollar</td>
</tr>
<tr>
<td>VAC</td>
<td>Vitamin A Capsule</td>
</tr>
<tr>
<td>VDC</td>
<td>Village Development Committee</td>
</tr>
<tr>
<td>VI</td>
<td>Visual Impairment</td>
</tr>
</tbody>
</table>
"B.P. Eye Foundation (BPEF), established in 1991, is a Nepalese national non-government, not for profit autonomous organization, formally registered with appropriate authorities of Government of Nepal (Chief District Office; CDO, Registration number 272/061/062; PAN Registration 302059229; Social Welfare Council Affiliation number 17 642). It works, among others, in areas of Health, Education and Empowerment of people at risk of or actually suffering from disability to lift people out of poverty.

In its early years the Foundation focused its resources on expansion and improvement in quality of eye care services through training of ophthalmologists and optometrists in Nepal who then were available in only a couple of dozens. For this purpose, the Foundation established a Center of Excellence for Human Resource Development - B.P. Koirala Lions Center for Ophthalmic Studies at Institute Of Medicine, Tribhuvan University with grants from Lions SightFirst. The graduates are trained on an innovative curriculum aimed at turning out competent, comprehensive and compassionate ophthalmologists. This program has turned out 110 ophthalmologists (which is three Quarter of all Nepali ophthalmologists) and 85 Optometrists (90% of all Nepali Optometrists) who are now key personnel manning all the eye hospitals and eye departments of Nepal, in many instances as leaders of the institutions. This has helped Nepal to rapidly expand eye care services to different parts of the country and receive several international awards. This center has also treated over 2 million patients, operated on over 100,000 persons and contributed to education of over 1,000 Primary Care Physicians. Ophthalmologists trained by the Foundation’s partner have operated on almost 250,000 of the 320,000 eye surgeries performed in Nepal in 2012. While in late eighties and 1990s the Foundation’s partner was the only training center in the country, today there are more than half a dozen centers - true to its mission: Innovate, Advocate and Scale.

Having successfully accomplished its mission of making Nepal self-reliant in the field of training of human resources for eye health and expansion of eye care services, the Foundation has now turned its attention to child development with health and education of children with sensory impairment as an entry point. For this purpose, it has successfully established a Children’s Hospital for Eye ENT and Rehabilitation Services (CHEERS) in Bhaktapur. With donations from Government of Nepal, individual small Nepali philanthropists, some international non-government organizations (INGOs) and Kathmandu based foreign embassies, the Foundation has been able to raise USD 6.65 million (in cash and kind) in last four years and build a state of art Eye, ENT and Pediatric facility. This innovative facility aims to incorporate all elements of service including: prenatal screening and genetic counseling, immunization to prevent major childhood infections, medical and surgical treatment, providing assistive devices and a novel facility of an Enabling Center for empowering blind, deaf and deaf-blind children (and adults), a pre-school to prepare them to be admitted to early childhood development centers - all
under one roof. In future services for other sensory disabilities such as Autism, Learning disabilities will also be added on. CHEERS started providing clinical and rehabilitative services in December 2012. In the first year itself it has provided services to over 35,000 patients. It has received a competitive grant from Sight Savers Innovation Fund (Sept 2012 - March 2014), and implemented a program which has provided training to young (3-6 Years old) visually impaired children in daily living skills and pre-Braille activities to encourage their enrollment in ECDCs. Through its own innovation of “Search Army operation” it has identified 39 blind children between the ages of 3 and 6 years, enrolled 24 of them in early childhood development centers (ECDCs) for the first time in Nepal, 11 more will be enrolled once they complete their training at Enabling Center. CHEERS is being used by Department of Education as a learning resource for government teachers, with several batches of teachers and ECDC staff benefitting from learning experience at CHEERS. BPEF leadership team is engaging with Department of Education for CHEERS to be recognized formally as an ECDC within the education system; a Memorandum of Understanding (MoU) is due to be signed by both parties very soon.

BPEF’s strong community based program reaches out to the people living at the bottom of the pyramid- the hardest to reach group –to bring them to mainstream development in partnership with concerned stakeholders. Since 2010 -2011, with support of Kadoorie Charitable Foundation, BPEF provided eye and ENT care services to over 130,000 children (and some adults) in mid, far west and remote hills of central development regions of the country using its own innovative model of Dedicated Children’s Eye and ENT Camps. In this model direct service provision (including free glasses, hearing aids, low vision devices and medicines) is combined with capacity building of health workers and school teachers; health promotion, health rights education and disability awareness for general population.

