B. P. EYE FOUNDATION
HOSPITAL FOR CHILDREN EYE ENT AND REHABILITATION SERVICES

6 YEARS of CHEERS
This publication is a comprehensive documentation of B.P. Eye Foundation’s Hospital for Children, Eye, ENT and Rehabilitation Services (CHEERS)’s work showcasing the organization’s significant achievements and milestones in six years from launching of its public service in 3rd December 2012 to December 2018. Efforts have been made to highlight BPEF-CHEERS’ contribution not only in numbers but also by showcasing how this has impacted the lives of people. The publication will serve as a valuable resource, not only for those who are part of the organization and its present stakeholders but also for those who will associate with the organization in the future. Aside from this, the publication also includes awards and recognitions received, its staff and board members, donors and partners, an overview of policy changes in Nepal as a result of the organization’s advocacy.

My long association with CHEERS over the years covering human interest stories, through blogs related to children with sensory disabilities, their parents, people with disabilities and elderly at outreach camps, updates on the organization's other significant activities, spending time at the Enabling Center with children, visiting them at schools, interacting with parents and teachers, interacting with patients at day screening camps, remote rural camps and partner hospitals and community centers, the Founding Members and the staff has enriched and given me a good insight into the work of CHEERS and helped me in putting this publication together.

This publication is not meant to be an evaluation study. The sole purpose of my work has been to record for readers, the developments as they have occurred and as I have seen them through the lens of a development worker. Therefore, readers, hopefully will not be disappointed not to find any adverse comments.

Anuja Upadhyay
I am grateful to have been asked to write a message for “Six Years of CHEERS”. Six Years of CHEERS have really been very eventful, not surprisingly with trials and tribulations of every new initiative. I am delighted to learn that CHEERS has made progress numerically year after year with over half a million people served in the last six years. What is even more interesting to me is its pursuit of achieving gender equity has not waned over the years neither have is efforts to bring in people at the periphery to the center of its work. Health care has remained gender neutral for years and it is only in recent years that gender equity and social inclusion have made entry in health care narratives. Often is it discussed at international platform and followed by another international conference with very little happening in between. As I write this message, the largest global conference “Women Deliver 2019” on gender equality, and the health, rights and the well-being of girls and women will kick off on 3rd June in Canada. I hope this conference will be able to generate more action in contrast to the rhetoric of the past. CHEERS has silently been doing this, a good example of “think globally and act locally”.

Not limited to gender equality, inclusive nature of CHEERS work is evident also for children, adults and senior citizens. With a life cycle approach for children, screening adults for chronic diseases, special programs for senior citizens, efforts to reach out to poor and to people far and near the hospital who can’t make it to the hospital, connecting people to services are important measures which will help achieve equality in an unequal Nepal. With these initiatives and its innovative programs it is evident that CHEERS has refused to accept status quo and has used its platform to effect change.

Prevailing medical practice has become progressively fragmented with focus on organs and tissues rather than their owners. This has been challenged by CHEERS with introduction of a holistic health program, which has been well received by people and may well beacon a shift in medical practice in years to come once CHEERS is able to establish tangible benefits of such a initiative. Its rehabilitation services for incurably blind and or deaf children, a feature integrated within the hospital is unique, of which there are not many examples in the world that I could cite.

It emerges that the multi-dimensional outreach programs of CHEERS have enabled it to be all inclusive. It is my belief that to narrow down equity gap and promote inclusion for universal health coverage, health care must become mobile to connect the unconnected to dramatic progress that medicine has been able to make over the last half century. Given the extent of multiple barriers to accessing care, this (mobility of care) appears to be our only hope at this time and for some time to come for us to achieve sustainable development goals.

My congratulations to the leaders of CHEERS and to the author of this publication who has captured well CHEERS’ achievement.

Madan Upadhyay
Chairman Emeritus
It gives me great pleasure to be writing this message for the publication “Six Years of CHEERS” which marks an important milestone for B.P. Eye Foundation’s Hospital for Children’s Eyes ENT and Rehabilitation Services (CHEERS). We are very proud of the fact that we have completed six years of continuous work. Running a fully equipped state of the art hospital housed with a Rehabilitation Centre which helps to provide equitable access to quality health care for people with disabilities and rehabilitation for improving the dignity of children with neurosensory (vision and hearing and other disabilities), to mainstream them into pre-primary education for the first time in Nepal has been a humungous and challenging task.

I feel fortunate that I was part of B.P. Eye Foundation’s first and second flagship projects, the first one being the Centre of Excellence for Human Resource Development – B.P. Koirala Lions Centre for Ophthalmic Studies (BPKLCOS) which helped expand eye care services through training of human resources in Nepal almost thirty years ago. Having achieved this, the Foundation wanted to expand its services to include ear care and thus started its second flagship program-CHEERS in December 2012.

To do this we revised our goal, mission, vision and strategy and evolved CHEERS into a unique and innovative model of health care using a proactive, holistic, people centric and inclusive approach and a strategy that employs health as the entry point and education as the door opener for poverty reduction, equity and social inclusion.

Our work includes strengthening health care systems, equipping and empowering people in remote and deprived communities, advocacy for the rights of people with neurosensory (vision and hearing) disabilities with the local community and policy makers at the country level and research and innovative programs to find solutions to help people effected by disabilities. We have done this through various game changing programs. All this has been covered in detail by the author in this publication.

I would like to thank the author as well as all those who have contributed their time and efforts in bringing CHEERS to the stage that it is in today.

Prof. Dr. Purna Chandra Karmacharya
Chairman
It gives me immense pleasure to write a message for this publication, Six Years of CHEERS capturing the achievements and developments during the past six years of the Hospital for Children Eye ENT and Rehabilitation Services. Great visionaries and founder members of B.P. Eye Foundation had envisioned CHEERS and set its vision, mission, and goals so that CHEERS “stands tall” with its service scope being “beyond the box” of other hospitals.

Today, over a hundred thousand patients are treated in Eye and ENT care by the Hospital, reaching out to the communities, delivering health service at doorsteps, targeting children, women, the disabled, and marginalized. This Eye and ENT health service has identified blind and deaf, prevented many from blindness or deafness, created mass awareness and an environment for education of children with sensory disabilities through its Enabling Center; another unique feature of CHEERS which stands alone not only in Nepal but, also in its neighboring countries.

Much has been achieved in the past six years and a lot more is yet to be achieved in the coming years. The last six years was not an easy journey- there were hardships all along. The major one being Eye and ENT healthcare human resource. Though not much of a challenge was present in acquiring Eye Health Care Workers (thanks to the first flagship project of B.P. Eye Foundation, which generated most of Eye health care workers needed in Nepal), the greatest problem was from ENT healthcare providers. Only a handful of centralized ENT healthcare workers exist in Nepal. An even smaller number of audiology and speech therapists are available in the country, making the situation very tough for acquiring ENT health care human resource.

A shift in policy of CHEERS and incorporating an accredited program of community ear health worker (designed by CHEERS) paved the way for the much needed human resource in community ear health care.

As of now, CHEERS provides free services to children with sensory disabilities through its Enabling Center and places them in mainstream education, with partial or full subsidies for the poor and marginalized, and a relatively cheaper rate for the common people of the country. With no government support in running the hospital, it seeks well-wishers, grantees, and philanthropists to provide financial support for many of its programs.

To summarize, CHEERS in the past years, has treaded through hardship, but stuck to its objectives and fulfilled its vision, mission, and values firmly. As the Executive Director of CHEERS, and General Secretary of B. P. Eye Foundation, I have been privileged to have constant support from dedicated staff and guidance from the Senior Management Team to help steer the institution in the right direction and bring it to the present position. I firmly believe, with continuous support, CHEERS shall stride even further in the coming years. There is a need for expanding services to all seven provinces. The seed for the future has been sown by establishing a miniature replication of CHEERS at Sauntha, Morang (Province 1). This needs to be scaled up in other places as well so that Eye and ENT health care reaches the common people, and sensory disability is alleviated.

Dr. Sanjib K Upadhyay
Executive Director & General Secretary
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I. INTRODUCTION AND HISTORY: SIX YEARS AND CONTINUING

The last six years has been a period of rapid progress and growth for B. P. Eye Foundation (BPEF)’s Hospital for Children, Eye, ENT and Rehabilitation Services (CHEERS), but not without challenges. Established in December 2012 in Bhaktapur, CHEERS is the second flagship project of B. P. Eye Foundation. BPEF CHEERS was founded on the vision to provide equitable access to quality health care and dignity of children and persons with vision, hearing and other disabilities throughout Nepal.

Few words about the First Flagship Project

When born, the Foundation was highly focused on addressing limited eye care services and the lack of human resources available in the country. The vision, mission and accomplishments of BPEF-CHEERS began with the dreams of visionary doctors, Late Dr. Laxmi Narayan Prasad, Prof. Dr. Madan P. Upadhyay, Prof. Dr. Purna Chandra Karmacharya and Prof. Dr. Shashank Koirala more than 27 years ago. At that time there were fewer than 10 ophthalmologists, only one eye hospital, with four eye departments of general hospitals on the verge of closing down due to lack of ophthalmologists and para-ophthalmic...
personnel. Only about 2,000 cataract surgeries were possible every year, with no primary eye care centers in all of Nepal. Any post-graduate training in ophthalmology took doctors to other countries, where they often stayed instead of returning to Nepal. In 1991, working with Tribhuvan University Institute of Medicine and helped by a grant from Lions Sight First to address this crisis, BPEF first established a Centre of Excellence for Human Resource Development – B.P. Koirala Lions Centre for Ophthalmic Studies (BPKLCOS) at Tribhuvan University’s Institute of Medicine, Teaching Hospital in Kathmandu.

Fast forward to 2016, there were 250 ophthalmologists over 100 optometrists, 350 ophthalmic assistants, primary eye care centers in all districts, and over 350,000 cataract surgeries performed and increasing every year. Even more interestingly, there are currently about a dozen training programs based at several eye hospitals, most of them managed by 150 graduates of B.P. Eye Foundation’s first flagship project transforming a Hesitant Nepal to a confident Nepal.

Encouraged by this success story and the resulting expansion of eye care services in Nepal, the leaders of BPEF are now working to similarly expand ear care services through the training of ear care health workers at BPEF’s second flagship project- Hospital for Children Eye, ENT & Rehabilitation Services (CHEERS) which was established in 2012. It took five years to conceptualize, design and implement the establishment of CHEERS. In the meantime, BPEF itself has undergone a transformation, with a better understanding of the breadth of human endeavor, revising its vision, mission, and values, which are listed below.

**BPEF CHEERS- VISION, MISSION, STRATEGY, VALUES**

**VISION**: Empowered communities where people are able to achieve their full human potential.

**MISSION**: To eliminate barriers (ill health, illiteracy, inequity and poverty) which impede achievement of full human potential by communities.

**STRATEGY**: Employ health as the entry point and education as the door opener for poverty reduction, equity and social inclusion.
II. BPEF CHEERS:
AN INSTITUTION WITH A DIFFERENCE

This broadening of vision and commitment to a larger service mission provided the impetus to establish the Hospital for Children Eye, ENT and Rehabilitation Services (CHEERS). The description that follows focuses on capturing modus operandi, outputs, outcomes and impact CHEERS has been able to make.

Modern health care models wait for sick persons to seek care, which for large numbers of people in countries like Nepal, is not even an option because of social, geographical and financial barriers. With this ‘reactive’ model of health care access, human rights and dignity are not intentionally ignored, but they take a backseat to delivering what little health resources are possible to those who manage to make it through their doors. The need to shift the focus of medicine from ‘reactive’ to a more ‘proactive’ caring for the health and wellbeing of persons and communities is often discussed amongst global health professionals and scholars, but for over Six Years, BPEF-CHEERS has quietly and persistently been doing something about it. This is perhaps what led to Goethe’s advice, “Knowing is not enough, we must apply. Willing is not enough, we must do.” With their “Pro-People, Pro-Health, Pro-Poor and Inclusive” model of health care, BPEF-CHEERS is ‘doing’, and thus working hard to change the landscape of health care delivery, inclusive education and advocacy for human rights in Nepal.
While modern medicine has made tremendous strides and people are living longer and healthier lives, reductionist care focused on organs rather than the system is looking only at parts and not the whole human individual. Moreover, the noble profession of medicine as a service has sadly become revenue driven. This approach has suffered from declining state funds, and increasingly profit driven sectors affecting the health work force, pharmaceutical industry, technology and instrumentation development and distribution, as well as the increasing number and cost of additional ‘middle men and women’ in health related industries. The consequences of these developing trends mean that sick people have become a source of revenue for all of them.

Despite many years of discussion and agreement at the highest international levels of the United Nations, the World Health Organization, and a basic premise of the Universal Declaration of Human Rights, that health and education are fundamental human rights, this stark non-inclusive nature of modern health and education systems is evidence that there is much work yet to be done. Globally, over one billion people lack access to mainstream health care, and likewise 262 million children and youth are excluded from schools because of disabilities. In Nepal there are a total of 159,211 out-of-school children and 222,237 adolescents who are out of school. This total includes 64 million children of primary school age, 61 million of lower secondary school age and 138 million of upper secondary age. (Source: UNESCO Institute for Statistics).

CHEERS is working to change some of this, at least to lay the foundations for change through small efforts.

How do they do this?

CHEERS’s values of being proactive, holistic, pro-poor and inclusive has helped them achieve their goals.

The CHEERS organization is a proactive institution. Their staff does not just wait at the hospital for the sick to come through their doors. They go out to where people are, not only where sick people are. Their outreach services connect the unconnected to the health system by going to their neighboring homes to provide Day Screening and Treatment Service (DSTS). They also provide Static Outreach Clinics (STORC), which are specialty services at public institutions, which do not provide that service for people living few to hundreds of miles away from their hospital in hard to reach areas. They tread where others dread, going to Remote Rural Health Camps (RRHC). Their special children-centered programs include newborn hearing screening, retinopathy of prematurity screening in premature babies, infant hearing screening at immunization centers. They assess nutritional, vision and hearing status at early childhood development centers and have even trained students to assess vision in school age children. Their proactive approach is not only limited to reaching out to the community, they also proactively screen all visitors to the hospital for common health problems, such as hypertension and diabetes.
III. CHEERS MODUS OPERANDI

The CHEERS model of health care is accessible, holistic, affordable and empowering as described below:

*Table 1: CHEERS Model of Health Care*

<table>
<thead>
<tr>
<th>CURRENT PRACTICE</th>
<th>OUR APPROACH</th>
<th>EXAMPLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reactive</td>
<td>Proactive</td>
<td>- Outreach based Community Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Hospital based Health Promotion Services (Obesity, Hypertension,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diabetes and Glaucoma Screening among aged 35 and above</td>
</tr>
<tr>
<td>Reductionist</td>
<td>Holistic</td>
<td>Person Centered Approach – Health Promotion, Disease Prevention,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Curative Services and Rehabilitation Services</td>
</tr>
<tr>
<td>Revenue Driven</td>
<td>Subsidized</td>
<td>210,984 people received free or subsidize treatment in Registration,</td>
</tr>
<tr>
<td></td>
<td>Treatment</td>
<td>Procedure, Surgery, Medicines, Glasses, Low Vision Devices etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>From Hospital and Outreach Services Nrs. 110,000,000/-</td>
</tr>
<tr>
<td>Non-Inclusive</td>
<td>Inclusive</td>
<td>Gender, Generation, Geographic, Poor etc.</td>
</tr>
<tr>
<td>Non-engaging provider</td>
<td>Empower Patients</td>
<td>Counselling, Engagement Patients in their care</td>
</tr>
</tbody>
</table>
From Reductionism to Holistic Health

Rather than simply being a hospital that treats the diseases of eyes and ears, CHEERS addresses the consequences of vision and hearing disability by promoting social inclusion of persons with neurosensory disabilities. Perhaps the most innovative development of CHEERS has been the rehabilitation facility for children with vision loss and hearing loss. In Nepal, there has historically existed a systematic pattern of silence and injustice which did not allow young children with disabilities less than six years of age to be enrolled in Early Childhood Development Centers (ECDCs) or pre-schools while thousands of their same age peers were learning at ECDCs. That is, it was “normal” and a “given” until 2012, when CHEERS challenged the “norm”, and established a “new normal” that such children could and should go to schools. Since 2012, over 300 children with disabilities have participated in the rehabilitation center’s school readiness program, and have entered schools in their communities. But what is given need not be taken. CHEERS also provided the holistic support needed at all levels, including engagement of parents, teachers, school management committee members, and the government.

Besides rehabilitation the organization’s practice of holistic health includes health promotion, disease prevention and early detection and treatment as a continuum of care for all patients cared for at CHEERS.

Although CHEERS is a specialty institution focused on two sensory organs (Eyes and Ears), they are person (patient)-centered. With the goal of targeting some of the underlying health problems contributing to neurosensory loss, all patients over 35 years of age coming to CHEERS undergo a systematic evaluation of their health status such as nutritional status (height, weight, waist circumference) blood pressure, blood sugar and intra-ocular pressure before visiting the specialists for their specific complaints. This has enabled the doctors to better help their patients by earlier detection, and therefore earlier intervention of common and silent health problems such as overweight/obesity, elevated blood pressure, blood glucose, and intra-ocular pressures in unsuspecting patients and their escorts.

From Revenue Driven to Revenue Neutral Service Driven System

As public institutions in Low and Middle Income (LMI) countries are poorly funded by state governments, there has been a groundswell of private for profit hospitals. Therefore, current medical practice is largely revenue driven with health investors and managers setting revenue targets for profits to shareholders. Public institutions are not only poorly funded but also handicapped by bureaucratic hurdles for them to be able to provide quality services. The net result of this is that more people are driven to private sector hospitals in search of better quality services, paying higher fees. Other stakeholders such as insurance companies, pharmaceuticals equipment manufacturers, middle men (and women) all want their share of the profit which has sent medical expenses sky-rocketing. Finally, there is the issue of medical practitioners whose work at the core of the health industry, believe they deserve a share of the profit. In the words of Director General of WHO Dr. Tedros Adhanom Ghebreyesus, “there is an extensive triumph of avarice over public duties and professional behavior”.

The net result of all this is that people living at thresholds of the poverty line are driven to below poverty line in pursuit of an elusive better care. CHEERS challenges the system, providing the services of a private hospital at or less than the cost of public hospitals. CHEERS is a non-governmental, and not-for-profit anomaly.
From Exclusive to Inclusive Care:

Inclusive CHEERS Challenging Social Structure

To understand the reasons for exclusion we need to recapitulate structure and functioning of societies. In all societies there exist people at the center who wield extraordinary power to access public services. Then there are the power brokers and financially rich who can access private services. Finally, there is the majority group of people who live at the extreme perimeter of the power and wealth structure - the marginalized who neither have the power to access public resources nor the wealth to access private services (Figure 1). There are various classes of marginalized and there are as many reasons. Women have traditionally been marginalized. Children and the elderly are another group of marginalized, along with the poor, people from remote locations, and people with disabilities, who are universally the main casualties of marginalization. Caste and ethnicity are additional sources of marginalization in South Asia.

The way in which CHEERS tries to be inclusive is by proactively reaching out to people at the margins of society, and making their services gender and generation friendly. The business model of CHEERS is to provide “Grace Funds” for the poor who cannot afford their services or treatment. These funds (contributed by donors) to the tune of one million US dollars over six years are used to provide heavily
subsidized and free services to the needy. For those living in the margins of society, the CHEERS organization moves them into the center, by providing services where the poor live, as important people to be included in care, rather than kept outside the margins of care.

INCLUSIVE CHEERS IN A DISPARATE WORLD IN PURSUIT OF DEMOCRATIZING HEALTH AND EDUCATION

*Figure 2: Children with blindness trained in Enabling Center learning inclusively in school*
IV. OUTPUTS: CHEERS IN NUMBERS

CHEERS has served a large number of people (512,701) in the last six years both at the hospital and through its outreach services. Besides providing Out Patient Department (OPD) Services and Surgeries to patients, the organization engages in other services like Rehabilitation, Health Promotion and Disease Prevention through awareness raising and networking for disability and human rights awareness, Capacity Building through trainings, and Continuous Professional Education (CPE) programs. A total of 9,987 surgeries were performed at outreach camps and in house in the past six years.

**OPD SERVICES:**

A total of 332,140 people availed OPD services in house of which 171,459 were women (52%) in the last six years.

*Figure 3: OPD (in house) Beneficiaries at Hospital*
Surgeries: Of the total 6,763 surgeries performed in house in the past six years, 3,224 surgeries were performed in the camps of which 10% were children and 54% were women beneficiaries.

OUTREACH SERVICES:

Of the total 180,796 beneficiaries from outreach services in the past six years, 61% were women.

![Gender and Age-wise Data of Outreach Services from 2013 to 2018](Figure 4: Gender and Age-wise Data of Outreach Services from 2013 to 2018)
This shows that outreach services have helped CHEERS become gender friendly and child friendly. When identifying the location of the various outreach camps, CHEERS ensures that areas where there is a large marginalized population of women and the girl child are chosen.

**REHABILITATION:**

As mentioned earlier, CHEERS' most innovative development has been its Rehabilitation Facility called the Enabling Centre. Over the last six years, 278 children with sensory disabilities have undergone training at the Enabling Center and 178 enrolled in schools. Children as young as three years and older with sensory disabilities, who have been marginalized because of their disability, are enrolled in this Facility after they are identified from the community through Eye and ENT camps or with the help of networks and Female Community Health Volunteers (FCHVs). They are then referred to the Hospital for a thorough investigation. Those children with sensory disabilities, who cannot be cured through surgical and other treatment are sent in for rehabilitation based on their needs. They spend from three to nine months, in some cases, at the Enabling Center under the supervision of Rehabilitation professionals. They are trained in activities of daily living, motor skills, concept development, social, behavioral, communication skills, basics of braille and sign language based on an individual plan chalked out for them. They are also provided with free boarding, tuition, clothes and meals. It is not just the children, but their family members, caretakers, school headmasters and resource teachers of schools are given training on how to take care of these children at home or in schools. At the end of their training, following an internal and external evaluation, they graduate and CHEERS helps them to get enrolled in pre-primary schools with a recommendation from the Department of Education. This has aided in removing at least one of the many forms of marginalization. Besides these children are now able to enjoy their right to education, become productive citizens and improve the quality of their own lives as well as that of their family.

**HEALTH PROMOTION AND DISEASE PREVENTION:**

This is a hallmark of CHEERS’ operational strategy. The organization undertakes this both at the hospital and in the community. A dedicated health promotion room on the ground floor at the Hospital is readily available with education materials, easily accessible for patients. While well designed and effective Information, Education and Communication (IEC) materials like posters, pamphlets, brochures and fliers for conducting awareness campaigns in the field and distributing to in house patients are continuously produced to deal with specific health concerns. In the past six years 50,827 people acquired health literacy for disease prevention.
The organization has also initiated the formation of National and Regional networks of Eye and ENT care professionals, special education teachers, personnel from Disabled People’s Organizations (DPOs), administrators, policy makers and parents of children with visual and hearing impairment in various parts of the country. The following five networks have been formed in Nepalgunj (Banke District) in Mid-Western Development Region, Dhangadhi (Kailali District) in Far Western Development Region, Pokhara (Kaski District) in Western Development Region, Dharan (Sunsari District) in Eastern Development Region and Chitwan (Bharatpur district) in Central Development Region. These networks function as support and advocacy groups to sensitize the community about children with disabilities, protection of their human rights and promotion of disability inclusive education. They identify and discuss common problems like barriers to locating children with disabilities, enrollment and retention of Children with Blindness and Hearing Impairment (CWBHI) in schools, and try and find solution to overcome these barriers.

**CAPACITY BUILDING:**

To keep the staff updated on latest developments and build their capacities, CHEERS ensures that their staff participate in ongoing Continuing Health Professional Education (CHPE) programs either at the Hospital or other venues. Various professional development programs related to blindness, Low Vision, Retina, Orthoptics, Vitro Retina, Pediatric Ophthalmology, Strabismus, Optical Coherence Tomography (OCT), ENT, Functional Endoscopic Sinus Surgery (FESS), Basic First Aid and Administration Management have been organized over the years and continue to do so. Senior specialists from prestigious institutions from the Netherlands, the UK, the US and Japan visited CHEERS in the last six years to build the capacities of the staff. Besides many of the staff members have been sent to other institutions in and outside the country for trainings.
There are clinical and community internship/elective programs available for students from certificate to post graduate level at CHEERS. Students (both national and international) have undergone electives/internships in health management care, optometry, audiology, speech pathology, nursing and general medicine at the Hospital. These students acquire defined clinical skills under the supervision of ophthalmologists, ENT specialists, optometrists and audiologists. A total of 4,911 people have been beneficiaries (shown in Table 2) of capacity building programs in the past six years.