CHEERS is also providing educational opportunities (Rotating Internship) to Audiology graduates of Institute Of Medicine, Tribhuvan University as well as a full year structured internship to graduates in Optometry from universities abroad. Soon a training program for a mid-level Speech and Audiology technician will be started with affiliation from Council for Technical Education and Vocational Training (CTEVT), to address the acute shortage of mid level ear care and speech personnel.

The Foundation has received and managed grants from governments (Nepal, Japan etc.) and INGOs (Sight First, Sightsavers, Kadoorie Charitable Foundation, Rotary International, Lions Sight First program etc). It has pioneered: day care cataract surgery, dedicated children eye ENT camps; an integrated education and eye health facility for children for the first time in the country. It is poised to make history by making doors of education open to young CWBVI, currently excluded in Nepal and many parts of Asia.

The Foundation also works in the area of advocacy and health policy development. Some examples of successful advocacy include tax waiver on assistive devices; mid-term review of Vision 2020: The Right to Sight;
integration of eye health services in general health services in new health policy. With its sustained advocacy together with its partners, the Foundation has been successful in bringing in Rubella and Measles vaccination on board national immunization program. With efforts of the Foundation, a Vision Alliance has been set up with participation of EFAVI National Task Force, Department of Education and health, NGOs like B.P. Eye Foundation, Nepal Netra Jyoti Sangh (NNJS), Nepal Eye Program (Tilganga Institute of Ophthalmology), Nepal Association for the Welfare of the Blind (NAWB), Nepal Association of the Blind (NAB) and International Council for Education of people with Visual Impairment (ICEVI), Nepalese Association of Optometrists (NAO) and other stake holders. This Alliance is poised to ramp up efforts for routine vision screening of school children (not available as yet) through a program to train school teachers. For this purpose over 1,000 teacher-trainers are being trained with shared responsibility between different stake holders.

The Foundation is well represented in major policy platforms with its membership of Eye Health Policy Advisory Committee; National Committee for Ear and Hearing Care; High Level Health Policy Advisory Committee of Ministry of Health; Education For All Visually Impaired (EFAVI) National Task Force of Ministry of Education; Vision Alliance (A combined initiative with Ministries of Education and Health).

Increasing global knowledge base on best practices and innovative approaches to sensory impairments is a key mission of BPEF. In this regard, BPEF has conducted world class research in prevention and treatment of corneal ulcer, vitamin A, gender equity in health, and causes of blindness in children of Nepal. The research on corneal ulcer has been replicated in other Asian countries including India, Bhutan, Burma and Cambodia. Quantification and delineation of population characteristics of Vitamin A deficiency in children of Nepal led to initiation of pilot interventions for Vitamin A capsule (VAC) distribution which is now scaled up to all 75 districts of the country and 4,000,000 children under 6 years receive VAC twice a year in all parts of Nepal leading to dramatic reduction in vitamin A related eye diseases and substantial reduction in child morbidity and mortality. A study led by the Foundation revealed that gender inequity was profound, persistent and pervasive in Nepal and made important recommendations for initiating gender-sensitive eye care system. A survey of 778 students with blindness and visual impairment studying in 67 integrated schools for the blind children revealed corneal blindness due to vitamin A deficiency to be the commonest cause of blindness in children followed by retinal diseases, congenital cataract and glaucoma. This study also revealed for the first time that 93.5% of blind children in Nepal are either born blind (67.4%) or become blind within one year of birth (26.1%). This has serious policy implications necessitating earliest possible interventions.

National Capacity Building is a core function of the Foundation. Reference has been made to training and education of ophthalmologists, optometrists, medical and nursing graduates earlier. In the last few years the Foundation has trained 689 Female Community Health Volunteers; 70 primary health care personnel (such as health assistants and allied health personnel) for eye and ENT examination and treatment; 963 school teachers, 572 school students for vision and hearing screening.

Vision
Empowered communities where people are able to achieve their full human potential.

Mission
To eliminate barriers (illhealth, illiteracy, inequity and poverty) which impede achievement of full human potential by communities.