**Table 2: Beneficiaries of Capacity Building Orientation and Training**

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCHVs</td>
<td>896</td>
</tr>
<tr>
<td>Health Workers</td>
<td>300</td>
</tr>
<tr>
<td>Key Informants</td>
<td>1221</td>
</tr>
<tr>
<td>Teachers</td>
<td>889</td>
</tr>
<tr>
<td>School Students</td>
<td>685</td>
</tr>
<tr>
<td>Students (Health assistants, Nursing, Optometrists)</td>
<td>896</td>
</tr>
<tr>
<td>Community Ear Health Workers (CEHW)</td>
<td>24</td>
</tr>
</tbody>
</table>

CHEERS is engaged in both task shifting (shifting health related tasks to human resources for health with shorter and more specific tasks) as well as task sharing (sharing health related tasks with non-health personnel). Some examples are shown above. The organization has engaged 8,96 Female Community Health Volunteers (FCHVs), 1,221 key informants and 685 school students for various tasks.

The number of service users at CHEERS hospital is increasing slowly but steadily. Women outnumber, though marginally, the men in so far as service utilization is concerned.
Numbers though impressive do not capture the breadth of work done by CHEERS. Although concerned with number of people they serve, more important for the organization is WHOM they serve and how well they are served, as narrated by the people served. CHEERS has achieved its goal when the quality of life, not just the health of those served, has been changed for the better.

OUTCOMES AND IMPACTS

A) CHEERS WITH CHILDREN:

The organization has developed a holistic life cycle approach to addressing problems of health and social barriers facing many people of Nepal, beginning at birth. The following illustrate the scope of services offered by CHEERS.

Services for:

Premature and New Borns
- Screening for Retinopathy of Prematurity (ROP) in hospitals for detection and treatment of ROP for prevention and minimization of vision loss which is an emerging cause of childhood blindness.
- Neonatal Hearing Screening to detect and treat hearing defects as early as possible for prevention and to facilitate cognitive development.

Infants (Birth to 12 months)
- Immunization program (BCG, DPT-HepB-Hib, OPV, IPV, PCV and Measles-Rubella (MR) vaccine) to protect children against common childhood infections and vaccine-preventable diseases, and for prevention of disability.
- Hearing screening to detect and treat hearing defects in early stage of life for prevention of hearing loss and facilitation of cognitive development.
- Eye and ear screening for vision, hearing and associated defects.

Toddlers (12 month to 36 month)
- Continuing immunization program (Japanese encephalitis, measles-rubella second dose)
- Full face photograph for visible anomalies of eyes and ears by non-health persons and for health professionals to aid early detection of congenital defects of the
external eye and ear and assess for associated conditions and their management.

- Pediatric physiotherapy and speech therapy services for children with disabilities.

**Pre-school Children 3-5 years**

- Implementing vision and hearing screening of Pre-school children and appropriate intervention as needed.

- Establish in the first of its kind, Enabling Center for Children with Visual and or Hearing Impairment (CWVHI) to prepare them for inclusive mainstream education and promote access to pre-primary education. The Enabling Center provides training on living life skills, sign language, sensory-motor skill development, low-vision, speech therapy and pre-braille and more for CWVHI. In addition, teachers, caretakers and parents are also oriented/trained for inclusive care of these children. As of now, out of 283 children with sensory disabilities who completed training at the Enabling Center, 188 graduated and 184 were enrolled in pre-primary schools. There were none in Nepal before 2013, when this program was launched to remove this injustice. In addition, low-vision and hearing aids are also provided to the needy children. More details of the Enabling Centre is described under “CHEERS as Innovator”.

- CHEERS has developed student led vision screening programs. The successful outcome of the “Student-Led Screening of school children for Refractive Error Correction” – an activity of the students, by the students, for the students was a crucial step in leading to the democratization of eye healthcare. Nepal has recommended utilizing students as an additional human resources that could screen children for visual impairment. This study was conducted to assess the validity of vision screening of school children by trained high school students when compared to optometrist testing as the gold standard. A scale up of this project is in final stage of launching in 120 schools in six districts of Nepal with USAID support. Countries with limited eye-care professionals and infrastructures can effectively train and utilize students for timely detection of poor vision among children.

- Based on the above findings, CHEERS expanded adolescent student training to include assessment of nutritional status and measure Systolic Blood Pressure. Additionally, students have learned basics of non-communicable disease (NCD) risk factors, and can promote health and prevent hypertension and other NCDs. In two years since its inception in 2017, this innovative program screened over 1,700 school aged children. Given the huge gap of 6.9 million in availability of human resources for health in South Asia, this program may well be a disruptor and game changer in prevention and control of NCDs.

- CHEERS has provided refraction for over 200,000 needy children and removed ear wax in over 20,000 children.
• Cheers has initiated training of community health auxiliaries as community ear care personnel. They help to address the shortage of health personnel to screen for early detection and referral, as well as for removal of wax, with a view to promote universal access to ear care.

B) GENDER SENSITIVE AND INCLUSIVE CHEERS

In Nepal, there is huge gender inequity in eye care. According to a study done by Nepal Gender and Eye Health Group in 2009, most women who need eye care services still do not utilize them. Over a three year period, 1.2 million men accessed eye care as did about the same number of women. However, given the fact that two-thirds of all blindness occur in females, it clearly emerges that 1.2 million fewer women accessed eye care services than needed to achieve gender parity.

Gender equity is a mantra that cuts across everything that CHEERS does.

Of the CHEERS service utilizers in the hospital and communities, women constitute 60% of the organization’s service users. Although there are more female service users in outreach programs than males, when it comes to surgery it is still male dominated. This is because women have to take care of the home, family, children and work in the fields. Her health takes a backseat. Only when she
is free from all these duties, got permission and money from her husband, consent from her mother-in-law and an escort, she can take out time to visit the hospital or camps for surgeries. CHEERS organizes various types of outreach camps so that more women are able to avail its services. They identify and select areas where there is a large marginalized population especially women and the girl child to provide their health services. They ensure that women doctors and staff are part of the team and adequate awareness raising information is disseminated especially among women since they are the ones who go and share it with their children or other family members.

At the Hospital, CHEERS promotes gender inclusivity by giving preference to female children in education and women and persons with disability in employment, so that the numbers of girls and women being treated and employed are representative of community demographics.

The organization gives preference to women in employment. Fifty percent of its staff members are women. The Eye, ENT, Nursing, Rehabilitation and Administration Departments all have more women employees than men. CHEERS has employed a female psychosocial counselor who is visually impaired. The female staff have three months of paid maternity leave. A breast feeding room for lactating mothers is another example of its gender friendliness. Recognizing the importance of participation and health of women in promoting health at the community level, the Hospital also liberally engages Female Community Health Volunteers (FCHVs) in their outreach programs. CHEERS has even ensured that their outsourced security and cleaning personnel are women.

The organization is committed to ensuring greater participation of women. On a daily basis, gender disaggregated data is collected and monitored, and measures are taken to correct any disparities. Gender sensitivity is evident not only in its services and employment but also in its governance with women representing almost 50% of the board members.

According to inputs from female board members, an important lesson learned is that to increase female participation, health services need to be mobile – reaching out into communities. Through the outreach programs a large number of people especially women (62%), children and elderly have been served.

C) CHEERS WITH ELDERLY

The rugged geography, poor roads in rural areas, long distances and economic conditions of people makes it extremely difficult for the elderly to access treatment at the main CHEERS Hospital. Because they cannot come to the Hospital, CHEERS goes to the people, by organizing outreach services in different parts of the country. The elderly are counseled by professionals on the causes of ear and eye ailments, they are suffering from, and treatment needed. They are also advised on the precautions they need to follow and medications they need to take whether it is for some common ailments or post-surgery. They are also provided free medicines as long as the stocks last. CHEERS has volunteers in many of the camps to guide the elderly.

The Elderly at a Follow up Camp after Surgery in Remote Rural Area of Lamjung District
At outreach camps, over 50% surgeries are on elderly patients. In fact the elderly who visit the Hospital for surgeries have usually been referred from Outreach Camps. Of a total of 9,987 surgeries performed at different outreach camps and at the hospital over the period (2013-2018) 5,125 were on the elderly.

D) CHEERS WITH POOR

Eye care services are now within the reach of many people in Nepal, and even gets patients from neighboring India. The organization never declines service to anyone regardless of ability to pay, often providing free or minimal cost care. In the last six years it has provided free health and education services worth one million US dollars with help from individual donors, government and its international partners. CHEERS goes out to different remote and rural geographical locations despite the challenging conditions and provides health care services to the most marginalized groups—the poor, the disabled, women, children and elderly. They have “Grace Funds” for the poor who cannot afford their services or treatment. They provide free training, food, clothes, toiletries and hostel facilities at the Enabling Centre for children with disabilities. Those parents coming from far away remote areas, with very young children are allowed to stay free of cost for a short while. CHEERS tries to help by engaging the parent in work like caretaking or teaching sign language at the Enabling Centre. They are also provided a place to stay if very needy and need to be with their child in case the child is too young and reluctant to leave the parent.

E) CHEERS WITH PEOPLE WITH DISABILITIES

The organization’s programs aim at restoring dignity of people with disabilities through disability focused programs consisting of prevention, treatment, rehabilitation and advocacy. Developmental abnormalities are common causes of disability in children. CHEERS lifecycle approach for serving children described earlier is directed towards prevention of disability. For children with multiple disabilities the organization works in partnership with Autism Society, Cerebral Palsy Centers and other specialized organizations. For preventing disability from stroke, CHEERS has a special program to screen all adults over 35 years of age which they are planning to bring down to 20 years. Diabetes is a frequent cause of amputation. To prevent this, they have an extensive institution as well as community based programs to raise awareness, early detection and treatment. CHEERS facilities are designed to be disability friendly, facilitating free movement of wheel chairs and embossed tiles for people with blindness. The staff are trained in basics of sign language.

F) A FRIENDLY CHEERS CONNECTS THE UNCONNECTED IN REMOTE AREAS

CHEERS has been reaching out to people living at the bottom of the pyramid—the hardest to reach groups and making health care accessible to them at their doorsteps through its different community based screening camps and clinics which are given below:

Daily Screening Training Services (DSTS) : Screening camps are organized in three districts of the Kathmandu valley for people who cannot come to the hospital. They are conducted weekly in partnership with health posts, sub health posts, Village Development Committees (VDCs), local clubs, women’s groups and community based organizations (CBOs) in different locations. At these camps mostly female,
elderly and children access services. Raising awareness is an essential component of these camps. There is a certain discount for surgery at hospital for patients referred from camps.

**Static Out Reach Clinics (SORC)**: For taking Eye and ENT services to the community, CHEERS provides outreach services in partnership with both government and community run clinics in different areas of Kathmandu, Bhaktapur and Lalitpur districts. These usually take place at community hospitals, mother and child centers, primary health care centers, local clubs and women’s clubs. These are usually at fixed locations unlike the DSTS where the locations keep changing.

**Remote Rural Health Camps (RRHC)**: This consist of Eye and ENT camps in remote hard to reach areas of the country at distances of 60-600 kms of the Hospital. Usually pre-camps, surgery and follow up camps are held. This includes providing health services, special assistive devices and awareness raising among the people. These camps are usually conducted in coordination with Ministry of Health and Population (MoHP), Ministry of Local Development (MoLD) and Ministry of Education (MoE), Government of Nepal. They are conducted at health facilities like Primary Health Care Centers, Health Posts and Sub Health Posts. The total number of women, children and elderly are almost equal in both Eye and ENT camps.

**Table 3**: Total beneficiaries served through outreach camps from 2012-2018

<table>
<thead>
<tr>
<th>TYPE OF CAMP</th>
<th>CHILDREN</th>
<th>WOMEN</th>
<th>ELDERLY (&gt;60)</th>
<th>TOTAL</th>
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<td>10,421</td>
<td>18,506</td>
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<td>SORC</td>
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<td>2821</td>
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<td>14,284</td>
<td>14,552</td>
<td>14,005</td>
<td>38,903</td>
</tr>
</tbody>
</table>

**Given below are some stories of Remote Rural Health Camps**

**Success Story 1:**
“I can see very clearly”. These were the very words uttered by one of the patients, 70 year old Navraj Gurung at an Eye and ENT follow up camp held at Bansar Hile Village in Lamjung District after a week of the surgery camp. He praised the doctor, Deepak Khadga and mentioned that he was very happy he could see with both eyes now and it had all been done free of cost. Navraj had cataract surgery in both eyes. He has travelled for one and a half hours to attend the camp and has to travel the same distance to return home.