Strategy
Employ health as entry point and education as door opener for poverty reduction, equity and social inclusion.
Community Based Activities

B.P. Eye Foundation is a people-centered proactive organization which has deep roots in the society because of its community-based activities, especially focusing on the marginalized people to bring them to the mainstream national development process. In pursuit of this goal it operates a variety of programs; those conducted during 2013 are as below.

1. School health program

Besides providing regular services to outdoor and indoor patients, B.P.E.F conducts regular ENT and Eye screening programs for school children, based at hospital and at schools to protect vulnerable children.

A. Screening of school children: During the period of one year, a total of 6,365 children had their Eyes, Ear, Nose and Throat checked at CHEERS and at schools. Majority (54%) of the students were male. Of total, 69 (1.1%) had hearing impairment and 345 (5.4%) had impaired vision. These children were provided with necessary hearing aid and glasses free of cost.

B. Health promotion activities: Apart from the screening of school children, these children were also provided with health promotion information. Two new components have been introduced which include Human Rights Based Approach to Health and Disability Awareness

2. Mobile health camp

In coordination with Ministry of Health and Population (MoHP), Ministry of Education (MoE) and Ministry of Local Development (MoLD), BPEF conducted five dedicated children’s Eye and ENT camps in remote and hard to reach areas of Dolakha, Kavrepalanchowk and Sindhupalchowk districts of Nepal. Started from 2nd April 2013, the camps are conducted in two stages: One pre-camp activity prior to each camp, for training health facility in-charge on eye and ENT care; Female Community Health Volunteers (FCHVs), primary level teachers and secondary level students of government schools. A total of 4,772 patients were examined in the camps (1,738 in Dolakha, 1,813 in Kavrepalanchowk and 1,221 in Sindhupalchowk). The number of patients visiting for Eye check up was higher than those for ENT in every camp. This may indicate lack of awareness about ENT problems in the community. Altogether 95 patients from the camps were provided with glasses and 14 with hearing aids free of cost.
A total of 268 patients (115 for eye and 153 for ENT) were advised for further examination at health facilities. Among them only 55 patients visited health facilities and received appropriate treatment while the rest were lost for follow up. A study of those patients to identify the barriers for accessing health facilities after being referred from the health camp is under preparation.

In addition, 26 health facilities were equipped (1 Primary Health Care Center, 10 Health Posts and 15 Sub Health Posts) with Aural syringe, Otoscope, Jobson Hobe Probe, Tuning fork, Register, Posters on eye and ear care. Similarly, 29 health clubs with 147 trained students has been also established.

Table 1: Training activities

<table>
<thead>
<tr>
<th>Districts</th>
<th>No. of FCHVs trained</th>
<th>No. of Health workers trained</th>
<th>No. of Teachers trained</th>
<th>No. of students trained</th>
<th>No. established Health club</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dolakha</td>
<td>92</td>
<td>16</td>
<td>98</td>
<td>45</td>
<td>8</td>
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<tr>
<td>Kavrepalanchok</td>
<td>87</td>
<td>10</td>
<td>87</td>
<td>41</td>
<td>9</td>
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<tr>
<td>Sindhupalchowk</td>
<td>62</td>
<td>10</td>
<td>60</td>
<td>61</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>241</strong></td>
<td><strong>36</strong></td>
<td><strong>245</strong></td>
<td><strong>147</strong></td>
<td><strong>29</strong></td>
</tr>
</tbody>
</table>

3. Day Screening and Treatment Services (DSTS)
This is part of B. P Eye Foundation commitment to serve the local community. A day long screening is conducted in three districts of Kathmandu valley for those who can’t come to hospital for various reasons. Conducted in partnership with health posts, sub health posts, Village Development Committees (VDCs), local clubs, women’s group and community based organization (CBOs); 26 DSTS were carried out and 3,538 patients examined (67% for eye check up and 33% for ENT check up).

4. Out Reach Clinic (ORC)
As a matter of policy, BPEF/CHEERS works in collaboration with existing health and education systems supporting them and building their capacity. As of now regular ORCs are held once a week each at a government run PHC at Lele and a community run Primary Health Care and Resource Center (PHCRC) at Chapagaun, both in Lalitpur district.

During the year under review, 2,794 persons (1,075 male, 1,719 female) were provided services close to their homes. Among them 122 were referred to CHEERS.