**Success Story 2:**
Seventy one year old Karna Singh Gurung from Sera in Lamjung District had not been able to see properly for two years. After he had his eye operated at a camp organized by CHEERS, he is glad he can see much better although his vision is still a little blurred. His sixteen year old grand daughter Asmi, also present at the Camp for a follow up of her surgery for a damaged ear drum is please too. She is happy that her grandfather could see much better.

**Success Story 3:**
Madan Rana Magar extremely happy to regain his vision after cataract surgery at Lamjung District in 2015

Madan Ranamagar, a 75 year old man from remote rural Udipur Village in Lamjung district had his right eye removed earlier due to an infection following injury. He was completely
blind for five years and asthmatic too. As if this was not enough the only member of his family, his wife was also blind. Confined to his bed, he passed urine and stool in a bed pan. Needless to say, life was very difficult for both of them. He had been brought to the camp by his neighbors. However, his wife was not brought to the camp—a glaring example of pervasive gender discrimination prevalent in Nepal and many other developing countries. Although he was happy to be at the camp, he was also sad that there was nobody to cook food for his blind wife at home. After cataract surgery performed by CHEERS team on the other eye, he regained his vision. He was very happy that he could see well and would now be able to carry out activities of daily living, cook food for himself and more importantly for his blind wife! He thought this marked a turning point in his life, after a previous turning point of losing vision. The present one led him to light while the previous one led him to darkness!

Success Story 4:

Suk Kumari Gurung regained her vision after cataract Surgery at Lamjung

Fifty year old Suk Kumari Gurung from remotely located Lama Gaun, Lamjung District had one of her eyes removed following infection after cataract surgery earlier. She had been virtually blind for three years. Being the only support for her family, she had to perform all household chores including cooking, laundry and also attending the cattle. Although blindness had affected her life significantly, she was reluctant to undergo surgery due to fear of losing sight in the only remaining eye. After rounds of counseling and seeing the results of surgeries at the eye camp organized by BPEF CHEERS, she became motivated to undergo surgery in 2015. After the cataract surgery she regained her vision and was very happy that she could easily perform her daily chores which were otherwise very difficult. The surgery has had a significant impact in making her life more productive.

G) CHEERS WITH PEOPLE STRUCK BY NATURAL DISASTERS

Despite the its regular ongoing work demanding its time and resources, CHEERS promptly responded and started its relief work through medical camps three days after the worst earthquake in living memory struck Nepal in April 2015. With the support of Kadoorie Foundation and Direct Relief and its own staff a total of 11,019 people including women, pregnant women, children, mothers with new born babies, people with disabilities and elderly people were provided necessary relief and support including Eye, ENT, Dermatology, general practice and pediatric services including surgeries in Dolakha, Sindupalchowk, Ramechhap, Dhading, Kavre, Nuwakot and Gorkha Districts. Of the total of 11,019 people served, there were 5,544 women and 2,255 children.

Besides Kadoorie Foundation and Direct Relief, Orphan Grain Train (USA) and Lions International were also major sources of support.
Health Camp organized by CHEERS after the 2015 Nepal Earthquake

Patients after Cataract Surgery at an Earthquake Relief Health Camp at Barabishe in 2016
VI. CHEERS: THE INNOVATOR

Cheers leaders internalized during their early days that innovation is crucial to continuing success of any organization. Of the several innovations promoted by CHEERS, the following are worthy of mention, as some of them may be game changers for expanding the dimensions of services.

A) CHEERS’ ENABLING CENTER
TRANSFORMING LIVES

Its Enabling Centre functions as a Rehabilitation Unit for training of pre-school children from 3 to 5 years old and some older children who have been excluded and discriminated against to enable them to join pre-primary schools. After children are identified and referred to the Hospital for further investigation from the field they undergo a thorough check up. Those who cannot be cured through surgery are referred for rehabilitation to the Enabling Centre.

Children undergo training in daily living activities, social and behavioral skills, mobility, speech therapy, braille, sign language, physiotherapy for those who need it, with the support of a team of professionals including a Rehabilitation Co-coordinator, Rehabilitation Supervisor, Mobility Instructor, Braille Tutor, a Pediatric Physiotherapist, a Speech Therapist and a Psychosocial Counselor, who is herself visually impaired and a Special Education Teacher. Prashikshya Bhattarai, the Psycho Social Counselor plays a key role using some unique and innovative methods to counsel parents/guardians of children with visual, hearing or multiple disabilities who are currently enrolled at the Enabling Centre.

Prashikshya has counseled over 250 people so far.

Equally important is the work of the Pediatric Physiotherapist, Shamed Katila. The Physiotherapy Unit can proudly claim to be one of the best in pediatric physiotherapy in the country. They use different forms of physiotherapy for patients in various age groups (children, adolescents, adults and elderly) on a needs basis. Some of them are mentioned here.

Neuro Development Therapy uses numerous techniques to improve neuromotor functions. CIMT (Constrain Induced Movement Therapy) is used for treatment of cases where one side of the body is not functioning. In this particular treatment the active side of body is restricted so that it cannot be moved and the affected part is to be used more. Vestibular Training is used to improve balance of an Individual. Electrotherapy is a method of treatment where electrical devices are used for treating pain and other neuromuscular problems. Exercise Therapy is a treatment done by performing...
exercises either individually or in a group to meet specific needs for specific purpose. Pain Management is used for reducing pain by using different modalities. They have been treating Orthopaedic/ Neurology cases as well. Pain management and mobility are the main goals in most of such cases.

Besides the unit is equipped with up-to-date equipment like Tilt Table, Standing Board, Bosu Balance Trainer and Body Supported Lift (imported for the first time in Nepal). This can be clearly visible from the number of patients coming in for physiotherapy services every week. “Earlier there used to be only about 2-3 patients a week while now there are as many as 7 patients coming for services on a weekly basis,” mentions Shamed Katila.

The Gym and Physiotherapy are a segment of the Lifestyle Clinic that CHEERS started this year, which in turn is a part of holistic health care that CHEERS provides. This kind of a facility in the non-profit sector is the only one in the country.
Some case stories of children given below are worth mentioning. They are evidence of remarkable changes with improved physical, mental and emotional development in children after rehabilitation/training (including psycho social counseling and physiotherapy amongst other trainings) at the Enabling Centre.

Shashwat’s Story:

Shashwat Shrestha was only eight months old when he was referred to CHEERS. With cerebral palsy and a squint in one eye, he had no neck movement up to that time due to a low muscle tone. After physiotherapy sessions for a month (twice a week initially), his father mentioned that he had started moving his neck slightly at home. In one and a half years he gained major milestones and there was significant improvement in his condition. Parents of other children with disabilities coming to the Rehabilitation Unit were encouraged and motivated on seeing Shashwat’s progress and believed that their children’s condition would also improve. There was tremendous improvement in his condition although he still could not stand and walk. It was only when he was about two and a half years, one day, he suddenly stood up and started to walk in the ground floor of the Hospital. His mother was so overwhelmed with emotion that she broke down and cried.

School Ambassador for Hygiene and Cleanliness: Smriti Lama was seven years old when she arrived at the Enabling Centre in 2013 with a total lack of self-confidence, low self-esteem, unable to perform basic activities of daily living, ignored by her parents and siblings because she was blind. After undergoing several sessions of counselling and months of training at the Centre, she graduated as a confident young child, was admitted in school and became the School Ambassador for Hygiene and Cleanliness.
A Confident Smriti on her Graduation Day
(Fourth girl from right)

Nine year old Suraj Kumar Pandit from Ganjbhawanipur village of Bara district, who was deaf since birth, enrolled at the Enabling Centre in January 2018. For someone who lacked social and emotional skills, a few month of training was enough to improve his condition remarkably. He picked up the sign language, became very friendly with his peers and was even helpful towards the blind children. He graduated in May 2018 from CHEERS, and with a recommendation letter from the Department of Education, was admitted in Nepal National High School in Simra.

During a dissemination program organized at Bara in November 2018 he appeared very happy and was confidently moving around. Having keen interest in mechanics, he had started helping around part time in a motor bike repair shop in his village. If his interest continued this would eventually help him become a bike technician some day and become self-reliant.

Child graduates of the Enabling Centre are also doing very well in schools where they have been enrolled which shows that CHEERS’ hard work has paid off.

Ritika Ghimire, from Lamjung district all of seven years who is almost blind, is now studying in Class 1 at Namuna Machhendra High School. She was four years old when she joined CHEERS for training and rehabilitation and remembers her days spent there fondly, especially the songs she learned, games she played with her friends and the name of Ranjana who became her close friend there. She happily explains that she likes studying, knows braille and has many friends including her close friend Sajina in her new school. She stays with her parents near the school and her sister drops her to school.

Ritika Ghimire
at Namuna Machhendra High School

Even the Resource teacher at the same School are full of praise for these children. Indira Aryal had these things to say about them “They are different from those that have not been trained and are coming straight from their parents’ homes. They are disciplined, obedient and know how to socialize. Their training has helped them develop some good habits,” says Indira Aryal. Pratibha Ghimire another Resource Teacher mentions that children coming from CHEERS remember all that they had done there like the games they played with their peers, the songs they learned, some favorite teachers and the food they ate there. “Besides being disciplined and obedient, they are quite independent and have a sense of responsibility towards their studies.”
Child graduates from CHEERS with Resource Teachers Indira Aryal and Pratibha Ghimire of Namuna Machhendra High School

B) A SECOND INNOVATION OF CHEERS WAS A PROJECT, “Making Childhood Education for Children with Blindness and Visual Impairment (CWBVI) inclusive in Nepal” in 2012 for which Sight Savers joined hands with B.P. Eye Foundation. As noted earlier, there has historically existed a systematic pattern of silence and injustice in Nepal, which did not allow young children with disabilities less than six years of age to be enrolled in Early Childhood Development Centers (ECDCs) or pre-schools while thousands of their same age peers were learning at ECDCs. This innovative project opened the closed doors to education for young children with disability (3-6 years of age), restoring their equal right to education which had been violated for long. A partnership approach, harnessing multi-sector collaboration in a Search Army– an exercise that mobilizes workers from the health, education, disability, civil society, and local development sectors was used to identify children and refer them to CHEERS for rehabilitation. This project was rated as the highest scoring proposal during selection of the SightSavers Innovation Grant, and was the excellent performing grant during the evaluation.

C) ANOTHER NOTEWORTHY INNOVATION OF CHEERS WAS THE “STUDENT LED SCREENING OF SCHOOL CHILDREN FOR REFRACTIVE ERROR CORRECTION” PROJECT, which examined ways to address empowering non health personnel to conduct vision screenings among school children. Trained secondary school students conducted vision screenings for detecting refractive error or other eye conditions at their schools for treatments by optometrists or local eye care centers. They were reassessed by optometrists and were found to be valid measurements. Countries with limited eye care professionals and infrastructure can effectively train and utilize students for timely detection of poor vision among children which is a cost effective strategy. This provides an excellent support to policy introduced by the government to introduce compulsory vision screening certification of students at the time of school enrollment. Without engaging students this program would not be successful because there are not enough health workers with skills to screen children, particularly in difficult geographic areas which face perennial shortage of health workers. USAID also has supported a scale up program in six districts after this innovation.
D) CHERS HAS CARRIED OUT ANOTHER INNOVATIVE PROGRAM, “HYPERTENSION EDUCATION AND RESOURCING TALENTED STUDENTS (HEARTS)” built on the success of their earlier innovative project of vision screening of children by students described above. In partnership with a Fulbright Scholar from Wayne State College, Nebraska, a pilot study HEARTS, is being undertaken in two schools of Bhaktapur, by training adolescent school student to assess nutritional status, promote health and prevent hypertension and non-communicable diseases (NCD) by screening other students for anthropometrics and measuring systolic blood pressure. This study is addressing the emerging global health issue of non-communicable diseases (NCD) in Ethiopia, Nepal and Nebraska, USA. This model has also been piloted in Ethiopia with good results. It is now under consideration for implementation to address minority health issues in Nebraska in partnership with local and state health departments as well as additional universities. The ultimate goal is to equip secondary school students to gain knowledge about hypertension, its prevalence and consequences as well as other non-communicable diseases (NCDs) like obesity and diabetes, and empower them as health advocates and partners.
VII. CHEERS AS ADVOCATE OF HUMAN RIGHTS

The vision and advocacy for equitable access to health care and the dignity of children and persons with vision, hearing and other disabilities throughout Nepal, is changing not only lives, but also the laws and the culture of Nepal. And these ‘differently abled’ persons get integrated into schools and communities, it is changing the lives of those who know them.

Some examples where CHEERS’ advocacy has led to change in policy and laws are mentioned below:

A) The organization’s advocacy with the government after the successful innovation of “Student Led Vision Screening for Refractive Error” has led the Government of Nepal to start compulsory vision screening of students at the time of school enrollment.