5. Health Promotion Activities
Promoting health and preventing diseases is a hallmark of BPEF’s operational strategy. It does this both at its hospital and in the community. There is a dedicated health promotion room at the hospital with education materials to which patients have easy access on the ground floor. In addition BPEF/CHEERS produces different IEC materials (altogether 3000 posters of 7 different types) for conducting awareness campaign. A total of 1,608 children (745 boys and 863 girls) and 1,073 adults (465 male and 608 female) participated in health promotion activities.
<table>
<thead>
<tr>
<th>Beneficiaries</th>
<th>Eye examination and treatment through camp/ORC/DSTS/school screening at ORC</th>
<th>ENT examination and treatment through camp/ORC/DSTS/school screening at ORC</th>
<th>Empowerment through training</th>
<th>Screening of patients by trained</th>
<th>Referred to HF by trained FCHV</th>
<th>Examination of patients by trained Health workers in their HF</th>
<th>Health promotion</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>2,576</td>
<td>1,729</td>
<td>-</td>
<td>2,021</td>
<td>665</td>
<td>-</td>
<td>-</td>
<td>1,608</td>
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<tr>
<td>Adult</td>
<td>3,521</td>
<td>1,604</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>470</td>
<td>256</td>
<td>1,073</td>
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<tr>
<td>FCHV</td>
<td>-</td>
<td>-</td>
<td>241</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Teachers</td>
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<td>-</td>
<td>245</td>
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<tr>
<td>Students</td>
<td>-</td>
<td>-</td>
<td>147</td>
<td>36</td>
<td>212</td>
<td>135</td>
<td>470</td>
<td>1,073</td>
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<tr>
<td>Health workers</td>
<td>-</td>
<td>-</td>
<td>36</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>241</td>
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<tr>
<td>Total</td>
<td>6,097 (2,095 M, 4,002 F)</td>
<td>3,333 (1,596 M, 1,737 F)</td>
<td>669 (192 M, 477 F)</td>
<td>2,021 (1,117 M, 904 F)</td>
<td>665 (390 M, 275 F)</td>
<td>220 (135 M, 85 F)</td>
<td>155 (110 M, 45 F)</td>
<td>470 (175 M, 295 F)</td>
</tr>
</tbody>
</table>

Table 2: Summary of beneficiaries from community activities
Institution Based Activities

1. CHEERS

Children Hospital for Eye ENT and Rehabilitation Services (CHEERS) started providing service to general population from 3 December 2012 to mark the International Day of Persons with Disability. It is a specialized hospital catering to the needs of people with Eye and ENT problems to people of all ages and general pediatric services for children. Included in its menu of services are: health promotion, education, outreach clinics, mobile camps, day care screening and treatment services, as well as rehabilitation services to children with untreatable visual/hearing impairment to make them independent and enter schools. This fits in well with BPEF philosophy of providing continuum of care.

Within a year of starting of services, CHEERS has gained popularity due to its patient-centered services, child and disabled friendly as well as neat and clean environment. CHEERS now has patients coming from many parts of the country seeking quality Eye and ENT services. Provision of general pediatric services at CHEERS started from December 2013.

Vision of CHEERS:

No Child with vision and hearing impairment (CWVHI) from an avoidable cause will become disabled or remain disabled if available and evolving knowledge and technology can prevent or reverse the disability. If disability is irreversible, CWVHI enjoy their right to education, become productive citizens and improve their own and their families' quality of life.

Strategy

- To reduce the number of hearing and visually impaired children (Health Intervention).
- To increase the enrollment and improve quality of education of hearing and vision impaired children (Educational Intervention)
- Enhance opportunities for better paying jobs or higher income generating self-employment schemes (Overcoming poverty).
**Unique Features of CHEERS**
CHEERS is dedicated to its vision of establishing itself as the centre of excellence with focus on following qualities:

1. Customer friendly services
2. Child friendly services
3. Disabled friendly services
4. Environment friendly services
5. Gender sensitive
6. Social security for low income and marginalized
7. A Proactive, people centered institution with deep roots in the community
8. A center for advancement of education and rehabilitation of persons with disability
9. Staff trained for disaster preparedness

**Services at CHEERS in 2013**
CHEERS started its services from 18th Mangsir 2069 (3rd Dec. 2012). Eye and ENT services in CHEERS started from 3rd December 2012. Within one year of its establishment, 32,025 patients accessed Eye and ENT services from the OPD of CHEERS. Majority of the patients i.e., 19,342 (60%) visited for eye examination.

![Distribution of Patients at CHEERS receiving Eye & ENT Services](image.png)
CHEERS offers a full range of services for improving the quality of life of people with Eye, ENT and Pediatric problems. These include: Refraction, Orthoptics, Laboratory, Operation Theatre, Rehabilitation Unit for Audiology and Speech (RUAS), Ear Mold Lab, Low vision, Contact Lens, Counseling section, Optical shop, Pharmacy, Speech Therapy, New born hearing screening, Radiology, Paying clinics, In patient wards, Pre and post operative services, Immunization, Outreach coordination section.

Table 3: Number of Service Users at CHEERS

<table>
<thead>
<tr>
<th>Unit</th>
<th>Service users</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Refraction unit</td>
<td>2,954</td>
<td>3,090</td>
</tr>
<tr>
<td>Orthoptics unit</td>
<td>285</td>
<td>397</td>
</tr>
<tr>
<td>RUAS</td>
<td>418</td>
<td>393</td>
</tr>
<tr>
<td>Procedure room</td>
<td>788</td>
<td>890</td>
</tr>
<tr>
<td>Laboratory unit</td>
<td>382</td>
<td>296</td>
</tr>
</tbody>
</table>

**Rehabilitation Services**

Rehabilitation Unit is designed with a view to counsel and assist disabled children and adults as well as training their family members for taking care of a disabled person at home. An innovative program of "Making Early Childhood Education Inclusive for Children with Blindness and Visual Impairment" was launched with assistance of Sightsavers International. The expected outcome of this innovation is to open the doors of Early Childhood Development Centers to young (between the ages of 3 to 6 Years) disabled children, a right denied to them so far as none of the over 34,000 ECDCs in Nepal accepted 3 to 6 years old young disabled children. This program was started from 17th October 2012. Three field trainers with previous experience in rehabilitation of the blind were deputed and trained to address special needs of children. 239 grassroots health workers (189 female and 50 male) which includes Female community health Volunteers, health post staff were provided training to identify and refer children with blindness and visual impairment. Two separate types of teaching manual, 2 teaching handbooks and 5 different awareness materials in the form of posters were developed and distributed to the FCHVs and health assistants to facilitate for their activities.

So far 35 children (12 female and 23 male) with disability have been trained at CHEERS; 24 visually impaired children (8 female and 16 male) graduated from CHEERS and have been enrolled in early childhood development centers for the first time in the country. Thus the door to ECDC is now open for disabled children. To take proper care of those children school headmaster, facilitators (teachers at ECDC) and caretakers have been also trained on mobility and daily living skills activities.

"This effort of B.P Eye Foundation –CHEERS (Hospital) has been a milestone in the campaign “Education for all” of Government of Nepal" (Sightsavers evaluation).
Table 4: Children with Disability (CWD) enrolled at CHEERS

<table>
<thead>
<tr>
<th>S. No.</th>
<th>CWD</th>
<th>Boys</th>
<th>Girls</th>
<th>Total Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Blind</td>
<td>14</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>2</td>
<td>Deaf blind</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Blind Neuro</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>Low vision</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>Low vision/ Autism</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>Blind autism</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>7</td>
<td>MR/Blind</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>Deaf</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>23</td>
<td>12</td>
<td>35</td>
</tr>
</tbody>
</table>

2. B.P. Koirala Lions Centre for Ophthalmic Studies (BPKLCOS)

Taking up the challenge of augmenting the eye care workforce in Nepal, BPEF entered into partnership with Tribhuvan University, and developed a center for development of human resources for eye care. BPKLCOS was established at the Institute of Medicine through a tri-partite agreement between BPEF, Tribhuwan University and Lions Sight First Program. In 2013, BPKLCOS provided eye care services to 115,737 persons at OPD, 418 persons at In-Patient Department and provided surgical facilities to 2,897 needy people of Nepal. This center brings out a separate annual report to which the reader is referred.
Other Activities

Participation
1. Mahesh Kumar Dev (Optometrist)- participated in International Conference on Clinical and Experimental Ophthalmology April 2013 organized in Chicago, USA.
2. Dr. Subodh Gnyawali and Dipesh Bhattarai- participated and presented poster at the conference organized by European Academy of Optometry and Optics in April 2013 at Malaga, Spain.
3. Mr. Madhav Aryal, Treasurer BPEF, Country Representative ICEVI and Special education expert participated and presented a paper about experiences with pre ECDC in ICEVI west Asia Regional Conference in April 2013 at Ahmedabad, India
5. Prof. Dr. Madan Prasad Upadhyay participated in the meeting with Sight Savers in June 2013 at United Kingdom.
6. Dr. Ranjana Sharma participated in the national ophthalmology conference organized by Nepal Ophthalmic Society, September 2013 at Pokhara, Nepal