B) CHEERS’ advocacy with the Ministry of Education, Government of Nepal for the rights of disabled children to attend pre-primary schools was a game changer for educational rights of children with disabilities in 2013 as they were enrolled in pre-school programs for the first time. The laws of Nepal now permit children with disabilities to attend pre-primary classes. Since the policy change, more than 2000 children have enrolled in pre-school programs up to now, while there were none in 2012.

C) B.P. Eye Foundation has advocated with the Government of Nepal for tax waiver on assistive devices for the visually impaired.

D) B.P. Eye Foundation gathered evidence, spearheaded and published the study “Policy Brief-Gender equity in Health: Lessons from Eye Care” with the aim to advocate for gender inclusion in eye health policy of Nepal.
VIII. CHEERS CHANGING LIVES AND LAWS

Vision and advocacy for equitable access to health care and the dignity of children and persons with vision, hearing and other disabilities throughout Nepal, is changing not only lives, but the laws and the culture of Nepal.

Here are a few case stories and links to blogs of how CHEERS has changed the lives of children with disabilities

CHANGING LIVES

Case Study 1: New Life after Deadly Eye Cancer
Nischal Kumar Nepal got admitted at CHEERS in March 2018 when he was about 2.5 years old. He had been abandoned by his parents outside R.M. Kedia Eye Hospital in Birgunj, Nepal, rescued from a dog’s mouth and handed over to the police who in turn turned him in to an orphanage in the area. He was taken to Teaching Hospital in Kathmandu for further diagnosis by the Orphanage authorities and was diagnosed with Pediatric Retinoblastoma in both eyes. It is a life threatening eye cancer that begins in the retina with overall survival rate exceeding 95% in developing countries. He was given prosthetic eyes and referred to Kanti Children Hospital for Chemotherapy. After spending two years at the orphanage one day a caretaker of the orphanage came to know about CHEERS Rehabilitation programme through a teacher from CHEERS and took him there for investigation. Nischal was admitted to the Rehab Centre. After five months of training at the Centre there was tremendous improvement in his condition. He can now do most of his daily living chores like moving around, eating his food, using the toilet with supervision, washing his hands, and talking in a clear manner and to interact or socialize with new people. Although he does not like vegetables very much Nishchal likes eating fruits, eggs and meat. He has empathy for children who are younger than him. He enjoys listening to music and is fond of cars, bicycles and cars. He graduated in August 2018- a confident young child.

Case Study 2: New Hopes and Dreams for the Deaf
Six years old Pratikshya Kumari Yadav, belongs to a lower middle-income family from Bara District, in the southern plains of Nepal. When she was all of six months, her parents sought treatment for her at a nearby pharmacy for high fever which lasted a week. When the fever did not subside, she was referred to a medical college in their neighboring district. Diagnosed with meningeal tuberculosis (TB),
her treatment lasted for an entire year - an added financial burden for the already poor family. The girl’s parents were completely unaware about her other developmental delays as their entire focus was on treating her TB. When she turned two, her parents realized that she could neither hear nor speak. They sought traditional and modern healing methods thinking she did not speak or hear like other children her age. However none of the traditional or modern treatments made any difference. As a consequence she was confined around the house to look after ducks, chickens and goats while her elder and younger siblings attended school.

In August 2017, when CHEERS organized an Eye and ENT health screening camp in a school where her siblings studied Pratikshya was advised to go to CHEERS for further investigations. Her mother having a very positive attitude and optimistic about her child’s future took her to Kathmandu where she was recommended rehabilitation at the Enabling Center, since other medical interventions would not improve her hearing. For the first few days, she was home sick and used to cry. She had no idea how to communicate, and being fearful, was sometimes aggressive towards other students, caretakers and trainers. Slowly she became more comfortable and less aggressive with them. She was then provided with a digital hearing aid, and her training started in concept development, sensory skills, behavior and communication, social, emotional, fine motor and self-help skills as well as speech therapy.

With a gradual progress in her learnings, she appeared more cheerful and started playing with her peers. There was significant improvement in her condition. Apart from her regular trainings she also started learning basic sign language. Moreover, she even helped the visually impaired colleagues when needed.

Though her hearing and speech did not develop as expected, she passed her internal and external evaluations at the Enabling Center and graduated in March 2018. After more than four months away from her family, she bid good-bye to the friends at the Center ready to meet new friends at the Resource Class of Durga Secondary School, Kalaiya, near her hometown. With the door to education for one of the many hearing impaired child unlocked, the future is full of hopes and dreams for Pratikshya and children like her.

Case Study 3: Little Ambassador
Prakash Sanjyal was born in 2008 in rural mid-western Nepal and when he was three months old, his parents were told he was blind with no medical cure for him. His early life follows the path of hopelessness experienced by too many. Unaware of any opportunities for their blind son, he was left at home to fend for himself, braving taunts, abuse, and threats. The local school had no resources to meet his special needs, and poverty kept the family from seeking support. His family and Prakash himself felt he was little more than a useless burden to everyone. However after being referred to CHEERS and getting
enrolled there, Prakash’s preparatory education and training built so much confidence in him that he even represented the organization on occasions like the Bharatpur Workshop and the 15th Graduation Ceremony of the 100th Child With Blindness and Visual Impairment (CWBVI) as Master of Ceremonies and made everyone proud. He was coached and trained as Little Ambassador being exceptionally bright and quick in picking up what he was taught. He graduated in March 2017 and joined Shikhar Secondary School in Surkhet for further education. It will help him have a bright future and study further which is the objective of the Rehabilitation program at BPEF-CHEERS.

Prakash Sanjyal as Master of Ceremonies at the 15th Graduation Ceremony of the 100th CWBVI with Hon’ble Member of Human Rights Commission and Chair of B. P. Eye Foundation

LINKS TO BLOGS

CHANGING LAWS

Some examples of change in policy and laws are:

• In their policy and advocacy focus, CHEERS worked with members of the Ministry of Education (MoE), signing a Memorandum of Understanding (MOU) in 2014, which later led to the policy of extending the rights of disabled children to attend but pre-schools in 2013. There were no disabled enrolled in pre-schools until 2012.

• The Mid-Term Review of “Vision 2020: The Right to Sight” in 2011 by B.P. Eye Foundation has led to the integration of eye health services into general health services as a new health policy of the government.

• Through continued advocacy, the Foundation with other partners has been successful in requiring rubella and measles vaccines on board national immunization programs.

• With efforts of the Foundation, a Vision Alliance has been set up in collaboration with Education For All Visually Impaired (EFAVI) National Taskforce of Department of Education (Nepal), numerous NGOs like B.P. Eye Foundation, NNJS, Nepal Eye Programme (Tilganga Institute of Ophthalmology), Nepal Association for the Welfare of the Blind (NAWB), Nepal Association of the Blind (NAB), International Council for Education of People with Visual Impairment (ICEVI), Nepalese Association of Optometrists (NAO) and other stakeholders. This Alliance is poised to initiate the routine vision screening of school children through a program to train school teachers. For this purpose, over 1,000 teacher-trainers are being trained with shared responsibility between different stakeholders.

• The Foundation is well represented in major policy platforms, as its membership includes representatives from the following organizations: 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 and Vision Alliance (a combined initiative of Ministries of Education and Health).
IX. KEY MILESTONES AND AWARDS

Some major milestones achieved by the organization in the last six years are given below:

In 2013 for the first time in Nepal, blind children and under Six years, trained BPEF CHEERS’s Rehabilitation Unit (Enabling Center) were enrolled in pre-primary schools and Early Childhood Development centres (ECDCs) set up by the Ministry of Education (MOE) besides primary schools. This led to the signing of an MOU with the Department of Education of the Ministry of Education, Nepal in 2014 leading to the policy change for admitting children with disabilities into pre-schools as well. The government policy now allows such children to be enrolled any time without having to wait for that small window for school enrollment which their sighted peers have to, that too, with full financial support from government. Now there are more than 2,000 children enrolled in pre-school programs in the country.

CHEERS is being used by Department of Education of the Education Ministry, Nepal as a learning resource for government teachers with several batches of teachers and ECDC staff benefitting from the learning experience at CHEERS. It has also been recognized formally as an ECDC within the government system.

Through a USAID supported project, “Student Led Screening of Refractive Error Correction” empowered non-health professionals (students) to conduct screenings among school children. Vision screening done by trained students was compared with similar tests done by qualified optometrists. This proved to be effective and a valid test. This innovation was undertaken with the objective to facilitate a hesitant government to introduce compulsory vision screening at the time of school enrollment. This has been considered a very successful program by USAID and was showcased at USAID-Childhood Blindness Programme Partners meeting held at Aravind Eye Hospital in Madurai, India in October 2016. The results were been shared with the government of Nepal who have decided to train teachers as supervisors of students for peer to peer screening in government schools. It is also going to be scaled up in 120 school of six districts in Nepal.

Dr. Luna Mathema Shrestha, ENT Surgeon at CHEERS was awarded the Alan Gibb Prize for the best dissection in the Advanced Temporal Bone Dissection Course from Royal National Throat, Nose and Ear Hospital of University College Hospital, University of Dundee, United Kingdoms in 2018. This is part of Ear Aid Nepal (EAN) Educational Otology Bursary Award which also included an observership training at the same Hospital.
X. CHALLENGES ENCOUNTERED

Challenges have been encountered at various levels from the beginning. Some of them are:

INSTITUTIONAL AND ADMINISTRATIVE LEVEL CHALLENGES

Any venture of this nature and magnitude of procuring land, building a 85,000 sqft infrastructure, equipping it with state of art equipment aiming to change the way medicine is practiced is a humungous challenge. And so it was for them according to the CHEERS leaders. Starting with just 500,000 Rupees in BPEF bank account, this would not have been possible without the high integrity and respect that the BPEF trustees had earned over the years. Their personal donations, support of the government, the local community and some external development partners helped them achieve their dream of a project.

While infrastructure development was a major challenge, no less was the challenge with human resources which were not available in sufficient numbers, with right skills and attitude. As the organization had to run on very limited funds, paying even the meagre salary to staff was difficult in early days. However, the trustees worked hard to make sure that the staff got their salary in time, sometimes borrowing money from self and banks. The low salary made retaining professionals at the Hospital difficult. Within sometime of joining the institution, staff would leave the job and want to go to other countries or places for further training or better remuneration for understandable personal and family reasons. They go through the competitive process of approaching donors with proposals for fund raising.

DEALING WITH CHILDREN WITH DISABILITIES

Identifying children with disabilities is a herculean task. Children with disabilities are often hidden, ignored, and locked up as they are considered a burden and a result of sins of the past. CHEERS has developed a partnership approach by harnessing multi-sector collaborations in a “Search Army” – an exercise that mobilizes people from the health, education sectors, disabled people’s organizations, civil society, and local development sectors to go out in the field and identify children. Convincing parents and training children is equally challenging. Parents and the community are not aware that children with disabilities can receive education and training and are equally capable as other children. Parents go through rounds of counselling. The negative attitude of the family and community is another deterrent. Parents do not accept the reality that their children can improve or be trained. Children often have separation anxiety when they are left at the Rehabilitation Unit and have to stay in the hostel as they have never stayed away from their parents. Children with multiple disabilities take longer time to learn life skills and speech than other children and therefore have to remain at the Enabling Centre beyond stipulated time. Besides schools do not accept them and parents do not want to keep them at the Rehabilitation Centre if they cannot eventually be enrolled in schools. Language is another barrier as Nepal is a multi-cultural, multi-lingual state. Often children and parents coming from different parts of the country find it difficult to communicate in the Nepali language as that is the language used for training.
XI. THE WAY FORWARD

Their future goals and targets are being discussed at a strategy meeting slated to be finalized soon through a strategic planning process. The key elements of which are consolidating the gains, developing strategic partnerships for diversified service delivery and innovations to reach out to those excluded from mainstream health system, particularly women children and elderly and introducing newer technologies for and models of health care.
ANNEX

I. TESTIMONIALS

1. “It is heartening to see such a hospital dedicated to the cause of physically challenged children and marginalized community.” Andy Sparks, British Ambassador to Nepal, 2013.

2. “Thank you for showing us this splendid facility for the care of children with eye and ear problems. It is superb, equipped and will be a great asset to health care in Nepal.” Neil and Sue Weir, Britain Nepal Otology Service (BRINOS), 2013.

3. “It was wonderful to see the work you are doing to help disabled children enter schools.” Stephanie Cook, Child Blindness Program, USAID, 2014.