Awareness and Advocacy campaigns
1. International Day of Hearing was observed on March 3, 2013 with a talk program on taking care of ear and hearing.
2. International Glaucoma Awareness week (10-16 March) was observed by organizing a walkathon on 15th March 2013.
3. Prof. Madan Prasad Upadhyay, Prof. Purna Chandra Karmacharya, Dr. Sanjib Upadhyay, Mr. Madhav Aryal, Mr Rajan Raut and Dr Prasanta Poudyal presented the work of BPEF and CHEERS at the social and philanthropic session of the 6th NRN Global Conference in September 2013.
4. A talk program on ‘Disaster Management” for CHEERS staff was delivered by Mr. Nagendra Aryal on 24th May 2013. The talk aimed at mitigating effects of various forms of disasters like landslide, flood and earthquake.
5. June month of 2013 was celebrated as International Hearing Impairment month at CHEERS.
6. A discussion on ‘Low Vision and Blindness’ to visitors from department of education was delivered by Mahesh Kumar Dev on 30th June 2013.
7. A discussion on ‘Rehabilitation for visually impaired (VI) children’ was delivered to the parents and caretakers of the VI children of the enabling center by Dr. Sangeeta Shrestha on 30th June 2013.
8. World Sight Day was observed on October 10, 2013. All staffs of CHEERS actively took part in walkathon from Bhrikutimandap to Nepal Eye Hospital.

Talk Programs
BPEF runs regular academic activities as part of continuing medical education. The following were the topics and the speakers.
2. Childhood corneal disorders. (July, 2013)- Dr. Anica Shah
3. Assessment of Vision Related Quality of life (August, 2013) - Dr Sangeeta Shrestha.
5. Status of vision of children, (preschool, primary school and secondary school) presenting at CHEERS (August, 2013) - Dr. Rashmi Shrestha.
7. Pattern of ocular morbidity among school children presenting at CHEERS.(September, 2013) - Dr. Ranjana Sharma.

**Educational Program**

BPEF has started internship program for the students of Bachelor of Optometry and Bachelor of Audiology and Speech Language Pathology from 2013. The students from various national and international institutes come to CHEERS to join the internship program. During their internship, these students acquire defined clinical skills from the OPD under direct supervision of Ophthalmologist, ENT specialist, Optometrist and Audiologist.

**Visitors at BPEF/CHEERS**

In the year 2013, following are important visitors to BPEF/CHEERS:

- Dr. Lava Kumar Awasthi, Director General, Department of Education
- Nimrata Khuman, Program coordinator for Nepal and Bangladesh, Fred Hollows Foundation
- Dr. Sanjay Singh, Director of Eastern Regional Eye Care Program
- Representatives from Christoffel Blind Mission
- HE Suresh Raj Chalise Nepalese Ambassador for UK and HE Andy Sparkes UK Ambassador for Nepal
- Jack Whitcher, Tom Lietman, Kieran O’Brien and Jeremy Keenan Proctor Foundation, San Francisco, USA
- Takesi Naito, Associate Professor of Ophthalmology Tokushima University of Japan
- Jenny Bell and Alecia Cummins, Sight Savers International
- Linda Romano-Derr, Regional Program Specialist, South Asia SightFirst Grant and Dr. Ramachandra Pararajasegaram, Global Technical Adviser, SightFirst

**Governance and Stewardship**

**Structure:** BP Eye Foundation follows a three-tiered system for its governance.

The **General Assembly (GA)** is the highest governing body of the Foundation, with over 50 members, half of them women, meeting once a year. It provides policy guidelines, reviews yearly activities and approves annual plan of action. It also appoints an independent auditor annually, reviews the auditor report and directs the Board of Trustees (BoT) in all matters including financial issues.

At the next level is the **Board of Trustees (BoT)** consisting of 9 founding members and 2 other members nominated by the Trustees for a term of 4 years. The BoT meets 4 times a year to monitor progress, provide policy inputs and review financial statement. The founding members of the board are permanent trustees. The members of the BoT are drawn from a wide spectrum of contemporary Nepali society bringing in expertise from health, education and disability sectors. Constellation of parliamentarians, social scientists, diplomats, university teachers, special education experts and financial experts bring in a rich and diverse array of people and development experiences. The membership includes from law-makers to home makers. The BoT is the key driving force for long term vision and strategic planning.

At the next level, **Executive Committee (EC)** has three representatives from BoT and 4 members elected by the GA to ensure both continuity and change. This committee meets every 2 months, is responsible for overseeing the implementation of the planned activities and for initiating new programs as well as for periodic review of financial status for subsequent reporting of BoT.
Financial System
Treasurer of the foundation is responsible for maintaining financial discipline and well-being of the organization. Internal auditing is done on regular basis by the Finance officer and Treasurer. The financial income and expenditure together with assets of the Foundation is audited each year by an external Auditor duly registered with Auditor General of Nepal. This audit report is submitted to the BoT which after a thorough review presents it to GA. All program and budget is recommended by the BoT and approved by General Assembly.

The Foundation regularly generates statement for Income and Expenditure, Receipt and Payment A/C balance sheet monthly for review by senior management team, consolidated reports are reviewed every two months by the executive committee and every four months by the BoT. Account statements are prepared on quarterly basis for reporting to the government for funds received from the latter. External Auditor’s report is prepared every year. For grants received from external sources statements are generated as per agreement between the Foundation and the partner agencies.

Copies of the relevant reports are sent to Social Welfare Council, a statutory body constituted by the national parliament for monitoring and supervision of NGOs. The reports are also shared with the office of the Chief District Office and Local Development Office- statutory bodies with which NGOs must register before starting work and renew their registration annually.

The board also depends on the reports of the various committees such as procurement committee, technical and quality control committee to check for consistency. It also determines if financial rules have been faithfully followed by the administration. Resources are allocated on the basis of local needs and availability. Priority is given to services aimed at disadvantaged communities, women, children and persons with disability.

Partnership
Government of Nepal
Ministry of Health and Population
Ministry of Health and Population has been a great source of support for the Foundation. The ministry has been providing the fund to BPEF for the procurement of different medical equipments as well as other program costs.

Ministry of Education
Ministry of education has been the partner of BPEF through EFAVI National Task Force, Department of Education for education of blind and other disabled children. At present government is preparing to designate CHEERS as a Resource Center for training its teachers in special education. A memorandum of Understanding is in the final stages of being signed.

Kadoorie Charitable Foundation
A Hongkong based charity; Kadoorie Charitable Foundation has provided assistance to the tune of NRs. 17.78 million for Eye and ENT camps for children in three hilly and high mountain districts namely, Kavrepalanchowk, Dolakha and Sindupalchowk. Till end of December 2013, 8,974 children (5,078 girls and 3,896 boys) and 6,924 adults (4,221 female and 2,703 male) have directly benefitted from the project and around 10,000 more individuals are expected to benefit from upcoming activities in the remaining period of this project. Children requiring glasses, hearing aids and surgery were provided free of cost and those requiring further medical and surgical treatment were provided services at Children’s Hospital for Eye Ear and Rehabilitation Services.

Rotary International
BPEF in partnership with Rotary Clubs of Budhanilkantha and Maple city (California, USA) trained 20 resource teachers and provided Braille typewriter including educational materials required for one year for blind
students. Along with it, BPEF has been involved in regular follow up and monitoring activities in improving educational status of these blind students.

**Sightsavers International**
Sight Savers is a United Kingdom based charity which has been working for over 60 years to combat avoidable blindness and promote equal opportunities for disabled people. Sight Savers has joined hands with B.P. Eye Foundation in “Making Childhood education for children with blindness and visual impairment inclusive in Nepal.” This project was rated as highest scoring during selection of Sightsavers innovation grant and best performing during the first half evaluation. This support has enabled B.P. Eye Foundation to open doors to young disabled children (3-6 years of age) in ECDC in Nepal through training and required advocacy among stakeholders. Before the initiation of this project, children had to wait until they were 6 years of age to be admitted to schools.

**Government of Japan**
Government of Japan provided a grant for replacing old equipments and purchasing some new equipment for improvement of outreach medical service provision in rural Nepal. The equipments purchased through this grant are being used for outreach services of B. P. Eye Foundation.

**Photos : Providing Health Services to Vulnerable Children**