4. “I am inspired by your pioneering attitude. I leave today with a renewed commitment and loads of new ideas. You are truly impressive people, and I am privileged to have met you.” Professor Anni Leppaenen, Finland, 2014.

5. “We learned a lot from the ECDC of this hospital. We had fruitful interactions with positive and hardworking staff of ECDC/CHEERS. We are happy to receive the graduated children from ECDC/CHEERS in our community Early Childhood Development Centers.” ECDC teachers (30) from Lalitpur, Nepal, 2014.

6. “Very impressed with the great work the team does to help the children and outreach clinic service, very privileged to have come here and will endeavor to do the best to help.” Nehal Mandour, Ophthalmologist, Royal Eye Infirmary, Plymouth, UK, 2014.

7. “Visionary and Progressive! We can learn so much from you! Thank you! Dhanyabad!” Dr. Barbara Engebretsen, Wayne State College, Nebraska, USA, 2015.

8. “Remarkable vision and execution of high quality comprehensive care that helps achieve core health and human rights for children of all abilities.” Dr. Duncan Maru, USA Co-Founder and CEO of Possible Health-Nepal, 2015.

9. “Very inspiring visit indeed! Great to see an Eye Foundation with effective and efficient rehab services. Felt privileged to be with a team who have vision for Nepal.” Akhil Paul, Founder Director, Sense International, India, 2016.
10. “So impressed by the management and activities for children with multi disabilities. Proud to observe the ECD class for disabled children. MOE and DOE are very eager to collaborate with B.P. Eye Foundation.” Khaga Raj Baral, Nepal 2016.

11. “Impressed to see the services rendered by this Hospital. We are especially impressed to see the management and care given to disabled children. We wish for continuous growth and progress of the Hospital” M.D. Agarwal, Suman Padasaini, Dr Chet Raj Pant, Members of Lions Club, Kathmandu, 2016.

12. “I have not only found the institute educative, effective but also efficient. I see that there are some activities that need to be shared with others and also replicated.” Dr Pananjai Dev Nayar, DPR, SEARO New Delhi, 2017.

13. “Thank you for serving as a model for bringing services to the people and democratizing medical education. The world of eye care has so much to learn from your progress. I look forward to continued connection and learning more from the amazing team of CHEERS.” Josie Noah, Sight Life, Seattle USA, 2017.


Prof. Dr. Madan P. Upadhyay is the Founding Secretary General of B.P. Eye Foundation and Chairman Emeritus, CHEERS. Dr. Upadhyay is also the Founder Director, B. P. Koirala Institute of Health Sciences (BPKIHS), Dharan, Nepal; Former Regional Adviser Disability Injury Prevention and Rehabilitation, World Health Organization; Member, Health Policy Advisory committee, Ministry of Health; Government of Nepal and Former Dean, Institute of Medicine, Tribhuvan University.

1 HOW AND WHEN WAS THE PARENT ORGANIZATION B.P. EYE FOUNDATION FORMED?

The first ophthalmology residential programme in Nepal began in 1987 at Tribhuvan University’s Institute of Medicine Teaching Hospital. By 1990 there were already three batches of ophthalmologists. The Eye Department was housed in a three room set up, so there was a need to expand to a bigger and separate Eye Centre with the necessary infrastructure and facilities to cope with the increasing number of ophthalmic residents and patients in the main Teaching Hospital.

Prof. Dr. P. C. Karmacharya and I shared the idea with Late Dr. Laxmi Narayan Prasad, and a Committee was formed with Dr. Prasad as Founding Chairman, me as Founding Secretary General, Dr. Shahashank Koirala as Treasurer, Dr. Purna Chandra Karmacharya, Late Dr N. C. Rai, Late Mr. Ananga Man Sherchan, Dr. Gouri Shankar Lal Das, Prof. Ganesh Raj Singh, Prof. Lok Raj Baral and Prof. Dr. Suprabha Ghimire as Founding Members.

After the 1990 people’s movement which brought in the multiparty parliamentary system following a thirty year ban (from 1960-1990) on political parties, the State grew to be liberal which led to the growth of civil society and establishment of NGOs as the main actors. The Founding Committee applied for a grant through Lions Club International for establishing the Foundation and the Eye Centre. B.P. Eye Foundation was founded after it got registered as a Trust in the Internal Revenue Department in 1991. Then it was registered in the Chief District Officer’s office as a non-government funding wing of the Central Government. This helped to avoid all bureaucratic procedures and let the Foundation do all the negotiations which would have otherwise taken a long time had it been under Tribhuvan University. Several round of negotiations followed even while deciding on the name for the Eye Centre. Initially it was to be in B.P. Koirala’s name, then it was decided on B.P. Koirala Lions Centre since Lions Sight First International was funding it. Lions Club wanted to know why it could not be in somebody else’s name instead of B.P. Koirala. (B.P. Koirala was the most admired of Nepal’s democratic leaders and became the first elected Prime Minister of Nepal in 1959). Finally Nageshwor Singh took a strong stand and it was named B.P. Koirala Lions Centre for Ophthalmic Studies (BPKLCOS) and established in 1996.

Although the organization was founded in 1991 it got activated again in November 2004 after it got re-registered with the District Administration Office. The organization also got affiliated with the Social Welfare Council in 2005. Then the fund raising process from donors began just like any other NGO.

2 WHAT LED TO FORMATION OF CHEERS?

Since the B.P. Koirala Lions Centre For Ophthalmic Studies (BPKLCOS) had already come under the aegis of Tribhuvan University, we were thinking of expanding our areas of work for B.P. Eye Foundation to include new and innovative ideas. First we came up with the idea of opening an Eye Hospital but there
Six Years of Cheers were already other eye hospitals in Kathmandu. Then we thought of a dedicated Children’s Eye Hospital. Later we decided on adding other “sensory disabilities” too. We wanted a holistic and comprehensive care for treating people from womb to tomb i.e. treating them through health care and rehabilitation from the time they are born to even after they lose their eyesight. The concept of rehabilitation in medicine in Nepal is usually providing low vision devices and only talked about but not practiced. Besides actual rehabilitation is done separately by disabled people’s organizations. We wanted a unique concept of a Hospital cum a Rehabilitation Unit where we could provide free health care and educational services to needy children with sensory disabilities, so that they are able to grow into self-confident and capable individuals.

BPEF was registered in 2004 in the District Administration Office for starting CHEERS. Then some of the Founding Committee members like Dr. Gauri Shankar Lal Das and I went around looking for land. Dr. Bhairab Risal from Nepal Association for Welfare of the Blind helped them in the task. We went around from Thankot, Bhaktapur, Lalitpur and Kathmandu including the Bagmati Corridor. We finally got the land from a Guthi Sansthan (a form of institutional land ownership) Manohara Community in Bhaktapur. Usually after a river changes its course the land reclaimed is owned by the Government. We met the then Prime Minister Girija Prasad Koirala, who put forward the request in the Cabinet to provide 44,000 Sq. ft. Ropanies of land to CHEERS for building the Hospital. The soft launch of the Organization was on 3rd Dec 2012 to coincide with International Day of Persons with Disabilities. The day is also celebrated as CHEERS Annual Day. The Inauguration happened much later.

4. WHAT ARE THE CHALLENGES YOU FACED AND ARE FACING AS A NON-PROFIT ORGANIZATION?

We have high salary demanding human resources so we need to find ways to run our hospital and give salaries to the human resources that we hire. Even through the government supported us in the beginning we no longer have that. Being a new NGO we have to depend on donor agencies initially and sometimes even now. Being a pro poor hospital we cannot charge high fees. We must be one of the least costing hospitals in Nepal.

5. WHERE DO YOU SEE CHEERS IN THE NEXT FIVE YEARS?

We are thinking of innovative ways to expand our services. We have started a life style clinic at the Hospital where patients and their families are assisted in adopting and sustaining lifestyle behaviors that improve their health and quality of their lives. We are going to establish another Hospital in Ratuwamai in south eastern Nepal.

Dr. Gouri Shankar Lal Das: Ninety four year old nonagenarian Dr. Das has been involved in both the government and non-government sectors in various positions. He has served as Director of Health Services and Chief Planning Officer of the Planning Division in the Ministry of Health, Government of Nepal. He is also the Founding Trustee of IMPACT Nepal and B.P. Eye Foundation, and Chair of the Local Organizing and Construction Committee, CHEERS.
1. **HOW WERE YOU INVOLVED WITH B.P. EYE FOUNDATION WHEN IT WAS FORMED?**

Although I was a senior chest physician I had been involved in a substantial amount of social service work both at the government and non-government level. The team of Late Dr. Laxmi Narayan Prasad and Dr. Madan Upadhyay and Dr. P.C. Karmacharya requested me to be involved in the work of establishing B.P. Eye Foundation with the objective of improving eye care services in Nepal through training eye care professionals.

2. **HOW DID THE IDEA OF CHEERS EVOLVE AND WERE THERE ANY CHALLENGES?**

Having trained a large number of human resources for eye care we wanted to expand the work specifically towards children’s eye care as there were no specialty hospitals for children’s eye care in Nepal. Later we decided to include ENT as well. We started to conceptualize it many years before the construction began. We approached Girija Prasad Koirala, the then prime Minister with when buying the land. He was very cooperative and took it positively. We were allotted the land of 8 Ropanies for building the hospital. The Ministry of Health, Government helped in the construction. Dr. Madan was Advisor in the Health Ministry. It was through his efforts of lobbying with the government that they agreed to help in the construction of the Hospital. Although the government helped in the construction and acquiring the land it was agreed that the Hospital would be a part of B.P. Eye Foundation and would run as a non-profit autonomous organization.

We have worked very hard for this. We found a good contractor and are very happy that we could go ahead. We did face some challenges but overcame them. For instance the contractor who did not get the contract for construction had complained the authorities of the Social Welfare Council. They came to investigate but did not find anything wrong. So we got a clean chit to go ahead with the construction. The construction period was from 2010 to 2013. By December 2013 the Hospital started its public services. We are over the initial crisis period which was challenging.

3. **WHERE DO YOU SEE CHEERS FIVE YEARS FROM NOW?**

We believe in expanding our services to other parts of Nepal and not just remain centralized in Kathmandu. We are in the process of establishing another Hospital which is going to be called SEE (Sauntha Eye and ENT Hospital) in Ratuwamai, a new Municipality and rural town in Morang District (South-eastern Nepal). Since the construction phase will take over two years, we do not want to wait that long to take our services to the needy people there. We have requested the Chairman of the Local Administration of the area for two rooms to start the work. Nepal Red Cross Society has provided a Hall which can will partitioned into two rooms so that we can start our work. We will inaugurate it in a month’s time.

4. **WHAT GIVES YOU MOST SATISFACTION WHEN IT COMES TO REPRESENTING CHEERS’S AND ITS WORK?**

What I like the most about this initiative and work is we go on challenging ourselves by adding new and innovative services. Initially it was only children’s eye health, then we added ENT and then services for the elderly as well as a number of other services. We hope to keep on expanding further by adding new and innovative services. Aside from this, our services which includes training children with blindness and deafness together in the company of children with other disabilities is unique. It helps children
with disabilities foster a mutually helping attitude. We are proud to be able to showcase our work. It is the first of its kind in Nepal—a pre-primary level training center for children with sensory disabilities in a Rehabilitation Centre along with hostel facilities. We also provide living facilities for parents/guardian for a short period to observe their children and get trained too on how to handle them. I am glad to be associated with a visionary like Dr. Madan Upadhyay and his ideas.

Prof. Dr. Barbara Engebretsen: Professor of Exercise Science and Public and Global Health at Wayne State College, Nebraska, USA, Dr Engebretsen is also an Altitude Physiologist. She has been awarded with the Fulbright Global Award to implement the Hypertension Education And Resourcing Talented Students (HEARTS) initiative in Ethiopia, Nepal and the USA.

1. COULD YOU PLEASE TELL ME SOMETHING ABOUT THE HEARTS INITIATIVE?

The Hypertension Education and Resourcing Talented Students (HEARTS) Initiative is a three-way collaboration between CHEERS in Nepal, Bahir Dar University College of Medicine and Health Sciences in Ethiopia, and Wayne State College in Nebraska, USA. It is supported by the Fulbright Global Award for 2018-2019. The HEARTS Initiative engages secondary school students in screening for hypertension and anthropometrics by partnering them with university students, faculty and community health workers. The ultimate goal is to equip them to gain knowledge about hypertension, its prevalence and consequences as well as other non-communicable diseases (NCDs) like obesity and diabetes, and empower them as health advocates and partners.

We would like to take these models and use them also in Nebraska, since we also have a number of marginalized communities like the Sioux and Winnebago (Native American indigenous groups) and the Latin American immigrants living in northeast Nebraska. The Northeast Nebraska Public Health Department is responsible for four counties, which cover a large rural area where these communities exist. Many people in these communities have a problem of obesity and Type 2 Diabetes, which are NCDs with similar risk factors to hypertension.

2. HOW DID YOU GET A CHANCE TO VISIT CHEERS AND HOW DID THIS IDEA OF HEARTS ORIGINATE?

I was introduced to CHEERS by a couple of high school students and their teacher Suman Neupane from Chelsea International Academy, who had come to at the World Affair Seminar on World Health in Wisconsin in 2014. During a sabbatical in 2015, I planned to go to Ethiopia to explore possible collaborations and potential for bringing students from Wayne State College to Ethiopia, as the college did not have any study abroad programs for their students in the continent of Africa at that time. After that I wanted to come to Nepal to see the Himalayas and visit friends. So I did in February 2015 and my friends arranged for me to explore ideas to open doors for American students in Nepal similar to my objectives in Ethiopia.
The idea for empowering high school students to address hypertension and NCDs came from CHEERS, as they had already begun to empower secondary students by teaching them vision screening and involving them as partners in their communities. When I met with people at CHEERS during that visit, I learned about their vision screening model by students in health clubs and thought if they can do that, they could definitely understand and learn about screenings and work related to non-communicable diseases.

When we first met to discuss possible student exchanges from the USA, I was very clear that if we bring WSC students to Nepal, it should be mutually beneficial. It should have added value for CHEERS too. The second thing was any collaboration must have the goal of institutional sustainability. The fit here at CHEERS was instant. We didn’t know each other very well but had similar visions and ideals for health and health disparities. But I also had a similar experience in Ethiopia. So when I left in 2015, I was torn to think that I would have to choose only one institution and country with whom to partner. However after returning to the USA, I learned about the Fulbright’s new Global Scholar program in which I would be required to work in two countries, in two regions of the world. It was the perfect fit and solution to my dilemma!

3. HOW HAS YOUR EXPERIENCE BEEN IN COLLABORATING WITH CHEERS AND OTHERS IN NEPAL?

Soon after returning to the USA, the friendships begun and the leadership of CHEERS helped open the door to get medical and humanitarian supplies shipped to Nepal after the earthquake in April 2015 from a non-profit organization, Orphan Grain Train in Nebraska. Even though I could not come back to Nepal in 2016 because of the unstable situation, CHEERS sent Dr. Subodh Gynawali to Ethiopia where all three teams including colleagues at Bahir Dar University, discussed ideas for the Fulbright, developing a three way understanding of how to address NCDs. I submitted my proposal a second time for the Fulbright in 2016, but I couldn’t wait and see if I got the Fulbright. My college sent me a second time to Nepal in 2017, to continue to develop plans and hoping to bring someone from Bahir Dar, but they were unable to get Visas. Two months before leaving for Nepal, I learned I had received the Fulbright for 2018-2019.

In Nepal in 2017, knowing I would be able to return in 2018 and 2019 under the Fulbright, we developed plans on what we would do during the five weeks each, in 2018 and 2019. Samjhana Ghimre, CHEERS Outreach Coordinator, was instrumental in coordinating school visits with Adarsha Secondary School, Bhaktapur and Shanti Niketan Secondary School. On my last day in Nepal in 2017, we hosted a camp at CHEERS to educate and train students from the two schools. Each school brought six or seven students and a teacher. In returning in 2018 and 2019, it has been great to see the teachers and some of the students again!

The HEARTS Initiative was born from experience that CHEERS already had established for enabling student partners in health. For me, these innovations of CHEERS have led to a Fulbright Global Scholar, and gaining wisdom in three parts of the world. The value of CHEERS’ impact on me cannot be measured. I have gained so much in wisdom, friendship and understanding.

I am so fortunate to work with some of the wisest and most experienced health leaders of Nepal like Dr. Madan and Dr. Sanjib. Through USEF, I also met Dr. Archana Shrestha, who is a great resource and collaborator and many others. When Dr. Madan asked me last year to write the nomination of CHEERS for the WANGO award, I felt deeply honored to be given the privilege and tremendous responsibility of telling the story of CHEERS at the international level. Besides the great responsibility, it also helped me to learn more about the history and impact of CHEERS for Nepal.
4. WHAT ARE YOUR VIEWS ON WORKING WITH THE ADOLESCENT SCHOOL STUDENTS OF NEPAL?

I see that adolescents have the energy, enthusiasm, capacity, and passion to be change makers. They want to join in making a difference. There is a growing sense in youth and the new generation, be it Nepal, or anywhere around the world, that they have the potential to be advocates for justice and human rights. It is a privilege and honor to work with dreamers for a healthier future.

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**Prasikshya Bhattarai:** Psycho social counsellor at CHEERS and Board member of Bright Star Society. She has a Bachelors in Sociology and English from National Integrated College, Kathmandu and a diploma in Psycho social counselling from Relief Trust, Kathmandu. Presently she is pursuing her Masters in Gender Studies.

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1. COULD YOU TELL ME SOME THING ABOUT YOUR BACK GROUND AND EXPERIENCE WORKING AS A VISUALLY IMPAIRED PERSON?

I have been visually impaired since birth. No one in the family is visually impaired. Should I say it is a coincidence or fate but I was referred to go to Dr. Karmacharya and Dr. Madan’s team by Dr. Bhola Rijal, the gynecologist the very next day of my birth for an eye checkup. And now that I am working in an institution headed by them, I feel privileged. I studied in Lavatory School till class seven and then Motherland Academy. I was the only visually impaired in Motherland Academy so I had a very different experience. I have heard people saying that when you are the only one or different from others either you get a lot of love or feel isolated. In my case I got a lot of love and support and cooperation from those around me including my parents, peers, my colleagues, and my teachers. I topped my school in SLC as well as Class XII in the Humanities stream. After I did my bachelors, in which I also topped my College, I wanted to purse a different kind of profession than what most visually impaired chose like teaching or secretarial work. I found out about Relief Trust in Kathmandu through Basudev Adhikari, Founder of Bright Star Society of which I am also a board member. He motivated me to do a six months diploma training in psycho social counselling.

2. HOW DID YOU GET INVOLVED WITH CHEERS?

During the Computer Association of Nepal(CAN) Infotech Exhibition, Bright Star Society had a stall to raise awareness on how blind and VI can also use computers and other assistive devices. Fortunately Dr. Madan approached me there and asked me to demonstrate what all I could do. Usually other people just comment and move off when they see a visually impaired person performing something. But he was interested in what I was doing. In the context of our conversation I told him that I had also trained in psycho social counselling and am interested to work in this field. He called me to CHEERS to have a talk. Since I was only free-lancing at that time as counsellor in Bright Star Society and Blind Rocks and not engaged in anything full time, I was very happy when he told me that CHEERS would like to engage me
as a psycho social counsellor for counseling earthquake survivors in Health Camps organized by them. So I was first engaged at Dolakha camp for psycho social counselling in April 2016. A plus point was that I was not conscious of anyone taking videos or photos and went about doing my work. I used to counsel adults individually for depression, social anxiety, general counseling, psycho somatic disorders, adjustment disorder in new circumstances and environment and post-traumatic stress disorder(PTSD) which are episodes of traumatic memories which keep reoccurring. I would refer the cases I could not handle to other mental health professionals. For the ones that I could handle, I used my counselling skills to help them by asking them for the solutions as the solutions usually lie with the patients.

During debriefing at CHEERS after the Camp, both Dr. Madan and Dr. Sanjib were impressed by my counselling skills after watching the video of me counseling survivors at the Camp. They hired me part time, thrice a week for the Enabling Centre in CHEERS recognizing my disability as my ability. This felt like I was climbing the ladder of success. I saw that all the parents of children with sensory disabilities who were admitted at the enabling Centre of CHEERS needed psycho social support. I used my skills to take them from a state of confusion to conclusion. I did part time for one year. Even when I had a ligament tear in my knee and had to stay at home and get treatment, they were very cooperative in giving me leave. I started working full time at CHEERS from April 2017.

3 YOUR EXPERIENCE AND GROWTH AT ENABLING CENTRE OF CHEERS?

I was glad I was provided a platform to engage in psycho social counselling professionally as the management recognized my disability as my ability. I have not limited myself just as a psycho social counsellor. I teach kids braille, story-telling, English language classes, moral science and also engage in kitchen activities. However, I would like to be provided an opportunity to enhance my capacities through trainings.

4 WHAT ARE SOME OF THE CHALLENGES AT THE ENABLING CENTRE?

There are several challenges. Firstly although parents do want to bring their children for rehabilitation to the Centre, they do not bring them since transportation provided for parents and children previously by CHEERS has been discontinued due to inadequate funds. Secondly getting children with Visual Impairment with Multiple Disabilities(VIMD)admitted in schools after completing their training at CHEERS is very challenging. Schools do not accept them and parents do not want to keep them at home. Parents call frequently and ask about referrals for school so that their children can be enrolled. But when we tell them that we can train your children, but cannot guarantee admission in schools, they do not want to bring their children for training. They say that if the training is only for a few months, they can train them at home by themselves. Many times parents take their children back citing the given reason.

5 WHAT ARE YOUR THOUGHTS ON THE FUTURE OF CHEERS?

CHEERS is a unique concept- a Hospital and a Rehabilitation Unit under one roof. It has great opportunities for further growth. However to improve, we need more human resources especially in the Enabling Centre.
II. SUPPORTERS AND PARTNERS


III. PHOTO GALLERY

CHEERS Team

Health Promotion and Disease Prevention

Biological Risk Factor and Lifestyle Counselling

Life Style Clinic

Immunization
Pediatric Eye Clinic

Optical Coherence Tomography

Hearing Evaluation at Hospital

Retina Clinic

Low Vision

ENT Surgery at Camp

Fundus Photography

Visual Field
Yag Laser Treatment

Laser Treatment for Retinal Disease

Ear Syringing

X-ray

Participation in Conference of Retina

School Health Awareness Program

Awareness Program at World Glaucoma Week
Children with blindness during Graduation

Annual General Meeting of BPEF

Eye checkup of a child at a camp

Hearing Evaluation at Lumjung Camp

Community Ear Health Worker students

Best staff of the Year 2018

Children with sensory disabilities enrolled at school

On the way to Sertung, Dhading for Surgical Eye Camp
Patients queueing up at a camp

After Cataract Surgery in Nuwakot

BSc. Optometry Internship Students

Nursing students for Clinical Practice

Retina Eye Care Nepal Program Dissemination

Visit of BPEF officials in Bara

Visit of Hongkong and Nepal Redcross at CHEERS

Workshop on the occasion of International Day of Persons with Disabilities
# IV. HUMAN RESOURCE

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<td><strong>DEPARTMENT OF OPHTHALMOLOGY</strong></td>
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<td>1</td>
<td>Dr Sangeeta Shrestha</td>
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<td>Kalpana Deuba</td>
<td>Ophthalmic Assistant</td>
</tr>
<tr>
<td>14</td>
<td>Yogina BK</td>
<td>Ophthalmic Assistant</td>
</tr>
<tr>
<td>15</td>
<td>Suraj Adhikari</td>
<td>Ophthalmic Assistant</td>
</tr>
<tr>
<td>16</td>
<td>Sandhya Karki</td>
<td>Ophthalmic Assistant</td>
</tr>
<tr>
<td>17</td>
<td>Narayan Khadka</td>
<td>Optical Salesman</td>
</tr>
<tr>
<td>18</td>
<td>Mahesh Kumar Yadav</td>
<td>Optical Fitter</td>
</tr>
</tbody>
</table>

| **ENT DEPARTMENT** | | |
| 19                 | Dr Luna Mathema    | ENT Surgeon         |
| 20                 | Dr Asbina K.C.     | ENT Surgeon         |
| 21                 | Dr Leison Maharjan | ENT Surgeon         |
| 22                 | Preeti Chaudhary   | Audiologist         |

| **MEDICINE** | | |
| 20             | Dr Prasanta Poudel | Junior Resident ENT |
| 21             | Dr Saroj Chaudhary | Medical Officer     |
| 22             | Dr Sumit Das       | Medical Officer     |
### PHARMACY

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Position</th>
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</thead>
<tbody>
<tr>
<td>23</td>
<td>Punam Singh Thakuri</td>
<td>Assistant Pharmacist</td>
</tr>
<tr>
<td>24</td>
<td>Indra Khadka</td>
<td>Assistant Pharmacist</td>
</tr>
</tbody>
</table>

### RADIOLOGY

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>Rojit Ranjitkar</td>
<td>Radiographer</td>
</tr>
</tbody>
</table>

### NURSING

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>Binita Gosai</td>
<td>Staff Nurse</td>
</tr>
<tr>
<td>27</td>
<td>Dambar. K. Shrestha</td>
<td>Staff Nurse</td>
</tr>
<tr>
<td>28</td>
<td>Sanju Prajapati</td>
<td>Staff Nurse</td>
</tr>
<tr>
<td>29</td>
<td>Sujita Karki</td>
<td>Staff Nurse</td>
</tr>
</tbody>
</table>

### COMMUNITY MEDICAL ASSISTANT

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Jira Buddha</td>
<td>Community Medical Assistant</td>
</tr>
<tr>
<td>31</td>
<td>Gita Bardeva</td>
<td>Community Medical Assistant</td>
</tr>
<tr>
<td>32</td>
<td>Balram Bomjom</td>
<td>Community Medical Assistant</td>
</tr>
<tr>
<td>33</td>
<td>Pradeep Kayastha</td>
<td>Community Medical Assistant</td>
</tr>
<tr>
<td>34</td>
<td>Ashok Kumar Khadka</td>
<td>Community Medical Assistant</td>
</tr>
<tr>
<td>35</td>
<td>Rajeev Silwal</td>
<td>Community Medical Assistant</td>
</tr>
<tr>
<td>36</td>
<td>Janak Raj Pandey</td>
<td>Community Medical Assistant</td>
</tr>
<tr>
<td>37</td>
<td>Shree Prasad Ghimire</td>
<td>Community Medical Assistant</td>
</tr>
</tbody>
</table>

### ANM & ATTENDANT

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>38</td>
<td>Roshni Bista (K.C)</td>
<td>Auxiliary Nurse Midwife</td>
</tr>
<tr>
<td>39</td>
<td>Kalpana Khadka (Bogati)</td>
<td>Lab Attendant</td>
</tr>
<tr>
<td>40</td>
<td>Sharada Shrestha</td>
<td>O.T. Attendant</td>
</tr>
</tbody>
</table>

### OUTREACH

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>41</td>
<td>Ram K.C.</td>
<td>Training Coordinator</td>
</tr>
</tbody>
</table>

### ACADEMIC AND RESEARCH

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>42</td>
<td>Rajan Shrestha</td>
<td>Academic and Research Officer</td>
</tr>
<tr>
<td>43</td>
<td>Janak Raj Bhattarai</td>
<td>Academic and Research Assistant</td>
</tr>
<tr>
<td>44</td>
<td>Bijay Khatri</td>
<td>Academic and Research Officer</td>
</tr>
<tr>
<td>45</td>
<td>Manish Kayastha</td>
<td>Academic and Research Assistant</td>
</tr>
</tbody>
</table>

### PHYSIOTHERAPY

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Position</th>
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</thead>
<tbody>
<tr>
<td>45</td>
<td>Shamid Kumar Katila</td>
<td>Paediatric Physiotherapist</td>
</tr>
<tr>
<td>46</td>
<td>Sangita Karki</td>
<td>Paediatric Physiotherapist</td>
</tr>
</tbody>
</table>
# REHABILITATION

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>47</td>
<td>Prashikshya Bhattarai</td>
<td>Psycho-social Counsellor</td>
</tr>
<tr>
<td>48</td>
<td>Bhakta Bahadur Rana</td>
<td>Trainer</td>
</tr>
<tr>
<td>49</td>
<td>Sushma Thapa</td>
<td>Trainer</td>
</tr>
<tr>
<td>50</td>
<td>Subarna Shrestha</td>
<td>Trainer</td>
</tr>
<tr>
<td>51</td>
<td>Amala Maharjan</td>
<td>Music Teacher</td>
</tr>
<tr>
<td>52</td>
<td>Boli Maya Limbu Tharu</td>
<td>Caretaker</td>
</tr>
<tr>
<td>53</td>
<td>Sarita Gwacha</td>
<td>Caretaker</td>
</tr>
<tr>
<td>54</td>
<td>Sharmila Duwadi</td>
<td>Caretaker</td>
</tr>
<tr>
<td>55</td>
<td>Sita Karki</td>
<td>Caretaker</td>
</tr>
</tbody>
</table>

# COMMUNICATIONS AND PUBLIC RELATIONS

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>56</td>
<td>Khadananda (Subhash) Neupane</td>
<td>Public Relations and Events Coordinator</td>
</tr>
<tr>
<td>57</td>
<td>Manish Chitrakar</td>
<td>Hospital Image Promotion Officer</td>
</tr>
<tr>
<td>58</td>
<td>Sunil Kumar Yadav</td>
<td>Liaison Officer</td>
</tr>
</tbody>
</table>

# FINANCE

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Position</th>
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</thead>
<tbody>
<tr>
<td>59</td>
<td>Rakesh Prajapati</td>
<td>Account Officer</td>
</tr>
<tr>
<td>60</td>
<td>Dipsa Shrestha</td>
<td>Accounts Associate</td>
</tr>
</tbody>
</table>

# ADMINISTRATION

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>61</td>
<td>Dr. Sanjib K Upadhyay</td>
<td>Executive Director</td>
</tr>
<tr>
<td>62</td>
<td>Ramesh Chandra Neupane</td>
<td>Hospital Administrator</td>
</tr>
<tr>
<td>63</td>
<td>Abhash Dhahal</td>
<td>Administrative Assistant</td>
</tr>
<tr>
<td>64</td>
<td>Bed Prakash Bhatterai</td>
<td>System and Networking Assistant Administrator</td>
</tr>
<tr>
<td>65</td>
<td>Bina Upreti</td>
<td>Assistant Administrative Officer</td>
</tr>
<tr>
<td>66</td>
<td>Shreeya Gautam</td>
<td>Administrative Assistant</td>
</tr>
<tr>
<td>67</td>
<td>Deepu Bajracharya</td>
<td>Store Keeper</td>
</tr>
<tr>
<td>68</td>
<td>Rakshya Bogati</td>
<td>Receptionist</td>
</tr>
<tr>
<td>69</td>
<td>Reena Rajchal</td>
<td>Office Assistant</td>
</tr>
<tr>
<td>70</td>
<td>Sabhyata Ojha</td>
<td>Office Assistant</td>
</tr>
</tbody>
</table>

# SUPPORT STAFF

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>71</td>
<td>Balkrishna Khatri</td>
<td>Office Help/Gardner</td>
</tr>
<tr>
<td>72</td>
<td>Ram Narayan Shah</td>
<td>Generator Operator</td>
</tr>
<tr>
<td>73</td>
<td>Pradeep Budathoki</td>
<td>Driver</td>
</tr>
<tr>
<td>74</td>
<td>Raju Gautam</td>
<td>Driver</td>
</tr>
<tr>
<td>75</td>
<td>Rakesh Awaal</td>
<td>Driver</td>
</tr>
<tr>
<td>76</td>
<td>Saroj Gurung</td>
<td>Fitness Trainer</td>
</tr>
</tbody>
</table>
V. BOARD MEMBERS

PROF. DR. MADAN PRASAD UPADHYAY
Chairman Emeritus, Founding Member

Founder Director, B. P. Koirala Institute of Health Sciences (BPKIHS); Former Regional Adviser Disability Injury Prevention and Rehabilitation, World Health Organization; Member, Health Policy Advisory committee, Ministry of Health; Former Dean, Institute of Medicine, Tribhuvan University.

PROF. DR. PURNA CHANDRA KARMACHARYA
Chairman, Founding Member

Former Vice-Chancellor (BPKIHS); Past President, Nepal Medical Council; Former Dean, Institute of Medicine, Tribhuvan University.

PROF. DR. SHASHANK KOIRALA
Vice Chairperson, Founding Member

Member of Parliament, Founder Director, B. P. Koirala Lions Center for Ophthalmic Studies, Tribhuvan University; Formerly Professor of Ophthalmology.

DR. SANJIB KUMAR UPADHYAY
General Secretary, Executive Director

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

MS. NEETA KARKI
Joint Treasurer

A Sociologist with keen interest in environment and climate change who has authored and co-authored several reports/books on Sustainable Management of Common Forest Resources, Ms. Neeta Karki brings in a new talent to the Foundation.

MR. RAJAN BAHADUR RAUT
Treasurer

Past-President- Nepal Association for Welfare of the Blind, Past President- Rotary Club of Kastamandap, Member- Disability Service National Coordination Committee, Ministry of Women, Children and Social Welfare.

PROF. GANESH RAJ SINGH
Member

Founder of Disability Movement in Nepal, Veteran Social Worker, Former President – Nepal Disabled and Blind Association, Former Chairman – Nepal Public Service Commission, Former Board Member, Nepal Red Cross Society.

DR. GAURI SHANKER LAL DAS
Member

Former Director General, Department of Health Services, Former Member Public Service Commission and National Human Rights Commission, Founder President, Nepal Association of Tuberculosis and Chest Physicians, Former President, Nepal
Leprosy Relief Association, Board of Trustee, IMPACT Nepal. Founder Chair, National Senior Citizens Federation.

PROF. LOK RAJ BARAL
Member
Distinguished Academician, Political Scientist and Thinker, Former Nepalese Ambassador to India, Visiting Professor, Harvard University.

PROF. SUPRAVA GHIMIRE
Member
Former Member of Constituent Assembly/Parliament Academician Human Rights Activist.

MRS. ASHA UPADHYAY
Member
Life Member Nepal Association for the Welfare of the Blind; Life Member B.P. Eye Foundation; Vice President Doctor’s Wife’s Association; Social activist supporting education of orphan children and children employed in households. She is also President of Ankur Foundation working for children with multiple disabilities and an active fund raiser for B.P. Eye Foundation.

MRS. KALPANA TRIPATHI
Member
A social worker and board member of B. P. Eye Foundation.

MR. MADHAV PRASADARYAL
Member
Representative of International Council for Education of All People with Visual Impairment (ICEVI), Member Expert Committee on Special Education, Ministry of Education; Member, Disability Service National Coordination Committee, Ministry of Women, Children and Social Welfare.

DR. REETA GURUNG
Member
Chief Executive Officer, Tilganga Institute of Ophthalmology, Past President, Nepal Ophthalmic Society, Member, Apex body for Eye Health, Ministry of Health.

MRS. SONIA POKHAREL
Member
A social worker with special interest in hearing and speech problems. She is the Chairperson of Kalyan Mani Acharya Dixit Trust for Hearing and Speech.

MRS. ASHA UPADHYAY
Member
Life Member Nepal Association for the Welfare of the Blind; Life Member B.P. Eye Foundation; Vice President Doctor’s Wife’s Association; Social activist supporting education of orphan children and children employed in households. She is also President of Ankur Foundation working for children with multiple disabilities and an active fund raiser for B.P. Eye Foundation.

MRS. KALPANA TRIPATHI
Member
A social worker and board member of B. P. Eye Foundation.
2019 HIGHLIGHTS

**Life Style Clinic:** CHEERS has started a life style clinic at the Hospital where patients and their families are assisted in adopting and sustaining lifestyle behaviors that improve their health and quality of their lives. The Clinic is equipped with the latest gym equipment, runs group fitness classes as well as physiotherapy services.

**Democratizing Infant Hearing screening at four outreach centers in the country.**

**Scale up of Student-Led Vision Screening:** USAID has asked CHEERS to scale up its Student Led Vision Screening program in six districts of Nepal covering 120 public schools.

**Special clinic:** CHEERS has started special clinic on pediatric, retina and glaucoma in eye department.

ABOUT THE AUTHOR

Anuja Upadhyay has a dual Master’s degree in English Language/Literature from Tribhuvan University and Sociology from Jawaharlal Nehru University (JNU). She has worked with UNWOMEN (then called UNIFEM) at its South Asia Regional Office in New Delhi working in areas of Gender equity, girls trafficking, health and disaster relief reduction. Her other areas of work are disability, critical global issues like governance, sustainable development, climate change, migration and economic globalization. After six years with UNIFEM she left, to work as an independent blog writer and SEA Editor for Future Challenges, an online platform supported by Bertelsmann Foundation of Germany. She writes about contemporary social issues in national and international journals/magazines. During the last few years she has visited CHEERS and spent time with children with disabilities and their parents and writing blogs (about 20 of them) for BP Eye Foundation's website and international journals.

Published on: August, 2019
HOLISTIC HEALTH

HEALTHY LIFESTYLE, DISEASE AND RISK FACTOR SCREENING

DISEASE DIAGNOSIS AND TREATMENT

REHABILITATION SERVICES

HOSPITAL FOR CHILDREN EYE ENT AND REHABILITATION SERVICES